

KEY FIGURES

7.5M People in need of Humanitarian Assistance	2.24M South Sudanese Refugees
1.67M Internally Displaced	1.3M Malnourished Children
188K Persons living in PoC ¹	352K Malnourished Women
93 Stabilization Centers	6.01M Severely Food Insecure

COVID-19 SITUATION

4 confirmed cases	267 individuals tested	102 cumulative contacts
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HIGHLIGHTS

- South Sudan confirmed its first case of COVID-19 on 5 April 2020. Three more cases have since been confirmed.
- The WHO is supporting expansion of Dr John Garang Infectious Disease Unit (IDU) from 24 to 80 -bed capacity to support case management in case of increased caseload
- The Government of South Sudan has received the second batch of personal protective equipment (PPEs) and COVID19 testing kits donated by Jack Ma Foundation.
- The Ministry of Health, WHO and health cluster partners vaccinated 16 455 individuals during oral cholera vaccination (OCV) campaign in Pibor.

121 066 (20%)	Children under one year vaccinated with oral polio vaccine
962 158	Initial numbers of children Vaccinated against measles
5	Counties with confirmed measles outbreaks in 2020
1	PoC ¹ s sites with confirmed measles outbreaks in 2020
0	Counties with malaria cases surpassing their set thresholds in



WHO technical officer conducting orientation for frontline health workers on PPE during a simulation exercise in Maridi

¹ UN Protection of Civilians'

Overview of the Humanitarian Crises

- **Following confirmation of COVID-19 cases in South Sudan, the government suspended all internal passenger flights from Juba to the states and between states on 13 April 2020.** The government agreed for UNHAS to continue with life-saving flights in the country but with a reduction in flight frequency. In addition, the government also announced the closure of the country's borders and banned international flights as part of preventive measures against the spread of the virus.
- **Lack of resources for effective monitoring of borders crossing points across Central Equatorial State.** Lack of resources for monitoring border crossing points by the local authorities has hampered effective monitoring of cross border movements at 13 crossing points in Central Equatorial State, hence, affecting the local authority's capacity to identify and quarantine travelers. The UN is supporting with border monitoring at Yei Airstrip and at the border town of Morobo.
- **The internally displaced persons living in UNMISS Adjacent Area (AA) in Pibor continue to return to their homes.** During the reporting period approximately 400 to 800 individuals are still residing in UNMISS AA in Pibor. Most of the IDPs are from the Greater Likuangole area of Pibor County.
- According to the **Integrated Food Security Phase Classification (IPC)** report released in February 2020, some six million people are projected to be severely food insecure between February and April 2020.
- A mature **swarm of desert locusts** has arrived from Uganda to Ikotos and Magwi counties in Eastern Equatorial State, posing a significant threat to food security and livelihoods in the region.

Emergency Response Activities

National RRT Investigate Suspected Cholera Outbreak in Pibor:

- Between 19 and 23 March 2020, the Ministry of Health and the WHO responded to suspected cholera outbreak in Pibor by deploying the national rapid response team (RRT). Nine-stool samples that were collected tested negative for *Vibrio cholera*. Water quality testing done for water samples collected from different water sources indicated high levels of contamination.

Oral Cholera Vaccination Campaign (OCV) in Pibor:

- The Ministry of Health, WHO and health cluster partners have conducted a preventive OCV campaign in Pibor where 16 455 individuals were vaccinated. The first phase of the campaign started on 1 April 2020 while the second phase of the campaign is expected to begin on 22 April 2020. The OCV campaign meant to complement the personal and community hygiene and sanitation measures.

National Database for Rapid Response Teams (RRTs) in South Sudan:

- The Ministry of Health and WHO are concluding an assessment for creation of a nationwide database for the RRTs. The database will help planning for capacity building and ensuring availability for prompt deployment for outbreak investigation and response.

