South Sudan Response
09 May - 15 May 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1,005,000 INTERNALLY DISPLACED*****
1.9 M TARGETED FOR HEALTH
223,636 REFUGEES***
6,948 INJURED*

Highlights

- The Ministry of Health declares an outbreak of cholera in South Sudan.
- Forty three suspected cases and one confirmed case of cholera have been reported in South Sudan during the week.
- A total of 2,862 people were vaccinated in the 1st round of the oral cholera vaccination campaign in Bor Protection of Civilian (PoC) area.
- A total of 1,123,259 people have been reached with various medical interventions by health cluster partners since 15 December 2013.

Notes:
* This number has received assistance
** Since 15 December 2013
*****Population data: OCHA 09 May 2014
*** Refugee data: UNCHR, South Sudan portal
**** RH data last updated on 30 April 2014
Situation Update

- The Ministry of Health officially declared an outbreak of cholera in Juba, South Sudan on 15 May 2014 following two laboratory confirmed cases of cholera and 43 suspected cases. One of the suspected cases tested positive with the Rapid diagnostics test. Two death attributed to cholera have since been reported. The Ministry of Health and WHO have conducted investigations, followed up every patient and their contacts, and collected samples which have been forwarded to the AMREF Laboratory in Nairobi for confirmation. Social mobilization and water, hygiene and sanitation interventions have been intensified in all parts of the Juba city.

- The security situation in the country has been relatively calm, with limited reports of clashes in most parts of the country. Partners have continued providing life saving interventions to all people displaced in IDP camps and host communities including oral cholera vaccination campaign, surgery of gunshot wound patients in Bentiu and measles and vaccination campaigns in Mingkaman.

Public health risks, needs and gaps

- The current cholera outbreak in Juba town has been reported outside the Protection of Civilians (PoC) camps so far, however with the population movement in and out of the camps, the possibility of spread into the camp is highly likely. If cholera is imported into the camp, the effects will be disastrous to the IDPs. The rainy season continues to pose a risk of outbreaks to the displaced populations in the IDP camps. This reporting period, flooding was reported in Wau, Malakal, Tongping and Mingkaman IDP camps with houses being submerged. In Wau, space serving a health facility was submerged forcing evacuation of the IDPs and patients into new space within the UNMISS compound, while in Malakal, the rain made it impossible for partners to conduct health activities such as sensitization of communities and community surveillance due to the impassable roads within the POC area.

South Sudan has a total of 53 health facilities with surgical capacity as seen in the map 1. Of these, only 14 are currently conducting surgery on gunshot wound patients. In some key areas, partners have pulled out due to security concerns. This has left vulnerable populations without the much needed health services. In this reporting period, for instance, three major health facilities were forced to shut down their operations for security reasons. Nasir and Leer hospitals which were among those closed. With the already limited number of hospitals providing surgery, more closure of facilities puts more pressure on the existing ones. Bentiu hospital, Bor and Malakal hospitals are major referral health facilities in the states that are supposed to offer surgery and other secondary health services, however they have not been able to do this either due to destruction of the facility, looting of supplies and/or closure due to insecurity.

Gaps

Critical health response gaps include:
- Partners pulled out in a number of locations including Ayod, Nasir and Ulang due to active conflict during the week under review. If the insecurity persists, communities living in these areas will suffer from a critical shortage of basic health services.
Lack of secondary health care in Bor, Bentiu and, Malakal due to insecurity and displacement of health staff from government facilities and infrastructure constraints in the PoC areas.

- Shortage of emergency blood services and supplies.
- Limited availability of mental health and psychological services across the country especially among the displaced population.
- Funding shortfall, only 57% of the crisis response plan for Jan-Jun 2014 has been funded so far.

**Health Cluster Action**

**Health cluster coordination**

- The national cholera taskforce was activated following the declaration of cholera outbreak. Under the leadership of the Ministry of Health, the first meeting was convened on 15 May to discuss the response plan and put in place mechanisms to urgently respond to the cholera outbreak in Juba town. The outcomes of the meeting include; revision of the terms of reference for the taskforce; constitution of three working groups on case management, surveillance and laboratory, water, hygiene and sanitation and social mobilization. The three groups will meet on a regular basis and feedback to the national taskforce which will meet every other day to review progress of the response and put in place corrective measures.

