



WHO, UNICEF, IOM, and SMOH in Aweil South planning the measles reactive immunization campaign. Photo: WHO.

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan



**7.1 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



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



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

### HIGHLIGHTS

- Measles remains a major public health threat in South Sudan with outbreaks confirmed in 11 counties since the beginning of 2019.
- Reactive measles campaigns have been conducted in four counties of Abyei, Mayom, Pibor and Juba and ongoing in three counties of Melut, Aweil South and Gogrial West. Surveillance has been enhanced.
- Recommendations from the 12<sup>th</sup> April 2019 Emergency Committee meeting on the EVD outbreak in DR Congo emphasized that the EVD DRC outbreak does not constitute a Public Health Emergency of International Concern (PHEIC). However, the risk of regional spread is still very high and therefore accelerated preparedness, surveillance, vaccination of healthcare workers and cross border surveillance were recommended for neighboring countries like South Sudan.

### WHO FUNDING REQUIREMENTS- 2019



**7.2 M** FUNDED  
**23.4M** REQUESTED (UNDER 2019 HRP)

### ACUTE MALNUTRITION -2019

**860 000** CHILDREN 6-59 MONTHS  
(260 000 SAM, 600 000 MAM) ESTIMATED TO BE ACUTELY  
MALNOURISHED IN NEED OF  
TREATMENT  
**59** FUNCTIONING STABILIZATION  
CENTERS ACROSS COUNTRY

### CUMULATIVE VACCINATION - 2019



**2 050 250** ORAL POLIO VACCINATION  
**24 261** # OF CHILDREN (6mths – 15 years)  
VACCINATED AGAINST MEASLES  
**17 135** # OF PERSONS VACCINATED  
AGAINST MENINGITIS  
**1 855** EBOLA VACCINATION

### PUBLIC HEALTH THREAT - 2019



**23** TOTAL CASES HEPATITIS E  
**15** EVD ALERTS  
**00** CONFIRMED EVD CASES

Overview of  
the  
Humanitarian  
crisis

**UN's emergency fund allocates \$11 million to help displaced**

- On 4<sup>th</sup> April 2019, the United Nations Central Emergency Response Fund (CERF) announced an allocation of US\$11 million to help 268,000 women, men and children who had been displaced by conflict within South Sudan to return to their homes. Non-food items, including buckets and mosquito nets will also be provided in 10 priority areas. Healthcare, education, and clean water and sanitation facilities will also be strengthened in the areas of return, including serving people with disabilities. Protection services will be provided as a central component of the plan. [Note: Some 1.9 million people have fled their homes due to violence and conflict and now live in settlements and communities throughout the country. Many of these people have been displaced more than once since conflict broke out in late 2013. Another 2.3 million South Sudanese have fled to neighboring countries]. (<https://bit.ly/2WMYjI4>)

Event  
Description/  
Situation  
update

**Cross-border conflicts**

- From 1<sup>st</sup> to 3<sup>rd</sup> April, government authorities in Bieh and Fangak States visited the Jonglei State Governor in Bor town to discuss cross-border conflicts. More specifically, insecurity on the White Nile, recovery of cattle raided by Murle and Lou Nuer, and recovery of belongings of a clan in the Duk area. The Governors agreed to hold a peace conference with relevant authorities and stakeholders to resolve these issues.

**Civilians attacked in Malow village, Bor South County.**

- Civilians in Malow village, Bor South County were attacked by armed forces. Local sources reported that around 30 armed forces arrived in Malow village and started shooting indiscriminately killing one man. Investigations into the incident are ongoing.

**Over 7,000 IDPs in Melut registered to return to their places of origin**

- Authorities in Malakal, Upper Nile reported that more than 7,000 IDPs (1,723 households) sheltering in Dithoma 1 and Khor Adar IDP settlements in Melut have registered to voluntarily return to their places of origin in Adong, Anakdiar, Baliet town, Gelachol, Nyonkhuach and Nyokrial, all in Baliet County. Humanitarian organizations in Malakal met on 5<sup>th</sup> April for follow up action.

**Update on new IDP arrivals in Wau PoC AA site and Hai Masna**

- In Western Bahr el Ghazal, some 1,600 new IDPs arrived in Wau PoC AA site while another 640 IDPs were newly displaced in Hai Masna. The IDPs are mainly from the Lou community coming from Jur County and have fled out of fear of cattle keeper incidents, the latest of which occurred in early March.

