### People affected

- **4.2 million** in need of health services
- **723,000** internally displaced
- **231,648** refugees

### Status health facilities

- **22.8%** damaged
- **77.2%** functioning with external support

### Health capacity

- **44** active health partners
- **584** WHO staff in the country

### Beneficiaires reached

- **48,000** consultations
- **506** assisted deliveries
- **5,114** surgeries
- **214** medical evacuations
- **123,890** children vaccinated against measles
- **95,077** children vaccinated against polio
- **114** diseases surveillance sentinel sites

### Highlights

- 166,500 beneficiaries (15% - 20% of the health sector target) have been reached with medicines and consultations, however—health efforts have to be scaled up ahead of the rainy season
- Disease surveillance and early warning systems set up in all IDP camps with 117 sentinel sites reporting
- Measles and polio vaccination have reached 218,967 children, cholera vaccination is being planned
- WHO and health partners concerned about the protection of health staff and facilities
- WHO urgently requesting US$ 10.95 million for relief efforts

### Situation update

The humanitarian conditions of people displaced and affected by violence have been quickly deteriorating: the number of displaced has surpassed the worst scenario projections of 400,000 people; it is now expected that more than 1 million people will be internally displaced by June 2014; more than 85,000 IDPs are located in UNMISS bases where sanitary and living conditions are insufficient; more than 3.7 million people are seen to be food insecure. More than 4.2 million are in need of health services, of which WHO and the health cluster envisage to target 1.9 million for basic health services, prevention and response to outbreaks and supply of life saving medicines.

### Public health concerns

South Sudan has some of the worst health indicators in the world. The life expectancy at birth is 54 years. The under-five infant mortality rate is 106 per 1000, while maternal mortality is the highest in the world at 2054 per 100,000 live births. The epidemiology of HIV/AIDS in the country is poorly documented but the prevalence among adults aged 15-
Despite progress made in the past years in improving health services, South Sudan faces a severe shortage of all categories of trained health professionals, including physicians (1 per 65,574 population) and midwives (1 per 39,088 population). Due to these severe shortages in human resources for health, the country relies on inadequately trained or low skilled health workers. There is also an inequitable distribution of health workers both among the states and between urban and rural areas, where the majority of the population lives. Currently 80% of all health care services are provided by NGOs with an estimated 44% coverage. In the past months, health facilities, health staff and patients have been targeted by violent attacks despite an agreement of cessation of hostilities from 23 January. This is seriously hampering the delivery of essential medical services including the referral of critically ill patients, treatment of wounded and emergency obstetric services.

Crowded camp conditions raise concerns of increased public health risks especially for the spread of communicable diseases. Measles, diarrheal diseases and malaria have become the main health conditions of concern besides physical and psychological trauma and injuries. Lack of shelter in most camps poses a public health risk especially for children under five, as increases the risks of respiratory infections and malaria which, for the fourth consecutive week, are the leading causes of morbidity and resulting to death in some camps like Awerial.

South Sudan is endemic for cholera; the last cholera epidemic took place in 2009. The use of unsafe water points is a public health risk for all the displaced communities in the areas of Awerial and Pariang and increase the risk for acute watery diarrhoea. Given that people are drawing water from open water sources where latrine coverage is minimal, the risk of acute watery diarrhoea is high especially among children.

The risk of meningitis outbreak is very high due to endemicity, overcrowding in the camps and confirmation of meningitis outbreak in three districts hosting South Sudanese refugees in Northern Uganda.

As some communities start returning home, access to health services and facilities becomes a challenge, especially for women and children as most health facilities either remain closed or were destroyed. Health partners will therefore need to come up with alternative ways to ensure that the IDPs returning home have access to the much needed health services.

Health priorities and targets

Based on the assessments carried out so far, the immediate priorities identified by health partners are:

- Protection of health care workers and health facilities
- Restoration of emergency and essential primary and secondary health services
- Procurement, prepositioning and distribution of life-saving medicines
The Health Cluster objectives:

- Provision of emergency primary health care services for vulnerable people with limited or no access to health services
- Provision of emergency response capacity for surgery, including emergency obstetric care
- Response to health related emergencies, such communicable diseases, reproductive health care and medical services to victims of gender violence
- Provision of safe drinking water, adequate sanitation and hygiene facilities.
- Strengthening the early warning surveillance and response system for outbreak-prone diseases.
- Vaccination against measles and polio with vitamin A supplementation.
- Referral and care of children with medical complications of severe acute malnutrition
- Vector control, especially the provision of Long Lasting Insecticidal nets (LLINs) against malaria
- Emergency mental health and psychosocial care
- Infection control in health care facilities including safe transfusion and medical waste management
- Communication of health risks and good practices to communities
- Facilitating the medical evacuation from conflict affected areas to referral hospitals with surgical capacity
- Supporting emergency obstetric care services in conflict affected areas

