



The WHO team monitoring the temperature to ensure cold chain for the Ebola vaccines is maintained. Photo: WHO

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan



**7 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



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



**2.47 MILLION**  
SOUTH  
SUDANESE  
REFUGEES IN  
NEIGHBOURING  
COUNTRIES

### HIGHLIGHTS

- Malaria remains the top cause of morbidity and mortality that accounts for 53% of cases as of week 52, of 2018.
- Four suspected cases of Hepatitis E Virus (HEV) were reported from Bentiu PoC in week 52.
- A consignment of 2160 doses of Ebola vaccine were received by WHO on 4 January 2019 in preparation for the vaccination of frontline Healthcare workers against Ebola
- The Polymerase Chain Reaction (PCR) machine was delivered in Juba awaiting installation at the National Public Health Laboratory.
- An unusual increase in numbers of acute watery diarrhea cases has been reported in Malakal PoC and Malakal Town

### WHO FUNDING REQUIREMENTS 2018



<b>3.9M</b>	FUNDED
<b>16.9M</b>	REQUESTED (UNDER 2018 HRP)

### MALNUTRITION

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

**55** FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

### CUMULATIVE VACCINATION FOR 2018



<b>933 541</b>	OCV DOSES DEPLOYED IN 2018
<b>1 996 655</b>	# OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
<b>1 872 971</b>	# OF PERSONS VACCINATED AGAINST MENINGITIS

### HEPATITIS E



**155** TOTAL SUSPECTED CASES (18 CONFIRMED)

## Overview of the Humanitarian crisis

- South Sudan is facing one of the worst displacement crises. More than half of the population is food insecure and, if not for international humanitarian aid, the country would almost certainly have already faced famine. Conflict and insecurity throughout the lean season have pushed 6.1 million people with nearly 60 percent of the population into extreme hunger, yet the situation could improve if sustainable peace takes hold. The new peace agreement is bringing cautious hope to the displaced and is driving discussions of returnees from both within and outside of South Sudan, particularly for those in UN-hosted Protection of Civilian sites (PoCs) within the country. However, security concerns and humanitarian needs remain immense, and rushed returns risk fueling ethnic tensions and costing lives.
- The UN, international donors, and international nongovernmental organizations (INGOs) have played and must continue to play a vital role in providing protection and life-saving humanitarian aid to millions of people in South Sudan.

## Event Description/ Situation update

### Limited access to assistance and protection:

- About 1.5 million people live in areas facing high levels of access constraints places where armed hostilities, violence against aid workers and assets, and other access impediments render humanitarian activities severely restricted, or in some cases impossible. In 2018, violence against humanitarian personnel and assets consistently accounted for over half of all reported incidents. More than 500 aid workers were relocated due to insecurity, disrupting the provision of life-saving assistance and protection services to people in need for prolonged periods.

### Conflict, violence and abuse:

- Five years of the most recent conflict has forced nearly 4.2 million people to flee their homes in search of safety, nearly 2 million of them within and 2.2 million outside the country. While the intensity of conflict may have reduced recently, and clashes contained to certain regions, vulnerable people will continue to experience the impacts of the conflict through 2019. The United Nations reports indicate that all parties to the conflict have repeatedly violated international humanitarian law and perpetrated serious human rights abuses, including gang rape, abductions, sexual slavery of women and girls, and recruitment of children, both girls and boys. People affected by the conflict, including the more than 300,000 refugees in South Sudan, repeatedly identify security among their primary needs.

## Epidemiological Update

- In epidemiological week 52 of 2018, completeness and timeliness for IDSR reporting at county level was 53% while EWARN reporting from the IDP sites was 44%.
- A total of 4 alerts were reported in week 52. The teams verified 25% of the alerts, none required response.
- During the week, measles was the most frequent infectious hazards reported.
- Malaria remains the top cause of morbidity and mortality that accounts for 53% of cases as of week 52, 2018. The trend analysis showed 2 counties in one (1) state hub currently having malaria trends that are significantly higher than expected. Counties with malaria trends that exceed the threshold include: Aweil East, and Aweil West Counties in Aweil Hub.
- Four suspected cases of Hepatitis E Virus (HEV) were reported from Bentiu PoC in week 52. A total of 155 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. The new cases tested positive on RDT testing.
- An unusual increase in numbers of acute watery diarrhea cases has been reported in Malakal PoC and Malakal Town. In Malakal PoC, about 70 cases were seen in week 51 and 218 cases in week 52. Another 49 cases were reported from Malakal Town in week 52. A preliminary assessment is ongoing.

