South Sudan Emergency Response

Situation Report # 25
30 May – 05 June 2014

4.2M IN NEED OF ASSISTANCE
7,007 INJURED
1,500,000 DISPLACED
239,293** REFUGEES

WHO STAFF IN THE COUNTRY 159
SURGE 29

73.5% FUNDED
US$10,950,000 REQUESTED

Health Sector

58* HEALTH CLUSTER PARTNERS

1,315,136 MILLION PEOPLE COVERED

129 NON FUNCTIONAL
30 DAMAGED/LOOTED
1,350 FUNCTIONING

424,265 CONSULTATIONS
4,652 ASSISTED DELIVERIES
7007 SURGERIES (OF GUNSHOT WOUNDS)

32 SENTINEL SITES

Children
298,513 VACCINATED AGAINST MEASLES
196,861 POLIO

Children
76,980 CHOLERA
(Mingkaman, Malakal and Bor)
34,370 (one dose in Bentiu)

WHO Case management team carrying supplies for Juba Teaching Hospital Cholera Treatment centre, Juba Photo: WHO/P. Ajello

Highlights

• The number of people displaced within South Sudan is around 1.5 million, over 95,000 at UN bases.

• More than 1.3 million people reached with medical interventions since January 2014.

• Some insecurity reported in Unity and Upper Nile States, as well as scattered security incidents in other parts of the country.

• 1,326 cases of cholera and 29 deaths reported by 04 June 2014 in an outbreak that has affected eleven payams of Juba, Central Equatoria state. Cholera confirmed in Kaka, Upper Nile State and Yei, Central Equatoria.

Situation update

• The number of people displaced within South Sudan is now estimated at 1.5 million, with over 95,000 hosted at UN bases ***.

• Since January, emergency response partners have reached more than 1.3 million different medical interventions of the 3.2 million people targeted by June this year.

• This week a number of security incidents were reported including the following:
  o Heavy shooting around Bentiu and Guit was reported on 04 June 2014;
  o Clashes reported in Wang-Kay Mayon County and in Rubkona on 02 and 03 June 2014. The situation in Rubkona remains tense.
  o Sporadic firing took place originating from the South Bank of the Sobat River towards Nassir / Kedbek.
  o On 02 June 2014, fighting erupted at Leer Gum cattle camp in Cueibet between two sections of Panaguong and Panaaur in Lakes State. Six (6) people were reported killed.
The number of daily admissions in Juba County reduced during the period under review, however, new areas are now reporting cholera. Cholera was laboratory confirmed in samples received from Kajo Keji, Kaka and Yei. In addition, alerts were received from Kuajok, Warrap and Lanyi, Mundri East, Western Equatoria. The alerts are being verified by WHO in collaboration with the Ministry of Health.

Flooding due to heavy rains continues to be a major concern in Tongping and UN House Juba III PoC and in areas outside the two camps particularly those affected by cholera. This is expected to worsen already poor sanitation conditions. The newly inaugurated PoC III near UN House/Juba III is expected to host up to 13,000 people, who will be moved from Tongping once the site preparations are finalised. According to UNMISS, the new site has better drainage and is expected to have better sanitation.

Due to security concerns, health partners in Nasir and Ulang, Upper Nile state were unable to operate. In addition, food shortages due to insecurity in Maban refugee camp, Upper Nile state of South Sudan has resulted in Sudanese refugees returning to insecure areas of Blue Nile State in Sudan.

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 1,315,136 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 and cholera preparedness at various state levels.

Surveillance and communicable Disease Control

Update on surveillance in IDPs/PoCs

As part of the ongoing efforts to monitor disease trends in displaced populations, 18 (30%) health facilities submitted their reports for week 22. The number of consultations decreased from 19,001 to 14,149 in week 22 as compared to week 21. This may be attributed to poor reporting. The majority of the consultations 2,993 (21%) in week 22 were registered in Bentiu.

Figure 1 Proportionate Morbidity for Priority Diseases in IDPs/POCs, Weeks 1 - 22, 2014

1 OCHA South Sudan OCHA Monthly Situation Report, May 2014
• Figure one shows the priority disease morbidity trends in IDP populations during week 01-22 of 2014. In week 22, the top three causes of morbidity were Malaria (22%), Acute Respiratory tract Infections (17%), and Acute Watery Diarrhoea (9%). Eighteen suspected cholera cases were reported from Malakal (16) and Awerial (2).

