



## HEALTH CLUSTER BULLETIN # 03 MAY 2021



Country: South Sudan

Emergency: Complex Emergency

 4.9 MILLION  
PEOPLE IN NEED  
OF HEALTH

 2.4 MILLION  
TARGETED

 1.62 MILLION  
IDPs

 306K  
REFUGEES  
IN SOUTH SUDAN

### Key highlights

#### Improving Health Access and Scaling up Responsiveness:

- A total of 314,350 outpatient consultations were conducted to treat common diseases in April 2021.
- During the same period, 2,626 normal deliveries were attended by skilled birth attendants.

#### Prevent, detect and respond to epidemic prone disease outbreaks:

- As of week 17, 2021 IDSR reporting completeness was 94% at health facility level. EWARN reporting completeness was 91%. There were 545 alerts were reported.
- A total of 26,144 children (6 months to 15 years) were vaccinated against measles.








#### Quality Essential Clinical Health Services

- Some 194 new Severe Acute Malnutrition (SAM) children with complications were treated at stabilization centres during the reporting period. A further 269 SAM cases with medical complications were managed while 82 were referred.
- On average 84 health facilities are reported providing sexual and gender-based violence (SGBV) services. Around 389 SGBV survivors received clinical management of rape (CMR) services.

#### Improving Resilience- Mental Health Response:

- About 952 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas. There were 53 health facilities reported providing MPHSS services in vulnerability settings.

### Key response figures

	64	Health cluster partners earmarked in HRP 2021
<b>Medicines And Supplies Delivered To Partners and Prepositioned</b>		
	802 239 213 111	IEHK Pneumonia Cholera SAM/MC
<b>Health Facilities</b>		
	71 393 1128	Hospitals PHCCs PHCUs
<b>Health Action</b>		
	314K 2626	Consultations Deliveries by skilled birth attendants
<b>Routine Vaccination</b>		
	159K 135K 161K	OPV3 Measles PENTA 3
<b>Early Warning Alert And Response Network (EWARN)</b>		
	1240	Sentinel sites
<b>Funding Status (in million US\$)</b>		
	123.8 6.7 5.4	Required Funded % Funded

## Situation Update

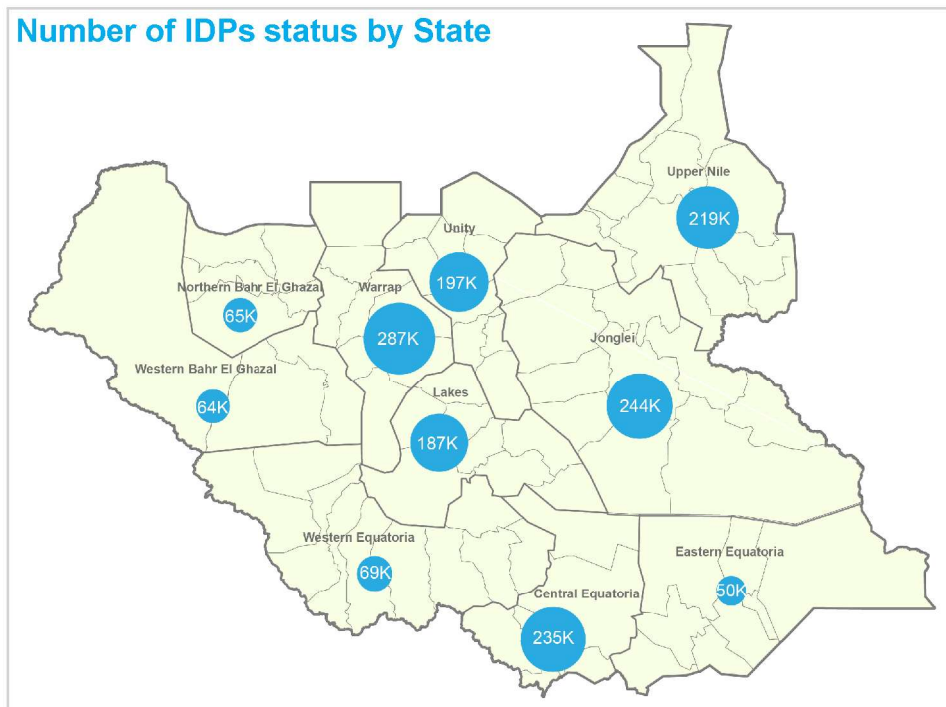
 **1.62M**  
INTERNALLY DISPLACED PEOPLE

