



WHO team supporting the suspected meningitis response in Torit. 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

289 ASSORTED
MEDICAL/SAM/TRAUMA 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



40 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

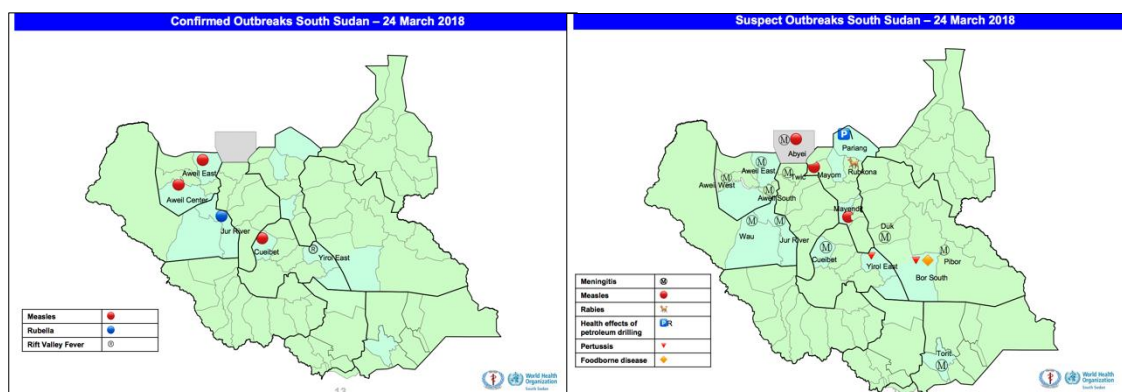
- South Sudan registers success in stopping the transmission of the Guinea worm disease and has recorded zero cases for 15 consecutive months.
- WHO conducted the SARA (service availability and readiness assessment) training for 65 participants from MOH and partners.
- WHO trained 585 health workers in preparation for the reactive measles vaccination campaign in Aweil East state, to start on 26 March, 2018.
- 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.

Background of the crisis

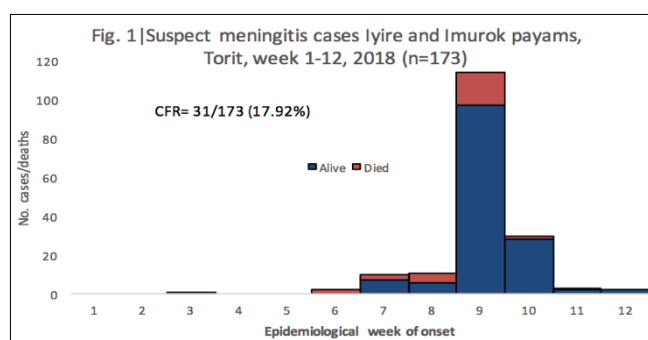
Event Description/Situation update

Epidemiological Update

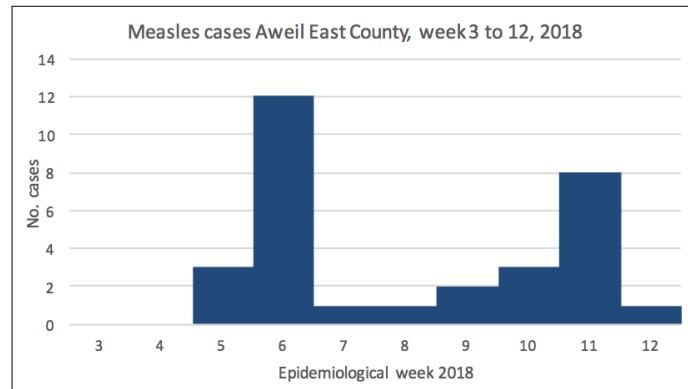
- The crisis in South Sudan is currently a protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million have fled their homes for safety of which 1.9 million people are internally displaced, while an estimated 2.1 million are refugees in neighbouring countries. 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 incident of intercommunal fighting mostly cattle raiding and revenge killings in various locations hampering humanitarian service delivery.
- There were reports of disagreement among the Mundari communities from Tali, Tijor and Terekeka Central who reside in Kuda, regarding cattle, which resulted in serious gun fighting with loss of lives and displacement. More than 1,000 people and 167 households were affected.
- Partners have scaled down their response operations in opposition held areas in Kajokeji due to upsurge in insecurity.
- Sanctions imposed on oil companies operating in South Sudan coupled with the US arms embargo and sanction to government official and politicians will likely affect UN operations.
- In epidemiological week 11 of 2018, timeliness and completeness for IDSR reporting at county level was 70% while EWARS reporting from the IDP sites was 81%. A total of 13 alerts were reported, of which 62% have been verified. During the week, measles, bloody diarrhoea and acute watery diarrhoea were the most frequent infectious hazards reported.
- The top causes of morbidity among IDP during week 11 include ARI (24%), malaria (20.6%), AWD (7.9%), and injuries (1.72%).
- The figure below shows confirmed and suspected outbreaks and events registered in South Sudan as of 24 March, 2018



