



HEALTH CLUSTER BULLETIN # 02

APRIL 2021



The acting WHO Representative Dr. Fabian Ndenzako receiving COVID-19 vaccine in Juba, April 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 484,275 outpatient consultations were conducted to treat common diseases in April 2021.
- During the same period, 4,638 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 81% at health facility level. EWARN reporting timeliness and completeness was 78%. There were 517 alerts were reported.
- A total of 9,346 children (6 months to 15 years) were vaccinated against measles.








Quality Essential Clinical Health Services

- Some 100 new Severe Acute Malnutrition (SAM) children with complications were treated at stabilization centres during the reporting period. A further 205 SAM cases with medical complications were managed while 43 were referred.
- On average 81 health facilities are reported providing sexual and gender-based violence (SGBV) services. Around 67 SGBV survivors received clinical management of rape (CMR) services.

Improving Resilience- Mental Health Response:

- About 716 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 and Prepositioned		
	749 234 200 109	IEHK Pneumonia Cholera SAM/MC
Health Facilities		
	71 393 1128	Hospitals PHCCs PHCUs
Health Action		
	484K 4638	Consultations Deliveries by skilled birth attendants
Routine Vaccination		
	142K 1829 145K	OPV3 MR2 PENTA 3
Early Warning Alert And Response Network (EWARN)		
	1240	Sentinel sites
Funding Status (US\$)		
	123.8 5.7 4.6	Required Funded % Funded

