



World Health Organization

Humanitarian Situation Report Issue # 48
17 - 23 DECEMBER, 2018



H.E Gen. Taban Deng Gai 1st Vice President, Hon Minister for Cabinet Affairs and WHO Representative opening the Dr John Garang Infections Disease Unit 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 MILLION** IN
PROTECTION OF CIVILIAN
SITES



2.47 MILLION
SOUTH
SUDANESE
REFUGEES IN
NEIGHBOURING
COUNTRIES

HIGHLIGHTS

- A new multi-purpose, Infectious Diseases Unit was officially opened on 20 December by His Excellency Gen. Taban Deng Gai; the First Vice President of South Sudan.
- The suspected Ebola virus case that was reported from Juba Military hospital on 15 December 2018 has been confirmed negative for Ebola Zaire virus on PCR testing in Uganda Virus Research Institute.
- Malaria remains the top cause of morbidity and mortality that accounts for 60% of cases as of week 50, 2018.
- An appeal for \$1.5 billion to provide urgent and life-saving assistance to 5.7 million people affected by conflict, hunger and displacement was launched.

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
1 996 655 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 872 971 # OF PERSONS VACCINATED AGAINST MENINGITIS

HEPATITIS E



147 TOTAL SUSPECTED CASES (18 CONFIRMED)

Overview of the Humanitarian crisis

- More than 7 million people are in need of humanitarian assistance and protection in South Sudan, as the cumulative effects of four years of conflict and multiple, inter-related crises grow ever more debilitating. The spread of the crisis to new areas further compromised critical services to people in need, resulting in shocks such as disease outbreaks and the collapse of markets. The cumulative effects of poor living conditions, malnutrition and inadequate services in a context of conflict and massive displacement have weakened resistance to illnesses and made them more life-threatening for crisis-affected people. People are left increasingly susceptible to disease as access to safe water and sanitation has deteriorated significantly under conditions of protracted crisis in South Sudan.

Event Description/ Situation update

Appeal for Humanitarian support launched.

- The humanitarian community in South Sudan on 13 December launched an appeal for \$1.5 billion to provide urgent and life-saving assistance to 5.7 million people affected by conflict, hunger and displacement. Alain Noudéhou, the Humanitarian Coordinator for South Sudan, said: "Protecting women and girls is central to the response plan in 2019. Sexual violence continues to be a major problem in South Sudan. We must keep protection at the centre of everything we do. The compelling need for all organizations to act together to prevent and respond to gender-based violence is critical. People who committed these crimes should also be held accountable." (South Sudan Humanitarian Response Plan 2019: <https://bit.ly/2BcQQsF>)

Fighting hinders humanitarian access.

- Fighting reportedly broke out on the Maridi road including areas of Tokori Boma in Otego county where a humanitarian response was carried out less than two weeks ago. The fighting has hindered access by partners operating in those areas.

Explosive remnants of war and unexploded ordinances

- On 11 December, suspected explosive remnants of war (ERW) exploded in Yida market, Pariang county and injured one person. The victim received treatment at a clinic in Yida. On 12 December, an ERW exploded in Pah village near Guit Town and an unexploded ordinance (UXO) exploded in Marial village in Guit County. Three children and one adult were injured during the incidents and received treatment. It is alleged that wild bush fires triggered these explosions.

Road declared red no-go zone until further notice.

- UNMAS declared the road from Malakal town to Ashab Nil as a red no go zone effective from 12 December 2018 until further notice. An NGO protection team from Juba on assessment mission to Malakal found many unexploded ordinances (UXOs) near school premises and a health facility where around 100 individual IDPs were sheltering. Children were seen playing near the UXOs. Along the road the team also saw a land mine marked with white and red colours. UNMAS is following up the situation.

Epidemiological Update

- In epidemiological week 50 of 2018, completeness and timeliness for IDSR reporting at county level was 75% while EWARN reporting from the IDP sites was 71%.
- A total of 15 alerts were reported in week 50. The teams verified 33% of the alerts, none required response.
- The suspected Ebola virus case that was reported from Juba Military hospital.
- on 15 December 2018 has been confirmed negative for Ebola Zaire virus on PCR testing in Uganda Virus Research Institute.
- The confirmed rubella outbreak in Malakal PoC is still ongoing with 12 additional cases being reported since week 49. There are 15 laboratory confirmed cases so far
- During the week, bloody diarrhoea (6) and measles (4) were the most frequent infectious hazards reported.

