



World Health Organization

Humanitarian Situation Report Issue # 32
27 AUGUST – 2 SEPTEMBER, 2018



The Acting WHO Country Representative for South Sudan, Mr Evans Liyosi addressing participants during the high-level advocacy mission on Ebola in Yei state. 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

- The Hon. Minister of Health together with the WHO Representative a.i., Security, Animal Health and other Government officials conducted two high-level advocacy visits to Yei and Nimule on Ebola preparedness.
- The Dr. John Garang diagnostic center has been designated by the Ministry of Health as the premise for establishing an Ebola Treatment facility for Juba
- WHO prepositioned essential medical supplies to support Mangaten, where 3000 Internally Displaced Population (IDP) have been resettled following inter-communal fighting in POC 3.
- Suspected measles and malaria were the most common alerts reported. Five suspected measles alerts were reported from Abyei, Juba, Magwi, Rubkona and Wau.

WHO FUNDING REQUIREMENTS 2018



5.35M 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



858 635 OCV DOSES DEPLOYED IN 2018
1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 784 766 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

Background of the crisis

- For the third year in a row, South Sudan continues to be the most dangerous country in the world to be a humanitarian worker. Since the conflict began in December 2013, at least 109 aid workers have been killed. In 2018, 12 workers have lost their lives and most of them are South Sudanese. Many more are detained, harassed or threatened with impunity for the perpetrators.

Event Description/ Situation update

Harassment of NGO Staff:

- On 28 August, in Juba, it was reported that an unidentified armed person wearing a camouflage jacket with a VHF radio on a motorbike attempted unsuccessfully to stop two NGO vehicles in two separate incidents, believably to commit a felony. The suspect has reportedly on previous occasions robbed NGO personnel in a similar manner.

Demonstration in PoC Site

- On 26 August, in the PoC site in Bentiu, more than one-thousand IDP staged a peaceful demonstration to announce the result of the recent fund-raising ceremony organized by the community leadership in support of the disable IDPs and to officially welcome fourteen IDP who were brought from PoC 3 Juba to Bentiu PoC Site on 25 August. The leadership expressed to the community members the desire to live in peace and harmony in order to prevent unfortunate incidents in the PoC site.

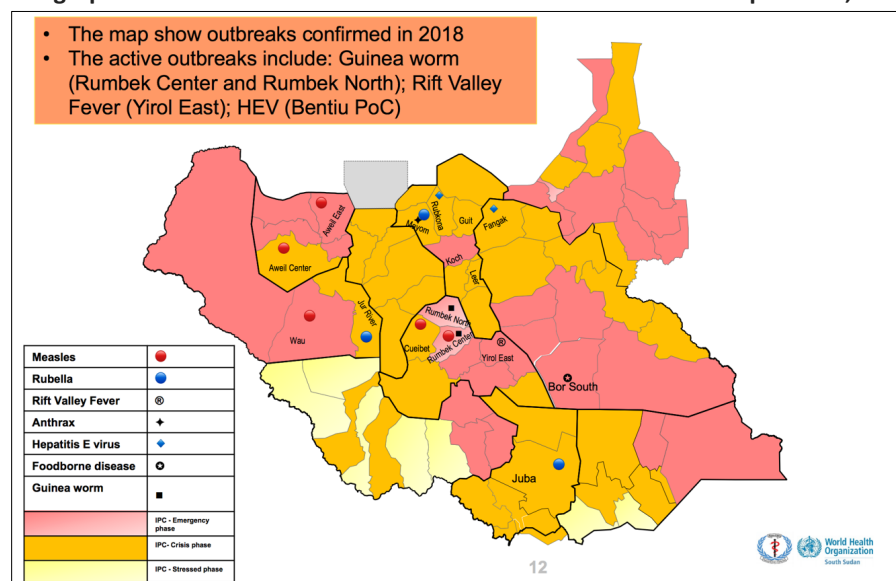
Inter communal fighting

- Over 3000 Internally Displaced Population (IDP) have been resettled in Mangaten village following inter-communal fighting in Protection of Civilian site (POC) 3 both located in Juba.

