### Health Cluster Bulletin # 17
24 April 2014

**South Sudan Response**
18 April - 24 April 2014

- **4.2 M** IN NEED OF HEALTH ASSISTANCE
- **917,000** INTERNALLY DISPLACED
- **1.9 M** TARGETED FOR HEALTH
- **278,600** REFUGEES***
- **6,344** INJURED*  

### Highlights

- The health cluster has delivered 1,011,865 medical interventions to internally displaced persons and host populations across the country.
- Almost 100,000 new displacements have been reported in conflict affected areas within the past two weeks.
- The National Integrated Measles and Polio campaign was launched on 23 April 2014 at El Sabah Children’s Hospital in Juba.

### HEALTH SECTOR

<table>
<thead>
<tr>
<th>PEOPLE REACHED WITH HEALTH SERVICES**</th>
<th>1,011,865</th>
<th>MEDICAL INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH FACILITIES**</td>
<td>33</td>
<td>DAMAGED/LOOTED/CLOSED FUNCTIONING</td>
</tr>
<tr>
<td>CONSULTATIONS**</td>
<td>256,339</td>
<td>CONSULTATIONS</td>
</tr>
<tr>
<td></td>
<td>7,534</td>
<td>ANC</td>
</tr>
<tr>
<td></td>
<td>1,906</td>
<td>ASSISTED DELIVERIES</td>
</tr>
<tr>
<td></td>
<td>269</td>
<td>CAESERIAN SECTIONS</td>
</tr>
<tr>
<td></td>
<td>6,344</td>
<td>INJURIES (GUNSHOT WOUNDS)</td>
</tr>
<tr>
<td></td>
<td>352</td>
<td>MEDICAL EVACUATIONS</td>
</tr>
<tr>
<td>EWARN</td>
<td>32</td>
<td>SENTINEL SITES</td>
</tr>
</tbody>
</table>

| 242,763 CHILDREN VACCINATED AGAINST MEASLES** |
| 154,020 CHILDREN VACCINATED AGAINST POLIO** |
| 32,681 VACCINATED AGAINST MENINGITIS IN MINGKAMAN |
| 62,239 PEOPLE VACCINATED AGAINST CHOLERA, ROUND 2 IN TONGPING, JUBA III AND MINGKAMAN |
| 16,055 PEOPLE VACCINATED AGAINST CHOLERA, ROUND1, Malakal |

### FUNDING

| 22,490,514 | 37% FUNDED | US$ REQUESTED |
| 61,324,020 |            |               |

Notes:
* This number has received assistance
** Since 15 December 2013
*** Updated Health Cluster 3Ws 15 April 2014
**** Population data: OCHA 10 April 2014
RH data last updated on 10 April 2014
**Situation Update**

- There were continued reports of fighting between SPLA and SPLA in opposition in Mayom county, Unity state. In Upper Nile state, armed clashes were reported including in Kaka, around 40 kilometres northwest of Melut and in Renk, South Sudan’s northernmost town as well as in Duk county, Jonglei state. The situation in the other conflict affected areas also remained volatile with high tension and rumours of attacks by the opposition forces.

- The total population of displaced people this week reached about 917,000 people, compared to 817,700 reported on 10 April 2014. The majority of new displacements were reported in Upper Nile and Unity states. In Bentiu, the population increased from 5,000 to 25,000 in the week following the attack on the PoC according to UNMISS. Heavy fighting in Mayom and Renk (Upper Nile state) counties is also reported to have caused new displacements. The exact number of displaced people has not yet been verified.

- On 19 April 2014, youth from Warrap State reportedly attacked villagers at Malual-cum cattle camp in Cueibet County. As a result one (01) person was killed; and two (02) wounded and admitted at Cueibet Hospital. There were also reports of fighting in other parts of the country including in Majak lou village, Alabek payam in Tonj North County. The fighting in cattle rearing communities is a cause for concern because of the high number of deaths as well as a significant number of injuries requiring surgery.

- A multi-sector rapid response reached an estimated 200,000 people in remote locations in Jonglei, Unity and Upper Nile states in the past week. A multi-sector response to about 30,000 displaced people has started in Kodok.

