HEALTH CLUSTER BULLETIN # 10
31 October 2017

South Sudan
Emergency type: Complex Emergency
Reporting period: 1 – 31 October 2017

<table>
<thead>
<tr>
<th>7.5 MILLION</th>
<th>2.7 MILLION</th>
<th>1.9 MILLION</th>
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<tbody>
<tr>
<td>AFFECTED</td>
<td>TARGETED</td>
<td>DISPLACED</td>
<td>REFUGEES</td>
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HIGHLIGHTS

- The mental health and psychosocial support (MHPSS) community in South Sudan successfully observed the World Mental Health Day in Juba, Bentiu, Malakal, and Wau. Various events and activities highlighting MHPSS issues in the country were organized by the national coordination and local working groups. The celebration aimed to increase awareness on mental health issues such as depression and suicide prevention and fighting the stigma experienced by people accessing mental health services.

- To mitigate the risk of cross border spread of the confirmed Marburg outbreak in Kween district Eastern Uganda, WHO is working with MOH and partners to strengthen preparedness and readiness capacities for case definition, investigation and response in addition increasing public awareness.

- To fill the critical gap in medical supplies, Christina Mission Aid delivered medicines and health supplies and distributed to five PHCCs and 13 PHCUs in Fangak County. The drugs will combat the high cases of infectious diseases that have been reported in the health facilities.

- IOM completed rollout of comprehensive access to HIV/AIDS counselling, testing, and treatment services at the Bentiu, Malakal and Wau protection of civilian (PoC) sites, benefiting an estimated population of 171 000 people, as well as the host community.

<table>
<thead>
<tr>
<th>HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE</th>
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<tbody>
<tr>
<td>35</td>
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<table>
<thead>
<tr>
<th>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS</th>
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<td>24</td>
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<table>
<thead>
<tr>
<th>HEALTH CLUSTER ACTIVITIES</th>
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<tbody>
<tr>
<td>6 059 861 OPD CONSULTATIONS*</td>
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<table>
<thead>
<tr>
<th>VACCINATION</th>
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<tbody>
<tr>
<td>1 123 023 DOSES OF ORAL CHOLERA VACCINE</td>
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<table>
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<tr>
<th>EARLY WARNING ALERT AND RESPONSE NETWORK</th>
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<tr>
<td>45</td>
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<table>
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<tr>
<th>FUNDING $US</th>
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<tr>
<td>123 M REQUESTED</td>
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<td>63.4 M FUNDED (52%)</td>
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<td>59.6 M GAP</td>
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* Since January 2017
Situation update

- The security situation in South Sudan limited the movement of partners, reducing the ability of humanitarian personnel to reach vulnerable people and monitor response programmes.

- According to the September Integrated Food Security Phase Classification (IPC) analysis, an estimated 6 million people have been classified as severely food and nutrition insecure. The long term effect of the conflict coupled with food prices, depleted livelihood options and limited access continue to put pressure on households.

- On 10 October 2017, the mental health and psychosocial support (MHPSS) community in South Sudan successfully observed the World Mental Health Day in Juba, Bentiu, Malakal, and Wau. Various events and activities highlighting MHPSS issues in the country were organized by the national coordination and local working groups. The celebration aimed to increase awareness on mental health issues such as depression and suicide prevention and fighting the stigma experienced by people accessing mental health services.

- WHO in collaboration with MOH and a multi-sectoral team of over 60 stakeholders in the context of one health with technical support from a team of external evaluators led by WHO Regional Advisor on Health security and International Regulations for Africa, successfully conducted a five-day IHR Joint External Evaluation for South Sudan. The evaluation established the baseline performance on 19 core indicators that are critical for effective multi-hazard preparedness and response capacities. The findings of the assessment will inform the development of a costed multi-hazard national plan. The plan will then be used for resource mobilization and as a guide for establishing the required capacities for multi-hazard surveillance and response.

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 remains a challenge with increased risks to epidemic prone diseases as IDP continuously move to locations with access difficulties. Operational costs have doubled as very expensive air assets are often required to facilitate response. Ongoing cholera outbreak and upsurge of malaria during this rainy season remain some of the main risks.

