HIGHLIGHTS

In this reporting period, WHO;

- Supported the National Immunization Days campaigns in all the 10 states targeting 3.3 million children under five years of age.
- Supported the evacuation of patients from Duk county in Jonglei state to Bor State Hospital for surgery following fighting in the area that left many injured and unknown numbers dead.
- Provided financial support to support the measles outbreak response in Ayod.
- Continued enhancing disease surveillance in the border states following the declaration of yellow fever outbreak in the neighbouring country of Sudan.
- Supported the State Ministries of Health to conduct support supervision visits and on job training for health workers at health facilities in various states.
- Delivered Kalazar drugs to Malakal coordination hub at Malakal Teaching Hospital to support case management in Upper Nile state.

Humanitarian Situation

- In Jonglei state, insecurity and sporadic cattle raiding continued happening in some counties. In this period, fighting and inter-tribal clashes were reported in Pajut of Duk county. Many people were injured during these clashes leaving a considerable number injured. WHO with support from the Central Emergency Response Fund (CERF) funded helicopter managed to evacuate three patients who sustained gunshot wounds from Duk Payel to Bor State Hospital for better surgical treatment.

- An estimated 2000 people are still camped in empty schools and former government buildings in Abyei Town managed by the community as “transitional centers”. Although partners on ground have provided some non-food and food assistance to the population to maintain stability, those in the Northern parts of Abyei Area continue facing lack of health services. WHO commenced discussions with a local NGO to establish provision of health services in the area. On the other hand, in Warrap state, a total 222 returnees arrived to Warrap State from Sudan and were transported to their final destinations in Kuajok town, Gogrial town, Alek, Turalei, Wunrok and Aneet.

- As floods continue to subside in most parts of the country, some areas continued experiencing flooding. In Bor town Jonglei state, flooding continued ravaging the area caused by bursting of the Nile river banks. Some villages were submerged, displacing a considerable number of people from their homes. In Gogrial east, flooding occurred resulting from the bursting of Jur river banks. Low lying toch (swampy) areas are worst affected including, Toch North and East payams. An estimated 15,844 people were affected in Gogrial East and over 45 villages are feared to be affected in Toch East with a similar number in Toch North.
In Mangalla Payam, Juba County, Central Equatoria state, flooding was also reported. A Multi-sectoral Water, Hygiene and Sanitation /Non Food Items assessment was conducted by Medair to establish the levels of Water, Sanitation and Hygiene and Non Food Items/Shelter needs of the flood-affected populations residing on the islands. A total of 6702 individuals were found to be affected by flooding. At the flood centers, many of those seeking medical services were reported to be suffering from Malaria, Pneumonia, and malnutrition. As a response, the State Ministry of Health with support from partners agreed to introduce a mobile clinic for one week to treat those in need of health services.

Public Health Concerns

Access remains a challenge and as such affecting delivery of health services in most remote areas especially in Jonglei, Warrap and Malakal Upper Nile state. In this period, over 9000 persons affected by the conflict in Kongor remained with limited or no access to health services. This poses a threat to public health as preventable diseases and death are likely to occur.

With flooding still being experienced in some parts of the country, communicable diseases like acute watery diarrhoea, acute bloody diarrhoea remain a threat to public health in South Sudan. In this reporting period, flooding was reported in Bor town Jonglei state, Gogrial East, Warrap State and in Mangalla Payam, Juba county Central Equatoria state. Threats of water borne and vector borne diseases like malaria were reported in the above mentioned areas. However health authorities together with partners continued putting together response efforts to minimize any likely occurrence of water borne and vector diseases outbreaks.

The increasing number of Kalazar cases in Malakal Teaching Hospital poses a threat to public health interventions to curtail the disease. Since August 2013, the numbers of new cases of kalazar in Malakal Teaching Hospital more than doubled in October 2013. The cases increased from 15 in August 2013 to 93 as of October 2013. The largest county contributing to the new cases is Malakal county followed by Pigi, Baliet, Fashioda and Panyikang in a descending order. Existing drug stocks in Malakal Teaching Hospital are sufficient to cover a period of one to two months. MSF is currently supporting the Hospital for a period of four months starting November 2013 with personnel, drugs and diagnostics. Assessments were conducted in Atar by Medair and in Khofulous by MSF to diagnose new cases and establish the reasons for the rising numbers of Kalazar. Other NGOs in Upper Nile State with a potential of supporting kalazar include Cordaid and IMA.

