



HEALTH CLUSTER BULLETIN # 10

1- 30 October 2020



South Sudan		Emergency type: Complex Emergency	
	3.3 MILLION PEOPLE IN NEED OF HEALTH		2.1 MILLION TARGETED
	1.82 MILLION DISPLACED		0.3 MILLION REFUGEES
HIGHLIGHTS		HEALTH SECTOR	
Improving Health Access and Scaling up Responsiveness: In October 2020, 3,687 normal deliveries were attended by skilled birth attendants. There were some 432,797 outpatient consultations conducted to treat different illness in October.		 60	HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE
Prevent, detect and respond to epidemic prone disease outbreaks: In October 2020, 328 alerts were received for different epidemic prone diseases out of which 70% alerts were verified and responded to within 48 hours. A total of 499 children (6 months to 15 years) were vaccinated against measles.			ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)
Quality Essential Clinical Health Services Some 54 new Severe Acute Malnutrition (SAM) children with complications were treated in stabilization centres during October 2020. In year 2020, averagely per month 27 health facilities are reported providing sexual and gender based violence (SGBV) services. Around 12 SGBV survivors received clinical management of rape (CMR) services in October 2020.			HEALTH CLUSTER ACTIVITIES
Improving Resilience- Mental Health Response: In October around 16,597 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas. There were 46 health facilities reported providing MPHSS services in vulnerability settings.			ROUTINE VACCINATION
			CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES
			EARLY WARNING ALERT AND RESPONSE NETWORK
			EWARN SENTINEL SITES
			FUNDING \$US
			WITHOUT COVID COVID-19
		NEED	12.6M 91.4M
		FUNDED	36.4M 21M
		GAP	86.2M 70.4M



PUBLIC HEALTH RISKS AND KEY GAPS

- In October 2020 average weekly IDSR reporting completeness was 94% and timeliness was 75% at health facility level. EWARN average weekly reporting completeness is 81% and timeliness was calculated 71%.
- In the month of October there were 328 alerts received out of which 89% alerts were verified and responded back within 48 hours. 1% was risk assessed and 0% required a response.
- Most of the alerts were received for Malaria (121) which remains the top cause of morbidity as well. It is followed by AWD (106), ABD (44), ARI (19), AJS (13), Measles (5) as most frequent alerts in August 2020.
- Malaria remains the top cause of morbidity and accounted for 102,919 cases (66.2% of OPD cases).
- A total of 1,439 COVID-19 alerts have been investigated with 1,250 (86.9%) being verified. Total of 2,905 COVID-19 confirmed cases and 58 deaths, CFR of 2.0%.
- Other hazards include suspects VHF in Nzara and Yambio; floods in 39 counties; malaria in 10 counties; measles in Pibor; HEV in Bentiu PoC suspected measles outbreak in Ibba and yellow fever in Kajo-keji.

MEASLES OUTBREAK

- In 2020 Measles outbreak is confirmed in 7 counties Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor.
- Pibor is the county where Measles transmission is on-going.
- Suspected measles outbreak in Ibba county in eastern equatorial.

HEPATITIS E IN BENTIU POC

Descriptive Epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 409 cases since beginning of 2019.
- There were (3) new cases reported in week 37, 2020.
- All the cases were managed as outpatient cases except for seven cases who were admitted.
- 5 deaths reported in 2019 and 2020.
- 50% are female and 50% are male.
- Age group less than 15 years had the most cases with (75%) cases.
- At risk of adverse outcomes when infected in the 3rd trimester of pregnancy.
- Use of unsafe drinking water likely to be source of infection.
- Up to week 37, 2020; there were 409 cases of HEV in Bentiu PoC including 4 deaths (CFR 0.01%).

Recommendations

- Supportive case management guided by the HEV protocol is ongoing
- KEV messages on HEV prevention should continue within the community through HPs, CHWs and Kondial Radio.
- With current COVID 19 Pandemic Outbreak, WASH partners to increase the coverage of hand washing facilities within the PoCs community.
- Other Wash intervention like increasing the access for clean water and improving the water storage in the affected individuals should be made urgently by distributing the water storage containers that will be the only way to mitigate this problem and stop the HEV outbreak.

