South Sudan
Emergency type: Complex Emergency
Reporting period: 1 – 30 April 2017

5.1 MILLION
AFFECTED

2.7 MILLION
TARGETED

1.9 MILLION
DISPLACED

1.5 MILLION
REFUGEES

HIGHLIGHTS

- To equip frontline humanitarian actors with life-saving psychosocial support skills, the National Mental Health and Psychosocial Support (MHPSS) Coordination Group provided a three day training on psychological first aid (PFA) and Inter-Agency Standing Committee Mental and Psychosocial Support Guidelines.

- Since June 2016, cholera outbreaks remain a major public health concern to the population and humanitarian agencies. There are currently 7735 cholera cases reported, including 246 deaths (76 facilities and 170 community) reported from 19 counties in 11 states of South Sudan. This equates to a CFR 3.23%.

- In response to the famine and nutritional emergency, the WHO has secured emergency nutrition kits to improve the management of inpatient Severe Acute Malnutrition (SAM) with medical complications.

- In response to a cholera outbreak in Yirol East, IOM in partnership with the County Health Department (CHD) and the health partner on the ground (CUAMM), are operating four cholera treatment units (CTUs) and five Oral Rehydration points (ORPs).

HEALTH SECTOR

58 HEALTH CLUSTER PARTNERS SUPPORTING RESPONSE

273 ASSORTED KITS

1 638 540 CONSULTATIONS*

115 711 CHOLERA

47 EWARN SENTINEL SITES (EIGHT PARTNERS REPORTING)

8 % FUNDED

123 M REQUESTED

*Since Jan 2017

A young woman found on the Sobat river side, Ulang County, former Upper Nile State, delivered at Yomding PHCU (a clinic supported by Goal International) after being in labour for four days. Photo: Goal International ©
Situation update

- Increasing insecurity due to the ongoing conflict in South Sudan continues to hamper the delivery of basic health services by humanitarian partners to the people of South Sudan. An extensive disruption of essential primary and secondary health care services has aggravated the limited capacity for basic service delivery. Most of the health facilities in the conflict-affected areas have either been looted or destroyed and remain non-functional thereby reducing access to much needed health care services. In addition, government employees, including health staff, have not been receiving regular salaries, resulting in reduced motivation to work. Consequently, disease prevention and treatment have been compromised.

- There is an increasing threat of communicable diseases including cholera and measles in many of the conflict affected counties. Chronic diseases, including co-morbidity of tuberculosis and HIV/AIDS are a significant cause of concern amongst the IDPs.

- Due to the lack of community outreach services and access to health clinics, there are concerns that with the arrival of the wet season, Malaria, Yellow Fever and other tropical diseases will add to the burden of health amongst the South Sudanese population.

Public health risks, priorities, needs and gaps

- The health situation in South Sudan remains weak and over 1.9 million people are displaced. Displacement is now common in the Equatoria regions, Greater Upper Nile, Northern Bahr el Ghazal and other conflict affected locations. The dynamics of displacement result in greater risk of illness and death due to challenges in reaching IDPs with healthcare in some locations.

- In the famine declared areas, it is estimated that 2100 children with Severe Acute Malnutrition (SAM) with medical complications will need admission to medical stabilization centres. This will lead to an expected 10% increase in admissions which will increase the burden on the health facility. SAM is determined by measuring the Mid-Upper Arms Circumference (MUAC).

- Routine EPI coverage is generally low in conflict-affected areas due to on-going conflict which has led to looting of cold chain materials and displacement of health workers. According to the 2016 Health Management Information System (HMIS) of South Sudan, only 52% of children had received the measles vaccine, 45% received polio vaccine and 45% of children had received Pentavalent 3 before one year of age. Herd immunity against vaccine preventable diseases is ensured with routine immunization coverage of at least 85%.

- Increased measles alerts/outbreaks have been reported nationwide in and outside the displaced population locations. A nationwide mass measles campaign has been programmed to be conducted in May 2017. Joint efforts of the Health cluster and Ministry of Health with allow rapid response teams to reach the displaced population and people living in remote locations where access is difficult.

- Medical complications of malnutrition, severe pneumonia, severe malaria and perinatal complications remain the most common causes of death in children under 5 years, although the crude and under five mortality rates remain within the emergency threshold.

- On-going reports of severe shortages of essential medicines are reported throughout the country’s health facilities. The Health Cluster partners continue to source medical supplies from the already limited Core Pipelines of the cluster (Health kits, Reproductive Health Kits and Vaccines). Current stocks are earmarked solely for the Equatorias thereby creating a gap in providing adequate medical supplies in other locations at high risk. In addition, there is no essential stock status of medicines to support stabilization of malnourished children with medical complications.

