Key highlights

- As of this reporting period, a total of 716,100 people are reported to be displaced within South Sudan. Another 156,800 people have fled to the neighboring countries.

- South Sudan is currently operating at Level 3, following the declaration by the UN Emergency Relief Coordinator of the country to be upgraded to level 3 on 11 February. WHO subsequently has deployed and stepped up all operations to Level 3.

- Heavy fight was reported in Malakal, Upper Nile state within this reporting period, 17 fatalities recorded as of 18 February 2013.

- WHO continued support to 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.

- The organization continues to support early warning disease surveillance in all areas affected by conflict.

- Congestion in various IDP sites especially in Tomping, Malakal and in Bor Protection of Civilian (PoC) IDP sites remains a public health concern. This puts people in these camps at high risk of epidemic prone disease, Meningitis and Cholera.
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Description of the event

- The security situation in most state capitals including Juba greatly improved this reporting period. There was however sporadic shooting in Juba this week, but not significant to cause a security threat. Threats of a possible attack in Malakal by the anti government forces remained. In the outskirts of Bor town, Jonglei state, clashes were reported in gadiang and Kolnyang areas. The UNMAS has been working to UXO mines from the offices and premises of Humanitarian actors in Bor. As space gets open for all actors to return on ground, the threats of mines may hinder operations for those in need of humanitarian assistance.

- Heavy fighting was reported in Malakal in this reporting period. Reports from the team on ground indicated that 150 causalities had been recorded and received at the health facilities in Malakal including UNNMISS base hospitals on 18 February 2014. One hundred and two of these were gunshot injuries, twenty eight of these patients were seriously wounded but were all managed at level 1 and 2 Hospitals in UNMISS. Seventeen (17) deaths were reported.

- No major outbreaks have been reported this period, with cases of measles reportedly going down in all the major IDP sites that reported cases in the previous weeks. This however remains a public health concern.

- A significant decline in suspected measles cases was recorded in epi-week 7. A total of 71 suspected measles cases were reported in week 7 compared to 172 cases in week 6. In the current outbreak, 80% of the cases are under five years while 20% are above five years. A few suspected cases had a history of measles vaccination.

- The figure below captures the trends of the four priority diseases under surveillance in the IDP camps. The general decline in reported cases in week 7 was mainly attributed to the decrease in the number of sites that reported. A total of 15 sites reported in week 6 compared to 8 sites in week 7.

![Trends of Priority Diseases in IDP camps, Dec2013-Feb2014, South Sudan](image)

- The total numbers of consultations reported in week 7 were 7892. The distributions of the consultations were Juba (22.1%), Jonglei (27.4%), Awerial (25.5%), Bentiu (4.2%) and Malakal (20.7%). Of these cases, suspected measles were 1%, 15% due to suspected malaria, 11% acute watery diarrhea and 2% due to bloody diarrhea. In age distribution, 26% of malaria cases, 65% of acute watery diarrhea cases, 29% of bloody diarrhea cases and 95% of measles cases were seen in children below five years of age. The majority of diarrhea cases were recorded from Awerial IDP camp (31%), followed by Juba Tomping IDP camps (29%) and Malakal (21%), where sanitation and hygiene conditions are very poor.

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

- Following the elevation of the emergency in South Sudan to Level 3, surge has been deployed in country, a total of four technical officers arrived in country, among them; the Emergency Health Leader, the measles Programme Areas Coordinator from AFRO, logistician from Inter-country Support Team and an epidemiologist to support the response alongside the WHO country team. The team has held a series of meetings with the WHO country to map
out ways of managing the response operations. Three meetings were held to discuss the logistic and security situation, measles and to strategize on how to scale up activities. The key L3 deliverables per critical functions were reviewed and the need for scaling up activities in Juba and the other hubs was highlighted. It was agreed that more rapid health assessments would be required to further expand the health emergency response to the affected population.

- The organization continued to support health promotion activities in the camps through trained. Community health workers and volunteers. These volunteers carry out house-to-house visit to identify danger signs during pregnancy, child birth, and immediate post partum as well as danger signs in new borns. Hygiene promotion and behavior seeking behavior messages are also given by the teams to community members at the households at the time of the visits. During the door to door support supervision, WHO teams identified two suspected cases of measles and one suspected case of chicken pox, all of whom were referred to the MSF clinic.

- To strengthen activities aimed at containing the measles outbreak in all IDP sites, WHO conducted intensive active case findings through home visits using 24 Community Health workers (CHW) recruited by the organization. The CHW helped identify suspected cases and referred them to the clinic in the camp while those in critical condition were referred to the Level one clinics for further management. As a result, a decline in the number of measles cases dying due to complications has greatly declined. The organization is also engaging the services of community health workers in all IDP sites to support tracing of suspected measles cases and conduct surveillance at the community level.

- To improve provision of care for the patients at Bor PoC, WHO provided a tent to respond to the shortage of space in the clinic at the POC area. This is the third tent that WHO has provided to Bor Poc, used for triage and outpatient activities. As a result, there is reduced overcrowding in the clinic thus improved service delivery and access by the internally displaced persons. This reporting period, a total of 512 consultations were recorded at the Poc Clinic in Bor, 154 of those seeking services were children below five.

- As part of capacity building for staff offering health services for the displaced persons in Bor PoC, WHO conducted on job training for four clinical officers on measles and acute watery diarrhea case detection, investigation and management. The training aimed at addressing reported deaths in children under five due to measles and severe dehydration. Emphasis was placed on case definitions standard treatment protocols. Twenty Community health workers were also introduced to integrated disease surveillance and response specifically community case definitions of the priority diseases and reporting procedures. As a result, identification of suspected measles cases and other diseases was strengthened at the community level.

- In additional as part of coordination, WHO facilitated the medical evacuation of five patients to Bor and 3 others from Bentiu to Juba in collaboration with UNMISS. Those injured patients from were evacuated from Bor clinic from clashes in Kolonyang and Sudan Safar, while the three evacuated from Bentiu were a result of a plane crash.

- In Bentiu, the organization continued providing support in the area of health and nutrition coordination. To do this, WHO negotiated with CARE to have them take over the support of 2 clinics in the POC sites.. Discussions were held with IRC team regarding restoring secondary care of health services in Bentiu hospital.,

- WHO coordinated with UNMISS, to ensure that drugs and other medical supplies were airlifted to Mayom, Abiemnom and Pariang counties to support the management of displaced people in those areas requiring health services.

- To address the rising cases of malnutrition as well as the vicious cycle of measles and malnutrition WHO in collaboration with UNICEF partnered to conduct a mass Mid-Upper Arm Circumference (MUAC) screening of children in the Poc aged from 6 months to 59 months. Twenty one volunteers were indentified and trained as a result, 1,110 children were screened. 4.4% (49) of them found to have Severe acute malnutrition(SAM), while 10.7% (119) had moderate acute malnutrition. 21.6% (240) at risk of malnutrition. The children with SAM were referred to the clinic and are recieving therapeutic feeding.

### Challenges and gaps in emergency response

- Limited human resource capacity at state level to support the response.
- Limited logistic capacity at country level to support the responses.
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- Minimal funding for the response and support of response operations.
- Insecurity in the outskirts of the state capitals of Bor, Bentiu and Malakal remains a challenge affecting humanitarian access for the internally displaced person.

**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 Warrap and Bor.

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