



Community Consultation Meeting at Malek- Yirol East. Photo: LiveWell.

South Sudan

Emergency type: Complex Emergency

Reporting period: **1 – 30 November 2017**



7.5 MILLION
AFFECTED



2.7 MILLION
TARGETED



1.9 MILLION
DISPLACED



1.9 MILLION
REFUGEES

HIGHLIGHTS

- The MoH launched a new ‘Treat All’ and HIV Testing guidelines to end AIDS. South Sudan also joins the countries in Africa to have implemented Treat All recommendations among adults and adolescents in more than 50% of treatment sites in the country.
- South Sudan conducted a Polio Outbreak Simulation Exercise (POSE) from 7 to 8 November 2017 to renew the commitment and evaluate South Sudan’s preparedness and capacity to respond to potential Polio event /and outbreak, outline strategies/guidelines and establish standards and timeline for response.
- IOM in coordination and collaboration with SMOH, Health Cluster/WHO, UNICEF and Partners on the ground such as CHD, CORDAID and INTERSOS conducted the first round Oral Cholera Vaccine campaign in Budi where 856 cases and 53 deaths CFR 9.7% has been reported since week 29. The campaign was conducted from 18- 24 November 2017. In total more than 85 000 population received first dose Oral cholera vaccine.
- To promote the safety and accessibility of blood and reduce the risks associated with transfusion WHO collaborated with the Ministry of Health (MoH) to review National Blood Policy and Strategic Plan, adapt normative guidelines and standards and forms for the National Blood Transfusion Services from 27 November to 1 December 2017.

HEALTH SECTOR



35

HEALTH CLUSTER PARTNERS
EARMARKED IN HRP TO IMPLEMENT
HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



11

ASSORTED MEDICAL KITS

HEALTH CLUSTER ACTIVITIES



6 502 598

OPD CONSULTATIONS*

VACCINATION



1 133 579

DOSES OF ORAL CHOLERA VACCINE

EARLY WARNING ALERT AND RESPONSE NETWORK



47

EWARN SENTINEL SITES

FUNDING \$US



123 M

REQUESTED

63.4 M

FUNDED (52%)

59.6 M

GAP

* Since January 2017

Situation update

- To promote the safety and accessibility of blood and reduce the risks associated with transfusion WHO collaborated with the Ministry of Health (MoH) to review National Blood Policy and Strategic Plan, adapt normative guidelines and standards and forms for the National Blood Transfusion Services from 27 November to 1 December 2017. Over 40 participants (medical doctors, nurses, laboratory staff, donor recruiters and counsellors) from the regional Blood Transfusion Centres, Wau and Juba Teaching hospitals, Al Sabah Children's Hospital, Military and private hospitals reviewed and updated the National Blood Policy and Strategic Plan documents; Guidelines for the appropriate clinical use of blood and blood products; blood donor selection criteria and donor medical history questionnaire; standards for the practice of blood transfusion in South Sudan; blood requisition, crossmatch request forms and register as well as the National Blood Transfusion logo.
- Health cluster funding remains a challenge in 2017, by Mid November 2017 health cluster was 52% (63.4 M) funded which gives a gap of 48% consequently reduced health emergency responses by health partners. Health cluster continues to appeal to donors for more funding to improve health situation in vulnerable population.
- Dialogue between humanitarian and Government continues on the issues of work permit and registration. Some of the health partners has been hindered from travelling to field locations. Partners has raised concern on the increased fee to USD 4 000 which has direct consequences in there budget.
- Attack on health care services continues to increase in different part of the country, in November a lone 5 health staff lost their lives in line of duty, hospital looted, infrastructure damaged. Health cluster continues to advocate for easy access to health care services furthermore health cluster in consultation with other partners are putting in place a unified tool to capture all attack on health care services. The tool will then be rolled out to all health facilities by health cluster partners.
- With the aim to improve access to effective hepatitis prevention, diagnosis, treatment and care, the Ministry of Health, WHO and experts from Universities, medical specialists, public health professionals from MoH, and partners validated the draft practice guidelines for health professionals as well as the draft National plan to combat viral hepatitis.
- To provide effective, efficient and timely comprehensive information for informed decision making, WHO in partnership with the Ministry of Health and partners, reviewed and validated data sets, including data collection and reporting tools of the Health Management Information System. This is aimed at ensuring availability of reliable information on selected maternal health service delivery indicators at all administrative levels and; to highlight the role of Monitoring and Evaluation (M&E) in the integration of Maternal and Perinatal Death Surveillance Response (MPDSR) and civil birth registration and vital statistics (CRVS) in the existing system.
- South Sudan conducted a Polio Outbreak Simulation Exercise (POSE) from 7 to 8 November 2017 to renew the commitment and evaluate South Sudan's preparedness and capacity to respond to potential Polio event /and outbreak, outline strategies/guidelines and establish standards and timeline for response.
- The Ministry of Health and the National Bureau of Statistics, in collaboration with the World Health Organization, Population Services International, UNICEF and partners conducted the 3rd Malaria Indicator survey (MIS). This survey targeted 5 600 households in 280 out of 10 000 enumeration areas across the country.