- **Water, sanitation and hygiene remain a challenge nationwide:** Open defecation is common practice and a high-risk factor for cholera transmission especially with the current ongoing cholera outbreak. Partners continued to support the MoH to address the WASH needs through the provision of basic WASH services and IPC in health facilities. WHO conducted a detailed baseline WASH assessment in health facilities, CTC, CTU and ORP to guide the strategic plan.

- **Malnutrition related morbidities:** Many locations are still reported in catastrophic and emergency IPC phases. In the former famine declared areas, it is estimated that 2100 children with SAM with medical complications will need admission to SC. WHO is currently supporting about 90% of SC across the country. WHO staff participated in a regional workshop for emergency nutrition response to further strengthen response in emergencies.

- **Morbidities in IDP sites:** Malaria, ARI, TB, HIV/AIDS, and measles continue to be major causes of morbidity and mortality 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. The MoH in collaboration with the Health Cluster partners continue to keep the CMR 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 and displacement of health workers. Only 38% of children received measles vaccine, 45%
received polio vaccine and 29% received Pentavalent 3 before the age of one in 2017. This low routine immunization coverage will affect herd immunity against vaccine preventable diseases.

- **Measles follows up campaign in conflict affected states:** A total of 1,634,190 children have been immunized with a coverage of 87% % has been achieved in 48 counties with plans to cover another 29 counties in November. The Health Cluster continues to collaborate with the MoH and development partners to reach the displaced and those living in remote locations with the support of rapid response teams.

- **Severe shortages of essential medicines:** There is a break in the current health core pipeline due to limited funding and long delays in procurement processes. This has affected service delivery at the health facilities.

- **Mental health, sexual and gender-based violence (SGBV) related services:** Despite a significant proportion of the population being affected by mental health conditions, services are grossly inadequate especially at the PHCC level. WHO, IOM and MoH embarked on scaling up the use of the simple mental health guidelines - mhGAP-HIG at the PHCC level by training 14 health workers from the high volume PHCC of Kator, Munuki, Nyokuron and Gurei.

- **Surveillance reporting:** It remains a challenge to achieve the 80% surveillance reporting target. The average weekly IDSR reporting for August was 62% timeliness and 68% completeness. Some of the reasons for this include the low phone network coverage across the country and lack of handsets for mobile data reporting.

### Health Cluster Priorities

- The Health Cluster continues to deploy key expertise in coordination and information management at the national and sub-national levels to ensure a well-coordinated response across the country and specifically in locations most affected by conflict, displacement and famine.

- The Health Cluster is committed to its capacity building agenda through trainings on topics that were identified by a training needs assessment earlier in the year. The aim is to increase the knowledge and skills of partners in health project management and service delivery.

- Accountable to affected population (AAP) remains top on the list of the cross-cutting issues that should be mainstreamed in all health projects. The Health Cluster has taken every opportunity to refresh partners of the five AAP commitments.

- Work towards increased availability of essential medicines and medical commodities for PHC services, trauma and severe malnutrition with complications.

- 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.

### Needs and Gaps

- Out of the seven sub-national health cluster coordinators required, only four were deployed. These are vital positions for a country with complex emergency across vast geographical locations, with multiple partners responding to provide essential health services to vulnerable populations. It is only at this level that the Health Cluster can be able to identify and verify needs and gaps, coordinate response and ensure verify accountability to affected populations.

- There is an increasing need for MHPSS for both the beneficiary populations and aid workers, including health workers. This has resulted from the difficult work environment, armed conflict, displacement, diseases, food insecurity, and deaths, all compounded by unpredictable security situation. MHPSS was identified as an objective of the Health Cluster for 2017, however, low funding of the HRP has affected overall performance on this objective.

- So far the Health Cluster funding for HRP 2017 remains at 16%. With the continued armed conflict and resultant displacement and diseases, the needs are increasing while the health response is limited. Impaired access to populations in need continue to increase the cost of operations. As the heavy rains continue and security remains unpredictable, the humanitarian health situation can only get worse during the remaining part of the year.
Health Cluster Activities

Coordination

- The health cluster continues to coordinate partners at national and sub national level to guide the partners and translate the Humanitarian Responses Plan (HRP) into implementation at the various levels.
- Currently the cluster is coordinating the cholera, measles and malaria outbreak response.

