South Sudan Response
07 June - 13 June 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1.5 M INTERNALLY DISPLACED
1.9 M TARGETED FOR HEALTH
223,636 REFUGEES***
7007 INJURED*

Highlights

- A total of 1,628 cases of cholera have been recorded in South Sudan since the start of the outbreak on 23 April 2014.
- The second round of oral cholera vaccine started in Bentiu IDP camps, resulting in 23,351 persons getting vaccinated.
- A total of 1,440,897 medical interventions have been conducted by health cluster partners since 15 December 2013.

Notes:
* This number has received assistance
** Since 15 December 2013
*****Population data: OCHA, Situation Report 5 June 2014
**** Refugee data: UNCHR, South Sudan portal
RH data last updated on 12 June 2014

Swimming in open water sources like this in Gumbo by young children could be a risk factor for cholera
photo credit: WHO/P Ajello

Health Cluster Bulletin #24
13 June 2014
**Situation Update**

- National and state taskforces have been reactivated to coordinate the response to cholera. To date, a total of 1,628 cases including 37 deaths (17 institutional and 13 community deaths, (CFR 2.3%) have been reported. Confirmed cases have been reported from Juba, Kajo Keji, and Yei in Central Equatoria, Kaka in Upper Nile, and Lanyak, Mundri East, in Western Equatoria. During the week, alerts of suspected cholera cases were received from Nimule and Torit hospitals in Eastern Equatoria. These are being investigated and verified by WHO in collaboration with the Ministry of Health, through the National Reference Laboratory, Juba.

- The security situation remained unpredictable during this period, with potential clashes reported in Pochalla, Jonglei State and continued clashes in Nasir County, Upper Nile State, thus hampering access and health service delivery to the affected populations in Mandeng.

**Public health risks, needs and gaps**

- The continued spread of cholera in to new areas remains a public health concern for health partners. In this period, alerts for suspected cholera cases were reported from from Lanyak, Mundri East, Western Equatoria and, Nimule and Torit Hospitals in Eastern Equatoria States. WHO in collaboration with Ministry of Health are currently investigating and verifying all the alerts. To date, a total of 26 alerts/rumors have been received by the Ministry of Health and WHO from various locations in South Sudan.

- Flooding and overcrowding remain a public health risk for communities living in internally displaced people’s camps, especially in Tongping, Bentiu and Malakal. And with cholera cases confirmed in the two IDP camps in Tongping and UN House Juba III, the risk of additional cholera cases continues. Partners in health and water, hygiene and sanitation continue putting in place preventive measures to interrupt the spread of cholera.

- The rising numbers of cases of Hepatitis E remains a concern for partners in Mingkaman as more displaced persons may become infected with the virus. As of 9 June, 2014, a total of 30 suspected hepatitis E cases had been reported, an increase from the six cases reported in the previous reporting period.

**Gaps**

Critical health response gaps include:

- Partner capacity at state level to respond to cholera is present with varying degrees. Some states are having better partner presence to respond than others. Health cluster following up with sub national task forces and partners to ensure capacity to tackle cholera

- Partners unable to return to a number of locations in Ayod, Nasir, Koch and Ulang due to continued insecurity. Assessment and support visits have been made to Mading, Koch and Jiech in Ayod County.

- Inaccessibility of Yalkot and Wuntao IMC Primary Health Care Units (PHCUs) in Mingkaman, Awerial County, Lakes State due to impassable roads.

- Lack of secondary health care from the hospitals in Bor, Bentiu and Malakal due to insecurity and displacement of health staff from government facilities and infrastructure constraints in the PoC areas.

- Inadequate funding to respond promptly to the reports of suspected cases of cholera in the many areas of the country outside of Juba.

- Limited availability of mental health and psychological services across the country especially for the displaced population.

- There is a CRP funding shortfall as only 52% of the crisis response plan is funded.
Health Cluster Action

Health Cluster Coordination

- The National Cholera Taskforce continues to meet three times a week to discuss operational issues for the cholera response. This reporting period, three national cholera taskforce meetings and several sub-group meetings were held. Similar meetings were held at the state levels as part of preparedness following advice from the Ministry of Health that all states review their epidemic preparedness and conduct regular response plans.

