Emergency type: Humanitarian Crises

Issue 15| Date: 16 August- 15 September 2021



KEY FIGURES			COVID-19 Response				IPC PHASE 5		Flooding			
People i Huma	3 M in Need of nitarian stance	2.3 M South Sudanese Refugees in neighboring countries	11 814 confirmed cases	121 deaths	225 918 samples tested	11 195 recoveries	108 000 targeted	6 Counties affected	426K People affected	21 Counties affected		
1.6M Internally Displaced People (IDP)		1.4M Malnourished Children	 HIGHLIGHTS A cumulative of 11 814 COVID-19 confirmed cases and 121 deaths (case fatali rate, 1.0%) have been reported in South Sudan since 4 April 2020. The inter-ethnic violence in Tambura County that ensued in late June 2021 has a structure of the second secon									
125K Persons living in PoC ¹		483K Malnourished Women	 displaced nearly 80 000 people as of 14 September 2021. Nearly 426 000 people have been affected by flooding across six states since May 2021 with Jonglei and Unity States among the most affected. A multisectoral response is underway in Bentiu IDP Camp to curb the persistent Hepatitis E Virus transmission in the camp even as 35 new cases reported in epidemiological week 35. 									
77 Stabilization Centers		7.2M Severely Food Insecure	 Microplanning is underway to conduct Hepatitis E vaccination for individuals 16- 40 years in Bentiu IDP camp 									
121 066 (20%)		nder one year vaccinated olio vaccine					77					
962 158	Initial num against me	bers of children vaccinated asles										
00	Counties with confirmed measles outbreaks in 2021											
00	PoC ¹ s site: outbreaks	s with confirmed measles in 2021				-						
01	Counties with malaria cases surpassing their set thresholds		South Sudan has begun producing oxygen following the successful installation of the country's first oxygen plant in Juba, set up with funding from the African Development Fund through WHO to support COVID-19 response. Photo: @WHO South Sudan									

 $^{^{1}}$ UN Protection of Civilians'

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Overview of the Humanitarian Crisis

- Insecurity in Western Equatoria and other states: The inter-ethnic violence in Tambura County that continues to evolve and deepen the humanitarian situation since it ensued in late June 2021 has displaced nearly 80 000 people as of 14 September 2021. Most of the internally displaced people (IDPs) have fled to neighboring counties including Ezo County where 45 000 displaced persons have settled. Thousands of the IDPs have fled to Yambio town, Nagero, Namutina, Nzara and Moso in Western Equatoria State and Wau in Western Bahr el Ghazal State. The humanitarians conducted rapid needs assessments and reached some 7 800 IDPs in Tambura and 6 000 people in Ezo with food assistance, nutrition, health and other services. The humanitarian response efforts are being hampered by inaccessibility due to insecurity, increasing attacks on humanitarian workers and assets including health facilities, and lack of sufficient funds and emergency supplies. Elsewhere, recurring subnational violence has displaced some 10 000 people in Juba County, 5 000 in Tonj East County and 2 000 in Manyo County.
- Flooding in 2021: Nearly 426 000 people have been affected by flooding since May 2021 with Jonglei (160 000), Unity (146 000), Northern Bahr el Ghazal (47 000), Upper Nile (44 000) and Warrap (25 000) states among the worst affected states. Twenty-one counties across six states have been affected to date. Flooding mitigation measures such as dykes have helped to reduce impact of flooding in flood-prone locations like Pibor and Bor South. The flood-affected communities have relocated to higher ground and require urgent humanitarian support.

Health partners have reported that more than 50 health facilities have been damaged by the floods with 19 more at risk of being destroyed. Furthermore, partners have reported shortages of medical supplies to sustain essential primary health care services in flood-affected locations.

A coordinated intersectoral humanitarian response and rapid assessments is underway in the six most affected states. Health and other clusters have reported that additional funding will be needed to respond to the increasing needs of flood-affected people.

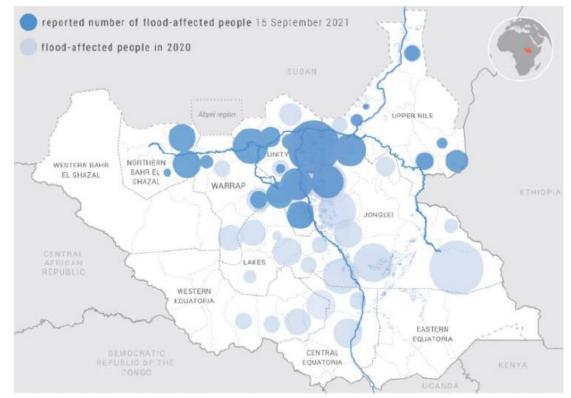


Figure 1: Flood-affected locations and populations across the states as of 15 September 2021

