

Key Context Update

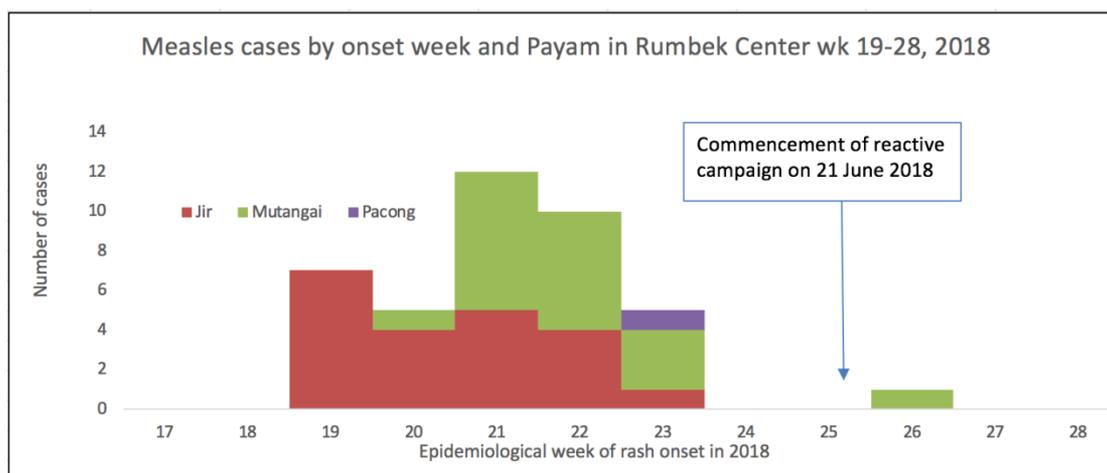
- The Ministry of Health to implement the Ebola Virus Disease (EVD) contingency plan and enhance readiness capacities to respond to potential importation of Ebola Virus Diseases cases, screening of international travellers at the Juba International Airport (JIA) is ongoing. Progress has also been registered in setting up an EVD treatment facility for case management in case of a confirmed outbreak.
- In June 2018, an influx of over 15 000 IDPs have been reported from Duk.
- To attain Universal Health Coverage and address the inequity amid instability in some parts of the country, the Ministry of Health held a one day high-level advocacy meeting with women parliamentarians one of the events to mark the World Health Day under the theme 'Universal Health Coverage: everyone everywhere'.
- South Sudan joined the rest of the world to commemorate the World Blood Donor day on 14 June under the theme '**Be there for someone else. Give blood. Share life**'. The country has made progress in building capacity and increasing acceptance of voluntary unpaid blood donation. Although this has improved availability of safe blood, the demand for blood still far exceeds the supply countrywide. To demonstrate the commitment of the people of South Sudan through voluntary unpaid donations, more than 86 units of blood were collected in Juba on World Blood Donor Day alone.

Public Health Risks and Key Gaps

- By the end of June 2018, timeliness and completeness were 59% and 75% at county level for IDSR reporting and 71% and 74% at the health facilities for EWARS/IDP reporting respectively.
- A total of 413 alerts have been reported countrywide since the beginning of 2018. At least 63% of these alerts have been verified with the most frequent being acute watery diarrhoea 168 (41%), acute bloody diarrhoea 100 (24%), malaria 78 (19%), and suspect measles 74 (18%).
- Malaria is the top cause of morbidity in the relatively stable states where it accounts for 40% of the consultations. However, among the IDP sites, acute respiratory infections (ARI) are the top cause of morbidity where they account for 23.3% of consultations followed by malaria with 22.5% of the total outpatient consultations.

Notable events/outbreaks in June 2018

- During June 2018, there were no new outbreaks confirmed but surveillance and response activities continued for the active outbreaks of measles in Rumbek Center and Wau Municipality; Hepatitis E virus in Bentiu PoC; Rift Valley Fever outbreak in Yirol East; and probable rabies in Bentiu PoC, Aweil Town, and Abyei Town.



- In Rumbek East, the cumulative measles cases rose to 40 cases with no deaths by the end of June 2018. The outbreak started in week 19 with the initial cases reported from Akuach village, Mutangai payam. Most cases 28 (70%) of the cases were less than five years of age. Most cases were reported from Jir payam 21 (53%) and Mutangai payam 18 (45%). Administrative coverage

data shows that 44,965 (102%) of children 6-59 months were vaccinated during the reactive campaign. Plans underway for post-campaign coverage survey.

