



HEALTH CLUSTER BULLETIN # 01

JANUARY- MARCH 2021



The second oral cholera vaccination campaign in Greater Pibor Administrative Area in February 2021

Country: South Sudan

Emergency: Complex Emergency



4.9 MILLION
PEOPLE IN NEED
OF HEALTH



2.4 MILLION
TARGETED



1.82 MILLION
REFUGEES



0.3 MILLION
REFUGEES

Key highlights

Improving Health Access and Scaling up Responsiveness:

- A total of 578 955 outpatient consultations were conducted to treat common diseases between January - March 2021.
- During the same period, 2006 normal deliveries were attended by skilled birth attendants.

Prevent, detect and respond to epidemic prone disease outbreaks:

- In week 13, 2021 IDSR reporting timeliness was 68% and completeness was 91% at health facility level. EWARN reporting timeliness was 85% and completeness was 95%.
- A total of 6783 children (6 months to 15 years) were vaccinated against measles.
- Two rounds of the oral cholera vaccination campaign in Pibor were completed reaching 86 313 (93%) in the first round and 98 458 (106%) during the second round








Quality Essential Clinical Health Services

- Some 49 new Severe Acute Malnutrition (SAM) children with complications were treated in stabilization centres during the reporting period.
- On average 140 health facilities are reportedly providing sexual and gender based violence (SGBV) services. Around 33 SGBV survivors received clinical management of rape (CMR) services.

Improving Resilience- Mental Health Response:

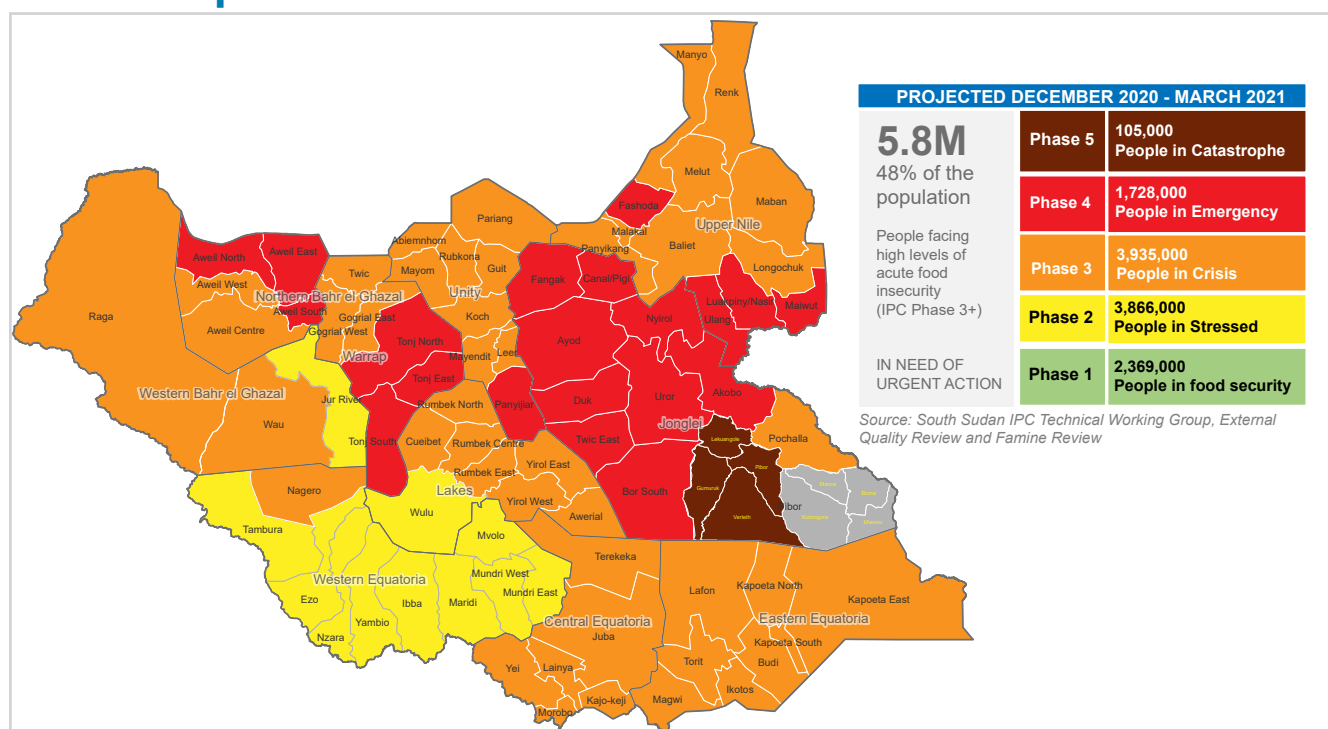
- About 16,648 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas. There were 29 health facilities reported providing MPHSS services in vulnerability settings.

