South Sudan Response
08 – 13 March 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
708,900 INTERNALLY DISPLACED
202,500 REFUGEES
5,986 INJURED*

Highlights

- 7,342 persons were vaccinated during the Oral Cholera Vaccine (OCV) campaign in UN Juba III internally displaced people’s camp by day four this week.

- The health cluster partners have reached 29% of the targeted population with health services, as set out in the health cluster response plan.

- An upward trend in the number of malaria, acute watery diarrhoea and bloody diarrhoea cases among the affected populations in camp locations has been observed in the course of this week.

- Preparations are under way to relocate 3,000 persons from flood prone sections of Thongpiny to Juba III Protection of Civilian (POC). The relocation is expected to help decongest the camp as well as reduce the likelihood of spread of communicable diseases.

- Insecurity continues to hamper delivery of health services in conflicted affected areas. The lack of skilled human resources for health is another challenge affecting health staff and the delivery of health services.

* This numbers have received assistance

HEALTH SECTOR
44 HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES
560,407 PEOPLE

HEALTH FACILITIES
33 DAMAGED
990 FUNCTIONING

CONSULTATIONS
151,304 ASSISTED DELIVERIES
1,131 CAESERIAN SECTIONS
148 SURGERIES (GUNSHOT WOUNDS)
5,986 MEDICAL EVACUATIONS
307

EWARN 34 SENTINEL SITES

VACCINATION
149,807 CHILDREN VACCINATED AGAINST MEASLES
125,877 CHILDREN VACCINATED AGAINST POLIO
73,852 PEOPLE VACCINATED AGAINST OCV, ROUND 1

FUNDING
8,754,000 14% FUNDED
61,324,020 US$ REQUESTED
**Situation Update**

- Since 15 December 2013 when fighting broke out in South Sudan, over 708,900 people have been displaced in South Sudan and 215,904 in Sudan, Kenya, Ethiopia and Uganda (OCHA Humanitarian sitrep # 27, 14 March 2014). Although the security situation in most areas is relatively calm, there have been threats of attacks in Malakal (Upper Nile State) and Bentiu (Unity state), in an effort for government forces and anti government forces to retake the two key states.

- People displaced from Twic East, Duk and Bor counties in Jongeli state continued to move into Mingkaman due to ongoing insecurity. During this reporting period, the influx into Minkaman reached an estimated 16,505 people who were reported to have arrived in Mingkaman camp, Awerial county. Internally displaced populations have also been reported in Kalthouk and Yalakot.

**Public health risks, needs and gaps**

- The upcoming rainy season coupled with overcrowding in the camps poses a public health risk to the displaced population. In this reporting period, rains in Juba caused flooding in its Thongpiny IDP camp. Many makeshift shelters were flooded and as the rains continue, the likelihood of increased acute respiratory tract infections, malaria and acute watery diarrheal is increasing. Although the reported numbers of acute watery diarrhoea have significantly receded across the camps, this remains a priority concern. In this period alone as of 13 March 2014, 975 cases had been recorded in all camps, bringing the cumulative number of Acute Watery Diarrhoea (AWD) reported since the start of the conflict to 12,850 cases.

- The reported number of suspected measles cases increased from 18 cases in week 9, to 53 cases in week 10. This was due to reports received from sites which had not been reporting, an increase in cases in some reporting sites as well as new foci. During week 10, cases were reported from Yida (30), Yuai (14), Lankien (5), Malakal (2), UN House (1) and Thongpiny (1). The continued reports of suspected measles across the camps poses a continued public health risk to a relatively high percentage of unvaccinated children and to those children, who were missed during the mass measles campaigns due to security constraints. Health partners, mainly UNICEF, WHO, Medair, IMC, MSF, IRC, CARE, CCM, have stepped up vaccination campaigns in order to minimize further measles transmission and in order to increase children’s immunity against the disease. During week 10 there was an improvement in weekly reporting of epidemic prone diseases, with 80% of the reporting sites sharing updates compared to 67% during week 9.

- Access remains a challenge affecting health service delivery in most conflict affected settings. For instance in the bigger part of the Upper Nile areas, Unity and Jonglei States, where thousands are displaced, access by health actors continues to be hampered by insecurity. Health cluster partners have reached 559,234 (29.3%) of the 1,908,000 million internally displaced persons targeted for the first six month with a variety of health services.

