



1. Humanitarian situation

Hundreds of people continue to suffer the effects of the ongoing security. The security situation remains fluid and tense in the border areas of the southern state.

During the week, a cattle raid was reported in Tonj East, Warrap state in which over 78 people were killed, 55 wounded and 17,400 cattle looted with more than 3,000 people displaced and over 40,000 affected.

Sixteen people were injured and evacuated to Bentiu Hospital where they were attended to. The fighting took place in Mayendit County,unity state and an unverified number of persons were displaced. Over 20,000 refugees and a considerable number of the displaced are receiving humanitarian assistance in Unity

According to UNDSS in Jonglei state, the security situation in Jonglei state continued escalating to level 3/4 in week 5. On January 31 2012, South Sudan police service personnel were attacked on their way from Akobo to Likuangole by armed Murle youth elements. Fours police officials were killed and seven(7) others wounded.In Jonglei state alone 141,787 people are affected by inter-communal conflicts and are struggling to access basic social services.

In February 2012, there was reported fighting between the Murle youth and Dinka Bor youth in Baidit payam. One Murle youth was killed while one Dinka Bor youth was shot and is being managed ar Bor state hospital.

In Lakes and Unity states, the security situation remains unstable and unpredictable. During this reporting week, fighting was reported between two communities of Lakes and Unity states, leaving 23 people from Lakes state dead and injuring 32 others.

Highlights



Trauma kits, drugs and vaccines that WHO donated to the SMOH team to support victims of the Tonj East raids, Warrap State

During week 5, WHO;

- Promptly supported Marial Lou hospital with trauma kits, drugs and other surgical materials,
- Coordinated and supported the Medvac of the sixteen injured patients from Mayendit to Leer Hospital
- Together with the other partners participated in an interagency mission in Pibor with the UN Undersecretary general for humanitarian affairs
- Conducted training for Rapid Response Team in the state of Northern Bahr el Gazel State
- Supported the Yambio and Yei hospitals with HAT drugs and data collection tools



2. Public Health Concerns

1. Health facilities in the area reporting conflict remained closed and destroyed, greatly impacting on the provision of basic services for the affected community. This has been compounded by the exodus of the health workers who fled the conflict
2. Reports of poor sanitation in the areas of the displaced, returnees and refugee settlement continue to pose a public health risk for potential outbreaks. AWD, Malaria and RTI remain the major causes of morbidity in these areas
3. The State Ministry of Health, Eastern Equatorial state in collaboration with WHO responded to the suspected measles outbreaks at Ayii Boma, Iwere payam, Magwi county by conducting an investigation. Two blood samples were collected and sent to Juba for confirmation.
4. In Magwi County, 3 suspected meningitis cases were reported from Nimule hospital, these were investigated by the Merlin medical team.
5. Two AFP cases were also reported during this week. One was from Kapoeta East and another from Torit County. Specimen was taken and sent to Juba for laboratory confirmation.

3. Coordination, Emergency preparedness and response

During week 5;

1. WHO promptly supported Marialou Hospital with 1 trauma kit type A and B, assortment of antibiotics, intravenous fluids and dressing materials worth 1.7 tones. The supplies were received by the administration of the Marialou Hospital together with the County Health department of Tonj East County. This was in response to the inter-communal clashes in Tonj East county that led to over displacement of 3000 people. A total of 78 were confirmed dead and 55 injured were treated in Marialou Hospital.



2. The programme also participated in an assessment mission to Fertait in Pibor county, Jonglei state. The assessment was meant to identify health gaps and establish areas where different agencies could support. The assessment team established that the humanitarian population are in dire need of health assistance. As a health cluster lead, WHO committed to ensuring that life saving services will be strengthened in collaboration with the partners on the ground and the County Health department.



WHO staff participants in a partners meeting in Pibor county

3. The WHO team in collaboration with other partners and the county surveillance officer for Pibor county also made a field visit to Pibor Payam to assess the health situation on ground. WHO continued supporting the MoH to conduct outreach services in the areas outside the town where IDPs stay mainly those without health facilities and services. The HMIS data reveals that 44% of all the OPD consultations are due to Malaria and over 2000 consultations were recorded since the beginning of January.

