



WHO facilitating Ebola Virus Disease preparedness training in Nimule. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.74 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

HIGHLIGHTS

- Seven new alerts of suspected measles were reported in Yirol East (3), Bentiu PoC (3) and Aweil Center (1) in week 29. All suspected cases were investigated and samples collected.
- A new alert of suspected acute jaundice syndrome (suspected Hepatitis E Virus) with two deaths were reported from Leer TPA.
- Tension remains high in Malakal PoC after negotiations with youth leaders and meetings with religious leaders failed to resolve the ultimatum regarding expulsion of Equatorial staff.
- South Sudan has been facing severe food deficits mainly due to a decrease in local food production, resulting in poor food stocks from previous harvests and high staple food prices.

WHO FUNDING REQUIREMENTS 2018



3.9M FUNDED
16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

55 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION 2018



687 411 OCV DOSES DEPLOYED IN 2018
1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 784 766 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

Background of the crisis

South Sudan is embroiled in protracted Humanitarian crisis. Series of political negotiations are currently on-going in neighbouring countries and it is hoped peace agreement will be signed soon. In the meantime, armed conflict is continuing especially in greater Upper Nile, Equatoria and greater Jonglei. Access to humanitarian population is impeded by active conflict. Currently the country is experiencing long rainy season with accompanying flooding, increase in water related communicable diseases especially cholera. The low routine immunization coverage is manifesting with pockets of measles outbreaks. No effective farming has been undertaken because over 1.3 million people from Equatoria region has been displaced and are refugees in Uganda.

Event Description/ Situation update

▪ **Attacks on humanitarian workers and assets:**

Fifty-nine access incidents were reported in June 2018, with the majority (66%) occurring in Unity, Western Bahr el Ghazal, Central Equatoria and Jonglei. 68 per cent of the organizations reporting being affected are INGOs and over recent months, incidents involving violence against aid workers and assets have remained high. In June 2018, three aid workers were killed in Rubkona and Mayom counties of Unity, bringing the number of aid workers killed in the country since January 2018 to ten. Also in June 2018, aid operations in Western Bahr el Ghazal continued to be impeded by blockages and bureaucratic challenges – a situation that has persisted since the beginning of 2018.

Tension remains high in Malakal PoC after negotiations with youth leaders and meetings with religious leaders failed to resolve the ultimatum regarding expulsion of Equatorial staff. Health clinics are severely affected by ongoing refusal of entry of staff not originating from Upper Nile into the PoC; OPD, reproductive health and emergency services are only partially functional because of staff shortages.

In a similar incident, on 23 July 2018, hundreds of protesters armed with crude weapons demonstrated in Bunj town, Maban County demanding employment opportunities for the local community. The demonstrators forcefully entered 14 humanitarian compounds and looted its offices and residence, and vandalized programme assets. The youth have accused humanitarian organizations of recruiting people from outside Maban County. Over 400 aid workers were relocated. Partners also continue to engage with local authorities and representatives of the host community to stabilize the situation which remains fluid and volatile. UN peacekeepers were deployed to support humanitarian organizations and re-establish order.



Vandalized UN vehicles in Bunj town, Maban County

▪ **Armed clashes and population displacement:**

Partners in Yambio started the verification of estimated 16,000 IDP on 13 July 2018 and State ICWG is mobilizing supplies to respond to the food, NFI, Health and Nutrition needs of the verified IDP. The IDP arrived in Yambio town since the beginning of 2018 from Rirangu, Rimenze Saura due to recurrent fighting between government and opposition forces in those areas.

On 21 and 22 July, fighting was reported between opposition factions (SPLA-iO and South Sudan National Movement for Change) in Jara-Gudu in Mukaya Payam. Several people were displaced to Limbe (about 18 miles from Yei town) in Lainya county. These two factions have been attacking each other since mid-May 2018 displacing over 1,200 civilians to Yei town. Partners are monitoring the humanitarian situation.

