South Sudan Response
14 June - 20 June 2014

Highlights

- A total of 1,845 cases of cholera have been recorded in South Sudan since the start of the outbreak on 23 April 2014.

- Thirty two thousand, one hundred and fifty nine (32,159) people have been vaccinated in the second round of the cholera vaccination campaign in Bentiu IDP camps.

- A total of 1,507,963 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 6 June 2014
*****Refugee data: UNCHR, South Sudan portal
RH data last updated on 19 June 2014
Situation Update

- Since 23 April 2014 when the first case of cholera was detected, a total of 1,845 cases of cholera have been recorded to date. Partners in all states have stepped up preparedness for cholera. In areas with displaced populations like Bentiu, Bor, Mingkaman and Malakal, cholera treatment centres have been constructed and social mobilization and community sensitizations stepped up.

- 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 ongoing outbreak of cholera in Juba and other parts of South Sudan like, Yei, Kajo-keji, and potential to spread remains a public health concern for health partners. Since the start of the outbreak, 28 alerts for suspected cholera cases have reported from Lanyi, Mundri East, Western Equatoria, Bor county, Jonglei State, Magwi and Torit counties in Eastern Equatoria States. WHO in collaboration with Ministry of Health continue investigating and verifying all the alerts. The table below shows areas from which positive cases have been detected.

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Payam / Location</th>
<th>Total n= 78</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES</td>
<td>Juba</td>
<td>Juba 3 IDP camp</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tongping IDP camp</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>57</td>
</tr>
<tr>
<td>Yei</td>
<td>Mahad</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Kajo Keji</td>
<td>Mose</td>
<td>3</td>
</tr>
<tr>
<td>WES</td>
<td>Mundri East</td>
<td>Kasa</td>
<td>1</td>
</tr>
<tr>
<td>UPPER NILE</td>
<td>Manyo</td>
<td>Kaka</td>
<td>1</td>
</tr>
<tr>
<td>JONGLEI</td>
<td>Bor</td>
<td>Kolmanyang</td>
<td>1</td>
</tr>
</tbody>
</table>

- Hepatitis E remains a public health concern for partners in Mingkaman as cases continue increasing. As of this reporting period, 40 cumulative cases had been recorded in Mingkaman. All partners running health facilities in Mingkaman are referring all pregnant women with Jaundice to MSF-CH, which is the referral health facility for Mingkaman IDP camp. MSF is currently managing and conducting testing for the Hepatitis E cases. Partners continue to disseminate key messages on prevention of hepatitis E and Cholera.

Gaps

Critical health response gaps include:

- Increasing under five mortality in Bentiu PoC is a major concern. The majority of children are presenting late at the health facility with Acute Watery Diarrhoea and malnutrition.
- 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 facilitate movement of teams to respond promptly to reports of suspected cases of cholera in the many areas of the country outside of Juba.
- There is a CRP funding shortfall as only 53% 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 subgroup 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. Mapping of existing capacities is ongoing

Health service delivery

- Since 15 December 2013, a total of 1,507,963 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 06 June 2014, these include:
  - 547,962 consultations and treatments, [including 17,846 consultations in the IDP/PoC areas and 40,973 from outside the IDP camps country wide].
  - 319,613 children vaccinated against measles,
  - 210,956 children vaccinated against polio and
  - 120,176 persons have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor, Bentiu and Mingkaman IDP camps.

Vaccination

- A total of 32,159 persons received cholera vaccination in Bentiu IDP camps. This brings the total number of people vaccinated with Oral Cholera Vaccine to 120,176.
- From December 2013 to date, a total 319,613 measles and 210,956 polio vaccinations have been administered by health cluster partners for the IDPs. In addition, 62,925 Vitamin A and 29,642 deworming treatments were provided to children.
- Between 23 to 30 April, 2014, health partners supported the Ministry of Health to conduct integrated measles, polio and vitamin A follow up campaigns reaching a total of 2,047,168 (oral polio virus), 1,715,139 (measles) and 1,591,802 children. Below is a table summarizing children reached with the campaign per state.

Table 1. Result Integrated Measles, Polio & Vitamin A follow-up Campaign (April 23 - 30th)

