South Sudan Response
21 – 27 March 2014

4.2 M
IN NEED OF HEALTH
ASSISTANCE

803,035
INTERNALLY
DISPLACED

1.9 M
TARGETED
FOR
HEALTH

202,500
REFUGEES

6,053
INJURED*

Highlights

- Partners have stepped up social mobilization and health promotion efforts in all internally displaced people’s camps in response to threats of outbreaks of diarrhoeal diseases.
- Fifty four thousand, two hundred and eight (54,208) people have been reached with the Oral Cholera Vaccination Campaign in the second round in Tongping and Mingkaman IDP camps.
- Thirty three thousand, two hundred and forty four (33,244) people received Meningitis vaccination in Mingkaman internally displaced people’s camp in response to the high risk of an outbreak.
- So far, the health cluster has delivered 699,420 medical interventions to IDP and host populations (36.7% of its target)

* This number has received assistance
** Since 15 December 2013
Situation Update

- No reports of major events were received in this reporting period from Juba, Bor, Malakal and Bentiu. Most counties in the three States of Upper Nile, Unity and Jonglei remain inaccessible. There are fears of a possible attack from the opposition forces in Bentiu, Unity state.

- New arrivals of internally Displaced People (IDPs) were registered in Bentiu and Mingkaman in this period. A total of 380 new arrivals were registered between 17 and 21 March in Bentiu Protection of Civilian (POC) area, bringing the total to 6,058.

- As of 26th March the estimated number of civilians seeking safety in eight protection sites is 68,000 (32,000 in Juba, 21,500 in Malakal, 5,694 in Bor and 7,407 in Bentiu).

- To address the devastating challenges that are likely to occur in the rainy season given the congestion, poor drainage, water and sanitation issues in all POC sites, particularly Tongping, UNMISS continued with the relocation of IDPs from Tongping to Juba III/UN House. Tongping currently hosts 21,000 IDPs and so far, a total of 500 IDPS have been relocated with 2,000 more to be relocated by ACTED next Saturday. According to UNMISS, a total of 3,000 civilians will be initially moved to the UN House protection site where space has been made available. While the rest of the people will be moved once construction of the new site is complete.

Public health risks, needs and gaps

- In most parts of Mingkaman, shelter remains a big challenge for the thousands of displaced population who continue to shelter under trees and/or use makeshift shelters. There is looming danger of diseases like respiratory tract infections, malaria, and acute watery diarrhoea, especially for children under five years. With the rainy season approaching, partners are concerned of the likelihood of the increase in the waterborne disease burden.

- International Medical Corps (IMC) might withdraw from health service provision for the displaced communities in Kalthtok and Yalakot. If this happens, there will be a huge gap left in service delivery for the community. There is an urgent need to support them to continue providing services to the affected communities. The lack of services in the area coupled with the poor living conditions and sanitation of the displaced is a big public health risk.

- Suspected cases of measles continue to be reported from Bentiu, Lankien, Nasir, Tongping, Yida, and Yuai IDP camps1. As many new arrivals continue reporting to the various IDPs, the risk of measles outbreaks threatens children in the displaced setting where new arrivals settle. The Ministry of Health has planned to conduct a nationwide mass measles campaigns in April as one of the strategies to mitigate the risk of measles outbreaks starting with seven states of; Eastern Equatoria, Western Equatoria, Central Equatoria, Warrap, Northern Bahr el Ghazal, Lakes and, Western Bahr el Ghazal.

- In preparation for the rainy season, health partners have stepped up health education and social mobilization efforts in all the IDP camps and host communities. Water, Hygiene and Sanitation partners have equally strengthened hygiene promotion interventions in the camps. In Awerial County, South Sudan Red cross has trained a total of 60 volunteers to support social mobilization in the four camps of Awerial on combined cholera & meningitis campaign.

Gaps

Critical health response gaps include:

- Inadequate referral for emergency obstetric care in Bor.

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1 Epidemiological Week 12
- Lack of secondary health care in Bor, Malakal and Bentiu due to lack of funds.
- 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 people living outside PoC areas.
- Shortage of emergency blood services and supplies.
- According to partners, sexually transmitted infections are becoming a major concern among youths in the camps but patients are reluctant to present at the health facility for fear of stigmatization. There are gaps in referral services to primary health facilities and between the primary health level and the secondary level of care in areas outside the PoCs.
- Lack of space for expansion of the clinic at the PoC in Bor and lack of laboratory services in Bor PoC.
- Key partners have reported funding gaps starting from April, 2014.