- Dog bites continue to be public health concern in Bentiu PoC. Majority (75%) of the cases are children aged 5-12 years. No deaths were reported. Most of the dogs implicated are stray dogs who attacked unprovoked and four of the dogs died within 15 days of the attack. Of all the 8 cases reported, five (63%) received passive immunization with immunoglobulins, two (25%) received rabies vaccine and six (75%) received tetanus toxoid.
- For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link: <http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>.

**WHO Public  
Health  
response**

**Ebola Virus Disease preparedness and response:**

- A consignment of 2160 doses of Ebola vaccine was received by WHO on 4 January 2019 and stored in the ultra-cold freezer at -800C. This is in preparation for the vaccination of healthcare and frontline workers against Ebola in high risk health facilities within the high-risk states.
- The Polymerase Chain Reaction (PCR) machine was delivered in Juba awaiting installation at the NPHL. Once operational the PCR machine will improve the molecular diagnostic capacity of the national Public health and reduce turnaround time for testing samples.
- The National and State level EVD task force meetings resumed after the festive season. The national level task force meeting was held on 3 January 2019 at the National Public Health Laboratory conference room in Juba.
- The Ministry of Health will be handing over the new Dr John Garang Infectious Disease Unit to International Medical Corps (IMC) to manage the operationalization of the facility.
- The established 17 Ebola screening points are operating well, with armed groups' continuing their commitment to ensuring free and safe humanitarian access. However, the porous entry points remain a major threat. A total of 47 933 travelers were screened during week 52 bringing the cumulative total of 948,528 screened at all the 17 active border screening points since August 2018.
- With support from UNICEF, WHO and other partner, Community education and surveillance on Ebola prevention is being strengthened in all the high-risk states.
- The weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. <https://bit.ly/2Lwkj5p>.

**Yellow Fever:**

- As of 19 December 2018; only one confirmed yellow fever case and two presumptively yellow fever IgM positive cases were confirmed in Sakure payam, Nzara county, Gbudue state. Overall, the entomological assessments in Sakure, Nzara, and Yambio towns showed no evidence of *Aedes species* mosquitoes and the stegomyia entomological outbreak indices for the three towns were all below the WHO epidemic thresholds. This is attributed to the current dry season and hence the greatly reduced breeding sites and mosquito populations at this time of the year.

**Malaria:**

- The mass distribution of 885,000 long lasting insecticidal nets (LLIN) is still ongoing with Malaria Consortium distributing 300,000 nets in Western Bahr el Ghazal and HealthNet TPO distributing 585,000 in Western Equatoria State.

### Immunization:

- A reactive measles campaign is planned for early January 2019 in Rumbek East. The campaign targets to vaccinate 51,653 children 6-59 months from eight payams in Rumbek East; one payam in Wulu; and three payams in Yirol West.
- Integrated support monitoring by all field staff using the Open Data Kit (ODK) continued in priority surveillance sites, including other vaccine - preventable disease surveillance and routine immunization. At the 3rd of January, 2019, a cumulative total of 6597 supportive supervisions visits were conducted in all priority surveillance sites using the Integrated Supportive Supervision (ISS) checklist.
- The WHO Country Office has continued to implement and monitor the Auto Visual AFP Detection and Reporting (AVADAR) system that is operating in the former Central Equatoria and Warrap states. The cumulative timeliness and completeness of reporting since the start by community informants at 4 January 2019, is above 90 and 92% respectively in all project counties. As of today, a total of 20 suspected AFP cases were detected through the system.
- The country continues to maintain its polio - free status and the two main surveillance indicators are achieved at the national level and in 8 states.

### Updates from the States:

- Supportive Supervision was carried out in (13) health facilities across the hub during the reporting week in Rumbek. These include Matangai PHCC, Malual Bab PHCC, Nyang-Kot PHCU, Mathiang –Dhiei PHCU, Deng-Nhial PHCU, Adior PHCC, Wulu PHCC and Nyang PHCC, Pandit PHCU, Luakluak PHCC, Agany PHCU, Mapour dit hospital, Wouwou PHCU. The key findings during the visits included poor immunization coverage, lack of disease trend monitoring charts among other. The SMOH with support from WHO and partners is working to address these gaps.



*WHO visiting team discussing findings with CHW in-charge of Mathiang- Dhiei PHCU*

### 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 1 January, 2019.
- The Ebola Preparedness plan for WHO has received \$2.9million (Core funds, CFE, DFID, Canada, Germany).
- 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 finding 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	\$ 2.9 million	53%

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