## South Sudan Emergency Response

**Situation report # 15**

13 – 19 Mar 2014

### Highlights

- The security situation remains relatively calm nationwide but unstable. Clashes were reported in Jonglei, Unity and Upper Nile states.
- There is still a huge funding gap to deliver emergency services to an estimated 4.2 Million people in need of assistance.
- 29.3% of the targeted population of 1.9m have been reached by the health cluster partners since the start of the crisis in December 2013.
- The Inter-Agency Standing Committee (IASC) Emergency Directors arrived in the country today 19 March 2014 to assess the humanitarian emergency response and remaining needs.
- WHO Country Office Emergency Response Team (ERT) conducted supervisory visit to WHO field offices in Bor and Minkaman to assess progress and challenges in the field offices and to strengthen response.

### Situation update

- Clashes were reported between the opposing forces in Jonglei, Unity and Upper Nile states during the reporting period leading to the displacement of more people in the affected communities. The insecurity is a concern for the health cluster and other partners that are providing humanitarian support.
- One suspected case of Acute Flaccid Paralysis (AFP) was detected among IDPs in Minkaman (Awerial County) on 15 March 2014. The first and second stool...

### IN NEED OF ASSISTANCE

- 4.2M

### INJURED

- 5,993

### DISPLACED

- 705,800

### REFUGEES

- 202,500

### WHO

- Staff in the country: 159
- Surge: 21

### Funding

- 29% Funded
- US$10,950,000 Requested

### HEALTH SECTOR

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>577,426 People Covered</th>
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<tbody>
<tr>
<td>Health facilities</td>
<td>33 Damaged</td>
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<tr>
<td>Consultations</td>
<td>141,304 Consultations</td>
</tr>
<tr>
<td>990 Functioning</td>
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<tr>
<td>894 Assisted Deliveries</td>
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<tr>
<td>5,986 Surgeries (of gunshot wounds)</td>
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<tr>
<td>EWARN</td>
<td>34 Sentinel sites</td>
</tr>
<tr>
<td>Vaccination</td>
<td>149,807 Children vaccinated against measles</td>
</tr>
<tr>
<td>125,877 People</td>
<td></td>
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<tr>
<td>10,330 OCV, Round 2</td>
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### Reporting Period 06 – 12 March 2014

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**WHO Emergency Response Team meeting with health cluster partners in Minkaman. Photo: WHO/P. Ajello**
specimens were collected on 15 and 16 March 2014 respectively and sent for laboratory analysis in Nairobi.

- The Inter-Agency Standing Committee (IASC) Emergency Directors arrived in the country on 19 March 2014 to assess the emergency response and humanitarian gaps with the aim to advocate for more support for the response.

- With the onset of the rains, IDPs in flood prone areas such as Thongpiny camp, Juba will be at increased risk of diarrhoeal diseases, malaria and other epidemic prone diseases. In addition, 3000 IDPs in flood-prone areas in Thongpiny IDP camp are being relocated to Juba III. So far 350 have been moved.

**Public health concerns**

The insecurity in some parts of the country continues to limits access to communities in need of health and other essential services. The destruction and looting of health facilities in conflict affected areas further hampers delivery of health services to communities.

Measles remains a major public health concern in the locations that are reporting Internally Displaced Persons (IDPs)

- With the onset of the rains, incidence of water-borne diseases is expected to increase and access to some parts of the country will be difficult due to poor road networks

- Lack of shelter in Awerial, Minkaman remains a challenge and remains a risk factor for malaria and upper respiratory infections

**Health needs and gaps**

There is still a huge funding gap to facilitate the emergency response. To date 560,407 (30%) of the targeted population have been reached with health services. During the review period only 29% of US$10.9M funding required by WHO has been received while only 14.3% of US$61.32M required by the Health Cluster has been funded. The health cluster is urgently in need of additional funding to scale up the response to cover the entire population in need of assistance.

The Ministry of Health is under resourced to deliver effective health care services. There is also a critical shortage of skilled health staff in health facilities which call for support for strengthen the capacity of the country’s health sector.

**WHO action**

**Technical Support:**

WHO continues to provide technical guidance to the Ministry of Health and emergency response partners in the crisis. An international mental health expert has been deployed to the country to support the planning, coordination, implementation and monitoring of mental health and psychosocial care emergency response activities.