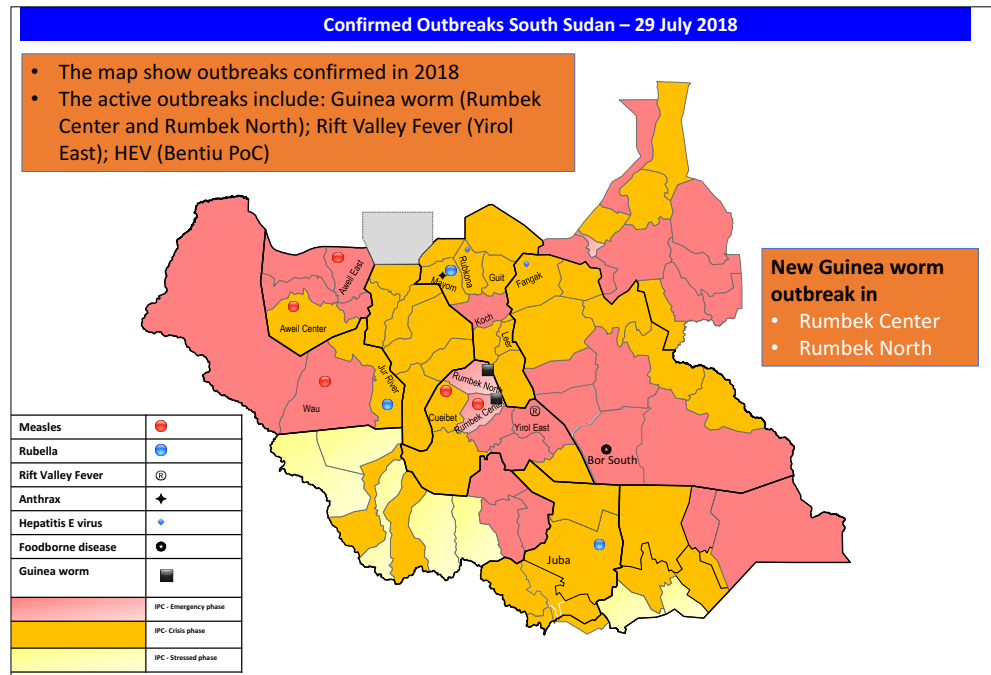
▪ **Food insecurity:**

South Sudan has been facing severe food deficits mainly due to a decrease in local food production, resulting in poor food stocks from previous harvests and high staple food prices. Latest crop monitoring assessments show that in 2017 farmers had the smallest output of

cereals since the start of the 2013 crisis, leaving a deficit of 482,000 tons, and the largest reductions in harvested areas occurring in Central Equatoria and Western Bahr el Ghazal. FAO distributed over 4,530 tons of crop seeds to about 312,000 families – the largest quantity of seeds distributed during the main planting season to date.

Epidemiological Update

- In epidemiological week 29 of 2018, completeness and timeliness for IDSR reporting at county level was 83% while EWARS reporting from the IDP sites was 80%. In this reporting period, a total of 16 alerts were reported, of which 94% have been verified and none required a response. The new alerts include two deaths with acute jaundice syndrome (suspected HEV) reported in Leer TPA.



Update on disease trends and ongoing disease outbreaks/events

- **Dracunculiasis/Guinea worm:** Three new confirmed Guinea worm cases have been reported in Rumbek North and Rumbek Center counties in Lakes in 2018. The three victims (two females and one male) are receiving treatment at Rumbek-Guinea Worm hub. For the last eighteen months that includes the whole of 2017, South Sudan reported zero human cases of Guinea-worm disease. The achievement was the result of a sustained eradication campaign led by the South Sudan Guinea-worm Eradication Programme (SSGWEP) with support from WHO and partners.
- **Acute Jaundice syndrome:** During week 29 a new alert of two deaths with acute jaundice syndrome (suspected Hepatitis E Virus) were reported from Leer TPA. The two who died were a 29-year-old pregnant mother and an 8-year-old girl. Serum samples were not collected from the two cases.
- **Malaria:** Malaria is the top cause of morbidity in the country with 71 413 cases (72% of the total consultations) and 6 deaths reported in week 29 of 2018. The cumulative total of 1 159 790 (55%) cases and 150 deaths have been registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 38.3% of the consultations in week 29 (representing an increase from 36% in week 28).
- **Rift Valley Fever:** Enhanced surveillance is ongoing and there were no new suspected cases reported during week 29 of 2018. The cumulative total of 58 suspect human cases including 6 confirmed have been reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).

- **Animal bites - Suspected Rabies:** During week 29, a total of 4 animal bite cases were reported and treated in Bentiu PoC. bringing the cumulative of 270 animal bite cases which includes 4 deaths have been reported since 6 Dec 2017.
- **Measles:** 7 new alerts of suspected measles were reported in Yirol East (3), Bentiu PoC (3) and Aweil Center (1) in week 29. All suspected cases were investigated and samples collected. However, there are still no laboratory reagents in the country to process measles/rubella samples.
- **Hepatitis E (HEV):** No new cases were reported in week 29. Cumulatively, a total of 129 suspected cases have been reported with 16 confirmed positive and only 5 cases required admission. The response entails surveillance, case follow up, WASH and risk communication.
- **Visceral Leishmaniasis | Kala-azar:** There were no cases and death reported in week 29, from the four health facilities (Ulang, Nurus and Koradar PHCCs). Since the beginning of 2018, a total of 1 510 cases including 39 deaths (CFR 3%) have been reported from 39 health facilities. In the corresponding period in 2017, a total of 2 023 cases including 35 deaths (CFR 2%) and 62 (3%) defaulters were reported from 21 treatment centers.
- **Nutrition:** The nutrition situation in South Sudan remains critical in 10 of the 15 counties assessed since the beginning of 2018, showing GAM levels above the WHO emergency threshold of 15%. Counties with formerly stable situation (e.g. Yirol East) that are now sliding into critical levels of acute malnutrition with GAM rates reaching about 23%. Four counties are currently classified as facing the most critical level of IPC phase 5; Leer, Mayendit, Longochuck and Renk.

