

South Sudan: Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian Crises

Issue 10 | Date: 16– 31 May 2021

KEY FIGURES

8.3 M People in Need of Humanitarian Assistance	2.3 M South Sudanese Refugees in neighboring countries
1.6M Internally Displaced	1.4M Malnourished Children
125K Persons living in PoC ¹	483K Malnourished Women
77 Stabilization Centers	7.2M Severely Food Insecure

COVID-19 Response

10 676 confirmed cases	115 deaths	162 633 Tests performed	10 462 recoveries
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IPC PHASE 5 Response

108 000 People targeted	6 Counties	239 413 consultations conducted
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HIGHLIGHTS

- A cumulative of 10 676 COVID-19 confirmed cases and 115 deaths (case fatality rate, CFR of 1.1%) have been reported in South Sudan since the onset of the outbreak.
- The Ministry of Health and partners have extended the COVAX vaccine drive in the states with top leadership in the government received their first jab
- Deep concerns on increasing incidents of attacks and killing of humanitarians in different parts of South Sudan
- Health Cluster partners continue to scale up response in the food IPC5 insecurity counties,
- Since the beginning of 2021, 239 413 consultations have been conducted in the six priority counties with 13 356 consultation being provided in week 21, 2021.

121 066 (20%)	Children under one year vaccinated with oral polio vaccine
962 158	Initial numbers of children vaccinated against measles
00	Counties with confirmed measles outbreaks in 2021
00	PoC ¹ s sites with confirmed measles outbreaks in 2021
02	Counties with malaria cases surpassing their set thresholds



People in Aweil center, Northern Bahr el Ghazal state lining up to receive COVID-19 vaccine

¹ UN Protection of Civilians'

Overview of the Humanitarian Crisis

- **Attacks on humanitarian workers:** The deeply concerning increasing incidents of attacks and killing of humanitarians continue to be reported. Most recently, two aid workers were killed in an ambush in Yirol West, Lakes State on 7 June 2021. The unfortunate incident occurred within a few weeks of the unrelated killing of a health worker in Panyijiar in Unity State on 21 May 2021. Four humanitarian workers have been killed in South Sudan in May 2021 amidst an escalation of violence against humanitarians. At least nine aid workers were killed in South Sudan in 2020. The attacks have resulted in disruption of critical service delivery as the partners relocated or scaled down their operations in the affected locations. There is a need for concerted efforts for high-level advocacy to authorities to ensure safety for aid workers.
- **Updates on sub-national violence in the Greater Pibor Administrative Area (GPAA):** The security situation in Gumuruk, the most affected, and other locations in GPAA continue to improve after days of escalation. During the violence, 55 people were killed, water sources, health and nutrition facilities and medical supplies were looted and destroyed by fighters and their supporters. The displaced populations who were sheltering in Pibor Town and Lothila are now returning to their homes as the situation normalizes and the United Nations Mission in South Sudan (UNMISS) deploys troops to Gumuruk and Lekuangle. The humanitarian partners are resuming their operations, re-opening deserted health and nutrition facilities and replenishing their supplies in the affected locations. The partners in Pibor are conducting coordination meetings, last on 28 May 2021, to discuss and support ongoing responsibility for the displaced and the returnees populations across the county.
- **Food Insecurity in South Sudan in 2021**

Food insecurity continues to be a major concern in South Sudan with the April-July period projected to have the highest number of food-insecure populations. The Integrated Food Security Phase Classification (IPC) report released in December 2020 projected that 7.2 M people will face high levels of acute (IPC Phase 3+) food insecurity during the lean season (April-July 2021). In the six most affected counties, over 108 000 people were projected to be in IPC Phase 5 catastrophe during the lean season. The most recent SMART surveys that showed global acute malnutrition of 22% in Pibor, 19% in Akobo West, 18% in Tonj North and 23% in Aweil South were indicative of a critical nutrition situation.

The multi-sectoral response guided by multicluster assessments continues to intensify efforts to reach the food insecure populations with life-saving food, health, nutrition and WASH assistance in the prioritized six counties. Health response strategies are geared towards increasing access to basic health and nutrition services, enhancing capacities of disease surveillance, prevention, detection and response to infectious disease outbreaks, and building resilience of the health system to reduce preventable mortality and morbidity.

The frequent escalation of sub-national violence and unpredictable security situation, inaccessibility, weak health system and limited resources for the responding partners continue to limit the ongoing humanitarian response. The upcoming rainy season will increase the risk of the spread of vector- and water-borne diseases such as malaria and infectious disease outbreaks and further complicate the humanitarian situation.

