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.

Highlights

◊ Displaced people in South Sudan reached 716,500 internally displaced persons (IDPs) One hundred and twenty three thousand, four hundred (166,900) others displaced in to the neighbouring countries.

◊ Health partners continued health promotion interventions in IDP sites in Juba following repeated cases of measles in Tomping and threats of potential disease outbreaks due to poor hygiene and sanitation conditions in the IDP sites. Health seeking behaviour is gradually improving among the internally displaced person.

◊ Although the number of cases of measles reported from Juba and Tomping have significantly reduced, it remains a challenge in internally displaced persons sites across all the conflict affected areas.

◊ Malaria, respiratory traction infections and diarrhoea continue to be the leading causes of morbidity in all the internally displaced persons sites in the conflict affected areas.
The number of displaced people in South Sudan has reached 716,500 internally displaced persons (IDPs) since the onset of the conflict on 15 December 2013 (UNOCHA). One hundred and fifty six thousand, eight hundred (166,900) are others displaced in to the neighbouring countries of Uganda, Kenya and Ethiopia.

In parts of Jonglei State and Malakal, Upper Nile state fighting erupted again this week, displacing thousands of other people. In Malakal clashes between the Opposition forces and pro government forces displaced many other people in to the UNMISS base. It was however not possible to establish the exact number of people displaced in to the base in Malakal.

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

The number of injuries continues being reported at various health facility level with many patients presenting with old wounds and injuries. New injuries continue to strain the little available resources.

Congestion continues to be a public health concern in many camps especially in Juba, this could be a driver for the spread of acute watery diarrhoea, measles and other priority diseases.

Health Cluster Coordination

Health cluster coordination meetings were held at Juba and state levels of Malakal and Bentiu. At Malakal, discussions on how to address the issue of integrated disease surveillance and response, immunization and nutrition among the population in the community and the POC area were held and agreed on. Subsequently the nutrition cluster was tasked to share the nutrition assessment report with the health cluster. While in Juba, emphasis was on the prevailing humanitarian situation, partner presence and response and the issue of pharmaceutical shortages.
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 and discussions on the upcoming Oral Cholera vaccination and how to conduct this campaign was discussed and agreed. Medair will support the campaign in camps in Juba while MSF will support the campaign in Awerial. WHO and other partners will monitor the campaigns.

In addition to surge capacity deployed at states of Malakal, Upper Nile state and Bor, Jonglei State to strengthen and support health cluster coordination intervention, additional health cluster surge was deployed at the central level. The team at the central level will work closely with the deployed technical officers to ensure proper coordination and information sharing among all cluster partners. While the team at the state level will participate in health assessments and supports strengthen coordination of health cluster partners at the state level. In addition an extra technical officer was deployed to Bor to provide technical support on case management of measles and establish a community network to improve mortality surveillance.

**Assessments**

MSF Holland conducted as assessment in Walgak (Akobo County Jonglei State) following rumors of measles and measles related deaths. As a result the agency commenced the vaccination campaign targeting the Wagalk Payam as well as supporting the case management of the measles cases in collaboration with Nile Hope. Since the initiation of the campaign on 15 February 2014, 9,093 children had been reported to be vaccinated out of the targeted 14,620, by the time this bulletin was released. The Primary Health care Centre in Wagalk reported shortage of drugs including analgesics and antibiotics.

**Health service delivery**

In Bentiu POC area, health partners continued to provide health care services in IDP camps. The POC area currently has 3200 IDPs. The major health actors in this area are; WHO, the State Ministry of Health (SMoH), IOM, IRC, Concern WW and UNICEF. This week, a discussion was held between CARE and IRC to request the support of IRC to take over the provision of primary health care services in the two POC camps. The organization was already providing Reproductive Health services in the POC areas. In this week a total of 2,537 consultations were recorded at both POC sites.

