South Sudan Emergency Response

Situation Report # 25
22 – 29 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
73.6% FUNDED
US$10,950,000 REQUESTED

HEALTH SECTOR
57* HEALTH CLUSTER PARTNERS

Benefits
1.2 MILLION PEOPLE COVERED

Health facilities
33 DAMAGED
1,350 FUNCTIONING

Consultations
386,936 CONSULTATIONS
4,652 ASSISTED DELIVERIES
6,954 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination
CHILDREN VACCINATED AGAINST
287,749 MEASLES
177,349 POLIO
74,000 CHOLERA
(One dose Bentiu, Bor)
34,370 (Two doses, Juba PoCs,
Malakal, Mingkaman)

Funding
45.5% FUNDED
US$77,000,000 REQUESTED

Highlights
- The number of people displaced within South Sudan is around 1.3 million, most in Jonglei State.
- More than 1.2 million people reached with medical interventions since January 2014.
- Scattered security incidents, however, general but uneasy calm in most parts of the country.
- 892 cases of cholera and 27 deaths reported by 28 May 2014 in an outbreak that has affected nine payams of Juba, Central Equatoria state.

Situation update
- The number of people displaced within South Sudan is estimated at 1.3 million, most (301,900) in Jonglei State followed by Unity (250,600) and Upper Nile (175,600). An estimated 359,000 more have fled to neighbouring countries***.
- Since January, emergency response partners have reached more than 1.2 million different medical interventions of the 3.2 million people targeted by June this year.
- Although the situation is generally calm in most parts of the country, a number of incidents were reported including:
  o Tension in the northern areas of Unity State as armed people reportedly moved from Bentiu to Mayom County.
  o The presence of armed people was reported in various counties of Upper Nile State, including in Malakal town, resulting in around 200 people seeking shelter in the Malakal UN base.
  o Fighting in Renk and Nasir counties.

* Updated Health Cluster 3Ws 30 May 2014
** UNCHR Portal 29 May 2014
*** OCHA Situation Report 37 23 May 2014
A large number of IDPs are reportedly leaving Mingkaman for Bor. During the last week, approximately 30 boats with 2270 people reportedly crossed back to Bor. Of this number, at least 1,354 moved with luggage and 77 cows indicating permanent departure from the area.

Public health concerns

- The current cholera outbreak continues to increase and expand to new payams within Juba County. In addition, new counties of Central Equatoria state have reported suspected cholera including Yei and Terekeka. During the period under review, suspected cases were also reported in both Tongping and UN House/Juba III PoC. With more rains expected, further flooding in PoCs and IDP camps will worsen the already poor health conditions in the camps. Poor sanitation conditions in and the surrounding of camp areas are important risk factors for the spread of cholera and other communicable diseases.

- Limited funding continues to be a challenge in the response for humanitarian agencies. As at the review 45.5% of the health cluster funding requirement has been met, leaving a gap of approximately US$ 41 million. Some 4.2 million people are estimated to be in need of assistance by June 2014. Five months since the response plan was developed, partners have so far reached about 1.2 million people with humanitarian assistance.1

WHO action

Health Leadership

- WHO was fully represented in all humanitarian fora including ASMT, Crisis management meeting providing technical support and as the Health Cluster lead. WHO is also coordinating the cholera response and coordinated the OCV campaigns with partners in Bentiu.

Technical Support

- WHO is supporting the Ministry of Health this week to conduct another Polio immunization campaign in which over 3.2 million children under the age of five will be vaccinated with potent polio vaccines in the seven states from 27 - 30 May 2014. In 2008, South Sudan was among countries that were classified as re-established transmission, and reported 64 cases between 2008-2009. Through a multi pronged interventions including more than 17 National Immunization Days (NIDs) & Sub NIDs initiated by the MoH and with the support of WHO, the outbreak was contained, and South Sudan has not reported cases of wild polio virus for more than four years since the last case reported from Aweil West County in Northern Bahr El Ghazal State in June 2009.

Approximately 19,000 volunteers, health workers, parents, as well as community, religious and traditional leaders will systematically go house-to-house and village-to-village across the country, to hand-deliver and administer the polio vaccine to every child under the age of five years. The four days campaign began on 27 May 2014 and will end on 30 May 2014. Another two rounds are scheduled for October & December 2014. The ‘trivalent oral polio vaccine type’ (tOPV) will be used during this campaign.

- Who supported the cholera and measles vaccination campaign in Bentiu that took place from 19 to 25 May 2014. Find summary results in the tables 1 and 2 below:

1 OCHA South Sudan OCHA Situation Report 37, 23 May 2014
Table 1: Bentiu OCV Vaccination Summary

<table>
<thead>
<tr>
<th>County</th>
<th>Payam</th>
<th>Estimated Population</th>
<th>Target population (&gt;1 year)</th>
<th>Coverage 1-4 Yrs</th>
<th>Total Males</th>
<th>Coverage 1-4 Yrs</th>
<th>Total Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubkona (POC site)</td>
<td>POC I</td>
<td>5,000</td>
<td>4,800</td>
<td>549</td>
<td>2,971</td>
<td>441</td>
<td>2,422</td>
<td>5,393</td>
</tr>
<tr>
<td></td>
<td>POC II</td>
<td>25,000</td>
<td>24,000</td>
<td>3,186</td>
<td>13,939</td>
<td>3,163</td>
<td>15,038</td>
<td>28,977</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>30,000</strong></td>
<td><strong>28,800</strong></td>
<td><strong>3,735</strong></td>
<td><strong>16,910</strong></td>
<td><strong>3,604</strong></td>
<td><strong>17,460</strong></td>
<td><strong>34,370</strong></td>
</tr>
</tbody>
</table>

Table 2: Bentiu MMV vaccination Summary

<table>
<thead>
<tr>
<th>County</th>
<th>Payam/POC site</th>
<th>Estimated total pop.</th>
<th>Target 6 month-15 years</th>
<th>6-11 months</th>
<th>12-59 months</th>
<th>5-15 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubkona</td>
<td>PoC1</td>
<td>5,000</td>
<td>2,350</td>
<td>188</td>
<td>801</td>
<td>1,528</td>
<td>2,517</td>
</tr>
<tr>
<td>IDP</td>
<td>PoC2</td>
<td>25,000</td>
<td>11,750</td>
<td>1,118</td>
<td>5,967</td>
<td>9,909</td>
<td>16,994</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>30,000</td>
<td>14,100</td>
<td>1,306</td>
<td>6,768</td>
<td>11,437</td>
<td>19,511</td>
</tr>
</tbody>
</table>

The exercise was well planned and coordinated among partners working in the POCs in terms of social mobilization, resource mobilization and supervision. All these collective actions contributed to the high turnout of people for Cholera vaccination. However, getting the exact estimate of POC population was a challenge due to the high influx of new IDPs after the initial planning that necessitated request for additional doses of OCV.

- More than 234 UNMISS and humanitarian staff working in Bentiu UN base received OCV vaccination.

**Surveillance and communicable Disease Control**

*Update on surveillance in IDPs/PoCs*

- As part of the ongoing efforts to monitor disease trends in displaced populations, 10 (30%) health facilities submitted their reports for week 21. The number of consultations decreased from 17,869 to 9,603 in week 21 as compared to week 20. This may be attributed to the poor reporting. The majority of the consultations 3620 (37.7%) in week 21 were registered in Bentiu.