**Commitment to the implementation of the R-ARCSS**

- The Upper Nile Region and State Government and Senior Military Commanders held a conference to discuss the implementation at local level of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS). The participants committed to the creation of a safe environment for the voluntary return of IDPs, immediate removal of all forces from civilian centers and public utilities, and the facilitation of full and unhindered access to enable humanitarian service providers to reach all parts of the Upper Nile Region.

Epidemiological  
Update

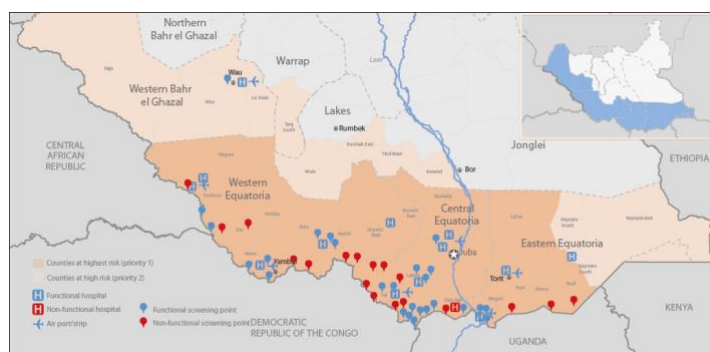
- In epidemiological week 14 of 2019, completeness and timeliness for Integrated Disease Surveillance and Response (IDSR) reporting at county level was 48% while EWARN reporting from the Internally Displaced Population (IDP) health facilities was 72% for timeliness and 75% for completeness.
- A total of 32 alerts were reported in week 14. The teams verified 56% of the alerts, and 6% required a response.
- Measles, malaria, and acute watery diarrhoea were the most frequently reported infectious diseases alerts in epidemiological week 14 of 2019.

- Malaria continues to be the leading cause of morbidity accounting 43% of all morbidities and 24% of all mortalities in week 14 of 2019. The trend analysis showed at least 6 counties in five state hubs having malaria trends that are significantly higher than the expected levels. Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) include: Kwajok hub (Tonj South) Wau hub (Wau), Rumbek hub (Rumbek Center, Rumbek East), Aweil hub (Aweil East) and Unity hub (Mayom).
- A suspect meningitis from Aduel village in Rumbek East was investigated in Rumbek hospital on 2<sup>nd</sup> April 2019. The sample was shipped to Juba for laboratory testing.
- Measles remains a major public health threat in South Sudan with outbreaks confirmed in 11 counties since the beginning of 2019. The affected counties are Abyei, Juba, Pibor, Gogrial West, Gogrial East, Mayom, Melut, Aweil South, Tonj North, Aweil West and Aweil Center counties. Cumulatively a total of 756 cases have been reported in the 11 counties with 62 laboratory-confirmed cases and four (CFR=0.5%) deaths.
- Reactive measles vaccination campaigns have been conducted in four counties (Abyei, Mayom, Pibor and Juba) and ongoing in three counties (Melut, Aweil South and Gogrial West). In Tonj North, Gogrial East, and Juba 3 UN House PoC requisite emergency response planning has been initiated to facilitate the eventual initiation of definitive response. Surveillance has been enhanced.
- At least 67 animals (warthogs) died in Nimule national park presenting with lacerated mouths, weight loss and hooves deformation among others. African Swine Fever is suspected, and veterinary Doctors have been engaged to investigate.
- 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**

- The vaccination exercise against Ebola Virus disease is still ongoing and as of 14<sup>th</sup> April 2019, a total of 1,855 frontline healthcare workers have been vaccinated. The vaccination exercise was completed in Yambio-Gbudue State (935), Yei (626) and Nimule (294) and plans are underway to extend to Juba and other high-risk areas.
- The national level Ebola task force continues to hold weekly meetings with the last one held on 11<sup>th</sup> April 2019 at the National Public Health Emergency Operations Center (PHEOC) in Juba. State level Task Force meetings also were held and updates from Yei, Jubek and Nimule shared with the National Task Force.
- During week 14, a total of 67,293 incoming travelers were screened from the 26 functional screening points in the country. IOM established a new point of entry (PoE) site in Kerwa, Yei River State bringing the total to 26.



EVD Screening points

- The EVD phase 2 contingency plan to support the EVD preparedness activities for the next six months was approved for implementation by the National Task Force.

- Recommendations from the 12<sup>th</sup> April 2019 Emergency Committee meeting on the EVD outbreak in DR Congo have been disseminated to the EVD taskforce. The statement emphasized the fact that the EVD DRC outbreak does not constitute a Public Health Emergency of International Concern (PHEIC). However, the risk of regional spread is still very high and therefore accelerated preparedness, surveillance, vaccination of healthcare workers and cross border surveillance were recommended for neighboring countries like South Sudan.
- For more information on the weekly Ebola Virus Disease preparedness update access the report on this link: <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>.