<table>
<thead>
<tr>
<th>State</th>
<th>Target (OPV)[C*0.21]</th>
<th>MIS/Vit A Target 6-59 Months [C*0.19]</th>
<th>tOPV vaccinated</th>
<th>Total vaccinated (Measles)</th>
<th>VITAMIN A (12-59)</th>
<th>VITAMIN A (6-11)</th>
<th>VITAMIN A (6-59)</th>
<th>OPV Coverage</th>
<th>Measles Coverage</th>
<th>Vit A Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Equatoria</td>
<td>323,174</td>
<td>292,396</td>
<td>373,215</td>
<td>301,333</td>
<td>239,249</td>
<td>60,420</td>
<td>299,669</td>
<td>115.5</td>
<td>103.1</td>
<td>102.5</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>258,285</td>
<td>233,686</td>
<td>337,839</td>
<td>281,244</td>
<td>95,290</td>
<td>28,443</td>
<td>165,046</td>
<td>130.8</td>
<td>120.4</td>
<td>70.6</td>
</tr>
<tr>
<td>Lakes Total</td>
<td>200,077</td>
<td>181,022</td>
<td>288,675</td>
<td>273,608</td>
<td>164,756</td>
<td>123,848</td>
<td>288,604</td>
<td>144.3</td>
<td>151.1</td>
<td>159.4</td>
</tr>
<tr>
<td>Northern Bahr El Ghazal</td>
<td>220,016</td>
<td>199,062</td>
<td>263,413</td>
<td>206,445</td>
<td>149,229</td>
<td>56,833</td>
<td>206,062</td>
<td>119.7</td>
<td>103.7</td>
<td>103.5</td>
</tr>
<tr>
<td>Warrap</td>
<td>282,762</td>
<td>255,832</td>
<td>397,068</td>
<td>314,504</td>
<td>216,002</td>
<td>78,618</td>
<td>294,620</td>
<td>140.4</td>
<td>122.0</td>
<td>115.2</td>
</tr>
<tr>
<td>Western Bahr El Ghazal</td>
<td>99,304</td>
<td>89,846</td>
<td>89,868</td>
<td>71,686</td>
<td>58,706</td>
<td>12,796</td>
<td>71,502</td>
<td>90.5</td>
<td>79.8</td>
<td>79.6</td>
</tr>
<tr>
<td>Western Equatoria</td>
<td>166,889</td>
<td>150,995</td>
<td>297,090</td>
<td>266,319</td>
<td>210,179</td>
<td>56,120</td>
<td>266,299</td>
<td>178.0</td>
<td>178.4</td>
<td>176.4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,550,507</td>
<td>1,402,839</td>
<td>2,047,168</td>
<td>1,715,139</td>
<td>1,133,411</td>
<td>417,078</td>
<td>1,591,802</td>
<td>132.0</td>
<td>122.3</td>
<td>113.5</td>
</tr>
</tbody>
</table>

Other Responses

- As part of emergency preparedness and response, Health partners continued training community volunteers and health workers in all the ten states. Community sensitization is ongoing in Juba at market and public places and using door to door campaigns to prevent further spread of cholera.
- Two new cholera treatment centres (CTCs) in Gumbo and Nyakuron West, Juba County were completed and officially opened on 14 June 2014. Both CTCs are being managed by the MSF family. The CTCs are supporting case management of the cases within the catchment area. Oral Rehydration Points (ORP) have also been established at various locations in Juba County to support early
management of cases. Health partners have conducted an assessment of the CTCs and ORPs to assess if they have the basic supplies, equipment and procedures in place to provide adequate care for the patients presenting with acute watery diarhorea. The report of these assessments will be compiled and shared with all partners.

- As a response to the increasing under five mortality in Bentiu PoC is a major concern, key partners have stepped efforts to address the situation of majority children who presenting late at the health facility with Acute Watery Diarrhoea and malnutrition. Measures such as opening of additional Primary Health Care facilities and mobile clinics to increase access to health services have been initiated. The cluster is also working with WASH cluster partners to improve the quality of water and sanitation in the camps. Community mobilization to seek early medical attention is ongoing. Mass nutrition screening is planned through the nutrition cluster.

**Surveillance and communicable disease control in IDPs/PoCs**

- As part of the ongoing efforts to monitor disease trends in displaced populations, 28 (75%) health facilities submitted their reports for week 24. The number of consultations increased from 16,071 in week 23 to 17,864 in week 24.
- Acute Respiratory tract Infections (ARI), Malaria, and Acute Watery Diarrhoea (AWD) were the top causes of morbidity in week 24 as seen in figure 1 above. During week 24, the incidence of ARI increased while a decline from week 23 was registered for ABD, Malaria and AWD.

**Figure 1 Priority Disease Proportionate Morbidity - for Week 1 - 24, 2014**

![Figure 1 Priority Disease Proportionate Morbidity - for Week 1 - 24, 2014](image_url)

**Reproductive Health**

Table below shows cumulative number of people reached with reproductive health services

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>38,804</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>6,200</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>618</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>3,724</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>25,383</td>
</tr>
</tbody>
</table>

**Resource Mobilization**

- About 53% (USD 40,889,664) 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 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.
- Revive secondary health services in Bor hospital.
- Continue prepositioning drugs and medical supplies ahead of the rainy season and cholera.
- Conduct IRNA ‘Initial Rapid Needs Assessment’ in neighbouring counties of Bentiu to identify needs and gaps before planning a response. Some services will also be provided during the assessment mission.

**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, SSSUA, THESO, UNKEA, UNIDO
5. UN Agencies: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

**The following donors are supporting the response:**

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

---

**Dr Julius Wekesa**  
Health Cluster Coordinator  
**Email:** wekesaj@who.int, sshealthcluster@gmail.com  
**Mobile:** +211 954805966

**Dr Ruth Goehle**  
Health Cluster Co-Coordinator  
International Medical Corps (IMC) South Sudan  
**Email:** sshealthclustercolead@gmail.com  
**Mobile:** +211 954309962

**Ms Pauline Ajello**  
Health Cluster Communication, Advocacy and Information Management Focal Point  
**Email:** ajellopa@who.int  
**Mobile:** +211 955873055