Situation Update

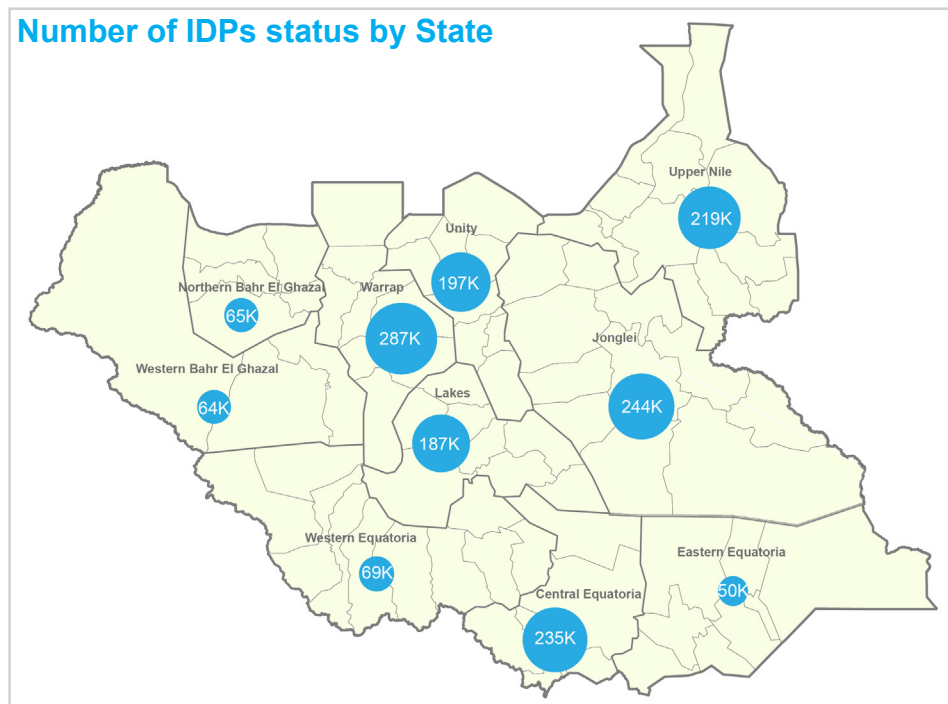
 **1.62M**
INTERNALLY DISPLACED PEOPLE

 **306K**
REFUGEES IN SOUTH SUDAN

 **2.2M**
SOUTH SUDANESE REFUGEES

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

Number of IDPs status by State



South Sudan is facing the worst levels of food insecurity since independence. The situation has deteriorated as a result of flooding in 2020 and the ongoing communal violence that continue to displace populations and hamper humanitarian delivery to people with acute need of aid. Consequently, many people's livelihood has been affected and coping strategies eroded. Community-based violence leading to temporary displacements continue to be reported. On 31 March 2021, the United Nations Mission in South Sudan (UNMISS) released a press statement stating that community-based violence accounted for 78 per cent of killings, abductions, sexual violence as well as injuries to civilians. An inter-agency needs assessment in Tonj North County, Warrap state, confirmed the displacement of more than 31,000 people by sub-national violence. Armed fighting between organized armed groups and state security forces in Lainya and Yei counties in Central Equatoria displaced some 2,850 people to Yei town with cases of gender-based violence being reported. Fighting between ethnic groups displaced more than 800 people in Tambura County, Western Equatoria¹.

The humanitarian sector continues to monitor the rainfall situation in the country. In April, there was slight increased rainfall across the country with dry conditions in the northern states (Upper Nile, Unity, Warrap, Northern Bahr el Ghazal and Western Bahr el Ghazal), most of Jonglei and isolated areas in Eastern Equatoria. The rest of the country experienced mixed rainfall pattern². Prepositioning of humanitarian supplies including emergency health kits has taken place in priority one counties. Response in parts of Akobo, Duk, Twic East and parts of Pibor was affected as flooding restricted physical access impacting delivery and prepositioning of critical humanitarian supplies. The scaling up of the humanitarian response will continue into the lean season (May-July) during which the rainy season and expected flooding may worsen the situation. Access challenges owing to insecurity, limited resources for the responding health partners and inadequate functional health facilities affected provision of primary health services across the country.

The Integrated Food Security Phase Classification (IPC) projections for April to July 2021 estimate that 7.2 million people representing 60% of the population are facing crisis levels of food insecurity (IPC Phase 3+)³. The Integrated Food Security Phase Classification (IPC) report released in December 2020 projected that over 810,000 people will be in Crisis or worse levels of food insecurity

1 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/south_sudan_humanitarian_snapshot_april.pdf

