



South Sudan Emergency Response

Situation report # 23
08– 16 May 2014



WHO staff train Laboratory technicians in Jebel PHCC on how to collect and handle stool specimen of a suspected cholera patient photo: WHO/Asta

	4.2M	IN NEED OF ASSISTANCE
	6,769	INJURED
	1,005,000	DISPLACED
	310,000	REFUGEES

WHO

STAFF IN THE COUNTRY 159
SURGE 29

Funding



64% **FUNDED**
US\$10,950,000 **REQUESTED**

HEALTH SECTOR

57* HEALTH CLUSTER PARTNERS

Beneficiaries



1.2 MILLION **PEOPLE COVERED**

Health facilities



129 **DAMAGED/CLOSED**
1,338 **FUNCTIONING**

Consultations



334,543 **CONSULTATIONS**
2,866 **ASSISTED DELIVERIES**
6,769 **SURGERIES (OF GUNSHOT WOUNDS)**

EWARN



32 **SENTINEL SITES**

Vaccination



CHILDREN VACCINATED AGAINST
263,350 **MEASLES**
176,359 **POLIO**
74,118 **CHOLERA**
(round II, Malakal, Tongping, Juba III and Mingkaman)
2,862 **1ST ROOUND OCV, BOR**

Funding



57% **FUNDED**
US\$61,324,020 **REQUESTED**

Highlights

- The Ministry of Health has declared an outbreak of cholera in Juba, South Sudan.
- The 1st round of the oral cholera vaccination campaign ended in Bor Protection of Civilian (PoC) area. A total of 2,862 people were vaccinated.
- The security situation in Bentiu and other parts of Unity state remains tense as fears of possible attacks are high from both sides area and access is restricted
- Medical supplies donated to health partners to support health response to the internally displaced persons (IDPs).

Situation update

- One laboratory confirmed case of cholera and 17 suspected cases have been reported in Juba town. One of the 17 suspected cases tested positive with the Rapid diagnostics test and one death attributed to cholera has since been reported.
- A consignment of three Trauma kits and five basic units were donated by WHO to health partners in Wau PoC areas, Bor, Bentiu and Malakal to support the treatment of IDPs displaced in the IDP camps.
- An interagency assessment was conducted in Tonj North County following the reports of attacks in two Bomas in Tonj North County. The team established that 210 households in Marial lou and 140 households in Warrap Town are in urgent need of humanitarian assistance such as medicine and food.
- Since 15 December 2013, a total of 1,123,259 people have been reached with various medical interventions.

Public health concerns

- The onset of the rainy season has resulted in flooding in Mingkaman internally displaced camp. It is feared that this will worsen already poor health conditions in the camp, specifically the spread of the current outbreak of Hepatitis E among the IDP population. During this reporting period, a total of seven suspected cases of Hepatitis E were reported in Mingkaman, one of them confirmed by PCR. WHO has supported the Ministry of Health to develop key health education and promotion messages which will be disseminated in Mingkaman to support prevention and control of Hepatitis E.
- Malakal and Tongping Protection of Civilians (PoCs) camps also continued to suffer the effects of heavy rainfall that submerged the makeshift houses in the camps posing public health threats of diarrhoeal diseases, Respiratory Tract Infections and malaria to the displaced persons. It is important to note that acute respiratory infections, acute watery diarrhoea and malaria cases were the leading cases of morbidity in all the IDP/PoC camps. The situation is expected to further deteriorate with the rainy season. Partners continue to put in place preventive interventions including health promotion using home health promoters.
- On going fighting continues to disrupt the health systems in most of the conflict affected areas. In this period, a partner was forced to suspend operations at Nasir hospital, which has been playing a critical role in the management of trauma cases, particularly referrals for secondary care. With the closure of Bentiu and Malakal hospitals and the absence of secondary health services in Bor, pressure on partners providing primary health care (PHC) services in the POC



areas continues to build up to provide secondary health care.

WHO and the State Ministry of Health team, Central Equatoria state r conduct a review health facility data during the investigation of suspected cholera case reported in Juba photo: WHO/Kone-Coulbaliy

WHO action Health Leadership

- WHO coordinated health cluster meetings at the IDP/PoCs camps of Bor, Mingkaman, Bentiu, and six other states not affected by the conflict. In response to the confirmed case of cholera reported at UN House Juba III, WHO convened emergency health cluster meetings in Bor, Bentiu and Malakal to finalize cholera preparedness plans for the camps and host communities. In Bentiu, discussions focused on speeding up the preparations for the oral cholera vaccination campaign planned for the POC area. The campaign will be conducted when the security situation normalises.

