



World Health Organization

Situation report # 4
12 - 18 FEBRUARY, 2018

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



WHO WEQ team and partners responding to an influx of more than 13 000 internally displaced persons (IDPs) in Yambio Counties as result of wild /bush fire.

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1 MILLION
REFUGEES



MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

6 ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



16.9
FUNDED
REQUESTED

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

58 842 MEASLES

602 034 MENAFRVAC

RIFT VALLEY FEVER



28 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- Measles response completed in Cueibet where a reactive vaccination campaign administrative coverage of 58 842 (87%) was achieved. Citcok payam was not completely covered due to insecurity.
- WHO has organized a three-level joint mission from 18-24 February, 2018 to critically analyse the malaria situation in the country and propose solutions and innovative interventions to address what seems to be a worsening challenge.
- A suspected food poisoning following a public ceremony in Bor was reported on 18 02 2018 with over 400 people so far admitted in Bor State Hospital and one community death. Investigations and response are ongoing.

Event

Description/Situation update

The security situation across the country remains precarious. Several security incidents continue to be reported across that negatively impede humanitarian interventions.

On 16 February 2018, the peace talks for South Sudan were temporarily suspended to allow for a short recess before reconvening in March 2018.

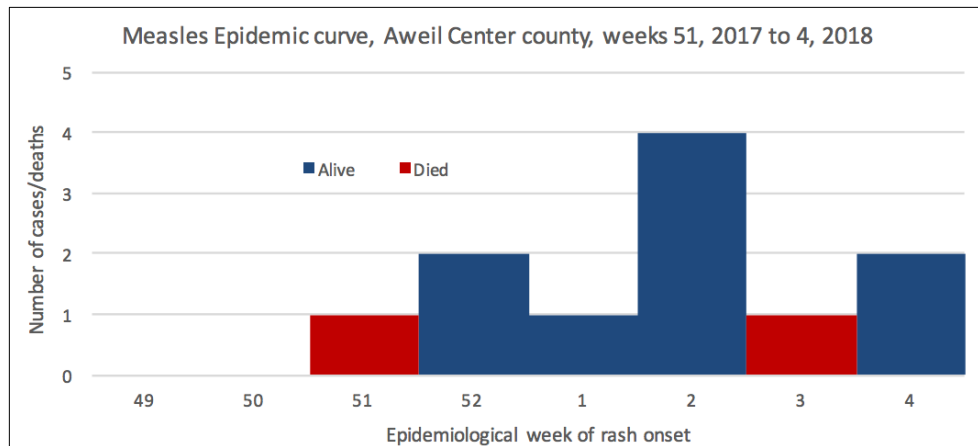
Additional 270 peace keepers arrived to join and boost the capacity of the Regional Protection Force to respond to security related issues in South Sudan.

Epidemiological Update

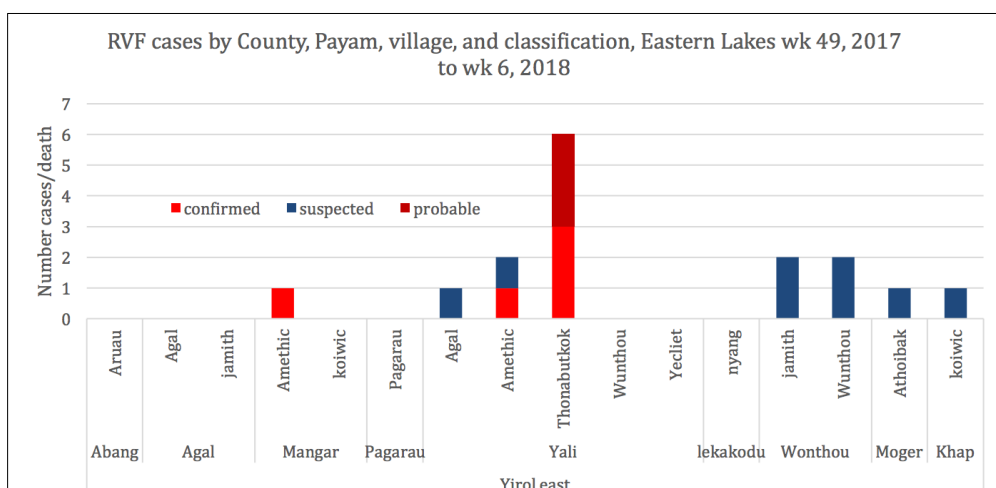
In epidemiological week 6 of 2018, completeness for IDSR reporting at county level was 69% while EWARS reporting from the IDP sites was 82%. During the week, acute bloody diarrhea (24), acute watery diarrhea (20) and Measles (18) were the most frequent infectious hazards reported. However, there are no new confirmed outbreaks in the week.