Support to Service Delivery

Communicable diseases and outbreak response

- The submission of weekly surveillance reports continues to improve steadily though the optimal target of 80% has not been attained. Completeness for submission of weekly surveillance reports in week 44 was 60% and 73% for IDSR and EWARN respectively.
- The cumulative total of cholera cases since June 2016, is 21,439 cholera cases including 441 deaths (CFR 2.0%) reported from 27 Counties in South Sudan.

Health Cluster coverage with oral cholera vaccines by site in 2017

- As part of the ongoing cholera response, oral cholera vaccines have been deployed to complement cholera response in several high-risk populations and locations. In 2017, out of the 1,440,350 doses secured, 1,123,023 doses have been deployed to high risk areas of South Sudan.

Mapping and Triangulation of Health Facility Functionality for Planning

- In October 2017, 22% (419 out of 1894) of the health facilities are reported to be non-functional. Majority of the health facilities are operational at the lowest administrative level which is the PHCU. There are non-functional facilities nationwide. The states affected by the conflict have also reported very high number of non-functional health facilities including the Greater Upper Nile region. Over 100 health facilities are awaiting verification in terms of presence and functionality.
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. This map shows the concentration of partners in the different states.

Inter cluster Representation and Strategic Decision Making

- The health cluster continues to engage at the ICWG level and advocated on bureaucratic impediments affecting health humanitarian response including contributing key messages to inform the humanitarian country team (HCT) decision making.

- Health cluster also actively involved in supporting inter-cluster response missions in hard to reach areas.

Update on implementation of the Health Cluster Strategy/ Monitoring and Evaluation

- In the last quarter of 2017, Cluster partners have made significant progress in the humanitarian health response plan indicators and targets. 9 out of the 15 indicators have reached the set targets with 3 indicators having exceeded 100% of their targets and 5 indicators having achieved over 80% of their targets. Response to mental health disorders, HIV pregnant women receiving ARV treatment, rape cases receiving comprehensive treatment and emergency measles vaccinations have been fraught with a combination of insecurity and accessibility difficulties, financial constraints, absence of clinical skill sets to provide holistic and timely responses and have resulted in these 4 indicators scoring low averages in response between 8% and 37%. The cluster continues to work with partners to improve access and reporting challenges to enable advocacy and improvements on these indicators. The graph below shows an example of progress made on some of the key indicators.

Progress to date on health cluster HRP indicators
South Sudan, 2017

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Progress</th>
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<tbody>
<tr>
<td>SAM with MC treated in SC</td>
<td>187%</td>
</tr>
<tr>
<td>HIV+ pregnant women under ARV treatment</td>
<td>8%</td>
</tr>
<tr>
<td>GBV survivors MHPSS</td>
<td>79%</td>
</tr>
<tr>
<td>HF MPHSS</td>
<td>83%</td>
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Capacity Building, Preparedness and Contingencies

- To provide comprehensive and compassionate care to all survivors, irrespective of age, class, sexual orientation, race, ethnicity, gender identity, ability, religion, or other aspects of identity, the Health Cluster, Save the Children and UNFPA and with funding from the Office of U.S. Foreign Disaster Assistance (OFDA) and European Civil Protection and Humanitarian Aid Operations (ECHO) organised a one week training to strengthen the capacities of multidisciplinary clinical staff from 18 locations in South Sudan (Mingkaman, Maban, Malakal, Mayom, Juba, Aweil North, Benitu POC, Kwajok, Twic, Melut, Ulang, Ganyiel, Malualkon, Parieng, Torit, Old Fangak, Wau and Abeimnom) in order to meet the increased need for preventive, treatment and rehabilitation services for rape survivors.

- In an effort to ensure quality contributions towards the HRP by emergency response partners aligning their interventions with the plan, the Health Cluster team conducted a one-day training on 18 October for health cluster partners in Juba. This skills building agenda covered several key aspects of quality project proposal preparation for the 2018 response including writing a Situation Analysis, Clinical Packages of Healthcare in emergencies, Health Package of Standard Indicators and Health Costing of health packages.

