



A Laboratory Technician testing a patient for malaria at the Kalthok PHCU supported by IMC, Awerial County
photo: WHO/P. Ajello

South Sudan Response

24 April - 01 May 2014



4.2 M
IN NEED OF HEALTH
ASSISTANCE



959,000
INTERNALLY
DISPLACED****



1.9 M
TARGETED
FOR HEALTH



223,636
REFUGEES***



6,948
INJURED*

Highlights

- A cholera case was confirmed on 6th May 2014 in UN House Juba III IDP camp following tests conducted by the AMREF laboratory in Nairobi.
- The cholera vaccination campaign has started in Bor Protection of Civilian (PoC) area targeting 4,275 people. Two thousand, seven hundred and sixty seven (2,767) people have been vaccinated.
- A total of 1,075,448 people have been reached with various medical interventions by health cluster partners since 15 December 2013.

HEALTH SECTOR

57*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**



1,075,448

MEDICAL INTERVENTIONS

HEALTH FACILITIES**



127
1,350

DAMAGED/LOOTED/NON
FUNCTIONING

CONSULTATIONS**



285,389
17,749
2,866
344
6,948
422

CONSULTATIONS
ANC
ASSISTED DELIVERIES
CAESARIAN SECTIONS
INJURIES (GUNSHOT WOUNDS)
MEDICAL EVACUATIONS
SENTINEL SITES

EWARN



32

VACCINATION



265,336 CHILDREN VACCINATED AGAINST MEASLES**
173,707 CHILDREN VACCINATED AGAINST POLIO**
32,681 VACCINATED AGAINST MENINGITIS IN
MINGKAMAN
137,786 PEOPLE VACCINATED AGAINST CHOLERA,
ROUND 2 IN TONGPING, JUBA III, MALAKAL AND
MINGKAMAN
2,767 PEOPLE VACCINATED AGAINST CHOLERA, ROUND1
IN BOR

FUNDING



24,010,824
61,324,020

39% FUNDED
US\$ REQUESTED

Notes:

* This number has received assistance
** Since 15 December 2013

****Population data: OCHA-25 April 2014

**** Refugee data: UNCHR, South Sudan portal

RH data last updated on 30 April 2014

Situation Update

- A laboratory confirmed case of cholera was reported from Juba 3 camp and an increased case of hepatitis E has been observed in Mingkaman. This calls for heightened efforts from water, sanitation and hygiene and health partners to ensure that the outbreak is controlled and does not spread beyond the current locations.
- The number of persons displaced into the UNMISS PoC area in Wau has started declining following the departure of some of the IDPs. As of this reporting period, a total number of 707 IDPs has been reported to be camped in the PoC area. Partners including WHO, UNICEF and UNMISS are providing medical services to those displaced.

Public health risks, needs and gaps

- There is a concern among health cluster partners of possible disease outbreaks in more IDP locations due to ongoing heavy rains that have left some IDP camps flooded and latrines washed into the submerged houses. The situation is likely to worsen as partner operations in conflict affected areas may be further limited while others will be completely cut off from accessing the affected communities.
- The population movement in and out of the IDP camps and the country poses a risk of exportation and importation of epidemic prone disease (diseases with the potential of causing an outbreak such as measles, cholera, and viral hemorrhagic fever among others). Given the low vaccination coverage in the country, the risk of transmission of diseases such as polio and measles is high. Other diseases of concern for cross border spread include Guinea worm, HIV and hepatitis E.

Gaps

Critical health response gaps include:

- Partners have pulled out in a number of locations due to active conflict during the week. These include Ayod, Nasir and Ulang.
- 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.
- Lack of laboratory capacity within South Sudan to detect epidemic prone diseases including cholera and dysentery.
- Funding shortfall, only 39% of the crisis response plan budget is funded.

