A. Background and current Crisis Context
Violence is raging on after the initial breakout in Juba on 15 December, and quickly spreading to other locations including Bor, Malakal and Bentiu in Jonglei, Upper Nile and Unity states respectively. Heavy fighting continues to be reported in these areas between Government and opposition forces. Lakes and Warrap states have been indirectly affected by the violence, as people displaced from neighboring states have arrived there seeking safety.
Exact numbers are difficult to establish but initial estimates indicate that as of 24th January Close to 690,000 people have been displaced by the conflict since 15
December, including 575,000 people who have remained inside South Sudan and 112,000 people who have fled to neighbouring countries. Given the scale and intensity of the violence, the real number is likely to be much higher, with hundreds of thousands of people impacted by the crisis. Some 76,000 people have so far sought protection from the violence in UN peacekeeping bases, with the largest concentrations in Bentiu, Bor, Juba and Malakal. Another estimated 92,000 people have sought refuge in areas of Awerial County, where aid agencies are responding to the needs.

Though the number of casualties cannot be confirmed, it is likely to be in the thousands. The first days of fighting in Juba alone led to about 300 wounded. Both members of armed forces and civilians have been killed and injured, including women and children. Up to 7.2 million people are now at risk of needing humanitarian assistance, both in areas directly struck by violence and in the country as a whole, where food insecurity is expected to rise. By the end of June it is anticipated that over 1 million will be displaced.

The humanitarian community is responding to the acute needs of the affected populations through a host of interventions among which include, food and livelihoods, non food items, shelter, health especially medical evacuation and management of the wounded and water, sanitation and hygiene services. There are also increasing reports of children being separated from the parents when fleeing their homes and of gender-based violence, which must be addressed. The particular vulnerability of refugees from Sudan in South Sudan, in particular in Unity and Upper Nile states, is also of concern and funding is needed to address their immediate needs.

At the beginning of the crisis, most partners relocated their staff and pulled out of most hotspot locations. Health organizations have started to return to their operational locations whenever access is allowing; the areas of Bentiu, Malakal and Bor however remain of particular concern, as fighting has continued.

The Humanitarian strategic response plan for January-June highlights 3 strategic priority health response areas targeting 1,908,00 of whom 500,000 are displaced people.

B. Health Situation

1. Status of Health System and Services Delivery in SS

The health situation in South Sudan remains fragile with most health indicators among the worst in the world. Maternal mortality ratio stands at 2054, and under 5 mortality rate at 106 per 1000 live births. Due to the economic difficulties coupled with austerity measures the government is not yet set to fully take over delivery of basic services to its people. In the health sector, 80% of all primary health care services are delivered by NGOs with an estimated 44% coverage. This has continued to pose a strain on the humanitarian actors’ capacity to cover some of the glaring gaps in the basic services delivery. Common causes of morbidity include

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1 The Southern Sudan Household Health Survey (SSHHS) of 2006. The figure will be updated as most current statistics become available
2 BPHS South Sudan
malaria, acute respiratory tract infections, diarrhea, intestinal parasites, eye infections and skin diseases.  

There was however some progress prior to the crisis in improving health service delivery which included the new county based health service delivery approach supported by the Health Pooled fund; the World Bank, DFID and USAID. In this approach lead agencies in the county are supporting the county health departments thereby building their capacity in health services management and improve service delivery in general.

Communicable diseases remain a challenge in South Sudan, and outbreaks are common in all the ten states of South Sudan. Since January 2013, outbreaks of, measles, meningitis, anthrax, and hepatitis were officially declared, with 12 new outbreaks and two existing outbreaks recorded. More than 34% of all reported and investigated outbreak rumors were measles followed by acute flaccid paralysis (31%), meningitis (11%), Guinea worm (5.9%), malaria (4.5%), kala azar (3.8%), acute jaundice syndrome (3.2%), shigellosis (1.6%); and cholera (1.1%) reported from Northern Bahr el Ghazal and Jonglei states. The crude immunization coverage is at 46% across the affected states and hence a large proportion of the community is at risk of vaccine preventable diseases. With inter-communal violence, floods, conflict and other factors, the communities will remain susceptible thus calling for maintaining or strengthening communicable disease control and outbreak response at all levels.