 **306K**  
REFUGEES IN SOUTH SUDAN

 **2.2M**  
SOUTH SUDANESE REFUGEES

 **33K**  
IDPS IN PROTECTION  
OF CIVILIAN SITES

Number of IDPs status by State



High levels of food insecurity and sub-national violence continued to impact the livelihood of South Sudanese. In the month of May violence was reported across various payams in Greater Pibor Administrative Area with tens of thousands of people affected and forced to flee their homes. Response operations were not spared either as some humanitarian facilities were looted and burnt down including warehouses for life-saving commodities such as foodstuff and drugs leading to a major disruption to humanitarian interventions with some aid workers forced to relocate. Some 80,000 people sheltered in schools in Pibor, however, majority returned to their homes after the situation normalized. Cattle raids in Yei, Kajo-Keji and Lainya counties in Central Equatoria resulted in civilian displacement with 8,000 people displaced in Lainya. Vital humanitarian supplies were reportedly looted people and people were displaced in Ulang County following communal violence. About 31,000 people in Ayod county were displaced to Ayod town due to floods<sup>1</sup>.

Of major concern to the humanitarian community, the month of May saw an alarming rise on incidents of attack on humanitarian workers and assets resulting in disruption delivery of critical aid services. At least four aid workers including healthcare workers were killed in May 2021.

The Integrated Phase Classification (IPC) released in December 2020 projected that at least 7.2 million people face high levels of food insecurity during the lean season (April-July 2021) with 108,000 projected to be in IPC phase 5 catastrophe. The nutrition situation is critical, as about 1.4 million under the age of five are expected to suffer from acute malnutrition in 2021. An estimated 313,000 will suffer from Severe Acute Malnutrition (SAM), and therefore face an increased risk of death. Findings from the recent SMART surveys conducted indicate an alarming rates of malnutrition in Pibor (Global acute malnutrition of 21.6%), Akobo West (GAM of 19.0%), Tonj North (GAM of 18.4%) and Aweil South (GAM of 23.1%). The figures are above the internationally agreed emergency threshold (15%)<sup>2</sup>.

According financial tracking system, health cluster partners have received USD 6.7 million (only 5.4% of total requirement of USD 124 million)<sup>3</sup> to meet the health needs of 2.4 million people targeted in 2021 HRP. Health Cluster is one of the lowest funded clusters. The funding gaps have affected health response in priority one counties as well as the rest of the country. Some partners have been forced to scale down or in some cases close down health facilities.

