

Humanitarian Situation Report Issue # 44 19 - 25 NOVEMBER, 2018



South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION NEED HUMANITARIAN ASSISTANCE



1.96 MILLION INTERNALLYDISPLACED WITH 0.2 MILLION IN PROTECTION OF CIVILIAN SITES



2.47 MILLION SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES

HIGHLIGHTS

WHO FUNDING REQUIREMENTS 2018						
	3.9M	FUNDED REQUESTED (UNDER 2018 HRP)				
	16.9M					
MALNUTRITION						
	261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED					
	55	FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY				
CUMULATIVE VACCINATION FOR 2018						
	933 541	OCV DOSES DEPLOYED IN 2018				
C.	1 986 115	# OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES				
	1 848 368	# OF PERSONS VACCINATED AGAINST MENINGITIS				
RIFT VALLEY FEVER						
	58	TOTAL SUSPECTED HUMAN CASES				

A suspected case of Ebola was reported from Sakure in Nzara County on 23 November 2018. The sample was Polymerase Chain Reaction (PCR) negative for Ebola, Marburg, CCHF and RVF following tests done at Uganda Virus Research Institute (UVRI).

Following a high-level UN meeting with Dr Riek Machar on 11 November 2018 to address critical access constraints, the leader of SPLM/SPLA-iO directed the humanitarian wing of SPLM/SPLA-IO to move to Juba with immediate effect to coordinate humanitarian and relief work in SPLM/SPLA-IO controlled areas.

Malaria remains the top cause of morbidity and mortality with at least 21 counties having malaria trends that exceed the threshold levels.

A three-day training was conducted in Juba to strengthen the capacity of journalists and reporters for effective communication and reporting of Ebola virus disease (EVD) and other health emergencies.

Joint assessment to Kajo Keji by partners to be conducted from 27 to 30 November 2018 following reported improvement in security and access in the county.

- Event Description/ Situation update
- The security situation in several parts of the country continues to remain calm but unpredictable with potential to deteriorate any time. Several parts of the country continue to experience high levels of access constraints renderings humanitarian activities impossible or severely restricted.
- Following a high-level UN meeting with Dr Riek Machar on 11 November 2018 to address critical access constraints, the leader of SPLM/SPLA-iO directed the humanitarian wing of SPLM/SPLA-IO to move to Juba with immediate effect. The office is to coordinate humanitarian and relief work in SPLM/SPLA-IO controlled areas in collaboration with the Ministry of Humanitarian Affairs and Disaster Management, and the UN agencies and NGOs.
- Multi sectoral assessment to Kajo Keji County will be conducted from 27th Nov through 30 November 2018 following reported improvement in security and access in the county. The convoy which will be travelling by road from Juba will 'look and see' the situation on the ground for possible support from the partners. The WHO mobile medical team will participate in the assessment. https://reliefweb.int/report/south-sudan/south-sudan-humanitariansnapshot-october-2018

Food Security/starvation:

 On 12 November 2018, the Relief and Rehabilitation Commission (RRC) in Wau reported that the humanitarian situation of civilians in Greater Baggari, Basellia and Bazia, Wau County has deteriorated over the past months due to fighting and displacement. It was reported that malnutrition among children, pregnant and lactating women in Farajallah, Ngisa and Mboro has increased. The nutrition cluster is planning to verify the reports.

Insecurity/Access impediments:

- Circular from the SPLA-IO Sobat State Governor clearly stated that all NGO landing in the Sobat Corridor should pay landing fees and other taxes to the state government without fail. One NGO reported harassment of its staff members on ground by the authorities.
- On 6 November 2018, an INGO reportedly relocated all their re-locatable staff (international and national) to Juba, after receiving serious threats from a staff member that was recently dismissed. The incident was reported to the RRC Office in Panyagor (Twic East County) and to the office of the County Commissioner. Partners on ground are monitoring the situation closely.

Cattle raiding:

 In week 46, gunmen attached Bangasu where a cattle keeper was shot and is currently recuperating in Yambio hospital.

Refugee movement:

 A rapid interagency assessment conducted on 15th November 2018 confirmed the presence of IDPs in Tokori Boma of Otogo County in Yei River State displaced during the fighting between opposition factions in Minyori and surrounding areas.

Epidemiological Update

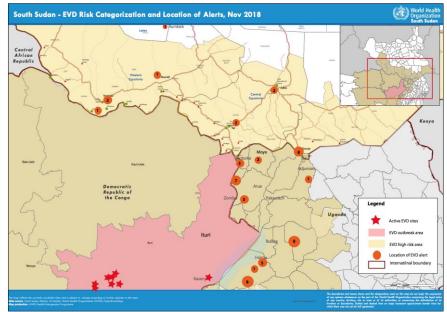
- During week 46, completeness for IDSR reporting at the county level was 65% while completeness for EWARS reporting from IDP health facilities was 84%.
- A total of 16 alerts were reported, 81% were verified and none required a

response.

