

Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian crises



Issue #: 27
Reporting Weeks: 34 & 35
Date: 22 Aug – 5 Sept 2019



WHO conducted a 5-day training of trainers on infection prevention and control (IPC) in Juba. Photo: WHO.

Humanitarian Situation Update in South Sudan



7.1 M Need Humanitarian Assistance



1.9 M Internally Displaced Persons with 0.2M living in PoC's



2.3M South Sudanese in other countries




6.96 M Severely Food Insecure



860K Malnourished Children

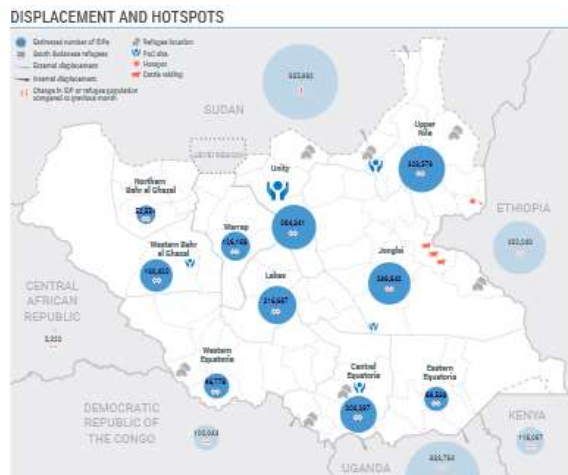


596K Malnourished Women

Key Bi-Weekly Highlights	Acute malnutrition		
<ul style="list-style-type: none"> ➤ Ministry of Health with support from WHO conducted a Trainer of Trainees (TOT) workshop for healthcare workers on infection prevention and control (IPC) to strengthen health care safety and quality in health facilities. ➤ Malaria cases increased as rainy season intensified across South Sudan. ➤ WHO participated in a GAVI meeting with partners to operationalize the health services system grant and program activity implementation. 		860,000	Acutely Malnourished
		57	Stabilization Centers
	Cumulative vaccination		
	121, 066 (20%)	Vaccinated with OPV3 Vaccine under 1yr	
	119,558(38%)	Vaccinated against Measles under 1yr Source: EPI	
	7, 783	Vaccinated against meningitis	
	Public health threats		
13	Counties with confirmed measles outbreaks in 2019		
09	New confirmed measles cases in Awiel		
09	EVD Alerts have been reported from Juba and Yambio in the reporting period bringing cumulative total of 80 alerts since August 2018		

Overview of the humanitarian crises	Humanitarian Situation:
Refugees & Returnees	<ul style="list-style-type: none"> ▪ Nearly 26,000 South Sudanese refugees returned from Sudan in a self-organized manner in June and July, according to UNHCR. Most of them returned to Unity State, while a smaller number arrived in Upper Nile. The majority were women and children who reported needing emergency household supplies, shelter, healthcare and food.
Internally Displaced	<ul style="list-style-type: none"> ▪ Number of internally displaced persons (IDPs) in the Wau Protection of Civilians site reduced by about 1,700 people during July.
Internal Conflict	<ul style="list-style-type: none"> ▪ Fighting in Maiwut displaced about 20,000 people. ▪ Three cattle raids have been reported in Akobo, forcing an unconfirmed number of people to flee.
Food Insecurity	<ul style="list-style-type: none"> ▪ Staple food prices remained at the highest level recorded in the past three years.
Weather and health implications	<ul style="list-style-type: none"> ▪ As the rainy season intensified across the country, an increase of malaria cases continued, causing illness and death, especially among children.

Displacement and Food Insecurity



IPC ACUTE FOOD INSECURITY (MAY-JUL)



Source/Credit: UN OCHA 2019

Source/ Credit: UNOCHA IPC 2019

INCIDENTS

ACCESS INCIDENTS:

- Forty-four access incidents were reported during July. Of these, four were significant, 29 were moderate and 11 were minor. Fourteen incidents were because of criminality, mostly targeting humanitarian organizations in Juba.
- Violence against personnel was the largest incident type at 46 per cent, while operational inference and bureaucratic impediments came to 30 percent.
- Former Central Equatoria had the largest number of incidents by state with 13 reported. Of the 13 significant incidents, one involved the takeover of an NGO compound by local authorities. Harassment of NGO staff was prominent. In Fangak County, six humanitarian workers were relocated from Keew and Juaibor to Juba. Reportedly, the local authorities confiscated assets including laptops, cash and a satellite phone.
- Two ambushes affected humanitarian activities in Yirol West, Lakes and in Kapoeta East, Eastern Equatoria.
- There were active hostilities around Maiwut town. Thousands of civilians, mainly women and children, were reported to have been displaced by the fighting. Humanitarian activities for displaced people and returnees in the area were affected. Humanitarian organizations operating in the area relocated 10 staff.

