Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian crises

Issue #: 26
Reporting Weeks: 32 & 33
Date: 7 – 21 August 2019

Humanitarian Situation Update in South Sudan

7.1M Need Humanitarian Assistance
1.9M Internally Displaced Persons with 0.2M living in PoC's
2.3M South Sudanese in other countries
6.96M Severely Food Insecure
860K Malnourished Children
596K Malnourished Women
Key Bi-Weekly Highlights

- WHO deployed mobile medical team to Leer County in Unity to provide integrated medical services along with the partners working in the county.
- Ministry of Health in collaboration with WHO deploys a multi-disciplinary team of experts to investigate the reported AWD cases and deaths in Labarab and Maruwa in Pibor.
- Malaria cases increased as rainy season intensified across South Sudan.
- MoH, WHO and partners conducted a full scale simulation exercise in the Ebola high-risk areas of Juba, Nimule and Yei to test preparedness and readiness.
- MoH, WHO and partners validates the HMIS handbook, Standard Operating Procedures (SOPs) and Indicator Reference Manual for the District Health Information Software (DHIS) 2 system.
- WHO with support from Gavi donated Information Communication and Technology equipment to MoH,

### Acute malnutrition

- 860,000 Acutely Malnourished
- 57 Stabilization Centers

### Cumulative vaccination

- 121,066 Vaccinated with OPV3 Vaccine under 1yr (20%)
- 119,558 Vaccinated against Measles under 1yr (38%)
- 7,783 vaccinated against meningitis

### Public health threats

- 13 Counties with confirmed measles outbreaks in 2019.
- 00 New confirmed measles outbreaks during the reporting period
- 09 EVD Alerts reported in Juba, Yei, and Nimule & Yambio, from 4-21 August 2019, bringing cumulative total of alerts since August 2018 to 81.

Overview of the humanitarian crises

Humanitarian Situation:

- Overall number of internally displaced people (IDPs) in South Sudan stood at 1.83 million. Eastern Equatoria, Warrap, Upper Nile and Western Bahr el Ghazal saw increases in the number of IDPs compared to May (30, 18, 3 and 2 per cent respectively), mostly due to insecurity related to communal clashes and cattle raids.
- The first headcount in the Malakal Protection of Civilians site since February increased the site population by about 8,000 individuals, in part due to spontaneous refugee returns to the site from Sudan.
- UNHCR reported that some 17,000 spontaneous refugee returnees arrived in Unity from Sudan between April and June, following unrest and insecurity in the Sudan.
- Heavy rains fell across South Sudan and caused flooding, particularly in parts of Central Equatoria, Jonglei and Northern Bahr el Ghazal. Staple food prices rose due to seasonal factors, including farmers exhausting most of their stock and beginning to rely on markets.
- Nearly 7 million people were estimated to be severely food insecure, according to the most recent IPC analysis.
ACCESS INCIDENTS:

- Forty-four access incidents were reported during July. Of these, four were significant, 29 were moderate and 11 were minor. Fourteen incidents were as a result of criminality, mostly targeting humanitarian organizations in Juba.
- Violence against personnel was the largest incident type at 46 per cent, while operational inference and bureaucratic impediments came to 30 per cent.
- Central Equatoria had the largest number of incidents by state with 13 reported there. Of the 12 significant incidents, one involved the takeover of an NGO compound by local authorities. Harassment of NGO staff was prominent. In Fangak County, six humanitarian workers were relocated from Keew and Juaiibor to Juba. Reportedly, the local authorities confiscated assets including laptops, cash and a satellite phone.
- Two ambushes impacted humanitarian activities, one in Yirol West, Lakes, and one in Kapoeta East, Eastern Equatoria.
- There were active hostilities around Maiwut town. Thousands of civilians, mainly women and children, were reported to have been displaced by the fighting. Humanitarian activities for displaced people and returnees in the area were affected. Humanitarian organizations operating in the area relocated 10 staff.

Country wide update:
One year since the start of the EVD outbreak in neighboring Democratic Republic of Congo – three 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 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, organizations have engaged more than 3 million people with Ebola
prevention messages. Some 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.

Central Equatoria

Security situation reportedly deteriorating around Yei State.
- Between 15 to 27 July, increasing road ambushes on civilian vehicles and insecurity have been reported on the routes connecting Yei town to other towns and states.
- The insecurity developments are likely to negatively impact on the EVD social mobilization activities in the region.
- Access to such locations as Mugwo County, Mitika, Kagelu, Lasu, Tore, Lainya, Bungu and Ganji along Juba-Yei road would be mostly impacted.

Humanitarian response team on mission to Tore County.
- On 31 July, an inter-agency response team travelled to Tore to respond to the humanitarian needs of nearly 860 vulnerable families, including returnees, across four locations: Goli, Kundru, Tore and Ras-olo.
- This followed a humanitarian need assessment conducted in the areas in June. The mission is expected to conclude on 2 August.

