The number of displaced people in South Sudan has risen to 492,000 since the onset of the conflict on 15 December 2013 (UNOCHA). A number of people have also been displaced to neighboring countries; i.e Uganda where 46,600 are seeking refuge, 8,900 in Kenya and 20,600 displaced into Ethiopia.

As fighting continues, the number of gunshot wound patients has also increased. Since 10 of January 2013, a total of 359 new cases of gunshot wound patients were recorded in 21 health facilities across the country. This brings the cumulative number of gunshot wound patients treated since the start of the conflict on December 15 2013 to 4,520 persons treated at 28 health facilities in seven states.

Ninety five suspected measles cases with no death were recorded in Juba Tomping camp alone in the last three weeks. Of these cases, 64% were children below five years of age and 36% aged five years and older. Very few cases have history of measles vaccination. Preliminary laboratory results for measles specimens were received from KEMRI Nairobi, and six specimens from Juba Tomping and 2 specimens from Bentiu tested positive for measles IgM.

Malaria (21%), Acute Watery Diarrhea (18%), and Acute Respiratory Infection (20%) remain the main causes of morbidity in all internally displaced people's camps in South Sudan.
The number of displaced persons in South Sudan has continued to rise since the clashes first broke out in the country on 15 December 2013. UNOCHA reported the number of internally displaced persons in South Sudan to be estimated at 492,000. As the number of displaced increases, so do the health needs, which health cluster partners are working to address.

In this period, a total of 359 new cases of gunshot wound patients were recorded in 21 health facilities across the country. This brings the cumulative number of gunshot wound patients treated since the start of the conflict on December 15 2013 to 4,520 persons treated at 28 health facilities in seven states of South Sudan including health facilities in remote area that could not be earlier on reached. One hundred and ninety medically evacuated to various hospitals.

UNMISS hospitals, CCM and other humanitarian actors, with support from WHO, are the major actors in managing trauma cases across the conflict zones. Currently, Bentiu and Bor hospitals are not functional. In Malakal, the delivery of supplies remained a challenge following fighting in the state in the past few days. UNMISS clinics in Juba and Bor are, however, full and there is need to support the relocation of some patients to other, safer health facilities where they can continue to receive specialized care.

Fighting in Bentiu, Malakal and Bor continued to hamper humanitarian efforts. Due to the heavy fighting in Bentiu during the week, many government health workers abandoned the only functional facility that was previously working (Bentiu Hospital). While in Malakal, ICRC, MSF and UNMISS continued managing gunshot wound patients. This week, four patients were also admitted in Bunj PHCC in Maban county, which is currently hosting refugees from Sudan. A total of 1,600 people are displaced in Maban, and are camped in Beneshawa and Nurashina, 45 kms from Bunj. MSF Belgium, Relief International and the State Ministry of Health plan to conduct a joint assessment in the two displaced persons camps. In Bor, UNMISS continued being the only source of health service delivery in the State capital.

The confirmed measles outbreak in the camps is a public health risk that has continued to worry health partners working in areas with displaced persons. This week, test results received from Kenya Medical and Research Laboratory in Nairobi showed eight of the ten specimen sent to Nairobi tested positive for measles 1gM. With the overcrowding in the camps, there is fear of more spreading in spite of vaccination. In addition tuberculosis and other airborne diseases remain a key concern for health partners.
Although water and sanitation conditions in some camps are improving, especially in Juba, water borne diseases remains a major concern in all camps, particularly in Awerial. In all the camps, acute watery diarrhoea and cholera remain a potential for waterborne disease outbreak.

Many people continue sleeping in unsheltered areas, thus increasing their risk of respiratory tract infections and malaria. This is especially happening in Awerial, where most displaced people are seeking shelter under trees, and in Bentiu, where the weather conditions are harsh.

In Bentiu, malnutrition screening conducted in the camp showed that Global Acute Malnutrition in the camp stood at 31%, Moderate Acute Malnutrition was at 22.5% while Severe Acute Malnutrition was found to be at 8.5%.

Many health partners started returning on the ground and will soon have full operations in the IDP camps in the coming weeks. This week for instance three partners were operational in Awerial, while in Juba IMC is currently fully operational in UNMISS Tomping and plans to open another clinic in Juba III to support primary health care services and reproductive health services.