- The cluster through WHO provided technical support to IOM during the 1st round of oral cholera vaccination campaign in Bor PoC area.

**Health service delivery**

- Since 15 December 2013, a total of 1,123,259 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations.

- As of 13 May 2014, a total of 31,818 consultations were reported from the IDP camps and PoC areas in week 19. This brings the cumulative total of 334,543 consultations to since the start of the conflict on 15 December 2013.

**Vaccination**

- A total of 2,862 people were vaccinated during the first round of the Oral Cholera Vaccination (OCV) campaign in Bor PoC area. This bring the total number of people vaccinated against cholera to 163,000, of these 74,118 were fully vaccinated in UN House Juba III, Tongping, Mingkaman and Malakal IDP camps 1.

- From December 2013 to date, a total of 263,350 measles and 176,359 polio vaccinations have been conducted by health cluster partners among IDPs. In addition, 44,833 Vitamin A and 27,285 deworming treatments were provided to children.

**Surveillance and communicable disease control**

- Health partners are responding to the cholera outbreak in Juba town. MSF, WHO and UNICEF are supporting the Ministry of Health with case management at the newly established cholera treatment in Juba Hospital, WHO is supporting with coordination, surveillance, Laboratory, case management contact tracing and social mobilizations while UNICEF, South Sudan Red Cross and Medair are supporting with social mobilization. Other partners supporting the response include; A total of 43 including 2 death of suspected cases have so far been reported from various parts of Juba town since the first case was confirmed on 06 May 2014. Refer to the map 2 for details.

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1 Fully vaccinated: received two oral cholera vaccines
• Members of the WHO Emergency Response Team visited Juba Teaching Hospital (JTH) isolation ward to monitor the case management update the line-list, supervise the dead body management and burial. There were no case management protocols available in the nursing office.

• Multi-disciplinary teams comprising of MoH, WHO and other partners conducted contact tracing in different suburbs where cases have been reported in Juba. Health and hygiene education was given during the visits. In addition, health workers in private facilities that referred patients with suspected cholera were oriented on infection control procedures and case management. They were informed that they should stabilize patients and refer them to JTH.

• As part of the ongoing efforts to monitor disease trends in displaced populations, 18 (60%) health facilities submitted their reports for week 19. The number of consultations increased from 17,466 in week 18 to 31,818 in week 19, representing an increase of 82%. The majority of the consultations 19,184 (60%) in week 19 were registered in Mingkaman.

• Figure one shows the priority disease morbidity trends in IDP populations during week 1-19 of 2014. In week 19, the top causes of morbidity included malaria (171)\(^1\), ARI (132)\(^1\), and AWD (90)\(^2\). The incidence\(^1\) for malaria increased from 157 to 171 in week 19 as compared to week 18. The incidence for AWD, ABD, ARI, and measles declined during the same period. Malaria incidence\(^1\) in week 19 was highest in Yuai (529), Bentiu (324), Malakal (140), and UN House (123).

In week 19, a total of 15 deaths were reported with Bentiu reporting seven (7) deaths, Tongping (4) deaths, Mingkaman (3) deaths, and Juba 3 (1) death. Injuries were the commonest cause of death in week 19. The crude and under five mortality rates were below the respective emergency thresholds during week 19.

Resource Mobilization

• About 57% (USD 35,065,804) of the cluster’s requirements have been funded to date according to 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.

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\(^1\) Incidence in cases per 10,000 population
Plans for future response

- Support the Ministry of Health to respond to the cholera outbreak through provision of supplies, training of health workers and surveillance
- Revival of Bor hospital to deliver secondary health services.
- Continue prepositioning of drugs and medical supplies ahead of the rainy season.

Health Cluster Partners

Partners supporting the response in South Sudan 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, UNAIDS, UNMISS and WHO.

The following donors are supporting the response:

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

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