**HEALTH CLUSTER BULLETIN # 5**

31st May 2017

**South Sudan**

Emergency type: Complex Emergency

Reporting period: 1 – 31 May 2017

- **5.1 MILLION** AFFECTED
- **2.7 MILLION** TARGETED
- **2 MILLION** DISPLACED
- **1.75 MILLION** REFUGEES

**HIGHLIGHTS**

- Cholera remains a high public health concern with outbreaks reported in several counties. Cumulatively 5 081 cases and 169 deaths reported in 10 out of the 80 counties.

- Conflict continues to cause wide-spread displacement of people in several States requiring a number of health responses.

- Health Cluster continues to enforce practical implementation of the humanitarian development nexus by supporting a number of development and humanitarian partners in responding to the increasing cholera outbreaks and undertaking joint health assessments in an effort to reach as many as are in health need.

- Inter cluster interventions remain key to the health cluster with active integration of responses particularly with WASH, Nutrition, Food Security and Livelihoods and Protection in providing lifesaving interventions.

- Health Cluster partners have actively participated in the activated Ebola task force to build epidemic preparedness and response due to Ebola outbreak in neighbouring DR Congo.

- Health Cluster has identified a dedicated focal person for the famine response.

- Severe Acute Malnutrition (SAM) kits have been procured and are currently being distributed to a number of targeted stabilization centres to support the care and treatment of medically complicated SAM cases.

**HEALTH SECTOR**

- **35** HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS**

- **155** ASSORTED MEDICAL/TRAUMA KITS

**HEALTH CLUSTER ACTIVITIES**

- **2 930 808** CONSULTATIONS*

**VACCINATION**

- **311 894** CHOLERA

**EARLY WARNING ALERT AND RESPONSE NETWORK**

- **37** EWARN SENTINEL SITES

**FUNDING $US**

- **123 M** REQUESTED
- **12.9 M** FUNDED (10.9%)
- **110.1 M** GAP

*Since Jan 2017
Situation update

- The armed conflict that erupted in December 2013 has weakened the health system in South Sudan. With increasing numbers of health staff caught up in the conflict and facilities no longer functional due to insecurity, inaccessibility, looting and vandalism the burden on the health service is increasing.

- Cholera outbreak is still ongoing a year later and widening in spread across several counties and continues to prioritise health partners resources to bring the outbreak under control.

- The widening conflict continues to cause large numbers of displacement in a number of States requiring increased number of Inter Cluster Response Missions (ICRM) to assess health needs and to respond with essential primary health care interventions including vaccination against a number of infectious diseases and adverse effects of sexual and gender based violence.

- Widespread fighting continues to cause displacement. The number of internally displaced persons (IDPs) has now reached over 2 million (current estimate is 2 003 033 as of May 2017) with the highest increases occurring in Jonglei State. There were 33 864 newly registered IDPs in Jonglei in the Counties of Nyrol, Duk and Bor South bringing the total to 470 309 displaced persons. Unity State remains the State with the highest number of displaced person of 534 597. Other areas of increased numbers of displacement include Raja in Western Bahr el Ghazal, Mundri in Western Equatoria and Kajo-Keji in Central Equatoria.

- Following the Ebola outbreak in neighbouring DR Congo, an Ebola task force was activated with the aim to strengthen the preparedness for possible Ebola Virus entering South Sudan.

Public health risks, priorities, needs and gaps

- Population movements and epidemic prone diseases: Health service delivery to areas where there are increased numbers of internally displaced persons remain a challenge with increased risks to epidemic prone diseases as IDP’s continuously move to locations with access difficulties where there are limited or no health services. Operational resources are doubled as very expensive air assets are often required to facilitate response. Outbreaks of cholera, malaria upsurges, measles and other water-borne and infectious diseases are erupting in several locations.

- Water, sanitation and hygiene remain a challenge nationwide: Open defecation is common practice and with the current rainy season cholera is likely to escalate.

