



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*



ASSORTED MEDICAL/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



16.9 M
FUNDED
REQUESTED

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED
52 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 381 836 OCV DEPLOYED

SUSPECTED RIFT VALLEY FEVER



20 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

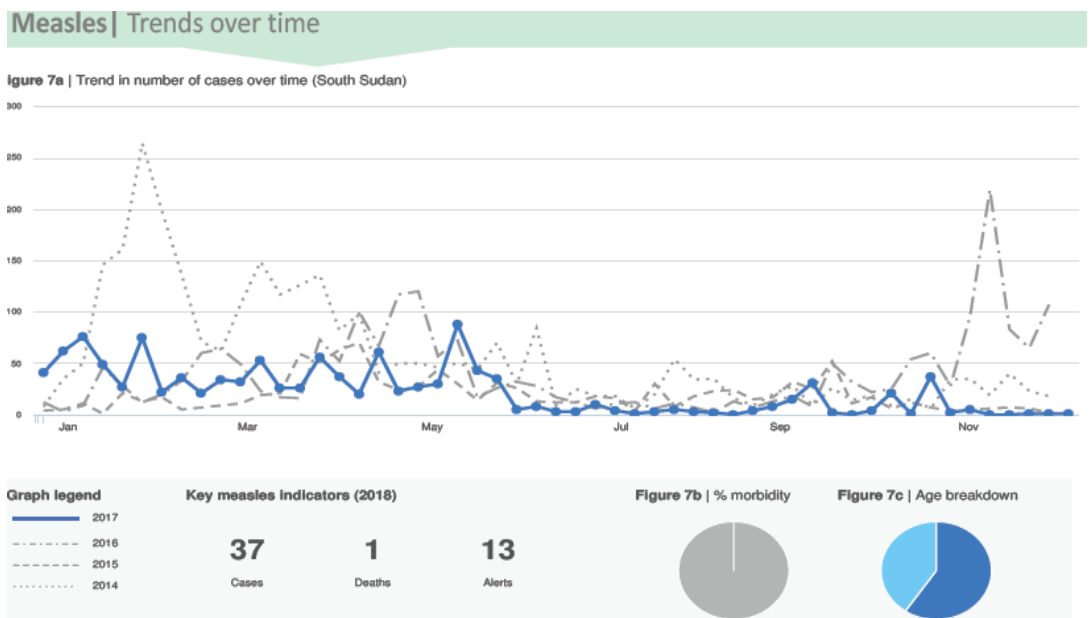
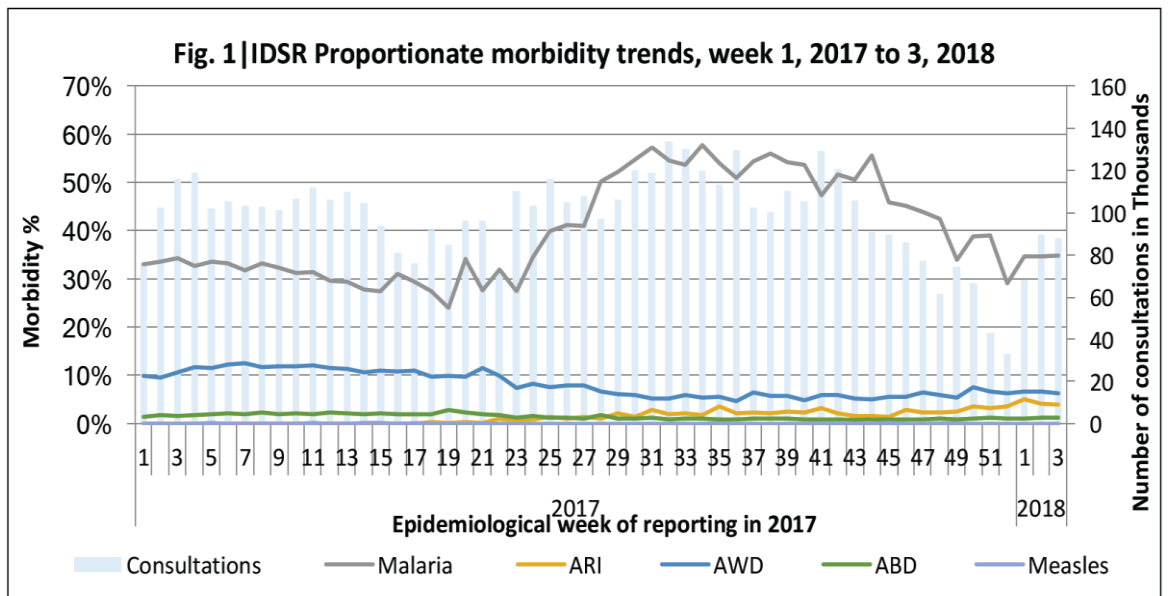
- The displaced populations are returning back to safe areas where they are awaited by destroyed homes, farms and health facilities. Partners support is needed. 5 300 persons have returned to Bungu, Ganji and Katigiri payams of Juba County. Additional 5 000 returned to Magwi county in Eastern Equatoria. Besides 2 000 arrived in Akobo, Jonglei state.
- Rapid assessment of Malakal teaching hospital was conducted by WHO and partners to look at modalities of operationalizing it after it was run down by the current violence since 2014. This remains the only referral hospital which is not fully functioning.
- In January 2018, 29 alerts were reported of which 30% were verified. Bloody diarrhoea, acute watery diarrhoea, and suspect measles were the most frequent infectious hazards reported in the week.
- In the reporting period, a high number of suicides have been reported from Malakal PoC.

