South Sudan Emergency Response

Situation Report # 29
21 June - 8 July 2014

4.2M IN NEED OF ASSISTANCE
7,018 INJURED
1,500,000 DISPLACED
240,001** REFUGEES

WHO
STAFF IN THE COUNTRY 159
SURGE 13

Funding
48.6% FUNDED
US$14,500,000 REQUESTED

HEALTH SECTOR
58* HEALTH CLUSTER PARTNERS

Beneficiaries
1,584,096 PEOPLE COVERED

Health facilities
127 DAMAGED
1,350 FUNCTIONING

Consultations
647,050 CONSULTATIONS
7,407 ASSISTED DELIVERIES
7,018 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination

CHILDREN
319,613 VACCINATED AGAINST MEASLES
210,956 POLIO
120,176 (Two doses, Juba PoCs, Mingkaman, Malakal and Bor)

Funding
62% FUNDED
US$77,000,000 REQUESTED

REPORTING PERIOD 21 JUNE – 8 JULY 2014

* 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

Highlights
- An estimated 1.5 million South Sudanese are currently displaced internally, while over 367,260 are displaced outside South Sudan.
- About 1.58 million people have been reached with medical interventions since January 2014.
- A total of 3,152 cholera cases, including 70 deaths (CFR 2.3%), were reported by 8 July 2014 as the outbreak spreads to new areas.
- The emergence of cholera cases in new areas has prompted partners to step up preparedness in high risk areas.
- Increasing cases of Hepatitis E affecting mostly women in Mingkaman, Awerial County, Lakes State have intensified the need for the declaration of an outbreak.

Situation update
- The security situation in South Sudan remained relatively calm in most states, with pockets of clashes in Upper Nile State and a high risk of attack in Unity State.
- The number of people displaced within South Sudan is now estimated at 1.5 million, with over 367,260 displaced outside South Sudan ***,
- By 8 July, emergency response partners had reached more than half of the targeted 3.1 million people with various medical interventions since January 2014.
- Partners have stepped up preparedness activities for diverse emergencies in high risk areas.
Public health concerns

- While cholera has declined in Juba County with a few cases and no deaths being reported over the last few days, its spread to other counties remains a public health concern. The outbreak is currently concentrated in Torit, Eastern Equatoria State, which accounts for most new cases. WHO and partners are receiving and following up on alerts from other states. Between 27 June and 8 July, alerts have been received from Bentui in Unity State; Kapoeta North and Islak in Eastern Equatoria State; Gogrial East in Warrap State; and Bul, Lul, Malakal and Wau Shalluk in the Upper Nile State. Most concerning are 652 suspected cases and 18 deaths (CFR 2.7%) reported in Wau Shalluk where 207 cases were admitted at the time of reporting. Verification and investigation of all suspected cases is underway.
- The continued increase in the number of Hepatitis E cases being reported in Mingkaman and affecting mostly women remains a major concern that requires urgent action.
- Continued rains, coupled with limited access to potable water and poor sanitation and hygiene sustain an environment that is conducive for cholera, while increasing the population’s risk.
- To date 1,584,096 people have been reached with medical interventions, representing 51% of the targeted 3.1 million. More resources are needed to reach the remaining 49% up to December 2014.
- Limited funding continues to limit the impact of humanitarian agencies involved in the response. Currently, the health cluster is 62% funded at $47.6 million, leaving a gap of about $29.4 million.

WHO action

- As technical and Cluster lead for health, WHO continues to provide support by coordinating the response to cholera and other outbreaks, including preparedness at various state levels throughout the country.
- WHO supported the training of 10 Government laboratory technologists in water quality monitoring and surveillance from 30 June to 2 July. Participants were drawn from the Ministry of Health (MoH); State Ministry of Health (SMoH) for Central Equatoria; Ministry of Electricity, Dams, Irrigation and Water; National Reference and Public Health Laboratory; and Juba Urban Water Cooperation Works. The training aimed to enhance the capacity of state institutions to conduct water quality testing using rapid field test kits as part of efforts to address the causes of cholera. The three states worst affected by cholera also received test kits, while a recommendation was made to procure seven more for the remaining states.
- A high level delegation comprised of the Minister of Health Dr. Riek Gai Kok, WHO Country Representative Dr. Abdi Aden Mohamed and their respective teams on 3 July visited Torit to assess the cholera response in the area. The delegation, SMoH and partners involved in the response discussed gaps and ways to address them, including the training of health promoters at boma and payam level to support social mobilisation and community engagement. In total 824 boma and 148 payam coordinators need to be trained to ensure wide coverage and broad reach in Eastern Equitoria State.
- A special meeting between Health Minister Dr. Riek Gai Kok and partners was convened on 4 July. While commending efforts in by partners in reducing cholera cases and curbing deaths, particularly in Juba, he expressed concern about alerts of suspected cholera in Wau Shalluk. A team set up to visit the area on 7 July and findings will be shared after the visit.
- WHO supported the establishment of an additional health facility at Protection of Civilian III (POC) in Bentui to improve emergency health services.
- Partners are engaged in preparedness activities in Bentui in light of prevailing risks. These include the donation of a tent to MSF for the establishment of a cholera treatment centre (CTC) in case of an outbreak. WHO and partners have also revised the mass casualty plan in anticipation of mass casualties and prepositioned two trauma kits in Unity State in case of an assault on Bentui town.

