

Situation report Issue # 18 **21 – 27 MAY 2018**



WHO technical officer monitoring functionality and quality of SC services in former Western Bahr el Ghazal and state. Photo: WHO.

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7MILLION

NEED

HUMANITARIAN

ASSISTANCE



1.9 MILLION INTERNALLY DISPLACED



2.1
MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

155 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.8M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

498 831

OCV DOSES DEPLOYED IN 2018



1 950 955

OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 654 880

OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



57 TOTAL SUSPECTED HUMAN

CASES

HIGHLIGHTS

- South Sudan continues to be on high alert following the Ebola Virus Disease outbreak in DRC on 8 May, 2018.
 WHO is working with the MoH and key partners to strengthen preparedness and readiness capacities, and to implement activities at national and points of entry to mitigate the risk of cross border spread of EVD to South Sudan. AFRO PST provided technical support through a team of 3 experts who visited for a week and made significant inputs on the EVD preparedness checklist, EVD contingency plan, and followed up on some specific activities.
- 11 new suspected cases of measles were reported in Rumbek Center, Mayom, Torit, Wau, and Juba counties.
- A total of 10 animal bite cases were reported in Bentiu PoC during week 20.
- WHO rolled out the third phase of the Early Warning, Alert and Response System (EWARS), a web-based and mobile devise enabled electronic platform to overcome the reporting challenges of transmitting standardized paper-based IDSR data tools and strengthen surveillance and response capacities in South Sudan.
- WHO trained 31 participants from 24 Health Cluster partners on the basics of WHO emergency kits.

Background of the crisis

South Sudan has been experiencing a protracted humanitarian crisis following the conflict that started 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 neighboring 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.

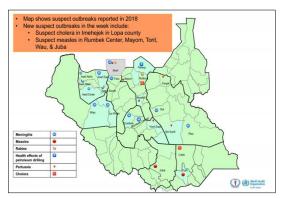
Event Description/ Situation update

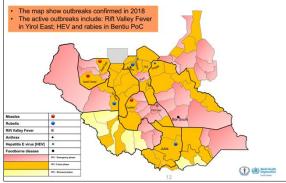
- South Sudan remains persistently a high risk operating environment for humanitarian workers with continued incidents of armed conflict, sporadic inter-communal clashes, cattle raiding, attacks on humanitarian workers, and revenge killings in multiple locations hampering humanitarian service delivery.
- Over the past week more than 700 civilians have fled their homes in Soka village of Yei River State after fresh clashes between armed groups in the area.
- South Sudan's meteorological department warned that heavy rainfall is expected in the months of June, July and August and may cause devastating floods in the flood-prone areas of Bahr el Ghazal, Upper Nile and Unity.

Epidemiological Update

In epidemiological week 20 of 2018, completeness and timeliness for IDSR reporting at county level was 56% while EWARS reporting from the IDP sites was 78%. In this reporting period, a total of 14 alerts were reported, of which 100% have been verified. Acute Watery Diarrhea (AWD) and measles were the most frequent infectious hazards reported during the week. Among the IDP, ARI and malaria accounted for 22% and 15% of consultations.

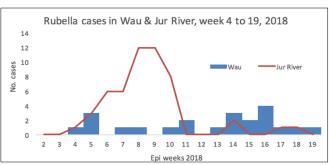
The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 27 May, 2018,





Suspected Outbreaks South Sudan-27 May 2018 Confirmed Outbreaks South Sudan-27 May 2018

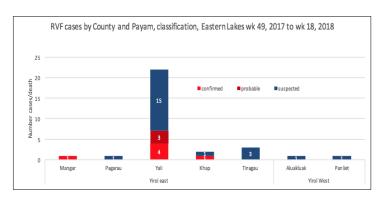
- Meningitis: There were no new suspected cases of meningitis reported during week 20. However, from week 1-18, 2018, at least 52 suspected meningitis cases including 6 deaths (CFR 12%) have been reported.
- Rubella: Rubella outbreak is still ongoing. At least 76 cases have been reported from Jur river (54 cases) and Wau (22 cases) since week 4 with no deaths.
- Malaria: Malaria trends are being monitored more closely as the rainy season is already underway. Counties showing



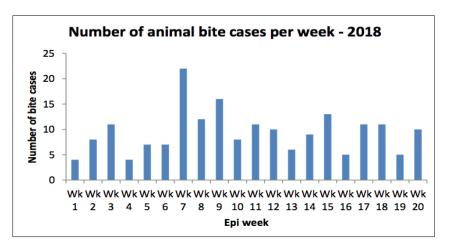
above normal trends are being flagged weekly. In week 20, there were 9 602 cases (42% of total consultations) of malaria reported with no deaths. Malaria continues to be the top cause of

morbidity in the country, with a cumulative total of 713 359 (52%) cases and 90 (12%) deaths registered since week 1 of 2018. The 42 deaths reported in week 19 were a data entry error from Abiemnhom county, and this has since been corrected. In the relatively stable states, malaria is the top cause of morbidity accounting for 31% of consultations. Malaria trend for week 20 of 2018 is below the trends for 2016 and 2017. Rising malaria trends have been reported in several counties including: Aweil Center, Aweil East, Aweil South, Aweil West, Cueibet, Gogrial East, Gogrial West, Jur River, Rumbek Center, Rumbek East, Rumbek North, Terekeka, Tonj East, Tonj North, Tonj South, Twic East, Twic Mayardit, Wulu, Yirol East, and Yirol West.

