

Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian crises



**World Health
Organization**
South Sudan

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Reporting Weeks: 38 & 39

Date: 21 Sept – 5 Oct 2019



WHO National Technical Officers checking the expiration of drugs and other medical supplies in health facilities during field assessment mission. Photo: WHO.

Humanitarian Situation Update in South Sudan



**7.2 M Need
Humanitarian
Assistance**



**1.47 M Internally
Displaced Persons
with 0.2M living in
PoC's**



**2.3M South Sudanese in
other countries**




**6.3 M Severely
Food Insecure**



**1.3M Malnourished
Children**



**352K Malnourished
Women**

Key Bi-Weekly Highlights	Acute malnutrition		
<ul style="list-style-type: none"> ➔ More than 6.35 million people reported to be severely food in South Sudan ➔ 1.5 million internally displaced persons reported ➔ Ten counties reported malaria cases above their epidemic thresholds in week 38, 2019 ➔ MOH with support from WHO trained health workers on the inpatient Management of Severe Acute Malnutrition (SAM) with medical complications (MC) in Renk County & Boma in Pibor County ➔ Reactive vaccination campaign led by MOH and WHO emergency mobile medical team is underway in Labarab and Maruwa Bomas in Pibor County ➔ MOH with support from WHO conducted a consultative meeting with partners to seek inputs to the Health Systems Stabilization and Recovery Plan (HSSRP) ➔ WHO & Gates foundation surveillance team conducted an external peer review of AVADAR. 		1,300,000	Acutely malnourished
		57	Stabilization centers
	Cumulative vaccination		
		121, 066 (20%)	Vaccinated with OPV3 vaccine under 1yr
		119,558 (38%)	Vaccinated against measles under 1yr
		7, 783	Vaccinated against meningitis
	Public health threats		
	16	Counties with confirmed measles outbreaks in 2019.	
	10	Counties we counties were malaria cases surpassing their set thresholds.	
	05	EVD alerts have been reported from Nimule, Yei and Yambio in the reporting period bringing cumulative total of 92 alerts since August 2018.	

Overview of the humanitarian crises	<p><u>Humanitarian Situation</u></p> <ul style="list-style-type: none"> ▪ Improved security situation observed in the country <ul style="list-style-type: none"> • Decreased reports of conflict improved people’s access to livelihoods and markets experienced • Has resulted to improved food security situation ▪ Severe food insecurity despite large scale humanitarian assistance: More than 6.35 million people – 54% of the population have been reported severely food insecure as per Integrated Food Security Phase Classification (IPC) analysis released jointly by three UN agencies as of September 2019 ▪ 1.7 million People faced Emergency (IPC Phase 4) acute food insecurity and 10,000 people faced catastrophic conditions (IPC Phase 5). ▪ Acutely malnourished children estimated at 1.3 million. ▪ Improved security has seen an increase in internally displaced persons and refugee returnees back to their homes to cultivate their land and increase their own food production
Emergency Response activities by humanitarian agencies	<ul style="list-style-type: none"> ▪ Humanitarian organizations respond, as needs increase in most part of the country such as in Kajo-Keji following increased humanitarian needs by displaced people, returnees and host communities. ▪ Emergency household items, food security and livelihoods support, and protection and health

	<p>services were among people’s priorities</p> <ul style="list-style-type: none"> Returnees have been reported in some of the areas (Kangapo County-nearly 25,000, Liwolo, Kerwa and Sokare -36,000 . Response missions done in Kajo-Keji and the surrounding areas, <ul style="list-style-type: none"> Poor Health services ,nonfunctional health facilities, lack of medical supplies –anti-malarials etc were identified as areas with serious gaps Distribution of water and sanitation materials done and several boreholes repaired in some of the areas Re-Opening of OPD services in Kajo-Keji main hospital with support from health organizations is underway <ul style="list-style-type: none"> Essential drugs and equipment have been delivered to the hospital. Return of over 60 Government health workers who had fled the area during the conflict
<p>Floods worsen living conditions as rains intensify across the Country</p>	<ul style="list-style-type: none"> Floods experienced in many parts of the country including Lafon, Torit and Kapoeta South counties (Former Eastern Equatoria state); Ayod, Akobo, Bor South, Duk, Twic East, Pibor, Pochalla and Uror counties (Former Jonglei state); Aweil Center and Aweil North (Former Northern Bahr el Ghazal State); Abiemnhom, Mayom, Mayendit and Panyijiar (Former Unity state); Maban (Former Upper Nile state); and Gogrial East, Gogrial West and Tonj North(Former Warrap state) has Increased the risk of diseases among the communities such as acute watery diarrhea, respiratory infections and malaria. An estimated 234,800 people have been reported to be affected by the floods in the country With Jonglei registering 132,800 people, Northern Bhar el Ghazal - 52,000, Unity- nearly 37,000, Eastern Equatoria-8,000 and Upper Nile- 5,000 people.