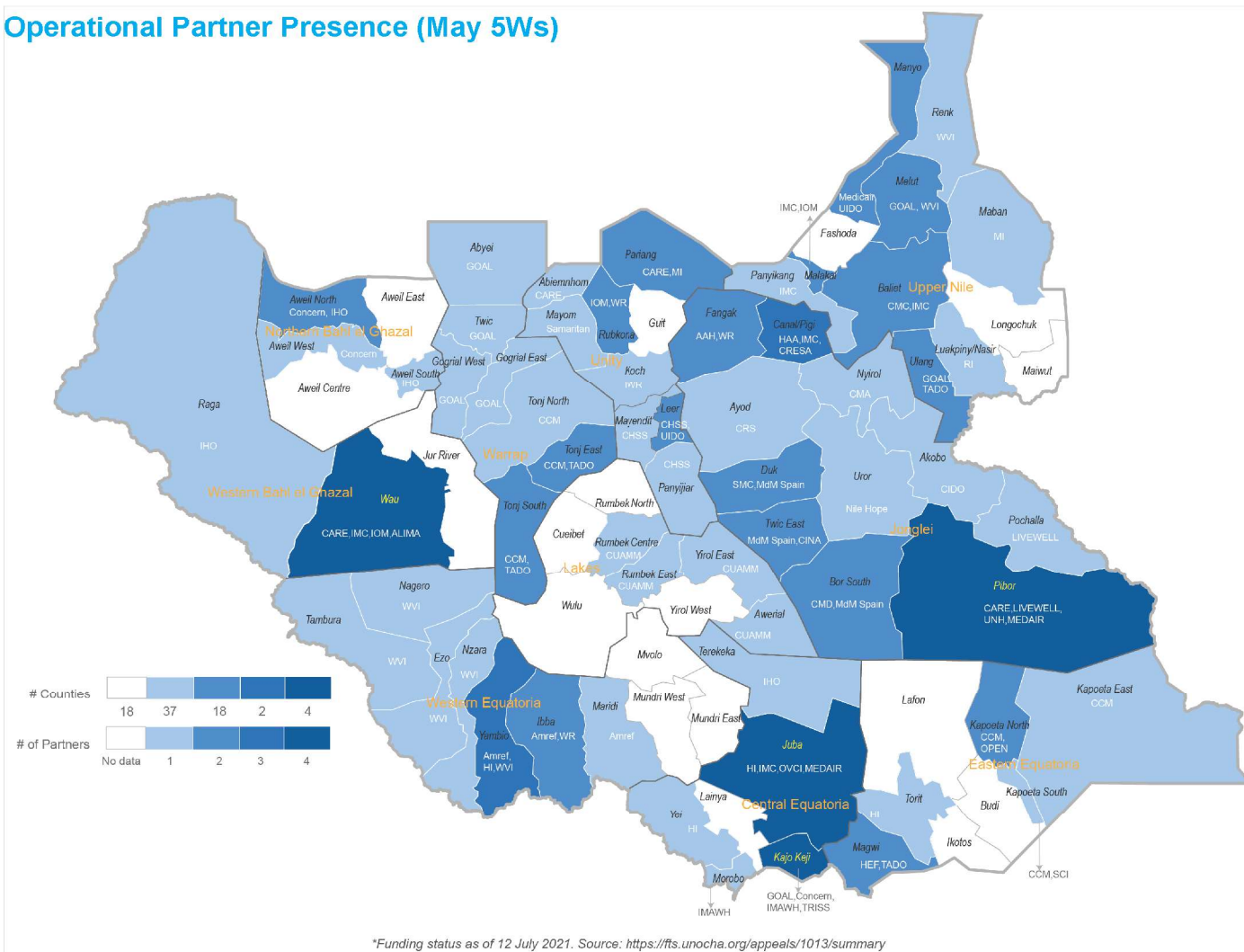
<sup>1</sup>[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/south\\_sudan\\_humanitarian\\_snapshot\\_may.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/south_sudan_humanitarian_snapshot_may.pdf)

<sup>2</sup><https://reliefweb.int/report/south-sudan/south-sudan-facing-one-worst-food-security-and-nutrition-crises-globally>

<sup>3</sup><https://reliefweb.int/report/south-sudan/south-sudan-facing-one-worst-food-security-and-nutrition-crises-globally>



