The number of displaced people in South Sudan has risen to 646,400 since the onset of the conflict on 15 December 2013 (UNOCHA). One hundred and twelve thousand, two hundred (112,200) others have been displaced in the neighboring countries of Uganda, Kenya and Ethiopia.

Health cluster partners managed to access Bor Protection of Civilian (PoC) camp in UNMISS Bor and conducted vaccination of children against measles and polio. A total of 2,292 children were vaccinated against measles and 2,489 against polio in the PoC by the time of reporting. Other IDP camps and areas where vaccination was conducted are; Tomping, Juba III, Awerial, Bentiu, Nimule, and Lankien.

In the past two days 19 cases (27%) of all consultations in Bor were suspected cases of measles. Measles campaign was concluded and preliminary results following the PCE indicate 98% coverage. Five specimen will be sent for Laboratory Analysis in Nairobi.
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 646,400 people. The needs of those displaced have immensely increased in the past one month.

One hundred and fifty nine new cases of gunshot wounds were recorded in this period from 31 health facilities. This brings the total number of gunshot wound cases reported since the conflict started in December 15 to 4,697.

In Malakal, Bor and Bentiu, threats of possible clashes have continued to hamper humanitarian response in the affected areas. With the most affected being the delivery of drugs and other medical supplies plus human resources to respond to the health needs of the displaced.

Although the health situation in other state capitals is stabilizing with no outbreaks reported, surveillance teams from Yaii in Uror county, Jonglei state have reports of suspected measles outbreak. WHO and the County Health department are following up on this alert. Uror county is believed to be hosting over 6500 IDPs fleeing the fighting.

Lack of shelters in most camps have continued to be a public health risk especially for children under 5 years. This increased the risks of respiratory infections and malaria which for the fourth consecutive week are the leading causes of morbidity and resulting to death in some camps like Awerial.

The use of unsafe water points is a public health risk for all the displaced communities in the areas of Awerial and Pariang. Given that people are drawing water from open water sources where latrine coverage is close to zero, the risk of acute watery diarrhoea is high especially among children.

As communities start returning home, access to health services and facilities becomes a challenge. Thus a public health risk for those unable to access health services especially women and children as most health facilities either remain closed or were destroyed during the crisis. Health partners will therefore need to come up with alternative ways to ensure that the IDPs returning home have access to the much needed health services.
Health Cluster Coordination

◊ A health Cluster coordination meeting was convened and held in this period. During the meeting, focus and emphasis was drawn to the measles outbreak and the death of children in Bor PoC IDP camp. WHO, UNICEF and IMC travelled to Bor to conduct a mass measles and polio vaccination campaigns and commence delivery of primary health care. As a result 2,292 children have been vaccinated against measles, 2,489 against oral polio virus and 1,818 children received Vitamin A supplementation by this reporting period. The campaigns are planned to run for three days.

◊ To strengthen coordination of response towards potential epidemics, the Ministry of Health with support from WHO conducted an Epidemic Preparedness and Response meeting with key health partners. The meeting focused on major disease events under surveillance in South Sudan.

◊ In Warrap State the SMOH in collaboration with WHO hosted a monthly health cluster meeting attended by County Health Officers, UN (UNICEF, WHO and UNOCHA) and NGO partners (NCA, CCM, MSF, ACF) from Warrap state. Issues discussed focused on updates on state/IDP surveillance, nutrition, EPI and health coordination. The alarming rates of malnutrition in Twic county, lack of sufficient partners on the ground and the need to share information and experiences between different partners and state authorities was also underscored. The Health cluster fora was also used to share information on preparedness and current response plans, provide feedback on joint cluster assessments and surgical capacity assessment. the SMOH expressed a concern on insecurity in Tonj North, South and Twic; staffing has gone down especially for international human resources, incomplete and untimely (<50%) health reporting, was also noted. The meeting recommended that the County Health Department work with partner NGO’s to finalize plans for submission to SMOH and improvement of reporting by all partners.