- The WASH Cluster/HEV task force should engage in group discussion with Community leaders and woman group at water distribution points to understand their opinions on issue of Collapsing Jerry cans distribution.
- Monitoring the FRC levels at the taps stands in the different sectors, and the concentration of chlorination should maintain at 0.5 1mg/L as the point of collection.

EBOLA UPDATE IN DRC (as of 30th October 2020)

Current Situation:

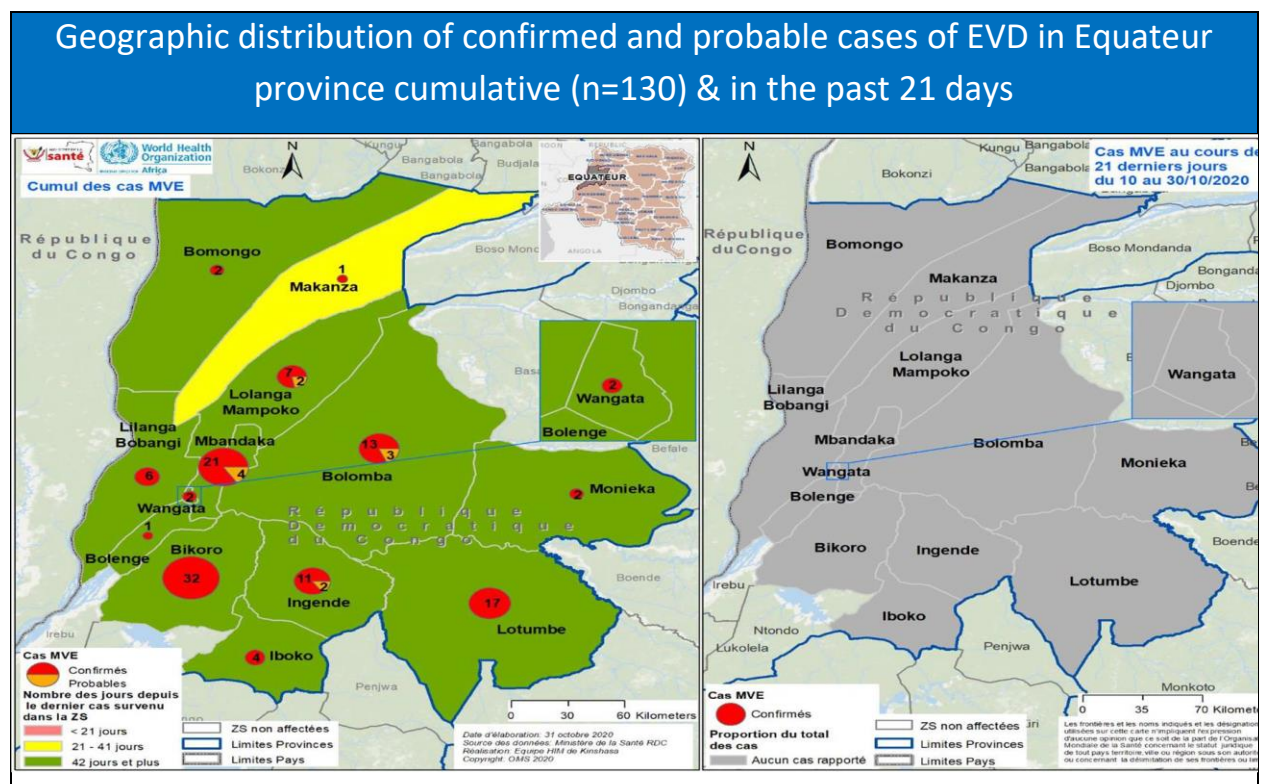
- Some 130 cases (119 confirmed and 11 probable).
- There are 55 deaths with CFR= 42.3%.
- There are 75 recoveries (57.7%)
- There are 42 affected health areas across 13 health zones.
- 3 health workers infected;
- 39,985 individuals are vaccinated including around 7,7000 high risk contacts;
- The last confirmed case was reported on 28 the September in Makanza Health Zone.
- 6 confirmed cases in the community have been designated as survivors;
- All contacts have completed 21 day follow up;
- 30 suspected are currently being treated across 19 IU/ETCs.
- 32 patients received experimental therapies.

