



A WHO consultant visiting Nuru Baptist Church OCV vaccination site in Juba. Photo ©MSF/Sarah Pierre

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

1 281 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



2.9M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

210 093 OCV DOSES DEPLOYED IN 2018



1 945 635 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 506 168 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- Cholera prevention and response activities are already underway to mitigate the risk of cholera outbreaks in cholera transmission hotspots.
- One new suspected Rubella case was reported in week 17 of 2018, a total of 66 cases and no deaths have been reported from Jur River (60 cases) and Wau (6 cases).
- Suspected rabies cases continue to be reported in Bentiu PoC with a cumulative of 168 suspected cases including 2 deaths reported since Dec 2017.
- The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported since 7 December 2017. 2 new suspected cases were reported in week 18 pending laboratory confirmation.
- In preparation for the assessment of 1800 health facilities using Services Availability and Readiness Assessment (SARA) methodology, WHO in collaboration with MOH and other partners have trained a total of 270 data collectors and field supervisors across the ten former state in South Sudan.

Background of the crisis

- South Sudan has been experiencing a Protracted humanitarian crisis following the conflict that started 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.

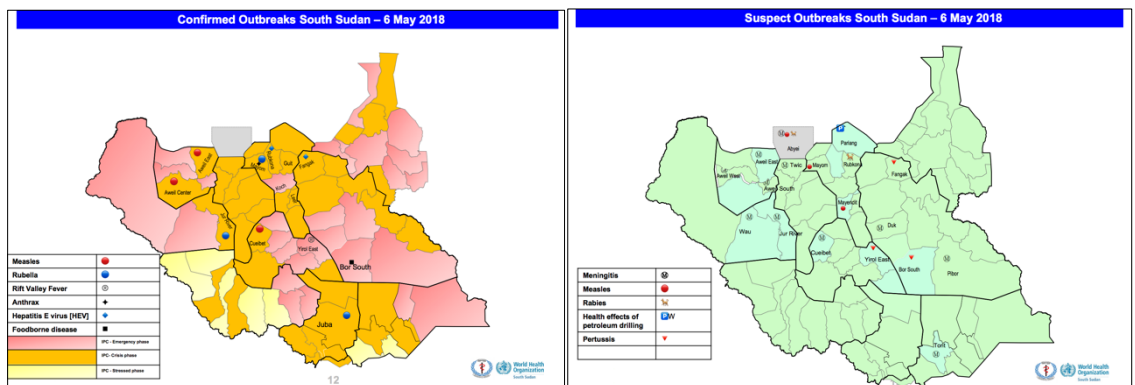
Event Description/ Situation update

- South Sudan remains a persistently “High Risk” operating environment for humanitarian workers with recent increase in “Low-Intensity” clashes in multiple locations in Central, Western and Eastern Equatoria, Southern Upper Nile, Southern Unity, Raga Area of Western Bahr el Ghazal, and most recently in Luri located about 125 kilometers from the capital Juba.
- The security situation in the country continues to deteriorate with violation on human rights, sporadic incidents of intercommunal clashes, cattle raiding; attacks on humanitarian workers, burning down health facilities and revenge killings in multiple locations hampering humanitarian service delivery. Heightened tensions are reported following an attempt by Sudan to create a border crossing point with South Sudan -3.5 kilometers into South Sudanese territory.
- Greater Unity State area is among the hardest hit states with the current conflict with the largest IDP population (541,011 people) in the country.

Epidemiological Update

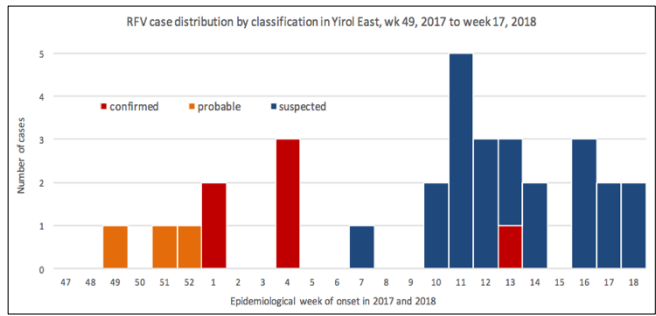
- In epidemiological week 17 of 2018, completeness and timeliness for IDSR reporting at county level was 57% while EWARS reporting from the IDP sites was 77%. A total of 17 alerts were reported, of which 100% have been verified. During the week, malaria, Acute Watery Diarrhoea, Acute Bloody Diarrhoea, and measles were the most frequent infectious hazards reported. Among the IDPs, ARI and malaria accounted for 24% and 15% of consultations in week 17.

