South Sudan Crisis

The South Sudan Health Cluster Bulletin provides an overview of the health cluster activities conducted by health cluster partners currently responding to the crisis in South Sudan. This Bulletin will be issued once a week until the end of the crisis. It is a tool used to share information to supplement other information products.

WHO and UNICEF staff park vaccines in to vaccine carriers for distribution to vaccinators in UNMISS Level II hospital in Bor
Photo: WHO

Highlights

◊ The number of displaced people in South Sudan has reached 737,855 internally displaced persons (IDPs) since the onset of the conflict on 15 December 2013 (UNOCHA). One hundred and twenty three thousand, four hundred (123,400) others have been displaced in to the neighboring countries of Uganda, Kenya and Ethiopia.

◊ Health cluster partners have continued conducting emergency mass measles and polio campaigns in sites in Juba following repeated reports of suspected measles cases, 6,497 children were vaccinated against measles. The emergency vaccination campaigns have also taken place in other accessible IDP sites in Benashowa in Maban Upper Nile state with 845 vaccinated against measles and 880 against polio. Campaigns are also expected to take place in Yuriel Uror and Malakal PoC.

◊ Malaria, Respiratory Traction infections continue to be the leading causes of morbidity in all the IDP camps. In this period, 192 suspected measles cases and 26 related deaths were reported from Juba, Bor, Awerial and Bentiu camps.

◊ Four hundred and seventeen new cases of gunshot wounds were recorded in this reporting period.
The number of displaced persons in South Sudan has continued to rise since the clashes first broke out in the country on 15 December 2013. In this period the number of persons displaced increased by 91,455 up from 646,400 IDPs reported in the last cluster Bulletin.

Four hundred and seventeen new cases of gunshot wounds were recorded in this period from 34 health facilities. This brings the total number of gunshot wound cases reported since the conflict started in December 15 to 5114.

Although the ceasefire was signed, fighting has continued in parts of Jonglei, Lakes, Unity and Upper Nile state. Areas where fighting was reported to have taken place include: Yirol East in Lakes State, and Aweria between government forces and the opposition leading to 47 death and 41 causalities. Fighting was also reported in Matbar between Awerial and Yirol West, Lakes States, and in Nasir Upper Nile State. In Malakal, Bor and Bentiu, threats of possible clashes have continued to hamper humanitarian response in the affected areas. With the most affected being the delivery of drugs and other medical supplies plus human resources to respond to the health needs of the displaced. While in Tonj north, there were reported clashes due to cattle rustling.

People have continued to be displaced in areas where fighting is taking place. Thousands of people were displaced from Leer. Partners have started offering services to accessible areas that were initially inaccessible. In this period, partners extended health services in the following internally displaced people’s sites; Old Fangak, New Fangak, and Pibor in Jonglei State, Wau Shuluq and Dayton in Upper Nile State, Akoka and Rom. Partners have also continued providing services to IDP sites in State capitals IDPs of Juba, Bor, Bentiu, Malakal, and in Awerial and other neighbouring states not directly affected by conflict. Planned health interventions are also planned for people who have returned to the towns of Malakal, Bentiu, and Bor.

The continued reports of suspected measles cases in the IDP sites posses a public health risk despite repeated campaigns in the IDP camps. From Bor alone, over 26 deaths due to suspected measles cases have been reported and verification process by partners is on-going. Death due to suspected measles cases have also been recorded in Tomping and Juba III IDP sites in Juba and in Awerial. Partners have stepped up efforts as a measure to minimise further spread. Other areas with IDPs that reported suspected measles cases are; Pariang, Lankien, Nyirole, and Akobo. The Ministry of Health and WHO have stepped up surveillance in accessible IDP sites.
Congestion continues to be a public health concern in many camps especially in Juba camps, which could be a driver for the spread of Acute Watery Diarrhoea.

The use of unsafe water points coupled with lack of latrines is a public health risk for all the displaced communities. Continues. With this, the risk of acute watery diarrhoea is high especially among children.

