## South Sudan Emergency Response

### Situation Report # 38
18 - 25 September 2014

<table>
<thead>
<tr>
<th>People</th>
<th>Need</th>
<th>Injured</th>
<th>Displaced</th>
<th>Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.8M</td>
<td>7,110</td>
<td>1.3 M</td>
<td>457,447</td>
</tr>
</tbody>
</table>

**WHO**

<table>
<thead>
<tr>
<th>Staff</th>
<th>in the Country</th>
<th>surge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>159</td>
<td>30</td>
</tr>
</tbody>
</table>

**Funding**

- 55.5% Funded
- US$ 24.5M Requested

**Health Sector**

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>People Covered</th>
<th>Health Facilities</th>
<th>Consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>56*** Health Cluster Partners</td>
<td>2,747,260</td>
<td>127 Damaged</td>
<td>1,311,376 Consultations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,350 Functioning</td>
<td>11,1444 Assisted Deliveries</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7,110 Surgeries (of Gunshot Wounds)</td>
</tr>
</tbody>
</table>

**EWARN**

- 32 Sentinel Sites

**Vaccination**

- Children vaccinated against Measles, Polio, Cholera (2 doses, Juba PoCs, Bentiu, Bor, Malakal and Mingkaman)

**Funding**

- 81% Funded
- US$ 77M Requested

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### Highlights

- The security situation in South Sudan remains calm.
- Cases of malaria, which is among the top causes of death among internally displaced persons (IDP), continue to increase.
- Visceral Leishmaniasis (kala-azar) cases are on the rise in the endemic states of Jonglei, Unity and Upper Nile.
- The cholera outbreak continues on a declining trend with few cases being reported in parts of Central and Eastern Equatoria states.
- To date health partners have conducted 2,747,260 medical interventions since January 2014.

### Public Health Concerns

- Malaria cases remain high. Heavy rains and subsequent stagnant waters provide a conducive environment for mosquitoes to breed, further increasing the population’s risk to malaria and other water related and borne diseases.
- The Ebola Virus Disease (EVD) outbreak in five West African countries and the Democratic Republic of Congo (DRC) remains a concern. Although no cases have been reported in South Sudan, preparedness and surveillance continue, while alerts are investigated.
- Although cholera is on the decline, continued sporadic cases in Central and Eastern Equatoria states remain a concern.
- A spike in kala-azar cases has been reported, with cases doubling compared to this period in 2013.
Ebola prevention and preparedness efforts continue at both national and state level, with WHO providing technical and material support to the Ministry of Health (MOH). Screening of passengers on arrival is being carried out at airports in Juba, Central Equatoria State and Wau in Western Bahr El Ghazal. There are currently three UNISFA flights from Entebbe, Uganda to Wau, South Sudan. To date more than 13,000 passengers have been screened on arrival in the country. Isolation facilities are being prepared at both locations. A team comprising MOH, UN agencies and NGOs visited Juba Teaching Hospital to assess progress on the isolation facility and the level of preparedness to manage patients in the event of cases being identified. WHO continues to support the Ministry of Health with training and provision of supplies such as infra-red non-contact thermometers, protective clothing and stationery.

As part of continued efforts to improve access to health services and the quality of health care in South Sudan, WHO supported a two day national patient safety and quality consultative meeting. The meeting was attended by 60 participants including community nurses and hospital directors from all 10 states and aimed to build a common understanding of quality and safety for application in the country’s evolving health system. It also provided guidance for the development of national patient safety policy and strategic plans, while defining the key ingredients of the present national plan and strategy for patient safety. The consultations defined the next steps in the finalisation of individual state plans for patient safety.

In light of the peak season for kala-azar, WHO is supporting partners involved in response activities through provision of supplies for both testing and treatment. Drugs and test kits have also been prepositioned in endemic states. WHO and partners also conducted an assessment on the kala-azar situation in Eastern Equatoria State.

WHO, in support of MOH, provided Ebola case investigation and case management training for 43 health staff in Yei and Morobo counties, Central Equatoria State. Monitoring of border crossing points with DRC and Uganda continues. WHO also conducted supervisory visits to five health facilities within Juba Town, provided supportive supervision to six health facilities and coached staff in the implementation of programme activities.

WHO supported a visit by the MOH to Mingkaman, in Lakes State to assess the state of health facilities. The Minister of Health, Dr. Riek Gai Kok commended the work being done by WHO and partners in providing health services to the camp, which has a population of about 94,000 people. In addition, WHO conducted a three-day training for 16 health workers in cold chain and vaccine management and trained nine health staff on HIV testing and counselling.

