



WHO team training the Health Cluster partners on the basics of the WHO Emergency Health kits in Juba. Photo: WHO.

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1
MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

344 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.4M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

1 852 988 MEASLES

1 305 332 MENAFRIVAC

RIFT VALLEY FEVER



43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

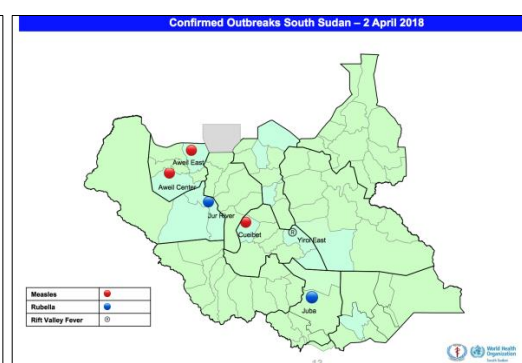
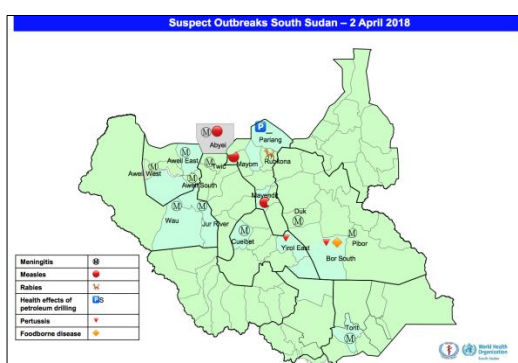
- WHO conducted a one day training for 29 Health Cluster partners on the basics of the WHO Emergency Kits, in line with the Health Cluster core pipeline deliverables to improve understanding and enhance rational use of the kits.
- During week 12, only two (2) new suspected meningitis cases were reported from Imurok payam, Torit county the most recent locus of transmission. As of 24 March 2018, a total of 173 suspected meningitis cases including 31 deaths (CFR 18%) have been reported from Iyire and Imurok payams.
- WHO conducted one day training for 24 Health Cluster partners on the basics of WHO emergency health kits to increase awareness of and access to the kits, with the expectation of improved utilization of the kits and reporting by partners.

Background of the crisis

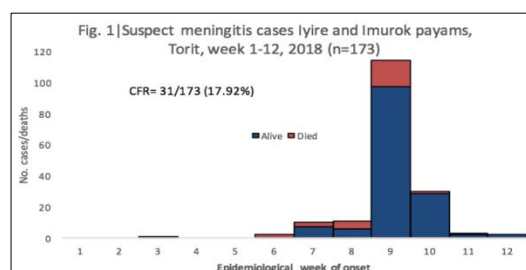
Event Description/Situation update

Epidemiological Update

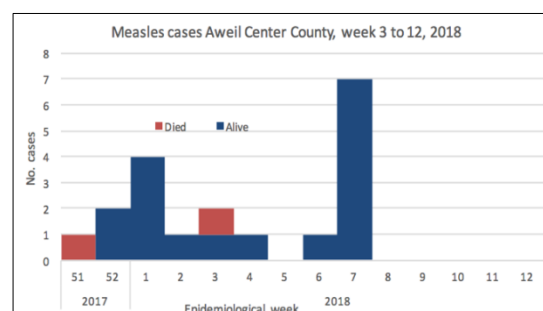
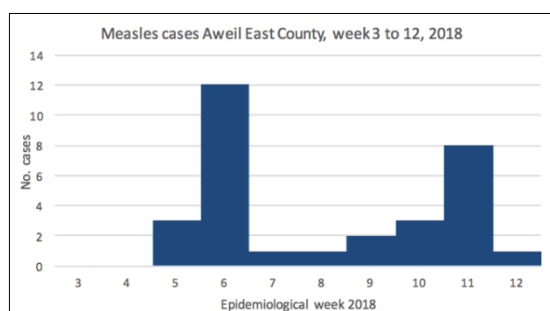
- The crisis in South Sudan is currently a protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million have fled their homes for safety of which 1.9 million people are internally displaced, while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.
- The security situation in the country remains volatile with reported incidents of intercommunal fighting mostly cattle raiding and revenge killings in various locations hampering humanitarian service delivery.
- In epidemiological week 12 of 2018, completeness for IDSR reporting at county level was 74% while EWARS reporting from the IDP sites was 86%.
- A total of 16 alerts were reported, of which 75% have been verified. During the week, measles and malaria were the most frequent infectious hazards reported.
- The top causes of morbidity among IDP during week 12 include malaria (49.5%), AWD (16.2%), ARI (15.0%) and bloody diarrhea (2.2%).
- The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 2 April, 2018



