



The Ebola Virus Disease Treatment Unit being established by WHO in Juba. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.96 MILLION
INTERNALLY
DISPLACED WITH **0.2** IN
PROTECTION OF
CIVILIAN SITES



2.47 MILLION
SOUTH
SUDANESE
REFUGEES IN
NEIGHBOURING
COUNTRIES

HIGHLIGHTS

- As the Ebola Virus Disease outbreak in escalates in the Democratic Republic of Congo (DRC), South Sudan continues to register progress in enhancing capacities for EVD case detection, investigation, response, and prevention in all priority pillars.
- One suspected Ebola death was reported in Yei River State; samples were collected shipped to Uganda Virus Research Institute and results have tested negative for Ebola.
- Malaria remains the top cause of morbidity and mortality that accounts for 63% of cases as of week 43,2018. At least 21 counties in 6 state hubs are having malaria trends that exceed the expected levels.
- Suspected measles cases were reported from Wau PoC; Bentiu PoC; Rumbek East; and Juba
- A convoy of four NGO vehicles was reportedly ambushed by about six armed men at Kwarijik on the Juba-Lainya road, 50 km from Juba. One national aid worker was killed, nine are being held by the perpetrators, one is missing and 17 aid workers managed to escape.

WHO FUNDING REQUIREMENTS 2018



3.9M 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
1 974 959 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 823 765 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

Overview of the Humanitarian crisis

- The Republic of South Sudan continues to face considerable humanitarian challenges, which have increased substantially due to conflicts that have been experienced in 2013 and 2016. The legacy of civil war and chronic underdevelopment impact heavily on the ability of the Country to provide basic services and respond to humanitarian needs, rendering communities vulnerable to the effects of insecurity, displacement, food shortages and outbreaks of disease. According to an early warning report, there are new areas of South Sudan reaching emergency levels of food crisis, which is just one level above famine.

Event Description/ Situation update

Insecurity and ambush of humanitarian workers:

- A convoy of four clearly marked NGO vehicles was reportedly ambushed by about six armed men at Kwarijik on the Juba-Lainya road, 50 km from Juba. One national aid worker was killed, nine are being held by the perpetrators, one is missing and 17 aid workers managed to escape. All partners are advised to avoid this route until more is known about this incident.
- On 2 November, an NGO vehicle was ambushed by three unknown armed men in civilian clothes at Nimni about 7 km south of Bentiu town. The humanitarian team was returning to Bentiu town from a field mission in Koch when they were attacked. Two humanitarian staff were injured during the incident. The reason for the attack remains unknown.

Cattle raid incidents:

- In Jonglei, tension and fears among the communities in Duk Payual and Jalle remains high following the deadly cattle raid incidents last week and a week before.

Service Availability and Readiness Assessment (SARA):

- Ministry of Health with support from WHO is conducting a Service Availability and Readiness Assessment (SARA) to map all the functional and nonfunctional health facilities, assess infrastructure, human resources, cold chain, data quality and quality of care on core SARA in all counties.

Hostilities in Wadhalelo and Baggari:

- Armed fighting between Government and opposition forces continues in Wadhalelo in Jur River County and some parts of greater Baggari including Tadu, Ngoku, and Angisa on 3 and 4 November. Details about civilian casualties are not available, as most of the people in the affected areas have fled to Wau town and Basia in Wau County. Partners are monitoring the humanitarian situation.

Epidemiological Update

- In epidemiological week 44 of 2018, completeness and timeliness for IDSR reporting at county level was 69% while EWARN reporting from the IDP sites was 91%.
- A total of 10 alerts were reported in week 44. All the alerts (60%) verified none required response.
- During the week, measles was the most frequent infectious hazard reported.
- In week 44 on 11 November 2018, one suspected Ebola death was reported in Yei River State and investigated. Samples were collected and shipped to Juba on 12 Nov 2018 and Uganda Virus Research Institute for confirmatory tests. The samples tested PCR negative for Ebola. At least 14 close contacts have been line listed. A cumulative total of 14 Ebola alerts have been investigated since May 2018.
- Suspected measles cases were reported from Wau PoC; Bentiu PoC; Rumbek East; and Juba.
- In Rumbek East, at least 7 suspected measles cases had been reported by 9th November 2018.
- In week 44, a suspected Guinea worm case was reported in Gogrial East.
- Malaria remains the top cause of morbidity and mortality that accounts for 63% of cases as of week 44, 2018. The trend analysis shows that 21 counties in 6 state hubs are having malaria trends that are significantly higher than expected.
- Currently, the ongoing outbreaks in South Sudan include Guinea worm (Rumbek Center and Rumbek North); Rift Valley Fever (Yirol East); Hepatitis E Virus (Bentiu PoC); and a possible malaria upsurge in 21 counties.
- One (1) new HEV cases reported in week 44. A total of 144 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. Of the 144 suspect cases, a total of 18 cases have been PCR confirmed as HEV in Bentiu PoC.
- In 2019, the burden of Severe Acute Malnutrition is expected to be 259,732 children, with an estimated SAM with medical complications at 10% (around 26,000); the highest burden is

expected to be found in Unity, Warrap, Jonglei and NB&G former states. About 64% of the 33 SMART surveys conducted in 2018, reported critical nutrition situation, confirmed by FSNMS (Food Security and Nutrition Monitoring System) 2018 results, which showed critical levels of GAM in about 61% of the 46 of the counties assessed and IPC findings, warning of pockets of populations in catastrophic humanitarian situations in 8 counties, between Sept 2018 and March 2019.

