



World Health Organization

Humanitarian Situation Report Issue # 34
10 - 16 SEPTEMBER, 2018



WHO field staff on supportive supervision struggling to dislodge their vehicle which got stuck on a muddy road in Yirol East. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.91 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

HIGHLIGHTS

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
1 954 097 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 791 589 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

- Ebola Virus Disease outbreak (EVD) preparedness continues and efforts to enhance capacities for EVD case detection, investigation, response, and prevention have been scaled up.
- The Port Heath facility at Juba International airport is being upgraded with support from WHO in an effort to improve the quality the entry screening of travelers as part of EVD risk mitigation.
- Supplementary Immunization Activities (campaigns) are ongoing in Nasir, Upper Nile with preliminary coverage of 6823 persons (1-29years) reached with Meningitis vaccine, 3142 children 6-59 months with Measles vaccine and 3089 children 0-59 months with bivalent Oral Polio Vaccine.
- Suspected measles, malaria and acute watery diarrhoea were the most common alert reported during week 36.
- The number of displaced people rose by 70,000 in August, 2018 reaching 1.91 million, as hostilities and inter-communal violence persisted, contributing to movement.

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. Operational and bureaucratic restrictions to humanitarians, increasingly makes South Sudan a difficult operating environment.

Event Description/ Situation update

Violent protest:

- On 17 September, a group of over 500 refugee youth in Jamjang, protested over delay in food distribution at a UN Agency (WFP) distribution site in Ajuong Thok, Pariang County. They subsequently looted food, damaged the site and threw stones at government authorities, albeit without any casualties.

Attack on humanitarian workers:

- The Bentiu PoC continues to be highly insecure for humanitarian and UNMISS staff living in the camp due to increased armed robberies. Threats against some humanitarian agencies operating in the PoC continues mainly related to recruitment and operational issues.
- Ongoing tensions and unresolved standoff in the Malakal Protection of Civilians (PoC) site has hampered humanitarian access to about 24,500 people residing in the site. This has greatly affected the quality of health service delivery in Malakal PoC clinics inability to respond to complicated deliveries by the qualified staff.

Population displacements:

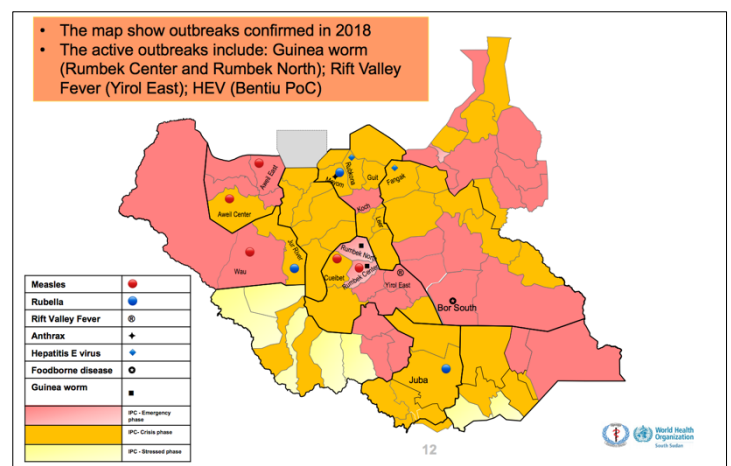
- The number of displaced people rose by 70,000 in August, 2018 reaching 1.91 million, as hostilities and inter-communal violence persisted, contributing to movement.
- In Juba, tensions in the PoC 3 site resulted in serious security concerns and the relocation of IDPs from the PoC site to Mangateen community. It also led to the suspension of activities in the PoC site affecting the greater population residing inside.
- In Bor, an estimated 3,600 IDPs arrived in Leudiet village near Bor town, fleeing from inter-communal conflict in Thoony village in Baidit.
- In Upper Nile, more than 500 displaced people from Malakal Protection of Civilians (PoC) site returned to Wau Shilluk.
- Another 700 people of the Shilluk community moved from the PoC to Owachi in Panyikang County.

Inter communal fighting:

- In Kapoeta, 7 people were killed in Toposa, (South Sudan) and 19 in Turkana, (Kenya) due to inter-tribal conflict. 700 head of cattle were raided by the Turkanas.

Epidemiological Update

- In epidemiological week 36 of 2018, completeness and timeliness for IDSR reporting at county level was 80% while EWARN reporting from the IDP sites was 75%. In this reporting period, suspected measles, malaria and acute watery diarrhoea were the most common alert reported.



