

Humanitarian Situation Report Issue # 22 Weeks 24 & 25

10 - 23 JUNE 2019



Emergency Mobile Medical Teams vaccinating children in Kajokeji. Photo: WHO.

### South Sudan

Emergency type: Humanitarian Crisis in South Sudan

Update



7.1 MILLION

NEED

HUMANITARIAN

ASSISTANCE



1.9 MILLION
INTERNALLY DISPLACED
WITH 0.2 MLLION IN
PROTECTION OF CIVILIAN
SITES



2.3 MILLION SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES

1

#### **HEALTH SITUATION UPDATE**

#### **HRP FUNDING REQUIREMENTS- 2019**



2.3 M FUNDED23.4M REQUIRED

#### **ACUTE MALNUTRITION -2019**

860 000 (260 000 SAM, 600 000 MAM) CHILDREN WITH ACUTE MALNUTRITION

**5.69** SEVERELY FOOD INSECURE

#### **CUMULATIVE VACCINATION - 2019**

2 050 250 3 232 867

259 848

OPV 1<sup>ST</sup> ROUND OPV 2<sup>ND</sup> ROUND

T. T.

CHILDREN VACCINATED AGAINST MEASLES

2 793 EBOLA VACCINATION

#### **PUBLIC HEALTH THREAT - 2019**



TOTAL CASES HEPATITIS E

45 EVD ALERTS REPORTED. 56

CUMULATIVE ALERTS REPORTED SINCE AUGUST 2018. NO
CONFIRMED EVD CASES

 Food insecurity worsens with an estimated 6.96 million people likely to face acute levels of food insecurity or worse.

HIGHLIGHTS

- Reactive Measles vaccination campaign started in Renk county, Upper Nile Hub, on 24<sup>th</sup> June 2019 following confirmation of measles cases.
- Acute watery diarrhea, Measles, and malaria were the most frequently reported infectious diseases alerts.
- WHO Emergency Mobile Medical Team joined an interagency assessment mission to Kajokeji.

#### Overview of the Humanitarian Situation

- <u>Humanitarian Situation</u>: Persistent economic instability, the impacts of previous years of conflict, and related asset depletion and population displacements have added to the disruption of livelihoods and reduced people's access to food.
- Almost 7 million people facing critical lack of food: An estimated 6.96 million people will face acute levels of food insecurity or worse, according to the Integrated Food Security Phase Classification (IPC). An estimated 21,000 people will likely face a catastrophic lack of food access (IPC Phase 5), while about 1.82 million people will face Emergency (IPC Phase 4) and another 5.12 million people will face Crisis (IPC Phase 3) levels of food insecurity. Compared to the January 2019 projection analysis of the May-July 2019 period, an additional 81,000 people are facing crisis levels of food insecurity or worse, particularly in Jonglei, Lakes, Unity and Northern Bahr el Ghazal. This deterioration is largely associated with the delayed rainfall, on which South Sudan's agriculture is heavily dependent. Of the people estimated to be in Catastrophe in May-July 2019, 10,000 are in Canal/Pigi County, Jonglei; 10,000 are in Cueibet County, Lakes; and 1,000 are in Panyikang County, Upper Nile. <a href="https://bit.ly/2lkTTDI">https://bit.ly/2lkTTDI</a>)

# Event Description/ Operational challenges

- Operational interference in Yei: On 7 June, a UN team traveling from Yei town to Mugwo to conduct EVD preparedness activities, was denied access at a check point near Yei town for allegedly not obtaining the required security clearance to proceed. Similarly, on 4 June, another UN EVD team going to Lasu from Yei town with money was detained at a checkpoint near Yei town for more than three hours and released without the cash.
- Ambush in Guit: On 10 June, two NGO vehicles travelling from Buaw to Koch were ambushed and shot at by armed youth around Khat village, Guit County. One vehicle managed to pass through; the other vehicle got stuck in the mud in the Duar area. UNMISS Force was dispatched to the area on 11 June 2019 for a search and rescue mission. Later that day, it was reported that two wounded staff had arrived at Tharjath airfield where they were picked up and transported to a medical facility in Koch for treatment.
- Floods in Aweil. According to a rapid needs assessment conduced on 5 June 2019 by South Sudan Red Cross, over 16,500 people (3,000 households) were affected by floods caused by torrential rains in 17 villages of Aweil town and surrounding villages. Critical needs of the affected people include food, Non-Food Items, emergency shelter, health care, water, sanitation and hygiene. Humanitarian organizations have developed a response plan and are mobilizing resources to respond.

#### Epidemiological Update

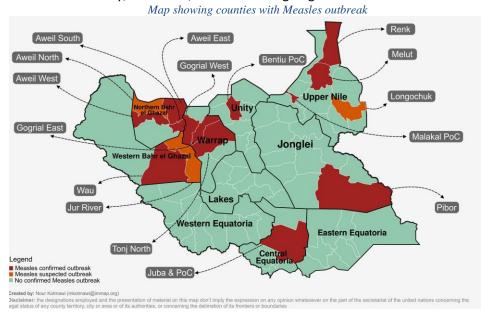
- In week 24, completeness and timeliness for Integrated Disease Surveillance and Response (IDSR) reporting at county level were 61%. And 57% respectively
- Completeness and timeliness for EWARN reporting from the Internally Displaced Population health facilities were 76% and 72% respectively during the same reporting period.
- 61 alerts were reported; 67% verified, 0% risk assessed and 0% required a response. Measles, Acute watery diarrhea and Malaria were the most frequently reported infectious diseases through the EWARS.
- **52.5%** of all morbidities and **4.2%** of all mortalities caused by Malaria within the Biweekly reporting period. No counties with malaria trends that were significantly higher than the expected levels.

2

- No suspected case of Hepatitis E reported in week 24 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

#### Measles outbreak response

- Since January 2019, Measles outbreaks have been confirmed in 13 counties and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
- Reactive campaign has been conducted in counties with measles outbreak and the total number of children vaccinated so far is 282,866
- following the confirmation of Measles cases in Renk, reactive vaccination campaign started on Monday, 24th June, 2019 and is ongoing.



## Public Health response

#### **Ebola Virus Disease preparedness and response activities**

 Some 60,043 incoming travelers were screened for Ebola virus disease in 31 points of entry. The cumulative number of people screened for EVD is 2,334,059 since August 2018. For more details on EVD Preparedness visit: <a href="https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan">https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan</a>.

Kajokeji: The WHO Emergency Mobile Medical Team (EMMT) joined an inter-agency

assessment mission to Kajokeji. This was the first time an assessment was being conducted in the area since December 2018 due to insecurity. The team was able to fill critical gaps in six health facilities in the area by providing 6 Basic unit Kits that can support provision of basic care for 6000 people for three months. In addition to providing emergency care to patients and on job training for the health workers, the team provide routine immunization services including all



antigens of which 531 persons were vaccinated. These included 289 children under one

year covered with all antigens, 35 children above one year covered with measles vaccines and Oral Polio-Vaccine (OPV), 41 pregnant mothers and 166 non-pregnant mothers covered with Tetanus Toxoids Vaccine (TT). Majority of the children below one years had not received a single vaccine since they were born. The team has planned a return mission in the first week of July to conduct more trainings and provide essential health services to the population that has not had services for long.

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	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 Mr. Atem John <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

#### Mr. Atem John

Communication Associate Email: atema@who.int Mobile: +211 921 736375