South Sudan Response
21 June - 05 July 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1.5 M INTERNALLY DISPLACED
1.9 M TARGETED FOR HEALTH

HEALTH SECTOR
58*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**
1,541,129 MEDICAL INTERVENTIONS

Health facilities**
127
1,338 DAMAGED/LOOTED/NON FUNCTIONING

CONSULTATIONS**
607,932
39,109 ANC
7,079 ASSISTED DELIVERIES
683 CAESERIAN SECTIONS
7015 INJURIES (GUNSHOT WOUNDS)
422 MEDICAL EVACUATIONS

EWARN
32 SENTINEL SITES

VACCINATION
319,613 CHILDREN VACCINATED AGAINST MEASLES**
210,956 CHILDREN VACCINATED AGAINST POLIO**
32,681 VACCINATED AGAINST MENINGITIS IN MINGKAMAN
120,176 PEOPLE VACCINATED AGAINST CHOLERA, ROUND 2 IN TONGPING, JUBA III, MALAKAL, BOR, MINGKAMAN AND BENTIU

FUNDING
47,615,973 77,000,000 62% FUNDED

Notes:
* This number has received assistance
** Since 15 December 2013
*****Refugee data: UNCHR, South Sudan portal
RH data last updated on 02 July 2014

Highlights

- A total of 2,626 cases of cholera have been recorded in South Sudan since the start of the outbreak on 23 April 2014.

- Alerts of suspected cholera cases have been reported in Wau Shiluk, Upper Nile State and Bentiu protection of civilian area. Four cases tested positive using rapid diagnostic test in Wau Shiluk.

- A total of 1,541,129 medical interventions have been conducted by health cluster partners since 15 December 2013.

The Minister of Health Dr Riek Gai Kak, the State Minister of Health, Eastern Equatoria State Dr Margaret Itto, WHO Country Representative Dr Abdi and other Health partners visit a Cholera Treatment Centre in Torit managed by MSF      photo: WHO/P.Ajello
Situation Update

- Cholera cases have continued to rise since 23 April 2014 when the first case of cholera was detected. As of 3 July 2014, a total of 2,626 cases of cholera had been recorded. The outbreak that was first reported in Juba has spread to areas of Eastern Equatoria State, with increased alert cases of suspected cholera reported from areas of Wau Shiluk in Upper Nile State and Bentiu Protection of Civilian area in Unity State. Partners have stepped up efforts in all the four states by conducting community mobilization campaigns, strengthening case management and surveillance at the community levels and improving water, hygiene and sanitation conditions.

- In Bentiu an average of 2.6 under-five mortality/day/10,000 is being reported. This is higher than the expected in an emergency setting of 2 for children under five and 1 for adults. Most death in children under five is attributed to acute watery diarrhea, severe pneumonia and severe acute malnutrition.

- The security situation in some parts of the country remained relatively tense with heavy shooting reported in Bentiu. Clashes were also reported in Farjala in Western Bahr el Ghazal State.

Public health risks, needs and gaps

- The ongoing outbreak of cholera in parts of Central Equatoria State and Eastern Equatoria State, the rising number of suspected cholera cases in Upper Nile and Unity States and the possible spread to new areas remain a public health concern for health partners. In Torit Hospital, cases increased from 46 to 599 within a period of one week. Since the start of the outbreak, alerts of suspected cholera cases have been reported from 37 different locations in South Sudan. WHO, in collaboration with Ministry of Health at National and State level continue to investigate and verify all alerts, and change the status to “Outbreak” when laboratory testing confirms the presence of cholera.

- In Mingkaman, Hepatitis E remains a public health concern for partners as cases also continue to steadily rise in the area. As of this reporting period a cumulative total of 55 cases had been recorded in Mingkaman. MSF-CH is the lead partner on case management for Hepatitis E and continues conducting testing for the Hepatitis E. Health and Water, Hygiene and Sanitation 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. 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.

Health Cluster Action

Health Cluster Coordination

- The National Cholera Taskforce now meets once a week to discuss operational issues for the cholera response. This reporting period, one national cholera taskforce meetings and three sub-group meetings were held. Similar meetings continue to be held at the state levels like Eastern Equatoria State where the outbreak has been confirmed and cases first rising. In Upper Nile, Jonglei and Unity as part of preparedness similar meetings are being held following advice from the Ministry of Health that all states review their epidemic preparedness and conduct regular response plans. Mapping of existing capacities continues to take place in various locations.
Health service delivery

- Since 15 December 2013, a total of 1,541,129 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 05 July 2014, these include:
  - 607,932 consultations and treatments, [including 51,012 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

- 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.

Surveillance and communicable disease control (Focus on Hepatitis E in Mingkaman)

- As of 30 June 2014, a total of 55 cases of acute Jaundice Syndrome including four deaths had been reported. Nineteen of the cases have tested lab positive for Hepatitis E (8 by PCR/ELISA and the rest by RDT). Three of the four dead were pregnant women. All the cases and deaths have been reported in health facilities. A few of the cases reported by MSF were referred by other health facilities within Mingkaman.

- Since the first cases were detected in early March 2014, cases have been gradually increasing until week 20 when there was a marked increase in the number of new cases reported per week. Fifty three percent of all the cases have been detected during the last four weeks (week 23 to 26). I week 26, a total of 11 cases were recorded the highest in a week (same as week 24). see figure 1 below

Figure 1: Epi curve of hepatitis E outbreak, Mingkaman, March to July 2014

- Of the 55 cases detected so far, 53 indicated they reside in Mingkaman village, the other two are from Ahou (1) and Nun Nhail (1) villages, both within walking distance of Mingkaman. Cases in Mingkaman are scattered throughout site 0 of the camp with no obvious clustering in any of the sections. Section three (9 cases), section 2 (6 cases) and section 5 (6 cases) have reported high number of cases. All other sections and neighbouring areas have reported between one to five cases. No cases have been reported from sites 1, 2 and 3 so far probably due to the low numbers of people currently settled.
there. Relocation to the three sites started recently. Collection of coordinates from case households would have helped to determine whether cases in different sections within the camp reside in adjacent areas.

- In Gogrial, reports of increased malaria cases have been reported in the MSF out-patient department in Gogrial. Reports obtained from the facility indicates that the current incidence of malaria cases in the out-patient department (OPD) is above the trends among < 15 year age as compared to the three seasons of the previous years. A similar pattern was seen in the under 5 year age group. Refer to figure one below for details.

Figure 1: Malaria cases recorded by age group in MSF OPD, PHCC Gogrial Warrap State, SSD, 2011-01 to 2014-24.

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>39,109</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>7,079</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>683</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>4,036</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>33,157</td>
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</tbody>
</table>

Resource Mobilization

- About 62% (USD 47,615,973) of the cluster’s requirements have been funded to date as shown in the financial tracking system.

Plans for future response

- Continue response efforts to Bentiu PoC to curb increased under five mortality
- 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.
- Introduce the new pentavalent vaccine for children under five 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, CERF

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