

HEALTH CLUSTER BULLETIN #4

30 April 2019



A health care worker being vaccinated against Ebola. Photo: WHO

Reporting period: 1 – 30 April 2019

South Sudan

Emergency type: Complex Emergency

1.87
MILLION

1.87

11

0.3 MILLION REFUGEES

3.57

MILLION

PEOPLE IN HEALTH NEED

MILLION TARGETED

1.99

HIGHLIGHTS

■ Improving Health Access and Scaling up Responsiveness:

In April 2019, around 35,293 beneficiaries were reached through Rapid Response Mechanisms (RRM) missions.

1,745 normal deliveries were attended by skilled birth attendants.

32,185 new malaria cases were identified among children under 5 years old.

Prevent, detect and respond to epidemic prone disease outbreaks:

Around 74% epidemic prone disease alerts were verified and responded to within 48 hours.

Quality Essential Clinical Health Services

In April 2019, approximately 511 Severe Acute Malnutrition (SAM) cases were treated in Stabilization centres.

Six health facilities are providing sexual and gender based violence (SGBV) services.

35 SGBV survivors received clinical management of rape (CMR) services.

■ Improving Resilience- Mental Health Response:

Around 299 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas.

15 health facilities providing MPHSS.

HEALTH SECTOR

54

DISPLACED

HEALTH CLUSTER PARTNERS
EARMARKED IN HRP TO
IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

43

ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES

210,556

OPD CONSULTATIONS

ROUTINE VACCINATION

E

9,468

CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES

EARLY WARNING ALERT AND RESPONSE NETWORK

...

57

EWARN SENTINEL SITES

FUNDING \$US 120.8 M

REQUESTED

\$

9.3 M

FUNDED

110..8 M

GAP

Public Health Risks and Key Gaps

- The completeness for IDSR reporting at the county level was 59% by the end of April. The completeness for EWARS reporting from IDPs was 84%.
- Measles (17), malaria (12), acute watery diarrhea (12) and bloody diarrhea (11) were the top common alerts generated through EWARS in by the end of April, 2019.
- Suspected cases of food poisoning have been reported from Padeah, Gandor and Toch-riak in Leer County. A total
 of about 22 cases and one (1) death have been reported since 18 April 2019. Food samples have been collected for
 laboratory analysis while MoH and WHO team has been deployed to investigate and collect samples from the
 affected cases.
- Suspected Measles outbreak in Longochuk, Wau and Jur river Counties, more samples were to be collected
- One EVD alert from Ezo in April was investigated and later discarded because it tested negative for both GeneXpert and PCR.
- Yellow fever alert that was generated from Kapoeta East in week 16 has been verified and later discarded.

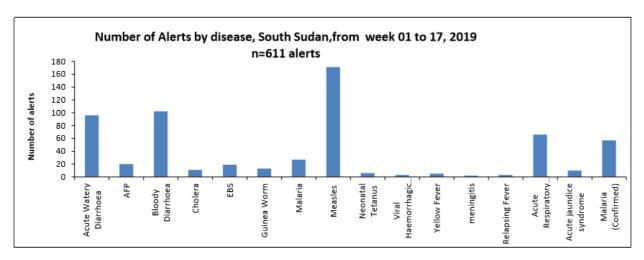


Figure 1: Shows number of alerts in South Sudan by disease from January to April, 2019

Measles Outbreaks

• The number of counties affected by the ongoing measles outbreaks in the country continues to increase by the weeks. At the end of April. On 24th of April Measles outbreak was confirmed in Bentiu and Malakal POCs plus the ongoing outbreaks confirmed in Tonj north, Gogrial East, Aweil Centre, and Aweil West. Preparedness is ongoing for vaccination campaign to kick off in Gogrial East, Aweil West, and Malakal PoC later in May.

Gogrial west

• 156 suspected cases and 3 confirmed. 76,024 children were vaccinated and coverage was 103%, post Campaign coverage was 97%.

Aweil South

Vaccination has been finalized. A total of 24,261 children were vaccinated with a coverage of 116%.

Juba County and PoC

Juba county and POC is to start second Campaign on the 6th of May which will include all payams.