Though inadequate, there are key NGO partners with standby surge capacities to respond to emergencies including surgical interventions, outbreak investigations and vaccination campaigns.

Facilities with surgical capacity need further support in terms of supplies and manpower to remain functional to cope with the ever increasing trauma caseload and related morbidities given the frequent tribal clashes and cattle rustling in some of the states.

The paucity of reproductive health services, early pregnancies, and weak referral system puts pregnant mothers at risk of morbidity and mortality. Coverage with comprehensive emergency obstetrical and neonatal care remains weak. Proportion of pregnant women who receive Tetanus Toxoid vaccine as part of the ANC clinic remain low.

Referral system remains weak in most parts of the country. Poor road network, insufficient ambulance services, poor communication, human resource constraint and poorly functional facilities are the major contributors to the weak referral system.

Human resource in general is a big challenge across all levels of the health services delivery in South Sudan with mid level cadres playing a major role. WHO, UNFPA and NGOs are supporting some of the institutions and facilities in capacity building in form of training and on the job mentoring. Areas of development include Emergency preparedness and response, trauma management, vaccination campaigns, Integrated Essential Child Health Care (IECHC),

3 See also WHO’s Public Health Risk Assessment (PHRA) from 13 January 2014: http://www.who.int/hac/crises/ssd/south_sudan_public_health_risk_assessment_15january2014_.pdf?ua=1
integrated community case management, emergency obstetrical and neonatal care both basic and comprehensive, Pharmaceuticals and drug supply chain management is one area affecting delivery of health services to the affected communities with frequent stock-outs reported. Back up stocks in form of core pipeline supplies and supplementary drugs are frequently supported with WHO providing drugs kits, trauma and outbreak investigation materials; UNFPA for RH kits and UNICEF for vaccines and related supplies.

There is heightened risk of exposure to HIV infection in emergency settings, especially where populations are displaced from their homes, which can exacerbate the spread of HIV. Disruption of social networks that safe-guard social behavior; heightened risk of sexual assault and gender based violence (including sexual exploitation) and inaccessibility of HIV prevention commodities such as condoms are all factors that may predispose vulnerable groups (women and children) to HIV infection. In south Sudan, national HIV prevalence among adults (15-49 years) is 2.7% with wide geographic variations. The epidemic is highest along the border with DRC and Uganda and in Juba and lowest in the north western region of the country. Number of people living with HIV was estimated at 152,000 (132,000 adults and 20,000 children under 15 years of age) in 2012. Every year, about 16,000 new HIV infections occur, 3,000 of these are among children. In 2012, an estimated 11,000 people died of AIDS related illnesses in South Sudan. Response is still very low across all key service areas.

\[\text{ii. Current Health Situation}\]

With the ongoing crisis in South Sudan, access to essential primary health care services and secondary facilities for surgical treatment is further curtailed due to insecurity, the large-scale displacement, destruction or closure of facilities and fleeing of the health workers. An unspecified number of facilities are reported to have been destroyed or looted since the beginning of the crisis with over 60% reported either closed or limited operation in areas affected by the conflict. The three major referral hospitals, namely Bor, Malakal and Bentiu are not operational. A clear picture of health facility status will be ascertained as soon as access becomes possible to most of the hot spot areas.

**Outpatient consultations** are notably high in the operational health facilities responding to health needs of the affected communities. Daily OPD consultations are at an average of 160 patients per day in the health facilities serving displaced people with the most common morbidity being respiratory tract infection (21%), malaria (16%) and acute watery diarrhoea (11%). Malnutrition among children has been reported across all IDP camps.

**Trauma cases** due to gunshot wounds have significantly increased since the beginning of the crisis. Over 4,500 people have been treated for gunshot wounds across 21 facilities and an additional 190 have been medivaced from various locations to Juba for further treatment. Many more people are believed to be wounded but not reported to the health cluster as they received

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4 ANC Sentinel surveillance data report 2012
treatment in the peripheral facilities. There is a huge gap in life-saving surgical interventions especially in county hospitals and other hospitals that serve the population in the affected states. No teams have been able to access Bor for surgical support. In the Malakal, Bor and Bentiu UNMISS PoCs, there is a heavy reliance on UNMISS medical teams for both primary health care and trauma management as available partners weigh possibilities of scaling up to respond in those areas.

