



**Minutes of Health Cluster Meeting
October 2, 2019
Juba, South Sudan**

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

Agenda	Partners Present:
<ol style="list-style-type: none"> 1. Welcome, introduction of participants 2. Follow up on matters arising/actions points from previous meeting 3. Context update <ul style="list-style-type: none"> ➤ ICWG/NAWG update: 4. Technical Update <ul style="list-style-type: none"> ➤ IDSR Presentation ➤ Public health analysis ➤ EMR Updates ➤ EVD Updates ➤ IMOs Update 5. Discussion <ul style="list-style-type: none"> ➤ Presentation from DWG: Yambio Assessment ➤ Community Communication & Engagement (CCE) Presentation ➤ Mass drug administration for NTD- 6. AOB 	<p>HI, JDF,MDM, RI, CBM, IRC, TMI, AAH-I, CARE, CORDAID, , MEDAIR, LIVEWELL, , IMC-UK, IRW,MAGNA,CHSS, CIDO, CMD, CRADA, HAA,HCAWFO, HCO, HFO,HLSS, IHO, LWSS, MEDICAIR, NILE HOPE, OPEN, SMC, RHS, TADO, TOCAA,TRISS, UNH, UNIDOR, UNKEA, MSF-F, MSF-S, WHO, SAMARITAN PURSE, UNICEF CARE, HPF, SCI, TDH, WR</p> <p>Health Cluster Team: Ms Magda Armah, Dayib Ahmed, Dr David and Dr Naidu</p> <p>Partners Absent: WVI-SS, IOM, CASS, CONCERN, UNFPA, ALIMA</p>

Meeting outcome	Action Points
<p>Welcome and introduction- The Chair (HC Coordinator) Ms Magda welcomed all the participants, introduced herself and requested all the participants to introduce themselves.</p> <p>The meeting agenda was presented by the HC Coordinator Ms Magda to all the participants/partners, agenda approved and seconded by Save the Children.</p> <p>IMOs update and 2019 SSHF SAI reporting from IPs not presented due to time constraint, HC will share the presentations with partners.</p>	
<p>Follow up on matters arising/actions from previous meeting</p> <p>Mr. Dayib Ahmed the HC co-lead presented the main actions points from the previous meeting, the main highlights were:</p> <ol style="list-style-type: none"> 1. HC to follow up with Humanity & Inclusion on the assessment report conducted in Yambio following a report of about 197 children with disability living in three Payams of Yambio <p>The Humanity and Inclusion representative at the meeting provided the main findings of the assessment, detail captured under section 5 of this report.</p> <ol style="list-style-type: none"> 2. HC to follow with PSI on the last mile distribution of Insecticide Treated Nets (ITNs) <p>The cluster partners have been updated by the HC team on the main outcome of the health sector working group meeting which took place on October 1, 2019 where issues of malaria commodities and last mile distribution were discussed. Currently PSI has limited quantity of ITNs in stock, have no resources for last mile distribution of ITNs/malaria commodities including MOH malaria treatment guidelines/manuals. They have initiated discussion with Global Fund and CCM about the last mile distribution of malaria</p>	



commodities including INTs, they are now realigning the budget to include last mile distribution and the process may be completed by late November 2019. For Upper Nile and Jonglei States UNICEF does the transportation of the malaria commodities (PSI malaria commodities) to the state headquarters and the counties while discussion is still ongoing to figure out how to support the transportation of PSI malaria commodities in the remaining 8 states (under HPF). Chemonics which is supported by USAID will be prompted to fill the gaps and transport the malaria commodities to HPF supported counties.

3. HC to follow up with CCM on measles campaign start date in Tonj South. Micro-plan for reactive measles campaign has been developed by CCM and endorsed by HC, CCM now working closely with HPF to finalize the contractual agreement for the response.

4. HC in coordination with WHO to partners to response to the measles outbreak in the Jur River County. Micro-plan for reactive measles campaign has been developed by Cordaid and endorsed by HC, Cordaid now working closely with HPF to finalize the contractual agreement for the response.

5. WHO to share the Readiness Assessment Tools for reactive measles campaign to enable proper planning and response during reactive measles campaign. WHO had shared the tool with health cluster and was shared with the partners

Discussions

The MOH treatment guidelines and HMIS tools highlighted during the discussion on last mile distribution of PSI malaria commodities/ITNs. These guidelines and HMIS tools are normally not being transported to the health facilities by the main fund managers.

