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 share information to supplement other information products.

Highlights

◊ Displaced people in South Sudan reached 723,900 internally displaced persons (IDPs) One hundred and twenty three thousand, four hundred (145,000) others displaced in to the neighbouring countries.

◊ Health cluster partners commenced a vaccination campaign in Malakal reaching 13,747 and 15,499 children with measles and oral polio virus vaccination respectively.

◊ Measles remains a challenge in internally displaced persons sites in the conflict affected areas.

◊ Malaria, respiratory tract infections and diarrhoea continue to be the leading causes of morbidity in all the internally displaced persons sites in the conflict affected areas.

◊ As more places become accessible, partners have started extending services to areas of need.
The number of displaced people in South Sudan has reached 723,900 internally displaced persons (IDPs) since the onset of the conflict on 15 December 2013 (UNOCHA). One hundred and twenty three thousand, four hundred (123,400) others displaced in to the neighbouring countries of Uganda, Kenya and Ethiopia.

Movement of displaced people continued in this period. In Rumbek Center (way Station), new arrivals have been reported totaling 880 new persons, 1963 arrived in Rumbek East (Akot, Atieba, Barbakane, Pachong and Malangok), and 1690 in Cuibet town, 2,795 other persons are also reported to have arrived to Yirol east (Malek, Adior and Nyang), and 4,470 in Yirol west town. The new people arriving are at risk of measles as most of the children arriving in IDP sites are not vaccinated thus becoming a major public health concern.

The Health cluster also supported evacuation of 17 patients from Bor to Juba Teaching hospital given that the surgical capacity at Bor Hospital is lacking.

As more places become accessible, partners have started extending services to areas of need. This week, partners responded to the health needs of IDPs displaced in Wau Shuluk, Dethoma and Mellut.

The continued reports of suspected measles cases in the IDP camps continue posing a public health risk despite campaigns. In Bor, the under five crude mortality rate (USCMR) and CMR significantly declined from Week five (under 5 CMR = 22.8 and CMR = 5.7) to (US CMR = 8.93 and CMR = 2.38) in week 6. However the USCMR and CMR are still above the emergency threshold. The most common causes of death include measles, diarrhea related complication, pneumonia and malnutrition among children.

The use of unsafe water points coupled with lack of latrines is a public health risk for all the displaced communities. With this, the risk of acute watery diarrhoea is high especially among children.

The number of injuries continue being reported at various health facility level with many patients presenting with old wounds and injuries. Fresh injuries continue to strain the little available resources.

Congestion continues to be a major public health concern in many camps especially in Juba, this could be a driver for the spread of Acute Watery Diarrhoea, measles and other priority diseases.
Health Cluster Coordination

◊ A health cluster coordination meeting was convened and held at Juba level in this period. During the meeting, focus and emphasis was drawn to the measles outbreak and the upcoming Oral Cholera Vaccine campaign. The cluster partners were also informed of the ongoing emergency measles vaccination campaigns in Malakal supported by IOM, WHO and UNICEF.

◊ To strengthen coordination of response towards potential epidemics, the Ministry of Health with support from WHO conducted an Epidemic Preparedness and Response meeting with key health partners. The meeting focused on major disease events under surveillance in South Sudan and discussions on the upcoming Oral Cholera vaccine and how to conduct this campaign was discussed and agreed. Medair will support the campaign in camps in Juba while MSF will support the campaign in Awerial. WHO and other partners will monitor the campaigns.

◊ This week surge capacity was deployed to Malakal, Upper Nile state and Bor, Jonglei State to support health cluster coordination. The deployed technical officer will participate in health assessments and supports strengthen coordination of health cluster partners at the state level. In addition an extra technical officer was deployed to Bor to provide technical support on case management of measles and establish a community network to improve mortality surveillance.

Current Health Cluster Response

Assessments

◊ MSF, IMC and ICRC conducted an assessment of Bentiu hospital to assess its capacity following the closure of the health facility. The partners will be shared with health cluster partners once it's ready. A similar assessment was conducted in Bor Hospital and discussion are still on going on how to support operations of the health facilities.