Referral of the critically injured to higher levels of care is affected by the dynamics in the conflict with some of the injured declining referral to certain facilities and shortage of air assets to assist in the exercise. ICRC and MSF family are supporting surgical interventions in Malakal and Bentiu in addition to PHC services, and vaccination campaigns in a number of locations.

Reproductive health services are a challenge in most camps hosting the displaced populations. IMC with support from UNFPA and WHO has established reproductive health services in the Juba camps along the lines of minimal initial service package (MISP) but still there are major gaps in the rest of the camps. Other partners are considering scaling up reproductive health services through integration of primary health care services to cover other areas hosting IDPs.

The displaced people living in the camps are at high risk of contracting communicable diseases due to poor sanitation, shortage of water, crowded living conditions, malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable. The UN camps are getting overcrowded with a heightened risk of cholera, measles, meningitis and other epidemic prone diseases due to poor sanitation and hygiene, overcrowding and low immunization coverage in the country. Measles outbreak was confirmed in most of the camps, and it could spread to host communities, and the impact in terms of number of cases and deaths is expected to be high because of the setting favoring rapid spread, the susceptibility and vulnerability of the population. Malaria is endemic in the country, and most of the displaced populations are at risk of contracting malaria infection as there is no proper shelter, low mosquito net coverage and access to timely diagnosis and treatment is very limited. Among all infections of the upper or lower respiratory system, a major concern is acute lower respiratory tract infection (ALRI) (pneumonia, bronchiolitis and bronchitis) in children under five which kills more children globally than any other disease, especially in Africa."

There is a major disruption in the medicine supply chain in the country, including supplies for treatment of trauma, obstetric care, and infectious diseases including chronic infections such as tuberculosis, leprosies, and chronic conditions. Supplies for primary health care are limited and the Ministry of Health is anticipated to face a stock-out of all essential drugs as the next shipment of regular medical supplies to primary health care facilities and hospitals are not expected to arrive in Juba until end of March or in later months. Therefore, there is an urgent need for health partners to mobilize additional emergency drugs stocks and vaccines to fill the expected gap.
SGBV - Gender issues, in particular gender-based violence, are also aggravated by the crisis and survivors require appropriate medical services and referral pathways for support. Gender issues continue to adversely affect the vulnerable communities as well. Of particular note are young women getting socially disadvantaged with increase in cases of SGBV, early pregnancy and poor coping mechanisms. The situation is compounded by poor documentation and weak referral pathways for the victims. There is need to strengthen SGBV response including disaggregation of data by sex, especially on supplementary immunization. Gender sensitive needs analysis processes to capture the different gender health needs need support; a revision of assessment tools, a robust investigation of intra-household issues and strengthen partnership with the GBV sub-sub cluster to provide immediate primary care to GBV survivors.

iii. Analysis of Health Response Capacity - Currently responding partners

There are currently 25-30 health organizations (UN agencies, NGOs, observers, IOM, MSF and ICRC) responding to the crisis.\(^5\)

Currently all health cluster partners operating in the four states have evacuated their staff and hence the health cluster is entirely relying on volunteers within the displaced, UNMISS health workers and a few MOH health workers.

In addition the crisis has led to the death of some health workers and a significant number has fled or are internally displaced. Likewise most of the health managers of the local health departments have fled the county or have been displaced internally making the functionality of the already thin service delivery challenging. This has affected the service delivery in terms of leadership and governance. The MOH is currently thin on the ground and is unable to fully function. The supply chain and logistics management of the MOH has been greatly affected and medical supplies due to be distributed in the first quarter have not been delivered to the remote areas and counties.

iv. Summary of the health priorities

a. Restoration of emergency and essential primary and secondary health services for trauma, infectious diseases and continuity of treatment of chronic conditions. Facilitation of referrals for the critically injured to access appropriate levels of care

b. Reproductive health (especially safe deliveries/obstetric care and acute newborn care), care for victims of SGBV and mitigating HIV in emergencies

c. Procurement, storage and distribution of life-saving and essential medicines and supplies. These will include emergency drug kits, trauma kits, reproductive health kits and outbreak investigation materials

d. Provision of safe drinking water, adequate sanitation and hygiene facilities.

