South Sudan Crisis

The South Sudan Health Cluster Bulletin provides an overview of the health cluster activities conducted by health cluster partners currently responding to the crisis in South Sudan. This Bulletin will be issued once a week until the end of the crisis. It is a tool used to supplement information sharing.

Overview of the situation

◊ Fighting first occurred on the 15 December 2013 in Juba town located in the Central Equatoria state of South Sudan. This spread to Bor, Bentiu and Malakal in Jonglei, Unity and, Upper Nile states respectively resulting in several mass casualties and death that required a huge scale of humanitarian response from health actors. And with the huge numbers of casualties, health partner interventions became more eminent in responding to those wounded in the crisis and yet could not get any medical services either from the government hospitals or from the opposition strong holds.

◊ Casualties from the crisis have been presenting in multiple locations of all the four state capitals as more possible fighting is expected in areas held by both the opposition and government.

◊ By 1 January 2014, an estimated 2,227 wounded patients had been reported across all the crisis zones. Fifty seven evacuations have been supported with more still taking place from Bor, Bentiu and Malakal to Juba Teaching Hospitals in Central Equatorial State, Agok and Gograil hospitals in Warrap state.

◊ Although many health actors left most of the crisis areas, a few on ground are working together with the UNMISS clinics to handle the mass casualties and ensure that there is surgical capacity to respond to all the wounded patients.

◊ The delivery of humanitarian medical assistance however continues to be greatly hampered especially in Bor due to the high insecurity as the hospital in Bor is currently non functional. Most agencies have therefore set up bases within the UNMISS compound while others stayed at the hospitals in Bentiu and Malakal. Many health agencies and International staff have been either relocated to Juba or evacuated out of the country.

Health agencies responding to the emergency: Ministry of Health, State Ministries of Health, WHO, UNICEF, MSF Spain, MSF Belgium, MSF France, MSF Swiss, MSF Holland, ICRC, CCM, THESO, HEALTH LINK, UNFPA, UNMISS, CUAMM, GOAL, IMC and Save the Children

Internally displaced peoples camp in Bor. Photo: WHO/Bimpa
As of 01 January 2014, a total of 194,000 persons had been displaced, 57,500 of these are reported to take refuge in the UN bases across the 4 cities of Bor, Bentiu, Malakal and Juba, with the remaining affected camped in Awerial county in Lakes state and other parts of Warrap state. 4,770 foreigners are among those camped and seeking refugee in the UN compound (Source: UNOCHA). A total of 2,227 surgical cases have been reported since the outbreak started and have been treated at Bor, Malakal and Unity UNMISS clinics and other major referral hospitals in the past two weeks. Besides trauma, diarrhoea and malaria are the most common illnesses reported from the IDP camps. The main morbidity seen at the primary health care clinics in the IDP camps in Juba, Malakal and Bentiu is Malaria (21%), Acute Watery Diarrhea (18%), and Acute Respiratory Infection (20%). There have been no deaths due to diarrhea or malaria. A total of 5,662 patients have been treated in the last two weeks in Juba, Malakal and Bentiu camps.

Since the start of the crisis a total of 52 deliveries have been recorded in Cambodian level II Hospital in UNMIS Thongping base and three in Bentiu, with seven cases of rape reported at the UNMIS clinic in Bentiu and three other gynecological cases.

In the UNMISS bases in Juba, the clinic-based MUAC screening of children for malnutrition indicates that 1.1% of those attending MSF outpatient clinics have Severe Acute Malnutrition (SAM) while Global Acute Malnutrition (GAM) rates are established at 3.2%.

**Population movements**

Due to the persistent crisis in all the affected areas, population movements in and out of the UNMISS bases have continued with some people being displaced to Pariang in Unity state, Awerial and Yirol counties in Lakes states and Turalei and Twic counties in Warrap state. It is anticipated that more people will move to the displaced camps as the situation escalates further. Due to the insecurity health facilities within the affected areas were forced to close down while health workers flee for safety, leaving a gap in health service delivery.
Although many partners were prepared for other emergencies in this period, not many were prepared for the crisis that just occurred. As a result many withdrew or relocated their staff to areas of safety leaving a huge gap in health service delivery in many areas affected by the crisis. It’s important to note that close to 80% of service delivery in South Sudan especially in the areas affected by the ongoing crisis was being offered by NGOs and humanitarian health partners. Despite this short comings, partners available on ground have put in place response plans and are currently dealing with the crisis. Surgical capacity mapping has continually been updated since the onset of the crisis on 15 December 2013.

