



World Health Organization

Situation report Issue # 17
14 – 20 MAY 2018

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



WHO proposition Emergency supplies to counties. Photo: WHO

7 MILLION

NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION

INTERNALLY
DISPLACED



**2.1
MILLION
REFUGEES**

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

43 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.8 M FUNDED

16.9 M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

234 094 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

43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- The UN USG/ERC recently visited the country and added his voice to the concerns of the humanitarian sector due to escalating security incidents and those particularly targeting aid workers, which hamper delivery of essential lifesaving services to beneficiaries. He called upon the government and opposition to cease hostilities and instead protect humanitarian workers and civilians, and foster the peace process.
- South Sudan is on high alert following the declaration of 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.
- In week 19, over 25 thousand cases (49%) of malaria were reported with 42 deaths (98%). Among the IDP, malaria accounted for 14% of consultations. Malaria continues to be the top cause of morbidity in the country, with a cumulative total of 673 005 (52%) cases and 126 (16%) deaths registered since week 1 of 2018
- Five OCV campaigns have been completed this year in Malakal PoC, Malakal town, Aburoch, Wau PoC and Budi county, with WHO ensuring availability of the vaccine and technical support as needed. So far more than 178 thousand people have been reached with the vaccine in round one and two of the campaigns. The second round of vaccine in Juba is underway, targeting over 206 thousand people.

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 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.

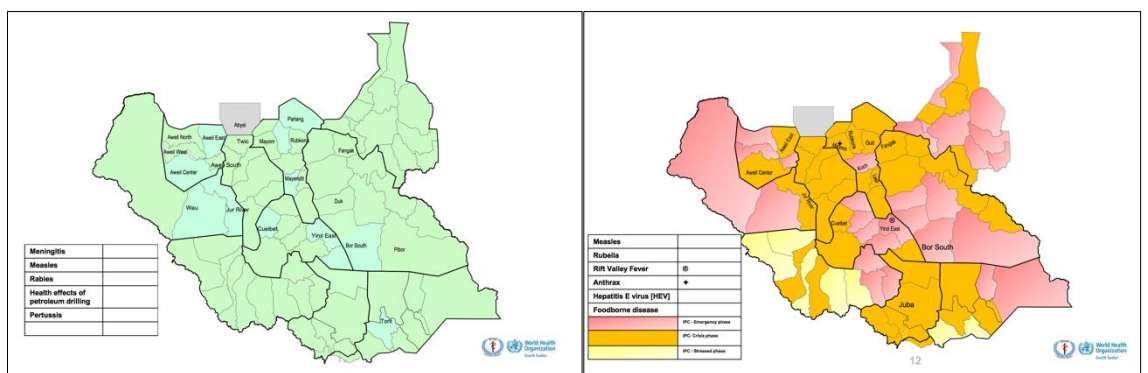
Event Description/ Situation update

- South Sudan remains persistently a high risk operating environment for humanitarian workers with continued incidents of armed conflict, sporadic intercommunal clashes, cattle raiding, attacks on humanitarian workers, and revenge killings in multiple locations hampering humanitarian service delivery.
- The UN USG/ERC recently visited the country and added his voice to the concerns of the humanitarian sector due to escalating security incidents and those particularly targeting aid workers, which hamper delivery of essential lifesaving services to beneficiaries. He called upon the government and opposition to cease hostilities and instead protect humanitarian workers and civilians, and foster the peace process.
- A national NGO reported the temporary suspension of health activities in Kuperu and Mukaya in Yei County. This followed recent detention of seven of their staff members by SPLA-iO forces. The staff members, who were later released, were delivering medical supplies and drugs to health facilities in the area when the incident occurred.
- Partners suspended the distribution of non-food items, agricultural seeds and tools to conflict-affected people in Mitika Payam (about 25 kilometers from Yei town) due insecurity along Yei-Lasu road. No civilian casualties were reported, but some humanitarian supplies were reportedly looted during the incident.
- The long rainy season is currently underway. This is expected to cause flooding with attendant displacements. The risk of cholera outbreak will increase during this period. Also the malaria caseload will increase consistently until it reaches the peak in September-October.

