



**Minutes of Health Cluster Meeting
August 7, 2019
Juba, South Sudan**

Time	Venue
09:00- 11:00 hours	WHO Conference Room

Agenda	Partners Present: CASS, CHSS, CIDO, CARE, CMA, CMMB, CWW, CORAID, GOAL, HI, IMC-UK, IRW, , CMD, CRADO, HAA, HCO, HFO, IHO, NILE HOPE, OPEN, RHS, SMC, MAGNA, MEDAIR, MI, PUI, TRISS, UNH, UNIDO, UNKEA, MSF-B, MSF-SW, MSF-F, MSF-SP, UNFPA, WHO, SCI, WV-SS, TOCAA, TADO, CHADO, MDM, CHSS, HLSS, LIVEWELL, MEDICAIRE, HPF, UNIDOR, TRISS, ICRC, OVCI, CARTER CENTRE,
<p>1. Welcome, introduction of participants</p> <p>2. Follow up on matters arising/actions points from previous meeting</p> <p>3. Context update</p> <ul style="list-style-type: none"> ➤ ICWG/NAWG update: ➤ Discussion <p>4. Technical Update</p> <ul style="list-style-type: none"> ➤ IDSR Presentation ➤ EVD Preparedness & Updates <p>5. Discussion</p> <ul style="list-style-type: none"> ➤ SSHF SA2- Fund Allocation Methodology ➤ Discussion <p>6. AOB</p> <ul style="list-style-type: none"> ➤ TBD 	<p>Health Cluster Team: Dayib Ahmed and Uday Naidu</p> <p>Partners Absent: AAHI, ARC, CMMB, CWW, IHO, TDH, WR</p>

Meeting outcome	Action Points
<p>Welcome and introduction- Done</p> <p>Meeting agenda presented by the Cluster Coordinator- Magda to all the participants/partners and seconded by LiveWell</p>	
<p>Follow up on matters arising/actions from previous meeting</p> <p>1. HC to share the final list of HPF and UNICEF supported health facilities with IOM for last mile distribution of malaria commodities.</p> <p>HC has shared with IOM the final lists of the health facilities supported by HPF and UNICEF, IOM can support the last mile distributions of malaria commodities to Wau and Malakal and it was agreed that partners operating in these locations to have bilateral discussions with IOM on the modalities for the last mile distribution.</p> <p>2. HC to follow up on the issues of children with special needs in the three Payams of Yambio following a report of about 157 children/teenagers living with disabilities in the area.</p> <p>Humanity for Inclusion has received this report following the assessment conducted by a local Organization- CBO operating in Yambio; they said they are planning to conduct a rapid assessment in the week beginning August 12, 2019 to find out the age group affected, type of disability and actual needs which will inform the respond. Further they will discuss on this in the next Disability Working Group meeting (August 14, 2019). It was agreed that Humanity for Inclusion to work closely with the Disability Working Group who wants more information so that respond can be instituted accordingly.</p> <p>3. WHO to share the report of the health responds conducted in Kajokeji in first half of July 2019.</p> <p>WHO has already shared the report with HC, the Health Cluster will share the report with the partners.</p> <p>4. IRC to meet HC after this meeting (July 24, 2019) to update the HC on the health situation in Panyijiar following a report</p>	<p>Humanity for Inclusion to conduct rapid needs assessment in Yambio to ascertain the needs of the reported children living with disabilities in three payams of Yambio and provide detail report and response plan to HC and disability working group so that comprehensive response will be drawn in collaboration with disability working group.</p> <p>HC to share the report of WHO emergency health response conducted in Kajokeji with partners.</p>