Health Cluster Coordination

A health cluster coordination meeting was convened and held in this period. During the meeting, focus and emphasis was drawn to the measles outbreak and the upcoming Oral Cholera Vaccine campaign. The cluster partners were also informed of the ongoing emergency campaigns in Tomping and Juba III camps in Juba conducted by MEDAIR and in Awerial, Lakes State conducted by MSF, WHO and UNICEF.

To strengthen coordination of response towards potential epidemics, the Ministry of Health with support from WHO conducted an Epidemic Preparedness and Response meeting with key health partners. The meeting focused on major disease events under surveillance in South Sudan.

WHO focal points have continued to support coordinate partners at the state levels to ensure coordinated efforts by all health cluster partners. Regular technical support is also being provided by the WHO teams.

Assessments

The health cluster participated in an interagency assessment in Malakal Upper Nile State and Paloich IDP sites. Assessments were also conducted to IDP sites in Wau Shiluk and Dayton both near Malakal town. The need for drugs and other medical supplies to support the health facility that supports the displaced community was identified. However comprehensive reports of the activity will be shared once ready.

The health cluster partners also participated in assessments to Akoka by GOAL and Rom. In Akoka, preliminary findings indicate that IDPs in this area are from Baliel and Akoka counties. Approximately 9,000 IDPs are in Akoka county from areas bordering Baliel and Makal county. Of these 4,000 are in Bionything alone. In ROM, 25,000 internally displaced people are reported to have arrived this place so far have arrived here, its however expected that this figure may rise up as more people are expected to arrive this area. The assessments teams established that those displaced they are currently sleeping outside exposing them to cold and mosquitoes. GOAL is providing primary health care services for the displaced people using supplies provided by IMA, however these are running low. Latrine coverage were also reported as a gap as open defecation was evident and with the use of water from the open water source the risk of water borne disease outbreaks is high.

In Melut, an assessment was conducted and health partners are in the process of extending health services to the IDP site. GOAL is to strengthen mobile clinic services in the area with drug supplies from WHO. The main causes of morbidity are; diarrhea, Malaria and Respiratory Tract Infections. Safe and clean water supply is a gap as most people are using water from the river and latrines are also lacking

Health service delivery

There are still a few partners on ground offering health service delivery in Malakal and Bentiu, however IOM and IMC medical teams are providing primary health care services in Malakal PoC and IOM is supporting Bentiu with primary health care services. In this reporting period, a total of 2,078 consultations were conducted in Malakal POC IDP site with over 300 consultations a day. In Bentiu 460 consultations from the POC area were recorded. The most common morbidities continue being malaria, respiratory tract infections and diarrheal diseases. In Malakal, emergency mass measles and oral polio vaccination campaigns are planned to take place this coming week. Micro-plans have been shared. In coordination with the SMOH and CARE (the lead NGO in Rubkona town) IOM will begin a mobile health unit to Rubkona town next week to provide primary health care. IOM is supporting to strengthen cold chain in Bentiu. One suspected case of measles was line listed from Bentiu and blood specimen collected and sent for further investigations by WHO.
Health service delivery

◊ This week, Bentiu State Hospital, re-opened, and started functioning. Most of the structures, and medical materials were found to be intact, with available medical supplies. MSF plans to re-start TB and HIV activities. MSF is also considering her support to Bentiu state hospital, with nutrition activities, with specific focus to ITFC.

◊ Partners continue to support disease surveillance and response in the IDP camps. This has enabled identification of notifiable diseases like measles, which have been investigated and blood specimen analyzed at the national reference laboratory. In this period, through the early warning, 192 suspected measles cases and 26 related deaths were recorded in Juba, Bor and Awerial sites.

