Health Cluster Bulletin # 22
31 May 2014

South Sudan Response
25 May - 31 May 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1.3 M INTERNALLY DISPLACED****
1.9 M TARGETED FOR HEALTH
238,261 REFUGEES****
6,954 INJURED*

Highlights

- A total of 1,024 cases of cholera have been recorded in Juba since the start of the outbreak on 23 April 2014.
- A total of 34,370 Internally Displaced Persons have received the oral cholera vaccine in the first round in Bentiu Protection of Civilian camps I and II.
- A total of 1,247,478 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-23 May 2014
***** Refugee data: UNCHR, South Sudan portal

HEALTH SECTOR

| PEOPLE REACHED WITH HEALTH SERVICES** | 1,247,478 |
| HEALTH FACILITIES** | 127 |
| CONSULTATIONS** | 386,936 |
| EWARN | 32 |
| VACCINATION |
| FUNDING |

Notes:
287,749 CHILDREN VACCINATED AGAINST MEASLES**
177,349 CHILDREN VACCINATED AGAINST POLIO**
32,681 VACCINATED AGAINST Meningitis in Mingkaman
34,370 PEOPLE VACCINATED AGAINST CHOLERA, ROUNDS IN BENTIU
76,980 PEOPLE VACCINATED AGAINST CHOLERA, ROUND 2 IN TONGPONG, JUBA III, MALAKAL AND MINGKAMAN
35,065,804 45.5% FUNDED
77,000,000 US$ REQUESTED

Opening a polio vaccine vial to vaccinate primary school children Photo: WHO/I.Ameda
**Situation Update**

The number of cholera cases in South Sudan recorded since the outbreak started is currently 1,024 cases, including 27 deaths recorded (16 institutional and 11 community deaths). Thirty-three samples out of 161 collected have so far tested positive by culture following laboratory confirmation. Thirty-two samples tested negative. The majority of the hospital deaths reported occurred on arrival at the cholera treatment centre. There are currently four cholera treatment centres in Juba, located in UN House Juba III Tongping PoC camps, Juba Teaching Hospital and Gurei.

- The security situation has remained relatively calm in the past few weeks, 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 campaigns, measles campaigns and surgery for gunshot wound patients in Bentiu, Lankien, and Mingkaman.

**Public health risks, needs and gaps**

- The current cholera outbreak in Juba town is a public health concern for all health actors in South Sudan. The risk of further spread to other IDP camps and other areas is high given the high population movement and concentrations. New cholera alerts were recorded in Kaka, Upper Nile State; Yei and Kajo Keji, Central Equatoria state.

- Overcrowded camps with poor sanitation remain a public health concern for the transmission of cholera. Health and WASH partners continue putting in place in control measures to prevent outbreaks of cholera and other waterborne diseases. The new arrivals in Bentiu PoC, Unity state, are at high risk given the use of unsafe water sources, such as a pond in the PoC. Health and WASH cluster partners have requested UNMISS to fence the pond to prevent its use as a water source for the community.

**Gaps**

Critical health response gaps include:

- Partners have not been able to return to a number of locations in Nasir and Ulang due to continued insecurity. Assessment and support visits have been made to Mading and Ayod County.
- Lack of secondary health care from the hospitals in Bor, Bentiu and, Malakal due to insecurity, displacement of health staff from government facilities and infrastructure constraints in PoC areas.
- Inadequate funding to respond promptly to the reports of suspected cases of cholera in the many areas in the country outside of Juba.
- Limited availability of mental health and psychological services across the country especially among the displaced population.
- Funding shortfall, only 45.5% of the crisis response plan budget is funded.

