













HEALTH CLUSTER BULLETIN # 3

31 March 2019



Newborn screening, in Pultruk PHCC, Nyirol County. Photo: CMA.

South Sudan		Emergency type: Complex Emergency		Reporting period: 1 – 31 March 2019		
	3.57 MILLION		1.99 MILLION		1.87 MMILLION	
PEOPLE IN HEALTH NEED		TARGETED		DISPLACED		
					0.3 MILLION	
				REFUGEES		
HIGHLIGHTS				HEALTH SECTOR		
<ul style="list-style-type: none">▪ Improving Health Access and Scaling up Responsiveness: In March 2019, 14,699 beneficiaries were reached through Rapid Response Mechanisms (RRM) missions. 1,074 normal deliveries were attended by skilled birth attendants. 38,607 new malaria cases were identified among children under 5 years old.					54	HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE
				MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS		
<ul style="list-style-type: none">▪ Prevent, detect and respond to epidemic prone disease outbreaks: Around 74% epidemic prone disease alerts were verified and responded to within 48 hours.					84	ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)
				HEALTH CLUSTER ACTIVITIES		
<ul style="list-style-type: none">▪ Quality Essential Clinical Health Services In March 2019, approximately 636 Severe Acute Malnutrition (SAM) cases were treated in Stabilization centres. Two health facilities were providing sexual and gender based violence (SGBV) services. One SGBV survivors received clinical management of rape (CMR) services.					191,661	OPD CONSULTATIONS
				ROUTINE VACCINATION		
<ul style="list-style-type: none">▪ Improving Resilience- Mental Health Response: Around 552 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas. Eight health facilities were providing MPHSS.					4,427	CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES
				EARLY WARNING ALERT AND RESPONSE NETWORK		
					54	EWARN SENTINEL SITES
				FUNDING \$US		
				120.8 M	REQUESTED	
					9.3 M	FUNDED
				110.8 M	GAP	

Context update

- The EVD preparedness joint monitoring mission (JMM) composed of experts from WHO-HQ, WHO-AFRO, DFID, USAID, OCHA, UNDP, WFP, and UNICEF visited South Sudan from 4 to 8 March 2019. The preliminary findings show that the EVD preparedness assessment score improved from 17% in November 2018 to 64% in March 2019.

Public Health Risks and Key Gaps

- The completeness for IDSR reporting at the county level was 54% at the end of March 2019. The completeness for EWARS reporting from IDPs was 70%.
- Malaria was the leading cause of morbidity and mortality accounting for 45.8% of all morbidities and 18.8% of all mortalities in week 13, 2019.
- In the month of March there were 3 EVD alerts from Tombura, Juba and Ezo

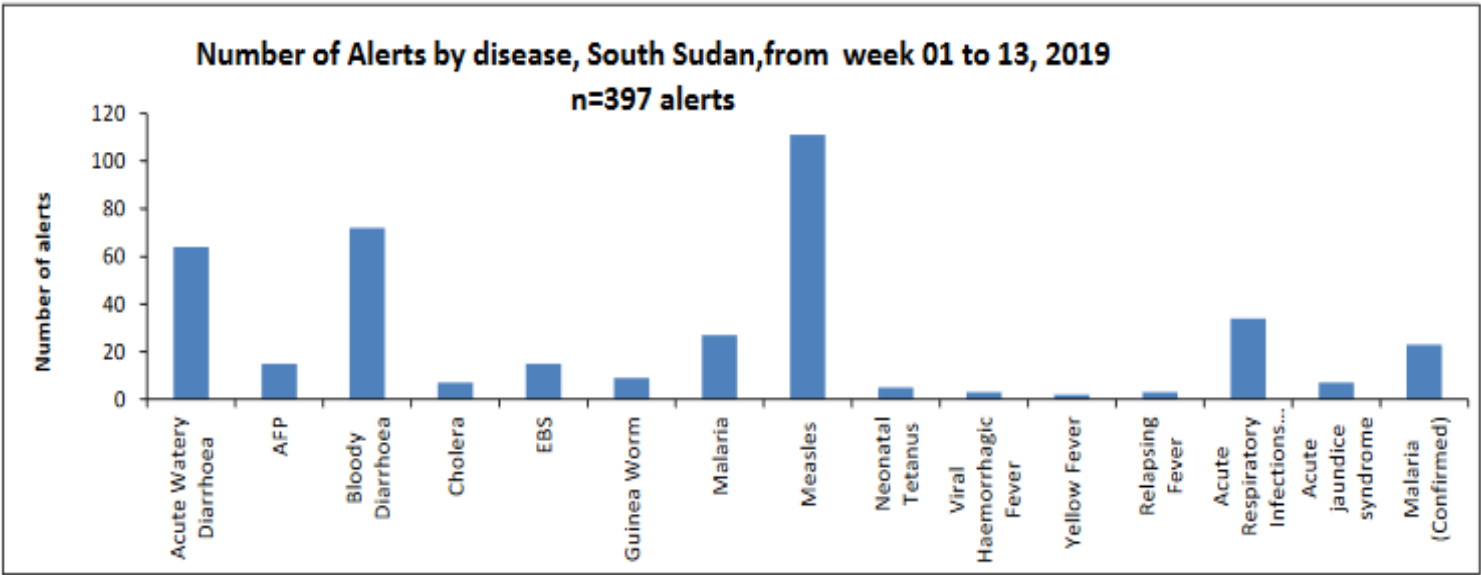


Figure 1. Graph showing Alerts by disease from January to March, 2019

Measles Outbreaks

The number of counties affected by the ongoing measles outbreaks in the country continues to increase by the week. At the end of March, three more counties confirmed Measles Outbreak these are: Gogrial East, Aweil West and Aweil Centre,