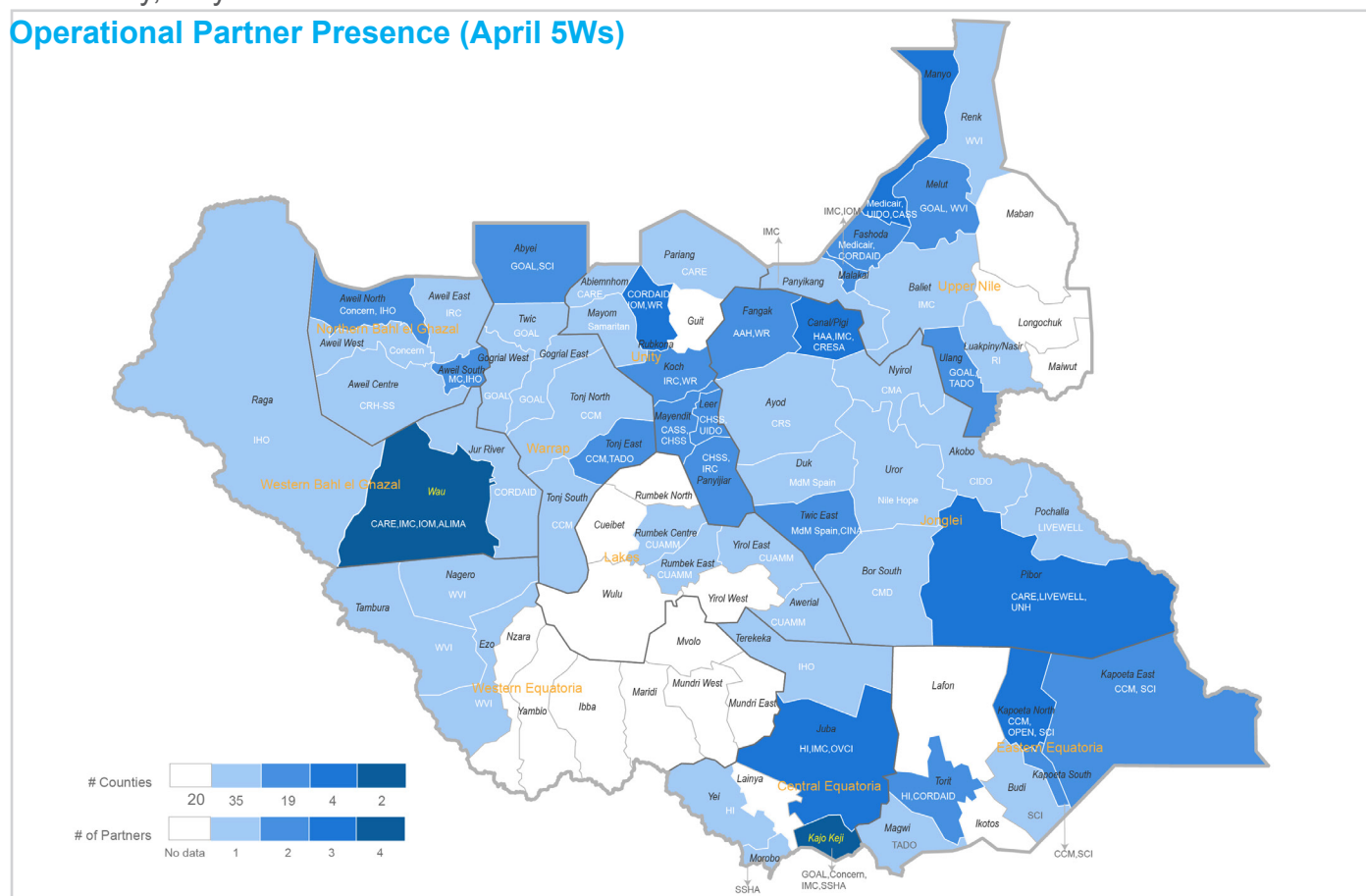
2 https://fsccluster.org/sites/default/files/documents/weather_update_-_fslc_-_28th_april_21.pdf

3 https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/South_Sudan_Combined_IPC_Results_2020Oct_2021July.pdf

out of which over 108,000 people will be in IPC Phase 5 catastrophe in the six most affected counties.

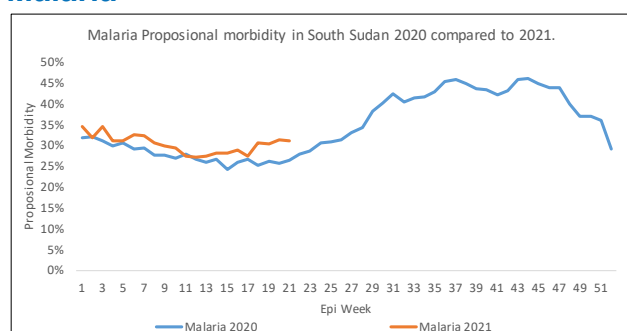
According financial tracking system, health cluster partners have received USD 5.7 million (only 4.6% of total requirement of USD 124 million) to meet the health needs of 2.4 million people targeted in 2021 HRP. Health Cluster is the one of the lowest funded clusters. The funding gaps have affected health 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. For instance, in Akobo County, only five out of 25 facilities are functional.

Operational Partner Presence (April 5Ws)



Public health risks, priorities, needs and gaps

Malaria

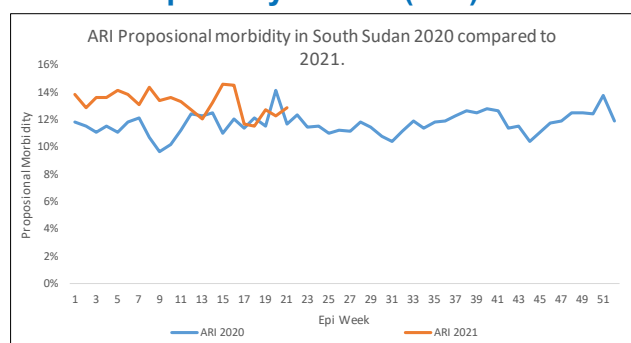


By the end of week 16, 2021, malaria was the top cause of morbidity, with a cumulative of 1,074,954 malaria cases reported since week 1, 2021 and accounted for 49.4% of total OPD consultations.

