**South Sudan**

*Emergency humanitarian situation report*

**Issue 46**

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**HIGHLIGHTS**

- Activities in preparation for the potential outbreak of Yellow fever are being conducted in Western Bahr el Ghazal State. These follows alert cases of yellow fever in Raja county bordering with Darfur.

- One suspected case of Acute Flaccid Paralysis (AFP) was reported in Maban County Refugee Camp, Upper Nile state. A sample was collected by the WHO technical team and forwarded to the Reference laboratory in Nairobi. In Western Bahr el Ghazal state, two suspected cases of AFP were reported and are currently being followed up.

- WHO and MOH conducted a three day refresher training on the management of trauma and surgical emergencies for health care workers at Juba teaching hospital.

- The organisation also supported transportation of emergency drug supplies to Agok, Twic County.

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**Humanitarian Situation**

- Reports of renewed bombings in Kirr adem river area, Northern Bahr el Ghazal state were reported during this reporting period. Four fatalities and six persons were injured during this incident. People fleeing from the bombing were reported to be moving towards Awiel town.

- Barges carrying 848 returnees arrived Juba port from Renk during this period and were transported to the way station. More than 120,000 people have returned since the beginning of the year and over 12,000 are still stranded in Renk transit points and are in need of humanitarian assistance.

- The continued influx of Sudanese refugees in to South Sudan continues to strain humanitarian workers and operations in the country. Over 180,000 refugees have since crossed to South Sudan. As of this reporting period, an estimated 2,000 refugees were reported to have arrived Unity State from Sudan’s South Kordofan, an indication of a possible surge in arrivals (UNHCR).

- Forty eight counties are currently affected by floods in the country. This has greatly negatively impacted on the delivery costs of humanitarian response. An estimated 270,000 people are reported to be affected by the floods and in need of humanitarian assistance (OCHA 2012).

- The majority of the 110,000 persons from Abyei remain displaced although living conditions for their return to their communities have improved.

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**AFFECTED POPULATION**

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total target for health</td>
<td>2,900,000</td>
</tr>
<tr>
<td>Newly Internally DisplacedPersons</td>
<td>200,000</td>
</tr>
<tr>
<td>Refugees in South Sudan</td>
<td>350,000</td>
</tr>
<tr>
<td>Returnees from Sudan</td>
<td>125,000</td>
</tr>
<tr>
<td>People in need of humanitarian support</td>
<td>4,600,000</td>
</tr>
</tbody>
</table>

Source: UNOCHA 2012, Consolidated Appeal Process planning figures 2013
PUBLIC HEALTH CONCERNS

- Over 12,000 returnees remain stranded in Renk County awaiting onward transport assistance. These people are living in poor water and environmental conditions. They are in need of humanitarian assistance and there is a likelihood for water related disease outbreaks.

- A considerable number of displaced people remain cut off from health care in counties of Upper Nile, Jonglei and Unity states. Renewed threats in these areas have further reduced the populations access to health care; this further raises the possibility of mass casualties in the event of potential clashes in Jonglei and Upper Nile states.

- One alert case of suspected yellow fever was reported in Raja County, Western Bahr el Ghazal state. The state boarders with Dafur from the west, currently having a huge outbreak of yellow fever.

- The poor water and sanitation conditions in the refugee settlement in Maban and Yida continue to pose a major health threat to the community as reflected in the continued numbers of Hepatitis E cases being reported.

- Seasonal flooding continues to pose a public health risk to the population in flood prone areas due to contamination of water. This is likely to escalate cases of acute watery diarrhoea and acute bloody diarrhoea. Access challenges of the affected counties continued to be reported making delivery of health services costly.

- Cases of anthrax continue to be reported in Western Bahr el Ghazal State. Two new case were reported from the county of Jur this reporting period.

Health Situation

Communicable Diseases

- The Hepatitis E outbreaks in the camps of Maban and Yida continued evolving. As of week 46, 1,292 cases (suspected and confirmed HEV) and 31 deaths were reported in Maban, and 42 cumulative cases and 2 deaths were reported in Yida. In Both camps WHO has supported the response by deploying technical personnel to enhance early case detection through active case finding as well as facilitating transportation of samples to the Reference laboratories. The cases in Maban have been declining while those of Yida are on the rise as shown in the figures 1 and 2 below.
In Maban camps, the trend of acute watery diarrhea rose from 378 in week 45 to 841 in week 46. The malaria trends decreased from 1,927 in week 45 to 1,806 in week 46. The trend of acute bloody diarrhea has however remained stable for a period of over 8 weeks as shown in figure 3 below:

One suspected case of Acute Flaccid Paralysis (AFP) was reported in Maban County Upper Nile state in week 45. Following the reports, the surveillance team conducted a detailed case Investigation and stool samples were collected and sent for analysis to CDC laboratory in Nairobi. South Sudan has not reported any case of polio for the past three years. The country is currently undergoing accreditation procedures to be declared Polio free.

