

Humanitarian Bulletin

South Sudan | Bi-weekly update

30 June 2015

HIGHLIGHTS

- A cholera outbreak declared in Juba.
- Schools and health facilities attacked in the Greater Upper Nile region.
- More resources required to meet the life-saving needs of the vulnerable people.
- CHF boosts TB response in Akobo.



Laboratory scientist conducts a rapid test on a specimen as health partners step up surveillance for cholera. Photo: WHO

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FIGURES

| | |
|--|-------------|
| # of internally displaced people | 1.6 million |
| # of refugees in neighboring countries | 592,795 |

FUNDING

41%
of appeal funding received

\$670 million
total funding received

\$1.63 billion
revised requirements for South Sudan 2015 Humanitarian Response Plan

Cholera outbreak in Juba

The Ministry of Health declared a cholera outbreak on 23 June 2015 in Juba County. As of 30 June 2015, a total of 484 cholera cases including 29 deaths (CFR 6%) have been reported from 73 villages in eight payams of Juba County. Of the 29 deaths, six (21%) are children under five years. The sites reporting the majority of cases in Juba include UN House Protection of Civilians (PoC) site, New site, Mangatain IDP, Gumbo, Gudele 1, Munuki and Kor William.

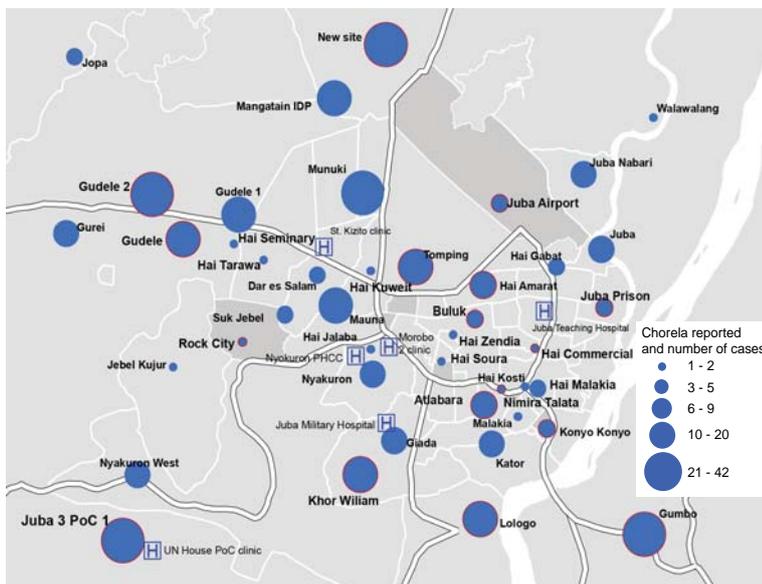
Urgent and life-saving cholera activities have been scaled up by the national cholera task force, which includes all relevant partners in response to the increasing number of cases in Juba.

Cholera treatment centres have been established at the Juba Teaching Hospital and in the UN House PoC site to manage suspected and confirmed cholera cases, while the health cluster is mobilizing necessary requirements for an additional cholera treatment centre in UN House PoC.

Children under five account for about 15 per cent of all suspected cholera cases. Partners warned that up to 5,000 children under age 5 are at risk of dying from cholera unless urgent action is taken to contain this threat. Cholera is particularly dangerous for young children as it causes rapid and severe dehydration due to excessive diarrhoea and vomiting.

The probable risk factors identified for the spread of cholera include residing in crowded settlements with inadequate sanitation and hygiene; using untreated water; lack of household chlorination of drinking water; eating food from unregulated roadside food vendors or makeshift markets; and open defecation and poor latrine use.

Partners advised that intensive response in the form of social mobilization and health education on cholera



Sources : WHO Situation Report Issue # 8, 29 June 2015 on Cholera Situation in Juba

Health partners work to prevent an escalation of cholera in Juba and spread to other parts of the country.

South Sudan has suffered at least five major cholera outbreaks in 2006, 2007, 2008, 2009 and 2014

Attacks on schools and health facilities have been reported in Greater Upper Nile.

prevention, improving access to safe drinking water, latrine use and good personal and food hygiene need to be scaled up to prevent further escalation in Juba and spreading to other counties.

