



WHO and UNICEF providing support during the ongoing reactive measles vaccination in Mayom. Photo: WHO

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan



**7.1 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



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



**2.27 MILLION**  
SOUTH  
SUDANESE  
REFUGEES IN  
NEIGHBOURING  
COUNTRIES

### HIGHLIGHTS

- As of 10 March, 2019, a total of 1,150 healthcare and frontline workers have been vaccinated against Ebola Virus Disease (EVD) in Yei and Yambio. The vaccination has been completed in Yei River state. Plans are underway to initiate vaccination in Nimule during the week of 16 March 2019.
- The EVD preparedness joint monitoring mission (JMM) composed of experts from WHO-HQ, WHO-AFRO, DFID, USAID, OCHA, UNDP, WFP, and UNICEF visited South Sudan from 4 to 8 March 2019. The preliminary findings show that the EVD preparedness assessment score improved from 17% in November 2018 to 64% in March 2019.
- WHO received a consignment of 21,735 doses of Yellow Fever vaccines from the International Coordinating Group ahead of the planned 5 days reactive vaccination campaign in Sakure payam in Nzara County commencing on 25 March, 2019.
- According to an integrated UNMISS field monitoring mission to Bill in Guit County, Greater Upper Nile on 1 March, an estimated 6,000 people needed humanitarian assistance, including food, shelter, health services and clean water.

### WHO FUNDING REQUIREMENTS- 2019



**7.2 M** FUNDED  
**23.4M** REQUESTED (UNDER 2019 HRP)

### ACUTE MALNUTRITION -2019

**860 000** CHILDREN 6-59 MONTHS  
(260 000 SAM, 600 000 MAM) ESTIMATED TO BE ACUTELY MALNOURISHED IN NEED OF TREATMENT

**57** FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

### CUMULATIVE VACCINATION - 2019



**3 980** ORAL POLIO VACCINATION

**20 501\*** # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

\*DATA INCOMPLETE

**7 783** # OF PERSONS VACCINATED AGAINST MENINGITIS

**1150** EBOLA VACCINATION

### PUBLIC HEALTH THREAT - 2019



**21** TOTAL CASES HEPATITIS E

**07** EVD ALERTS

**00** CONFIRMED EVD CASES

## Overview of the Humanitarian crisis

- In a report to the UN Security Council circulated on 5 March, the UN Secretary-General Antonio Guterres stressed that after five years of civil war, the agreement between the Government and key opposition groups is "the best and only option for a political solution to the conflict in South Sudan." Guterres warned that key benchmarks haven't been achieved five months into an eight-month period preceding the political transition planned under the accord. (See press release: <https://wapo.st/2H2F7IK>).
- Representatives of UN agencies, the African Union, the Government of South Sudan and members of civil society organizations discussed the challenges of ensuring criminal accountability in the fragile political and security context. The workshop concluded that ending impunity for conflict-related sexual and gender-based violence is the only way to end its widespread practice in South Sudan. It was organized by the Commission on Human Rights in South Sudan. (See press release: <https://bit.ly/2UnOMX5>).

## Event Description/ Situation update

### Restrictions on roads in Yei lifted

- On 4 March, UNDSS restriction on movement along all roads out of Yei town was lifted, including Yei-Morobo road; Yei-Lasu road and Yei-Tore road. Partners are advised that approved Security Risk Management (SRM) mitigation for road movements in the state should be applied during field missions. The movement restriction was imposed in January 2019.

### Inter-agency assessment

- An Inter-Agency assessment was conducted in Ikpiro, Duduma and Masia, northwest of Yambio, and Gangura, south of Yambio town. The assessment gained an understanding of the dynamics of South Sudanese returning from the DRC. It centred around Gangura/Nabiapai where Ebola screening activities take place. Local authorities reported that refugees returned almost daily. Reportedly 50 per cent of the refugees were still in DRC, but many more were expected to return to South Sudan.

### Fire in Bentiu PoC

- On 4 March, fire broke out at Sector 2 Block 4. About 30-50 tukuls and properties were reported destroyed before the fire was extinguished by FPU, UNDSS and GHANBATT. The cause of the fire remains unknown. No human casualty has been reported. 6,000 returnees in Guit County in need of humanitarian response
- According to an integrated UNMISS field monitoring mission to Bill in Guit County on 1 March, an estimated 6,000 people needed humanitarian assistance, including food, shelter, health services and clean water. According to the Commissioner, since 2016, the people had fled the area to the swamps of Wanglual, Wichmuon, Wichbaar, Munduoi, Kuobok, and Fangak and had returned to Bill and surrounding areas, including Koryoah, Rubmuoon, Guiynyaar, Jiathchingbol, Kualjiar, and Duelkel. Reportedly, 1,800 individuals returned from Bentiu PoC site, but went back due to the lack of social services in the area. Humanitarian partners are following up.

