Key highlights

- Over 413,000 people have been displaced since the beginning of the conflict in December 15 2013 (OCHA 2014). Most of the displaced persons are concentrated in Jonglei, Lakes and Unity states.

- Two hundred and fifteen new cases of gunshot wounds received life saving surgery in this reporting period, of whom 14 were medically evacuated.

- WHO supported health cluster partners with life saving drugs and supplies to extend emergency health services to affected population.

- Thirty nine new suspected measles cases were recorded from Tongping IDP camp in Juba in the last one week. WHO and cluster partners are making efforts to control the measles outbreak in all the displaced people’s camp through emergency vaccination campaigns. Seven blood specimens collected from Tongping IDP camp in Juba and two specimens from Bentiu IDP camps tested positive for measles IgM. All specimens were negative for Rubella IgM.

- Malaria, Respiratory Tract Infections and Acute watery diarrhea remain the leading causes of morbidity in all the internally displaced people’s camps

Description of the event

- The number of people displaced keeps increasing by the day as more people flee to areas of safety. As of 15 January 2014, UNOCHA estimated the number of internally displaced people in South Sudan since the start of the crisis on 15 December 2013 at 413,000 people. As of this reporting period, most
Emergency Humanitarian Action South Sudan

Displaced persons were reportedly concentrated in Jonglei, Upper Nile, Lakes and Unity states. Other states that have reported populations of humanitarian concern include, Central Equatoria and Warrap states. About 32,000 other people are reported to have crossed in to Uganda, Kenya and Ethiopia. With the huge influx of displaced persons, there is need to scale up humanitarian assistance further than what partners are currently doing which requires a lot of financial and human resources.

- Heavy fighting continued in Malakal city, Upper Nile state with a number of casualties. While in Bentiu, Unity state, the hospital is abandoned and humanitarian actors have fled following the re-capturing of the town by the pro government forces. This has led to population movement to Leer county where an estimated 8,000 people are camped. In Yei county, Central Equatoria State, clashes were reported with minimal displacement of the population. Preliminary information from Unity state indicate that an estimated 18 health facilities in four counties were either looted or destroyed hence not operational. This is a major public health concern.

- A total of two hundred and eighty one cases of gunshot wound received surgical treatment in UNMISS II clinic in Malakal, Malakal hospital, Nasir, Old fangak, Juba Teaching hospital, Ayod, Lankein and Wau in this reporting period. In addition medical evacuations of 14 patients was done and health partners and key hospitals were supported with trauma kits, infection control material, sundries and assorted antibiotics to enable the management of gunshot wound patients. This week the organization supported UNMISS with additional assortment of drugs and other materials like beddings and utensils to enhance support of patients at the clinic. To date WHO has supported medical evacuations of 190 patients, and management of 2,739 patients across the seven states.

- Measles, malaria and cholera remain key public health threats. In addition chronic diseases like TB and HIV have become a concern. Management of the dead bodies is also of concern leading to mental distress. Lack of shelter in most camps is predisposing the under five to respiratory tract infections. Water and sanitation conditions remain dire in most areas posing a higher risk of water borne diseases. While conflict related injuries remain the major concern to most of the health partners in remote areas especially in areas with low access.

- The total number of consultations reported in week 2 from Juba, Awerial and Malakal was 4187. Of these cases, 13% were suspected malaria, 16% acute watery diarrhea and 4% bloody diarrhea. In age distribution, 30% of malaria cases, 65% of acute watery diarrhea cases and 39% of bloody diarrhea cases were children below five years of age. The majority of diarrhea cases were recorded from Awerial IDP camp, followed by Juba Tomping IDP camps, where sanitation and hygiene conditions are very poor.

- A total of 54 suspected measles cases were recorded in Juba Tomping (45) and Bentiu (9) in the last three weeks. Of these cases, twenty eight cases were recorded in the last five days alone from Juba Tomping, despite the measles vaccination campaign implemented in the last few days of December 2013. Preliminary results for measles specimens are still pending in KEMRI, and likely to be available by tomorrow. Seven preliminary results for specimens from Tomgping and 2 from Bentiu tested positive for measles IgM.

