

Humanitarian Situation Report Issue # 21 Weeks 22 & 23 27 MAY – 9 JUNE 2019



South Sudan

Emergency type: Humanitarian Crisis in South Sudan Update

†	7.1MILLION NEED HUMANITARIA ASSISTANCE	AN X→	INTE WI	1.9 MILLION RNALLY DISPLACED TH 0.2 MILION IN ECTION OF CIVILIAN SITES	SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES			
	HEALTH SITUATION UPDATE			HIGHLIGHTS				
~	HRP FUNDING REQUIREMENTS- 2019			 One new suspected case of Ebola Virus Disease was reported in Ezo County, Western Equatoria. 				
\$	2.3 M 23.4M	FUNDED REQUIRED	•					
	ACUTE MALNUTRITION -2019			Upper Nile Hub.				
	860 000 (260 000 SAM, 600 000 MAM) 5.69	CHILDREN WITH ACUTE MALNUTRITION SEVERELY FOOD INSECURE	•	malaria were the most fro	ute watery diarrhea, Measles, bloody diarrhea and Ilaria were the most frequently reported infectious			
	CUMULATI	VE VACCINATION - 2019		diseases alerts.				
	2 050 250 3 232 867	OPV 1 ST ROUND OPV 2 ND ROUND	•	The Government of Japan and WHO donated ambulances to boost health service delivery in Southeast of the service delivery i				
C.	259 848	CHILDREN VACCINATED AGAINST MEASLES		Sudan.				
	2 554	EBOLA VACCINATION	•	A joint monitoring mission by the Europ Commission Humanitarian Aid (ECHO) and WHO				
	PUE	BLIC HEALTH THREAT - 2019		conducted from 28-30 May to review the overall humanitarian and health situation in Yei River State.				
	43 49	TOTAL CASES HEPATITIS E EVD ALERTS REPORTED SINCE OCT 2019. NO CONFIRMED EVD CASES						

.....

2.3 MILLION

Overview of the Humanitarian Situation	•	The Humanitarian situation has been largely calm but unpredictable in most of the states. In the former greater Warrap state, Jonglei and Lakes resumption of cattle raids has resulted in increased tension and displacements (approximately 9000 households in Twic). In Yei and the surrounding areas, the security situation remains fragile. The start of the rainy season has increased the risk of flooding in the flood prone areas like Jonglei and Greater Northern Bar el Ghazal, so far in Aweil town flush flooding has already displaced approximately 3000 households.
Event Description/ Operational challenges	•	Armed men attack humanitarian convoy: On 21 May, six armed men attacked a four- vehicle convoy of a humanitarian de-mining company in Naknak, about 15 kilometres from Kapoeta town, Kapoeta South County. Two national staff members were shot at and injured, and later flown to Juba for further medical attention. Personal items, including cash were stolen. Inter-communal fighting: More than 20 people were reported killed, many others were injured and several cattle were stolen following attacks on cattle camps in Ajak-Kuac, Aweng, and Turalei in Twic. The Government deployed security forces to the area. OCHA and humanitarian organizations are monitoring the humanitarian situation and

have suspended operations temporarily. Ambush of a commercial vehicle: On 30 May a commercial vehicle was reportedly ambushed allegedly by a group of Misseriya of Sudan between Akol Manyang and Kier payam located 18 km northwest of Abiemnom Town. One civilian killed and four others wounded. According to the source, the commercial car was heading from Mayom to Abiemnom.

Epidemiological Update

- In week 22, completeness and timeliness for Integrated Disease Surveillance and Response (IDSR) reporting at county level were 63% and 61% respectively.
- Completeness and timeliness for EWARN reporting from the Internally Displaced Population health facilities were 74% and 70% respectively during the same reporting period.
- The rolling out of the mobile EWARS reporting to the health facilities is ongoing; this has affected the completeness of the surveillance system as the reports from the health facilities are captured separately. Furthermore, the Health workers strike due to revised Ministry of Health incentives to Primary Health Care workers has negatively affected the completeness and timeliness.
- 70 alerts were reported; 33% verified, 3% risk assessed and 3% required a response. Bloody diarrhea, Measles, Acute watery diarrhea, and malaria were the most frequently reported infectious diseases alerts through the EWARS.
- 51.7% of all morbidities and 78.6% of all mortalities caused by Malaria. No counties with malaria trends that were significantly higher than the expected levels.
- One suspected case of Hepatitis E in week 22 2019. There are 13 PCR confirmed Hepatitis E Virus cases since January 2019 Cumulatively, there are 45 Hepatitis E Virus cases reported in Bentiu PoC since the beginning of 2019.
- http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin

Public Health

response

Ebola Virus Disease preparedness and response

- One suspected EVD case was reported in Ezo County. The suspected case was detected at Nabiapai Point of Entry. This was 22-year-old female traveler who was on malaria treatment with no improvement. Samples were taken for both GeneXpert and PCR and all turned negative.
- 60,994 incoming travelers were screened from the 31 functional screening points in the country. Cumulatively **2,337 783** incoming travelers have been screened.

- The Isolation facility in Nimule is undergoing renovation to correct the flaws in order to make the facility IPC compliant and uni-directional.
- https://www.afro.who.int/publications/weeklyupdate-ebola-virus-disease-evd-preparednesssouth-sudan.

Partnerships and Donor aid

 On 28 May 2019 six new ambulances, were donated to the Ministry of Health by the Government of Japan and WHO



to boost health service delivery and increase access to health care services for the most vulnerable populations, especially women and children. The ambulances will also support medical teams in the field. <u>https://www.afro.who.int/news/government-japan-and-who-donate-six-ambulances-boost-health-service-delivery-south-sudan?country=876&name=South%20Sudan</u>

 A joint monitoring mission by European Commission Humanitarian Aid ECHO and WHO was conducted from 28-30 May to review the overall humanitarian and health situation in Yei River State with particular emphasis on the progress made towards strengthening the implementation of integrated disease surveillance and response (IDSR), the Early Warning Alert and Response System (EWARS), and Ebola virus disease (EVD) preparedness.

Measles outbreak response

 A new Measles Outbreak declared in Renk county (upper Nile Hub), following the laboratory confirmation of (3) out of (5) Measles samples. Since January 2019, Measles outbreaks have been confirmed in 13 counties and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).



Prepositioning of supplies

WHO prepositioned the following emergency kits to support the Medical emergencies:

- 7 Interagency Emergency Health Kits (IEHK) Basic Module without malaria to HAA (2) and Healthcare Foundation (5) to serve 70,000 for three months.
- 7 IEHK Basic Malaria Module to HAA (2) and Healthcare Foundation (5) to serve

70,000 for three months.

- 3 IEHK Supplementary Malaria Module to Healthcare Foundation to serve 30,000 for three months.
- 2 IEHK Supplementary medicine to Healthcare Foundation to serve 20,000 people for three months.
- 5 Triple package category B to the National Public Health Laboratory.

FINANCIAL STATUS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	% FUNDED	
WHO	Humanitarian Response Plan	\$ 23.4 m	\$ 2.3 m	9.8%
	Ebola Preparedness Phase 2	\$ 3.8 m	\$ 0 m	0%

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.









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.

<u>Editorial Team</u>: Dr Joseph Wamala, Dr Otim Patrick, Mr Boniface Ambani, and Ms Liliane Luwaga <u>For more information please contact:</u>

Dr Olushayo Olu WHO Country Representative Email: oluo@who.int Mobile: +211 925 000 033 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