Health Cluster Action

Health cluster coordination

- As part of cholera preparedness, the health cluster convened a joint health cluster and WASH cluster infectious disease working group meeting in Juba. Issues discussed during the meeting include among others joint health and hygiene promotion activities, a harmonized training package for Community Health Workers (CHWs), safe water and sanitation situation in the IDP camps. In Juba III/UN house IDP camp, the WHO team trained 16 CHWs on community disease surveillance and management of diarrhoeal diseases including cholera at community level. Key behavioural change messages on acute watery diarrhoea and cholera were revised by WHO, UNICEF, ACTED, MSF and the MOH and shared with partners and media houses for community wide dissemination.

- In Bentiu, the health cluster convened a joint health and Water and Sanitation (WASH) cholera preparedness meeting to discuss scaling up of hygiene promotion and provision of safe water, possibility of use of OCV for cholera prevention and availability of medicines and medical supplies for management of a potential cholera outbreak. It was agreed that UNICEF supports radio messaging and that partners should position enough supplies in preparedness for any outbreak.

- Health cluster meetings were convened at the national and sub-national levels to discuss operational issues. At the national level, key highlights included the need to strengthen preparedness for the rainy season (especially for cholera outbreaks) and the importance of developing a mental health response strategy to address the mental health gaps in the current humanitarian crisis. In Mingkaman; highlights of the meeting include, suspension of IMC activities in the County (except for nutrition) in the near future due to lack of funding, increase in number of cases of epilepsy being seen at the MSF clinic (need for an agency to follow-up on this) and availability of storage space in ACTED facilities (partners who are interested in using this space should apply to the organization).

- The health cluster coordinator made a presentation to the Humanitarian Country Team on medical evacuations with an appeal for funding to ensure availability of dedicated assets.

Assessments

- WHO assessed the health situation of the IDPs in Nimule, Eastern Equatoria State. Highlights of the findings include:
The exact number of the IDPs on ground remains unclear as there is fluid population movement; however, it was estimated to be between 28,000 and 35,000.

According to the Secretary for Relief and Rehabilitation Commission for Magwi county, the IDPs are concentrated in two locations namely: Nimule town, where they are integrated into the host community, and Melejo village, about 19km from Nimule town, where an estimated 5,000 IDPs are said to live. A combined measles/polio vaccination campaign which vaccinated 15,000 children was conducted in the town earlier this year.

Between 7 and 8 March 2014, an interagency team (PAH, CMD, CRS, FHI, Peace Winds Japan, INTERSOS and COSV) conducted an initial rapid needs assessment in Ayod, Menime, Jiech and Pagil areas in Ayod County, Jonglei State. The team established the following:

- Since the start of the conflict, these areas have been underserved with basic health care services and immunization coverage is very low. Communication and transport to the Islands is a major challenge as the only access to the islands is either by river or air. Given the number of IDPs and the extreme conditions of the site, a multi sector emergency security and livelihoods, NFI's, WASH & Health needs to be prioritised.
- There is a functional PHCC in Ayod under the management of COSV-IMA RRHP and County Head Department (CHD). The PHCC is treating an increased number of patients with malaria and watery diarrhoea, however, it lacks essential medicines (antibiotics, ORS, anti-malaria, antipyretic, contraception, dressing materials, and vaccines).
- Primary Health Care Units in Jiech, Menime and Pagil also reported stock outs of antibiotics and analgesics. Health workers were reported to have fled due to insecurity and only one County Health Officer and a few CHWs was present. COSV has a contract with IMA/ Health Cluster and will initiate talks with Jonglei State Ministry of Health and Liaise with Ayod County Health Department to deliver Emergency Medical Funds drugs and other medical supplies to all health facilities in Ayod County.
- During the assessment, COSV delivered basic supplies to support continuation of health services.

Health service delivery

- So far, the health cluster has carried out 699,420 medical interventions. This includes:
  - 175,575 consultations and treatments reported from IDP camps,
  - 173,449 children vaccinated against measles,
  - 126, 397 children vaccinated against polio and
  - 54,208 persons vaccinated against cholera in the second round of the OCV.
  - Of these 5,417 persons received the vaccine for the first time.

