



The WHO Representative (3rd from R), with the Hon Minister of Health, State Minister of Health and Governor of Jonglei State visiting Bor State Hospital

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.74 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

151 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.8M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



498 831 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



57 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- Nine (9) Hepatitis E cases were reported in week 23 of 2018 including one RDT positive and one pregnant female in Bentiu PoC. At least 79 suspect case of Hepatitis E have been reported in 2018.
- Following the floods in Bor town, the WHO Country Representative joined a Ministerial delegation on 13 June, to condole with the affected families, verify the magnitude of the Public Health implications of this emergency, and meet with local authorities and partners to discuss humanitarian interventions in response to flooding following heavy rains.
- WHO experts from HQ, AFRO supported the country office to conduct a resource mobilization, partnership, grant and project management and proposal development capacity building workshop for all technical and administrative staff in the WHO country office.
- WHO represented by the focal point for malaria emergencies, Global Malaria Programme, HQ and Malaria focal point at the country office participated in the rapid response mission to Pieri in Uror county of Greater Jonglei State from 14 to 19 June, 2018 to explore how best the integrated rapid response mechanism could be used to implement mass distribution of LLINs.

Background of the crisis

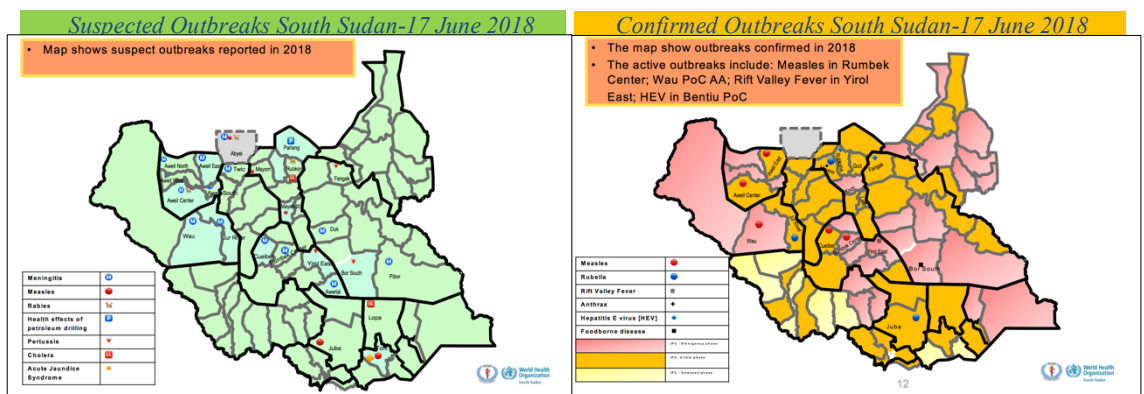
- South Sudan has been experiencing a protracted humanitarian crisis following the conflict that started in December 2013. Currently, about 4.21 million people have fled their homes for safety of which 1.74 million people are internally displaced, while an estimated 2.47 million are refugees in neighboring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence complexities in delivering humanitarian assistance.

Event Description/ Situation update

- South Sudan remains a high risk operating environment for humanitarian workers with continued Inter-Communal fighting mostly resulting from revenge killings and/or cattle raiding affecting mostly the areas of Lakes, Jonglei, and Warrap thus, hampering humanitarian service delivery.
- The Representative of the UN Commission for Human Rights in South Sudan, Eugene Nindorera, on 8 June 2018 condemned continued use of sexual violence as a tactic of war against civilians in the conflict- torn country. Nindorera, who also heads the Human Rights Division (HRD) of the UN Mission in South Sudan (UNMISS), said cases of sexual violence against women and girls continue unabated across South Sudan despite the warring parties making commitments to end the practice.
- The spike in displacement follows recent fighting between SPLA-iO factions in several locations in Yei County. Over 20,700 IDPs arriving in Yei, in the recent weeks, reported incidents of indiscriminate violence, looting, destruction of homes, forced recruitment and sexual violence. Urgent humanitarian needs of the new arrivals include food, health, nutrition, WASH and non-food items, and emergency shelter assistance. Partners are providing medical consultations and screening of children under five for malnutrition and distributing nutritional supplies and non-food items. The IDPs are located in a church compound and the communities of Gazira, Kanjaro and Logobero in Yei town.