- Partners also reported that the 2019 revised MOH treatments guidelines are not yet being printed and soft copies not available for partners who may have resources to print for their health facilities.
- IMC and SAVE the children reported that they used to print the MOH treatment guidelines including the ANC cards (old versions).
- Jonglei and Upper Nile partners reported that UNICEF prints and distributes ANC cards in Upper Nile and Jonglei States.
- WHO representative at the meeting confirmed that the 2019 MOH treatment guidelines have been validated, it was agreed that WHO to share the soft copies of the approved MOH treatment guidelines and HMIS tools with partners to enable those with resources to print for their facilities.
- HC encouraged partners to put a budget line for printing MOH treatment guidelines and HMIS tools to ensure evidence based service delivery.

Following the discussion on the response plan for measles outbreaks in Tonj South and Jur River, Health cluster encouraged partners working in HPF supported areas to approach HFP for emergency response however the process have to go through the cluster.

Context update:

WHO to share the soft copies of the approved 2019 MOH treatment guidelines and HMIS tools including ANC cards with HC and HC partners.

ICWG/NNAWG Updates

Dr David of the health cluster presented the main issues discussed at ICWG on October 1, 2019 for health cluster partners to take note of which included:

NAWG

- Most of the counties are now in close monitoring following the start-up of the SA2 implementations.
- The counties still categorized as hot spot includes Pibor (ongoing measles transmissions in the county), Canal Pigi and Yirol East (IPC 5- about 10,000 are in dire needs).
- Response under the SSHF SA2 started on September 10, 2019, partners are encouraged to report any challenges hindering their response to HC and also share the list of the facilities where they are responding.

ICWG

The main issue discussed at ICWG is the ongoing HPC process for 2020.

Discussion

- LiveWell is responding in Yirol East and would like to know where the 10,000 people who are classified in IPC 5 are from (Payams and Bomas). HC will share today's presentation which includes a document where the details of the people affected in Yirol East.
- It was agreed that all HC partners to read and analyse the just released IPC result and relate the impact to health response, this will be discussed in the next HC meeting.
- HC reported that there is little information on the flooding being shared with UNOCHA. HC has received report from Medcair on the flooding in Nyirol and Uror, the HC encouraged partners responding in areas affected by flood to report and participate in ERM meetings.
- OPEN reported that about 1,000 HHs displaced in Kapoeta North due to flooding in the area (river Singatta).
- Partners were also briefed that issues related to flooding is being discussed under the leadership of Ministry of Relief and Disaster Preparedness and National RRC.
- UNIDOR reported suspected measles cases in Leer, 5 samples collected from measles suspected cases and 1 sample for suspected Acute Flaccid Paralysis (AFP). It was agreed that UNIDOR to follow up with the public lab/WHO and update the HC on the results of the tests.

Technical Update:

IDSIR Presentation

Dr Diba of WHO Emergency team made presentation on Integrated Disease Surveillance and Response (IDSIR) which highlighted:

- The report was for week 39, Rumbek hub was the best with timeliness and completeness at 81% while Malakal hub the least with timeliness and completeness at 9%.
- EWARS reporting by partners- completeness and timeliness at 71%.
- During the reporting week, a total of 61 alerts reported and 67% verified.

UNIDOR to update the HC about the suspected measles cases and Acute Flaccid Paralysis (AFP) in Leer.



- Most of the alerts were for measles (14), malaria (13), bloody diarrhoea (9) and AWD (8)

Updates on Measles outbreaks

Tonj South

- A total of 41 measles cases have been line listed with no death, four out of the five Payams of Tonj South being affected.
- Micro-plan for the reactive measles campaign has been developed by the main health development partner CCM, plan already endorsed by HC and CCM now in contractual stage with HFP. The plan targets 26,244 children 6-59 months.
- While awaiting for the reactive campaign, case identification, social mobilization and managements are ongoing.

Jur River

- A total of 338 measles cases been line listed with only 7 laboratory confirmed cases, 1 death reported.
- Most of the cases come from Kangi, Eastern Bank and Gette. It has been noted that about 69% of the cases were children not vaccinated against measles.
- Micro-plan for the response has been developed by the main health development partner Cordaid, plan endorsed by HC and Cordaid now in contractual stage with HFP.