Humanitarian response team assessed Ombasi and Wudabi.
- On 25 July, an inter-agency team successfully 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 and feared to return due to insecurity. The school is occupied by the South Sudan people’s Defense Forces (SSPDF). All water pumps in the area non-functional. WASH, emergency household items, food supplies and livelihood items, health, and protection services were identified as the key needs.

Western Bahr-el-Ghazal:

Relief and Rehabilitation Commission (RRC) interfered with NGO operations in Raja.
- On 28 July, humanitarian organizations operating in the area were informed of several requirements and conditions related to their work and presence in the area by the RRC office in Raja.
- The RRC threatened that failure to comply with the conditions would result in disciplinary action, including payment of a fine of approximately US$350 or detention.
- Humanitarian organizations have expressed concern that some of the conditions are not in line with their policies and regulations and would negatively impact their presence and service deliveries.
- There are seven NGOs currently operating in Raja providing health care, nutrition, food and livelihoods support to an estimated population of 27,000 people.

22,000 internally displaced people from Wau PoC site returned to Wau town and other locations since 2018
- Since the beginning of 2018, a significant number of internally displaced people have left Wau Protection of Civilians (PoC) site to return to their homes due to relatively improved security in most parts of Western Bahr el Ghazal.
- On 27 July, IOM Displacement Tracking Matrix, with support from other UN agencies and UNMISS, conducted a biometric registration in Wau PoC site. The team reported that nearly 13,000 displaced people, out of around 35,000 people registered at the site in 2018, currently
live there.

- The result confirmed that some 22,000 people left the PoC site to Wau town and other locations, including Deim Zubeir and Raja, since the beginning of 2018. 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. 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.

- The community leaders at the site said the findings will improve the provision of balanced humanitarian assistance and equitable use of resources to the IDPs and returnees in Wau County.

- As of 25 July, the total number of civilians seeking safety in six PoC sites across the country was 182,026

**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 increased number of cases and death, especially among children.

- In July, the World Health Organization (WHO) reported that 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 Duk County of Jonglei, one of the counties reported, authorities have said that they lack malaria drugs at the health facilities, and people use herbal medicines instead.

- In response to the increased malaria cases humanitarian organizations are scaling-up prevention and response. This includes distribution of mosquito nets and replenishing of 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.

- Humanitarian organizations are working to provide critical health services to 2.1 million people targeted in the 2019
In 2018, the SSHF funded 19 projects aimed to help survivors of gender-based violence recover physically and psychologically from the trauma and gain access to emergency and life-saving services.

In an internal displacement camp in Mundri, Western Equatoria region, the Mundri Active Youth Association (MAYA) set up a woman and girl-friendly space, which provides support for up to 4,000 individuals. As women and girls in the camp remained exposed to risks of harassment, abuse and assault, MAYA initiated a series of information sessions to educate men and boys to what constitutes gender-based violence, why women and men should equally participate in decision-making processes, and how to prevent gender-based violence. Thanks to funding from the SSHF, MAYA helped 48-year-old Esther, one of the displaced women living in the Mundri camp, set up a coffee shop where every Friday she organizes informal get-togethers over coffee and talks about gender issues with community members. Esther knows her community members, and her work paid off. On average, 45 people attend each session and the conversations are getting more and more participatory and engaged, especially around the safety and the integrity of women and girls.

**Counties most affected by malaria in 2019**

*Source: WHO, OCHA*

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**Epidemiological update**

**Integrated Disease Surveillance and Response**

- IDSR reporting completeness and timeliness at county level was 60% and 48% respectively in week 30.
- Completeness and timeliness for EWARN reporting from IDP health facilities was 80% and
80% respectively in week 30.

- 91 alerts were reported; 64% verified, 4% alert was risk assessed and 3% required a response as of week 30.
- Malaria, cute watery diarrhea, measles and bloody diarrhea were the most frequently reported infectious diseases alerts reported through the EWARS.

**Malaria:**

- **Accounted for 69.4%** of all morbidities and **1.4%** of all mortalities in week 30. Twenty Five (25) counties with trends exceeding their set thresholds include Juba hub (Juba, Yeï), Torit hub (Budi, Magwi, Torit, Ikotos), Wau hub (Wau, Jur River), Rumbek hub (Yirol East, Wulu, Cueibet, Rumbek Center, Rumbek East), Kwajok hub (Gogrial East, Gogrial West and Tonj South, Tong East, Abyei), Yambio hub (Tambura), Awiel hub (Aweil East, Aweil South and Aweil North), Bor hub (Bor), and Bentiu hub (Mayom & Rubkona). For more details visit [http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin](http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin)

**Measles outbreak response**

- Since January 2019, measles outbreaks have reported in 13 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, and Pibor) and four protection civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
- Reactive vaccination campaigns have been conducted in all the counties and PoCs with confirmed measles outbreak and the total number of children vaccinated so far is 511,138.
- PCEs have been conducted in 7 counties and two PoC sites with vaccination coverage as follows; Melut (65.7%), Aweil South (98%), Aweil East (95.1%), Juba PoC (81.9%) Wau (81.9%), Aweil west (63.5%) Juba County (81.9%), Bentiu PoC (74.6%) and (Renk (79.8%), Malakal PoC (73%).

