

South Sudan: Bi-Weekly Humanitarian Situation Report

Emergency type: Humanitarian Crises

Issue 12 | Date: 01– 15 July 2021

KEY FIGURES

8.3 M People in Need of Humanitarian Assistance	2.3 M South Sudanese Refugees in neighboring countries
1.6M Internally Displaced	1.4M Malnourished Children
125K Persons living in PoC ¹	483K Malnourished Women
77 Stabilization Centers	7.2M Severely Food Insecure
121 066 (20%)	Children under one year vaccinated with oral polio vaccine
962 158	Initial numbers of children vaccinated against measles
00	Counties with confirmed measles outbreaks in 2021
00	PoC ¹ s sites with confirmed measles outbreaks in 2021
01	Counties with malaria cases surpassing their set thresholds

COVID-19 Response

10 959 confirmed cases **117** deaths **190 602** Tests performed **10 751** recoveries

IPC PHASE 5 Response

108 000 People targeted **6** Counties **312 153** consultations conducted

HIGHLIGHTS

- A cumulative of 10 959 COVID-19 confirmed cases and 117 deaths (case fatality rate, CFR of 1.1%) have been reported in South Sudan since the onset of the outbreak.
- 15 000 (2 717 households) people have been displaced by recent sub-national violence in Tambura County.
- WHO has distributed 249 interagency health kits (can support 249 000 people for three months), 106 pneumonia kits and 19 severe acute malnutrition with medical complication (SAM/MC) kits to the responding partners in the food-insecure priority counties.
- Two health facilities in Tambura and Tonj North Counties were attacked and looted in the recent sub-national violence in the two counties.
- WHO has supported the Ministry of Health to train 40 health workers and rapid response teams on the 3rd Edition IDSR in Aweil South County.



World Bank and WHO donated a wide range of supplies to Juba Teaching Hospital to support the COVID-19 response. Photo: @WHO South Sudan

¹ UN Protection of Civilians'

Overview of the Humanitarian Crisis

- **Insecurity in Central Equatoria State:** Frequent intercommunal violence, highway robberies and access incidents continue to be reported across the Central Equatoria counties. In Juba County, violence among cattle keepers in Kuda, Rokon, Sirimon, Tindilo and Terekeka displaced 6 200 people to Rejaf Payam. Another ambush of a humanitarian convoy on the Juba-Nimule Road occurred on 6 July 2021 resulting in the looting and assaulting of two humanitarian workers. Some 28,000 people are sheltering in Logo IDP camp, Liwolo Payam in Kajokeji County after being displaced from Korijo IDP in early 2021. Humanitarian partners continue to respond to the varied needs of the affected populations.
- **Sub-national violence displaced over 15 000 people in Tambura County:** A joint humanitarian and government assessment conducted on 6-11 July 2021 has verified 15 512 (2 717 households) displaced people in Tambura County following violence that started on 24 June 2021. The violence between armed groups caused the burning of 91 houses, looting and vandalizing of Akpa Primary Health Unit, loss of lives and displacement. WHO and partners delivered emergency supplies as part of the initial response to the affected community.
- **Poor Water, sanitation and hygiene (WASH) situation in the Greater Pibor Administrative Area (GPAA):** The WASH Cluster and partners have, on 8 July 2021, reported critical gaps in access to safe drinking water in Gumuruk, Bebuzen, Vertheth and Likuangole areas of the GPAA. This has been occasioned by the destruction of surface water treatment (SWAT) systems and other hand pumps during the sub-national violence in May 2021. Some health facilities in these locations also lack access to safe water for use. Limited funding and physical access constraints due to heavy rains are the main challenges affecting the partners operating in the locations.

- **Food Insecurity in South Sudan in 2021**

The humanitarian situation in South Sudan deteriorated in the first half of 2021. The Integrated Food Security Phase Classification (IPC) report released in December 2020 projected that 7.2 million people will face high levels of acute (IPC Phase 3+) food insecurity during April-July 2021. In the six most affected counties, some 820 000 people were projected to face a crisis or worse levels of food insecurity while over 108 000 people were projected to be in IPC Phase 5 catastrophe during the lean season.

The multi-sectoral response aimed at scaling up access to life-saving food security and livelihood, health and nutrition, protection and WASH services and assistance has been underway in the prioritized six counties since December 2020. WHO and Health Cluster partners aim at reducing preventable mortality and morbidity by scaling up access to basic health and nutrition services, enhancing capacities of disease surveillance, prevention, detection and response to infectious disease outbreaks, and building resilience of the health system.