Epidemiological Update

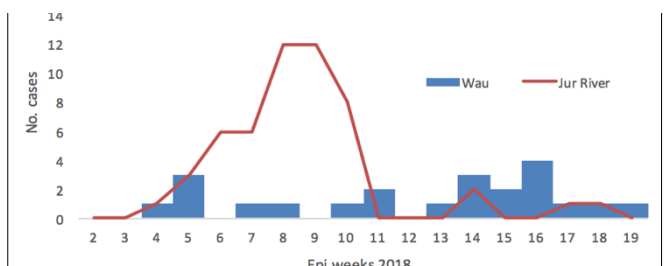
In epidemiological week 19 of 2018, completeness and timeliness for IDSR reporting at county level was 55% while EWARS reporting from the IDP sites was 85%. In this reporting period, a total of 6 alerts were reported, of which 50% have been verified. AWD and measles were the most frequent infectious hazards reported during the week. Among the IDP, ARI and malaria accounted for 25% and 14% of consultations in week 19 respectively.

The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 20 May, 2018,



Confirmed Outbreaks South Sudan-20 May 2018 **Suspected Outbreaks South Sudan-20 May 2018**

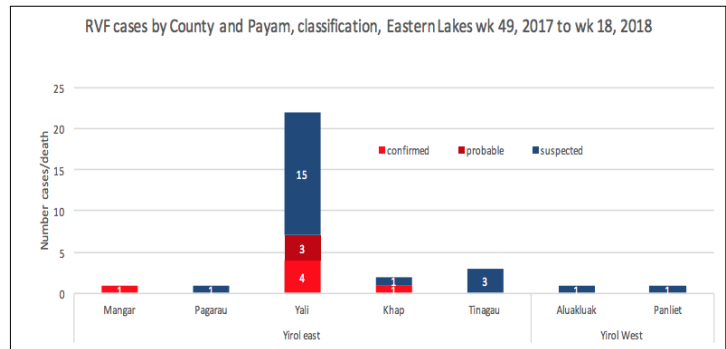
- **Meningitis:** From week 1-18, 2018; at least 52 suspected meningitis cases including 6 deaths (CFR 12%) have been reported.



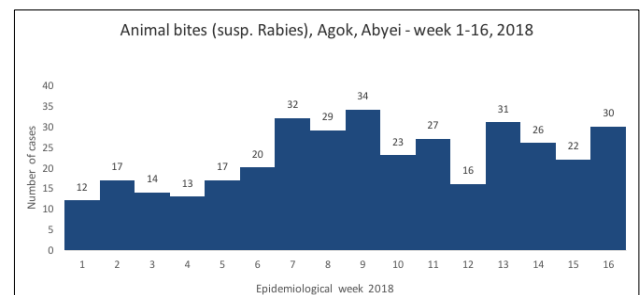
For more information – WHO South Sudan weekly situation reports; <http://afro.who.int/publications/south-sudan-situation-reports>, <http://www.who.int/hac/crises/ssd/epi/en/>

- **Rubella:** At least 76 cases of Rubella have been reported from Jur river (54 cases) and Wau (22 cases) since week 4 with no deaths as indicated in this figure.
- **Malaria:** In week 19, over 25 thousand cases (49%) of malaria were reported with 42 deaths (98%). Among the IDP, malaria accounted for 14% of consultations. Malaria continues to be the top cause of morbidity in the country, with a cumulative total of 673 005 (52%) cases and 126 (16%) deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 31% of consultations. Malaria trend for week 19 of 2018 is above 2014, 2015, however, is below the trend for 2016 and 2017.

- **Rift Valley Fever:** The RVF outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported since 7 December 2017. As of 6 May, 2018, a total of 6 were confirmed positive, 3 probable and 22 suspected RVF cases (no laboratory results).



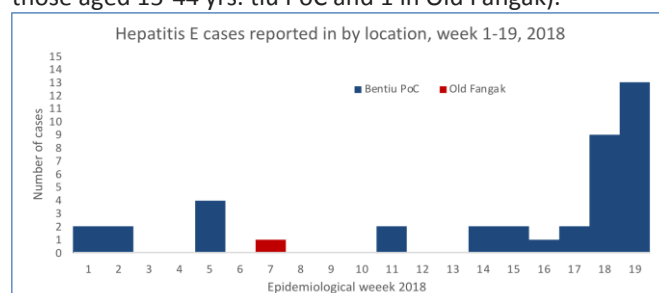
- **Animal bites - Suspected Rabies:** During week 18, a total of 11 animal bite cases were reported in Bentiu Protection of Civilians site (PoC). The cumulative figure of 179 cases of animal bites including 2 deaths reported since 6 Dec 2017. In Agok hospital, Abyei administrative area, an increase in dog bite cases have been reported.



