

Humanitarian Situation Report Issue # 49 **24 – 31 DECEMBER 2018** 



WHO and partners visiting the pediatric ward with children admitted due to Gastroenteritis and Malaria in Rumbek State Hospital Photo: WHO

#### South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION

NEED

HUMANITARIAN

ASSISTANCE



1.96 MILLION
INTERNALLY DISPLACED
WITH 0.2 MLLION IN
PROTECTION OF CIVILIAN
SITES



2.47 MILLION SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES

#### **WHO FUNDING REQUIREMENTS 2018**



**3.9M** 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

1 996 655 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 872 971 # OF PERSONS VACCINATED AGAINST MENINGITIS

#### **HEPATITIS E**



147 TOTAL SUSPECTED CASES (18 CONFIRMED)

### HIGHLIGHTS

- The suspected Ebola virus case that was reported from Yambio on 25 December, 2018 tested negative for Ebola, Marburg, CCHF and RVF viruses.
- Malaria remains the top cause of morbidity and mortality that accounts for xx% of cases as of week 51, 2018.
- A suspected gastro-enteritis outbreak due to food poisoning was reported in Yambio and investigated on the 27th Dec 2018.
- On 26 December 2018, 6 people died, 25 wounded and Alor PHCU vandalized in Makuei village in Rumbek North County, following to an attack by the alleged armed Youth Group from Tonj East County, Warrap Hub.

# Overview of the Humanitarian crisis

As we prepare to enter 2019, South Sudan remains in a serious humanitarian crisis due to the cumulative effects of years of conflict and violence against civilians, which have destroyed people's livelihoods and forced 4.2 million people to flee their homes with nearly 2 million inside and nearly 2.2 million outside the country. The number of people who require humanitarian or protection assistance in 2019 remains high at seven million, the same as in 2018. Women and children continue to be the most affected. Some 2.2 million children are out of school and nearly 600,000 pregnant and lactating women will be acutely malnourished in 2019. During the first three months of the year, every other person is projected to be severely food insecure.

# Event Description/ Situation update

#### Intertribal Armed conflict.

 On 26 December 2018, the alleged armed Youth Group from Tonj East County, Warrap Hub attacked Makuei village in Rumbek North County leaving 6 people dead, 25 wounded and Alor PHCU vandalized. Report by CUAMM indicated that an unspecified number of houses were set on fire, and over 7000 people were displaced to Amook and Wuriang Payams.

#### Rising domestic violence in IDP

 Partners are reporting an emerging strong correlation between increased domestic violence and reduced water availability in the Aburoc site in Upper Nile. Partners also report an increased number of food-related complaints. Despite the inadequate safe water, 862 new arrivals were registered by partners in the past few weeks.

#### Number of Internally Displaced Persons (iDPs) declines:

• The head count exercise conducted by UNMISS in Leer Temporary Protection Area (TPA) on 6 December, revealed that there are 622 people remaining in the TPA. This represents a 50 per cent reduction in the population since the signing of the peace agreement. It has also been reported that many of the IDPs have moved to Leer town, with a significant increase of new shelters reported in town. Furthermore, people have also started returning in considerable numbers to Thonyor in Leer County, and Rubkway, Dablual and Thaker in Mayendit County.

## Epidemiological Update

- In epidemiological week 51 of 2018, completeness and timeliness for IDSR reporting at county level was 35% while EWARN reporting from the IDP sites was 52%.
- A total of 8 alerts were reported in week 51. The teams verified 13% of the alerts, none required response.
- The suspected Ebola virus case that was reported from Yambio on 25 December, 2018. Preliminary test for Ebola Virus by GenXpert at the National Public Health Laboratory in Juba tested negative for Ebola. The Confirmatory test on PCR in Uganda Virus Research Institute UVRI was negative for Ebola, Marburg, CCHF and RVF viruses.
- A gastro-enteritis outbreak suspected to be due to food poisoning was reported and investigated on the 27th Dec 2018 in Yambio. The patients developed fever, vomiting and diarrhea. One child died due to the suspected gastroenteritis.
- The confirmed rubella outbreak in Malakal PoC is still ongoing with 12 additional cases being reported since week 49. There are 15 laboratory confirmed cases so far
- During the week, Acute Watery Diarrhoea (6) and measles (4) were the most frequent infectious hazards reported.
- Abyei has reported a cumulative total of 848 animal bites (suspected rabies) in 2018.
- Malaria remains the top cause of morbidity and mortality that accounts for 53% of cases as of week 51, 2018 with 21 counties in 6 State hubs having malaria trends that significantly exceed the expected levels.