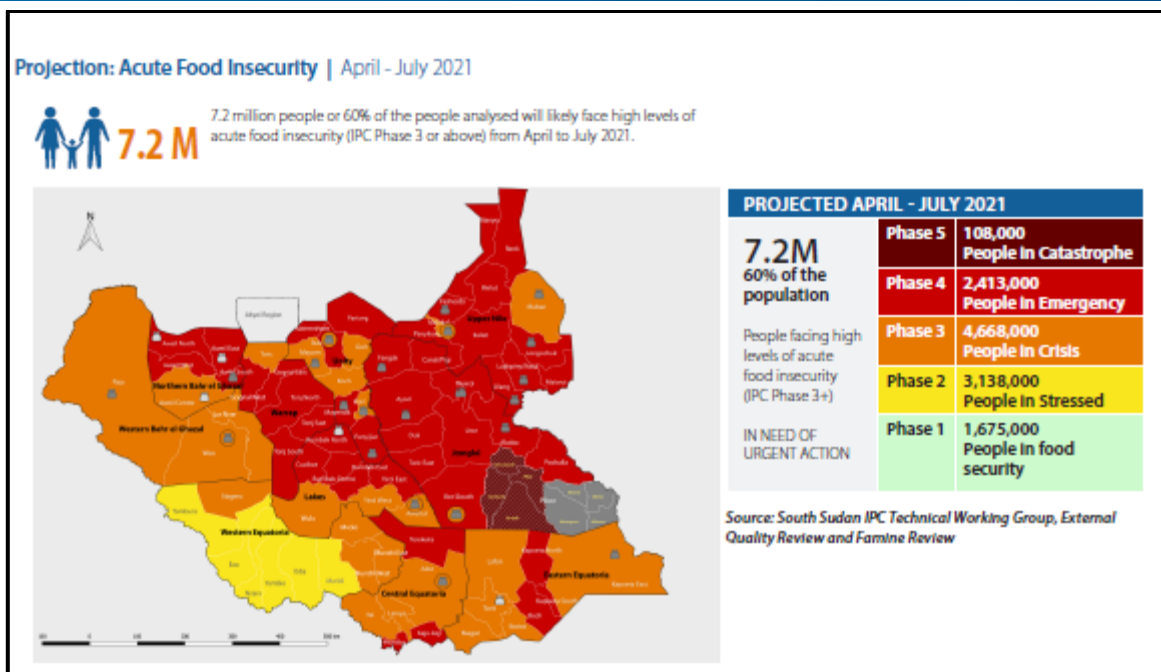


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

Emergency Response Activities

Public Health Actions by Health Cluster/WHO in Prioritized Highly Food Insecurity counties

- Health response is being coordinated through weekly Health Cluster and emergency responders forums. Sub-national coordination supported through WHO state focal point and deployment of technical officers. The multi-sectoral response is being coordinated through the Intercluster Coordination Group (ICCG). Through these coordination mechanisms, the progress of the response is monitored and gaps addressed.
- Health partners continue to scale up health response through static and mobile health facilities to improve access to essential health services. Emergency health partners deployed to the priority counties are supporting health facilities and conducting mobile outreaches to reach the most affected communities. Emergency funds from UN CERF, South Sudan Humanitarian Fund (SSHF) and other rapid response funds have enabled these emergency partners to reopen and operationalize non-functional health facilities and complement the existing health facilities. As an emergency responder, WHO deployed mobile teams to Pibor to help fill the critical gaps in health service delivery. Since the beginning of 2021, 239 413 consultations have been conducted in the six priority counties with 13 356 consultations being provided in week 21, 2021.
- As part of outbreak prevention and response strategy, the counties supported by partners continue to strengthen routine immunization and implement polio vaccination campaigns and pre-emptive oral cholera vaccination campaigns (in cholera hotspot in Pibor).
- Cholera preparedness and readiness activities in cholera high-risk counties such as Pibor and Akobo through enhanced cholera surveillance, prepositioning of cholera investigation and management kit, risk communication is underway
- As the core pipeline manager for emergency health kits, WHO continues to support emergency partners to enable them to provide consistent access to the basic health services in the counties. So far 211 interagency health kits (can support 211 000 people for three months), 91 pneumonia kits, 19 severe acute malnutrition with medical complication (SAM/MC) kits, and 26 cholera

investigation kits have been delivered to the responding partners. More advocacy to key donors required to support the core pipeline to avert looming shortages of these essential kits.