Health Situation

The data in this section of the report focuses on week 46. In this reporting period, a total of 36,636 health event and seventeen (17) deaths were reported from 51% of the functional health facilities. Malaria accounted for 79% of the reported health events followed by acute watery diarrhoea. Completeness and timelines of reporting in this period was at 51% and 22% (compared to 58% and 30% in week 45) respectively. Lakes States attained complete reporting, followed by Upper Nile state with 97% and Warrap state with 70%. Western Equatoria and Eastern Equatoria States, did not submit any weekly reports in this period.
Acute Watery Diarrhea (AWD)

- A total of 6323 acute watery diarrhea cases (Incidence rate of 76.55 per 100,000 populations) were reported across the country during this reporting period, four (04) related deaths (CFR 0.06 %). Children below five years of age accounted for 54% of all the reported acute watery diarrhoea cases. Figure 2 shows comparison of AWD cases and deaths from the ten states in Week 46. Upper Nile state reported the highest number of cases followed by Warrap, while Eastern Equatoria and Western Equatoria States reported no cases because the states submitted no reports.

Measles

- Sixty six (66) suspected cases of measles (incidence rate of 0.80 per 100,000 populations) with no related death were reported across the country. The overall incidence rate reduced in week 46 as compared to week 45 from 1.07 to 0.80 per 100,000 populations. The suspected measles cases were reported from: Lakes (57), two from Bahr el Ghazal state, one from Central Equatoria state, five from Unity state and one from Jonglei state.

Maternal and Child Health

- Support towards Comprehensive Maternal and Neonatal Care services continued in all the four states of Jonglei (Bor), Western Bahr el Ghazal (Wau), Western Equatoria (Yambio) and Upper Nile state (Malakal). In this period, the WHO team guided five Traditional Birth Attendants on the management of the third stage of labour and uterotonic and examination of the placenta. And with support from IMA, 18 health workers including nurses, community midwives, and medical officers were trained on prevention and management of post partum haemorrhage (PPH), safe and clean normal delivery, management of shock and neonatal resuscitation. Those trained were taken through the importance of maternal and neonatal death audit, documentation, hygiene, health education in the ward and the importance of a duty roster all of which contribute to improving maternal services and health of the mother.

- Mentorship and trainings also continued in all the four hospitals this reporting period. These were conducted in the labor rooms and during ward rounds. In Yambio for instance a training session and mentorship on vacuum extraction for health workers in the maternity ward was done in collaboration with MSF.
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Spain midwife. In addition, to streamline and guide health workers in the maternity wards or those handling pregnant mothers, WHO conducted support supervision visit to Bangasu primary health care centre and distributed in total 12 WHO protocols on Antenatal Care, management of Ante partum Hemorrhage, Post Partum Hemorrhage and Abortion. These have been displayed on the appropriate walls for quick references.

- To support fill the critical gap and improve hygiene at the existing maternity ward in Malakal Teaching Hospital, WHO supported the hospital fix a water tap to ensure water flow in to the delivery room of ward. Prior to the fixing of the tap, cleaners would ferry water from outside, which would somewhat compromise hygiene in the delivery room. With the fitting of the tap, the level of hygiene and infection control in the labour room has been enhanced. Hygiene and infection control in the delivery room is a recommended key component in the prevention of puerperal and neonatal sepsis.

### Expanded Programme on Immunization/Polio Eradication Initiative

- The third round of the National Immunization Days ended on the 22 November, 2013. The campaign targeted 3.3 million children in all the 10 states of South Sudan aged 0-59 years old. This was successful in all the 10 states, data compilation for the number of children vaccinated is being compiled and will be shared in the coming weeks. As of this reporting period, partial data obtained from Warrap state indicated that 100,240 out of the 531,074 children under 5 years were vaccinated as of end of day 4 of the campaign. During the campaigns, WHO joined the State Ministries of Health, UNICEF and UNFPA to conduct support supervision of the teams to ensure a successful campaign and meetings with the County supervisors, Field Assistants and team supervisors were held on a daily basis to identify challenges facing the campaign for immediate corrective actions, this enhanced the vaccination exercise.

### Response

- In Ayod, Jonglei State, measles outbreak response which was suspended due to floods kicked off on 22 November, 2013. WHO supported with the re-prepositioning of vaccines and other logistics supplies. And provided $13,000 to support the operations of the campaign. The campaign targets 5,518 children aged 6 – 59 months. The number of children vaccinated in this exercise will be shared in the next bulletin.

- In response to the health needs of people still displaced and in transitional centers in the Abyei Area, WHO donated an assortment of medical supplies to the State Ministry of Health. Among them; laboratory reagents, rapid malaria diagnostic kits, antimalarials to support the management of malaria cases of an estimated 20,000 adults and 3,000 children and antibiotics, and basic Interagency Emergency Health Kits to support the population for at least a period of 6 months.