The Health cluster also supported the coordination of health partners working in Awerial to minimize duplication of efforts. In this period, a meeting was organized between the State Ministry of Health, Lakes States, MSF and CCM to streamline efforts and response in Awerial county. As a result of partners' interventions, 1,328 persons were able to access medical services (Out-patient department consultations) in one week.

The health cluster continued coordinating evacuation of patients from various locations to hospitals, where they could access specialized medical care. A total of 14 new medical evacuations were conducted in this period, bringing the cumulative number of persons evacuated since the start of the crisis to 190 patients. They were medically evacuated to one of the following facilities: Juba, Wau, Bunj, Malakal, Gogrial, Agok, Kuajok, Lankein or Leer hospitals.

This week, an Epidemic Preparedness and Response meeting was convened with key health partners to discuss the feasibility and available capacity in country to implement the Oral Cholera vaccination (OCV) campaign. The meeting was also meant to identify key partners who will lead the OCV campaign in each of the IDP camps. The proposed plan by the Ministry of Health to administer the OCV vaccine to prevent potential cholera outbreak in IDP camps was endorsed by health partners. The MoH, WHO and other partners plan to conduct a risk assessment for cholera in the IDP camps so that comprehensive OCV campaign is implemented.

As people flee for safety, the number of people gathering in various locations, seeking for protection keeps growing. Displaced people were reported in Nimule and other parts of the country. The health cluster represented by WHO and Merlin participated in an interagency assessment in Nimule. The assessment found that 34,000 people are internally displaced in this area, with many having integrated into communities in Nimule. The team found patients to be accessing health services from Nimule Hospital, managed by Merlin. There were however, no health partners specifically focusing on the IDP settlements. The hospital has adequate staffing to run outreach clinics in the camps once these are set up. Medical supplies were reported to be adequate in Nimule hospital. There is need to conduct a mass measles and polio campaign targeting children from six months to 15 years and 0 to 15 years respectively.

Many partners have started returning to South Sudan, however even with this return, service delivery in areas of conflict remains limited, with few partners implementing programs. This week, Bentiu and Bor hospitals remained nonfunctional. In Bentiu, the health facilities have been abandoned while in Bor, access to the hospital is not possible.
However, in all the mentioned states, UNMISS is providing medical care. ICRC and MSF were initially on the ground in Bentiu but evacuated their team due to deterioration in the security situation in the town at the start of this week. However, with the support of UNICEF and WHO, people within the camps continued accessing medical services. In Malakal town, all Primary Health Care facilities remained closed, with only Malakal hospital providing trauma management, while UNMISS Level I hospital and MSF Spain are providing trauma and primary health care services to the IDPs inside the UNMISS compound. In Juba, MSF, IMC, THESO and UNMISS have continued providing primary health care and treatment for the wounded inside the UN bases while those not in camps are accessing medical services from different hospitals in Juba. Other health facilities that are currently supporting with health service delivery for the displaced include; Agok, Kuajok and Turalei in Warrap state, Juba Military Hospital, Juba Teaching Hospital in Central Equatoria State, Yirol and MSF-Rumbek in Lakes State, Leer, Wau, Old Fangak Lankien, Yuai, Awerial and Nasir.

◊ In Awerial, MSF, CCM and CUAMM are providing primary health care services on the ground. CUAMM, UNFPA, WHO, the state Ministry of Health and UNICEF are providing vaccines, drugs and other medical supplies to partners running health services on the ground. This week, 1,328 out-patient department consultations were recorded in the area, 412 of these cases were as a result of acute watery diarrhea, 245 of these were children under 5 years, and 182 were cases of acute respiratory infection. In Ajoung Thok in Unity State, AHA continued providing primary health care services to the displaced community in addition to the refugee caseload.

Vaccination campaigns

◊ Following reports of confirmed measles outbreaks in the two camps in Juba and Bentiu, partners have stepped up vaccination of all children aged 6 months to 15 years against measles and 0 months to 15 years for polio. In this reporting period, in Bentiu a total of 2,542 children were vaccinated against measles and 2,839 against polio. As new arrivals of IDPs are reported in the camps, partners have continued conducting daily immunizations to ensure that no child is missed with the measles and polio vaccination. It's important to note that measles virus is endemic in South Sudan and, in recent years, numerous measles outbreaks have been documented in many parts of the country. The routine EPI coverage is very low. Children in South Sudan are also at risk from polio virus, especially from imported virus coming from the recent Horn of Africa outbreak. For these reasons, an integrated immunization campaign was planned with both measles and polio antigens to be administered to children living in the IDP camps. In addition, children were also considered to be at potential risk for malnutrition, so administration of Vitamin A supplement was planned as part of the intervention.

