



World Health Organization

Humanitarian Situation Report Issue # 31
20 - 26 AUGUST 2018



The Hon Minister of Health Dr Riek Gai Kok chairing a high-level meeting with key sectors on EVD preparedness for South Sudan. 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

HIGHLIGHTS

- South Sudan is the most dangerous country in the world to work as a humanitarian worker. Since the conflict began in December 2013, at least 109 aid workers have been killed.
- Humanitarian access outside of Wau town continued to be restricted for the second month, while extensive negotiations opened access to Nagero and Tambura in Western Equatoria, and into central Unity after three months of inaccessibility.
- One new suspected HEV case was reported in Fangak in week 33. Since week 31, a total of 7 HEV RDT positive cases have been reported from Fangak.
- A high-level meeting on Ebola preparedness was hosted by the Minister of Health and involved key sectors in government including Immigration, Defense Health Services, Legislators, Ministers and Governors from high risk states, partners, and donors.

WHO FUNDING REQUIREMENTS 2018



5.35M 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



858 635 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

Background of the crisis

In commemoration of World Humanitarian Day in South Sudan on 20 August 2018, the Humanitarian Coordinator, Alain Noudéhou, called for an end to attacks against civilians and aid workers, and the realization of the peace deal to end the conflict, signed on the 5 August.

For the third year in a row South Sudan is the most dangerous country in the world to be a humanitarian worker. Since the conflict began in December 2013, at least 109 aid workers have been killed. In 2018, 12 workers have lost their lives and most of them are South Sudanese. Many more are detained, harassed or threatened with impunity for the perpetrators.

Event Description/ Situation update

Attack on humanitarian workers and conflict

- Eighty humanitarian access incidents were reported in July 2018. Most of the incidents (41 per cent) occurred in Unity and Upper Nile states. Violence affecting humanitarian personnel and assets continued to represent most of the incidents (60 per cent).
- Grievances related to recruitment of local staff worsened in the Bentiu and Malakal PoC sites, and led to violent attacks in Maban in Upper Nile.
- Humanitarian access outside of Wau town continued to be restricted for the second month, while extensive negotiations opened access to Nagero and Tambura in Western Equatoria, and into central Unity after three months of inaccessibility.
- Two staff were killed in clearly marked vehicles in Juba and Rumbek East counties. During the first half of the year, 390 access incidents were reported across the country, which affected personnel and operations.
- On 23 August 2018, two NGO vehicles were reportedly hijacked and the driver abducted by local authorities in Pochalla county. The vehicles were reportedly used to drive the local authorities to the border with Ethiopia for a meeting. The drivers and vehicles returned to Pochalla after three days.

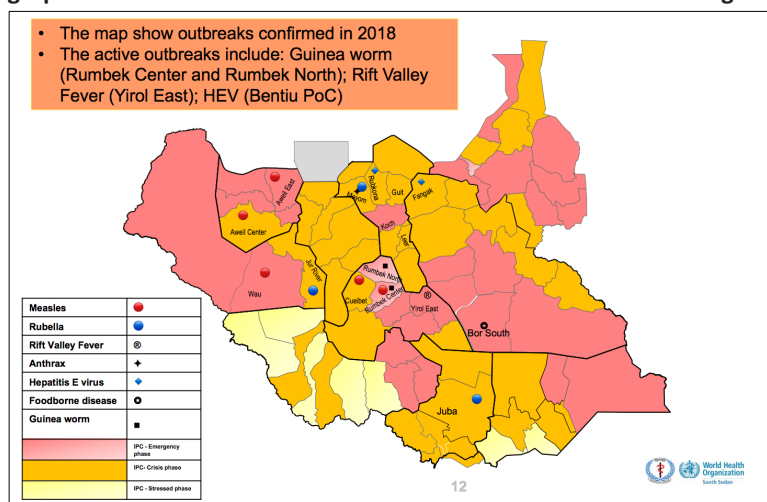
Inter communal fighting

- Several people were injured in inter-communal fighting in Juba Protection of Civilians (PoC 3) site following inter-communal violence that erupted on 13 August between Nuer ethnic groups. The injured received treatment at a clinic in the PoC site. Negotiations are ongoing with the community leaders to find a solution to the conflict. UNMISS requested humanitarian partners to support the relocation of youths from the POC to Mangaten. Humanitarian partners are providing life-saving assistance in Mangaten.

Epidemiological Update

- In epidemiological week 33 of 2018, completeness and timeliness for IDSR reporting at county level was 78% while EWARN reporting from the IDP sites was 80%. In this reporting period, suspected measles and bloody diarrhoea were the most common alerts reported.

Geographical location of confirmed outbreaks in South Sudan- 26 August,2018



Update on disease trends and ongoing disease outbreaks/events

- **Measles:** Since the last situation report, no new suspected measles cases have been reported. The two measles outbreaks in Bentiu PoC and Yirol East are still ongoing. Cumulatively, at least 14 suspected measles cases (with no deaths) reported in Yirol East county since week 25 and 18 in Bentiu PoC since week 23, 2018.
- **Guinea worm:** One suspect Guinea worm case was reported to WHO on 24 August 2018. The case was reported from Lankien, Nyirol county, Jonglei state. The South Sudan Guinea Worm Eradication Program has been alerted to initiate investigations.
- **Malaria:** Malaria accounted for 61 334 (72%) of the total consultations and 7 deaths during week 33 of 2018. Counties with malaria trends that exceed the threshold (mean+2 standard deviations of trends for the period 2013-2017) include: Aweil Center; Aweil South; Cueibet; Jur River; Terekeka; Tonj South; and Wulu. The cumulative total of 1 440 201 (59%) cases and 188 (36%) deaths have been registered since week 1 of 2018.
- **Rift Valley Fever:** There was no new suspected Rift Valley Fever (RVF) case reported from Yirol East, Eastern Lake state in week 32. Since the beginning of the outbreak on 7 December, 2017, the cumulative total is still at 58 suspected human cases including 6 confirmed reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).
- **Hepatitis E (HEV):** One new suspected HEV case was reported in Fangak in week 33. Since week 31, a total of 7 HEV RDT positive cases have been reported from Fangak. All the cases have occurred in adults (one in a postpartum female). The cases appear to be occurring sporadically and are using River water (largely from Phow river).
- **Acute Flaccid Paralysis - suspected Polio:** In week 33, 2018, a total of 6 new AFP cases were reported from Jonglei, Eastern Equatoria, Lakes, Northern Bahr el Ghazal, Unity, and Warrap hubs. This brings the cumulative total for 2018 to 261 AFP cases.

WHO Public Health response

Alert verification:

- During the reporting week, 92% of the 12 alerts reported were rapidly investigated. Efforts to enhance active surveillance countrywide continue.

Prepositioning of Assorted kits and supplies:

- WHO prepositioned 1 complete chlorination kit combined with consumables and testing tool to enforce Ebola preparedness for Wau town.
- WHO also supplied the following to partners: 1 kit IEHK basic unit, 2 Infrared thermometers, 1 kit Trauma kits type A (mainly drugs), 1 kit trauma kits type B (consumables, support supply for A), and assorted Ebola screening materials including 5 PPEs.

Ebola preparedness response:

- Following the ongoing Ebola Virus Disease (EVD) outbreak in Eastern Democratic Republic of Congo, the Ministry of Health with support from WHO and other partners has intensified efforts to strengthen preparedness for prevention and mitigating the risk of possible EVD outbreak in South Sudan.
- A high-level meeting was hosted by the Minister of Health and involved key sectors in government including Immigration, Defense Health Services, Legislators, Ministers and Governors from high risk states, partners, and donors. The meeting was held on 22 August 2018 and participants were taken through the EVD contingency plan, status of implementation and gaps. The Minister committed to work with all departments of the MoH and other government ministries to support EVD preparedness and readiness. During the meeting, a steering committee was formed to work with the EVD task force to address existing gaps. The Minister with a small technical team will give an EVD update at the next cabinet meeting.
- A similar meeting with the Humanitarian Country Team (HCT) plus involved all heads of humanitarian agencies (UNICEF, UNHCR, IOM, MSF, MedAir, ICRC, WFP), and donors. The meeting was held on 20 August 2018 and was chaired by the Humanitarian Coordinator. During the

meeting, WHO presented the EVD contingency plan, priority locations and gaps in the preparedness checklist. A key similarity in South Sudan border region and the DRC provinces where there's ongoing outbreak is the active conflict. It was emphasized at the meeting that in the event of the outbreak crossing the border, the issue of inaccessibility to the affected communities would stand out, hence hindering quick interventions and control.

- Using the recently validated EVD risk communication strategy, two radio talk shows were conducted in Juba to increase awareness and allay fears. A public service announcement was developed to run in 4 languages on radio stations in the high-risk areas.
- One out of four EVD state support teams has been deployed to Nimule border point. This week three other teams will be deployed to the high-risk areas of Yei River (Yei), Gbudwe (Yambio) and Wau to support the states to operationalize preparedness activities especially screening, surveillance, risk communication, and infection prevention and control in health facilities effectively.
- WHO trained a total of 16 participants, including 9 doctors and nurses from MoH and Wau teaching hospital, 3 health cluster partners (IOM, Health net TPO) and health and hygiene promoters on strengthening Emergency WASH response in health facilities including good hygiene management, infection prevention and control, healthcare and hazardous waste management, donning and doffing and use of personal protection equipment, Water Quality Control, WASH requirements in cholera treatment centres, and safe burials.



Practical session during the training

Measles:

- Plans are underway to conduct a reactive measles campaign to respond to the suspected measles outbreak in Bentiu targeting 53,841 children aged 6 months to 15 years.

Hepatitis E (HEV):

- The current response interventions to contain HEV in Bentiu PoC includes community sensation on the risk of using stagnant water and encouraging its drainage. Messages are being disseminated on Kondial FM & Bentiu FM with support from Unicef. Case identification and follow up is ongoing and WASH risk assessment has been planned.

Rift Valley Fever:

- Response to RVF outbreak in Yirol East which includes surveillance, laboratory testing, supportive care for suspect cases, and community sensitization on hygienic animal handling is still ongoing in the high-risk communities.

Suspected rabies response:

- Community sensitization campaign ongoing in preparation for the planned vaccination campaign in Bentiu. Vaccination for dogs is ongoing. In response to the suspect rabies cases in Yambio town, WHO supported the local government to convene relevant stakeholders and partners to support the rabies response.
- IEC messages on rabies have been developed and 100 doses of human antirabies vaccines have been shipped by WHO to support post exposure prophylaxis. WHO has also engaged other actors like FAO, which has committed to provide vaccines to facilitate vaccination of domesticated dogs.

Operational gaps and challenges

- Insecurity, poor road network, and bureaucracy continue to hamper access
- No measles/rubella laboratory reagents in the country.
- Inadequate funds to retain the needed technical staff.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 5.35 million for the financial year 2018 as of 26 August 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. Concerted efforts to mobilize additional resources are ongoing.
- Last week, the Humanitarian Coordinator approved \$1.43 million for three WHO projects, under the South Sudan Humanitarian Fund (SSHF) 2018 second allocation. The projects include Health core pipeline, Health frontline response through the mobile medical team and rapid response teams, and Nutrition frontline response which mostly entails training and supervision of partners in management of SAM with medical complication.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 5.35 million	32%

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



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