- For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link <https://afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>.

WHO Public Health response

Ebola Virus Disease preparedness:

- South Sudan continues to register progress in enhancing capacities for EVD case detection, investigation, response, and prevention in all priority pillars.
- During the reporting week, a high-level coordination meeting constituting of UN Agencies and key Humanitarian partners was held and formed strategic advisory committee (SAC) to provide technical support to the national task force. The members include WHO, UNOCHA, UNICEF, WFP, IOM, UNHCR, DFID, USAID-OFDA, ECHO, SCI, WVSS, and MEDAIR.
- National and State level EVD task force meetings are also ongoing and provide regular updates. The national level task force meetings were held on 6th and 8th November 2018 at the PHEOC in Juba. However, it was unanimously decided that subsequent meetings will be held once week.
- Entry screening of travelers into South Sudan continues in all the 16 designated sites with support from WHO, International Organization for Migration (IOM), SCI, World Vision International South Sudan (WVISS) and other partners. IOM has opened two additional boarder screening points in Pure and Korigo bringing the total to 16 screening points. Assessments have been conducted to set up two additional screening sites by IOM. 418,305 travelers have been screened at all the 16 border screening points.
- To strengthen preparedness for EVD, WHO is establishing an Ebola Treatment Unit in Juba.
- WHO has received 2 additional international consultants to support coordination and logistics for Ebola preparedness and response. The cumulative total deployed for EVD preparedness and response is 12.
- Cordaid is to install the Isolation tent in Nimule that was transported by WFP
- WHO in collaboration with ICRC conducted Safe and Dignified Burial training from 6th - 8th November 2018 for forty participants drawn from Yei, Morobo and Lainya counties in Yei River State.
- Integrated Disease Surveillance and Response (IDSR) and RRT trainings are ongoing in different states with support from WHO.
- WHO is also mapping all the frontline health workers (Clinical and non-clinical) in all health facilities at cross border points and Points of Entry for vaccination as a part of EVD preparedness and response plan.
- 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>

Malaria:

- WHO continues to track malaria incidence trends through malaria epidemic thresholds monitoring and responding in conjunction with partners to drug stock outs with a focus on Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap and Lakes.

Expanded Program on Immunization:

- The Ministry of Health with support from WHO and partners conducted an annual joint appraisal of the country's immunization programme from 6th to 9th November 2018. The objective of the review was to show progress, identify challenges, highlight areas where greater national investments and efforts are needed including technical support, required to improve immunization coverage and equity; this is important in informing GAVI's decision on the renewal of its grants, and enable consideration of how to optimize its support to help improve immunization outcomes. <https://afro.who.int/news/south-sudan-strategizes-towards-strengthening-health-systems-improve-quality-and-coverage>



*Group photo of participants attending the joint appraisal.
Photo: WHO*

Preparations for polio SIAs:

- Pre-implementation activities are ongoing for the upcoming Polio SIAs planned to be conducted from 13 to 16 Nov 2018 in 47 counties of 6 states namely Central Equatoria, Easter Equatoria, Western Equatoria, Jonglei, Upper Nile and Unity. Among the activities carried out; vaccine and supply distribution, selection and training of vaccination teams and supervisors, transferring of operational fund, and deployment of national supervisors by state.

Training of Lot quality assurance sampling (LQAS) surveyors:

- A total of 17 LQAS surveyors from Juba University were trained on 8th November, 2018 in Juba on techniques of data collection using mobile application Open Data Kit (ODK) to evaluate the upcoming November 2018 Sub National Immunization Days (SNIDs) in the six states.

Nutrition:

- With funding from SSHF, WHE is currently distributing essential medical supplies (SAM kits) to support 27 stabilization centres where children with severe acute malnutrition and medical complications are treated as inpatients. Through this current round of distribution WHO will cover over 50% of all functioning stabilization centres in the country, including 9 hospitals, 17 PHCC and 1 PoC clinic, and WHO will provide treatments for more than 1700 children admitted as inpatients. In 2018, WHO has distributed over 3000 treatments and reached around 48% of the total number of children admitted in stabilization centers. WHO has secured additional 1800 treatments, to be distributed in the course of this year and to serve as a strategic stock to fill critical drug shortages in vulnerable locations.

Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity limiting access, poor road network, floods, and bureaucracy at all levels.

Resource mobilization

Financial Information:

- The total recorded contributions for WHO emergency operations amounts to US\$ 3.9 million* for the financial year 2018 as of 11th November, 2018.
- The Ebola Preparedness plan for WHO has received \$1.4million (Core funds, CFE, DFID, Canada).
- 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 to address the funding gap are ongoing.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	\$ 16.9 million	\$ 3.9 million	23%
	Ebola Preparedness	\$ 5.5 million	\$ 1.4 million	25%

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



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