- Public health concerns over reporting period include cases of measles, hepatitis E and increased snake bites Bentiu PoC in the former Unity State.
- Malaria remains the top cause of morbidity and mortality that accounts for 60% of cases as of week 50, 2018 with 21 counties in 6 State hubs having malaria trends that significantly exceed the expected levels. A cumulative total of 2,610,427 cases with 630 deaths registered since week 1 of 2018. Malaria trend for week 50 of 2018 is below 2015, 2016, and 2017.
- For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link: <https://bit.ly/2PY3ctP>

**WHO Public
Health
response**

Ebola Virus Disease preparedness and response:

- A new multi-purpose, Infectious Diseases Unit was officially opened today 20 December by His Excellency Gen. Taban Deng Gai; the First Vice President of South Sudan. Please click on the link for more details: <https://bit.ly/2T1GeEi>



A view of some of the sections of Dr John Garang Infectious Disease Unit. Photo: WHO



H.E. Gen Taban Deng Gai, other high-level government officials, WHO, and donors on a guided tour of the Infectious Disease Unit. Photo: WHO

- Preparations for the Ebola vaccination of healthcare and frontline workers operating in Ebola high risk states in the country set to commence in January are in final stages with assessment of functional health facilities ongoing.
- The National and State level EVD task force meetings continue to meet regularly. The national level task force meeting was held on 20 December 2018 at the PHEOC in Juba.
- 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. Cumulatively, a total of 817,904 travelers have been 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 continues 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:

- Since the declaration of the Yellow Fever outbreak in Sakure payam, Nzara county, Gbudue state Western Equatoria, response activities are ongoing to contain the outbreak. These activities entail conducting follow up epidemiological; entomological; and laboratory investigations in addition to providing supportive

clinical care to symptomatic cases by national rapid response team. As of 19 December 2018; only one confirmed yellow fever case and two presumptively yellow fever positive cases have been confirmed. Three consultants arrived in country to support the response. <http://bit.ly/2rU8P2A>

Malaria:

- Mass distribution of long lasting insecticidal nets (LLIN) continued with Malaria Consortium in Western Bahr el Ghazal and HealthNet TPO in Western Equatoria State taking the lead.

Immunization:

- Integrated supportive supervision using Open Data Kit (ODK) by all field staff continued in priority surveillance sites that include VPD and routine immunization using integrated supportive supervision checklist, and at the end of week 50 2018, a total of 4392 supportive supervisions were conducted.
- During week 50, WHO Country Office continued to implement and monitor the Auto Visual AFP Detection And Reporting (AVADAR). The timeliness and completeness was above 98% and 95% respectively in all the three counties in the two states of Warrap and Central Equatoria implementing.

Updates from the States:

- Reported increase in suspected measles cases in many parts of the country including Malakal PoC, Rumbek East, Bor PoC. Strengthening of surveillance and investigations ongoing and samples collected for confirmatory tests at the National Public health laboratory.
- A reactive campaign planned to be conducted early January 2019. The campaign targets to vaccinate 51,653 children 6-59 months from 8 payams in Rumbek East; one payam in Wulu; and three payams in Yirol West.
- Prioritization of risk communication and community engagement is also being done to strengthen to improve uptake of immunization.
- As part of state Ebola preparedness and RVF response, a total of 59 health workers including Clinicians, laboratory Assistants, and WASH expert were trained on Rapid Response Team, Risk Communication and IDSR Activities during the reporting week. Participants were drawn from health facilities in Yirol East, Yirol West and Awerial Counties in Eastern Lakes State.



Facilitators travelled in a convoy on Yirol – Rumbek road

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 11 November, 2018.
- The Ebola Preparedness plan for WHO has received \$2.4million (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	\$ 2.4 million	44%

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



This Humanitarian Situation Report has been developed with support from the following WHO Country Office Clusters: Emergency Operations, Health Information, Surveillance & Risk management, Disease Control, Integrated Services, Field Offices Coordination and Health Cluster Coordination.

For more information please contact:

Dr Olushayo Olu
 WHO Country Representative
 Email: oluo@who.int
 Mobile: +211 925 000 029

Dr Guracha Argata
 Emergency Coordinator/WHE
 Email: guyoa@who.int
 Mobile: +211 926144384

Ms Liliane Luwaga
 Communication Officer
 Email: luwagal@who.int
 Mobile: +211 921 647 860