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.

- 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.
- Health cluster continues to advocate for more funding to health partners. This will help to reduce excess mortality and morbidity by providing timely lifesaving health care services to vulnerable groups in different parts of the country

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 52%. 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

- Health cluster coordinated 4 Emergency responders meeting (ERM) and 2 Health cluster meeting, the main discussion with the partners were on Humanitarian Response Plan (HRP) 2018: who works where and how much resources needed, emerging gaps and challenges on the ongoing and upcoming missions/ responses.
- To finalize HRP 2018, Health cluster hosted two meetings with Strategic Advisory Group (SAG) to review proposal submitted by emergency health partners and come up with actually numbers of partners admitted in HRP 2018, People in Need (PIN) and review the final draft of HRP 2018.
- In order to measure progress towards attainment of national malaria strategic plan indicators and progress towards our contribution towards targets of the Global Technical Strategy for Malaria 2016 – 2030 (GTS), health cluster in coordination with malaria technical working group, MoH and PSI, is carrying out malaria indicator surveys (MIS) in the host population and internally displaced population in protection of civilian/ IDP settlements. The survey will help determine the prevalence of malaria, coverage of malaria interventions and assess KAP regarding malaria in the general population.

Support to Service Delivery

- Health cluster in coordination with pipeline partners supported with medical supplies to respond to acute emergency in Chuil, Pading, Kajo Keji, Weljok, and Duk counties.
- Health cluster continues to support partners to provide regular live saving primary health care services in hard to reach areas of Jonglei, Upper Nile, Unity and Equatorial state hubs.

Communicable diseases and outbreak response

- Completeness for IDSR reporting at county level was 56%. Completeness for EWARS reporting from IDP sites was 72%. EWARS / IDSR review workshop is planned for first week of December where achievement, challenges, gaps and way forward 2018 will be discussed.
- Following confirmation of measles in Panyijiar with 5 positive cases tested IgM in week 42; a total of 246 cases including 4 deaths (CFR 1.63%) have been reported since week 26. A vaccination campaign was completed in the county.
- A total of 48 new cholera cases were reported in November 2017. The cumulative since the start of the current outbreak on 18 June 2016 is 21 556 cases including 462 deaths (CFR 2.14%).

Health Cluster coverage with oral cholera vaccines (OCV) by site in 2017

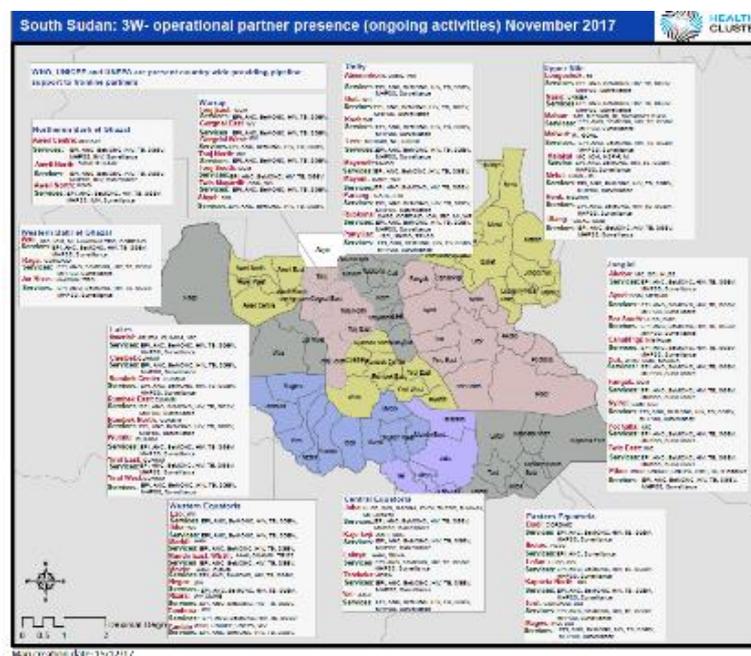
- Following cholera technical working group meeting in early November, a total of 737 319 doses of OCV have been requested to support 2nd round vaccines in Juba, Budi, Kapoeta East, South and North, Tonj East, Abroac , Malakla and Boma. Since 2017, health partners have deployed over 1.1 million doses of oral cholera vaccines in 21 locations.

