



World Health Organization

Humanitarian Situation Report Issue # 33
2 - 9 SEPTEMBER, 2018



The Hon Minister of Health, Dr. Riek Gai Kok, being scanned at an Ebola screening post, in Yambio town during the high-level advocacy mission. 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 high-level advocacy missions to priority border counties led by the Hon. Minister of Health and WHO representative have been implemented as previously recommended by the taskforce.
- On 7 September, a small aircraft with more than 20 people onboard plunged into Yirol River in Eastern Lakes State, killing 17 people and three survived.
- In Western Bahr el Ghazal, 71,181 people across 18 counties of Lol State have been affected by flooding. Large tracts of farmland with crops, 228 boreholes, some health facilities and schools have been destroyed, and some of the main roads of the state are cut off.
- An EVD alert was reported in Bakiwiri Boma in Yambio which was quickly verified and sample collected by the rapid response team on the ground.

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



933 541 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

- The protracted crisis in South Sudan has continued on a costly trajectory with economic downturn and high inflation. The country continues to experience declining health services with only less than 45% of the population having adequate access.

Event Description/ Situation update

Insecurity:

- In Torit, the Governor, notified humanitarian partners, that Torit-Juba road in Easter Equatoria is currently not safe, due to the continuous insecurity related incidents happening around Jebel Molok area in Jubek State. For their own safety partners were advised to use the Torit-Magwi road or flights.

Flooding:

- In Western Bahr el Ghazal, 71,181 people across 18 counties of Lol State have been affected by flooding. Large tracts of farmland with crops, 228 boreholes, some health facilities and schools have been destroyed, and some of the main roads of the state are cut off. There is a concern of disease outbreaks due to the flood, as the authorities call upon humanitarians to respond to the situation.

Unresolved Malakal Protection of Civilians (PoC) site:

- Malakal PoC youths and community leaders continue threatening non-local South Sudanese staff from delivering humanitarian services at Malakal PoC and barring their access to the PoC. This has led to delivery of substandard service due to the limited number of available qualified employees. It has been reported that the deliveries are being conducted by traditional birth attendants.

Attack on humanitarian workers:

- An NGO national staff member was shot dead by armed men in Limbe, Yei County. The victim was travelling with another staff member from Lainya to Yei town in a clearly marked NGO vehicle when they were attacked. Limbe is under the control of SPLA forces. A total of four attacks on humanitarian convoys have been reported in Yei County between March and September 2018.

Inter communal fighting:

- On 5 August 2018, 19 people were killed while 15 others injured during fighting between farming community of Dolo Payam and internally displaced pastoralist community in Kuda and Sirimon. As a result, 450 of the farming families, mainly women and children were displaced to Lemun-Gaba, an area on the outskirts of Juba town. Partners are planning to assess the humanitarian situation of this internally displaced population. Over 1,700 people from the pastoralist community fled to Kwerijik-Luri in the northern outskirts of Juba city. Partners have conducted initial needs assessment and are planning to provide emergency food, nutrition, sanitation and health services.



Plane crash scene

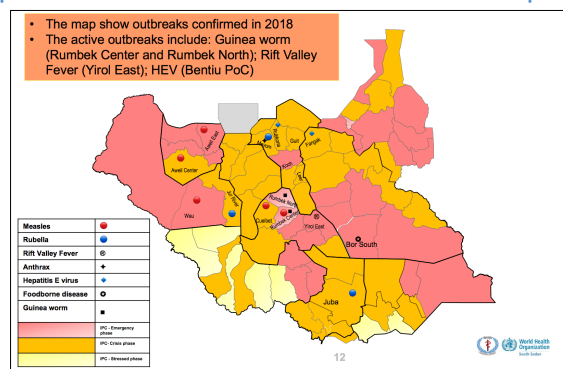
Plane crash:

- On 7 September, a small aircraft with more than 20 people onboard plunged into Yirol River in Eastern Lakes State, killing 17 people and three survived.

Epidemiological Update

- In epidemiological week 35 of 2018, completeness and timeliness for IDSR reporting at county level was 75% while EWARN reporting from the IDP sites was 76%. In this reporting period, suspected measles was the most common alert reported.

Geographical location of confirmed outbreaks in South Sudan- 9 September,2018



Update on disease trends and ongoing disease outbreaks/events

- **Ebola preparedness:** An EVD alert was reported in Bakiwiri Boma in Yambio which was quickly verified and sample collected by the rapid response team on the ground. The suspect who was an old man aged 80 years.
- **Measles:** Since the last situation report, 3 suspected measles cases were reported from Ikotos, Juba, and Pakam IDPs Yirol East being investigated by CMA
- **Guinea worm/Dracunculiasis:** A suspected Guinea worm cases was reported from Terekeka and Yirol East. Investigation is ongoing.
- **Malaria:** Malaria a disease endemic in South Sudan, continues to be the leading cause of morbidity and mortality accounting for 62 539 (73%) of the total consultations and 16 deaths during week 35 of 2018. Since week 1 of 2018, a total of 1 607 880 (60%) cases and 216 (29%) deaths have been registered. In the relatively stable states, malaria accounted for 45% of the consultations in week 35 (representing a constant trend at 45% as in week 34).

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.

Logistics and prepositioning of supplies:

- WHO prepositioned an assorted consignment of materials including 3 tents, a set of 5 PPE, furniture and 5 infrared thermometers to each location in Wau, Yambio, Nimule and Yei, be used to set up Ebola screening sites.
- WHO set up 3 tents donated to WHO by UNICEF at the Mangateen IDP camp. IMC is the partner on site handling the logistics.
- The Session Initiation Protocol (SIP) Line has been installed at the PHEOC, testing is underway.
- The logistics team is in the process of upgrading the screening facility with prefab containers at the Juba International airport.
- Discussions are ongoing with MSF on the establishment of the Ebola Treatment Centre in Juba, before renovation works commence.