◊ The planning of Oral Cholera Vaccination campaign in Juba and Awerial camps is in the final stage, and the vaccine stock is expected in Juba by the end of this week. MSF-Swiss will support the OCV campaign in Awerial, while Medair will support OCV campaign in Juba camps. MoH, WHO and UNICEF will actively participate the monitoring and evaluation exercise of the planned OCV campaign.

◊ UNMISS continued providing medical care for the displaced in PoC bases in Malakal, Bentiu, Bor, Juba Tomping and Juba III. Other humanitarian partners (ICRC and MSF) continued supporting surgical care at various health facilities.

◊ In Tomping IDP camp in Juba, MSF Belgium are providing trauma and primary health care and pediatric inpatient services to the IDPs inside the UNMISS compound. In Juba III, IMC and THESO are providing primary health care and treatment for the wounded unable to access medical services while WHO is providing medical supplies.

◊ In Lakes State, health responses have been ongoing. In Awerial, MSF, CCM and CUAMM are providing primary health care services on the ground. The International Medical Corps team also returned to Minkamman Village, Awerial on January 25th and began primary health care services in Kalthok on January 28th, with mobile medical units planned for operation north of Minkamman by next week. MSF also provided health services among them three OPDs, two mobile clinics and, in-patient department care seeing 2,740 in the total consultations. CUAMM, UNFPA, WHO, the state Ministry of Health and UNICEF are providing vaccines, drugs and other medical supplies to partners running health services on the ground. Health Link is supporting Bunagok PHCC and preparing to strengthen emergency obstetrical care in the facility.

◊ In Warrap State, GOAL is providing Primary Health Care services through mobile clinics for IDPs in Manawan as a result 1,116 consultations, 200 ANC visits, vaccination of 1,039 children, 1,038 nutrition screening and 48 referrals to OTP were conducted. Thirty one casualties were medically evacuated by World Vision and THESO after clashes in Tonj North.

Reproductive Health

◊ IMC and UNMISS with support from UNFPA and WHO continued to deliver reproductive health services in the Juba sites. Family planning services are also being offered at the IDP sites in Juba. Most antenatal care services are being offered at the clinic except Prevention of Mother to Child Transmission of HIV. The construction of the placenta pit also commenced.

Summary table showing reproductive health services in camps in Juba

<table>
<thead>
<tr>
<th>Facility/Location</th>
<th>No. of Pregnant Women Mapped</th>
<th>No. of ANC Attendance*</th>
<th>No. of Normal Vaginal Deliveries</th>
<th>No. of C/S done</th>
<th>No. of Post-abortion Care Cases</th>
<th>GBV Cases Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMC Facility - Juba 3 PoC</td>
<td>465</td>
<td>157</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>UNMISS Level I Hospital</td>
<td>465</td>
<td>No services provided</td>
<td>27</td>
<td>0</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>UNMISS Tomping - Level II</td>
<td>465</td>
<td>No services provided</td>
<td>126</td>
<td>2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Juba Teaching Hospital</td>
<td>465</td>
<td>148</td>
<td>381</td>
<td>87</td>
<td>273</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>465</td>
<td>305</td>
<td>540</td>
<td>89</td>
<td>309</td>
<td>4</td>
</tr>
</tbody>
</table>
**Vaccination campaigns**

The table below summarizes the vaccination campaigns conducted in seven IDP areas in five States.

<table>
<thead>
<tr>
<th>Tongping PoC</th>
<th>MSF-B</th>
<th>Routine (clinic)</th>
<th>&lt;5y: 192</th>
<th>TT: 122</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAGNA</td>
<td>Routine (community)</td>
<td>&lt;5y: 345</td>
<td>TT: 157</td>
<td></td>
</tr>
<tr>
<td>MAGNA</td>
<td>Measles and polio (comm)</td>
<td>Measles: 603</td>
<td>Polio: 301</td>
<td></td>
</tr>
<tr>
<td>Medair</td>
<td>Measles campaign (&lt;15y)</td>
<td>Measles: 6,497</td>
<td>(final)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UN House</th>
<th>MAGNA</th>
<th>Routine (community)</th>
<th>&lt;5y: 483</th>
<th>TT: 162</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAGNA</td>
<td>Measles and polio (comm)</td>
<td>Measles: 48</td>
<td>Polio: 43</td>
<td></td>
</tr>
<tr>
<td>Medair</td>
<td>Measles campaign (&lt;15y)</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Bor       | SMOH/WHO/UNICEF | Integrated measles and polio campaign | Measles: 2,817 (72%) | Polio: 2,559 (68%) |