Mapping of the concentration of partners and health response in the different states

- As shown in the 3W Operational partner presence map, 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.

Intercluster Representation and Strategic Decision Making

- Health cluster continues to attend inter cluster working group meeting at national and state level where cluster member's concerns/gaps are discussed/coordinated.
- Through the coordination of an Inter Cluster Response Mission (ICRM), the health cluster managed to respond in Pading, Chuil, Nimine, Kajo keji and Duk. Partners provided lifesaving primary health care services to displaced populations following fighting between two groups.



Capacity Building, Preparedness and Contingencies.

- Two sensitization trainings conducted to acquaint health partners on What HRP is, how to develop concept notes for HRP 2018 and provision of key tool for situation analysis.
- Finalized Juba Intercluster contingency plan. Final document shared with emergency responders. The document elaborates which agency will respond where in case of mass population displacement in Juba following any kind of insecurity.

Advocacy and resource mobilization.

- Health cluster together with donors finalised ToR for donor / health cluster meetings. There will be planned meeting in the first week of December. The main purpose of the meeting is to highlight some of the gaps and challenges partners are facing in resource mobilization.

Health Partner updates

Support to health service delivery

- In November 2017, IOM in coordination and collaboration with SMOH, HC/WHO, UNICEF and Partners on the ground such as CHD, CORDAID and INTERSOS conducted the first round Oral Cholera Vaccine campaign from 18- 24 November 2017. In total more than 85 000 population received first dose Oral cholera vaccine.
- With funding from SSHF, LiveWell established 3 emergency Mobile medical intervention at Tinagau in Nyang, Amer-Achiek in Adior and Ayang in Malek to provide lifesaving healthcare services in Yirol East, Lakes. During the reporting period, a total of 1 478 consultation were conducted and 789 patients were tested for malaria. Besides, 3 Latrines and 3 hand-washing facilities have been installed, adjacent to each of the mobile clinics.
- In November 2017, LiveWell conducted 3 community consultation meetings at Nyang, Adior and Malek Payam. During the community meeting a total of 120 community leaders (County commissioners, paramount chiefs, women groups etc.) have been reached with health promotion and social mobilization activities. Besides, 9 621 people have been reached with direct and participatory health promotion and social mobilization activities at households and community level including churches, water-points, schools, and markets.
- Following the heavy rain in August 2017 in Pagil and surrounding areas, Medair carried out an assessment and commenced an emergency response. With the assistance of community leaders, 13 community members were chosen from all areas of Ayod County and were trained in community case management of malaria. Each was given malaria rapid diagnostic tests (RDTs) and antimalarial medications to take to their community. Since then, these 13 staff who are working in 11 locations across Ayod county treated a total of 4 478 out of the 6 549 tested for malaria. A further 701 asymptomatic pregnant women have been given Fansidar as intermittent preventative treatment for malaria.
- As part of the accountability to the population served in Fangak, CMA and CHD met with the community leaders in Keew, Juaibor, Kuernyang, Buom, Paguir and Mandeng to discuss on the implementation of the health project in specific health facilities.
- To ensure high quality, sustainable water quality testing, monitoring and surveillance, WHO provided mobile water quality and safety testing kits to the National Public Health Laboratory to establish water quality control testing hub within the national public health laboratory in Juba.
- To ensure the delivery and utilization of quality comprehensive emergency obstetrics and new-born care services in hospitals in South Sudan, the World Health Organization (WHO) with support from the Government of Canada has inaugurated the newly constructed fully-equipped maternity complexes in Torit and Yambio.



Provision of essential drugs and supplies

- To fill critical gaps in essential medical supplies and services delivery, WHO provided 5 kits of IEHK, Basic Malaria Module, 3 Cholera investigation kits, 2 PPE Basic A1, 1 Blood sample collection, Field sampling kit for laboratory, 63 cartoon of MCH items, 50 IDSR tools, 591 boxes of assorted drugs, 312 sacks of MenafriVac (Meningitis Campaign) kits, 120 sacks of Polio Campaign kits, 46 sacks of Adverse Events following Immunization(AEFI) kits for meningitis campaign and 25 packs of Oxytocine 10 IU. These have been delivered to the implementing partners and health facilities in different parts of the country.

