



WHO and Unicef staff verifying the immunization status of children in Wunrieng village, Lakes State. 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

- Malaria remains the top cause of morbidity and mortality that accounts for 43% of consultations as of week 1, of 2019.
- Three suspected cases of Meningitis were reported in Cuei-Bet hospital, Gok state. Two of them died.
- A measles outbreak has been confirmed in Abyei following laboratory confirmation of five (5) cases between week 51 and week 52, 2018. Overall, 35 cases have been reported since week 51, 2018. No deaths reported.
- It is estimated that 189,826 children under five were admitted with Severe Acute Malnutrition in outpatient and inpatient programs, representing 73% (261,424) of the total children in need and 91% (209,140) of the cluster target as of Nov 2018.
- Tensions are high in and around Yei with a buildup of forces both by SSPDF and NAS. It is feared that there might be clashes between SSPDF and NAS. This has led to restriction of movement on all major routes leading into or out of Yei.

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
1 996 655	# OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 872 971	# OF PERSONS VACCINATED AGAINST MENINGITIS

HEPATITIS E



155	TOTAL SUSPECTED CASES (18 CONFIRMED)
------------	--------------------------------------

Overview of
the
Humanitarian
crisis

- UN Secretary-General Antonio Guterres said South Sudan peace agreement revitalized chances for peace. In his New Year's message UN Secretary-General Antonio Guterres said that there has been more progress in the past four months, since the signing of the peace agreement in September 2018, than in the previous four years of conflict. Guterres maintained that in 2019, the UN "will continue to bring people together to build bridges and create space for solutions", keeping up the pressure for change. (<https://bit.ly/2M44kw0>).

Violence against civilians in Yei River State.

- Tensions are high in and around Yei with a buildup of forces both by SSPDF and NAS. It is feared that there might be clashes between SSPDF and NAS. This has led to restriction of movement on all major routes leading into or out of Yei. NAS is reportedly in control of Mugwo, Lasu and Tore. With the impending clashes, civilians are reportedly not able to move into and out of these locations. On 4 January, local sources reported that at least five civilians were killed and women were raped by alleged government forces in Mugwo in Yei County. Reportedly, the incident took place when the South Sudan People's Defence Forces went to the area and demanded civilians to provide information on the location of the National Salvation Front forces. Some civilians are reported to be fleeing the area for safety reasons. OCHA and partners in Yei town are monitoring the humanitarian situation.

Pastoralists attacked in Akobo and Nyirol counties, Akobo and Bieh States.

- On 6 January, armed Murle youths allegedly attacked pastoralist people in Duaychan, a swampy area between Kalkuny and Akobo East, in Nyirol. The pastoralists, mainly from Lou Nuer ethnic group were reportedly moving from Akobo West to Akobo East in search for pastures and water when they were attacked. The attackers abducted several children and stole many cattle during the incident. Reportedly, most of the casualties were women and children. The number of deaths and injuries has not been confirmed, but media reports state that over 38 people were killed. A humanitarian organization reported that many severely wounded in the attack were evacuated to Ganyiel in southern Unity for further medical attention.

Event
Description/
Situation
update

Epidemiological
Update

- In epidemiological week 1 of 2019, completeness and timeliness for IDSR reporting at county level was 43% while EWARN reporting from the IDP sites was 62%.
- A total of 10 alerts were reported in week 1. The teams verified 90% of the alerts, none required response.
- During the week, measles, acute watery diarrhea and bloody diarrhea were the most frequently reported infectious hazards.
- Malaria remains the top cause of morbidity and mortality that accounts for 43% of cases as of week 1, 2019. The trend analysis showed 3 counties in one (1) state hub currently having malaria trends that are significantly higher than expected. Counties with malaria trends that exceed the threshold include: Aweil East, Aweil West and Aweil North counties in Aweil Hub.
- Three suspected cases of Meningitis were reported in Cuei-Bet hospital, Gok state. Two of them died. State RRT responded to the alerts and no new cases were identified.
- A measles outbreak has been confirmed in Abyei following laboratory confirmation of five (5) cases between week 51 and week 52, 2018. Overall, 35 cases have been reported since week 51, 2018. No deaths reported.
- According to the Nutrition Cluster Information System, in 2018 (data received until Nov 2018) 189,826 children under five were admitted with Severe Acute Malnutrition in outpatient and inpatient programs, representing 73% (261,424) of

the total children in need and 91% (209,140) of the cluster target. In outpatient programs, 88% have been discharged cured, performing well above the Sphere standard of 75%, with defaulter rate at 8%. New admission of children with Moderate acute malnutrition reached a total number of 376,291, representing 45% of the cluster target (512,941) and 73% of children in need (827,000). In 2018 a very high level of food insecurity was registered however, a reduction in terms of caseload and GAM in most of the assessments conducted was reported, despite the high level of food insecurity. The discrepancy of the two scenarios is still under discussion. Mortality rate recorded in 2018 through SMART surveys has been below the threshold, except in Koch, where mortality was above the threshold.

