Highlights

- A total of 710,600 people displaced within South Sudan, and another 171,000 displaced in neighboring countries (UNOCHA).

- One hundred and sixteen (116) UN and INGO staff were evacuated from Malakal following heavy clashes between pro and anti-government forces.

- As at 24 February 2014, (day 3) of the campaign, a cumulative of 26,707 persons had been vaccinated against cholera out of the 94,000 target population to be expected to be vaccinated in within 1 week.
Current Situation

- On 18 February 2014, fighting broke out between pro-government forces and anti-government forces in Malakal. This resulted in a number of causalities and death. Reports obtained from the WHO team on ground shows that the IOM and IMC clinics in the UNMISS camp received 157 and 303 patients respectively while Level 1 and 2 hospitals received 30 patients and 46 gunshot wounds cases respectively. Thousands of persons were also displaced in to the UNMISS bases or in to other locations. For instance it’s reported from the state that an estimated that 1,756 persons are stranded in the churches where they took refuge. Access in to the town has remained a challenge including for humanitarian workers.

- Following the deterioration of the security situation in the area, many international agencies evacuated their staff from Malakal leaving behind a few critical staff. In total 116 UN and INGO staff were evacuated and 40 others left in the UNMISS compound including two WHO technical staff to provide humanitarian assistance. The WHO warehouse in Malakal was partially looted, however details of what was taken is currently not available as the situation in state capital remains fragile.

- An assessment conducted by the WHO Field Security Officer in Bor shows that town is gradually returning to normal although the displaced populations are still too frightened to return to their homes. Other parts of the country remained relatively stable although possible fears of the clashes in Bentiu and Bor remain high.

- An influx of about 5,200 Internally Displaced People was received from Bor, Twic and Duk in to Minkaman IDP Camp between 23 and 24 February as a result of clashes between pro and anti-government forces in these areas.

- As the oral cholera vaccination campaign enters its fourth day, a cumulative of …. Persons are reported to have been vaccinated. The campaign that is targeting 94,000 persons will run for a period of one week.

- The Health cluster partners continued to respond to the measles outbreak in the country. This week, an estimated 11,373 children aged 6 month to 15 years were vaccinated in Walgak, Nimule, Twic, Minkaman, Tomping and Juba 3 UN house. While in Bentiu, WHO and other partners (UNICEF, IOM, IRC and CARE) finalized a micro-plan for integrated vaccination campaign (measles and Polio) planned for 4th - 7th March in the two PoCs areas in Bentiu. A significant decline in suspected measles cases was recorded in epi-week 7. A total of 71 suspected measles cases were reported in week 7 compared to 172 cases in week 6. In the current outbreak, 80% of the cases are
under five years while 20% are above five years. A few suspected cases had a history of measles vaccination.

- Figure 1 captures the trends of the four priority diseases under surveillance in the IDP camps. There is a general decline in reported cases for the last three weeks. A total of 11 (73%) sites reported in week 8 compared to 9 sites (60%) in week 7.

- The total numbers of consultations reported in week 8 were 6150 compared to 7892 in week 7. The under-five mortality rate in all IDP camps have come down below the emergency threshold (U5MR: ≥ 2 per 10,000 per day) as of week 8 except for Bor. The crude mortality rates is also below the emergency threshold (CMR: ≥ 1 per 10,000 per day) in all IDP camps as of week 8. A cumulative total of 41 suspected meningitis cases have been reported this year. The cases were reported from four states namely; Northern Bahr El Ghazal (Aweil town), Eastern Equatoria (Kapoeta North and Budi Counties), Central Equatorial (Kajo Keji County) and Lakes (Awerial County). In week 8, five cases were reported compared to 11 cases in week 7 and 9 cases in week 6.

