WHO Technical Officer conducts training of supervisors in Protection of Civilian (PoC) Internally Displaced People's camp in Bor who supported the mass measles and polio campaign in the camp are services

Key highlights

- New figures indicate that, 737,855 people are now displaced inside South Sudan, with the largest numbers in Upper Nile State. While 123,400 others are displaced in to the neighboring countries.

- Fighting continued in parts of Lakes state mainly in Yirol East and Awerial between government forces and the opposition leading to 47 death and 41 causalities. Fighting was also reported in Tonj North, Warrap state, Lakes States, and in Nasir Upper Nile State.

- One hundred nine two suspected measles cases and twenty six related deaths were recorded in epidemiological week 5 from five IDP camps in Juba, Bor, Bentiu and Awerial.

- Public Health threats of concern are Malaria, Acute Watery Diarrhea and Measles reported across the major camps.

- As part of emergency operations, medical supplies were provided to THESO, CUAMM, Merlin, UNIDO and South Sudan Medical Mission in Old Fangak to strengthen case management

- Medical supplies were given to THESO to support care of patients in UN House Juba III and to support health services in Old Fangak, among them three Interagency Emergency Health Kits, two diarhoea and ORS module, and two Pneumonia kits.

Description of the event

- The security situation remained fluid in some parts of the country especially in some parts of Jonglei, Upper Nile, Unity, Upper Nile and Lakes states. The state capitals of Bor, Bentiu and Malakal however remained calm.
Although the ceasefire agreement was signed last week between the government and the opposition, the numbers of internally displaced persons have continued to increase. In this week the numbers increased further by 96,455. This brings the total number of those displaced to 737,855 since the last WHO situation report on 28 January 2014. Of these 123,400 continue to seek refuge in UN installations.

Despite reported measles campaigns in the camps in Juba, Bentiu and Bor, reported cases of suspected measles cases have continued emerging. This has remained a public health concern. WHO is exploring the investigations of disease with similar etiology with measles. A total of 501 cases(CFR13%) have been reported since the binging of the crisis. Most of the cases are in Juba, CES however Bor, IDP camp has reported the highest mortality. A response strategy to this outbreaks being developed at country level.

In week 5 a total of 7,934 consultations were reported from eight IDP camps across the country. Of these cases, 14.4% were respiratory tract infection, 14% acute watery diarrhea, 12% suspected malaria, 2% bloody diarrhea, and 2.4% suspected measles cases. In terms of age distribution, 31% of malaria cases, 69% of acute watery diarrhea cases, 28% of bloody diarrhea cases and 82% of measles cases were seen in children below five years of age. Although more camps reported this week, the trend of AWD, Malaria and Measles have increased as compared to the previous weeks.

In week 5, 192 suspected measles cases and 26 related deaths were recorded from Bor, Juba and Awerial camps. Of these cases, 82% were children below five years of age. WHO together with other partners are currently investigating the increased measles cases and deaths in Bor camp in the past three weeks. A cumulative of 522 suspected measles cases and 77 related deaths (15% CFR) were recorded across all the camps in the past seven weeks.

The micro plans for the Oral Cholera Vaccination (OCV) campaigns in Juba and Awerial were finalized, and shared to ICG secretariat. Tentatively, the first consignment of OCV stock is expected to arrive Juba at the end of week 6.

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

In this week, WHO received surge support for Health Cluster coordination from HQ, who arrived the country to support the current response. The technical officer will be deployed to Malakal to support health coordination, provide technical support, support information management and support disease surveillance in the POC area.

The Organization supported and convened health cluster meeting in Juba, key issues and challenges affecting the current response were discussed. It was agreed that information and data sharing by all partner in their various areas of interventions needs further strengthening. In addition, WHO supported the MOH to convene of the task force meeting, in which the national response plan to the current crisis was reviewed and discussed.

Increased suspected measles cases and deaths continued to be reported from IDP camps in Bor and UN Juba III and Tomping. To help improve the situation, WHO has set up surveillance teams to enable early detection and investigation of suspected measles cases. This reporting period, 10 blood specimens were collected and sent to Nairobi for further investigations. WHO has also stepped up community volunteers support to initiate health promotion activities. The volunteers will also support the investigations and reporting on all deaths occurring in the
Emergency Humanitarian Action, South Sudan

Emergency measles vaccination campaigns were also supported in Juba camp in collaboration with other health cluster partners, a total of 2,540 children have been vaccinated against measles.

- To support the health emergency response in Old Fangak and Juba III, WHO provided drugs and other medical supplies. In Old Fangak, WHO provided 4 basic unit Health kits, two ORS module kits, two pneumonia kits type A&B, 10,000 rapid diagnostic kits, and 6,000 doses of anti malaria drugs. The drugs are adequate for a population of six thousand persons. Old Fangak has received over 6,000 displaced persons following the fighting in Malakal.

- Support was also provided to the State Ministry of Health, Jonglei to airlift and deploy 12 health workers to Bor to support clinical management at hospital level. Bor hospital opened recently after weeks of closure and has started providing services to the affected population outside the camp.

- The Organization supported THESO with anti-malaria drugs for infants, toddlers, children, adolescents, and adults. Rapid diagnostics tests and assorted sundries and supplies, infection control materials to support service provision in IDP camps in Juba.

- WHO continued providing support supervision visits to the IDP camps in Juba, Bor, Malakal and Bentiu. The Supervision visits are meant monitor public health interventions across the camps. Key services supervised include; reproductive health, data management and disease surveillance.

- The Organization also participated in interagency assessments in Gun Agale, Gol Tial and Gun Agale, Gol Tial (Yirol County,) and Pibor in Jonglei State. The most common diseases affecting the IDPs include; fever, cough, and watery diarrhea, and the immediate health needs are lack of medical supplies and limited human resources at health facilities.

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 capitals.

- Inadequate MoSS compliant vehicles, lack of enough Personal Protective Equipment and effective communication in the field bases affecting the response and logistics capacity and support functions (core services) at state level is challenging. WHO continues to negotiate with UNMISS for accommodation for national and international staff, storage space for supplies and larger space at the compound to pitch tents for the office use.

- Field conditions are becoming very harsh and uncondusive for the technical officers.

Required health actions and plan for the coming days or weeks

- Develop a compressive strategy for the response to the current measles outbreak.
- Ensure vaccination campaign in Juba is successfully completed and the campaign in Malakal IDP camp supported.
- Enhance efforts to strengthen WHO operations in the affected hubs to enable deployed teams function effectively (Maintain supply chain and administrative capacities at state level)
- Continue preparatory efforts for the planned OCV campaign
- Finalize the funding proposal for the WHO Country Office.
- Monitoring the planned OCV campaigns in Juba and Aweria.

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