- The increasing number of Kala Azar (Visceral Leishmaniasis) cases in Malakal Teaching Hospital has been noted; the ongoing insecurity poses a threat to preventive public health interventions to curtail the disease. Between August 2013 and now, the numbers of new cases of Kala Azar in Malakal Teaching Hospital more than doubled in October 2013. The cases increased from 15 cases in August 2013 to 93 cases by October 2013. Malakal County accounts for the largest number of cases, followed by Pigi, Baliet, Fashioda and Panyikang, respectively. Drug stocks in Malakal Teaching Hospital are sufficient for one to two months in the current situation. MSF has been supporting the Hospital for a period of four months starting November 2013, with personnel, drugs and diagnostics. Currently, assessments are being conducted in Atar by Medair and in Khofulous by MSF to investigate new cases and assess the reasons for the rise in cases of Kalazar.

Critical health response gaps remain in the area of:

- Secondary health care in Bor, Malakal and Bentiu
- Funding constraint for support to Bor hospital, IMC in Malakal for primary health and...
- Mental health services

**Health Cluster Action**
**Health cluster coordination**

- The health cluster continues to coordinate the health response through its hubs at national level and sub-national hubs in Awerial, Malakal, Bor, Bentiu; WHO Outbreak & Disaster Management (ODM) focal points in non conflict affected areas including Wau, Warrap, Rumbek and Nimule are coordinating the health sector activities. Health cluster coordination meetings were held at national and state level in the cluster hubs.

- The current health cluster focus is on strengthening operational planning by mapping partner’s expertise, surge capacities and contingencies in order to identify critical gaps. The health cluster is considering setting up a working group on mental health at national level.

- The health cluster has established working groups on reproductive health and health promotion.

**Health Cluster Coordination Hubs in South Sudan**

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**Assessments**

- A quick assessment was conducted by Health and Nutrition partners to 14 islands in Jonglei state on 07 March 2014. Chamachol Island was found to have adequate health service delivery. A detailed report will be shared once ready.
MSF-H conducted a four day assessment in and around Bor town. Apart from human resource gaps, no major gaps were reported in Bor State Hospital. The report indicated that there would be substantial humanitarian needs at the return of the major proportion of the population currently displaced in Minkaman and Awerial. Planning has to be put in place to anticipate health needs of returnees.

In Mayom County, Unity State, an interagency rapid assessment reported critical gaps in Mayom Primary Healthcare Centre (PHCC) as all medical supplies and equipments were looted during the crisis. Following discussions led by the health cluster, CARE will resume provision of health services in the PHCC while WHO will provide emergency drugs and supplies. Storage of the supplies, however, remains a challenge, as is access to the rest of the state, hampering delivery of health services to IDPs in Unity state, particularly those in Rubkona. The health cluster is discussing solutions to access challenges with the inter-cluster group and will approach the logistics cluster for support.

**Health service delivery**

- To date, health cluster partners have achieved 30% coverage of people reached with health Care services as set out in the original health cluster response plan. With the recent upsurge of violence, new health needs continued emerging on top of the originally planned ones.

- Health needs of the population continue to increase on a daily basis as many people people flee fight from various areas affected by conflict. During this reporting period, a total of 10,958 consultations and treatments were conducted/ provided at primary and secondary health service levels; bring the total number of consultations and treatments since 15 December 2013 to 151,304. Yida accounted for 24% of the total consultations, mainly due to malaria and acute watery diarrhoea.

- This week, nine additional health facilities have been reported as damaged by health cluster partners, bringing the total to 33 non functional facilities in the three conflict affected areas of Unity (19), Jonglei (3) and Upper Nile (8) reportedly fled due to insecurity. It is however not possible to establish the exact figures of the available health care workers in the functional health facilities of the three states.

**Presence of 44 Health Cluster Partners in South Sudan per County**

![Map showing presence of health cluster partners](image)

Source: WHO and Health Cluster partners, March 2014
To reduce the risk of cholera outbreak in Juba, a cholera vaccination campaign was conducted during this reporting period. Medair with support of WHO and UNICEF is conducting vaccination in Juba III camp. The campaign, currently in its 4th day, has seen 7,432 people vaccinated. Health cluster partners have continued with health education and promotion and hygiene promotion activities as a major preventive measure for a cholera outbreak.