The latest registration town found about 8,000 residents, a number far less compared to population before crisis to have returned to the community. Bentiu State hospital commenced operations with some health care workers who have reportedly returned. So far 4 Medical officers and clinical officers have reported for duty. IOM established a temporary clinic in Bentiu town to provide primary health care services for those who cannot access Bentiu State hospital. IRC is in the process of setting up services in the 2 PoC clinics currently by volunteers and will consider continuing providing incentives to the volunteer health care workers at the PoC clinic. There is however shortage of some drugs at the clinics. CARE conducted a rapid mid-upper arm circumference (MUAC) screening in Bentiu town. Out of 862 under five children 19 (2%) were severely malnourished and 75 (9%) are moderately malnourished. Of the 191 screened, 10 (5%) were severely malnourished and 44 (23%) were moderately malnourished. CARE has started nutrition services in the 2 PoC clinics, however there is no stabilization centre for severely malnourished children. MSF also conducted an assessment at the Bentiu hospital with a plan to open nutritional activities and reinstate the HIV/TB care for patients already enrolled in the first phase.

Malakal, Upper Nile State, mobile clinics to IDPs in Malakal commenced by Relief International. The mobile clinics are reaching people displaced at Presbyt Church (2,000), Bam centre (4,200), secondary School of MoE, SoS (1,700) and Christ the king (2,000). This however have been interrupted during the week to clashes around Malakal.

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Health service delivery

In Bor PoC, UNICEF in collaboration with WHO supported the mass Mid Upper Arm Circumference screening for all children under five years. The estimated population of people in Bor POC is about 6,000 and 19% of them estimated as children under five. In total the team screened a total of 1,110. The preliminary results for the screening are presented in the table below. The proxy indicators for GAM is 15.1% and for SAM is 4.4% (oedema =1.6% and SAM without oedema is 2.8%).

Following the screening, IRC established one outpatient therapeutic feeding centre in their clinic at the POC and UNICEF provided 100 cartons of Plumpy nut for the treatment of SAM and as of 16th February 2014, 103 children suffering from SAM are admitted in IRC OTP. It was recommended that WFP starts providing Targeted Supplementary Feeding Programme for treatment of Moderate Acute Malnutrition (MAM), IRC to establish Stabilization Centre, community health workers to continue with Active Case Finding to identify children with malnutrition provided that supplementary feeding program (SFP) is in place as already MAM represents 10.7% and children at risk of malnutrition represents 21.6% and establishment of Infant and Young Child Feeding (IYCF) program in the POC targeting pregnant and lactating mother, elderly women and community leaders.

In Lankien (Nyirol County: Jonglei State), MSF Holland is running secondary level hospital with inpatient and outpatient services, surgical program, CEMOC level care, HIV/TB/Kalazar programs, nutritional program with inpatient and ambulatory care including support to PHCU in YUAI where the agency is running primary health care services including nutrition. The main medical issues are; the increasing malnutrition cases in the hospital and increase in the number of malaria case. The agency has just responded to measles outbreak in Lankien Payam of Nyirol county with 11,090 children between 6 months to 15 years being vaccinated against measles. Case management of measles is going on in Lankien with support from the MoH, WHO, and UNICEF.

In Juba, MSFB, THESO, Medair, Magna, IMC and UNMISS are main health service providers in the Juba POCs. In this period, community mobilization and health promotion efforts were stepped up, WHO, Medair and MSF identified community mobilizers to support health education interventions. Comprehensive review of existing measles data is being conducted to identify gaps that could be affecting the quality of the previous campaigns. UNFPA, UNICEF and WHO continue providing guidance on reproductive health, child health and communicable disease control respectively.

In addition to 55 health promoters trained by WHO in the previous weeks, this reporting period, Medair and MSF trained 78 Health Promoters trained, and grouped into 6 teams for easy monitoring. The health promoters were trained on interpersonal communication (IPC) and health messaging about early danger signs in infants and early health service seeking behavior. The messaging was supplemented with flipchart with pictures showing those common signs. As a result 11,091 (Male 6,454 Female 4,637) people reached through one on one and group campaigns. With the intensified health promotion in the camps in Juba, it’s expected that the IDPs will improve the hygiene and sanitation conditions in the camps thus reduce the risk of potential disease outbreaks.

Surveillance and communicable disease control

No major outbreaks have been reported this period, with cases of measles reportedly going down in all the major IDP sites that reported cases in the previous weeks. This however remains a public health concern.

