Key highlights

- An estimated 494,000 people have been internally displaced in South Sudan since the beginning of the conflict in December 15 2013 (OCHA 2014). And 86,100 others displaced in to neighboring countries.

- Three hundred fifty nine new cases of gunshot wounds recorded and four medical evacuations. This brings the total number of patients managed at various hospitals since the onset of the conflict to 4,520.

- The organization continued to support health cluster partners with life saving drugs and supplies to extend emergency health services to the affected population.

- Test results obtained from Kenya Medical Research Institute (KEMRI) Laboratory in Nairobi confirmed the presence of measles outbreak in Juba and Bentiu IDP camps. WHO and health cluster partners continue with efforts to conduct emergency measles vaccination campaigns to control the measles outbreak in all the displaced people’s camp.

- Two WHO offices were vandalized and office equipments, ICT equipment and two office vehicles looted in Bor and Unity states. In addition key state hospitals of Bentiu and Bor in the two mentioned states were looted and most equipment destroyed.

Description of the event

- The number of people displaced increased by 81,000 persons since the last WHO situation report on 15 January 2014. The current number of displaced persons is now estimated at 494,000. This number is however expected to increase further as fighting continues in the town of Malakal and Bor. Both Malakal and Bor and under the control of pro government forces while the larger parts of Upper Nile state are under the control of the opposition forces. In Malakal, UNOCHA estimates that around 22,000 people continued to shelter in the UN base, and in Bor the number of civilians to around 10,000. In the UN bases alone 67,400 are reported to be displaced and living in the camps of Juba, Bor, Bentiu and Malakal. Population movement has been observed towards the counties of Leer in Unity state, Twic in Warrap State, Nasir in Upper Nile states and Maban in Upper Nile state.
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- Heavy fighting continued in Malakal city, Upper Nile state in this period with a considerable number of casualties reported while Bor town was recaptured by pro government forces. In Bor the hospital was heavily looted and partly destroyed while in Bentiu, Unity state, the hospital remained abandoned following the fleeing of humanitarian actors and health care workers four days ago. All WHO offices were equally vandalized and equipments taken. In addition preliminary information from the states indicates that 25 other health facilities were looted and vandalized in Unity. This remains a public health concern.

- Comprehensive health responses are still largely confined to Juba and displacement camps in UN bases in the affected towns of Malakal, Bor and Bentiu due to the ongoing insecurity and inadequate numbers of health partners at the state level.

- The total number of consultations reported in week 3 from Juba, Awerial, Bentiu and Malakal was 4,854. Of these cases, 21% were due to respiratory tract infection, 16% due to suspected malaria, 11% acute watery diarrhea and 2% due to bloody diarrhea. In age distribution, 34% of malaria cases, 78% of acute watery diarrhea cases 39% of bloody diarrhea cases and 77% of measles cases were seen in 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 92 suspected measles cases were recorded in Juba Tomping (83) and Awerial (9) in epi-week 3. Of these cases, 77% were children below five years of age. A few suspected cases had a history of measles vaccination. Preliminary results for seven cases from Tomping and 2 from Bentiu tested positive for measles IgM. In response to the confirmed outbreak, emergency measles vaccination campaign will be carryout by Medair in Juba Tomping IDO camp in the next three days. Cases and deaths due to measles were also reported from Bor during this reporting period.

- Two suspected meningitis cases with no deaths were record from Juba Tomping camp, one 4 weeks old child and one was adult.

- Preparations for the Oral Cholera Vaccine (OCV) campaign are ongoing at Juba level. WHO is currently supporting the MoH to complete the cholera risk assessment and the application for submission to the ICG secretariat.

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

- During this period, the organization facilitated a health coordination meeting to review ongoing responses. Key emphasis was put on scaling up efforts in the states affected by the crisis. Streamlining of community assessments and interventions in Awerial IDP camp was underscored.

- The Organization completed the development of a comprehensive risk assessment for the planned cholera oral...
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vaccination campaign in Juba III, Tomping, Bentiu, Malakal, Bor and Awerial internally displaced people’s camps. Over 147,000 people will be targeted with the campaign.

- Provided ongoing support to the emergency health response operations; one trauma kits capable of treating 100 cases were provided to IMC/UNMISS level 2 surgical facility, assorted sundries, antibiotics and infection control material to Bentiu emergency health teams, one IEHK capable of managing 10,000 people for three months was provided to IMC in Awerial IDP camp, 30 TI media, one kit of pastorex, 40 carry blair medium were provided to health partners MSF in Juba Tongping camp

- In addition, WHO continued monitoring public health activities in the IDP camps in Juba by actively and regularly visiting and supervising the supported health facilities in the two camps. While Technical Officers were deployed to Rumbek/Awerial in Lakes, Kuajok in Warrap and Bentiu in Unity States to support the cluster response as part of technical support to the health response.

- In response to the 34,000 people displaced in Nimule, WHO together with the state teams are currently conducting emergency measles vaccination exercise for children under 15 years as an immediate measure to prevent measles outbreak. To strengthen health service delivery for the displaced, WHO will support Nimule hospital to enhance its disease surveillance and response, mobile clinics and provide life saving supplies for the affected population.

- The agency provided technical support to IMC and THESO to strengthen service delivery at the camps in Juba and mobilized health workers to support the implementation of reproductive health services in emergency settings. Seventeen new deliveries were successfully conducted in this period and maternal audits are to establish maternal deaths in the camps are being carried out.

Challenges and gaps in emergency response

- Insecurity remains a challenges in Jonglei, Upper Nile and Unity states thus affecting:
  - deployment of extra technical officers in the field.
  - enhancement and expansion of health partners’ capacity in key states, and
  - implementation of the high impact activities as most of the humanitarian actors have either relocated or fled the state.

- Limited field access by humanitarian partners as local authorities have denied charter flights carrying humanitarian assistance including medical assistance access to some areas.

Required health actions and plan for the coming days or weeks

- Deployment of three health cluster coordinators to Unity, Malaka and Bor and Data manager at Juba level as part of surge support from Head Quarters and Inter country Support Team.
- Support Bentiu with life saving supplies to support health service delivery in the two IDP camps.
- Support measles vaccination in Bor town, Jonglei state.
- 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