A new wave of civil conflict and violence in South Sudan has left around 189,000 newly displaced people in a dire humanitarian situation. The precarious sanitary conditions in IDP camps, the disruption of health services and the risk of communicable diseases have prompted WHO to scale up its operations in the country. The Organization is appealing for US$ 4.1 million for immediate support for coordination, emergency health care and disease surveillance.

Current situation
On 15 December 2013, fierce fighting broke out between rival factions in South Sudan’s capital city, Juba. Since then, the conflict has rapidly spread to other parts of the newly created country as rebel and government forces battle for control of key towns, displacing tens of thousands of people and killing hundreds of others. The armed violence is reported to be particularly intense in Central Equatoria (Juba), Jonglei (Bor), Unity (Bentiu) and Upper Nile (Malakal) states. Aerial bombing and shelling were reported in Bor on 31 December 2013. The UN is deploying additional peace-keeping forces.

At least 189 000 people have fled their homes because of the ongoing violence, of whom 62 000 have sought shelter in UN peacekeeping compounds across the country, with the largest concentrations in Bentiu, Bor, Juba and Malakal (OCHA, 4 January 2014). Other areas of displacement include Awerial county in Lakes State (76 000), Twic in Jonglei State (550), and Pariang and Koch counties in Unity State (3000 and 1900 respectively). Given the scale and intensity of the violence, the real numbers of internally displaced people (IDPs) are likely to be much higher, with reported additional displacements in rural and cross-border areas. Grave, ethnic-based abuses against civilians have been reported in several areas. There has also been widespread looting of humanitarian compounds and civilian property.

The most pressing humanitarian needs currently are food, health care, shelter, water and sanitation, and protection.

Because of the security situation, the international humanitarian community is unable to access many areas that are the scene of intense fighting. Moreover, most international humanitarian aid workers have been evacuated to Juba or to outside the country. Similarly, many national staff have taken refuge in Juba and other areas. This poses particular problems in the health sector, where 80% of services are normally provided by humanitarian agencies.

WHO is reinforcing its presence in hotspot areas, and plans to deploy additional surge capacity to scale up its emergency response operations. It is undertaking a comprehensive assessment of the
main public health risks currently facing South Sudan.

Health situation

As a result of the disruption in health services due to the intense fighting and the precarious sanitary conditions in the camps, the immediate health concerns are the increase in morbidity and mortality rates due to traumatic injuries, an increase in water-, food- and vector-borne related diseases in displaced populations and other vulnerable groups, and a heightened risk of outbreaks of vaccine-preventable diseases, including measles. Pregnant women are at greater risk of complications from obstetric emergencies because of the lack of access to health care services. There is also a risk of increased incidents of sexual violence, and an increase in the number of people requiring mental health and psychosocial support.

Even before the recent outbreak of violence, health care coverage (particularly primary health care) was a major concern in South Sudan. There is an urgent need to scale up hospital emergency trauma care services to cope with the sudden influx of hundreds of people with gunshot wounds in the affected provinces. As of 1 January, Juba’s teaching and military hospitals had recorded over 500 deaths and 1480 gunshot wounds in both civilians and military personnel. Another 788 people in the states of Jonglei, Upper Nile, Unity and Warrap were treated for conflict-related injuries.

In general, health facilities have not sustained damages, although those outside the major cities offer only very limited health care services. In Bor – the capital of Jonglei - the hospital is closed and health care workers have largely fled the city. Unity and Malakal Hospitals are still functional, albeit with limited services. Capacity is stretched to the limit at Juba Teaching Hospital, where a small number of medical personnel are struggling to cope with the influx of patients.

Health partners are also concerned about the potential for outbreaks of malaria and diarrhoeal diseases due to overcrowding and precarious sanitation conditions at displacement sites in Juba, Malakal, Awerial, Bor and Bentiu. New cases of severe malnutrition have been detected. The major health gaps identified during a recent multi-sectoral assessment included a severe shortage of health care staff, shortages of essential life-saving medicines and medical supplies, and grossly inadequate water and sanitation systems.

WHO strategy and response

Before this upsurge of violence, WHO was already active and present in all states of South Sudan. WHO’s current capacity in the country includes 13 international staff in Juba and 33 national staff in Juba (19), Malakal (1), Bentiu (2), Kwajok (2), Rumbek (2), Yambio (2), Torit (1), Wau (2) and Aweil (2). In all states, WHO staff are also performing health cluster functions.

Due to the need to scale up operations, on 27 December 2013, the Organization declared the emergency as Grade 2. Since then, WHO has repurposed its staff in the country, recalled all senior personnel from holiday leave, and established an Emergency Response Team. It is mobilizing additional staff to strengthen cluster coordination information management and logistics.

