



WHO team conducting a training of trainers in preparation for the 2nd round of NIDs in Torit. 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

94 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.4M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

1 852 988 MEASLES

1 305 332 MENAFRIVAC

RIFT VALLEY FEVER



43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- As of 8 April 2018, a total of 173 suspected meningitis cases including 31 deaths (CFR 18%) have been reported from Iyire and Imurok payams.
- Over 23,000 vulnerable people in Kudo, Lowoi, Kormus, Imurok, Torit county in Eastern Equatoria are in critical need of humanitarian assistance.
- 28 SAM Kits prepositioned to support stabilization centers in 5 hospitals and 11 PHCC for the treatment of 1 400 children with severe acute malnutrition (SAM) and medical complications.
- According to the Urban Food Security and Nutrition Assessment in Wau town released last week, 67 per cent of the households were food insecure of which 20 per cent were severe and 47 per cent are moderately food insecure.
- Preparations for the 2nd round of national immunization days in ten states is ongoing.

Background of the crisis

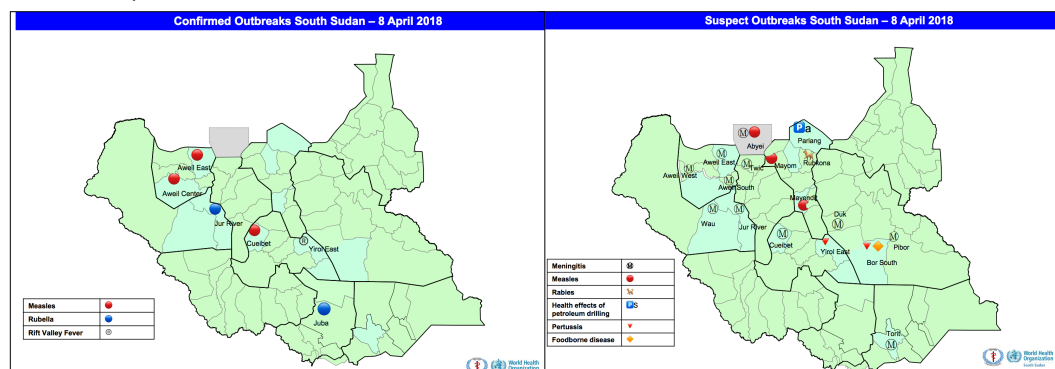
- The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million have fled their homes for safety of which 1.9 million people are internally displaced, while an estimated 2.1 million are refugees in neighbouring countries. 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.

Event Description/ Situation update

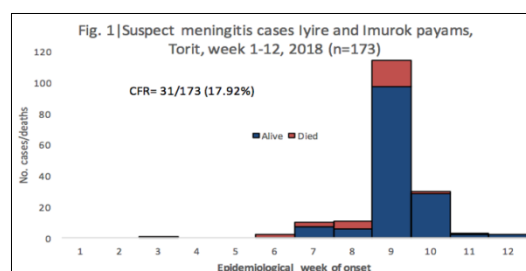
- The security situation in the country remains volatile and unpredictable with reported incidents of intercommunal fighting mostly cattle raiding and revenge killings in various locations hampering humanitarian service delivery.
- Eight (8) people were killed and 12 more were wounded by alleged armed youth group from former Unity state in Aliek and Alabek Payams' swampy areas in Tonj North County between 1 & 4th April, 2018.
- According to a recent inter-agency assessment, over 23,000 vulnerable people in Kudo, Lowoi, Kormus, Imurok, Torit county in former Eastern Equatoria State were identified to be in critical need of humanitarian including medical and nutrition supplies.

Epidemiological Update

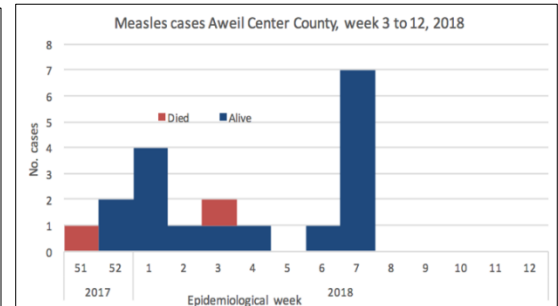
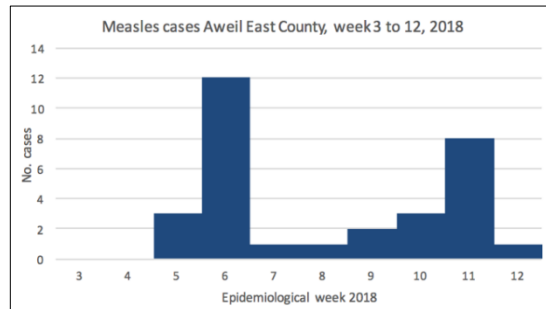
- In epidemiological week 13 of 2018, completeness for IDSR reporting at county level was 65% while EWARS reporting from the IDP sites was 86%.
- A total of 15 alerts were reported, of which 27% have been verified. During the week, measles and malaria were the most frequent infectious hazards reported.
- The top causes of morbidity among IDP during week 13 include malaria (48%), AWD (16%), and ARI (15%).
- The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 8 April, 2018