Members of the WHO Emergency Response Team visited Bor and Minkaman to conduct supervision of the field emergency response activities. Highlights of the visit include assessment of the Bor Hospital and the Primary Health Care Unit in the Protection of Civilian (PoC) areas, technical discussions with the WHO field team on the ongoing emergency response and meeting with health cluster partners.

**Vaccination:** The technical expertise group continued to monitor the first round of the OCV campaign that was concluded in Juba UN 3 IDP and a total of 7,432 persons were vaccinated during the exercise. The second dose of the OCV campaign commenced in
Minkaman on 17 March and in Thongpiny on 18 March 2014.

WHO facilitated the arrival of the vaccination and distribution to the various parts of the country and provided support to local partners with the implementation of vaccine in the Juba III Thongpiny IDP camps. WHO teams continue to provide support in the monitoring and evaluation of the exercise to ensure that the implementation of the whole exercise meets the required minimum standards. The OCV immunization consists of two doses given orally over two weeks from the first dose. In South Sudan the target group is all displaced persons above one year. The vaccination offers short term protection for vulnerable populations while other preventive and control measures are put in place.

WHO is supporting micro planning activities in preparation for the integrated measles and Polio campaign in close collaboration with the Ministry of Health and implementing partners for April 2014 EPI campaigns.

**Surveillance:** As at 18 March 2014 a cumulative total of 67 cases of acute bloody diarrhoea, 1,043 malaria, 53 suspected measles and 975 acute watery diarrhoea have so far been reported for epidemiological week 10 (see fig below)

An upward trend in the number of malaria, acute watery diarrhoea and bloody diarrhoea cases among the affected populations in camp locations has been observed in the course of this week. These four diseases accounted for 32% of all morbidity reported in Week 11

In Awerial County, a case of AFP was detected among the IDPs and the first and second stool specimens were collected on 15 and 16 March 2014 respectively and were transported to AMREF Laboratory in Nairobi for confirmation.

In Mingkaman, Awerial County, the WHO team participated in a meeting with community leaders and emphasized the importance of reporting community deaths to the nearest health facilities.
In Bentiu, the WHO team facilitated the collection of blood samples from six suspected cases of measles and completed the line list for all 14 suspected cases on admission at the Bentiu Hospital. The teams further provided guidance to the few health workers available on how best they could improve the management of the cases in the prevailing circumstances.

The WHO ERT supported the diagnosis of a suspected case of Visceral Leishmaniasis in the Juba teaching Hospital. The team conducted a rapid diagnosis which was positive and gave guidelines for proper management of the case.

WHO donated medication for the treatment of the patient for 17 days. In addition, 50 rapid diagnostic Test kits for Visceral Leishmaniasis diagnosis were also donated.

WHO has began the process of strengthening advocacy with the MoH for implementation of Visceral Leishmaniaisis control activities by the lead NGOs in the high risk counties where service delivery had been interrupted.

In Thongpiny IDP camp orientation was conducted for 16 community health workers (CHW) on community surveillance, case identification and referral of diarrhoea diseases including cholera, health promotion; the CHWs were also trained on new born and premature baby care, importance of breastfeeding, and birth spacing.

**Logistics:** As part of the ongoing support to improve health service delivery in the conflict and non-conflict affected areas, WHO continues to provide the required technical and logistical support to the Ministry of Health and other implementing partners.

To ensure health services delivery in the conflict affected areas, one Inter-agency Emergency Health Kit (IEHK) capable of managing a population of 10,000 was provided to Old Fangak County Health Department of Jonglei State and 3 basic units capable of providing basic health services for 3,000 people for 3 months and assorted essential drugs which can manage 1,000 people for 3 months were provided to CCM, Awerial County. Old Fangak currently has registered over ten thousand IDPs fleeing from the conflict in Uppernile state.

In the period under review, WHO provided 1 pneumonia kit which can manage 100 children for 1 month, 2 malaria treatment modules capable of treating 2,000 patients for 2 months and assorted antibiotics was provided to International Medical Corps (IMC) to support provision of health services in Juba and Malakal.

Furthermore, 3 basic units of Interagency Emergency Health Kits (IEHKs) capable of
providing health services for a population of 3,000 persons for 3 months was donated to ACROSS Integrated Mission.

### Resource mobilization

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<th>Required funds</th>
<th>Funded</th>
<th>% funded</th>
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<tbody>
<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>3,175,500</td>
<td>29%</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>61,324,020</td>
<td>8,754,000</td>
<td>14%</td>
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