Displacements and Food Insecurity situation in the country

DISPLACEMENT AND HOTSPOTS

Estimated number of IDPs: 815,502

North Sudanese refugees: 186,544

Internal displacement: 132,800 (Jonglei), 52,000 (Northern Bahr el Ghazal), 37,000 (Unity), 8,000 (Eastern Equatoria), 5,000 (Upper Nile)

INTERNAL AND EXTERNAL DISPLACEMENT

IDPs: 1.47m

South Sudanese refugees: 2.53m

IPC ACUTE FOOD INSECURITY (AUGUST)

IPC Phases: 1 (1.7m), 2 (2.53m), 3 (1.47m)

IDPs IN PROTECTION OF CIVILIANS SITES²

0-4 yr	11%
5-17 yr	16%
18-59 yr	22%
60+ yr	2%

STAPLE FOOD PRICE TREND

2019 prices are significantly higher than the 2015-2018 average.

The administrative boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations. Office for the Coordination of Humanitarian Affairs (OCHA) South Sudan. Source: UN OCHA 2019

Source/Credit: UN OCHA 2019

Source/ Credit: UNOCHA IPC 2019

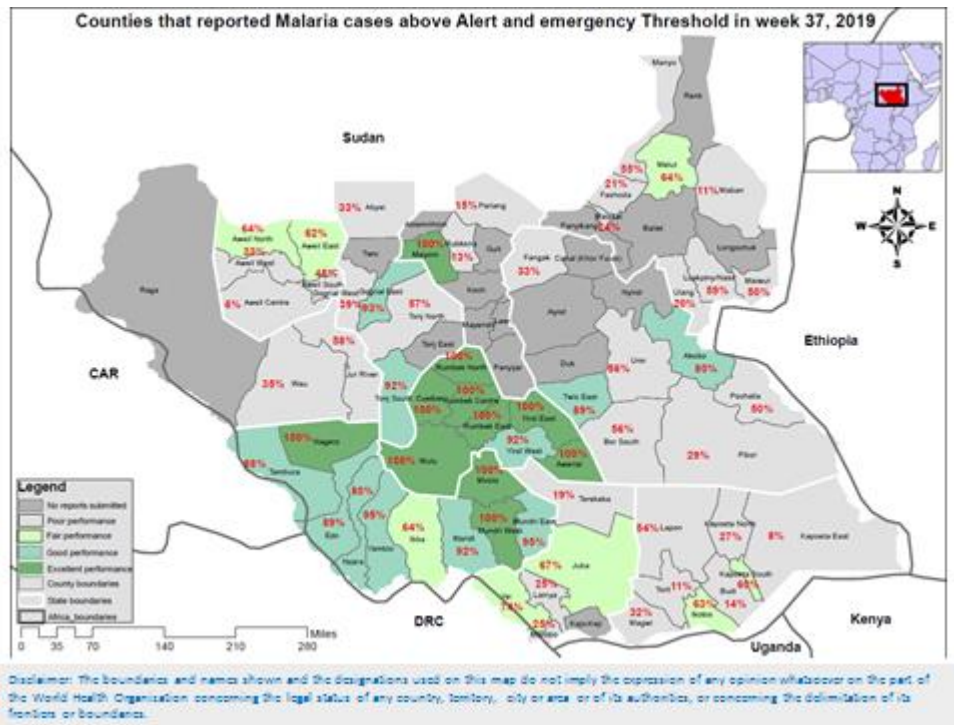
Integrated Disease Surveillance and Response

Epidemiologic al update

- IDSR reporting completeness and timeliness at county level was 43% and 53% respectively in week 38.
- Completeness and timeliness for EWARN reporting from IDP health facilities was 57% and 57% respectively in week 38.
- Seventy-four alerts were reported; 73% verified, 4% alert was risk assessed and 3% required a response as of week 38.
- Acute watery diarrhea, Malaria, measles and bloody diarrhea were the most frequently reported infectious diseases alerts reported through the EWARS.

Malaria

- Malaria accounted for 80.0% of all morbidities and 68.4% of all mortalities in week 38. Ten counties reported cases surpassing their set thresholds for week 38 and they include Juba hub (Juba), Kwajok hub (Abyei & Tonj South) Wau hub (Wau), Bor hub (Twic East, Bor, Ayod), Bentiu hub (Rubkona), Torit hub (Ikotos) and Malakal hub (Luakpiny/Nasir).