- A suspected measles outbreak has been reported in Tonj South county where seven (two lab-confirmed) cases were seen as at 17th August 2019. Active case finding and additional sample collection to be done.

*Map showing counties with Measles outbreak*
Ebola Virus Disease preparedness and response

- The Ministry of Health, with support from WHO and other partners, conducted a one day full scale simulation exercise on 14 August 2019 in high-risk areas of Juba, Nimule and Yei to test the preparedness and operational readiness to respond to a potential EVD outbreak.
- 190 participants from the Ministry of Health, WHO, and partners took part in the exercise.
- The functions tested overall coordination and communication at national and sub-national levels and the linkages between the two levels; surveillance, and reporting of a public health event; public health emergency operations center (PHEOC) activation, contact tracing; rapid response team capacity; ambulance services; case management at healthcare centers; case management at Ebola treatment Centre (ETC); infection prevention and control; disinfection and waste management; risk communications; engagement of communities; finance and administration; operations support and logistics; movement of emergency supplies and equipment, exit screening. PHEOC ability to coordinate the multiple entities, collaboration of the various institutions among others.
- **Key positive findings** revealed full functionality of national and sub-national levels taskforces in high-risk states, operational emergency operation center for coordinating of EVD activities, Improvement of Technical Working Groups (TWGs) coordination and performance which was seen through joint monitoring evaluation and full-scale simulation exercise, strengthening of the National Public Health Laboratory through establishment of GenXpert and Polymerase Chain Reaction Machine (PCR) for testing of Ebola Virus Disease and other viral hemorrhagic fevers.
- **Gaps and challenges** found were weak coordination mechanisms between national and sub-national task forces and weak resource mobilization strategies through donor engagement activities.
- Findings of the exercise will be used to validate the existing response mechanisms and identify areas within the preparedness plans and standard operating procedures that may require strengthening.
- Considering the confirmed EVD outbreak in North Kivu and recently Uganda, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance readiness capacities.
- **For more details visit** https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan

National updates

- **WHO with support from Gavi, the vaccine alliance donated Information Communication and Technology equipment to MoH,**
  - World Health Organization with funding from Gavi, the vaccine alliance, donated ICT equipment to MoH on 14 August 2019 to boast the information management capacity of monitoring and evaluation offices at national, state and county levels.,
  - The equipment includes 33 desktop computers, 34 all-in-one printers (printer, scanner and copier), 7 laptops and carrying cases, 7 docking pack and 40 (1TB) external hard drives.
  - The items were presented to the Ministry of Health at a ceremony held at the Ministry of Health in Juba, presided over by the Undersecretary, Dr Makur Matur Kariom.

- **Ministry of Health, WHO and partners validates the HMIS handbook, Standard Operating Procedures (SOPs) and Indicator Reference Manual for the District Health Information Software**
**(DHIS) 2 system**
- MoH, WHO and other partners conducted a three-day validation workshop from 14 – 16 August 2019 of the HMIS handbook, Standard Operating Procedures (SOPs) and Indicator Reference Manual for the District Health Information Software (DHIS) 2 system that is being rolled out.
- Fifty medical personnel from the Ministry of Health and implementing partners, including 10 monitoring and evaluation officers from states participated in the workshop.
- HMIS handbook, Standard Operating Procedures (SOPs) and Indicator Reference Manual were developed with technical support from WHO.
- National TOT training on HMIS handbook, Indicator reference manual and SOPs is ongoing this week.

**Ministry of Health and WHO deploys experts to investigate reported AWD cases and deaths in Pibor.**
- A multi-disciplinary team from MoH, WHO and partners deployed to investigate reported upsurges in AWD cases and deaths in Labarab and Maruwa in Pibor County on 12 August 2019.
- No suspected cholera or AWD cases found on active case finding in both the facilities and the community. No deaths of AWD cases verified.
- Two stool samples collected tested negative for *Vibrio cholerae*.
- WHO supplied Labarab and Maruwa PHCU with emergency medical supplies to enable the facilities to provide basic essential services to the community.

**Unity state:**
- WHO deployed a mobile medical team to provide essential integrated health services in hard to reach areas in Leer County. The team is currently conducting mobile outreaches in various payams in the county after completing a five-day training of health workers on case management, disease surveillance, outbreak detection and response, and infection prevention.

**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**

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<th>WHO</th>
<th>Name of appeal</th>
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<td>Ebola Preparedness</td>
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<td>$ 4.6 m</td>
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<td>WHE Operations</td>
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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's 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:

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<thead>
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<th>Donor Agencies</th>
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<tr>
<td>01</td>
<td>Central Emergency Response Fund (CERF)</td>
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<td>02</td>
<td>European Union Humanitarian Aid (ECHO)</td>
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<td>03</td>
<td>Global Alliance for Vaccine Initiative (Gavi)</td>
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<td>04</td>
<td>German Humanitarian Assistance</td>
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<td>Government of Canada</td>
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**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

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