



World Health Organization

Humanitarian Situation Report Issue # 28
30 JULY -5 AUGUST 2018



WHO facilitating a group discussion session during the Ebola Virus Disease preparedness training in Yambio. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.74 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

HIGHLIGHTS

WHO FUNDING REQUIREMENTS 2018



3.9M FUNDED
16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

55 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

CUMULATIVE VACCINATION FOR 2018



687 411 OCV DOSES DEPLOYED IN 2018
1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 784 766 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

- To restore peace in South Sudan, the Khartoum peace agreement was signed between South Sudan's President Salva Kiir's government and Riek Machar's SPLM-IO on Sunday 5 August, 2018.
- In the wake of the second EVD outbreak in Mangina, North Kivu province in the DRC in recent weeks, this time much closer to South Sudan, WHO and MOH continued to facilitate trainings in the six priority locations.
- Measles outbreak is still ongoing with at least 8 suspect measles cases (with no deaths) reported in Yirol East county and Bentiu PoC since week 25, 2018.
- The three confirmed guinea worm cases that were reported in Rumbek North and Rumbek Center counties in Lakes are receiving treatment at Rumbek-Guinea Worm hub.

Background of the crisis

- As a result of a series of international negotiations to restore peace in South Sudan, the Khartoum peace agreement was signed by the main rival leaders along with other opposition leaders on Sunday 5 August, 2018. The deal includes a 36-month Transitional Government of National Unity, with Dr Machar reinstated as First Vice President, 4 Vice Presidents, and 35 cabinet ministers.
- Unsuccessful intervention of SRSG to convince Malakal PoC youth union to withdraw their threat towards humanitarian staff not originating from Upper Nile. Unfortunately, the youth refuse to remove their demand for jobs currently occupied by people from Equatorias and other states not being Upper Nile. All clinics in the PoC are suffering the consequences, with health services running to limited capacity, in spite of contingencies in place.

Event Description/ Situation update

- Armed conflict:**
On 29 July, 2018, unidentified gunmen believed to belong to the Murle community attacked Chaar Akau village, wounding two persons and abducting five children. On the same day, the armed men were caught between Chaar Akau and Pajok villages; two of them were killed and the children were rescued unhurt. (Jonglei)

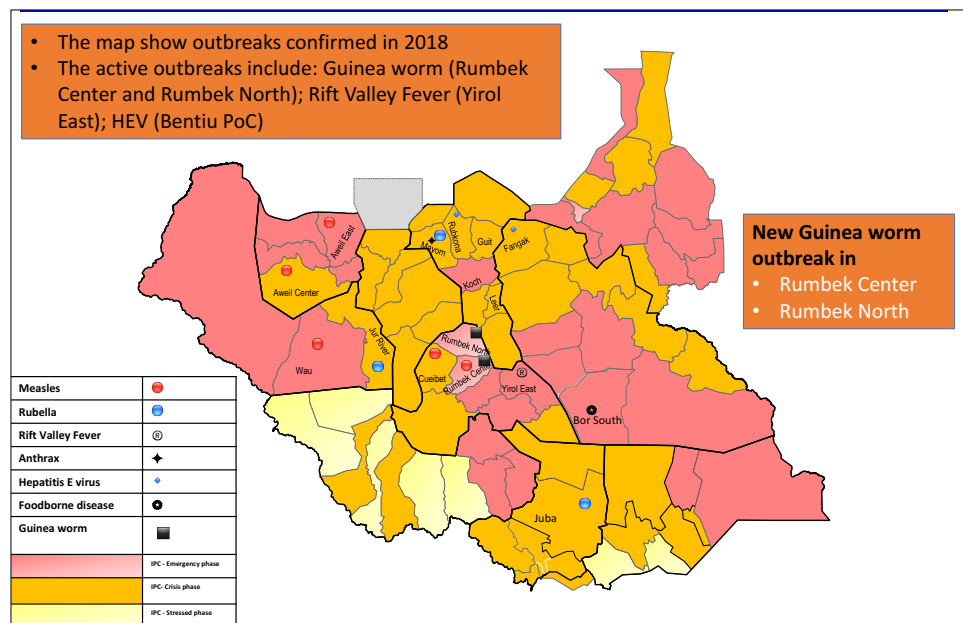
On 30 July, a clash ensued between armed youth and government-organized forces after the former raided Adet cattle camp, 5 kilometers north-west of Adior County, 4 youth were killed during the clash.

