

South Sudan: Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian Crises

Issue 07 | Date: 1- 15 April 2021

KEY FIGURES

8.3 M People in Need of Humanitarian Assistance	2.3 M South Sudanese Refugees in neighboring countries
1.6M Internally Displaced	1.4M Malnourished Children
125K Persons living in PoC ¹	483K Malnourished Women
77 Stabilization Centers	5.82M Severely Food Insecure

COVID-19

10 538 confirmed cases	114 deaths	135 545 Tests performed	10 250 recoveries
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IPC PHASE 5

108 000 People targeted	6 Counties	128 196 consultations conducted
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HIGHLIGHTS

- A cumulative of 10 538 COVID-19 confirmed cases and 114 deaths (case fatality rate of 1.09%) have been reported in South Sudan since the onset of the outbreak.
- South Sudan's COVID-19 vaccination drive kicked off on 6 April 2021 with health workers receiving their first dose of the Astra Zeneca vaccine in Juba.
- Following the grading of the humanitarian emergency occasioned by the severe food insecurity in the Food Insecurity Counties, the WHO Incident Management System was established to support health and nutrition response.
- Flooding restricted physical access to people in need in Akobo, Ayod, Duk, Twic East and some parts of Pibor

121 066 (20%)	Children under one year vaccinated with oral polio vaccine
962 158	Initial numbers of children vaccinated against measles
00	Counties with confirmed measles outbreaks in 2021
00	PoC ¹ s sites with confirmed measles outbreaks in 2021
03	Counties with malaria cases surpassing their set thresholds



Health Care Worker receiving COVID-19 vaccine in Juba at Juba Teaching Hospital

¹ UN Protection of Civilians'

Overview of the Humanitarian Crisis

- **Community-based militias responsible for 78 per cent of victims of violence in South Sudan.** On 31 March 2021, the United Nations Mission in South Sudan (UNMISS) in a press release stated that community-based militias were responsible for 78 per cent of killings and injuries caused to civilians as well as abductions and conflict-related sexual violence during attacks in pockets of South Sudan, according to a new human rights report.
- **Humanitarian organizations and local community members report the presence of armed personnel in health facilities and IDP settlements in Yei County.** On 12 April, humanitarian organizations and patients at the health facility in Yei expressed concerns over frequent visits of uniformed and armed personnel to humanitarian facilities including health clinics in Gonja and Lukorbero and refugee settlements in Nyori, Ootogo Payam.
- **Refugees return to Akobo East County.** The Jonglei Protection Cluster reported the return of 5 322 people to Akobo County, of which 3 838 returned to Akobo town and 1 484 to Alali Payam. Most of the returnees came from Ethiopia, Sudan, Kenya and Uganda.
- **Funding gaps affecting operations in Jonglei and the Greater Pibor Administrative Area (GPAA).** Despite the urgent need to pre-position ahead of the rainy season and the response scale-up, funding gaps are affecting response operations in Jonglei and GPAA. The Emergency Shelter and NFI (ES/NFI) Cluster reported its inability to commence the prepositioning of ES/NFI supplies in GPAA due to the absence of an ES/NFI partner on the ground to receive and manage the supplies. The only ES/NFI NNGO had already suspended activities due to a lack of funding. WASH activities in GPAA were impacted by funding gaps. As of 1 April, of five active emergency WASH partners in GPAA, only two are responding to WASH needs due to a lack of funding
- **Food Insecurity in South Sudan in 2021:** Humanitarian partners continue to intensify efforts to reach the food insecure populations with humanitarian assistance in the six 'Priority 1' counties. The Integrated Food Security Phase Classification (IPC) report released in December 2020 projected that over 810 000 people will be in Crisis or worse levels of food insecurity out of which over 108 000 people will be in IPC Phase 5 catastrophe in the six most affected counties. The scaling up of the humanitarian response will continue into the lean season (May-July) during which the rainy season and expected flooding may worsen the situation. The ongoing multisectoral response continues to face multiple access challenges owing to insecurity, limited resources for the responding partners, and limited functional health facilities that can provide the basic primary health services in the most affected counties.