Pibor

- A total of 1,972 measles cases been reported with only 8 laboratory confirmed cases, 9 deaths (CFR=0.5%).
- MEDIAR, LiveWell with the emergency responders have completed the reactive campaign in Pibor, Vertheth, Gumuruk and Lekuangole Payams.
- WHO and LiveWell will conduct the campaign in Labrab and Marua from October 4, 2019. This response followed recent cases been reported from Labrab and Marua.

Malaria Trends for week 38

- Analysis of week 38 shows 10 counties with malaria trends exceeding the threshold: (Juba, Abeyi, Tonj South, Wau, Rubkona, Bor, Ayod, Twic East, Ikotos and Luakpiny/Nasir).

Discussions:

- ✓ To address the issues related to discrepancies in EWARS reporting, it was agreed that partners to update their functional sites with WHO EWARS data managers.
- ✓ Partners responding through SSHF SA2 to share the list of their facilities with HC within the next 24 hours.

Renk Mobile Response Update

Anna of WHO Emergency team made presentation on the findings of the recently conducted assessment and response in Renk initiated due to persistent high GAM rate, the main highlights were:

CCM to update the HC and WHO on the process of finalizing the contractual agreement with HFP for the measles response in Tonj South and the actual start date for the campaign.

Cordaid to update the HC and WHO on the process of finalizing the contractual agreement with HFP for the measles response in Jur River and the actual start date for the campaign.

- Staffs from MEDIAR and CHD have been on management of SAM children with medical complications.
- Renk has only 1 Stabilization Centre (SC) at Abayok PHCU (16 bed capacity) being managed by MEDIAR, in total the County has 12 health facilities.
- Data (March 2019 to September 2019) from the Abayok PHCU reviewed which shows that the highest number of children identified and enrolled on the program was in July 2019 (OTP 68 and SC 38).
- Most of the SAM cases with complications were from Abayok Payams.
- They also noted that the mortality rate at the lonely SC has been dropping from 2017 (13.2%) to 3.1% in 2019.
- Reviewing the SC register, the age group highly affected was 6-23 months.
- All the children admitted at the facility are put in the same inpatient block, SAM children with medical complications not separated from other children.
- No SAM treatment guideline, WHO provided a copy of the guideline during the visit.
- Conducted interviews at the Abayok health facility and the nearby communities to identify the main factors contributing to acute malnutrition in the county. The main factors reported are:
 - ✓ Diarrhoea among children
 - ✓ Inappropriate feeding and dietary practices (start introducing other feeds at 3 months)
 - ✓ Inadequate access to safe drinking water although MEDIAR dug some water points however some people still get water from the river due to distance to the water points.
 - ✓ Lack of access to toilet facilities
 - ✓ Reported measles outbreak in May 2019

Discussions

- Partners reported that elements of purchasing power might be one of the contributing factors to acute malnutrition in Renk especially those who came from Sudan.
- Considering the main contributing factors to acute malnutrition in Renk, MEDIAR is responding and scaling up its outreach activities.
- Mediar also reported that the high number reported in July 2019 was due massive screening conducted during measles campaign.
- Currently there is no funding for WASH partners in Renk.
- It was also agreed at the meeting that this report to be shared with WASH and Nutrition Clusters.
- The main outcome indicators for the SC not captured in the report, it was agreed that MEDIAR to share the main outcome indicators to measure the SC performance.

Public Health Analysis

Dr David of Health Cluster presented the January to June 2019 Public Health Surveillance Analysis and highlighted the following:

- The tool enable partners to understand the IDSR and EWARS completeness and timelines performance for the quarters analysed (Q1 and Q2 of 2019).

WHO to share the final assessment report on Renk with HC and the partners.

- Comparing Q1 and Q2; average IDSR report for Q1 and Q2 was at 60% and 59% respectively while the EWARS report was at 77% and 79% respectively for Q1 and Q2 hence both performance indicators are under achieved in the first 2 quarters. **Therefore it was agreed during the meeting starting from October 2019, funding will be tightened to reporting meaning that no reporting no funding.**
- From the analysis the top caused of morbidities and alerts generated during the first two quarters were malaria, AWD, ARI, Measles, ABD and EVD.
- The overall routine EPI coverage in the country stands at 48%.
- Access to basic health service stands at 44%
- Measles outbreaks confirmed in 17 counties and 5 PoCs, 14 reactive campaign done, 1 for Labrab/Marua will start on October 4, 2019 and 2 still pending (Tonj South and Jur River).

