Monthly Humanitarian Situation Report
South Sudan

Issue 17 | October 2021

Highlights

▪ A cumulative of 12 293 COVID-19 confirmed cases and 133 deaths (case fatality rate, 1.1%) have been reported in South Sudan since 5 April 2020.
▪ Flooding affected some 760 000 people in over 30 counties across eight states.
▪ Over 60 health facilities have been either cut off, submerged, or damaged by the ongoing severe flooding.
▪ WHO is prepositioning 300 Interagency Emergency Health Kits (IEHK), 35 pneumonia kits and 90 cholera investigation kits to the state offices to support flood and conflict-affected counties.
▪ Planning for pre-emptive oral cholera vaccination for flood-affected internally displaced persons in Rubkona County is underway.
▪ Hepatitis E virus outbreak in Bentiu Internally Displace People’s (IDP) Camp remains active with increased risk of disease spread to the communities outside the camp because of population movement and displacement due to flooding.

Summary Statistics

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<th>People in Need of Humanitarian Assistance</th>
<th>Severely Food Insecure</th>
<th>People affected by flooding</th>
<th>Measles outbreaks in 2021</th>
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<td>Malnourished Children</td>
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Overview of the Humanitarian Crisis

Flooding

▪ South Sudan is experiencing the third consecutive year of severe flooding that continues to erode people’s coping abilities.

▪ The escalating flooding across the country has affected over 760 000 people in areas along the Nile and Lol rivers and Sudd marshlands as of 03 November 2021.

▪ Flooding has affected over 30 counties across eight with the communities in Jonglei and Unity states being the most affected.

▪ Recent weeks have seen a rapid increase in the number of people and locations affected by flooding particularly in Jonglei State (237 000 people) and Unity State (190 000 people).

▪ The rising water levels and destruction of dykes have resulted in more flooding in Rubkona, Bor South, Fangak, Duk and Twic East Counties.

▪ In Unity State, there are currently 32 650 flood-affected IDPs in three temporary displacement camps in Bentiu.
town in Rubkona.

- Over 60 health facilities have been either cut-off, submerged or damaged by the severe flooding. In Unity, 18 health facilities were relocated to higher grounds due to rising water levels.

- In addition to triggering immediate humanitarian needs, the severe flooding will contribute to a rise in food insecurity and increased vector- and water-borne diseases in the coming months.

- The humanitarian partners are working with state governments and the communities to repair and reinforce the breached dykes in Bor South, Twic East, Duk, Ayod, Fangak and Pigi/Canal counties in Jonglei State, and Rubkona in Unity State.

**Sub-national violence**

- Sub-national violence continues to disrupt essential service delivery to affected communities and drive their humanitarian needs.

- In Tambura (Western Equatoria State), recurring violent conflicts between armed groups have forced more than 90 000 people mainly women and children to flee their homes for safety to neighboring counties and states. The most recent incidents of violence occurred on 14 and 19 October 2021.

- In Warrap State, the retaliatory intercommunal attacks in the counties of Tonj East and Tonj North have persisted for most of 2021. In Tonj East, the persistent insecurity has limited the humanitarian operations to a few locations and hindered access for flood assessment and response. In Tonj North, the humanitarian organizations, that relocated from Marial Lou Payam in August 2021, are yet to return and the main hospital in the Payam is not fully functional.

- Further, renewed fighting between armed groups in Lainya, Morobo and Yei counties in Central Equatoria State are hindering humanitarian access in the counties. Thirteen armed attacks on humanitarian convoys and civilian vehicles on Yei-Morobo Road have been reported in 2021.

**Suspension of Humanitarian Operations in Pibor in Greater Pibor Administrative Area (GPAA)**

- Humanitarian operations remain suspended in Pibor after the threat on 4 October 2021 by youth groups resulted in the relocations of over 80 humanitarian staff from the area. The youth group had demanded for 80% of all national employment opportunities be reserved for the locals. Ultimately, the suspension of humanitarian activities has impacted response operations for more than 100 000 vulnerable people.

- Comprehensive emergency obstetric and neonatal care services in Pibor Primary Health Care Centre (PHCC), the only referral facility in the area, has been suspended after the relocation of the doctor and nurses providing the services.

- Similar demands for employment were made by youth groups in other locations including Renk and Maban in Upper Nile and Torit in Eastern Equatoria, thus having disrupted humanitarian operations in the past.

**Emergency Response Activities**

**Health Cluster/WHO response in emergency locations (Flooding, conflict, displacement and food insecurity)**
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- Health response for flooding, food insecurity and conflict-affected locations supported and coordinated through biweekly Health Cluster coordination meetings and weekly Emergency Responders meetings.

- Supported rapid intercluster assessments in counties in Unity, Jonglei, Warrap and Lakes States that established the critical needs and guided the states and the partners.

- WHO prepositioned 375 WHO Health emergency kits (248 Interagency Emergency Health Kits, IEHK), 87 cholera investigation and treatment kits, 22 pneumonia kits) in its hub offices that can serve around 375,000 people for three months.