<p>of an increased malaria deaths and closed of health facilities because of healthcare workers' standoff due to MOH harmonized incentive.</p> <p>IRC has met HC and shared information on health situation in Panyijiar, more efforts have been made to solve the ongoing crisis in the county however the response from the CHD/Health care workers is still slow as all the CHD staffs wanted to be fully paid for the past three months when they were not working/on strike. Further discussions are ongoing where HPF is also involved, will provide more updates to HC on this Friday (August 16, 2019).</p> <p>5. CMA senior management team from Juba currently in Nyirol holding a bilateral discussions/dialogues with the local authority on how to solve the long standoff between CMA and the local authority following application of MOH harmonized healthcare workers incentives.</p> <p>The outcome of the meeting was fruitful, CMA has been given the okay to resume operations in the state however the CHD staffs will resume and work as volunteers since most of them are not in government payrolls. The relocatable staffs from Juba returned to Nyirol on Saturday (August 3) and now 3 PHCCs and 2 PHCUs reopened providing healthcare services at the facilities and outreaches. CMA also reported that the area is flooded and about 1,000 HHs have been affected and more supports needed in the areas of food and NFIs, multicenter assessment will be conducted to ascertain the effect of the floods and will provide more detail information on the flooding by next week (week beginning in August 12).</p> <p>6. HC to organize for a joint meeting involving UNICEF, HFP, PSI and MOH (NMCP) to discuss the transportation of malaria commodities from Juba to the CHDs and Health facilities and update the partners on the outcome of their meeting.</p> <p>Meeting conducted with NMCP, UNICEF pertaining the transport of malaria commodities from Juba to the CHDs – Outcome is that there is no budget line in NMCP program, they are going to have a meeting with Global Fund to create budget line for transport for the next round of the grants (2020) while HPF and UNICEF all said they don't have budget line for last mile distribution.</p> <p>HC will again meet with MOH-NMCP, PSI, HPF and UNICEF to discuss how malaria commodities will reach the CHDs and the health facilities.</p>	<p>IRC to provide a feedback to HC on the outcome of their meeting with HPF on the issue of Panyijiar where the CHD staffs wanted full salaries for the past three months (when on strike) before resuming work, also to verify and update on the reported malaria deaths.</p> <p>CMA to provide the main highlights with more focus on health on the effect of the floods in Nyirol following multicenter assessment.</p> <p>HC to call for another joint meeting with MOH-NMCP, PSI, HFP and UNICEF to figure out how last mile distributions of malaria commodities can be supported.</p>
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<p>Context update:</p> <p>ICWG/NAWG Updates</p> <ul style="list-style-type: none"> • HPC for 2020 has started and will keep partners posted on the development. • There is ongoing discussion to harmonize the casual labour workers rate (non-skilled, skilled and semiskilled- inside POCs and outside POCs) <p>Most of the discussions were on areas for response scale up, areas for close monitoring and areas for new assessment</p> <p>Areas for response scale up- hotspot areas</p> <ul style="list-style-type: none"> • Renk all payams- for the last three years GAM rate has been above the WHO threshold • KajoKeji- Koriyo including other locations (as per matrix) • Cuibet areas bordering- Tonj South • Yirol West 	
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- Panyikang
- Canal/Pigi Panyikang
- Pibor- Lekunagole, Gumuruk and Verteth Payams-
- Nasir / Maiwut Nasir hotspots- about 6,000 returnees from Ethiopia
- Pibor/Boma Kassangor and Nyapouru
- Uror Palouny
- Ulang Doma, Ying, Pakuay, Yomding, Kuich, Nyangore, Ulang town and Ruplet
- Duk- cholera hotspot for health
- Twic East- Cattle raiding

Discussions

- **Kajokeji-** TRI-SS is responding in Kajokeji and is experiencing shortage of malaria commodities, they have placed the request to NMCP through the health cluster with no success. It was agreed that TRI-SS to have a bilateral discussion with NMCP keeping the HC in the loop. They are also experiencing difficulties in moving supplies to their areas of operation which are under the opposition, this is because they have to pass through the government control area and the authority doesn't want supplies to go the opposition territory, discussion is ongoing with the government authority in the area and so far good progress has been made.
- **Canal Pigi-** Health Action Aid (HAA) reported similar incident in Canal Pigi where they are not allowed to move supplies from government area to that of opposition however they managed to navigate the hindrance by accessing their areas through Malakal.
- **Nyiroi-** CMA also reported similar issues related to access, following discussion with state MOH for transportation of malaria commodities from Juba to Nyiroi, the State MoH said that the malaria commodities will only go to government controlled areas not areas under the opposition, CMA has contacted UNICEF and will have another meeting tomorrow (August 8) to figure out the way forward. The State MOH said that last year medicines/supplies went to opposition areas and all were detained not allowed to go the government areas.
- **Fangak-** CMA reported that there was no service interruption as they have done smooth handover to CMD who is now the main IP under UNICEF. The only challenge was that the local authority took over the compound and wanted CMD to open a new compound to facilitate its operations in the area however due the wet session the Governor has allowed CMD to operate from the compound constructed by CMA till the end of rainy season as they plan to construct in dry season.
- **Renk-** the GAM rate has consistently been high hence it was agreed that WHO to conduct rapid needs assessment to ascertain the reasons for persistent high GAM rate and health needs of the people in Renk.
- **Canal Pigi-** There is ongoing discussions between IMC and Mediar about the response in Canal Pigi, IMC has accessed 6 facilities and not able to access 1 (Korwai), will get feedback on Korwai in the coming week since flight from Juba to Korwai is once a week. It was agreed that IMC and Meiar to meet with HC to clearly share their plan for canal piggi
- **WHO-** the emergency mobile team normally provides emergency lifesaving health care services for the IDPs and the vulnerable host communities. The team has finished mission in Kajokeji, Nyiroi and Tambura, will share the report with HC within this week. A team left for Bentiu this morning and plan underway to go to Nasir. It was agreed that the WHO mobile team to present the report in the next HC meeting.