- Weekly trends of the priority diseases include malaria and acute watery diarrhea are being monitored to enable timely detection and response to disease outbreaks. The reported increase in malaria cases in Pibor is being investigated and responded to.
- WHO continues to support the ministry to strengthen the Integrated Disease Surveillance and Response (IDSR) through training of healthcare workers and rapid response teams. Thirty health workers were trained on the 3rd Edition IDSR and rapid response teams established in Pibor while similar training is expected to kick off on 10 June in Akobo County.

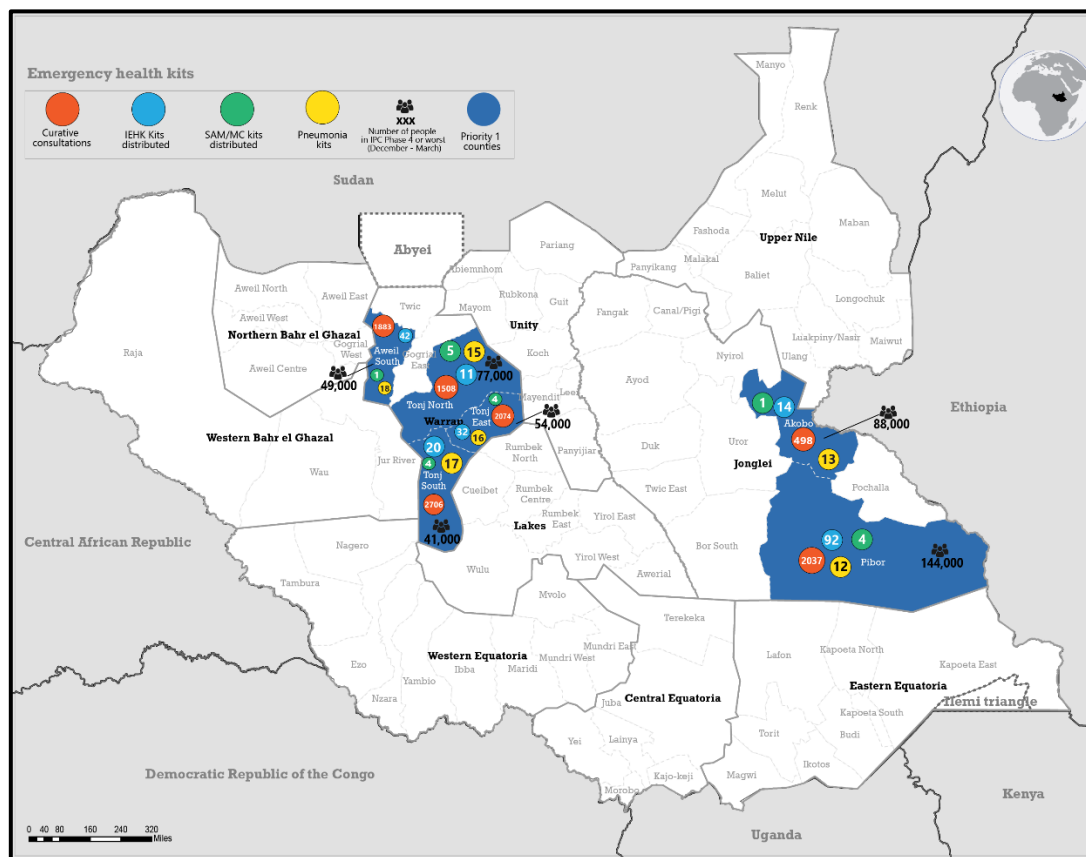


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 19 2021

Preparedness and readiness for the flooding season

South Sudan has experienced two consecutive severe flooding seasons in 2019 and 2020 where over one million people were affected. The severe flooding destroyed health facilities, led to severe food insecurity and inaccessibility by humanitarian agencies and disruption of supply chains. The routine health services delivery across the affected counties was disrupted while the risk of communicable and vector-borne diseases was elevated.

The government ministries and partners have been undertaking several mitigation measures in readiness for the upcoming rainy season including

- Rehabilitation of the damage dykes in Bor South and Twic East counties
- Monitoring of the rainfall forecast to enable the provision of warning signals to the communities residing in flood-prone locations. Moderate rainfall (50 - 200 mm) is expected in north-western South Sudan for 8-15 June 2021

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

- Updating of flooding preparedness and contingency plans and prepositioning of essential supplies including emergency health kits
- The locations affected by recent flooding include Ayod (25 000 people), Fangak (67 000 people) and Canal/Pigi (unknown).

