South Sudan Emergency Response

Situation Report # 24
15-21 May 2014

- 4.2M IN NEED OF ASSISTANCE
- 6,954 INJURED
- 1,300,000+ DISPLACED
- 238,261++ REFUGEES

WHO
STAFF IN THE COUNTRY 159
SURGE 29

Funding
76.3% FUNDED
US$10,950,000 REQUESTED

HEALTH SECTOR
57* HEALTH CLUSTER PARTNERS

Beneficiaries
1.16 MILLION PEOPLE COVERED

Health facilities
127 DAMAGED/CLOSED
1,350 FUNCTIONING

Consultations
346,879 CONSULTATIONS
2,866 ASSISTED DELIVERIES
6,954 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination
CHILDREN VACCINATED AGAINST
MEASLES
POLIO
CHOLERA (round II, Malakal, Tongping, Juba III and Mingkaman)
1st ROUND OCV, BOR
1st ROUND OCV, BENTIU

Funding
45.5% FUNDED
US$61,324,020 REQUESTED

WHO and MoH Staff conducting an environmental assessment in Gudele 2 Photo: WHO SS

Highlights
- The security situation in Bentiu and other parts of Unity state has been calm but unpredictable.
- The number of people displaced within South Sudan has reached about 1.3 million.
- Cholera continued to spread in Juba city. WHO, Ministry of Health and partners are responding to the outbreak.
- Medical supplies were donated to Ministry of Health and other health partners to support cholera response in Juba and other areas reporting suspected cholera.

Situation Update
- More than one million South Sudanese are internally displaced due to the current crisis, with 87,000 hosted at UN bases across the country.
- Since 15 December 2013, a total of 1,160,237 people have been reached with various medical interventions.
- The security situation in the country has been relatively calm, with limited reports of clashes in most parts of the country. In Bentiu and Rubkona movement outside the PoC is still restricted. There were reports of intense troop movements in Akobo, however, restrictions on operational access for UN agencies to Bor town were lifted.
- Cattle raiding in Aweng boma in the areas of Ajong and Abienmon resulted in the death of 13 people and the injury of 19 others.

OCHA Situation Report No 36, 16 May 2014
UNCHR SS Refugee Portal
The wounded received minor surgical care in Turalei hospital while those seriously wounded were evacuated to Wau hospital for secondary care.

- On 15 May, 2014, the Ministry of Health declared a cholera outbreak in Juba following laboratory confirmation from AMREF laboratory in Nairobi. The pathogen responsible for the current outbreak is *Vibrio Cholerae Inaba*. As of 21 May, 315 cumulative cases, 7 institutional deaths and 7 community deaths had been reported.

### Public health concerns

The current cholera outbreak is increasing and expanding to areas outside central Juba. It is feared that the disease may spread to Tongping PoC and other parts of the country. With further rains expected, flooding in PoCs and IDP camps will worsen the already poor health conditions in the camps. Poor sanitation conditions in and the surrounding camp areas are important risk factors for the spread of cholera and other communicable diseases.

The lack of secondary health services in Bentiu, Bor, and Malakal remain a major concern.

Conflict in Ayod, Nasir and Ulang forced partners to leave those areas. it is feared that if the insecurity persists, communities living in those areas will suffer from a critical shortage of basic health services.

### WHO action

#### Health Leadership

- WHO coordinated health cluster meetings at the internally displaced people’s camps (IDP) and Protection of Civilian (PoCs) areas of Bor, Malakal, Mingkaman, and Juba. The focus of this week’s meetings include the following:

  - In response to the cholera outbreak reported in Juba, WHO and the Ministry of Health put in place working groups on case management, surveillance and laboratory; social mobilization and WASH to coordinate response in the key thematic areas. Health and WASH cluster partners are working closely with the Ministry of Health, State Ministry of Health, Central Equatoria and Juba City Council to respond to the outbreak.

  - A coordination meeting was also convened in Malakal: the main agenda was the review of the cholera outbreak preparedness and response plan. Partners agreed on the modalities of response and reviewed the response plan.

#### Technical Support

- WHO participated in an Initial Rapid Needs Assessment (IRNA) conducted in Tonj North in Warrap town and Marial Lou among the population displaced due to cattle raiding and fighting in Bentiu and Mayom. The findings of the assessment indicate that the IDPs, who consist of Darfurians, Dinkas and Nuers are integrated into the community and mainly need food assistance.

- WHO in collaboration with the State Ministry of Health, Warrap State, conducted a five day Integrated Disease Surveillance and Response (IDSR) training workshop for 40 health workers at Twic County from 12 to 16 May 2014. The participants were drawn from Gogrial West, Twic and Abyei.
The objective of this training was to give health workers, especially those involved in disease control and surveillance, appropriate knowledge and skills in identifying cases of priority diseases, process data and use it for action.

- An integrated cholera and measles vaccination campaign started on 19 May 2014 in Bentiu PoCs with the support of WHO.

