



# World Health Organization

Humanitarian Situation Report Issue # 37  
1 - 7 OCTOBER, 2018



WHO team mobilizing communities for PIRI for meningitis, measles, polio and TT in Ulang County. Photo: WHO.

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan

**7 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



**1.91 MILLION**  
INTERNALLY  
DISPLACED



**2.47 MILLION**  
REFUGEES

### HIGHLIGHTS

- On 3 October a joint UN Agencies convoy consisting of 4 UNICEF-contracted and seven WFP trucks was reportedly ambushed along Juba – Yei road, about 6kms away from Bungu Checkpoint. 1 Driver and 1 crew were abducted during the incident but later released.
- Based on findings of IPC assessment conducted from July to August 2018, from October to December 2018, 4.4 million people (43% of population) will face severe food insecurity, 3.4 million in crisis, 960,000 in emergency, 26,000 in catastrophe.
- A total of 31 counties in the former states of Warrap, Unity, Upper Nile, and Jonglei reported 'Critical' (GAM (WHZ) 15.0 – 29.9%) levels of acute malnutrition.
- The counties with high access constraints are most likely to face worse IPC status.
- The United Nations and partners urgently require 13.1 million in order to ensure South Sudan is operationally ready & prepared to prevent importation of Ebola virus disease or should it be imported to adequately mount up a comprehensive multi- sectorial response.

### WHO FUNDING REQUIREMENTS 2018



**5.35M** FUNDED  
**16.9M** REQUESTED (UNDER 2018 HRP)

### MALNUTRITION

**261 424** CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

**55** FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

### CUMULATIVE VACCINATION FOR 2018



**933 541** OCV DOSES DEPLOYED IN 2018  
**1 954 097** # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES  
**1 791 589** # OF PERSONS VACCINATED AGAINST MENINGITIS

### RIFT VALLEY FEVER



**58** TOTAL SUSPECTED HUMAN CASES

## Background of the crisis

## Event Description/ Situation update

- Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation in South Sudan remains dire and the needs are huge. Furthermore, multiple episodes of armed conflict, population displacement, disease outbreaks, food insecurity, malnutrition and flooding continue to be reported. The government has challenges to provide and support essential services including Health, with partners providing over 80% of the required health services.

### Attacks and criminality

- On 1 October 2018, heavy fighting was reported in Mundu and areas around Kupera in Yei County. Civilians fled due to safety concerns and reportedly moved to the southern part of the county into Korijo in Kajokeji following fighting. Partners are monitoring and planning to conduct a humanitarian assessment next week.
- On 3 October a joint UN Agencies convoy consisting of 4 UNICEF-contracted and seven WFP trucks was reportedly ambushed along Juba – Yei road, about 6kms away from Bungu Checkpoint. 1 Driver and 1 crew were abducted during the incident but later released.
- On 7 October 2018, SPLA-IO accused government troops of attacking its base at Lojulo area of Morobo County in Yei River State resulting in armed clashes between the two groups. Unclear reports of casualties.
- On 7 October 2018 early hours, prisoners led by former National Security officer Captain Kerbino Wol disarmed guards at the National Security Services HQ Detention Center took control of the Compound. Situation was resolved with the intervention of community leaders as well as senior government officials without casualties.
- 8 victims among the 32 injured during a grenade attack at a local party at Saura, about 10 kilometers northwest of Yambio town were evacuated from Yambio hospital to Juba teaching hospital for further medical care. The suspect has been arrested. The motive for the attack is unknown. On 3 October 2018, the families of the victims assaulted the family of the suspect.