Highlights from past 21 days (20 30 Oct):

- 0/13 affected HZs have reported a case in past 21 days.
- 1/42 health areas have not reported a case in over 42 days.
- 2 new probable cases validated in Lolanga Mampoko who died on the 24 July and 8 Aug.

Main Concerns:

- Alert reporting remains low, decreasing in most HZs
- No alerts reported from Bolomba district since 17 Oct.



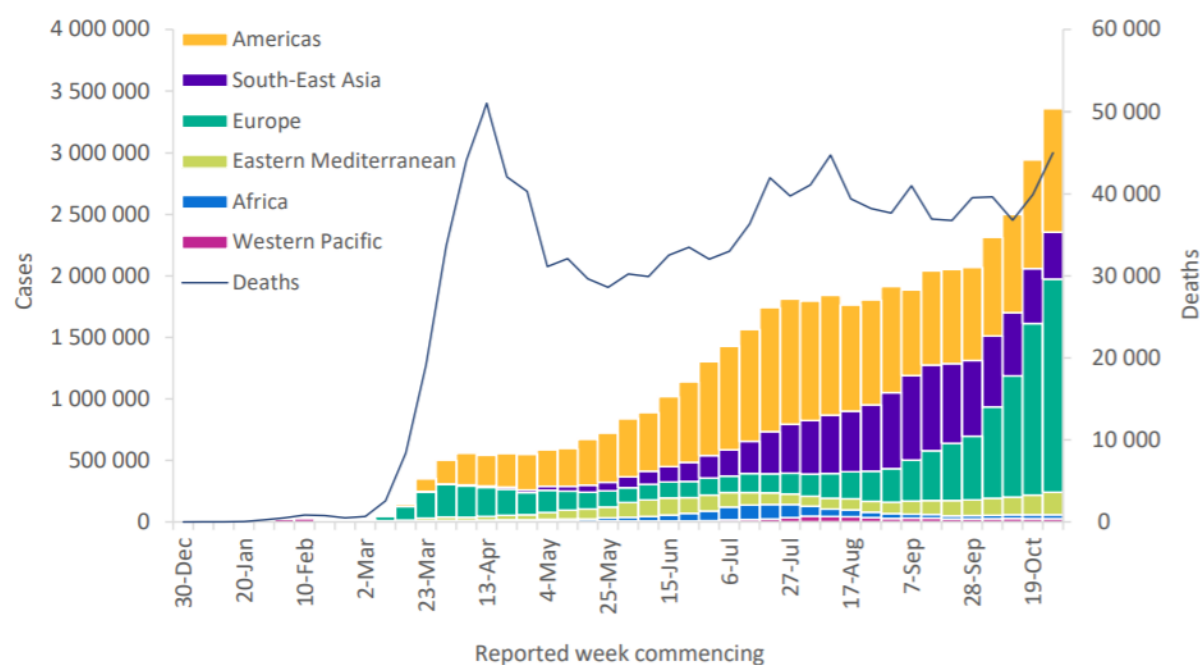
COVID-19 PANDAMIC

Global Situation Updates Total (new cases in last 7 days)

Globally	45,968,799 cases (3,355,265)	1,192,911 deaths (45,051)
Africa	1,324,258 cases (32,943)	29,785 deaths (640)
Americas	20,477,535 cases (999,652)	639,353 deaths (17,267)
Eastern Mediterranean	3,092,037 cases (87,340)	78,599 deaths (4,693)
Europe	11,088,612 cases (1,732,918)	285,402 deaths (17,396)
South-East Asia	9,252,788 cases (381,422)	144,194 deaths (4,657)
Western pacific	733,828 cases (26,473)	15,565 deaths (398)