- For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link: <http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>.

**WHO Public
Health
response**

Ebola Virus Disease preparedness and response:

- As the Ebola outbreak continues to evolve in the neighbouring Democratic Republic of Congo, South Sudan remains on very high alert with heightened preparedness and response efforts. The national level task force which coordinates the preparedness and response efforts continues to hold weekly meetings with the last one held on 10 January 2019 at the National Public Health Emergency Operations Center in Juba. Similarly, the state level Task Force meetings also were held in Yei, Yambio, Jubek, Nimule and Maridi.
- Entry screening for travelers into South Sudan is being conducted at 17 priority entry points. A total of 50,466 travelers were screened during week 1 of 2019. Additional screening sites are planned to be established: World Vision- 3 new sites in Nzara (Sangura I and Basu Kangwi); Yambio (James Diko) and Ezo (Andari); CUAMM - 4 new sites in Maridi, and IOM -1 new site in Bazi.
- To ensure proper management of infectious samples, seven (7) officials from South Sudan will be trained and certified on infectious substances shipping from 21 to 23 January, 2019 in Brazzaville with support from WHO.
- WHO Ebola Vaccination Team visited Nimule and Jubek for assessment and prioritization of health facilities in preparation for the Ebola vaccination exercise slated to start on 23 January, 2018 in Jubek.
- WHO is coordinating the distribution of the printed 4000 copies of the Ebola case definition posters and fliers countrywide to all the 10 former states.
- With support from UNICEF, WHO and other partner, community awareness through different approaches including interpersonal communication, radio broadcasts, community engagement on Ebola prevention measures is being strengthened in all the high-risk states.
- The weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. <https://bit.ly/2Lwkj5p>.

Nutrition:

- In 2018, WHO intensified efforts, mobilized technical and financial resources to support improved inpatient therapeutic programs for SAM with medical complications, as well as rolling out facility-based nutrition surveillance. WHO has trained over 120 health workers on quality lifesaving case management of malnourished children to prevent unnecessary deaths and ensure quality across the continuum of care. Capacity building of medical doctors, nurses and other health workers responsible for case management of severely malnourished children is

essential to achieve reductions in mortality. Over 3500 treatments have been provided as stop gap measure for stabilization centers to ensure sustainability of treatments. WASH services will be extended to stabilization centers in priority locations. Nutrition surveillance sentinel sites have been established in high food insecure areas with alarming GAM rate, to detect malnutrition, improve case referral, and monitor trends. WHO plays a distinctive role in emergency nutrition, provides technical support, builds sustainable institutional capacity, and monitors the health situation and trends.

Immunization:

- The country continues to maintain its polio-free status and the two main surveillance indicators are achieved at the national level and in 8 states for 2018. In week 2 2019, 4 cases of AFP have been reported in 3 states.
- The Auto Visual AFP Detection and Reporting (AVADAR) system was featured on EYE radio and has reported 1 AFP case as at week 2, 2019 with completeness and timeliness of reporting at 95% and 94% respectively.
- The country has started planning for the Polio campaign planned for the month of February targeting 65% of children below 5 years in the country.

Updates from the States:

- South Sudan Red Cross conducted a 2-day refresher training for 15 Safe and Dignified Burial volunteers from 10 – 11 January 2019 in Juba.
- Coraid is constructing an isolation facility in Nimule (photo below shows the progress).
- WHO, UNICEF, WFP, CUAMM, SMOH, CHD, CHADO, PLAN Int, IRC, Carter Center and Save the Children conducted an inter-agency Rapid Need Assessment from 9 – 11 January 2019 at Alor Payam, Rumbek North County.
- WHO State coordinator and team conducted supportive supervision in Aroyo PHCC in Aweil. Key gaps identified were shortage of essential medicines including antimalarial drugs, delivery sets and CAN cards. The team recommended remedial measures.



Ongoing construction of the isolation facility in Nimule



WHO Aweil State coordinator checking the IDSR register at Aroyo PHCC. Photo: WHO

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 1 January, 2019.
- The Ebola Preparedness plan for WHO has received \$2.9million (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 funding 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	\$ 2.9 million	53%

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



This Humanitarian Situation Report has been developed with support from the following WHO Country Office Clusters: Emergency Operations, Health Information, Surveillance & Risk management, Disease Control, Integrated Services, Field Offices Coordination and Health Cluster Coordination.

For more information please contact:

Dr Olushayo Olu
 WHO Country Representative
 Email: oluo@who.int
 Mobile: +211 925 000 029

Dr Guracha Argata
 Emergency Coordinator/WHE
 Email: guyoa@who.int
 Mobile: +211 926144384

Ms Liliane Luwaga
 Communication Officer
 Email: luwagal@who.int
 Mobile: +211 921 647 860