South Sudan Emergency Response

Situation Report #32
17 - 25 July 2014

5.8M IN NEED OF ASSISTANCE

7,018 INJURED

1.1M* DISPLACED

241,416** REFUGEES

WHO SURGE TEAM IN COUNTRY 30

Funding 75.4% FUNDED US$14.5M REQUESTED

Health Sector

56*** HEALTH CLUSTER PARTNERS

Beneficiaries 1,844,985 PEOPLE COVERED

Health facilities
127 DAMAGED
1,350 FUNCTIONING

Consultations
792,972 CONSULTATIONS
8,172 ASSISTED DELIVERIES
7,018 SURGERIES (OF GUNSHOT WOUNDS)

EWARN 32 SENTINEL SITES

Vaccination

CHILDREN
368,616 VACCINATED AGAINST MEASLES
271,108 POLIO
120,176 CHOLERA (Two doses, Juba PoCs, Mingkaman, Malakal and Bor)

Funding 62% FUNDED US$77M REQUESTED

Reporting Period 17 - 23 July 2014

Highlights

- The general security situation remained calm in most parts of the country, with isolated incidents of insecurity and clashes in Upper Nile, Jonglei and Unity states. No new significant displacements have been reported.

- Efforts to contain the Cholera outbreak continue. Health facilities had recorded 5,141 (CFR 2.2%) cases by 21 July 2014.

- Acute Watery Diarrhoea (AWD) is the leading cause of morbidity among Internally Displaced People (IDP)

- The under five Mortality rate remains below the emergency thresholds across the PoCs.

- Insecurity continues to affect delivery of health services in the key states of Unity, Upper Nile and Jonglei.

- Health partners have reached 1,844,985 people with various medical interventions since January 2014.
The number of displaced population remains stable, but the humanitarian situation is a concern. The health situation in the PoCs is fragile, over 10% of the internally displaced persons (IDP) are living in a congested space at the Protection of Civilians (PoC) Site with a significant shortage of water, while cases of malnutrition are increasing. The potential for outbreaks of waterborne diseases such as acute watery diarrhoea, Hepatitis E and Acute Bloody Diarrhoea (ABD) as well as malaria is high.

Waterborne diseases remain the predominant and most pressing health concerns in the country. WHO continues to support health partners in responding to Hepatitis E and the cholera outbreak. Limited access to safe water, poor sanitation and hygiene, compounded by heavy rains and floods, continue to drive the outbreak. Cholera alerts were reported form Isohe Hospital in Ikotos County, Pager PHCU close to Lobonok and Malakal military settlement. WHO and the State Ministry of Health (SMoH) conducted a case verification exercise.

The threat of a meningitis outbreak remains. Efforts continue to improve specimen collection to enhance isolation are in place. Two cases were reported in Malakal PoC and health event verified.

Surveillance data from Warrap State indicates a sharp increase in malaria cases, mainly due to lack of Artemisinin-based Combination Therapy (ACTs) at the state level. The State Ministry of Health (SMoH) has initiated a surveillance response.

Referral for secondary health services remains a concern for health partners in Mingkaman. With the onset of rains the referral paths and mechanisms will be heavily impacted. In addition, WHO supported the County Health Department (CHD) and held a meeting to discuss provision of services to Duonygok boma and other underserved villages, and engagement/standardization of private practice. The CHD agreed to establish regular outreaches to the area in August.

The security situation is tense in some areas, limiting access and delivery of humanitarian assistance.

During this period, WHO:

