South Sudan Crisis

The South Sudan Health Cluster Bulletin provides an overview of activities conducted by health cluster partners currently responding to the crisis in South Sudan.

**Highlights**

- To date, health cluster partners have achieved 25-30% coverage of beneficiaries as set out in the original health cluster response plan. With the recent upsurge of violence, new health needs have emerged.

- For operational planning, the health cluster is reviewing the partner’s capacities in crisis affected areas. This will lead to a better view on where the current technical gaps are located in view of more strategic response and planning.

- The health cluster has commenced mapping contingency capacities of its partners (surge staff, logistics and others) in the country to strengthen its response.

- WHO continued to deploy additional surge in country, including Public health experts, and information management staff to enhance health cluster coordination. In this reporting period, additional 5 surge members came in country to support the response. This brings the total number of WHO deployed surge to 17 and four WHO/CDC polio surge staff since the South Sudan was declared L III level. Public health experts, logisticians, information management, human resources, Information and Technology and, emergency response and coordination teams have been deployed to enhance its health response and health cluster coordination. New health and surge needs are being monitored closely. The health cluster commenced mapping surge capacities of health cluster partners in the country.

- The number of people displaced within South Sudan has reached 705,800 and 226,500 displaced into the neighbouring countries of Uganda, Kenya and Ethiopia since the onset of the conflict on 15 December 2013.

_A volunteer registering children for the Oral Cholera Vaccine at Tomping IDP camp, Juba Photo: WHO/Ali Ngethi_
Summary of current situation

- The number of displaced people within South Sudan has reached 705,800 and 226,500 displaced into the neighbouring countries of Uganda, Kenya and Ethiopia since the onset of the conflict on 15 December 2013 (OCHA sitrep No 25, 6 March 2014).

- On 05 March, clashes were reported within some elements of the South Sudan Armed Forces in Juba but was contained (OCHA sitrep No 25, 6 March 2014).

- People continued to flee from Bor, Twic and Duk to Mingkaman following fighting in Gadiang area of Duk county during this period.

- In Malakal, where serious clashes were reported last week, an estimated 30,000 people remain displaced in the Malakal UNMISS protection of civilian area. In addition, an estimated 1,756 persons continued to be stranded in the churches where they took refuge.

- Forty critical staff remain on ground in Malakal POC area to provide critical health services, this included IMC, ICRC, MSF, WHO and IOM.

- In Bentiu and Bor hospitals continue functioning at minimal levels providing primary health care services and secondary health care services.

Current health services

- Since the onset of the crisis on 15 December 2013 to this reporting period, health cluster partners have carried out:
  - More than 300 medical evacuations.
  - In Nasir, about 400 patients with gunshot wounds were received in the hospital in the last 10-14 days. In total, 5,986 surgical interventions, both minor and major were carried out since 15 December 2013.
  - Vaccinated 139,294 children aged 6 months to 15 years against measles.
  - Vaccinated 117,203 children against Polio.
  - Vaccinated 52,398 people, aged 1 year and above, against cholera in Minkaman as of 1 March 2014 (MSF/WHO and UNICEF) and 14,112 people against cholera in Tomping/Juba from 3 March (Medair and WHO). The vaccination exercise is now complete and the team is meant to commence a similar campaign in Juba III starting the coming week.

- As a response to the increasing health needs, a total of 7466 consultations and treatments have been conducted at primary and secondary health service levels this week, this brings the total number of consultations and treatments since 15 December 2013 to 140,346.

- Partners continued to support reproductive health services across major camps. In the two IDP camps in Juba and Juba Teaching Hospital, a total of 2,564 women were reported to have attended antenatal services, 859 normal vaginal deliveries conducted and 148 caesarean sections since 15 December 2014.

- Mobile clinics have started in the four islands of Malual, Mathiang, Matoo and Nyndeng in Awerial County supported by IMC. The four islands have a total population of 9,000 displaced people.
MSF is supporting measles and polio vaccination, and Vitamin A supplementation in all the ten islands in Awerial County hosting displaced people, targeting 6,500 children under five years.

**Surveillance and communicable disease control**

Figure 1 below shows the trends of acute bloody diarrhea, acute watery diarrhoea suspected measles, and malaria, in the IDP camps. A general decline is observed. These trends are expected to change with the onset of the rains in March.

Figure 1: Trends of priority diseases in IDP Camps, South Sudan, week 51, 2013 - week 9, 2014

The total numbers of consultations reported in week 9 were 7,466 compared to 7,897 in week 8. The under-five mortality rate in all IDP camps reduced to below the emergency threshold (U5MR: ≥ 2 per 10,000 per day) as of week 9. The crude mortality rates has remained below the emergency threshold (CMR: ≥ 1 per 10,000 per day) in all IDP camps for the fourth consecutive (week 6 - week 9). A cumulative total of 48 suspected meningitis cases 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).

**Gaps and Needs**

The following are the gaps and needs reported during this week:

- Life saving surgical services remain a major challenge in Bentiu and Bor State Hospitals where theatres are non-functional.
- There is a need to support the OCV campaign in Bor, Malakal and Bentiu camps.
- Reproductive health services remain a gap in most areas with displaced persons.
- Lack of medical supplies at various health facilities across all the affected areas.

**Concerns**

- Many areas remain insecure making access to and delivery of health services difficult.
**Plans for future response**

- 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 in Juba III camp.
- Respond to Health needs in key affected areas.
- Continue mapping surge capacities of health cluster partners in the country.

**Health Cluster partners**

**Partners working supporting the response include the following:**


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

ECHO, OFDA, CIDA, DFID, EU, USAID

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**Contacts**

**Dr Julius Wekesa**
Health Cluster Coordinator
WHO South Sudan
Email: wekesaj@who.int
Mobile: +211 954805966

**Ms Pauline Ajello**
Information Management and Communication Manager
Health Cluster South Sudan
Email: ajellopa@who.int
Mobile: +211 955873055

**Ines Morgan**
Co-Cluster Lead
International Medical Corps (IMC) South Sudan
Email: sshealthclustercolead@gmail.com
Mobile: +211 954309962