



WHO vaccination team in Upper Nile reaching out to serve hard to reach communities during the Polio NIDs. 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

43 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



2.9M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

234 094 OCV DOSES DEPLOYED IN 2018



1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 654 880 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- South Sudan is on high alert following the declaration of Ebola Virus Disease outbreak in DRC on 8 May, 2018. WHO is working with the MOH and key partners to strengthen preparedness and readiness capacities, and to implement activities at national and points of entry to mitigate the risk of cross border spread of EVD to South Sudan.
- In Bentiu Protection of Civilians site (PoC), nine new suspected cases of Hepatitis E were reported in week 18.
- Suspected rabies cases continue to be reported in Bentiu PoC with a cumulative of 179 suspect cases including 2 deaths reported since Dec 2017.
- The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported since 7 December 2017. 2 new suspected cases were reported in week 18 pending laboratory confirmation.

Background of the crisis

- South Sudan has been experiencing a Protracted humanitarian crisis following the conflict that started 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

- South Sudan remains persistently a high risk operating environment for humanitarian workers with continued incidents of armed conflict, sporadic intercommunal clashes, cattle raiding, attacks on humanitarian workers, and revenge killings in multiple locations hampering humanitarian service delivery.

In Southern Unity, armed clashes continued in various places with major attacks in Koch, Mayendit and Leer reported during the reporting week. These attacks are unfortunately marked by burning of health facilities and attacks on humanitarian workers, and forced more civilians to flock to Temporary Protection Area in Leer and deep inside swamps and islands for their safety.

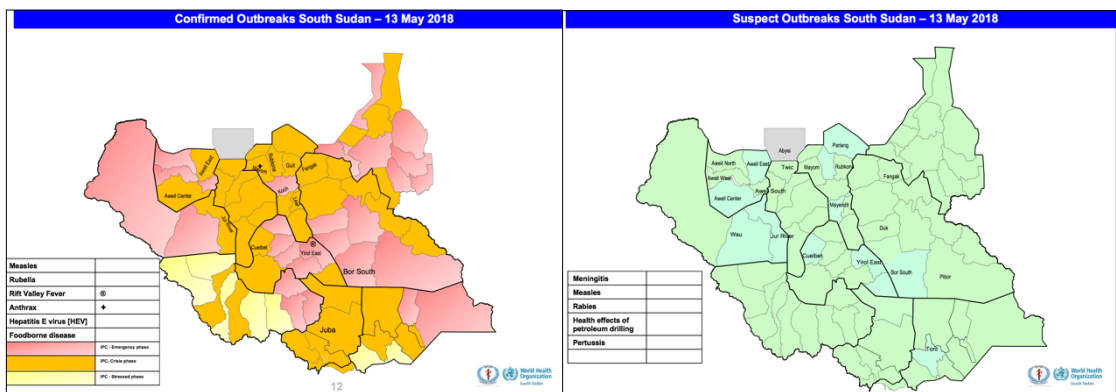
In Korwach and Khorfulus locations in Unity state, over 1500 people were displaced due to inter-ethnic fighting.

The long rainy season is currently underway. This is expected to cause flooding with attendant displacements. The risk of cholera outbreak will also increase during this period.

Epidemiological Update

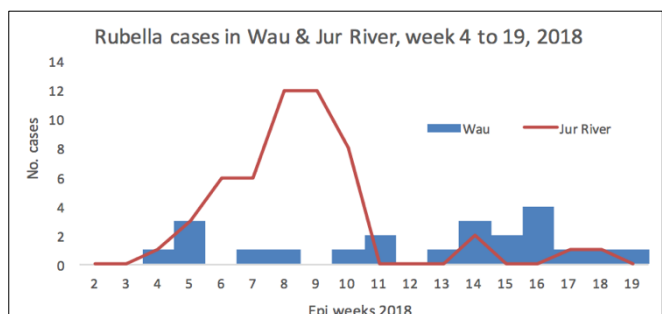
- In epidemiological week 18 of 2018, completeness and timeliness for IDSR reporting at county level was 59% while EWARS reporting from the IDP sites was 85%. In this reporting period, a total of 7 alerts were reported, of which 14% have been verified. During the week, AWD and measles were the most frequent infectious hazards reported. Among the IDPs, ARI and malaria accounted for 25% and 14% respectively of consultations in week 18.

The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 13 May, 2018,



- **Meningitis:** From week 1-18, 2018; at least 52 suspected meningitis cases including 6 deaths (CFR 12%) have been reported.

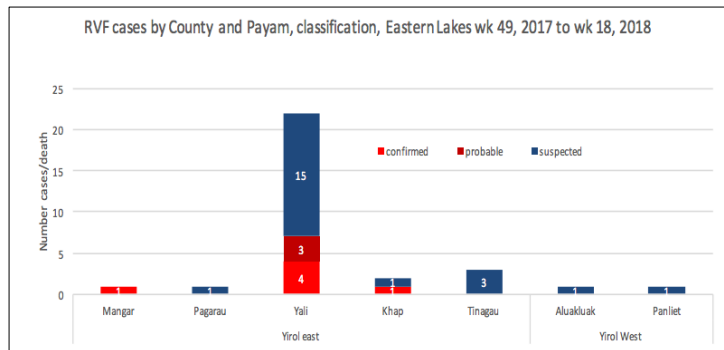
- **Rubella:** Rubella outbreak is still ongoing with a cumulative total of 74 cases reported since week 4 of 2018 from Jur River (52 cases) and Wau (22 cases) with no deaths as indicated in this figure.