A significant decline in suspected measles cases was recorded in epi-week 7. A total of 71 suspected measles cases were reported in week 7 compared to 172 cases in week 6. In the current outbreak, 80% of the cases are under five years while 20% are above five years. A few suspected cases had a history of measles vaccination.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of children with Oedema</th>
<th>Number of children: MUAC &lt;11.5 cm</th>
<th>Number of children: MUAC 11.5-12.5 cm</th>
<th>Number of children: MUAC 12.5-13.5 cm</th>
<th>Number of children: MUAC &gt;13.5 cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children</td>
<td>18</td>
<td>31</td>
<td>119</td>
<td>240</td>
<td>702</td>
</tr>
<tr>
<td>Percentage</td>
<td>1.6%</td>
<td>2.8%</td>
<td>10.7%</td>
<td>21.6%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>
The figure below captures the trends of the four priority diseases under surveillance in the IDP camps. The general decline in reported cases in week 7 was mainly attributed to the decrease in the number of sites that reported. A total of 15 sites reported in week 6 compared to 8 sites in week 7.

The total numbers of consultations reported in week 7 were 7892. The distributions of the consultations were Juba (22.1%), Jonglei (27.4%), Awerial (25.5%), Bentiu (4.2%) and Malakal (20.7%). Of these cases, suspected measles were 1%, 15% due to suspected malaria, 11% acute watery diarrhea and 2% due to bloody diarrhea. In age distribution, 26% of malaria cases, 65% of acute watery diarrhea cases, 29% of bloody diarrhea cases and 95% of measles cases were seen in children below five years of age. The majority of diarrhea cases were recorded from Awerial IDP camp (31%), followed by Juba Tomping IDP camps (29%) and Malakal (21%), where sanitation and hygiene conditions are very poor.

### Reproductive Health

**Cumulative Reproductive Health services offered in Tomping, Juba Teaching Hospital and as at 15th February, 2014**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Juba 3 POC-IMC (since 16)</th>
<th>Tomping POC-IMC (since Jan 16)</th>
<th>Tomping level</th>
<th>Juba teaching hospital as of 5 Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of normal vaginal deliveries</td>
<td>17</td>
<td>5</td>
<td>138</td>
<td>398</td>
</tr>
<tr>
<td>Number of Obstetric Complications treated</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of Caesarean Sections Done</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>80</td>
</tr>
<tr>
<td>Total number of babies delivered alive</td>
<td>17</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of still births</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths</td>
<td>3</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women with abortion/miscarriage treated</td>
<td>11</td>
<td>2</td>
<td>24</td>
<td>261</td>
</tr>
<tr>
<td>Number of Maternal Deaths</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Number of Neonatal deaths</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of GBV Survivors treated &amp; managed</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Condoms Distributed</td>
<td>0</td>
<td>144</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people served with other FP methods</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of ANC attendance</td>
<td>194</td>
<td>739</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Postnatal care attendances</td>
<td>22</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women of reproductive age</td>
<td>1897</td>
<td>3215</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Pregnant Women Identified</td>
<td>482</td>
<td>601</td>
<td></td>
<td></td>
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</table>
Gaps and Needs

- Life saving surgical services remains a major challenge in Bentiu and Bor State Hospitals.
- Need for partners to support the OCV campaign in Bor, Malakal and Bentiu camps.
- Reproductive health services remain a gap in most IDP sites outside of POC areas.
- The theatre in Bentiu and Bor hospitals are not functioning.
- Lack of medical supplies at various health facilities across all the affected areas.

Concerns

- Many areas remain insecure making accessibility to health services and delivery of health care support difficult.
- Reproductive health and mental health services remain major challenges in a number of IDP sites.

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.
- 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, MEAIDIR, MSF Holland, ICRC, CCM, THESSO, CARE, COSVO, UNFPA, MAGNA, MENTOR, MERLIN, UNMISS, UNKEA, CUAMMM, GOAL, IMC, IMA, AHA, IOM, AHISS, CROSS, IOM, World Relief, Nile Hope, PIN, RI, UNIDO, Caritas Torit. **Donor observers:** ECHO, OFDA, CIDA, DFID, EU, USAID.

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

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