## Operational Partner Presence (May 5Ws)

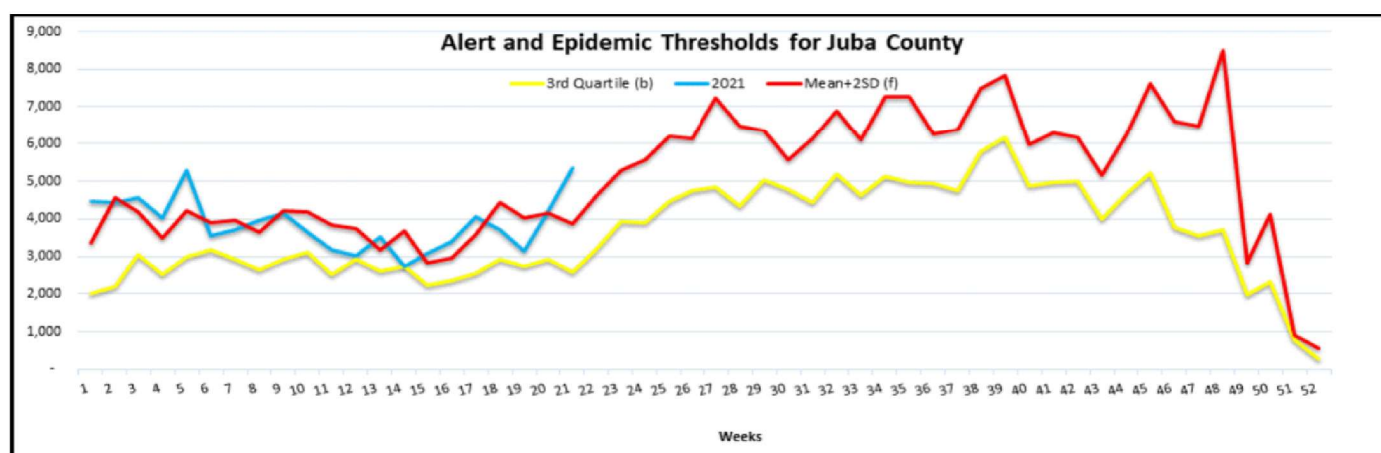


## Public health risks, priorities, needs and gaps

## Ongoing outbreaks in 2020 and 2021

Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Ongoing epidemics								
Hepatitis E	Bentiu PoC	03/01/2018	14	631 (0.022)	Yes	No	Yes	Yes
COVID-19	35 counties	05/4/2020		10,855	yes	yes	yes	yes
cVDPV2	25 counties	11/06/2020 18/09/2020	0	54	Yes	Yes	Yes	Yes
Rubella	Tambura	11/1/2021	0	23 (0.13)	Yes	No	Yes	Yes
Rubella	Nagero	01/03/ 20201	0	5 (0.25)	Yes	No	Yes	N/A

## Malaria

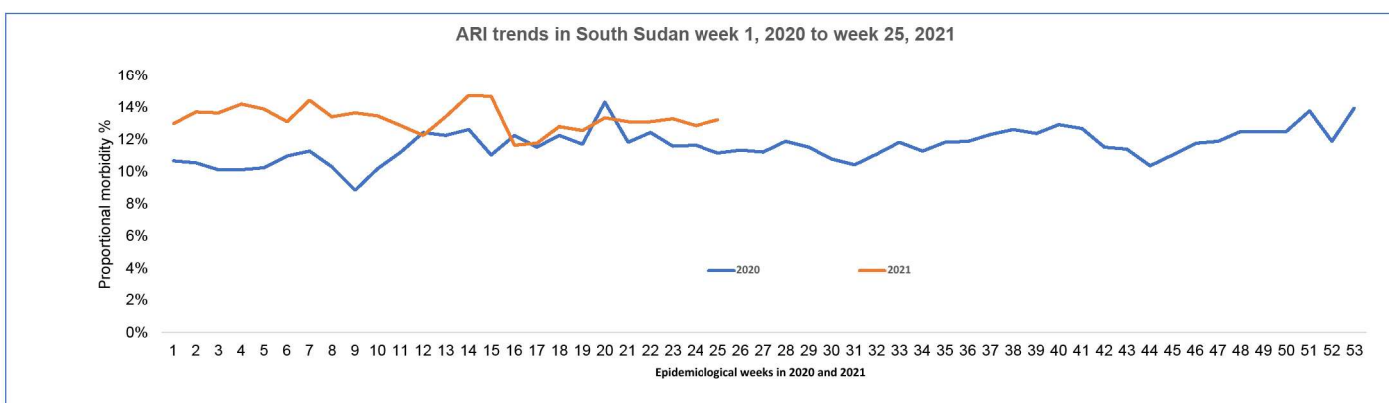


By the end of week 21, 2021, malaria was the top cause of morbidity, accounting for 52.8% of all morbidities and 7.6% of all mortalities.

Between 19 and 21, three counties presented malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017). This included Twic, Juba and Wau.

