**Situation Report # 31**

10 - 16 July 2014

- **4.2M** IN NEED OF ASSISTANCE
- **7,018** INJURED
- **1.1M** INTERNALLY DISPLACED
- **241,416** REFUGEES

**WHO**

- **75.4%** FUNDED
- **US$14.5M** REQUESTED

**HEALTH SECTOR**

- **56** HEALTH CLUSTER PARTNERS
- **1,687,278** PEOPLE COVERED
- **127** DAMAGED HEALTH FACILITIES
- **1,350** FUNCTIONING HEALTH FACILITIES
- **716,245** CONSULTATIONS
- **7,749** ASSISTED DELIVERIES
- **7,015** SURGERIES (OF GUNSHOT WOUNDS)

**VACCINATION**

- **345,433** VACCINATED AGAINST MEASLES
- **253,075** POLIO
- **120,176** CHOLERA (2 doses, Juba PoCs, Mingkaman, Malakal and Bor)

**Funding**

- **61.9%** FUNDED
- **US$77M** REQUESTED

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**Highlights**

- Health Partners continue to respond to the current Cholera Outbreak and have managed 4,278 cases (CFR 2.3%) as of 15 July 2014.
- Vaccination of children 6 month to 14 years continue in Bentiu as new displacements are recorded in the POC areas.
- Hepatitis E in Mingkaman, Awerial County, Lakes State remains a concern and partners continue to advocate for the declaration of an outbreak.
- Health partners have reached about 1,687,278 people with various medical interventions since January 2014.
- The official opening of Wau hospital maternity theatre and waiting home by President Salva Kiir Mayardit is expected to improve antenatal care services.

**Situation update**

- The situation remained relatively stable in most parts of South Sudan, with underlying tensions being closely monitored. Skirmishes were, however, reported in the Upper Nile areas in Nasir, Renk, Aweil in Northern Barh El Gazhal, Unity State causing tensions in the affected states.
- Waterborne diseases remains a public health concern. Health partners continue to respond to the outbreaks, in coordination with other clusters such Nutrition, water, sanitation and hygiene (WASH) to ensure an effective response.
- In Mingkaman, preparations are underway to decongest the camps (28,346 households) to the new settlement areas and as such efforts to establish required services at the new sites, including health needs, are underway.
Public health concerns

- The Cholera outbreak remains a public health concern. The risk is heightened by heavy rains and floods, coupled with limited access to potable water and poor sanitation and hygiene, which expose the population to cholera and other waterborne disease outbreaks. Partners continue to respond to alerts, while closely monitoring high risk areas. Verification of alerts continue in the areas of Malakal Teaching Hospital and Obira, Ikotos County.
- Hepatitis E cases in Mingkaman remain a public health concern that needs urgent action. The long incubation period for Hepatitis E means there is potential for an increase in cases. As such, response actions to prevent the further spread of the disease are essential.
- The continued influx of displaced persons into Bentiu is straining existing health services in Protection of Civilians (PoC) areas. On average 100 IDPs are being received per week and risk for a measles outbreak remains high.
- Limited funding continues to impede the full implementation of the emergency response by health partners.

WHO action

- As technical and Cluster lead for health, WHO continues to provide support by coordinating the response to the crisis, and to cholera including putting in place preparedness measures at various state levels throughout the country. A national task force meeting, Surveillance and Case management meetings were conducted to review the current gaps and review the existing strategies of the response given the declining trend in Central Equatorial State.
- WHO and other partners supported the Ministry of Health (MoH) with the introduction of the Pentavalent vaccine in South Sudan. Events to mark the introduction included a media orientation on 15 July and the national launch on 16 July. The Pentavalent or five-in-one vaccine, administered by injection, is being introduced to further reduce childhood and mortality due to vaccine preventable diseases as part of Government’s efforts to achieve the Millennium Development Goals.
- The agency supported the MoH with the deployment of an Epidemiologist and a Technical Officer responsible for social mobilisation in Eastern Equatoria State to support the current cholera outbreak.
- WHO has drawn up a cholera risk analysis that projects the expected number of cholera cases in the next three months. The analysis, which includes the most likely and worst case scenario, will guide the contingency planning for the projected period.
- During the reporting period 8,656 OPD consultations were reported in the 12 health clinics that receive medicine support from the WHO core pipeline.
- WHO is supported Care with life saving drugs and intravenous (IV) fluids to operate mobile clinics to PoC4 and Bentiu town in the state of Unity.
**Surveillance and communicable Disease Control**

**Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 28, 2014**

* Detailed analysis for priority disease proportionate morbidity will be found in the weekly epi bulletin

- In week 28, acute respiratory infections (ARI), malaria and acute watery diarrhea (AWD) continued to account for the highest proportion of the disease burden among IDPs. ARI had the highest proportionate morbidity and incidence. The incidence for malaria, AWD and acute bloody diarrhea (ABD) decreased in week 28 as opposed week 27.

- Despite the ongoing cholera outbreak in South Sudan, the AWD trends among IDPs have continued to decline, a trend that is attributable in part to the OCV vaccination and WASH interventions.

- The Hepatitis E outbreak continues to increase in Mingkaman. By week 28, cumulative cases of Hepatitis E Virus (HEV) reported in Mingkaman IDP camp were 61 although deaths remained four as previously reported (CFR 6.5%).

- Partners continue to call for the declaration of an HEV outbreak for a more focused response and greater resources. Consequently dialogue with the MoH to declare an outbreak is underway. Meanwhile, partners are encouraged to continue improving WASH and social mobilization interventions in the camp.

**Update on the cholera situation**

- As of 15 July 2014, altogether 4,278 cholera cases including 98 deaths (CFR 2.3%) had been reported to WHO and the MoH South Sudan. This includes 793 cases and 17 deaths reported in Wau Shilluk. Below is the graph showing the overall trend of cases reported to date.

* Detailed analysis for Cholera will be found in the weekly epi bulletin
Core services

- During the reporting period WHO received 20 additional surge staff, 18 through the Polio Eradication CDC/STOP Programme, One Technical officer for EPI/VPD and one Health Cluster Adviser to support the current response, bringing the total number of surge staff in country to 30. WHO continues to mobilise surge support for the cholera emergency.

- WHO supported interventions and field operations as follows:
  - **Eastern Equatoria State**: Two full DDK, four ORS kits and assorted infection control supplies were provided for use in Torit/Lopa-Lafon, Owinyikibul and Kapeota North treatment Centres to enhance the case management at state level. WHO has further supported the state health team to open four Oral Rehydration Points (ORP) in Torit and discussions are underway to support Owinyikibul, Bur, Lopa-Lafon and Tuhubak villages. Supplies donated are adequate for 1400 cases of AWD.
  - **Jonglei State**: The State health team has set up a new CTC at the PoC in Bor, with support from WHO.
  - **Unity State**: WHO supplied CARE with drugs to support the mobile clinic in Bentiu town. These included five boxes of antimalarials (1,250 doses), two boxes each of basic Emergency kits, two Oral Rehydration Solution (ORS) modules for Diarrhoea Disease Kits (DDK) and an assortment of drugs. The drugs will be used to support outreaches in Bentiu town and are adequate for 1,200 consultations.
  - **Upper Nile State**: Two DDKs were delivered to the WHO office in Malakal as part of the stockpile for the response to the increase in AWD in various areas in Upper Nile State including Wau Shilluk. 20 Cary Blair media and 25 rapid cholera test kits were also donated for use by the Fashoda County Health Department. ICRC received 50 Cary Blair media and 10 Cholera Rapid test kits from WHO for Kodok, Lul to support the implementation of the EWARN.
  - **Western Bahr El Ghazal State**: Surgical machinery for use in the maternity ward and general surgical wards/theater was delivered to Wau Teaching Hospital. This will strengthen the management of surgical cases that are usually referred from the fighting’s in the greater Tonj area of Warrap state
  - **Central Equatoria State**: Trauma kits and assorted surgical/anaesthetic equipment were delivered to Morobo County Hospital. The supplies are will serve 200 surgical cases.

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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
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<td>WHO</td>
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<td>Health Cluster</td>
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