South Sudan Response
31 May - 06 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 1,414 cases of cholera have been recorded in South Sudan since the start of the outbreak on 23 April 2014.
- A total of 37,000 doses of oral cholera vaccines (OCV) have been prepositioned in Bentiu for the second round campaign in camps I, II and III.
- A total of 1,315,136 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 - monthly Situation Report May 2014
*** Refugee data: UNCHR, South Sudan portal
RH data last updated on 26 May 2014

HEALTH SECTOR
58*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**

<table>
<thead>
<tr>
<th>Health Services</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Medical Interventions</td>
<td>1,315,136</td>
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<tr>
<td>Damaged/Looted/Non Functioning</td>
<td>127</td>
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<tr>
<td>Consultations</td>
<td>424,265</td>
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<tr>
<td>Assisted Deliveries</td>
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<tr>
<td>Caesarian Sections</td>
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<tr>
<td>Injuries (Gunshot Wounds)</td>
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<tr>
<td>Medical Evacuations</td>
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<tr>
<td>Sentinel Sites</td>
<td>422</td>
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VACCINATION

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Count</th>
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<tbody>
<tr>
<td>Measles</td>
<td>298,513</td>
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<tr>
<td>Polio</td>
<td>196,861</td>
</tr>
<tr>
<td>Meningitis</td>
<td>32,681</td>
</tr>
<tr>
<td>Cholera, Round 1 in Bentiu</td>
<td>34,370</td>
</tr>
</tbody>
</table>

FUNDING

<table>
<thead>
<tr>
<th>Funding</th>
<th>Amount</th>
<th>% Funded</th>
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<tbody>
<tr>
<td>Total</td>
<td>41,221,029</td>
<td>57% Funded</td>
</tr>
<tr>
<td>Unfunded</td>
<td>77,000,000</td>
<td>US$ Requested</td>
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</table>
**Situation Update**

- National and state taskforces have been reactivated to coordinate the response. To date, a total of 1,414 cases including 30 deaths (17 institutional and 13 community deaths, (CFR 2.2%) have been reported. The majority of deaths reported in the hospital died on arrival. Confirmed cases have also been reported from Kajo Keji, Kaka and Yei.

- The security situation has remained relatively calm in the past few weeks, with reports of sporadic clashes in Renk and Mayom. In Wau, the number of persons remaining in the Protection of Civilian (POC) areas has significantly reduced in the last two month from over 700 to less than 600. Partners continue providing life saving interventions in all eight IDP camps and host communities.

**Public health risks, needs and gaps**

- The movement of people in and out of areas where cholera has been confirmed is a potential risk to populations where cholera has not yet been recorded. During this period, most alerts reported and investigated had a history of travel from Juba. A total of 24 alerts/rumours of cholera have been reported from the six states of Central Equatoria (18), Eastern Equatoria (1), Western Equatoria (2), Jonglei (1), Warrap (1) and Upper Nile (1).

- Overcrowding remains a huge challenge in most IDP camps especially in Bentiu and Malakal. In Unity State, IDPs continue to trickle in to the PoC areas. This, coupled with poor sanitation, remain a public health concern for the transmission of cholera. Preventive measures, including improving water, sanitation and hygiene conditions, have been put in place to prevent any potential outbreak in the camps.

- Measles continues to be a public health concern in the three conflict affected states. In Alel payam, Awerial County, four blood samples were collected from suspected measles cases and sent to Juba for further investigations. Other suspected cases were reported in the past weeks from Leer and Mayendit counties. WHO continues supporting the measles laboratory to ensure timely release of results.

**Gaps**

Critical health response gaps include:

- Partners unable 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 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 funding shortfall as only 57% of the crisis response plan is funded.

**Health Cluster Action**

**Health Cluster Coordination**

- Three national cholera taskforce meetings and several sub-group meetings were held during this period. The meetings provide the opportunity to discuss key challenges and areas for improved response in the cholera outbreak response. At the State levels, taskforce meetings continue or have been reactivated for a coordinated response: The Ministry of Health has encouraged all state taskforces to review their epidemic preparedness and conduct regular response meetings.