◊ Other inter agency assessments that the health cluster participated in include, assessments to; Juba, Lainya and Yei and Kodok. Both assessments reports will be shared once ready.

Health service delivery

◊ In Bentiu POC area, health partners continued to provide health care services in IDP camps. The major health actors in this area are; WHO, the State Ministry of Health (SMoH), IOM, CARE, Concern WW and UNICEF.

◊ Bentiu Hospital continued operating at minimal capacity with very few health personnel and no surgical capacity. The Ministry of Health delivered seven tons of drugs to Bentiu hospital and distribution has been planned for the neighbouring facilities. Support towards disease surveillance was enhanced inside and outside the camp, and outbreak alerts investigation and disease trends and monitoring are ongoing by WHO and the state surveillance teams. To date 2,000 consultations have been recorded at the facilities in the Bentiu POC areas since the start of the conflict. WHO further supported UNIDO with six basic unit kits (6000) to support treatment of people for three months to in IDPs in Koch/Mayendit/Dablual.

◊ A total of 2,235 mosquito nets were distributed to 1,778 households in Malakal Town by World vision mainly in the areas of; Christ the King Church, Malakal Boys School, Ministry of Education, Department of Labour, Presbyterian Church, BAM Presbyterian Church, Sudan Interior Church) reaching a total of 4561 beneficiaries, on average one net per every two people.

◊ In Upper Nile State, IOM, RI, GOAL, IMC and UNMISS IMC are the main actors in health and continue to provide health services to the IDPs in the POC areas. This reporting period, a total of 1,601 consultations were recorded in the POC area. ICRC is supporting the Operation Theatre in Malakal Hospital and MSF family is supporting the Out Patient Department at the state Hospital. In Renk, IOM continues to offer health services.

◊ A Health Cluster Coordinator was deployed this week to support coordination at Malakal, Upper Nile State. In order to ensure access to services by the displaced persons, WHO supported MSF Spain with one Interagency Emergency Health Kit (IEHK) adequate to treat 10,000 people for three months. The donations are to support the response in Wau Shuluk.
Health service delivery

◊ In addition, supplementary kit was donated to support the response in Paloic/Melut response while GOAL was provided with medical supplies to support the response in Akoka and Melut. IMC was supported by WHO with basic unit kits to enhance PHC in the POC area in Malakal IDP camp. One trauma kit (100 people), 5 ORS modules (2000 people) and six basic unit kits (6000 people) were also prepositioned in Malakal POC area. Relief International conducted a mobile clinic services for IDPs in 5 sites in Malakal. A mobile clinic was also set up in Dethoma by the MOH.

◊ In Bor, IRC remained the key implementing partner for primary health care services in the POC area in Bor, supporting treatment of common illnesses while MSF Holland moved in to support in the POC area with expectations of expanding to take up the Out Patient Department section in Bor State Hospital. WHO provided one Basic unit kit and 1000 rapid diagnostic tests for case management to enable delivery of health services for the affected. UNICEF supported the strengthening cold chain, sending one fridge to Bor to initiate routine immunization services.

◊ The Health cluster also supported evacuation of 17 patients from Bor to Juba Teaching hospital given that there is lack of surgical capacity at Bor Hospital.

◊ In Minkaman, MSF, IMC, CCM and Health Link are the main actors providing health services with support of UNICEF, WHO and UNFPA. In this reporting period, WHO provided Health Link with an extra tent to strengthen a second In-patient department in the IDP area. Services were also initiated in Kalthok by IMC and Sudef. While in Yelathok and Wun Toa, IMC started mobile clinic services and supported community mobilization in Yelathok.

◊ In Juba, MSFB, THESO, Magna, IMC and UNMISS are main health service providers in the Juba POCs. In this period, community mobilization and health promotion efforts were stepped up, WHO, Medair and MSF identified community mobilizers to support health education interventions. Comprehensive review of existing measles data is being conducted to identify gaps that could be affecting the quality of the previous campaigns. UNFPA, UNICEF and WHO continue providing guidance on reproductive health and child health.