24 teams were assigned to conduct the vaccination in two PoCs (5 for POC I and 19 for POC II). As of 20 May (day two), the cumulative coverage figure for cholera was 13,219 (46% of the target). The measles vaccination coverage was 7,982 children aged 6 month to 15 years (57% of the target). See a summary table below of the daily performance of both measles and cholera vaccination by POCs.

**OCV Campaign**

<table>
<thead>
<tr>
<th>Dates</th>
<th>POC I</th>
<th></th>
<th>POC II</th>
<th></th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>Total</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>19/05/14</td>
<td>1224</td>
<td>647</td>
<td>1871</td>
<td>2895</td>
<td>2204</td>
</tr>
<tr>
<td>20/05/14</td>
<td>937</td>
<td>883</td>
<td>1820</td>
<td>2200</td>
<td>2229</td>
</tr>
</tbody>
</table>

**Measles Vaccination**

<table>
<thead>
<tr>
<th>Dates</th>
<th>POC I</th>
<th>POC II</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/05/14</td>
<td>845</td>
<td>2825</td>
<td>3670</td>
</tr>
<tr>
<td>20/05/14</td>
<td>871</td>
<td>3441</td>
<td>4312</td>
</tr>
</tbody>
</table>

- WHO facilitated refresher training for 24 vaccinators and two supervisors who will participate in the second round of OCV in Bor PoC at the eight vaccination sites. The second round of the campaign started on 20 May 2014. The results of the campaign will be shared in the due course.

- In Mingkaman, a mop up campaign for the integrated measles and polio immunisation and vitamin A supplementation activity achieved 90% coverage for polio, 89% for measles and 79% for Vitamin A. An independent monitoring survey will soon be conducted to verify the coverage. MoH will conduct a follow up campaign starting on the 27 May 2014 for which further support will be needed.

**Surveillance and Communicable Disease Control**

*Update on the cholera situation*

- On 21 May 2014, forty-nine (49) new cases were admitted at the cholera treatment centre (CTC) in Juba Teaching Hospital (JTH). A total of 17 cases were discharged the same day, leaving 87 patients on admission in the cholera treatment centre.

- Overall, a cumulative of 315 cholera cases including seven (7) health facility deaths and seven (7) community deaths (CFR 4.4%) have been reported since the onset of the outbreak on 25 April 2014. The majority of the reported cases 228 (72.4%) have been treated at the JTH CTC. See figure 1 on the next page.
Cholera cases have been reported from six Payams in Juba county with the most affected being Northern Bari 144 (46%), Muniki 69 (22%), Rejaf 29 (9%), Juba 44 (14%), and Kator 18 (6%).

The majority of the reported cholera cases are males 176 (56%) in the 20-34 year age group 139 (44.4%). See figure 2 below.

The two main risk factors associated with the current outbreak are consumption of untreated water from the River Nile and unhygienically prepared food from roadside vendors. This week Juba City Council passed by laws to close roadside and market food vendors operating in makeshift premises and has enforced them.
Suspected cholera was reported in Mangala (Juba), Kaka, Manyo county, Upper Nile State where at least 50 AWD cases including 9 deaths were reported on 19/05/2014.

A military barracks outside Panyagor in Bor reported at least 27 AWD cases including three (3) deaths over the weekend. The Division commanders in Owiny Kibul, Esidu on Juba-Nimule road and Luri have reported increasing cases of acute watery diarrhoea. The map below shows areas reporting suspected cholera.

Cholera response
In Juba, WHO is supporting the Ministry of Health to conduct the following response activities:

- Coordination of the National Epidemic Preparedness and Response Taskforce;
- Case management including provision of: protocols and training in case management and infection control; case management flow charts, laboratory sample collection
- Surveillance activities including data management, analysis and reporting; stool sample collection, transportation and confirmation at AMREF Nairobi laboratory; laboratory surveillance for antibiotic sensitivity
- Social mobilization activities including development of training tools for community health workers, development and production of cholera awareness materials; and
- Logistical supplies for the management of cholera patients including diarrhoeal disease kits, antibiotics, Cary Blair transport media and other items listed under core services.

In to rumours of suspected cholera cases recorded in Jonglei, Upper Nile, Central Equatoria and other locations, WHO staff in field offices are working closely with State Ministries of Health and cluster partners to formally activate emergency task forces to effectively coordinate cholera preparedness and response activities. The
following activities are being conducted:

- Strengthening disease surveillance;
- Reviewing and updating state preparedness plans;
- Mapping of operational presence and capacity of health partners and identification of key partners for the response;
- Dissemination of key cholera reference documents and orientation/training for health workers and community health workers; and
- Reviewing prepositioned cholera response stocks and specimen collection materials.