Assessments

◊ An assessment was conducted by AHA in Pagayi boma, Jam Jang Payam, Paryiang County, Unity state. The assessment was conducted to identify IDP concentration areas in order to guide an integrated health, immunization and nutrition intervention. Following the assessment a mobile clinic visit was conducted to the area, 131 patients were seen with the most causes of morbidity being respiratory tract infections 92% and malaria. One hundred and five children aged 0 to 59 month were immunized with different antigens, 100 received vitamin A supplement and 46 women of child bearing age were immunized against tetanus. Malnutrition screening was also done, severe acute malnutrition rate among children screened in this community was at 11% and global acute malnutrition rate among the children screened was at 34%. The most evident challenge faced in this community is hygiene and sanitation resulting from lack of access to clean water.

◊ An assessment was also conducted to Ajak-Kwac in Twic county Warrap state, hosting 750 household IDPs from Unity state. The team found the IDPs to be at risk of disease outbreaks due to poor hygiene, water and sanitation facilities in the locations where the IDPs are settled because of poor living conditions with limited latrine coverage and malnutrition in children. The State Ministry of Health, WHO in collaboration with the County Health Department and GOAL will conduct polio and measles immunization for children aged 6 month to 15 years and tetanus for women of child bearing age. The agencies will also strengthen diseases surveillance activities in the affected area.
Health service delivery

◊ Bor, Malakal and Bentiu hospitals remained non-functional. Twenty one health facilities in Unity and 6 others in Upper Nile State also remained closed, leaving communities in these areas unable to access health services.

◊ Health partners conducted mobile clinics in camps with limited partners on ground. Mobile clinics were conducted in Pagnayi boma, Jam Jang Payam, Paryiang County, Unity state by AHA, in Nimule by Caritas and in Torit, WHO, UNICEF, South Sudan Red Cross and Merlin.

◊ UNMISS continued providing medical care for the displaced in PoC bases in Malakal, Bentiu, Bor, Juba Tomping and Juba III. Other humanitarian partners (ICRC and MSF) continued supporting surgical care at various health facilities in the 7 states.

◊ In Tomping IDP camp in Juba, MSF Spain are providing trauma and primary health care and pediatric inpatient services services to the IDPs inside the UNMISS compound. In Juba III, IMC and THESO are providing primary health care and treatment for the wounded unable to access medical services from different hospitals within Juba. Refer to graph 1 for details on other health facilities supporting health service delivery for the displaced.

◊ 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. IMC is initiating mobile clinics, and IRC responding with reproductive health services. Health Link is supporting Bunagok PHCC and preparing to strengthen emergency obstetrical care in the facility. This week, 1,328 outpatient 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.

Reproductive Health

◊ IMC and UNMISS with support from UNFPA and WHO continued to deliver reproductive health services in the Juba camps with 377 deliveries, 76 Caesarian sections and 118 ANC attendances recorded from the two main camps in Juba and the Juba teaching hospital. See details in the table below;

<table>
<thead>
<tr>
<th>Facility/ Location (Population)</th>
<th>ANC</th>
<th>Deliveries</th>
<th>C/ S</th>
<th>Post-abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNMISS Juba 3 – PoC</td>
<td>118 (services started on Jan 16, 2014 in the camp)</td>
<td>20</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>UNMISS Tomping - PoC</td>
<td>No services provided</td>
<td>110</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Juba Teaching Hospital</td>
<td>347</td>
<td>74</td>
<td>251</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>377</td>
<td>76</td>
<td>208</td>
</tr>
</tbody>
</table>

◊ UNFPA deployed 3 midwives to support direct service delivery in Juba Teaching Hospital and the health facility in the PoC site in Juba-3 UNMISS base operated by IMC. UNFPA also delivered clean delivery kits to Malakal for distribution to pregnant women in areas not readily accessible due to the security reasons.
Vaccination campaigns

◊ Vaccination continued in most IDP camps in this period, as of 27 January 2014, a total of 21,547 children have been vaccinated against measles in five IDP camps of Nimule, Bor, Pagnayi boma, Unity State and Lankein, 9,765 vaccinated against oral polio virus in Nimule, Bor, Pagnayi boma, Unity State and 1,918 children were given Vitamin A and supplementation and in UNMISS Protection of Civilian IDP camp in Bor and Pagnayi boma. As a measure to contain measles outbreak in Juba, WHO, UNICEF and health partners supported the vaccination of 6,996 children against measles in Juba Tomping. Both camps are estimated to host over 54,000 people.

