

South Sudan Emergency



WHO employees offload tent components donated to partners. Photo: WHO/M. Moyo.

| | | | | | | | | | |
|--|------------------------------|---|---------------------------------|---|-------------------------------|--|-----------------------|---|--------------------------|
|  | 6,400,000 AFFECTED |  | 1,500,000** DISPLACED |  | 509,483*** REFUGEES |  | 109 INJURED |  | 125**** DEATHS |
|--|------------------------------|---|---------------------------------|---|-------------------------------|--|-----------------------|---|--------------------------|

WHO

8 SURGE STAFF IN THE COUNTRY

FUNDING US\$



16.4 % FUNDED
\$16.7M REQUESTED

HEALTH SECTOR

56 HEALTH CLUSTER PARTNERS

3.4M TARGETED POPULATION

PEOPLE REACHED WITH VARIOUS INTERVENTIONS



800,915 PEOPLE REACHED*

HEALTH FACILITIES



184 DAMAGED /NOT FUNCTIONING

1,350 HEALTH FACILITIES FUNCTIONING

HEALTH ACTION



699,594 CONSULTATIONS*

109 SURGERIES

4,236 ASSISTED DELIVERIES*

VACCINATION AGAINST



844,483 POLIO*

424,182 MEASLES*

EWARN



32 MALARIA SENTINEL SITES

FUNDING US\$



8 % FUNDED

US\$90M REQUESTED

HIGHLIGHTS

- The humanitarian situation remains fluid and unpredictable with the health response concentrated in the Protection of Civilians (PoC) sites.
- WHO has updated its mass casualty plan and prepositioned trauma kits and emergency medicines in light of continued fighting in Bentiu, Unity State.
- WHO and health partners immunised more than 2.4 million children under-5 years in the seven stable states with the oral polio vaccine (OPV) in the first round of National Immunisation Days (NID).
- No new cholera cases have been reported from Nakoringole, Ikotos County, Eastern Equatoria state. A total of 43 cases including three deaths (CFR 7%) were reported from 11 February 2015 and surveillance continues to be enhanced.

* Coverage of children in Jonglei, Unity and Upper Nile states since December 2014.

** OCHA Situation Report 12 March 2015.

*** UNHCR portal 16 March 2015.

**** WHO Early Warning and Surveillance Bulletin, Week 11, 15 March 2015.

Situation update

The security situation is stable in most of the country, but has been fragile and unpredictable in Lakes, Unity and Upper Nile states where an increase in armed skirmishes has been reported.

Fighting has been reported in Bentiu, Unity State where humanitarian organizations have been advised to restrict the number of staff in light of the deteriorating situation. The situation is tense and UN Security is monitoring it closely.

In Upper Nile State the security situation is reportedly fragile, particularly in Renk, Wadokona and North of Kaka. Fighting was reported in Wadokona, while sporadic shooting was reported from Nasser on 15 March. Shelling in the Abukadra area was also reported.

Fighting between Pakam-Kuei and Rub section at Marial Bek Cattle Camp area, in Amongpin Payam, Rumbek County, Lakes State on 16 March reportedly resulted in a number of fatalities and deaths. Over 41 injuries were recorded at facility level.

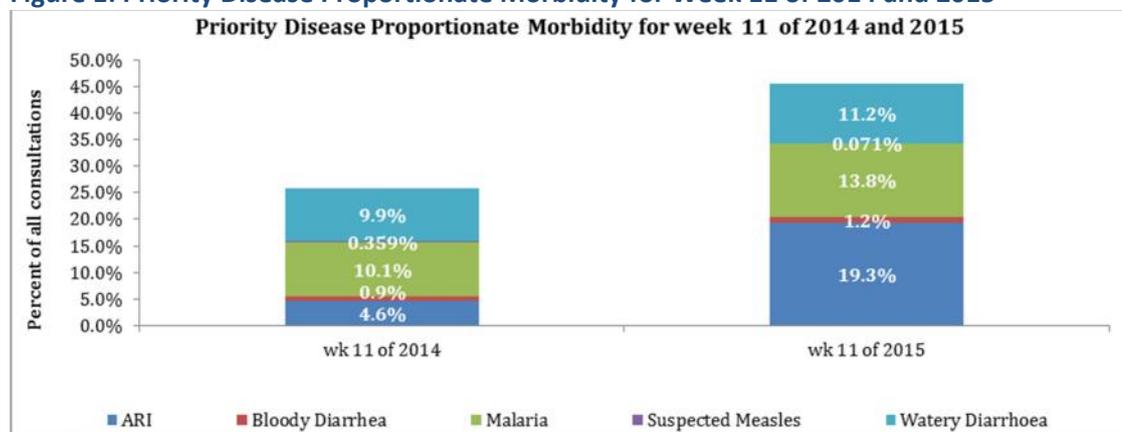
Public health concerns

Health partners are on high alert for possible cases of cholera as the rainy season draws near and following the confirmation of the cholera outbreak in Ikotos in February 2015.