Performance of the Integrated Disease Surveillance and Response (IDSR)

- In week 20, 2021 IDSR reporting completeness were 95% at the health facility level and 93% for EWARS partners supported sites
- Of the 174 alerts in week 20, 2021; 78% were verified 4% were risk assessed and 3% required a response. Malaria (54), AWD (40), ARI (37), measles (3) and bloody diarrhea (35) were the most frequent alerts in week 20, 2021
- Confirmed Rubella Outbreak in Nagero County, Western Equatoria State as all 3 samples tested positive for Rubella IgM
- Malaria remains the top cause of morbidity and accounted for 56,031cases (50.0% of OPD cases)
- Total of 10 676 COVID-19 confirmed cases and 115 deaths, CFR of 1.09%
- Other hazards include floods (unseasonal) in over four counties; malaria upsurge in one county, Hepatitis E virus outbreak in Bentiu PoC and Rubella virus outbreak in two counties.

Confirmed and suspected Outbreaks

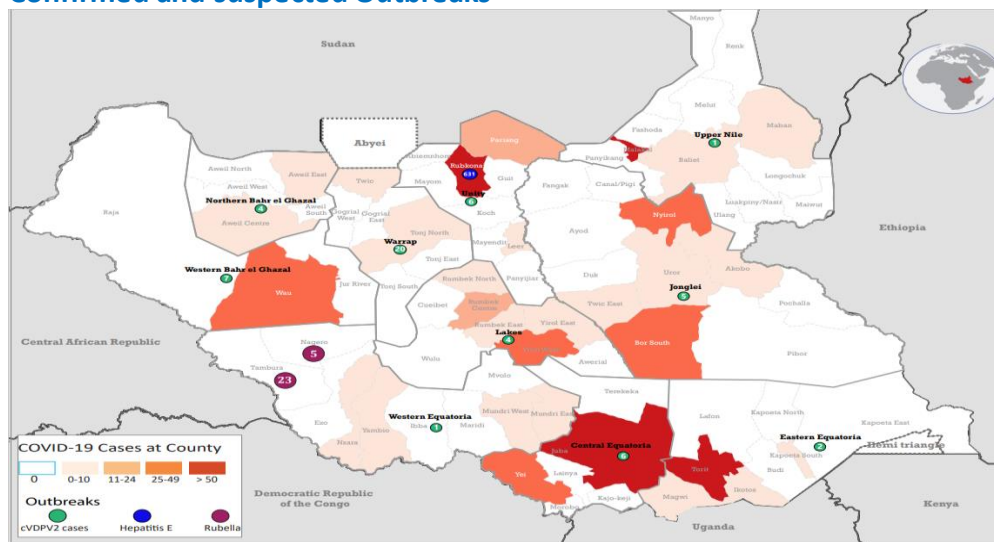


Figure 3: Active disease outbreaks by counties in South Sudan as of week 21

Polio Virus Outbreak

- The country received notification from the Uganda Virus Research Institute about the isolation of Polio Virus Type 2 (PV2) from 3 AFP samples, on 4 September 2020, with the sequencing result received on 17 September 2020 that confirmed cVDPV2 in three cases and an official declaration of an outbreak on 18 September 2020.
- As of 19 May 2021, 56 confirmed cVDPV2 have been reported from AFP cases, 21 from contacts and five from environmental samples.
- The geographical distribution involves all 10 states in the country and 27 out of 80 counties have reported at least one case, with 20% of the cases coming from Warrap state.
- A total of six cases have been reported in 2021, and the date of onset for the first case was on 11

June 2020, while the most recent case was on 6 March 2021 from Juba, Central Equatoria state.

- Two rounds of mOPV2 have been conducted with a planned mop-up vaccination planned to start from 25 May 2021 covering 18 counties and 9 states.

