



World Health Organization

Humanitarian Situation Report Issue # 29
6 - 12 AUGUST 2018



Mr Liyosi Evans WR a.i. for South Sudan meeting with the team at Juba International Airport to assess the status of Ebola screening. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.84 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

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

HIGHLIGHTS

- The security situation in South Sudan remains unpredictable despite the recent signing of a power-sharing agreement to pave way to a final peace accord, by the leaders witnessed by the presidents of Sudan, Kenya, Uganda and Djibouti, along with foreign dignitaries.
- Over 3,600 IDPs arrived in Leudiet village near Bor town fleeing land related to inter-communal conflict in Thoony village in Baidit.
- WHO prepositioned 4.4 metric tons of strategic supplies including IEHK, Cholera and WASH kits worth 37 252 USD to Malakal Hub office to strengthen emergency preparedness and response.
- South Sudan is one of the nine countries neighbouring the Democratic Republic of Congo identified at risk of possible importation of Ebola Virus disease (EVD) due to population movement and trade.

Background of the crisis

- The security situation in South Sudan remains unpredictable despite the recent signing of a power-sharing agreement to pave way to a final peace accord, by the leaders witnessed by the presidents of Sudan, Kenya, Uganda and Djibouti, along with foreign dignitaries. South Sudanese President Salva Kiir has granted a blanket amnesty to rival Riek Machar and other rebels.

Event Description/ Situation update

Armed conflict and fighting

- On 11 August inter communal fighting was reported in Tonj East between Jal Wau and Thiik communities killing 40 people and 52 wounded. Security personnel were deployed to contain the situation.
- On 12 August UNMISS Human Rights Division released a report that South Sudanese army and its allied militias have been accused of killing over two hundred civilians, committing rape and burning villages in a series of attacks carried out in southern Unity region from 16 April to 24 May 2018.
- On 4 August, heavy fighting was reported between the SPLA and SPLA-iO forces in Biringi about 18 kilometers south west of Wau town, leaving several people dead. According to partners, chances of getting access clearance from the authorities for Baggari area have become minimal due to the fighting- putting the lives of an estimated 28,000 civilians in Baggari at high risk. Recent reports indicated increasing levels of malnutrition and Acute Watery Diarrhea in Baggari amid humanitarian access restrictions.

Abduction of civilians:

- On 25 July, 37 civilians were abducted and detained by SPLA-iO forces in Minyori Payam, located 5 miles from Yei town on their way from the IDP settlement in Yei town to their farms in the Minyori area. The abductees, included elderly people, women and children, were reportedly forced to perform labour intensive tasks including tree felling and charcoal burning.

Return and reintegration of children

- 128 children (90 boys and 38 girls) were released by two armed groups in Yambio, Western Equatoria. This year over 900 children have been released. The children were formally disarmed and provided with civilian clothes and reintegrated back to the community. <https://bit.ly/2MtziZI>

Attacks on humanitarian workers:

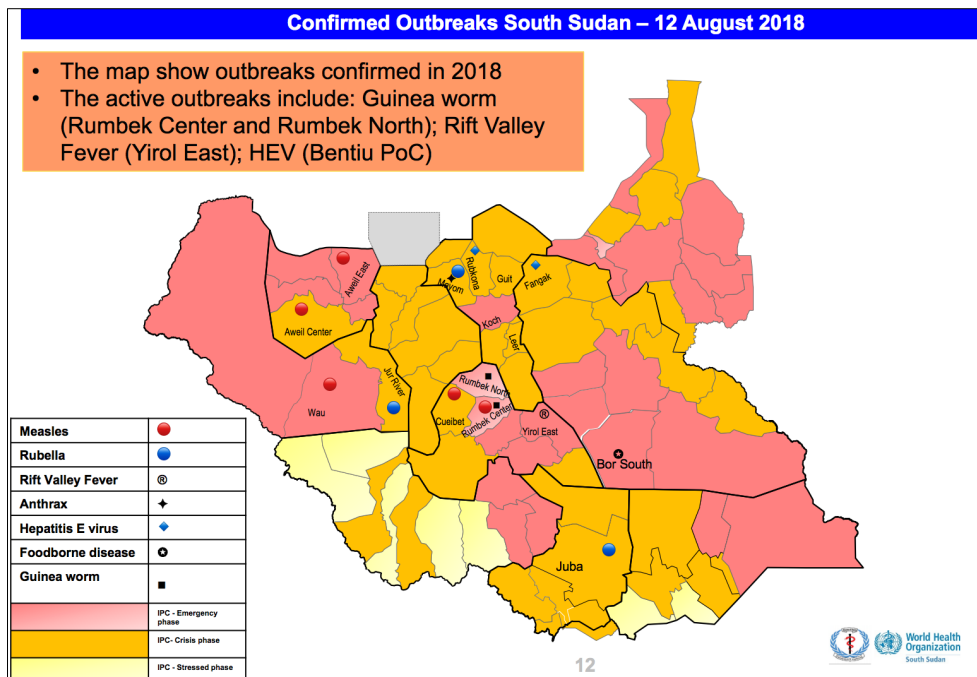
- According to the Norwegian Refugee Council (NRC), South Sudan has been listed as the most violent country for Aid Workers, third time in a row.
- On 3 and 7 August respectively, humanitarian convoys carrying food and supplies to respond to the recently displaced families in Kassengor were looted by civilians between Moga, Jie and Kassengor in Kapoeta East County. The authorities deployed organized forces in the area and some of the items recovered.

