South Sudan Response
15 – 20 March 2014

4.2 M
IN NEED OF HEALTH
ASSISTANCE

708,900
INTERNALLY
DISPLACED

Highlights

▪ A total of 10,330 persons were reached this week with the Oral Cholera Vaccination campaign in Thongpiny and Aweirial in the second round.

▪ Five thousand and sixty six (5,066) people received Meningitis vaccination in Minkaman IDP camp in response to the high risk of outbreak.

▪ So far, the health cluster has reached 589,984 Persons from IDP and host population (31% of its target) with health services.

▪ 75% of reported deaths in IDPs occur in the community, only 2% in health facilities.

* This numbers have received assistance
** Since 15 December 2013
Situation Update

- The security situation in most parts of the country has been relatively, however in Bentiu, Unity state there are fears of possible attacks from the opposition forces and government forces in a bid to recapture the cities of Bentiu. In Malakal fighting was reported on 17 March 2014, about 3-5kms away from the UNMISS base and on 19 March, right next to UNMISS base. This disrupted health services delivery in the county since 17 March 2014. While Counties south of Bentiu remain inaccessible due to insecurity while movement to Mayom County has equally been restricted due to high tension and rumors of possible attack of county by the opposition forces. There is however calm in the towns of Bentiu and Bor evidenced by the movement and market operations in both State capitals. Heavy fighting was also reported between the opposition forces and government in Leer town.

- The numbers in the Protection of Civilian (PoC) area in Bor are estimated at 5,000 IDPs while those in Bentiu are estimated at 5,678 IDPs. New arrivals of IDPs have been reported in Bentiu from various locations in the state, but the checkpoints in Rubkona have restricted those IDPs going to seek refuge in the POC area. In Kalthuok and Yalakot settlements of Awerial County, the registration of new Internally Displaced Persons (IDPs) was completed by IOM on 15th March 2014; preliminary results show that the host community has 529 persons while the IDP community has 6,295 persons. Minkaman in Awerial county continues to report influx of displaced populations on a daily basis.

- Following heavy rains in Juba is the past week, Thongpiny IDP camp flooded. There are fears of more flooding in the PoC area in the coming days as the rainy season approaches. As a preparedness measure to decongest the camp and decrease the risk of communicable diseases, the relocation of IDPs from the flood prone Thongpiny area to UN House Juba III commenced. As of 18 March 2014, a total of 350 persons have so far been moved to the new site in Juba III. Health partners continued to work with the concerned authorities to address the health needs of the populations in both camps.

Public health risks, needs and gaps

- The risk of communicable diseases remains high in IDP camps and PoCs. The temporary disruption in supplies of anti-malarial medicines raises concerns in regard to treatment of increasing numbers of cases.

- Shelter remains a big challenge in most parts of Minkaman, where thousands of the displaced population continue to take shelter under trees and makeshift shelters that are mainly open. With the upcoming rainy season and the delayed relocation of IDPs to the newly identified sites in Minkaman, there is looming danger of diseases like respiratory tract infections, malaria, and acute watery diarrhoea. This is a public health risk to children especially those under five years. Provision of shelter for the displaced in Minkaman and the improvement of sanitation conditions of IDPs in all other camps remains a priority concern for health actors.

- Measles continues being a public health risk in all IDP camps and PoC areas, as many cases continue being reported in both IDP and refugee camps. This is mainly caused by the influx of new arrivals of IDPs from areas with either low vaccination coverage or those where children have not been vaccinated. For instance in Bentiu, the health cluster members visited Bentiu state hospital and found suspected measles cases in the paediatric ward, in total fourteen (14) suspected measles cases have been reported from Bentiu state hospital since 13th of Feb 2014 from the payams of Rubkona and Guit County. Thirteen (93%) of these cases were in children under five. With the support of WHO, samples were collected from 6 cases and await transportation to Juba for confirmation. Following the conclusion of the first round of the OCV mass vaccination campaign by MSF, the main partner implementing the OCV campaign in Minkaman; a post-first round OCV coverage survey was undertaken by MSF. It highlights showed that 91% of the population received the vaccine during the first round, out of which 88% were confirmed using the immunization card, thereby casting doubts on the IDP population figures of Awerial. The survey showed further, that men believed that the vaccination
was more for women and children. WHO is supporting the Monitoring and Evaluation of both rounds of OCV vaccinations in Awerial and Juba through dedicated staff.