- A suspected Ebola case was reported in Sakure, Nzara County, Gbudue state on 23 November 2018. The case tested negative for *Ebola Zaire* after preliminary GeneXpert testing in Juba. Follow up PCR testing at UVRI, Entebbe, Uganda was negative for all Ebola species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever (CCHF) and Sosuga virus.
- A new measles outbreak has been reported after three measles IgM positive cases were confirmed in Bor PoC with the earliest case reported on 20 October 2018. The confirmed cases were new arrivals into the PoC from Akobo.
- At least 15 suspected measles cases including one death were reported from Mabor Duang village, Aduel payam, Rumbek East with the initial case reported in week 41, 2018. Twelve (80%) of the cases are below five years of age and were all not vaccinated against measles. This outbreak has been confirmed after 9 of 13 samples tested IgM positive for measles.
- Malaria remains the top cause of morbidity and mortality with at least 21 counties having malaria trends that exceed the threshold levels.
- One new HEV case was reported from Bentiu PoC in week 46. A cumulative total of 145 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. Current response entails surveillance, case follow up, WASH and discouraging communities from using stagnant water for domestic and recreational purposes.
- According to IPC for period Oct-Dec 2018, the food security situation is expected to improve through the end of 2018, with a positive impact on acute malnutrition which is expected to improve marginally, due to seasonal availability of protein-rich local food products such as fish and milk, and relatively better access to markets and critical services.
- In light of the confirmed EVD outbreak in North Kivu and Ituri Provinces, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance local readiness capacities.
- Two (2) AFP Cases were suspected, one (1) each from Rubkona and Mayom counties, Initial and detail case investigations has been done, arrangement for shipment of the stool samples is in process.
- The South Sudan EVD preparedness update can be accessed from https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evdpreparedness-south-sudan

WHO Public Health response

- The Ministry of Health with support from WHO conducted a three-day training of journalists and reporters to strengthen their capacity for effective communication and reporting of EVD and other health emergencies.
- National and State level EVD task force meetings continue to meet regularly. The national level task force meeting was held on 22 November 2018 at the PHEOC in Juba. The State EVD Task Force meetings were also held and minutes shared during the NTF meeting. TWGs also held their weekly meetings.
- A rapid response team training on outbreak investigation and response was conducted by health partners in Malakal bringing together 20 clinical and public health officials from FASHODA, Manyo, Malakal, Baliet and Akoka counties. These efforts will be strengthened EVD preparedness across the Upper Nile Region. Humanitarian partners will continue disseminating Ebola messages through hygiene promoters' outreaches and mobile clinics in the various counties.



- Entry screening of travellers into South Sudan continues in all the 18 designated sites with support from Ministry of Health (MoH), World Health Organization (WHO), International Organization for Migration (IOM), SCI, World Vision International South Sudan (WVISS) and Collegio Universtario Aspirante Medici Missionari (CAUMM). However, the porous entry points remain a major threat. 579,716 travellers have been screened at all the 18 border screening points.
- Community-level risk communication activities are ongoing in all accessible high-risk counties with support from Unicef, WHO and other partners. IEC materials were distributed through partners (3730 to MEDAIR and SSRC, 90 UNMISS, 5600) to Nimule and Torit. 2683 school children reached with Ebola key messages- 917 Nimule, 1766 Yei River State. Supportive Supervision by MOH to high-risk states scheduled has started. Ebola theme

song has been produced to enhance awareness and will be disseminated to all high-risk states.

- In Tambura 30 community leaders were oriented on EVD key messages.
- The weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. https://afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-southsudan

Malaria:

 WHO continues supporting the partners with supplies in collaboration with the health cluster. PSI and HPF the two main PSM partners are currently distributing drugs. The mass distribution of 855,000 LLINS in Western Equatoria and Western Bahr el Ghazal States is ongoing. WHO is also advocating for policy changes to facilitate the adoption of additional malaria prevention strategies in the country.

Immunization:

- The Polio Sub National Immunization Days (SNIDs) campaign is continuing and most of the counties complete their implementation with the exception of few counties (3) in Jonglei state. Accordingly, the preliminary data indicates a total of 756,781 under five children were vaccinated with two drops of Polio vaccine which is 46% of the target population. We are expecting the remaining data from the conflict-affected counties so that it will reach more than 90% coverage of the campaign. In this round, Vitamin A and deworming supplementation were integrated with the Polio vaccine targeting 6 to 59 months of children.
- Implementation of round three(3) OPV NID continues in Nhialdiu, Kaljak and Wathjak payams in the Rubkona county and expected to completed by 26th November 2018. And Leer and Mayendit expected to complete by 24th November 2018.
- Three (3) integrated supportive supervision were conducted, 1 session each in Bentiu State Hospital, Rubkona PHCC and IOM Clinic in PoC Sector 1.

Nutrition:

 Areas of concern remain Leer, Mayendit, Greater Baggari (rural Wau). WHO is building the capacity of medical doctors, clinical officers, nutritionists and nurses working in stabilization centres. Training ToT on Inpatient management of severe acute malnutrition and medical complications is currently being rolled out at the hub level. In the last half of November, WHO will conduct the training in Yambio, gathering participants from the former Western Equatoria state, in collaboration with MoH and partners. Distribution of Sam kits is ongoing to restock stabilization centers with essential medical supplies.

Operational gaps and challenges Insecurity, access constraints and transportation challenges continue to hamper humanitarian operation.

Resource **Financial Information:**

mobilization

- The total recorded contributions for WHO emergency operations amounts to US\$ 3.9 million* for the financial year 2018 as of 11th November, 2018.
- The Ebola Preparedness plan for WHO has received \$2.4million (Germany, Core funds, CFE, DFID, Canada).
- 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 to address the finding gap are ongoing.

FUNDING STATUS OF APPEALS US\$					
	NAME OF THE APPEAL	. REQUIRED FUNDS	FUNDED	% FUNDED	
NHO	Humanitarian Response Plan	e \$ 16.9 million	\$ 3.9 million	23%	
	Ebola Preparedness	\$ 5.5 million	\$ 2.4 million	43.6%	

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



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