



WHO Country Representative with his team meeting the Ag State Minister and DG of MOH in Yei River 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

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

HIGHLIGHTS

- According to a study conducted by the LSHTM, commissioned by the US Institute for Peace in partnership with the State Department, the civil war in South Sudan has left at least 382,000 people dead.
- On 12 October, the UN Security Council approved a final extension of its peacekeeping mission in the disputed Abyei region between Sudan and South Sudan, unless the two sides make progress on border demarcation and other benchmarks.
- Malaria remains the top cause of morbidity (66%) and mortality (39%) with 15 counties having malaria trends that exceed the expected levels.
- Currently, there are four ongoing outbreaks of Guinea worm in Rumbek Center and Rumbek North, Rift Valley Fever in Yirol East, Hepatitis E Virus in Bentiu PoC, and Rubella in Bor South.
- On 9 October 2018, a WHO team, led by Dr Olushayo Olu, WHO Representative, conducted a one day field mission to Yei River state as part of EVD preparedness support.
- The national RRT was deployed to investigate an alert of suspected EVD case in Rumbek, which tested negative on GeneXpert.

Background of the crisis

- The Republic of South Sudan continues to experience considerable humanitarian challenges despite recent regional efforts and commitment by the government and opposition groups toward lasting peace. Multiple episodes of armed conflict in different locations, population displacement, disease outbreaks, food insecurity, malnutrition and flooding continue to be reported. The government is unable to provide basic services and respond to humanitarian needs, rendering communities vulnerable to the effects of insecurity, displacement, food shortage and disease outbreaks. Over 80% of the required health services are provided by partners with limited access to insecure locations.
- According to a study conducted by the London School of Hygiene and Tropical Medicine, commissioned by the US Institute for Peace in partnership with the State Department, the civil war in South Sudan has left at least 382,000 people dead. In March 2016, UN officials estimated that the conflict had killed about 50,000 people, and for years, a more accurate death count has been missing. Experts say an accurate death toll can be a critical tool for policymakers, but counting the dead is a challenge in war zones, where many people are displaced and obtaining data is very difficult

Event Description/ Situation update

Attacks and criminality

- On 8 October the South Sudan opposition Alliance accused the government forces of continuing to attack their positions in Wau and Yei states for one week
- On 11 October two people were killed and several others injured in a road ambush at Malithor area of Bor South County in Jonglei State
- On 12 October, there reports that the authorities in Khartoum and Juba are making the final arrangements to open three border crossing points between the two countries
- On the same day, the UN Security Council approved a final extension of its peacekeeping mission in the disputed Abyei region between Sudan and South Sudan, unless the two sides make progress on border demarcation and other benchmarks
- A chartered aircraft with humanitarian staff was temporarily detained from 1-2 October 2018 by opposition authorities on ground due to lack of prior communication and clearance before landing. The plane and passengers were then allowed to return to Juba
- There have been reported clashes between cattle raiders around Tonga and the opposition army in which six (6) of the former lost their lives; others injured and 45 raided cattle were thus recovered. And awaiting reclaim by rightful owners
- On 27 September 2018, an armed opposition group arrived in Kasia Boma from Lirangu and established their camp, forcefully recruited 8 minors into their ranks. Reportedly, this may have caused panic amongst the civil population as some civilians began moving out of Kasia towards Yambio town and Rimenzi IDP Camp. The group forced the residents to contribute foodstuffs monthly

Population displacement

- An inter-agency Assessment mission was contacted in Kuda, Serimon and Rokon from 4 to 5 October 2018 following cattle raids and intra communal conflict in September 2018 which resulted in death of six people including children, and scores injured. About 8,800 people were reported displaced and in need of humanitarian assistance. Key humanitarian needs identified, were food, emergency shelter/ non-food items, WASH and Health services
- On 4 October 2018, an inter-agency verification team completed the verification of 2,506 individuals (472 HH), who were displaced from Thony in Bor North to Makuach in Bor South. A registration exercise is planned of the same group using bio-metric registration
- An interagency assessment was conducted in Yambio town to identify current numbers of IDP, targeting areas of high displacement due to insecurity followed inter-community tensions in Sura, Baguga, Nagbangi, Shuk Siro, Bazumburu, Ikpiro and Tindoka. Most of the population amounting to about 4,437 people moved into Yambio town and some integrated in the hosted within the host communities

Intercluster working group prioritization

- During the week, the ICWG prioritized several counties for response scale up. These included Leer, Mayendit, Yirol East, Yirol West, Panyikany, Fangak, Canal Pigi, Pibor, Baggari, Gogrial East, Gogrial West and Tonj North. These counties were identified by the needs analysis working group based on conflict and displacement, food insecurity and GAM rates

Epidemiological Update

- In epidemiological week 40 of 2018, completeness and timeliness for IDSR reporting at county level was 51% while EWARN reporting from the IDP sites was 87%.
- A total of 6 alerts were reported in week 40 with 50% of the alerts being verified and none required a response.
- A suspected Ebola virus disease alert was reported in Rumbek town on 12 October 2018. After investigation, it turned out to be negative with GeneXpert.
- During the week, suspected measles, bloody diarrhoea and acute watery diarrhoea were the most frequent infectious hazards reported.
- Malaria remains the top cause of morbidity and mortality with at least 15 counties in 5 hubs currently having malaria trends that exceed the expected levels. A total of 1,975,897 cases with 275 deaths registered since week 1 of 2018. malaria trend for week 40 of 2018 is below 2017 and above 2014.
- Currently, there are four ongoing outbreaks of Guinea worm in Rumbek Center and Rumbek North, Rift Valley Fever in Yirol East, Hepatitis E Virus in Bentiu PoC, and Rubella in Bor South
- No new HEV cases were reported in week 40. A cumulative total of 139 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. Current response entails surveillance, case follow up, WASH and discouraging communities from using stagnant water for domestic and recreational purposes
- For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link <https://afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>.

Ebola Virus Disease preparedness

- On 9 October 2018, a WHO team, led by Dr Olushayo Olu, WHO Representative, conducted a one day field mission to Yei River state. Yei River State borders Ituri Province in DRC which currently has active EVD transmission. The risk of Ebola importation in this location is high due to porous border,



The Governor of Yei River State meeting with the WHO team during the mission. Photo: WHO

- trade, IDP and refugees coupled with insecurity. The aim of the mission was to review the preparedness capacities in the State, identify gaps and advocate for increased efforts for EVD risk mitigation, detection, and response. WHO committed to establish an ETU in Yei River state and also opened a WHO field office to coordinate the EVD preparedness activities.
- A suspected Ebola virus disease alert was reported in Rumbek Town on 12 October 2018. A national RRT was deployed to investigate the case on 13 October. The patient was on treatment for malaria. Blood sample was collected that tested positive for malaria, CBC result was normal and the platelet count was normal. In Juba, a sample from the patient was tested for Ebola Zaire using the GeneXpert at the National Public Health Laboratory. Initial test result was negative. This was the first Ebola diagnostic test ever done in South Sudan. Another sample was referred to UVRI for confirmatory PCR test.
- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 9th and 11th October 2018 at the PHEOC in Juba. The major themes of discussion included training of national safe and dignified burial teams to act as master trainers for the states.
- All the planned weekly meetings for all thematic pillars (Case Management and Infection Prevention and Control, Epidemiology and Surveillance, border points and ports of entry, Laboratory, Risk Communication and Community Engagement and Personnel Safety and Security) were conducted as scheduled.
- Currently entry traveler screening for Ebola exposure and symptoms is ongoing at ten of the 39 mapped points of entry. These include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport, Kaya and Yei RRC office. So far 46 069 travelers have been screened.
- A total five international consultants deployed by WHO are in country to support the taskforce to enhance capacities for infection prevention and control, surveillance, laboratory and overall coordination of Ebola preparedness activities. 10 more consultants are expected to arrive in country in due course.
- 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>

Mobile medical team

- On 12 October, the MMT investigated an alert and confirmed a measles outbreak in Hai-Mahad IDP camp, Juba. 9 suspected cases were referred to hospital, 4 cases managed as outpatients, 2 deaths reported, 5 blood samples collected and 12 cases line listed. On the previous day, 11 cases were line-listed and 4 blood samples sent to NPHL, one of which turned out positive for measles IgM. Of all the cases line-listed, none had received measles

vaccine. The camp has a population of about 7 000 returnees. An immediate reactive vaccination campaign has been planned this week by the partner who provides healthcare services in for this population

EPI

- Periodic intensification routine immunization (PIRI) continues to complement the regular fixed services with a total of 34,192 children (Under 2) reached with Penta3 vaccine and 43,755 reached with the measles vaccine.
- Implementation of the integrated measles, MenA, OPV and TT campaign in Ulang county commenced. The official launch took place on 8 October, 2018 at the county headquarters.



WHO and MoH team moving in Ulanga county to supervise ongoing integrated vaccination campaign

Polio/Surveillance

- WCO and the state offices are continuing to conduct capacity building activities for Field assistants, community informants, and health workers, in 3 states (Unity, Upper Nile, and Jonglei) to



Training of vaccinators in Bentiu

improve Polio surveillance and other VPDs surveillance. It is expected that a total of 600 persons from 32 counties will eventually benefit by the end of the 4th quarter. As of week 40 a total of 93 participants trained from 4 counties (Guit, Rubkona, Malakal and Melut

Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity limiting access, poor road network, floods, and bureaucracy at all levels.
- There is currently no buffer stock of diagnostics, ACTs, & LLINs in the country to respond to the current malaria upsurge.
- Despite the resource mobilization drive, there is 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 14 October, 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 to address the finding gap are ongoing.
- A donor conference meeting was held on 11th October 2018 where the UN disseminated the \$13.1 million proposal and operational plan, to resource mobilize for EVD preparedness and response readiness.

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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