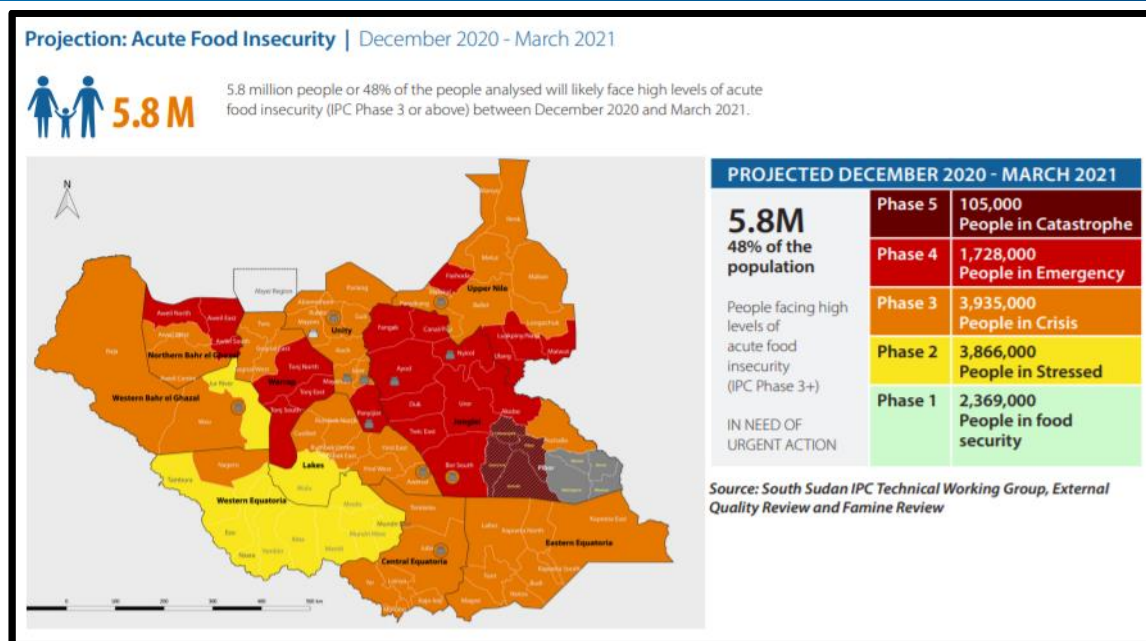


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

Emergency Response Activities

Health Cluster response in Integrated Food Security Phase Classification (IPC) Phase 5 counties

- Health partners continue to increase access to health services through both static and mobile across the six 'Priority 1' counties of Pibor, Akobo, Tonj East, Tonj South, Tonj North, and Aweil South. Over 134 558 consultations have been conducted by health facilities across the six counties since week 01 of 2021.
- Following the WHO internal grading of the humanitarian emergency occasioned by the severe food insecurity and acute malnutrition in the Food Insecurity Counties, WHO Incident Management System structure was set up with Incident Action Plan (IAP) to guide the team on both health and nutrition to support the six highly food insecure counties.
- Periodic Intensification of Routine Immunization (PIRI) aimed at augmenting the routine immunization at the health facilities has been concluded in Aweil South, Tonj South, Tonj North. The vaccination activity could not be implemented in Tonj East because of insecurity.
- Resource mobilization to ensure the availability of adequate essential and emergency stocks for responding partners is continuing. WHO is supporting emergency partners in the six "Priority 1" counties to enable them to provide consistent access to the basic health services in the counties. 164 interagency health kits (can support 227 000 people), 84 pneumonia kits, 10 severe acute malnutrition with medical complication (SAM/MC) kits, and 21 cholera investigation kits have been delivered to the responding partners.
- Weekly trends of the top infectious diseases are being monitored for potential upsurges and timely investigation. Two sites of a health partner responding in Aweil were created in EWARS system to assist in monitoring their reporting and trend. 12 Health Care Workers Trained on Integrated Disease Surveillance and Response.
- Emergency Mobile Medical team continues to provide integrated mobile health and nutrition services in Greater Pibor Administrative Area (GPAA). So far, over 1 000 patients have been reached with health and nutrition services. Plans are underway to scale mobile medical outreaches in other food insecure counties.

- WHO and partners completed two rounds of polio vaccination campaigns in response to the ongoing circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) outbreak in Akobo (33 176 vaccinated), Pibor (48 836 vaccinated), Aweil South (31 603 vaccinated), Tonj South (44 090 vaccinated) and Tonj North (76 911 vaccinated). The campaign could not be implemented in Tonj East because of the renewed sub-national violence between communities but the plans will be reactivated as the security situation continues to improve.
- The cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there was an active cholera outbreak. WHO continues to urge health partners to step-up investigation and sample collection from the alerts generated from the priority counties.