**Public health risks, needs and gaps**

- The fighting reported in Bentiu and Bor that occurred last week has resulted in a crisis situation in both PoCs. The number of civilians hosted in Bentiu PoC has increased from 5,000 to 25,000. An unspecified number of civilians were killed during the fighting, and others critically injured, some requiring secondary health care which is not available at either Bentiu or Bor.
  - This unexpected crisis is of particular concern because the health cluster has only mobilized 37% of the funds required to implement the crisis response plan and has to therefore divert funds planned for other public health interventions to respond to the current crisis.
  - The new displacements in Bentiu are continuing to put a strain on water and sanitation structures - it is estimated that currently one latrine serves about 350 people and only one litre of water is available per person per day.

- Heightened tensions and insecurity in Upper Nile, Jonglei and Unity states has rendered some areas like Mayom and Renk counties inaccessible, limiting access to health services for IDPs and other communities in the area.

**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 qualified health staff, infrastructure and funding shortage.
- 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 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.
- Inaccessibility of some counties in Unity state due to insecurity limited our activities within IDPs and Bentiu hospital only.
- Lack of incubators for new born babies at health facilities in the IDP camps and communities.
Health Cluster Action

Health cluster coordination

During the period under review, the national Health Cluster held a coordination meeting on 22 April 2014. The focus of the meeting was the medicines and supplies received through the Emergency Medicines Fund (EMF) for health centres throughout the country. Eight of the 11 containers of medicines and supplies have been received in Juba so far. Partners were requested to assist with storage as well as drug distribution from county to health facility level. A distribution plan is to be shared with all partners by the Ministry of Health. In addition, partners requested the development of a mechanism to track drug distribution in order to prevent duplication and shortage of medicines and supplies.

The health cluster with the support of partners, evacuated a total of 33 critically injured people from Bor and Bentiu to Juba teaching hospital, and other locations for secondary health care. WHO supported Juba teaching hospital to expand room for admission of injured people by providing a tent, fuel to run the theatre generator and a trauma kit for 100 major surgical operations was dispatched to Bentiu.

Health service delivery

- As of 23 April 2014, a total of 7,502 consultations were reported from areas with IDP concentrations including IDP camps and PoC areas for week 16.

- GOAL continued to support the delivery of primary health care services, specifically consultations, patient referrals, routine and emergency vaccination, ANC and nutrition screening through PHCCs and mobile clinics at the following locations: Twic county (Manawan, Man Angwi, Aweng and Turalei) in Warrap state and Melut County (Rom and Melut). This week, a total of 1,611 consultations, 2,767 nutrition screening and 1 referral were reported from those locations, with the bulk of the services delivered at Rom and Melut. Due to insecurity, access to Ulang county in Upper Nile state was cut off and therefore no primary health activities were conducted there.

Vaccination

- From December 2013 to date, a total of 256,339 measles and 154,020 polio vaccinations were conducted by health cluster partners among IDP populations. In addition, 34,454 Vitamin A and 25,675 deworming treatments were provided to children.

- The national Integrated Measles and Polio campaign was launched at El Sabah Children’s hospital on 23 April 2014. The campaign will be conducted from 23 to 30 April 2014, also commemorating with the African Immunization Week/World Immunization Week. The target for measles vaccination and vitamin A supplementation is 2.1 million children aged 6 months-5 years, while the target for polio is 2.4 million children aged 0-4 years. The first phase of the campaign will cover 7 out of 10 states, using fixed, temporary, mobile and outreach vaccination posts to reach the entire community. A total of 4000 vaccination teams will be used to conduct this campaign.

A nurse administering the measles vaccine to a child at El Sabah Children’s Hospital during the launch of the campaign Photo: WHO/S.Gborie
• There was very high level government representation at the event including: the Minister of Health, Dr Riek Gai Kok, the State Minister of Health for Central Equatoria state, Hon Dr Emmanuel Ija, Representative of Central Equatoria state, Hon Prof Paul Lado Bureng; and the Minister of Cabinet Affairs; Hon. Dr Martin Elia Lomro, who launched the campaign. In addition, key EPI partners were represented by UNICEF Representative, Mr Jonathan Veitch, and WHO Representative, Dr Abdi Mohammed who attended the function and addressed. The campaign is being funded with the support of the Measles and Rubella Initiative and the Global Polio Eradication Initiative.