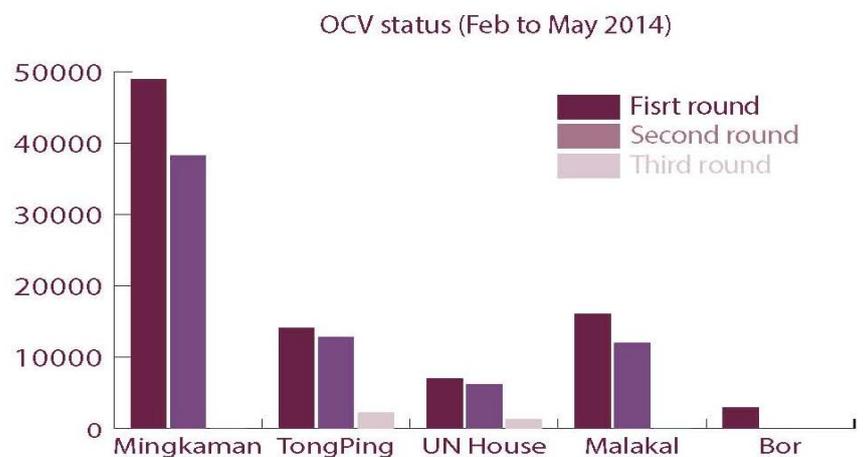
Technical Support

- In Response to the confirmed case of cholera in UN House Juba III, and the declaration of the cholera outbreak by the Ministry of Health, WHO in collaboration with the Surveillance team from the State Ministry of Health, Central Equatorial State visited health facilities within Juba town to investigate contacts of the

confirmed cholera case. Out Patient data registers were reviewed and health workers oriented on the standard cholera case definition, signs and symptoms, case management, laboratory requirements for cholera surveillance including proper stool or rectal swab collection, packaging and transportation of specimen.

- WHO worked closely with IOM in Bor PoC area to vaccinate a total of 2,862 people against cholera in the first round of oral cholera vaccination campaign. WHO conducted social mobilization to raise awareness about the campaign, trained community health workers and vaccinators and conducted monitoring and supervision of the campaign. The campaign targeted 3,000 displaced persons. The planning for the second round of the campaign has started and the next phase of the campaign will be conducted in the next 2 weeks. To date a total of 171,810 persons have received the OCV vaccine of these 74,118 have received two doses of the vaccine in UN House Juba III, Tongping, Mingkaman and Malakal IDP camps. Refer to graph one below.

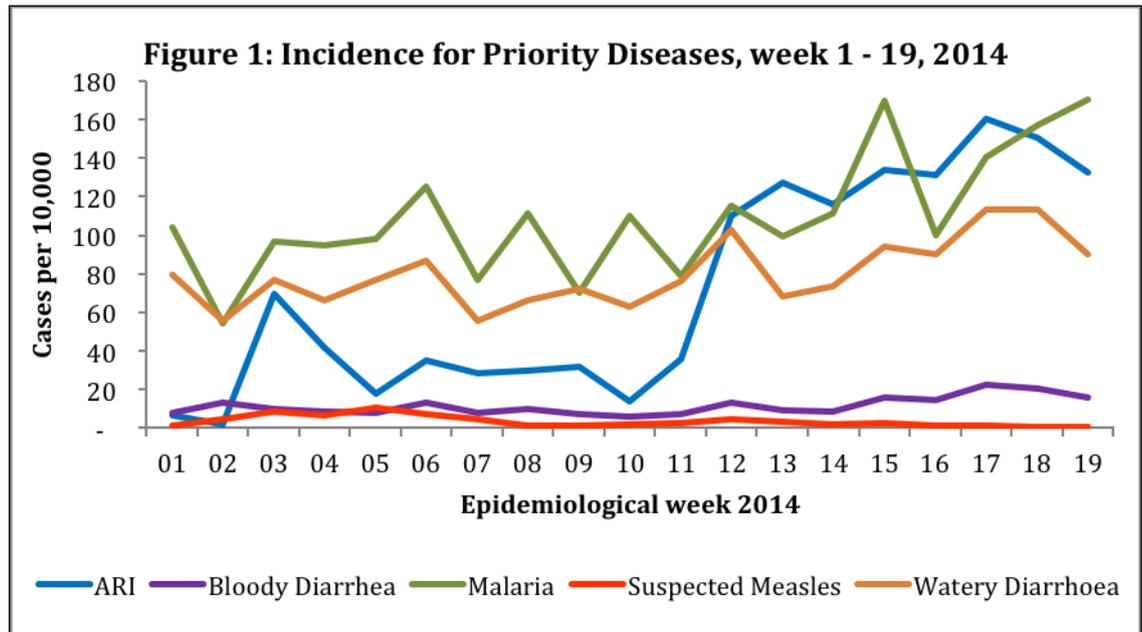
- In Bor, WHO supported the orientation of 11 community health workers (CHWs) on epidemic prone diseases within the PoC area to support. The community health workers will support data collection of priority diseases, health promotion activities within the POC areas, recording of death at community levels and conduct referrals of sick people to health facilities in the IDP camps. While in Tongping, the organization selected CHWs to support health care activities in the POC area.