WHO Mobile Medical Team in Kajo Keji for Inter-Cluster Humanitarian Need Assessment:

- WHO's mobile medical team participated in an inter-cluster humanitarian assessment mission in Kajo Keji from 23-28 March 2020, with a view of obtaining an overview of the health situation and health services availability in Kajo-keji County. The findings showed that the county has six functional health facilities underpinning a huge service gap; only one facility is offering immunization services in the county; no referral facility for the county as the facilities are forced to refer patients requiring advanced clinical care to Moyo Hospital in Uganda. Urgent gap-filling measures to ensure availability of basic health services are required. The WHO donated assorted emergency medical supplies to the county health department to support about 10 000 people for three months.

Surveillance, Epidemiological Update and Response for Disease Outbreaks

Nutrition support in stabilization centers in Juba and Koch

- To support treatment at the stabilization centers, the WHO donated three severe acute malnutrition (SAM) kits to Al Sabah Children's Hospital in Juba. The kits will be enough to support management of 150 children for 3 months. In addition, one SAM kit was donated to Koch stabilization center to treat 50 children with SAM with medical complications.

Performance of the Integrated Disease Surveillance and Response

- In epidemiological week 14 of 2020, completeness and timeliness of reporting by health facilities was 87% and 86% respectively. The Early Warning and Response System (EWARS) reporting sites had completeness and timeliness of 88%.
- Of the 142 alerts generated through the EWARS, malaria (25%) and acute respiratory illness (25%) accounted for half of all the alerts.
- Malaria was the leading cause of morbidity and mortality in the country accounting for 46% of all the illnesses and 15% of all the deaths.

Coronavirus disease (COVID-19) Outbreak in South Sudan

- South Sudan confirmed its first case on 5 April 2020, and three more cases on 7, 8 and 10 April 2020.
- Contact tracing, daily follow up, sample collection and quarantine had been initiated for all the contacts of the confirmed cases. The first case had 47 contacts, second case had five contacts, the third case had 15 contacts while the fourth case had 29 contacts.
- The Ministry of Health with support from WHO and partners, is now responding to the outbreak by conducting outbreak investigation activities and scaling up active and sentinel surveillance, risk communication, coordination, infection prevention and control (IPC) and case management activities. The WHO prepositioned 590 sample collection kits and personal protective equipment (PPEs) in the 10 state to support COVID-19 alert investigation and sample collections.
- The WHO is supporting expansion of Dr John Garang Infectious Disease Unit (IDU) from 24 to 80 -bed capacity to support case management in case of increased caseload.
- States and counties have stepped up surveillance including building the capacity of health workers from government and private health facilities on COVID-19 case detection and investigation.
- On 22 March 2020, the Government of South Sudan issued a directive suspending all international flights.

Outcomes of COVID-19 Contact investigations in South Sudan as of 21 April 2020

Confirmed cases	Total number of contacts listed	No. of contacts listed		No. of contacts who have completed quarantine	No. of contacts followed up today (n=11)
		In Juba	Outside Juba		
1 st Case	47	46	1	47	0
2 nd Case	5	5	0	5	0
3 rd Case	15	0	15	15	0
4 th Case	34	34	0	24	9
Regional Case (outside of SS)	1	0	1	0	1
Total	102	85	17	91 (89%)	10 (91%)

For more information, please visit: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