- Conducted training for 42 technical officers of the country office in integrated emergency response with the aim of enhancing the capacities of both Outbreak and Disaster Management and Expanded Programme on Immunization (EPI)/Vaccine Preventable Diseases (VPD) staff at field level.
- Supported the SMoH in Western Bahr el Ghazal State to develop a contingency plan for the populations in Bagari and Bazia payams of Wau county where preliminary information indicates that over 10,346 were displaced. Health was not an immediate concern, however, risks of potential outbreaks remain high.
- In Mingkaman, WHO together with the state teams visited Duonygok boma to verify reports of unusual illnesses. No outbreak was detected but the village lacks health and WASH services.
- WHO facilitated the MoH to conduct a national task force meeting, surveillance working groups and health cluster coordination meetings at sub national level.
- Conducted support supervision and monitoring of health activities in the IDP camps in Juba III, Tongping and Bentiu PoC areas to ensure standard and quality of care is maintained.
- The programme supported training of SMoH in Yambio for 33 laboratory technicians on basic principles of sample handling and management in health emergencies.
- In Bor, WHO conducted onsite orientation of health workers at Malou clinic on Integrated Disease and Surveillance Response (IDSR) and active surveillance of Acute Flaccid Paralysis (AFP) cases.
- Supported the State Ministry of Health to participate in preparation of state Supplementary Immunization Activities (SIA), micro plan for Bor south, Twic East, Duk, part of Ayod, Pochalla and Pibor counties.
- In Warrap State, WHO held discussions with partner on the ground to review the assessment so far done regarding the reported increase in Malaria cases in Gograil West county.
Health Situation (surveillance) in IDPs/PoCs

- Acute Respiratory Infection (ARI), malaria and Acute Watery Diarrhea (AWD) continue to account for the highest proportion of the disease burden among internally displaced persons (IDP). In week 29, ARI had the highest proportionate morbidity and incidence.
- AWD is the leading cause of death among IDPs. A cumulative 140 AWD deaths have been reported since the onset of the crisis with 43, representing 31%, occurring in Bentiu. Most of the AWD deaths in the recent 10 weeks have occurred in Bentiu, Malakal, Tongping and Mingkaman.
- Cases of Hepatitis E continue to be reported. Cumulative cases have increased to 62 in Mingkaman with four fatalities.

Update on the cholera situation

- As of 21 July 2014, altogether 4,765 cholera cases including 109 deaths (CFR 2.3%) had been reported in South Sudan. Areas outside Juba County account for most of the burden where 2,679 cases and 70 deaths have been reported. Following a reduction in cases in Juba five Cholera Treatment Centres (CTC) in the county were closed between 5 and 15 July, with resources being redirected to areas in greater need. Deaths in Juba remained static at 39 as reported last week, although cases increased to 2,086. Eastern Equatoria State is the worst affected, while other areas experiencing outbreaks include Central Equatoria, Jonglei, Upper Nile and Western Equatoria States.
- Partners have established that some of the recent cholera admissions were either partially vaccinated using oral cholera vaccine (OCV) or unvaccinated. An evaluation exercise to assess the effectiveness of OCV among the IDPs is underway.
- In order to curb cholera and other waterborne diseases, health partners have recommended:
  - Enhanced hygiene promotion;
  - Prioritisation of military institutions for awareness activities;
  - Scaling up of preparedness and response activities, including prepositioning of supplies;
  - Training of health care workers on surveillance and case management;
  - Advocating for long term interventions to improve WASH indicators, while improving
WASH standards in all camps.

Core services

- Additional surge staff joined WHO to support the current response in the areas of Health Leadership, Logistics and Health cluster coordination.
- WHO support to field operations:
  - **Central Equatoria State**: MSF-Belgium received 10 Cholera rapid test kits and 20 Cary Blair media for use at the PoC in Juba.
  - **Jonglei State**: WHO supplied an assortment of medical and surgical equipment for use in Old Fangak to support service delivery at the County Health departments.
  - **Unity State**: WHO supplied Jazeera Primary Health Care Unit in Rubkona County with 1,000 doses of anti-malaria medicines.
  - WHO provided emergency drugs to support the Primary Health Care Clinic (PHCC) in Mayom town.
  - **Upper Nile State**: The WHO office in Malakal received 20 Cary Blair media and 50 cholera rapid test kits for distribution in areas reporting suspected cholera cases.
  - **Mingkaman**: The programme supported mobile clinics in Yalakot and Marik areas that have no health facilities.
  - **Western Bahr El Ghazal State**: The MoH and WHO field office have set up a treatment out post to serve an estimated 600 IDPs displaced in Jur River county.

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<tr>
<th>Resource Mobilization</th>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
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</thead>
<tbody>
<tr>
<td>WHO</td>
<td>14,500,000</td>
<td>10,945,675</td>
<td>75.4%</td>
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<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>47,345,897</td>
<td>62%</td>
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