Epidemiological Update

- In epidemiological week 34 of 2018, completeness and timeliness for IDSR reporting at county level was 75% while EWARN reporting from the IDP sites was 67%. In this reporting period, suspected measles and malaria were the most common alerts reported.

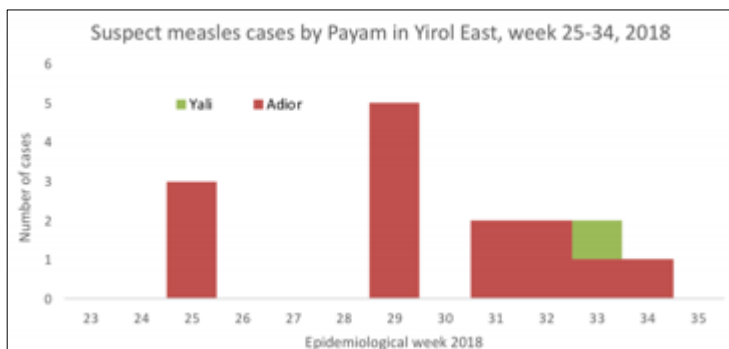
Geographical location of confirmed outbreaks in South Sudan- 2 September,2018



Update on disease trends and ongoing disease outbreaks/events

- **Ebola preparedness:** No suspected cases of Ebola reported in South Sudan but as a priority one country for Ebola virus disease outbreak (EVD), preparedness efforts continue through enhancing capacities for EVD case detection, investigation, response, and prevention. In addition, Ebola surveillance screening facilities have been expanded for all travelers entering through the high-risk boarder points of entry.

- **Measles:** Since the last situation report, 5 suspected measles alerts were reported from Abyei, Juba, Magwi, Rubkona and Wau. Two measles outbreaks in Bentiu PoC and Yirol East are still ongoing.



- **Guinea worm/Dracunculiasis:** One suspected Guinea worm case was reported from Aweil hospital during week 34. Investigations of the previous cases reported from Lankien, Nyirol county, Jonglei state and treatment which involved pulling out the worm a few centimeters each day are ongoing over a few weeks or months.
- **Malaria:** Malaria accounted for 61 577 (72%) of the total consultations and 5 deaths during week 34 of 2018. The cumulative total of 1 538 336 (59%) cases and 199 (28%) deaths have been registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 44% of the consultations in week 34 (representing a decrease from 51% in week 33).
- **Rift Valley Fever:** No new suspected Rift Valley Fever (RVF) case reported from Yirol East, Eastern Lake state in week 34. Since the beginning of the outbreak on 7 December, 2017, the cumulative figure is still at 58 suspected human cases including 6 confirmed reported from the beginning of outbreak a total with nine confirmed animal cases (cattle).
- **Acute Flaccid Paralysis (AFP):** In week 34, 2018, a total of 6 new AFP cases were reported from Upper Nile, Western Equatoria, Lakes, Northern Bahr el Ghazal, Unity, and Warrap hubs. This brings the cumulative total for 2018 to 267 AFP cases.

WHO Public Health response

Alert verification:

- During the reporting week, 100% of the 12 alerts reported were rapidly investigated. Active surveillance countrywide for Ebola and other diseases continues.

Prepositioning of Assorted kits and supplies:

- WHO prepositioned the following essential medical supplies: Supplementary malaria 1 kit, Basic Malaria Module 1 kit, Basic Unit 2 kits, and 2 malnutrition kit equipment, 1 malnutrition basic module, 2 malnutrition malaria module including drugs and equipment with IMC in Mangaten, where 3000 Internally Displaced Population (IDP) have been resettled following inter-communal fighting in POC 3.
- WHO supplied 10 assorted screening materials and Personal Protective Equipment to the Yei and Yambio Ebola screening boarder points.
- A total of 600 t-shirts, 12 banners, 1000 information leaflet, were dispatched to high-risk areas for Ebola preparedness.