\(^5\) For further reference, also see 3W tool dated 24 January 2014
e. Strengthen early warning surveillance and response system for outbreak-prone diseases.

f. Vaccination against measles (and polio) with vitamin A supplementation and de-worming

g. Referral and care of children with medical complications of severe acute malnutrition

h. Vector control and provision of personal protection such as Long Lasting Insecticidal Nets against malaria Emergency mental health and psychosocial care

i. Infection control in health care facilities including safe transfusion and medical waste management

j. Risk communication to the public including health and hygiene promotion

C. Response strategy

The health cluster partners will endeavour to deliver the critically needed interventions including emergency primary health care services, trauma management, minimum initial service package (MISP) and mass vaccination campaigns among others. Since the onset of the crisis, a number of health actors have immensely contributed to responding to the health needs of the affected population. There are currently 25-30 health organizations (UN agencies, NGOs, observers, IOM, MSF and ICRC) responding to the crisis. Currently all health cluster partners operating in the four states affected by the ongoing crisis have evacuated most of their key staff from the hotspot areas and hence the health cluster is mainly relying on volunteers within the displaced population, UNMISS health workers and a few MOH health workers. Some partners have already started scaling up to locations where access is possible. It is anticipated that in the next few weeks, depending on the security situation, key partners will return to full operational capacity. The surge capacities for assessments and vaccination campaigns are on board though inadequate at this stage.

The MoH may remain thin on the ground thus calling for concerted effort from the humanitarian actors to support the health services delivery in the affected areas. The capacity of national NGOs at the forefront needs to be strengthened if they are to continue to be actively engaged in the services delivery.

Prepositioning of essential emergency supplies will be undertaken to those areas that are likely to be cut off during the rainy season and adequate training given to health service providers to continue the services delivery.

The ten states will have coordination forums for strategic discussions and guidance of the operation. The three major states affected by the conflict (Jonglei, Upper Nile and Unity) will have dedicated sub-national coordinators to support the response.
As the MoH supply chain is disrupted and may remain so in most of the period, partners will be encouraged to make provision for buffer stocks to avoid non rupture at the time of critical need. Partners may have to redirect some of their resources to focus on the immediate or medium impact activities until the situation stabilizes.

For the Abyei region populations, in addition to the pipeline supplies, the cluster has partners in both Agok and Twic that will continue delivery of essential basic services that can be accessed by affected communities. Services within Abyei itself shall continue to be coordinated with actors in Sudan to ensure needs are covered whenever possible.

To address the key health priorities identified above, both for the immediate and medium term impact, the cluster will be guided by the following:

1. **Strategic Objectives:**
   
   1. Provide emergency primary health care services for vulnerable people with limited or no access to health services;
   2. Provide emergency response capacity for surgeries, including emergency obstetric care; and
   3. Respond to health-related emergencies, including controlling the spread of communicable diseases, reproductive health care and medical services to survivors of gender-based violence, including mainstreaming of gender and protection into health response activities

2. **Beneficiaries and targets**

   Out of the 4.2m at risk population, the health cluster will target 1,908,000 people to be assisted in the coming 5 months, and 500,000 of them are displaced population. 15,000 trauma cases will access some form of surgical intervention including surgery. Approximately 477,000 will be women of reproductive age group. Based on pre-crisis birthrates, there will be a projected number of 76,320 births. Lactating women also require special support to ensure safe infant feeding practices and family planning. **896,760 children under 15 years of age** will benefit from vaccination campaigns both routine and emergency. Of this number, **362,520 under five** will receive vitamin A supplementation and de-worming in addition to vaccination campaigns.