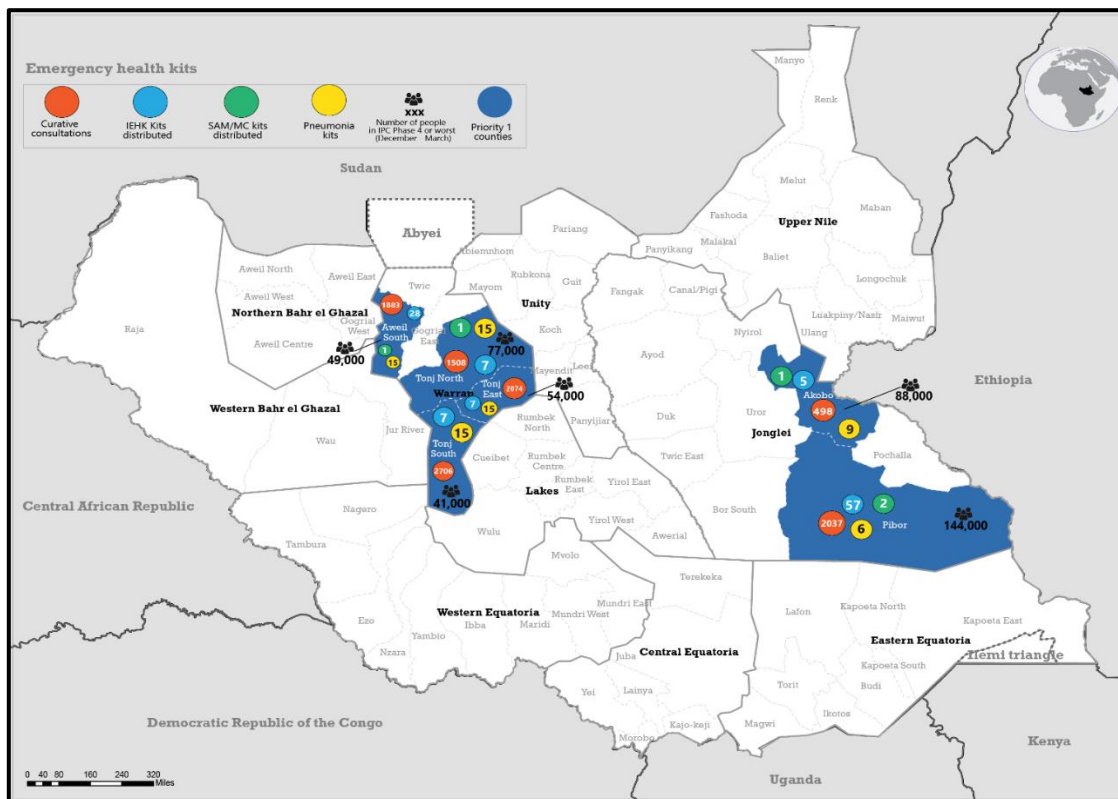


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 13 2021

Update on floods

- Flooding forecast continues to be monitored. Rainfall forecast: 21 May 2021, above-normal rainfall is expected over the eastern part of the country (Jonglei and Greater Pibor Administrative Area (GPAA). Normal rainfall expected in the rest of the country with drier than usual in some areas in the western part of the country (ICPAP weather data).
- Updating of flooding contingency planning and prepositioning of emergency health kits have started.
- Flooding restricted physical access to people in need in Akobo, Ayod, Duk, Twic East and some parts of Pibor impacting delivery and pre-positioning of critical humanitarian supplies.
- In Akobo, roads were impassable even during the dry season, affecting 30 000 people, many of whom are already facing high levels of food insecurity.

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

Performance of the Integrated Disease Surveillance and Response (IDSR)

- In week 15 of 2021, IDSR reporting completeness and timeliness were 95% and 93% respectively at the health facility level. Early Warning, Alert and Response Network (EWARN) reporting completeness and timeliness were 80% during the reporting period.
- Malaria remains the top cause of morbidity and accounted for 55 881 cases (47.2% of OPD cases) followed by ARI which accounted for 28 268 cases (23.9 per cent % of Out- Patient Department cases) in week 15 of 2021.

