South Sudan Emergency Response

Situation report # 22
01 – 07 May 2014

WHO

Staff in the country 159
Surge 29

Funding
64% Funded
US$10,950,000 Requested

Health sector

57* health cluster partners

Beneficiaries

1.2 million People covered

Health facilities

127 Damaged/Non-functioning
1,350

Consultations

276,920 Consultations
2,866 Assisted deliveries
6,769 Surgeries (of gunshot wounds)

EWARN

32 Sentinel sites

Vaccination

Children vaccinated against

262,060 Measles
173,707 Polio
74,118 Cholera (round II, Malakal, Tongping, Juba III and Mingkaman)

Funding

37% Funded
US$61,324,020 Requested

Highlights

- WHO provided emergency medical supplies to partners in Wau, Bentiu, Malakal and Juba to support health service deliveries.
- The security situation in Bentiu and Nasir remained tense as the State capital and city changed hands twice within 24 hours on 4 and 5 May 2014.
- Following the escalating insecurity in different parts of the country, the number of internally displaced persons (IDPs) in South Sudan has risen to 959,000 persons.
- The evacuation of 23 gunshot wound patients from Bor Protection of Civilian (POC) area to Lankien was coordinated through the health cluster.

Situation update

- Clashes were reported in Nasir and Bentiu on 4 and 5 May 2014 as the government and SPLA IO changed hands. The fighting is likely to impact negatively on the health sector as fighting results in high numbers of injuries that require medical interventions like surgeries and medical evacuations.
- In Jonglei, WHO operations are limited to areas within the POC areas. This follows an advisory from UNDSS to all humanitarian agencies resulting from the shooting in the POC area in the past weeks.
- Fresh fighting was reported in different parts of Upper Nile, Unity and Jonglei State, the number of people displaced within the country has continued to rise. As of this reporting period, the number of IDPs rose to 959,000. Since 15 December 2013, a total of 1,066,965 people have been reached with various medical interventions.
Public health concerns

- As tensions in the areas of Bentiu in Unity State, and Nasir and Ulang in upper Nile state continue to be reported, there is a worry of increasing numbers of displaced people in the IDP camps in the three areas. The insecurity has also led to the withdrawal of some partners from the areas of conflict posing a challenge of access to health services by the IDPs. In Nasir and Ulang, unlike in Bentiu, there are limited health partners on ground. About 25,000 IDPs sought shelter in UNMISS Protection of Civilian area in Bentiu.

- In Malakal, heavy rainfall continues to pose public health threats of diarrhoeal diseases and malaria to the displaced persons as makeshift houses are submerged. This is also likely to lead to an increased in the incidences of acute respiratory tract infections, malaria and acute watery diarrhoea especially among the children under five year-old. Partners continue to monitor disease trends in the camp and put in place preventive interventions such as health promotion using community health workers and the just concluded oral cholera vaccination.

- The closure of health facilities in Bentiu and Malakal hospitals has put immense pressure on partners providing primary health care (PHC) services in the POC areas. Partners providing services in the IDP camps were initially focused on providing only PHC, but with the closure of major hospitals that are meant to provide secondary health care, partners have been forced to stretch beyond their capacities to provide secondary health care.

WHO action Health Leadership

- WHO coordinated health cluster meetings at the IDP camps of Bor, Mingkaman, Bentiu, Lakes, and six other states not affected by the conflict. In Bor and Malakal, WHO continued providing leadership role in coordinating the Oral Cholera Vaccine (OCV) mass vaccination campaigns in the POC areas.

Technical Support

- On 29 April 2014, a suspected case of cholera found positive on rapid diagnostic test (RDT) was reported from the MSF clinic in UN House Juba 3 POC camp. WHO provided technical and logistics support such as provision of Carry Blair, sample collection, packaging and transportation to AMREF Nairobi for laboratory detection and confirmation. And the culture tested positive for Vibrio Cholera 01, Inaba Serotype. The Organization has conducted On-job training on proper case management, contact tracing, surveillance. A Cholera Treatment Centre (CTC) is being established within the camp.

- In order to support provision of health service delivery in a newly established POC in Wau, WHO identified and recruited four health workers among the IPDs in Wau POC area as there is no health partner due to low number of IDPs.