Health service delivery

- Since 15 December 2013, a total of 1,440,897 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 06 June 2014, these include:
  - 489,116 consultations and treatments, [including 16,071 consultations in the IDP/PoC areas and 48,780 from outside the IDP camps country wide].
  - 300,522 children vaccinated against measles.
  - 201,356 children vaccinated against polio and
  - 109,018 persons have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor, Bentiu and Mingkaman IDP camps.

Vaccination

- The second round of OCV started in Bentiu on 9 June 2014. A total of 23,351 persons had been vaccinated by 12 June. With 22,494 others expected to receive the vaccine in the coming days. WHO has prepositioned 37,000 OCV doses with additional 7,900 OCV doses expected to be sent to the State capital to support the campaign. WHO, IOM, CARE, IRC, MSF, DRC, CONCERN WORLD WIDE, UNICEF, WFP and UNMISS are supporting the OCV campaign in Bentiu. A total of 34,370 persons were vaccinated against cholera in the first round. WHO recommends that the vaccine be used to vaccinate people in concentrated populations with poor water, sanitation and hygiene conditions that increase their risk of exposure to cholera.

  - In Mingkaman, the third round OCV campaign which was conducted on 19 May 2014 at food distribution points. During this round 23,859 persons were vaccinated: of these 12,822 received the first vaccine dose and 11,037 received the second dose. This brings the total number of persons fully vaccinated with the second dose of the oral cholera vaccine in Mingkaman to 49,233 persons.

  - From December 2013 to date, a total 300,522 measles and 201,356 polio vaccinations have been administered by health cluster partners for the IDPs. In addition, 60,607 Vitamin A and 28,293 deworming treatments were provided to children.

Response

- Following reports of suspected cholera cases reported from various locations in South Sudan, health partners have trained community volunteers and health workers as part of preparedness and response. In Mingkaman, eight community volunteers have been trained while in Bentiu and Bor, 18 and 12 volunteers have been oriented for the cholera response.

  - A new cholera treatment centre in Gumbo and Hai Jebel, Juba County is under construction and will be completed and launched on 14 June, 2014 to support case management of the increasing number of cases in the area. Oral Rehydration Points (ORP) have also been established at various locations in Juba county to support early management of cases.

  - In Mingkaman, partners continue conducting health and hygiene promotion activities aimed at stopping the transmission of Hepatitis E at the community. MSF continues to provide case management of patients admitted to the MSF clinic.
Surveillance and communicable disease control in IDPs/PoCs

- As part of the ongoing efforts to monitor disease trends in displaced populations, 18 (30%) health facilities submitted their reports for week 23. The number of consultations increased from 15,666 to 16,071 in week 23 as compared to week 22.

- Malaria, acute respiratory infection (ARI) and acute watery diarrhoea (AWD) topped the causes of morbidity in week 23. The incidence for ARI, malaria, AWD, and in week 23 increased. This week, malaria had the highest reported incidence.

Reproductive Health

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>32,217</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>5,688</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>579</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>3,699</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>24,274</td>
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</tbody>
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Resource Mobilization

- About 52% (USD 40,119,903) of the cluster’s requirements have been funded to date as shown in the financial tracking system.

- About $1.95 million is still urgently required by the health cluster to continue support for medical evacuation of patients for further emergency management at appropriate levels of care.

Plans for future response

- Support the Ministry of Health to respond to the cholera outbreak through provision of supplies, training of health workers, community mobilization and sensitization and surveillance.

- Revival of secondary health services in Bor hospital.

- Continue prepositioning of drugs and medical supplies ahead of the rainy season and cholera.

- Start another round of the National Immunization Days targeting 3.2 million children aged 0-5 years in South Sudan.
Health Cluster Partners

Partners supporting the response in South Sudan include the following:

1. Federal and State Ministries of Health and Partners:
2. International Organisations: ICRC, IOM
3. 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
4. National NGOs: HLSS, MRDA, Nile Hope, NPA, SMC, SSRC, SSUHA, THESO, UNKEA, UNIDO
5. UN Agencies: UNCHR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

The following donors are supporting the response:

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

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