WHO Public Health response

Alert verification

- Through active surveillance countrywide 16 alerts were detected and rapidly investigated (94%) reported during week 29.
- The two cases of suspected Acute Jaundice Syndrome were investigated. Plans are underway to conduct case investigations and collect serum samples from subsequent suspected AJS cases.

Prepositioning of Assorted kits and supplies:

- WHO dispatched 2 kits of IEHK basic without malaria and 2 kits of malaria module to Rumbek.
- WHO in collaboration with IMA supported three health facilities namely Rom, Goldora and Akoka with 90 diagnostic strips for diagnosis and 50 vials of SSG for treatment of Kala-azar.

Guinea worm:

- Following the confirmation of the 3 Guinea worm cases, investigations by MoH and WHO are ongoing to map close contacts and open water sources visited after the worms emerged, and ensuring access to safe water is improved. Other interventions being implemented with support from the Carter center include public awareness through the cash reward campaign, and countrywide surveillance to detect additional cases.

Acute Jaundice Syndrome:

- Active surveillance has been initiated in the health facility and community using the AJS case definitions. WHO has shared the HEV case investigation guidelines (case form, line list, serum collection and transportation) and the WHO protocol for HEV case triage and supportive care. Concern Worldwide has connected a borehole with a pipeline system to the Leer TPA with a total of 12 taps and a 30m³ bladder tank. Concern Worldwide has also conducted capacity building on some local staff on operation and maintenance of the system. UNIDO who are based at the TPA site are supporting hygiene promotion and sanitation activities. Plans underway to conduct case investigations and collect serum samples from subsequent suspect AJS cases. The WHO state hub and Juba have been alerted to provide technical and logistical support.

Cholera preventive campaigns

- The 1st round of OCV campaign was conducted by IOM with support from WHO in Yirol East and Yirol West targeting 165 081 with a preliminary coverage of 156 682 (95%) achieved.

Malaria:

- Indoor Residual Spraying in the Malakal PoC for malaria prevention was finalized with 92% coverage of all households with support from MENTOR initiative.

Suspected rabies response

- A comprehensive response is being implemented includes case management, and community engagement.
- Post exposure vaccination is ongoing with support from MSF-H and partners.
- WHO through the Health cluster has secured antirabies vaccine to support the response.
- Community messaging underway via CCCM /Internews/ UNM ISS broadcast.
- Dog curling underway by VSF.

Measles surveillance and response

- WHO supported a national EPI review meeting which discussed multiple outbreaks reported and the actions to be taken which includes the use of the interim guideline to suspected measles outbreak response without laboratory confirmation. The guideline is awaiting Ministry of Health approval.

Meningitis vaccination campaign

- WHO in partnership with UNKEA a non-governmental organization, has commenced pre- implementation activities for Meningitis campaigns in 4 counties of Upper Nile state (Longochuk, Maiwuit, Nasir and Ulang).
- Following the joint WHO/UNKEA assessment mission was carried out early July, setting up of coordinating bodies at the counties, micro plan development, cold chain assessment, communication and social mobilization plans is ongoing.



WHO/UNKEA conducting a pre-implementation for meningitis vaccination campaign in Upper Nile State

Deployment of WHO Mobile Medical Team

- The mobile medical team deployment to Bentiu PoC continued. This redeployment (18 July-1 August) will continue gap-filling, based on feedback from OCHA, subnational Health Cluster and partners, as the standoff between IOM and camp leadership continues. The team has so far had over 1000 consultations, mostly diagnosed with malaria, urinary tract infections and systemic infections.

Ebola preparedness response

- The training for Nimule, one of the points of entry was completed last week, with facilitation from MoH and WHO. For four days, 30 participants drawn from the County Health Department (CHD) and partners were trained on EVD Surveillance, Laboratory, PoE Screening, Case management, infection prevention and control, safe and dignified burials, contact tracing and Coordination.
- Ebola response contingency plan was disseminated to donors, government departments and partners in half day meeting. During the sessions, the different components of the preparedness checklist were explored and the country's readiness or the lack of it was highlighted. Even though the outbreak in DRC has been called off, the meeting was implored to continue the key pending activities including the ongoing trainings of RRT at six points of entry, increased surveillance and risk communication, laboratory vigilance, actualization of the PHEOC and IMS organogram, and resource mobilization to set up a contingency fund that can be unlocked with much bureaucracies at times of acute emergency.



A group photo of participants during the risk communication training in Juba. Photo: WHO

- With support from WHO, a three-day emergency risk communication workshop in the context of one health was conducted to strengthen preparedness and response for Ebola and other deadly diseases. A multisectoral team of 40 participants attended.

Nutrition

- WHO launched a nutrition sentinel surveillance site at the International Rescue Committee (IRC) clinic in Bentiu Protection of Civilians (POC). This will support the strengthening of the early warning system for nutrition and complement the existing nutrition sentinel sites across the country.

Operational gaps and challenges

- Access constraints due to insecurity, poor roads, bureaucracy.
- Lack of measles laboratory reagents in the country.
- Lack of funding to retain technical staff.

Resource mobilization

- Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.92 million for the financial year 2018 as of 30th June 2018. 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. Efforts for mobilization of additional resources are ongoing.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.92 million	23%

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