The conflict that began in December 2013 continues to affect the lives of millions of people in South Sudan. It has been marked by brutal violence against civilians and deepening suffering across the country. Insecurity and active hostilities constrain civilians’ freedom of movement. The major humanitarian consequences include widespread displacement, high death rates, disease and injuries, severe food insecurity and a malnutrition crisis.

The people in need of emergency assistance include an anticipated 1.95 million internally displaced people and a projected 293,000 refugees.

Health Sector Situation

The conflict in South Sudan has caused a major public health crisis disrupting essential primary and secondary health care services. As of July 2014 only 41% of health facilities in Unity State, 57% in Upper Nile and 68% in Jonglei were functioning. Overall, 184 of 425 health facilities in conflict-affected states are not functioning.

Vaccination programmes, malnutrition screening and antenatal care have all been disrupted. Surgery and referral services are limited or non-existent, as are services to manage HIV/AIDS, tuberculosis and mental health. Frequent ruptures in drug supplies and a lack of qualified health workers further aggravate the situation.

Trauma cases due to gunshot wounds have been reported since the beginning of the crisis. From 15 December 2013 until the end of 2014, more than 7000 people have been treated for gunshot wounds across 40 facilities. Of these people, more than 400 have been evacuated to appropriate facilities for surgical attention. The Health Cluster estimates that more than 18,000 wounded people will access health care services in 2015.

Communicable diseases are a concern throughout the country due to poor sanitation, a shortage of water, lack of shelter, food insecurity, crowded living conditions—particularly in displacement sites—malnutrition and poor immunity, with young children and pregnant women particularly vulnerable. The situation is compounded by gaps in disease surveillance coverage and low routine vaccine coverage. Outbreaks of cholera, measles and kala-azar have affected some 6100, 2678 and 7204 people respectively as of December 2014. Other common health threats include acute respiratory infections, acute watery diarrhoea, malaria, malnutrition and measles. The country is in the meningitis belt of Africa and the dry season may see outbreaks of meningococcal meningitis. Malaria remains a major concern throughout the country.

Reproductive health services coverage is very low. Before the crisis, the maternal mortality ratio was estimated to be 2054 deaths per 100,000 live births, one of the highest in the world. There are gaps in the availability of emergency obstetrical and neonatal care. The 2013 Emergency Obstetric and Neonatal Care assessment found that only 24 Emergency Obstetric and Neonatal Care facilities are functional out of the targeted 109. Only 15% of deliveries are attended by a skilled birth attendant according to national estimates.

Reports show that sexual and gender-based violence and exploitation have increased since the start of the crisis. There is a lack of appropriate health services for survivors, especially outside major displacement sites.

The outbreak of conflict has also had a devastating impact on the HIV response. The majority of people living with HIV and AIDS in the conflict-affected states who were receiving anti-retroviral treatment before December 2013 saw their treatment interrupted. Medical facilities offering HIV services were
closed or destroyed and community-based support networks dissolved as people were displaced. UNAIDS estimates that 25,000 people with HIV/AIDS have been directly affected by the crisis and are in need of treatment, care and support services.

**Health Cluster Priorities**

**Objective 1:** To improve access to, and responsiveness of, essential and emergency health care, including emergency obstetric care services.

**Planned outputs:**

- Provide 1,590,358 outpatient consultations in conflict-affected and other vulnerable states, from a baseline of 1,239,696, and increase the number of functional health facilities in these states to 425, from a baseline of 241
- Provide essential preventative care, ensuring that 134,423 children receive three doses of the pentavalent vaccine
- Establish 35 Emergency Obstetrics and Neonatal Care centres
- Procure and preposition emergency drug supplies for 1,800,000 direct beneficiaries
- Increase the number of key surgical facilities able to handle trauma from 7 to 10
- Reach 750,000 people with appropriate health education and promotion message

**Objective 2:** To enhance existing systems to prevent, detect and respond to disease outbreaks.

**Planned outputs:**

- Investigate and respond to 90% of disease outbreaks within 48 hours
- Preposition outbreak investigation and response materials in 10 states
- Strengthen national and state rapid response teams for prompt outbreak verification and response
- Train 1,200 outbreak surveillance and emergency response team members
- Immunize 705,196 children under five in emergency or returnee situations with measles vaccine
- Reach 360,000 people with health education and promotion messages before and during outbreaks

**Objective 3:** To improve availability, access and demand for gender-based violence (GBV) and mental health and psycho-social support (MHPSS) services, targeting highly vulnerable people.

**Planned outputs:**

- Strengthen the capacity of 10 health facilities to provide a basic GBV package
- Increase the number of facilities in emergency IDP sites providing comprehensive HIV/AIDS services from two to six
- Train 50 key health personnel on community-based MHPSS in IDP settings

**Beneficiaries targeted by health partners in 2015**

In 2015 the Health Cluster will target 3,358,076 people, including 1,645,457 women and 1,712,619 men. This target includes 1,950,000 people who are internally displaced, approximately 839,519 women of reproductive age, 1,578,296 children under 15 and 705,196 children under five.