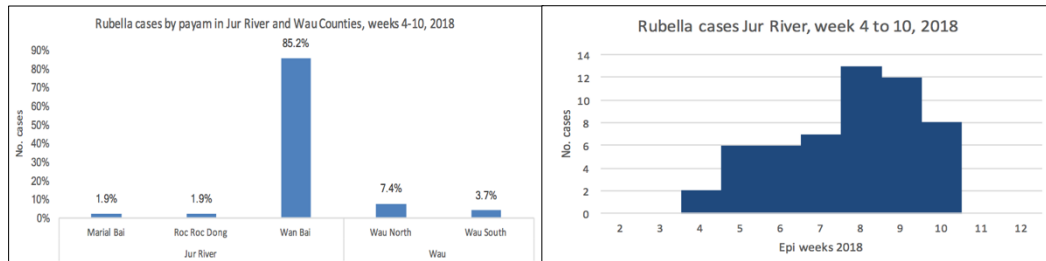
- **Suspected meningitis outbreak:** In Torit, the suspect meningitis outbreak continues to decline with no new suspected cases reported in week 12. The weekly attack rate has remained below the alert threshold in weeks 11 and 12. At least 173 suspect cases with 31 deaths (CFR 17.92%) reported.



- **Measles:** Measles outbreak in Aweil East and Aweil Center is still ongoing with week 12 registering a decline. Since the beginning of 2018, at least 128 suspect measles cases including 1 death (CFR 0.78%) have been reported from Aweil East, Aweil Center and Cueibet.



Rubella: A new Rubella outbreak confirmed in Juba after 16 rubella IgM positive cases was confirmed in March 2018. Since week 4 of 2018, a total of 54 cases and no deaths have been reported from Jur River and Wau. Of all the cases reported 57.4% are aged 1 - 4 years, all unimmunized.



- **Rift Valley Fever:** The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 43 suspected cases reported since 7 December 2017, of which 6 were confirmed positive. Out of the 28 animal samples collected, 9 have been confirmed positive serologically.
- **Malaria:** Malaria is the top cause of morbidity in the country with a total of 470 017 cases and 69 deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 49.5% of the consultations in week 12.
- **Malnutrition:** South Sudan remains at increased risk of food insecurity and malnutrition with an estimated 6.3 million (57% of the population) in crisis (IPC Phase 3) and 50,000 in catastrophe (IPC Phase 5).
- **Unknown disease:** 8 cluster deaths caused by unknown disease and 6 more cases were reported on 29 March 2018 in Yieth –Liet and surrounding villages in Kuac South County (former Kuac South Payam), Gogrial West County. Initial investigations point to severe malaria as the cause of death, compounded by poor health seeking behavior of the community.



WHO investigation team discussing with authorities. Photo: WHO

WHO public health response

- In consideration of the Health Cluster’s core pipeline deliverables, WHO conducted one day training for 24 Health Cluster partners on the basics of WHO emergency health kits to increase awareness of and access to the kits, with the expectation of improved utilization of the kits and reporting by partners. The 5 female and 24 male participants included medical doctors, nurses and program staff from 8 international NGO and 16 national NGO. Similar training is being planned for two more groups in subsequent weeks.
- In line with the Global Action Plan on eradication of cholera by 2030, WHO trained 32 WASH Cluster frontline partners from 20 organizations (UN, International and National NGOs) in different techniques and guidelines for water quality control and monitoring. The topics covered included water sample collection, storage and transportation, water treatment techniques, water treatment chemicals, natural decantation and filtering to ensure water is safe for consumption.
- As part of the process to implement the recommendations from the Joint External Evaluation and Laboratory Gap Analysis, WHO Country Office, Regional Office and WHO Lyon Office supported the Ministry of Health to harmonize the priority actions to strengthen Medical Laboratory system for emergencies.



WHO officer briefing participants on the various emergency kits at the central WHO Warehouse. Photo: WHO



Practical session on water treatment. Photo: WHO



Dr Guracha addressing participants during the medical laboratory improvement for emergencies workshop. Photo WHO

- During the supplementary immunization activities (SIA) A total of 1 147 922 (63.6%) under five children were vaccinated with two drops of Polio vaccine in five states namely Central Equatoria, Eastern Equatoria, Eastern Equatoria, Jonglei, Unity and Upper Nile. The campaigns are still ongoing in the conflict affected states.
- Preparations for African Vaccination Week ongoing with plans for radio talks along with immunization services in all the states.
- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support the initial outbreak investigations and response.

Operational gaps and challenges

Resource mobilization

FUNDING STATUS OF APPEALS US\$

| | NAME OF THE APPEAL | REQUIRED FUNDS | FUNDED | % FUNDED |
|-----|----------------------------|-------------------|------------------|----------|
| WHO | Humanitarian Response Plan | US\$ 16.9 million | US\$ 3.4 million | 19.9% |

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



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For more information please contact:

Mr Evans Liyosi

WHO South Sudan Country Representative a.i.
Email: liyosie@who.int
Mobile: +211 955 037 645

Dr Guracha Argata

Emergency Coordinator
Email: guyoa@who.int
Mobile: +211 956 268 932

Ms Liliane C. Luwaga

Communications Officer
Email: luwagal@who.int
Mobile: +211 954 800 817