Key response figures

	64	Health cluster partners earmarked in HRP 2021
Medicines And Supplies Delivered To Partners in six priority counties		
	79 13 25 10	IEHK Pneumonia Cholera SAM/MC
Health Facilities		
	84 484 1502 70	Hospitals PHCC PHCU Mobile Clinics
Health Action		
	499K 1966	Consultations Deliveries by skilled birth attendants
Routine Vaccination		
	95K 2107 96K	OPV3 MR2 PENTA 3
Early Warning Alert And Response Network (EWARN)		
	1240	Sentinel sites
Funding Status (US\$)		
	128.8 5.7 4.6	Required Funded % Funded

*NB: Please note that the some of the information presented in this bulletin are from the 5Ws, which was characterized by low reporting

Situation Update



South Sudan continues to experience food insecurity and urgent humanitarian intervention including health is required to ensure sustained access and availability of health services. According to 2021 Humanitarian Needs overview, about 8.3 Million South Sudanese need humanitarian assistance. Of these, 5.8 million people are in IPC phase 3+ including 105,000 people in Catastrophe (IPC Phase 5). Of the greatest priority are six counties are considered to be highly food insecure and top priority for the humanitarian response are including Pibor, and Akobo, Aweil South, Tonj East, Tonj South, and Tonj North. Scaling up of provision of essential and reliable lifesaving health services is in the process in these areas to provide adequate coverage of primary and secondary care as well as including immunization and ANC services. About six primary health care units are providing health services while a number of mobile clinics have been deployed to provide services to people in hard to reach areas. More resources are required to respond adequately in these counties and ensure that basic emergency obstetric and newborn care (BEmONC) and comprehensive emergency obstetric and newborn care (CEmONC) services are available. Referral services continue to be a major challenge owing to high insecurity and poor road infrastructure. Plans are underway for contingency planning and emergency preparedness for the expected seasonal flooding to ensure availability of essential drugs and preparedness response readiness in case of any outbreaks of diarrheal diseases.

The continued sub-national violence and localized conflicts continue to exacerbate the situation as new displacements continue to be reported¹. Recently, displacements have taken place in Tonj North County and Warrap State. About 30,000 internally displaced persons (IDPs) from Tonj North were reportedly sheltering in Thiet and Tonj town of Tonj South. The Health Cluster is working with other stakeholders and authorities to assess the needs of the IDPs and plan for response. Insecurity was also reported in other states including Central Equatoria, Western Equatoria and Upper Nile. Of the greatest concern to the health cluster, 32.8% of IDPs live of IDPs (529,470) and 33.6% of returnees (562,019) live in settlements located more than 5Km from a functional health facility. Upper Nile (206,938), Warrap (169,189), and Jonglei (163,079) States have the highest numbers of IDPs and returnees living farther than 5km from a functional health facility. Warrap (50.5%), Upper Nile (38.9%), and Jonglei (35.9%) States have the highest percentage of total IDPs and returnees living farther than 5km from a functional health facility.²

