

# Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian crises



World Health Organization  
South Sudan

Issue #: 25

Reporting Weeks: 30 and 31

Date: 23 July– 6 August 2019



WHO WASH expert guiding participants during a water purification practical session during cholera training in Juba.

## Humanitarian Situation Update in South Sudan



**7.1 M** Need  
Humanitarian  
Assistance



**1.9 M** Internally  
Displaced Persons  
with **0.2M** living in  
PoC's



**2.3M** South Sudanese in  
other countries



**6.96 M**  
Severely Food  
Insecure



**860K**  
Malnourished  
Children



**596K** Malnourished Women

### Key Bi-Weekly Highlights

- 22,000 internally displaced people from Wau PoC site returned to Wau town and other locations since 2018.

### Acute malnutrition



**860,000**

Acutely Malnourished

**57**

Stabilization Centers

### Cumulative vaccination

- Malaria cases increased as rainy season intensified across South Sudan.
- WHO vaccinates 180 healthcare and frontline workers against Ebola in Yei River State.
- WHO, MOH and UNICEF trained 110 healthcare workers to enhance Cholera Preparedness and Response.
- WHO and partners conducted an Ebola simulation exercise (Drill) in Juba to test Ebola preparedness and readiness.



<b>182, 223</b>	Received oral polio vaccine (OPV)
<b>167, 363</b>	Vaccinated against measles
<b>7, 783</b>	Vaccinated against meningitis

### Public health threats

<b>05</b>	EVD Alerts reported in Juba, Yei, Nimule and Yambio from 19-25 July 2019, bringing the cumulative total of alerts to 67 since August 2018.
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### Overview of the humanitarian crises

#### Humanitarian Situation:

##### Country wide update:

One year since the start of the Ebola virus disease (EVD) outbreak in neighboring Democratic Republic of Congo – three (3) million people have been reached with Ebola prevention messages in South Sudan.

- This week marks one year since the start of the ongoing EVD outbreak in neighboring the Democratic Republic of Congo (DRC).
- There is a significant risk of Ebola spreading across porous borders into South Sudan. UN agencies and organizations are working with the Government to disseminate prevention messages.
- Since January 2019, about 450 front-line mobilizers have been trained and are organizing community meetings, engaging religious and local leaders to disseminate life-saving messages to populations that are most at risk in the states bordering DRC and Uganda.

##### **Humanitarian response team on mission to Tore County**

- Following the humanitarian needs assessment conducted in Tore County in June 2019, an inter-agency response team travelled on 31 July 2019 to Tore to respond to the humanitarian needs of nearly 860 vulnerable families, including returnees, across four locations: Goli, Kundru, Tore and Ras-olo.

##### **Humanitarian response team assessed Ombasi and Wudabi**

- On 25 July 2019, an inter-agency team travelled from Yei to Ombasi and Wudabi to conduct a humanitarian needs assessment, despite earlier insecurity on the road. A large population, mostly women and children, was present in Ombasi, with a smaller population in Wudabi. The community reported that over 1,700 families had been displaced since April 2019. All water pumps in the area are non-functional. WASH, emergency household items, food supplies and livelihood items, health, and protection services were identified as the key needs.

##### **Internally displaced people from Wau PoC site returned to Wau town and other locations**

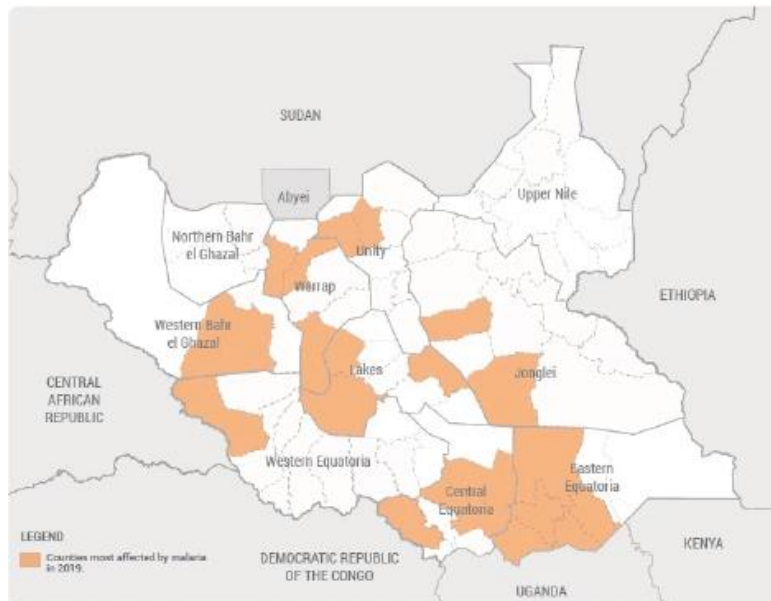
- Since the beginning of 2018, 22,000 internally displaced people have left Wau Protection of Civilians (PoC) site to return to their homes including Deim Zubeir and Raja due to relatively improved security in most parts of Western Bahr el Ghazal. Humanitarian organizations plan

to verify and register returnees who have gone back to their places of origin and provide assistance, depending on needs and vulnerability. The findings will improve the provision of balanced humanitarian assistance and equitable use of resources to the IDPs and returnees in Wau County. Health care, nutrition, water, sanitation and hygiene, education and protection, which are already available in Wau town, are among the assistance that will be provided.