A total of 5,092 AWD cases (Incidence rate of 61.6 per 100,000 populations) were reported nationwide during this reporting week with two (2) related deaths (CFR 0.04 %). Children below five years of age accounted for 59% of all reported AWD cases. The two deaths were recorded in Renk and Rubkona counties.

A total of 23,774 suspected malaria cases (incidence rate of 287.8 per 100,000 populations) with seventeen (17) related deaths (CFR 0.1 %) were reported in weeks 46. Of these, 39% of the cases and 35% of deaths were in children below five years of age. The overall incidence rate slightly decreased in week 46 from 30,029 in week 45 to 23,774. Western Bahr El Ghazal State, Western Equatoria state Upper Nile, Unity and Northern Bahr el Ghazal states accounted for the majority of malaria cases reported on week 46. Figure 4 shows comparisons of malaria trends by Epi-week and year (2010-12). The malaria cases recorded in the refugee camps in Maban remains high on week 46 as compared to the previous weeks.

WHO convened and conducted an annual review meeting for Integrated Disease Surveillance and Response (IDSR) implementation. The objective of the meeting was to review the status and performance level of IDSR strategy in South Sudan and explore ways to improve the effectiveness of national surveillance system. The meeting was attended by State Surveillance Officers, Expanded Programme on Immunization teams, Guinea Worm Focal point persons, National Public Health Officers and National and International Focal Points for Polio from the 10 states of South Sudan. The participants developed plans of action for the year 2013 specific to the states.
Reproductive Health

- During this period WHO in collaboration with the Minister of Health- Republic of South Sudan and the Director General for curative medicine in charge of hospitals visited Malakal in Upper Nile state. The objective of the mission was to conduct a health assessment of Upper Nile state and meet the Governor and health officials to discuss the planned set up of a new Comprehensive Emergency Obstetric and Neonatal care project funded by CIDA and implemented by WHO. The project entails the construction of a new maternity wing among others in Malakal hospital. The team met with; the State Minister of Health – Upper Nile state, the Medical personnel of Malakal teaching hospital, health cluster partners implementing health programs in Upper Nile state, and the WHO team in Upper Nile state. During the meetings, it was agreed that the Maternity wing be constructed with in the hospital to enable comprehensive access of all hospital facilities during emergencies.

- The organization also conducted interviews for mid wife trainers. Seven midwife-trainers were selected and will be deployed in Yambio, Wau, Malakal and Bor hospital as part of the second phase of ‘strengthening emergency obstetrics care in hospitals in South Sudan’ Project.

Response

- IOM is providing health services to over 12,000 stranded returnees in Renk county transit site. WHO supported IOM with 10 basic kits of antimalarials and 10 basic unit kits to support the management of common illnesses. The supplies will provide treatment to 10,000 people for the next three months. It is anticipated that the onward transportation and assistance will be completed in the first quarter of 2013. During this reporting period 4,157 patients were treated at the transit site.

- During this reporting period, WHO donated one complete trauma kit, anaesthetic Kit, Surgical Kit, and emergency drugs to Upper Nile State. The donation is intended to fill gaps at Malakal teaching Hospital and further enhance the preparedness level for the upcoming dry season for potential mass casualties. The dry season often times records high numbers of conflict related incidents and mass casualties as different tribal and ethnic groups competed for grazing land.
As part of WHO’s mandate of enabling emergency preparedness for mass causality management, the agency in collaboration with the MOH conducted a three day refresher training on management of trauma and surgical emergencies for health care workers at Juba teaching hospital. The training that was attended to by 25 health workers (10 doctors and 25 nurses) aimed at improving the care of victims of trauma especially mass trauma by equipping health workers with essential life saving skills. This was based on WHO’s Integrated management of emergency and essential surgical skills (IMEESC) modules. Juba teaching hospital is very critical in receiving referred patients from hot spots and conflict zones. In response to the over 110,000 displaced people form Abyei, WHO supported the SMOH of Warrap to transport 20 metric tons of drugs that were donated by the central Ministry of Health to health facilities supporting Twic and Agok areas. The drugs were stranded in Juba for over four months thus negatively impacting on the health of the displaced persons. The majority of the displaced people in Agok area lack health services with the interim administration of Agok area struggling with limited resources to provide minimum basic health packages.

In Wau, Jur County, two new cases of suspected anthrax were verified and investigated. They were confirmed as coetaneous lesions and are currently undergoing treatment. The cumulative number of cases since the start of the outbreak has reached 158. WHO in collaboration with other partners in Wau have intensified community and health facility supervision and sensitization to contain the spread of the outbreak.