Event Description/Situation update

- The conflict in South Sudan has left 7 million people in need of humanitarian assistance. The compounding effects of violence and economic decline have eroded the capacity of the people to mitigate the risk to life, livelihood and wellbeing. So far, 4 million people have been displaced due to the ongoing crises.
- Food insecurity has spread out of traditional areas of Great Upper Nile region. High food insecurity levels are also observed in the Equatorias region, once considered the bread basket of the country, with a significant deterioration from the same period in the last year, an indication of the impact of prevailing insecurity in this region, and consequent disruption of livelihoods.
- Overall, global acute malnutrition (GAM) is at 19.1 percent, higher than 17.9 percent during the same time last year. A deterioration in GAM was observed in six former states, the exceptions were Northern Bahr el Ghazal, Warrap, Western Bahr el Ghazal, and Unity.
- Most areas in the country still remain insecure; attacks on main highways, hyperinflation all have made life very unbearable for the communities.
- The displaced populations are returning back to safe areas where they are awaited by destroyed homes, farms and health facilities. In January 2018, 5 300 persons have returned to Bungu, Ganji and Katigiri payams of Juba County. Additional 5 000 returned to Magwi county in Eastern Equatoria from Uganda. Besides 2 000 arrived in Akobo, Jonglei state.
- Access impediment in the country is rampant with seizure of humanitarian asset and personnel reported in Akobo. Two pilots are in authorities' custody. Death threats to staff in Bentiu have been reported. A UN driver has been shot in Warrap.
- On 26 January 2018, an assessment mission found that a health facility run by a national NGO in Nhialdiu had been occupied by a SPLA commander. The health facility was looted during the fighting in September 2017 and the NGO has not resumed services in the area due to insecurity.
- Tonga, Panyikang, in Upper Nile State has been prioritized by the humanitarian community as an area emerging from conflict where thousands had been displaced to Jonglei, Fashoda and westwards to Sudan. Access has been a major challenge due to the conflict but an initial assessment indicated that the returning population have major needs especially health and nutrition.

Epidemiological Update

- A Rift Valley Fever (RVF) outbreak reported in Thonabutkok village, Yali Payam, Yirol East County with the initial case dating back to 7 December 2017. As of 28 January 2018, a total of 20 suspect RVF human cases have been reported in Eastern Lakes State.
- Measles outbreaks have been confirmed in Torit, Eastern Equatoria, Aweil Center, Northern Bahr el Ghazal and Cuelbet, Lakes State. This is contributed to low routine immunization coverage which definitely will lead to pockets of outbreaks. In Cuelbet, 20 cases and one confirmed community death (CFR 5%) has been reported. Measles outbreak in Panyijar with 3 cases reported for week 3 has declined. Mop up measles campaign has been conducted to control the outbreak. Investigations are underway into the suspect measles outbreaks in Kiyala payam, Torit county; and Aweil Center.
- Completeness for IDSR and EWARS reporting is 59% and 77% respectively.
- In January 2018, 29 alerts were reported of which 30% were verified. Bloody diarrhoea; acute watery diarrhoea; and suspect measles were the most frequent infectious hazards reported in the week.
- Cholera transmission has declined significantly with no new cases reported in Budi and Juba during week 1, 2018. The last case in Budi was reported in week 47, 2017, and in Juba two cases were confirmed retrospectively in week 50, 2017. Since the current outbreak on 18 June 2016, a total of 20 438 cases and 436 deaths (CFR 2.13%) have been reported.
- During the week, 10 suspect whooping cough cases were reported and treated from Nyang PHCC, Yirol East County. Follow up investigations are underway.



Public health response

- To support RVF suspected outbreak WHO have deployed two Epidemiologists, four public health officers, one risk communication expert and one logistician. In addition, WHO deployed five vehicles, PPEs to support epidemiological investigation and sample collection, case management training, clinical case management, infection prevention and control.
- Ministry of Health with support from WHO and partners are responding to the measles outbreaks. Currently, reactive campaign is underway to control the outbreaks. A total of 350 vaccinators, 24 team supervisors, 4 County supervisors and 2 State supervisors were trained to carry out measles vaccination campaign in Cueibet. Besides, a follow up campaign is taking place in Rubkona and Guit Counties targeting 59 118 (6 222 children age 6-11 months and 52 896 children 12-59 months).
- The second round of meningococcal vaccination (MenVac) was officially launched in Malakal stadium. The campaign was started on 23 January 2018 in Malakal town and the PoC and on 25 January 2018 in Greater Baliet. The 12 days campaign is expected to end by early February 2018. The campaign is also on going in Western Equatoria State.
- Rapid assessment of Malakal teaching hospital was conducted by WHO and partners to look at modalities of operationalizing it after it was run down by the current violence since 2014. This remains the only referral hospital which is not fully functioning.

- A joint supportive supervision team comprises of State Ministry of Health, WHO and partners conducted supervisory visit between 29 and 31 January 2018 in Twic State. The main objective was to identify and solve the bottlenecks, increase level of State EPI and IDSR key performance indicators above the national set targets.
- WHO sensitized health care workers, community health workers, and village health committees and women leaders in Torit, Eastern Equatoria on community surveillance to detect acute flaccid paralysis, measles and neonatal tetanus to reduce spread of diseases.
- Access challenges in counties of former Upper Nile, Jonglei and Unity states due to insecurity have impeded routine and mass vaccination campaigns leading to sporadic outbreaks of measles and pertussis.

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	0	0

Background of the crisis

The crisis in South Sudan is currently a Grade 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million people 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 operations of WHO in South Sudan are made possible with support from the following donors:



From the People of Japan



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