Key highlights

- New figures indicate that 729,000 people are displaced inside South Sudan, with the largest numbers in Unity State. Another 145,000 people have fled to the neighboring countries.

- The number of gunshot wound patients has significantly reduced this reporting period, possibly due to decreased clashes between the two forces as compared to the previous reporting periods.

- WHO continued supporting field operations with drugs and other medical supplies to facilitate health interventions in all areas of need especially in the internally displaced people’s camps.

- Efforts to control Measles outbreak continue across the ten states in South Sudan.

Description of the event

- The greater part of the country remained calm in this period, however there were clashes reported in about 20km from Bor town. Seventeen casualties were reported, nine of them evacuated to Juba and a number of fatalities. In Malakal, reports of threats of attack from the opposition forces remained high. All the key states of Bor, Bentiu and Malakal remained relatively calm with no incidents.

- No major outbreaks have been reported this period, however measles still remains a public health concern. Partners have stepped up efforts to respond to the measles outbreak and surveillance strengthened further to ensure the situation is closely monitored while all preventive measures are put in place. This week, the measles campaign was launched in Malakal, Lankein and Juba III camps.

- A total of one hundred and fifteen (115) suspected measles cases with eight (8) related deaths were reported this week from the IDP sites of Tomping (42% of cases), UN House (3.4% of cases), Awerial (2.6% of cases), Bentiu...
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(2% of cases) and Bor (50% of cases and 100% of related deaths). Emergency measles vaccination campaigns were implemented during this report period in Malakal POC, UN House, Lankien and other location, while planning is ongoing in Walgak (Akobo).

- In week 6, a total of 2,699 consultations were reported from Juba, Awerial Bor, Malakal and Bentiu. Of these consultations, 18.6% were due to respiratory tract infection, 35.8% acute watery diarrhea, 34.6% due to suspected malaria, 5.2% due to bloody diarrhea, 4.4% due to suspected measles and 1.4% of the consultations were due to other conditions. In terms of age distribution, 26% of malaria cases, 51% of acute watery diarrhea cases, 37% of bloody diarrhea cases and 94% of measles cases were seen in children below five years of age. Despite the slight reduction in AWD cases in week 6, majority of cases were reported from Awerial, Malakal and Juba (Tongping and UN House).

On-going emergency response by government, WHO and health partners

- This week, WHO deployed a second technical officer to Malakal and Bor to support health cluster response. The WCO has also developed a deployment plan at the country level to support field level operations. The staff deployed will support and participate in various health assessments in order to identify needs and gaps and guide partners on filling these gaps.

- To support health promotion interventions at Tomping and Juba III IDP sites, WHO conducted training of 55 community volunteers to support message dissemination on key areas of measles, malaria, hygiene promotion, and registration of death, birth and pregnant women. The volunteers will also support with referral of community members to service point areas. This follows an increase in the number of reported death in Tomping camps. It’s hoped that this will reduce the mortality of children in this IDP location.

- WHO participated in health assessment in Paloicch and Akoka in Upper Nile state and Bor town. Key issues identified were the need for provision of secondary health services and provision of life saving surgery in these areas.

- The organization supported the medvac of eight patients from Bor to Juba Teaching Hospitals following fighting in Bor, Jonglei state. Currently Bor hospital has no capacity to manage patients that need life saving surgery.

- WHO attended a meeting for core pipeline management to discuss and agree on issues regarding strategic distribution of medical supplies for the upcoming six months. WHO presented its strategy putting into consideration access to the ware houses as needed.

- In addition, the organization supported UNIDO (National NGO) with six basic unit kits enough to treat 6,000 people for three months to support internally displaced people in Koch/Mayendit/Dablual, in Unity state. In Upper Nile state, the organization supported MSF Spain with one Inter agency Emergency Health Kit sufficient to treat 10,000 people for three months as contribution to the response in Wau Shuluk. In addition, another supplementary key to support Paloic Melut response was also donated. IMC was also supported by WHO with basic unit kits to enhance primary health care services in the POC area in Malakal IDP site while in Malakal POC area, WHO prepositioned one trauma kit for 100 people, 5 ORS modules for 2000 people and six basic unit kits sufficient to manage 6000 people. Support was also provided to MSF in form of one Basic unit kit and 1000 RDTs for case management in Bor POC area.
To expand and strengthen secondary health services in Awerial, Minkaman, WHO supported Health Link with an extra tent to strengthen a second inpatient department (IPD) to serve the IDPs.

The organization also supported the monitoring of disease trends and surveillance teams in all IDP camps. Support continues to be provided in death verification at the community level and stepping up of efforts in investigating the causes of death. The organization is currently using the 55 recruited community volunteers engaged in health promotion and surveillance.

WHO continued to support coordination, collection, analysis and dissemination of essential information on health risks, needs, health sector response, gaps and performance. In addition, comprehensive review of existing measles data is being done to identify gaps that could be affecting the quality of the previous campaigns. In this reporting period, under 5 crude mortality rate (US CMR and CMR) rates in Tomping remain above emergency threshold of 2.24 and 0.83 per 100,000 per day respectively; UN Juba III PoC, the USCMR and CMR rates are below emergency threshold (0.76 and 0.41 per 10,000 per day); Bor PoC, the USCMR and CMR rates are still above the emergency threshold (8.93 and 2.24 per 10,000 per day); Minkaman camp, the USCMR and CMR rates are below emergency threshold (0.16 and 0.12 per 10,000 per day). The most common causes of deaths reported include; measles (and its complication); watery diarrhea, pneumonia and malnutrition. WHO together with health and WASH cluster partners have taken steps to scale the sanitation, nutritional interventions and routine EPI/Measles activities.

WHO continues to support outbreak response and vaccination campaigns in most IDP sites. In Awerial the campaign was completed and a total of 37,700 children reached with emergency measles vaccination. In addition WHO supported vaccination of children between 5 month and 15 years in Malakal POC area. Results of which indicate that 13,747 and 15,499 children were vaccinated against measles and polio respectively.

To strengthen coordination of health cluster partners, the organization supported the Ministry of Health to convene a health cluster coordination meeting at Juba Level and in Bentiu. During the meetings, discussion on strengthening service provision at all the IDP sites were agreed on. In Bentiu and Malakal high impact interventions and mapping of existent services in areas other than the state capitals were agreed on.

In additional as part of coordination, WHO facilitated dialogue between Juba Teaching Hospital, the Ministry of Health and ACTED on the issues of body management. As a result, ACTED and Juba Teaching Hospitals are in the process of finalizing the memorandum of understanding and will be signed soon.

Together with other partners, WHO has continued to provide technical support in the area of Reproductive Health in emergencies. The organization did this in collaboration with UNFPA that is mandated to provide MISP in emergencies.

Challenges and gaps in emergency response

- Insecurity remains a challenge in Jonglei, Upper Nile and Unity states affecting humanitarian access especially in the counties and outskirts of key State capital.
- Limited Human resource Capacity at state level to support the response.

Required health actions and plan for the coming days or weeks

- Continue efforts to strengthen disease surveillance in all the areas reporting populations of humanitarian concern
- Receive the cholera vaccines in preparation for the OCV in Juba and Awerial
- Preposition supplies in the key states of Unity, Warrap and Bor

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