Aweil center

Measles outbreak has been confirmed in Aweil Centre, a county with an ongoing rubella outbreak and an ongoing measles outbreak in a neighboring county of Aweil South. The mean age of the confirmed measles cases was 5.9 years with three of them being children <5 years No deaths have been reported A collaborative effort at the state level to develop an appropriate response plan for the two outbreaks was underway. Which include a reactive vaccination campaign for measles, and proper case management for the suspected cases of measles and rubella

Gogrial West

- By the end of March a total of (156) suspected measles cases reported with one death reported in February. A reactive vaccination campaign was planned to begin in April by MEDAIR targeting 76,024 children aged between 6-59months. Post-campaign coverage survey showed coverage of 97.2%.

Gogrial East

Measles outbreak has been confirmed in Gogrial East County after 4 cases tested positive for measles IgM antibodies. There are 11 cases in total as at end of week 13, 2019. No deaths have been reported. Gogrial East borders Gogrial West County with an ongoing active outbreak for several weeks; therefore the SMOH and partners advised to plan and extend the ongoing campaign in Gogrial West to Gogrial East County.

Juba

Juba county continues to see new cases in the month of March. In spite of the reactive vaccination campaign done in only 2 affected payams. The vaccination coverage was low 21% and there are plans to do an inclusive vaccination campaign proposed to cover all the payams in Juba County plus the POCs.

Progress on Health Cluster Work Plan

In the month of March 2 health cluster meetings have been done on 6th and 20th of the month. The first Health Cluster Strategic advisory group (SAG) for 2019 was done on 12th March. The Membership for South Sudan Health cluster members are:

- a. UN- WHO (Cluster Lead Agency) + 1 Rotating UN Member (IOM).
- b. International NGOs- Medair and World Vision.
- c. National NGOs – TADO and Livewell.
- d. Development Partner Fund Managers (HPF for DFID & UNICEF for World Bank).
- e. Observers (MSF, ICRC) 1 representative Each.
- f. Ministry of Health (DG International Health and Coordination).
- g. Donors-USAID/DFID/ECHO.
- h. Health Cluster Co-Coordinator.
- i. Health Cluster Coordinator.

Through inter-cluster coordination forum several Initial Rapid Needs Assessment (IRNA) has been organized on which health cluster partners and cluster Public health officer has participated; the areas where the IRNA was done were: Maiwut, Jekow, Mandeng and Greater Warrap.

The HC have also taken up with UNICEF and donors on the issue of cold chain availability mapping and measles vaccines available to respond to measles outbreaks. This has been positively engaged to all stakeholders and this led to mapping out of cold chain in the country and vaccines to be made available in country for partners to respond once an outbreak has been confirmed.

On capacity building: The HC team have trained seven partners on Public Health Situation Analysis (PHSA). This training was meant to equip partners with the right skills to do public health assessment.

Resource Mobilization - The cluster mobilized US \$ 6 million to support the 2019 health cluster response. This was given to 35 partners from South Sudan Humanitarian Fund (SSHF) first standard allocation. The start of these projects was first of March and was meant to end by 31st August 2019 for six months.

Partner Implementation Key Highlights

- **The Rescue Initiative South Sudan (TRI-SS)** - a total of 1,027 (49% were under-fives children and 51% above 5) beneficiaries reached with OPD consultations; 41 pregnant women attended 1st, 2nd and 4th antenatal care (ANC); 11 skilled deliveries conducted; 2,374 people (men 794 and women 613) people reached with health education and promotion messages.
- **Rural Health Services** – conducted 174 curative consultations; 15 pregnant women attended ANC; 4 safe



Dispensing drugs during the mobile clinic to patients in Pure t. Photo: TRI-SS.

deliveries conducted; 19 uncomplicated diarrheal cases treated with ORS and Zinc; 94 uncomplicated malaria cases managed; 13 health workers trained in Pibor County, Jonglei State

- **Christina Mission Aid (CMA)** –7,125 under 5 children and 13,289 above 5 years received curative consultations; carried out EPI outreaches which reached 265 under 1 children in Nyirol and 456 in Fangak with pentavalent 3, 457 in Fangak and 121 in Nyirol with measles vaccination and 1,870 under five children received vitamin A supplementation.
- **WHO** – conducted the Yellow Fever reactive mass campaign in Sakure Payam from 25 to 29 March 2019. A total of 19,981 (102%) persons aged 9 months to 65 years were vaccinated.

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