- Details on the other active outbreaks in South Sudan can be accessed from the [IDSR bulletin web page](#).

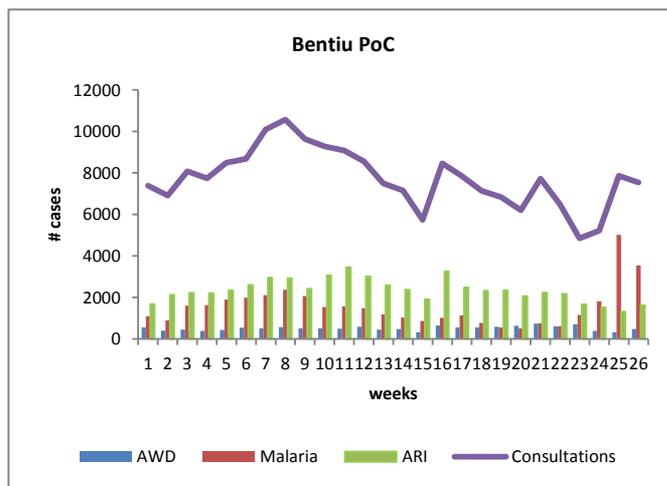
Malnutrition

- South Sudan remains at increased risk of food insecurity and malnutrition with an estimated 7.1 million people (63% of the population) would be affected by severe food insecurity, marking an unprecedented level of nutritional emergency. Acute malnutrition remains significantly high in 2018, with 1 082 414 million children under 5 projected to be acutely malnourished, of which 261 424 are severely acutely malnourished.
- Diseases, infections and medical complications are intimately interlinked with severe acute malnutrition (SAM), affecting at least 10% (with peaks of 20%) of the total number of children with SAM. This results in an estimated caseload in 2018 of at least 26 100 severely acute malnourished children with medical complications.
- As of April 2018, the total number of children admitted in stabilization centers are 2 753. The highest admission rate in 2018 is registered in Lakes, Warrap and Northern Bahr el Ghazal. The highest case fatality rate is observed in Central Equatoria and Western Bahr el Ghazal, where defaulter rate is registered at 25.8%.

Health Cluster Sub-national Response Analysis

Bentiu PoC and Beyond Bentiu Response

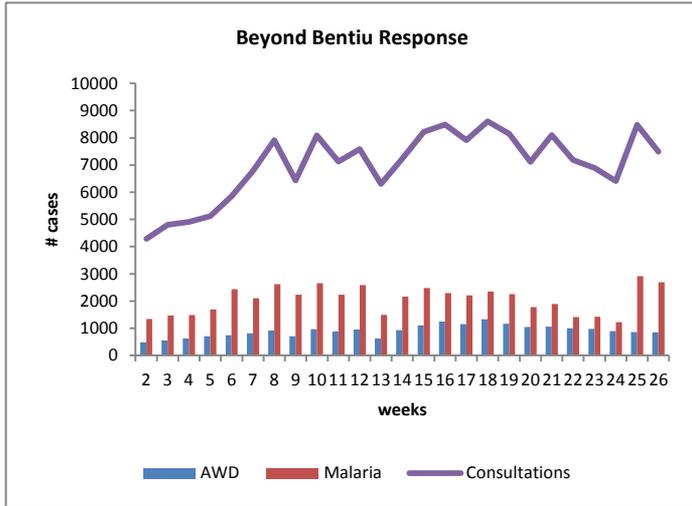
- The population in the PoC decreased from 116,725 in May to 114,652 in June
- Under 5 mortality rate = 0.12/day/10,000 Crude mortality rate = 0.17/day/10,000
- Malaria cases are on the increase as the rainy season has commenced.



- Mentor Initiative started indoor residual spraying as part of vector control and they expect the activity to last 4 weeks.
- Dog culling, sterilization and vaccination by VSF continued during the month. The activity is targeting 1,200 dogs.
- Five suspected Measles cases were reported and the Health and Nutrition Clusters have launched a response.
- The Hep E response by Health and WASH Clusters continued during the month with prevention activities targeting children <10years (mostly boys) who seem to be most affected.
- IOM clinics were closed for the whole month of June due to a disagreement with community leaders.
- WHO Rapid Response Team sent staff to assist IRC and WR clinics with the increased caseload. Partners were also assisted by the cluster with supplies to prevent ruptures.
- The first Bentiu Health Symposium was held in conjunction with UK Level 2 Hospital. The symposium brought in medical personnel from various Health Cluster partners to have technical discussions on different pertinent morbidities that they

encounter in the field.