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	• Food insecurity in South Sudan in 2021 The communities residing in the highly food insecure counties continue to experience a challenging humanitarian situation as their needs are compounded by flooding, sub-national violence and increasing morbidities of infectious, water- and vector-borne diseases. As per the Integrated Food Security Phase Classification report released in December 2020, 60% (7.2 M) of South Sudanese were projected to face high levels of acute (IPC Phase 3+) food insecurity during April-July 2021. The six highly food insecure counties (Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East) with 108 000 people in IPC Phase 5 catastrophe have been targeted for a humanitarian response that has been underway since early 2021.
Emergency Response Activities	 Public Health Actions by Health Cluster/WHO in Highly Food Insecurity and flood-affected counties Health response supported and coordinated through biweekly Health Cluster coordination meetings and weekly Emergency Responders meetings. WHO and health cluster partners supported rapid needs assessment in flood-affected counties to establish critical health needs and gaps. Health cluster allocated additional funds from South Sudan Humanitarian Fund (First Standard Allocation) to implementing partners for flood- and highly food-insecure counties. WHO will continue to deploy mobile medical teams to Pibor, Akobo and Duk under this funding. WHO prepositioned emergency health kits including malaria drugs and cholera investigations kits in the 10 state offices to support partners responding in the counties. More than 30 emergency health kits and other medical supplies were distributed in Bentiu, Ayod and Fangak in Unity and Jonglei to support service provision for flood-affected population. WHO supported the ministry of health to train 80 community informers on community-based surveillance in Tonj South and Tonj North. Overall, 120 participants trained in Tonj North, Tonj South and Aweil South while 78 participants received refresher training in Pibor and Akobo East Counties. WHO trained 16 health workers in Pibor on the management of severe acute malnutrition with medical complications (SAM-MC) to optimize care for severe acute malnutrition cases and reduce mortality. Overall, 63 health workers have been capacity built on SAM-MC in Pibor, Tonj North, Tonj East, Tonj South and Aweil South counties. Weekly trends of the priority diseases and reporting via Early Warning, Alert and Response System (EWARS) are being monitored to enable timely detection and response to disease outbreaks.
Surveillance, Epidemiological Update, and Response for Disease Outbreaks	 Confirmed and suspected Outbreaks Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp Cumulatively, 1 086 cases and nine (case fatality rate, 0.8%) deaths have been reported since 2019 as of end of epidemiological week 35, 2021. Thirty-five new cases were reported in epidemiological week 35, 2021. The cases had exceeded the epidemic threshold since epidemiological week 19 of 2021 (week ending 16 May 2021) following a sustained increase in the preceding weeks of 2021. Two deaths have been reported this year with one of the deaths occurring in a 27-year-old pregnant woman. More than half (515) of the cases are males. The persistent transmission is attributed to the main drivers for transmission that include insufficient access to safe water, sanitation and hygiene services, and inadequate access to essential healthcare services in the camp. There is a risk of disease spread to the communities outside the camp because of population movement and displacement due to flooding.

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- A multisectoral response strategy, costed at USD 3.3 million, has been finalized for resource mobilization.
- The Ministry of Health activated HEV task force that monitors the disease trend and ongoing response.
- Partners are supporting case management, surveillance and referral of suspected cases.
- Water Sanitation and Hygiene (WASH) partners are scaling up hygiene and health promotion, water quality surveillance and solid waste management.
- Microplanning is underway to conduct Hepatitis E vaccination for individuals 16-40 years in Bentiu IDP camp.
- For more details, find the weekly IDSR Bulletins here: <u>https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021</u>

Coronavirus disease (COVID-19) Outbreak

- Since the beginning of the outbreak 11 814 cases and 121 deaths (case fatality rate of 1.0%) have been reported as of 16 September 2021.
- Average positivity yields have been declining in recent epidemiological weeks, after peaking at 22.4% in Week 07, 2021 and declining to a low of 0.4% in Week 19 before rising to 2.5% in week 37.
- The second round of COVID-19 vaccination is underway as 91 618 doses are administered (23 638 persons fully vaccinated, 63 980 first dose) across the 10 states. Efforts are underway to address the low vaccine uptake that has been observed among women.
- Some 152 950 doses of one-shot Johnson & Johnson vaccine donated by the USA through COVAX Facility has arrived on 14 September 2021. Preparations are ongoing to train health workers on the safe storage and use of J&J vaccines. The third round of vaccination with the J&J doses will start in October targeting all 80 counties.
- For more information on the COVID-19 outbreak and public health response measures, refer to the national weekly situation update: <u>http://moh.gov.ss/covid-19.php</u>

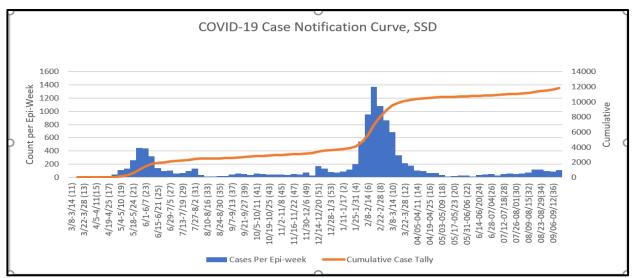


Figure 4: Epidemiological curve of reported cases through Week 36 of 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (yellow line)

Operational gaps and challenges

- Limited funding to respond to numerous emergencies and needs
- Weak coordination mechanisms at the sub-national level.

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- Disruptive insecurity incidents and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health at subnational levels.

Resource	Name of appeal	Required US \$\$	Secured in US \$	A gap in US \$	
Mobilization	WHE Operations	22 million	5 million	17 million	

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)
- Contingency Fund for Emergencies (CFE)
- 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 Foreign, Commonwealth and Development office (FCDO)- UK
- The South Sudan Humanitarian Fund (SSHF)
- World bank

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