South Sudan Response
28 March – 03 April 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
803,035 INTERNALLY DISPLACED
1.9 M TARGETTED FOR HEALTH
202,500 REFUGEES
6,065 INJURED*

Highlights

- The second round of the cholera vaccination started on 31 March 2014 at UN Juba III internally displaced persons (IDP) camp. To date 5,819 people have been vaccinated, 695 of whom received the vaccine for the first time.

- A total of 23,030 dozes of Oral Cholera Vaccines (OCV) have been transported to Malakal to prepare for the first round of the OCV mass campaign in the Protection of Civilian (PoC) area scheduled to start on 7 April 2014.

- The health cluster has delivered 917,450 medical interventions to internally displaced persons and host populations across the country.

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

- Fighting was reported in Duk County between the Sudan People’s Liberation Army (SPLA) and the opposition forces resulting in the displacement of thousands of people into Bor town from Twic East and Duk Counties. So far, an estimated 10,423 people have been registered in the surrounding areas of Bor county and Bor town. Other parts of the country remained calm but unpredictable.

- A number of people have continued to arrive in to Bor, Mingkaman and Bentiu following threats of attacks in parts of Jonglei and Unity States. As of 1 April, the estimated number of civilians seeking safety in eight Protection of Civilians (PoC) sites located on UNMISS bases was estimated at 67,379. The registered civilians seeking protection in UNMISS PoC sites as of 1 April were estimated at 32,000 in Juba (Tomping and UN House), 21,500 in Malakal, 5,036 in Bor and 7,407 in Bentiu.

- The movement of internally displaced persons from Tomping to UN Juba III continued during this reporting period as a strategy for preventing the devastating challenges that are likely to occur in the rainy season given the crowded environment with lack of standard hygiene living conditions in the camp. In the interim, emergency operations to improve hygiene, latrines and water sanitation are underway. Tongping IDP camp currently hosts 21,000 IDPs. According to UNMISS, a total of 3,000 civilians will initially be moved to the UN House protection site where space has been made available and by end of May 2014 all IDPs from Tongping should be relocated to the new site.

**Public health risks, needs and gaps**

- Shelter remains a big challenge for the thousands of displaced people in Mingkaman, who continue to find shelter under trees and/or use makeshift shelters. Such living circumstances predispose them to respiratory tract infections, malaria, and acute watery diarrhoea, especially affecting children under five years. With the rainy season approaching, partners are concerned about a potential increase in the burden of these diseases.

- Measles remains a public health risk as suspected cases continue to be reported. This week suspected cases were reported from Cueibet and Yirol East. Laboratory results received from Juba for the four suspected cases in Cueibet tested positive for measles antibodies. Other areas where suspected measles cases were reported from include; Bentiu, Lankien, Nasir, Tongping, Yida, and Yuai IDP camps. With continuous population movement, the risk of measles outbreaks is a threat to children, particularly those in displaced settings. The Ministry of Health will conduct a nationwide integrated measles and polio mass vaccination campaign from 23 April to 27 April as one of the strategies to mitigate the risk of the two outbreaks.

- As part of preparedness for the possibility of epidemics of water borne diseases, health partners with the support of WHO WASH Officer conducted a transect walk in Tongping and Juba III IDP camps to assess environmental risk factors. The team found the living conditions in Tongping camp to be very poor and favourable for such outbreaks, confirming the need to hasten the relocation of IDPs to Juba III camp.

**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 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 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 for detect epidemic prone diseases including cholera and dysentery

**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 use of the South Sudan basic package of health services to review and standardize the list of activities reflected in the 4Ws matrix; proposed new mapping matrix to be shared with the cluster, modification of the 3Ws information to reflect county health lead agencies. Additionally, partners were encouraged to share weekly reports on epidemic prone diseases on time, as well as to ensure that mortality information is captured accurately especially in the PoC areas.

- In Mingkaman, highlights of the meeting included the following: partners were requested to immediately report any cluster of bloody diarrhoea, ensure that stool samples are appropriately collected and transported for laboratory confirmation

**Health service delivery**

- So far, the health cluster has carried out 917,450 medical interventions. This include:
  - 193,219 consultations and treatments reported,
  - 173,449 children vaccinated against measles,
  - 137,010 children vaccinated against polio and
  - The 2nd round of OCV mass vaccination campaign at Juba III UN House camp started on 31st March, conducted by Medair. As of day 4, a total of 5,819 persons were vaccinated including 695 who received the first dose. An overall total of 59,319 persons were vaccinated including 6,112 for the first time in Juba (Tongping and Juba III IDP camps) and Mingkaman IDP camp. The campaign is still ongoing in UN Juba III and is expected to conclude on Friday 4 April 2014.

- As of 2 April 2014, a total of 7,870 consultations were reported from areas with IDP concentrations including IDP camps and PoC areas.

- Primary health care services are now being provided in UNMISS Rumbek, Protection of Civilian (PoC) area by Sign of Hope, a local NGO in Rumbek. This follows calls from the health cluster for a partner to provide primary health care services in the POC area which was identified as a gap. The agency also conducted measles and polio vaccination for children in the POC area as well as nutrition screening.

A clinical officer with Sign of Hope in health education session with internally displaced persons in Rumbek Protection of Civilian area. The NGO is providing primary health care services in a mobile van  photo: Sign of Hope
Vaccination

- A total of 23,030 doses of the Oral Cholera Vaccine (OCV) were transported to Malakal to prepare for the first round of the OCV campaign in the PoC area. Partners working in the PoC area have held discussions to finalize an implementation strategy for the campaign in the camps planned to start on 7 April 2014. A second round of the OCV started in UN Juba III camp, Juba County. A total of 5,819 persons have been vaccinated in the first four days of the campaign. To date, an overall total of 59,319 have been vaccinated County in the second round of the campaign in the three camps of Mingkaman, in Awerial, Tongping and Juba III IDP camps, 6,112 of whom have received the vaccine for the first time. A third round to give chance to those who only had their first dose during the second round will start next week in UNMISS Tongping followed by UN Juba III camp.

- In response to the confirmed cases of measles in Cueibet County, Lakes State, MSF, WHO and MoH trained 36 teams of 180 vaccinators on basic measles and polio vaccine administration. Following the training, a campaign was launched on 1 April 2014 in the county for children aged, 5 month to 15 years. The numbers of children reached in this campaign will be shared in the next health cluster bulletin.

Surveillance and communicable disease control

- ARI and malaria cases have been increasing in the last three weeks. Bloody diarrhoea cases have been stable. Measles and watery diarrhoea cases are on the decline.

The number of reporting sites continues to improve, with 17 sites reporting this week as compared to 16 last week and 11 in the week prior. Most of these sites are in IDP camps in the major humanitarian hubs of Juba, Bor, Bentiu, Awerial and Malakal; there is a need to continue to expand surveillance beyond these major IDP camps to the large number of IDPs that are in other camps or in the community setting.
Resource mobilization

- About 16% of the cluster's requirements have been funded to date as shown in the financial tracking system.
- About $1.95 million is 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 first round of Oral Cholera Vaccination campaigns in Malakal, and second round of OCV in Juba III IDP camp.
- 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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