Beyond Bentiu Response and Southern Unity

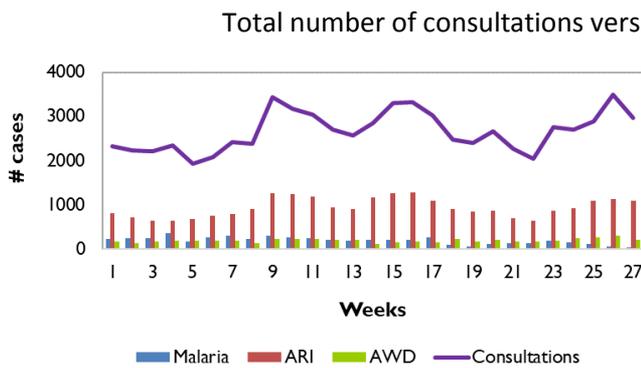


- Increase in Malaria cases have also been noted in the Beyond Bentiu health facilities.
- Due to the onset of the rainy season access to some BBR locations will be a challenge thus partners have prepositioned supplies in some of the health facilities.
- Functionality of health facilities in Leer and Mayendit is still at only 25%.
- UNIDO is strengthening its presence and activities in Leer TPA and town.

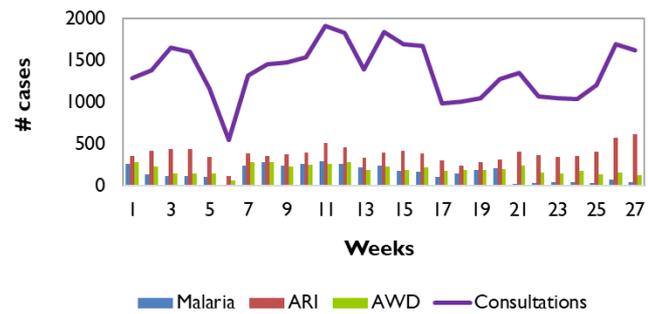
Epidemiological analysis Malakal PoC and Malakal town *

Week 1 to 27 2018

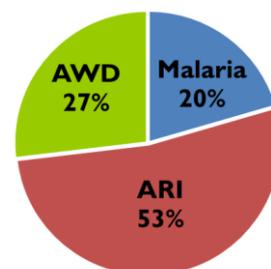
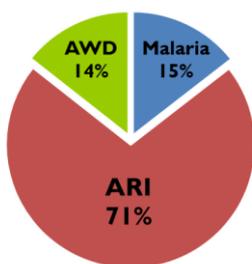
Malakal PoC. All clinics (IMC, IOM, MSF)



Malakal Town. All clinics (IOM, MSF)



% of priority diseases amongst all consultations

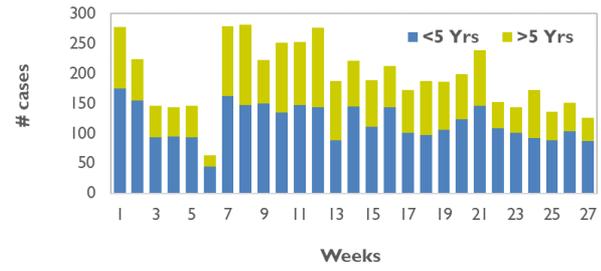
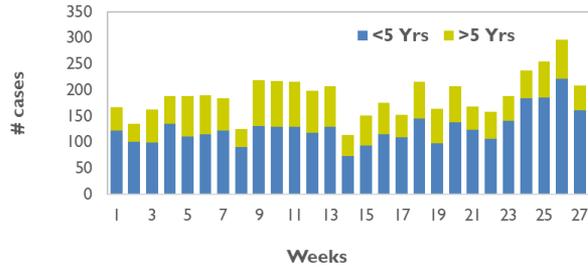