- During this week (12), a total of 13,107 consultations were reported from areas with IDP concentrations including IDP camps and PoC areas.

Vaccination

The second round of the oral cholera vaccination (OCV) campaign was concluded in Mingkaman, Awerial County and in Tongping, Juba County. In total, 54,208 people were vaccinated in the second round of the campaign. Of these 5,417 received the vaccine for the first time. According to the latest data provided by MSF Switzerland, 40,095 persons (50.8% coverage) and 32,681 persons (61.5% coverage) have so far been respectively vaccinated with Oral Cholera and Meningitis vaccines in the second round of the OCV campaign in Awerial County. A rapid community coverage assessment showed coverage rates of between 59% to 95.2% in the different sites of the county. In Tongping IDP camp the second round of the Oral Cholera Vaccine (OCV) mass vaccination re-commenced on the 25
March 2014; 1,432 persons (298 persons for the first time) were vaccinated bringing the cumulative total number vaccinated to 13,443 out of which 2,388 received the vaccine for the first time. A coverage survey will begin on the 27th March 2014.

**Surveillance and communicable disease control**

- Four suspected cases of cholera were reported this week from the MSF clinic in Tongping. Samples of the suspected cases were collected and sent to AMREF laboratory in Nairobi for further analysis. All were NEGATIVE for cholera or other enteric pathogens. Emergency meetings were convened over the weekend to address a potential cholera outbreak. A Health and WASH Response Framework and clinical management guidelines were developed by WHO and partners. A cholera treatment centre was established by MSF in Tongping. Preventive messages on cholera were disseminated to the community. Partners continue to put in place contingency measures to respond to the likelihood of epidemics of diarrhoeal disease in the upcoming rainy season.

- A substantial increase in bloody diarrhoea has been reported amongst IDPs in Bentiu, with 80 cases reported in epidemiologic week 12, as compared to an average of 18 cases per week in weeks 4 – 11. Refer to figure 1 for details. An investigation is ongoing to attempt to determine the cause of the outbreak.

![Figure 1. Proportionate Morbidity Due to Priority Diseases amongst Internally Displaced Persons, Week 4 - Week 12 2014](source.png)

**Figure 1. Proportionate Morbidity Due to Priority Diseases amongst Internally Displaced Persons, Week 4 - Week 12 2014**

- Measles cases have remained steady over the reporting periods from most locations, however, in Yuai, cases continued showing an increasing trend in the measles cases reported. The MSF clinic in Yuai reported 45 of the total 58 cases for week 12, up from 33 reported during week 11 and 14 in week 10. To address this issue, MSF has initiated a measles vaccination campaign in Yuai.

- Under-5 and crude mortality rates remained below the emergency threshold in all sites, for the fourth and seventh weeks in a row, respectively.

- The number of reporting sites continue to improve, with 17 sites reporting this week as compared to 16 last week and 11 in the week prior. Most of these sites are in IDP camps in the major humanitarian hubs of Juba, Bor, Bentiu, Awerial and Malakal; there is a need to continue to expand surveillance beyond these major IDP camps to the large number of IDPs that are in other camps or in the community setting.
Reproductive Health

- During this reporting period, a total of 2,583 women attended antenatal care (ANC), 331 had assisted deliveries and 24 caesarean cases were conducted. This brings the total number of women who attended ANC to 7,534, women who assisted deliveries to 1,462 and caesarean cases to 194. Reported from Awerial, Juba Teaching Hospital, Bor, UN Thong piny, UN Juba III, Kajo Keji, Yei, Nimule, Yambio and Maridi. Other States that submitted reports this week include: Lakes, Western Bahr el Ghazal, Northern Bahr el Ghazal and Warrap. Reproductive health reporting has gradually started improving in most IDP camps with the deployment of UNFPA staff in the field. Fifty one women were reported to have accessed family planning services.

Resource mobilization

- According to the financial tracking system about 16% of the cluster’s requirements have been funded to date.
- About $1.65 million is 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

- Conduct first round of Oral Cholera Vaccination campaigns in Bentiu and Malakal, and second round of OCV in Juba III.
- Medair will conduct a post OCV campaign survey in Tongping.
- Upcoming measles and polio campaign starting 23 April 2014.

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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