A suspected food poisoning was reported from Bor Town of Jonglie state on 18 02 2018. This followed a public ceremony inaugurating a building in the centre of the town. The function was attend by hundreds of people. So far most of the over 500 people admitted to Bor State hospital report to have eaten food at the ceremony. Reported One community death (18-year-old female) has been reported due to severe dehydration. WHO has deployed 5 technical staff and 1.5 metric ton of Supplies to support the response. Additional resources will be mobilized as the situation evolves.

Measles: In Cueibet county; measles outbreak was confirmed in week 50 of 2017 with 3 measles IgM positive cases. So far 20 cases including one community death (CFR 5%) have been line listed since week 41 of 2017. Most cases reported were from Pagor PHCU and Cueibet hosp. In terms of place the affected payams are Cueibet and Pagor; particularly Mekodi and Pan-ruup villages. The SMOH and partners have launched a reactive campaign measles immunization campaign to contain the outbreak.



Rift Valley Fever: Reports of suspected Human cases have reduced significantly but suspected animal cases are still being reported. In the period 7 December 2017 to 18 February 2018, a total of 28 suspect RVF cases were reported in Eastern Lakes. These were reclassified based on investigations and laboratory results, such that as of 16th February 2018, there were a total of five (5) RVF confirmed cases, three (3) probable, and eight (8) suspect RVF cases (laboratory results are pending). Twelve (12) cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever.



Malaria: In the relatively stable states, malaria is the top cause of morbidity accounting for 36.1% of the consultations in week 6 (representing an increase from 31.4% in week 5). Malaria is the leading cause of morbidity and mortality in South Sudan. In 2017, it accounted for a cumulative 60.5% of all consultations (60% in 2016) and 69.6% of reported weekly deaths (45.4% in 2016). More than 23 counties had epidemics in 2017. In more than five counties malaria epidemics were reported in areas within IPC phase 4 classification.

Severe Acute Malnutrition: As a summary of 2017 performance for Inpatient Therapeutic Programs (stabilization centers), the total number of new admissions in SC is 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 10% of the total SAM cases estimated at over 261,000 children.

WHO public health response

- To respond to the suspected food poisoning in Bor, WHO is sending both human and logistical support including a consignment of 1.5 metric tons of infusions, drugs and outbreak investigative materials to support the response.
- WHO supported a reactive measles campaign in response to the measles outbreak in Cueibet. The administrative coverage at the end of the campaign was 58,842 (87%).
- In Aweil Center; preparations are underway to conduct a measles reactive vaccination campaign targeting children below five years. WHO is supporting the training of vaccination teams; social mobilization; delivery of vaccines and cold chain supplies to start during the week of 19th Feb 2018.
- WHO Western Equatoria Hub team and partners are responding to an influx of more than 13 000 internally displaced persons (IDPs) in Yambio Counties, in both Hai Saura and Bazunguwa South West Yambio town as result of wild /bush fire. A total of 105 individuals sustained either burns, injuries and other respiratory complaints during processes of extinguishing the fires or during attempts to evacuate family members.
- WHO supported the ongoing to respond to the Anthrax alert in Mayom County by providing guidelines for surveillance and sample collection, as well as facilitating shipment of the sample to a regional reference laboratory.
- To adequately address the high disease burden due to Malaria, WHO has organized a three-level joint mission from 18 – 24 February 2018 to critically analyze the malaria situation in the country



WHO dispatching logistics to Bor to support the suspected food poisoning incident.

and propose solutions and innovative interventions to address what seems to be a worsening challenge. The mission involves the Global Malaria Program, the WHO Health Emergency Program both from headquarters and the regional office, the malaria program in the regional office and the country malaria program.

- WHO is supporting the Ministry of Health to conduct the first ever Health Facility Assessment using Service Availability Readiness Assessment (SARA) starting in March 2018 covering all the public health facilities (approximately 1,600). In preparation, a stakeholder’s workshop was held 15 -16 February 2018 to sensitize stakeholders on the SARA methodology, scope of the assessment; adapt the tools to the South Sudan context and plan for data collection.

Operational gaps and challenges

- Limited access to vulnerable communities’ especially in conflict-affected areas.
- Low immunization coverage leading to outbreaks of vaccine preventable diseases like measles and whooping cough.

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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