Health Cluster Action

Health cluster coordination

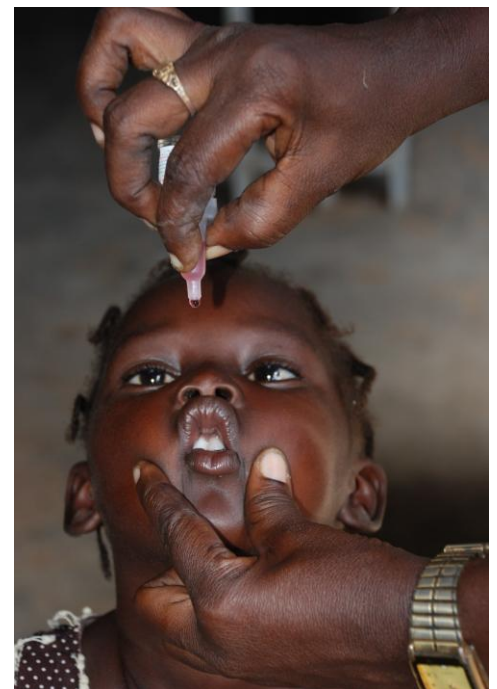
- The Health Cluster Coordination meetings were held at the national and sub-national levels. At the National level, a meeting was held on 5 May 2014. Key issues discussed and agreed in the meeting included; adherence to standard case definitions was indicated likely to be low in most health facilities supporting displaced people and as such WHO requested to ensure all health facilities are following standard case definitions. Partners requested guidance on the TB strategy and operational plans for the IDP camps.
- In collaboration with UNMISS in Bor, the health cluster coordinated the medical evacuation of 13 patients from Bor and 8 from Wau. Since the start of the conflict, the Health Cluster has evacuated a total of 419 patients from different locations to health facilities where they can access specialized health care mainly surgery.

Health service delivery

- Since 15 December 2013, a total of 1,075,448 people have benefited medical interventions namely; consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations.
- As of 08 May 2014, a total of 17,466 consultations were reported from the IDP camps and PoC areas in week 18. This brings the cumulative total of 285,389 consultations to since the start of the conflict on 15 December 2013.
- Health partners have continued to provide health services to wounded patients in 43 health facilities in seven states namely; Central Equatorial State, Lakes, Upper Nile, Unity, Jonglei, Western Bahr El Ghazal State and Warrap State. WHO has continued to provide medical supplies to key facilities for the management of trauma cases. Since the start of the conflict in December 2013, a total of 6,945 people have been wounded and treated.

Vaccination

- A total of 2,767 people have been vaccinated during the first round of the Oral Cholera Vaccination (OCV) campaign in Bor PoC area. The campaign that started on 7 May 2014 will run for three days targeting 4,275 people. IOM with technical support from WHO is conducting the campaign. A total of 137,786 people received two doses of cholera vaccine in UN House Juba III, Tongping, Mingkaman and Malakal IDP camps.
- From December 2013 to date, a total of 265,336 measles and 173,707 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.
- UNICEF, WFP and FAO have developed an innovative multi-sectoral Rapid Response Mechanism (RRM) to address critical gaps in humanitarian needs of populations affected by the Conflict beyond PoC and IDP sites especially in the hard to reach areas. The objective of the RRM is to deliver goods and critical life-saving health services to reduce excess mortality and morbidity. Key activities conducted include: food distribution, immunization against measles and Polio. Vitamin A supplementation during measles campaigns were given to all children between 6-59 months, deworming treatment for children 12- 59 months and management of common childhood illnesses (provision of Emergency Health Kits, LLNTs, ORS, Diarrheal disease kit, Midwifery kits) and conducting needs assessment; including cold chain assessment. Of the 24 planned RRM missions, seven have so been completed.



*A child being vaccinated against polio
photo: UNICEF*

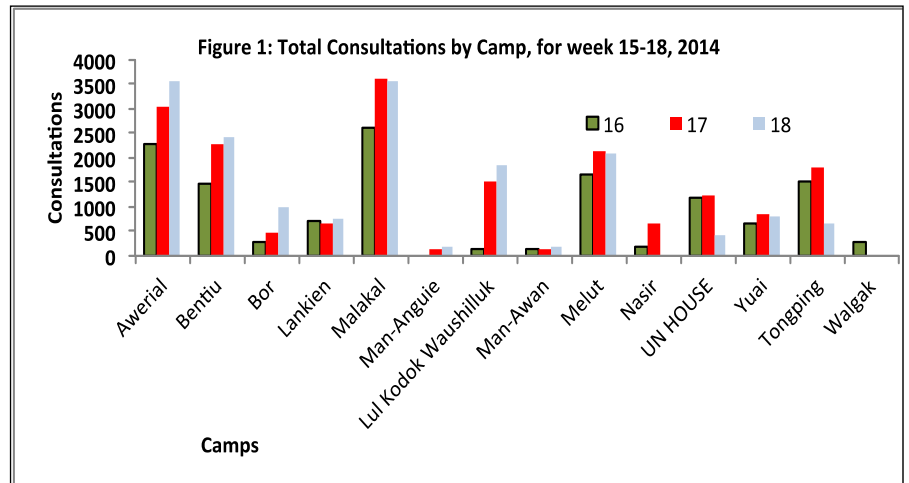
Response

- Partners have stepped up health and water, sanitation and hygiene interventions in UN House Juba III and Mingkaman IDP camps. In Mingkaman OXFAM volunteers have been trained on prevention and control measures of the Hepatitis E focusing on the transmission of the disease. A clean up campaign and health education efforts were strengthened in the market areas and house hold levels. Key messages on Hepatitis E, cholera and malaria have been developed translated and shared with all health cluster partners in Mingkaman.

