



# World Health Organization

Humanitarian Situation Report Issue # 35  
17 - 23 SEPTEMBER 2018



A screening site being set up in Nimule River Port, Torit State. Photo: WHO

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan

**7 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



**1.91 MILLION**  
INTERNALLY  
DISPLACED



**2.47**  
MILLION  
REFUGEES

### HIGHLIGHTS

#### 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



**933 541** OCV DOSES DEPLOYED IN 2018  
**1 954 097** # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES  
**1 791 589** # OF PERSONS VACCINATED AGAINST MENINGITIS

#### RIFT VALLEY FEVER



**58** TOTAL SUSPECTED HUMAN CASES

South Sudan is on high alert and heightening Ebola Virus Disease outbreak (EVD) preparedness efforts.

Capacities for EVD case detection, investigation, response, and prevention have been enhanced.

Two new Hepatitis E Virus (HEV) cases were reported in week 37. A total of 134 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018.

Nearly 8,800 internally displaced population (IDP) reported in Kuda and Rokon counties in Central Equatoria are in critical need of humanitarian assistance.

**Background of the crisis**

- The complex emergency in South Sudan has continued for five years, with multiple episodes of armed conflict, population displacement, disease outbreaks, malnutrition and flooding. Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation remains dire and the needs are huge. The government still lacks the capacity to provide and support essential services including Health, hence partners provide over 80% of the required health services.

**Event Description/ Situation update**

**Fresh South Sudan war crimes reported:**

- On 19 September 2018, Amnesty International released a report accusing South Sudan's government and its allied militias of carrying out war crimes of "staggering brutality" during an offensive earlier this year. Some of the crimes reported include soldiers and fighters raping, burning people alive, running them over with armoured vehicles, and hanging them from trees. Amnesty also documented the abduction of women and girls, and the deliberate killing of young boys and male infants. According to the report the attacks continued for a week after a ceasefire was announced <https://bit.ly/2NnfzTU>.

**Attack on humanitarian workers:**

- 15 September 2018, a Nepalese peacekeeper serving under UNMISS was reported to have been injured when a South Sudanese soldier shot at a convoy in Yei town.

**Inter communal fighting and cattle raiding:**

- On 14 September 2018, armed raiders attacked a cattle camp in Yomding near Ulang County and killed three young men, injured four others and stole 58 head of cattle.
- On 16 September 2018, assailants from Maper Village were reported to have stolen 48 head of cattle and abducted two boys in Gok.
- On 22 September 2018 - 3 people were wounded and five cows killed during an attempted cattle raid in Western Lakes State by armed Youth of Eastern Lakes State.

**Population displacements:**

- According to the Relief and Rehabilitation Commission (RRC) of Jubek State, nearly 8 800 internally displaced populations (IDPs) reported in Kuda and Rokon counties population displaced since August 2018 as result of cattle raiding/intra communal fighting between two ethnic groups and are in critical need of humanitarian assistance.

**Protests:**

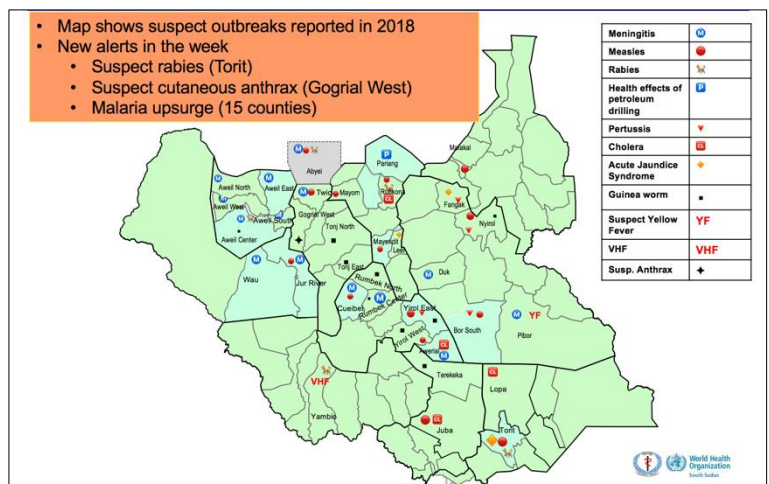
- 17 September in Jamjang, a group of over 500 refugee youth protested over delay in food distribution at a UN Agency (WFP) distribution site in Ajuong Thok, Pariang County. They subsequently looted food, damaged the site and threw stones at government authorities, albeit without any casualties. The local police fired several warning shots to disperse the crowd. Following the incident, a restriction of movement to UN staff was imposed and additional security measures adopted. The local government also deployed police reinforcements to the site.