CMA to share the outcome of their meeting with UNICEF and State MOH concerning transportation and distribution of malaria commodities to all health facilities in Nyiroi whether government or opposition.

IMC and Mediar to meet with HC to clearly state their response plan (who is doing what/where and the duration) for Canal Pigi.

WHO mobile team to share the mobile mission report for Kajokeji, Nyiroi and Tambura with HC and present the reports during the next HC meeting.

- To support the health sector in the ICWG/NAWG discussions, partners are encourage to regularly update the HC on the health issues ongoing in their areas of response. HC normally analyses 8 public health parameters for each county which support the HC in the discussion.
- **Guroji (Rajaf Payam)** - CHADO conducted an assessment in Guroji with more focus on GBV however the assessment revealed more needs in health sector. It was agreed that CHADO to finalize the report and share the main highlights related to health with HC.
- **Pibor**- Generally the affected payams are very difficult to access, UNH is responding in Gumuruk and Lekuangle about 13 hours walk from Pibor centre (nearest airstrip). HC conducted supportive supervision in Pibotr in mid-July and it was agreed that the field visit report be shared with Pibor partners and presented in the next HC meeting.

Technical Update:

IDSR Presentation

- The report is for week 31.
- IDSR- week 31, 2019 both Completeness and the Timeliness are 13% while the cumulative completeness and timeliness was 71% and 55% respectively for 2019.
- The rolling out of the mobile phones for reporting to the health facilities is ongoing (all10 hubs are covered), this has affected the completeness of the surveillance system as the reports from the health facilities are captured separately.
- EWARS- Timeliness and Completeness at Facility Level for week 30, 2019 is both at 37% with Yambio Hub stands the best with 84% and the rest are below 70%.
- EWARS- week 31, 2019 both Completeness and the Timeliness by partners are 80% while the cumulative completeness and timeliness was 73% and 67% respectively for 2019.
- **Alerts**- a total of 91 alerts received in week 30, 2019 out of which 64% were verified, 4% was risk assessed and 3% required a response.
- Malaria (31), acute watery diarrhoea (11), measles (6) and bloody diarrhoea (13) were the top common alerts generated through the EWARS in week 30, 2019.
- **Note:** no alerts received from Panyijiar to support the reported malaria deaths in the area.
- Five Alerts of Cholera were triggered from Yambio, Bor, Torit, Rumbek with one discarded and 4 pending verification.
- One Meningitis from Gogrial West County was triggered and was discarded.
- Four alerts of AJS all pending verification.
- 18 alerts of ARI been triggered with 3 discarded and 15 pending verification and the highest are from Yambio (11).
- Total of 1644 alerts triggered since the year began with measles, AWD, Malaria, ABD and Malaria with more alerts as compared to the rest of the diseases.
- Week 30 recorded few alerts as compared to week 29 of 2019 but more alerts of Malaria ,ARI and Cholera were reported in week 30 compared to the previous week.



Outbreaks

Wau and POC AA

- In week 19, 2019 a measles outbreak was confirmed in Wau County following the confirmation of 3 measles samples tested positive for IgM Wau County and 1 in the POC AA.
- IOM in collaboration with WHO, UNICEF and partners conducted reactive campaign covering Wau municipality and extended to some IDPs collective sites in Jur River from June 3rd to June 10th where 23,028 children including 1,628 from IDPs vaccinated yielding a coverage of 85%, Post Campaign evaluation done by MoH and WHO - coverage of 89.15%.

Pibor-

- There is an ongoing transmission of measles in Pibor County in spite of the vaccination campaign conducted in February and March.
- WHO has shared this with EPI technical working group and they advised that partners on the ground to continue collecting samples because only 8 samples collected of the over 1,300 line listed cases, strengthening the case management, routine immunization and will prioritize the area for November mass campaign. This will be discussed further later today during the ERM meeting.

Hepatitis E, Bentiu PoC

- The persistent transmission of HEV in Bentiu PoC continues with 58 cases since beginning of 2019: 18 cases confirmed by PCR testing.
- Partners are encourage to continue with social mobilization to raise awareness on modes of transmission, symptoms and where to seek for care and case identification and follow up in the communities and WASH interventions.

Hepatitis E cases in Lankein

- A total of 12 cases since week 9 with 4 confirmed through PCR, no line list provided. It was agreed that HC to write to MSF-H requesting them to provide the line list.

HC to follow up with MSF-H on the line list for Hepatitis E cases reported in Lankiene.