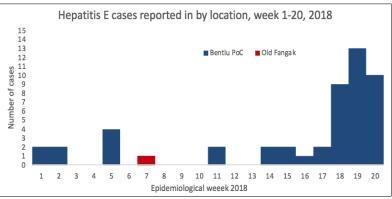
Rift Valley Fever: As of 20
May, 2018, a total of 6
cases were confirmed
positive, 3 probable and 22
suspected RVF cases (no
laboratory results. A
cumulative total of 57
suspected cases have been
reported since 7 December
2017.



• Animal bites - Suspected Rabies: Suspected rabies continue to be reported. A total of 10 animal bite cases were reported in Bentiu Protection of Civilians site (PoC) during week 20. The cumulative figure of 194 cases of animal bites including 2 deaths reported since 6 Dec 2017.



- Suspected cases of cholera: Two suspected cases of cholera were reported from Imehejek, Lopa county on 22 May18. The index case ate cold food at a local market. The two samples tested negative for cholera after culturing at the National Public Health Laboratory.
- Measles: 11 new suspected measles cases were reported in Rumbek Center, Mayom, Torit, Wau, and Juba counties. (8 from Rumbek Centre, 2 from Mayom (Tam & Wangbur payams) and 1 reported from Nyong payam in Torit.
- Hepatitis E (HEV):
 Hepatitis E has been confirmed in Bentiu
 PoC and Old Fangak, where a total of 51 suspect case have been reported since week 1 of 2018. Out of these, 11 cases have been PCR confirmed as HEV (10 in Bentiu PoC & 1



in Old Fangak). No new cases identified after active follow up in Fangak. At least 55% of the cases are 1-9 years of age; and 65% being male. Among the females, most cases have been reported in those aged 15-44 yrs (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy).

WHO Public Health response

- South Sudan continues to be on high alert and is monitoring the Ebola Virus Disease (EVD) outbreak in Bikoro health zone, in Equateur Province of the Democratic Republic of Congo which was declared on 8 May of 2018. Active screening of international travelers is ongoing at the Juba International Airport (JIA) and other points of entry (PoE) based on risk assessment. Other preparedness interventions implemented include designation of an EVD isolation facility in Juba, a Ministerial statement on EVD and its prevention which was issued in the past week, a Ministerial mission to Yambio to enhance surveillance and compliance with IHR (2005) border control measures, updating of EVD contingency plan, updating EVD SOP and training of rapid response teams in a workshop convened in Juba. AFRO PST provided technical support through a team of 3 experts who visited for a week and made significant inputs on the EVD preparedness checklist, and followed up on some specific activities.
- WHO rolled out the third phase of the Early Warning, Alert and Response System (EWARS), a web-based and mobile devise enabled electronic platform to overcome the reporting challenges of transmitting standardized paper-based IDSR data tools and strengthen surveillance and response capacities in South Sudan. The training of Trainers (ToT) was completed with participants drawn from across the country, and they will cascade the same to all the ten states. Strengthening surveillance and health information management is one of the key objectives of the WHO strategic and operational response plan for 2018. The Global EWARS project has supported and helped to improve IDSR performance in the conflict affected areas since September 2015.
- Following a joint IRNA assessment in Kamunyi (Panamu) payam of Khor-Fulus of Pigi County, the humanitarian partners including WHO in Malakal town of Upper Nile undertook a critical lifesaving humanitarian response for IDP in Panam, Khor-Fulus county. In addition, the Inter-Cluster team led by IOM-DTM, conduct a verification exercise to verify the number of the IDP population. 587 individuals (154 households) were verified.



WHO participating in the verification mission in Khor-Fulus

- With the aim to optimize the availability of required supplies in the right quantity, WHO trained 31 participants from 24 Health Cluster partners on the basics of WHO emergency kits to improve their capacity on requisition, distribution and rational use of life-saving medicines so that patients receive care without interruption. Accountability was a strong theme throughout the various sessions, and very useful feedback was provided by the participants during group work. This two day harmonized core pipeline training was planned and conducted jointly with UNFPA and UNICEF including sessions on reproductive health kits and emergency vaccines.
- In response to the HEV outbreak in Bentiu PoC, the WHO is convening health-WASH partner meetings to investigate and follow up cases, laboratory testing for suspect cases, and working with the WASH partners to identify the source of infection through case follow up and WASH assessments.
- In response to the probable rabies cases in Bentiu PoC, WHO is convening partner meetings and providing technical guidance to the response including the procurement of human antirabies vaccines. Camp management and UNMISS are supporting community messaging. In addition, VSF arrived in Bentiu this week to start the stray dog curling exercise.

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

• Financial Information: The total recorded contributions for WHO emergency operations amounts to US\$ 3.8 million for the financial year 2018 as of 30th April 2018. WHO is grateful for the critical support provided by donors who have contributed to this operation as well as those who have contributed to WHO programmes with un-earmarked and broadly earmarked funds.

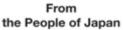
FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.8 million	22.5%

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













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