**Unresolved political conflict:**

- 19 September - A meeting between ex-army chief Gen. Paul Malong Awan and a delegation of the Jieng Council of Elders (JCE) held in the Kenyan capital Nairobi was unsuccessful after the two failed to agree on some very important issues.

**Epidemiological Update**

In epidemiological week 37 of 2018, completeness and timeliness for IDSR reporting at county level was 79% while EWARN reporting from the IDP sites was 75%. Bloody diarrhoea, acute watery diarrhoea, and measles were the most frequent infectious hazard reported.



Geographical location of suspected outbreaks in South Sudan- 23 September, 2018

## Update on disease trends and ongoing disease outbreaks/events

### **Ebola Virus Disease (EVD) preparedness:**

- There is no EVD case confirmed in South Sudan. However, in light of the risk posed by the ongoing EVD outbreak in North Kivu and Ituri Provinces in DRC with 150 cases (119 laboratory confirmed) and 100 deaths reported as of 25 September, the Ministry of Health and partners continues to be on high alert.
- The EVD contingency plan has been updated to mitigate the risk of EVD importation and enhance readiness capacities.
- The emergency hotline (6666) at the Public Health Emergencies operations center continues to receive calls from across the country with 967 calls received during week 37. Plans are underway to partner with Internews to monitor EVD related rumors and community concerns in the high-risk areas.

### **Suspect cutaneous anthrax:**

- During the week, a cluster of six suspected cutaneous anthrax cases were reported and investigated by the Kuajok hub MoH/WHO rapid response team in Wun-Acier village, Monyjioc Boma, Kuac North payam, Gogrial West County.

### **Malaria:**

- Malaria remains the top cause of morbidity and mortality that accounts for 62% and 81% of cases and deaths as of week 37, 2018. Consequently, trend analyses show that 15 counties in 5 hubs currently have malaria trends that are significantly higher than expected. Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) include: Aweil hub (Aweil Center); Rumbek hub (Rumbek Center, Rumbek East, Rumbek North, Wulu, Yirol East, Yirol West); Kuajok hub (Abyei, Gogrial East, Tonj East, Tonj South, and Twic Mayardit); Bentiu hub (Mayom); and Juba hub (Terekeka).

### **Measles:**

- Since 4 Aug 2018; at least 11 suspected measles cases have been reported in Yirol hospital (originating from Yirol Town and Abang). Six samples have been collected for laboratory testing.

### **Hepatitis (HEV):**

- Two new HEV cases were reported in week 37 in Bentiu PoC. At least 134 suspected cases of Hepatitis E (HEV) have been reported in 2018. Of the 134 suspected cases, a total of 18 cases have been PCR confirmed as HEV in Bentiu PoC.

### **Malnutrition:**

- As of September 2018 (data covering up to August), 6 830 children under 5 with severe acute malnutrition and medical complications have been admitted in stabilization centers across the country, with an observed death rate below 5% Sphere standards.
- The MUAC sentinel site surveillance shows that in week 37 (10-16 September) a total number of 2,166 children under 5 have been screened with MUAC, reaching a total number of 50,691 children under five totally screened in 2018.
- Hubs reporting the highest proportion of children found GAM and SAM out of the total children screened in the health facilities include:
  - Bentiu Hub, proportion GAM 28.6%, proportion SAM 18.4%;
  - Kuajok Hub, proportion GAM 17.5%, proportion SAM 5.8%;
  - Juba hub, proportion GAM 35%.
- Verification of alerts is ongoing.

### **Alert verification:**

- During the reporting week, 100% of the 12 alerts reported were rapidly verified and investigated. Heightened surveillance countrywide for Ebola and other diseases continues.

### **Logistics and prepositioning of supplies:**

- WHO supplied GOAL Juba for Melut and Abyei- 4 Kits of IHEK Basic Malaria Module to treat 4000 people at PHCU and community levels for three months, 4 kits of IHEK Supplementary Malaria Module for 40,000 people with severe malaria in Hospitals and PHCCs.
- WHO prepositioned the following supplies to facilities in five locations (Tambura, Yei, Yambio, Maridi and Nimule) 5 kits of Nifurtimox Eflornithine Combination Therapy (NECT) to treat 20 patients in stage 2 of HAT; 125 vials of Pentamidine to treat 50 patients for stage 1 of HAT; 5 kits of CATT reagents and ikit of CATT accessories for diagnosing 500 suspected cases of HAT; 730 vials of Sodium Stibogluconate to treat 146 patients; 5 boxes of 24 Kala azar test strips to test 120 KA

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>

suspected cases; 50 vials of Ambisome to treat KA special cases (pregnant women, Elderly , severely ill with anaemia or malnutrition).

**Ebola Virus Disease preparedness:**

- Progress continues to be registered in the different priority aspects of the EVD preparedness with more partners making commitments to support the operational plan.
- The national Ebola taskforce chaired by the Hon Minister of Health and co-chaired by the Incident Manager held meetings twice (18 and 20 September) and is coordinating the implementation of the EVD contingency plan.
- Screening of travelers entering the country is ongoing at Juba International Airport, Nimule Check Point, Nimule River Port, Gangara border, Sakure Border, Yambio Airstrip, and Wau Airport. A cumulative total of 179,674 travelers have so far been screened.
- A special humanitarian country team meeting, chaired by the Humanitarian Coordinator was convened on 20 September 2018. During the meeting; the WHO Technical Team led by the OIC presented the updated and costed Ebola Preparedness Operational plan. At the meeting were country representatives of several humanitarian agencies including UNICEF, ICRC, IOM, WFP, OCHA, and MSF. As part of the feedback, the meeting noted that the plan has improved greatly and captures the major preparedness needs. The meeting underscored the need to make the plan all-inclusive with clear mapping of partners to address needs guided by organizational comparative advantage.
- A cross border meeting was held at Nabiapai Border between bringing together representatives from South Sudan who included - County Authority (Commissioner, Police commander, Security, wildlife officer communication person), World Vision (Interim County coordinator/ EPI manager), County Health Department (Director, EPI, Surveillance), WHO (Field Supervisor) and Congo representatives who included- Custom Authority (Chief, Wildlife, custom officer Women rep. and Church leader). Besides sensitization on Ebola preparedness in South Sudan and the EVD outbreak situation in DRC, the meeting agreed on a border screening point.
- Risk communication and social mobilization is ongoing at national and the high-risk states through airing of radio jingles, radio talk shows, and sensitization meetings with different target audiences.
- The Weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. <https://afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>

**Malaria:**

- WHO, MOH and partners continue to identify malaria upsurge areas in need of support. Malaria commodities (ACTs and RDTs) were sent to Lol state, Abyei and Melut in response to floods and rising number of cases.

**Mobile medical team:**

- The WHO mobile medical team was deployed to Yirol East county to support the implementing partners and county health department in conducting a catch-up measles vaccination campaign targeting over 32 000 children 6-59 months old. At least 8 suspected measles cases were reported in Yirol East since week 25, 2018. Most of the suspected cases are <5 years with 63% being 1-4 years of age. All the cases are from Adior payam with most cases reported from Madhiemgok village. All the suspected measles cases reported to date have not been immunized.
- The MMT will support the implementing partner in training measles vaccination teams, and monitoring and supervision of the measles catch up campaign.

**Measles:**

- A measles outbreak response in Yirol East county started on 24 September, 2018.
- In Ulang, supplementary Immunization activities/campaigns (SIA/) for Meningitis vaccine, Measles and bivalent Oral Polio Vaccine is being planned to commence first week of October, 2018.

**EPI**

- WCO in conjunction with IST provided technical support to the MoH in initiating the rotavirus diarrhea sentinel surveillance in Al Sabah Children hospital and Kator PHCC. With technical support from IST, a team of medical doctor, nurses, lab focal persons and data managers were trained and samples collected and analyzed in the National Public Health Lab.
- Implementation of PIRI activities in the 7 non-conflict affected states remains on-going.

**Polio**

- The country in week 37 has achieved Non-Polio AFP rate is 4.9 in 2018, and stool adequacy of 87%. A total of 290 AFP cases reported with 58% of cases having geo-coordinates.

### Operational gaps and challenges

### Resource mobilization

- The number of Integrated Supportive Supervisory visits (focusing on VPDs and RI sessions) recorded via the ODK is 3318 for the year 2018, and can be accessed via <http://esurv.afro.who.int/whosouthsudan>.
- The WCO with support from HQ and HOA have finalized the Polio preparedness and outbreak response plan in preparedness to the outbreaks in DRC and Kenya, activities prioritized include enhanced surveillance and 3 rounds of SIA planned in 13 high risk counties in Nov 2018 and 1st quarter 2019.
- The humanitarian operations continue to be hampered by insecurity, poor road network, floods, and bureaucracy at all levels.
- Despite the resource mobilization drive, there is an inadequate fund to retain the needed technical staff.
- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 5.35 million for the financial year 2018 as of 9 September, 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.

### 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%

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