At least six alerts of suspect cholera cases have been reported outside Juba and are being followed up by the respective state and county rapid response teams with support from the national cholera taskforce. About 80 per cent of Juba cases report lack of access to clean water. The current economic stress, inflation and significant increase in the cost of fuel among other factors have seen a reduction in water supply production and an increase water prices.

Health partners conducted a series of oral cholera vaccination campaigns targeting PoC sites in Bentiu and Juba to prevent cholera and to complement other measures to improve hygiene and community awareness already in place. The campaign targeted 73,360 people in Bentiu and 33,565 people in Juba.

Cholera is endemic in South Sudan and, historically, outbreaks have occurred along major rivers in the dry season as well as during the rainy season. South Sudan has suffered at least five major cholera outbreaks in 2006, 2007, 2008, 2009 and 2014. The outbreak in 2014, occurred within the context of the conflict resulting in a total of 6,421 cases including 167 deaths reported from 16 counties in the states of Central Equatoria, Eastern Equatoria, Jonglei, Upper Nile and Western Equatoria.



Oral cholera vaccination campaigns target residents of PoC sites in Juba and Bentiu. Photo: WHO

Violence continued to disrupt aid in Greater Upper Nile region

The security situation in Unity and Upper Nile states remains volatile as fighting continued in the past weeks. An influx of internally displaced persons (IDP) into Bentiu PoC site from neighbouring counties has led to facilities and amenities at the camp being over-stretched. In Upper Nile State, the situation in Malakal town and in the PoC site remains tense as fighting continues. Inter-communal tensions are also threatening the security of some locally recruited aid workers.

Health partners in Wau Shilluk have reported that some 38,500 displaced people are in urgent need of clean water, sanitation and medical supplies. However, humanitarian access remains a challenge.

Reports from Melut indicated that the town has been partially burned and destroyed, and assets have been looted. The reported looting and destruction of infrastructure, including health institutions, further limits access to services in states with already constrained health services due to destruction when the conflict began in December 2013.

Health partners have reported a sharp increase in casualties due to fighting and are responding to the increasing needs. However, extensive disruption of essential primary and secondary health care services due to the renewed fighting has aggravated the limited capacity for basic service delivery.

Children are among the most affected by the conflict.

Up to \$500,000 worth of medical supplies have been lost, looted and burned since the resumption of heavy fighting late April. Most of the health facilities in the conflict-affected states have remained non-functional thereby reducing access to much needed health care services.

Partners reported 166 incidents of grave child rights violations in the country during the second quarter of 2015, affecting 4,184 children. A high number of these incidents have been reported in May in Unity State due to the ongoing fighting and displacement in the area. Children have been particularly affected, as reports indicated that some have been killed, raped, abducted or recruited to take part in the fighting throughout the state. Fighting in Unity also resulted in attacks on schools. In May, three schools were reportedly vacated but 29 schools were being used for military purposes.

Despite access challenges, aid agencies continue to reach people in deep field locations with the innovative survival kits. The bags that include fishing kits, seeds, water purification tablets, mosquito nets, nutritious high-energy biscuits and kitchen utensils are designed for families of five members. More than 5,000 kits have been already distributed.

Food insecurity in Greater Upper Nile

Fewsnet reported that food insecurity in Greater Upper Nile has likely worsened due to the conflict in Unity State (Guit, Leer, Koch, Mayendit, and Panyijar counties) and Upper Nile State (Melut and Malakal counties).

The conflict has displaced tens of thousands people in Unity State alone and limited the already low levels of trade and market activities, and prevented humanitarian assistance delivery.

Some of the worst affected areas of southern Unity and Upper Nile State have not received any food assistance for one to two months. Without access to food assistance, poor households in conflict-affected areas will experience increasing food deficits, and levels of global acute malnutrition and mortality will likely rise further.

The nutrition situation remains above the emergency threshold of 15 per cent, with about 80 per cent of counties in Greater Upper Nile, Northern Bahr el Ghazal and Warrap and classified at critical nutrition levels.

New displacement to Fangak, Jonglei

An initial rapid needs assessment that took place on 16-18 June 2015 in Fangak County in Jonglei State concluded that more than 5,630 newly displaced people arrived in Pullita Payam, mainly fleeing armed violence in Guit, Koch and Leer counties in Unity State and were in need of immediate humanitarian assistance.