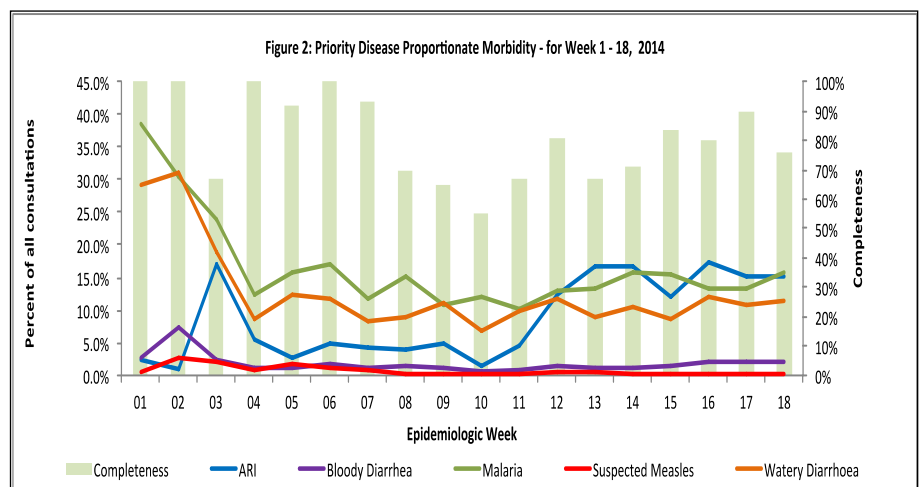
Surveillance and communicable disease control

- A cholera case reported from UN House IDP camp was laboratory confirmed on 6th May 2014 by AMREF in Nairobi. The case, a 22 year-old male started developing acute watery diarrhoea, vomiting and general body weakness on 28 April 2014. He was admitted at the MSF clinic on 29th April for treatment and discharged on 3 May 2014 after recovery. Ensuing investigations showed no cases among the close contacts. Cholera preparedness and prevention interventions have been enhanced in all the camps.

- As of 8th April 2014, 12/14 (86%) camps and 23/33 (70%) health facilities had reported as part of the national requirements for epidemiological monitoring in IDP populations. During week 18, a total of 17466 consultations have been reported giving a cumulative of 216968 consultations since the onset of the crisis. The highest consultations were reported from Malakal, Awerial, and Bentiu (Figure 1).



- Consistent with the trends in the recent weeks, malaria (16%), acute respiratory infections (15%), and acute watery diarrhoea (11%) accounted for the highest proportionate morbidity in week 18 (figure 2).



- During week 18, the overall malaria incidence¹ was 157 with Bor (613), Malakal (393), Bentiu (274); Melut (160); Yuai (127) being the most affected. On the other hand overall AWD incidence¹ in week 18 was 114 Bentiu (298); Bor (164); Malakal (112); Melut (101), and Yuai (86) being the most affected.

Source: South Sudan IDP Surveillance-Epidemiological Update, 8 May 2014

with

- A cumulative of nine acute jaundice syndrome cases have been reported in Mingkaman since 16 March 2014 with one case testing positive for Hepatitis E Virus (HEV) by PCR and seven additional have tested positive for HEV using rapid test (RDT) kits. The WHO is working with partners to enhance health promotion for HEV prevention and control in all the camps.
- Ongoing mortality surveillance in all IDP camps with crude² and under five³ mortality rates being below the respective emergency thresholds during week 18. Of the total 16 deaths reported during week 18,

¹ Per 10,000 persons

² Crude Mortality Rate threshold of 1 death per 10,000 population per day.

³ Under five Mortality Rate of 2 deaths per 10,000 population per day

eight were reported from Bentiu, four from Malakal; two from Mingkaman, two from Tongping. The top causes of death in week 18 were severe pneumonia and acute watery diarrhea (Table 1).

Causes of death	Age in years		Total n=16
	<5yrs n=9	≥5yrs n=7	
Severe pneumonia	5	1	6
Acute watery diarrhea	1	1	2
Septic Shock	1	0	1
Kala azar	0	1	1
Heart failure	1	1	2
Hepatitis B bleeding	0	1	1
Hypoglycemia	1	0	1
Surgical pathology (not war related)	0	1	1
Hypovolemic shock after leg amputation	0	1	1

Resource Mobilization

- About 39% (USD 24,010,824) 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

- Revival of Bor hospital to deliver secondary health services
- Ongoing OCV mass vaccination campaign in Bentiu PoC area.
- Continue repositioning of drugs and medical supplies ahead of the rainy season.

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, SSR, 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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