Geographical location of confirmed outbreaks in South Sudan- 16 September, 2018

Update on disease trends and ongoing disease outbreaks/events

Ebola Virus Disease (EVD) preparedness:

- There is no EVD case confirmed in South Sudan. However, in light of the risk posed by the ongoing EVD outbreak in North Kivu in DRC with 142 cases (111 laboratory confirmed) and 91 deaths reported as of 14 September, the Ministry of Health and partners continues to be on high alert.
- The EVD contingency plan has been updated to mitigate the risk of EVD importation and enhance readiness capacities.
- With increasing awareness, the number of EVD alerts reported and investigated is 5. Four were

discarded and 1 sample sent to Uganda Virus Research Institute (UVRI) for laboratory investigation.

- The emergency hotline (6666) at the Public Health Emergencies operations center continues to receive calls from across the country. In Week 36 over 900 calls were received with most callers requesting to know more about EVD.

Malaria:

- Malaria a disease endemic in South Sudan, continues to be the leading cause of morbidity and mortality accounting for 65,016 (74%) of the total consultations and 20 deaths during week 36 of 2018. Since week 1 of 2018, a total of 1,681,336 (60%) cases and 236 (31%) deaths have been registered. In the relatively stable states, malaria accounted for 49% of the consultations in week 36 (representing a constant trend at 46% as in week 35).

Malnutrition:

- As of August 2018, the number of operational Outpatient Therapeutic Programs (OTP - for the treatment of SAM cases) is 858, Targeted Supplementary Feeding Programs (TSFP -for the treatment of MAM) is at 803 and there are 55 Stabilization centers, across South Sudan. This marks an average increase of 20% in the number of TSFP and an average increase of 24% in the number of OTP sites, compared to 2017 (source: Nutrition Cluster South Sudan 2018). The nutrition response achievements from January to July 2018, reported a 60% of annual targeted SAM beneficiaries and 47% of annual targeted MAM beneficiaries reached, out of the 209,571 SAM children targeted and 827,324 MAM children targeted in 2018 by the whole humanitarian nutrition response.

WHO Public Health response

Alert verification:

- During the reporting week, 100% of the 15 alerts reported were rapidly verified and investigated. Heightened surveillance countrywide for Ebola and other diseases continues.

Logistics and prepositioning of supplies:

- WHO is supporting the construction works for upgrading the existing Juba International Airport screening site and the facility is expected to be operational by 19th of September 2018.
- WHO is procuring assorted re-usable materials including cleaning materials, tents, batteries worth 22,000 \$US required for setting up and running the temporary screening areas at the border points.
- WHO dispatched the following items to NGOs (HSE, ALIMA, MSF France and HAA in Mundri East)- 1000 sachets of ORS (that can manage 500 cases of moderate dehydration), 29 Kits of Basic Malaria module that can provide treatment for 13,775 cases of uncomplicated malaria, 4 Supplementary Malaria Modules that can provide treatment for 140 severe malaria cases and 6 Basic units of the IEHK that can provide treatment of common diseases for 6000 people for a period of three months and 600 vials of Ambisome Injection.

Ebola preparedness response:

- Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.
- A cumulative total of 130,908 travelers entering South Sudan were screened at different points of entry (Juba International Airport, Nimule border, Gangara border, Sakure Border, Yambio Airstrip, Wau Airstrip).
- The UN heads of agencies were updated by WHO on the EVD preparedness during a high -level meeting. During the meeting, some agencies made financial commitments e.g. UNICEF committed to release funds to support Risk Communication and social mobilization.
- The national Ebola taskforce meet twice on 11 and 13 September, 2018 to coordinate the implementation of the EVD contingency plan.
- To address the limited access due to insecurity in some parts of the high-risk states, UNOCHA is in consultations with SPLA IO on movements in IO controlled areas.
- The Weekly EVD preparedness update report was developed and disseminated widely. Please link to the link below for more details. <https://afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>



The Governor of Yambio making remarks during the NTF meeting on 13.09.18 in Juba



Screening of travelers at Nimule Point of Entry

Measles:

- A combined measles/OPV campaign has been completed in response to the suspected measles outbreak in Bentiu PoC with the overall coverage for measles at 75% (38,638) and OPV at 124% (46,932).
- achieved. A similar response is planned for Yirol East county.
- In Nasir, Upper Nile, supplementary Immunization activities/campaigns (SIA/) are ongoing with preliminary coverage of 6823 persons reached with Meningitis vaccine, 3142 with Measles and 3089 with bivalent Oral Polio Vaccine.



Supplies for SIA being offloaded from the aircraft in Nasir. Photo: WHO

Malaria:

- To respond to the rising malaria cases in Lol, Melut and Abyei, WHO provided ACTs and RDTs to malaria PSM partners (mainly PSI but also global health supply chain) working in those locations. Furthermore, a proposal for malaria surveillance strengthening was presented to the health cluster partner to solicit their support in strengthening the malaria sentinel sites approach.

Operational gaps and challenges

- The humanitarian operations continue to be hampered by insecurity, poor road network, floods, 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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