WHO in collaboration with the state ministry of health, Upper Nile state and the County Health Department in Maban conducted a rapid health assessment in Yida refugee camp following an upsurge of Hepatitis E cases. The three days assessment centered on available emergency response capacity at the local level to adequately contain the spread of the disease and interventions being employed. Poor hygiene signified by open defecation and inadequate supply of clean water were noted as the major predisposing factors of the disease.

The organization also participated in an interagency assessment in Kuda Payam, Central Equatoria State to assess the area identified as a potential site for over 2000 returnees stranded at the transit point. During the assessment, health services support was identified as one of the immediate assistance returnees need. There are no health facilities in the vicinity of this site. In response to the findings, WHO convened a meeting with the state emergency teams and the directorate of preventive medicine at the state level to discuss how best the gap could be filled. It was agreed that WHO will support with deployment of three health workers and periodically support a mobile team to provide health services to the returnees until they all leave for their final destination. WHO also donated to the state ministry of health, three basic unit kits, outbreak investigation materials and provided emergency fund for support supervision.
Coordination

- WHO participated in the Senior Management group meeting of the UN chaired by the Special Representative of the Secretary General (SRSG) in South Sudan and co-chaired by the Head of WHO South Sudan office, then Resident Coordinator/Humanitarian Coordinator a.i, who updated the team on the Consolidated Appeal Process (CAP). This can now be accessed on [www.southsudancap.info](http://www.southsudancap.info). South Sudan’s overall requirement for CAP 2013 is 1.16 billion US dollars. In addition he updated the senior management team on the returnees from Sudan, the visit of the High Commissioner for refugees to the refugee camp in Yida, Unity state. WHO shared with the team the outbreak of Yellow Fever in Darfur and mitigating actions undertaken by MoH, WHO and other health partners in South Sudan.

- The organization also participated in the Humanitarian Country Team meeting (HCT) that is held bi-weekly and attended by UN agencies, NGOs, and Donors, and was chaired Dr Abdi as Resident Coordinator /Humanitarian Coordinator a.i. The CAP 2013 was presented by OCHA and discussed at length, returnees from Sudan was also discussed. The core pipeline issue was also brought to the attention of the HCT, and the urgent need for timely funding in order to ensure early procurement of supplies for the next round of prepositioning in March 2013 before the onset of the rainy season. Logistical capacity availability before roads start to open, particularly with the ongoing refugee response in Unity and Upper Nile where road transportation is not an option before December was shared. The team agreed on the need to preposition supplies in the states for the upcoming dry season due to expected tribal clashes caused mainly due to cattle raids.

- WHO supported the Central MOH to convene an emergency meeting to discuss preparedness plans and strategy for yellow fever. This follows an increase in the yellow fever outbreak in West Darfur. At the national level, a crisis task force has been re-activated and an emergency draft response plan developed. This has been shared with the target states (Northern Bahr el Ghazal, Western Bahr el Ghazal and Warrap) to enable them initiate similar preparatory activities specific to the states in response to any potential outbreak.

- In Western Bahr el Ghazal, an emergency preparedness meeting was held with partners to discuss response to the suspected case of yellow fever in Raja. As a response strategy, assorted infection control materials and 30 pieces of Personal Protective Equipment were donated to the State Ministry of Health emergency team. UNIMSS committed to airlifting the response team to the areas in Raja, while Health Net in collaboration with WHO surveillance teams will assist in surveillance and case finding at community levels.

- In response to the Kalazar upsurge in Pagil Payam, Ayod county, a meeting was held with partners namely; COSV, MSF-H and Ministry of Health to discuss the current health status and concern following continued reports of upsurge in cases. Following an assessment in Pagil, it was established that a total of 58 cases were recorded and treated at the facility with 34 cases currently admitted at the health facility in Pagil. The biggest
challenge remained low levels of diagnostic kits for the patients and cold chain capacity at the primary health care unit. Human resource and trained health workers also remained a challenge, WHO is committed to providing drugs and test kits and further support deployment of at least two health workers in the Pagil for a period of one month to support case management and surveillance in the Payam.

- During this period, WHO participated in a meeting convened by the Director of Reproductive Health. Options for the development of an Integrated Maternal, Newborn and Child Health national strategy as part of the preparations for the afore mentioned preparatory meeting were shared and agreed on. WHO will support the development of the draft framework of this strategy.

Planned Activities

- Conduct training on Expanded Integrated Management of Childhood Illnesses in Lakes, Upper Nile, Unity and Western Equatoria States.

- Conduct training on the basic principles of emergency surgical care in Lakes and Upper Nile and Unity states targeting health workers in state hospitals.

- Conduct evaluation of disease surveillance on implementation of Integrated Disease Surveillance and Response/Early Warning and Response in South Sudan.

- Conduct a verification exercise on suspected yellow fever case in Timsaha, Bormedina and Firiqa.

- Support the Central Ministry of Health convene a health cluster coordination meeting.

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