**Gaps**

- Critical health response gaps include:
  - Inadequate reproductive health services and referral for emergency obstetric care in Bor.
  - Lack of secondary health care in Bor, Malakal and Bentiu due to lack of funds
  - Lack of mental health services in secondary level hospitals
  - Limited primary health care services to IDPs (such as those in Yalakot) and their host communities, and for people living outside POC areas.
  - Emergency blood services and supplies.
  - Lack of HIV/AIDS counseling and treatment services in all the camps. In Bor, one of the eight known patients died due to lack of access to ARVs while the surviving seven are facing the same problem. STIs is also said to be a major concern among youths in the camps but patients are reluctant to present the health facility for fear of stigmatization.
  - Weak referral and medical evacuation services; many of those who require evacuation do not meet the health cluster criteria which focuses mainly on evacuation of war related casualty.
  - Lack of space for expansion of the clinic at the PoC in Bor.
  - No laboratory services in Bor PoC.
  - Funding running out for the IRC, a partner in the PoC in Bor ending 6th April, 2014.

**Health Cluster Action**

**Health cluster coordination**

- The health cluster continued updating the Who is doing What and Where (3) matrix for health cluster partners and is conducting a gap analysis using the matrix. Based on the responses from health actors, the cluster has 53 partners, most concentrated in Juba and Awerial, leaving gaps in less secure areas.

- The Inter Agency Standing Committee’s (IASC) Emergency Directors are visiting South Sudan from 19-21 March 2014. Their objective is to monitor response to the current crisis, consider current gaps and advise on the next steps to take in the response. This visit will give more guidance to the operation planning of all health partner agencies in the country. The health sector is represented by the WHO Emergency Director and a representative of the UNICEF Emergency Director.

- World Health Organization, through its surge, has mobilized a mental health expert to advise and support the cluster to set up, coordinate and monitor mental health interventions. In addition, the technical expert will support the Ministry of Health to set up and plan for mental health services in all the affected areas. IMC published its “Rapid Mental Health Situational Analysis South Sudan, carried out in Awerial Malakal, Mingkaman, Kalthouk, Yelakot & Wuntao, UNMISS PoC areas & IDP sites in Juba town.

- The process of identifying operational gaps has continued through mapping and bilateral meetings with actors having highlighted surge capacity (11 partners so far).

**Assessments**

- WHO assessed the humanitarian and health situation, the health cluster response, health gaps and challenges in Minkaman in Awerial county, Lakes State and Bor, Jonglei State to review and better understand operational constraints. The following are highlights of the findings of the mission:
  - In Minkaman, four health partners are on ground supporting health service delivery and are adequate to serve the population. MSF, IMC and Health link will provide services to the IDPs in the new site once they have been relocated, while CCM will continue to provide services
from the Minkaman Primary Health Care Centre. There is however more needed in relation to providing daily health services to 6,295 IDPs in Yalakot.

- In Bor, two partners, IMA and Sudan Medical care, are currently providing health services at Bor State hospital and to the communities through mobile clinics. There is gradual return of normalcy to the town of Bor, and the re-establishment of skeletal service delivery at Bor State Hospital, however shortage of health staff and medical equipment remain a critical challenge. Inside the POC area, the Primary Health Care Unit (PHCU) is run by International Rescue Committee (IRC) and is well organized and managed. Services being provided include: out-patient consultation, antenatal and delivery services, immunization, nutrition screening and management of malnutrition among other services. There is however a need for more partners presence and service delivery outside the POC areas.