As of 30 August 2020

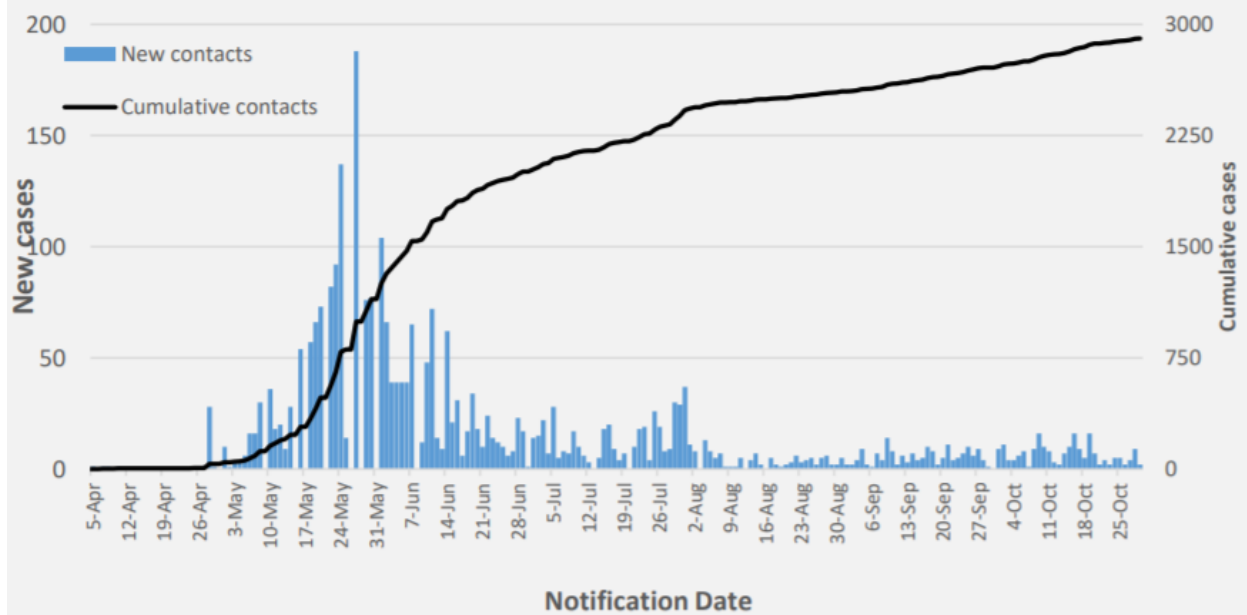
Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, as of 1 November 2020**



South Sudan Situation update (as of 1st November, 2020)

- 2,905 confirmed COVID 19 cases in South Sudan; 85% in Juba with 58 deaths and a case fatality rate (CFR) of 2.0%. Total 9,498 contacts identified, quarantined, & undergoing follow up.
- Implementation of priorities; risk communication and community engagement; active case search and testing; quarantine for contacts; isolation of confirmed cases, infection prevention and control; and management of cases are currently underway.
- The overall response currently led by the COVID 19 National level taskforce and the COVID 19 National Steering Committee.