 For more information on Integrated Disease Surveillance and Response (IDSR) please click on this link: https://bit.ly/2PY3ctP

#### WHO Public Health response

#### Ebola Virus Disease preparedness and response:

- Progress has been registered in the preparations for the Ebola vaccination of healthcare and frontline workers operating in Ebola high risk states in the country set to commence in January, 2019. The assessment of functional health facilities in the high-risk states, updating list of eligible health workers and micro planning are ongoing. The team also tested the readiness of the cold chain at national level. The vaccines are expected to arrive in country during the first week of January, 2019.
- The established 17 Ebola screening points are operating well, with armed groups' continuing their commitment to ensuring free and safe humanitarian access.
   However, the porous entry points remain a major threat. Cumulatively, a total of 869,016 travelers have been screened at all the 17 active border screening points since August 2018.
- With support from UNICEF, WHO and other partner, Community education and surveillance on Ebola prevention is ongoing in all the high-risk states. Airing of radio spots are ongoing on 18 radio stations.
- The weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. https://bit.ly/2Lwkj5p

#### Yellow Fever:

• As of 19 December 2018; only one confirmed yellow fever case and two presumptively yellow fever IgM positive cases have been confirmed in Sakure payam, Nzara county, Gbudue state. During the reporting week, the three international consultants supported the response activities. These activities entail preparation for International Coordinating Group (ICG) on Vaccine Provision request requirements and micro planning for a mini reactive Yellow fever vaccination campaign targeting 18,969 (93% of the total Sakure payam population) people aged 9 months to 60 years.

#### Malaria:

 Mass distribution of 885,000 long lasting insecticidal nets (LLIN) is ongoing with Malaria Consortium distributing 300,000 nets in Western Bahr el Ghazal and HealthNet TPO distributing 585,000 in Western Equatoria State.

#### Immunization:

- Integrated supportive supervision using Open Data Kit (ODK) by all field staff
  continued in surveillance priority sites that include other vaccine preventable
  diseases surveillance and routine immunization using integrated supportive
  supervision checklist. At the end of December 2018, a cumulative total of 6330
  supportive supervision visits were conducted in all priority surveillance sites.
- WHO Country Office continued to implement and monitor the Auto Visual AFP
  Detection And Reporting (AVADAR) system operating in three counties of CEQ and
  Warrap states, and the overall timeliness and completeness of reporting by
  community informant at Dec 29, 2018 is above 90 and 92% respectively in all
  counties.

#### Prepositioning of supplies:

• 50 complete kits of PPEs and 50 Laboratory sample collection kits and 10 sample transportation kits were prepositioned to Yambio, Yei, Nimule, Maridi and the

Public Health Emergency operations centre in Juba.

#### Updates from the States:

- In Northern Bahr el Ghazal State, WHO
  Hub office is working with partners
  including Triple A, and Directorate of HIV
  to facilitate transportation of samples of
  blood and sputum to Juba in respect of
  the TB and HIV drugs resistance studies.
- WHO Hub in Rumbek provided surgical trauma kits and other assorted emergency supplies to CUAMM and County Health Department for trauma cases management following the attach by the Youth Group.



Damaged solar fridge at Alor PHCU, Rumbek North County. Photo: WHO

# Operational gaps and challenges

 The humanitarian operations continue to be hampered by insecurity limiting access, poor road network, floods, and bureaucracy at all levels.

### Resource mobilization

#### **Financial Information:**

- The total recorded contributions for WHO emergency operations amounts to US\$ 3.9 million\* for the financial year 2018 as of 11 November, 2018.
- The Ebola Preparedness plan for WHO has received \$2.9million (Core funds, CFE, DFID, Canada, Germany).
- 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 to address the finding gap are ongoing.

FUNDING STATUS O	F APPEALS US\$  NAME OF THE  APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	\$ 16.9 million	\$ 3.9 million	23%
	Ebola Preparedness	\$ 5.5 million	\$ 2.9 million	53%

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











This Humanitarian Situation Report has been developed with support from the following WHO Country Office Clusters: Emergency Operations, Health Information, Surveillance & Risk management, Disease Control, Integrated Services, Field Offices Coordination and Health Cluster Coordination.

For more information please contact:

Dr Olushayo Olu WHO Country Representative Email: oluo@who.int Mobile: +211 925 000 029 Dr Guracha Argata Emergency Coordinator/WHE Email: guyoa@who.int Mobile: +211 926144384 Ms Liliane Luwaga Communication Officer Email: luwagal@who.int Mobile: +211 921 647 860