Epidemiological Update

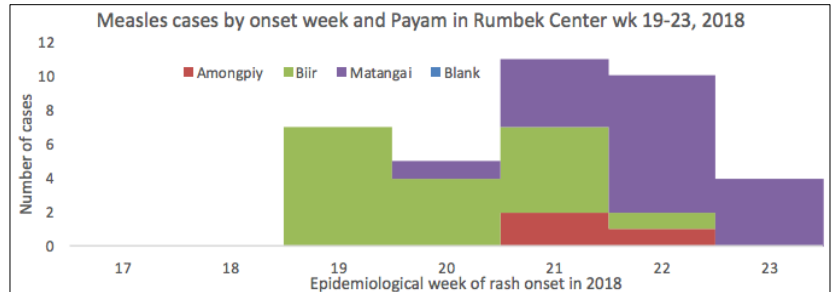
- In epidemiological week 23 of 2018, completeness and timeliness for IDSR reporting at county level was 68% while EWARS reporting from the IDP sites was 83%. In this reporting period, a total of 7 alerts were reported, of which 43% have been verified and none required a response. During the reporting week, malaria and suspect measles were the most frequent infectious hazard. reported.



- Ebola Virus Disease Alert:** There were no alerts of suspected cases of Ebola Virus disease reported in South Sudan in week 23 and the country continues to be on high alert.
- Malaria:** Malaria continues to be the top cause of morbidity in the country and trends continue to be monitored on a weekly basis. There were 36,354 cases (55% of total consultations) of malaria reported with 10 deaths (53%). The cumulative total of 842,730 (52%) cases and 117 (29%) deaths have been registered since week 1 of 2018.
- Rift Valley Fever:** No new suspected cases of Rift Valley Fever reported in week 23 in Yriol East, Eastern Lakes. However, monitoring the outbreak and active surveillance is ongoing. The cumulative total as of 17 June, 2018, is 57 suspected cases reported since 7 December 2017 including 6 confirmed cases, 3 probable and 22 suspected RVF cases (no definitive laboratory results. Nine confirmed animal cases (cattle). No new suspect RVF case reported since week 18, 2018.

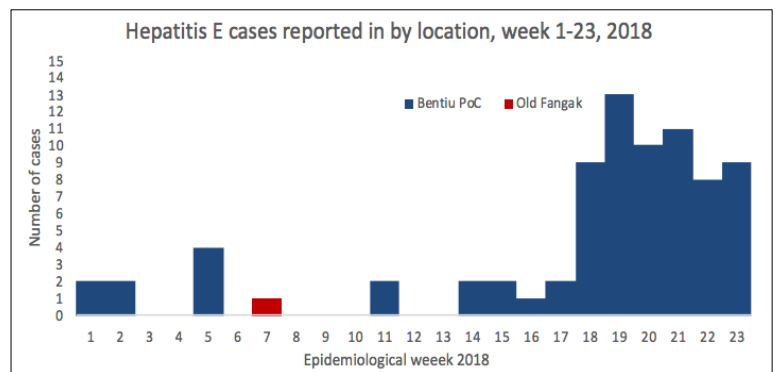
- **Animal bites - Suspected Rabies:** During week 23, animal bite cases continued to be reported and treated in Bentiu PoC in Rubkona county, Aweil Town in Northern Bahr el Ghazal and Agok hospital in Abyei Administrative Area. The cumulative figure of 234 cases of animal bites including 4 deaths reported in Bentiu PoC since 6 December 2017 and 437 have been reported in Agok hospital, Abyei Town in 2018.

- **Measles:** The measles outbreak in Rumbek Center county and Wau PoC AA is still ongoing. A cumulative of 39 measles cases with no deaths have been line listed



since week 19. Most cases are from Akuach village (2km from Rumbek hospital) in Biir Payam where the index cluster originated. Nearly 70% of the cases are 0-59 months.

- **Hepatitis E (HEV):** Nine (9) HEV cases in were reported in week 23 of 2018 including one RDT positive and one pregnant female in Bentiu PoC. At least 79 suspect case of Hepatitis E (HEV) have been reported in 2018. Of the 79 suspect cases, a total of 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC & 1 in Old Fangak). No new cases identified after active follow up in Fangak. Among the females, most HEV cases have been reported in those aged 15-44 years, who are also at risk of adverse outcomes if infected in the 3rd trimester of pregnancy.