Many counties in South Sudan are malaria-endemic where malaria cases are reported throughout the year. The trend of malaria cases as shown in the figure above indicate a general upward trend in both 2020 and 2021. In 2020, there were 3,442,086 malaria cases and 2,616 (case fatality rate of 0.08%) reported from all the 80 counties. The national annual malaria incidence was estimated at 250 per 1,000 population, based on 2020 population estimates (projected from the 2008 national census data) compared to Western Bahr el Ghazal State which had the highest malaria incidence of 477 per 1000 population. The counties with top malaria incidences in 2020 were Rubkona (1007 per 1000 pop), Abyei (741 per 1000 pop), Melut (610 per 1000 pop), Tonj South (597 per 1000 pop), Twic (565 per 1000 pop) and Pariang (564 per 1000 pop).

## Acute Respiratory Illness (ARI)

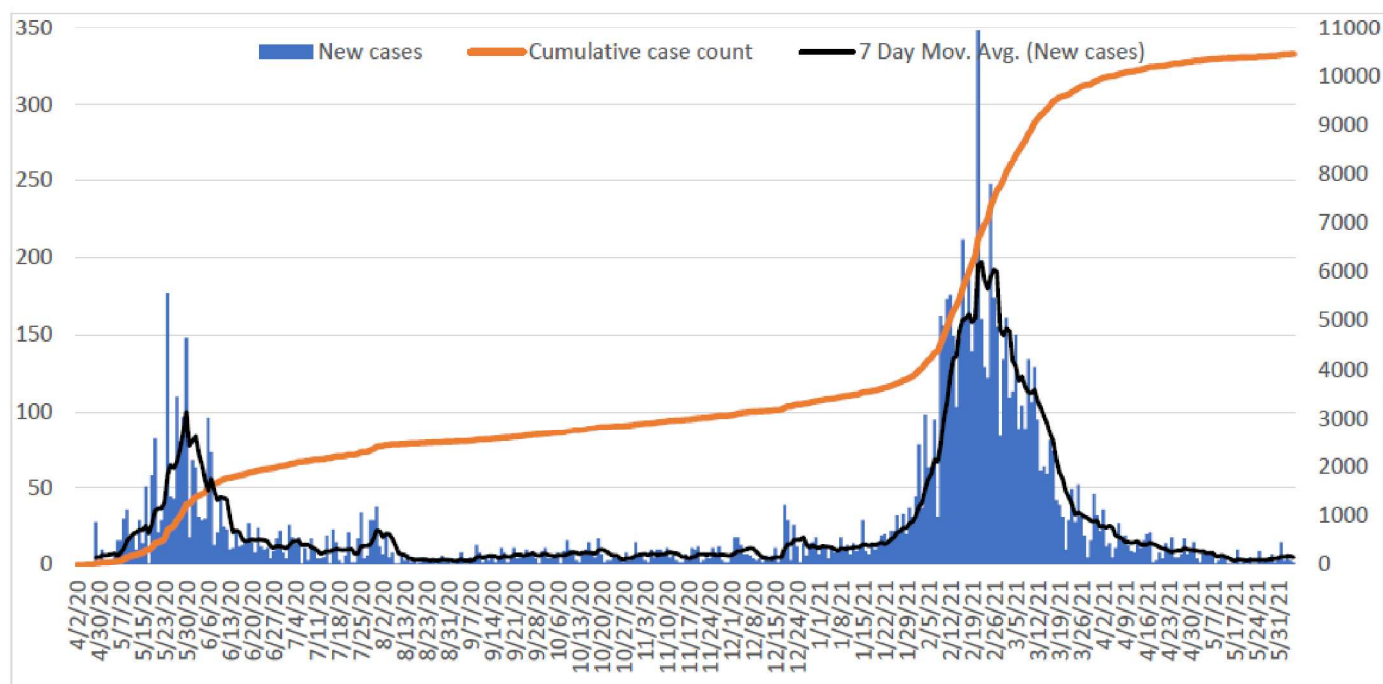


A total of 578,343 ARI cases have been reported since the beginning of 2021. This represents a 23.1% increase compared to the corresponding period of 2020. ARI proportional morbidity has been higher for most weeks of 2021 when compared to corresponding period of 2020. Given the current COVID-19 context, clustering or increases in ARI cases should be investigated for COVID-19 and other influenza viruses.

