Emergency Humanitarian Action, South Sudan

WHO Situation Report # 8

South Sudan, January 28 2014
22–28 January 2014

Key highlights

- New figures indicate that, 646,400 people are now displaced inside South Sudan, with the largest number in Upper Nile State. Another 123,400 people have fled to neighboring countries.

- The government and the opposition signed a cessation of hostilities agreement, however clashes continued to be reported in parts of the three conflict affected states of Jonglei, Unity, Upper Nile and parts of Lakes.

- One hundred and fifty seven new cases of gunshot patients recorded, as compared to 359 in the last reporting period. A decline probably associated to the reduced clashes in the major cities.

- WHO supported vaccination of over 20,000 children in the camps of Bor, Juba and Nimule IDP camps. To strengthen health response at various IDP sites, WHO continued to support health cluster partners with life saving drugs and supplies to extend emergency health services to the affected population.

Description of the event

- The security situation in the country remained fluid and tense across the ten states. However, there is relative calm in the state capitals of Bor, Bentiu and Malakal. The out skirts of the state capitals however remained very insecure.
This week, a ceasefire agreement was signed between the government and the opposition. Despite the signing the number of displaced persons continued rising as fighting continued in some part of Upper Nile, Unity, Jonglei and Lakes States. The number of people displaced increased by 152,400 persons since the last WHO situation report on 21 January 2014. This brings the total number of internally displaced to 646,400. Of these 76,000 continue to seek refuge in UN installations.

The health situation in other state capitals is stabilizing with no outbreaks reported; Measles remains a public health concern with efforts stepped up to contain the outbreak in Bor. Over 120 cases (CFR 25%) were recorded in the last three weeks in addition to 219 cases reported to date across the camps. Only Malakal camp has not reported cases of measles. Health partners continue with efforts to contain measles outbreak in Bor. Preliminary findings indicate a total of 120 (CFR 25%) cases of suspected measles were recorded between 4th Jan to 27th Jan. Over 85% of the cases were in children under 5 years. Vaccination status of the cases was difficult to establish but majority mentioned no history of vaccination. In the past two days 19 cases (27%) of all consultations in Bor were suspected cases of measles. Measles campaign was concluded and preliminary results following the PCE indicate 98% coverage. Five specimen will be sent for Lab Analysis in Nairobi.

The number of health partners returning is on the rise however response efforts continue to be directed only in state capitals. As health needs continue to rise, WHO continues to support health actors to extend health services in the key affected areas.

In week 4 a total of 3,270 consultations were reported from Juba, Awerial, Bentiu and Malakal. Of these cases, 20% were due to respiratory tract infection, 17% acute watery diarrhea, 15% due to suspected malaria, and 3% due to bloody diarrhea. In terms of age distribution, 25% of malaria cases, 62% of acute watery diarrhea cases 43% of bloody diarrhea cases and 80% of measles cases were seen in children below five years of age. Despite the reduction in AWD cases in week 4, majority of cases still came from Awerial and Tongpiny camp in Juba.

In week 4 measles cases reduced with 66 suspected measles cases reported from Juba Tomping (53), Bentiu (1) and Awerial (2) in epi-week 4. Of these cases, 80% were children below five years of age. A few suspected cases had a history of measles vaccination. This week Measles vaccinations campaigns have been conducted in Bor(2,295), Lankien, Awerial, Tongpiny(6,263) and Nimule(13,334).

This week two suspected meningitis cases in Week 4, from Tongpiny (1) and Awerial (1). Samples have been collected and investigations are being carried out.

On-going emergency response by government, WHO and health partners

Following improvement in the security situation in field stations, WHO deployed three technical staff to Bentiu Malakal and Bor to support the response. In addition, surge support for data management and security management form the Regional Office arrived in the country to support the current response efforts. The staff will also support and participate in various health assessments in order to identify and document needs and gaps.

In Bor WHO supported the MOH to conduct mass measles and polio campaign following reports of over 120 cases of measles. A total of 2,292 children were reached attaining 98% coverage, 2,489 vaccinated against oral polio virus and 1,818 children received Vitamin A supplementation.

Surveillance teams from Yau in Urol county, Jonglei state have reported suspected measles outbreak. WHO and the County Health department are following up on this alert. Uror county is believed to be hosting over 6,500 IDPs fleeing the fighting.
WHO supported IMC with six basic unit kits to strengthen service delivery in Bor protection of Civilian (POC) area. The kits are adequate to treat 6,000 people for the next three months. In addition assorted drugs were provided to the medical teams in POC areas in Bentiu to strengthen case management of common illnesses in the camp.

WHO continued participated in an interagency assessment to Pibor county to establish the urgent health needs. No immediate health needs were identified and all the displaced populations were integrated in the host community.

In addition, the Organization supported the MOH with the deployment of 12 technical officers and health workers to restore and re-establish health services in the Bor hospital following the vandalism and looting of the hospital.

As a measure to contain measles outbreak in Juba, WHO, UNICEF and health partners supported the vaccination of 6,996 and 11,334 children against measles in Juba Tomping and Nimule IDP camps respectively. Both camps are estimated to host over 54,000 people.

WHO continued to support coordination, collection, analysis and dissemination of essential information on health risks, needs, health sector response, gaps and performance. In Warrap, surgical capacity assessment identified 6 facilities to support management of surgical cases namely; Agok hospital in Abyei county (run by MSF Spain), Mother Theresa hospital in Twic county (run by CCM), Gogrial PHCC in Gogrial west (run by MSF Belgium), Kuajok hospital in Gogrial west (run by SMOH), Marialou hospital in Tonj North (run by AAA) and Tonj hospital in Tonj South (run by SMOH but with no surgical facilities). Key challenge in the facilities remains the absence of health workers to support causality management. Human resources in health facilities remains a challenge as many partners have not yet returned on ground.

As part of resource mobilization, the Organization finalized the crisis response plan for the Health Cluster, Health cluster strategy, and WCO operational plan. The first draft of the funding proposal for the WCO for the next six months was also completed and submitted to Regional Office and HQ. The current available funding gap is 6.5MUSD$ for the next months to support the areas of core pipelines, human resources and restoration of the field operations in the three states of Jonglei, Upper Nile and Unity.

Challenges and gaps in emergency response

- Insecurity remains a challenge in Jonglei, Upper Nile and Unity states affecting humanitarian access especially in the counties and outskirts of key State capital.
- Mobilizing human resources from the national pool remains as issues regarding ethnic lines have affected deployments to states reporting conflict.
- Logistics capacity and support functions (core services) at state level is challenging. WHO is however negotiating with UNMISS for accommodation for national and international staff, storage space for supplies and larger space at the compound to pitch tents for the office use.

Required health actions and plan for the coming days or weeks

- Finalize the WCO funding proposal and share the document with HQ and RO following their input.
- Complete the preparation for the Oral Cholera Vaccination.
- Support Malakal Hospital with life saving supplies to support health service delivery in the two IDP camps.
- Support measles vaccination in Malakal and Urol counties.
- Continue efforts to strengthen disease surveillance in all the areas reporting populations of humanitarian concern.

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