



World Health Organization

Humanitarian Situation Report Issue # 16
15 – 21 APRIL 2019



WHO Emergency mobile medical team providing life-saving health care to the IDPs in Rokon. 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

- Measles continues to be a major public health threat in South Sudan. Twenty-six suspected measles cases have been reported from Longochuk County in Upper Nile; 22 cases from Mathiang Payam and four (4) cases from Watber Payam.
- Two new measles outbreaks have been confirmed in Bentiu PoC and Malakal PoC where the requisite emergency response planning has been initiated.
- Two suspected cases of Hepatitis E were reported in week 15, 2019. Cumulatively, there are 36 Hepatitis E Virus cases reported in Bentiu PoC since the beginning of 2019.
- A suspected Guinea Worm case was reported from Matangai village in Rumbek Center County on 15th April 2019.
- Malaria was the leading cause of morbidity and mortality accounting for 44% of all morbidities and 9% of all mortalities in week 14, 2019.

WHO FUNDING REQUIREMENTS- 2019



7.2 M FUNDED
23.4M REQUESTED (UNDER 2019 HRP)

ACUTE MALNUTRITION -2019

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

59
FUNCTIONING STABILIZATION
CENTERS ACROSS COUNTRY

CUMULATIVE VACCINATION - 2019

2 050 250 ORAL POLIO VACCINATION

24 261 # OF CHILDREN (6mths – 15 years)
VACCINATED AGAINST MEASLES

17 135 # OF PERSONS VACCINATED
AGAINST MENINGITIS

1 904 EBOLA VACCINATION

PUBLIC HEALTH THREAT - 2019



36 TOTAL CASES HEPATITIS E
15 EVD ALERTS
00 CONFIRMED EVD CASES

**Overview of
the
Humanitarian
crisis**

While the overall numbers of internally displaced people and refugees remained static from the previous month, population movements were reported in March within South Sudan and across its borders. Hostilities and inter-communal clashes in Upper Nile, Unity and the Equatorias, and cattle raids in Western Bahr el Ghazal and Warrap, forced thousands of people to flee their homes. At the same time, the verification of some 4,600 spontaneous refugee returns added to reports of internally displaced people moving towards their places of origin and other areas. This included individuals and entire families. Biometric registrations and headcounts in the PoC sites indicated a reduction in the number of IDPs in the sites.

Despite ongoing humanitarian assessments, the full scale of returns remained difficult to track and quantify. Some areas, such as Yei in Central Equatoria, saw a combination of returns and new displacements, illustrating the fluidity of population movements in the current context. Over 6.4 million South Sudanese were estimated to be severely food insecure.

**Event
Description/
Situation
update**

Renewed fighting in Tonj.

- On 16th April partners reported renewed fighting in Tonj between two camps of cattle keepers. Reportedly, 12 people were killed and another 20 injured. Details about the number of people displaced due to the fighting are yet to emerge.

Malnutrition in children.

- Nutrition partners conducted mass mid-upper arm circumference nutrition screening of 230 children in the first week of April. 9 children had severe acute malnutrition and 48 moderate acute malnutrition. The malnutrition has been attributed to food insecurity and limited humanitarian presence in the area. In response, food items were distributed to nearly 20,000 people in Raja County. Nutrition partners are closely monitoring the situation.

Security alert grey status declared.

- On 15 April, six people were reportedly injured following an inter-communal conflict between Buonchai, Kongder and Ajak Counties over the newly created Wathmuok County in Aweil South left. The State Deputy Governor deployed forces in the area to diffuse the tension. An Alert State Grey was declared for Wathmok County until further notice. Partners have been advised to exercise caution while working in the area.

Cattle raiding and crimes incidents

- In Lakes State cattle raiding and crimes have sharply increased during the reporting week across the hub: A total of 36 people were killed while 13 injured in different locations due to different incidents including cattle raiding and crime.

**Epidemiological
Update**

- In epidemiological week 15 of 2019, completeness and timeliness for Integrated Disease Surveillance and Response (IDSR) reporting at county level was 55% while EWARN reporting from the Internally Displaced Population (IDP) health facilities was 84% for timeliness and 84% for completeness.
- A total of 35 alerts were reported in week 15. The teams verified 49% of the alerts, and 6% required a response.
- Measles, acute watery diarrhea and bloody diarrhea were the most frequently reported infectious diseases alerts in epidemiological week 14 of 2019.
- Two new measles outbreaks have been confirmed in Bentiu PoC and Malakal PoC where the requisite emergency response planning has been initiated. In Bentiu PoC, 17 suspect measles cases have been reported since the beginning of 2019. Two samples collected from Bentiu PoC and sent to Juba on 16 April 2019 tested measles IgM positive. Another sample shipped from Malakal PoC to Juba on 11 April 2019 also tested measles IgM positive. The results have been shared with the respective state

MoH and health cluster/HPF partners to initiate measles outbreak response planning that includes reactive measles vaccination.

