Health Cluster Bulletin # 15
10 April 2014

South Sudan Response
04 April – 10 April 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
803,200 INTERNALLY DISPLACED
1.9 M TARGETED FOR HEALTH
202,500 REFUGEES
6,123 INJURED*

Highlights

- The third round of the Oral Cholera Vaccine (OCV) campaign conducted by Medair started in Tongping on 9 April 2014 targeting persons vaccinated for the first time in the second round. A total of 452 people were vaccinated.

- HIV/AIDS and TB services have been initiated in UN House in Juba III by IMC, Juba Teaching Hospital, and MSF-B respectively with support from MoH, WHO and UNAIDS.

- The health cluster has delivered 965,099 medical interventions to internally displaced persons and host populations across the country.

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

HEALTH SECTOR

56 HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**
965,099 MEDICAL INTERVENTIONS

HEALTH FACILITIES**
33 DAMAGED/LOOTED/CLOSED
1350 FUNCTIONING

CONSULTATIONS**
214,944 CONSULTATIONS
1,906 ASSISTED DELIVERIES
269 CASSERIAN SECTIONS
6,123 INJURIES (GUNSHOT WOUNDS)
317 MEDICAL EVACUATIONS

EWARN 32 SENTINEL SITES

VACCINATION
188,543 CHILDREN VACCINATED AGAINST MEASLES**
141,691 CHILDREN VACCINATED AGAINST POLIO**
60,239 PEOPLE VACCINATED AGAINST CHOLERA, ROUND2

FUNDING
10,814,925 18% FUNDED
61,324,020 US$ REQUESTED
Situation Update

- The security situation remained relatively calm in most parts of the country with no major clashes reported between government and opposition forces. The situation in Malakal, Upper Nile State and Bentiu, Unity State remains tense with fears of possible clashes from both sides. In parts of Tonj East and Twic county in Warrap State, cattle raids were reported in which 21 persons were killed, with unspecified number wounded and hundreds of cows raided.

- Population movement continued in to Mingkaman and Bor towns from Duk and Twic East counties due to fears of insecurity in the area. In Bentiu, movement from the southern counties continued. To date a total of 82,518 people are registered in Mingkaman IDP camp. In Bentiu, the total number of IDPs in the Protection of Civilian (PoC) 1 and PoC 2 are estimated at 7,892 persons as of 29 March 2014. In Tongping IDP camp currently hosts a total of 21,000 internally displaced persons.

- In an effort to decongest Tongping camp, over 1,000 people have been moved to the new site in UN House Juba III. Tongping IDP camp currently hosts a total of 21,000 internally displaced persons.

Public health risks, needs and gaps

- In Mingkaman, shelter remains a big challenge for the thousands of displaced people who continue taking shelter under trees and/or use makeshift shelters. These living conditions predispose them, especially children under five years, to respiratory tract infections, malaria, and acute watery diarrhoea. The first rains started in March, and partners remain concerned about the increase in the burden of these diseases.

- Measles continues to be a public health risk in all IDP camps and communities outside the PoC areas. This week 35 suspected cases were line listed in Bentiu alone, most cases recorded in Bentiu hospital with a few others reported from mobile clinics in the community outside the PoC area. Two suspected cases of measles were also reported at the Health Link clinic in Mingkaman; samples have been collected by WHO and transported to Juba for confirmation.

- There is an increasing number of Kala azar cases being reported from Malakal, Bentiu and parts of Jonglei State. This is a public health threat as many of the patients are living in areas with limited access to medical care. In Bentiu and Malakal, the number of cases screened that tested positive has also increased since the conflict broke out. This week nine suspected cases of Kalaazar were reported from Bentiu hospital and 6 of them tested positive following laboratory tests conducted by MSF. WHO and MSF have provided medical supplies for the diagnosis and management of cases admitted in the two facilities.