**Geographical areas targeted by health partners in 2015**

In addition to the three conflict-affected states of Jonglei, Unity and Upper Nile, the Health Cluster will target the most vulnerable counties in the other seven states based on the presence of displaced persons, the status of basic services, vulnerability to disease outbreaks and high malnutrition or severe food insecurity. These counties include Western and Northern Bahr el Ghazal, Warrap, Lakes and Eastern Equatoria.

**Health Cluster funding requirements for 2015**

US$ 90,000,000 (30 partners including WHO)

**WHO funding requirements for 2015**

WHO is appealing for a total of US$ 16,760,000 to implement the following projects:

<table>
<thead>
<tr>
<th>WHO projects</th>
<th>Requested funds (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of essential life-saving health care services (communicable disease control, life-saving surgery and other health-related emergencies) to affected populations SSD-15/H/73136/122</td>
<td>12,645,000</td>
</tr>
<tr>
<td>Responding to the health-related emergencies in the affected populations in South Sudan SSD-15/H/73137/122</td>
<td>4,115,000</td>
</tr>
</tbody>
</table>
Since fighting broke out in South Sudan in December 2013, civilians have borne the brunt of the conflict. Conflict and fear of conflict have disrupted livelihoods and reduced food production. As a result, thousands of people have sought refuge in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda.

By mid-November 2014 these refugees totalled some 475 000 people. This figure is estimated to reach 821 000 by the end of 2015 if current trends persist. There are a disproportionate number of women and children among the new arrivals in all host countries, with children accounting for up to 70% of refugees.

Health Sector Situation

In Ethiopia, a nutrition survey conducted in July 2014 showed critical levels of acute malnutrition in newly established refugee camps. Endemic diseases and those with epidemic potential including measles and hepatitis continue to pose a major risk. The demand for primary health care, comprehensive emergency obstetrics care, referral services and care for chronic illnesses risks putting increased pressure on the local health system.

In Kenya, refugees’ health status remained stable in 2014 due to effective medical screening at border points, the provision of appropriate health care and disease outbreak control measures. However, there is a shortage of qualified medical staff, health resources are overstretched and health infrastructure is weak, especially in the main hospital serving the refugee camp.

In Sudan health partners provided 100 000 South Sudanese refugees and members of host communities with free access to primary health care in 2014, among other services. However, there remains a need to strengthen health service delivery systems, both at relocation sites and also at referral health facilities, which would also benefit host communities. The limited capacity of health care infrastructures will require constant support not only to maintain access to health care for the existing refugee population, but also to respond to the needs of new arrivals.

In Uganda malaria is the leading cause of death among refugees. Community health interventions have lowered the malaria incidence rate, but the coverage of long-lasting insecticide treated nets is still low (38% in March 2014). Inadequate health infrastructure, a lack of health care workers and a lack of medical supplies and medicines remain a challenge. The number of community health workers is still inadequate and there is a need to build capacity among partners on the use of health information systems. Cholera is endemic to the districts hosting refugees and there have been frequent outbreaks of cholera and other water-borne diseases. The host districts of Arua and Ajumani reported outbreaks of measles in March 2014.

Health Sector Objectives

The Health sector objectives defined in the Strategic Response Plan are to:

- To provide primary health care services for refugees
- To maintain, reinforce and rehabilitate health facilities
- To provide screening, case management and vaccination services for new arrivals at entry points
- To control the spread of communicable diseases and provide immunization services for disease include measles and polio
- To provide essential and emergency reproductive health care services.

WHO funding for 2015

<table>
<thead>
<tr>
<th>2015 Requirements: US$</th>
<th>9,687,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Funding: US$</td>
<td>0</td>
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</tbody>
</table>
• To provide essential drugs, medical supplies and equipment to health centres
• To support malaria prevention with the distribution of long-lasting insecticide treated nets
• To train health workers
• To provide mental health services and referrals for refugees
• To enhance disease surveillance systems and laboratory investigation capacity for timely detection of epidemics.
• To establish clear and strong referral mechanisms for treatment of endemic diseases and chronic diseases, including tuberculosis and HIV/AIDS

**Beneficiaries targeted by health partners in 2015**

The 2015 South Sudan Refugee Response Plan is based on a total beneficiary population that is estimated to reach 821 000 by the end of 2015.

- Ethiopia: 340 000
- Kenya: 75 000
- Sudan: 196 000
- Uganda: 210 000

**Geographical areas targeted by health partners in 2015**

Health sector partners are focusing their efforts on the major entry points and settlement sites for refugees from South Sudan.

**Health Sector funding requirements for 2015**

US$ 121 320 195 for 2015 (Health and Nutrition Cluster partners including WHO)

**WHO funding requirements for 2015**

WHO is appealing for a total of US$ 16 863 349 to implement the following projects:

<table>
<thead>
<tr>
<th>WHO projects</th>
<th>Requested funds (US$)</th>
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</thead>
<tbody>
<tr>
<td>Ethiopia - South Sudan refugee response</td>
<td>1 450 000</td>
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<tr>
<td>Kenya - South Sudan refugee response</td>
<td>1 860 000</td>
</tr>
<tr>
<td>Sudan - South Sudan refugee response</td>
<td>7 176 149</td>
</tr>
<tr>
<td>Uganda - South Sudan refugee response</td>
<td>6 377 200</td>
</tr>
</tbody>
</table>

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