- **Suspected meningitis outbreak:** The suspected meningitis outbreak continues to decline with no new cases reported in week 13. The weekly attack rate has remained below the alert threshold in weeks 13 and 12. At least 173 suspect cases with 31 deaths (CFR 17.92%) reported.



- **Measles:** Measles outbreak in Aweil East and Aweil Center is still ongoing with no new cases reported in week 13. Since the beginning of 2018, at least 128 suspect measles cases including 1 death (CFR 0.78%) have been reported from Aweil East, Aweil Center and Cueibet.



- **Rubella:** The Rubella outbreak confirmed in Juba after 16 rubella IgM positive cases was confirmed in March 2018. Since week 4 of 2018, a total of 54 cases and no deaths have been reported from Jur River (48) and Wau (6). Of all the cases reported 57.4% are aged 1 - 4 years, all unimmunized.
- **Rift Valley Fever:** The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 43 suspected cases reported since 7 December 2017, of which 6 were confirmed positive. Out of the 28 animal samples collected, 9 have been confirmed positive serologically.
- **Malaria:** Malaria is the top cause of morbidity in the country with a total of 502,334 (53%) cases and 70 (20%) deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 48% of the consultations in week 13.
- **Malnutrition:** South Sudan remains at increased risk of food insecurity and malnutrition with an estimated 6.3 million (57% of the population) in crisis (IPC Phase 3) and 50,000 in catastrophe (IPC Phase 5).

According to the Urban Food Security and Nutrition Assessment in Wau town released last week, 67 per cent of the households were food insecure of which 20 per cent were severe and 47 per cent are moderately food insecure. The food security situation in the southern part of Wau town was 74 per cent food insecure while northern Wau town was 60 per cent. In Juba (Central Equatoria) and Bor (Jonglei) urban areas showed similar high level of food insecurity, due to increasingly limited access to food by the urban population.

- **Cluster deaths:** On 29 Mar 2018, a cluster of 8 suspected meningitis deaths was reported from Yieth-Lieth, Kuach South payam, Gogrial West county. A rapid response team investigations identified malaria cases among the survivors but the epidemiological details on the deaths were consistent with epidemic meningitis.

WHO public health response

- The 1st round of Sub National Immunization days targeting areas with the lowest immunization coverage was concluded in 5 States of Unity, Upper Nile, Jonglei, Central Equatoria and Eastern Equatoria with a coverage of over 1.4 million children with 2 drops of bOPV. Preparations for the 2nd round of National Immunization Days in the 10 states is ongoing.
- WHO has secured 28 SAM Kits to support stabilization centers for the treatment of 1 400 children with severe acute malnutrition (SAM) and medical complications. 28 SAM kits have so far been distributed to 5 hospitals and 11 PHCC in the most affected areas of Jonglei, Unity, Upper Nile and Greater Equatoria.
- WHO supported the first 6-day training workshop on Inpatient Management of SAM with medical complications targeting 21 participants (clinical officers, nurses and nutritionists) from Unity state.
- To support emergency and trauma care for the wounded people in Tonj North, WHO provided two supplementary kits, two malaria kits, assorted drugs and IV fluids to Aliek PHCC, Alabek PHCC and Warrap PHCC.

- WHO was part of the inter-cluster response mission to Tonga in Upper Nile state to provide humanitarian services to an estimated population of over 12,650, who are IDP and returnees with limited access to essential services. During the 11 days mission, 465 children under five were vaccinated and 70 pregnant women received tetanus vaccine, 413 outpatient consultations were conducted, 80 pregnant women received antenatal care and LLIN, and 52 pregnant women received clean delivery kits.

- As part of the response to the cluster deaths in Warrap, WHO supported the State Ministry of Health to train 10 community health workers and private clinic providers on malaria case management.



Orientation of CHWs and Private Clinic Providers on MCM

- To improve health facility capacity for detection, investigation, case reporting, data analysis and outbreak preparedness and response to IDSR priority diseases with emphasis on cholera, WHO Central Equatoria State conducted support supervision, mentorship and data quality audit in five health facilities including Yei River State hospital.



Data quality audit at Yei State Hospital

Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support the initial outbreak investigations and response.

Resource mobilization

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.4 million	19.9%

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



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