The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 6 May, 2018



- **Rubella:** One new suspected Rubella case was reported in week 17 of 2018, a total of 66 cases and no deaths have been reported from Jur River (60 cases) and Wau (6 cases). Of all the cases reported 57% are aged 1 - 4 years, all unimmunized.
- **Malaria:** Malaria is still the top cause of morbidity in the country, with a cumulative total of 607 651 (52%)cases and 77 (11%) deaths registered since week 1 of 2018. In week 17 of 2018, over 23 thousand cases (46%) of malaria were reported with 3 deaths (38%). Among the IDP, malaria accounted for 15% of consultations in week 16. In the relatively stable states, malaria is the top cause of morbidity accounting for 31.3% of the consultations in week 17 (representing an increase from 30.8% in week16). Malaria trend for week 17 of 2018 is above 2014, 2015, however, is below the trend for 2016 and 2017.

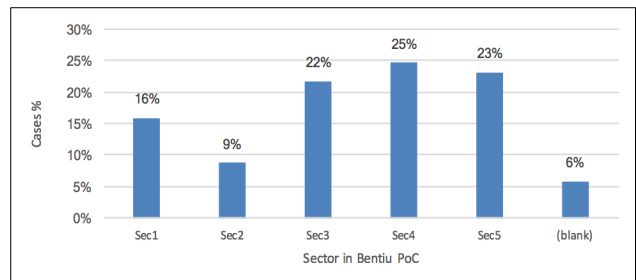
- Rift Valley Fever:** The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported since 7 December 2017. 2 new suspected cases were reported in week 18 pending verification. As of 6 May, 2018, a total of 6 were confirmed positive, three (3) probable, and 22 suspect RVF cases (no laboratory results. Out of the 28 animal samples collected, 9 were confirmed positive serologically.



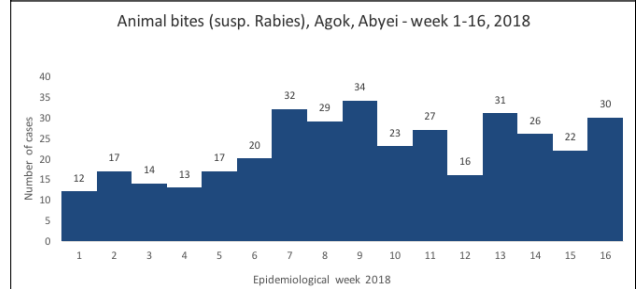
- Animal bites - Suspected Rabies:** During week 17, a total of 11 animal bite cases were reported in Bentiu PoC. Cumulatively 168 animal bite cases including 2 deaths have been reported since 6 Dec 2017.

An increase in dog bite (suspected rabies) cases have been reported from Agok hospital in Abyei. An exponential increase in suspected rabies cases has been reported in 2018 when compared to the previous years with a total of 363 cases reported in 2018 (week 1-16).

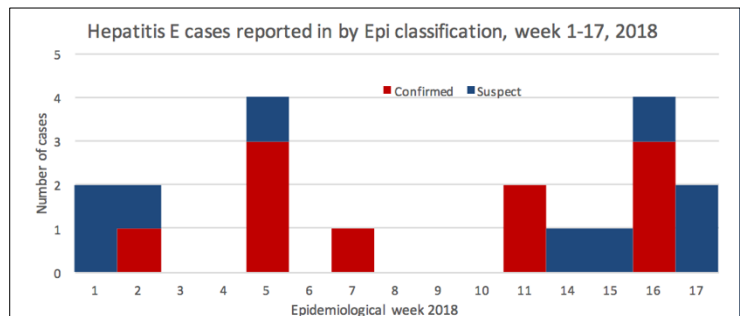
Suspected rabies cases, Bentiu PoC Jan-April, 2018