On 03 August at about 12:00 hours in Juba, fighting erupted in PoC 3 between two gangs of IDPs from the Guit and Leer communities respectively

- Attacks on humanitarian workers and assets:**
On 30 July at around 20:00 hours in Rumbek, a WFP contractor's convoy was reportedly fired upon by an unidentified suspect near Cuei-gorjok Boma, Akot Payam in Rumbek East County. One driver was killed.
- Population displacement and food insecurity:**
The humanitarian situation in Gbudue and Tambura, former Western Equatoria State remains a major concern. The recent fighting displaced over 18 563 people (4100 households). The IPDs need urgent humanitarian support and yet these two states are the most unstable with increased reported cases of insecurity hampering access.

Epidemiological Update

- In epidemiological week 30 of 2018, completeness and timeliness for IDSR reporting at county level was 78% while EWARS reporting from the IDP sites was 80%. In this reporting period, a total of 21 alerts were reported, of which 100% have been verified and none required a response. Malaria, suspect measles and bloody diarrhoea were the most common alerts reported.



Update on disease trends and ongoing disease outbreaks/events

- **Guinea worm:** The three confirmed guinea worm cases that were reported in Rumbek North and Rumbek Center counties in Lakes are receiving treatment at Rumbek-Guinea Worm hub. The affected cattle camp populations of the Pakam and Rup communities have in the past several years been engaged in communal violence which hindered the work of the South Sudan Guinea Worm Eradication Program. The ongoing disarmament of civilians has created the necessary environment for the SSGWEP to reach all the cattle camps inhabited by these communities.
- **Malaria:** Malaria continues to be the top cause of morbidity in the country with 61 263 cases (69% of the total consultations) and 6 deaths reported in week 30 of 2018. The cumulative total of 1 225 295 (56%) cases and 158 (33%) deaths have been registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 36% of the consultations in week 30 (representing an increase from 36% in week 29).
- **Rift Valley Fever:** According to FAO projections, South Sudan is one of the countries that have been identified to have an enhanced risk for Rift Valley Fever amplification. There is an ongoing outbreak in Yirol East with a cumulative total of 58 suspect human cases including 6 confirmed reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).
- **Animal bites - Suspected Rabies:** Frequent dog bite cases in Bentiu PoC remain a major Public Health concern. The cumulative total of 270 animal bite cases which includes 4 deaths have been reported since 6 Dec 2017.
- **Measles:** Measles outbreak is still ongoing with at least 8 suspect measles cases (with no deaths) reported in Yirol East county and Bentiu PoC since week 25, 2018. This outbreak is linked to poor immunization coverage in the affected areas.
- **Hepatitis E (HEV):** Although no new cases were reported in week 30, the outbreak has not yet been contained. Cumulatively, a total of 129 suspected cases have been reported with 16 confirmed positive and only 5 cases required admission.
- **Kala-azar:** In week 30, four health facilities (Ulang, Narus and Koradar PHCCs) reported 18 new cases. The cumulative total of 1 559 cases including 44 deaths (CFR 3%) have been reported from 39 treatment centers since the beginning of 2018. In the corresponding period in 2017, a total of 2 059 cases including 36 deaths (CFR 2%) and 62 (3%) defaulters were reported from 21 treatment centers.
- **Nutrition:** According to IPC projections of July 2018, in the former Eastern Equatoria state 44% of the population is currently facing severe food insecurity, with 295 000 people in IPC phase 3 crisis and 140 000 people in IPC phase 4 emergency. The counties of Kapoeta East and Kapoeta North are currently classified in IPC phase 4. The counties of Torit, Lopa Lafon, Budi and Kapoeta South are in phase 3, while Magwi and Ikotos are in phase 2 stressed. Kapoeta East and North are similarly classified also by the nutrition classification as facing phase 4 very critical, where the GAM rate is between 15% to 30%, thus alarmingly exceeding the emergency threshold.

Alert verification:

- Through active surveillance countrywide 21 alerts of public health concern were detected and reported during week 30. All the reported alerts were rapidly investigated (100%).

Prepositioning of Assorted kits and supplies:

- WHO continues to distribute emergency medical supplies to partners to respond adequately to health emergencies. This week 2 Interagency Emergency Health Kits (IEHK) without Malaria and 1 IEHK with malaria were supplied to World Vision South Sudan.