- The Ministry of Health in consultation with WHO, UNICEF and other health cluster partners have agreed
Emergency Humanitarian Action South Sudan

to use Oral Cholera Vaccine (OCV) through mass immunization campaign to complement other cholera preventive measures, targeting the displaced currently living in all IDP camps in Juba.

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

- WHO continued supporting health cluster coordination to strengthen partners’ delivery of health services for the displaced people. One health cluster coordination meeting was held this week with partners in Juba. Technical working groups were also re-activated to follow up on key areas of concern. These include; pharmaceuticals, reproductive health, epidemic preparedness and response, and expanded programme on immunization technical working groups.

- WHO also continued playing its advocacy role for more partners to come on board to support public health interventions in all the conflict affected areas. The capacity of the available health partners remains a challenge for the health cluster especially in Jonglei, Unity and Upper Nile States.

- WHO supported partners like IMC with major and minor surgical units, one trauma kit to enhance the surgical capacity of UNMISS Juba III facility. The supplies are adequate to support 100 surgical cases. In addition WHO supported Bor UNMISS facilities with two trauma kits to replenish supplies in Bor. UNMISS is the only health actor still present in Bor. In addition, one Personal Protective Equipment heavy duty kit and 20 Carry Blair were provided to support the out patient department establishment in Juba III by IMC.

- To enhance care of gunshot wound patients, WHO supported UNMISS Level II hospital in Juba with an assortment of beddings and utensils. A total of 100 blankets and pillows, cups, plates and spoons were donated to UNMISS level two hospital in Juba. In addition, assorted antibiotics and sundries were also given to the same hospital. Currently the hospital has 201 patients of gunshot wounded admitted at the hospital.

- In Nimule, WHO lead health cluster members to carry out an assessment following reports of displacement due to fighting that occurred in Juba. The team established that the hospital has adequate medical supplies and a few delivery kits, a comprehensive report will be shared in due course.

- The Organization continues to monitor public health activities and disease surveillance activities in camps in Juba. On job training, verification and follow up of modifiable diseases are conducted on a daily basis and work with other health teams and partners on ground to ensure that public health risks and any health threats to the communities are identified and corrective measures devised. Key areas supervised
include; general public health issues, disease surveillance, case management, waste management, reproductive health, HIV and TB management among others.

**Challenges and gaps in emergency response**

- Insecurity continues to hamper emergency response and humanitarian access in of the affected areas.
- Transportation of medical supplies to areas affected by conflict is also a challenge, due to insecurity and the continuous clashes in the various conflict zones. This limits air assets thus affecting timely delivery of medical life saving supplies.
- Lack of health partners in key towns like Bor.
- Blood products and transfusion services are severely lacking at facility level and this is affecting the quality of management for the injured

**Required health actions and plan for the coming days or weeks**

- Conduct a risk assessment for the planned Oral Cholera Vaccination in Juba Camps.
- Deployment of three health cluster coordinators to Unity, Malaka and Bor and Data manager at Juba level as part of surge support from HQ and IST.
- Conduct planned health assessment in Bor, Nyirol and Pariang Counties access allowing.
- In the Interim, deploy Technical officers to Bentiu in Unity State, Warrap and Rumbek in Lakes states to follow up the current response.
- Continue efforts to strengthen disease surveillance in all the areas reporting populations of humanitarian concern.

For more information on issues raised in this situation report and WHO’s and the Health cluster response to this crisis, please contact:

**Dr Abdi Aden Mohammed**  
WHO South Sudan Country Representative  
Mobile: +211954169578  
GPN: 67404  
Email: mohameda@who.int

**Dr. Allan Mpairwe**  
ODM Focal Point  
Mobile: +211955372370  
GPN: 67507  
Email: mpairwea@who.int

**Ms Pauline Ajello**  
Communication and Advocacy Officer  
Mobile: +211955873055  
GPN: 67514  
Email: ajellopa@who.int