South Sudan Response
24 April - 01 May 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
6,577 INJURED*
923,000 INTERNALLY DISPLACED

1.9 M TARGETED FOR HEALTH
278,600 REFUGEES****

Highlights

- As of 30 April 2014, a total of 32,494 children were vaccinated with measles, polio and Vitamin A during the integrated vaccination campaign in Mingkaman. Data from other areas in the seven states will be compiled and shared in subsequent bulletins.

- A total of 620 reproductive health kits have been distributed by UNFPA to various states since the beginning of the crisis.

- Plans for the mass Oral Cholera Vaccination (OCV) campaign in Bor POC area have been finalized. The campaign will start on 7th May 2014. In Bentiu micro planning for the same has started.

- Some parts of South Sudan are still endemic of Guinea worm disease. Since the start of the year, six cases have been reported.
Situation Update

- During the week, tribal clashes were reported in Wau and Mapel, Western Bahr el Ghazal, with population movements to surrounding areas. Sixty casualties were hospitalized in Wau – 37 in Wau Military Hospital and 23 in Wau Taching Hospital. In Wau itself, 770 persons have taken refuge in the UNMISS base and a response plane for their acute medical needs begun, including completing the integrated measles, polio and vitamin A supplementation for the children.

- In Bentiu, Unity State, the situation remained tense with fears of government forces retaking areas now controlled by the SPLA In the Opposition (IO). Health partners have reinforced health care at the UNMISS Level II hospital in Bentiu, to provide care for the IDPs sheltering there. Bentiu town is reported to be deserted, with the state hospital closed.

Public health risks, needs and gaps

- Due to clashes, there is population displacement in to Wau Protection of Civilians (POC) area. The number of persons currently displaced in to the UNMISS base in Wau stands at 770 internally displaced persons. And as fighting continues fears of more displacements and persons injured are expected to rise in the state capital, this is likely to pose public health risks in areas with concentrated populations.

- In Bentiu, additional persons are still reported to be arriving the IDP camp which now hosts over 25,000 internally displaced persons. This has put a strain on water and sanitation structures – but Health and water, sanitation and hygiene (WASH) cluster partners are actively responding to these needs.

- The insecurity in Jonglei State has slowed down progress made towards eradication of Guinea worm in the endemic northern parts of Jonglei (Ayod, Uror and Nyiror counties) by disrupting surveillance structures. In 2013, 2 cases were reported from Uror and Nyiror. The movement of the displaced persons from endemic areas into non-endemic areas poses a risk to the host population. In addition IDPs entering endemic areas (Mingkaman in Awerial County) are also at risk of acquiring the disease. Kapoeta East County in Eastern Equatoria State continues to be the most endemic area in South Sudan and reported 68% of cases in 2013 as well as the six cases reported in 2014 to date. Graph 1 shows the trends of reported cases of Guinea worm from January 2012 to April 2014.

    **Graph 1: Trends of Guinea worm cases, South Sudan, 2012 – 2014**

Gaps

Critical health response gaps include:

- Inadequate facilities for emergency obstetric care and surgery in Bor.
- Lack of secondary health care in Bor and, Malakal because of both the insecurity and displacement of health staff from government facilities and infrastructure constraints in the PoC locations. In Bentiu, Health Cluster partners are providing secondary health care services in the PoC location, but also face infrastructure constraints.
- Shortage of emergency blood services and supplies.
- Limited availability of mental health and psychological services across the country especially among the displaced population.
- Limited primary health care services in some of the affected states for displaced people living outside PoC areas.
• Lack of laboratory capacity within South Sudan to detect epidemic prone diseases including cholera and dysentery.

**Health Cluster Action**

**Health cluster coordination**

During the period under review, the Health cluster coordinated medical evacuations of wounded patients to various locations to enable them to receive necessary medical and surgical care. A total of 68 medical evacuations were conducted from Mayom to Rumbek.

**Health service delivery**

• Since December 15, 2013, a total of 1,023,715 people have been reached with medical interventions namely; consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations.

• As of 30 April 2014, a total of 11,584 consultations were reported from areas with IDP concentrations including IDP camps and PoC areas in week 17. This brings the cumulative number of consultations to 267,923 since the start of the conflict on 15 December 2013.

• A total of 11,584 consultations for health care were reported from the IDP camps and PoC areas in this reporting period.

• In Bentiu, Wau and Rumbek, health cluster partners continued providing support to wounded patients admitted in at various hospitals and clinics. In Bentiu trauma cases are being managed by MSF, IOM, IRC, and UNMISS medical teams with medical supplies from WHO, while in Wau and Rumbek WHO and UNICEF supported the hospital through the State Ministry of Health. Since the start of the conflict in December 2013, a total of 6,577 people have been wounded.

**Vaccination**

• The integrated measles, polio and vitamin A campaign was launched on 23 April 2014 targeting seven states. Following the launch, a total of 32,494 children were reached in Mingkaman by 30 April 2014.

• From December 2013 to date, a total of 248,018 measles and 159,688 polio vaccination have been conducted by health cluster partners among IDP populations. In addition, 34,454 Vitamin A and 25,675 deworming treatments were provided to children.

• During the 3rd round of OCV mass vaccination campaign conducted in Juba 3 from 23 to 25 April a total of 1,272 people were reached. A post vaccination coverage survey is planned for early next week.

• Of the 17,928 targeted people, 11,879 were vaccinated during the 2nd round of OCV mass vaccination campaign in Malakal POC area. The campaign was implemented by MSF and IOM with technical support from WHO while UNICEF supported with the cold chain.