◊ Partners continued supporting vaccination of children aged 0 - 15 years against measles and polio and providing Vitamin A supplements refer to table 1 for number of children immunized and areas where vaccination is ongoing. Partners supporting the vaccination campaigns include; WHO, UNICEF, MEDAIR, CARITAS Torit, South Sudan Red Cross, AHA, MSF and CUAMM.

Table 1. Results from the ongoing vaccination campaigns.

<table>
<thead>
<tr>
<th>Antigen/ Intervention</th>
<th>No. of children receiving intervention (ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bor POC</td>
</tr>
<tr>
<td>Deworming</td>
<td>-</td>
</tr>
<tr>
<td>Oral Polio Vaccine (0 - 15 years)</td>
<td>2,489 (target 3,770)</td>
</tr>
<tr>
<td>Measles (6 months - 15 years)</td>
<td>2,292 (target 3,570)</td>
</tr>
<tr>
<td>Vitamin A supplement (6 months - 5 years)</td>
<td>1,818</td>
</tr>
</tbody>
</table>

Surveillance and communicable disease control

◊ In week 4 a total of 3,270 consultations were reported from Juba, Awerial, Bentiu and Malakal. Of these cases, 20% were due to respiratory tract infection, 17% acute watery diarrhea, 15% due to suspected malaria, and 3% due to bloody diarrhea. In terms of age distribution, 25% of malaria cases, 62% of acute watery diarrhea cases 43% of bloody diarrhea cases and 80% of measles cases were seen in children below five years of age. Despite the reduction in AWD cases in week 4, majority of cases still came from Awerial and Tongpiny camp in Juba.

◊ Measles cases reduced this week with 66 suspected measles cases reported from Juba Tomping (53), Bentiu (1) and Awerial (2) in epi-week 4. Of these cases, 80% were children below five years of age. A few suspected cases had a history of measles vaccination. This week Measles vaccinations campaigns have been conducted in Bor(2,295), Lankien, Awerial, Tongpiny(6,263) and Nimule (13,334).

◊ Two suspected meningitis cases were reported this week from Tongpiny (1) and Awerial (1). Samples have been collected and investigations are being carried out.
**Gaps and Needs**

◊ Lack information in many areas where there is ongoing conflict like in Mayom, Pariang, Akoko, Balliat, and other areas.

◊ Health needs in the UN bases in Bentiu, Bor and Malakal, Bor remain inadequately covered.

◊ The heightened risk of cholera remains, hence need for cholera vaccination across all displacement sites.

◊ Partner presence on the ground remains challenging as most organizations are monitoring the security situation before re-deploying fully to key locations.

**Concerns**

◊ 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 in a number of IDP camp settings, requiring more partners to fill this gap.

◊ At this stage, determining the number of fatalities is challenging and unknown.

**Plans for future response**

◊ Scale up Primary Health care services delivery in all IDPs.

◊ Continue with mass measles vaccination campaigns in all IDP camps.

◊ Finalize preparation for the implementation of Oral Cholera Vaccination.

◊ Strengthen surgical capacity in all the affected states.

◊ 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, IMA, PHA, World Relief, Caritas Torit. *Donor observers:* ECHO, OFDA, CIDA, DFID, EU, USAID.

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

---

**Contacts**

**For more information please contact:**

Dr Julius Wekesa  
Health Cluster Coordinator  
WHO South Sudan  
wekesaj@who.int  
+211 954805966

Ines Morgan  
Co-Cluster Lead  
International Medical Corps (IMC) South Sudan  
sshealthclustercolead@gmail.com  
+211 954309962  
+211 955 873 055

Ms Pauline Ajello  
Communication and Advocacy Officer  
WHO South Sudan  
aeltop@who.int  
+211 955873055