- Malnutrition:** Despite seasonal improvement resulting from the harvest, the food security situation has deteriorated significantly compared to the same time last year. According to the latest WFP Vulnerability Analysis and Mapping (VAM) bulletin, only 61 per cent of the 2018 national cereal needs are met by the harvest. The total production in 2017 has been estimated at 674,000 tonnes, about 7.5 percent below 2016 and 14 percent lower than the last five-year average creating a cereal deficit of 483,000 tonnes. The worsening food insecurity is primarily driven by continued conflict and displacements, which have contributed to the reduced crop production, disruptions to pastoralist livelihoods and persistent macroeconomic deterioration. Livelihoods have been further eroded by climatic shocks, such as prolonged dry spells and flooding, and pest infestations.

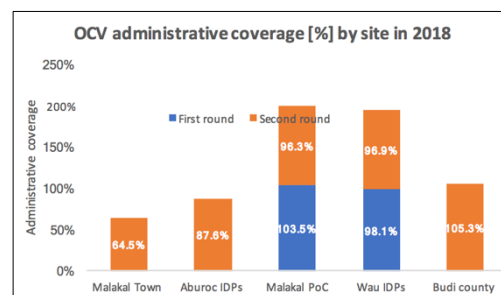


- Hepatitis E (HEV):** Hepatitis E outbreak is still ongoing in Bentiu PoC and Old Fangak where a total of nineteen suspected cases have been reported since week 1 of 2018. Out of the nineteen suspected cases, 10 have been confirmed positive for HEV by PCR (9 in Bentiu PoC and 1 in Old Fangak).



WHO Public Health response

- As the rainy season starts, cholera prevention and preparedness activities to mitigate the risk of cholera outbreaks in cholera transmission hotspots are being implemented. A comprehensive package of interventions including WASH, risk communication, surveillance and OCV is being implemented. OCV campaign targeting 178,755 people has been conducted in Malakal Town, Aburoc IDPs, Malakal PoC, Wau IDPs and Budi county with a coverage of 60,614 (34%) 1st round and 173,480 (97%) 2nd round.



- WHO continues to preposition assorted medical supplies to respond to humanitarian crises including the recent crisis in both north and south Mayendit (Mirnyal, Dablual and Thaker) displacing 10,528 IDP's. During week 17 the following supplies were prepositioned: 42 – IEHK kits; 39- Cholera kits; 1,000 - AFP sample collection kits; 60- Kala Azar kits, and 120 kits- Malaria kits.



Loading medical supplies on the plane

- To reduce the health impact of the current nutrition emergency through integrated health/ nutrition/WASH interventions for stabilization centres with areas with the highest burden of malnutrition, WHO is training 20 staff from stabilization centers on inpatient management of Severe Acute Malnutrition with medical complications in Wau.

- In preparation for the assessment of 1800 health facilities using Services Availability and Readiness Assessment (SARA) methodology, WHO in collaboration with MOH and other partners is trained a total of 270 data collectors and field supervisors across the ten-former state in South Sudan.



Participants taking GPS a part of the SARA training in Kuajok

- WHO Central Equatoria supported the investigation of two (2) alert cases of suspected VHF from Mangatain who were briefly admitted at El Sabah Children Hospital. However, both cases were discarded for not meeting the VHF case definition.

- The national immunization days campaign for polio concluded with a coverage of 2,673,773 (80%). Ten counties have not yet submitted their data.

- In Bentiu PoC, WHO continues to provide technical leadership for rolling out comprehensive HEV response. WHO is also supporting surveillance and facilitating laboratory confirmation of samples. In collaboration with communication and WASH partners health messages have been developed and are being disseminated on two radio stations (Kondial FM and Bentiu FM), and from house to house by community health workers.

Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due 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 rapid outbreak investigations and response.

Resource
mobilization

Financial Information: The total recorded contributions for WHO emergency operations amounts to US\$ 2.875,983 million for the financial year 2018 as of 30th April 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.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 2.9 million	16.9%

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



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