- Two suspected cases of Hepatitis E were reported in week 15, 2019. Cumulatively, there are 36 Hepatitis E Virus cases reported in Bentiu PoC since the beginning of 2019.
- Twenty-six suspected measles cases have been reported from Longochuk County in Upper Nile; 22 cases from Mathiang Payam and four (4) cases from Watber Payam. The first case was seen at Mathiang PHCC on 24th March 2019. The majority (81%) of the cases are children <5 years. The partners are advised to collect serum samples for laboratory testing for confirmation.
- Malaria was the leading cause of morbidity and mortality accounting for 44.2% of all morbidities and 8.7% of all mortalities in week 14, 2019. The trend analyses showed at least 4 counties in four 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 hub (Aweil East), Wau hub (Wau), Rumbek hub (Rumbek Center) and Juba hub (Juba).
- 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

- The vaccination exercise against Ebola Virus disease is still ongoing and as of 22nd April 2019, a total of 1904 frontline healthcare workers have been vaccinated. The vaccination exercise was completed in Yambio-Gbudue State (935), Yei River State (626) and Nimule/Torit State (343). Preparations for the vaccination in Juba are in advanced stage.
- The national level Ebola task force continues to hold weekly meetings with the last one held on 18th April 2019 at the National Public Health Emergency Operations Center (PHEOC) in Juba. State level Task Force meetings also were held and updates from Yei, Jubek and Nimule shared with the National Task Force.
- During week 15, a total of 69,060 incoming travelers were screened from the 28 functional screening points in the country.
- With support from WHO, Jubek State Ministry of Health trained 14 community Health workers on community-based surveillance with support from WHO/SMOH to enhance surveillance and response to alerts.
- For more information on the weekly Ebola Virus Disease preparedness update access the report on this link: <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>.

Polio National Immunization Days

- The 2nd round of the Polio campaign will be integrated with Vitamin A and Albendazole and will be conducted in all counties and states of the country, it is expected to start on the 30th of April 2019. All children less than 59 months are expected to be beneficiaries with a set target of 3,351,954.
- Active and passive surveillance for Acute flaccid paralysis continues with 91 cases of AFP investigated, and 23 samples from the environment collected, all samples have so far tested negative for wild poliovirus.
- The country has started its preparation for submission of its polio documents to the African Regional certification committee in 2019.
- WHO supported the country to update its polio outbreak response plan especially as it relates to population immunity and AFP surveillance.

Updates from the State Hubs

- A suspected Guinea Worm case was reported from Matangai village in Rumbek Center County on 15th April 2019. This was a 55-years old male. The sample was collected for laboratory investigations.
- **In Lakes hub**, WHO attended an emergency meeting convened by RRC Director regarding the attack and a counter attack between the Youth from Pagor and the Tiaptiap cattle camp in Cueibet County, Gok State. 17 people died while 19 were wounded; 1669 households were displaced. Neighboring payams of Citcok and Makuei were also affected with of 361 households and a number of cattle looted.
- **WHO Malakal** sub office donated emergency supplies to Health Link and World Vision International to support mobile clinic to provide healthcare services at the IDPs settlement areas and attend to the immediate health need; and to strengthen the existing health facilities in a nearby IDP location and at the areas of displacement to sustain healthcare services and encourage return of IDPs.
- **Aweil Hub:** Measles outbreak which was confirmed in Aweil South was responded to by IOM the lead implementing partner and supported by WHO, UNICEF, SMOH and other partners. The vaccination campaign ended successfully on 15th April with a coverage of 116%.
- **Aweil hub:** WHO through the health cluster convened a meeting to discuss the confirmed Measles outbreak and engaging with potential partners such as MSF and Mediar to take a lead to response. The hub also managed to deliver more vaccines and dry supplies to two Payams in Aweil South which reported shortage for vaccines.
- **Upper Nile Hub:** WHO facilitated the monthly Health Cluster meeting chaired by the SMOH Director General and attended by all health implementing partners to discuss the last round NIDs implementation, challenges and achievements, ongoing health status and Health partners contributions to support MOH and counties CHDs.
- WHO in collaboration with UNFPA in the Upper Nile hub reactivated reproductive Health sub cluster meetings by initiating a one day session on importance of monitoring and strengthening maternal death surveillance system at all functional Health facilities, this will establish epidemiological references of causes maternal deaths and therefore initiating suitable prevention methods to reduce maternal mortality.

Operational gaps and challenges

The humanitarian operations in the country still continue to be hampered by sporadic Incidents of insecurity, and poor road network.

Resource mobilization

Financial Information:

- The total recorded contributions for WHO emergency operations as of 21st April 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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