### Situation Report # 29
21 - 27 June 2014

<table>
<thead>
<tr>
<th>IN NEED OF ASSISTANCE</th>
<th>INJURED</th>
<th>DISPLACED</th>
<th>REFUGEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2M</td>
<td>7,007</td>
<td>1,500,000</td>
<td>240,133**</td>
</tr>
</tbody>
</table>

**WHO**
- Staﬀ in the Country: 159
- Surge: 31

| Funding | 65.2% | Funded: US$14,500,000 | Requested: |

**HEALTH SECTOR**
- **Beneficiaries**: 1,562,419 million people covered
- **Health facilities**: 127 damaged, 1,350 functioning
- **Consultations**: 530,116 consultations, 6,200 assisted deliveries, 7,007 surgeries (of gunshot wounds)
- **EWARN**: 32 sentinel sites
- **Vaccination**:
  - Children: 328,252 vaccinated against measles, 218,103 polio, 120,176 cholera (two doses, Juba PoCs, Mingkaman, Malakal and Bor)

**Highlights**
- The number of displaced South Sudanese is around 1.5 million, with over 389,531 displaced outside South Sudan.
- More than 1.5 million people reached with medical interventions since January 2014.
- 2,194 cholera cases including 50 deaths reported by 25 June 2014 in ﬁve states: Central Equatoria, Eastern Equatoria, Jonglei, Upper Nile, and Western Equatoria States.
- More cases of Hepatitis E reported in Mingkaman, Awerial County, Lakes State.
- Interventions started in Bentiu to address high under ﬁve mortality.

**Situation update**
- The number of people displaced within South Sudan is now estimated at 1.5 million, with over 389,531 displaced outside South Sudan ***. Almost 100,000 people are sheltering in UN bases.

- As at 27 June, emergency response partners had reached almost 1.6 million people of the targeted 3.2 million people with different medical interventions.

- This week the security situation remained calm in most parts of the country, with some ﬁghting reported in Nassir and Renk. This is continuing to limit operations by health partners in those areas.

- There were continued reports of under ﬁve mortality above the emergency threshold in Bentiu Protection of Civilians (PoC). Bentiu is overcrowded, having recently increased from 5,000 to nearly 45,000 people, putting a strain on health, sanitation and other services in the PoC. A joint Health, Nutrition and WASH cluster response is being implemented to improve health and sanitation conditions.
Public health concerns

- The focus of the cholera this week shifted to Eastern Equatoria, mainly affecting Torit County, with cases also reported in neighbouring Lopa/Lafon and Magwi counties.

- The number of cholera alerts reported outside Juba has increased as compared to the past few weeks; this may be due to heightened alert/awareness or actual spread of cholera to other areas. In response, the cholera alert system has been streamlined, with a dedicated alert line put in place and a focal point assigned to communicate with state surveillance focal points on a daily basis. A clear protocol for initial alert and response has been developed for all partners in the cholera response to follow. It is hoped that this will enable immediate notification of alerts and a rapid response.

- More cases of Hepatitis E continued to be reported in Mingkaman this week, a major cause for concern given the large displaced population and poor sanitation conditions in the camp that put it risk of a large outbreak.

- Limited funding continues to be a challenge for humanitarian agencies involved in the response. As at this review period, 60.1% of the health cluster funding requirements had been met, leaving a gap of approximately US$ 30.6 million. Five months since the response plan was developed, partners have so far reached 1,562,419 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 cholera preparedness and response at national and state levels.

- WHO is supporting the Ministry of Health to review its national policy as part of efforts to strengthen the country’s health system. The process, which began on 23 June 2014, started with a two-day dialogue to review the National Health Policy 2007 – 2011, the National Health Sector Development Plan 2012 – 2016, the Ministerial Policy Statement Framework 2012 – 2016 and update the National Health Policy from 24 to 25 June 2014.