Confirmed and suspected Outbreaks

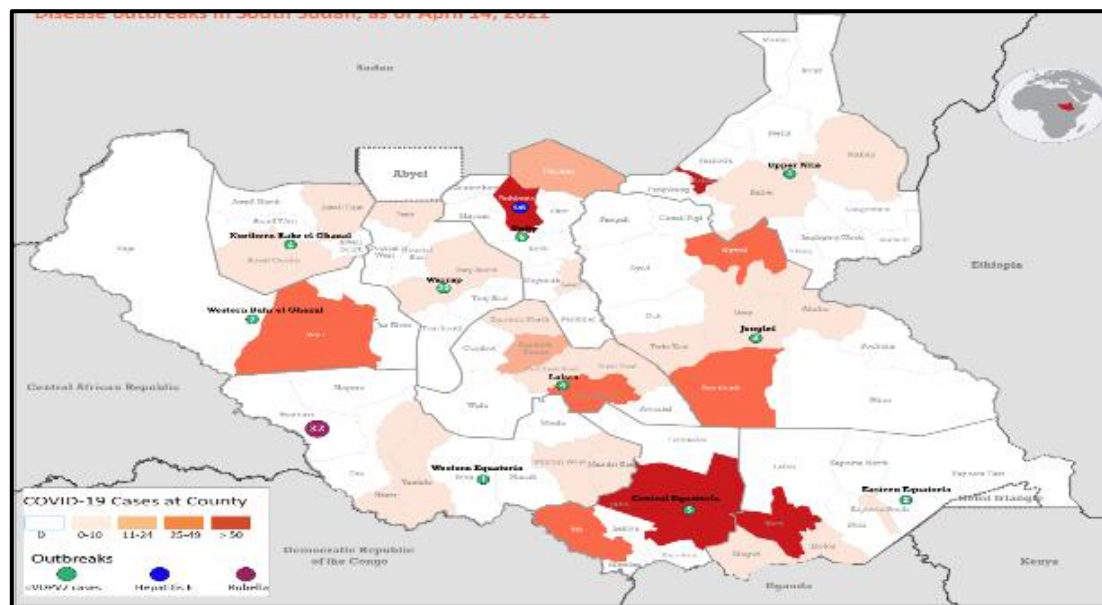


Figure 4: Active disease outbreaks by counties in South Sudan as of week 15

Polio Virus Outbreak

- During this reporting period, no new circulating Vaccine-Derived Polio Virus, type 2 (cVDPV2) case was reported. However, in the same period suspected PV2 cases were reported from case and contacts in Upper Nile (1 AFP cases) and Unity state (3 contacts)
- The number of cases reported cVDPV2 cases as of today remain the same (54) including cVDPV2 cases from contacts (21).
- The geographical distribution of cVDPV2 cases involves all 10 states in the country and 25 out of 80 counties have reported at least 1 case, with 20% of the cases from Warrap state.
- All cVDPV2 cases that have been reported so far have dates of onset of paralysis before nationwide campaign in February 2021.
- The date of onset for the first cases was on 11th June 2020 from Warrap state, while the most recent case was on 25th January from Juba, Central Equatoria state.
- Clinical and epidemiological investigation is underway for cases classified as compatible and for the new suspected PV2 cases reported in Upper Nil and Unity states.
- The average administrative coverage for all rounds is at 93.6%, while the average PCE coverage is 90.3%, however, there is a great disparity among States and Counties.

Coronavirus disease (COVID-19) Outbreak in South Sudan

- A total of 10 538 cases of COVID 19 cases reported with 114 deaths in South Sudan since the beginning of the outbreak giving a Case Fatality Rate of 1.09 per cent
- Recoveries is at 96.8% (10 250) of all the reported cases
- Cumulatively, 15 721 contacts have been registered with 92% (14 400) have completed the follow up contact ratio 1:1.5)
- A total of 337 imported cases (3 new, 3.2% of all cases) in week 15
- Cumulatively 292 Health Care Workers infections were reported
- Most of cases confirmed in Juba (60%) and 25% were from Pariang, Agok and Pamir
- On 6 April, South Sudan’s COVID-19 vaccination drive began with health workers receiving their first dose of the Astra Zeneca vaccine at Juba Teaching Hospital. In the coming weeks and months, all frontline health workers in South Sudan will be offered the vaccine through a national vaccination campaign. People at high risk and over 65 years will also be offered the vaccine. The country received 132,000 doses of the Astra Zeneca COVID-19 vaccine through the COVAX facility on 25 March 2021. The initial phase of the vaccination activity is targeting healthcare workers and the elderly (65 years and above).