| Nimule | Merlin/SMoH/WHO | Integrated measles and polio campaign | Measles: 15,114 (92%) | Polio: 15,548 (94.6%) |

| Twic (Warr) | MoH/Goal/WHO/UNICEF | Integrated measles and polio campaign | Measles: 1,384 (ongoing) |

| Awerial | MoH/MSF/CUAMM/WHO/UNICEF | Integrated measles and polio campaign | Measles: 6,762 (ongoing) |

| Lankien | MSF-H/UNICEF | Measles campaign | Measles: 6,762 (ongoing) |

**Surveillance and communicable disease control**

- In week 5 a total of 7,934 consultations were reported from eight IDP camps across the country. Of these cases, 14.4% were respiratory tract infection, 14% acute watery diarrhea, 12% suspected malaria, 2% bloody diarrhea, and 2.4% suspected measles cases. In terms of age distribution, 31% of malaria cases, 69% of acute watery diarrhea cases, 28% of bloody diarrhea cases and 82% of measles cases were seen in children below five years of age. Although more camps reported this week, the trend of AWD, Malaria and Measles have increased as compared to the previous weeks.

- In week 5, 192 suspected measles cases and 26 related deaths were recorded from Bor, Juba and Awerial camps. Of these cases, 82% were children below five years of age. WHO together with other partners are currently investigating the increased measles cases and deaths in Bor camp in the past three weeks. A cumulative of 522 suspected measles cases and 77 related deaths (15% CFR) were recorded across all the camps in the past seven weeks.

- The micro plans for the Oral Cholera Vaccination (OCV) campaigns in Juba and Awerial were finalized, and shared to ICG secretariat. Tentatively, the first consignment of OCV stock is expected to arrive Juba at the end of week 6.
Gaps and Needs

◊ Primary Health Care services including immunization services to IDPs and host communities in Upper Nile, Unity and Jonglei States.
◊ Need for medical supplies and health services in Wau Shilluk
◊ Conduct emergency measles and polio vaccination campaigns in Bentiu PoC
◊ Re-establish cold chain in Bentiu
◊ Most health facilities are reporting shortages of drugs due to delayed Ministry of Health distribution.
◊ Secondary health care needed in Minkamman
◊ Partners to support the OCV campaign in Bor, Malakal and Bentiu camps

Concerns

◊ Many areas remain insecure making accessibility difficult.
◊ Reproductive health remains a major challenge in a number of IDP site, requiring more partners to fill this gap.

Plans for future response

◊ Scale up Primary Health care services delivery to all IDPs and host communities in most accessible areas.
◊ Continue with emergency mass measles vaccination campaigns in all IDP camps and general immunization services.
◊ Finalize preparation for the implementation of Oral Cholera Vaccination.
◊ Respond to health needs in Wau Shilluk.
◊ Respond to Health needs in key affected areas.

Health Cluster partners

Partners working towards the response include: Ministry of Health, State Ministries of Health, WHO, UNICEF, MSF Spain, MSF Belgium, MSF France, MSF Swiss, IRC, MEDAIR, MSF Holland, ICRC, CCM, THESO, CARE, COSVO, UNFPA, UNMISS, UNKEA, CUAMM, GOAL, IMC, IMA, AHA , IOM, World Relief, Caritas  Torit. Donor observers: ECHO, OFDA, CIDA, DFI D, EU, USAID.

Currently the national Health Cluster is Chaired by MOH and Co- WHO.

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