## COVID-19 Situation and response

At the end of Week 22, there were 10736 confirmed cases in South Sudan with 35 (43.8%) of the 80 counties in the country with a confirmed case. Cumulatively, the age distribution of cases reported is skewed towards people under 50 years old, with most cases occurring in the 20-49 age group and skewed heavily towards males. The laboratory analysis of testing indicate that average positivity yields have declined in recent epi weeks (after peaking at 22.4% in Week 07), reaching a low of 0.4% in Week 19 before increasing slightly to 0.9% in Week 22.





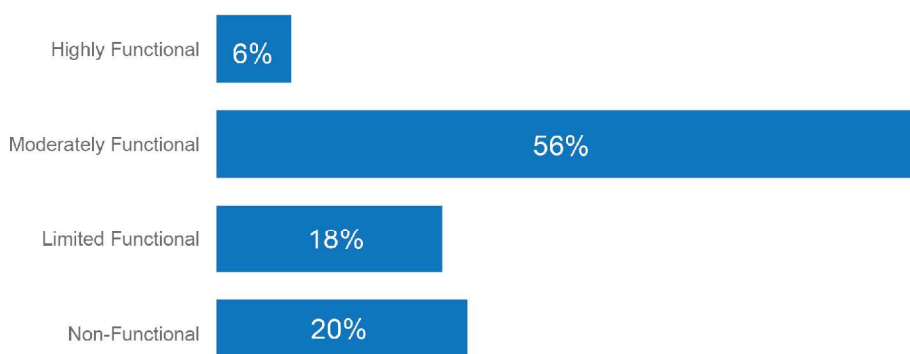
Since community-based contact tracing started in early October 2020, a total of 5554 contacts have been elicited from 623 cases (a ratio of 1:8.9), of which 35 (0.6%) are still under active follow-up. Cumulatively, 15992 contacts have been listed and followed up since the first confirmed case was reported in April 2020, of which 14749 (92.2%) have completed follow-up. Despite this achievement, solicitation of contacts from cases continue to be a challenge. Barriers to enrolling contacts include unwillingness of cases to list contacts, incorrect contact addresses and contacts not answering phone calls.

Efforts to raise awareness on COVID-19 are ongoing. Community mobilizers reached 56,380 individuals (24,151 males; 32,229 females) with COVID-19 preventive messages and measures for the community to act and safeguard themselves against COVID-19 infection. This was through house-to-house visits and use of megaphone in catchment areas. In addition, eighteen key opinion leaders including community leaders, teachers, religious leaders, and village chiefs across South Sudan, were oriented/trained on COVID-19 messaging.

## Health Cluster Coordination

WHO, together with the Ministry of Health South Sudan leading the Health Cluster 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 close to 2000 health facilities in South Sudan. Thirty-four counties have less than one primary health care units (PHCUs) per 15,000 population while 23 counties have less than one primary health care centre (PHCCs) per 50,000 population<sup>4</sup>.

<sup>4</sup>According to BPHNS 1 PHCU should serve 15,000 and 1 PHCC 50,000 respectively people

## Health Cluster Action

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

The cluster and Inter-cluster Coordination Group (ICCG) continue to coordinate and advocate for scale up of response in priority one counties. Despite inadequate funding that has resulted in scale-down of activities in some locations, partners are working round the clock to ensure that the health needs of people in the six priority counties are through static and mobile health facilities ensuring access to essential health services. Emergency funds from UN CERF, South Sudan Humanitarian Fund (SSHF) and other rapid response funds have enabled emergency partners to reopen and operationalize non-functional health facilities and complement the existing health facilities as well as availing the much needed BEmOC services. Since the beginning of 2021, 239 413 consultations have been conducted in the six priority counties.

As part of outbreak prevention and response strategy, the counties supported by partners continue to strengthen routine immunization and implement polio vaccination campaigns and pre-emptive oral cholera vaccination campaigns (in cholera hotspot in Pibor). Cholera preparedness and readiness activities in cholera high-risk counties such as Pibor and Akobo are ongoing through enhanced cholera surveillance, prepositioning of cholera investigation and management kit and risk communication.

