Highlights

- Health cluster partners are strengthening preparedness over concerns of potential flooding of low-lying communities that could lead to further displacement of more people.

- The security situation remains relatively calm in most parts of the country but fluid.

- The numbers of displaced persons continue to be on the rise. As at reporting period over one million people have been displaced by the ongoing armed conflict.

- There is still a huge funding gap in the emergency response to reach a large proportion of the targeted population in need of assistance.

Situation update

- The general security situation in the past week remained largely calm. However, about 47 people were reportedly killed in Bieh Payam in Mayom County, Unity State when youths from Warrap State attempted to raid cattle in the community.

- The second round of the Oral Cholera Vaccine (OCV) mass vaccination campaign at Juba IDP camp ended on 4 April 2014 with an overall total of 5,819 people vaccinated of which 695 received the first dose. The OCV coverage survey results indicated an average of 85% for the 2 doses and 98% and 85% for the 1st and 2nd dose respectively.

- Since the beginning of the crisis in December 2013, an estimated 803,200 people have been internally displaced.
displaced and about 270,000 have sought refuge in neighbouring countries. Meanwhile, new Internally Displaced Person (IDPs) continue to arrive into the various IDP camps across the country.

**Public health concerns**

There is still a huge gap in the required funding to fully implement the 6 month (January-June 2014) Crisis Response Plan. As at the reporting period only 30.9% of the funding required by all the sectors/clusters in the country’s emergency response has been funded. In particular, only 18% of the funding needs of the health cluster has been mobilised for the implementation of the 6 months health cluster plan.

At the same time, WHO is also grappling with limited resources to provide critical technical and logistical assistance in the emergency response. As at date only 34% funding of the planned emergency response of the Organization has been funded with a critical shortfall of almost US$7.2M.

$10,950,000 Requested by WHO 34% $3,757,195 Received by WHO

With such huge gaps, it is evident that progress is slow and the provision of health services to persons and communities in need particularly those in IDP camps and remote parts of the country remains a huge challenge for the cluster partners. So far only approximately 917,000 people have been reached with health interventions out of an estimated 1.9 million targeted in the health response plan.

The construction of new IDP camp sites in Awerial intended to reduce congestion in the Mingkaman and move people away from the flood plain, is making slow progress due to lack of funding. With the continued movement of IDPs into the area, current poor accommodation and sanitation situation, and the potential threat flooding in the rainy season, health cluster partners are concerned that this might result increased vulnerability of the IDP communities to communicable diseases.

**WHO action**

**Health Leadership**

WHO in collaboration with the Ministry of Health is providing the necessary technical support in coordinating partner’s response activities in the crisis. The Organization is facilitating health cluster meetings at national and subnational levels to discuss the critical issues such as the current mapping of the existing capacities for health response, contingency planning for the rainy season and strengthening health information and data collection to enable a more focused response.

A well-attended health cluster meeting co-chaired by the Director General in charge of planning, external coordination and research in the, Ministry of Health and the Health Cluster Coordinator was held on 08 April 2014. Highlights of the discussions included the need for laboratory support for confirmation of increasing diarrhoeal cases, improved access for IDPs to treatment for chronic conditions, challenges related to the rains and the medical evacuations among others.

**Technical Support**

The WHO Emergency Response Teams continued monitoring of health activities at the IDP camps. In Tongping, some of the observations in the camp included poor hygiene conditions due to the continuing rains. However, partners are working to decongest the site, facilitate the rehabilitation of the drainage systems and the relocation of the IDPs at Tong piny to Juba III camp. Hygiene promotion messaging, including household visits and community sessions are ongoing as well to convince IDPs to be relocated to the new site at Juba III/UN House IDP
camps.

This week, WHO continued to support the Ministry of Health to train and deploy Community Health Workers in IDP camps and the hard to reach areas to fill the gap in the required human resources for health. The trainings were conducted to equip the community health workers with the skills to conduct surveillance of epidemic prone diseases, reporting of deaths and support health education in their communities in order to contribute to the reduction of illness and death in the camps.

The integrated Measles and Polio vaccination and Vitamin-A supplementation campaign will be conducted from 23-30 April 2014, starting with seven of the country’s ten states. The campaign is being under taken by the Ministry of Health with technical and financial support of WHO, UNICEF and other partners to deliver high impact lifesaving interventions to protect an estimated 2.3 million children against Measles, Polio and vitamin-A deficiency. WHO is providing $600,000 to facilitate the training of supervisors and over 13,000 vaccinators. The Organization is also providing an additional 1.7 million dollars for other logistics and implementation of the campaign.

Health facilities in Bentiu have started the provision of routine immunization service in their respective locations. Also, teams assigned at the PoC gate continued to vaccinate new arrivals into the camp. During the week 516 and 420 children were vaccinated for Polio and Measles respectively.

The graph shows the trends of acute bloody diarrhea (ABD), malaria, suspected measles, acute respiratory infection (ARI), and acute watery diarrhoea (AWD) in the IDP camps and communities. Malaria, ARI, and acute watery diarrhoea and remain by far the leading cause of disease burden.

Core services
WHO is supporting the provision of diagnostic kit and drugs for Visceral Leishmanisis (Kalazar) to cushion the stock out in Bentiu state hospital which is a treatment centre for Kalazar. Last week, nine suspected Kalazar cases were reported, six of which tested positive at MSF-H laboratory in the hospital in Bentiu.

WHO provided some emergency drugs and medical supplies to Bentiu PoC2 clinic including (1 box of interagency supplementary malaria module, 1 box Dextrose 5%, 6 boxes of disposable syringe 2ml and 5ml).
WHO provided NDHF a health partner with one full IEHK adequate for 10,000 persons for three months as support to the field operations in Walgak, Akobo West County that is currently hosting an estimate 37,500 IDPs.

Following the sporadic fighting on the Border between Warrap State and Unity state, WHO delivered two Trauma kits (A and B) to support Maria Lo referral Hospital in Tonj East County. The supplies are adequate for 200 trauma cases. In addition plans are being finalised to train 30 health workers in the hospital and neighbouring PHCCs to enhance their skills to manage patients including people injured.

WHO held a Donor Briefing Meeting to update them on WHO’s emergency response activities. In attendance were USAID, Germany, The Netherlands, & Norway. This meeting will be held on a regular basis to keep donors updated on health response needs and operations in South Sudan. In addition bilateral meetings were held with ECHO, Sweden and CIDA to discuss the current funding gaps.

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