South Sudan Emergency Response

Situation Report # 36
14 – 27 August 2014

5.8M IN NEED OF ASSISTANCE
7,066 INJURED
1.3 M DISPLACED
243,000** REFUGEES

WHO
STAFF IN THE COUNTRY
159
SURGE 30

Funding
53% FUNDED
US $24.37M REQUESTED

HEALTH SECTOR
56*** HEALTH CLUSTER PARTNERS

Beneficiaries
2,357,092 PEOPLE COVERED

Health facilities
127 DAMAGED
1,350 FUNCTIONING

Consultations
1,130,879 CONSULTATIONS
9,718 ASSISTED DELIVERIES
7,066 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination
CHILDREN VACCINATED AGAINST
426,883 MEASLES
324,739 POLIO
120,176 CHOLERA
(2 doses, Juba PoCs, Bentiu, Bor, Malakal and Mingkaman)

Funding
73% FUNDED
US $77M REQUESTED

WHO staff explains the contents of a microbiological test kit donated by WHO to the Juba Urban Water Corporation with the Corporation’s Area Manager Hassan Yousip. Photo: WHO/M. Moyo.

Highlights

- The security situation was calm in most parts of the country. Over 1.3 Million people remain displaced across the 10 states with the highest concentration in Protection of Civilian (POC) sites.

- Flooding worsened living conditions in the PoC site in Bentiu, Unity State. Partners continued to improve access to clean water as well as sanitation and the drainage system in all PoC sites.

- The cholera outbreak continues on a downward trend with less cases being reported in the 13 affected counties. By 24 August 5,981 with 132 deaths had been reported.

- An increase in Visceral leishmaniasis (kala-azar) cases in the first seven months of 2014 has prompted partners to step up response activities.

- To date health partners have carried out 2,357,092 interventions since January 2014.

Public Health Concerns

- Cholera cases are on the decline in the five states of Central Equatoria (CES), Eastern Equatoria (EES), Jonglei, Upper Nile (UNS) and Western Equatoria (WES). Despite a reduction in cases, Eastern Equatoria State continues to report the highest numbers and accounts for the majority of cases.

- Kala-azar(VL) cases continue to rise especially in areas affected by conflict. Since January 2014, over 2,475 cases and 65 deaths have been reported from 12
treatment facilities with the majority being in Lankein health facility. The rise is due to; population movement and displacement, with movement of non-immune people to endemic areas; crowding, which attracts the female sand flies; poor housing, which increases the risk of sand fly bites; poor domestic sanitary conditions that provide breeding and resting ground for the sand flies; and malnutrition due to poor diets, which increases the risk of the infection progressing to kala-azar.

- Measles cases continue to be reported from the internal displaced persons (IDP) camps and host communities. The cumulative measles cases recorded countrywide as of Epidemiological week 33 were 3,531 and 170 deaths. Thirty nine per cent (1,380) of these cases and 94 of the deaths were recorded from the IDP camps.

- The absence of comprehensive and integrated TB-HIV services especially advanced diagnostic tests such as CD4 count, liver function tests (LFT) and fluorescent microscopy at health facilities in PoC sites is a challenge that hampers effective delivery of integrated TB-HIV services.

- Flooding worsened living conditions in the PoC site in Bentiu, Unity State. Partners continued to improve access to clean water, as well as sanitation and the drainage system in all PoC sites.

- With the start of the rainy season, concerns of malaria, waterborne diseases and cholera outbreaks are increasing across the 10 states. Reports are indicating an increase in malaria consultations in a considerable number of health facilities.

WHO Action

- Active case finding, surveillance and case management continue in cholera affected areas, while rumours and alerts are being investigated. Health partners, led by WHO, are consolidating the cholera response interventions in the affected counties, while scaling up social mobilization and water, sanitation and hygiene (WASH) interventions in Eastern Equatorial State, with particular focus on the counties that are persistently reporting cholera cases.

- WHO continues to facilitate coordination processes leading to the implementation of Integrated Measles, Polio and Vitamin A campaign in the three crisis-affected states of Jonglei, Upper Nile and Unity. Microplans have been finalised and shared following an extensive consultative process with NGOs and partners in the selected counties. WHO teams in Malakal, Upper Nile State and Bentiu, Unity State have completed training of 20 ToTs in each state for the partners who will cover the targeted counties from the respective state capitals.

- Following the increase in the reported cases of kala-azar, WHO continues to support the MOH to manage the response. Priority interventions include early case detection and treatment to reduce transmission; supporting high risk communities to use insecticide-treated nets (ITN); and improving housing and domestic sanitation. WHO is supplying health facilities with diagnostics and drugs for kala-azar.

- WHO coordinated and provided technical support for an integrated rapid mission by humanitarian partners to conduct vaccination campaign in Longechuk County in Upper Nile. A total of about 47,000 children below the age of 15 years are targeted with Oral Polio Vaccine (OPV), Measles Containing Vaccine (MCV) and Vitamin A as appropriate for age.

- WHO is tracking other means of access through linkages with the Rapid Response
Mechanisms, Inter Agency Assessments, and continues to provide a comprehensive package for emergency health services in areas that are conducting Food distribution and Registrations exercises.

- Ebola Preparedness activities continue at both national and state level with the activation of taskforces at both levels. A national preparedness and response plan has been developed. A total of 5,185 passengers have been screened at Juba International Airport since the screening desk opened on 13 August 2014. Two febrile persons were identified but were diagnosed with malaria and are responding well to treatment. They are in stable condition and the surveillance team has been monitoring their health status.

