



WHO team assessing the nutrition status of children admitted in Wau Teaching Hospital Stabilization center. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



FUNDED

REQUESTED

MALNUTRITION

261424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 381 836 OCV DEPLOYED

RIFT VALLEY FEVER



28 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- South Sudan declared the end of its longest and largest cholera outbreak on 7 February with no new cases of cholera reported in over seven weeks. Efforts to prevent resurgence are underway.
- During week 6, a total of 13 alerts were triggered; bloody diarrhoea; acute watery diarrhoea; and measles were the most frequent infectious hazards reported in the week.

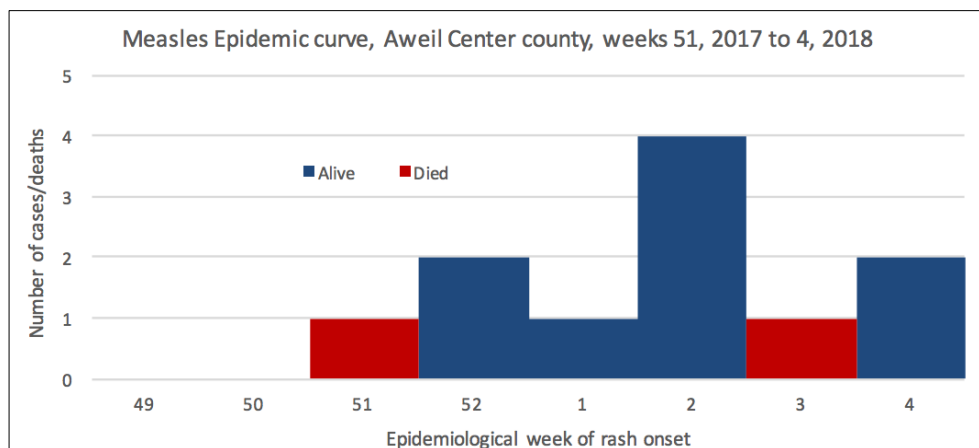
Event
Description/Situation update

- South Sudan remains permissive to Humanitarian Action, however recommended security risk management measures will have to be put in place to enable programme delivery while ensuring staff safety and security.
- Peace talks for South Sudan is ongoing in Addis Ababa, Ethiopia. It is hoped that lasting peace agreement may be reached during this round of talks.
- Inter-Communal fighting displaced 7,150 households, mainly women and children in Bor South County. Revenge killings, and cattle raiding continue to affect the Greater Bahr el Ghazal Region particularly in Gogrial, Tonj, Wau and Aweil East states and most recently in Nyirol County killing 30 civilians and wounding around 25 more.
- Cattle raid displaces more than 3,200 people in Lankien, Nyirol County. On 7 February 2018, a team travelled to Lankien in Nyirol County to assess the urgent needs of people displaced by the recent cattle raid in the area. The authorities reported that 3,255 people were displaced in villages around Lankien
- Roadside robbery, compound break-ins, and robbery targeting UN/INGO Staff still poses the greatest risk to WHO Personnel operating in South Sudan.
- More than 300 children, 87 of them girls, were on 7 February 2018 released by armed groups in South Sudan, beginning a process that is expected to see at least 700 children freed in the coming weeks. It was the first release of children by any armed groups in South Sudan in more than year.

Epidemiological Update

In epidemiological week 5 of 2018, completeness for IDSR reporting at county level was 51% while EWARS reporting from the IDP sites was 54%. During week 6, a total of 13 alerts were reported, of which 17% have been verified. Bloody diarrhoea; acute watery diarrhoea; and measles were the most frequent infectious hazards reported in the week.

Measles: The measles outbreak was confirmed in Aweil Center while in Panyijiar, active transmission is still ongoing. In Cueibet county a reactive campaign is ongoing.



Rift Valley Fever: As of 9 February 2018, a total of 28 suspect RVF human cases have been reported in Eastern Lakes State. Out of the 28 suspect human cases reported since 7 December 2017, five human cases have been confirmed, three died and were classified as probable cases with epidemiological linkage to the three confirmed cases, 12 were classified as none-cases following negative laboratory results for RVF, and laboratory testing is pending for the other eight suspect cases.

Malaria: Malaria transmission is within expected levels in all parts of the country with no outbreaks reported during the week.

Severe Acute Malnutrition: As a summary of 2017 performance for Inpatient Therapeutic Programs (stabilization centers), the total number of new admissions in SC has been 7,214 children with SAM and medical complications, as reported to the Nutrition Cluster by partners (source Nutrition Cluster). The cured rate has been 90%, the mortality rate at 5%, the defaulter at 5%. The estimated caseload for 2018 is expected to be at least at 10% of the total SAM cases estimated at over 261,000 children.

WHO public health response

- As part of the efforts to respond to the measles outbreak, a measles follow-up campaign ongoing in 3 states of Jonglei, Unity and Upper Nile has achieved a coverage of 47% (247 983).
- MenAfrvac campaign is ongoing in 4 states of Western Equatoria, Jonglei, Unity and Upper Nile and has reached a coverage of 602 034 out of the targeted 836 247 (1-29 years old).
- WHO conducted a mission to Wau State Former Western Bahr el Gazhal State to monitor the quality of services provided in Stabilization centers and POC-AA, provide supportive supervision, strengthen the implementation of nutrition response, strengthen coordination between health and nutrition clusters, and document the impact of SAM kits in managing severe acute malnutrition with severe complications.
- To respond to the nutrition crisis, WHO has provided essential medical supplies to stabilization centers to enable the treatment of over 4,500 children with SAM and medical complications admitted as inpatients across country. Health & nutrition partners continue to respond to health needs in IDPs concentration sites.
- WHO in collaboration with MSF (CH) is following up on the investigations of the suspected Anthrax alert in Mayom county in Bentiu Hub.
- Following the intertribal conflict in Bor, WHO state Hub team, conducted an assessment of the hospital to establish the capacity of the hospital to handle and manage potential surge in traumatic injury cases in terms of available human resource, number of beds, and drugs/medical supplies; and review of current stockpiles and supplies for case management.
- Seven Clusters (Health, Nutrition, WASH, Education, FSL, Protection and CCCM/DTM) participated in the Tonga Assessment & Lifesaving Mission with Coordination support from UNOCHA. The assessment recommends the various clusters to urgently respond to the dire humanitarian needs of the affected people, while taking into account the potential for changes in the security situation on the ground.



WHO and partners visiting the gun shot casualties in Bor Hospital

Operational gaps and challenges

- Limited access to vulnerable communities’ especially in conflict-affected areas.
- Low immunization coverage leading to outbreaks of measles and whooping cough.
- Observed weak linkage between animal and human health sectors during the suspected Rift Valley Outbreak

Resource mobilization

| FUNDING STATUS OF APPEALS US\$ | | | | |
|--------------------------------|----------------------------|-------------------|--------|----------|
| | NAME OF THE APPEAL | REQUIRED FUNDS | FUNDED | % FUNDED |
| WHO | Humanitarian Response Plan | US\$ 16.9 million | | |

Background of the crisis

The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million people have fled their homes for safety of which 1.9 million people are internally displaced; while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

The operations of WHO in South Sudan are made possible with support from the following donors:



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