- The organization continued conducting support supervision to the IDPs/PoCs to strengthen services delivery for the displaced populations. During visits, mentorship was provided to health facility staff, gaps identified and information shared with partners for service delivery improvements.

Surveillance and communicable Disease Control

- WHO supported the State Ministry of Health, Warrap to conduct a five days Integrated Disease Surveillance and Response (IDSR) training for 36 health workers. Those trained were drawn from Gogrial EAST County and Tonj North with the objective of equipping participants with relevant skills and knowledge to enable them to: detect priority diseases using basic, standard case definitions, analyze and interpret data on priority diseases for action and feedback to relevant authorities, investigate and respond to suspected outbreaks, supervision and monitoring and evaluation of IDSR implementation.
- As part of the ongoing efforts to monitor disease trends in displaced populations, 18 (60%) health facilities submitted their reports for week 19. The number of consultations increased from 17,466 to 31,818 in week 19 as compared to week 18, representing an increase of 82%. The majority of the consultations 19,184 (60%) in week 19 were registered in Mingkaman.



- Figure one shows the priority disease morbidity trends in IDP populations during week 1-19 of 2014. In week 19, the top causes of morbidity included malaria (171)¹, ARI (132)¹, and AWD (90)¹. The incidence¹ for malaria increased from 157 to 171 in week 19 as compared to week 18. The incidence for AWD, ABD, ARI, and measles declined during the same period. Malaria incidence¹ in week 19 was highest in Yuai (529), Bentiu (324), Malakal (140), and UN House (123).
- In week 19, a total of 15 deaths were reported with Bentiu reporting seven (7) deaths, Tongping (4) deaths, Mingkaman (3) deaths, and Juba 3 (1) death. Injuries were the commonest cause of death in week 19. The crude and under five mortality rates were below the respective emergency thresholds during week 19.

Core services

- WHO has also supported health partners in Juba, Bentiu and Bor (IOM, MSF Swiss and MSF Belgium) with cholera test kits and Carry Blair media. A total of 200 Carry Blair have been prepositioned. These test kits and media will facilitate rapid diagnostics tests and sample collection for confirmation of suspected cholera at the facilities serving both displaced populations and host communities.
- 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.

Resource mobilization

- Limited funding remains a challenge in the response for humanitarian agencies. As of this reporting period, WHO funding stands at 64%, leaving a gap of approximately US\$10,950,000 million. Four million, two hundred people are estimated to be in need of assistance by June 2014. Since the start of the conflict, WHO has reached approximately over one million people with various medical interventions.

¹ Incidence in cases per 10,000 population

- WHO has raised 64% of its January-June 2014 required emergency funding



**\$10,950,000 Requested
by WHO**



**64% (\$7,050,995) Received
by WHO**

- WHO has so far mobilised an estimated 64% of required funding to implement its six months emergency response plan (Jan-Jun 2014), and additional resource mobilisation activities are underway to offset the short fall.

	Required funds (USD)	Funded (USD)	% funded
WHO	10,950,000	7,050,995	64%
Health Cluster	61,324,020	22,490,514	37%

For more information on issues raised in this situation report and the Health Cluster response to this crisis, please contact:

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