• Medair conducted an integrated measles and polio vaccination campaign in Mina and Wonthow, Renk county on 16 April 2014, however, it was interrupted due to insecurity. There are plans to continue the campaign when the situation normalises. Find summary information in the table below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Measles (6 months - 15 years)</th>
<th>Polio (0-4 years)</th>
<th>Deworming (1-4 years)</th>
<th>Vitamin A (6 months- 4 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mina</td>
<td>83</td>
<td>27</td>
<td>26</td>
<td>447</td>
</tr>
<tr>
<td>Wonthow</td>
<td>1,305</td>
<td>577</td>
<td>26</td>
<td>447</td>
</tr>
<tr>
<td>Total reached</td>
<td>1,388</td>
<td>604</td>
<td>26</td>
<td>447</td>
</tr>
</tbody>
</table>

• The third round of the Oral Cholera Vaccine (OCV) mass vaccination campaign conducted by Medair at Juba III camp started on 23 April and ended on 24 April 2014. A total of 1022 people were vaccinated.

• This week, MSF Holland is conducting a third round of OCV mass vaccination in Mingkaman IDP camp.

Surveillance and communicable disease control

• As of 21 April 2014, 42% (5/12) camps and 21% (6/28) sites had reported as part of the national requirements for epidemiological monitoring. The highest consultations were from Malakal and Awerial. See figure one for more.

Acute respiratory infections (21%), Malaria (15.1%) and acute watery diarrhoea (15%) continue to account for the highest proportionate morbidity. The malaria incidence\(^1\) was highest in Bor (347), Bentiu (103) and Malakal (94) IDP camps/PoCs. The highest incidence of AWD\(^2\) was a highest in Bor (666), Bentiu (198) and Malakal (181). There was a notable increase in ARI cases from week 10 to 13 and, again from week 15 to 16. See figure two for more.

\(^1\) Per 10,000 persons
\(^2\) Per 10,000 persons
A case of suspected polio has been reported by MSF at UNMISS Melut. Samples will be taken to confirm the diagnosis.

**Resource mobilization**

- About 37% (USD 22,490,514) of the cluster’s requirements have been funded to date as shown in the financial tracking system. USD 1,200,000 is still uncommitted.
- About $1.95 million is still urgently 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**

- Revival of Bor hospital to deliver secondary health services
- Assessments as the need arises and deployment of response teams
- Cholera vaccination campaign in Bor PoC
- Work with partners on the crisis response plan.
- Continue prepositioning of drugs and medical supplies

**Announcements**

i. **Mental Health Seminar**

Dr. Hillary Dennis, WHO Surge Mental Health Expert, will conduct a mental health seminar on 02 May 2014 from 08:30 - 17:00 hours at a venue which will be confirmed later.

Topics: 1. Rational use of psychotropic drugs and medicines
        2. Diagnosis, Management and Treatment of Psychotic Disorders

Intended Participants: Doctors and nurses working at IDP and PoC locations

Capacity: Limited. Send the name and IDP/PoC location where your staff is working to the Health Cluster by Tuesday, 29th April 2014.

ii. **Eye Examination and Surgeries, Tongping and Juba III IDP camps**

The Eye Health Team that will be visiting Juba for the next few weeks to perform eye examinations, provide treatment, and conduct surgery when necessary at both Juba PoCs. NGO partners who have patients with eye disease or cataracts are encouraged to arrange for them to be seen during this visit.

- Saturday 26th April through Thursday 1st May - Tongping
- Friday 2nd May through Wednesday 7th May - Juba 3

*Source: South Sudan IDP Surveillance-Epidemiological Update, 23 April 2014*
Health Cluster Partners

Partners working supporting the response include the following:

Federal and State Ministries of Health and Partners: International Organisations: ICRC, IOM
International NGOs: AAHI, AHA, AMREF, ARC, Brac, CARE, Catholic Medical Mission Board, Caritas South Sudan, CCM, CMA, Concern, COSV, CUAMM, Dorcas, GOAL, Healthnet TPO, IMA, IMC, IRC, Johanniter, Magna, Malteser, Medair, Mentor Initiative, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-Spain, PIN, RI, Save the Children, Sign of Hope, World Relief, World Vision
National NGOs: HLSS, MRDA, Nile Hope, NPA, SMC, SSRC, SSUHA, THESO, UNKEA, UNIDO
UN Agencies: UNHCR, UNFPA, UNICEF, UNMISS, WHO

The following donors are supporting the response:

CIDA, DFID, ECHO, EU, OFDA, USAID, CHF

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