Monthly Humanitarian Situation Report
South Sudan

Issue 3 | March 2022

**Highlights**

- WHO and partners implemented oral cholera vaccination (OCV) campaign in Rubkona Town and Bentiu IDP Camp, where 173 170 (86%) people were vaccinated during the first-round while 175 044 (86.4%) were vaccinated during the second round of the campaign.
- Contingency planning for the upcoming flooding season in Unity, Jonglei and Upper Nile States has begun to enable institution of anticipatory and mitigatory measures in high-risk locations.
- Increasing number of counties are witnessing measles and rubella virus outbreaks in 2022 with four counties confirming measles outbreak.
- Some 23 117 (86%) people have been vaccinated against Hepatitis E virus in the Bentiu IDP Camp during the first round of the campaign.

**Summary Statistics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in Need of Humanitarian Assistance</td>
<td>8.9 M</td>
</tr>
<tr>
<td>Severely Food Insecure</td>
<td>8.3 M</td>
</tr>
<tr>
<td>People affected by flooding</td>
<td>684 K</td>
</tr>
<tr>
<td>Measles outbreaks in 2022</td>
<td>4</td>
</tr>
<tr>
<td>Measles vaccine in Bentiu IDP Camp</td>
<td>346 501 K</td>
</tr>
<tr>
<td>Malnourished Children</td>
<td>1.3 M</td>
</tr>
<tr>
<td>Malnourished Women</td>
<td>676 K</td>
</tr>
<tr>
<td>Counties affected by flooding</td>
<td>33</td>
</tr>
<tr>
<td>Counties with malaria cases</td>
<td>1</td>
</tr>
<tr>
<td>cases surpassing the threshold</td>
<td>1 265 101</td>
</tr>
<tr>
<td>Children vaccinated against measles</td>
<td></td>
</tr>
<tr>
<td>Children under one year vaccinated against polio.</td>
<td></td>
</tr>
</tbody>
</table>

**Overview of the Humanitarian Crisis**

The persistent conflict, climatic shocks, disease outbreaks, and rising costs of living continue to erode the coping mechanisms and living standards of the communities. Over 70% of the population will struggle to survive to the lean season in 2022.

**Sub-national violence**

- In March, the country witnessed high degree of sub-national violence. The inter-communal tensions in the Abyei Administrative Area (AAA) led to displacement of more than 100 000 people who fled to Abyei town and neighboring counties, and deaths of 60 people. An inter-agency assessment reported a dire humanitarian situation of the people displaced. Further, armed violence between groups has caused disruptions of livelihood and displacement in Leer, Koch and Mayendit in Unity State and Magwi in Eastern Equatoria State. Moreover, the presence of armed cattle keepers in Central and Eastern Equatorias is causing tension in several counties.

**Flooding**

- The flood waters from 2021 flooding season have not receded and many of the 884 000 people displaced by flooding across 33 counties remain displaced. The next rainy season is expected to find these populations displaced and will further worsen their situation. The displaced populations are living in poor and unsafe
conditions that predispose them to increased risk of disease outbreaks. Of particular concern is Rubkona County in Unity State where the internally displaced populations in Bentiu IDP Camp and A-E flood IDP sites continue to live in deplorable situation.

- Contingency planning for the upcoming rainy flooding season has begun in Unity, Jonglei and Upper Nile States to enable institution of adequate anticipatory and mitigatory measures in high-risk locations.

### Emergency Response Activities

#### Public health response by WHO and Health Cluster partners in emergency locations

- In March 2022, WHO delivered 14 interagency emergency health kits, four pneumonia kits and six cholera kits to implementing partners providing primary healthcare services in static and mobile clinic services in flood- and conflict-affected locations. The kits are enough to treat 14 000 people for three months.
- WHO deployed mobile medical teams to provide integrated mobile medical services in Pibor, Akobo and Duk. During the reporting period, 6 345 outpatient consultations were conducted and 1 590 screened for malnutrition.
- Surveillance is strengthened to enhance capacity to detect, investigate and response to disease outbreaks in flood-affected and other emergency locations.
- WHO trained 90 healthcare workers on integrated disease surveillance and response (IDSR) 3rd edition in Leer, Panijiar and Guit county to enhance routine surveillance. Further, 120 community-based surveillance focal person will be trained in Duk, Twic, Guit and Aweil East counties.
- WHO and partners supported the implementation of the OCV campaign in Rubkona Town and Bentiu IDP Camp, where 173 170 (86%) people were vaccinated during the first round while 175 044 (86.4%) were vaccinated during the second round of the campaign.
- WHO conducted water quality testing in flood-affected locations in Malakal County as part of water quality testing and surveillance in flood-affected locations.