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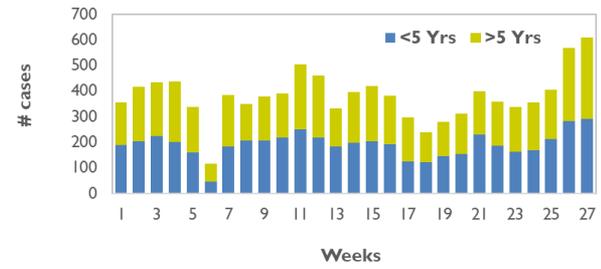
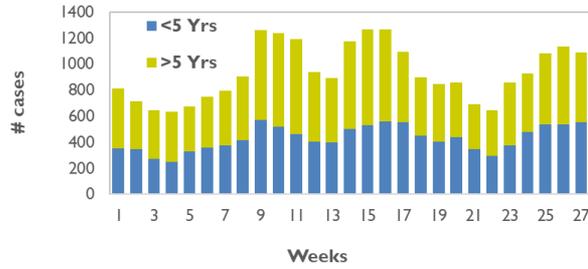
IMC data for Malakal PoC not available for week 6-8 and for Malakal town not available for week 6.

Number of AWD, ARI and Malaria cases with % of under 5 and over 5 by epidemiological week

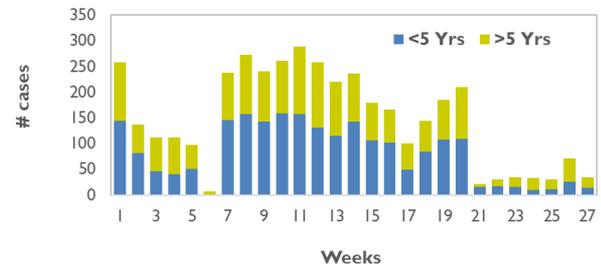
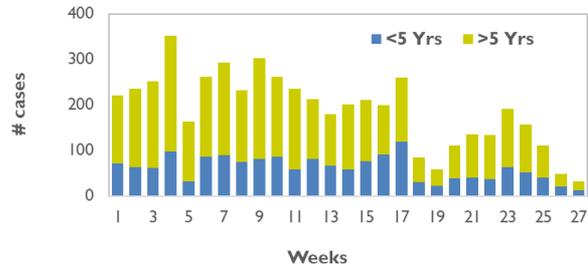
AWD



ARI



Malaria



- Fluctuating number of consultations in the PoC as well as in town
- Decrease in the number of Acute Watery Diarrhoea (AWD) in the PoC and in town
- Slight increase in the number of Acute Respiratory Infections (ARI) cases in town against a slight decrease in the PoC
- Persistent decrease in the number of Malaria cases both in town as well as in the PoC: MENTOR Initiative have started Indoor Residual Spraying in the PoC since last week.
- Most consultations still due to ARI, especially in the PoC at 71%, compared to town with 53%
- Larger proportion of AWD and Malaria cases in town than in the PoC

Health Cluster Core Pipeline Update

No	Description	UNIT	Items received /Procured	Items prepositioned to partners in June 2018							
				CRADA	GOAL	IMC	LiveWell South Sudan	THESO	UNEKA	HA A	Total
1	IEHK basic unit without malaria	kit	400	20	10	20	20	40	20	20	150
2	IEHK basic malaria module	kit	150	5						10	15
3	IEHK, Supplementary Malaria	kit	235	1			2				3
4	Malaria RDT of 25 tests	pk		8			25				33
5	Dispensary tent 42m2	pieces		3			3				6
6	Dispensary tent 24m2	pieces					1				1
7	Cholera central reference kit, 1.1 central drugs module	kit			1				2		3
8	Cholera central reference kit, 1.2 central renewable supplies	kit							2		2
9	Cholera Periphery,2.1 drugs module	kit		2			2		1		5
10	cholera Periphery,2.1Renewable supplies	kit			1		2		1		4
11	Cholera community kit, 3.1 drugs module	kit							1		1
12	Cholera community kit, 3.2ORP care base module	kit							1		1
13	Cholera community kit, 3.3 document module	kit							1		1
14	Cholera investigation kit	kit			3		4				7
15	Surgical supply kit	kit						2	1		3
16	Trauma kit A	kit	1								
17	One trauma kit B	kit	1								
18	Cholera central reference complete kits	kit	3								
19	Cholera periphery complete kits	kit	2								

Progress on Health Cluster Work Plan

- In June 2018, two coordination meetings held at the national level and a total of eight held in the states.
- The Health Cluster contributed to the South Sudan Humanitarian Fund scoping document for the release of the standard allocation two.
- Health cluster participated in the global health cluster forum and the east African workshop on the surveillance systems for attacks on health care.