Malaria Trend

- The trend of malaria cases reported changed at week 28 and since then the number continued to be above the threshold.
- Currently 7 counties exceed malaria threshold when compared to the same period during the last 5 years (2013 – 2017), all these counties are in IPC 3 and fall within the current HC severity mapping for the 2020 humanitarian need overview analysis for priority response.
- 5 Counties (Bor south, Tonj South, Ayod, Pariang and Rubknona) exceed malaria threshold exponentially.

Discussions

- CARE is responding in Pariang, capacity was overwhelmed with malaria cases and had limited community response however now they are strengthening their community intervention to address the issue of malaria and common childhood illnesses.
- MSF representative at the meeting shared their Community Malaria Program Strategy being implemented in Western Equatoria State, their initiative involves training Community Health Workers (CHWs) to do rapid malaria diagnostic test, provide treatment for simple cases and refer the complicated cases to the health facilities. The key component to this approach is the early identification of complicated malaria cases, early referral to health facilities and continues supervision.
- Also agreed during the meeting that health partners to strengthen collaboration with nutrition partners to ensure robust referral systems so that malaria cases identified at nutrition sites are refer to health facilities promptly.
- It was agreed during the meeting that all partners to strengthen their community approach to enhance health promotion, prevention, early malaria cases identification, treatment and referral.
- It was resolved during the meeting that HC to write to partners in the 17 counties with high malaria cases to explain their community intervention strategies.
- MENTOR Initiative works in Rubknona (PoC), their strategies in malaria prevention includes: health promotion (Behavioural Change Communication) encouraging the use of ITNs and early medial seeking behaviours.

ERM Updates

Dayib Ahmed the HC co-lead presented the updates from the last ERM meeting held on September 25, 2019 at EOC, he highlighted the following:

- The ERM meeting takes place every Wednesday from 3:00pm at the EOC. During the last meeting the discussion focused mainly on Measles outbreaks.
- Tonj South- CCM the main health development partner under HFP in the county is the partner to response with financial support from HPF (emergency funding).
- Jur River- the main health development partner Cordaid has been identified and will response with financial support from HPF (emergency funding).
- Pibor- MEDIAR has completed the reactive campaign in Pibor, Verteth, Gumuruk and Lekuangle Payams. WHO and LiveWell will cover the two new locations (Labrab and Marua).
- Bentiu PoC- Most of the cases being registered in Bentiu is due to returnees from Sudan, IOM to strengthen the vaccination at the entry points and all the partners- IOM, Cordaid, MSF-H, IRC and WR to work together to tackle the continued measles transmission in Bentiu.
- MSF representative at the meeting pointed out that suspected Measles and Rubella cases been reported in Gbudwe state, this will further be discussed later today at ERM meeting at 3:00pm.
- It has been agreed that issues of flooding be discussed at the ERM meeting and all the partners operating in flood affected areas to attend the meeting.

EVD Updates

Dr Otim of WHO emergency unit made the presentation on EVD and the main highlights from September 30, 2019 includes:

- 3 new confirmed cases
- 3 deaths of confirmed cases
- No patient discharge from ETCs
- Almost 50% of the deaths occurred outside of ETCs/TCs complicating the control of outbreak
- The CFR was at 66.9%
- The control is complicated due on unpredictable conflicts in the areas
- The number of children infected especially 0-4 years was high making control very complicated.
- A total of 2,192 alerts reported and investigated from 37 countries- 106 for South Sudan which is very low hence partners to strengthen the system to pick up alerts promptly.
- For South Sudan to strengthen the alert level, WHO planned to rollout active case searches where files of the patients will be reviewed, Health Care Workers at health facilities to be trained on case definition/detection and partners to strengthen IPC at the facilities especially at high risk areas.
- For suspected EVD death in Tanzania following the death of health worker who travelled from Uganda, WHO is following up with government of Tanzania on this case.