The second round of the Oral Cholera Vaccine (OCV) campaign in the Mingkaman IDP camps of Awerial County will commence on Monday 17th March 2014 and Thongping on the 18 March. A post-first round coverage survey which was conducted by Médecins Sans Frontières Switzerland (MSF-CH) in Awerial showed 91% community coverage out of which 88% were confirmed by vaccination cards. Health education and promotion activities continue as a major preventive measure for a cholera outbreak.

**Vaccination**

Vaccination campaign for measles and polio were conducted in Bentiu Protection of civilian areas and the 10 islands in Bor, Jonglei state and cholera vaccine in UN Juba III camp. A total of 7,151 children form 6 month to 15 years of age were vaccinated against measles and 4,476 under five vaccinated against polio during this week. As of day 4 of the Oral Cholera Vaccine campaign, 7,342 people were reached. This brings the total of people vaccinated against measles, polio or cholera since the start of the conflict in 15 December to 349,536 children and adults.

**Surveillance and communicable disease control**

A general upward trend has been observed in malaria and diarrheal diseases due to the onset of the rains, with a notable increase reported in malaria cases between weeks 8 and 10, and watery diarrhea between weeks 8 and 9. Figure 1 below, shows the trends of acute bloody diarrhea (ABD), malaria, suspected measles, and acute watery diarrhea (AWD) in the IDP camps.

**Trend of Priority Diseases in IDP camps**

![Trend of Priority Diseases in IDP camps](image)

*Source: WHO Epidemiological Update, Week 10*

The total numbers of consultations reported in week 10 were 10,958 compared to 7,466 in week 9. The under-five mortality rate in all IDP camps remained below the emergency threshold (U5MR: ≥ 2 per 10,000 per day) during week 10.
- The crude mortality rates also remained below the emergency threshold (CMR: ≥ 1 per 10,000 per day) in all IDP camps for the fourth consecutive (week 6 - week 10). A cumulative total of 48 suspected cases of meningitis have been reported this year. The cases continued to be reported from six states namely; Northern Bahr El Ghazal (Aweil town), Eastern Equatoria (Kapoeta North and Budi Counties), Central Equatorial (Kajo Keji and Juba County), Jonglei (Lankein), the Abyei area and Lakes (Awerial County).

- An upward trend in the number of malaria, acute watery diarrhoea and bloody diarrhoea cases among the affected populations in camp locations has been observed since week 8 and in the course of this week.

### Reproductive Health

- A total of 1,642 people accessed antenatal services from Juba Teaching Hospital, UN Juba III IDP camp, Tomping camp, Nimule and Bentiu POC area, bringing the number of women who attended the ANC service since the start of the conflict to 4,951. Two hundred and forty two (242) normal deliveries were also recorded from the five health facilities bringing the total number of deliveries to 1,131 normal virginal deliveries conducted and 170 caesarean sections since 15 December 2014. Twenty nine people accessed family planning services in Juba Teaching Hospital (13), UN Juba III camp (2), Tomping IDP camp (2) and Nimule (12).

- UNFPA is supporting reproductive health services in Bor state hospital and the State Ministry of Health to conduct reproductive health services in the greater Awerial area. The agency is currently deploying thirty (30) international midwives around the country to support delivery of reproductive health services and will deploy seven field Reproductive Health coordinators to Bor, Torit, Malakal, Awerial, Bentiu, Kuojok and Juba to support ongoing response. In addition the agency has prepositioned and released 431 Emergency reproductive health kits to twenty one health partners and government institutions since the start of the emergency in October.

### Plans for future response

- Conduct the second round of Oral Cholera Vaccination Campaign in Minkaman, Awerial county.
- Update data and map the damaged health facilities and functional health facilities while documenting gaps to inform partners to support operational planning.
- Scale up reproductive health, mental health and primary health care services in all IDP camps.
- Scale up health response in primary and secondary care.
- Assess the progress of pre-positioning activities for the rainy season

### Health Cluster Partners

Partners working supporting the response include the following:

Federal and State Ministries of Health, WHO, UNICEF, MSF Spain, MSF Belgium, MSF France, MSF Swiss, IRC, MEDAIR, MSF Holland, ICRC, CCM, THESO, CARE, COSV, UNFPA, MAGNA, MENTOR, MERLIN, UNMISS, UNKEA, CUAMMM, GOAL, IMC, IMA, AHA ; IOM, HLSS, ACROSS, IOM, World Relief, Nile Hope, PIN, RI, UNIDO, Caritas Torit and ARC

The following donors are supporting the response:

CIDA, DFID; ECHO, EU, OFDA, USAID

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