- In Labrab, Medair, conducted an assessment of the needs of the Medair managed PHCC in Labrab village in Pibor County. Approximately 3,000 patients were noted to have been seen in the clinic since December 11th based on the register review. Although distribution registers show that there are 9,000 people in this village, the team noted a sparsely populated village and was informed that most people had migrated to the rivers and/or cattle camps for this time of year, and either returned to the village in the evenings or past through Labrab as a central point of meeting from time to time or to access clinic services. The local population is reportedly still accessing services in the PHCU. Medair recommends that primary health care services should be able to continue at their baseline prior to the emergency.

- During this reporting period, UN Women published a report of a gender assessment conducted at Thongpiny and UN house/Juba III. Among the gaps noted were unclear causes of mortality of children reported by women (2-3 daily); no distribution of sanitary towels and limited information about access to reproductive health care. The report had the following recommendations for mainstreaming gender into the health response:
  - Enhance Gender Based Violence case management, referral pathways and disseminate information on the same to IDPs.
  - Improve drainage at UNMISS Tomping
  - Increase secure and well lit washing facilities and latrines with gender balanced guards/ guides to ensure apt segregation and use of facilities; and
  - Fast track efforts to procure and distribute sanitary kits, ensuring a healthy pipeline for monthly distribution.

**Health service delivery**

- So far, the health cluster has reached 589, 984 persons, women and men, girls and boys, (31% of the 1,908,000 persons targeted through the crisis response plan)) through health interventions. This includes: 162,468 consultations and treatments reported from IDP camps; 149,807 vaccinations against...
measles, 125,877 for polio and 10,330 against cholera in the second round of the OCV of these 1,251 received the vaccine for the first time.

- To date, about 16% of the clusters requirements have been funded according to the financial tracking system.

- During this reporting period, a total of 29,577 consultations were reported in week 11 from 327 facilities, of this number, 11,164 were conducted in IDP camps/PoCs. This brings the total number of consultations and treatments in IDP camps since 15\textsuperscript{th} December 2013 to 162,468.

- Health partners have continued preposition medical supplies in all the conflict and non conflict affected areas in lieu of the upcoming rainy season. For instance, WHO provided one pneumonia kit enough to manage 100 children for a period of one month, 2 malaria modules worth treating 2,000 patients for 2 month, and assorted antibiotics provided to International Medical Corps to support the provision of health services in Juba and Malakal. The Organization also provided 3 Interagency Basic Unit kits (IEHK) capable of treating 3,000 people for a period of 3 month to ACROSS Integrated Mission.

- To strengthen community surveillance and health education of the community, IRC with financial support from WHO trained 60 community health workers (CHWs) with in the Bor POC. The CHWs have been recruited to sensitize the community and refer cases with diseases of epidemic potential to the PoC clinics. Two volunteers each were also recruited and trained in Bentiu and Bor camps to report on any community death in the camp.

- Health services delivery has been affected by the a temporary increase of the number of health facilities unable to carry out essential services, most due to destruction and looting following the clashes. 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). Twenty four other health facilities in Bor County are reportedly remain non functional because health workers fled due to insecurity and the communities in the surrounding areas are afraid of returning. 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. See the table below for a summary of facilities that have been non functional as a result of the current crisis.

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<tr>
<th>State</th>
<th>Facility</th>
<th>Status</th>
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<td>Jonglei</td>
<td>Bor county</td>
<td>Bor Hospital</td>
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<td>Pajut PHCU</td>
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<td>Pariak PHCU</td>
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<td>Pibor county</td>
<td>Boma Hospital</td>
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<td>Upper Nile</td>
<td>Malakal county</td>
<td>Malakal hospital</td>
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<td></td>
<td>Ballet county</td>
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<td>Wangkei PHCU</td>
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Table 1 shows non functional health facilities in conflict affected areas.
The table above highlights the names and locations of health facilities that have been partially or totally destroyed/looted or temporarily closed as a consequence of the conflict. In addition to these, reports indicate that 24 other facilities in Bor county have been closed since the start of the crisis, this is being verified by the health cluster. Alternative ways to address health services to populations in need in these locations will have to be explored in order to prevent further deterioration.

**Medical evacuations and referral facilities**

- Since the start of the crisis, the health cluster has supported the medical evacuation of 310 people, most in critical condition, for surgery and other emergency health services including emergency obstetric care, to Juba Teaching Hospital and UNMISS/Thongpiny hospital. A number of other cases were either treated or referred to other facilities with functional theatres and blood services for surgery. The map below highlights these locations.