In 2021, an estimated 5.2 million people are in need health assistance in South Sudan. The Health

¹ <https://displacement.iom.int/datasets/south-sudan-event-tracking-January-December-2020>

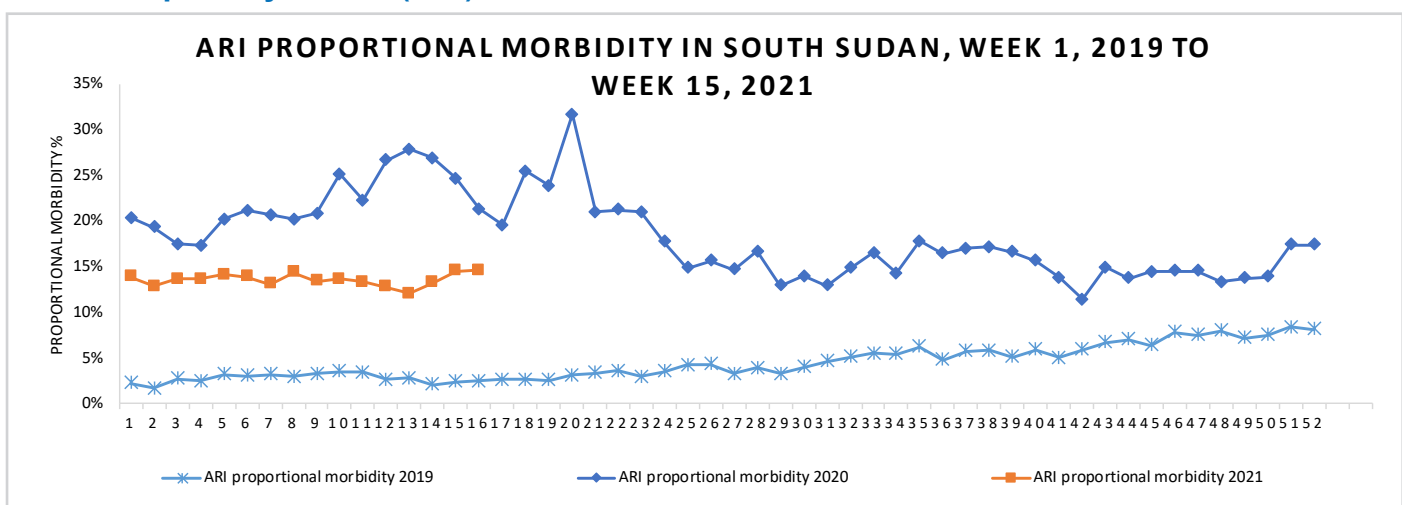
² South Sudan: Health Care Access for IDPs and Returnees, 3rd edition: March 2021



**HEALTH
CLUSTER**
SOUTH SUDAN

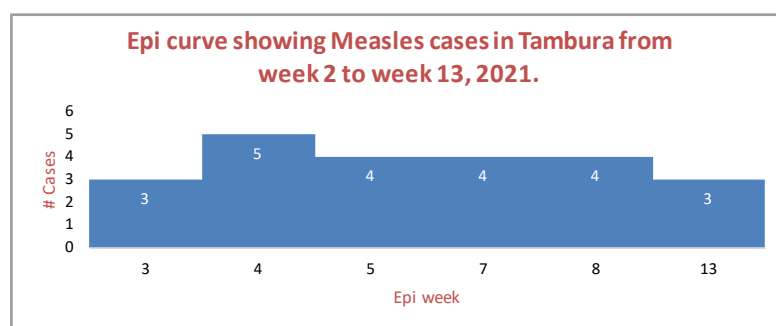
Public health risks, priorities, needs and gaps

Acute Respiratory Illness (ARI)



ARI proportional morbidity in the first three months of 2021 is lower when compared to the corresponding period of 2020 with the most affected age-group in South Sudan being 5 years and above. ARI was the top cause of morbidity in Bentiu IDP site and Malakal PoC and the second in Juba and Wau IDP sites. A higher number of ARI deaths was reported from between 1-15, 2021 compared to the same period in 2020. In addition, an increase in the number of ARI deaths in Bentiu IDP site has been reported since week 06 with majority of the cases above 5 and mostly elderly.