Partner Implementation Key Highlights

- **Goal** – began implementing health and nutrition services targeting IDPs in Nyarwech, Tharnor, Duk within Doma and Ruplet sites in greater Ulang county, shipped 4 MT of supplies including tents, medical and non-medical equipment, soap for hygiene promotion as well as relevant stationeries to Ulang for the IDP response.
- **MENTOR Initiative** - completed the Indoor Residual Spray (IRS) campaigns in the sleeping and animal shelters in 3 out of 4 refugee camps in Maban; Gendrassa, Doro and Kaya to protect a total of 85 600 individuals from malaria, with excellent coverage rate of 95%. Selection of IRS workers and trainings were carried out in Malakal and Bentiu PoCs as well.
- **IOM** – operated 11 static and mobile clinics across Wau, Malakal and Bentiu, conducting a total of 30,269 patient consultations (11,514 <5 years; 18,755 >5 years). In June 2018, IOM began rehabilitation of the mobile outreach site in Ding Ding, Rubkona County with more permanent structure.
- **LiveWell South Sudan** –conducted 976 OPD consultations at the Tinagau’s PHCU in Yirol East, screened 100 children for SAM and MAM, 34 pregnant women received ANC services, 45 children received vaccination with OPV, DPT, HEP B. HiB and Measles vaccines, 32 women were vaccinated with TT vaccine, reached 1 456 people with



A child being vaccinated at Tinagau PHCU Photo:



IOM rehabilitation of Ding Ding health facility. Photo: IOM

health education, airlifted 2.5 Metric Tons of lifesaving medicines and supplies to Lekuangole and Gumuruk.

- **Christian Mission Aid (CMA)** – delivered 60 iron sheets, 60 pieces of timber and nails for renovating the HF structures, 22 cartons of essential drugs (11 for Pading PHCU, 11 Wenyal PHCU), nutritional supplies (10 cartons RUTF, 10 cartons RUSF and 10 cartons CSB+), hired 8 health workers for Pading PHCU and 4 for Wenyal PHCU and carried out assessment of reported cases of suspected watery diarrhea. CMA's RRM mission in Pultruk Payam, Nyirol, vaccinated a total of 1 375 children with oral polio vaccine, 1 266 with measles, 84 women with TT, dewormed 637 children under five, 744 children received vitamin A and 1 500 long lasting mosquito nets were distributed to the community, 523 people received health services in Keew, Waat.
- **WHO** prepositioned adequate emergency health kits, deployed RRT to investigate increasing cases of Acute Watery Diarrhoea and Acute Bloody Diarrhoea, and heightened surveillance of waterborne diseases in Bor; conducted a training on inpatient management of SAM with medical complications, for 20 health and nutrition staff and medical doctors operating in stabilization centers in Jonglei focusing on lifesaving medical interventions for the most vulnerable children suffering from infections and diseases associated with severe acute malnutrition; introduce a nutrition sentinel surveillance system in greater Wau and Kuajok hubs; supported reactive measles vaccination campaign starting on 19 June targeting 49 000 following declaration of an outbreak in Rumbek; rolled out a mobile surveillance system called Auto Visual AFP Detection and Reporting (AVADAR); implemented the first round of preventive oral cholera vaccination campaigns targeting 10 000 individuals aged one year and above in Leer Town; conducted a five days IDSR training for 20 health workers in Aweil Centre and West; conduct a vulnerability, risk assessment and mapping (VRAM) in the health sector and conducted water quality survey in cholera hotspots (water treatment plants, water collection trucks, households and water points) in Juba and water points in Aweil.
- **Medair** - conducted an emergency mass measles vaccination campaign in Rumbek Centre County in light of declared outbreak, in co-ordination with MoH and CUAMM and over 300 locally recruited staff on ground. A total of 44 965 children 6-59 months were vaccinated. MUAC screening was also undertaken alongside the vaccinations.
- **UNICEF** – vaccinated 37 292 children (male 17 234 and female 20 058) with oral polio vaccine, 27 748 children (male 12 372 and female 15 376) with measles vaccine, 4 210 pregnant women with tetanus toxoid vaccines; conducted 26 482 (9 953 children under 5) curative consultations and distributed 13 400 mosquito nets in Nyirol and Urur Counties of Jonglei state.



CMA midwife administering TT vaccine to a mother

Humanitarian Development Nexus

- Monthly discussions continue on evolving issues in the Greater Equatoria Region, Jonglei and Upper Nile health services delivery blind spots.

Implementation Challenges

- The biggest challenge remains the inadequate funding of the Humanitarian Response Plan (HRP).
- Fund holder transition to development response in Jonglei and Upper Nile.

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