WHO kits received by World Vision South Sudan. Photo: WHO

Guinea worm:

- Response to contain the confirmed guinea worm cases by the Ministry of Health with support from WHO is ongoing which included searching for any additional cases, mapping close contacts and breaking the transmission cycle through ensuring access to safe water.

Rift Valley Fever:

- The current response to the ongoing RVF outbreak entails surveillance, laboratory testing, supportive care for suspected cases, and community sensitization on hygienic animal handling.
- In view of the enhanced risk for RVF amplification according to the recent FAO projections, plans are underway to strengthen human and animal surveillance and risk communication in the high-risk areas. Assessment of the country's readiness and preparedness using the checklist prepared by WHO is being undertaken. In addition, WHO is securing some RVF rapid diagnostic test kits to support case investigation of suspected RVF cases.

Suspected rabies response:

- A comprehensive response is being implemented includes case management, post exposure prophylaxis, dog culling, awareness and community engagement.
- Antirabies vaccines have been secured by WHO through the Health cluster has secured to support the response.

Measles surveillance and response:

- With the prevailing lack measles and rubella IgM ELISA test kits to facilitate laboratory confirmation of cases, the Ministry of Health with support from WHO and other partners is planning a comprehensive response for two suspected measles outbreaks in Bentiu PoC and Yirol East county. This will include case-based surveillance, clinical management of suspected measles cases guided by the national measles protocols, and a reactive measles vaccination campaign among others.

Deployment of WHO Mobile Medical Team:

- Following continued service gaps occasioned by closure of IOM clinics due to disagreement with health workers and community leaders, WHE redeployed the mobile medical team to conduct both clinical consultations and preventive health services. More than 1 500 cases were seen mostly diagnosed with malaria.



WHO conducting community health education session at Bentiu PoC. Photo: WHO

Ebola preparedness response:

- In the wake of the second EVD outbreak in Mangina, North Kivu province in the DRC in recent weeks, this time much closer to South Sudan, WHO and MOH continued to facilitate trainings in the six priority locations. Two 4-day EVD preparedness trainings were conducted in Yambio and Maridi targeting over 30 frontline health workers drawn from the County Health Departments (CHD) and partner agencies. The trainings focused on EVD Surveillance, Laboratory, PoE Screening, Case management, infection prevention and control, risk communication, safe and dignified burials, contact tracing and Coordination.
- Following the declaration of the current EVD outbreak, which has so far claimed 33 lives, WHO, MoH and partners held a meeting to review and update the EVD preparedness checklist and identify priorities from the contingency plan for enhancing preparedness. The priorities include:
 - Mapping the Ebola treatment center site and securing tents to allow rapid establishment of treatment center in the event suspect EVD cases are detected.
 - Secure a consultant to support the development of IPC guidelines and training a national team of IPC trainers.
 - Develop a comprehensive manual of SOP for Ebola, Marburg and other VHF.
 - Conduct a simulation to pretest the EVD contingency plan for South Sudan.
 - Review and update strategy for PoE screening and risk communication based on the renewed outbreak of Ebola in North Kivu.

Nutrition:

- To address the alarming nutrition status in former Eastern Equatoria state, WHO supported the state level Training of Trainers in Torit where the guidelines on Inpatient Management of Severe Acute Malnutrition and Medical Complications were launched. 22 participants attended this 5-day training.
- During the same mission, WHO conducted supportive supervision to stabilization centers and technical assistance to Stabilization Centers staff.



WHO nutrition technical officer addressing participants during the ToT in Torit

NAPHS workshop preparations:

- During the reporting period, the multisectoral steering committee of the National Action Plan for Health Security workshop held the second full day meeting whose sole agenda was to fill in the preparatory matrix. Working in the four thematic groups of prevent, detect, respond and other IHR related areas, the objectives, activities and output indicators for the 19 core areas were formulated. The NAPHS workshop is scheduled for this week, with financial and technical support from AFRO.

Operational gaps and challenges

- Access constraints persist due to insecurity, poor roads, and bureaucracy.
- Lack of measles/rubella laboratory reagents in the country.
- Lack of funding to retain technical staff.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.92 million for the financial year 2018 as of 30th June 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. Efforts for mobilization of additional resources are ongoing.

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.92 million	23%

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



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