**Figure 2: Surgeries of violence related injuries, Jan-Mar 2014**
**Vaccination**

- The second round of the Oral Cholera Vaccine (OCV) campaign in the Minkaman IDP camps of Awerial County commenced on Monday 17th March 2014 and Thongpiny on the 18th March 2014. As of this reporting period, a total 10,330 persons had been reached, 9,079 of these received the vaccine for the second time while 1,251 received it for the first time. In Minkaman, 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.

- In response to the threat of meningitis in IDP camps, 5,066 persons at risk were vaccinated in Minkaman (Awerial county).

- In Bentiu and Bor PoC areas, health partners supported by UNICEF and WHO have completed their micro plans for the upcoming integrated measles and polio campaign. Sensitization and awareness campaigns have commenced in order to ensure adequate coverage.

**Surveillance and communicable disease control**

- Preliminary analysis of mortality data indicates that 75% of reported IDPs deaths take place in the community, 23% in camps, while 2% take place in the health facility. WHO is looking into an analysis of the reasons for this. In general, it is important that partners increase community based activities and outreach through community health workers, to ensure early referral, especially of vulnerable groups, to functioning health facilities.

- In Awerial County, a case of Acute Flaccid Paralysis (AFP) was detected among the IDPs and the first and second stool specimens were collected on 15th and 16th March 2014 and transported to AMREF Nairobi laboratory for confirmation. In response to the growing number of displaced people and in view of their vulnerability to outbreaks of epidemic prone diseases, a combined measles and polio campaign is planned for April 2014.

- 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 9 and 11, and watery diarrhea between weeks 8 and 11. Figure 1 below, shows the trends of acute bloody diarrhea (ABD), malaria, suspected measles, and acute watery diarrhea (AWD) in the IDP camps. The health cluster will receive a total of US$6 million from the Central Emergency Response Fund (CERF) to support the emergency operations and life-saving activities.

![Trend of Priority Diseases in IDP Camps South Sudan, Week 51-2013 to Week 11, 2014](Image)

Source: WHO Epidemiological Update, Week 11 (as at 16th March 2014)
The total numbers of consultations reported in week 11 were 11,164 compared to 10,958 in week 10. The under-five mortality rate in all IDP camps remained below the emergency threshold (U5MR: $\geq 2$ per 10,000 per day) during week 11. The crude mortality rates also remained below the emergency threshold (CMR: $\geq 1$ per 10,000 per day) in all IDP camps for the sixth consecutive (week 6 - week 11).

A total of 48 suspected cases of meningitis have been reported since the start of the year. The cases were reported from six states namely; Northern Bahr El Ghazal (Aweil town), Eastern Equatorial (Kapoeta North and Budi Counties), Central Equatorial (Kajo Keji and Juba County), Jonglei (Lankein), the Abyei area and Lakes (Awerial County).

**Reproductive Health**

In Tomping IDP camp of Juba, the WHO team trained sixteen Community Health Workers (CHW) on community surveillance, case identification and referral of diarrhoea diseases (including cholera), health promotion; the CHWs were also trained on new born and premature baby care, importance of breastfeeding, and birth spacing.

**Resource mobilization**

The health cluster will receive a total of US$6 million from the Central Emergency Response Fund (CERF) to support the emergency operations and life-saving activities.

WHO supported MoH to complete a request for emergency funds to the African Public Health Emergency Fund (APHEF). The APHEF is a fund basket managed by the African Development Bank, available to states in the African region to facilitate emergency response in the aftermath of emergencies.

**Plans for future response**

The health cluster is tracking the response of health partners.

The health cluster is in the process of finalizing the operational plan for the health cluster’s response from April- June highlighting priority areas of action and what should be done where.

WHO MSF and ICRC are working on casualties preparedness plan.

**Health Cluster Partners**

Partners working supporting the response include the following:


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

CIDA, DFID, ECHO, EU, OFDA, USAID

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