Disease burden among IDPs: The morbidity disease trends are stable among internally displaced persons (IDP), with Acute Respiratory Tract Infections (ARI) being the top cause of morbidity, followed by malaria, Acute Watery Diarrhea (AWD), Acute Bloody Diarrhea (ABD) and measles¹ (Figure 1).

Sporadic suspect measles cases continue to be reported from several IDP sites including Bentiu, Melut, Lankien and Duk. A measles outbreak was confirmed in Duk county after three samples tested positive for measles.

Figure 1: Priority Disease Proportionate Morbidity for Week 11 of 2014 and 2015



Hepatitis E Virus: Hepatitis E Virus (HEV) remains a major public health challenge among IDPs in Bentiu and Mingkaman where a cumulative of 40 cases with no deaths have been reported in Bentiu and 140 cases including six deaths (CFR 4.3%) have been reported in Mingkaman. These trends call for sustained efforts by partners towards promoting use of treated drinking water and compliance with recommended standards for personal and food hygiene, and sanitation in all the IDP sites.

Cholera Outbreak: This remains a threat. However, no new cholera cases have been reported from Nakoringole, Ikotos County, Eastern Equatoria state since 19 February. The reported cases remain 43 with three deaths (CFR 7%).

Visceral Leishmaniasis (Kala-azar) Update: Since the beginning of 2015, a total of 1,147 Kala-azar cases and 33 deaths (CFR 2.9%) have been reported from 16 treatment centres. Of these,

¹ More detailed surveillance data is available in the EWARN and Surveillance Bulletin for week 11 on: http://www.who.int/hac/crises/ssd/south_sudan_ewarn_15march2015.pdf

923 were new cases, 224 relapses or PKDL and 19 were defaulters. In comparison 1,069 cases and 25 deaths were reported during the same period in 2014, of which 980 were new cases, 89 relapses/PKDL and 99 defaulters. Under reporting from the treatment centres complicates meaningful interpretation of trends, as many health facilities remain inaccessible due to insecurity. WHO continues to support implementing partners with healthcare worker training, diagnostics and medicines for enhanced surveillance and case management.

Acute Flaccid Paralysis: A total of 51 AFP cases have been reported in 2015. The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) is 3.0 per 100,000 population of children 0-14 years (target ≥ 2 per 100,000 children 0-14 years).

Six (60%) states comprising Central Equatoria, Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Lakes and Western Equatoria, have attained the targeted NPAFP rate of ≥ 2 per 100,000 children 0-14 years. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) is 2% (target $\geq 10\%$). Stool adequacy stands at 93%, a rate that is higher than the target of $\geq 80\%$.

Meningitis: One new suspect meningitis case was reported from Lankien during week 11 of 2015. No new suspect cases were reported in week 10.

Mortality Update: Altogether 140 deaths have been reported in the IDP camps from week 1 to 11 of 2015 compared to 454 during the same period in 2014. The mortality threshold remains below the emergency level in all camps.

Health
needs,
priorities
and gaps
WHO action

Insecurity remains a huge challenge that delays implementation and impedes access to people in need, particularly in the conflict-affected states that require rapid interventions. In addition, population movement due to conflict makes it difficult to reach people in need.

Strengthening HIV Services in IDP settings: WHO HIV/AIDS focal points conducted missions to Bentiu and Mingkaman from 2 to 8 March, during which HIV/AIDS services mapping was conducted. The mapping assessed available services; referral pathways; capacity such as Human Resources, space and laboratory facilities; commodities and existing supply pathways; and project sustainability and opportunities for HIV/TB integration. Further consultations and brainstorming with partners will take place and inform interventions.



A child is immunised during the NIDs. Photo: WHO/ D. Lunn.

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. Altogether 2.4 million children received the oral polio vaccine (OPV) in the seven stable states of Central Equatoria, Eastern Equatoria, Lakes, Northern Bahr El Ghazal, Warrap, Western Bahr El Ghazal and Western Equatoria. The remainder from the targeted number are in the three conflict states and

will be reached through various strategies such as rapid response missions (RRM) and short interval additional dose (SIAD) campaigns as they become accessible. Preparations for the second NID round, scheduled for 24 to 27 March, are underway and will target the same number of children.