## Epidemiological Update

- In epidemiological week 9 of 2019, completeness and timeliness for Integrated Disease Surveillance and Response (IDSR) reporting at county level was 60% while EWARN reporting from the Internally Displaced Population (IDP) health facilities was 80%.
- A total of 36 alerts were reported in week 9. The teams verified 61% of the alerts, and 6% required a response.
- In epidemiological week 9 of 2019, Measles, and bloody diarrhea were the two most frequently reported infectious diseases.
- There has been persistent transmission of Hepatitis E Virus in Bentiu PoC. One new case was reported in week 9. A cumulative total of 21 suspected HEV cases have been reported since the beginning of 2019.
- Malaria was the leading cause of morbidity and mortality accounting for 54% of all

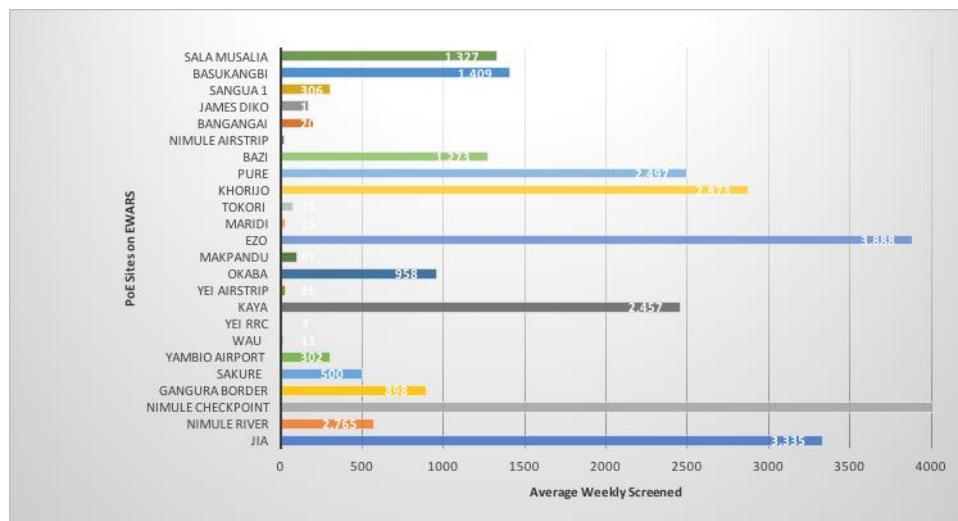
morbidities and 32% of all mortalities in week 9, 2019. The trend analyses showed at least 2 counties in two state hubs having malaria trends that are significantly higher than the expected levels. Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) include: Aweil West under Aweil hub and Tonj South under Kwajok hub.

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 of 10 March, 2019, a total of 1,150 healthcare and frontline workers have been vaccinated against Ebola Virus disease. These include Yambio and Nzara counties in Gbudue state, and Yei township, Kупера and Kajo-Keji in Yei River state. New locations in the coming week include Ezo County, Tambura State in Gbudue state. The vaccination exercise has been completed in Yei River state. Plans are underway to initiate vaccination in Nimule during the week of 16 March 2019.
- The national level Ebola task force continues to hold weekly meetings with the last one held on 7 March 2019 at the National Public Health Emergency Operations Center in Juba. State level Task Force meetings also were held and updates from Yei, Yambio, Jubek, Nimule and Maridi shared with the National Task Force.
- The Ebola vaccination continues in Gbudue and Yei River States. In week 9 of 2019, a total of 58,924 incoming travelers were screened from the 24 screening points in the country with a new point of entry (POE) screening operationalized by IOM in Salla Musala. Plans are underway by IOM to make the remaining 15 screening points identified functional.



- The EVD preparedness joint monitoring mission (JMM) composed of experts from WHO Headquarters, WHO-AFRO, DFID, USAID, OCHA, UNDP, World Food Program, and UNICEF visited South Sudan from 4 to 8 March 2019 with the objective of assessing the progress made towards enhancing EVD operational readiness in South Sudan. The mission conducted



Group photo of the JMM team with the team in Nimule. Photo: WHO

meetings with EVD partners including UN agencies, donors, officials from the Ministry of Health and other implementing partners. They visited high-risk areas including Yambio and Nimule. The preliminary findings show that the EVD preparedness assessment score improved from 17% in November 2018 to 64% in March 2019.

- For more information on the weekly Ebola Virus Disease preparedness update access the report on this link: <https://bit.ly/2Lwkj5p>.