The Ministry of health was supported to strengthen the Integrated Disease Surveillance and Response (IDSR) through training of healthcare workers and rapid response teams. Thirty health workers were trained on the 3rd Edition IDSR and rapid response teams established in Pibor while similar training was expected to kick off on 10 June in Akobo County.

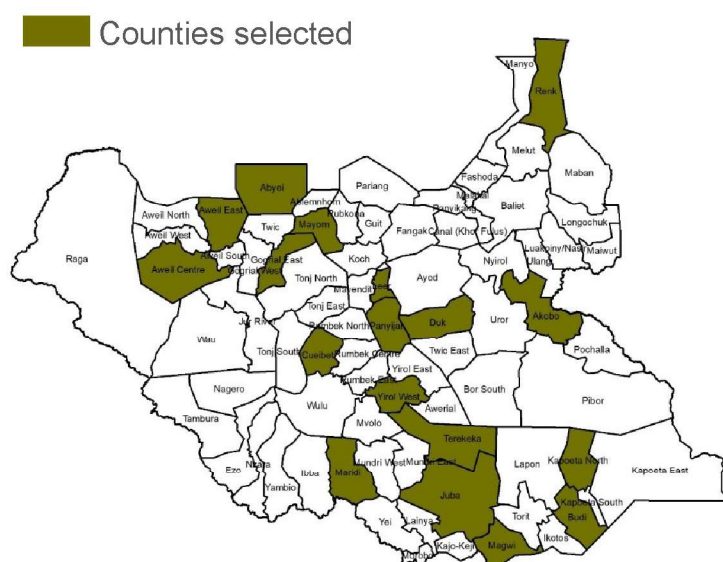
## Child Health

### Expanded programme on Immunization (EPI)

State	BCG	IPV	OPV3	Measles	Penta 3
Central Equatoria	63%	69%	69%	60%	70%
Eastern Equatoria	57%	62%	64%	71%	64%
Jonglei	45%	36%	47%	47%	49%
Lakes	45%	87%	93%	64%	96%
Northern Bahr El Ghazal	101%	113%	119%	74%	120%
Unity	83%	104%	107%	87%	106%
Upper Nile	34%	32%	37%	39%	37%
Warrap	87%	103%	96%	84%	101%
Western Bahr El Ghazal	93%	106%	108%	87%	107%
Western Equatoria	89%	100%	109%	91%	107%

The country's coverage for Measles is 66.5% and varies largely at the state and county level. The states of Upper Nile and Western Equatoria have the lowest and highest administrative routine immunization coverages for Measles vaccine respectively.

### Polio Eradication Programme



Counties	Target (OPV <sub>1</sub> )	Total Immunized	% Coverage
Juba	186469	192,371	100%
Terkeka	48166	45,317	94%
Budi	36643	35,184	96%
Kapoeta North	37860	42,155	100%
Magwi	51254	43,072	84%
Akobo	41731	39,657	95%
Duk	15499	14,682	95%
Cueibet	42448	51,340	100%
Yirio West	37174	41,665	100%
Aweil Centre	23486	30,762	100%
Aweil East	109103	132,056	100%
Leer	24668	25,245	100%
Mayom	44597	58,825	100%
Panyjar	29368	30,345	100%
Renk	18430	18,384	100%
Abyei	17780	19,226	100%
Gogrial East	42744	58,684	100%
Maridi	27846	28,059	100%
Total	835,267	907,029	100%