- Limited availability and access to Mental Health and sexual and gender-based violence (SGBV) related services remains a challenge to the holistic health care response across the country. Through the newly established mental health and psychosocial support (MHPSS) sub-cluster, the health cluster is better positioned to provide mental health leadership on existing and challenging MHPSS issues for strategic coordination and response.

- There remain challenges with the timeliness and completeness of reporting on Integrated Disease Surveillance and Response (IDSIR) and Early Warning and Response Network (EWARN) at response sites. With the ongoing displacement of health workers, non-functionality of health facilities due to widespread looting, vandalization and inaccessibility due to insecurity, there continues to be
surveillance bind spots with an increased risk of multiple outbreaks to the fleeing population with limited access to healthcare services.

- Cholera remains a challenge even during the dry season along the River Nile. Malaria, Acute Respiratory Tract Infections, TB/HIV/AIDS, and Measles are the major public health morbidities/ mortality in IDP locations and surrounding host communities. Communities fleeing from the conflict have settled in swamps where Water, Sanitation, and Hygiene (WASH) facilities are non-existent.

- Acute malnutrition and the declaration of famine in some locations remain a huge public health concern. High inflation level which are affecting the price of basic food items and other essential items as well as loss of livelihoods, food availability and affordability are negatively impacting on food security. This increases the risk of malnutrition and associated complications.

Priorities

- Strengthening the existing health humanitarian response strategy in famine affected locations and areas of population displacement by supporting emergency responders to escalate and provide lifesaving primary health care services through static and mobile clinics to increase access to the affected populations.

- Procure and strategically preposition medical SAM kits for inpatient management of medically complicated severe acute malnutrition (SAM) in facilities where food insecurity and malnutrition rates are high and build capacity of partners to respond effectively in those locations.

- Align health capacities to implement SGBV, Clinical Management of Rape (CMR) and MHPSS response.

- Improve partner capacity to escalate surveillance on disease with outbreak potential including co-morbidity of TB and HIV/AIDS.

- Advocate with multi stakeholder to support the availability of essential medicines for health service delivery. Advocate for increased funding for essential medicines for strategic prepositioning to support the response.

- Improve health cluster partners capacity on emergency preparedness, response and contingencies.

- Promote the establishment of feedback mechanisms and accountability in healthcare programs to the affected population.

Needs and Gaps

- Inadequate numbers of emergency responders and information management persons in new displacement sites.

- Inadequate number of surveillance staff in new displacement sites.

- Inadequate funding to partners to respond to acute and chronic emergencies.

Communicable diseases

- As of week 16 2017, completeness of reporting rates in non-conflict and conflict areas were 59% and 87% respectively. Malaria is the top cause of morbidity in non-conflict affected areas and accounts for 28% consultations while ARI is the leading cause of morbidity in the IDPs where it accounts for 27% of consultations.
- While malaria remains the top cause of morbidity in the non-conflict areas, the current trends are within the expected levels. Within the IDPs, ARI surpassed malaria as the top cause of morbidity.

- Sporadic suspect measles outbreaks continue to be reported countrywide with most of the transmission being reported from Mayom. During the week ending 30 April 2017, 590 suspected measles cases were reported from Wau, Gogrial East, Gogrial West and Yambio counties. A cumulative of 475 measles cases including 4 deaths with case fatality rate (0.84%) have been reported since the beginning of 2017. A countrywide measles follow up vaccination campaign targeting children 9 to 59 months is planned to start on 3 May 2017.

- Since the beginning of 2017, a total of 994 cases of kala azar including 19 deaths (CFR 3.0%) were reported from 16 treatment centers. During the corresponding period in 2016, a total of 568 cases including 29 deaths (CFR 5.1%) were reported from 21 treatment centres.

- Since June 2016, cholera outbreaks remain public health concern to population and humanitarian’s agencies with 7 735 cholera cases including 246 deaths (76 facilities and 170 community) (CFR 3.23%) reported from 19 counties in 11 states of South Sudan.