- With support of WHO and the State Ministry of Health (SMoH), 14 health workers from the National Public Health Reference Laboratory were trained on Ebola case presentation, investigation, specimen collection, processing and shipment as recommended by IATA. In addition, five airline operators were sensitized on Ebola prevention and control and on the health measures instituted at Juba International Airport.

- WHO donated a kit for microbiological tests to the Urban Water Corporation in Juba. This follows a training activity of laboratory technicians from various Government departments on water quality testing and monitoring as part of efforts to enhance access to safe water and control waterborne diseases.

- In Jonglei State, WHO conducted on the job training for six community health workers and four maternal child health (MCH) volunteers on active case search of Acute Flaccid Paralysis (AFP) and suspected measles in Bor. Clinicians at the PoC clinic received on the job training on AFP case surveillance, data collection and data reporting.

- In Lakes State, the measles mop-up vaccination campaign by WHO and partners continued within cattle camps around Mingkaman and 2,159 children were vaccinated this week.

- Technical support was provided to health cluster members in Mingkaman. Malaria treatment and prevention measures continued within the camp in Mingkaman. Cases have increased from an average of between 400 and 500 per week to over 1,200 per week since week 32. Malaria is currently accounting for about 39% of all outpatient consultations and over 80% of all health facility admissions in Mingkaman.

- WHO and the SMoH launched the Guinea worm cash reward programme in Mingkaman. A sensitisation of community leaders, health workers, humanitarian actors and community members about Guinea Worm Disease and the cash reward programme was carried out. Through the programme, patients who present at health institutions and community members who report cases are rewarded with cash as part of efforts to eradicate the disease. Over 200 community change agents were sensitized.

**Surveillance and Communicable Disease Control**

**Health Situation (surveillance) in IDPs/PoCs (Details in Early Warning and Disease Surveillance Bulletin week 34)**

- Malaria, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) continue to account for the highest proportion of the disease burden among IDPs. In week 33, malaria had the highest proportionate morbidity and incidence. The incidence for malaria, AWD, ARI, Acute Bloody Diarrhoea (ABD) and measles decreased in week 33
when compared to week 32.

- Under-5 mortality was below the emergency threshold of two deaths per 10,000 population per day at the four PoC sites that reported. Pneumonia and malaria are the major causes of death among this age group. The under-5 mortality for Bentiu was 0.53 deaths per 10,000 per day.

Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 33, 2014

- Seven new Hepatitis E Virus (HEV) cases were reported in week 33, bringing the cumulative total to 90 cases. Deaths remain at four. The CFR is 4.4%. Enhancing water, sanitation and hygiene standards should be prioritised in all camps to control the transmission of the disease.

- Partners are urged to strengthen public health prevention and control measures for malaria, ARI, AWD (including cholera), ABD and HEV.

Update on the cholera situation (Details in the weekly situational report on Cholera Number 89)

- As of 24 August 2014, a total of 5,981 cholera cases including 132 deaths have been reported since the outbreak started on 23 April 2014. The initial cases originated from Juba County and in the subsequent 18 weeks, cholera cases were confirmed in five states and 13 counties.

- The most affected counties include Torit, Malakal and Juba. Through the coordinated efforts of the national and state cholera taskforce committees, the outbreak is on the decline in most of the counties. Sporadic cases continue to be reported in Juba and Malakal counties.

- The outbreak in Eastern Equatoria is on the decline though a considerable number of cases continue to be reported from Torit, Lopa-Lafon, Magwi and Ikotos counties. The state cholera taskforce in Eastern Equatoria continues to reach out to affected and at risk communities to enhance awareness on cholera prevention and control; improve access to safe water through household distribution of chlorine tablets, bucket chlorination at points of collection, repair of boreholes; establish water treatment plants; and discourage open defecation.
Core Services

- WHO continued to support partners with various interventions including:
  - WHO supplied CES with 25 vials of the Sodium Stibogluconate (SSG) injections; 50 strips of Rapid test, RK 39 and 10 vials of Ambisome for the diagnosis and treatment of Kala-azar.
  - Fifty strips of the Rapid test, RK 39 were delivered to Pibor County Health Department and Juba Teaching Hospital received 25 vials of SSG injections and 10 vials of Ambisome from WHO. This is in response to the current health threat of Kala-azar.
  - WHO supported IRC with 12 boxes of the basic health unit kit, four boxes of the ORS module kit, two boxes of the basic PPE kit, and 10 boxes of the malaria module kit for the Pariang response in Unity. The supplies are sufficient for 12,000 people for the next three months.

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<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>24,372,890</td>
<td>12,911,054</td>
<td>52.9%</td>
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<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>56,098,278</td>
<td>73%</td>
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</tbody>
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For more information on issues raised in this situation report and the Health Cluster response to this crisis, please contact:

- Dr Abdi Mohammed
  WHO South Sudan Country Representative
  Email: mohameda@who.int
  Mobile: +211954169578
  GPN: 67404

- Ms Pauline Ajello
  Communications and Advocacy Officer
  Email: ajelopa@who.int
  Mobile: +211955873055
  GPN: 67514

- Dr Allan Mpairwe
  ODM Focal Point
  Email: mpairwea@who.int
  Mobile: +211955372370
  GPN: 67507

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