As co-cluster lead with the International Medical Corps in South Sudan, WHO is leading a newly-formed national task force to support the health response and ensure coordination among health partners, including UNICEF, UNFPA, MSF, Save the Children, THESO, ICRC, Mentor Initiative and others. Coordination is essential for conducting needs assessments and joint planning, analysing gaps, mapping interventions, and collecting and disseminating health information. WHO is convening health cluster meetings bringing together health partners to ensure that critical gaps are identified and filled, mainly through national nongovernmental organizations (NGOs), to support the response. WHO has begun mapping the presence and activities of health partners in the country.

The immediate health response, focused on the delivery of medical and surgical services, is being channelled through hospitals and mobile health clinics. NGOs and UN agencies are providing life-
saving emergency health care services to IDPs who have sought refuge in the UN compounds.

Two mobile health clinics have been set up at UN Mission in South Sudan (UNMISS) bases in Tomping and Juba. Over the last few days, over 500 patients in the UN compounds have been treated for diarrhoea, malaria, hypovolemic shock due to loss of blood and fluids, and gunshot wounds. Additional mobile clinics are being set up to provide primary health care services to IDPs inside and outside UN compounds in Malakal and Bentiu, as well as those displaced in Awerial County.

WHO has delivered emergency surgical supplies, essential drugs and reproductive health kits to hospitals and UNMISS clinics around Juba, Bentiu, Bor, Kwajok, Malakal and Awerial. These supplies include: Inter-Agency Emergency Health Kits with enough supplies to meet the needs of 47,000 people for three months; trauma supplies to treat 300 patients; diarrhoeal disease kits to treat 7,200 patients; anti-malaria medication to treat 60,000 cases; and 11 dispensary tents. WHO is working closely with UNMISS, UNICEF, UNFPA, Médecins sans Frontières (MSF), ICRC, the Ministry of Health (MOH) and other health partners to ensure that medicines and medical supplies are delivered where they are needed most. Additional stocks are in the pipeline, especially for surgical supplies.

WHO is also working with health partners to monitor and respond to communicable disease outbreaks. Health workers are being deployed to IDP camps to support health education and promotion campaigns. In response to initial reports of measles in IDP camps in Juba and Bentiu, WHO, UNICEF and the MoH are undertaking joint emergency vaccination campaigns in Juba, Awerial, Bentiu, Pariang and Malakal. WHO and UNICEF are also convening Health and WASH Cluster partners to take measures to prevent diarrhoeal disease outbreaks, especially cholera.

**Health sector priorities**

The health sector’s immediate objectives are to provide emergency primary health care services to vulnerable people with limited or no access to health services; to provide emergency response capacity for surgery, including emergency obstetric care; and to prevent and respond to communicable disease outbreaks. Specific activities include:

**Health service delivery:**
- Support primary health care facilities in or near IDP sites, including the provision of essential medicines and medical supplies.
- Improve surgical capacity at key secondary health facilities by supplying trauma kits.
- Provide access to minimum service package for reproductive health and access to emergency obstetric care.
- Support referral and medical evacuation services.
- Strengthen hygiene promotion.
- Redeploy and strengthen the capacity of health personnel.

**Disease prevention and control:**
- Ensure the safety of drinking water through purchasing and donating water quality testing kits, strengthening drinking water quality surveillance, and supporting water treatments at points of use, in close collaboration with WASH cluster partners.
- Conduct a measles vaccination campaign for children from six months to 15 years of age.
- Strengthen disease surveillance and response for epidemic-prone diseases such as cholera, measles, meningitis, polio, hepatitis E and yellow fever.

The target beneficiaries of the immediate response in the next three months are an estimated 400,000 people, of whom around one quarter will be women of reproductive age. The Strategic Plan for 2014 targets 2 million people, including children under five years of age, pregnant women, women of childbearing age, and vulnerable people including survivors of sexual and gender-based violence. The total population of the four main states affected by the current crisis is estimated to be 4 million.
**Funding requirements**

On 31 December 2013, OCHA issued a South Sudan Crisis Response Plan for January-March 2014, calling for US$209 million in urgent humanitarian aid to cover immediate needs over the next three months. Within this framework, WHO is appealing for US$ 4.1 million to strengthen emergency health care, restore critical health services, implement disease surveillance and response, and improve health cluster coordination. WHO’s total funding requirements for South Sudan for the year 2014 are around US$11.4 million.

In 2013, WHO received over 60% of its total funding requirements of over US$10 million for South Sudan. Its emergency operations were funded by the Central Emergency Response Fund, the Common Humanitarian Fund for South Sudan, ECHO, and the United States Agency for International Development.

Due to the evolving situation, WHO may re-assess, in the coming weeks, health priorities and needs, in consultation with health partners and OCHA.

---

**WHO Country Office**
Dr Mohamed Abdi Aden, Head of WHO Country Office
mohamedad@who.int

**WHO Regional Office**
Dr Lucien Manga, Programme Area Coordinator Disaster Preparedness and Response
mangal@afro.who.int

**WHO Headquarters**
Ms Cintia Diaz-Herrera, Coordinator External Relations
Emergency Risk Management and Humanitarian Response
diazherrerac@who.int