### Population displacement

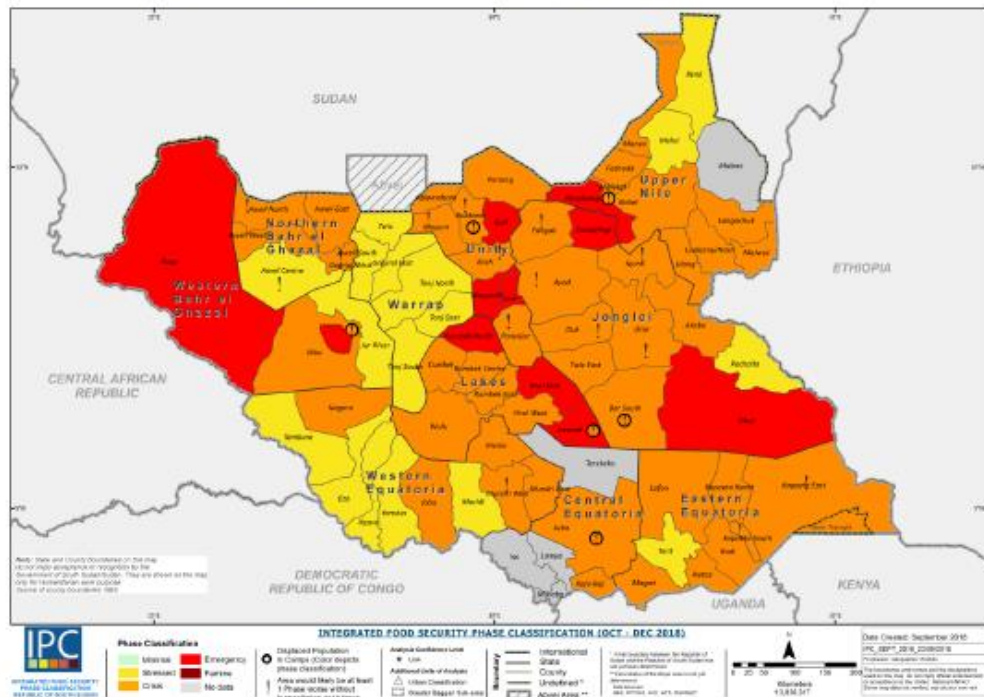
- On 1 October 2018, an inter-agency team visited Lirangu in Yambio to assess the needs of about 4,000 IDPs in the area. Urgent needs of the displaced people included food, health, WASH and protection services. The team reported that health facilities and schools in the area have been vandalized by armed elements. During the mission, basic medical equipment and drugs were delivered to the health facility in Lirangu.
- On 2 October 2018, it was reported the Jie tribe had attacked the Murle community in greater Pibor, and 12 Murle children were abducted and 250 houses burned, resulting in the displacement of about 3,700 people to Maruwa SPLA barracks in Boma. An estimated 3,600 cattle were raided, and 150 other killed in the attack. Unconfirmed number of critically injured people was airlifted to Juba for treatment. Partners are monitoring the situation.

### IPC findings in September 2018

- The preliminary findings of the IPC survey conducted in July and August and disseminated last week show that:
- In September 2018, 6.1 million people (59% of population) faced severe food insecurity, 4.3 million were in crisis, 1.7 million were in emergency, and 47,000 in catastrophe
- In October to December 2018, 4.4 million people (43% of population) will face severe food insecurity, 3.4 million in Crisis, 960,000 in Emergency, 26,000 in catastrophe
- In January to March 2019, 5.2 million people (49% of population) will face severe food insecurity, 3.7 million will be in crisis, 1.5 million in emergency, and 36,000 in catastrophe
- Of greatest concern are counties where harvests are likely to be poor, access to humanitarian assistance may be limited for a section of the population, possible returns from within and outside of the country may cause further pressure on already scarce resources, insecurity, lack of freedom of movement and extreme depletion of livelihoods prevails. As a result, extreme levels of acute food insecurity are expected to persist in many areas. This calls for immediate and unhindered provision of humanitarian assistance and close monitoring
- These counties include Leer, Mayendit, Yirol East, Yirol West, Canal Pigi, Pibor, Panyikang, Greater Baggari, Aweil East, Aweil West, Fangak, Guit, Longechuk, Nasir, Maiwut, Ulang, Nyirol, among others
- The overall situation of acute malnutrition has slightly improved this year as compared to the same period last year with no county reporting extreme critical levels (GAM above 30%) of acute of malnutrition in 2018. A total of 31 counties in the former states of Warrap, Unity, Upper Nile, and Jonglei reported 'Critical' (GAM (WHZ) 15.0 – 29.9%) levels of acute malnutrition while 20 counties

in Lakes, Jonglei, Unity and Upper Nile reported 'Serious' (GAM (WHZ) 10.0-14.9%) levels of acute malnutrition. Most of the counties for which county-level data was available in Central Equatoria and Western Equatoria recorded 'Alert' (GAM (WHZ) 5.0-9.9%) and 'Acceptable' (GAM (WHZ), <5.0%) levels of acute malnutrition

**IPC CLASSIFICATION FOR SOUTH SUDAN FOR OCTOBER – DECEMBER 2018**

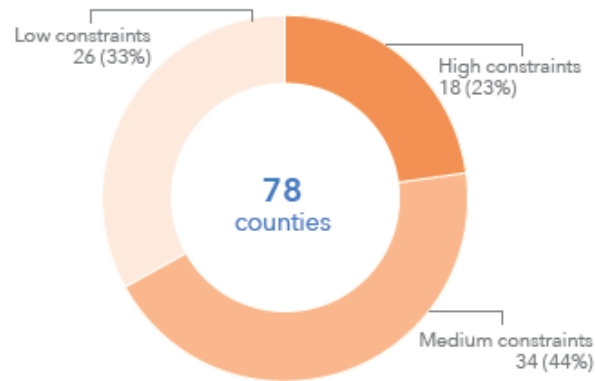


- The full report of the IPC assessment can be accessed at <https://reliefweb.int/report/south-sudan/south-sudan-key-ipc-findings-september-2018-march-2019>