**Surveillance and communicable disease control**

• As of 29 April 2014, 12/14 (86%) camps and 21/31 (68%) sites had reported as part of the national requirements for epidemiological monitoring in IDP populations. The highest consultations were reported from Malakal and Bentiu. (Figure 1).

Source: South Sudan IDP Surveillance-Epidemiological Update, 23 April 2014
Malaria (17%), acute respiratory infections (15%), and acute watery diarrhoea (9%) continue to account for the highest proportionate morbidity. During week 17, malaria incidence was highest in Bentiu (408), Malakal (207), and Tongping (128) IDP camps/PoCs. Similarly, acute watery diarrhea (AWD) incidence was highest in Bentiu (236), Malakal (103), and Yuai (94). Trends for AWD have been rising with highest incidence during week 17 being reported in Malakal (54) and Bentiu (49). (Figure 2).

Mortality surveillance is ongoing in all IDP camps with crude mortality rates (CMR) being below the emergency threshold of 1 death per 10,000 per day during week 17. The spike in CMR of 13 deaths per 10,000 per day during week 16 is attributable to the massacre in Bor PoC. (Figure 3).

Reproductive Health

As of 25 April 2014, health cluster partners had supported 17,749 consultations for antenatal care, 2,866 assisted deliveries and 344 caesarean sections.

UNFPA continues to provide reproductive health kits and hygiene kits to assist women of reproductive health age in the IDPs camps.

From December 2013 to date, UNFPA has distributed 620 reproductive health (RH) kits and is planning to pre-position additional 5,462 RH kits in different states to respond to the needs of an estimated 2 million of people.

UNFPA conducted a two day refresher training in clinical management of rape for 9 health providers from Mingkaman IDPs camp in Awerial County, Lakes State. This training aimed to strengthen technical capacity of the providers to support rape survivors. The trained staff included two midwives, one nurse, one medical assistant, one clinical officer, four GBV community workers and one GBV prevention officer who will support the provision of SRH services and GBV prevention services in the mobile clinic supported by UNFPA in Mingkaman.

The map below shows the distributed RH kits and locations

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1 Per 10,000 persons
Table 1: UNFPA implementing partners by location and the RH kits distributed

<table>
<thead>
<tr>
<th>Location</th>
<th>Implementing Partner</th>
<th>Number of RH kits distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Equatoria (Juba)</td>
<td>JTH, UNMISS, MOH, PIN, IMC, MSi, Jhpiego</td>
<td>223</td>
</tr>
<tr>
<td>Lakes</td>
<td>Rumbek hospital, Health Link, IMC, COUAM</td>
<td>92</td>
</tr>
<tr>
<td>Western Bahr el Ghazal</td>
<td>Wau TH</td>
<td>36</td>
</tr>
<tr>
<td>Northern Bahr el Ghazal</td>
<td>Aweil hospital</td>
<td>36</td>
</tr>
<tr>
<td>Warrap</td>
<td>Kuajok hospital</td>
<td>36</td>
</tr>
<tr>
<td>Unity</td>
<td>Bentiu hospital, Care, IOM, IRC, MSF-B, UNIDO</td>
<td>44</td>
</tr>
<tr>
<td>Upper Nile</td>
<td>IMC, IOM, Cordaid, Goal, UNKEA</td>
<td>54</td>
</tr>
<tr>
<td>Jonglei</td>
<td>IRC, SMOH, IMA</td>
<td>52</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>Merlin, ARC, SMOH</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>620</td>
</tr>
</tbody>
</table>

- UNFPA also conducted a five day training of 31 adolescents and youth peer educators from Mingkaman IDPs site in Awerial County, Lakes State. This training aimed to increase the skills of those peer educators in reproductive health as well as gender based violence prevention. It is expected that the trained youth will sensitize others in the IDPs site on HIV/STIs and GBV prevention as well as on family planning and other reproductive health issues.

- In addition, UNFPA conducted a five day training of 31 adolescents and youth peer educators from Mingkaman IDPs site in Awerial county of Lakes State. This training aimed to strengthen skills of the peer educators in reproductive health as well as gender based violence prevention. It is expected that the trained youth will sensitize others in the IDPs Site on HIV/STIs and GBV prevention as well as on family planning and other reproductive health issues.

**Resource mobilization**
- About 37% (USD 22,490,514) of the cluster’s requirements have been funded to date as shown in the financial tracking system. USD 1,200,000 is still uncommitted.
- About $1.95 million is still urgently required by the health cluster to continue to support medical evacuation of patients for further emergency management at appropriate levels of care.

**Plans for future response**
- Revival of Bor hospital to deliver secondary health services
- Cholera vaccination campaign in Bor PoC targeting 6,000 people.
- Revision of the crisis response plan by health cluster partners.
- Continue prepositioning of drugs and medical supplies ahead of the rainy season.

**Health Cluster Partners**

**Partners supporting the response in South Sudan include the following:**

1. Federal and State Ministries of Health and Partners:
2. *International Organisations*: ICRC, IOM
3. *International NGOs*: AAHI, AHA, AMREF, ARC, Brac, CARE, Catholic Medical Mission Board, Caritas South Sudan, CCM, CMA, Concern, COSV, CUAMM, Dorcas, GOAL, Healthnet TPO, IMA, IMC, IRC, Johanniter, Magna, Malteser, Medair, Mentor Initiative, Merlin, MSF-B, MSF-Ch, MSF-F, MSF-H, MSF-Spain, PIN, RI, Save the Children, Sign of Hope, World Relief, World Vision
4. *National NGOs*: HLSS, MRDA, Nile Hope, NPA, SMC, SSRC, SUSAHA, THESO, UNKEA, UNIDO
5. *UN Agencies*: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

**The following donors are supporting the response:**

CIDA, DFID, ECHO, EU, OFDA, USAID, CHF

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