**Figure 1 Proportionate Morbidity for Priority Diseases in IDPs/POCs, Weeks 1-21, 2014**

- Figure one shows the priority disease morbidity trends in IDP populations during week 01-21 of 2014. In week 21, the top three causes of morbidity were Malaria (22.6%), Acute Respiratory tract Infections (15.4%), and Acute Watery Diarrhoea (13.7%).
• Hepatitis E (HEV) cases are on the rise in Mingkaman IDP camp. A total of 21 cases have been reported since March 16, 2014. Seven cases have been confirmed by laboratory testing. The MoH in collaboration with WHO and partners is planning to roll out a comprehensive hygiene and sanitation promotion campaign in all IDP camps to prevent and stem HEV transmission.

• In week 21, a total of 16 deaths were reported with Bentiu reporting 14 deaths, Mingkaman (1) deaths, and Juba III (1) death. Pneumonia and malnutrition were the commonest causes of death in week 21. The crude and under five mortality rates were below the respective emergency thresholds during week 21.

**Update on the cholera situation**

• As of 28 May 2014, Eight hundred and ninety two (892) cumulative cholera cases including 27 deaths (16 institutional and 11 community deaths) with CFR= 3% had been reported to WHO and MoH. Cases have been reported from nine Payams in Juba county with the most affected being Munuki (279, 31%), Rejaf (192, 22%), Northern Bahri (156, 17%) and Juba (143, 16%). The most affected villages include Gumbo in Rejaf, Gudele I in Munuki, Tongping in Juba, and Gudele II in Northern Bari. Two peaks were registered, one on 19/05/2014 and another on 26/05/2014.

**Figure 2: Juba cholera epidemic curve, 23 April 2014 - 28 May 2014**

- Of the 892 cholera cases reported, majority (497, 62%) are male, and aged 20-34 years (356, 41%).
- 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.
- This week, five suspected cholera cases including one death were reported from Yei. The four suspect cases are admitted in Yei Civil Hospital and the index case died after he developed profuse watery diarrhoea on arrival from Juba. Additionally, two bodies of suspected cholera community deaths have been transferred from Juba to Yei. Find a
In Juba, WHO is supporting:

- 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.
- On-going infection control activities at community level including burial supervision, dead body and household disinfection.
- Ambulance services based at JTH for patients referral to the nearest CTCs
- Tollfree hotlines in partnership with MOH and telecom companies Vivacell and Gemtel for referral of suspected cases that require ambulance services as well as preparation of bodies for burial for community deaths.
- 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.

WHO and MoH conducting a Rapid Diagnostic Test for cholera in Juba Photo: WHO SS

*Cholera preparedness and response activities in other states*

In Bentiu:

- WHO working with MSF laboratory technician supported training of nurses in training was PoC clinics (IOM and CARE) on Cholera rapid test and sample collection using Cary Blair.
- WHO provided emergency medical supplies to IRC Reproductive Health clinic (5 boxes of 5% dextrose and 3 boxes of IV Canulae)  
- In collaboration with MSF/DRC, WHO identified a CTC site, which will be raised and fenced.

In Mingkaman, WHO supported:

- The collection and transportation of the stool sample of a suspected cholera case to Juba for laboratory confirmation;
- Distribution of laminated cholera case management flow charts and sample collection procedures charts to all health facilities in and around Mingkaman;  
- Met with cluster partners to agree on the set up of oral rehydation points (ORP) and ambulance services for referral of cholera patients; and
- Joined WASH cluster partners to continue advocacy with the County Commissioner for the urgent relocation of IDPs at risk of cholera (due to flooding and poor sanitation) to site two.

**Core services**

- 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.

• This week, WHO donated One Diarrhoea Disease Kit (that treats 100 severe and 400 moderate cholera cases) to JTH CTC; one kit of Personal Protective Equipment (PPE) to the burial team, and 10 cartons of examination gloves to the OPD in JTH.

So far WHO has mobilised about 73.6% of the funding required to implement its six months emergency response plan (Jan-Jun 2014). Additional resource mobilisation activities are underway to offset the short fall as well as to respond to the current cholera outbreak.

<table>
<thead>
<tr>
<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>8,050,758</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>35,020,804</td>
</tr>
</tbody>
</table>

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