- Malnutrition related morbidities: famine declared locations remain a huge public health concern due to limited food security, loss of livelihoods, affordability and high inflation increasing the risk of associated health complications. In the famine declared areas, it is estimated that 2 100 children with SAM with medical complications will need admission to medical stabilization centres. This will lead to an expected 10% increase in admissions which will further increase the burden on the limited health facilities.

- Morbidities in IDP sites: Malaria, Acute Respiratory Tract Infections, TB/HIV/AIDS, and measles continue to be major public health morbidities and mortalities in IDP locations and surrounding host communities. In the general population medical complications from malnutrition, severe pneumonia, severe malaria and perinatal complications remain the most common causes of death in children under 5 years. Health Cluster partners have combined efforts with the MOH to keep crude mortality rates for under fives within the emergency thresholds.

- Reduced herd immunity: Routine EPI coverage is generally poor in conflict-affected locations and is further complicated by looting of cold chain equipment’s and displacement of health workers. Only 52% of children received measles vaccine, 45% received polio vaccine and 45% of children received Pentavalent3 before the age of one in 2016 (HMIS 2016). Herd immunity against vaccine preventable diseases is only ensured with routine immunization coverage of at least 85%.

- With the increased measles alerts and outbreaks a nationwide follow-up mass measles campaign commenced in May 2017. The Health Cluster has stepped up collaboration with Ministry of Health and development partners to reach the displaced and those living in remote locations with the support of rapid response teams for the measles follow up campaign in June 2017.
• Severe shortages of essential medicines: This affects implementation at the health facilities and creates concerning gaps in providing adequate lifesaving health services. The current core pipeline pharmaceuticals (primary healthcare kits/ reproductive health kits and vaccines) have been earmarked solely for the Equatorias. These are having to be used also in high risk locations to cover existing gaps including supporting development partners in locations of severe shortages. There is also an urgent need to increase essential stocks of SAM kits to support stabilization of malnourished children with medical complications.

• Mental health, sexual and gender-based violence (SGBV) related services are still in its programming infancy and limited in access and provision. There is an urgent need to reinforce this challenge towards improving mental health, sexual and gender based survivors. Health Cluster is better positioned to coordinate the provision of mental health, sexual and gender based violence services in IDP sites.

• Surveillance blind spots: challenges remain with reporting on timeliness and completeness of Integrated Disease Surveillance and Response (IDSR) and Early Warning, Alert and Response System (EWARS) activities at response sites. On-going displacement of health workers, non-functionality of health facilities due to insecurity, inaccessibility widespread looting and vandalism continues to increase the risk of multiple outbreaks to the fleeing population with limited access to healthcare services including surveillance and health alerts.

Health Cluster Priorities

• The cluster prioritises dedicated coordinators and Information management officers at both national and subnational levels to translate the implementation of the existing health humanitarian response strategy in famine affected locations and areas of population displacement and to track and analyse data for strengthening support to emergency responders to escalate and provide lifesaving primary health care services, through static and mobile clinics in order to increase and expand access to the affected populations.

• Advocate with multi stakeholders for increased availability of essential pharmaceutical commodities for primary health care response including strategic prepositioning of medical SAM kits in facilities for inpatient management of medically complicated severe acute malnutrition.

• Coordinate capacity building of partners to respond to primary health care responsibilities and disease surveillance including the alignment of health capacities to implement SGBV, Clinical Management of Rape (CMR) and Mental Health and Psychosocial Support (MHPSS) response; including emergency preparedness and response.

• Strengthen and sustain on-going intercluster collaboration and response with WASH/Nutrition/Food Security and Livelihoods and with development partners in responding holistically to outbreaks.

• Support partner establishment of feedback mechanisms and accountability in healthcare programs to the affected population.

Needs and Gaps

• Increased need of seasoned presence of emergency health partners, dedicated cluster coordinators and information management skills especially at the sub national level and displacement sites to assess and manage the health responses and track data for improved planning in health service provision.

• Increase in the number of surveillance staff in locations of displacement to articulate public health risks associated with health coverage, poor access to health services, poor water quality and sanitation hygiene in facilities and to provide effective oversight to lifesaving health intervention.