- On 27 July 2019, IOM conducted a biometric registration in Wau PoC site. The team reported that out of around 35,000 people registered in 2018, nearly 13,000 displaced people are currently living in the PoC.
- As of 25 July 2019, a total of 182,026 civilians have been registered in six PoC sites across the country.

**Malaria cases increased as rainy season intensified across South Sudan**

- As the rainy season intensified across the country, an increase of malaria cases continued, causing high illness and death, especially among children.
- In July 2019, malaria trends in at least 19 counties have exceeded the threshold of cases recorded between 2013 to 2017.
- According to the WHO latest disease surveillance update, malaria accounted for nearly 68 per cent of all illnesses and 72 per cent of deaths reported in health facilities across the country in the first half of July. Most of these cases were children under the age of five.
- In response to the increased malaria cases humanitarian organizations are scaling-up prevention and response. This includes the distribution of mosquito nets and replenishing antimalarial drugs in health facilities across the country. However, conflict, inadequate health workers, and poor road conditions – due to heavy rains – severely impacts the availability of health care. Supply chain issues in the delivery of malaria drugs remain a key challenge.



*Counties most affected by malaria in 2019*  
*Source: WHO, OCHA*

**Epidemiological update**

**Integrated Disease Surveillance and Response (IDSR)**

- In week 27, IDSR reporting completeness and timeliness at county level was 46% and 40% respectively and completeness and timeliness for EWARN reporting from IDP health facilities

was 80% and 80% respectively.

- As of week 27, a total of 89 alerts were reported of which 65% were verified, 5% alerts were assessed and 3% responded.
- Malaria, acute watery diarrhea, measles and bloody diarrhea were the most frequently reported infectious diseases through the EWARS.

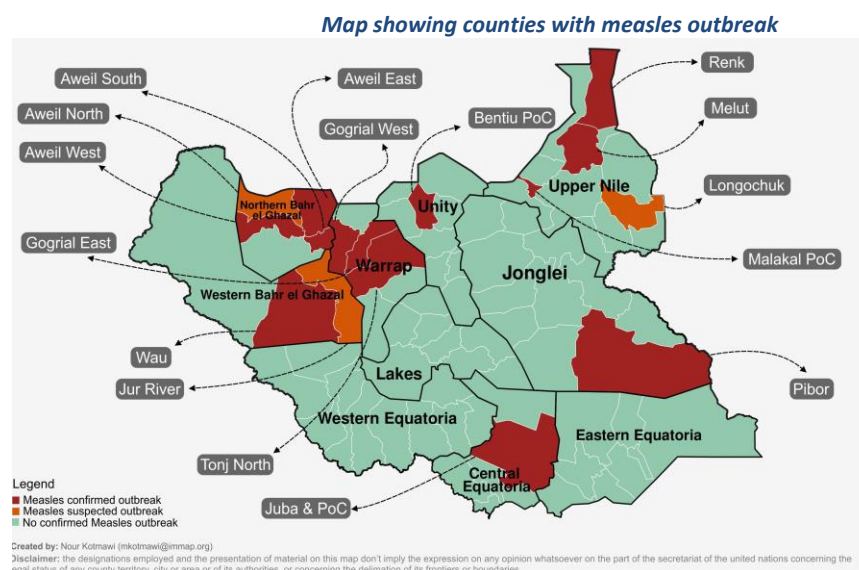
### Malaria

- As of week 25, **67.9%** of all morbidities and **71.5%** of all mortalities caused by malaria. For more details visit <http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>

## Public health response

### Measles outbreak response

- Since January 2019, measles outbreaks have been reported in 13 counties (Melut, Awiel South, Awiel East, Tonj North, Juba county, Wau, Awiel West, Gogrial West, Gogrial East, Renk, Bentiu, Longochuk and Pibor) and four of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau). A total of 511,138 children have been vaccinated during the reactive vaccination campaigns in all the counties and PoCs with confirmed measles outbreak.