Ebola preparedness response:

- Two meetings of the Emergency Advisory Committee on EVD prevention in South Sudan were conducted on 28th and 29th August. The committee was constituted by the Hon. Minister of Health to serve as the policy advisory body to Government and the Taskforce on Ebola prevention and consists of all sectors, partners, and donors critical for optimal EVD preparedness in the Country. During the two meetings, priorities for EVD preparedness were identified; the EVD taskforce and its working groups have been constituted; and the donors have been engaged to support the implementation of priority EVD preparedness activities.



The Minister addressing the port health screening staff at Juba International Airport. Photo: WHO

The Hon. Minister of Health along with the WHO Country Representative and the CDC Director visited Juba International Airport Port Health Screening Desk to review the current EVD screening and to rally key stakeholders at the airport including the police, national security, and immigration to support and collaborate with the port health team to improve compliance from the travelers and to streamline the current traveler screening arrangements.

To enhance the overall coordination of the taskforce preparedness activities, the Ministry

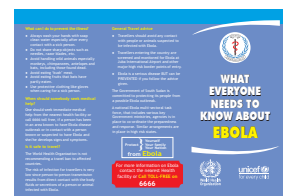
of Health officially appointed an incident manager for National Ebola Taskforce, to implement the incident management system.

- The Ministry of Health officially designated the Dr. John Garang diagnostic center as the premises for establishing an Ebola Treatment facility for Juba. A preliminary assessment of the site was undertaken by MoH, WHO, and MSF to ascertain suitability. The MoH recommended further assessment to estimate the cost of rehabilitating the facility.
- Two high-level advocacy visits led by the Hon. Minister of Health and WHO Representative, Security, Animal Health and other Ministry officials were made to Yei and Nimule border crossing points to engage the top leadership on Ebola preparedness. In both places the Governors, commissioners and security officials discussed the response readiness including identifying risks and gaps and solutions.
- Three EVD state support teams were deployed to the high-risk areas of Yei River (Yei), 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. Response teams were deployed in all the five high risk areas to set up the screening facilities and sensitize the leadership and community on Ebola



WHO team supporting the establishment of a port screening facility in Nimule for Ebola. Photo: WHO

- Risk communication efforts continue with radio talk shows organized on radios at national and in the high-risk states. The development of key Ebola messages has been finalized for incorporation into the various information, education and communication materials (IEC) including posters, brochures and leaflets. Radio jingles have started being aired on selected radio stations at national and high-risk states during peak hours. The other proposed interventions in line with the EVD preparedness risk communication strategy include engagement of religious and cultural leaders; newspaper inserts; bulk short text messages; the use of interpersonal communication; and targeting special populations like refugees; international travelers; and border market dwellers and traders.



Information leaflet on Ebola

Malaria:

- WHO conducted supportive supervision in Kuajok Hospital and identified an increase in the number of Malaria cases and deaths among children under five years in the pediatric ward. Plan are underway to engage the State Director General for Hospital and WVI Coordinator for the hospital for a solution.

Measles:

- The reactive measles and OPV campaign in Bentiu POC started on 31 August, targeting 53,841 children aged 6months to 15 years.

Rift Valley Fever:

- The Rift valley fever contingency plan is being implemented by both the health and animal health sectors. With support from WHO HQ, plans are underway to conduct trainings of enhance human and animal surveillance and risk communication for Rift Valley Fever Preparedness in Rumbek. The current response in Yirol East includes surveillance, laboratory testing, supportive care for suspect cases, and empowering people especially in the high-risk areas to adopt hygienic animal handling practices to reduce risks of infection.

Suspected rabies response:

- To respond to the persistent dog bites, the human and animal health teams continue with community sensitization campaign and vaccination of dogs in Bentiu and Yambio town.

Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity, poor road network, and bureaucracy at all levels.
- Despite the resource mobilization drive, there is inadequate funds to retain the needed technical staff.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 5.35 million for the financial year 2018 as of 2 September, 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\$ 5.35 million	32%

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



For more information please contact:

Mr Evans Liyosi WHO Country Representative a.i. Email: liyosie@who.int Mobile: +211 916 743 301	Dr Guracha Argata Emergency Coordinator/WHE Email: guyoa@who.int Mobile: +211 926144384	Ms Liliane Luwaga Communications Officer Email: luwagal@who.int Mobile: +211 921 647 860
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------