### On-going emergency response by WHO

#### 1. Emergency Leadership and Coordination

- As a cluster lead, WHO supported the Ministry of Health to co-chair the weekly health cluster meeting at the national level on 18th February 2014. The meeting was attended by government officials including the State Minister of Health for Jonglei, one of the most affected States. Key gaps highlighted during the meeting included inadequate surgical capacities in the key state hospitals of Bor, Malakal, Bentiu and the imminent shortage of routine drugs in the country due to delays in arrival of international orders. In Bentiu, Malakal and Awerial, Health cluster coordination meetings were also convened and chaired by WHO. Again as part of health coordination, WHO participated in a series of meetings together with health cluster partners including Mulrany International, World Vision and the national NGO secretariat to advocate for the scale up of health services delivery in the conflict affected areas. All the teams agreed that there is need for additional primary health care capacities in all the affected areas.
WHO participated in UN agencies emergency coordinators meeting to discuss strategies aimed at expanding the networks in the areas controlled by Anti-Government Forces (AGF) in view of a possible safe corridor in the near future. In Awerial, WHO continued to engage health partners to improve services delivery and health coordination. A meeting was held with all health partners, namely CCM, MSF, IMC, Health Link, Handicap and UNICEF to agree on space requirements and design for health services delivery within the proposed sites for relocation of the IDPs; further discussions on who will do what, where and when in the new sites will be held during the next health cluster meeting.

2. Technical Support

In order to improve the quality of WHO response at the national and sub national levels, more surge capacity arrived at Juba level this week. Among the team that arrived is the Water, Sanitation and Hygiene (WASH) Technical Officer and the Information, Communication and Technology (ICT) Officer. The WASH specialist will work with other WASH partners to improve the WASH conditions in Juba, Bentiu, Bor, Malakal and Awerial camps. In Juba the WASH Technical Officer participated in a WASH assessment of the UN house IDP camp, findings for which will be shared later. However his support will be extended to all other accessible camps. The IT Officer on the other hand will support all the WHO operation hubs with IT services to ensure timely response and reporting.

As a way of improving deliverables of all WHO products in line with the Organizations four critical functions during emergency response, working group meetings were convened and supported in this period. Each group agreed on their deliverables and how to strengthen operations at both the national and field levels. This will go a long way in improving the work of the organization and the delivery of emergency response to the affected people.

WHO strengthened its response to an estimated 82,000 internally displaced persons (IDPs) in Minkaman, Awerial county by deploying two International technical officers to support health cluster coordination and WHO activities in the area. The team worked in collaboration with health partners to improve services delivery and health coordination. A meeting was held with all health partners, namely; CCM, MSF, IMC, Health Link, Handicap and UNICEF to agree on space requirements and design for health services delivery within the proposed sites for relocation of the IDPs. Further discussions on who will do what, where and when in the new sites were held during the Health Cluster meeting held on 24th February 2014.

Following the launch of the Oral Cholera Vaccination (OCV) campaign in Awerial targeting 94,000 IDPs, the International Public Health Officers from WHO worked closely with Medair and UNICEF to support the monitoring and evaluation of vaccination campaigns to ensure a quality campaign. The Organization supported the procurement and transportation of 252,198 dozes of the OCV vaccine which will be used in Awerial for the first and second phases of the campaign and in Juba for the first phase. As at the time of this reporting, a total of 26,707 persons had been vaccinated by 24 February in a drive meant to last 7 days. In Juba, Medair with support of WHO, MoH and UNICEF commenced with mobilisation for the Oral Cholera Vaccine (OCV) vaccination expected to start on Thursday 27 February 2014. Minimal vaccine wastage and no adverse reactions have been reported so far in Awerial.

WHO provided technical support to the health cluster to develop and finalize a concept note that will comprehensively support medical evacuation of the war wounded from the conflicted affected areas. Costs of the different options were calculated following meetings with AMREF, UNHAS and MAF to explore options and obtain cost estimates. The concept note was presented to the Humanitarian Country Team (HCT) for consideration on 26th February 2014.

To strengthen Reproductive Health services in the UN house IDP camp, WHO conducted a training of seven community health workers and supervisors on reproductive health. The training focused on topical areas of menstrual hygiene, care during pregnancy and family planning among others; a session on prevention and management of diarrhea diseases was
also included given the sanitation conditions in the camps and the contentious cases of diarrhea recorded in this camp. Its hope that this will improve hygiene conditions of mothers in the camp and their health seeking behaviors.

3. **Information Management**

- To create more demand for the oral cholera vaccine and create awareness of the benefits of the vaccine, WHO produced and shared a press release with media houses at the national and head quarter’s levels. The Organization’s Epidemiologist was also interviewed by three radio stations in Juba namely; Radio Miraya, Eye Radio and Radio Minkaman and Channel Africa (South Africa). Interviews with journalists from the German News Agency (DPA) and the Christian Science Monitor were also conducted. This will go a long way to mobilize communities in Minkaman and Juba to participate in the campaign while reinforcing their confidence in the vaccine.