Advocacy and resource mobilization

- There is a planned donor meeting in December 2017 to discuss the current HRP gaps and working together to improve funding for the 2018 HRP.

Health Partner updates

Support to health service delivery

- Since the beginning of October 2017, Children Aid South Sudan (CASS), is responding to emergency primary health care needs in Bentiu town, former Unity state. With funding from the emergency preparedness and response (EPR) of HPF, CASS established Koithie clinic within Bentiu town to provide emergency primary health care as well as advocacy against sexual and gender based violence (SGBV). On average the clinic receives between 80-150 patients per day. During the reporting period a total of 1 642 (257 under 5 and 1 385 above 5) consultations were conducted.

- With funding from the South Sudan Humanitarian Fund (SSHF2), CASS is responding to emergency primary health care needs in Chuil PHCC, Chuil Payam Jonglei state. In October 2017, a total of 1 105 (295 under-fives and 812 above five) consultations were conducted. In addition, CASS delivered essential medical supplies, 2 tents and stationeries to the PHCC.

- To respond to the suspected measles outbreak in Nyal, WHO is supporting assembling multi-sectoral team to conduct investigation and support the response plan. The WHO verification team established key gaps in case management and surveillance in the affected Payam, and a micro-plan has been developed that will guide the response and mass vaccination.

- WHO supported deployment of six Public Health Officers to Budi in Kapoeta where there is an on-going active transmission of cholera to support case management and infection prevention and control activities.

- To mitigate the risk of cross boarder spread of the confirmed Marburg outbreak in Kween district Eastern Uganda, WHO is working with MOH and partners to strengthen preparedness and readiness capacities for case definition, investigation and response in addition increasing public awareness.

- In response to the flood in Pibor County, WHO deployed a team to carry out a quick assessment and prioritize the key interventions as reflected in the response plan. In addition, WHO mobile response teams have re-evaluated the floods reported in September, in former Northern Bahr el Ghazal (Aweil North and Aweil West), and established that the current status is improving with many locations drying up and displaced population slowly returning to their homes.
WHO with funding from the United Nations Central Emergency Response Fund (CERF), built alliance with Universal
Intervention and Development Organization (UNIDO) to improve access to health care services for the IDPs and host
communities in the Islands of Leer and Mayendit Counties. This included establishment of Emergency Medical mobile
teams for Tuochriak and Meer Islands, training on clinical case management of malaria and diarrheal diseases as well as
community based communicable disease surveillance. Over 4000 consultations have been made where the common
morbidity is malaria, acute watery diarrhea and acute respiratory infection.

With the generous support from the Government of Japan and in-line with the strategy to increase access to safe blood
and blood products in emergencies, WHO in collaboration with MoH, conducted a supervisory visit to the Regional Blood
Transfusion Service in Wau, the former Greater Bahr el Ghazal state from 16 - 20 October 2017. During this visit 9 staff
members were trained on how to use standard operating procedures to maintain quality and safety. This was a follow up
since the facility was launched on 25 August 2017 by the Minister of Health and the Japanese Ambassador.

Provision of essential drugs and supplies

With diminished supply of drugs in Fangak County, many health units were running out of essential drugs and related health supplies making it difficult for the health staff to effectively deliver the much needed health services. To fill the critical gap in medical supplies, Christina Mission Aid delivered medicines and health supplies and distributed to five PHCCs and 13 PHCU's in Fangak County. The drugs will combat the high cases of infectious diseases that have been reported in the health facilities. With this timely supply, the quality of health services will improve significantly and minor referrals will decrease as they will be managed successfully at the PHCUs.

In October 2017, IOM completed rollout of comprehensive access to HIV/AIDS counselling, testing, and treatment services at the Bentiu, Malakal and Wau protection of civilian (PoC) sites, benefiting an estimated population of 171,000 people, as well as the host community. In 2016, HIV/AIDS and tuberculosis were the leading causes of mortality in the PoC sites, where people are often unable to access health facilities outside the sites due to protection concerns or destruction of public infrastructure. Since the roll out began in July, a total of 213 people has tested, with 16 testing positive and enrolling in antiretroviral treatment.