Gaps

Critical health response gaps include:

- Inadequate facilities for emergency obstetric care in Bor.
- Lack of secondary health care in Bor, Malakal and Bentiu due to shortage of staffing, damaged infrastructure and equipment and 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 displaced people living outside PoC areas.
- Shortage of emergency blood services and supplies.
- Lack of space for expansion of the clinic at the PoC in Bor.
- Lack of laboratory capacity to detect epidemic prone diseases including cholera and dysentery at all levels.
- In Unity, inaccessibility to most of the counties due to insecurity limited activities mainly within IDPs camps and Bentiu hospital

**Health Cluster Action**

**Health cluster coordination**

Health cluster meetings were convened at the national and sub-national levels. At the national level, key highlights included the following:

- As a way of improving the quality of weekly disease surveillance, the list of the 44 reporting sites will be reviewed to identify those that are now combined in the weekly reporting.
- The Emergency Medicines Fund (EMF) drugs have started arriving in the country and some are being cleared at the Mombasa port. The Ministry of Health will share the distribution plan so that partners can facilitate distribution from county to facility levels, ensuring that critical medicines and supplies are delivered to all health units. The Ministry of Health has arranged for a meeting between JPHIEGO, Deliver, IMA and HPF to help identify capacity gaps in supply management at county level and make suggestions to address them.

- In Mingkaman, Bor and Bentiu, health cluster meetings were also held. In Mingkaman, highlights of the meeting included a third round of the oral cholera vaccine is planned to take place in the IDP camp. Considerations to integrate the third round of the campaign with the forthcoming Oxfam food distribution are being done.

**Health service delivery**

A total 965,099 medical interventions have been carried out by cluster partners since 15 December 2013,

- 214,944 consultations and treatments,
- 188,543 children vaccinated against measles,
- 141,691 children vaccinated against polio and
- 60,239 persons have been vaccinated against cholera in Tongping, Juba III and Mingkaman IDP camps.

- As of 09 April 2014, a total of 13,187 consultations were reported from areas with IDP concentrations including IDP camps and PoC areas and 21, 725 consultations were recorded country wide.

- Health care services have resumed in Mayom Primary Health Care Centre (PHCC) and five other health facilities in Mayom county, namely: Mankien PHCC, Renybol Primary Health Care Unit (PHCU), Riek PHCU, Kure PHCU and Bieth PHCU. The health services are being provided by CARE, WHO has
provided medical supplies and UNMISS, the Recovery, Reintegration & Peace building (RRP) and Resident Coordinators Office (RCO) have facilitated the transportation of medical supplies to the county.

- In Renk, Upper Nile State, many returnees struggle to find access to basic health services. The existing services are overwhelmed and often only emergency care is offered. Medair is operating two temporary emergency health clinics to support the community in the area. Services offered include; preventive and curative services (OPD); antenatal care, delivery referrals, and post-natal care; services for survivors of sexual and gender-based violence (SGBV); management of moderate and severe acute malnutrition of children under five and pregnant and lactating mothers; and health education in transit sites.

- In Maban, Medair is providing preventive and curative services, Integrated Essential Child Health Care, reproductive health services based on the MISP, Immunization, and health education. Other services provided include nutrition monitoring, and the management of severe and moderate acute malnutrition and supplementary feeding for pregnant and lactating women.

**Vaccination**

- An overall total of 60,239 persons have been vaccinated including 6,194 for the first time in Juba (Tongping and Juba III IDP camps) and Mingkaman IDP camp. The campaign was conducted by Medair in Juba III and Tongping, and MSF in Mingkaman. The table below shows people vaccinated in the first and second rounds of the OCV campaigns in Juba and Mingkaman. The first Oral Cholera Vaccine (OCV) has started in Malakal on 9 April 2014 and will be conducted by MSF and IOM. The round two of the campaign was concluded in UN House Juba III on the 4 April 2014. In this round, 6,205 people were vaccinated including 777 who received the vaccine for the first time. An overall total of 56,578 persons have been fully vaccinated (Tongping and Juba III IDP camps) and Mingkaman IDP camps after receiving both round. To be considered fully vaccinated against cholera, a person should receive two doses of the oral cholera vaccine.

<table>
<thead>
<tr>
<th>IDP camp</th>
<th>Implementing partner</th>
<th>Round one</th>
<th>2nd time</th>
<th>1st time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mingkaman</td>
<td>MSF</td>
<td>52,398</td>
<td>40,765 (2nd round &amp; 1st time)</td>
<td></td>
</tr>
<tr>
<td>UN house, Juba III</td>
<td>Medair</td>
<td>7,342</td>
<td>5,428</td>
<td>777</td>
</tr>
<tr>
<td>Tongping</td>
<td>Medair</td>
<td>14,112</td>
<td>11,055</td>
<td>2,388</td>
</tr>
<tr>
<td>Total vaccinated</td>
<td></td>
<td>73,852</td>
<td>56,578</td>
<td>3,165</td>
</tr>
</tbody>
</table>

- A third round of the OCV campaign started in Tongping on 9 April 2014 targeting 2,388 persons who only received one dose of the vaccine. A total of 452 people have received the booster dose so far. The campaign will go on for 3 days, ending 11 April 2014.

