South Sudan Emergency Response

Situation Report # 28
13 - 20 June 2014

- **4.2M** IN NEED OF ASSISTANCE
- **7,007** INJURED
- **1,500,000** DISPLACED
- **240,001** REFUGEES

### WHO

<table>
<thead>
<tr>
<th>Staff in the Country</th>
<th>159 SURGE 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td>48.6% Funded</td>
</tr>
</tbody>
</table>

### HEALTH SECTOR

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>1,507,963 MILLION PEOPLE COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facilities</td>
<td>127 DAMAGED 1,350 FUNCTIONING</td>
</tr>
<tr>
<td>Consultations</td>
<td>530,116 CONSULTATIONS 6,200 ASSISTED DELIVERIES 7,007 SURGERIES (OF GUNSHOT WOUNDS)</td>
</tr>
<tr>
<td>EWARN</td>
<td>32 SENTINEL SITES</td>
</tr>
<tr>
<td>Vaccination</td>
<td>CHILDREN 319,613 VACCINATED AGAINST MEASLES 210,956 POLIO 120,176 (Two doses, Juba PoCs, Mingkaman, Malakal and Bor)</td>
</tr>
<tr>
<td>Funding</td>
<td>53.1% FUNDED US$77,000,000</td>
</tr>
</tbody>
</table>

* Updated Health Cluster 3Ws 06 June 2014
** UNCHR Portal 20 June 2014
*** OCHA Monthly Situation Report May 2014/ OCHA Sitrep No 39 06 June 2014

### Situation update

- The number of displaced South Sudanese is around 1.5 million, with over 367,260 displaced outside South Sudan.
- More than 1.5 million people reached with medical interventions since January 2014.
- 1,845 cholera cases including 39 deaths reported by 19 June 2014 in an outbreak that has affected mainly Juba, Central Equatoria state.
- High level meeting on cholera held in Juba on 18 June 2014.
- There are continued reports of Hepatitis E in Mingkaman, Awerial County, Lakes State.

- Tension was reported in Wau and Nassir this week:
  - Fears of potential clashes led to relocation of some humanitarian staff from Pochalla, Jonglei.
  - Continued clashes in Nassir County, Upper Nile state hampered the delivery of health and other critical supplies for displaced, hard to reach population in Mandeng.
Public health concerns

• Juba county continued to bear the burden of cholera this week, with the most affected areas being Gumbo, Gudele 1, Tongping, Gudele II and New site. A cholera alert was received from the MSF clinic in Mingkaman IDP camp in Awerial County, Lakes State on 13 June 2014. It was investigated by WHO and Ministry of Health, samples collected and sent to Juba for laboratory confirmation.

• More cases of Hepatitis E continued to be reported in Mingkaman this week, a major cause for concern as the amount of water available per person per day and latrine coverage are below the recommended Spear standards.

• Among results of laboratory samples received this week were two positive samples taken during investigations of Acute Watery Diarrhoea in Twic East, Jonglei State. This brings the number of states with confirmed cholera outbreaks to four, including Central Equatoria, Western Equatoria, Upper Nile State and now, Jonglei. There is concern that the outbreak will continue to spread outside of Juba to other 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 requirements had been met, leaving a gap of approximately US$ 36 million. Five months since the response plan was developed, partners have so far reached 1,490,117 million people with medical interventions.¹

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 including cholera preparedness at various state levels.

Surveillance and communicable Disease Control

Update on surveillance in IDPs/PoCs

• Acute Respiratory tract Infections (ARI), Malaria, and Acute Watery Diarrhoea (AWD) were the top causes of morbidity in week 24 as seen in figure 1 above. During week 24, the incidence of ARI increased while a decline from week 23 was registered for ABD, Malaria and AWD.

• During week 24, 11 cases of Hepatitis E (HEV) were reported in Mingkaman IDP camp, bringing the number of cumulative cases to 40. WHO and partners are planning to conduct field investigations to determine the magnitude of the outbreak, population at risk and risk factors.