**Health Cluster Action**

**Health cluster coordination**

Sub national taskforces have been reactivated in some state capitals of South Sudan in preparedness for any cholera outbreaks. Since the declaration of the outbreak in Juba by the National Ministry of Health, 10 national taskforce coordination meetings have been held. During the national taskforce meetings, discussions and recommendations for improvement of the response were made. This has seen the streamlining of case management practises, allocation of four ambulances by the MoH for transport/referral of patients, operationalization of toll free lines to support the response, infection control teams to support the disinfection of homes where cases have been reported and supervise burials of corpses of suspected/confirmed cholera cases. Over the past weeks, there has been an intensive and coordinated effort for social mobilization, with radio spots, radio talk shows, public announcements and community health promotion interventions initiated in Juba. Patients can receive care at CTCs in Juba Teaching Hospital, Gurei, Tongping and Juba III PoCs as well as at the oral rehydration point in Gumbo.
Health service delivery

- Since 15 December 2013, a total of 1,247,478 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations.

- As of 30 May 2014, a total of 9,603 consultations were recorded in the IDP/PoC areas and another 30,454 recorded from health facilities outside the IDP camps country wide, bringing the total number of consultations to 386,936 since the start of the conflict on 15 December 2013.

Vaccination

- A total of 36,920 people were vaccinated during the first round of the Oral Cholera Vaccination (OCV) campaign in Bentiu PoC areas I and II. A total of 76,980 people are fully vaccinated in UN House Juba III, Tongping, Mingkaman, Bor and Malakal IDP camps.

- From December 2013 to date, a total of 287,749 measles and 177,349 polio vaccinations have been administered by health cluster partners to IDPs. In addition, 45,022 Vitamin A and 27,328 deworming treatments were provided to children.

Response

- Health cluster partners continue responding to the cholera outbreak in Juba in all other parts of the country. To date a total of 1,008 people have been managed at all the four treatment centres in Juba. A CTC has also been established at Yei Civil Hospital following alert cases in the area.

- In Lakes State, the National Immunization Days campaigns started in Yirol West, Rumbek North, Rumbek East, Wulu, Cueibet and Awerial counties. Partners are supporting the response through supervision and logistical support to ensure that all children are reached. The partners supporting the response include: CUAMM in Yirol West and Rumbek North, ACROSS in Rumbek East, Save the children in Wulu, Diakonie, UNICEF in Cueibet, and CCM plus UNICEF in Awerial. WHO is supporting the State Ministry of Health with the overall coordination of partners and activities and the payment of incentives for the vaccinators. Campaigns are also ongoing in the remaining six states targeted for this round of NIDs.

- In Mingkaman, MSF and other health cluster partners continue to support interventions to interrupt the spread of Hepatitis E in the area. Community mobilization, health education, and hygiene campaigns are on going. MSF is providing case management of patients admitted at the MSF clinic. To date a total of 21 suspected cases of Hepatitis E have been recorded in Mingkaman.

Surveillance and communicable disease control in IDPs/PoCs

- As part of the ongoing efforts to monitor disease trends in displaced populations, 10 (30%) health facilities submitted their reports for week 21. The number of consultations decreased from 17,869 to 9,603 in week 21 attributed in part to the low number of facilities that reported. The majority of the consultations in week 21 (3620, 37.7%) were registered in Bentiu.

- Figure one shows the priority disease morbidity trends in IDP populations during weeks 01-21 of 2014. In week 21, the top three causes of morbidity were malaria (22.6%), acute respiratory tract Infections (15.4%), and acute watery diarrhoea (13.7%).
• A total of 21 cases of Hepatitis E have been reported in Mingkaman IDP camp since 16 March 2014, with seven confirmed by laboratory testing. MoH in collaboration with WHO and partners is planning to roll out a comprehensive hygiene and sanitation promotion campaign in all IDP camps to prevent and stem HEV transmission.

• In week 21, a total of 16 deaths were reported with Bentiu reporting 14, Mingkaman 1, and Juba III 1 death. Pneumonia and malnutrition were the commonest causes of deaths in week 21. The crude and under five mortality rates were below the respective emergency thresholds during week 21.

**Resource Mobilization**

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

**Plans for future response**

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

• Revival of Bor hospital to deliver secondary health services.

• Continue prepositioning of essential drugs and medical supplies, particularly for cholera response.

• 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: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

The following donors are supporting the response:

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

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 and Information Management Focal Point  
Email: ajellopa@who.int  
Mobile: +211 955873055