The malaria proportional morbidity is currently higher in comparison to the corresponding period of 2020 (31% versus 26%).

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 2009 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)



ARI is the second cause of morbidity with 473,119 cases reported since week 1, 2021 and accounting for 21.7% of OPD consultations.

The ARI proportional morbidity is currently higher in comparison to the corresponding period of 2020 (13% versus 12%).

Acute Watery Diarrhoea (AWD)

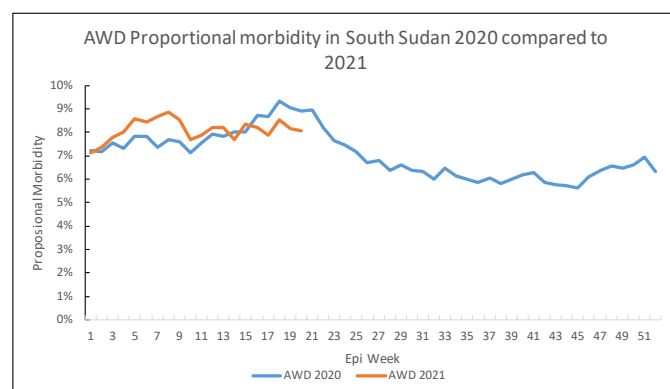
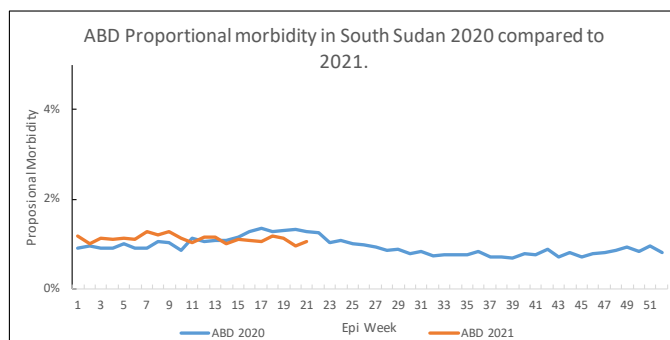
Acute watery diarrhoea (AWD) is the third top cause of morbidity with 289,153 cases reported since week 1, 2021, and accounting for 13.3% OPD cases

The AWD proportional morbidity is currently comparable to the corresponding period of 2020

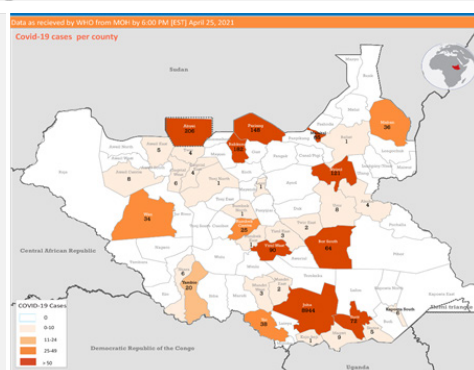
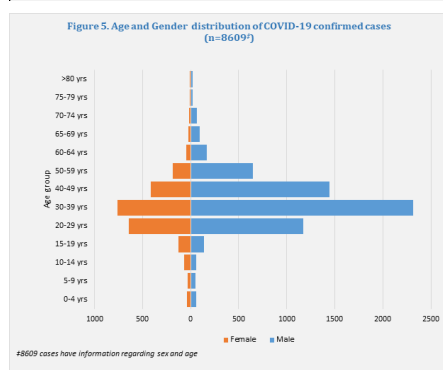
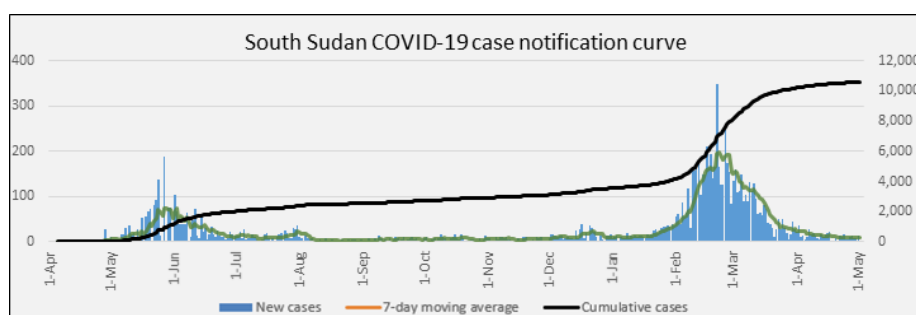
Bloody diarrhoea has accounted for 39,769 (1.8% of OPD) cases since week 1 of 2021.