Increased looting of supplies and sustained sub-national violence in Greater Tonj and GPAA, and threats and attacks on humanitarians by youths in several locations impeded humanitarian operations. The most recent incident of sub-national violence occurred on 8-9 July 2021 in Tonj North resulting in the displacement of >5 000 people, killing of 14 people and burning of 140 shelters. Health facilities, schools and a UN warehouse containing aid food were vandalized and looted.

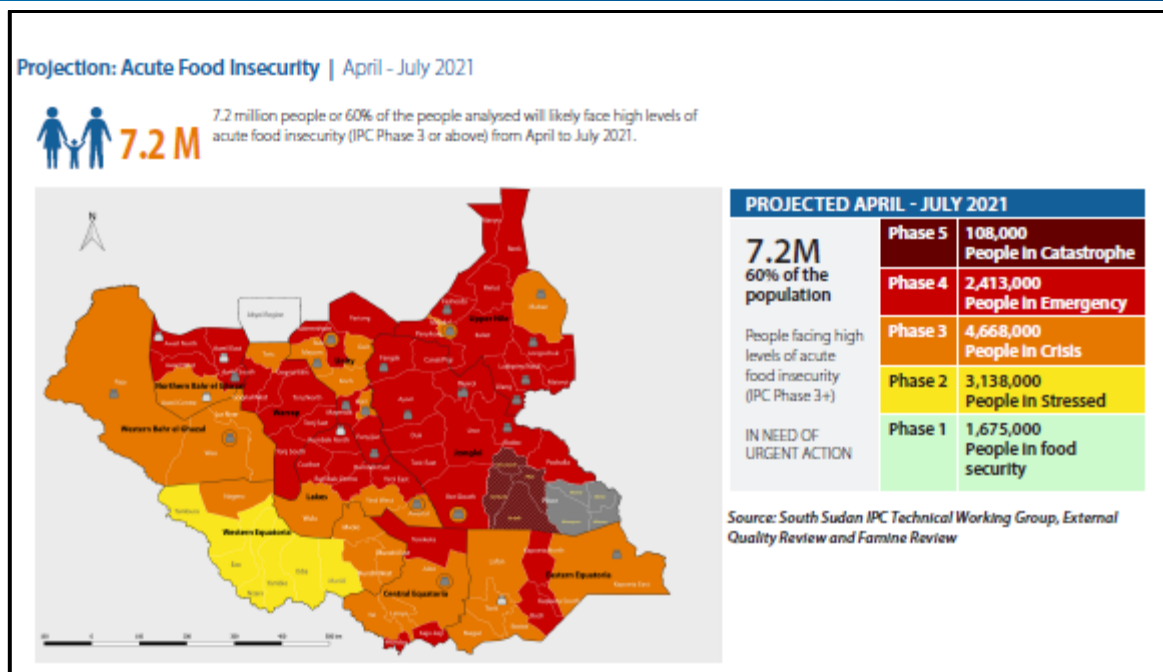


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

Emergency Response Activities

Public Health Actions by Health Cluster/WHO in Prioritized Highly Food Insecurity counties

- Health Cluster coordination mechanism supports and coordinates the health response for the affected locations. Sub-national response coordination is supported by WHO state focal points and the deployment of technical officers and sub-national cluster coordinators.
- Primary health and nutrition provision through static and mobile health facilities are supported by emergency health partners and development partners. The emergency health partners funded by different donors are supporting the existing facilities to breach the gaps in service delivery and conducting mobile outreaches to reach the most affected communities. As an emergency responder, WHO deployed mobile teams to Pibor and Akobo where over 4,000 people have been reached through mobile outreaches. Since the beginning of 2021, 361 357 consultations have been conducted in the six priority counties as at end of week 29.
- Routine immunization has been strengthened through routine and emergency health facilities including mobile clinics. Polio vaccination campaigns in response to the circulating vaccine-derived poliovirus 2 (cVDPV2) outbreak and pre-emptive oral cholera vaccination campaigns in cholera hotspots have been conducted. Cholera preparedness and readiness has been ramped up through enhanced cholera surveillance, prepositioning of cholera investigation and management kits, and risk communication.
- As the core pipeline manager, WHO supported emergency partners operating in the six priority counties with the essential emergency supplies to avoid disruption in health service delivery. WHO has distributed 249 interagency health kits (can support 249 000 people for three months), 106 pneumonia kits, 19 severe acute malnutrition with medical complication (SAM/MC) kits, and 45 cholera investigation kits to the responding partners in the priority counties. Additional funding for the core pipeline is required to support the expected increased need during the ongoing rainy season.