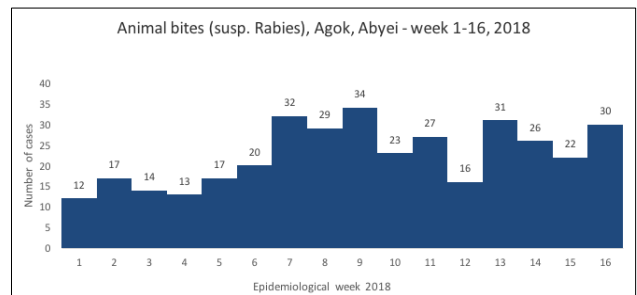
- **Malaria:** In week 18, over 22 thousand cases (46%) of malaria were reported with no deaths (0%). Among the IDP, malaria accounted for 14% of consultations. Malaria continues to be the top

cause of morbidity in the country, with a cumulative total of 632 456 (52%) cases and 78 (11%) deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 31% of consultations (representing a decline from 32% in week 17). Malaria trend for week 18 of 2018 is above 2014, 2015, however, is below the trend for 2016 and 2017.

- Rift Valley Fever:** The RVF outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported since 7 December 2017. As of 6 May, 2018, a total of 6 were confirmed positive, 3 probable and 22 suspected RVF cases (no laboratory results).



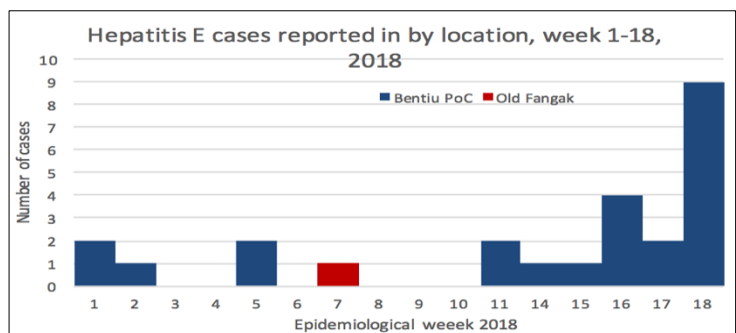
- Animal bites - Suspected Rabies:** During week 18, a total of 11 animal bite cases were reported in Bentiu Protection of Civilians site (PoC). The cumulative total is 179 suspected cases including 2 deaths reported since 6 Dec 2017. In Agok hospital, Abyei administrative area, an increase in dog bite cases have been reported.



An exponential increase in suspected rabies cases has been reported in 2018 compared to the previous years, with a total of 363 cases in the first 16 weeks.

- Malnutrition:** Most nutrition service sites are in critical and serious IPC classified counties i.e. 625 (80%) OTP, 608 (86%) TSFP and 42 SC (76%). Due to insecurity, some partners have suspended their nutrition sites in Leer, Koch, Mayendit. The number of new admissions of children with SAM in inpatient and outpatient programs is almost 49 thousand between January and March 2018, with higher admission reported in Jonglei (8654), Northern Bahr el Ghazal (7830) and Warrap (6966).

- Hepatitis E (HEV):** Nine new suspected cases of Hepatitis E were reported in week 18 In Bentiu PoC. The cumulative total is 28 suspected cases since week 1 of 2018. Out of these, 10 have been confirmed positive for HEV by PCR (9 in Bentiu PoC and 1 in Old Fangak).



WHO Public Health response

- Following the declaration of the Ebola Virus Disease (EVD) outbreak in Bikoro health zone, a remote area located 150 km from Mbandaka, capital of Equateur Province in the Democratic Republic of Congo on 8 May of 2018, South Sudan is on high alert. WHO is working with the Ministry of Health and key partners to strengthen preparedness and readiness capacities, and to implement activities at national and points of entry to mitigate the risk of cross border spread of EVD to South Sudan. An assorted consignment of emergency kits including PPEs, boots, investigation kits, face shields etc have been prepositioned at border points to facilitate suspected case investigation and response.

- To scale up access to lifesaving essential health services during emergencies as well as improving time of response to outbreaks, WHO has recruited and trained national emergency mobile medical team. The team will be involved in providing emergency medical care alongside health assessment and outbreak investigations.



The WHO emergency mobile medical team practicing the donning and doffing of PPE. Credit: WHO

- In response to the reported conflict induced population displacement in Khorfulus and Gerachel, Upper Nile State, WHO participated in two sub national inter-cluster working group (ICWG) rapid assessments. A second cluster team from Abrouch also visited 2 locations in Manyo where IDPs had also returned.

- WHO continues to preposition assorted medical supplies to fill the gaps and respond to humanitarian crises across the country. During week 18 the following supplies were prepositioned to Malakal: 12– IEHK kits to serve about 12000 people for three months; using the logistics cluster chartered flight.

- WHO is supporting MoH and partners to roll out the capacity building program for health staff to skillfully manage patients with SAM/MC in SCs targeting 9 priority counties with high burden of acute malnutrition, in Western Bahr el Ghazal, Warrap, Unity, Jonglei and Eastern Equatoria. The first training of trainers was successfully conducted in Wau (former Western Bahr el Ghazal) for health workers from six operational areas of Warrap and Western Bahr el Ghazal.



Clinical session at Wau teaching hospital Photo: WHO

- The 1st National Immunization Days campaign for polio in South Sudan concluded with a coverage of 3,048,909 (91%). However, seven counties have not yet implemented because of insecurity.
- WHO in partnership with MoH is deploying ten teams to investigate the increasing alerts of Acute Bloody Diarrhoea in Warrap state and other states across the country.

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 rapid outbreak investigations and response.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 2.875,983 million for the financial year 2018 as of 30th April 2018. WHO is grateful for the critical support provided by donors who have contributed to this operation as well as those who have contributed to WHO programmes with un-earmarked and broadly earmarked funds.

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 2.9 million	16.9%

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



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