Its important to note that the insecurity and accessibility issues especially in Bor, Bentiu and Malakal remains a major constraint to delivering health care services and surgical services. The insecurity in these areas have also negatively impacted on the capacity for health response as more trauma victims are presenting at the UNMISS clinics and the major hospitals in Malakal and Beintu requiring surgical care.

As of 31 December 2013, surgical cases had been received in Juba Teaching Hospital, Malakal hospital, Rebkona, UNMIS base in Bor, Juba Military Hospital, Gogrial, Turalie Agok and Kuajok. Please refer to the table above for details.

Following the ongoing crisis, the thin number of health cluster partners have positioned themselves at the hospitals and at the UNMIS bases to provide surgical capacity and manage patients with gunshot wounds.

At the national level, WHO is supporting the coordination of the health cluster partners, as such two health cluster meetings have so far been convened, a health cluster strategy has been developed and shared, a consultative meeting between the WASH and health cluster have been held to discuss water and sanitation conditions at the camps, the 3 Ws matrix was updated, the health cluster partners also participated in Interagency rapid assessment in Bor and Awerial and the deployment of an anesthesiologist to Warrap conducted to support the wounded being evacuated to the state.

In addition, the support was provided at the national level to develop and promote the use of standard emergency guidelines, health protocols, technical guidelines for health partners.

WHO also provided Juba Teaching Hospital with 2 trauma Kits, 2 dispensary tents and infection control materials.

**UN Juba 3 IDP camp Central Equatoria State**

- UNMIS Level two hospital is providing among other medical services, referrals for the injured and those requiring critical medical attention. WHO and UNFPA is supporting this health facility with additional drugs and other medical supplies. WHO supported the clinic with 15 basic units, 2 Pneumonia kits, 10 boxes of ORS modules and 10,000 doses of antimalarias.
- IMC is working closely with MSF Belgium to provide Primary Health Care services through Reproductive Health. Three midwives have already been deployed at the camp to support this service with medical supplies from UNFPA.
- THESO supporting primary health care services. WHO provided 2 Pneumonia kits, 5 basic unit kits and 3 ORS module kits.
- MSF-Holland is providing primary health care services. WHO provided 24,000 doses of antimalaria as support.
- WHO together with health authorities is providing technical support in Early Warning and Alert Response, technically supporting Reproductive Health services at all the camp, regularly documenting and conducting needs analysis to identify gaps and provided medical supplies. Since the start of the crisis, 1,023 consultations have been recorded in this camp.
**Current Health Response**

**UNMISS Tomping**
- UNMISS Level two hospital is providing referrals to patients and providing treatment. A total of 2,862 patients have been managed at MSF and UNMISS clinic since the onset of the crisis.
- MSF is running outpatient clinics, one each in both of the UN compounds. However, limited space and medical supplies and shortage of health workers pose serious challenges to meeting the overwhelming needs.
- UNICEF and partner CONCERN Worldwide have established community nutrition screening and stabilization facilities in both UNMISS IDP camps.
- WHO is providing technical support in Disease Surveillance and Response, Reproductive Health and provided medical supplies.

**Bor Jonglei State**
- UNMISS is providing among other medical services like minor operation and working closely with WHO on evacuations and referrals for the injured and those requiring critical medical attention. These have been done in collaboration with WHO to ensure all those affected are evacuated while considering issues of tribal tensions.
- IMC is working closely with Save the Children to provide comprehensive nutrition at the UNMIS camp.
- Health partners together with members of other clusters conducted an assessment to Bor to establish the needs of those affected. Gaps and needs identified during the assessment include staffing and medical supplies.
- WHO and health authorities is providing technical support in Disease Surveillance and Response and provided medical supplies. WHO, UNMISS and UNHAS have also supported medical evacuation of the injured to key referral hospitals.

**Malakal Upper Nile state**
- UNMIS level II hospital is providing referral services for all the IDPs affected.
- WHO and the State Ministry of Health through the displaced health workers continued providing Primary Health Care Services. And provided three tents, 5 Basic Unit kits, 18 cartoons of IV fluids and 1200 dozes of antimalarials.
- MSF Spain and ICRC are working in the hospital to provide care for the wounded.
- In UNMIS base, MSF Spain is planning to start providing primary health care services in the camps and measles campaign.
- WHO is providing technical support in Disease Surveillance and Response and provided medical supplies. A total of 439 consultations have been conducted.