- All health facilities in Bentiu PoC areas have started providing routine immunization services; in addition, mobile services are also providing vaccination services. Teams are strategically positioned at the entrance of the PoC areas to offer vaccination services to new arrivals. In this reporting period alone, the team vaccinated 516 children against Polio and 420 children against measles. Since 15 December, 2014, a total of 188,543 children have been vaccinated against measles and 141,691 children vaccinated against polio.

**Surveillance and communicable disease control**

- Malaria, acute respiratory infections and acute watery diarrhoea continue to account for the highest proportionate morbidity. This week an exponential increase in malaria was observed and this warrants strengthening of malaria prevention interventions in IDP camps especially in Bentiu and Malakal.

- There was no notable increase in the proportionate morbidity due to Acute Bloody Diarrhoea and measles this week. Three cases of Kala azar were reported from Malakal.
Fifteen sites reported this week compared to seventeen last week. Most of these sites are in IDP camps in the major humanitarian hubs of Juba, Bor, Bentiu, Awerial and Malakal.

Crude Mortality rates remain below the emergency threshold (1 death per 10000 population per day) in all camps reporting.

HIV/AIDS and TB services have been initiated at UN House in Juba III by IMC, MSF Belgium, Juba Teaching Hospital and WHO respectively. MSF-B has reported that approximately 30 sputum samples have been collected in the camp and transferred to Juba Teaching Hospital for analysis. WHO will support with obtaining the results from the teaching hospital.
The HIV/AIDS clinic set by WHO in collaboration with IMC and Juba Teaching Hospital is offering HIV testing and counselling, antiretroviral therapy (ART) and sexually transmitted infection (STIs) services bi-weekly. The services target all HIV persons who are already on ART, those with suspected HIV, STI and those confirmed with TB cases and pregnant and breast feeding mothers identified to be HIV+ for HIV testing in this clinic.

**Reproductive Health**

The data in this section reflects that obtained for the period 30 March to 5 April 2014. During this period, a total of 2,335 women attended antenatal care (ANC), 456 had assisted deliveries and 38 caesarean sections were conducted. This brings the total number of women who attended ANC to 7,534, women who had assisted deliveries to 1,906 and caesarean cases to 269.

It is important to note that reproductive health and gender based violence (GBV) reporting is improving in most IDP camps where UNFPA has presence. In this period, a total of 3,291 women and girls were provided with dignity kits; 15,616 women and girls and; 458 men and boys were reached with GBV awareness messages. And eighty four women also accessed family planning services in this reporting period.

**Refugee Response**

United Nations High Commission for Refugees (UNHCR) and partners are working to improve health infrastructure for the refugee population, host populations and IDPs. The organization in collaboration with CARE are rehabilitating the operating theatre of Pariang health facility which will be used as a referral unit. The health facility will provide surgical capacity and Emergency Obstetric and Newborn Care (EmONC). In order to strengthen service delivery at the facility, UNHCR is securing relevant equipment/medical supplies/drugs, as well as human resources for health including training of health staff. The International Medical corps (IMC) and UNHCR completed the construction of maternity ward in Kaya camp, which will start providing comprehensive maternity services from the second half of April.

An evaluation of quality of health services in health facilities serving refugees and populations of humanitarian concerns was conducted in Yida and Ajuong Thok camps in Yida and Kaya in Maban county using the Balanced Score Card. Other agencies that participated in the assessment include; IMC, IRC, AHA, CARE and Samaritan Purse, the assessment finding will be shared in the next health cluster bulletin.

**Resource mobilization**

About 18% of the cluster’s requirements have been funded to date as shown in the financial tracking system.

About $1.95 million is still 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 the 3rd round of OCV campaign in Mingkaman and UN House Juba III.
- Upcoming nationwide 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, CHF

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