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

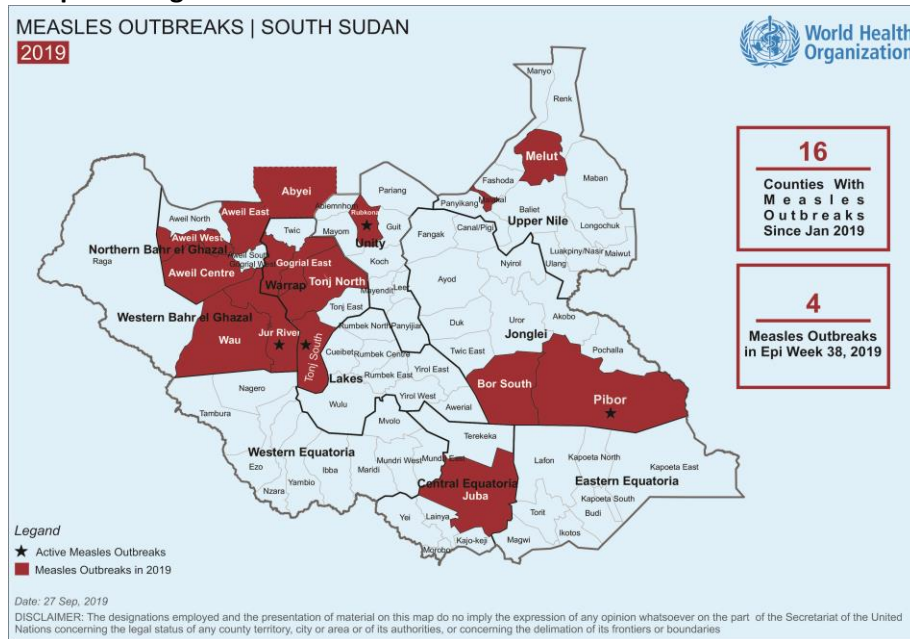
Public health response

Measles outbreak response

- Measles outbreak has been confirmed in Yambio after four cases tested positive for measles in week 39. Overall, 16 cases including one death have been line listed to date. Reactive vaccination micro planning and partner engagements have been initiated.
- Since the beginning of the year, measles outbreaks have been reported in 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
- Active measles outbreaks currently reported in Tonj South, Jur River, Pibor and Yambio.
- There are 3 550 cases and 23 (CFR=0.7%) since the beginning of the year.



- Measles reactive vaccination campaign led by the MOH and WHO is currently ongoing in Labarab and Maruwa Bomas in Pibor.

Map showing counties with Measles outbreak in week 36-37



Ebola Virus Disease (EVD) preparedness and response

- During Epidemiological-week 63,842 primary Ebola, screenings were conducted along with 110 secondary screenings, at 32 points of entry. The cumulative number of screenings conducted since August 2018 was 3,436,438.
- The East Africa Public Health Laboratory Networking Project (EAPHLNP) conducted a joint cross border meeting involving representative from Republic of Kenya, Uganda and South Sudan in Elegu Uganda from 16-18 September 2019. The objective of the meeting was to assess the level of emergency preparedness and response capacity for communicable diseases at the Kenya-South Sudan-Uganda border and identify gaps to strengthen the surveillance and response systems in the border areas.
- For more details visit <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-ebd-preparedness-south-sudan>

<p>National updates</p>	<p><u>Training on inpatient management of severe acute malnutrition with medical complications:</u></p> <ul style="list-style-type: none"> Ministry of Health with support from WHO trained 19 health workers on the inpatient Management of Severe Acute Malnutrition (SAM) with medical complications (MC) in Renk county which is reported to have high Global Acute Malnutrition (GAM) rate from 17– 24 September 2019. The seven-day training was aimed at improving the quality of services delivery in the stabilization centers. To support treatment of SAM/MC, WHO donated a dozen of SAM Kits malaria treatment and intravenous fluids to State Ministry of Health to support treatment in the Abayok stabilization center. <div style="display: flex; justify-content: space-around;"> <div data-bbox="337 478 894 978">  <p>Health worker weighing a child suffering from SAM/MC in Abuyok PHCC in Renk. Photo: WHO</p> </div> <div data-bbox="906 478 1458 978">  <p>WHO with participants in a group photo during the training on SAM/MC.. Photo: WHO.</p> </div> </div> <p><u>Consultative meeting on Health Systems Stabilization and Recovery Plan (HSSRP):</u></p> <ul style="list-style-type: none"> MOH with support from WHO conducted a consultative meeting with partners from 16-27 September 2019 to seek inputs to the Health Systems Stabilization and Recovery Plan (HSSRP). The plan outlines key interventions required for health systems stabilization and recovery to improve service delivery. The inputs will be consolidated and incorporated to finalize the plan. <p><u>WHO and Gates Foundation reviewed AVADAR system</u></p> <ul style="list-style-type: none"> As South Sudan eagerly expects its polio-free status, WHO & Gates foundation surveillance team conducted an external peer review of AVADAR, a mobile-based system by the community informants set up to report cases of polio virus in Terekeka County from 23rd September to 3rd October 2019 to determine the contribution of the AVADAR tool. The review followed the reported cases of Acute Flaccid Paralysis in Terekeka County in 2018 & 2019. The review was aimed to validate AVADAR system processes and data quality, 										
<p>States Hub updates</p>	<p><u>Jonglei:</u></p> <ul style="list-style-type: none"> Reactive measles vaccination campaign led by MOH and WHO emergency mobile medical team is underway in Labarab and Maruwa Bomas in Pibor County 										
<p>Operational gaps and challenges</p>	<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. 										
<p>Resource mobilization</p>	<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> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	WHO	Name of appeal	Required funds	Funds secured	Gap					
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	Humanitarian Response Plan (WHO)	\$ 23.4 m	\$ 7.2 m	31%
	Ebola Preparedness	\$ 5.5 m	\$ 4.6 m	84%
	WHE Operations			
Key donors	Donor Support 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. <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 			

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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