Coronavirus disease (COVID-19) Outbreak in South Sudan

- **10 676** confirmed cases, including **337** imported cases, and **115** (case fatality rate of **1.1%**) deaths have been reported in South Sudan since the beginning of the outbreak. The case count in the country has been decreasing for the past ten epidemiological weeks.
- 35 (44%) counties out of the 80 counties in the country have confirmed the COVID-19 case as of the end of week 20, 2021.
- This week showed a 91.7% increase in the number of reported cases compared to Week 19. This ends 12 consecutive weeks of a decreasing trend in case count. There were no new confirmed deaths in Week 20
- Average positivity peaked at 22.4% in Week 07. However, average positivity yields have been declining for the last eleven epi weeks, reaching a low of 0.4% in Week 19, likely indicating that the second wave has ended.
- No alert tested positive for COVID-19 this week. Cumulatively, 2 727 alerts have been reported, of which 2 603 (95.5%) have been verified, and 2 522 (96.9%) of the verified alerts were sampled.
- At the end of Week 20, 7976 persons (6 451 males, 1 525 females) have been vaccinated in Juba County. Of those vaccinated, 1 432 (18.0%) were healthcare workers. This is about 35.6% of the target number of health workers (4020) to be vaccinated.
- Two SARS-CoV-2 lineages were detected in South Sudan. The first variant of interest (VOI) detected in the South Sudan samples is the A.23.1 lineage and the second one is the B.1.525 lineage
- South Sudan's COVID-19 vaccination drive began on 6 April 2021 with health workers receiving their first dose of the Astra Zeneca vaccine at Juba Teaching Hospital. So far 8 606 people in Juba County have been vaccinated with 123 395 doses remaining available for use in the country.

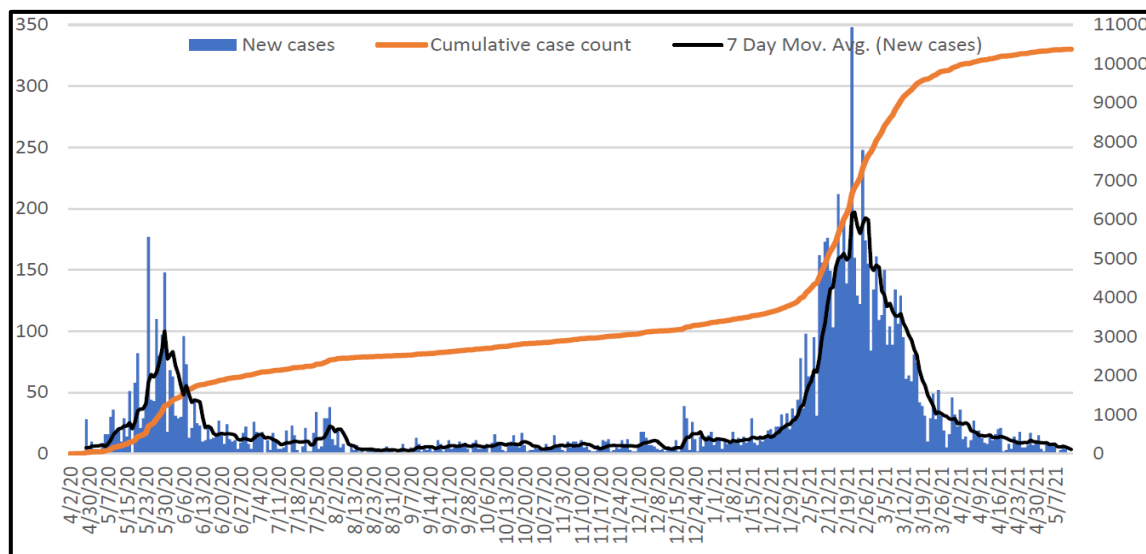


Figure 4: Epidemiological curve of reported cases through Week 19 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (yellow line)

For more information on the COVID-19 outbreak and public health response measures, please refer to the national weekly situation update. <http://moh.gov.ss/covid-19.php>

Yellow Fever Campaign in Morobo, Lainya and Yei River counties of Central Equatoria State

- The Ministry of Health supported by WHO and partners conducted a preventive yellow fever vaccination campaign in Morobo, Lainya and Yei River counties, considered high-risk for yellow fever, on 17-24 May 2021.
- The three counties were considered high-risk for yellow fever virus outbreak owing to their proximity to Kajo-keji County where a yellow fever outbreak was confirmed in March 2020, near-zero immunity against yellow fever in the counties as well as the risk of importation across the extensive and porous borders with Uganda where an outbreak was confirmed in Moyo District in early 2020.
- The preventive campaign utilized the left-over balance of 63 000 doses from the previous reactive campaign in Kajo-keji to target 57 000 individuals aged 9 months to 60 years in the three counties.
- 56 260 (coverage of 98%) people, 36 255 in Yei River, 11 249 in Lainya and 8 756 in Morobo, were vaccinated against yellow fever virus across the three counties.

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

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

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

WHO Country Office of South Sudan registers appreciation for the support provided by all our donors. The donors are listed in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Global Alliance for Vaccine Initiative (GAVI)
- United States Agency for International Development (USAID)
- The Government of Japan
- The Department for International Development (DFID)
- The South Sudan Humanitarian Fund (SSHF)
- World bank

Operational gaps and challenges

Resource Mobilization

Key Donors

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