- Results from the first round oral cholera vaccine campaign conducted in Bor PoC from 3rd to 4th April 2017 show that 1 926 (85%) individuals aged one year and above were immunized. Overall, 115 711 individuals aged one year and above and who are at risk for cholera have received oral cholera vaccines in Leer, Bor, Bentiu PoC and Malakal Town in 2017 (see table below)

### Coverage with oral cholera vaccines by site in 2017

<table>
<thead>
<tr>
<th>No</th>
<th>Site</th>
<th>Target population</th>
<th>No. vaccinated</th>
<th>% coverage</th>
<th>Dates</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Leer</td>
<td>44 731</td>
<td>30 772</td>
<td>69%</td>
<td>22 Feb 2017</td>
<td>MedAir, WHO, UNICEF</td>
</tr>
<tr>
<td>2</td>
<td>Malakal Town</td>
<td>16 500</td>
<td>10 499</td>
<td>64%</td>
<td>18-24 Mar 2017</td>
<td>MSF-E, WHO, UNICEF</td>
</tr>
<tr>
<td>3</td>
<td>Bor PoC</td>
<td>2 265</td>
<td>1 926</td>
<td>85%</td>
<td>3-4 Apr 2017</td>
<td>HLSS, WHO, UNICEF</td>
</tr>
<tr>
<td>4</td>
<td>Bentiu PoC</td>
<td>116 416</td>
<td>72 514</td>
<td>62%</td>
<td>5-10 May 2017</td>
<td>IOM, WHO, IRC, WR</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>179 912</strong></td>
<td><strong>115 711</strong></td>
<td><strong>64%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Child health

To respond to the alarmingly poor nutrition situation, WHO has secured emergency nutrition kits to improve the inpatient management of Severe Acute Malnutrition (SAM) with medical complications. WHO, in partnership with the Ministry of Health, health and nutrition clusters will distribute the kits to the Inpatient Therapeutic Programs in PHCCs and hospitals in the Greater Equatoria regions (Kajo-keji, Lainya, Yei, Magwi, Torit), Jonglei (Ayod, Nyirol, Uror), former Northern Bahr el Ghazal (Aweil West, Aweil South), former Unity (Leer, Mayendit, Panyijiar, Koch), former Upper Nile States (Fashoda, Manyo).

Functionality of health facilities

- Many facilities are currently either not operational or partially functioning, leaving most of the population without adequate healthcare. As shown below, more than 50% of the health facilities in 12 Counties are non-functional, due to conflict related insecurity, looting, destructions or lack of funds and are unavailable to provide primary health care services.
Health Cluster Action
Health cluster coordination

- The 2017 health Humanitarian Response Plan earmarked 58 partners to implement the health cluster strategy. The cluster has since admitted new partners’ including national NGO’s whose partnership is key to sustainable and resilient health systems. An average of about 60 stakeholders engages regularly on a weekly basis at the national level. Regular meetings have continued to hold at the main emergency response sites and also at new displacement sites.

- Health Cluster partners continue to respond to the declared famine in central Unity state (Koch, Mayendit and Leer) where it is estimated that about 270 000 people are in need of food and medical services. Partners have scaled up their capacity by increasing human resources, medical supply chains and reaching out to those in hard to reach areas through mobile teams.

- Due to the immense need and response to this population and the difficulties faced in reaching out to a mobile population, health partners on ground have been supported with medical supplies from the 3 Core Pipelines as well as technical support. In challenging locations requiring increased services, rapid response partners have been deployed to improve access to lifesaving health care services. In addition, two main strategies have been applied. These are reaching out and delivering health care directly to the community (e.g. vaccination and treatment of common ailments) and providing stationary health clinics in areas of high IDPs that enable communities to access health care.

- Recent data from the Health Cluster indicates that only 58 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.
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 TSFP in Ulang and Melut Counties, in the Greater Upper Nile region. Besides, Supportive supervision and implementation of health system strengthening strategy is being provided in two health facilities (Mijak and Rumamer) in Abyei administrative area.

- In partnership with the County Health Department and ARUDA (National NGO), Save the Children managed and rehabilitated the cholera treatment center (CTC) in Mingkaman and cholera treatment unit (CTU) in Dor.

- Save the Children emergency humanitarian unit treated 44 admitted patients in the CTC in Mingkaman and 18 admissions in the cholera treatment unit in Dor.

- IOM in response to the cholera outbreak in Yirol East partnered with the County Health Department (CHD) and the health partner on the ground (CUAMM) and began operating four cholera treatment units (CTUs) and five Oral Rehydration points (ORPs). From February – March 2017, IOM provided cholera case management services to 145 individuals.

- To contain the cholera outbreak and improve on the access to health services in the Cattle Camps surrounding Jiech and Mogok Payams in Ayod County, Christian Mission for Development (CMD) with support from the health cluster, WHO, IOM and the County Health Department is scaling up the response to contain the outbreak and provide health services in various locations of the County.
Health facilities

- As part of the ongoing response to the cholera outbreak in South Sudan, WHO deployed a team of 6 health personnel from the National Ministry of Health to Duk Island to support case management, establish CTC, visit health facilities and train of health workers and other allied staffs. The team trained 25 health workers from different fields on case management and setup a CTC in the area in April.