Figure 1. New and cumulative confirmed COVID-19 cases by notification date

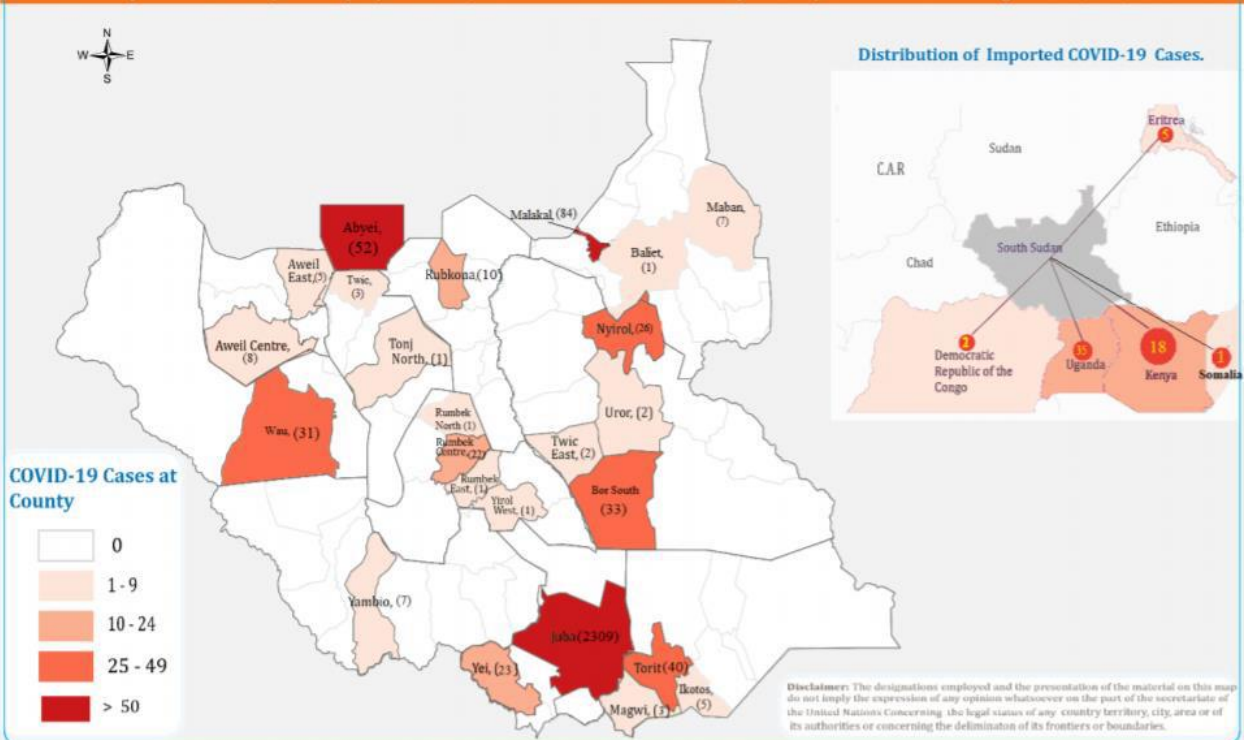


Distribution of Covid-19 Cases by County



Data as recieved by WHO From MOH by 6:00 PM (EST) October 29, 2020

Map Created By: Health Information Management Unit, WHO, South Sudan

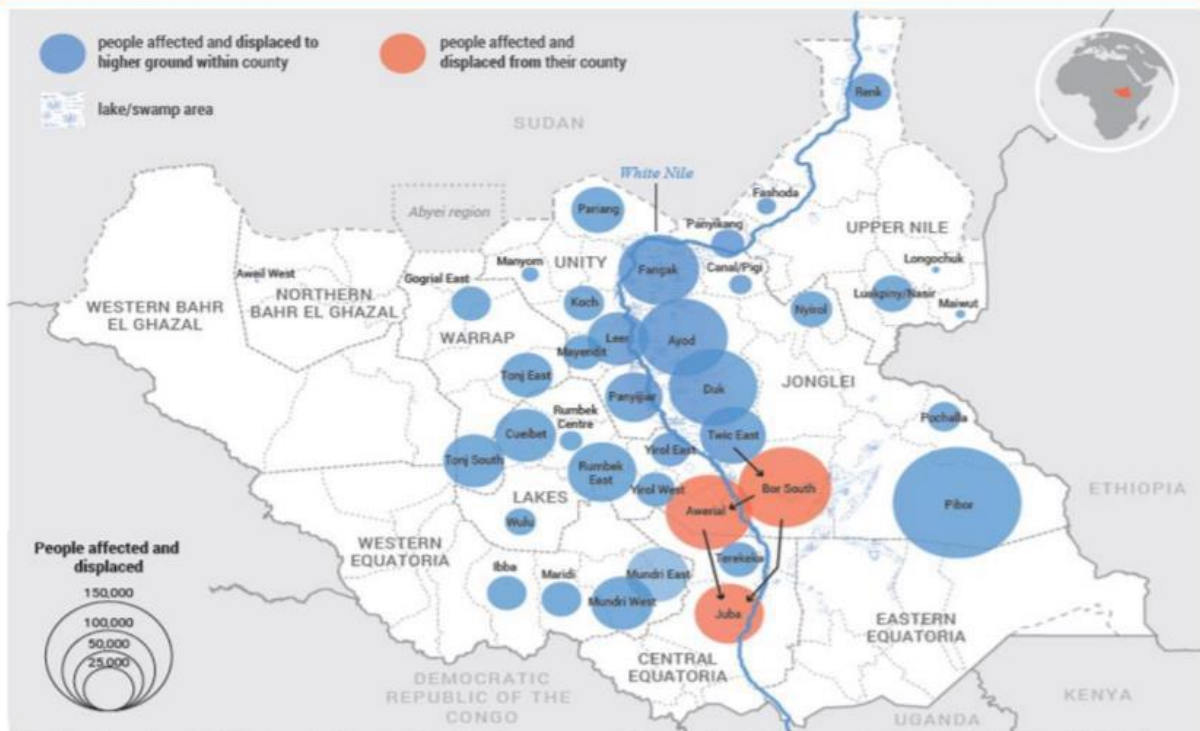


**Geographical information is available for 2 738 cases.*

The majority of the cases have been reported in Juba; while the rest have been imported (involving truck drivers from the neighboring countries).

FLOODING IN SOUTH SUDAN

Maps: People affected and displaced by flood.



Monitoring of flood forecast continues across the country, from October to December 2020, the forecast has shown wetter than usual weather in the northwest and southeast of the country and drier than usual weather in the Western Equatoria.

The number of the affected population as of now is estimated to be over 856,000 individuals. The number of affected Counties have jumped to 40 and no new flooding event reported.

PARTNERS UPDATE (*compiled from updates submitted by partners*)

Challenges and GAPS to the Emergency Responders

Rain and rising floods water affect the integrated outreach activities in the field. Damage to the WASH facilities is caused due to the flood in different health facilities. Many people displaced due to the floods from their place of origin. There is Stockout of anti-malarial anti-biotics, anti-convulsants, analgesics drugs and lack of mosquitos nets. Cold chains and delivery equipment's, need to be improved in different health facilities. Increase demand of Health services for the IDPs and host communities because of health facility remains closed in Mangala. There is a lack of mosquito net in the admission wards at the POC. Insecurity in some of the areas like Ulang is affected provision of services. Increase cases of water borne diseases in the community as a result of the heavy seasonal rainfalls. Increased flooding in Ulang that has led to increased IDPs in our catchment areas leading to increased consumption of supplies. Loss of livelihood and food – farms and homes submerged in water. Lack of safe domestic water. The gray security status in the Bentiu PoC declared by UNMISS after the PoC youth Threaten to harm any staff from Equatoria, Uganda and Kenya that goes to work in the PoC. Lack of uterotonic drugs in various health facilities in Western Equatoria State.