Update on the cholera situation

¹ OCHA South Sudan OCHA Monthly Situation Report, May 2014
• As of 19 June 2014, a total of 1,845 cholera cases including 39 deaths (CFR 2.1%) had been reported to WHO and MoH South Sudan. A total of 22 new admissions were recorded, 21 of them in Juba and one in Yei.

• Between 11 and 19 June 2014, the number of payams reporting cases declined from eight to six in Juba County, however, Rejaf and Munuki remain the two most affected payams.

**Figure 2 Cholera cases from the five most affected areas, Juba County**

<table>
<thead>
<tr>
<th>Payam</th>
<th>Area</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejaf</td>
<td>Gumbo</td>
<td>304</td>
</tr>
<tr>
<td>Munuki</td>
<td>Gudele 1</td>
<td>153</td>
</tr>
<tr>
<td>Juba</td>
<td>Tongping</td>
<td>122</td>
</tr>
<tr>
<td>Northern Bari</td>
<td>Gurei</td>
<td>112</td>
</tr>
<tr>
<td>Northern Bari</td>
<td>New site</td>
<td>78</td>
</tr>
</tbody>
</table>

This week, WHO continued to provide support towards:

• Coordination of the National Epidemic Preparedness and Response Taskforce;
  An extraordinary cholera taskforce meeting chaired by the Hon Minister of Health Dr Riek Gai Kok at the Office of the Mayor of Juba City Council was held on 18 June 2014. The main objective of the meeting was to identify gaps in the response and agree on ways to address them. The following were the main meeting outcomes:
  o Central Equatoria State will ensure that all health facilities conduct zero reporting in order to improve facility based surveillance particularly in Juba County which bears the burden of cholera cases;
  o The capacity to manage cholera outside Juba will be enhanced by training health workers, identification of key partners to set up and operate treatment centres as well as to set up and manage Oral Rehydration Points;
  o In order to better control the quality of water and urban sanitation in Juba, WASH will propose regulations for enforcement of chlorination of water trucks, construction of latrines at household level to control open defecation. In addition, minimum standards for food handlers will be developed and used to improve food hygiene practices;
  o Ministries of Defence, Interior and Education will be engaged in the cholera response as they have large vulnerable populations
  o A sustainable solution to the challenge of paying incentives to mobilizers and other people involved in the response will be

• Surveillance activities including data management, analysis and reporting; active case searches, investigation and verification of cholera alerts, stool sample collection, transportation, confirmation and antibiotic sensitivity testing were supported in this period.

• Operations of three ambulances based at Juba Teaching Hospital for referral of patients from the community, burial supervision, dead body management and household disinfection were supported by WHO. The ambulances can be reached by the public through toll free lines availed through partnership with Gemtel, Vivacell and Zain with the support of WHO.

• On the job cholera case management training was conducted in collaboration with the Ministry of Health at Lologo Primary Health Care Centre (PHCC), African Inland Church Health Centre, Kimo Health Centre and Kator PHCC. Sixty eight health workers benefited from this training that covered topics of on cholera case management and infection control; funeral/body management, steps in cholera prevention and surveillance.
Following the training, each facilities was given case management flow charts and sample collection protocol; a package of emergency supplies which include: one ORS module, 200 litres of Ringers lactate, 50 giving sets, 200 cannulae, 25 cholera Rapid Diagnostic Test Kits, 50 Cary Blair transport media for sample collection and 1000 gloves.

Core services

- WHO received two epidemiologists this week to support the current response. This brings the total number of surge staff in country to 33.
- So far WHO has mobilised about 48.6% 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>
<tr>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
</tr>
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<tbody>
<tr>
<td>WHO</td>
<td>14,500,000</td>
<td>7,050,995</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>40,889,664</td>
</tr>
</tbody>
</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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