• Hepatitis E (HEV) cases continue to increase in Mingkaman IDP camp. As at 01 June 2014, 24 cumulative cases, (22 from Mingkaman, one from Ahou village and one from Nun Nhail village) including two deaths had been reported to the MoH and WHO. Two of the reported cases were pregnant and died, one following premature delivery. So far 18 samples have been collected and analyzed. Of these, 8 specimens were confirmed positive using Elisa and PCR, and 16 specimens were confirmed using Rapid Diagnostic Test (RDTs) kits.

**Update on the cholera situation**

• As of 05 June 2014, a total of 1,371 cholera cases including 29 deaths (16 institutional and 13 community deaths, CFR 2.2%) have been reported to WHO and MoH. Cases have been reported from eleven Payams in Juba county with the most affected being Munuk (365, 26.9%), Rejaf (292, 21.5%), Northern Bahri (275, 20.3%) and Juba (213, 15.7%). The most affected villages include Gumbo in Rejaf, Gudele I in Munuki, Tongping in Juba, Giada in Kator, and Gurei in Northern Bari. Two peaks were registered, one on 19/05/2014 and another on 26/05/2014.

**Figure 2: Cholera epidemic curve, 23 April 2014 - 05 June 2014**

- Of the total 1,283 cholera cases for which age and gender information is available, majority are male (734, 57.2%), and aged 20-34 years (502, 39%).

- This week, seven suspected cholera cases including three deaths were reported from New site, Juba, Central Equatoria State and Lainyi, Mundri East, Western Equatoria State. WHO and MOH investigation teams have been dispatched to Lanyi to conduct an investigation and collect samples for laboratory confirmation. The household where the death occurred in New site was sprayed and followed up was conducted on 05 June 2014.

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2 A Payam is the second lowest administrative unit in South Sudan
In Juba, WHO is supporting:

- Coordination of the National Epidemic Preparedness and Response Taskforce;
- Case management including provision of protocols and training in case management and infection control; case management flow charts, laboratory sample collection.
- On-going infection control activities at community level including burial supervision, dead body management and household disinfection.
- Ambulance services based at Juba Teaching Hospital for patients referral to the nearest CTCs.
- Toll free lines/hot lines in partnership with MOH and telecom companies Vivacell and Gemtel for referral of suspected cases that require ambulance services as well as preparation of bodies for burial for community deaths.
- Surveillance activities including data management, analysis and reporting; stool sample collection, transportation and confirmation at AMREF Nairobi laboratory; laboratory surveillance for antibiotic sensitivity.
- 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 diarrhoeal disease kits, antibiotics, Cary Blair transport media and other items listed under core services.

**Core services**

- This week, WHO received the emergency kits which will be used to replenish stocks; prepositioned ahead of the rainy season, dispatched to areas experiencing stock outs of essential medicines and/or provided to facilities/partners conducting emergency surgery.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Population to be reached by kit</th>
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<tbody>
<tr>
<td>1</td>
<td>150 Interagency Emergency Health Kits (Basic Unit)</td>
<td>One IEHK caters for 10,000 people for three months</td>
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<tr>
<td>2</td>
<td>5 Interagency Emergency Health Kit 2011 (supplementary unit)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Interagency Emergency Health Kit 06, PEP module modified -3 kits</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>5 Diarrhoeal Disease Kits</td>
<td>500 severely dehydrated cholera cases or 1000 moderately dehydrated cholera cases</td>
</tr>
<tr>
<td>5</td>
<td>6 Trauma kit A and B</td>
<td>100 major surgeries or 200 minor surgeries</td>
</tr>
<tr>
<td>6</td>
<td>5 kits Surgical Supply kit 100 -10</td>
<td>Replacement of surgical equipment in hospitals</td>
</tr>
</tbody>
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- In addition, WHO received 50,050 doses of Oral Cholera Vaccine (OCV) and dispatched about 32,000 to Bentiu for the second round of the OCV vaccination campaign due to start next week.

**Resource mobilization**

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>
<tr>
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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% Funded</th>
</tr>
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<tbody>
<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>8,050,995</td>
<td>73.5%</td>
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<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>41,255,274</td>
<td>54%</td>
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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: +211955372370  
GPN: 67507

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