**Bentiu Unity state**
- At UNMIS Level II clinic, the clinic is offering primary health care services and referrals for those injured during the crisis.
- Four suspected cases of measles have been reported in the UNMISS compound in Bentiu and one of the suspected measles case died. As a result a response plan has been devised to conduct a mass measles campaign in the camp with similar campaigns taking place in other conflict affected areas.
- WHO together UNICEF and the State Ministry of Health through the displaced health workers are providing primary health care services, technical support in Disease Surveillance and Response and provided medical supplies. A total of 1,338 consultations have been recorded among the displaced.
Awerial Lakes State

◊ Even if Lakes states has not experienced the crisis yet, the state is currently experiencing a huge influx of displaced persons from Jonglei state fleeing fighting in Jonglei state. As of this period, a total of 70,000 refugees were reported to be camped in Awerial county and many more others are reported to be feeling to Yirol county also in Lakes state.

◊ An interagency assessment was conducted and the need to strengthen primary health care services and reproductive health services was identified as the most urgent need. Also given the open defection practice currently being practices coupled with limited availability of clean water as people are drawing water from the river, there is a risk of water borne disease. The communities need to be provided with better alternatives of either treating water or have safe water sources.

◊ MSF Swiss and CUAMM is providing primary health care services to the affected communities. These have been put in schools and a government health facility of Minkiman Primary Health Care Centre run by CCM. The challenge of referral however remained a huge challenge as more capacity is needed to.

◊ Reproductive health service delivery however remain a challenge in this health facility that needs to be urgently addressed

◊ WHO is providing technical support in Disease Surveillance and Response and provided medical supplies.

◊ The State Ministry of Health and WHO, UNICEF, CUAMM and MSF have Planed to conduct emergency measles vaccination campaign in the camps.

Others areas experiencing the upsurge of refugees include; Pariang in Unity state, Urol East and Urol West in Lakes state and Agok and Kuajok in Warrap states.
Gaps and Needs

◊ Provision of primary health services in IDP camps at Bor UNMISS compound needs to be addressed.
◊ Burial for dead bodies scattered in Malakal and Bor as this may cause psychological problems.
◊ Timely referral for wounded patients from Bor to other referral hospitals due to insecurity in Bor
◊ Lack information in many areas where there is ongoing conflict like in Mayom, Pariang, Akoko, Balliat, and other areas.
◊ Referral of Severe Acute Malnutrition cases with complications for medical management is a challenge as access to the only children referral care hospital (Al Sabbah Children’s Hospital in Juba) supported by UNICEF is not feasible due to security reason as community would not agree to take their children out of the UNMISS base.

Concerns

◊ Currently there are a few partners on ground working on health
◊ Medical evacuations to various areas is challenging given the tribal nature of the conflict, thus the choice of evacuation of those wounded has to be carefully made.
◊ Reproductive health remains a major challenge here requiring more partners are required to fill in this gaps.
◊ At this stage, determining the number of fatalities is challenging and unknown.

Plans for future response

◊ Participate in Interagency assessments in Malakal and Bentiu.
◊ MSF Swiss is in the process of conducting a mass measles campaign in Awerail IDP camp. Vaccines have already been prepositioned by UNICEF via the assessment team that visited the areas a few days ago.
◊ In Bentiu, Unity State, Plans are under way by MSF Holland to support the mass measles campaigns among the displaced persons inside the UNMIS base.
◊ In Malakal plans are also under way by MSF Spain to conduct mass measles campaigns among the displaced persons camp inside the UNMIS base.
◊ UNMISS is currently providing transport for medical evacuations, however due to security challenges medical evacuations may not be made on time.
◊ All partners involved in the response need to constantly monitor surgical capacity across the country.
◊ Develop and improve the capacity of Minkiman Primary Health Care Centre currently run by CUAMM.

Health Cluster partners

**Partners working towards the response include:** Ministry of Health, State Ministries of Health, WHO, UNICEF, MSF Spain, MSF Belgium, MSF France, MSF Swiss, MSF Holland, ICRC, CCM, THESO, HEALTH LINK, UNFPA, UNMIS, CUAM, GOAL, IMC and Save the Children. **Donor observers:** ECHO, OFDA, CI DA, DFID, EU, USAID.

Currently the national Health Cluster is Chaired by MOH and Co- WHO.

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