Current Malaria trends 30, 2019

- Malaria was the leading cause of morbidity and mortality, accounting for 69.4 % of all morbidities and 1.4 % of all mortalities in week 30, 2019.
- There are 25 Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) includes Juba ,Yei, Wau , Jur River, Gogrial East , Tonj South , Gogrial West , Abyei ,Tonj East, Aweil East , Aweil North , Aweil South, Robkona , Mayom, Bor, Tambura, Yirol East , Cuebiet, Rumbek Center , Rumbek East, Wulu, Ikotos ,Budi Magwi and Torit.

Routine Sentinel Surveillance | Human Influenza

- There are currently three designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital, Al Sabah Children’s Hospital and UNMISS POC3 clinic) that are collecting epidemiological data and samples from ILI/SARI cases for virological testing.



- Since week 12 of 2019, at total of 97 ILI/SARI samples have been collected and tested at Uganda Virus Research Institute (UVRI) with 40 being negative; two (2) positive for Influenza B (Victoria); and seven (8) positive for Influenza A (H3). Test results pending for 55 samples.

Guinea Worms

- No alert reported in IDSR

Discussions

- For Mobile EWARS- it was agreed that partners on the ground to support the CHD to improve the reporting and also Partners to provide proper facility names including the GPS coordinates.
- To narrow the variation between IDSR and EWARS reports, MOH has already prepared a letter to be given to partners requesting them to support the government staffs to submit IDSR data in time. The mobile phones are given to the government staffs and some of these same government staffs are supported by the implementing partners. It was agreed during this meeting that all partners to support the MOH staffs especially to give them access to internet to send the reports, capacitate them and encourage them to send the report in time.
- WHO has conducted the IDSR/EWARS training at all the state hubs, those who missed the training or still having difficulties in reporting to liaise with WHO at state level to receive more trainings.
- IOM is supporting some facilities in Bentiu not supported by HFP3 and does support the partners through internets and the reporting although they are responding to emergency not developmental.
- HFP was requested to share the list of the health facilities that are dropped from the HFP3 to enable HC know where they are so that can advocate for partners to fill the gaps.
- Aweil East- IRC reported 4 deaths that occurred a week ago, initially thought to be Cholera however investigation revealed that 6 people fed on some pieces of sorghums and 4 died within 24 hours and the 2 have survived, samples reached Juba yesterday and IDSR team will follow on the on the result and update the HC and IRC on the outcome.
- Bor South– SMC reported that in Bor South UNICEF now supports only 4 health facilities out of 7 affecting the proportion of SMC report in the EWWARS- it is recommended that SMC to meet with the IDSR team and update the active sites accordingly.

HFP to prepare and share the list of the health facilities supported under HFP2 and dropped under HFP3 to enable HC advocate for resources to fill the gaps under HFP3.

EVD Preparedness & Updates

It was agreed that HC to share the EVD presentation and the current update with the partners when sending the minutes of today's presentation.

Technical Discussion

SSHF SA2- Fund Allocation Methodology

The review process completed and partners were shown the basic methodology used for fund allocation for those selected partners.

Partners like WHO, UNICEF, OVCI and Humanity for Inclusion have applied for multiple locations, the team looked at the county,



targets and the cost per beneficiary (\$9.5). Considering a PHCU as a benchmark, the cost for 1 mobile unit is equivalent to 50% of the cost for 1 PHCU and that for 1 PHCC equivalent to 150% of that of 1 PHCU. For those who have applied for several locations (WHO, UNICEF, OVCI and Humanity for Inclusion), the beneficiaries were distributed along the counties of their interest through proportion reduction. The estimated cost for 1 mobile unit equivalent to \$68,985

HPC 2020

The process has started at the global level looking more into humanitarian consequences- more will be discussed in the next HC meeting.

AOB

- The Community Communication and Engagement (CCE) operating in Bentiu, Malakal and Jam Jam - June Health e-bulletin is out- HC will share it when sending the minutes of this meeting. Quick feedback in the bulletin includes: community in Malakal requested for more malaria drugs due to increase in malaria cases, Community in Bentiu POC requesting for sensitization on cancer etc.
- The Undersecretary of MOH has nominated two MOH officials to join the HC discussion, the HC will share the meeting calendar with them to enable MOH representation in the discussion.
- Ela a former staff of Mediar who chaired the ERM meeting for the past one year has an opportunity to pursue further studies however for her to get that support they want the humanitarian community to vote for her hence kindly support her- the HC will share the link with partners to vote for her.
- IMC and Mediar to remain behind to meet with HC
- HC has allocated 15 minutes after this meeting to meet with partners who wish to have bilateral discussion with them.