Surveillance and communicable Disease Control

Update on surveillance in IDPs/PoCs

Figure 1 Priority Disease Proportionate Morbidity - for Week 1 - 25, 2014

- Completeness of reporting during week 25 was 71% in comparison to 54% during the same time period in week 24; 81% camps (13/16) and 67% sites (24/36) submitted

1 OCHA South Sudan OCHA Monthly Situation Report, May 2014
reports this week.

• During week 25, the number of consultations reported in IDPs was 15,248; which is lower than the 17,846 consultations registered during week 24.

• Incidence of Acute Watery Diarrhoea (AWD) per 10,000 population was highest in Bentiu (146); followed by Mingkaman (31), Tongping (29), & Melut (26). The high AWD incidence in Bentiu calls for urgent interventions to improve WASH indicators.

• In response to the high under five mortality (2.96 per 10,000 population per day) reported in Bentiu PoC:
  o Partners have increased provision of health services using both static and mobile units.
  o Partners including WHO, MSF and CARE have recruited community health workers to support health promotion, mobilization and early treatment seeking.
  o WHO, UNICEF and partners this week conducted a Mid Upper Arm Circumference (MUAC) assessment, covering every child from 6 to 59 months of age in all the PoCs. Analysis of the data collected is underway. The results of the assessment will inform further public health action.

**Hepatitis E in Mingkaman, Awerial County, Lakes State**

• As of 26 June 2014, a total of 49 cases including 4 deaths had been recorded in health facilities. Three of the dead were pregnant women. 19 of the cases tested laboratory positive by RDT or PCR/ELISA (8 PCR/ELISA test/RDT and the rest by RDT). Forty-six of the cases are from Mingkaman village and the other three from Ahou (1) and Nun Nhail (2) villages, both within walking distance of Mingkaman.

• Newly detected cases have been increasing steadily up to week 24 when 11 cases were reported. The number reduced to 2 cases during week 25. See figure 2 below.

**Figure 2: Hepatitis E Epidemiological Curve, Mingkaman, Awerial County, Lakes State**

The main Hepatitis E response activities include:

• Sensitization of partners from all clusters, as well as public awareness by hygiene promoters from various agencies, and by MSF team through radio Mingkama on 26 June.

• WHO, MoH and health cluster partners are planning to conduct field investigations to determine the actual magnitude of the outbreak, transmission, population at risk and risk factors.

• WASH interventions are focussed on increasing latrine availability and use, hygiene promotion and provision of safe water. WASH indicators such as amount of water per person per day, number of people per latrine is reported to still be below recommended standards.
Update on the cholera situation

• As of 25 June 2014, a total of 2,194 cholera cases including 54 deaths (CFR 2.4%) had been reported to WHO and MoH South Sudan from five states: Central Equatoria, Eastern Equatoria, Jonglei, Upper Nile, and Western Equatoria States.

• This week saw a spike in the cases reported from Torit, Lafon and Magwi counties, in response, a rapid response team consisting of WHO, MoH, UNICEF, MSF France and Health Pooled Fund (HPF) staff travelled to Torit and Lafon to scale up the cholera response.

• Cholera alerts were received from Aweil Central, Northern Bahr El Ghazal, Morobo, Central Equatoria, Owiny Ki Bul (Magwi county), Eastern Equatoria, Agok, Twic county, Warrap state and Bentiu (PoC2) Unity state.

Core services

• One cholera case management specialist and an information officer this week joined WHO to support the current response. The WHO country office has 193 staff in 10 field offices and the WHO country office, as well as 12 remaining surge staff.

• So far WHO has mobilised about 65.2% 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>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>14,500,000</td>
<td>9,453,835</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>46,305,115</td>
</tr>
</tbody>
</table>

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

Dr Abdi Mohammed  
WHO South Sudan Country Representative  
Email: mohameda@who.int  
Mobile: +211954169578  
GPN: 67404

Ms Pauline Ajello  
Communications and Advocacy Officer  
Email: ajellopa@who.int  
Mobile: +211955873055  
GPN: 67514

Dr Allan Mpairwe  
ODM Focal Point  
Email: mpairwea@who.int  
Mobile: +211955373070  
GPN: 67507

The operations of WHO in South Sudan are made possible with support from the following donors: