South Sudan Emergency

WHO

5 SURGE STAFF IN THE COUNTRY

FUNDING US$

16.4 % FUNDED
$16.7M REQUESTED

HIGHLIGHTS

- The humanitarian situation remains fluid and unpredictable with the health response concentrated in the Protection of Civilians (PoC) sites.

- A new cholera outbreak was reported in Ikotos Country, Eastern Equatoria State. A total of 43 cases and three deaths (CFR 7%) were reported between 11 and 19 February. Health partners responded swiftly to contain the outbreak.

- WHO and health partners conducted the first round of National Immunisation Days (NID) targeting 3.35 million children below 5 years throughout the country.

- Acute Respiratory Infections (ARI), malaria and Acute Watery Diarrhoea (AWD) are the top cause of morbidity among IDPs, a trend that has continued since the crisis began.

- The mortality threshold remains below the emergency level in all camps.

FUNDING US$

8 % FUNDED
US$90M REQUESTED

HEALTH SECTOR

56 HEALTH CLUSTER PARTNERS
3.4M TARGETED POPULATION

PEOPLE REACHED WITH VARIOUS INTERVENTIONS

545,237 PEOPLE REACHED*

HEALTH FACILITIES

184 DAMAGED /NOT FUNCTIONING
1,350 HEALTH FACILITIES FUNCTIONING

HEALTH ACTION

452,897 CONSULTATIONS*
39 SURGERIES
ASSISTED DELIVERIES*

VACCINATION AGAINST

747,006 POLIO*
424,182 MEASLES*

EWARN

49 SENTINEL SITES

* Coverage of children in Jonglei, Unity and Upper Nile states since December 2014.
*** UNHCR portal 27 February 2015.
Situation update

The security situation remains calm with pockets of insecurity mostly in Lakes, Unity and Upper Nile states. Tribal clashes were reported in Baliet, Manyo and Renk Counties, Upper Nile State, Cueibet County in Lakes State, Pacong and Mayath payam in Lakes State resulting in two fatalities and 13 injuries. Humanitarian access remains constrained outside the Protection of Civilians (PoC) sites, particularly in sections of the three states where shelling has been reported in Bentiu. About 1.5 million people remain displaced, of whom about 10% are in the PoC areas. Further, about 2.5 million are facing food insecurity in the first quarter of 2015, which may have a bearing on their nutrition status and subsequently affect their health. The risk of abduction of humanitarian workers in Malakal is of concern and has resulted in limited movement. The health situation seems to be stabilizing in most PoC sites, with a few public health issues.

A notable increase of Acute Watery Diarrhoea (AWD) cases reported in some PoCs, measles and the approaching meningitis season are the main public health concerns among partners. The trend is being monitored closely while Cary Blair, trans isolate (TI) Media, cholera rapid tests and Diarrhoeal Disease Kits (DDK) have been prepositioned at some health facilities that are reporting a high number of cases.

**Disease burden among IDPs:** Acute Respiratory Infections (ARI), malaria and Acute Watery Diarrhoea (AWD) remain the top causes of morbidity among IDPs. During week 8 (ending 22 February 2015), ARI was the top cause of morbidity among IDPs. The ARI and ABD trends have been stable while malaria and measles are on the decrease since the beginning of the year.

**Figure 1: Priority Disease Proportionate Morbidity for week 8 of 2014 and 2015**

Measles: During week 08 of 2015, three suspect measles cases were reported from Melut (2 case) and Akoka (1 case).

Acute Jaundice Syndrome: AJS is increasingly becoming a major cause of morbidity among IDPs. Hepatitis E Virus (HEV) has been confirmed as the cause of AJS in Bentiu. This follows two blood samples that tested positive for HEV by serology (ELISA). A total of 31 HEV cases with no deaths have been reported in Bentiu since week 40 of 2014. One new HEV case was reported from Mingkaman in week 08 of 2015 hence the cumulative is 136 cases, including six deaths (CFR 4.4%). Three (50%) deaths occurred among pregnant women. Several interventions including supportive case management, targeted preventive interventions during antenatal visits, soap distribution, shock chlorination of boreholes, as well as house-to-house hygiene and sanitation promotion visits are being conducted by partners.

Cholera Outbreak: A new cholera outbreak was confirmed in Ikotos County, Eastern Equatoria State after *Vibrio cholera, inaba* was isolated from two of the four samples tested at the National Public Health Laboratory in Juba. A total of 43 cases and three deaths (CFR 7%) were
reported in the outbreak that started on 11 February, 2015. Most - 27 – representing 64% of the reported cases occurred on the first day of the outbreak, which suggests a point source exposure to a contaminated open water source, since open defecation is widely practiced. The National Epicemic Preparedness and Response (EPR) committee, state and county rapid response teams were immediately activated and responded with support from WHO and partners. Cholera treatment kits have been prepositioned at county and state level to support treatment of cases. Water Sanitation and Hygiene (WASH) supplies such as water purification tablets, soap and hygiene promotion and awareness materials are being distributed.

**Visceral Leishmaniasis (Kala-azar) Update:** Since the beginning of 2015 up to 22 February, altogether 847 cases and 25 deaths (CFR 2.9%) have been reported from 16 treatment centres. In comparison, during the same period in 2015, altogether 833 cases and 15 deaths (CFR – 2.1%) had been reported from 15 treatment centres. WHO continues to support implementing partners with healthcare worker training, diagnostics and medicines for enhanced surveillance and case management.