<table>
<thead>
<tr>
<th>Category</th>
<th>People in need</th>
<th>People targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Host community</td>
<td>1,632,000</td>
<td>1,568,000</td>
</tr>
<tr>
<td>IDPs</td>
<td>510,000</td>
<td>490,000</td>
</tr>
<tr>
<td>Total</td>
<td>2,142,000</td>
<td>2,058,000</td>
</tr>
</tbody>
</table>

3. **Geographical priorities**

   1. Jonglei (Bor, Fangak, Duk, Ayod, Nyirol, Akobo, Pigi, Pibor, Twic East)
   2. Warrap (Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East)
   3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
   4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Yirol West, Yirol East and Rumbek North)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, Maban, Longechuk, Baliet, Panykiang and Malakal)
8. Eastern Equatoria State (Magwi, Kapoeta North, Kapoeta East)
9. Central Equatoria (Juba –IDPs)

iv. Activities per Strategic Objective

**Objective 1** - Provide emergency primary health care services for vulnerable people with limited or no access to health services:

Activities:
- Scale up primary health care delivery to hotspots
- Deployment of surge capacity to support the response
- Integrate MISP into the humanitarian response and handle promptly complications of pregnancy. Strengthen SGBV referral mechanisms
- Treatment and referral of under five children with severe acute malnutrition with complications

**Objective 2** - Provide emergency response capacity for surgeries, including emergency obstetric care;

Activities:
- Provision of surgical care to the war wounded and logistical support to referrals
- Procurement and provision of emergency drugs, equipment, tents, core pipeline supplies including trauma kits, IEHK, DDK, RH, vaccines and related supplies
- Deployment of surge capacity to support the response
- Logistical support to key referral hospitals to strengthen surgical capacity
- Conduct major emergency related trainings – trauma management, EmoC and disease outbreak control

**Objective 3**: Respond to health-related emergencies, including controlling the spread of communicable diseases, reproductive health care and medical services to survivors of gender-based violence including mainstreaming of gender and protection in health response.

Activities:
- Conduct emergency measles vaccination campaigns targeting 6 months to 15 years children including oral polio and vitamin A supplementation for the under 5 children
- Conduct cholera vaccination campaigns in the IDP camps
- Strengthen early warning surveillance and response system for outbreak-prone diseases
- Infection control in health care facilities including safe transfusion and medical waste management
- Vector control and provision of personal protection against vector-borne diseases (malaria being a major cause of death for children)
- Advocate for provision of adequate sanitation and water in the camps and proper site planning to ensure adequate space and for prevention of diseases such as cholera.
- Conduct health promotion and prevention campaigns among the IDP and vulnerable populations
- Mainstream gender and protection into health response activities
  o Undertake Gender sensitive health needs analysis processes to capture the different
  o Revise assessment tools, investigate intra-household issues
  o Strengthen partnership with the GBV sub-sub cluster to provide immediate primary care to GBV survivors.

D. Expected Output and Targets

- Key partners have core pipeline supplies with which to respond
- Measles immunization campaign for children from 6 months to 15 years covering 858,600 children by end of June
- Epidemic disease surveillance and response strengthened for 500,000 displaced people
- Primary health facilities supported in or near IDP sites, with provision of essential medicines and medical supplies to 1,908,000 people
- Surgical capacity at key secondary health facilities improved with provision of trauma kits for management of up to 15,000 wounded people
- Women have access to Minimum Service Package (MISP) for reproductive health and to emergency obstetric care with a target of 477,000 women

E. Supervision, Monitoring and Evaluation

To ensure a rapid response, partners will ensure deployment of surge capacity to support. Assessments will be conducted in affected areas and review response plans to address the gaps identified. For coordination purposes 3W (who does what and where) shall be updated regularly. The indicators in the monitoring matrix in table II will be used regularly to follow progress in the implementation process. Field supervision visits will be conducted periodically. In the initial stages, there will be a weekly cluster coordination meeting for strategic discussions to guide the response through identification of gaps. At subnational level in Malakal, Bor and Bentiu, a subnational focal point will be deployed to lead partners in the response and share regular updates with the national level.
F. Budget
To achieve the activities highlighted before, the following are the budgetary requirements