Epidemiologic al update

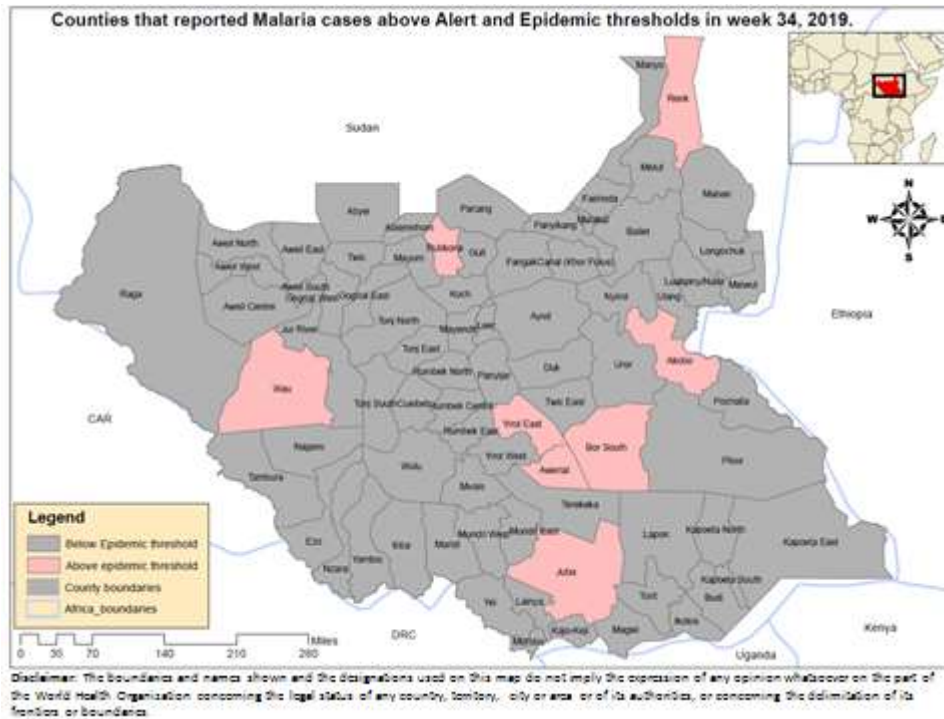
Integrated Disease Surveillance and Response

- IDSR reporting completeness and timeliness at county level was 42% and 41% respectively in week 33.
- Completeness and timeliness for EWARN reporting from IDP health facilities was 88% and 88% respectively in week 33.
- 48 alerts were reported; 79% verified, 4% alert was risk assessed and 3% required a response as of week 33.
- Malaria, measles and bloody diarrhea were the most frequently reported infectious diseases alerts reported through the EWARS.

Malaria:

- Accounted for 69.6% of all morbidities and 55.6% of all mortalities in week 33. Five (5) counties with trends exceeding their set thresholds include Juba hub, Rumbek hub (Cueibet, Rumbek East), Kwajok

hub (Tonj South), Bor hub (Bor), and Bentiu hub (Rubkona).



- For more details visit <http://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin>

Public health response

Measles outbreak response

- Since the beginning of the year, measles outbreaks have been reported in 13 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, and Pibor) and four protection of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).

Tonj South

- 21 suspected measles cases have been reported of which 2 tested positive for measles and 1 tested positive for rubella. No deaths reported so far.

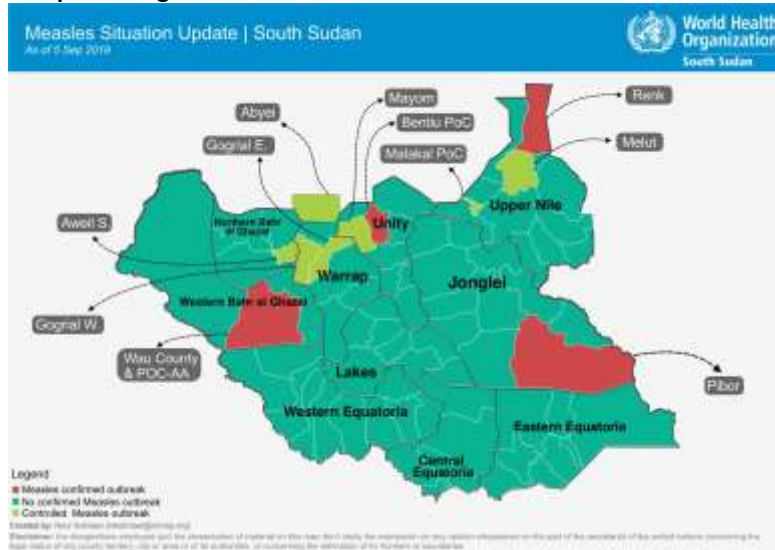
Bentiu PoC

- Overall 82 cases have been reported at end of week 35 of which 9 cases were reported in week 35 alone.
- Due to the increased number of returnees and population movement and crowding in transit sites, measles transmission is still ongoing and cases are still reported from Bentiu PoC.
- Recommended responses include vaccination of newcomers at the point of entry to the PoC, and scaling up of routine immunization in both the PoC and surrounding counties.

Pibor

- Eight cases were laboratory confirmed positive for IgM.
- Because of the ongoing outbreak, partners in collaboration with MoH have started reactive vaccination campaign on 1 September 2019 targeting 27 122 children 6-59 months -15 years combined.
- Reactive vaccination campaign will be conducted in Pibor, Gurumuruk, Likuangole and vertet locations.
- WHO will conducted post campaign evaluation to ensure quality campaign has been conducted.

