South Sudan Emergency Response

Situation report # 20
17 – 23 April 2014

- 4.2M IN NEED OF ASSISTANCE
- 6,252 INJURED
- 917,000 DISPLACED
- 278,600 REFUGEES

WHO
STAFF IN THE COUNTRY 159 SURGE 29

Funding
59% FUNDED
US$10,950,000 REQUESTED

HEALTH SECTOR
57* HEALTH CLUSTER PARTNERS

Beneficiaries
1,011,865 PEOPLE COVERED

Health facilities
33 DAMAGED
1,350 FUNCTIONING

Consultations
256,339 CONSULTATIONS
1,906 ASSISTED DELIVERIES
6,252 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
32 SENTINEL SITES

Vaccination
CHILDREN VACCINATED AGAINST
242,736 MEASLES
154,020 POLIO
16,055 CHOLERA (round 1, Malakal)

Funding
31% FUNDED
US$61,324,020 REQUESTED

REPORTING PERIOD 17 – 23 APRIL 2014

* Updated Health Cluster 3Ws 15 April 2014

Highlights

- There were reports of rising tension particularly in Unity and Jonglei states following days of fighting that left hundreds of people dead.
- While humanitarian agencies are grappling with the consequences of the armed conflict, there are fears that the rainy season could lead to additional challenges due to flooding.
- More funding is needed to meet the growing humanitarian needs due to the conflict.

Situation update

- Increased fighting was reported in different parts of Jonglei, Upper Nile and Unity States during the week under review that resulted in the killing of hundreds of civilians and displacement of thousands of them.
- On 17 April 2014, it was reported that a group of hundreds of youth in civilian clothing, armed with automatic rifles, attacked the UNMISS base in Bor, Jonglei State where some 5,000 displaced persons were seeking protection. About 100 displaced persons were critically injured and 48 killed. Seven attackers were said to be killed and 13 injured. Some of the injured civilians were treated at the UNMISS clinics. WHO facilitated the evacuation of 33 critically injured persons for medical attention in Juba as well as to other locations. Staff from humanitarian agencies survived the attack on the UMISS base in Bor and are involved in providing services to the injured.
- There were also reports of fighting in other parts of the country including in Majak lou village, Alabek payam in Tonj North County. Other forms of organised armed banditry and killings are commonplace especially in cattle rearing communities.
- By 17 April 2014, the number of people displaced within the country was estimated at 917,000 people.
Upper Nile state is reported to have the highest number of displaced persons. Meanwhile, since mid-December 2013, close to 300,000 displaced persons have crossed into neighbouring countries to seek refuge. It is estimated that over 95,000 displaced people from South Sudan have sought refuge in Ethiopia alone since December 2013 and it is estimated that up to 1,000 refugees continue to flee into that country each day from South Sudan. The number of the internally displaced is expected to continue to grow with the renewed fighting.¹

**Public health concerns**

The ongoing armed conflict continues to inflict considerable damage on the country’s health system, specifically on the infrastructure, delivery of services, the supply management chain and its human resource capacity. The insecurity has resulted in:

- the few skilled health professionals fleeing from their duty stations or being displaced into IDP camps or Protection of Civilians (PoC) sites,
- destruction of health facilities,
- looting and destruction of medical equipment and products including vaccines and drugs, and
- Inaccessibility of health services, especially secondary health services².

The spread of high risk communicable diseases such as TB, HIV among the displaced and vulnerable communities are few of the effects that could pose a long term challenge on the health sector.

Deterioration in the security situation and the deliberate and targeted killing of civilians is a very serious concern for development and humanitarian partners in the country. This has serious repercussions for health including the following:

- Increased demand for emergency blood services and supplies which, unfortunately, are in limited supply to address the growing needs.
- Medical evacuation of the critically injured remains challenging due to the high cost of air transportation, poor road network and limited number of health facilities capable of offering secondary health care.
- Available funding to meet the emergency response and emerging issues is still relatively low. As at 22 April the health cluster had received only about 31% of the funding required for the response, leaving a shortfall of about US$42.4 million. There is an urgent need for additional funding.
- The humanitarian community in South Sudan continues to advocate for urgent international financial support to enable emergency response partners in the country to provide critical emergency services to the affected population. Some 4.2 million people are estimated to be in need of assistance. The health cluster targets to deliver health services to 1.9 million people by June 2014. An estimated 1,011,865 people of the target have so far been reached with medical interventions, however, the heavy fighting of the past two weeks and increasing insecurity has resulted in an increase in more than 100,000 people in the past week, this means a higher population in need of health services than planned. Given the limited resources and barely two months left to implement the six months (Jan-Jun 2014) plan, there are concerns that the health cluster emergency response plan might not fully be implemented.