**Acute Flaccid Paralysis:** Thirty AFP cases have been reported from the beginning of the year up to 22 February. The cases are from Central Equatoria, Eastern Equatoria, Western Equatoria, Jonglei, Lakes, Upper Nile, Northern Bahr El Ghazal and Warrap states.

**Meningitis:** One suspected meningitis case was reported from Lankien during week 7 of 2015.

**Mortality Update:** Altogether 88 deaths had been reported at IDP camps by the end of week 8 of 2015 compared to 366 during the same period in 2014. The mortality threshold remains below the emergency level in all camps.

The provision of mental health and HIV-related services remains a challenge across the country. HIV test kit and antiretroviral (ARV) drug stock outs have also been reported.

**WHO support to GPAA:** WHO on 20 February handed over 12 dispensary tents and two ambulances to the Ministry of Health in support of health services in Pibor, Jonglei State. The hand over took place during the launch of the Ministry’s Strategy for Greater Pibor Administrative Area (GPAA) and is in line with WHO’s commitment to support and strengthen the Ministry of Health’s capacity in South Sudan.

**National Immunization Days:** The first round of the National Immunisation Days (NID), a countrywide campaign to vaccinate nearly 3.35 million children against polio took place from 24 to 27 February in South Sudan. The campaign will cover all parts of South Sudan including the conflict areas where over 1.2 million children remain unimmunized and vulnerable to wild polio virus infection. More than 19,000 volunteers and 1,500 social mobilizers nation-wide went from house to house to reach the children at a cost of $3.8 million.

**Kala-azar Training:** WHO trained 16 health workers on Kala-azar management and diagnosis in Kapoeta South County, Eastern Equatoria State from 10 to 14 February. WHO also donated microbiology reagents and media.

In Jonglei State, WHO visited Bor hospital and PoC clinic on daily basis for active AFP case surveillance and other communicable diseases. Training given for 11 participants of Bor PoC vaccinators, recorders, supervisor, social mobilizer and coordinator for the NIDs. Emergency medicine was also delivered to Bor Hospital.

In Mingkaman, Lakes State, WHO and partners conducted a TOT for seven trainers on 19 February. The trainers were deployed to the field to train vaccination teams in their localities on 21 February. WHO also spearheaded the development of a comprehensive health care strategic plan by the Health Cluster.

In Unity State, WHO prepositioned drugs in preparation for the meningitis season. As part of planned supportive supervision at two health facilities, vaccinators were trained on the correct use of the newly introduced Immunization Registers and the monthly tally sheets. WHO represented the Health Cluster on the Initial Rapid Needs Assessment (IRNA) in Mankein payam, Mayom County from 20 to 23 February. Findings will be shared when available.

In Northern Bahr El Ghazal training of county teams for the NIDs took place on 19 February while
that of vaccination teams and team supervisors was conducted between 19 and 22 February. Active AFP case search and review of surveillance data from counties continued. Polio field supervisors and assistance were trained in reporting and they are expected to cascade the training down to county, payam and boma level. WHO supplied an interagency emergency health kit (IEHK) to SMOH which is carrying out a treatment campaign for children without parental care (street children).

In **Upper Nile State**, WHO is accelerating surveillance for Guinea Worm Disease, AFP and measles surveillance. WHO coordinated with health partners for the treatment of five patients injured in the conflict in Baliet who required emergency surgery.

In **Warrap State** WHO supported health partners of Warrap state in revising Basic Obstetric and New Born Care (BEmONC) indicators. WHO handed over emergency medical supplies to the SMOH to strengthen emergency response and disease surveillance in the state. WHO and the SMOH conducted supportive supervision at Kuajok Hospital, Angui PCU and Magai PHU in Gogrial West County.

In **Western Equatoria State**, in preparation for the NIDs, 25 EPI supervisors, County implementing partners and Field Supervisors were trained at a TOT from 14 to 15 February while 1,863 participants were trained at a TOT for Field Assistants, Team Supervisors, Vaccinators and Recorders from 17 to 23 February. The Ebola Task Force for and State Rapid Response Team held an emergency meeting to plan for more awareness in the county, especially the counties in border areas.

**Core Services**: WHO continued to provide partners and MOH with various interventions including the delivery of drugs as part of core pipeline support. Goal, Juba Teaching Hospital, IMA, IOM, IRC, the National Public Health Laboratory and UNICEF, were supported with diverse products such as IEHK, DDK and trauma kits as well as kala-azar test kits and drugs among other medical supplies.

### FUNDING STATUS OF APPEALS US$

<table>
<thead>
<tr>
<th>NAME OF THE APPEAL</th>
<th>REQUIRED FUNDS</th>
<th>FUNDED</th>
<th>% FUNDED</th>
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<tbody>
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<td>WHO Crisis Response Plan</td>
<td>US$16.7M</td>
<td>US$2.7M</td>
<td>16.4%</td>
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<tr>
<td>HEALTH SECTOR Crisis Response Plan</td>
<td>US$90M</td>
<td>US$7M</td>
<td>8%</td>
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**Background of the crisis**

The crisis in South Sudan began in Juba on 15 December 2013 following disagreements between the President, General Salva Kiir and former Vice President, Dr Riek Machar. The crisis continues in parts of Jonglei, Upper Nile and Unity states, while Central Equatoria, Lakes, Warrap and Eastern Equatoria states are indirectly affected by virtue of hosting displaced populations from areas affected by conflict. Currently, about 1.5 million people are internally displaced, while about 506,563 are refugees in neighbouring countries.

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