**Humanitarian access severity overview**

- Humanitarian access survey was conducted with partners to determine levels of perceived access in South Sudan. The process enabled partners to jointly assess perceptions of constraints on access, and rank all areas according to presence of various impediments and resulting levels of access over the last three months.
- Counties in Western Bahr El Ghazal, Western Equatoria and Upper Nile states, Central Unity, and Mundri West, East and Panyikang were rated to have high access constraints. These include armed groups, checkpoints, and bureaucratic impediments which actively restrict humanitarian activities.
- With moderate access constraints, armed groups, checkpoints, bureaucratic or other access impediments are present and regularly result in restrictions on humanitarian activities. Operations continue in these areas with regular restrictions. With adequate resources, partners would be able to reach roughly half of targeted people in need
- With no or very few access constraints, armed groups, checkpoints, bureaucratic or other access impediments may be present, but these rarely or only occasionally result in restrictions on humanitarian activities. Partners are largely able to operate. With adequate resources, partners would be able to reach all or nearly all targeted people in need.
- The counties with high access constraints are most likely to face worse IPC status.

Number of counties by severity level



### Epidemiological Update

- In epidemiological week 39 of 2018, completeness and timeliness for IDSR reporting at county level was 71% while EWARN reporting from the IDP sites was 92%
- A total of 10 alerts were reported in week 39 with 60% of the alerts being verified; 0 were risk assessed and 0 required a response
- During the week, suspect measles, bloody diarrhoea and acute watery diarrhoea were the most frequent infectious hazards reported
- There is no new outbreak confirmed in the week
- Malaria remains the top cause of morbidity and mortality at 73% with at least 15 counties having malaria trends that exceed the expected levels
- There was no new suspect Rift Valley Fever (RVF) case reported from Yirol East in week 39. A total of 58 suspect human cases including 6 confirmed; 3 probable; 48 non-cases; and 01 pending classification (with no definitive lab. test results) have been reported. Nine confirmed animal cases (cattle)
- There was no new HEV cases reported in week 39. A total of 139 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. Current response entails surveillance, case follow up, WASH and discouraging communities from using stagnant water for domestic and recreational purposes
- Following the elevation of the risk of EVD spread in the region from “High” to “very High”, South Sudan has heightened preparedness efforts. This includes developing and testing the operational readiness for a potential EVD response
- For additional information please refer to South Sudan weekly IDSR bulletins at <https://afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>

### WHO Public Health response

#### Logistics and prepositioning of supplies

- WHO supplied CASS in Maiwut County with 2 IEHK basic malaria modules and 2 IEHK basic modules without anti-malaria drugs for 2000 people, and 1 IEHK supplementary malaria module for 10,000 people with severe malaria.

#### Ebola Virus Disease preparedness

- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 2<sup>nd</sup> and 4<sup>th</sup> October 2018 at the PHEOC in Juba. The major themes of discussion included scheduling rapid response team (RRT) refresher training and all technical working groups to train a dispatch team in Juba to support response activities in case of an EVD outbreak.
- Planned weekly meetings for all thematic pillars (Case Management and Infection Prevention and Control, Epidemiology and Surveillance, border points and ports of entry, Laboratory, Risk Communication and Community Engagement and Personnel Safety and Security) were conducted as scheduled.
- One suspected EVD death alert from Yei was investigated on 4 October following anonymous notification on 3 October. The national RRT that was deployed and other partners in Yei state were not able to locate the residence of the dead man. However, the WCO was later informed that the dead man has been buried. The Yei Task Force and the health workers were asked to intensify active search for suspected EVD cases in Yei.
- Currently entry traveler screening for Ebola exposure and symptoms is ongoing at ten of the 39 mapped points of entry. These include: Juba International Airport, Nimule ground crossing and

River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport, Kaya and Yei RRC office.

- WHO/CDC team trained 40 master trainers on SOPs on screening of travelers at points of entry. The trainers will receive tool kits and cascade the training to screeners and non-health partners.
- Minimum Standards for isolation facilities were developed, reviewed and approved by TWG
- Radio talk shows continue to be aired with support from UNICEF at the national and sub-national level in English, Arabic, Zande and other local dialects.
- Radio jingles with messages on Ebola are running on 13 radio stations in English and 3 local languages.
- At least 10,086 people were reached with information on Ebola prevention in Yambio and Nzara county through community engagement with households, community health workers, and mother-to-mother support groups.
- Three International consultants have been deployed by WHO AFRO to support the taskforce to enhance capacities for infection prevention and control, surveillance and overall coordination of Ebola preparedness activities
- The Vaccine and Therapeutics TWG has reached out to WHO Vaccine team in Geneva to provide guidance with the development of protocol for compassionate use of the Ebola vaccine as well as the development of the necessary in-country capacity (Human and cold chain).
- The Weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. <https://afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>