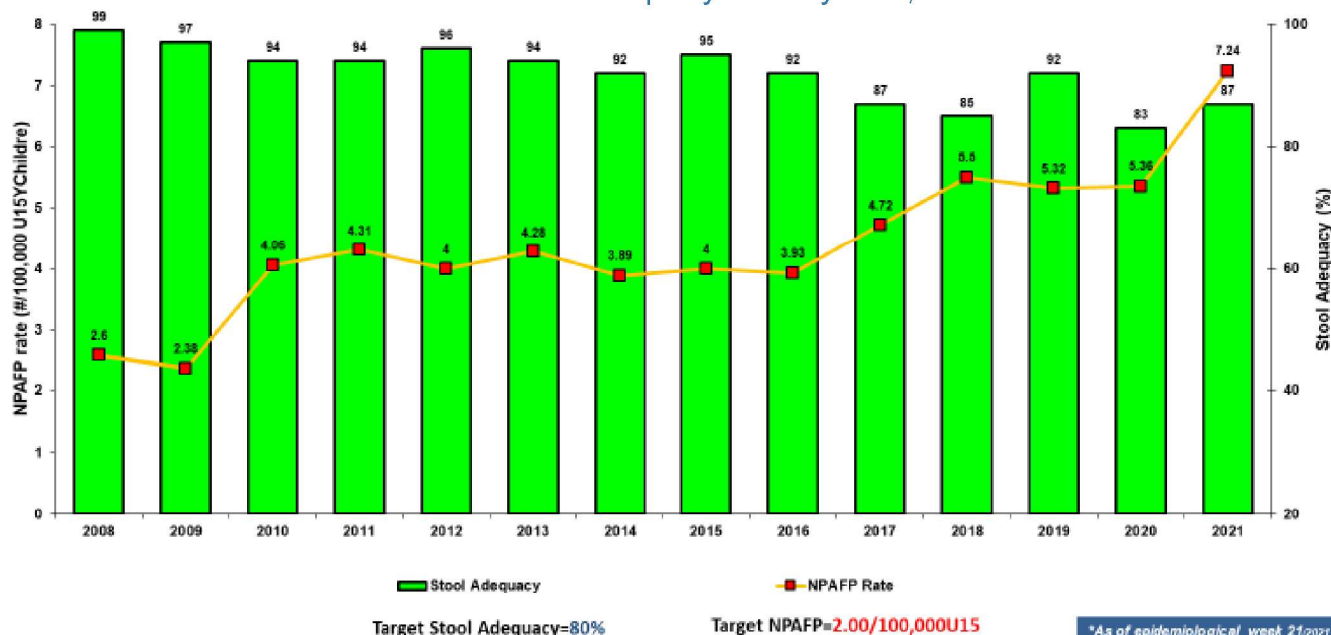
## Acute Flaccid Paralysis

The total number number of Acute Flaccid Paralysis cases lab confirmed as circulating Vaccine Derived Polio (cVDPV) type 2 remains 56, with all states reporting at least one case. A mop up campaign with the mOPV2 was conducted in 18 counties. These were counties that had reported at least one case of cVDPV2 in 2021 or failed the post campaign evaluation using the LOTs quality methodology in previous campaigns.

Active case search continues in health facilities and in the communities with a total of 195 AFP cases reported as at 31 May 2021. Three environmental samples were collected in Central Equatoria state in May. All samples have since been sent to the Ugandan Virological Research Laboratory.

The AFP surveillance indicators shows a Non Polio AFP rate of 7.24 and stool adequacy at 87%. Both above set surveillance standard.

Non- Polio AFP and Stool Adequacy Rate by Year, 2008-2021\*



## Prepositioning and Supplies

Partners continue to be supported to enable them to provide consistent access to the basic health services in the counties. So far 211 inter-agency health kits (can support 211 000 people for three months), 91 pneumonia kits, 19 severe acute malnutrition with medical complication (SAM/MC) kits, and 26 cholera investigation kits have been delivered to the responding partners. Urgent funding is required to support the core pipeline to avert looming shortages of these essential kits.



Courtesy of the Government of China, essential medicines and medical supplies were delivered to Juba Teaching Hospital

Dr. Fabian Ndenzako  
Health Cluster Lead/WHO Representative  
Mobile: +211 920 630624  
Email : ndenzakof@who.int

Dr. Mukeshkumar Prajapati  
Health Cluster Coordinator  
Mobile: +211 926 476 777  
Email : prajapatim@who.int

Bernard Oduor  
IMO  
Mobile : + 211 929 663 377  
Email: oduorb@who.int