Situation report # 45
30 JANUARY 2015

South Sudan Emergency

<table>
<thead>
<tr>
<th>Affected</th>
<th>Displaced</th>
<th>Refugees</th>
<th>Injured</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,400,000</td>
<td>1,500,000**</td>
<td>499,393***</td>
<td>26</td>
<td>62****</td>
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</table>

WHO

<table>
<thead>
<tr>
<th></th>
<th>SURGE STAFF IN THE COUNTRY</th>
<th>FUNDING US$</th>
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<tbody>
<tr>
<td>5</td>
<td></td>
<td>$16.7M</td>
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WHO continues to enhance the capacity of medical personnel at all levels through activities such as training. Photo: WHO/P. Otim.

HIGHLIGHTS

- The humanitarian situation remains fluid and unpredictable with the health response concentrated in the Protection of Civilians (PoC) sites.
- **WHO prepositioned 42 metric tonnes of life saving drugs in the 10 states. The supplies are adequate to treat 208,400 people.**
- **WHO participated in a rapid health assessment in Jal Payam, Jonglei State to assess the humanitarian needs of the affected population.**
- Acute Respiratory Infections (ARI) are the top cause of morbidity among IDPs, followed by malaria and Acute Watery Diarrhoea (AWD).
- The mortality threshold remains below the emergency level in all camps.

FUNDING US$

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<tbody>
<tr>
<td><strong>8</strong> % FUNDED</td>
<td>$90M</td>
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</tbody>
</table>

* UNHCR portal 26 January 2015.
** OCHA Situation Report 29 January 2015.
*** UNHCR portal 26 January 2015.
The security situation remains calm with pockets of insecurity in the greater Upper Nile, Jonglei State and Unity states. Humanitarian access remains a huge set back with restrictions on travel from the Protection of Civilians (PoC) to other sites. Tribal clashes were reported in Rumbek, Lakes State with 11 fatalities and 19 injuries. Recent shelling in Bentiu and Malakal continues to constrain humanitarian access mainly to the PoC areas. An estimated 1.5 million people remain displaced, of whom about 10% are in the PoC areas. The health situation seems to be stabilizing in most PoC sites, with a few public health issues.

**Disease burden among IDPs:** Acute Respiratory Infections (ARI), malaria and Acute Watery Diarrhea (AWD) remain the top causes of morbidity among IDPs. During week 5 (ending 1 February 2015), ARI surpassed malaria as the top cause of morbidity among IDPs. The malaria trend is on the decline while ARI is on the increase since the beginning of the year.

**Public health concerns**

**Figure 1: Priority Disease Proportionate Morbidity for week 5 of 2014 and 2015**

- **Measles:** Eleven new suspect measles cases were reported from Lankien (1), Renk (2), Melut (2), Duk (1) and Twic East (5). Measles campaigns were conducted in Lankien, Bentiu and Duk in 2014. Case-based investigations show that new cases are being registered in areas that were not reached during the campaigns due to security reasons and in new arrivals.

- **Acute Jaundice Syndrome:** Six new Acute Jaundice Syndrome (AJS) cases were reported from Bentiu (5 cases) and Lankien (1 case). Overall, 175 AJS cases have been reported from the various IDP sites. Two samples from suspect cases in Bentiu tested positive for Hepatitis E Virus (HEV) using rapid diagnostic tests. WHO is working with partners to secure additional samples for a definitive laboratory confirmation. In the meantime, sanitation and hygiene promotion have been enhanced in the PoC. In Mingkaman, Hepatitis E Virus (HEV) transmission has declined with only sporadic cases being reported. The cumulative for HEV in Mingkaman now stands at 132 cases including six deaths.

- **Visceral Leishmaniasis (Kala-azar) Update:** Since week one, 651 visceral leishmaniasis (kala-azar) cases and 13 deaths (CFR 1.99%) have been reported from 14 treatment centres. The current trend is comparable to the corresponding period of 2014. WHO continues to support implementing partners with healthcare worker training, diagnostics and medicines for enhanced surveillance and case management.

- **Acute Flaccid Paralysis:** Eighteen AFP cases have been reported since week one. The cases are from Central Equatoria, Eastern Equatoria, Western Equatoria, Jonglei, Lakes, Upper Nile, Northern Bahr El Ghazal and Warrap states.

**Mortality Update:** Altogether 62 deaths had been reported at IDP camps by the end of January 2015 compared to 263 during the same period in 2014. The mortality threshold remains below the emergency level in all camps.

Currently, the most critical health need is expansion of primary health care services beyond the PoC areas to reach at least 80% of the more than one million unreached IDPs. Measles remains a major health risk in this crisis and although most of the camps in the PoC areas have now been covered, there is need for vaccination of the host communities and the other IDPs.
outside the PoC areas. Water-related diseases such as cholera and Hepatitis E Virus remain potential threats to the IDPs and host communities. Secondary health services especially surgical, reproductive and mental health care are in short supply in the conflict affected areas. Furthermore, an effective referral system especially for the war wounded is urgently required. Strengthening epidemic preparedness and response including strengthening and expansion of disease surveillance and early warning system and pre-positioning of life saving supplies is also required.

WHO action

**IDSR Review and Consultative Meeting:** WHO supported the Ministry of Health to conduct a national review and consultative meeting on the Integrated Disease Surveillance and Response (IDSR) system in South Sudan from 27 to 28 January. The meeting was to review performance in 2014 as the basis for developing the IDSR action plan for 2015. It brought together all stakeholders supporting and implementing IDSR including donors, technical programmes in the MOH comprising state level Surveillance and Monitoring and Evaluation Officers, WHO Focal Points and implementing partners.

In Jonglei State, WHO participated in a joint assessment with other humanitarian partners in Jal Payam to assess the humanitarian needs of the 3,600 people affected by the recent cattle raid. Main needs remain shelter and food. As part of a Rapid Response Mechanism and support to the joint humanitarian response mission, WHO delivered five basic units of Interagency Emergency Health Kits (IEHK) to serve the population of Kodatlok Boma of Kuachdeng Payam of Ayod County. In addition two Inter Agency Emergency Health Kits were donated to IOM to support the extension of health services in Renk and areas outside the population in the PoC. These supplies will serve the needs of an estimated population of 25,000 people for a period of three months.

In Eastern Equatoria State WHO conducted a monitoring and supervision visit to Nanyangacor PHCC and Lotimor PHCU, Kajo-Keji East County. WHO also delivered routine EPI vaccines and conducted refresher training on AFP surveillance on 15 January. The teams also did on the job training in Lotimor and Nanyangacor, as well as Magwi County.

In Mingkaman, Lakes State, WHO is leading the process of contingency planning for potential outbreaks and response to other humanitarian emergencies.

In Bentiu, Unity State, WHO is working with partners to secure additional samples for a definitive laboratory confirmation of suspected HEV, while AES remains a threat. WHO has also finalised a work plan for a Central Emergency Response Fund (CERF) grant to support HIV/TB services in the PoC.

In Upper Nile State, WHO conducted an assessment of the available capacities of the hospital and the health facilities in the Malakal County as part of a strategy to support the extension of health services beyond the PoCs. WHO also provided Kala-azar drugs (Sodium Stibogluconate [SSG]) to Upper Nile counties of Akoka, Fashoda and Ulang counties to strengthen case management. A team from the MOH and cluster partners conducted a visit to the Malakal County to assess the needs of an estimated population of 25,000 people affected by the recent cattle raid. Activities included assessment of health facilities in the Malakal County, part of a strategy to support the extension of health services beyond the PoCs. WHO also provided Kala-azar drugs (Sodium Stibogluconate [SSG]) to Upper Nile counties of Akoka, Fashoda and Ulang counties to strengthen case management.

In Warrap State WHO supported the MOH and cluster partners to conduct a third round of the Maternal Neonatal Tetanus Elimination (MNTE3) vaccination campaign in six counties of Gogrial East, Gogrial West, Tonj East, Tonj South, Twic in Warrap State, as well as Abyei Area Administration from 13 to 19 January. Altogether 243,907 women were vaccinated, representing 72% coverage. The campaign was initially scheduled for December 2014 but was postponed to January.

In Western Equatoria State, WHO supported the state Rapid Response Team (RRT) to conduct a verification mission to Tambura following an alert of over 30 cases of cholera. Preliminary results indicated that 40% of the cases tested positive for malaria and responded well to treatment. The specimen tested negative for cholera rapid rest and five specimens sent for further analysis in Juba Central Public Health Laboratory for confirmation.

**SIAD:** The Short Interval Additional Dose (SIAD) campaign is ongoing in the three conflict-affected states of Jonglei, Unity and Upper Nile, with trivalent oral polio vaccine (tOPV) targeting 2.5million children 0 – 15 years for each round. Data received to date are from Akoka, Baliet, Fashoda, Melut, Maban, Malakal and Malakal PoC.
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<th>FUNDING STATUS OF APPEALS US$</th>
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<th>REQUIRED FUNDS</th>
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<td>US$1.4M</td>
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<td>HEALTH SECTOR</td>
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<td>8%</td>
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Altogther 424,182 children aged six months to 15 years have been reached with measles containing vaccine in the ongoing Integrated Measles Polio Campaign in the three conflict affected states.

**Core Services:** WHO continued to provide partners and MOH with various interventions including the delivery of drugs as part of core pipeline support. WHO pre-positioned by 42 metric tons of drugs, medical supplies and equipment in seven of the 10 states as part of emergency preparedness and response in the humanitarian response. Two remaining states are to receive their supplies in February, whilst Central Equatoria will access the stocks in Juba. The supplies are adequate to treat a population of 208,400 for the next three months. CMC, COSV, IMA, IOM, Medair, IRC, Nile Hope, UNDP clinic and UNMISS level 11 hospital in Bor also received support.

<table>
<thead>
<tr>
<th>TABLE 4: Summary of counties reached and children vaccinated</th>
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<td>SIAD</td>
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<tr>
<td>Round 1</td>
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<td>Round 2</td>
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<td>Round 3</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 499,393 are refugees in neighbouring countries.

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