An exponential increase in suspected rabies cases has been reported in 2018 compared to the previous years, with a total of 363 cases in the first 16 weeks.

with a cumulative figure of 179 cases of animal bites including 2 deaths

- **Malnutrition:** Most nutrition service sites are in critical and serious IPC classified counties i.e. 625 (80%) OTP, 608 (86%) TSFP and 42 SC (76%). Due to insecurity, some partners have suspended their nutrition sites in Leer, Koch, Mayendit. The number of new admissions of children with SAM in inpatient and outpatient programs is almost 49 thousand between January and March 2018, with higher admission reported in Jonglei (8654), Northern Bahr el Ghazal (7830) and Warrap (6966).
- **Hepatitis E (HEV):** In Bentiu PoC, at least 41 suspect case of Hepatitis E (HEV) have been reported in 2018. Out of these, a total of 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 63.4% of the cases are 1-9 years of age; and 64% being male. Among the females, most cases have been reported in those aged 15-44 yrs. tiu PoC and 1 in Old Fangak).



WHO Public Health response

- Following the declaration of the Ebola Virus Disease (EVD) outbreak in Bikoro health zone, in Equateur Province of the Democratic Republic of Congo on 8 May of 2018, South Sudan is on high alert. WHO is working with the Ministry of Health and key partners to strengthen preparedness and readiness capacities, and to implement activities at national level and points of entry to mitigate the risk of importation of EVD to South Sudan. An assorted consignment of emergency kits including PPE, boots, investigation kits, and face shields have been prepositioned at border points to facilitate investigation of any suspected case and initial response. Screening services for all arriving travelers have been established at the Juba International Airport, isolation facility at Juba Teaching Hospital and peripheral health facilities in Juba have been assessed and recommendations made to improve capacity, WHO/MoH team is ready for deployment to Nimule border entry point to conduct similar assessment, WHO/MoH team is ready for Yambio border entry point sensitization visit, EVD checklist has been updated and shared with MoH, and EVD contingency plan has been drafted and is currently under review.
- WHO is finalizing the completion of installations and fixtures at the national Public Health Emergency Operations Centre, and recruitment of the manager, to ensure that the centre is functional in the coming days, and work with the MoH for capacity building during one year period and fully handover thereafter.
- WHO conducted the water supply chain assessment for Juba city. Ten Public Health teams collected water samples at different points of sources and consumption for quality testing at the Public Health laboratory. These results will inform the risk profiling and appropriate prevention strategies to forestall another cholera outbreak.
- WHO is supporting MoH and partners to roll out the capacity building program for health staff to skillfully manage patients with SAM/MC in SC targeting 9 priority counties with high burden of acute malnutrition, in Western Bahr el Ghazal, Warrap, Unity, Jonglei and Eastern Equatoria. The first training of trainers was successfully conducted in Wau (former Western Bahr el Ghazal) for health workers from six operational areas of Warrap and Western Bahr el Ghazal.
- WHO in partnership with MoH is deploying ten teams to investigate the increasing alerts of Acute Bloody Diarrhoea in Warrap state and other states across the country.
- Five OCV campaigns have been completed this year in Malakal PoC, Malakal town, Aburoch, Wau PoC and Budi county, with WHO ensuring availability of the vaccine and technical support as needed. So far more than 178 thousand people have been reached with the vaccine in round one and two of the campaigns. The second round of vaccine in Juba is underway, targeting over 206 thousand people.
- In week 19, 24 counties have been identified as high priority for malaria due to trends increasing or above the third quartile. These include Abyei, Aweil Centre, Aweil East, Aweil South, Aweil West, Awerial, Cueibet, Gogrial East, Gogrial West, Jur River, Kapoeta East, Nyirol, Rumbek Centre, Rumbek East, Rumbek North, Terekeka, Tonj East, Tonj East, Tonj North, Tonj South, Twic East, Twic Mayandit, Wulu and Yirol West. There's a plan for the state RRT and national iMMT to conduct verification missions in these counties to enable informed decision making for timely response.
- The recently completed 2nd round of MenAfrivac in Manyo county indicated a low coverage as per population statistics and target groups (1 -29 years) for the areas of Lower (36%) and Upper Manyo (40%). Fashoda state had a late second round of Polio with coverage of about 49%.
- A 5 day MHPSS and suicide prevention training was conducted by WHO and other partners at the humanitarian hub in Malakal on 15-19 May 2018 targeting 50 participants.

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\$ 2.875,983 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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