- As a response to the cases in Juba, the Ministry of Health in collaboration with partners ensured that three ambulances were operational and functional to pick patients for transfer to the Cholera Treatment Centres. The Task Force has instituted disinfection and burial teams that will oversee burial
arrangements of persons who die due to cholera, disinfect patients’ homes and homes where death has occurred.

- Taskforce meetings were convened in Yei county, and the state capitals of Bor, Bentiu, and Malakal. All meetings discussed response plans, with cases confirmed in Kaka, Kajo-keji and Yei. In states where confirmed cases have not yet been reported, the State Ministry of Health and partners are putting in place preparedness mechanisms including setting up of CTCs. Cholera gap identification, response stock and preparedness matrices were also updated during the meetings.

Health service delivery

- Since 15 December 2013, a total of 1,315,136 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. These include:
  - 424,265 consultations and treatments,
  - 298,513 children vaccinated against measles,
  - 196,861 children vaccinated against polio and
  - 76,980 persons have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor and Mingkaman IDP camps.

- As of 06 June 2014, a total of 14,149 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 424,265 since the start of the conflict on 15 December 2013.

Vaccination

- In Bentiu, plans are under way to conduct the second round of the OCV campaign in the three PoC areas in Bentiu. During the first round of the campaign. A total of 34,370 persons were vaccinated against cholera. A total of 37,000 doses of cholera vaccine have already been prepositioned by WHO to support the second round of the oral cholera vaccination exercise. WHO recommends 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.

- From December 2013 to date, a total 298,513 measles and 196,861 polio vaccinations have been administered by health cluster partners for the IDPs. In addition, 59,190 Vitamin A and 27,328 deworming treatments were provided to children.

Response

- In preparedness and response to the cholera, medical supplies including Diarrhoea Disease Kits (DDKs), fluids, Carry Blair and Rapid Diagnostic Kits (RDTs) have been prepositioned in Bentiu, Bor, Malakal, Mingkaman and the remaining six state capitals (Aweil, Torit, Kuajok, Rumbek Wau, and Yambio).

- 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 ongoing. MSF is providing 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 22. The number of consultations decreased from 19,001 to 14,149 in week 22 as compared to week 21. This may be attributed to poor reporting. The majority of the consultations 2,993 (21%) in week 22were registered in Bentiu.
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Figure one shows the priority disease morbidity trends in IDP populations during week 01-22 of 2014. In week 22, the top three causes of morbidity were Malaria (22%), Acute Respiratory tract Infections (17%), and Acute Watery Diarrhoea (9%). Eighteen suspected cholera cases were reported from Malakal (16) and Awerial (2).

Hepatitis E (HEV) cases continue to increase in Mingkaman IDP camp. As at 01 June 2014, 24 cumulative cases, (22 from Mingkaman, one from Ahou village and one from Nun Nhail village) including two deaths had been reported to the MoH and WHO. Two of the reported cases were pregnant and died, one following premature delivery. So far 18 samples have been collected and analyzed. Of these, 8 specimens were confirmed positive using Elisa and PCR, and 16 specimens were confirmed using Rapid Diagnostic Test (RDTs) kits.

**Assessments**

In Bor, health cluster partners (WHO, UNICEF, PAH, IMA, IRC, SMC, SMOM, INDIAN BATTALION, KOREAN BATTALION, SRI LANKEN BATTALION) conducted an assessment of Bor State Hospital. The national assessment and supervision checklist was adapted to assess the areas of Infrastructure, equipment, human resources, service provision, pharmaceuticals, service utilization and HMIS. Findings will be compiled and disseminated. An operational support work plan will be drawn against commitments from various partners and timelines for supporting the different areas at the hospital.

**Resource Mobilization**

About 57% (USD 41,221,029) 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 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: 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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