◊ In Twic area, Warrap State, GOAL is providing Primary Health Care services for the affected population. Other partners supporting health service delivery in Tonj north area; World Vision and THESO.

◊ In Nimule, Merlin providing health services through Nimule hospital. No major health problems were reported in the camp this period, except for a few suspected measles cases which were laboratory confirmed.

Reproductive Health

◊ IMC and UNMISS with support from UNFPA and WHO continued to deliver reproductive health services in Juba sites. Family planning services are also being offered at the IDP sites in Juba. Most antenatal care services are being offered at the clinic except Prevention of Mother to Child Transmission of HIV.

Vaccination campaigns

◊ An emergency mass vaccination campaign was started this weekend in Malakal, POC area, Upper Nile State targeting 15,000 children 6 months to 15 years for measles and 16,300 children for polio (0 months – 15 years). As a result, 13,747 and 15,499 children were vaccinated against measles and polio respectively.

◊ This week, mop up measles campaign was also completed in UN House by Medair, 2,737 children were vaccinated against measles.

◊ In Lankein, Jonglei State, an emergency mass measles campaign was and 9,550 children aged 6 month to 15 years were vaccinated by MSF-H.
Surveillance and communicable disease control

◊ No major outbreaks have been reported this period, however measles still remains a public health concern. Partners have stepped up efforts to respond to the measles outbreak and surveillance strengthened further to ensure the situation is closely monitored while all preventive measures are put in place. This week, the measles campaign was launched in Malakal, Lankien and Juba III camps.

◊ A total of one hundred and fifteen (115) suspected measles cases with eight (8) related deaths were reported this week from the IDP sites of Tomping (42% of cases), UN House (3.4% of cases), Awerial (2.6% of cases), Bentiu (2% of cases) and Bor (50% of cases and 100% of related deaths). Emergency measles vaccination campaigns were implemented during this report period in Malakal POC, UN House, Lankien and other location, while planning is ongoing in Walgak (Akobo).

◊ In week 6, a total of 2,699 consultations were reported from Juba, Awerial Bor, Malakal and Bentiu. Of these consultations, 18.6% were due to respiratory tract infection, 35.8% acute watery diarrhea, 34.6% due to suspected malaria, 5.2% due to bloody diarrhea, 4.4% due to suspected measles and 1.4% of the consultations were due to other conditions. In terms of age distribution, 26% of malaria cases, 51% of acute watery diarrhea cases, 37% of bloody diarrhea cases and 94% of measles cases were seen in children below five years of age. Despite the slight reduction in AWD cases in week 6, majority of cases were reported from Awerial, Malakal and Juba (Tongping and UN House).
Gaps and Needs

◊ Life saving surgical services remains a major challenge in Bentiu and Bor State Hospitals.
◊ Most health facilities are reporting shortages of drugs due to delayed Ministry of Health distribution.
◊ Need for partners to support the OCV campaign in Bor, Malakal and Bentiu camps.
◊ Strengthen the implementation of Reproductive health services in Bentiu

Concerns

◊ Limited space at UNMISS bases
◊ Many areas remain insecure making accessibility of health services and delivery of health care support difficult.
◊ Reproductive health and mental health services remain major challenges in a number of IDP sites.

Plans for future response

◊ CARE plans to scale up its service outside Bentiu.
◊ Scale up Primary Health care services delivery to all IDPs and host communities in accessible areas.
◊ Continue with emergency mass measles vaccination campaigns in all IDP sites and initiate the routine EPI services in all the IDPS immunization services.
◊ Finalize preparation for the implementation of Oral Cholera Vaccination.
◊ Respond to Health needs in key affected areas.

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, IRC, MEDAIR, MSF Holland, ICRC, CCM, THESO, CARE, COSVO, UNFPA, MAGNA, MENTOR, MERLIN, UNMISS, UNKEA, CUAMM, GOAL, IMC, IMA, AHA, IOM, AHSS, CROSS, IOM, World Relief, Nile Hope, PIN, RI, UNIDO, Caritas Torit. **Donor observers:** ECHO, OFDA, CIDA, DFID, EU, USAID.

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

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