The bloody diarrhoea proportional morbidity is currently lower when compared to the corresponding period of 2020 (8% versus 9%)

There are no measles outbreaks confirmed in 2021 but one measles IgM positive case was confirmed from Pibor on 24 April 2021.



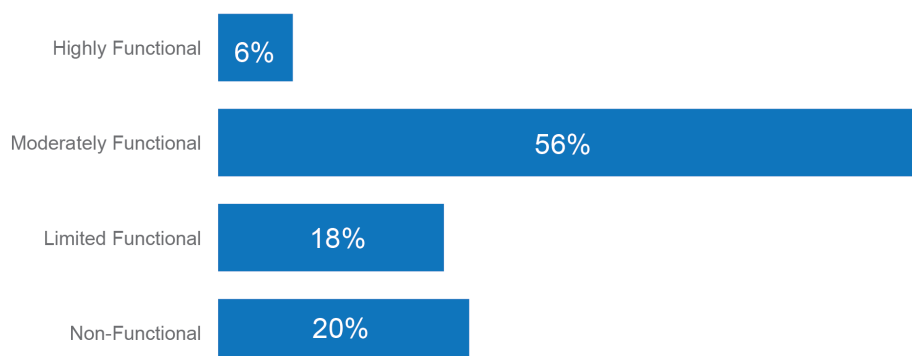
COVID-19 Situation and response



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 population⁴.

Health Cluster Action

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

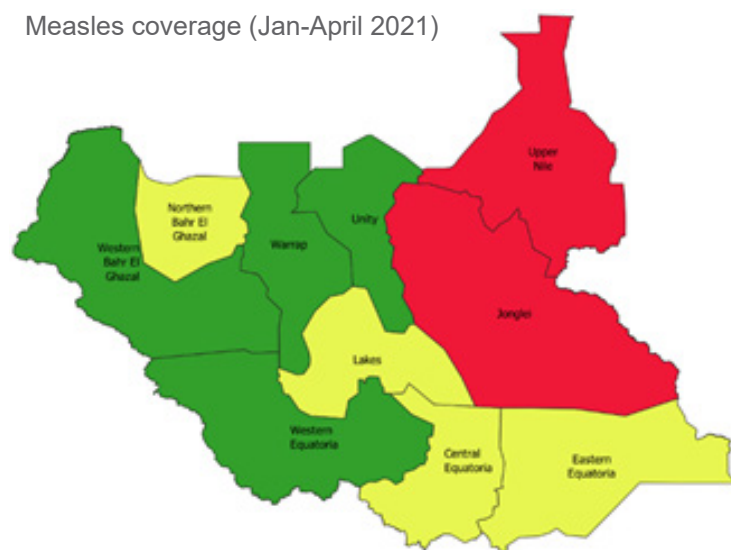
The Health cluster partners have scaled up response in the six-priority food insecure counties through static and mobile facilities to ensure availability and access of health services. In April about 58,000 consultations were conducted for common endemic diseases. In addition to providing basic essential 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.