• Increased funding to partners to enable them to sustain services, build capacity and provide the necessary resources including essential medical supplies to respond to primary health care needs.
Health Cluster Activities

Coordination

- The 2017 health Humanitarian Response Plan (HRP) has earmarked 35 partners to implement the health cluster strategy. The Health Cluster has since admitted new partners’ including several national NGO’s whose partnership is key to sustainable and resilient health systems.

- The Health Cluster chair weekly and bi-weekly meeting catering for emergency responders and development partners at both National and State level where there is a presence of a Sub-National Health Cluster Coordinator. The meetings bring together a number of National and International NGOs and other cluster representation (i.e. WASH and Nutrition Clusters) to provide key health updates, report on disease outbreaks, health presentations such as ‘Attacks on Health Care’ and the ‘Strategic Advisory Group’ (SAG) as well as coordinate health response and participation in Inter cluster rapid response mission (ICRM).

- The Health Cluster together with WHO engaged in discussions with partner NGOs to map high risk locations with gaps in hygiene and sanitation and identified cluster partners to implement the upcoming Oral Cholera Vaccine campaign in high risk locations across South Sudan.

- Following the repeated looting of the Raga hospital resulting in increased gaps in health service delivery, the cluster identified partners in Raga, mapped gaps and made clear recommendations based on three (3) conducted assessments. The mapping of such gaps also revealed the context-specific challenges and outlined concrete ways for the implementing cluster partner ALIMA to engage with the HPF partner consortium to avoid health service duplication, encourage community partnership and ownership of the health services offered.

- Faced with insecurity in Kajo Keji and difficulty in moving medical supplies to reach over 30 000 IDPs in Kerwa, Logo and Ajio, the cluster supported ARC with medical supplies and advocated with the logistics cluster to move these medical supplies which were already running low in these locations.

Support to Service Delivery

- With a surge in the active transmission of cholera cases reported in a number of areas, the Health Cluster coordinated a response by reaching out to partners to respond to areas of high transmission, mobilised medical supplies, deployed surveillance investigation teams to improve surveillance and conducted refresher trainings on case management.

Communicable Diseases and outbreak response

- Surveillance reporting rates for the week under review (week 21) recorded a significant increase in completeness for the IDSR and EWARN reporting sites. Completeness of reporting rates in non-conflict and conflict areas were 73% and 79% respectively.

- In May 2017, 5 634 cases of chickenpox have been reported from Wau IDP site and municipality, in the former Western Bahr el Ghazal State.

- Since January 2017, cholera outbreaks remain the major public health concern to population and humanitarian’s agencies with 5 081 cholera cases including 169 deaths (CFR 3.23%) reported from 10 counties in South Sudan.
Health Cluster coverage with oral cholera vaccines by site in 2017

Mapping and Triangulation of Health Facility Functionality for Planning

- More than 50% of health services are non-functional or provide only partial primary health care services. This is due to a number of combined effects from the conflict such as direct or indirect attacks on health care including destruction, obstruction, looting and/or lack of funds and availability of health staff. There are recent reports of active recruitment of health personnel into the armed services thereby further depleting trained health staff.
Mapping of the concentration of partners and health response in the different states

- Recent data from the Health Cluster indicates that only 35 health partners are reporting to the IDSR and EWARNs. Major reasons of under-reporting are related to funding constraints and insecurity in some locations. The maps below show the concentration of partners in the different states.

Inter cluster Representation and Strategic Decision Making

- At the Inter-Cluster Working Group (ICWG), the health cluster continued to inform decision-making by providing inputs to positively influence decisions affecting service delivery to IDPs. This also culminated in the cluster participation in ICRM missions to Aburoc in Upper Nile, Buong in Jonglei and currently to Weihjol which is also in Jonglei and where there are high numbers of displaced persons. Partners supported in these areas include MSF Spain with OCV and measles vaccination, IMA in PHC including nutrition screening, Nile Hope in PHC and Save the Children International in EPI. Health partners JDF and SMC were also supported with basic health kits and logistical support to respond to the growing number of IDPs in and around Duk in Jonglei.

