# South Sudan Emergency Response

## Situation Report # 33
26 July – 02 August 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>People In Need Of Assistance</td>
<td>5.8M</td>
</tr>
<tr>
<td>Injured</td>
<td>7,018</td>
</tr>
<tr>
<td>Displaced</td>
<td>1.1M</td>
</tr>
<tr>
<td>Refugees</td>
<td>241,984</td>
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### WHO

- **Staff in the Country**: 159
- **Funding**: 75.4% Funded
  - US$14.5M Requested

### Health Sector

- **Beneficiaries**: 56*** Health Cluster Partners
- **Health Facilities**: 1,956,485 People Covered
- **Consultations**: 127 Damaged, 1,350 Functioning
- **EWARN**: 32 Sentinel Sites

#### Health Sector Interventions

- **Health Sector Interventions**: 875,535 Consultations, 8,440 Assisted Deliveries, 7,018 Surgeries (of gunshot wounds)

### Vaccination

- **Children**: 382,737 Vaccinated against Measles
- **Polio**: 283,191
- **Cholera**: 120,176
  - (Two doses, Juba PoCs, Mingkaman, Malakal and Bor)

### Reporting Period

*OCHA South Sudan Crisis Report.*

**UNHCR South Sudan Information Sharing, 27 July 2014.

*** Updated Health Cluster 3Ws 12 July 2014

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**Highlights**

- **The general security situation remained calm in most parts of the country**, with some clashes being reported in Nassir, Upper Nile State and Ayod in Jonglei State.

- **Partners continue efforts to contain the Cholera outbreak.** By 1 August, 5,499 cases and 119 deaths (CFR 2.2%) had been reported.

- **Children under 5 account for more than half – 51% - of deaths reported among IDPs since the crisis began**, the main causes of death being Acute Watery Diarrhoea (AWD), measles, severe pneumonia and malnutrition.

- **Under 5 mortality and crude mortality rates remained below the emergency threshold at Protection of Civilian (PoC) sites** that reported this week.

- **Health partners have reached about 1,956,485 people with various medical interventions** since January 2014.
Insecurity remains the main threat and as such continues to affect delivery of the much needed life saving services in key states

Warnings of an impending famine pose a further health risk to an already vulnerable population. Exceptional levels of malnutrition, morbidity, livelihood collapse, and possible significant increases in mortality are significant determinants of possible famine

No significant movement of internally displaced persons (IDP) was reported in the past week although the congested living conditions and inadequate access to clean water coupled with constrained sanitation facilities continue to predispose the population to public health threats such as communicable diseases including cholera. Continued rains and subsequent floods also made some areas inaccessible and worsened living conditions in the PoC.

Cholera cases outside Juba continued to be reported, resulting from constrained water access and poor sanitation and hygiene practices, which are worsened by flood waters/surface floods due to heavy rains.

Four new Acute Flaccid Paralysis (AFP) cases were identified during the reporting period, bringing the cumulative total to 143 since January 2014. The cases were reported from EES, Jonglei and Northern Bahr El Ghazal States.

One Guinea Worm case was detected in Yepic area of Mingkaman in the reporting week.

**Eastern Equatoria State:** WHO continues to support active case finding, surveillance and case management for cholera in Lopa-Lafon and Burung village, Isohe Payam in Ikotos County, Eastern Equatoria State (EES).

Supported the SMoH with verification of suspected cases of Cholera in Ikotos county. A technical officer was deployed to strengthen the existing community surveillance structures and clarify the referral mechanism between the ORP and CTC centres in Isohe Payam. In addition the County Health Department will be supported to establish a number, of ORP centers in the affected villages that are reporting cases

**Central Equatoria State:** WHO in collaboration with the State Ministry of Health (SMoH) conducted an inventory of outbreak investigation kits to ensure availability of minimum stocks. Missing items are being replenished. The team visited, Juba teaching Hospital, Kator and Guri Primary Health Care Centres (PHCC) where technical support and on job mentoring was provided to fourteen health workers.

**Mingkaman:** WHO in collaboration with the County Health department investigated the case of Guinea worm and treated three suspected contaminated water ponds near the patient’s home using Abate larvicide chemical. Water filters were also distributed to the residents of the area.