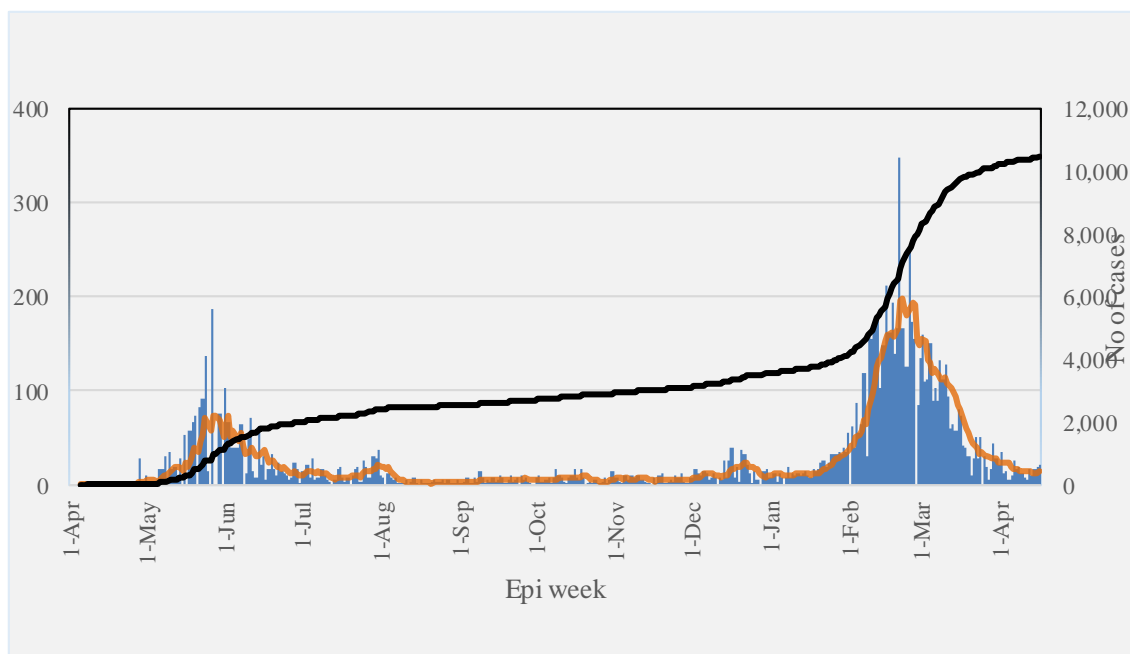


Figure 3: Epidemiological curve of reported cases through Week 15 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (yellow line)

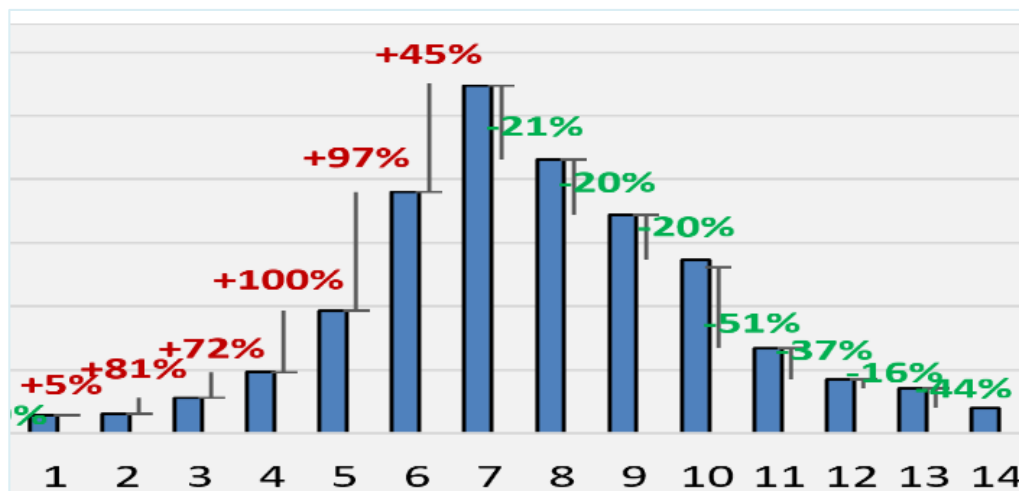


Figure 5 Percent change by Epi-Week in 2021

For more information on the COVID-19 outbreak and public health response measures, please refer to the national weekly situation update. <http://moh.gov.ss/covid-19.php>

Ebola virus disease (EVD) response readiness capacities in South Sudan

- South Sudan’s activated EVD preparedness platform continues to monitor the outbreak situation in the Democratic Republic of the Congo (DRC). A costed preparedness and operational plan have been finalized to facilitate resource mobilization and its implementation to enhance readiness capacities. The updated EVD readiness for South Sudan is estimated at 44%.

For more details, visit: <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>

Operational gaps and challenges

- Limited resources to cover all the affected counties.
- Weak coordination mechanisms at the sub-national level.
- Insecurity and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health at subnational levels

Resource Mobilization

Name of appeal	Required US \$\$	Secured in US \$	A gap in US \$
WHE Operations	22 million	2 million	20 million

Key Donors

WHO Country Office of South Sudan registers appreciation for the support provided by all our donors. The donors are listed in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Global Alliance for Vaccine Initiative (GAVI)
- United States Agency for International Development (USAID)
- The Government of Japan
- The Department for International Development (DFID)

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- The South Sudan Humanitarian Fund (SSHF)
- World bank

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