South Sudan Emergency Response

Situation Report # 27
06 - 12 June 2014

4.2M IN NEED OF ASSISTANCE
7,007 INJURED
1,500,000 DISPLACED
239,747 REFUGEES

WHO
STAFF IN THE COUNTRY 159
SURGE 31

Funding
73.5% FUNDED
US$10,950,000 REQUESTED

Health Sector
58* HEALTH CLUSTER PARTNERS

Beneficiaries
1,375,602 MILLION PEOPLE COVERED

Health Facilities
129 DAMAGED
1,350 FUNCTIONING

Consultations
471,085 CONSULTATIONS
5,688 ASSISTED DELIVERIES
7,007 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination

CHILDREN
300,522 VACCINATED AGAINST MEASLES
201,356 Polio

CHOLERA (Two doses, Juba PoCs, Mingkaman, Malakal and Bor)
97,981

WHO staff conducting a rapid health assessment Photo: WHO SS

Highlights

- The number of people displaced within South Sudan is around 1.5 million, over 367,260 displaced outside South Sudan.
- More than 1.3 million people reached with medical interventions since January 2014.
- 1,598 cholera cases including 37 deaths reported by 11 June 2014 in an outbreak that has affected mainly Juba, Central Equatoria state.
- More than 23,000 IDPs received the second dose of the Oral Cholera Vaccine (OCV) in Bentiu.
- Reports of under five mortality exceeding emergency thresholds in Bentiu.

Situation update

- The number of people displaced within South Sudan is now estimated at 1.5 million, with over 367,260 displaced outside South Sudan ***(
- Since January, emergency response partners have reached more than 1.3 million people of the targeted 3.2 million people with different medical interventions by end of June this year.
- This week the security situation was unpredictable in, Jonglei and Upper Nile States:
  - Fears of potential clashes led to relocation of some humanitarian staff from Pochalla, Jonglei.
  - Continued clashes in Nasir County, Upper Nile state hampered the delivery of health and other critical supplies for displaced, hard to reach population in Mandeng.

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* Updated Health Cluster 3Ws 31 May 2014
** UNCHR Portal 12 June 2014
*** OCHA Monthly Situation Report May 2014/ OCHA Sitrep No 39 06 June 2014
Public health concerns

- The cholera outbreak continued to take a declining trend, however, new areas outside Juba City are now reporting cases. Alerts received from Lanyi, Mundri East, Western Equatoria, Nimule and Torit Hospitals in Eastern Equatoria are being investigated and verified by WHO in collaboration with the Ministry of Health.

- Flooding due to heavy rains continues to worsen the already poor sanitation conditions in IDPs and PoCs, particularly affecting UNMISS Tongping and UN House Juba III PoCs. According to UNMISS, the new site has better drainage and is expected to have better sanitation.

- There have been continued reports of looting and damage to health facilities and supplies in insecure areas.

- Limited funding continues to be a challenge for humanitarian agencies involved in the response. As at this review period, 45.5% of the health cluster funding requirement had been met, leaving a gap of approximately US$ 41 million. Five months since the response plan was developed, partners have so far reached 1,364,704 million people with medical interventions.

WHO action Health Leadership

- As technical lead for health and Health Cluster lead, WHO continued to provide technical support by coordinating the crisis response and, the cholera response in Juba and cholera preparedness at various state levels.

- In Bentiu, the second round of the Oral Cholera Vaccination (OCV) Campaign started on 09 June and by 12 June 2014, 23,351 IDPs had received the OCV. See tables below for more. The total population was today updated to 45,845 individuals following a headcount by WFP and GAA. According to this population, an additional 7,900 OCV doses are required to reach the new arrivals after the 1st dose.