◊ Following reports of a suspected measles case in Mingkaman, MSF Swiss, CCM and CUAMM with support from the State Ministry of Health, WHO and UNICEF have responded by conducting emergency measles and polio vaccination campaigns in the area, which is currently ongoing.

Results from the ongoing campaigns in Bentiu camps

◊ At the end of the activity the state EPI team compiled the data and reported coverage to partners. The table below summarizes the administrative coverage achieved in the immunization activity in Bentiu IDP camp.

<table>
<thead>
<tr>
<th>Antigen/ Intervention</th>
<th>Number of children receiving intervention in Bentiu IDP camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deworming</td>
<td>1,258</td>
</tr>
<tr>
<td>Oral Polio Vaccine (0 - 15 years)</td>
<td>2,839 (target 3,770)</td>
</tr>
<tr>
<td>Measles (6 months - 15 years)</td>
<td>2,542 (target 3,570)</td>
</tr>
<tr>
<td>Vitamin A supplement (6 months - 5 years)</td>
<td>1,513</td>
</tr>
</tbody>
</table>

Reproductive Health

◊ Given the challenges faced in providing emergency obstetric care services in the 2 camps of Juba located in Thomping (population of 17,000) and Juba III (population of 13,000); through repeated dialogues with UNMISS IMC managed to establish services in the two camps with reproductive health and surgical kits provided by WHO and UNFPA to the 2 camps. Although antenatal services have just begun in Juba, knowledge among residents about the availability of RH services is poor. Plans are underway to make the camp residents aware of the available services. A proper referral system is also being set up to transfer pregnant women.
It is noteworthy to mention that although the 2 UN health facilities at Juba mainly dealt with trauma, medical and surgical cases they adapted well to delivering EMOC care. In the table below are some of the RH statistics since Dec 15, 2013 to the present.

<table>
<thead>
<tr>
<th>Dec 15, 2013 - Jan 17, 2014</th>
<th>Antenatal cases</th>
<th>Deliveries</th>
<th>Caesarean section</th>
<th>Abortions (Dilatation and Curettage and spontaneous abortions)</th>
<th>Maternal deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juba III</td>
<td>27 (just started)</td>
<td>81</td>
<td>2</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Thomping</td>
<td>-</td>
<td>344</td>
<td>54</td>
<td>241</td>
<td>1</td>
</tr>
</tbody>
</table>

◊ During a joint inter agency assessment conducted in Nimule for which reproductive health services were also assessed. The team identified a referral hospital run by Merlin that will provide emergency obstetric care services, however there are lack of surgical supplies, antibiotics and vaccinations.

◊ For better coordination of delivery of Minimum Initial Service Package in Awerial, a 3W matrix for RH has been circulated to all the partners to establish where they are working and to see how to have better synchronization.

Surveillance and communicable disease control

◊ The total number of consultations reported in week 2 from Juba, Awerial, Bentiu and Malakal were 4,187. Respiratory tract infection, malaria and diarrhea continued to be the leading causes of morbidity in this week, mainly among children below five years of age. Of these cases, 13% were suspected malaria, 16% cases of acute watery diarrhea and 4% bloody diarrhea. Twenty nine percent (29%) of malaria cases, 65% of acute watery diarrhea cases and 44% of bloody diarrhea cases were in children below five years of age. Awerial and Juba IDP camps reported the highest watery diarrhea cases with one related death, and most likely reason is poor sanitation condition in IDP camps.

◊ Ninety five suspected measles cases with no death were recorded in Juba Tomping camp alone in the last three weeks. Of these cases, 64% were children below five years of age and 36% aged five years and older. Very few cases have history of measles vaccination. Preliminary laboratory results for measles specimens were received from KEMRI Nairobi, and six specimens from Juba Tomping and 2 specimens from Bentiu tested positive for measles IgM. Increased suspected measles cases and death were reported in Bor in the past one week. Cases were also recorded in Awerial, Maban and other IDP camps.

◊ Insufficient sanitation combined with a generally poor environmental status is still the main challenges in the camps, and these conditions may facilitate rapid spread of the epidemic prone diseases. Health authorities in collaboration with health partners have intensified preventive and control measures against epidemic prone diseases in the conflict affected areas.