#### **Mobile medical team**

- The MMT was deployed to Yirol East from 21 September to 2 October to support CUAMM in conduction of a catch measles campaign following sporadic cases of measles in Yirol East and West since July. The team led the training of supervisors and vaccinators, and monitored the implementation of the campaign
- The team trained 27 supervisors and vaccination teams, and coordinated activities with SMOH, CHD, CUAMM, UNICEF, and SSUDHAS. All five counties of Yirol East and two counties of Yirol West were covered, with 39, 527 children 6-59 months vaccinated against a target of 36, 019 hence a coverage of 110%

#### **EPI**

- Periodic intensification routine immunization continues to complement the regular fixed sessions with a total of 34,192 children (Under 2) reached with Penta3 vaccine and 43,755 reached with the measles vaccine.
- WCO supported the country in its presentation for the joint annual report expected to be held in November 2018.

#### **Polio**

- WCO and the state offices are supporting training of Field assistants, community informants and health workers, in 3 states (Unity, Upper Nile and Jonglei) to improve Polio surveillance and other VPDs surveillance. It is expected that a total of 600 persons will eventually benefit by the end of the 4 quarter.
- The country in week 39 has achieved Non-Polio AFP rate is 5.03 in 2018, and stool adequacy of 87%. A total of 310 AFP cases reported, 9 new AFP cases seen in the reporting week, and 60% of cases having geocoordinate.
- The number of Integrated Supportive Supervisory visits (focusing on VPDs and RI sessions) recorded via the ODK is 3366 for the year 2018, and can be accessed via <http://esurv.afro.who.int/whosouthsudan>.
- A total of 68 Environmental samples have been collected from 4 sites in year 2018.
- WCO completed the Polio quarterly risk assessment for quarter 3, 2018, with 4 states Central Equatoria, Unity, Upper Nile and Jonglei identified as high risks (majorly due to RI coverage) with mitigating plans proposed to the MoH.

#### **Nutrition**

- From 2<sup>nd</sup> to 8<sup>th</sup> October 2018, WHO has conducted the ToT Inpatient Management of severe acute malnutrition with medical complications in Aweil (Northern Bahr el Ghazal state) targeting 21 medical doctors, clinical officers, nurses and nutritionists. Since March 2018, WHO has trained 103 health staff on the inpatient management of complicated SAM, across country, and created a pool of trainers with the capacity to cascade knowledge.

#### SSHF field monitoring visit to Bentiu

- On 1-3 October, the technical secretariat of South Sudan Humanitarian Fund (SSHF) conducted a field monitoring visit in Bentiu for the recently ended WHO frontline project. The objective of this monitoring visit was to increase the availability of accurate and reliable information about project activities through observation and discussions with some of the partners and beneficiaries. This project aimed to provide and contribute to quality emergency health services including basic package of health and nutrition services in a prompt and effective manner to populations at risk.
- During the visit, the OCHA and WHO team was able to interact with field staff of World Relief (WR), International Rescue Committee (IRC) and WaSH cluster, who were very appreciative to SSHF and WHO for stepping in at the time of need and ensuring that essential health services were continued at the camp.
- In Bentiu POC, OPD consultations at WR and IRC PHCC doubled in June compared to May, attributable mostly to closure of 2 IOM health facilities in the same camp. This prompted deployment of WHO mobile medical team (MMT) in June and July following request from the subnational health cluster to support the two partners who were struggling with the high caseloads. The MMT worked with the partners on a total of 15,176 consultations in June and 17,837 in July. Majority of these were treated for malaria, diarrhea and respiratory tract infections. WR and IRC also took the opportunity to thank WHO for the continued support in supplying emergency health kits and rapid diagnostic tests through the prepositioned stocks in Bentiu, which came in handy during the same period when they experienced stock-outs due to increased consumption.



WHO team supervising implementation of measles SIA in Yirrol East county



WHO team conducting training for PIRI for meningitis, measles, polio and TT in Ulang county



OCHA and WHO team holding an informant interview with implementing partner WR at PHCC in Bentiu POC

#### Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity, poor road network, floods, and bureaucracy at all levels.
- Despite the resource mobilization drive, there are inadequate funds to retain the needed technical staff.

#### Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 5.35 million for the financial year 2018 as of 9 September, 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. Concerted efforts to mobilize additional resources are ongoing.
- As South Sudan works to step up EVD preparatory activities, the United Nations, INGOs, NGOs and the Government of South Sudan have completed a joint proposal that outlines the overall funding requirement for a multi-sectorial response
- The United Nations and partners urgently require 13.1 million in order to ensure South Sudan is operationally ready & prepared to prevent importation of Ebola virus disease or should it be imported to adequately mount up a comprehensive multi- sectorial response.

## FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 5.35 million	32%

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