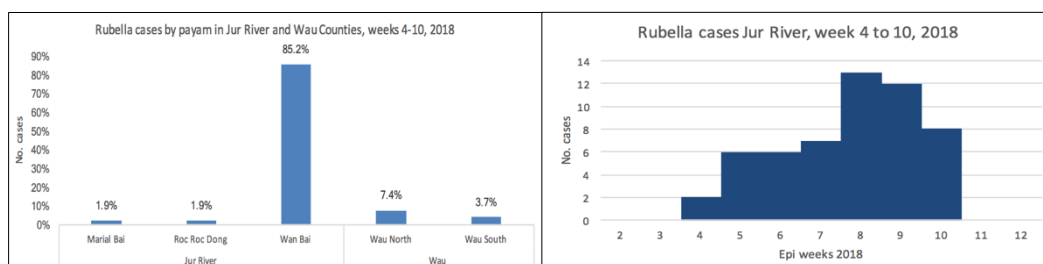
- **Suspected meningitis outbreak:** In Torit, the suspect meningitis outbreak continues to decline with only two suspected cases reported in week 12. The weekly attack rate remained below the alert threshold during weeks 11 & 12. At least 173 suspected cases including 31 deaths (CFR 18%) have been reported. During the week, 14 CSF samples were sent to Institute Pasteur, Paris for testing underway.



- **Measles:** Measles outbreak in Aweil East is still ongoing with week 12 registering a decline. Since the beginning of 2018, at least 109 suspect measles cases including 1 death (CFR 0.92%) have been reported. Of these, 84 samples were collected out of which 14 were positive.



Rubella: An outbreak of Rubella was confirmed in Wau and Jur River counties with a total of 54 cases and no deaths reported since week 4. Wan Bau payam in Jur River county accounts for 85.2% of all the cases. 57.4% of the cases reported 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 40 suspected cases reported since 7 December 2017 of which 6 were confirmed positive. A total of nine animal samples have been confirmed positive serologically.
- **Malaria:** Malaria is the top cause of morbidity in the country with a total of 411 634 cases and 62 deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 33% of the consultations in week 11 (representing a decline from 24% in week 10).
- **Malnutrition:** In the absence of humanitarian assistance, the risk of food insecurity and malnutrition is likely to remain a big public health challenge in South Sudan. Between January and February 2018, cumulatively 828 new admissions, with a cured rate at 90%, and defaulter at 5% have been registered from Inpatient Therapeutic Programs across the country.

According to the January IPC, 53 counties are classified in Crisis (IPC Phase 3), 17 counties in Emergency (IPC Phase 4) and none in Famine (IPC Phase 5) between February and April 2018. However, in the absence of all forms of humanitarian assistance, an estimated 6.3 million (57% of the population) would be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 50,000 are estimated to be in Catastrophe (IPC Phase 5).

- **Guinea Worm:** South Sudan has succeeded in stopping the transmission of Guinea Worm disease and as of end of February 2018 the country has recorded zero cases for 15 consecutive months.

WHO public health response

- WHO conducted the training of trainers and data managers for 65 participants from MOH and partners to kick start and roll out the first ever comprehensive health facility assessment (census) using the Service Availability and Readiness Assessment (SARA plus) methodology targeting about 1,600 facilities (public and private) in South Sudan. The SARA plus will fill the current gap in information regarding the health systems and services for decision making.



Dr Samson Baba Advisor to the Minister of Health on special projects addressing the SARA participants. Looking on is Dr Guracha OIC for WHO South Sudan

- In preparation for the measles vaccination campaign in Aweil East, the WHO Hub Field Supervisor and Field Assistant supported training of 585 health workers constituting vaccination teams (each composing of 2 vaccinators, 1 crowd controller, 1 registrar and 1 social mobilizer). WHO also supported the distribution of measles vaccine for the reactive campaign that will start on 26 March, 2018. The target age group will include children 6months to 59 months.
- WHO in Warrap State supported the State Ministry of Health - EPI and County Health Departments to conduct a two days training to improve the skills of 166 health workers including Field Assistants and community Informants on AFP Surveillance.
 - The 5 states that participated in the 1st round of EPI review have uploaded new ODK forms which are being used for ISS and case verification in the field.
 - The first round of polio sub-national immunization days in 5 state hubs of former Central Equatoria, Eastern Equatoria, Jonglei, Unity and Upper Nile targeting 1,806,293 under 5 children is ongoing with a partial coverage of 684 454 (38%).
 - Preparations for the introduction of AVADAR in the country are underway and detection and investigations ongoing with 9 AFP cases reported in the week 12, and cumulatively 60 cases reported since the beginning of 2018.
- WHO Hub office in Western Equatoria State has supported a number of activities to strengthen health delivery and increase access to health services. This included among others capacity building through on job mentorship for health workers at primary health care level both PHCC and PHCU.
 - In preparation for the rainy season, WHO and partners have developed a Preparedness and Response Plan to mitigate the impact of malaria and AWD.
- WHO country office has prepositioned 289 assorted kits including Intra Agency Emergency Health Kits (IEHK), Cholera Investigation and response kits, Personal Protective Equipment, Malaria investigation kits and other medical supplies to WHO Hub offices, Cholera sentinel surveillance sites, hospitals and PHCCs.
- WHO supported the Ministry of Health in collaboration with UNICEF to conduct the “Severe acute malnutrition and medical complications Inpatient Care Training”, for partners in UNITY State. Twenty-one participants, in their role of nutritionist, clinical officers and nurses, from eight different partner organizations operating in Unity State, attended the 6-day training in Juba.



On-Job training in Nagero PHCC on updating of EPI monitoring Chart

Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country due mainly 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.

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