Implementation of the Health Cluster Strategy/ Monitoring and Evaluation
Capacity Building, Preparedness and Contingencies

- The cluster identified training gaps of health cluster partners (national and international partners) and engaged with the different technical program arms of WHO to conduct trainings as from June 2017. A Training calendar has been created for the rest of 2017.
- The roll out of the web-based reporting of IDSR, refresher training on cholera case management and EmONC are already scheduled to take place for emergency responders.
- The cluster is in the final stages of completing cluster contingencies for Malaria, Cholera and Ebola Virus Disease.

Advocacy and resource mobilization

- The cluster in collaboration with the cluster lead agency chaired and participated in donor round table discussions on overall emergency response milestones and challenges and addressed priorities for 2017.
- The cluster managed to mobilize and received 5.1% from South Sudan Humanitarian Fund and CERF and 5.4% from bilateral.
- Bilateral Discussions with USAID-OFDA resulted in securing 2 IMO’s for 1 year through the standby partnership and the ongoing recruitment of the cluster co-lead through Save the Children.
- SAG vision for 2nd half of 2017: The Health Strategic Advisory Group have commenced discussion on aligning with specific states and supporting the cluster to articulate and advocate for peculiar needs of the states they are aligned with.

Accountability to Affected Population

- With the presence of surge dedicated cluster focal points in three PoC sites, partners are being supported to institute practical implementation of accountability to affected population.

Attacks on health care

- In May the cluster commenced discussion on documenting looting/vandalization and related Attacks on health care.

Health Partner updates

Support to health service delivery

- GOAL continues to conduct routine disease surveillance and provide primary health care services including kala-azar screening, and treatment of Targeted Supplementary Feeding Programme (TSFP) in Ulang and Melut Counties and in the Greater Upper Nile region. In addition, supportive supervision and implementation of health system strengthening strategy is being provided in two health facilities (Mijak and Rumame) in Abyei administrative area.
- To strengthen preparedness and response capacities for public health emergencies, the Government of Japan and WHO have started the construction of the first Public Health Emergency Operations Centre (PHEOC) in Juba.
- Since 25 April 2017, the Rapid Response Team of IOM in partnership with Christian Mission for Development (CMD) and County Health Department (CHD), provided cholera case management services for 152 individuals (80 cases were admitted to the Cholera Treatment Units (CTU) and 72 cases were managed in Oral Rehydration Points (ORP) sites). In the last two weeks period IOM has also conducted consultations for 3 373 individuals with other common illness and reached 8 449 people with health and hygiene key messages during the mission.
• John Dau Foundation (JDF) continues to provide both curatives services on clinical diagnosis and health education with focus on malaria, diarrhea, Pneumonia, de-worming and nutrition campaigns in Duk Lost Boy’s Clinic in Duk Payuel, Jonglei State.

• The Health Support Organisation (THESO), conducted 634 consultation in Twic East of Jonglei State. During the reporting period 827 people were reached with Hygiene and Sanitation provision, IYCFM, Immunization and malaria prevention messages at Panyagor and Paliau PHHC.

• With support from the health cluster, UNIDO conducted 21 346 (11 623 under five and 9 723 above 5) curative consultations in Nyal Payam, Payinjar County.

• IOM continues to support the primary healthcare services across South Sudan. In May 2017, IOM conducted 63,248 general health consultations at eight static clinics and four Rapid Response Missions. During this period 396 facility based deliveries were attended by skilled birth attendants in health facilities.

• In May 2017, the International Rescue Committee (IRC), conducted 7 020 consultations in sector 4 Bentiu POC health facilities, 11 256 in Great Payinjar County (Nyal and Ganyiel) and 1 812 individuals in Jiech, Parriel, Kaidak, Yup, Garbek, and Payak using mobile clinics.