Ebola Virus Disease

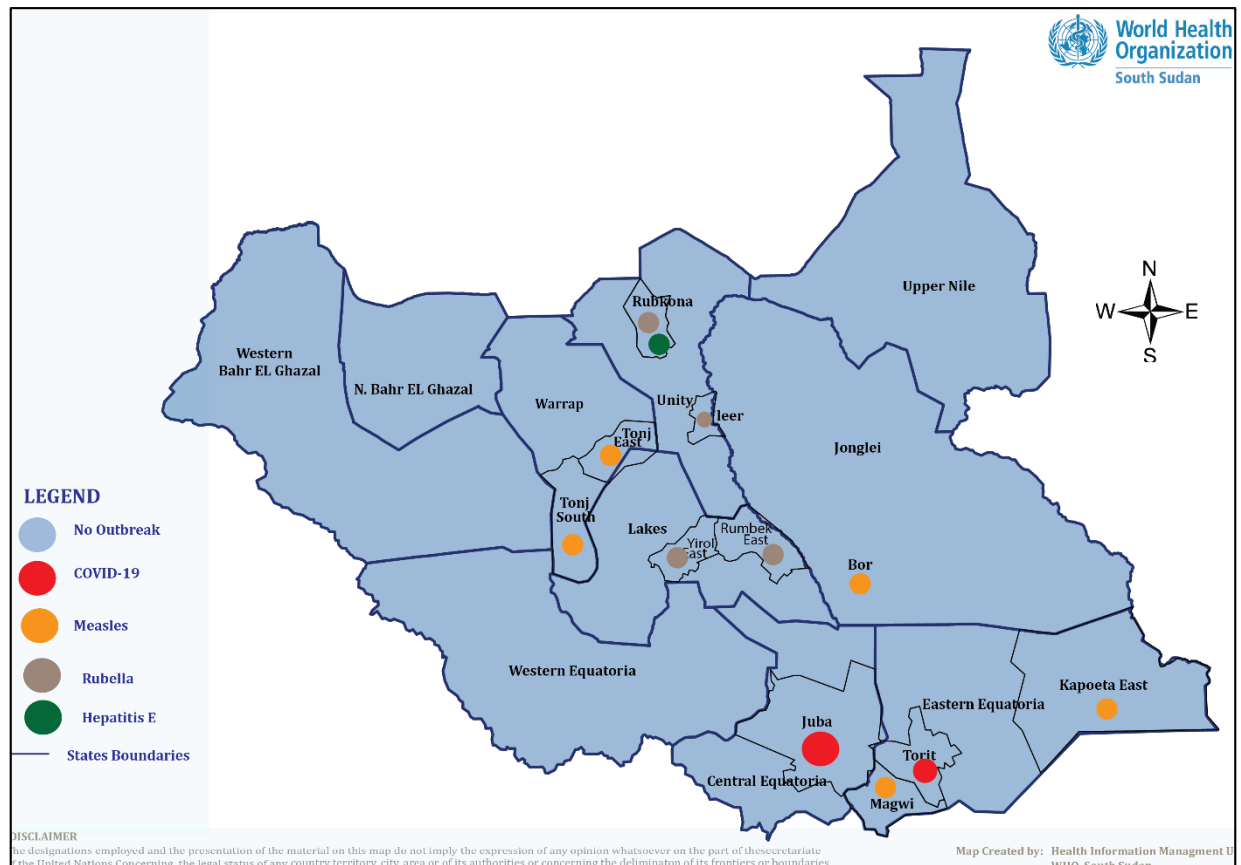
- Two new confirmed cases of Ebola virus disease (EVD) were reported in Beni Health Zone in the Democratic Republic of Congo (DRC) on 10 and 12 April 2020.
- Following the resurgence of EVD cases in DRC, South Sudan intensified preparedness activities on the border areas.

For more information, please visit: <https://www.who.int/emergencies/diseases/ebola/drc-2019/situation-reports>

Measles and Rubella Outbreaks

- In 2020, measles outbreaks were confirmed in five counties namely, Bor (14 cases), Tonj South (4), Tonj East (61 cases), Magwi (10 cases) and Kapoeta East (6 cases). Outbreak response measures that included reactive vaccination campaigns have been implemented in all the counties.
- Bentiu PoC (96 cases) and Aweil East (205 cases) have been reporting measles cases since 2019. WHO is working with the Ministry of Health and health cluster partners to plan and implement comprehensive and appropriate response plan for the active outbreaks.

Map showing the confirmed outbreaks in South Sudan, 2020



For more details, visit: <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>

Operational gaps and challenges

- Limited resources to cover all the affected counties.
- Weak coordination mechanisms at sub-national level.
- Insecurity in conflict affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health at subnational levels

Resource Mobilization

Name of appeal	Required US \$\$	Secured in US \$	Gap in US \$
WHE Operations	22 million	2 million	20 million

Key Donors

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- Central Emergency Response Fund (CERF)
- European Union Humanitarian Aid (ECHO)
- Global Alliance for Vaccine Initiative (GAVI)
- United States Agency for International Development (USAID)
- The Government of Japan

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- The Department for International Development (DFID)
- South Sudan Humanitarian Fund (SSHF)
- World bank

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