### **Nutrition**

- According to the latest analysis of the Integrated Phase Classification (IPC) of food security, (Feb 2019), a total of 18 counties are classified in Emergency (IPC Phase 4), 57 are classified in Crisis (IPC Phase 3) for the period Feb to April 2019. The counties of Akobo, Ayod, Canal Pigi, Pibor, Duk, Urur (former Jonglei); Abiemnhom, Panyijar and Pariang (former Unity); Twic (former Warrap); and Awerial (former Lakes) are classified as Critical (IPC Acute Malnutrition Phase 4), with Global Acute Malnutrition levels between 15% and 29,9% and further deterioration is expected in the lean season from May to July 2019, at the peak of the lean season.
- An increasing number of people in catastrophic humanitarian situation are projected in Jonglei. The high prevalence of diseases, lack of access to safe drinking water and poor child healthcare and feeding practices are aggravating factors to the malnutrition level, especially in these areas of Jonglei. Children with Severe Acute Malnutrition with medical complications are at high risk of death and need to be treated as inpatients in stabilization centers. Due to this emergency scenario, counties in critical situation necessitate further intensification of nutrition response, to enable staff responding adequately to life threatening conditions, such as SAM with medical complications.
- In the coming weeks WHO is planning to support 6 health and Nutrition partners by distributing 1200 medical treatments for children with Severe acute malnutrition with medical complications, admitted in stabilization centers.

### **Immunization**

- WHO in collaboration with partners have supported the Integrated campaign, Measles and OPV which started on the 9 March 2019, in Jakow, Maiwut County.
- Training and micro-plans have been completed for the Polio SIAs with the campaign scheduled to start on the 12 March 2019 targeting 2,293,006 under five children in 56 counties.
- WHO received a consignment of 21,735 doses of Yellow Fever vaccines from the International Coordinating Group ahead of the planned 5 days reactive vaccination campaign in Sakure payam in Nzara County commencing on 25 March, 2019.
- WHO continue to support plans for a vaccination response to the measles outbreak in Gogrial West County. The campaign is scheduled to take place from 11 to 17 March, 2019.
- On 6 March, a reactive measles vaccination campaign targeting 37,200 children aged 6-59 months was launched in Mayom County, Unity. The campaign comes after a measles outbreak was recently confirmed in Mayom. At least 17 measles cases with no deaths have been reported in Mayom County, with nearly 90 per cent of those affected aged less than 5 years and originating from Pup and Mankien Payams. On the same day, measles vaccination campaign targeting more than 76,000 children aged between 6 to 59 months in the nine payams of Gogrial West County in Warrap was also started. A similar campaign targeting 47,328 children aged 6 months to 15 years in all the payams in Pibor County, Jonglei have also started on 4 March. Measles outbreaks in South Sudan are attributed to accumulation of unvaccinated children due to low routine immunization administrative coverage at 59 per cent. Access to health care across the country which is extremely limited with less than 50 per cent of the

population estimated to live within 5KM radius of a health facility.

### Emergency supplies and Logistics



*Innovative ways of distributing Sub Immunization Activities (SIA) supplies in Maiwut county. Photo: WHO*

- WHO prepositioned a total of 38 assorted medical emergency kits and supplies including IEHK Basic Malaria module, IEHK Supplementary Malaria Module, IEHK Basic Module without antimalarial, cholera investigation kits, chlorination kits, cholera community kits, cholera periphery kits, ECD kits, SAM Kits, sample collection kits, to different implementing partners mainly Livewell, World Vision, CUAMM, ACF, Nile Hope, IMA, Rokon, and IRC. This is in preparation for the rainy season, during which the country annually reports an upsurge in cases of Malaria and Acute watery diarrhea.

### Updates from the States

- In Yei River State WHO Risk Communication/Social Mobilization and Surveillance teams joined other humanitarian agencies to visit Payawa Payam on 01 March to conduct an inter-sectoral rapid assessment of IDPs displaced from Undukori, Lune and Payawa payams of Mugwo county in Yei River State. A total of 2,520 persons converged in Payawa and they were given EVD awareness messages, posters and leaflets.



*Engagement with Students at Yei Day Secondary School by SSRC and WHO*

### Operational gaps and challenges

- The humanitarian operations continue to persistently be hampered by insecurity limiting access, poor road network, floods, and bureaucracy at all levels.
- There is a reported shortage of measles vaccines for emergency campaigns in the country.

**Resource mobilization**

**Financial Information:**

- The total recorded contributions for WHO emergency operations as of 10 March, 2019 amounts to US\$ 7.2 million (DFID, Government of Japan, USAID, GAVI, ECHO, SSHF) for the 2019 financial year with a funding gap of US\$ 16.2 million.
- The Ebola Preparedness plan for WHO has received US\$ 4.6 million (WHO Core, WHO/CFE, DFID, Canada, Germany, CERF).
- 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 (WHO)	\$ 23.4 m	\$ 7.2 m	31%
	Ebola Preparedness	\$ 5.5 m	\$ 4.6 m	84%

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