Child Health

Routine Immunization (RI)

The measles coverage in South Sudan varies largely at the state and county level, with plans to improve RI coverages via various strategies including improving access via Periodic Intensification of Routine Immunization (PIRI) and outreach sessions.

Measles coverage (Jan-April 2021)



RI Coverage by state and vaccine (Jan -April 2021)

States	BCG	Penta3	IPV	Measles
Central Equatoria	63%	72%	71%	62%
Eastern Equatoria	53%	63%	59%	70%
Jonglei	46%	49%	37%	49%
Lakes	41%	96%	87%	63%
Northern Bahr El Ghazal	102%	119%	113%	73%
Unity	87%	106%	105%	86%
Upper Nile	33%	36%	29%	37%
Warrap	81%	100%	100%	83%
Western Bahr El Ghazal	90%	108%	105%	86%
Western Equatoria	91%	105%	99%	93%

Legend	
0-59.9%	
60-79.9%	
80-100%	
Above 100%	

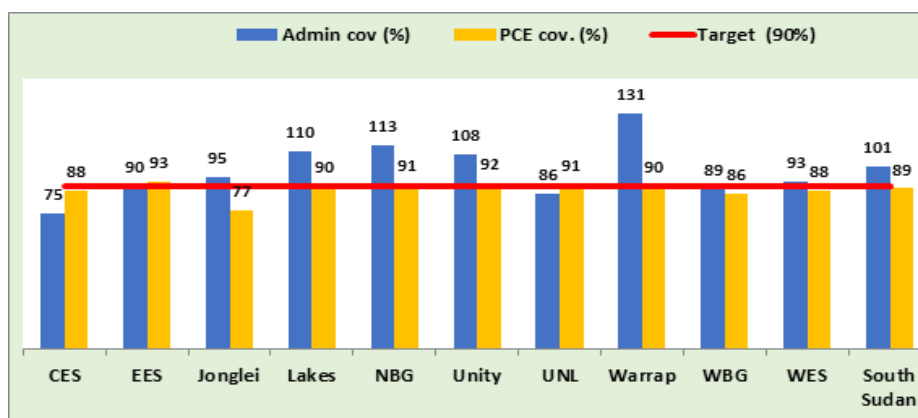
⁴According to BPHNS 1 PHCU should serve 15,000 and 1 PHCC 50,000 respectively people

Polio Eradication Programme

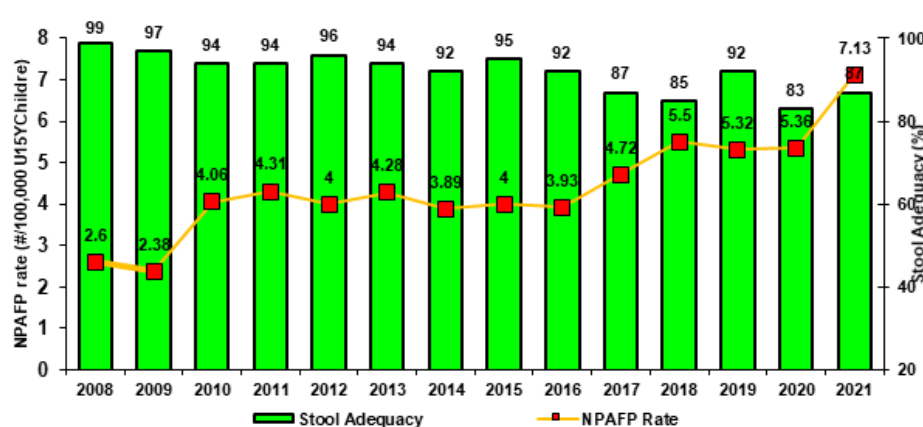
A total of six cases of circulating Vaccine Derived Polio (cVDPV) type2 have been reported bringing the total reported Acute Flaccid paralysis (AFP) with lab confirmation of cVDPV2 to 56 with 27 counties affected in all ten states of the country. In response, the country has since conducted 2 rounds of Polio (mOPV2) campaign. In April 2021, the focus was on maintaining and improving herd immunity with a nationwide Polio campaign conducted from 13 to 16 April reaching 2,724,269 (89%) in 73 counties with post-campaign evaluation coverage of 89%.