- WHO distributed 132 kits (84 IEHK, 7 cholera kits, 8 pneumonia kits and 33 severe acute malnutrition with medical complications treatment kits in under-5 children) to various health partners in the food insecure, flood- and conflict-affected counties.

- Prepositioning of additional 300 IEHK kits, 35 pneumonia kits and 90 cholera investigation kits to the state offices is underway.

- Enhanced surveillance and weekly reporting through IDS/EWARS by health facilities and emergency implementing partners; weekly trends of priority diseases such as malaria, acute watery diarrhea and acute respiratory infections are monitored.

- Deployed mobile teams to Duk, Akobo West and Pibor to provide essential health and nutrition services. Implementing partners are conducting mobile clinics in all the affected locations.

- Pre-emptive oral cholera vaccination campaigns are being planned for the flood-affected IDPs in Bentiu Town, Rubkona Town and Bentiu IDP camp in Rubkona County, Unity State.

- Preventive measles vaccination campaign planned for Tambura and other locations in Western Equatoria that were affected by conflicts and hosting large IDP populations.

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

Confirmed and suspected Outbreaks

Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp

- Cumulatively, 1,354 cases and nine (case fatality rate, 0.7%) deaths have been reported since 2019 as of the end of epidemiological week 42, 2021.

- Thirty-six new cases were reported in epidemiological week 42, 2021. The outbreak remains active and the increasing stress on existing WASH amenities in the camp as a result of new arrivals into the camp due to the severe flooding may worsen the situation.

- There is a risk of disease spreading to the communities outside the camp because of population movement and displacement due to flooding.

- South Sudan Humanitarian Funds allocated USD 2.8 million under reserve allocation for HEV outbreak response by WASH, Health and other clusters.
- Hepatitis E virus vaccination campaign targeting 27,000 people, planned to start in early November 2021, has been affected by the severe flooding in the camp and the surrounding areas. The delayed start will push the end of the vaccination campaign by quarter 1 2022.

- For more details, find the weekly IDSRR Bulletins here: [https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021](https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021)

**Coronavirus disease (COVID-19) Outbreak**

- 12,293 COVID-19 cases and 133 deaths (case fatality rate of 1.1%) have been reported since the beginning of the outbreak.

- The average positivity yield has decreased to 1.5% in epidemiological week 42, the first time below 2% since epidemiological week 43.

- Three variants of concern (Alpha [B.1.1.7], Beta [B.1.351], and Delta [B.1.617.2]) have been identified in the country, with the Delta variant being the predominant (93%) variant.

- South Sudan has received 272,470 doses of COVID-19 vaccines to date. The vaccination campaign is currently underway in all 80 counties across the country using the Johnson & Johnson (J&J) batch of vaccines. The expected full utilization of the J&J vaccines is expected by January 2022.

- 128,384 people (84,839 vaccinated the first dose, 43,545 fully vaccinated) have been vaccinated against SARS-COV-2 as of 26 October 2021. This represents less than 0.4% of the overall South Sudanese population. Gender disparity in vaccine uptake has been noted with women constituting only 26% of the vaccinated.


**Ebola Virus Outbreak in DR Congo**

- A total of eight cases of Ebola virus disease have been confirmed in Beni Health Zone in North Kivu in the Democratic Republic of the Congo since the outbreak began on 8 October 2021;

- The Ministry of Health in DRC and partners, with support from partners, is implementing all critical public health response measures.
health actions including vaccination to prevent the spread of infections. For more information, use this link: https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates

- South Sudan is considered at-risk of importation of Ebola virus disease; critical preparedness activities including updating of EVD preparedness checklist, and preparedness and response plan, enhancing of surveillance and training of rapid response teams in priority locations are underway.

### Operational gaps and challenges

- The operation response has been affected by several challenges. This includes among others:
  - Limited funding to respond to numerous emergencies and needs;
  - Weak coordination mechanisms at the sub-national level;
  - Disruptive insecurity incidents and inaccessibility in conflict-affected counties;
  - Huge operational costs measured against available donor funds; and
  - Inadequate human resources for health service delivery at sub-national levels. Critical support is needed from the entire community to further reduce the impact of these challenges on our activities and ultimately on the lives of populations in South Sudan.

### Budget

<table>
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<tr>
<th>Name of appeal</th>
<th>Required US $</th>
<th>Secured in US $</th>
<th>Gap in US $</th>
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<tr>
<td>WHE Operations</td>
<td>22 million</td>
<td>5 million</td>
<td>17 million</td>
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<tr>
<td>COVID-19 Response</td>
<td>9.7 million</td>
<td>5 million</td>
<td>4.7 million</td>
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### Key Donors

WHO South Sudan country office appreciates the support provided by all our donors to address numerous emergency needs across the country. Please find below the list of our donors, supporting emergency operations, in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- Contingency Fund for Emergencies (CFE)
- European Union (EU)
- European Union Humanitarian Aid (ECHO Foreign, Commonwealth and Development Office (FCDO)-UK )
- Global Alliance for Vaccine Initiative (GAVI)
- Government of Japan
- United States Agency for International Development (USAID)
- South Sudan Humanitarian Fund (SSHF)
- World Bank

FOR MORE INFORMATION, PLEASE CONTACT:

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