4. WHO has enhanced disease surveillance in the areas of Renk and Maban in Upper Nile state, this is in coordination with the health partners on the ground and the county health departments. This week a total of 660 OPD consultations were seen in Renk of which Respiratory Tract Infections accounted for 28.3%, malaria 15.8% and AWD 8.9%. In Maban county, both Jamam and Dor refugee treatment center reported a



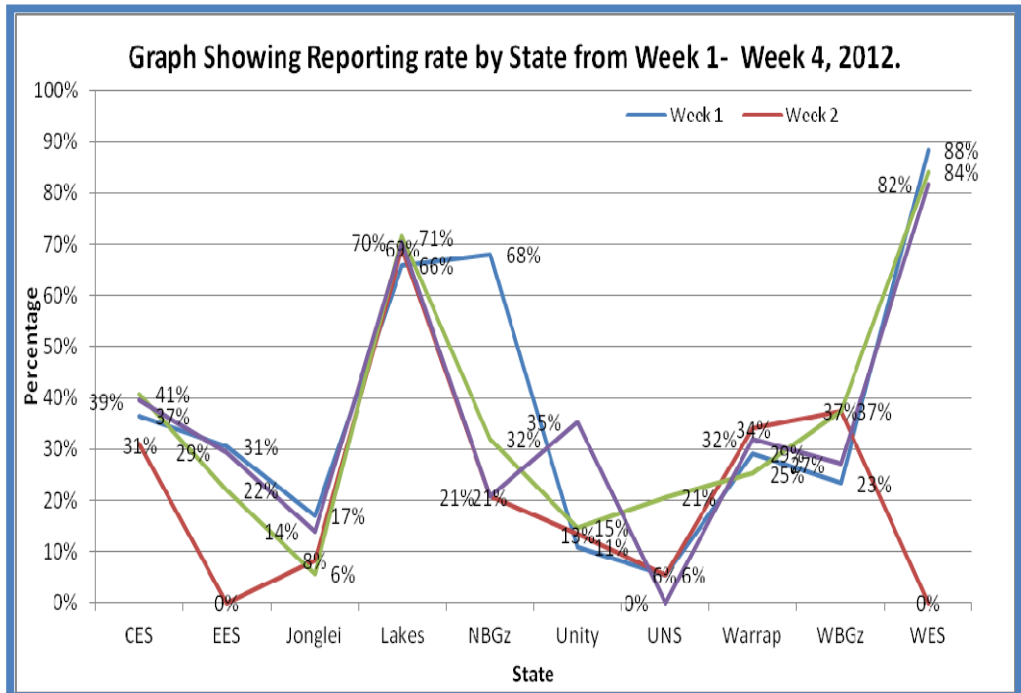
total consultation of 1451 cases, of which AWD accounted for 20%, RTI 14% and malaria 14%. The rising cases of AWD are closely being monitored.

4. Communicable Disease updates

In week four;

1. A total of 24 893 health events including 16 deaths were recorded in week 4.

2. The surveillance weighted aggregate score of health facilities submitting weekly disease increased from 53% in Week 3 to 55% in week 4, States submitting reports on time also increased from 5 (50%) in week 3 to 9/10 (90%) in week 4, counties that submitted reports on time increased from 27 (34%) in week 3 to 57 (71%) in Week 4, and health



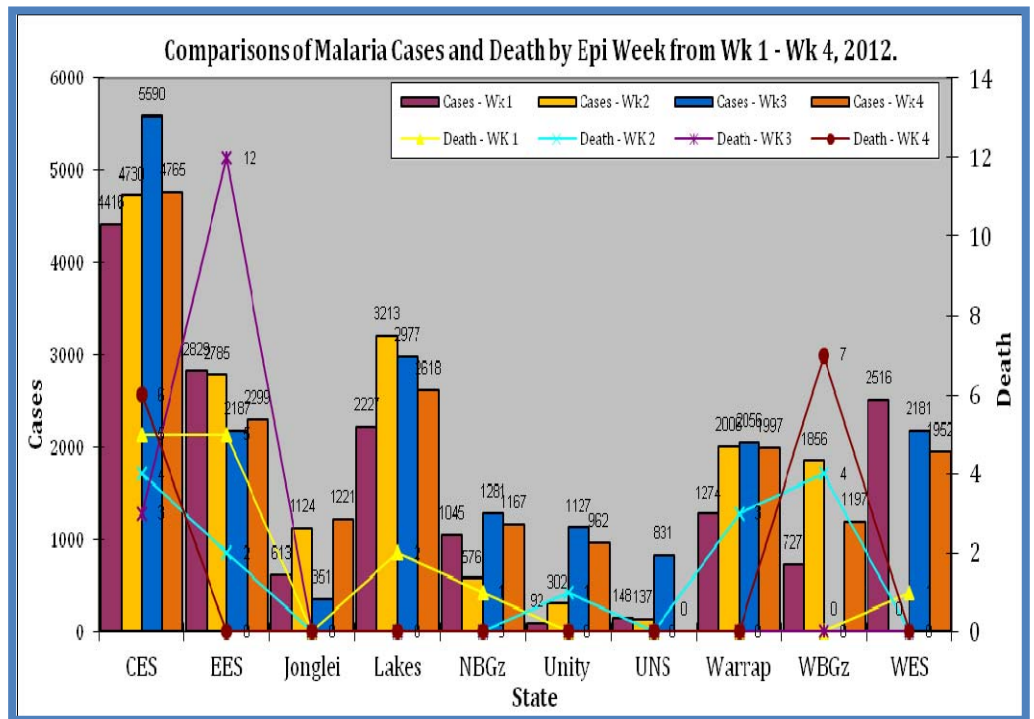
facilities that submitted reports on time has increased from 336 (34%) to 546 (55%) compare to Week 3.

