



Weekly Bulletin
Humanitarian Action in Southern Sudan
Week 36, 07 – 13 September 2008

SUMMARY/HIGHLIGHTS

- ✚ Cholera cases increasing in Aweil while flood waters recede
- ✚ Returns season approaching
- ✚ For all OCHA Southern Sudan Reports, visit:
<http://ochaonline.un.org/sudan/SituationReports/SouthernSudanReports/tabid/3369/language/en-US/Default.aspx>

I. POPULATION MOVEMENTS AND RETURNS

Refugees, Returns and Re-integration (from UNHCR)

- The next returns season will begin when the rains end around end of October. Presently, return activities are very low due to impassable road.
- During the reporting period, 28 returnees (12 families) came back to Sudan. 6 returnees (2 families) were assisted after self-return to Kangapo II in Kajo Keji while 22 individuals (10 families) returned to Magwi County. Returnees in both locations were provided with the standard reintegration package.
- On 12 September a Sudan-Uganda cross border meeting took place in Juba to discuss Sudanese refugee population statistics in Uganda, registration figures for return in the upcoming season, logistics issues and protection concerns.

(Humanitarian Actors in this Sector are: UNHCR, UNMIS/RRR)

II. SITUATION, NEEDS AND RESPONSE BY SECTOR

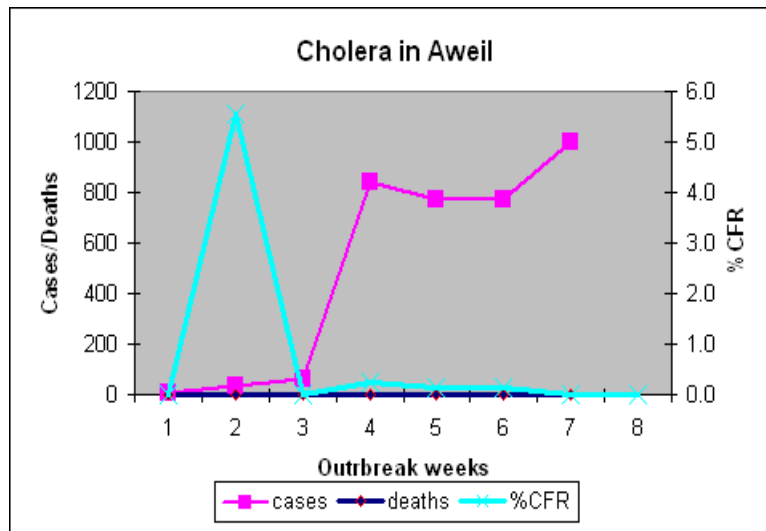
Disease outbreaks (from MoH & WHO)

Note: Week 36, which is under review for the rest of this bulletin, is Week 37 in the Health Calendar.

- **Measles** - A team composed of state Ministry of Health (MOH), WHO and UNICEF visited Udier in Longichuk County, Upper Nile State, where a measles outbreak was reported several weeks back. The team is supporting cases management, vaccination campaign and surveillance. The latest update from the ground indicates no more cases at the end of week 36 (1st to 7th September 2008). Medair in Maban County reported two cases in week 36. The cumulative total since 20th August 2008 has reached about 24 cases with no deaths.
- **Cholera** – The cholera outbreak in Aweil, Northern Bahr el Ghazal State is still on the rise. GOAL reported an upsurge of cases in the Akot area and a team of health personnel is on the ground to investigate.

PERIOD	CASES	DEATHS	<5	>5	%CFR
week 31	4	0	0	4	0.0
week 32	36	2	5	31	5.6
week 33	63	0	17	46	0.0
week 34	841	2	453	388	0.2
week 35	770	1	349	421	0.1
week 36	770	1	349	421	0.1
week 37	1002	0	429	573	0.0
	3486	6	1602	1884	#DIV/0!

Cholera cases in Aweil (see also graph overleaf)



- Malaria - Weekly reporting of malaria has been started. In all the five counties of Northern Bahr el Ghazal State, between 11,105 cases of malaria with 69 deaths were recorded between July and end of August. About 28.5% of these cases were severe.
- Neonatal Tetanus - Two cases of neonatal tetanus were reported in the week. One fatal case was in Nyirol County in Jonglei state and the other in Yirol West County of Lakes state.
- Acute Jaundice Syndrome - 10 cases of AJS have been reported from the records of the peripheral health facilities of Juba County. Case definitions, line listing forms and sensitization of the health workers on such cases was under taken during this reporting period. Attempts are ongoing to obtain blood samples for laboratory investigation.

Health (from UNICEF)

- As part of the on-going emergency response in Udier Payam in Longchok County, a mop up measles acceleration campaign is being carried out in the Payam. Eleven doses of measles vaccines and accessories were delivered targeting 10,656 children aged between 6 months – 15 years.

(Humanitarian Actors in this Sector are: Goal, Ministry of Health, MSF-Switzerland, SSRRC, and UNICEF, WHO as sector lead)

Protection (from UNHCR, UNICEF)

- UNHCR office in Malakal organized community based protection training in Fangak County, 9 – 10 September. Up to 35 county officials, among them; police, health workers, teachers, community/social leaders, youth, women and returnees attended. Rule of law and HIV/AIDS were also discussed upon request.
- The numbers of juveniles present in Way prison has reduced but six are still in detention (5 boys and a girl). Children are still not separated from adults in the prison. The age of children ranges between 12-17 years old.
- 30 Joint Integrated Unit (JIU) officers finished a three day training on child protection organized by UNMIS Child Protection in collaboration with UNICEF and UNDP Rule of Law. The training ended by identifying 8 JIU officers (4 from SPLA and 4

from SAF) to be focal persons to support the monitoring and prevention of child abuses.

- SSDDRC/SPLA and UNICEF team agreed on a plan for child DDR activities in NBeG starting from 22 September. The plan includes sensitization for prevention of use and recruitment of children in armed forces and groups and registration of children associated with armed forces and groups (CAAFGs) in Wuniik military barracks.

(Humanitarian Actors in this Sector are: UNMIS, UNHCR, UNICEF, IOM, SSRRC/GoSS,)

Nutrition (from UNICEF)

- Training of 18 health workers including nutritionists, medical doctors and nurses were completed in Malakal. Training was facilitated by ACF USA. The State Ministry of Health (SMOH) will train 20 more health workers from 20 health facilities on management of severe acute malnutrition.

(Humanitarian Actors in this Sector are: Goal, Ministry of Health, MSF-Switzerland, and UNICEF as sector lead)

Water and Sanitation (from UNICEF)

- Rehabilitation of the existing hand pumps at Akuem in Aweil East County and those in Aweil Town continued through IAS. Now 22 boreholes out of 24 have been rehabilitated.
- The 17 public latrines rehabilitated in Hai Toic have started working. Also, 4 boreholes rehabilitated in Hai Toic are now providing safe drinking water to 2,000 people there.
- Medair has already started to construct 18 Latrines in Maper Akot in addition to those constructed before.

(Humanitarian Actors in this Sector are: ICRC, Save the Children US, MSF Switzerland, GOAL, Mercy Corps, two local partners, Ministry of Health and UNICEF as sector lead)

END

Disclaimer: The information in this report is consolidated from OCHA field reports, UN agencies, RCO at state level, NGOs, and other humanitarian partners. The report is subject to availability of data and does not claim to be exhaustive or fully verified. If you have inputs for the next edition, or questions/comments to the current issue, please contact: maputseni@un.org