1 OCHA South Sudan Situation Report No 32, 17 April 2014
2 Surgical capacity(functional theatre, doctor and anaesthetics), referral for other health service and emergency medical care
WHO has mobilized about 59% of the funds required to implement its emergency response plan and continues to embark on resource mobilisation activities to fully address the identified priority strategies.

Continued donor support and sustained political dialogue to mitigate impacts of the conflict and reduce the suffering of the vulnerable civilians are critical in this emergency response.

**WHO action**

**Health Leadership**

- WHO continues to provide the required technical leadership in the health emergency response. The Organization co-chaired the health cluster meetings with the Ministry of Health where health partners discussed ways of improving the emergency response. In addition, the partners suggested various ways to efficiently distribute drugs received under the emergency medicines fund to all health facilities. Other logistical issues and challenges were discussed in order to improve services at all levels of the health intervention.

- Following the attacks in Bentiu and Bor that left hundreds of people in PoCs injured or dead, WHO staff were actively involved in coordinating assistance for the injured, including provision of trauma kit to Bentiu, tents, fuel and other supplies and working with other cluster partners to facilitate medical evacuation by air of 33 critically injured persons for surgical management at the Juba Teaching Hospital.

**Technical Support**

- WHO conducted on-the-job training on Obstetric emergencies for four (4) medical officers in Kuajok Hospital, Warrap state during the week. The aim of the training was to improve the skills on obstetric emergencies of the Doctors and midwives working in Kuajok hospital. The training is also part of plans to upgrade Kuajok hospital to a referral facility.

- The Ministry of Health in collaboration with WHO, UNICEF and other partners launched an integrated Measles and Polio immunization campaign and vitamin A supplementation on 23 April at the national level. Similar activities were also held at State and County levels to mark the commencement of the campaign whose target is the vaccination of more than 2.1 million children below the age of five years with measles, polio vaccines and vitamin-A supplementation and more than 2.4 million with polio vaccine. Logistics and vaccines for the campaign have been prepositioned, trainings completed and social mobilisation ongoing.

- Launch of the campaign attracted high political involvement at national, states and county levels. The campaign was launched at the national level by the Minister of Cabinet Affairs and attended by high level officials from line ministries and departments as well as from the United Nations represented mainly by WHO and UNICEF and other partners including NGOs, the media and the civil society. Delivering a statement at the function, Dr Abdi Mohamed, Country Representative of WHO encouraged national and state levels authorities and partners to...
embark on robust supervision of the campaign to ensure that a high quality campaign is conducted in their communities.

Surveillance and communicable Disease Control
- Two suspected cases of Acute Flaccid Paralysis (AFP) were reported during this week. One of the cases was from Gogrial PHCC, Gogrial Payam, Gogrial West County and another from Marial Lou Hospital, Marial Lou Payam, Tonj North County. Initial investigations were done and samples have been collected for laboratory confirmation.

- Malaria, acute respiratory tract Infections & acute watery diarrhoea continue to account for the highest proportion of morbidity. See the graph below.

![Graph: Priority Disease Proportionate Morbidity, Week 5 - 16, 2014](image)

Source: South Sudan EWARN and Disease Surveillance Update 23 April 2014

Core services
- WHO in collaboration with the State Ministry of Health (SMoH) of Warrap State delivered a consignment of emergency drugs to Tonj North (Aliek and Alabek PHCU). The donation will help the SMoH in strengthening the emergency response and disease surveillance in the county. The supplies are adequate for the treatment of 200 patients.

- Humanitarian organizations have deployed emergency surgical teams to Bentiu and Bor, to boost the health response to the recent violence. Aid workers also continue to provide food, shelter, water, protection and other essential services to civilians sheltering inside UN peacekeeping bases.

- The total number of WHO external surge deployed to date is 29 out of which 16 have completed their missions and left the country. A breakdown of the surge team members shows that 20 are from AFRO, 7 from HQ/other regions and 2 from NGO partnership consortium.

So far WHO has mobilised about 59% of its required funding to implement its six months emergency response plan (Jan - Jun 2014) additional resource mobilisation activities are underway to offset the short fall.

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<tr>
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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
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<tbody>
<tr>
<td>WHO</td>
<td>10,950,000</td>
<td>6,493,000</td>
<td>59%</td>
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<tr>
<td>Health Cluster</td>
<td>61,324,020</td>
<td>18,918,662</td>
<td>31%</td>
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The operations of WHO in South Sudan are made possible with support from the following donors:

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