- WHO, partners and state teams conducted assessments to verify cholera alerts in Pariak, Bor and Gograil East, Warrap. Although no new cases have been reported, WHO and AMREF teams assessed Bor Hospital to determine its capacity in case of an outbreak, while preparedness activities continue in Warrap in light of continued rains and the associated risks.

- The launch of new health infrastructure by South Sudan’s President Salva Kiir Mayardit in Juba on 8 July is expected to improve access to health care. According to WHO Representative, Dr. Abdi Aden Mohamed, the facilities, which include the Dr. John Garang Diagnostic and Medical Centre, Public Health Laboratory and National Blood Transfusion Service, will reduce travel to neighbouring countries for health services and diagnostics. He noted that cholera, which had been successfully contained, is already being tested locally at the new laboratory. Previously, urgent specimens were sent to Kenya or Uganda. WHO provided technical support for the facilities.

**Surveillance and communicable Disease Control**

*Update on surveillance in IDPs/PoCs*

- Malaria, ARI and AWD continued to account for the highest proportion of the disease burden among IDPs, although the incidence of all three diseases decreased in week 27 compared to week 26. ARI had the highest proportionate morbidity and incidence in week 27.

- Despite the ongoing cholera outbreak in South Sudan, AWD trends among IDPs continue to decline, a situation attributable in part to the OCV vaccination and WASH interventions.

**Figure 1: Priority Disease Proportionate Morbidity for Week 1 to 27, 2014**

- By week 27, cumulative cases of Hepatitis E Virus (HEV) reported in Mingkaman IDP camp were 56, including four deaths (CFR 5.4%). Three of the deaths, representing 75%, were of pregnant women. The disease has affected mostly women (54%), while 85% of all cases were below the age of 29.

- WHO recommends that targeted interventions for pregnant women including improving antenatal care attendance, health education on HEV prevention and control, and the need to seek healthcare promptly following the onset of disease symptoms should be initiated in all the camps.
• Expediting the declaration of an HEV outbreak will help raise awareness and unlock resources required to contain the disease.

**Update on the cholera situation**

**Figure 2: Eastern Equitoria State Epicurve 23 April to 7 July 2014**

- As of 8 July 2014, a total of 3,231 cholera cases including 70 deaths (CFR 2.2%) had been reported to WHO and MoH South Sudan. A total of 135 new admissions were recorded, 129 of them in Torit and six in Juba.

- Surveillance activities continue and include data management, analysis and reporting, active case searches, investigation and verification of cholera alerts, stool sample collection, transportation, confirmation and antibiotic sensitivity testing.

**Core services**

- During the reporting period WHO received an Epidemiologist, a Case management specialist and a Monitoring and Evaluation Officer to support the current response. This brings the total number of surge staff in country to 13. WHO continues to mobilise surge support for the ongoing cholera emergency.

- WHO provided two Diarrhoeal Disease Kits (DDK) to the State MoH in Malakal to support the response in Wau Shalluk. The supplies are sufficient to manage 1,400 cases of Acute Watery Diarrhoea (AWD).

- The agency supported ARC with infection control materials, Personal Protective Equipment (PPE) kits and laboratory diagnostics to set up a CTC in Owinyi Kibul,
Resource mobilization

Magwi County as part of efforts to strengthen case management. In addition, an infusion module of DDK and assorted case management items were donated to SCUK to support case management in Lopa-Lofan, Eastern Equatorial.

- To strengthen preparedness in the current outbreak, Bor, Jonglei one DDK, four basic modules of Interagency Emergency Health Kits (IEHK) and 30 Cary Blair media were prepositioned to equip partners with emergency supplies and enable a swift response in the event that an outbreak is detected. The supplies are adequate for 700 cases of severe AWD and 4,000 individuals seeking treatment for common illnesses.

- As part of the preparedness activities for the current cholera outbreak, health partners received Cary Blair (321 pieces) and cholera rapid tests (25 kits for 225 tests) across the 10 states. These partners include AAA in Morobo, MSF and HLL in Torit, SMoH in all states, SCUK in Lopa Lofan and ARC in Magwi.

- WHO has mobilised about 15% of the funding required to implement its Emergency Response Plan (ERP) for the current cholera outbreak and 66% of the funds required for the Crisis Response Plan (CRP) up to December 2014. Financial support to meet the shortfall will enhance response activities. The final Peer Review Team for the CHF round two was completes and WHO will receive $2M towards the Crisis Response Plan.

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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
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<td>WHO</td>
<td>14,500,000</td>
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<tr>
<td>Health Cluster</td>
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<td>47,615,973</td>
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