### Ebola Virus Disease (EVD) preparedness and response

- Five Ebola alerts have been reported from 19 – 25 July, Juba (1), Nimule (2), Yambio (1) and Yei (1). Two cases met case definition. Rapid Response teams (RRT) were deployed for case investigation and sample collection. GenXpert and Polymerase Chain Reaction (PCR) test results were negative for the two samples that met case definition.
- The Hon. Minister for Health and WHO Representative made a press statement at South Sudan Broadcasting Cooperation (SSBC) to dispel rumors and misinformation that was circulating following an EVD alert reported in Juba on 24<sup>th</sup> July that created lot of panic. A lot of rumors were generated on social media.
- One hundred and eighty (180) frontline health workers have been vaccinated against EVD in Yei River state bringing the cumulative number of front-line health care workers in South Sudan to 2,973.

- On 26 July 2019, two linked drills for RRT and case management teams were conducted in Juba. The drills tested the functions of alert notification, RRT activation, deployment, case investigation and transfer of a patient, triage and admission and isolation unit. The purpose of these simulation exercises was to test the operational readiness of the RRT and the case management team. Similar drills will be conducted in Nimule, Yei, Maridi and Yambio in August 2019. For more details visit <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>

**Training of healthcare workers to enhance Cholera Preparedness and Response:**

**National updates**

- WHO in collaboration with MoH and UNICEF conducted a training for healthcare workers to enhance cholera preparedness and response in South Sudan from 29 July – 2 August 2019 in Juba. The training aimed at enhancing their capacities on cholera case detection, reporting, investigation, and response throughout the entire country and especially the cholera hotspots.

**Kajo-keji:** WHO deployed Emergency Mobile Medical Team (EMMT) to Kajo-Keji county from 8 -

18 July 2019 to provide integrated mobile medical services to increase access to essential life-saving primary healthcare services and prompt prevention, detection and response to disease outbreak among the returnees and IDPs. The team provided outpatient medical consultations to both returnees and IDPs, immunization services and referred patients with medical complications that require advance medical care. In addition, the team conducted health education and awareness, conducted training on Infection Prevention and Control (IPC), disease surveillance and case management of the common outbreak prone priority diseases as well as rolled-out the Early Warning Alert and Response System (EWARS) to the functional health facilities. The team also carried out sensitization on Ebola preparedness and response.



WHO team delivered medical supplies to Kirwa PHCC in Kajokeji.

**States Hub updates**

**Unity state:** WHO conducted EWARS mobile health facilities rollout training in Bentiu during the reporting week. A total of 42 health care workers from Bentiu state hospital, health facilities in the Protection of Civilians Sites, Rubkona Military hospital as well as M&E officers from implementing partners participated.

**Operational gaps and challenges**

- Limited resources to cover all the affected counties.
- Weak coordination mechanisms.
- Insecurity in conflict affected counties.
- Huge operational costs measured against available donor funds.
- Inadequate human resources for health at subnational levels.
- Floods due to heavy rainfall in many parts of the country.

**Resource mobilization**

WHO	Name of appeal	Required funds	Funds secured	Gap
	Humanitarian Response Plan (WHO)	\$ 23.4 m	\$ 7.2 m	31%

Ebola Preparedness                      \$ 5.5 m                      \$ 4.6 m                      84%

WHE Operations

**Key donors**

**Donor Support**

WHO Country Office of South Sudan registers appreciation for the great support provided from all development and health implementing partners to various health programs that continue to provide technical support and health operations throughout the country. It is WCO great desire to pull all the resources together with concerted efforts in protecting South Sudan population from health emergencies and provide Universal Health Care to all. Resource Mobilization is ongoing to realize this goal. We acknowledge support from all organizations as listed below;

<b>Donor Agencies</b>			
01	Central Emergency Response Fund (CERF)	06	United States Agency for International Development (USAID)
02	European Union Humanitarian Aid (ECHO)	07	The Government of Japan
03	Global Alliance for Vaccine Initiative (Gavi)	08	The Department for International Development (DFID)
04	German Humanitarian Assistance	09	South Sudan Humanitarian Fund (SSHF)
05	Government of Canada	10	World Bank (UNICEF)

**WHO Country Office Clusters:**

This WHO Humanitarian Situation Report is developed with support from WHO Country Office Clusters as follows: WHO Health Emergency, Health Emergency Information & Risk Management, Disease Control, Integrated Service Delivery, Field Offices Coordination and Health Clusters

**Report compiled by :** Boniface AMBANI (HIM) and John ATEM ( Communication)

**Interim Editorial Team:** Dr. Joseph WAMALA, Dr .Patrick OTIM, Mr. Boniface AMBANI and Mr. John ATEM.

**For more information please contact:**

Dr.Olushayo OLU	Dr Guracha ARGATA	Mr. John ATEM
WHO Country Representative	Emergency Coordinator/WHE	Communication Associate
Email:oluo@who.int	Email: guyoa@who.int	Email: atema@who.int
+211925000035	Mobile: +211 926144384	Mobile: +211 921736375