### South Sudan Emergency Response

**Situation report # 14**  
6 March – 12 Mar 2014

#### IN NEED OF ASSISTANCE
- 4.3M

#### INJURED
- 5,986

#### DISPLACED
- 705,800

#### REFUGEES
- 202,500

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**WHO**  
STAFF IN THE COUNTRY 159  
SURGE 21

**Funding**  
21% FUNDED  
US$10,950,000 REQUESTED

### HEALTH SECTOR

**Beneficiaries**  
559,234 PEOPLE COVERED

**Health facilities**  
33 DAMAGED  
990 FUNCTIONING

**Consultations**  
141,304 CONSULTATIONS  
894 ASSISTED DELIVERIES  
5,986 SURGERIES (OF GUNSHOT WOUNDS)

**EWARN**  
34 SENTINEL SITES

**Vaccination**  
CHILDREN VACCINATED AGAINST
- 149,807 MEASLES
- 125,877 POLIO
- 73,852 OCV, ROUND 1

**Funding**  
23% FUNDED  
US$61,324,020 REQUESTED

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**Highlights**
- The general security situation remains calm countrywide but volatile.
- The ERT partners led by the WHO Head of Office paid a courtesy visit on the Honourable Minister of Health for Government of South Sudan and the Under-Secretary of the Ministry. Highlights of the meeting included a note of appreciation for WHO’s support from the Honourable Minister.
- WHO in collaboration with other health cluster partners continue to provide the required technical, logistical and other emergency support to the affected populations.
- 25% (479,723) of total targeted population reached.

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**Situation update**
- There is an upsurge of Internally Displaced Persons (IDPs) from Guit, Leer, and Koch into the IDP camp in Bentiu.
- A total of 7,342 people had been vaccinated by day four of the Oral Cholera Vaccine (OCV) campaign at UN House/Juba-III IDP camp. The second round of the campaign in Thongpiny IDP camp will be conducted from 18 - 22 March 2014.
- The OCV has opened up the possibility of preventing cholera outbreaks among vulnerable populations like displaced persons where other control measures are not sufficient or cannot be delivered effectively. The OCV offers immediate short term protection while
other water, sanitation and health promotion interventions are put in place.

- In Bentiu 2,916 children under five were vaccinated against polio while 2,791 children 6 months to 15 years received measles vaccine from 4 - 9 March 2014.

**Public health concerns**

Although a reduction in morbidity due to diarrhoeal diseases and malaria has been recorded during this epidemiological week in the camps, the trends are likely to change with the onset of the rains.

- Measles remains a major public health concern in the locations that are reporting Internally Displaced Persons (IDPs)
- With the onset of the rains, the water and sanitation situation in the camps has deteriorated with shelter being damaged, latrines submerged and surface floods reported in a considerable proportion of the camps. The potential for outbreaks of water borne diseases is high.

**Health needs and gaps**

The capacity of the country’s human resources for health is grossly challenged as a result of movement of health professionals, in part, due to the insecurity in the country. The country already faced a critical shortage of essential health professionals at all levels including physicians (1 per 65,574 population) and midwives (1 per 39,088 population) rates prior to the current crisis.

In addition, as a result of the conflict it is estimated that 33 health facilities have either been completely damaged, looted or are non-functional. The WHO warehouse in Malakal for instance was completely destroyed during the fighting there. In addition, two vehicles and a boat owned by the Organization were looted during the clashes.

The current drug stock outs in the Government supported facilities remain a challenge, and have had a negative impact on the current operations, putting pressure on humanitarian actors. The first consignment of PHC drug kits for facilities is expected after the first quarter of 2014; in the meantime, partners need to urgently fill gaps in supply of medicines and other essential supplies.

**WHO action**

- **Coordination:** WHO continues to provide leadership in the health response to the crisis by coordinating the health cluster with the Ministry of Health. WHO has mobilised dedicated staff to enhance public health, cluster information and communication. WHO continues to maintain public health officers, epidemiologists and sub-national health cluster coordinators in Awerial, Malakal (Upper Nile state), Bor (Jonglei state) and Bentiu (Unity state) which are the current conflict affected areas. In addition, WHO has a field presence in Torit (Eastern Equatorial state), Yambio (Western Equatorial state), Kuajok (Warrap state), Aweil (Northern Bahr el Gazel state), Wau (Western Bahr el Gazel state) and Rumbek (Lakes state). WHO supports health cluster coordination at national level where the key gaps in the humanitarian response are discussed and filled by partners WHO.