- WHO supported the state ministries to capacity build 32 health workers on management of severe acute malnutrition with medical complications in Tonj North, Tonj East and Tonj South counties. The trained health workers support stabilization centers and nutrition sites in the affected counties.
- Weekly trends of the priority diseases include malaria and acute watery diarrhea are being monitored to enable timely detection and response to disease outbreaks. Weekly reporting by the health facilities is supported via EWARS.
- WHO supported the counties to strengthen the Integrated Disease Surveillance and Response (IDSR) through training of healthcare workers and rapid response teams. Thirty health workers in Pibor, 45 in Akobo East and 40 in Aweil South were trained on the 3rd Edition IDSR and rapid response teams established in the three locations to enhance surveillance, alert/outbreak investigation and response.

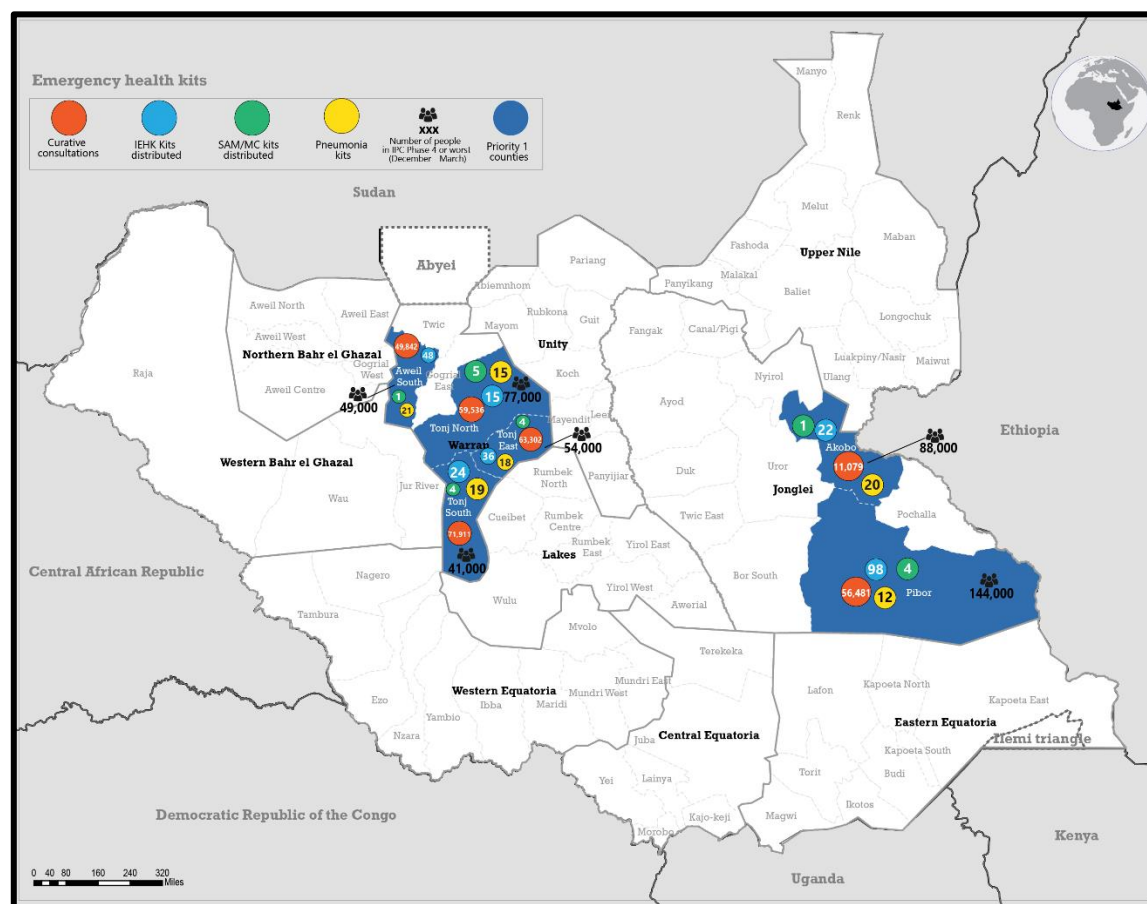


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 28 2021

Preparedness for the flooding season

South Sudan is expected to face another severe flooding season in 2021 for the third consecutive year. The severe flooding seasons in 2019 and 2020 affected over one million people across many counties. The government ministries and partners continue to undertake mitigation measures in readiness for the upcoming flooding season including:

- Rehabilitation of the damaged dykes in Bor South and Twic East counties.
- Monitoring of the rainfall forecast to enable the provision of early warning signals. Moderate rainfall (50 - 100 mm) is expected over much of South Sudan during 27 July -3 August 2021.

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

- Updating of flooding preparedness and contingency plans and prepositioning of essential supplies including emergency health kits
- Flooding has affected some 21 000 people in Old Fangak County in Jonglei, and some 3 000 people in Guit County, Unity in June 2021.

Performance of the Integrated Disease Surveillance and Response (IDSR)

- In week 28, 2021 IDSR reporting completeness and timeliness were 88% and 86% respectively at the health facility level.
- Out of the 121 alerts generated through EWARS in week 28, 2021, 66% were verified, 4% were risk assessed and 4% required a response. Malaria (63), acute watery diarrhea (21), acute respiratory infections (20) and bloody diarrhea (12) were the most frequent alerts during the week.
- Confirmed disease outbreaks include rubella virus outbreak in Nagero (5 cases) and Tambura (23 cases) counties in Western Equatoria State, Hepatitis E virus outbreak (801 cases) in Bentiu IDP Camp, Unity State and COVID-19 pandemic.
- Two suspected measles were reported in Tonj North County and investigation is underway
- Malaria remains the top cause of morbidity and accounted for 59.6% of all OPD cases (78 091 cases)
- Other hazards include floods (unseasonal) in over four counties; malaria upsurge in one county.