4. **Logistics, supplies and enabling functions**

- As part of its continued support to the ongoing response, WHO continued to provide medical supplies to partners serving populations of humanitarian need. In this reporting period, the organization provided medicines and medical supplies for the management of Kala Azar in Unity State to MSF Spain; these include 100 ampoules of Sodium Stibogluconate (SSG) and 100 vials of Paromomycin and 100 strips of Rk39 ELISA diagnostic tests. Other emergency supplies provided to the MOH and other partners include, one basic unit kit, Rapid diagnostic Test kit, parachute, Anti malaria drugs for infants, toddler, adolescents and adults, and infusion kits and dextrose were prepositioned in Bentiu to support the response. IRC received antimalarial medicines from the organization to support services in the POC area in Bentiu hospital. In central Equatoria State and Torit Eastern Equatoria state, WHO donated Kit pastorex, TI-Media, Investigation Kits for meningitis and Ceftriaxone. Transport Media was also donated to Merlin to support Nimule hospital. While in Malakal, WHO supported Level 1 hospital with four Pneumonia kits, through MSF Spain supported Malakal Teaching Hospital with eight different Emergency Kits – drugs, surgical materials and IV Fluids (Normal Saline & Glucose 5).

- To enhance better health coordination and response and enhance security of staff at field level the organization procured three (3) new BIGAN satellite communication equipment and ninethuraya phones. These were programmed for deployment to ease communication challenges for teams based at the hubs. In addition, 15 Personal Protective Equipment (PPEs) jackets and helmets were received from the WHO country Office in Uganda to enhance the personal security of WHO surge team. Three (3) administrative tents and Personal Protective Equipment were also received and will be installed in three hubs of Bor, Bentiu and Awerial for office and accommodation. While 10 individual tents were procured and will be given to staff travelling on mission in areas without accommodation difficulties.

5. **Resource Mobilization**

- As part of resource mobilization, the WHO top management team met with the OFDA/USAID team to discuss the ongoing health response efforts. The WHO surge plans and strategies for scaling up services delivery in the conflict affected areas were discussed. In addition a WCO funding proposal was finalized and will be submitted to DFID and other donors for consideration during the week.

- WHO has a funding requirement of 11.2million United States Dollars (USD) to support operations in for a period of six month. Out of these the organization has raised 1.55 million United States Dollars leaving a funding gap of 9.65 million USD.
6. Challenges and gaps in emergency response

- Insecurity in the outskirts of the state capitals of Bor, Bentiu and Malakal remains a challenge affecting humanitarian access for the internally displaced persons.
- The recent clashes in Malakal have posed a challenge to the delivery of health services for persons outside the POC areas as health facilities and hospitals were looted and destroyed.
- Limited human resource capacity at State levels to support the response in all the affected areas.
- Many IDPs remain unreached with humanitarian assistance thus a need for health partners to extend assistance to camps that have not been reached.

7. Required health actions and plan for the coming days or weeks

- Continue providing technical, leadership and coordination support to health partners and the MOH
- Support community mobilization for the OCV campaign in Juba which starts on 27 Thursday 2014 and continue supporting the monitoring and evaluation of the quality of the OCV campaign in Awerial and in Juba
- Deploy administrative tents and all relevant MOSS/MORSS equipment to hubs in Awerial, Bor, Malakal and Bentiu before end of the week.
- Participate in the weekly SSAFE training.
- Participate in rapid assessments in Kalthok and Yalatok areas of Awerial county.
- Commence health cluster and WHO preparations for emergency directors’ visit
- Continue to meet with key health cluster partners and donors; specifically meet with DFID, ECHO and other key partners
- Continue to work with the AFRO EST to identify and recruit additional surge for the ERT
- Deploy administrative tents and all relevant MOSS/MORSS equipment to the hubs in Awerial, Bor, Malakal and Bentiu before end of the week

For more information on issues raised in this situation report and WHO’s and the Health cluster response to this crisis, please contact:

Dr Abdi Aden Mohammed
WHO South Sudan Country Representative
Mobile: +211954169578
GPN: 67404 Email: mohameda@who.int

Ms Pauline Ajello
Communication and Advocacy Officer
Mobile: +211955873055
GPN: 67514 Email: ajellopa@who.int

Dr. Allan Mpairwe
ODM Focal Point
Mobile: +211955372370
GPN: 67507 Email: mpairwea@who.int

The operations of WHO in South Sudan has been made possible with support from the following donors: