WHO South Sudan
Situation Report  Issue # 13
27 February-05 March 2014

Highlights

- Since 15 December 2013, over 908,000 people have been displaced by violence, including 705,800 people within South Sudan and 202,500 into neighbouring countries (UNOCHA).

- Clashes continued to be reported in Upper Nile State, with the likelihood of Anti-Government Force (AGF) attacks on the oil fields in the northern part of Upper Nile State heightened as both Pro-Government Forces (PGF) and AGF continue to converge on the area.

- A total of 10 out of 15 (67%) sites reported during epidemiological week 8 compared to 6 out of 15 (40%) sites in week 9.

- The oral cholera vaccination campaigns continued in Mingkaman and Topping IDP camps.

- The outbreak of Measles is declining in all the major IDP sites

- Suspected meningitis cases reported in four states.

Current Situation

- The general situation was calm but tense. Clashes were reported in Upper Nile State, between Malakal and Melut with the likelihood of AGF attacks on the oil fields in the northern part of Upper Nile State as both PGF and AGF continue to converge in the area.

- Increasing incidence of breach of security was reported in the Protection of Civilians (PoCs) especially in Juba. Staff have been encouraged to take extra precautions in the camps.

- According to a report by the WHO Representative (WR), who visited Malakal with the Humanitarian Coordinator (HC) on 26th February 2014, the town is deserted, littered with dead bodies and has been completely looted/destroyed. The airport is currently under the control of UNMISS troops although few AGF forces were observed in the town. The number of IDPs in the PoC areas of the town increased to an estimated 30,000. The hospital, where WHO warehouse is located, was completely destroyed and looted. UNMISS managed to rescue and evacuate patients in the hospital to the PoC area.
where ICRC, MSF, IMC, UNMISS and WHO continue to support health services delivery. The WHO Field Security Officer visited Malakal to further assess the security situation.

- More IDPs continued to arrive in the Mingkaman IDP camp of Aweiral County from Bor, Twic and Duk due to fighting in Gadiang area of Duk County; as at 27th February 2014 more than 7,000 new IDPs had arrived in the camp.

- The oral cholera vaccination campaigns continued in this period. In Tomping IDP camp, Juba a total of 14, 115 people had received the Oral Cholera Vaccine by 1st March 2014 and 50,608 people had been vaccinated in Mingkaman as at 3rd March 2014.

- The measles outbreak has been declining since epidemiological week 6 and is believed to be at its tail end. During epidemiological week 9, seven cases of suspected measles were reported as compared to 12 during week 8. Cumulative total of suspected measles cases is 780, with 82 deaths, a case fatality rate of 10.5%.

- Cumulatively, a total of 44 suspected meningitis cases and 7 deaths were reported since early February as follow: Northern Bahr el Ghazal (27 cases from Aweil civil hospital), Central Equatoria (7 cases and 2 deaths from Kajo Keji and 2 cases from Juba III), Eastern Equatoria (7 cases and 5 deaths in Kapoeta North and Budi); and Lakes (1 case Mingkaman PHCC). Only the two cases of suspected meningitis (Juba III) were reported during week 9. All four specimens sent to the AMREF laboratory in Nairobi were negative for n.meningitidis. In order to facilitate proper management of the outbreak, partners have been requested to ensure that specimen are collected and transported appropriately to enable laboratory confirmation.

Trends of priority diseases in IDP Camps, South Sudan, week 51, 2013 - week 9, 2014

Ongoing response by WHO

1. Emergency leadership and Coordination

- WHO continues to provide leadership and coordination in the health response to the South Sudan emergency by chairing weekly cluster meetings at national and sub-national levels, coordinating the health response in the field, participating in inter-cluster meetings and other coordination fora, filling gaps.
• A health cluster meeting was held with partners at the national level on 04 March 2014 during which the following were highlighted:
  ▪ Stocks are being prepositioned by WHO, UNICEF and UNFPA in strategic areas ahead of the rains. In a similar vein, partners have been requested to share information on prepositioned stock as well as surge capacities up to June 2014.
  ▪ Mapping of the 4W (Who is doing What, Where and When) was presented indicating partners on the ground delivering health services in all states; however, there are some critical gaps in service provision, particularly in insecure areas of Upper Nile, Unity and Jonglei states. All partners were requested to update this information timely in order to ensure that maps show real gaps. The cluster was also requested to further refine the maps.
  ▪ The need for closer collaboration with WASH, Nutrition and Shelter clusters was discussed the cluster will explore ways to work in synergy, with the other clusters.

Health Cluster Coordinator updating the cluster on new developments during the Health Cluster meeting held on the 4th March 2014. Credit: WHO

• The Rapid Response Fund (RRF) projects and funding applications of four cluster partners (Health Link South Sudan, Relief International, CARE and Mulrany International) were reviewed and 3 out of the 4 projects were recommended for funding due to their relevance to the health cluster strategic response plan.

• The health cluster finalised and submitted to the Humanitarian Coordinator key priorities and funding gaps for the period from March to May 2014. This was to enable him advocacy for more funding for the crisis.

• A meeting of WHO and the Health Cluster Coordinator was held with ECHO South Sudan; highlights of the meeting include the need to strengthen the health cluster capacity for gap analysis, provision of technical guidance to the health partners and reactivation of Strategic Advisory Group (SAG). The need to also improve on the completeness of epidemiological surveillance reporting and advocacy for protection of healthcare workers and other medical functions were also discussed.

2. Technical expertise
   The WHO teams continued to monitor health services delivery in all IDP camps in Juba and at the field level.
• In the Juba 3 camp, stock-out of TB and HIV/AIDS diagnostic and treatment supplies were identified as a challenge. In addition, the lack of comprehensive reproductive health services remains a challenge in all camps in Juba and other conflict affected areas.

• In Bentiu, the cold chain in the State hospital was assessed in preparation for the integrated polio and measles campaign which is planned for the Bentiu IDP camps. The cold chain was found to be adequate to implement the campaign.

• Clinics in the PoC areas in Bentiu were visited for routine supervision. Findings showed weak reproductive health services, lack of registers for EPI, child welfare and antenatal cards. No cases of suspected measles were reported at Bentiu hospital this week.

• WHO teams conducted monitoring and evaluation of the OCV mass campaign in the Tongping and UN house Juba camps and in Mingkaman. The teams also participated in the training of community mobilizers and vaccinators for the OCV campaign and in supervision of the campaign.

• In Awerial, the field team participated in the initial rapid and needs assessment in Kalthok and Yalakot. The findings of the assessment showed that lack of immunisation services is the most critical gap in both locations. Other health and nutrition services are being provided by IMC through both fixed (Kalthok PHCU) and mobile/outreach services. WHO, UNICEF and MSF met to discuss areas for further collaboration including measles campaign and polio eradication activities such as AFP active case search and Integrated Disease Surveillance and Response (IDSR) activities.

• In Bor, supervision of the clinics in the PoC areas showed 39 consultations with 0 deaths as of 5 March 2014. Of the total consultation 20 (51%) were for suspected malaria.

3. Information management

• The information management group provided support in the data management; epidemiological surveillance and reporting; communication including media relations, health promotion and cluster communication.

• The team participated in monitoring the OCV campaign, updating of epidemiological data and reporting, internal and external communications.

4. Core services

• In order to augment WHO’s capacity for response at national and sub national levels, additional surge team members arrived during this reporting period. This includes: the Senior Public Health Adviser to the health cluster, a Response and Recovery Officer, a Human Resources Officer, a Grant Management Officer, a Logistician, two Information Officers arrived in the country; bringing the total number of surge team members to 16 (one surge team member left).

• In order to sustain public health surveillance and response, WHO’s minimum staff deployment to support the affected states includes the following: the Health Cluster Coordinator, Disease Surveillance/Public Health Officer, a STOP team member and a Logistician.

• WHO has prepositioned Emergency kits and medical supplies in Lakes, Warrap(Kuajok), Northern Bahr el Ghazel(Awiel), Jonglei(Bor), Uppernile (Malakal) and Unity (Bentiu). More supplies are available in Juba for emergency response.

5. Challenges and gaps in emergency

• Insecurity in the outskirts of Bor, Bentiu and Malakal continue to hamper humanitarian access to displaced populations and cause disruption of health services.
• Health facilities remain at risk of destruction and looting during clashes. This will further weaken the already fragile health system and cause further challenges in health services delivery.
• There are limited skilled human resources to support the health response in affected states.
• Almost 50% of all areas with displaced populations outside Juba remain underserved, requiring the assistance of health partners.
• Inadequate accommodation facilities for the deployed WHO staff at state level is a challenge.

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

• Continue to provide technical support, leadership and coordination for the health response to the emergency.
• The WHO Director of Emergency from HQ will visit South Sudan from 19-21 March 2014. Arrangements for this visit have commenced.
• Discuss the health cluster contingency plan for the looming Melut humanitarian crisis.
• Compile lessons learned from the first, just completed OCV campaigns in Mingkaman IDP camps of Awerial County and Thongpiny camp of Juba in order to plan for the second round of the campaign.
• Continue to produce and disseminate the weekly epidemiological update, health cluster bulletin, and situation report. The health cluster web page will be updated as well.
• Conduct on the site training for all vaccinators in all health facilities in Mingkaman next week.
• Complete prepositioning of emergency supplies in the States.
• Continue to work with the AFRO EST to identify and recruit additional surge for the ERT; review the staff deployment plan in line with new arrivals and compile the departures in the coming two weeks.
• Support and facilitate the second round of OCV in UN House/Juba 3 IDP camp.

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