WHO and the SMOH launched the Guinea Worm Cash Reward programme in Aweil East County, Northern Bahr El Ghazal State. In addition, following allocation of space by the State Ministry of Health (SMOH) the WHO engineer sited the location where a proposed theatre complex and waiting home will be constructed.

In Upper Nile State, WHO conducted a two-day training for health workers on the integrated measles and polio vaccination campaign, which has started in Renk County.

In Warrap State WHO, the SMOH and partners conducted Ebola preparedness planning and formed an Ebola Preparedness Task Force at state level.

In Western Equatoria State, WHO and partners hosted a sensitisation meeting on Ebola attended by about 500 people. The community received information on how to prevent and recognise the disease, as well as what action to take if they suspected a case. Key government sectors such as the police, wild life authorities, immigration and customs departments were also sensitised. In addition,
health workers were trained on family planning for ANC and maternity staff and a review of the use of a pantograph were conducted. Both sessions were attended by 36 participants. Further, 13 health workers were trained on the pentavalent vaccine. WHO also conducted on-the-job training for health personnel and trained 20 workers on family planning.

**Surveillance and Communicable Disease Control**  
*Internally Displaced Persons (IDP)/Protection of Civilians (PoC) sites.*

- Malaria, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) were the main causes of morbidity among IDPs in week 37. Malaria had the highest proportionate morbidity and incidence when compared to the other top five causes of morbidity.
- The overall incidence for malaria, ARI, AWD and suspect measles decreased, while acute bloody diarrhoea (ABD) increased in week 37 when compared to week 36.

**Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 37, 2014**

- **Hepatitis E Virus (HEV):** Cumulative HEV cases in Mingkaman rose to 107 in week 37. Deaths remain at four (CFR 3.7%), three (75%) of which were among pregnant women. Response activities by partners include soap distribution, shock chlorination of boreholes and house-to-house visits by hygiene promoters are being implemented by partners in response to the HEV trends.
- **Acute Flaccid Paralysis (AFP):** During week 37 nine new AFP cases were reported. Since the beginning of 2014, a cumulative of 189 AFP cases have been notified (Table 2). The annualised non-Polio AFP [NPAFP] rate is 3.23 cases per 100,000 population children 0-14 years (target ≥2 per 100,000 children 0-14 years). All states with the exception of three (30%) states - Jonglei, Upper Nile and Unity - have not attained the targeted NPAFP rate and are therefore considered to be not adequately reporting AFP cases. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) is 13.4%, which is above the global threshold of ≥10%. Stool adequacy is 91%, a rate that is higher than the global target of ≥80%.
- **Visceral Leishmaniasis (VL):** Kala-azar cases are on the increase. Since January 2014 a total 3,825 new cases and 125 deaths (CFR 3.2%) have been reported from endemic areas in Jonglei, Unity and Upper Nile states. In comparison 1,285 cases and 42 deaths were reported at the same time in 2013. The situation is attributed to the peak season and the displacement of the non-immune populations to highly endemic areas. WHO continues to support partners with case management and drugs, including prepositioning of supplies in endemic states.
Figure 2: Comparison of Weekly Kala-azar Cases by Epi-Week 2013 and 2014

Update on the cholera situation (Refer to weekly Cholera Situation Report #93 for details)

- As of 21 September 2014, a total of 6,128 cholera cases including 139 deaths (CFR 2.27%) had been reported in South Sudan. The cases were reported from Juba County in Central Equatoria State and Eastern Equatoria State. Partners continue to respond through case management, while monitoring the situation.

Core Services

- WHO continued to support partners with various interventions. In this reporting period, the agency:
  - Supported MSF-Swiss with 200 vials Anti-Rabies vaccine.
  - Provided IOM with one basic Interagency Emergency Health Kit for use in Jonglei.
  - Supplied Bentiu, IRC and World Relief with varying quantities of Sodium Stibogluconate (SSG) vials, Amps of Paromomycin, kala-azar guidelines and RK39 test kits for the treatment and diagnosis of kala-azar.
  - Supplied WHO in Bentiu, Malakal and Mingkaman with one refrigerator each.
  - Supported Bentiu with one Italian Type trauma kit.
  - Bor received five malaria module kits, one Interagency Supplementary Module kit, one Trauma Kit, Italian type and various items of surgical equipment.
  - Supported MOH with stationery, including 5,000 forms and 50 pens for the screening process at Juba International Airport (JIA).

<table>
<thead>
<tr>
<th>Resource mobilization</th>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
</tr>
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<tbody>
<tr>
<td>WHO</td>
<td>24,500,000</td>
<td>13,593,698</td>
<td>55.5%</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>62,245,787</td>
<td>81%</td>
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</tbody>
</table>
For more information on issues raised in this situation report and the Health Cluster response to this crisis, please contact:

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