Covid-19 Challenges

COVID-19 funding is reported a major challenge. Some partners have already scaled down activities as well as reduced their staff. World Vision has temporarily suspended operation in Renk County following the Protest by youths. Access due to the rain, flood and rising water levels impeding COVID-19 activities. Similarly, long distance and hot sun also cause challenge to access neighbourhoods. Some WASH activities are also reported affected due to the floods. Insecurity due to communal conflict also affected Covid-19 activities in the field. Inadequate PPEs and Masks for protection and IEC materials for risk communication. Social / physical distancing and wearing mask is another major challenge. i.e. during the travel through boat and among the patients in hospitals etc. Community do not believe that COVID-exist and hence do not comply guidelines. Similarly, community also expect cash benefits during the awareness campaigns. Some border areas are open with no screening. Contact tracing is also reported a big challenge.

Covid-19 Observed gaps/needs

Improve funding for community engagement, risk communication and prevention of COVID-19 activities. Take measures to improve access to the communities during floods, rains as well as during communal conflicts. Take strict measures to implement social distancing, hand sanitizing/washing and wearing masks. Improve guidelines, IPC measures in health facilities. There is need for more IEC materials for COVID-19 risk communication and awareness. Need to scale up of the COVID -19 awareness campaigns to the IDP settlements areas. Enhance supply of face masks and social distancing space due to floods and constrained living areas. There is need to roll out the new model of outreach through community volunteer groups that will cover the gap left by the community hygiene promoters and crowd controllers.

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