**Jonglei State:** WHO facilitated at a training organized by SMoH in Bor during which the teams provided information on the effective handling and management of suspected cholera cases, dead management at health facility and community level

**Warrap State:** WHO in collaboration with the SMoH conducted a joint support supervision visit to Kuajok Hospital and Mayen Gumel PHCC in Gogrial West County. The visit sought to build the capacity of health facility staff focusing on disease surveillance, immunization and Integrated Disease and Surveillance Response (IDSR). Five health workers benefited from the training.

**Upper Nile State:** As part of capacity building efforts, WHO conducted on the job training for IOM and IMC EPI staff on effective immunization techniques and cold chain management. In addition monitoring visits were conducted in the POC, and Wau shuluk to support the ongoing efforts of cholera outbreak response. In addition WHO supported the MOH to conduct an assessment in south of Malakal in a Military barracks after 4 suspected cholera cases were admitted in Malakal teaching hospital (MTH) OPD. Another assessment was conducted in Malakal Southern Zone to establish the feasibility of establishing a CTU

**Health Situation(surveillance) in IDPs/PoCs**

- Acute Respiratory Infection (ARI), AWD and malaria continue to account for the highest...
proportion of the disease burden among IDPs [See Figure 1]. In week 30, ARI had the highest proportionate morbidity and incidence. The proportionate morbidity for malaria, AWD and acute bloody diarrhea (ABD) increased in week 30 as opposed the previous week.

Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 30, 2014

Since the onset of the crisis, at least 995 deaths have been reported from the IDP camps. Children under 5 years account for 507 (51%) of the deaths. Most of the deaths occurred in Tongping, Bentiu, Malakal and Bor with the main causes being AWD, measles, severe pneumonia and malnutrition. However, during week 30 the under-5 and crude mortality rates (CMR) were below the emergency threshold for the four camps that submitted mortality data [See Figure 2]. Partners are continuing with enhanced routine immunization to mop up all unvaccinated children on arrival at the camps, during routine healthcare visits and at scheduled outreaches to the most affected PoCs such as Bentiu.

Figure 2: Under 5 Mortality by Site, Week 51 of 2013 to Week 30 of 2014

Two new HEV cases were reported in week 30, bringing total cases to 67 in Mingkaman. Partners continue efforts to reduce the CFR among the cases that are reporting at facility level, which remain at four (CFR 6.5). To avert further cases, WASH partners are monitoring water quality at different levels complemented by activities like distributing soap for hand washing at strategic places such as food distributions.
Update on the cholera situation

- As of 01 August 2014, a total of 5,499 cholera cases including 119 deaths (CFR 2.2%) had been reported in South Sudan. Of concern however, is the continued increase in cases outside Juba where 3,363 cases and 80 deaths have so far been reported. EES continues to account for most of the cases, with 1,293 of the cumulative cases being reported from Torit Hospital. Partners continue to respond to treat cases while encouraging continued efforts to enhance WASH standards in all camps.

**** Detailed analysis of the communicable disease update will be found in the weekly epidemiological bulletin No 30

WHO supported interventions as follows:

- **Central Equatorial State:** Health partners providing health services in Tolping and Juba POC received 20 pieces of Carry Blair Media as part of the support to the response efforts.

- **Eastern Equatoria State:** WHO supported the Isole civilian hospital with a Diarrheal Disease Kit (DDK), 8 Oral Rehydration Salts (ORS) module kits, safety boxes, 8 basic IEHKs, 2 kits heavy duty PPE, 20 cholera rapid test kits and 20 Cary Blair media. This will strengthen case management in Ikotos county.

- **Jonglei State:** WHO supplied Bor Hospital with an Interagency Emergency Health Kit (IEHK) as well as 10 malaria modules and supplementary medicines for Bor. In addition, state Rapid Response Team received Personal Protective Equipment (PPE), anti-rabies vaccine and sample collection kits for blood, stool and cerebrospinal fluid (CSF) as well as sample transport kits for the Boma/Mauen response.

- **Lakes State:** In Mingkaman WHO provided 5,000 gloves, 10 buckets and a spray pump for Health Link PHC clinics.

- **Juba:** Two additional surge team members arrived in country to support the critical function of health leadership and health cluster support. In addition, an epidemiologist was deployed to Torit to strengthen disease surveillance and data management, while an extra Public Health Officer was deployed in Bentiu Unity state to support monitoring of public health interventions.

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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
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<tbody>
<tr>
<td>WHO</td>
<td>14,500,000</td>
<td>10,945,675</td>
<td>75.4%</td>
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