Table showing who is doing what and where in areas of conflict in South Sudan

<table>
<thead>
<tr>
<th>County</th>
<th>Location</th>
<th>Affected Population</th>
<th>Organization</th>
<th>Presence</th>
<th>Key Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abyei</td>
<td>Abyei</td>
<td>YES</td>
<td>UNFPA</td>
<td>Yes</td>
<td>Maximum medical service package; prevention of RH, HIV</td>
</tr>
<tr>
<td>Juba</td>
<td>Juba 3 UN HOUSES</td>
<td>YES</td>
<td>UNICEF</td>
<td>Yes</td>
<td>Emergency RH, immunisation, RH services</td>
</tr>
<tr>
<td></td>
<td>Tomping UN camp</td>
<td>YES</td>
<td>UNFPA</td>
<td>Yes</td>
<td>Emergency RH, immunisation, RH services</td>
</tr>
<tr>
<td></td>
<td>Juba 4</td>
<td>YES</td>
<td>UNARSS level 3</td>
<td>Yes</td>
<td>Trauma management</td>
</tr>
<tr>
<td>Bor</td>
<td>Bor 4 Hospital</td>
<td>YES</td>
<td>Juba</td>
<td>Yes</td>
<td>Juba 4 hospital is operational to assess situations including assessments, measles vaccination campaigns, and emergency primary health care</td>
</tr>
<tr>
<td></td>
<td>Bor 4 POC</td>
<td>YES</td>
<td>Juba</td>
<td>Yes</td>
<td>Juba 4 hospital is operational to assess situations including assessments, measles vaccination campaigns, and emergency primary health care</td>
</tr>
<tr>
<td>Pibor</td>
<td>Pibor Hospital</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>Pibor hospital destroyed, services yet to resume</td>
</tr>
<tr>
<td>Terekeka</td>
<td>Terekeka POC</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services</td>
</tr>
<tr>
<td></td>
<td>Terekeka POC</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services</td>
</tr>
<tr>
<td></td>
<td>Terekeka</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services</td>
</tr>
<tr>
<td>Fangak</td>
<td>Fangak</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services, vaccination campaign, management of site</td>
</tr>
<tr>
<td>Pibor</td>
<td>Pibor</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services, vaccination campaign, management of site</td>
</tr>
<tr>
<td>Malakal</td>
<td>Malakal</td>
<td>YES</td>
<td>CARE</td>
<td>NO</td>
<td>POC services, vaccination campaign</td>
</tr>
</tbody>
</table>
## Current Health Cluster Response

Table showing who is doing what and where in areas of conflict in South Sudan cont...
Gaps and Needs

◊ Provision of primary health services in Bor IDP camp in UNMISS compound needs to be addressed.
◊ Need to conduct an emergency measles vaccination campaign in UMISS Bor IDP camp.
◊ Lack information in many areas where there is ongoing conflict like in Mayom, Pariang, Akoko, Balliat, and other areas

Concerns

◊ There are still few health cluster partners in country.
◊ Medical evacuations to various areas is challenging due to the dynamics of the conflict, thus the choice of evacuation of wounded has to be made carefully.
◊ Reproductive health remains a major challenge here, requiring more partners to fill this gap.
◊ At this stage, determining the number of fatalities is challenging and unknown.

Plans for future response

◊ In Bor, plans are also under way by health cluster partners to explore ways to conduct mass measles campaigns among the displaced persons camp inside the UNMISS base.
◊ All partners involved in the response need to constantly monitor surgical capacity across the country.
◊ MoH, WHO and UNFPA to assess Reproductive health services in the largest camp at Mingkaman, Awerial County where over 100,000 IDPs are present but scattered under trees in the open air.

Health Cluster partners

Partners working towards the response include: Ministry of Health, State Ministries of Health, WHO, UNICEF, MSF Spain, MSF Belgium, MSF France, MSF Swiss, IRC, MEDAIR, MSF Holland, ICRC, CCM, THESO, CARE, COSVO, UNFPA, UNMISS, UNKEA, CUAMM, GOAL, IMC, IMA, AHA. Donor observers: ECHO, OFDA, CIDA, DFID, EU, USAID.

Currently the national Health Cluster is Chaired by MOH and Co- WHO.

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