Ebola preparedness response:

- High level advocacy missions to priority border counties led by the Hon. Minister of Health and WHO representative have been implemented as previously recommended by the taskforce. Also on the team were representatives from the security sector and the media. The field missions included Yei, Nimule, Maridi, Yambio and Tambura, all in the Equatorial region bordering Uganda and DRC. The aim was to engage the local authorities and general public on the ongoing EVD outbreak in neighboring DRC and how best to prevent importation of the disease.
- Five state support teams were deployed to priority points of entry to set up new screening posts and isolation sites at additional points of entry and to enhance the performance of existing ones. The prioritized points of entry include airports with international flights and ground crossings with significant traffic and those bordering the DRC, including Juba International Airport, Nimule, Bazi, Kaya, Wau Airport, Gangura and Sakure. Screening is ongoing at JIA, Wau airport, Gangura, Sakure and Nimule. It was not possible to set up the screening sites in Bazi and Kaya due to insecurity. The teams also conducted refresher trainings and simulation exercises for the state rapid response teams. The sub-national taskforces were activated in Wau, Nimule, Yei and Yambio and have started holding weekly



*Meeting with the top leadership in Yambio town
Photo: WHO*

meetings.

- The EVD national taskforce convened two meetings on 4th and 6th September at the PHEOC, chaired by the Incident Manager. During these meetings, the priority technical working groups, namely 1) border health and points of entry, 2) case management, IPC and WaSH, and 3) risk communication and social mobilization updated the stakeholders on their priority activities in progress and planned, drawn from the contingency plan.
- The border health and points of entry TWG co-led by WHO has started mapping all the official and unofficial points of entry along the border with Uganda and DRC. Already a first map has been produced showing the exact locations with GPS coordinates, population displacement, partner presence and health facility functionality in those locations.
- The case management, IPC and WaSH TWG co-led by WHO analyzed the options of using the Dr John Garang Diagnostic centre designated by the MoH for setting up an isolation facility in Juba. It was agreed that the existing building was unsuitable due to IPC challenges, hence a decision was made to set up a temporary facility within the open area of the compound. The water output and quality of the borehole is under assessment.
- The risk communication and social mobilization TWG co-led by UNICEF has continued with awareness through radio talk shows at the national and sub-national level in English, Arabic and local dialects. IEC materials have been developed in English but now in the process of translation to Arabic and other languages. The toll-free line is active with calls coming through to seek information on EVD and also report suspected cases. Messages for the Bulk SMS have been developed and will be disseminated through the two main telephone companies.



Screening site established at Movcon Wau airport for UNIFSA passengers

Malaria:

- In an effort to strengthen malaria surveillance, WHO in collaboration with MOH conducted a five-day training of 23 state malaria coordinators, state malaria monitoring and evaluation officers and national malaria control programme staff to improve their skills in malaria surveillance, Monitoring and Evaluation including malaria epidemic preparedness and response.

Measles:

- WHO has provided 4 Rota Virus kits, 9 Rubella IgM kits, 4 Measles IgM kits and 2 Supplementary kits. and testing of suspected cases of febrile rash illness have commenced at the national Public Health laboratory in Juba.

Malnutrition:

- On 4 September, 2018, WHO conducted a training of partners from the former Jonglei and Unity States on Nutrition Sentinel Site Surveillance System. WHO has designed and is implementing a sentinel site surveillance system to detect and timely refer patients at an earlier stage of acute malnutrition. Initially based on 16 facilities (in 2017) managed by health partners, WHO, supported by SSHF, is currently relying on 25 facilities and is establishing additional MUAC sentinel sites in OPD to rapidly detect hot spots and disseminate weekly analysis to alert partners and trigger response. The health and nutrition staff are trained in their operational areas and regularly supported through field mentorship. Partners are also trained on synergies and complementarity of the various existing nutrition surveillance systems in the country
- WHO supported the Stabilization center in Renk, run by Medair, with the provision of 100 treatments for rehydrating children with severe acute malnutrition. This stabilization center serves

as the only facility for children with SAM and medical complications, in Renk County. From January 2018 to July 2018, 92 SAM children with medical complication have been admitted in the center in Renk. The cure rate is above 90% with a death rate of 7.1% (6 deaths/84 discharges). The children presenting at the SC are often children in need for oral rehydration as they are referred after developing vomiting and/or diarrhea with consequent dehydration. Two medical staff at the facility were trained by WHO on inpatient management of SAM/MC.

Acute Flaccid Paralysis:

- In response to the circulating vaccine-derived poliovirus (VDPV2) in the Horn of Africa, WHO has supported the MoH in conducting a Risk assessment focusing on the population immunity and AFP surveillance and an action plan drawn which involves conducting 3 rounds of bOPV2 campaigns in high-risk counties and enhancing surveillance at the borders and states.
- The country in week 35 has achieved Non-Polio AFP rate is 5.0 in 2018, all the 10 state hubs achieved NP-AFP rate of 2.0. while 7 Hubs achieved stool adequacy rate while; Unity, Upper Nile & Western Bahr El Ghazal hub are below 80%.

Measles:

- WHO in partnership with UNKEA has commenced multi-vaccine campaigns (OPV, Measles, MenAfriVac) in Nasir County.

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 9 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:



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