In **Central Equatoria State** WHO conducted five days Rapid Response Team (RRT) state level refresher training for 30 people from the six county teams as part of emergency preparedness activities for the upcoming rainy season.

In **Eastern Equatoria State**, the national Epidemic Preparedness Committee (EPR), State and County rapid response teams were activated to respond to the outbreak with support from WHO and partners. The EPR committee has updated the national cholera preparedness framework and shared it with partners in order to facilitate initiation of cholera preparedness activities ahead of the approaching rainy season.

In **Jonglei State**, WHO visited Bor State Hospital and PoC clinic for active case surveillance daily. On site orientation was provided to vaccinators on how to identify, register and report Acute Flaccid Paralysis (AFP) and suspected measles cases. In addition WHO supported the Duk County Health Department (CHD) following the measles outbreak, 612 children aged six months to 15 years were vaccinated against measles.

In **Lakes State**, more than 300 children in Aguarkou, Puluk payam received treatment for seasonal respiratory tract infections and other minor disorders. The activity was carried out by partners, with support from WHO.

In Mingkaman IDP settlement area, WHO and partners conducted health education on vaccination among the Marol community, after they resisted immunising their children during the first NIDs round.

WHO supported Lakes State Ministry of Health (SMOH) to conduct a rapid assessment in Wulu County following reports of increasing AWD cases at community and facility level. On the job training was conducted by the surveillance teams and as such health workers were oriented on basic principles of prevention and control of AWD.

In Rumbek County, WHO co-facilitated at a three-day training workshop on Communication for Development training for 131 participants comprising community volunteers and supervisors. WHO focused on community surveillance of AFP, AJS, measles and Guinea Worm Disease (GWD).



The fire that destroyed homes and affected more than 700 individuals in Aweil. Photo: WHO.

In **Northern Bahr El Ghazal** WHO and partners have reactivated the malaria task force in preparation for the disease's peak season.

WHO participated in an assessment mission in Aweil, Northern Bahr El Ghazal following a fire that destroyed homes and affected 108 households comprising 756 individuals. WHO and partners are closely monitoring the situation in order to support any potential health needs.

In **Unity State**, WHO updated the mass casualty plan for Bentiu in anticipation of the resumption of hostilities. In addition, WHO has prepositioned two trauma kits (adequate for 200 patients) and emergency kits (Diarrhoea Kit and IEHK adequate

for 10,000 people) for the next three months.

In **Upper Nile State**, WHO conducted a monitoring visit to the state hospital in Malakal and conducted a needs assessment on Comprehensive Emergency Obstetric Care (CEmOC) services. The findings will guide the subnational health cluster on how best to support the SMOH to re-establish most of the services at hospital level. In addition two tents, two trauma kits, 10 basic unit kits of IEHK and a Diarrhoeal Disease Kit (DDK) were prepositioned at state level to enhance the preparedness capacity of the health cluster.

Core Services: WHO continued to provide partners and MOH with various interventions including the delivery of drugs as part of core pipeline support.

Table 1: WHO Support to Partners

| Partner | Support |
|-------------------------|---|
| Malakal/WHO/SMOH | 2 Dispensary tents; 10 basic unit kits, 1 DDK, 1 Trauma kit, TYPE B (support supply for A), 10 Major Surgical instrument kit; 10 Minor Surgical instrument kit; 10 PPE, Basic Module, A1; |
| Bentiu/WHO/SMOH | 1 DDK, 1 IEHK, 1 Trauma kit, 10 Major and Minor Surgical Kits |
| Nile Hope, Bentiu | 1,000 vials Ambisome. |
| Yambio/WES, WHO/SMOH | CATT reagent and accessories. |
| Kuajok/Warrap, WHO/SMOH | 50 Plain Blood collection tube. |
| Torit/ EES, WHO/SMOH | 50 vials anti-rabies vaccine. |
| ACROSS/CES | 10 Basic Unit Kit (IEHK component). |

| FUNDING STATUS OF APPEALS US\$ | | | | |
|--------------------------------|----------------------|----------------|----------|----------|
| | NAME OF THE APPEAL | REQUIRED FUNDS | FUNDED | % FUNDED |
| WHO | Crisis Response Plan | US\$16.7M | US\$2.7M | 16.4% |
| HEALTH SECTOR | Crisis Response Plan | US\$90M | US\$7M | 8% |

Background of the crisis

The crisis in South Sudan is currently a Level 3 humanitarian emergency and 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 509,483 are refugees in neighbouring countries.

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