• The health cluster together with WHO and UNICEF provided support to health partner Sudan Medical Care (SMC) to help control the cholera outbreak in Duk County of Jonglei State. SMC established four Cholera treatment centers and treatment units (CTCs/CTUs) as well as six Oral Rehydration Points (ORPs) in the existing Padiet PHCC, Poktap PHCC, Amiel, Pajut and the market centers within the region including Ayueldit and Dorok PHCUs. 43 cases of cholera have been reported in Duk County.

• As part of its ongoing response to the cholera outbreak in Tar cattle camp, and Ayod County, Health partner ‘Medair’ treated 4 700 cases of cholera through static facilities and outreach sites. To control cholera, Medair vaccinated a total of 20 000 people with 1 dose of Oral Cholera Vaccine (OCV) in Tar and Pagil areas, Ayod County and over 26 000 people with 2 doses of OCV in Mingkaman IDP area. Additionally, the emergency response team supports the PHCU in Pagil in Ayod County, whilst running a kala-azar treatment programme. The team conducts around 1 000 primary healthcare consultations every month.

**Provision of essential drugs and supplies**

• WHO were supported to lead an emergency response mission in Yei, former Central Equatoria State and dispatched two Trauma kits, one IEHK, 20 antimalarial basic and supplementary module, 100 units of IVF and cholera investigation kits. Additionally, WHO donated five boxes of antimalarial one box of oral rehydration salt (ORS) to ‘Healthnet’ TPO to support the dire need of the Raja humanitarian situation in the former Northern Bahr el Ghazal state.

• As part of the control mechanism to the cholera outbreak in Aburoc IDP site, the Health Cluster coordinated the movement of 21 500 doses of Oral Cholera Vaccines (OCVs). In May 2017, health partners reached almost 10 000 people with first dose of OCV.

• To support the 4 300 people displaced due to the Latest skirmishes in Masnaa, former Western Bahr el Ghazal State, the health cluster initiated the movement of two IEHK and two malaria modules donated by WHO to the State MoH.

**Training of health staff**

• IOM conducted 2-day training on Psychological First Aid (PFA) to humanitarian first line workers from INGOs and CBOs in Bentiu PoC site to enable them provide support to patients, and family members who are experiencing high levels of stress and uncertainty during and after crises.
WHO trained 48 health workers (clinical officers, nurses, doctors, pharmacy assistants, counsellors and data entry clerks) drawn from health facilities of former Western Equatoria State on Integrated Management.

As part of community-wide efforts to reduce teen pregnancy and births, World Relief South Sudan conducted one day training on teenage pregnancy and approaches to raise awareness and change the lives of young people in Bentiu PoC.

In May 2017, American Refugee Committee International (ARC) trained 42 home health promoters (HHPs) on integrated services including prevention of post-partum haemorrhage to create and sustains linkages between communities and the primary healthcare units and centers in Kapoeta East, North, Jimo and Kauto Counties.

As part of its capacity building activities, World Relief trained Community Based Development (CBD) to allow them treat children with malnutrition in the famine affected Counties.

Child health: Vaccination

To protect children from vaccine preventable diseases, the WHO emergency response mission reached 10,842 children with measles vaccine as well as vitamin A supplementation and deworming in Yei, former Central Equatoria State.

In sector 4 Bentiu PoC health facilities, IRC vaccinated 291 children against measles and 190 with Penta 3. IRC provided reproductive health services to 778 pregnant women in sector 4 Bentiu PoC health facilities.

As part of its efforts to protect the displaced children in the UN House PoC site, from vaccine preventable diseases, Magna vaccinated a total of 4,970 persons (4,196 children and 774 women of child bearing age). In addition, a total of 3,746 people (2,541 Female and 1,205 Male) were reached through health education to create awareness about the importance of immunization and to improve uptake of immunization services. Since January 2017, 64% of the total number of people targeted for social mobilization activities had been effectively achieved.

Child health: Nutrition

In the community integrated case management for malaria diarrhoea and pneumonia, IRC conducted a total of 66,928 consultations, screened 2,918 children for malnutrition of which 364 were admitted and 96 were referred to stabilization centres.

Reproductive health

IRC provided reproductive health services to 778 pregnant women in sector 4 Bentiu PoC health facilities.

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