Measles Outbreak



Age group	Cases	percentage	CUM. %
15 + Years	3	34%	34%
0 - 4 Years	6	34%	69%
10 - 14 Years	7	21%	90%
5 - 9 Years	7	10%	100%
Grand Total	23	100%	

In 2020 Measles outbreak was confirmed in eight counties including Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor. As of end of March 2021, a total of 32 suspected cases were reported in Western Equatoria State in Tambura County. Most of the reported cases are among female (57%) while 68% were among age 0-9 years. A total of 12 samples were collected for testing with only one testing measles IgM positive and 5 testing Rubella IgM positive. The most affected area is Hai Matara with 13 cases.

The health cluster and partners continue with surveillance and line listing as well as active monitoring for occurrence of cases in women of childbearing age.

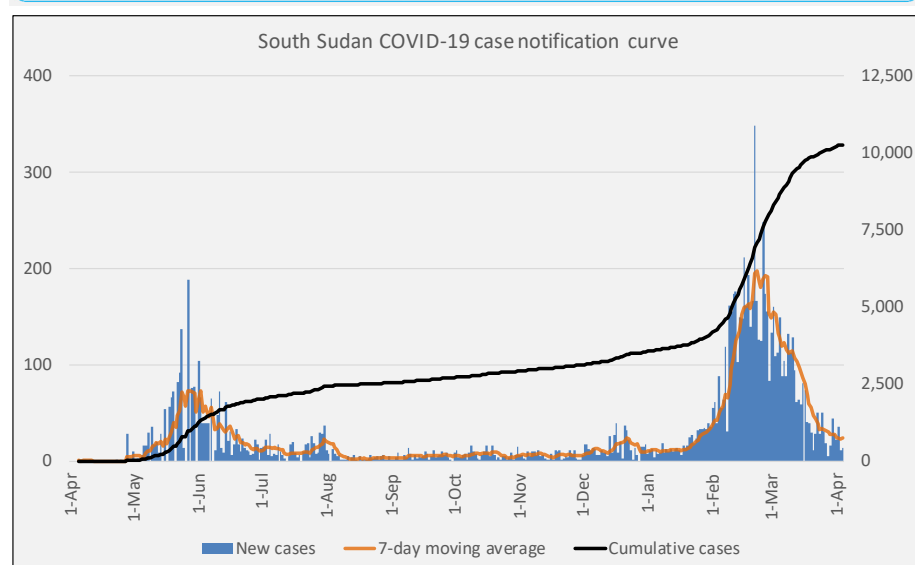
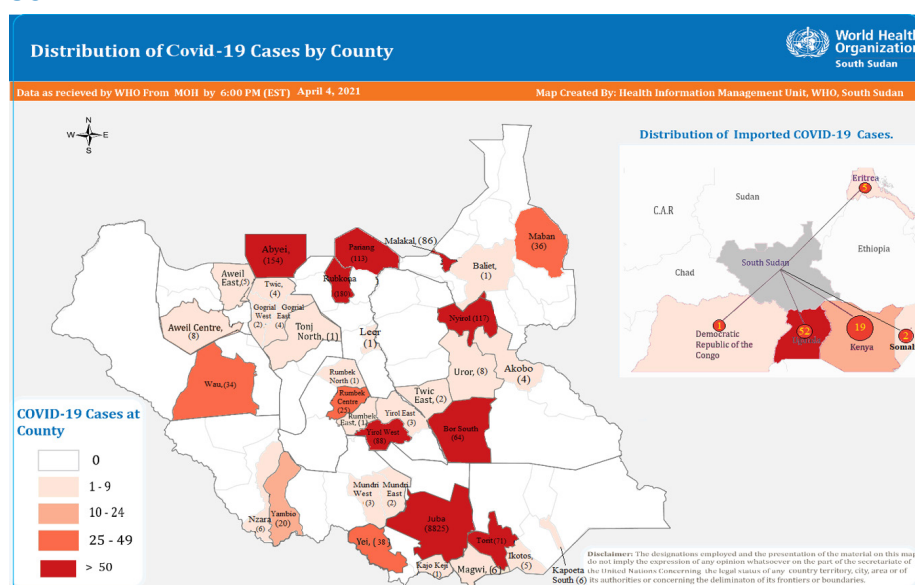
COVID-19 Situation and response