Population displacement and insecurity:

- On 7 August, an estimated 3,600 IDPs arrived in Leudiet village near Bor town fleeing land related to inter-communal conflict in Thoony village in Baidit. According to the Relief and Rehabilitation Commission RRC, the priority needs of the IDPs include food, WASH, non-food items and emergency shelter. Partners in Bor are following up on the report to determine the appropriate response.
- 6,000 civilians were displaced from Kuda due to insecurity in the area. The displaced are currently sheltering in Kwerjik area and the RRC is appealing for support from the partners.
- With the improving security situation in the greater Western Equatoria hub, humanitarian efforts to the 18,563 IDPs in Tambura is being optimized. The most recent humanitarian mission took place on 13 August 2018. The health partners were led by World Vision with WHO donating 12 cartons of emergency kits towards the response.

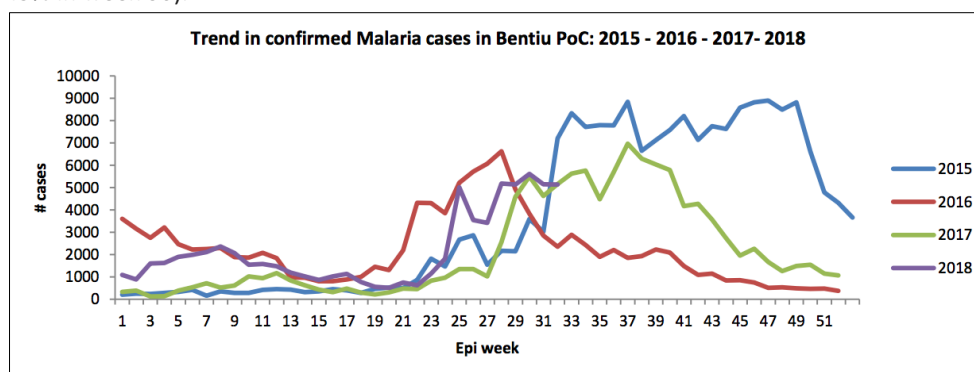
Epidemiological Update

- In epidemiological week 31 of 2018, completeness and timeliness for IDSR reporting at county level was 60% while EWARN reporting from the IDP sites was 76%. In this reporting period, a total of 8 alerts were reported, of which 63% have been verified and none required a response. Bloody diarrhoea and suspected measles were the most common alerts reported.



Update on disease trends and ongoing disease outbreaks/events

- **Guinea worm:** No additional cases of Guinea worm reported in week 31. Supportive treatment of the three confirmed Guinea worm cases from Rumbek North and Rumbek Center counties in Lakes is ongoing. Investigations to map close contacts, open water sources, and to identify additional cases are in progress.
- **Malaria:** During week 31 of 2018, malaria accounted for 68% (49 817 cases) of the total consultations and 7 deaths. The cumulative total of 1 298 964 (57%) cases and 167 (34%) deaths have been 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 31 (representing a decrease from 45% in week 30).



- **Rift Valley Fever:** Rift valley fever outbreak in Yirol East, Eastern Lake State is still ongoing. Currently there are no new cases reported. Since the beginning of the outbreak on 7 December, 2017, the cumulative total is 58 suspected human cases including 6 confirmed reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).
- **Animal bites - Suspected Rabies:** No new cases reported in week 31, but 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.

For more information – WHO South Sudan weekly situation reports; <http://afro.who.int/publications/south-sudan-situation-reports>, <http://www.who.int/hac/crises/ssd/epi/en>, <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>

- **Hepatitis E (HEV):** No new cases were reported in week 31, the outbreak has not yet been contained in Bentiu PoC. Cumulatively, a total of 129 suspected cases have been reported with 16 confirmed positive and only 5 cases required admission.
- **Acute Flaccid Paralysis - suspected Polio:** In week 31, 2018, a total of 11 new Acute Flaccid Paralysis cases were reported from Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, and Warrap hubs. The cumulative total for 2018 is 249 AFP cases. The annualized non-polio AFP rate for 2018 is 5.08 per 100,000 population of children 0-14 years.
- **Measles:** Measles outbreaks in Bentiu PoC and Yirol East are still ongoing. Cumulatively, at least 11 suspected measles cases (with no deaths) reported in Yirol East county and 16 in Bentiu PoC since week 23, 2018. Low routine immunization coverage due to inadequate access to basic healthcare are the underlying factors for the two outbreaks.

