



# World Health Organization

Humanitarian Situation Report Issue # 39  
15 - 21 OCTOBER, 2018



WHO Country Representative with his team on an Ebola Virus Disease preparedness mission in Yambio 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

- Malaria remains the top cause of morbidity (66%) and mortality (39%) with 15 counties having malaria trends that exceed the expected levels.
- On 16 October 2018, a WHO team, led by Dr Olushayo Olu, WHO Representative in South Sudan, conducted a one day field mission to Yambio state as part of EVD preparedness support.
- A reactive measles campaign conducted in Al Mahad IDPs in Juba from 17-20 October, 2018 targeting 3,643 children under five years with an administrative coverage of 68% (2,471).
- On 15 October, the United Nations mine clearance team working in the Jondoki Site in Mangateen area in Juba was ordered to suspend its land mine clearance at the site until further notice.
- One suspected Ebola virus disease alert was reported from Gumbo in Juba on 15th October, 2018. The samples tested negative for Ebola Virus Disease and other viral hemorrhagic Fevers.

### 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



**933 541** OCV DOSES DEPLOYED IN 2018  
**1 965 928** # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES  
**1 823 765** # OF PERSONS VACCINATED AGAINST MENINGITIS

### RIFT VALLEY FEVER



**58** TOTAL SUSPECTED HUMAN CASES

**Overview of  
the  
Humanitarian  
crisis**

- The Peace Agreement signed in Addis Ababa on 12<sup>th</sup> September 2018 has brought in wide optimism that armed conflict will end and the humanitarian space will open up. So far there has been limited progress on ground with improvement of access in areas like Wau. However, there are still reports of active conflict in some parts of the country such as Minyori County in Yei. The IDP populations in the country remain the same, with no marked returns of displaced persons to their homes since the signing of the peace agreement. There have also been fresh episodes of intercommunal clashes in Terekeka where over 20 people were killed. Due to the prolonged Conflict and the ensuing economic crisis 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.

**Event  
Description/  
Situation  
update**

**Interference with humanitarian activities**

- 15 October, the United Nations mine clearance team working in the Jondoki Site in Mangateen area in Juba was ordered to suspend its land mine clearance at the site until further notice. Government forces escorted the team off the site. This land at Jondoki site was allocated to humanitarian partners by state/county authorities and Relief and Rehabilitation Commission (RRC) to be developed and used as transit site for returnees and Internally Displaced Persons (IDPs) returning to their places of origin. RRC Headquarters following-up with Government officials.

**Insecurity and hostilities**

- Humanitarian mission to Tokori, Otego County, with UNMISS Force Protection to set up Ebola screening center was cancelled due to safety concerns. This follows reports from local sources that General Khamis, South Sudan National Movement for Change (SSNMC), has issued an ultimatum preventing all movements 13 km from Yei town on the Maridi road as he pursues General Gadi of SPLA-IO group.
- From 12 to 14 October, fighting was reported in Minyori Payam, Yei County between the combined forces of South Sudan National Movement for Change (SSNMC) and National Salvation Front (NAS), and SPLA-IO forces. The fighting started a day after 40 civilians, abducted in July by the SPLA IO forces, were released. Reportedly, an SPLA-IO General has refused to release seven of the abductees. Local sources report indiscriminate killings of civilians by the armed elements in Minyori. Several civilians were reported to have been displaced from Minyori, of which, about 629 IDPs have been registered by partners in Yei town between 12 and 15 October 2018, and several were still waiting to be registered. Partners provided some humanitarian assistance to the IDPs, but food remains the main gap.

**Inter communal Fighting**

- Nearly 20 people reported killed, 50 others injured in inter-communal fighting in Terekeka State. From 8 to 11 October, there was fighting between cattle keepers and youth from Rego in Lojora and Kobura, Terekeka County. Allegedly, the youth from Kobura blocked the road for cattle keepers from Rego who were returning from Juba with large herds of cattle. Five seriously wounded people were medically evacuated to Juba while the rest are being treated in Terekeka. The situation is now reported to be calm and the temporarily displaced households have returned to their homes and state authorities are resolving the issue among the community groups involved.

## Epidemiological Update

- In epidemiological week 41 of 2018, completeness and timeliness for IDSR reporting at county level was 65% while EWARN reporting from the IDP sites was 87%.
- A total of 15 alerts were reported in week 41. Of all the alerts verified none required response.
- During the week, malaria, measles, bloody diarrhoea and acute watery diarrhoea were the most frequent infectious hazards reported.
- Malaria remains the top cause of morbidity and mortality accounting for 71% (59,084) of cases as of week 41, 2018. At least 21 counties in 6 hubs are currently having malaria trends that significantly exceed the expected levels. A total of 2,056,402 cases with 286 deaths have registered since week 1 of 2018.
- Currently, the ongoing outbreaks in South Sudan include 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, Measles in Juba - Al Mahad IDPs; and a possible malaria upsurge in 21 counties.
- No new HEV cases were reported in week 41. 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>.



*Table 1 Integrated Support Supervision and sample collection of suspected measles cases in Jonglei Hub*



*Practical training session of State RRT in Yei on donning and doffing PPEs. Photo: WHO*

### Ebola Virus Disease preparedness

- On 16 October 2018, a WHO team, led by Dr Olushayo Olu, WHO Representative, conducted a one day field mission to Yambio State. The risk of Ebola importation in this location is very high due to porous border, trade, IDP and refugees coupled with insecurity. The objectives of the mission were to understand the context of the State, assess level of preparedness, identify gaps and advocate to the local authorities and partners to fill them.
- Suspected Ebola virus disease alert was reported from Gumbo in Juba on 15<sup>th</sup> October. Preliminary test was carried out on the same day at The Central Public Health Laboratory in Juba using GeneXpert and it was negative for Ebola Zaire. The Confirmatory test conducted at the Uganda Virus Research Institute was polymerase chain reaction (PVR) negative for Ebola virus disease, Marburg, RVF, Congo Crimean Hemorrhagic Fever and Sosuga virus. The MOH with Support from WHO and CDC Conducted a five-day training on Incident Management System (IMS) and operations/management of a Public Health Emergency Operations Centre for EOC key staff. A



*Training of EOC key staff on IMS and operations of a PHEOC. Photo: WHO*

total of 20 EOC staff benefited from the training and all of them are currently deployed to support the EOC in coordination of the EVD preparedness activities.

- As part of EVD preparedness the Ministry of Health with support from WHO trained a team of 31 participants drawn from Ministry of Health and NGO's to build their capacity to conduct safe and dignified burial in the event of EVD deaths.
- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 16<sup>th</sup> and 18<sup>th</sup> 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; strengthening coordination between national and states' task force teams.
- As a risk mitigation against EVD importation, entry screening of travelers is currently being conducted at 14 sites with support from WHO, International Organization for Migration (IOM), SCI, World Vision International South Sudan (WVISS) and other partners. 41,107 travelers have been screened during the reporting week.
- WHO has deployed a total of five international consultants to support the taskforce to enhance capacities for infection prevention and control, surveillance, laboratory and overall coordination of Ebola preparedness activities. 10 more consultants including epidemiologists, risk communication experts and vaccine expert to support the EVD preparedness activities are expected. Other partners are also in the process of deploying some international experts too. In addition, a field office has been opened in Yei to support EVD preparedness and response activities.
- All states at high risk have active task force teams meeting weekly to strengthen EVD preparedness efforts
- 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>



*A practical session on safe and dignified burial during the training. Photo: WHO*

### Expanded Program on Immunization

- A reactive measles campaign conducted in Al Mahad IDPs in Juba from 17-20 October, 2018 targeting 3,643 children under five years with an administrative coverage of 68% (2,471). A mop up is planned.
- WHO EPI Team is spearheading implementation of a staggered integrated mass vaccination campaign against meningitis, measles, polio and Tetanus toxoid (TT) targeting 82,373 for meningitis, 20,072 for measles, 23,576 for Polio and 29,396 for TT in the sixteen payams in four counties of greater Western Ulang started on 9<sup>th</sup> October.

### Malaria

- In response to the reported stock outs of RDTs and ACTs, WHO with the Health Cluster facilitated a meeting between partners and the National Malaria Control program, MOH on how best to rationalize the distribution of current stocks in the country.

### 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 are currently reports of stock outs of RDTs and, ACTs from Northern Bah El Ghazal, Upper Nile, Western Bar El Ghazal.

### Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.9 million\* for the financial year 2018 as of 21<sup>st</sup> October, 2018.
- The Ebola Preparedness plan for WHO has received \$720,409 against a total of \$5.5 million required.
- 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 funding gap are ongoing.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.9 million	23%
	Ebola Preparedness	US\$ 5.5 million	US\$ 720,409	13%

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



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