Thirteen COVID-19 designated sentinel surveillance sites in Juba and States Hospitals are in place for collection of epidemiological data and samples of COVID-19/ILI/SARI cases. There are 24 functional isolation and treatment centers in the country with 347 beds for treatment and isolation of cases. As of end of March 2021, 10,281 cases and 113 deaths have been confirmed in the country with a case fatality rate (CFR) of 1.07%. The number of contacts identified for follow up was 15,214.

A total of 7701 samples have been collected in 2021 with 541 (7.0%) being positive for COVID-19. The PCR test positivity rates rose from 2.7% in week 1 of 2021 to 3.5% in week 12 of 2021. The overall testing rate increased by 22% to 0.461 tests per 1000 people.

The mean age of the cases was 36.7 years (20 days - 100 days) with 61.3% being male and 23.2

female and 15.6% unknown. Of the total cases, 59.7 are South Sudanese nationals, 21.2% foreigners and 19.1% unknown. Majority of the cases are asymptomatic (91%). As of end of March, there is a reduction in caseload, positivity rate, hospitalizations and deaths compared to the previous month.



COVID_19 vaccinations were scheduled to be rolled out in Juba in April. County-specific micro-plans will be used to roll out vaccination campaigns in other counties.

Lack of funding remains a major challenge in optimizing response efforts and maintaining. Surveillance activities and rapid response teams (RRT) activities have been adversely affected by lack of funding. Critical care of severe patients remains weak while the home based care services will not be sustainable in the event of resurgence in cases. Funding is also required for nationwide roll out of vaccination activities.

Health Cluster Coordination

WHO, together with the Ministry of Health South Sudan continue to provide leadership, coordination and supportive supervision. At the state level, state coordinators, through WHO are coordinating health response. There are over 80 health partners including 64, 2021 Humanitarian Response Plan partners.

Functionality of Health Facilities

There are currently over 2000 health facilities in South Sudan. These includes 165 that are highly functional (Full package of BPHNS services available and open the BPHNS required hours), 288 limited (Only 1 BPHNS service available -OR- At least 1 BPHNS service available, but open less than the BPHNS required hours), moderate 1037 (More than 1 BPHNS service available (but less than the full package) and open the BPHNS required hours) and non-functional 272 (No BPHNS services provided). There are 84 hospitals across the country, 484 primary health care centers (PHCC), 1502 primary health care units (PHCU) and 70 mobile clinics.

The recent assessment of health facilities functionality in Leer and Rubkhona was conducted to assess health service availability, staffing and infrastructure to compare against self-reported data submitted by partners. Roughly 27% of the data points reported by the implementing partner were inconsistent with what the data verification team found during site visits. With facilities reporting more services than they were providing.

Health Cluster Action

Health Cluster response in Integrated Food Security Phase Classification (IPC) Phase 5 counties

The Health Cluster partners have scaled up response in the six-priority food insecure counties through static and mobile facilities to ensure availability and access of health services. As of end of March over 100 000 consultations were conducted including over 10 000 reached with curative consultations for common endemic diseases. In addition to providing basic essential health care, the cluster is in the process of scaling up basic emergency obstetric services to address the likelihood of increased maternal and neo-natal mortality in Pibor and Akobo counties.

