Highlights

- The security situation remains relatively calm in most parts of the country but fluid.
- The second round of OCV vaccination commenced in Juba III on 31 March 2014.
- Over one million people have been forced from their homes by the conflict, including 803,200 displaced within South Sudan and 254,600 who have fled to neighbouring countries.
- There is still a huge funding gap in the emergency response to reach a large proportion of the targeted population.

Situation update

- Most parts of the country continued to experience relative peace and calm in the course of the reporting period. However, fighting was reported in Duk County between SPLA and the opposition forces. This led to the displacement of people from Duk to Bor in Jonglei State. Meanwhile an upsurge of the anti-government forces towards Bentiu was reported to be continuing with the likelihood of an attack on the town.
- The Ministry of Health (MoH) and health Cluster partners continued to be on high alert for epidemic prone diseases including cholera and have intensified ongoing contingency planning.
Public health concerns

- Access to some of the affected areas remains one of the biggest challenges in the current emergency response due to the continuing insecurity. Restricted movement and bureaucracies is a particular concern in the transportation of medical, food and other humanitarian supplies. Other challenges include road blocks, stop and search inclusive of UN vehicles and UN contractors.

- Secondary health care and referral of the critically ill/injured remain a huge gap in the POC areas and state referrals of Bor, Malakal and Bentiu. This has had considerable strain and pressure on the response efforts of the health partners and particularly so on WHO as a lead agency for health coordination.

- Provision of psychosocial and mental health; reproductive health and new born care; HIV including PMTCT, VCCT and STIs; and tuberculosis services continue to be major gaps in the crisis response.

- A large proportion of counties continue to report drug stock outs and lack of essential drug supplies due to the routing quarterly cycles from the government. This is greatly affecting the counties that have reported a large burden of IDPs and hence straining the existing limited resources.

- Measles cases continue to be reported across the ten states despite concerted response efforts from the humanitarian partners. Routine EPI services in IDP camps and affected communities are largely also limited mainly due to limited resources.

- The continued insecurity and displacement of communities pose the threat of increased humanitarian crisis and increased health concerns among displaced persons. With heavy rains expected in the coming months, island communities are expected to be affected by floods with health consequences.

WHO action

Health Leadership
WHO supported the Health cluster to conduct meetings in Juba, Malakal and Bentiu. Key issues discussed include the current mapping of the existing capacities, contingency planning for the rainy season and strengthening health information to enable a more focused response.

The Organisation supported MoH to convene an Emergency Preparedness and Response (EPR) meeting to review the current disease surveillance data and discuss the response framework for the potential cholera in the Protection of Civilian (PoC) areas

WHO convened a meeting with UNMISS, OCHA and the Ministry of Health (MoH) to discuss the modalities of how best to streamline the medical evacuation (medvac) procedures and review of the existing guidelines. This follows reports of forced clearance of field medvacs in the high risk areas. Meanwhile addition, 12 medical evacuations were conducted from Bor in Jonglei State to Juba teaching hospitals for further management.

Technical Support:
- In order to draw a comprehensive framework to address gaps related to mental health services in the IDP camps, an assessment of the psychiatric ward at the Juba Teaching (national referral) Hospital was conducted to identify key gaps of potential support from the Organisation. In addition a consultative meeting with the Director General of pharmaceutical and medical supplies and health partners took place. Among the challenges identifies were, lack of technical expertise in mental health, lack of essential
drugs to support management of mental health and limited infrastructure for managing mental health cases at national and state levels.

- Technical support was provided to conduct transect walk in Juba III and Tongping IDP camps to identify WASH related issues including water supply, waste management, vector control, food safety and personal hygiene. The key observations on the prevailing environmental risk factors include: risk of contamination of water during collection, storage and use in the households; poor waste management, poor food handling and hygiene.

- As part of strengthening disease surveillance, the WHO ERT technical experts trained 66 community health workers (47 in Juba III) and (19 in Tongping) IDP camps on guinea worm surveillance activities. The training is part of WHO’s community surveillance programme geared towards integration and strengthening of community based disease surveillance. Basic principles of community diagnosis, detection and reporting of guinea worm disease were underscored. In addition disease surveillance tools were distributed to the participants after the training to facilitate their work. Guinea Worm is one of the diseases targeted for eradication in the country.

- WHO provided technical support to the national health task force to ensure adequate preparedness for the potential Cholera outbreak. Line-lists and case management flow charts have been finalized and distributed to partners. In addition, laboratory assessment tools for cholera preparedness and response are underway. Carry Blair and outbreak investigation kits were availed to the implementing partners in a bid to strengthen the laboratory and surveillance.

- WHO field staff continue to strengthen and supporting state level preparedness in readiness for the flooding season. In addition efforts are ongoing to ensure all health authorities, surveillance officers and health/WASH partners are sensitized on the public health risks factors. Surveillance officers are also being encouraged to review their weekly surveillance data and monitor the trend of water borne diseases.

- WHO technical officers conducted supervisory visits to the Juba III Camp to monitor the OCV campaign. The second round of the Oral Cholera Vaccine (OCV) mass vaccination campaign commenced at the camp on 31 March. As of day 3, a total of 5,108 people were vaccinated of which 533 received the vaccine for the first time.

- Preparation for Measles, Polio and Vitamin A vaccination campaign are underway at national and states levels. The campaign will target 2.3 million children under 5 years (including 0-59 months for OPV and 6-59 months for measles and Vitamin-A). Over 13,000 field staff including supervisors and vaccinators are being trained by facilitator from MoH and 26 International Focal Persons from WHO; Training materials, data collection tools and transportation are been funded by WHO. Social mobilisation and advocacy activities are ongoing nationwide to enhance increased public awareness about the campaign.

**Surveillance:**

- The rainy season already started in all states, and it is likely to enhance transmission of water borne diseases particularly watery diarrhea, acute bloody diarrhea and malaria. Based on surveillance data, diarrhea and malaria rates continue to be on the rise, especially in children below five years of age. This increase is expected to peak in the coming weeks due to heavy rains.
• The WHO teams at national level and in the field offices continue to supervise and monitor the health trends in the IDP camps and in non-conflict affected communities.

• The result of the suspected case of AFP that was reported from Minkaman (Awerial County) on 15 March 2014 was confirmed non-positive for poliomyelitis during the review period.

• Outbreak of acute bloody diarrhea was reported in Bentiu following the breakdown of the town’s water treatment system, and subsequent use of river water for drinking.

Watery diarrhoea and malaria continued to be the leading priority disease burden among displaced person during week 12. This is expected to continue and peak in the middle of the rainy season. From week 11; ARI trends have been on the increase & registered the highest proportionate morbidity during week 13 – this needs to be investigated.

Core services and logistics
• WHO facilitated the transportation of 23,030 doses of OCV to Malakal in Upper Nile State as support to the planed OCV mass campaign scheduled for 7 April 2014.

• Meningitis kits, Rapid Diagnostic Test kits for antimalaria, antirabies vaccines, 10 pneumonia kits, 10 ORS modules essential, and triple packaging for specimen management to health partners (MSF, ACROSS, IRC, AAH) to support service delivery to an estimate 6,000 people. In addition, the Organisation supported AAH with 10 basic unit kits to facilitate extension of services in Yei/Morobo county, supplies are adequate to manage 10,000 people for three months.

• The total number of external WHO surge deployed to date is 25 out of which 9 have completed their missions and left the country. A breakdown of the surge team shows that 17 are from AFRO, 6 from HQ/other regions and 2 from NGO partnership consortium.

• The CERF proposal was finalized and submitted to the CERF secretariat. WHO has requested for 3.2 Million USD to support the areas of provision of essential basic package, restoration of secondary health services in state hospitals, enhance disease surveillance and procurement of life saving medical supplies.

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<th>Required funds</th>
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<td>Health Cluster</td>
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