This week in Bor, WHO met with the SMOH and partners to update the epidemic preparedness and response plan. The outcomes of the meeting include the following:

- Cholera training materials were reviewed by WHO and INDBATT Medical Officer and will be used to orient Bor PoC staff support cholera management. Case management training for healthcare staff is slated for the 22-23rd of May. Bor state hospital clinicians will also be trained starting 26 May 2014.
- Response supplies have been prepositioned and WHO is working to update a matrix of supplies available to other organisations in Jonglei state.
- Work with WASH cluster partners and UNMISS staff to commence the establishment of the two CTC sites and the production of media messages for Cholera.
- WHO and partners including UNICEF, IMA and MSF to support investigations in Panyagor and Kaka. In response to alerts received at Luri and other locations, MoH and WHO met with the Commander of the Presidential Republican Guard and received approval to conduct cholera sensitization at a Luri military parade planned for 22 May 2014. Other plans to be implemented include sample collection, the identification and training of military health workers to cascade cholera sensitization and case management training to various posts across the country.

IDP surveillance

- During week 19, Acute Respiratory Infection (ARI), malaria, and Acute Watery Diarrhoea (AWD) were the top causes of morbidity in IDP/PoC camps.

### Top three causes of morbidity in IDP/PoC camps, week 19

<table>
<thead>
<tr>
<th>Disease</th>
<th>Proportionate morbidity</th>
<th>Over all incidence (per 10,000 pop)</th>
<th>IDP/PoC reporting highest incidence (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARI</td>
<td>19%</td>
<td>99</td>
<td>Bentiu 224, UN House 166, and Awerial 67</td>
</tr>
<tr>
<td>Malaria</td>
<td>17%</td>
<td>89</td>
<td>UN House 46, Melut 28 and Malakal 18</td>
</tr>
<tr>
<td>AWD</td>
<td>9.5%</td>
<td>49</td>
<td>Bentiu 135, UN House, 38.4 and Lankien 38.13</td>
</tr>
</tbody>
</table>

These trends highlight the need for:

- Collection of stool samples from patients presenting with ABD to facilitate laboratory confirmation for better clinical case management and tailored
public health interventions.

- Collection of stool samples from patients presenting with ≥3 loose watery stools per day with or without vomiting (suspected cholera) for laboratory confirmation and immediate notification to MoH/WHO for further investigation in areas not currently reporting cholera.
- Improve access to safe drinking water and sanitation facilities in all IDP camps.

**Core services**

This week, WHO donated medical supplies to support cholera response activities in Juba Teaching Hospital and the Military base in Mangala. In addition, stocks were provided to IMA team that travelled to assess reports of suspected cholera in Kaka/Kodok/Melut.

**Supplies donated by WHO this week for cholera response activities**

<table>
<thead>
<tr>
<th>Item</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 boxes of kit 6</td>
<td>IMA</td>
<td>Kaka/Melut/Kodok, Upper Nile State</td>
</tr>
<tr>
<td>1 box of giving sets,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 boxes of sanitizers,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 boxes of gloves,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 box containing doxycycline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50, SSG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100, rk39, inbios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 Paromomycin Sulfate (aminosidine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>375mg/ml, 2ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Basic Unit (IEHK component)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 body bags</td>
<td>Juba Teaching Hospital</td>
<td>Juba City, Central Equatoria State</td>
</tr>
<tr>
<td>Masks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22,400 Doxycycline capsules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>900 Cannulas, (18 &amp;20G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3600 Syringes, 5ml with needle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126 Surgical Gowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Knapsack sprayers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 pairs of gumboots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 BP Machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 stethoscopes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 digital thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 Ringer’s Lactate solution, 1000ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Instrument Trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Diarrhoeal Disease Kit</td>
<td>Military corps/ Mangala</td>
<td>Mangala, Equatoria State Central</td>
</tr>
<tr>
<td>10 Basic Units (IEHK component)</td>
<td>IRC</td>
<td>Unity State</td>
</tr>
</tbody>
</table>

- The total number of WHO external surge deployed to date is 29 out of which 22 have completed their missions and left the country. A breakdown of the surge team members shows that 20 are from AFRO, 7 from HQ/other regions and 2 from NGO partnership consortium.

**Resource mobilization**

Limited funding remains a challenge in the response for humanitarian agencies. The cholera outbreak is expected to spread and is already eating into already limited crisis response funding. As of this reporting period, WHO funding stands at 64%,
leaving a gap of approximately US$2.1 million. Four million, two hundred people are estimated to be in need of assistance by June 2014. Since the start of the conflict, WHO has reached approximately over one million people with various medical interventions.

WHO has so far mobilised an estimated 76.3% of required funding to implement its six months emergency response plan (Jan-Jun 2014), efforts are underway to mobilize additional resources to implement the unfunded activities in the emergency response plan.

<table>
<thead>
<tr>
<th></th>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>8,054,758</td>
<td>76.3%</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>61,324,020</td>
<td>22,490,514</td>
<td>37%</td>
</tr>
</tbody>
</table>

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The operations of WHO in South Sudan are made possible with support from the following donors: