



World Health Organization

Humanitarian Situation Report Issue # 45
26 NOVEMBER- 2 DECEMBER, 2018



A multiagency Team meeting with the Commander of James Diko to assess the humanitarian situation in Yambio.
Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.96 MILLION
INTERNALLY DISPLACED
WITH **0.2 MILLION** IN
PROTECTION OF CIVILIAN
SITES



2.47 MILLION
SOUTH
SUDANESE
REFUGEES IN
NEIGHBOURING
COUNTRIES

HIGHLIGHTS

- The Ministry of Health declared a Yellow Fever outbreak on 29 November, 2018 in Sakure, Nzara County, Gbudue state.
- In order to strengthen capacity to detect, investigate, test, confirm and respond to meningitis in South Sudan, a three-day training of trainers' workshop was conducted by MOH with support from WHO for 60 participants including EPI Managers, state surveillance officers, and state laboratory focal points.
- WHO is facilitating the revision of the malaria treatment guidelines in the IMNCI Chart Booklet for South Sudan.
- At least 230 children under five years of age were screened for malnutrition, during the response mission to Mugwo, Greater Equatoria with nine found to be having severe acute malnutrition (SAM) and 32 with moderate acute malnutrition.

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
1 986 115 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 848 368 # OF PERSONS VACCINATED AGAINST MENINGITIS

HEPATITIS E



147 TOTAL SUSPECTED CASES (18 CONFIRMED)

Overview of the Humanitarian crisis

- South Sudan continues to register relative peace. Sudan's Humanitarian Aid Commission (HAC) said it has extended for 6 months the humanitarian corridor to deliver assistance to South Sudan.
- Although the security situation in several parts of the country is relatively calm, it is very unpredictable occasioned with reports of sporadic armed attacks, incidents of Gender based violence, cattle raiding, robbery and revenge killing continue to be reported across the country

Event Description/ Situation update

Deteriorating humanitarian situation among IDPs

- On 21 November, 230 children under five years of age were screened for malnutrition, during the response mission to Mugwo, nine were found to be having severe acute malnutrition (SAM) and 32 were reported to be having moderate acute malnutrition (MAM). This is in comparison to one SAM case and five MAM cases recorded out of 159 children under age 5 years screened during a similar assessment conducted in Mugwo on 9 November. Malnutrition in pregnant and lactating women had also risen. Immediate distribution of food assistance and scaling-up of sustainable nutrition support has been recommended to rectify the situation.

Expanding Humanitarian space for partners

- On 29 November, partners managed to access and assess the humanitarian situation in Rimenze and James Diko, 43 km North East of Yambio Town. Since 2016, the area has not been accessed without Force Protection. The assessment noted critical humanitarian needs in WASH, Health and Food. WHO and partners are planning a joint response to address some of the immediate health gaps identified.

Nutrition supplies for children confiscated

- On 19 November, the local authorities in Atar 3 reportedly confiscated CSB++ supplies meant for children from a NNGO in Diel/Atar 3, Pigi Canal County. This is the second time the same local authorities have done this. Humanitarian partners on the ground condemned the action.

Cattle-raiding

- On 30 November, clashes were reported between SSPDF soldiers and youth reportedly aligned to Southern Liech State Government, in Rubkway. The incident is linked to a cattle raid which happened earlier when Leer youth raided cattle from Koch and were eventually convinced by peers to return the cattle to Koch authorities. No displacement has been reported and partners continue to monitor the situation.

Humanitarian staff affected in inter-communal fighting

- On 23 November, intercommunal fighting was reported between armed youth in Koch town, affecting some locally recruited aid workers belonging to the feuding clans. On 24 November, a total of 53 aid workers, including international staff members from six NGOs, were relocated by road to Bentiu for safety reasons.

Epidemiological Update

- In epidemiological week 47 of 2018, completeness and timeliness for IDSR reporting at county level was 79% while EWARN reporting from the IDP sites was 82%.
- A total of 21 alerts were reported in week 47. The teams verified 76% of the alerts, none required response.
- During the week, Malaria and Measles were the most frequent infectious hazards reported.
- Other cases investigated included Yellow Fever in Sakure and suspected Guinea Worm in Pibor and Longechuk.
- The new outbreaks during week 47 include Yellow Fever in Nzara and Measles in Rumbek East county.
- Two new HEV cases were reported in week 47 of 2018. A cumulative total of 147

HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018.

- Malaria remains the top cause of morbidity and mortality with at least 21 counties having malaria trends that exceed the expected levels. A total of 2,588,629 cases with 614 deaths have been registered since week 1 of 2018.
- 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 and response

- The National and State level EVD task force meetings continue to meet regularly. The national level task force meeting was held on 29 November 2018 at the PHEOC in Juba.
- The fourth Strategic Advisory Group (SAG) meeting chaired by WHO and UN OCHA was held on 25 November 2018 and hosted by UN-OCHA. The agenda focused on the feedback on the prioritization of EVD preparedness and response activities as well as the updates from the Joint Monitoring mission.
- Entry screening of travelers into South Sudan continues in all the 18 designated sites with support from WHO, International Organization for Migration, SCI, World Vision International South Sudan and other partners. However, the porous entry points remain a major threat. 637,880 travelers have been screened at all the 18 border screening points.
- Community education and surveillance on Ebola prevention is ongoing in all the high-risk states with support from UNICEF, WHO and other partner. The Risk Communication and community engagement strategy has been updated aimed at strengthening all the interventions including community surveillance and promoting acceptance of the planned deployment of Ebola vaccine for frontline health workers. Supportive supervision by MOH to all the high-risk areas is underway.
- The Ebola virus disease contingency plan for the United Nations personnel and their families in South Sudan has been developed. The goal of this UN Ebola contingency plan is to ensure that the UN personnel continue functioning in the event of an outbreak hence allowing continued and uninterrupted implementation of critical lifesaving programmes.
- MEDAIR conducted a two day EVD basic training for 30-member from the private facilities health care workers in Nimule.
- The construct of the isolation facility in Nimule by WFP commenced on Monday 26 November, 2018 following the State Commissioner's approval of the site.
- 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>

Meningitis:

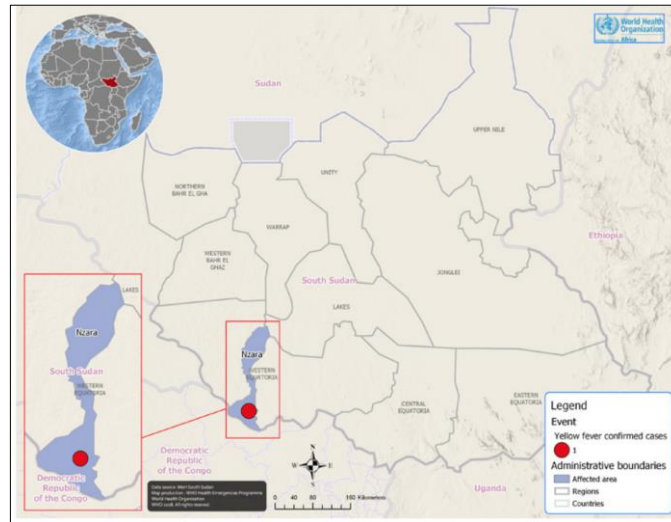
- The Ministry of Health with support from WHO conducted a three-day training of trainers' workshop from 26 to 28 November 2018 in Juba for over 60 Expanded Program on Immunization managers, state surveillance officers, and state laboratory focal points to establish optimal in-country capacities to detect, investigate, test, confirm and respond to meningitis cases in South Sudan.

Yellow Fever:

- The acting Minister for Health and WHO Country Representative in South Sudan held a joint press conference on 29th November 2018 to declare Yellow Fever outbreak after 1 case was confirmed positive for Yellow Fever Virus with no death reported in Sakure, Nzara County, Gbudue State in the Republic of South Sudan. Following the declaration. Following the declaration, a National multi-agency rapid response team was deployed to the Nzara and Yambio counties to conduct detailed

epidemiological, entomological, Laboratory investigations and conduct further risk assessment. Surveillance for suspected Yellow Fever cases has been enhanced country wide, blood samples are being collected from suspected cases and retesting of previous VHF samples for Yellow Fever is being done.

- WHO Rapid Response Team is on the ground providing technical support to strengthen surveillance at ports of entry, case management, public awareness/risk communication and Coordination.



Malaria:

- WHO is facilitating the revision of the malaria treatment guidelines in the IMNCI Chart Booklet for South Sudan. Tracking of malaria incidence trends is ongoing through malaria epidemic thresholds monitoring and responding in conjunction with health cluster partners to drug stock outs with a focus on Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap and Lakes. Social mobilization and mass distribution of 855,000 Long lasting Insecticide treated nets (LLINs) in Western Equatoria and Western Bahr el Ghazal states is ongoing.

Immunization:

- Polio Sub National Immunization Days (SNIDs) has been completed in all the six states targeted for this round of vaccination campaign. Accordingly, the cumulative administrative data submitted from 41 out of 47 counties is 1,469,181 (88%). The remaining six counties started the campaign late due to issues related to logistics and transportation. They are expected to submit their data in this week.
- Lot Quality Assurance Sampling (LQAS) survey was conducted in 16 counties using Open Data Kit (ODK) as part of in-process monitoring to verify the performance. Out of the counties conducted LQAS 14 (88%) of them are accepted as at above 80%.
- Currently Post Campaign Evaluation (PCE) survey is ongoing in selected counties of the six states through an independent agent (CORE Group) to validate the administrative result by county. The result will be shared as soon as submitted by the evaluators.
- WHO in collaboration with state ministry of health conducted TOT training on immunization in practice from 26 – 30 November, 2018 in Kuajok town Gogrial state, for 35 participants from six counties of Greater Warrap including Abyei Area administration. The overall objective of training was to build capacity for delivery of high quality immunization services

Nutrition:

- WHO continues to roll out the training of medical doctors, clinical officers, nutritionists and nurses working in stabilization centers to improve Inpatient management of severe acute malnutrition and medical complications. In Yambio with support from WHO training is ongoing targeting over 60 participants from the former Western Equatoria state. The distribution of SAM kits is still ongoing to restock stabilization centers with essential medical supplies.

Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity limiting access, poor road network, floods, and bureaucracy at all levels.

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 11 November, 2018.
- The Ebola Preparedness plan for WHO has received \$2.4million (Core funds, CFE, DFID, Canada, Germany).
- 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.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	\$ 16.9 million	\$ 3.9 million	23%
	Ebola Preparedness	\$ 5.5 million	\$ 2.4 million	44%

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