- **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).
- **Visceral Leishmaniasis | Kala-azar:** Kala-azar is endemic in Upper Nile, Unity, Jonglei, and Kapoeta. Since the beginning of 2018, a total of 1 132 cases including 35 deaths (CFR 3%); 25 (2%) defaulters; 895 (79%) new cases; 44(4%) PKDL; and 203(18%) relapses - all reported from less than half of the 39 treatment centers. The majority of cases in 2018 have been reported from Lankien (676), Kurwai (72), Wangak (53), Ulang (51), Malakal IDP (50), Narus (42), Pieri (36), KCH (28), Pagil (27), Doma and KMH (15), Bentiu (17) and Adong (13). The major concerns currently relate to the high relapse rates. Consequently, there is need to improve treatment compliance through regular availability of testing and treatment kits and provision of food rations for cases on treatment.

WHO Public Health response

- WHO is supporting the Ministry of Health to implement the EVD contingency plan and enhance readiness capacities to respond to potential importation of Ebola Virus Diseases cases. Screening of international travelers at the Juba International Airport (JIA) is ongoing. Progress has also been registered in setting up an EVD treatment facility for case management in case of a confirmed outbreak.
- The WHO Country Representative joined a ministerial delegation on 13 June, to condole with the affected families, verify the magnitude of the Public Health implications of this emergency, meet with local authorities and partners to discuss humanitarian interventions. This was in response to flooding following heavy rains in the past weeks leading to new displacement in residential areas, that has exposed the population to possible common disease outbreaks. About 12 000 people were affected. WHO prepositioned adequate emergency health kits, deployed RRT to investigate increasing cases of Acute Watery Diarrhoea and Acute Bloody Diarrhoea, and heightened surveillance of waterborne diseases through timely verifications of alerts.
- WHO represented by the focal point for malaria emergencies, Global Malaria Programme, HQ and Malaria focal point at the country office participated in the rapid response mission to Pieri in Uror county of Greater Jonglei State from 14 to 19 June, 2018. This was to explore how best the integrated rapid response mechanism could be used to implement mass distribution of LLINs and possibly the deployment of mass chemoprevention such as SMC in under 5s and IPTi in infants should these be approved by the MOH. Consultations were made with WFP and UNICEF the two main IRRM partners on the possibility of introducing malaria preventive chemotherapies in these captive audiences.
- WHO experts from HQ, AFRO supported the country office to conduct a resource mobilization, partnership, grant and project management and proposal development capacity building workshop for all technical and administrative staff in the WHO country office. The two days training is in line with the WHO AFRO transformation agenda which covers effective communication and partnership.
- WHO supported the commemoration of the World Blood donor day on 14 June to thank blood donors and raise awareness on the much-needed blood for emergencies preparedness and response. Over 86 units of blood were collected during the commemoration.
- WHO Nutrition and Health Information Team collaborated to introduce a nutrition sentinel surveillance system in greater Wau and Kuajok hubs. The system targets the counties projected to have the highest rates of malnutrition and comprises routine MUAC screening for all children 6-59 months, documenting and reporting results into WHO's Early Warning, Alert and Response System (EWARS) for timely detection of and response to increasing severe acute malnutrition (SAM) trends. 30 participants from five organizations and the State Ministry of Health, representing 12 health facilities, were trained in the system and prepared to begin reporting. WHO will use this information to trigger appropriate response, mobilize resources, and improve clinical services for SAM with medical complications.



Match past as part of mobilization during the World Blood Donor Day

- WHO and ECHO conducted a supervisory visit to Aweil to assess the impact of the ECHO support. The team discussed strategies to improve management and use of emergency kits and assessed the rapid response activities among others.
- WHO deployed the Mobile Medical Team to Rumbek Centre for ten days to support State MoH and partners to conduct reactive measles vaccination campaign starting on 19 June targeting 49 000 following declaration of an outbreak. The team will provide technical guidance and training and emergency health kits to the health facilities.



A joint mission between ECHO and WHO in Malualkon CeMONC centre

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\$ 3.8 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\$ 3.8 million	22.5%

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



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