

Humanitarian Situation Report Issue # 30 13- 19 AUGUST 2018



Dr Joseph Wamala, WHO Epidemiologist presenting the EVD preparedness contingency plan for South Sudan to a cross section of donors and HCT. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.84 MILLION INTERNALLY DISPLACED



2.47
MILLION
REFUGEES

HIGHLIGHTS

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

CUMULATIVE VACCINATION FOR 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

58

RIFT VALLEY FEVER



TOTAL SUSPECTED HUMAN CASES

 The communal fighting, revenge killings, cattle raids and criminality still pose threats to humanitarian personnel in the field across the country.

Following the declaration of the Ebola outbreak in North Kivu and Ituri, DRC a Grade 3 emergency as per WHO's emergency response framework, preparedness activities in South Sudan have been enhanced.

- One new suspected Hepatitis E Virus case was reported in week 32. A cumulative total of 130 HEV cases with 15 confirmed positive have been reported in Bentiu PoC in 2018
- Suspected rabies due to increasing cases of dog bites is still of great public health concern. During week 32, a cluster of 12 animal bites (suspected rabies) cases including 2 children attributed to stray dogs were reported in Yambio town.

Background of the crisis

- Following the recent signing of a power-sharing agreement to pave way to a final peace accord, there has been reports of reduction of armed clashes. However, inter and intra communal fighting, revenge killings, cattle raids and criminality still pose threats to humanitarian personnel in the field.
- Incidents of break ins, theft, robbery victimizing UN/INGO national staff members in Juba and other major cities continue to pose potential risk as they are deemed as the only employees receiving their monthly pay.

Event Description/ Situation update

Armed conflict and fighting

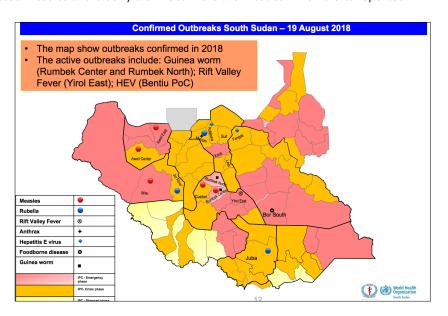
- On 15 August, twenty-three (23) people were killed and 52 others injured during fresh intercommunal fighting in Tonj town, in Warrap State.
- Fighting at POC-3 escalated following a personal dispute between the Rubkona and the Mayom communities leaving scores of injured IDPs and UNPOL Personnel. To this date, both feuding communities maintain aggressive postures.
- On 16 August, a series of attacks allegedly perpetrated by cattle keepers believed to be from Terekeka State launched attacks on the farming communities in Dollo County, Jubek State. The attacks left at least 6,000 people (mainly children and women) displaced in schools and church in Kwerijik Luri.

Planned attacks on humanitarian workers:

 On 18 August, unconfirmed reports of planned "non-peaceful" demonstration against the UN in WAU POC Land Owners compensation.

Epidemiological Update

In epidemiological week 32 of 2018, completeness and timeliness for IDSR reporting at county level was 75% while EWARN reporting from the IDP sites was 81%. In this reporting period, suspected measles and bloody diarrhoea were the most common alerts reported.



Update on disease trends and ongoing disease outbreaks/events

- Measles: The two measles outbreaks in Bentiu PoC and Yirol East are still ongoing. Cumulatively, at least 14 suspected measles cases (with no deaths) reported in Yirol East county since week 25 and 18 in Bentiu PoC since week 23, 2018.
- Guinea worm: Two new suspected Guinea worm cases were reported and investigated in Aweil State hospital. There was no hanging worm found but the patients are being monitored. Supportive treatment of the three confirmed Guinea worm cases from Rumbek North and Rumbek Center counties in Lakes is still ongoing.

- Malaria: Malaria accounted for 52 964 (68%) of the total consultations and 6 deaths during week 32 of 2018. The cumulative total of 1 345 475 (58%) cases and 173 (35%) deaths have been registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 49% of the consultations in week 32 (representing a decrease from 47% in week 31).
- Rift Valley Fever: There was no new suspect Rift Valley Fever (RVF) case reported from Yirol East, Eastern Lake state in week 32. Since the beginning of the outbreak on 7 December, 2017, the cumulative total is still at 58 suspected human cases including 6 confirmed reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).
- Animal bites Suspected Rabies: A cluster of 12 animal bites (suspected rabies) cases including 2 children attributed to stray dogs were reported in Yambio town in week 32.
- Hepatitis E (HEV): One new suspected HEV case was reported in week 32. A cumulative total of 130 HEV cases with 15 confirmed positive have been reported in Bentiu PoC in 2018.
- Acute Flaccid Paralysis suspected Polio: In week 32, 2018, a total of 6 new AFP cases were reported from Jonglei, Eastern Equatoria, Upper Nile, and Western Equatoria hubs. This brings the cumulative total for 2018 to 255 AFP cases.

