South Sudan
Emergency type: Humanitarian Crisis in South Sudan

**Medicines Delivered to Health Facilities/Partners**

- 13 Assorted Medical Kits

**WHO Funding Requirements 2018**

- 3.4M Funded
- 16.9M Requested (Under 2018 HRP)

**Malnutrition**

- 261,424 Children Estimated to Be Severely Malnourished
- 53 Functioning Stabilization Centers Across Country

**Vaccination**

- 1,668,710 OCV Deployed
- 1,833,016 Measles
- 1,506,168 MenAfriVac

**Rift Valley Fever**

- 43 Total Suspected Human Cases

**Highlights**

- As of 14 April 2018, a total of 173 suspected meningitis cases including 31 deaths (CFR 18%) have been reported from Iyire and Imurok payams in Torit West county.
- In Yieth-Lieth, Kuach South payam, Gogrial West county, there are no new suspected meningitis cases reported in week 14. On 29 March 2018, a cluster of 8 suspected meningitis deaths were reported.
- A total of 9 animal bite cases were reported in Bentiu PoC. A cumulative number of 139 cases including 2 deaths have been reported since December 2017.
- The 2nd round of National Immunization Days commenced countrywide on 9 April and is ongoing in all states.
- Two new suspected Rubella cases were reported in week 14. Since week 4 of 2018, a total of 56 cases and no deaths have been reported from Jur River (50) and Wau (6).

Background of the crisis

- The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million have fled their homes for safety of which 1.9 million people are internally displaced, while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

Event Description/ Situation update

- The security situation in the country remains volatile and unpredictable with reported incidents of intercommunal fighting mostly cattle raiding and revenge killings in various locations hampering humanitarian service delivery.

- The security situation remains tense along the border between Unity state and Gogrial East and Tonj North counties due to cattle raiding. Fear and tension remain high in Toch areas (swampy areas) of Gogrial East and Tonj North County due to the active movement of the armed youth group from former Unity State toward the borders.

Epidemiological Update

- In epidemiological week 14 of 2018, completeness for IDSR reporting at county level was 55% while EWARS reporting from the IDP sites was 86%.

- A total of 10 alerts were reported, of which 30% have been verified. During the week, bloody diarrhea was the most frequent infectious hazard reported. Among the IDPs, ARI and malaria accounted for 26.2% and 13.0% of consultations in week 14.

The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 14 April, 2018

- **Suspected meningitis outbreak:** The suspected meningitis outbreak continues to decline with no new cases reported in week 14. The weekly attack rate for Torit has remained below the alert threshold in weeks 11, 12, 13, and 14. At least 173 suspect cases with 31 deaths (CFR 17.92%) reported.

  In Yieth-Lieth, Kuach South payam, Gogrial West county, there are no new suspected meningitis cases reported in week 14. Since 29 March 2018, a cluster of 8 suspected meningitis deaths were reported.

- **Measles:** Measles outbreak in Aweil East and Aweil Center is still ongoing with no new cases reported in week 14. Since the beginning of 2018, at least 142 suspected measles cases including 1 death (CFR 0.8%) have been reported from Aweil East, Aweil Center and Cueibet.

- **Rubella**: Two new suspected Rubella cases reported in week 14. Since week 4 of 2018, a total of 56 cases and no deaths have been reported from Jur River (50) and Wau (6). Of all the cases reported 57.4% are aged 1 - 4 years, all unimmunized.

- **Rift Valley Fever**: The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 43 suspected cases reported since 7 December 2017, of which 6 were confirmed positive. No new suspected cases reported in week 14. Out of the 28 animal samples collected, 9 were confirmed positive serologically.

- **Malaria**: Malaria is the top cause of morbidity in the country with a total of 516, 254 (56%) cases and 73 (21%) deaths registered since week 1 of 2018. Malaria trend for week 14 of 2018 is below 2016 and 2017. In the relatively stable states, malaria is the top cause of morbidity accounting for 32.3% of the consultations in week 14 (representing an increase from 27.3% in week13).

- **Animal bites - suspect rabies**: During the week, a total of 9 animal bite cases were reported in Bentiu PoC. Cumulatively 139 animal bite cases including 2 deaths have been reported since December 2017.

- **Malnutrition**: South Sudan remains at increased risk of food insecurity and malnutrition with an estimated 6.3 million (57% of the population) in crisis (IPC Phase 3) and 50,000 in catastrophe (IPC Phase 5).

- **WHO Public Health response**
  - WHO AFRO and country office are supporting the Ministry of Health to develop a Health Promotion strategic plan and a risk communication operational plan in line with the Joint External Evaluation recommendations for South Sudan.
  - The 2nd round of National Immunization Days targeting 3.4 million children under five with Vitamin A and Albendazole countrywide commenced on 10 April and is ongoing in all states. So far over one million children have been vaccinated.
  - WHO country office conducted a First Aid training from April 13 to 14 2018 to equip nine wardens with skills to increase their capacity to respond in an emergency situation.
  - WHO is intensifying efforts for cholera prevention and response to mitigate the risk of outbreaks in hotspots as the rain season is soon starting. Interventions planned include OCV, WASH, Health Promotion and others. An additional 113,800 doses of OCV requested from the Global Task Force on Cholera Control (GTFCC) were received in the country to complete the scheduled campaigns. A consultant to finalize the cholera prevention and response plan for South Sudan has already been deployed by GTFCC with support from GAVI.
  - WHO provided technical support to State Ministry of Health in Eastern Equatoria to train 22 participants on cholera Rapid Response from 11 to14 2018.
  - WHO supported training of vaccination teams for Meningitis vaccination in Renk, Upper Manyo, Lower Manyo and Koch counties, in preparation for the MenAfrivac vaccination campaign slated for this week in those locations.

WHO co-facilitated a training on Nutrition in Emergency (NiE) organized by the Nutrition Cluster in collaboration with MOH and partners. This provided an opportunity to discuss WHO’s role in emergency Nutrition in South Sudan and current response focusing on improved inpatient management of SAM/MC, through capacity building, distribution of medical supplies, and surveillance.

### Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support rapid outbreak investigations and response.

### Resource mobilization

#### FUNDING STATUS OF APPEALS US$

<table>
<thead>
<tr>
<th>NAME OF THE APPEAL</th>
<th>REQUIRED FUNDS</th>
<th>FUNDED</th>
<th>% FUNDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Humanitarian Response Plan</td>
<td>US$ 16.9 million</td>
<td>US$ 3.4 million</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

The operations of WHO in South Sudan are made possible with support from the following donors:

- From the People of Japan
- South Sudan Humanitarian Fund
- European Union Civil Protection and Humanitarian Aid
- USAID
- South Sudan
- United Nations CERF

---

For more information please contact:

**Mr Evans Liyosi**
WHO South Sudan Country Representative a.i.
Email: liyosie@who.int
Mobile: +211 955 037 645

**Dr Guracha Argata**
Emergency Coordinator
Email: guyoa@who.int
Mobile: +211 956 268 932

**Ms Liliane C. Luwaga**
Communications Officer
Email: luwagal@who.int
Mobile: +211 954 800 817

---