Suspected community deaths in Jie, Kapoeta East County

• On 1st April, 2019, WHO Juba office received a report of 7 community deaths in Jie Payam in Kapoeta East county from the Honorable Minister of Health for Kapoeta. The reports came through the county Commissioner who also reported that the deceased complained of headaches during their illnesses. The deaths occurred in Kasingoro (4 deaths) and Lopeate (3 deaths). There are no functional health facilities in Jie Payam, therefore the alert could not be verified and additional information about the illness could not be obtained as well. There is no mobile network coverage in area. A team from National MoH in Juba and WHO Emergency Mobile Medical Team (eMMT) was deployed on the 3rd of April to investigate the incident. The team found out that there were no similar cases after the burial and dumping of all the bodies in the forest and the symptoms, according to the relatives, included diarrhoea, headache, abdominal pains and chest pains. The diarrhea was described as watery, greenish in color and frequent.

Other gaps identified:

- No nutrition partners operating in the area, multiple cases of diarrhea that were seen by the clinicians were malnourished children and adults with chronic diarrhea
- There is no WASH partner operating the area
- No single latrine was seen in the area during the visit the community practices open defecation, while moving in the villages, we encountered human waste in most parts of the villages.
- No functional bore holes in Lopeate. The village depends on an open water pan whose water is about to dry up.
- We were informed that the community is planning to move to a different area once water pan dries up. The same water is also used for watering the animals.
- There is one (1) functional bore hole in Kasingoro area. The bore hole is in need of maintenance and assessment of the quality of the water.
- Lack of awareness and knowledge about the importance of personal hygiene and sanitation.

Progress on Health Cluster Work Plan

- Two National Health cluster meeting were done on the 3rd and 17th April 2019.
- The health cluster did fund raising for reactive measles campaigns to respond outbreaks in the country which over stretched partners' response capacity; Rapid Responds fund (RRF) among donors approached for measles reactive

- campaigns on which have positively been engaged to fund these outbreaks.
- Resource Mobilization The cluster mobilized US \$ 6 million to support the 2019 health cluster response.

Partner Implementation Key Highlights

- The Rescue Initiative South Sudan (TRI-SS) a total of 1,514 beneficiaries reached with OPD consultations; 36 pregnant women attended antenatal care (ANC) (1st, 2nd and 4th); 11 skilled deliveries conducted; 2,374 people reached with health education and promotion messages and 311 children vaccinated with various antigens.
- Rural Health Services conducted 1,475 curative consultations; 388 children under five received measles vaccination; 237 children under five years old screened for malnutrition; 48 pregnant women attended ANC of which 33 received malaria presumptive treatment; 13 safe deliveries conducted; 437 uncomplicated diarrheal cases treated with ORS and Zinc; 13 health workers trained on integrated health WASH and nutrition response; conducted 4 health education session in Pibor County, Jonglei State.
- **LiveWell** carried out over 9,018 consultations; 653 children received measles vaccination in Pibor County; 320 children received Penta 3 vaccination; 3,315 children received Vitamin A supplementation; 540 children screened for
 - malnutrition; 93 women attended 1st, 2nd and 4th ANC; 578 pregnant women received TT; 117 deliveries conducted; 291 women received safe and clean delivery kits at Boma Hospital and Pibor PHCC; 436 LLIN distributed and issued to pregnant women during antenatal care visits; 28 normal deliveries attended by skilled birth attendants; 10,382 peopled were reached with health education and promotion messages in Pibor, Boma, and Twic East Counties.
- WHO supported the Ebola vaccination exercises, as of 30 April 2019, 2065 frontline healthcare were vaccinated. The vaccination exercise was completed in Yambio in Gbudue



State (935), Yei River State (626) and Nimule/Torit State (343). 161 frontline health workers have been vaccinated; conducted 3-day training for 35 Health Care Workers from the Giada Military hospital in Juba on EVD case detection and notification, screening, isolation, referral and Infection prevention and control; trained 14 community Health workers on community-based surveillance with support from WHO/SMOH to enhance surveillance and response to alerts and conducted a rapid investigation following a report of a cluster of unexplained deaths of 6 females and a male received from the Ministry of Health in Kapoeta State, former Eastern Equatoria.

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