WHO Public Health response

Alert verification:

• During the reporting week, 89% of the 9 alerts reported were rapidly investigated. Efforts to enhance active surveillance countrywide continue.

Prepositioning of Assorted kits and supplies:

- WHO prepositioned assorted supplies which included: 2 IEHK Basic unit, 22 IEHK basic malaria kit, 1 IEHK supplementary malaria module to humanitarian response partners (MAGNA Juba).
- 2 SAM kits (MAGNA and Health Link), 5 Cholera Central reference kits, 4 Anti Rabies vails, 400 vails Paromomycine 750mg (Nile Hope),
- 5 kits PPE to the Ebola screening center at Juba international airport.

Measles:

• In response to the suspect measles outbreak in Bentiu, a reactive measles/polio campaign is planned for 27th to 31st August 2018. The target population for measles vaccination is 53,841 children 6months to 15 years while 23,929 children zero to 59 months of age are targeted for polio vaccination in Bentiu PoC.

Ebola preparedness response:

- With the declaration of the Ebola outbreak in North Kivu and Ituri, DRC a Grade 3 emergency as per WHO's emergency response framework, preparedness activities in South Sudan have been enhanced. Resource mobilization for the implementation of the priority activities of the South Sudan contingency plan is ongoing. South Sudan is one of the four priority countries for preparedness activities, due to proximity to the epicenter of the current outbreak in North Kivu province and the capacity to manage Ebola virus disease (EVD) and viral hemorrhagic fever (VHF) outbreaks.
- WHO conducted training of 45 health workers from all health facilities in Jubec State on EVD
 preparedness to strengthen their capacity to quickly identify EVD suspected cases and follow the
 IPC procedures.
- Mass media awareness campaign has commenced with radio talk shows on the national and community radios scheduled and public services announcement/radio jingles both in English and selected local languages developed.
- Four rapid response teams are being deployed to the high-risk areas of Yei River (Yei), Torit (Nimule), Gbudwe (Yambio) and Wau to support the states to operationalize preparedness activities especially screening, surveillance, risk communication, and infection prevention and control in health facilities effectively.

 WHO and UNICEF conducted a one-day EPI training for participants from Baliet county including Polio field assistants, surveillance officers, health facility staff, state EPI officer and CHD officials. This was to strengthen Measles and AFP surveillance, case detection, sampling and documentation. 14 male participants participated in the training on Tuesday 14 August at MTH hall.

Guinea worm:

 The two new suspected Guinea worm cases reported were investigated in Aweil State hospital and the patients are being monitored. Public awareness and surveillance continue.

Deployment of WHO Mobile Medical Team:

- WHO, UNICEF and Save the Children conducted a 2 day OCV training for supervisors. 40 participants from the eight Payams of Torit county participated in the training.
- A seven day OCV campaign was conducted in Torit county beginning 13 August, and reached over 70 000 people. WHO provided support supervision and monitoring. A follow up 3-days mop-up campaign has been planned immediately to raise the coverage in payams that did not perform so well during the main campaign. Torit county is one of the cholera hotspot locations earmarked for



WHO team conducting supportive supervision during the OCV campaign. Photo: WHO

preventive vaccination. The second round of vaccination will be completed once vaccines are available.

Hepatitis E (HEV):

• The current response to contain HEV in Bentiu PoC entails surveillance, case follow up, WASH and discouraging communities from using stagnant water for domestic and recreational purposes.

Rift Valley Fever:

RVF outbreak in Yirol East response entails strengthening human and animal surveillance, risk
communication, community sensitization on hygienic animal handling, laboratory testing,
supportive care for suspected cases, and community sensitization on hygienic animal handling in
the high- risk communities. WHO secured some RVF rapid diagnostic test kits to support case
investigation of suspected RVF cases.

Suspected rabies response:

Following the report of the cluster animal bites, a multisectoral meeting was convened in Yambio. Human and animal rabies vaccines are being shipped to support the response. IEC materials are being adapted to support rabies risk communication interventions. WHO is planning to deliver 100 doses of human rabies vaccine for post exposure prophylaxis. In the same way, FAO is planning to support vaccination of domesticated dogs and partners like VSF Suisse and Germany have been engaged to facilitate sterilization of stray dogs.

Operational gaps and challenges

- Access constraints persist due to insecurity, poor roads, and bureaucracy.
- Persisting lack of measles/rubella 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. Concerted efforts to mobilize 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% |

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







From the People of Japan





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