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Background

Following escalation of violence in South Sudan in July 2016, thousands of refugees crossed the border with Uganda. The Ugandan government settled them into the Bidibidi, and subsequently also the Imvepi settlement. Because they were highly dependent on humanitarian aid, a baseline health and mortality survey assessed their health status. This was followed by the implementation of two different health surveillance systems allowing weekly reporting of most basic health indicators.

Methods

Households were randomly selected by spatial sampling, and household structures were assessed. Nutrition status for children <5 years was evaluated using Mid-Upper Arm Circumference (MUAC) and edema assessment. Retrospective mortality used a 5-months recall period. Two different weekly surveillance systems were implemented, one following the Ugandan community health system and another "lighter" system, focusing on mortality and most epidemic diseases. A second survey was performed for new arrivals to collect more information about mortality in South Sudan and during their journey.

Results

A total of 1 018 heads of household accepted to participate in the baseline survey. The population was found to be very young, and split households were frequent with 20% of that population missing; 32% of households were headed by women. Many households also lacked crucial non-food items. In the settlements, malnutrition and mortality appeared to be below emergency thresholds but delays in food distribution were frequent. On the other hand, crude mortality rates were found to be high in South Sudan with many violent deaths recorded. Surveillance systems revealed small bursts of bloody diarrhea and malnutrition pockets in both settlements.

Conclusions

Our assessments reflected high levels of violence in South Sudan. In the Uganda settlements, health indicators were under control but still need to be monitored.

Health assessment and surveillance among South Sudanese refugees are essential activities, as access to food, water and health services remains fragile.