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Total need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipelines</td>
<td>Drugs kits and management</td>
<td>4,600,000</td>
</tr>
<tr>
<td></td>
<td>RH kits and management</td>
<td>3,800,000</td>
</tr>
<tr>
<td></td>
<td>Vaccines and campaigns</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Frontline services by partners, primary, secondary care and</td>
<td>Procurement of drugs and medical supplies, deploy staff, outpatient</td>
<td>46,574,500</td>
</tr>
<tr>
<td>communicable disease control</td>
<td>consultations, referrals, surveillance, emergency preparedness, response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and gender mainstreaming</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>59,974,500</strong></td>
</tr>
<tr>
<td><strong>Secured funding</strong></td>
<td></td>
<td><strong>7,800,000</strong></td>
</tr>
<tr>
<td><strong>GAP</strong></td>
<td></td>
<td><strong>52,174,500</strong></td>
</tr>
</tbody>
</table>
Table II: Cluster Monitoring Matrix

<table>
<thead>
<tr>
<th>Cluster Strategic objective</th>
<th>Outcome Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to reduction of morbidity and mortality among the vulnerable communities in South Sudan</td>
<td>Number of direct beneficiaries</td>
<td>1,908,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cluster specific objectives</th>
<th>Outputs</th>
<th>Outputs Indicators</th>
<th>Jan-Mar 2014</th>
</tr>
</thead>
</table>
| 1. Provision of emergency Primary Health Care services for vulnerable populations with limited or no access to health services | 1. outpatient consultations and inpatient care  
2. Antenatal services, deliveries postnatal care  
3. Provision of drugs and medical supplies | Total number of consultations  
% of key facilities provided with emergency drug supply | 1. Total consultations: 1,172,000  
2: (100%) |
| 2. Strengthen emergency preparedness and capacity to respond, including surgical interventions | 1. Training of health workers on emergency preparedness and response, trauma management etc.  
2. Provision of basic surgical equipment and trauma kits  
3. Provide surge and surgical capacity | Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma/RH kits etc)  
% of key referral hospitals able to perform emergency surgery | Number of direct beneficiaries: 1,237,000 (90%) |
| 3. Respond to health-related emergencies, including controlling the spread of communicable diseases | 1. Provision of outbreak investigation materials and protective wear  
2. Training of health workers on communicable disease | 1. Proportion of communicable diseases detected and responded to within 48 hours  
2. Number of health workers (HWS) trained | 1. 90% of communicable diseases detected and responded to within 48 hours.  
2. # of HWs 800 |
<table>
<thead>
<tr>
<th>Disease control and outbreak response.</th>
<th>3. Number of measles vaccinations given to children aged 6 months to 15 years in IDP setting (90%)</th>
<th>3. Number of children receiving measles vaccination: 858,600</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Vaccination of children under five against vaccine preventable diseases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TT and IPT to pregnant mothers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Work plan

Cluster partners supported by the ministry of Health and WHO will implement activities as per the below work plan.

<table>
<thead>
<tr>
<th>Activities</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td><strong>Procurement and provision of emergency drugs, equipment, tents, core pipeline supplies including trauma kits, IEHK, DDK, RH, vaccines and related supplies</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Scale up primary health care delivery to hotspots</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Conduct emergency measles vaccination campaigns targeting 6months to 15 years children including oral polio and vitamin A supplementation for the under 5 children</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Strengthen early warning surveillance and response system for outbreak-prone diseases</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Deployment of surge capacity by key partners to support the response</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Provision of surgical care to the war wounded and logistical support to referrals</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Logistical support to key referral hospitals to strengthen surgical capacity</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Integrate MISP into the humanitarian response and handle promptly complications of pregnancy. Strengthen SGBV referral mechanisms</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Support health cluster coordination between MoH, UN, NGOs, donors and other health related actors</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Carry out assessments in affected areas and devise response plans to address the gaps identified</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Support application of standards and guidelines</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Advocacy and resource mobilisation</strong></td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x x</td>
</tr>
<tr>
<td><strong>Monitoring, Evaluation and reporting on field interventions</strong></td>
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