Impact Health Organization (IHO) extended its integrated emergency mobile health services to 3 bomas of 2 payams of Gemeiza County, namely; Eia and Palek boma in Gemeiza payam and Lageri boma in Mangala payam. During the reporting period, over 6,000 consultations were conducted, 4,368 people were reached with health education while 962 measles vaccinations were carried out, 6 deliveries supported and referred 4 complicated cases to Terekeka PHCC.

WHO provided medical supplies (Limposomal Amphotericine 1000 vials) through MSF(F) to respond to Kala azar in old Fangak State and rK39 test strips to Melut, Chuil, Walgak and Kapoeta East and South. WHO and MOH in collaboration with IMA following a spike in reported cases of Kala azar, responded to cases reported in Al-Shaba Hospital and in Juba Teaching Hospital. In addition, WHO conducted support supervision to KA treatment centers to ensure quality of treatment being provided. However, response interventions have been complicated by insecurity, population displacement, poor living conditions, increasing food insecurity, closure of treatment facilities; and low treatment completion rates.

Training of health staff

A core component to comprehensive access to HIV/AIDS counselling, testing, and treatment services is awareness raising and sensitization to both encourage testing and destigmatize the disease among the displaced population. Through the Global Fund support, IOM has trained over 450 peer counselors across the country, including 51 at the Bentiu and Malakal PoC sites. The programme is complemented with services from IOM’s mental health and psychosocial support team, which provides peer support through family support groups, counseling for people living with HIV/AIDS and those affected by
gender-based violence. The expansion of services is funded through the Global Fund to Fight AIDS, Tuberculosis and Malaria with the support of the UN Development Fund.

- The MHPSS Working Group in collaboration with the Child Protection Sub-cluster trained thirty-one (31) child protection actors on Psychological First Aid for Children. Besides, the Working Group delivered an orientation on the IASC MHPSS Guidelines for 21 CCCM actors from the UN House from 5-6 October 2017.

- From 17 to 20 October 2017, Handicap International delivered a training on Focused MHPSS Skills Training for Clinical Staff from Juba Teaching Hospital, select primary health care facilities, and local NGOs implementing mental health programmes in Juba. A similar training was conducted for non-clinical staff from 24-27 October 2017. These capacity building efforts were co-funded by the Working Group through IOM (with allocations from OFDA, DFID, Global Fund, and Korean government) as well as the French Development Agency and ECHO through Handicap International.

- During the reporting period, IHO trained 16 field staffs (clinical officers, laboratory assistants and technicians and community health workers on Integrated Diseases Surveillance and Response (IDSR) and MHPSS.

- With USAID’s support, WHO in partnership with MOH trained 40 healthcare workers and rapid response teams drawn from various institutions to expand the pool of central and state level facilitators to scale up IDSR training at state and county level. The focus of the training was on core functions of integrated disease surveillance and response (IDSR).

Child health: Vaccination

- In October 2017, CASS with support from the State Ministry of Health, WHO and UNICEF conducted accelerated EPI campaign in Rubkona County (Payam’s of Bentiu, Rubkotne and Dhorbor). During the reporting period, a total of 516 children were received BCG vaccine (225 male and 291 female), 1 188 children received oral polio vaccine (OPV1) (509 male and 679 female), 401 vaccinated with oral polio vaccine (OPV2) (172 male and 229 female), 253 children oral polio vaccine (OPV3) (124 male and 129 female), 1 188 children were vaccinated with Penta1 (509 male and 679 female), 401 children vaccinated with Penta2 (172m and 229f), 253 children vaccinated with Penta3 (124 male and 129 female), 253 children with IPV (124 male and 129 femal) and 1 021 measles (440 male and 581 female).

- Measles follow-up campaign for Maban, Melut (24-29 Oct 17) and Renk counties of Upper Nile State (UNS), is on-going. Assessments and training have been conducted with Vitamin A and deworming provision factored to run concurrently. Social mobilization has also been conducted as part of readiness. The National MoH on 24 October 2017 launched the 3rd round Polio campaign.

- WHO supported the state MOH / EPI department to implement the 3rd round of NIDs targeting over 3 million children 0-59 months from 24 October, 2017. In Western Equatoria State for example the campaign after 4 days had reached 89 283 (44.9%) children out of the targeted 198 898.

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