### Polio National Immunization Days

- The 1<sup>st</sup> round Polio SNIDs was completed successfully in 52 out of 56 planned counties targeting 2,293,006 under five children. In this round two counties (Leer and Mayendit) in Unity state accessed fully and Panykang in Upper Nile accessed partially for the 1st time since 2016. The final administrative data of the March 2019 campaign showed 2,050,250 (98%) of the target children vaccinated in the 52 counties with Post Campaign (PCE) survey coverage of 89%. The PCE was conducted in 38 counties.
- Similarly, Lot Quality Assurance Sampling (LQAS) survey was also implemented in 24 counties showed 14 counties accepted at above 90% coverage and only one county rejected at < 70% coverage.
- Currently the country is preparing for the second round NIDs which is scheduled from 30<sup>th</sup> April to 3<sup>rd</sup> May 2019 targeting 3,351,954 under five children.



*Finger marking of children being immunized in Aweil: Photo: WHO*

### Prepositioning of supplies

- To support the mission to Dulamaya Boma, Rokon County in Jubek State, WHO provided assorted medical and nonmedical supplies to enable delivery of integrated basic package of essential life-saving medical services to the needy IDPs. These included Interagency Emergency Health kits, cholera kits, disease investigation kits, infection prevention supplies, and sample collection kits to benefit over 5000 people including women and children.





*Emergency medical supplies propositioned to Dulumaya. Photo: WHO*

### Updates from the State Hubs

- WHO supported the SMOH Lakes to lead a health and Nutrition Cluster joint integrated supportive supervision in six out of seven functional health facilities and Returnees camp in Rumbek North from 10<sup>th</sup> – 12<sup>th</sup> April 2019, aiming to improve high quality health service delivery in the area. The team comprised of SMOH (Malaria, Nutrition, EPI & Surveillance sections), WHO, CUAMM (Rumbek hub & County), County Health Department team and County Authorities including Health facilities in-charges. The mission noted that voluntary integration of returnees/IDs to their respective communities in non-insecure villages was in progress. The returnees live within 5 Km radius of Maper PHCC. In the returnees' camps, the sanitation is poor with open defecation being practiced. CUAMM has two months medical supplies but has very few qualified health workers to provide health services to both host and returnees/IDPs.
- Seven severely anaemic patients were received in Rumbek State hospital for blood transfusion and other medical management. Five of them were transfused successfully and two cases were not transfused due to lack of donors. One of the two who was referred from Cueibet County died on 13th April 2019 due to lack of donor and the other mother who was referred from Yirol East County underwent a successful Caesarean section. She was severely anaemic but her situation stable. There is an urgent need to improve blood bank services in the hospital to reduce avoidable deaths in the community due to lack of donors.
- To strengthen the surveillance systems in Torit, EWARS mobile sites training is still on going in the health facilities, during the reporting week, 15 health workers were trained in Magwi and provided with phones. While in Budi 3 were trained.
- With support from WHO, IOM, Unicef, Malaria Consortium and MSF, the reactive measles vaccination campaign in Aweil South targeting 20,000 children 6-59 months kicked off on 9<sup>th</sup> April.
- In Nimule, sensitization meetings on EVD were held for paramedical staff (Clinical Student, nurse, midwife, 110 Male and 50 females, 11 Teacher) from Nimule health and Science Institute and 33 teachers and 1280 students (650 females and 530 Males) from Nimule senior Secondary, Flora SS, Nimule Model SS and St Luke College in Nimule.

**Operational gaps and challenges**

- The humanitarian operations in the country still continue to be hampered by sporadic incidents of insecurity, and poor road network.

**Resource mobilization**

**Financial Information:**

- The total recorded contributions for WHO emergency operations as of 14<sup>th</sup> April 2019 amounts to US\$ 7.2 million (DFID, Government of Japan, USAID, GAVI, ECHO, SSHF) for the 2019 financial year with a funding gap of US\$ 16.2 million.
- The Ebola Preparedness plan for WHO has received US\$ 4.6 million (WHO Core, WHO/CFE, DFID, Canada, Germany, CERF).
- 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 (WHO)	\$ 23.4 m	\$ 7.2 m	31%
	Ebola Preparedness	\$ 5.5 m	\$ 4.6 m	84%

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