Beneficiaries:

Out of the 4.2 million persons at risk, health partners will target 1.9 million for assistance from January to June 2014 (718,080 male and 689,920 female), out of which 510,000 are IDPs. Approximately 477,000 will be women of reproductive age. Based on pre-crisis birth-rates, there will be a projected number of 76,320 births. Close to 900,000 children under 15 years of age will benefit from vaccination campaigns both routine and emergency. Of this number, 362,520 will receive vitamin A supplementation and de-worming in addition to vaccines.

WHO action

Given the need to provide organization-wide support to South Sudan, on 12 February 2013 WHO Director General declared it a grade 3 emergency. Following WHO’s Emergency Response Framework performance standards, an Emergency Health Leader was immediately deployed to Juba to support the country office relief efforts.

Before the 15 December upsurge of violence, WHO already had a total of 583 staff in the country (including 546 polio staff) and had presence in nine of ten states. WHO ensures health cluster coordination at Juba level, and at the three main affected states: Jonglei, Upper Nile and Unity.

WHO has supported 21 health partners with emergency medicines and supplies across the five states that are most affected by the emergency (Jonglei, Upper Nile, Unity, Central Equatoria and Lakes), nongovernmental organizations and United Nations agencies are providing life-saving emergency health care services to IDPs who have sought refuge in the UN compounds. WHO distributed health kits to UNMISS clinics in Juba, Bor, Malakal and Bentiu; to MSF, Health Link, IMC, ACROSS/CES, Old Fang, Juba Teaching Hospital and to health facilities run by the Ministry of Health. An estimated 48,000 consultations have been recorded in health facilities and mobile clinics supported by WHO in the first six weeks of the emergency. Through health partners, WHO has supported the
management of 5114 patients for gunshot wounds since the beginning of the conflict. In addition, the Health cluster supported the coordination of over 214 medical evacuations of patients to referral facilities with surgical capacity.

A disease surveillance network has been established in ten IDP camps, with 117 sentinel sites reporting and health workers trained on data collection methods and trend analysis. The health response efforts by WHO, UNICEF, MSF, IMC, IRC, MAGNA and Medair in the measles campaign led to halving the measles case fatality rate from 25% to 12.3% despite difficult response environment. A total of 6413 cases of acute watery diarrhoea have been treated. Over 108 160 children have been vaccinated against measles and 56 093 against polio. A vaccination campaign against cholera is being planned.

WHO and health partners have carried out 12 initial rapid assessments in collaboration with other clusters. In the next six months WHO will ensure that:

1. At least 90% of the target population have access to primary and secondary health care services, through restoration life-saving health care services in Central Equatorial, Warrap, Jonglei, Upper Nile, Lakes and Unity states
2. Support scaling up of emergency response capacity including surgical interventions (health facilities equipped with skilled personnel, equipment and supplies)
3. Ensure that 60% of the state hospitals are able to offer lifesaving surgery
4. Strengthen early warning, information management and response to communicable diseases within 48 hours of notification
5. Support health facilities in providing a minimum package of primary health services including a minimum initial service package (MISP); 5% and mitigate the health impact of the upcoming rainy season for displaced and conflict affected populations.

WHO activities budget breakdown:

<table>
<thead>
<tr>
<th>Budget item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Human resources</td>
<td>1 056 000</td>
</tr>
<tr>
<td>2 Procurement</td>
<td>4 600 000</td>
</tr>
<tr>
<td>3 Activities</td>
<td>935 000</td>
</tr>
<tr>
<td>4 Medical evacuation support</td>
<td>1 350 000</td>
</tr>
<tr>
<td>5 Operations</td>
<td>1 116 220</td>
</tr>
<tr>
<td>6 Monitoring, evaluation and reporting</td>
<td>1 113 400</td>
</tr>
<tr>
<td>7 PSC (7%)</td>
<td>779 380</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10 950 000</strong></td>
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</tbody>
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WHO South Sudan donors:

- UN Central Emergency Response Fund (CERF)
- Common Humanitarian Response Fund for South Sudan
- Denmark
- European Commission Humanitarian Aid and Civil Protection (ECHO)
- Spain
- U.S. Agency for Intentional Development (USAID)