Vaccine distribution at a team distribution center Akobo East



Administrative and Post Campaign Evaluation (PCE) Coverage (April 2021)



Non-Polio AFP and Stool Adequacy Rate by Year, (2008-2021)

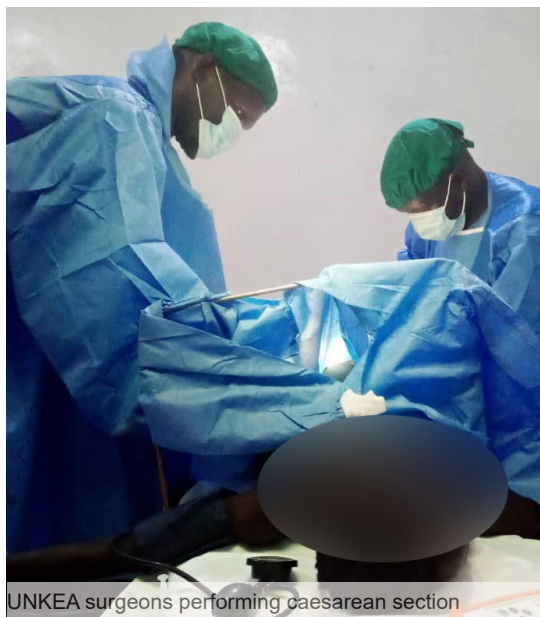
Integrated Supportive supervision continued for active case search and supervision of routine immunization activities with over 3,000 visits resulting in 183 reported AFP cases and maintaining the AFP surveillance indicators.

Prepositioning and Supplies

Stock of emergency health kits and other essential supplies have been made available to partners. A total of 749 inter agency health kits (both basic and supplementary IEHK), 234 pneumonia kits, 200 cholera kits and 109 severe acute malnutrition kits have been delivered to 14 partners and the Ministry of Health and prepositioned in several hubs in the country. In the six priority one counties, 62 IEHK kits, 31 cholera kits, 24 pneumonia kits and 19 SAM/MC kits have been distributed to 5 partners and prepositioned in the hubs.

Success Story

CASEREAN SECTION SURGERY NOW AVAILABLE NASIR HOSPITAL



UNKEA surgeons performing caesarean section

Medical care can be long distance away in South Sudan, forcing pregnant women to give birth at home with traditional birth attendants or to travel on foot late in their pregnancy to a health facility – a hardship endured by 23-year-old Nyanhial Jok Jut from Makak village, Makak Payam, Ulang county, Upper Nile state. She reported developing labor pains on 25th March 2021 at home and labored with traditional birth attendants for two days without success.

Nyanhial later set out on the two-hour walk to Makak PHCU, in the country's far northeast and was referred to Jikmir PHCC and later to Ulang MSF due to obstructed labor for onward referral to Malakal teaching hospital for Caesarean Section. However, Malakal was inaccessible due to insecurity and she was sent to Nasir Hospital for onward referral to Ethiopia.

On 28th March 2021, Nyanhial arrived at the Nasir Hospital and was received by the UNKEA health team at Nasir hospital consisting of surgeons and anesthetist who were now ready to conduct caesarean sections in Nasir hospital following renovations that had been completed the week prior. Three hours later she delivered a baby boy weighing 3.5 kilograms. She had been in labor for four days.

Asked by the midwife why she thought it important to deliver her baby in a health-care facility. She replied, "I had given hope that I was going to deliver safely. I am grateful to Nasir Hospital. They saved my life and that of my baby boy."

Mother and baby after the Caesarean Section



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