Update on HPC timelines for HRP proposals



Irfan Health Cluster IM specialist made presentation on HPC process for 2020 and highlighted:

- Six indicators were used for calculating the PIN for 2020.
- Two types of consequences are considered- Physical and Mental Well-being and the Living Standards
- For this process, EVD not factored in.

The methodology this time around is different not the usual 9 public health parameters previously used by HC

Discussion

Presentation from DWG: Yambio Assessment

Celestion who is the Technical Rehabilitation Advisor for Humanity and Inclusion made the presentation on the Yambio assessment and highlighted:

- This assessment was conducted following a report of about 197 children with disability living in Yambio, Gangula and Banzungua Payams of Gbudwe state, this was reported by a local NGO- Change Agency Organization (CAO).
- Then HI in collaboration with CAO conducted the detail assessment from September 11 to 25 and came out with response plan.
- The finding indicated a big number of children with disability in one area (mainly brain damage most likely at birth or following a febrile illness and convulsion), most of them were home deliveries, had febrile convulsions in the first year of life, no epilepsy treatment centre in the area hence cases are not being managed and brain damage continues as the cases are not on medications.
- Analysis shows a number of children with physical impairment, intellectual impairment, Epilepsy, Hemiplegia among others.
- During the mission a total of 43 devices fitted or issued and 23 referrals made.
- HI now has established a presence on the ground and will continue to work with CAO responding to the needs.
- The major challenge is referral system since no facility to refer to manage the cases.
- HI will finalize and share the final report with HC.

HI to finalize the Yambio assessment report and share with HC and partners.

Discussion

To ensure institutional deliveries, partners to engage more with communities, strengthen referral and ensure availability of qualified midwives at the health facilities as per MOH guideline on Basic Package of Health and Nutrition.

Mass drug administration for NTD

Dr Makoi from National MOH made the presentation on NTDs in the country and highlighted:

- The MoH has a 2016-2020 master plan for NTDs
- The common reported NTDs in South Sudan being listed and more focus was on Onchocerciasis with high endemicity in former Western Equatoria State mostly in Amadi State.
- At least 16% of the population in Amadi state are blind due to Onchocerciasis.

Lymphatic Filariasis (LF)

- It's endemic in about 25 counties.
- 35 counties are targeted for mapping for LF.

Mass Drug Distribution (MDA)

- For 2019, 18 counties are targeted for MDA for Onchocerciasis and LF.
- Main supporting partners are CBM and WHO.
- The MOH requested the health partners working in the 18 counties planned for this year's MDA to support the process, the main roles of the partners to support in community sensitization and logistics (transportation of the drugs).
- The MoH will conduct training before the active MDA, partners agreed that they will send health worker for the training.

Challenges

- The MOH has identified 28 counties needing MDA no partners to support.
- Poor infrastructure due to the conflicts
- Co-edemicity leading to adverse events
- Care for people with disability following infection with NTDs

Community Communication & Engagement (CCE)

Presentation on CCE made by CCE coordinator Peter Kwot and main highlights were:

- They engage communities to speak out, collected feedbacks on health related issues from three sites - Malakia (PoC, town and nearby areas), Jam Jang and Bentiu (PoC, Town and nearby areas).
- Feedbacks are usually collected from school children, youths, adults and elderly and is gender sensitive where females and males are engaged.
- Some of the issues reported included
 - ✓ Community requesting for more ambulances and drugs mostly injectable and syrup for children not tablets
 - ✓ To increase Hospital Working Hours to Reduce Congestion
 - ✓ Malaria prevention- sometimes requesting for Mosquito Nets and a time indoor spray- need more community awareness and engagement to understand the preventive measures
- They normally invite WHO and the partners to participate in open discussion to listen to the feedbacks from the communities and provide appropriate response.
- Collects a lot of information on rumours and educate the communities to spell out unnecessary rumours.
- Mechanism use for collecting feedbacks includes:
 - ✓ Listening Groups
 - ✓ Community Informal Meetings
 - ✓ Community Radio Programs



<p>HC is being represented at CCE by TRI-SS following a request that each cluster to appoint an organization responsible for AAP.</p>	
<p>AOB</p> <p>ERM meeting at 3:00pm at EOC</p> <p>The chair- HC coordinator thanked the participants and adjourned the meeting.</p>	