- On 25 April 2017, IOM deployed a Rapid Response team to respond to a cholera outbreak in Jiech, Ayod County and established one CTU in Jiech PHCC and three ORPs in three other locations (Padek, Karmum and kandak). In partnership with the CHD and Christian Mission for Development provided cholera case management services for 146 individuals. In the last two weeks period IOM has also conducted 2396 consultations for other common illnesses and reached 8449 individuals with health promotion.

- Save the Children supported 52 health facilities and one hospital with integrated service delivery which includes BEMONC and CEMonC, the prevention and control of communicable and non-communicable disease, IMNCE, and safe deliveries in the former Eastern Equatoria (Nimule Hospital, Torit county and Kapoeta North) as well as primary health service delivery in the six health facilities in Abyei Administrative Area.

- ARC/CHD addressed the outbreak of an acute watery diarrheal outbreak with unconfirmed reports of 16 cases in three cattle camps i.e. Kapaipus, Lochokio, Namojongoty. Using an integrated approach by both partners, a team was dispatched to Mogos with equipment to treating patients.

- ALIMA in a rapid response mission in the Deleba area of the Raja county in April provided medical services to newly displaced persons (over 3000 IDPs). The team screened 156 children with a GAM rate of 32%, 30% MAM and 2% SAM. The team distributed plumpy nuts and micro nutrients to address the MAM and SAM cases. The team also conducted 349 curative consultations for under 5 children, all of whom were screened for malnutrition.

Provision of essential drugs and supplies

- In response to the urgent health care needs, WHO provided nine cholera investigation kit, 74 DDK, ORS Module, one DDK complete, 186 IEHK, Anti-Malaria Basic Module, 97 IEHK, Supplementary Malaria Module and PPE, Basic module A1, 40 boxes of Cholera test Kit, Crystal VC, 312 boxes of Malaria rapid test kit and 1200 DDK, IV fluid. These have been delivered to the implementing partners and health facilities in the Greater Bahr el Ghazal region, the Greater Equatoria Region, Jonglei, former Unity and Lakes States.

Training of health staff

- A three-day intensive training was conducted by the National Mental Health and Psychosocial Support (MHPSS) Coordination Group on Psychological First Aid (PFA) and Inter-Agency Standing Committee Mental and Psychosocial Support (MHPSS) Guidelines in Emergency Settings for frontline humanitarian actors intervening in Juba and Central Equatoria to equip them with life-saving psychosocial support skills. They were trained on when and how to provide PFA to the affected populations they reach, especially the most vulnerable groups such as survivors of GBV, PLHIV, pregnant and lactating women and their children, persons with chronic health conditions, and the elderly to help arrest the development of more serious mental health and psychosocial problems.

- To prevent yellow fever outbreaks, WHO and partners gathered in Juba to strategize preventive measures for high-risk areas, include yellow fever vaccine in to the routine vaccination, review application process to fund implementation of country control strategies as well as review and update the national yellow fever vaccination requirements for international travellers.

- WHO and MoH conducted a three day training on Guinea worm disease surveillance and marketing of cash reward for reporting Guinea worm cases. The trained participants (60
health promoters and 30 health workers) are expected to report and document Guinea worm rumors, suspects and confirmed cases. They are also expected to give health education and raise the level of awareness on Guinea worm disease prevention, signs and symptoms, treatment and the new cash reward for reporting Guinea worm disease.

- Save the Children trained 33 healthcare workers including clinical and WASH staff in Dor on cholera case management & WASH response and 42 local staff to help deliver vaccination and primary healthcare consultations.

Child health: Vaccination

- The 2017 African Vaccination Week observed from 24 – 30 April 2017, under the theme “Vaccines protect everyone, get vaccinated!” spearheaded by the health professionals together with the community, promoted, cost effective vaccination to prevent millions of deaths from vaccine-preventable diseases by 2020 through universal access to immunization.

- To protect displaced populations from vaccine preventable diseases in the UN house POC site, 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 (1,998 Female and 1,748 Male) were reached through health education to create awareness about the importance of immunization and to improve uptake of immunization services.

- Save the Children’s rapid response team vaccinated over 4,000 people against measles, polio, and tetanus toxoid and conducted 1,000 consultations in Mayendit town and Leer, Unity state.

Child health: Nutrition

- To treat children with severe acute malnutrition, Save the Children supported Nile Hope (a national NGO), to establish a stabilization center in Southeast Leer County, Unity State.

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