Map showing counties with Measles outbreak in week 33-34



Rubella Update:

- New outbreak of Rubella in Yirol west was confirmed after four samples turned positive. Total of 19 cases line listed from Akelkeu village and Matar in Tonj payam.

Ebola Virus Disease (EVD) preparedness and response

- During Epidemiological-week 34, 72 032 primary Ebola screenings were conducted along with 105 secondary screenings, at 32 points of entry. The cumulative number of screenings conducted since August 2018 was 3 094 201.
- WHO’s EVD States Coordinator visited Wau from 20-22nd August 2019 to support the State Task Force’s meeting, map EVD implementing partners, assess the compliance of the conduct of Wau STF meeting with National Task Force (NTF) guidelines and to determine the need to re-classify Wau state to priority 1 state.
- Considering the confirmed EVD outbreak in North Kivu and recently Uganda, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance readiness capacities.
- Coverage of the second National EVD Preparedness Plan (April – September 2019) with a financial requirement of US\$ 12.2 million remained at 38 per cent (including secured funding and confirmed commitments).
- For more details visit <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-ebd-preparedness-south-sudan>

National updates	<p><u>Training of health care workers on infection prevention and control (IPC) in health facilities:</u></p> <ul style="list-style-type: none"> MOH with support from WHO conducted a training for healthcare workers on infection prevention and control (IPC) in health facilities to strengthen health care safety and quality from 26 – 30 August 2019 in Juba. A five-day training focused on core components of Infection Prevention and Control programmes; key principles on IPC programme management; risk assessment and IPC in outbreak response; standard and transmission-based precautions; hand hygiene; injection safety; cleaning and decontamination; and monitoring IPC and infections in the context of outbreaks to reduce health care-associated infections. Over 40 healthcare personnel mainly from the MOH, WHO and from implementing partners were trained. <p><u>WHO participated in a GAVI mission to operationalized health services system grand</u></p> <ul style="list-style-type: none"> WHO participated in a GAVI meeting with partners on 30 August 2019 to operationalize the health services system grant and program activity implementation. During the mission, GAVI with partners discussed the expanded program on Immunization (EPI) road map and also the roles and responsibilities of implementing partners in EPI. 																				
States Hub updates	<p><u>Awiel state:</u></p> <ul style="list-style-type: none"> WHO, UNMISS and other partners conducted an Ebola Table Top Exercise (TTX) to test how medical personnel can response to any suspected EVD cases in the state. The exercise focused on case detection, investigation and sample collection, packaging and transportation. 																				
Operational gaps and challenges	<ul style="list-style-type: none"> Limited resources to cover all the affected counties. Weak coordination mechanisms. Insecurity in conflict affected counties. Huge operational costs measured against available donor funds. Inadequate human resources for health at subnational levels. Floods due to heavy rainfall in many parts of the country. 																				
Resource mobilization	<table border="1"> <thead> <tr> <th>WHO</th> <th>Name of appeal</th> <th>Required funds</th> <th>Funds secured</th> <th>Gap</th> </tr> </thead> <tbody> <tr> <td></td> <td>Humanitarian Response Plan (WHO)</td> <td>\$ 23.4 m</td> <td>\$ 7.2 m</td> <td>31%</td> </tr> <tr> <td></td> <td>Ebola Preparedness</td> <td>\$ 5.5 m</td> <td>\$ 4.6 m</td> <td>84%</td> </tr> <tr> <td></td> <td>WHE Operations</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	WHO	Name of appeal	Required funds	Funds secured	Gap		Humanitarian Response Plan (WHO)	\$ 23.4 m	\$ 7.2 m	31%		Ebola Preparedness	\$ 5.5 m	\$ 4.6 m	84%		WHE Operations			
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<p>Key donors</p>	<p>Donor Support</p> <p>WHO Country Office of South Sudan registers appreciation for the great support provided from all development and health-implementing partners to various health programs that continue to provide technical support and health operations throughout the country. It is WCO great desire to pull all the resources together with concerted efforts in protecting South Sudan population from health emergencies and provide Universal Health Care to all. Resource Mobilization is ongoing to realize this goal. We acknowledge support from all organizations. Donors are listed in alphabetical order.</p> <ul style="list-style-type: none"> ▪ Central Emergency Response Fund (CERF) ▪ European Union Humanitarian Aid (ECHO) ▪ Global Alliance for Vaccine Initiative (Gavi) ▪ German Humanitarian Assistance ▪ Government of Canada ▪ United States Agency for International Development (USAID) ▪ The Government of Japan ▪ The Department for International Development (DFID) ▪ South Sudan Humanitarian Fund (SSHF) ▪ World Bank
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WHO Country Office Clusters:

This WHO Humanitarian Situation Report is developed with support from WHO Country Office Clusters as follows: WHO Health Emergency, Health Emergency Information & Risk Management, Disease Control, Integrated Service Delivery, Field Offices Coordination and Health Clusters

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