3. Malaria was the major event reported in week 4, followed by acute watery diarrhea and bloody diarrhea. During the week, reported cases of malaria decreased from 18 581 in week 3 to 18 178 in week 4 with mortality slightly decreasing from 15 in week 3 to 13 in week 4.

4. Reported Cases of Acute Watery Diarrhea also increased from 3 529 in previous week to 4 393 in week 4 with no death this week.



5. Reported cases of Dysentery (ABD) increased from 2012 in previous week 3 to 2 273 in week 4 with three deaths from Torit County.
6. Reported cases of measles decreased from 35 in week 3 to 25 suspected cases in week 4 with no death reported. The cases were reported from Juba (14), Morobo (3), Cueibet(3), Awiel East (1), Wau (1), Rubkona (1), Yambio (1) and Terekeka (1).
7. Reported suspected cases of Meningitis also increased from 2 last week to 3 this week with Zero case of death all were recorded from Lainya County.
8. There were zero Case of AFP, AJS, VHF, ILI, NNT, Cholera and Guinea worm were reported in this week across the Country.
9. WHO distributed HAT drugs and Registers to Yei and Yambio hospitals. In total seven sets of registers were given to Yei civil hospital and two CATT reagents and two four CATT accessories given to Yambio and Yei civil hospitals.
10. The state ministry of health in collaboration and with support from WHO responded to suspected measles outbreaks at Ayii Boma, Iwere payam, Magwi county . Two blood samples were collected and sent to juba for confirmation.. In Magwi County 3 suspected cases of meningitis reported from Nimule hospital were investigated by Merlin medical team. In a related incident, Torit county reported 1 suspected case of

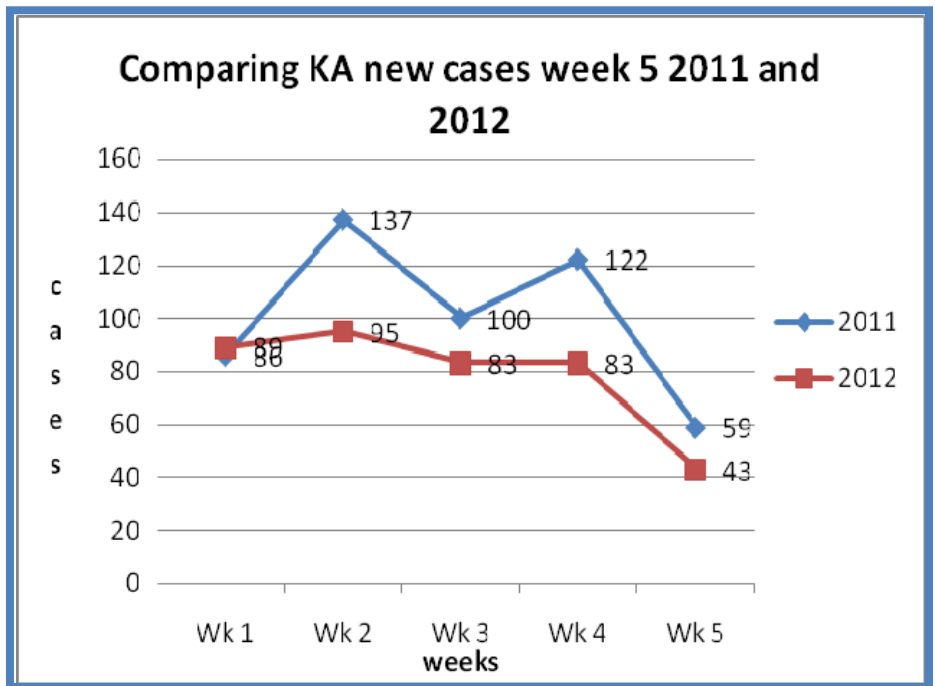




meningitis from Torit state hospital, investigated by the RRT lead by the state diseases surveillance officer and CSF taken and sent to juba for the laboratory confirmation.