WHO Public Health response

Alert verification:

- During the reporting week, a total of 8 alerts of public health concern were detected and reported. 63% of the reported alerts were rapidly investigated. Efforts to enhance active surveillance countrywide continue. There is no suspect Ebola virus disease alert reported from the high-risk counties.

Prepositioning of Assorted kits and supplies:

- WHO repositioned 4.4 metric tons of strategic supplies (IEHK, Cholera and wash kits) worth 37,252.1 USD to Malakal hub office to strengthen the emergency preparedness and response.
- In addition, WHO supplied 10 IEHK Basic unit without malaria, 10 IEHK basic malaria kit, 2 IEHK supplementary malaria module and 515 pieces malaria RDT to two humanitarian response partners (Live Well South Sudan and ALIMA).
- Assorted infection prevention (IPC) supplies including hand sanitizers, nitrile gloves, were supplied to the Ebola screening center at Juba international airport.

Preparedness and response:

- WHO facilitated a three-day meeting for the Ministry of Health of the Republic of South Sudan with support from the World Health Organization (WHO) and other partners to develop a comprehensive, multisectoral five-year national action plan for health security (2018-2022). This plan will to strengthen the country's International Health Regulations (IHR 2005) core capacities. <https://bit.ly/2Mf4SCf>

- WHO and UNFPA conducted health facility assessment of Wad Kona PHCC, Manyo county and Renk county Hospital on 7-8 August 2018. Manyo is one of the 13 counties of Upper Nile state across the river Nile and bordering Sudan to the North, Renk county to the east, and Fashoda to the south. The PHCC is located in a post conflict area with no humanitarian partners. Humanitarian partners are needed to support health care delivery. Other recommended interventions include training of vaccinators to conduct EPI routine and outreach activities, and strengthening surveillance.



WHO field team crossing the Nile from Renk to Wad Kona, Manyo County

Guinea worm:

- Efforts to contain the confirmed guinea worm outbreak spearheaded by the Ministry of Health South Sudan Guinea worm Eradication program (SSGWEP) with support from WHO, UNICE, Carter Center and partners are ongoing. These include investigations to establish the source, mapping close contacts, public awareness, ensuring access to safe water to reduce the risk of further transmission and enhanced countrywide surveillance to detect additional cases.

Rift Valley Fever:

- The current response to the ongoing RVF outbreak entails strengthening human and animal surveillance, risk communication in the high- risk areas, surveillance, laboratory testing, supportive care for suspected cases, and community sensitization on hygienic animal handling. WHO has secured 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 curbing, awareness and community engagement.
- Antirabies vaccines have been secured by WHO through the Health cluster to support the response.

Measles surveillance and response:

- The Ministry of Health working with WHO and the national and sub-national health cluster partners is making progress in approving the implementation of the comprehensive response for two suspected measles outbreaks in Bentiu PoC and Yirol East county. Partners have been identified to undertake to develop micro-plans for the measles-OPV campaign in Bentiu PoC and to immediately implement reactive measles-OPV campaign. Comprehensive measles response plans have been developed to guide all the response activities. In addition, the draft reactive campaign microplans have been shared for review by the Ministry of Health EPI Technical working group. A post-campaign evaluation will be conducted and routine immunization strengthened to prevent future outbreaks

Deployment of WHO Mobile Medical Team:

- The first mobile medical teams are deployed to support the oral cholera vaccine campaign in Torit where at least 174,764 persons aged one year and above are targeted to receive two doses of oral cholera vaccine at intervals of at least two weeks. The campaign was launched on 13 August 2018 under auspices of County Commissioners of Torit, Municipal Major, Local chief, BHC, SMOH, CHD WHO, UNICEF, Red CROSS and SCI.
- The other mobile medical team is deployed to support the Ebola virus disease screening at Juba International Airport.

Ebola preparedness response:

- South Sudan is one of the nine countries neighbouring the Democratic Republic of Congo at risk of possible importation of Ebola Virus disease (EVD) due to proximity, population movement and trade.
- With Support from WHO and partners, the country is implementing a contingency plan to enhance EVD preparedness to mitigate the risk which includes screening at points of entry, mapping and establishing the Ebola treatment center site and securing tents to allow rapid establishment of treatment center in the event suspect EVD cases are detected.
- A consultant is being secured to support the development of IPC guidelines and training a national team of IPC trainers.
- A simulation to pretest the EVD contingency plan for South Sudan was completed during the week with key recommendations being used to update the plan.
- The plan to review and update the strategy for PoE screening and risk communication based on the renewed outbreak of Ebola in North Kivu is underway.

- WHO also facilitated a one-day table-top simulation exercise to test the South Sudan Ebola contingency plan. The simulation exercise involved all the Ebola preparedness and response stakeholders. The plan is being updated to incorporate the simulation exercise recommendations.

Supplementary Immunization activities:

- WHO EPI and partners are on mission to support implementation of the 2nd Supplementary Immunization Activities targeting Measles, Polio and Meningitis in Nadir Sobat state.



WHO EPI team on their way to Nadir

Operational gaps and challenges

- Access constraints persist due to insecurity, poor roads, and bureaucracy.
- Persisting 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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