Summary of the second round OCV data for those who received the second dose

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<tr>
<th>Dates</th>
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<th></th>
<th>POC2</th>
<th></th>
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<td></td>
<td>M</td>
<td>F</td>
<td>Total</td>
<td>M</td>
<td>F</td>
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<tr>
<td>09-06-14</td>
<td>1,221</td>
<td>1,237</td>
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<td>10-06-14</td>
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<td>306</td>
<td>612</td>
<td>2,957</td>
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<tr>
<td>11-06-14</td>
<td>96</td>
<td>90</td>
<td>186</td>
<td>1889</td>
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<tr>
<td>12-06-14</td>
<td>244</td>
<td>214</td>
<td>458</td>
<td>1016</td>
<td>882</td>
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<tr>
<td>Total</td>
<td>1,867</td>
<td>1,847</td>
<td>3,714</td>
<td>9,332</td>
<td>10,311</td>
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Summary of second round OCV data for those who received the first dose

<table>
<thead>
<tr>
<th>Dates</th>
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<th></th>
<th>POC2</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>Total</td>
<td>M</td>
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<td>250</td>
<td>344</td>
<td>594</td>
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<td>1408</td>
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Surveillance and communicable Disease Control

Update on surveillance in IDPs/PoCs

- Increasing under five (U5) morbidity and mortality due to acute watery diarrhoea has been reported in Bentiu exceeding emergency thresholds during week 21. The U5 mortality registered at the MSF clinic was 2.8 per 10,000 per day in week 21, 2.08 per 10,000 per day during week 22 and 3.38 per 10,000 per day during week 23. WHO and the health cluster is working with partners together to respond in various ways including using mobile clinics to support early treatment of children, health and hygiene promotion, advocacy with UNMISS and WASH to improve water access and sanitation conditions in the IDP.
- Hepatitis E (HEV) cases continue to increase in Mingkaman IDP camp. As of 09 June 2014, 30 cumulative cases had been reported. WHO is conducting further epidemiological analysis of the line list information and coordinating response actions with health cluster partners.

**Update on the cholera situation**

- As of 11 June 2014, a total of 1,598 cholera cases including 37 deaths (CFR 2.3%) had been reported to WHO and MoH.
- The five most affected areas in Juba County this week included Gumbo (89 cases), followed by Gudele 1 and Tongping (33 each), New site (29) and Gurei (27). The three most affected payams were Rejaf (101) followed by Northern Bahri (68) and Munuki (62).
- This week, three cholera alerts, were reported to WHO and MoH from Lanyi, Mundri East, Western Equatoria State, Nimule and Torit hospitals, both in Eastern Equatoria. The suspected case in Nimule tested positive by Rapid Diagnostic Test for cholera on 12 June 2014.
  - WHO and MOH investigation team conducted an investigation, collected samples for laboratory confirmation from all contacts of the suspected cases in Lanyi, provided emergency supplies to Lui hospital and Lanyi PHCC as well as provided on job case management orientation to staff.
  - Arrangements were made on 12 June to dispatch Cary Blair medium and supplies to Torit through the WHO Field office, and Save the Children which supports Nimule hospital. More information on the planned investigations will be shared in the next report.
  - The Eastern Equatoria cholera taskforce was reactivated and investigated the alert. A cholera awareness campaign has been initiated, starting on the local radio station.

In Juba, WHO is supporting:
- Coordination of the National Epidemic Preparedness and Response Taskforce;
- Surveillance activities including data management, analysis and reporting; active case searches, collection and verification of cholera alerts, investigation, stool sample collection, transportation, confirmation and antibiotic sensitivity testing at Central Public Health
Laboratory in Juba.

- Three toll free lines/hot lines in partnership with MOH and telecom companies Gemtel, Vivacell and Zain for referral of suspected cases that require ambulance services as well as preparation of community death bodies for burial.
- Case management including support supervision at CTCs, provision of protocols and harmonized training in case management and infection control; provision of case management flow charts, guidance on laboratory sample collection.
- Three ambulance services based at Juba Teaching Hospital for patients referral to the nearest CTCs.
- On-going infection control activities at community level including burial supervision, dead body management and household disinfection.
- 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 provision of diarrhoeal disease kits, antibiotics, Cary Blair transport media and other items necessary for set up of CTCs and management of patients with cholera.

Core services

- WHO received additional surge staff including two surgeons, one anaesthetist and a Senior Environmental Health/WASH specialist to support the current response. This brings the total number of surge staff in country to 31.
- So far WHO has mobilised about 73.5% 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>
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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
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<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>8,050,995</td>
<td>73.5%</td>
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<td>Health Cluster</td>
<td>77,000,000</td>
<td>40,119,903</td>
<td>52.1%</td>
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</table>

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

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