- 11. In Northern Bahr el Ghazal state, 4 cases of cutaneous anthrax were detected. As a follow up, WHO in collaboration with the state ministry of health visited health facilities in the affected villages for supervision and on the job training for the staff and conducted awareness held to the community at risk.
- 12. The programme also held a meeting with the MOH, CDC lab personnel from different institution. The meeting was to discuss on how to develop a guideline or manual for Quality Management system in the laboratory and standardization of laboratory registers.

13. There are only two facilities that have reported this week with a total of 43 new cases, 5 Relapse/PKDL and 0 deaths compared to 59 cases reported from the same facility in 2011. There are 40 patients on treatment in the two treatment centers this week. Insecurity in Jonglie, Upper Nile and Unity states continue to compromise surveillance of the disease in the major treatment centers. Following the recent insecurity most host



community and returnees has been forced in the bushes rendering them vulnerable to Kala-azar infection and other disease. There is a general decline in number of cases in all facilities attributed by Low seasonality and insecurity in the endemic areas. The number of new cases this week is less compared to the same period, the same facility in 2011 as shown in the graph below



5. Capacity building activities

During the week, the programme;

1. Conducted routine support supervision to health facilities to strengthen Early Warning Alert and Response Network across all the states especially in areas with low weekly reports and areas with suspected cases. In Warrap state, WHO in collaboration with the SMoH surveillance and EPI team members visited Gogrial East county and parts of Tonj county for support supervision. This was meant to identify challenges facing the IDSR reporting and EPI services which are currently below optimum. The team aimed at contributing to improvement of IDSR reporting and EPI services. As a result on the job training for the health care workers who have not been trained in IDSR but are reporting was conducted.
2. Conducted an EPI coverage survey workshop in Wau. This was attended to by 7 participants from Warrap State in preparation for the survey. Among the participants in attendance were; the state EPI manager, surveillance officers, deputy surveillance officer and other state ministry of health people who are to participate in the survey. One of the aims of the survey is to establish vaccination coverage at state level.
3. WHO conducted training for case management of malaria and diarrhea diseases. The training was conducted in Kapoeta and 22 participants benefited from the sessions. This is part of the WHO's mandate to improve the capacity of the health workers to be able to respond to any potential outbreak. In addition, forty four health workers were also trained in Torit and kapoeta south on case management of malaria and diarrhoea diseases.
4. In Northern Bahr el Ghazal state, 4 cases of cutaneous anthrax were detected. As a follow up, WHO in collaboration with the state ministry of health visited health facilities in the affected villages for supervision and on the job training for the staff and conducted awareness held to the community at risk.



6. Partnership and visibility

1. Together with other agencies, WHO participated in humanitarian actors meeting at the SSRC office in Kwajok. The meeting aimed at discussion agency support towards Tonj East County incident during which 78 people were injured in the clashes. WHO will lead the health cluster in the planned inter agency assessment for 8-10th February that will verify the needs for the population, In addition the organization also



Members of the health cluster coordination team attend a meeting at Lakes SMOH headquarter.

attended an inter-agency meeting in Kwajok aimed at devising strategies to response to the injured and displaced persons in Tonj East. During the meeting, WHO updated partners on the supplies sent to support the response.

2. As part of interstate support, the National Public Health Officer from Warrap state also participated in Rapid Response Team training that took place in Aweil. The emergency preparedness training was to equip county health staff with skills to respond in times of outbreaks. The training that targeted 27 health workers from various counties of Northern Bahr El Ghazal was also attended by participants from the Ministry of Health, UN and NGO agencies. .



3. WHO also in held two separate meetings with UNICEF to discuss provision of essential drugs to IDPs and returnees camps. And 6 month plan for Health education and promotion and training of chiefs for involvement and ownership for health issues at the state level.

7. **Acknowledgments: The progress achieved by WHO/EHA South Sudan was made possible through contributions from the following partners:**



For further information, please contact: Dr. Allan Mpairwe, Emergency Coordinator, Email: mpairwea@nbo.emro.who.int or Ms Pauline Ajello, Communication Officer, Email: ajellop@nbo.emro.who.int