#### Surveillance, Epidemiological Update, and Response for Disease Outbreaks

### Confirmed and suspected Outbreaks

#### Suspected Outbreaks

- Suspected cases of cutaneous anthrax were investigated, 18 samples collected and shipped to a regional laboratory in Uganda for confirmatory testing.
- Three suspected cholera cases were detected in Bentiu IDP Camp. Two samples are undergoing culture, sensitivity and serotyping.
- Two suspected viral hemorrhagic fever cases were investigated and sampled in Yirol East and Rumbek East counties. Samples are undergoing testing at the National Public Health Laboratories.

#### Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp
Cumulatively, 2,391 acute jaundice syndrome (AJS) cases and 20 deaths (case fatality rate, 0.84%) have been reported since 2019. There were 32 AJS cases in epidemiological week 13 out of which 18 (56.3%) tested positive on rapid testing.

In 2022, a total of 129 AJS cases have been reported from host communities pointing to a spread of the infection outside the IDP camp because of the population movement.

Some 23,117 (86% coverage) people were vaccinated in the IDP Camp during the first round of the Hepatitis E virus vaccination campaign which started on 22 March 2022 and ended on 30 March 2022. Plans for the second and third round of the vaccination campaigns are underway.

For more details, find the weekly IDSR Bulletins [here](https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2022)

### Measles Outbreak

Increasing number of counties are witnessing measles and rubella virus outbreaks in 2022.

Torit, Tambura, Maban and Raja counties have confirmed measles outbreaks. In Maban, 161 cases and zero deaths have been reported with 96% of cases residing within the Doro Refugee camp. In Torit, 43 cases and 2 deaths (4.7% CFR) were reported while in Tambura, 5 cases have been line listed.

Raja is the latest county to surpass the measles outbreak threshold after 5 samples tested positive for measles IgM antibodies. Overall, 13 cases have been line listed, and State Ministry of Health and partners are developing an outbreak response plan for the county.

Outbreak response interventions supported by WHO, partners and state Ministries of Health are underway in Torit and Tambura. In Maban, the reactive vaccination campaign has been concluded where 22,153 (89%) were vaccinated among host communities while 32,411 (98%) were vaccinated among refugees.

### Coronavirus disease (COVID-19) Outbreak

Since 5 April 2020, 17,222 COVID-19 cases (291 healthcare workers) and 138 deaths (case fatality rate of 0.8%) have been reported in South Sudan.

Seven-day moving averages for case count and positivity rate were 12.0 cases and 1.7% at the end of Week 12 compared to 10.0 cases and 1.5% at the end of Week 11 respectively.

The majority of new cases came from pre-travel screening (78.8%) and alerts (20.0%).

South Sudan has received 1,117,270 doses of different COVID-19 vaccines. The vaccination exercise is currently ongoing with the Johnson & Johnson (J&J) vaccine in 80 counties and 631 health facilities.

Overall, 509,856 individuals have been fully vaccinated (48,425 with two AstraZeneca doses and 461,431 with single dose of J&J).

The epidemiological curve of reported COVID-19 cases through Week 12 of 2022, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (red line)

Operational gaps and challenges

The operation response has been affected by several challenges such as:

- 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
- Inadequate human resources for health service delivery at sub-national levels.

Critical support is needed from the entire community to reduce the impact of these challenges on our activities and ultimately on the lives of populations in South Sudan.

<table>
<thead>
<tr>
<th>Name of appeal</th>
<th>Required US $</th>
<th>Secured in US $</th>
<th>Gap in US $</th>
</tr>
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<tbody>
<tr>
<td>WHE Operations</td>
<td>22 million</td>
<td>5 million</td>
<td>17 million</td>
</tr>
<tr>
<td>COVID-19 Response</td>
<td>9.7 million</td>
<td>7 million</td>
<td>2.7 million</td>
</tr>
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</table>

Key Donors

WHO South Sudan country office appreciates the support provided by all our donors to address numerous emergencies 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

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