County health authorities and partners continued to implement outbreak prevention and control measures to prevent morbidity and mortality due to vaccine preventable diseases. Two rounds of the oral cholera vaccination campaign in Pibor have been completed reaching 86 313 (93%) in the first round and 98 458 (106%) during the second round that ended on 22 February 2021. The implementing partners undertook mop-up activities for the locations where lower than expected coverages were achieved. The cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there is an active cholera outbreak.

Child Health

Vaccination

Further, polio campaigns in response to the ongoing circulating Vaccine-Derived Poliovirus type 2 (cVD-PV2) outbreak have been concluded in Akobo (33 176 vaccinated), Pibor (48 836 vaccinated), Aweil South (31 603 vaccinated) and Tonj South (44,090 vaccinated). The campaign could not be implemented in Tonj East and Tonj North because of the renewed violence between communities. Periodic Intensification of Routine Immunization (PIRI) aimed at augmenting the routine immunization at the health facilities is ongoing in Aweil South and expected to begin in Tonj South, Tonj North and Tonj East.

Period	EPI - Penta 1 doses	EPI - Penta 2 doses	Penta 3 doses	BCG doses	IPV doses	OPV-0 doses	OPV-1 doses	OPV-2 doses	OPV-3 doses	EPI - Measles doses	EPI - Measles 2 doses
Jan-21	39386	32205	33860	25985	29713	17289	39333	31126	32228	32925	488
Feb-21	39171	33408	33650	27621	31641	17213	38249	32133	32453	36355	380
Mar-21	35196	30659	30835	27431	29926	16180	34664	30282	30468	34755	1239

Rehabilitation

The need of rehabilitation services and management remains high and it is confirmed by the number of new registrations for rehabilitation services. Due to lack of specialized centres in the country, plastic and neurological cases continue to be referred to facilities in Uganda.

As of end of February 446 children received physiotherapy services, 43 were treated for various speech disorders, 68 were on treatment for clubfoot and 638 epilepsy were treated. A total of 643 adults with epilepsy also received treatment.

Rehabilitation services continue to face challenges especially with the increased cost of living which has resulted in few parents taking their children for treatment due to increased transportation costs. Further, referrals to Uganda have experienced delays due to difficulties in obtaining authorization considering COVID-19 procedures. More than 200 children are referred every year. In addition, promotion and awareness have been inhibited.

Infection Prevention and Control (IPC) /WASH

In 2020, the Health Cluster and Public Health Laboratory water quality (PHL/WQTL) team collected and tested 223 water samples across the country including flood areas to determine microbial quality of water and other parameters in health facilities and among the communities. Samples were collected from different sources of water which included households, water trucking, clinic water points, water points and treatment plants. The results of the analysis showed that drinking water was of high-risk contamination. This implies that communities are susceptible to water and vector-borne diseases, particularly, acute watery diarrhea and malaria.



IPC/WASH trainings were conducted for healthcare workers including the national PHL staff, to enhance the knowledge of laboratory personnel with practical skill on COVID-19; improve understanding of WHO-recommended IPC measures for laboratories when dealing with COVID-19 samples; and design interventions to improve gaps in IPC practices.

Prepositioning and Supplies

Stock of emergency health kits and other essential supplies have been made available to partners and health facilities. 79 inter agency health kits (can support 156 000 people), 13 pneumonia kits, 25 cholera kits and 10 severe acute malnutrition kits have been delivered to 11, 4, 5 and 6 responding partners respectively. However, the delivery of the supplies to Tonj East has been impeded by insecurity. In addition, 243 IEHK kits, 146 cholera kits, 167 pneumonia kits and 3 SAM/MC kits have been prepositioned in the hubs.

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