- To improve mental health diagnosis and treatment in South Sudan, WHO surge Mental Health Expert carried out a psychiatric intervention seminar on the rational prescription of psychotropic drugs and management of psychotic episodes at Juba 3 Level I hospital. The medical personnel who attended the training included doctors and nurses from various PoCs and IDPs within Juba. The finalized drafted South Sudan Emergency Mental Health and Psychosocial Support Response Plan was submitted to the Ministry of Health and a proposed essential psychiatric drug list discussed.
● In Bor, the WHO worked with IOM to finalise preparations for the upcoming Oral Cholera Vaccination campaign that will take from 7 to 9 May 2014. Community mobilization for the campaign was also conducted starting 2 May, to encourage all communities to participate in the vaccination exercise. The campaign will be conducted by IOM and IRC with technical support from WHO and targets 4,275.

● Following the completion of the integrated measles, polio and Vitamin A supplementation campaign, WHO provided technical support to the Ministry of health to in the revision of the post campaign evaluation tool. The modality of the campaign will be discussed with the National Bureau of Statistics before the post campaign starts. The post evaluation campaign tentatively planned for 19 May 2014 is expected to provide an independent evaluation of how many children under five were reached with measles's, polio and Vitamin A supplement campaign.

● In Kuajok, Warrap State, WHO supported the State Ministry of Health to conduct on job training for four Medical Officers in Kuajok hospital on Obstetric emergencies. The training aimed at imparting knowledge and skills on obstetric emergencies to medical doctors and midwives working in the hospital. Currently Kuajok hospital is the only state referral hospital handling surgical and emergency trauma cases.

**Surveillance and communicable Disease Control**

● Malaria, Acute Respiratory Infection (ARI), and acute watery diarrhea have continued to top causes of morbidity with proportionate morbidity rates of 19.1%, 15.5%, and 10.2% respectively in this reporting period (week 18). The incidence (cases per 10,000) for malaria this period was at 98 with Bor (312), Malakal (231), & Melut (159) being the most affected. In light of the escalating malaria incidence, WHO and other health cluster partners are enhancing malaria preventive interventions and case management in all camps.

● There is an increasing trend of Hepatitis E in Mingkaman. To date a total of seven cases have been reported and confirmed with rapid Hepatitis test. This calls for enhancement of water and sanitation facilities in the camp as population movement in and outside the camp is ongoing.

● In Western Bahr el Ghazal State, cases of anthrax continue being reported. To date a total of 79 cases have been reported since the beginning of the year, with two new cases being reported this week.

**Core services**

● Following the displacement of persons in UNMISS Protection of Civilians area in Wau, WHO donated one full Emergency Trauma Kit enough to cover an estimated 100 major or 200 minor operations of gun-wounded patients and 5 Basic Unit Kits enough to treat 5,000 people for 3 months. As the situation continues evolving, the Organization provided three dispensary tents Wau POC are to create more space for patients seeking health care services. As of this reporting period, the number of people seeking shelter in Wau POC area was to 880 IDPs.

● Three units of Interagency Emergency Health Kits were also donated to THESO to support treatment of patients in the UN House Juba III. The drugs are enough to treat up to 3,000 patients for the next three month.
- The total number of WHO external surge deployed to date is 29 out of which 22 have completed their missions and left the country. A breakdown of the surge team members shows that 20 are from AFRO, 7 from HQ/other regions and 2 from NGO partnership consortium.

- Limited funding continued to be a challenge in the response for humanitarian agencies. As of this reporting period, WHO funding stands at 64%, leaving a gap of approximately US$21 million. Four million, two hundred people are estimated to be in need of assistance by June 2014. Since the start of the conflict, WHO has reached approximately over one million people with various medical interventions.

- WHO has raised 64% of its January-June 2014 required emergency funding

- WHO has so far mobilised an estimated 64% of required funding to implement its six months emergency response plan (Jan-Jun 2014), and additional resource mobilisation activities are underway to offset the short fall.

<table>
<thead>
<tr>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
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<tbody>
<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>7,050,995</td>
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<tr>
<td>Health Cluster</td>
<td>61,324,020</td>
<td>22,490,514</td>
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