- **Technical Support:** During this week, WHO conducted supportive supervision in the four areas with displaced persons. In Thongpiny, health facilities supported by MSF and
International Medical Corps (IMC) were visited, discussions held with the health managers in the key areas of data management and transmission. Gaps regarding filling in line lists were deliberated and the modalities of improving specimen collection and management were underscored. A new monitoring tool has been developed to ensure accurate recording of all specimens received from the partners where all patient details and variables are recorded.

The Bentiu field team conducted supervisory visit to the Bentiu hospital and reported that the hospital was functioning well and currently has 4 doctors, 5 clinical officers and 16 TBAs. However, proper capturing of EPI and outpatient data is not being done. The hospital started providing Antenatal Care (ANC) on 3rd March 2014 with a total of 61 ANC visits recorded since then. Shortage of ANC cards and medicines is the main gap. The team also supported social mobilization activities for the integrated Measles and Polio immunization campaign.

In Awerial, the WHO team continued to monitor the OCV campaign in the remaining vaccination sites and met with UNICEF, MSF and IMC to discuss and agree on a health care package for the 10 Islands which are currently occupied by IDPs.

In Bor, the WHO team visited the UNMISS clinic (run by a Korean Battalion) to discuss the modality for obtaining regular morbidity and mortality data from the clinic. The teams also attended several meetings, the key highlights of which include poor management of Sexual and Gender based Violence (GBV) cases and weak nutritional service delivery capacity in the camps. Malaria and diarrhoea remained the leading cause of illness in the camps.

- **Surge**: A total of 21 surge staff have arrived in the country including epidemiologists, data management officers, information and communication analysts, logisticians, human resource officers, security officers, a grant manager and other emergency response teams. In addition, the country office staff and the WHO/CDC Stop teams form part of the WHO response team. The Country Office continues to work with WHO Regional Office and HQ to identify and recruit additional required surge for the ERT. The ERT further reviewed the surge deployment plan to identify the critical positions that should be filled in the coming two weeks. In this regard, a meeting was held with the Public Health Expert from the ECHO Regional Office for Central, Eastern and Southern Africa based in Nairobi. The WHO surge deployment plan and ongoing health cluster and WCO response activities were presented to the expert with a view to addressing gaps.

- **Vaccination**: Between 15 December 2013 when the crisis erupted and 10 March 2014, WHO worked with cluster partners to support the vaccination of 142,603 and 121,401 children against measles and polio respectively. Health education is however a course for concern among the IDPs. A meeting was held between WHO and Medair to discuss the lessons learnt from the first round of the Cholera Vaccination campaign. This was to agree on the roadmap with the implementing partners to ensure that the second round is well conducted and better improved.

- **Surveillance**: A general decline has been noted in morbidity due to diarrhoea and measles in most IDP camps. The trends for malaria and diarrhoeal diseases are likely to change with the onset of the rains, see figure 1 below.
- 2 cases of suspected meningitis were reported in Juba III during week 10. Improved specimen collection and transportation will enhance confirmation of meningitis.

- The country currently has a stocks of approximately 90,000 doses of trivalent (A, C & W135) meningitis vaccine as part of the emergency preparedness and response plan.

Figure 1 Trend of priority diseases in IDP camps

Logistics: WHO has prepositioned Emergency kits and medical supplies in Lakes, Warrap (Kuajok), Northern Bahr el Ghazel (Awiel), Jonglei (Bor), Uppernile (Malakal) and Unity (Bentiu). The supplies prepositioned are adequate for a population of 500 minor operations and 100 major operations and 6,000 doses of co-artem, 600,000 tablets of quinine, 720 malaria Rapid Diagnostic Tests (RDT) which can support at least 1000 malaria consultations to the Juba Teaching Hospital (JTH) to strengthen health services delivery.

In Unity, WHO provided one Basic Unit Kit and On ORS module to the State Hospital to support the management of patients in the OPD. The supplies are adequate for 1000 persons for three months.
Resource mobilization

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<th></th>
<th>Required funds</th>
<th>Funded</th>
<th>% funded</th>
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<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>2,300,000</td>
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<tr>
<td>Health Cluster</td>
<td>61,324,020</td>
<td>8,754,000</td>
<td>14%</td>
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