The new arrivals were living under trees or sheltering with host communities and were in need of food, plastic sheet, cooking items and mosquito nets, containers for collecting and keeping water, nutrition, agricultural seeds, hand tools and fishing kits. Existing health related gaps could be addressed by a partner on the ground with some support from the health cluster.

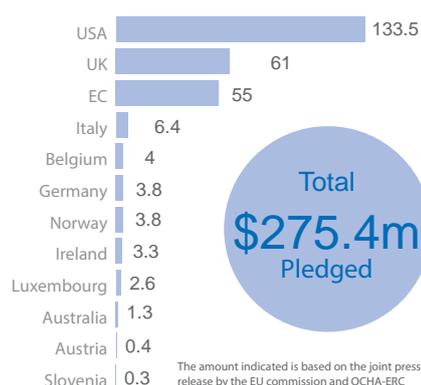
More than 5,000 people arrived to Fangak Country fleeing violence in southern Unity State.

\$275m pledged for South Sudan

Over US\$275 million were pledged on 16 June in support of people affected by the deepening crisis in South Sudan.

The pledges were made during a high-level conference in Geneva organized by the European Union and OCHA to highlight the humanitarian situation in the country and to address critical funding shortfalls.

Pledges from Geneva high level conference (\$ million)

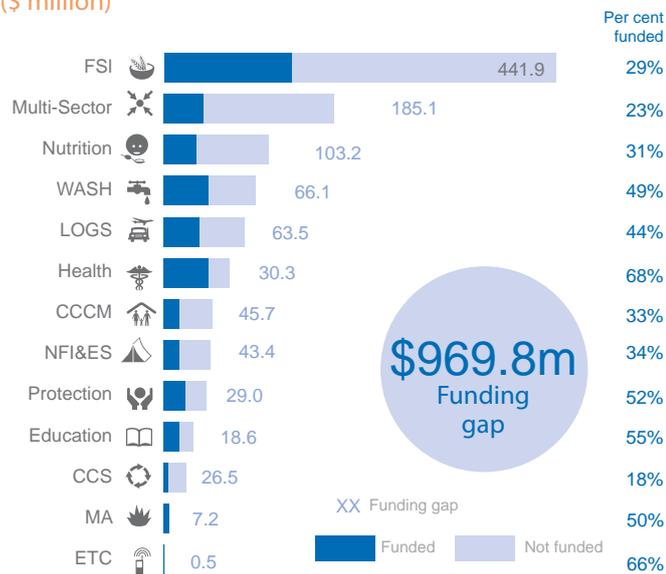


A one billion dollar funding gap remains

However, more resources are required urgently to meet the life-saving needs of the vulnerable people. As of 30 June, some \$670 million had been secured, which represents 41 per cent of the funding needed by aid partners in 2015, leaving a gap of nearly \$1 billion.

Funding is urgently needed to meet the life-saving needs of the vulnerable people, including 4.6 million of people who are severely food insecure.

HRP requirements and funding status (\$ million)



Data as of 17 June 2015. Source: OCHA

The funding gap affects all sectors. Food security and livelihoods is one of most underfunded sector. Resources are needed to reach those most at risk of hunger and destitution – including 2.1 million people targeted for food assistance and 3.5 million people targeted for livelihood support and 610,000 people in urban areas.

In addition, the nutrition situation is a major concern. The nutrition status of some two million people, including children, pregnant and lactating women, and other vulnerable

groups is threatened. Most critically, the lives of some 250,000 severely malnourished children under age 5 are at risk.

To reach 3.5 million people targeted for assistance in water, sanitation and hygiene, new contributions are required. Without clean drinking water and safe, hygienic latrines malnutrition will be aggravated and lives will be lost to diseases like dysentery and cholera.

CHF boosts TB response in Akobo

CHF has supported the pre-positioning of drugs at the Akobo hospital.

At the Akobo hospital, partners have reported 30 Tuberculosis (TB) cases between March and June 2015. Of those cases, three are children under age 15.

The Akobo hospital is the only health facility with TB diagnostic and treatment center in the county. With support from the Common Humanitarian Fund (CHF), health partners have scaled up TB treatment and control, including building local capacity by training local health workers on managing cases.

The CHF has supported the pre-positioning of drugs at the Akobo hospital, in addition to supporting a TB laboratory and a surgical theatre. However gaps remain. Lack of a reference laboratory, community involvement and qualified staff to manage the TB laboratory remains a concern.

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