Training of health staff

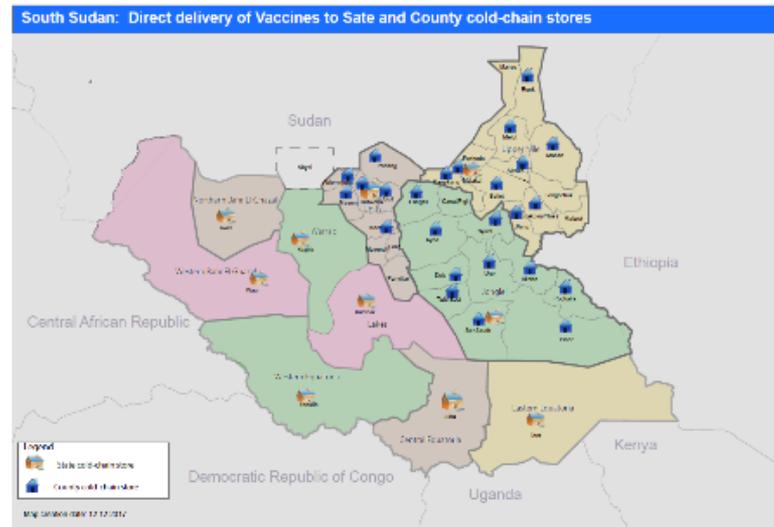
- In November 2017, WHO trained 18 health professionals on the management of SAM with medical complications. The training rolled out the new national package and guidelines on inpatient management of severe acute malnutrition. The WHO's SAM kit is designed to provide medical treatment for children under the age of five years suffering from severe malnutrition with medical complications. One kit can treat and save the lives of 50 malnourished patients. The kit includes antibiotics, antifungal, deworming, antimalarial and anti-scabies medicines, medical equipment and a rehydration mix specific to treat cases of SAM.
- LiveWell provided training to 38 Health Staffs (1 Clinical officers, 3 Nurses, 6 CHWs, 28 CBDs) on Integrated Community Case Management (ICCM) package. In addition, 27 hygiene promoters have been trained on Cholera response and prevention at household and community level.
- In November 2017, Christian Mission Aid (CMA) conducted waste management training in Juaibor PHCC. The training focused on the importance of proper waste management and different ways of waste management. Environmental care was also covered with key emphasis on conservation. The training targeted four staffs comprising of a nurse, two CHWs and one MCHW. In addition, trainings on rationale use of drugs, waste management and infection control, CMAM and Integrated Management of Childhood Illness (IMCI) were provided to health and nutrition workers in Nyirol county.
- To enhance capacities for accurate diagnosis and proper management of cases of priority diseases, WHO supported the Ministry of Health to train 44 frontline healthcare workers currently offering the much-needed health services in Lainya and Yei River Counties, Central Equatoria Hub on the management of common epidemic prone priority diseases.
- The Rescue Initiative South Sudan (TRI-SS) continued to provide PHC services both static and mobile clinics in Kajo Keji and Yei Counties. During the reporting period, a total of 1 755 medical consultations were conducted in the IDP sites of Pure and kerwa and in Yei counties and 163 children under the age 5 years received measles vaccinations and 1 230 people reached with health promotion and education messages. In addition, Malaria is the leading cause of morbidity, 420 cases of malaria, 313 cases of respiratory tract infections and 87 AWD cases were treated.
- With support from WHO, the Ministry of Health trained 15 participants from Ministry of Health, Ministry of Finance and National Bureau of Statistics and partners to equip them with hands on knowledge and skills on National Health Accounts (NHA) production tool and system of health accounts (SHA). The NHA is a framework for measuring total national health expenditures including public, private, and donors. It provides key indicators that are used to diagnose the 'financial health' of the health system. NHAs are the main source of data on money flows in healthcare and are used both for national and international purposes.



- The WHO mobile medical team provided case management training in the affected counties with Tonj East and Yei being covered during the period under review. A total of 15 frontline health care workers (4 Clinical Officers and 11 Community Health Workers) in Tonj East were trained in case management for malaria, diarrhea, pneumonia and measles.

Child health: Vaccination

- CMA enhanced nutritional screening by the Community Nutrition Volunteers (CNV) in Pulita and Manajang Payams in Fangak County and Pultruk and Chuil in Nyirol County. The CNVs were trained and equipped with the screening tools to ensure nutritional services are accessed by most of malnourished children. Health education on personal hygiene, proper disposal of human waste, family planning, exclusive breastfeeding and facility utilization especially for ANC and delivery was shared in five villages of Pulita and Manajang Payams during EPI outreaches and nutritional screening. In Fangak county, EPI outreaches were carried out in Pulita, Paguir, Manajang and Barbuoi Payams. In November 2017, a total of 724 children were reached through these EPI outreaches and vaccinated with BCG, OPV, Pentavalent and Measles vaccines.
- Provision of immunization against vaccine preventable to the most vulnerable has been a challenge especially in communities within the conflict affected states. UNICEF, the main pipeline partner, through support from South Sudan Humanitarian Fund and other bilateral donors are able to provide direct delivery of vaccines to 78% (25) of counties in the former greater Jonglei, Unity and Upper Nile States.



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