- Given the improved accessibility of some parts of states earlier cut off due to flooding, and as floods subside in most parts of the country, WHO together with the State Ministries of Health resumed support supervision visits and mentorship to the poor performing health facilities. This is aimed at encouraging improvements in states with poor reporting performance. In the Abyei Area, the supervision team found a need for improvement in the quality and type of services provided in most health facilities. As a response, WHO together with the Ministry of Health and other health partners plan to conduct on job trainings for the health facility staff, and intensify support supervision visits to improve the capacity of staff.
To respond to the displaced population and community resident in Pibor county, Jonglei State, WHO supported the County Health department with incentives for health workers providing services in Pibor country. With financial and logistic support from the organization, basic primary health care services continue to be strengthened in the area. During this reporting period, a total of 317 persons were managed at the health facility and 41 mothers were reported to seek antenatal services at the clinic. In Labrap, WHO continued working closely with Medair (INGO) by providing some medical supplies to boost service delivery.

To response to the increasing number of Kalazar cases in Upper Nile state, WHO conducted an assessment missions to Malakal, Upper Nile State and Bentiu in Unity state to; assess the situation of the increasing number of kala azar reported cases in Malakal Teaching Hospital, identify areas/counties with higher number of cases, assess the kala azar drug stocks and to identify NGOs working in Upper Nile State in the area of kala azar. During the visits, WHO supported the hospital teams to diagnose cases who were later started on treatment. The team also established that in the last two month, 45 cases of kala Azar cases from Northern Jonglei were admitted in Malakal Hospital, Kal Azar test kits were also given to Medair to enable them conduct testing during their assessment mission to Atar. WHO has also supported Medair (INGO) with test kits and drugs to support the team that conducted an assessment of the disease in Pigi and Fungak counties of Jonglei. Since August 2013, the number of Kalazar cases was reportedly increased with figures shooting even higher in October.

To respond to the internally displaced persons in Maker anei and Jar akol, Northern Bahr el Ghazal State, WHO supported International Rescue Committee with Interagency Emergency Health Kits and antimalarials to support outreach services. IRC used the donated supplies in Warlang mobile clinic to support treatment of the Internally Displaced Persons. Maker anei and Jar akol currently hosts 20 000 IDPs.

WHO supported Medair to initiate and provide health services in Kongor Payam where over 9 000 people have been reported as affected by the conflict, Immunization services, and treatment of common illnesses were provided to the population.

Capacity Building

To strengthen Integrated Disease Surveillance and Response in all the states, WHO conducted support supervision and on job trainings for health facility staff. In Unity State, the organization visited and conducted trainings of health workers in Guit, Kadel,Pareng and Kurach primary health care centers. Monitoring and supervision is a support function of disease surveillance. While in Magwi county, Eastern Equatoria State, a total of 30 community volunteers were trained on simplified case definitions of selected priority of south Sudan.
In addition, WHO supported the distribution of reference adapted guidelines for integrated disease surveillance and Response (IDS) and national guidelines outbreak generic forms and line-list with health partners operating in Makal county. This is aimed at unifying and standardizing weekly reporting tools introduced by the Ministry of Health, Republic of South Sudan.

Coordination and partnership

- In this period, WHO chaired task force meeting was attended to by health implementing agencies and government counterparts, the forum highlighted majors health emergencies and the response to current existing humanitarian situation. Best practices and challenges faced during the response to ongoing Nasir flood were discussed.

- In the Abyei Area, GOAL re-established regular health services to the health facility in Abyei town that operates five days a week. In addition, the organization started supporting health service provision in three other health facilities namely; Rumameer, Mijak, and Marial Achak.

- WHO participated in health assessment in Mayandit county, Unity state following flooding in the area. During the assessment, the team found no serious health concerns resulting from the floods with the exception of increased snake bites. The county has 12 health facilities run by UNIDO namely; Mayandit Primary Health Care Centre (PHCC), Maal, Madoul, Paboung Primary Health Care Units (PHCU), Manyandit Rubkuai PHCC, Kour, Thakier, Jaguar, Lwoum and Leah PHCUs.

Plans

- Conduct training on trauma management, triage and first aid for the weapon wounded
- Preparations for the 4th round National Immunization Days scheduled for December 2013.
- Continue with acute flaccid paralysis/measles/Integrated Disease Surveillance and Response active search, with support supervision, and on-job training
- Complete pending detailed case investigations and 60 days follow up.
- Conduct Training of Trainers training for measles campaign in Mayom county
- Conduct mass measles campaign in Mayom county on

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