Confirmed and suspected Outbreaks

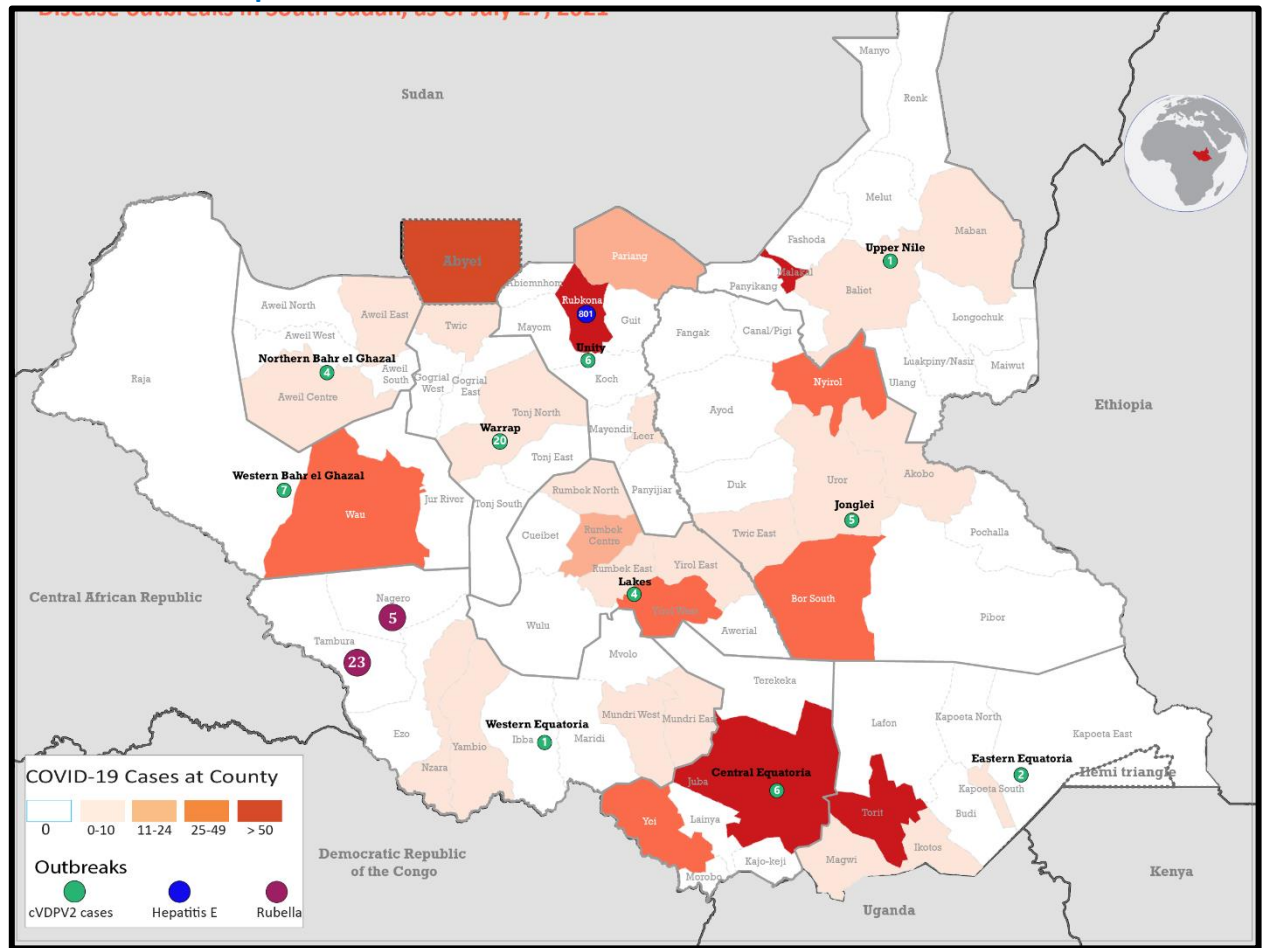


Figure 3: Active disease outbreaks by counties in South Sudan as of week 28

Polio Virus Outbreak

- The last wild poliovirus in South Sudan was in 2009 and declared wild poliovirus free in June 2020. The country continues to maintain its wild polio-free status.
- The country last isolated circulating Vaccine-Derived Polio Virus type 2 (cVDPV2) cases in 2014 in Unity state, before the 2020 outbreak. A total of 58 cVDPV2 cases have been reported across 27 counties since the onset of the outbreak.
- There are only 9 new cases with date of onset in 2021. The most recent cVDPV2 case from AFP sample was reported from Panyijar, Unity State, with the date of onset of paralysis on 8 April 2021.
- Nine new cases were reported after completion of one round of mOPV2 and two after the 2nd round of the vaccination campaign.
- Two rounds of mOPV2 have been conducted with total of 955,350 (109%) children vaccinated in the targeted counties; LQAS survey conducted in 15 counties and 12 scored acceptable coverage of 95% and above.

Coronavirus disease (COVID-19) Outbreak in South Sudan

- Since the beginning of the outbreak, 10 959, including 378 imported cases, and 117 (case fatality rate of 1.1%) deaths have been reported as at end of week 28.
- There was a 55% increase in the number of reported cases in week 28 compared to Week 27, 2021. There were no deaths reported in both week 27 and 28. Testing positivity rates ranged between 1.0 - 1.1 for week 27 and 28.
- The trends in moving averages for proportional daily case change, case count and positivity yield have declined in recent epi weeks however there is a need to conduct regular genomic sequencing to know which variants of SARS-CoV-2 are in circulation since they might change the transmissibility, clinical presentation, and severity of the disease among the population.
- Three variants of concern (Alpha [B.1.1.7], Beta [B.1.351], and Delta [B.1.617.2]) have been identified in the country to date.
- As of the end of week 28, 2021, 35 (44%) counties out of the 80 counties in the country have confirmed COVID-19 case.
- All the 16 alerts reported through the call center/hotline in week 28 were investigated and sampled by the rapid response teams. Out of this, 8 alerts tested positive for SARS-COV-2. Cumulatively, 2 884 alerts have been reported, out of which 2 757 (96%) were verified and 2 677 (97%) of the verified alerts were sampled.
- South Sudan's COVID-19 vaccination drive began on 6 April 2021 with health workers receiving their first dose of the Astra Zeneca vaccine at Juba Teaching Hospital. So far 52 313 people have received their doses while 4 763 people have received both doses of the vaccine across the country. The rolling of the vaccination exercises to the states has helped to ramp up the vaccination campaign and utilization of the available vaccines.

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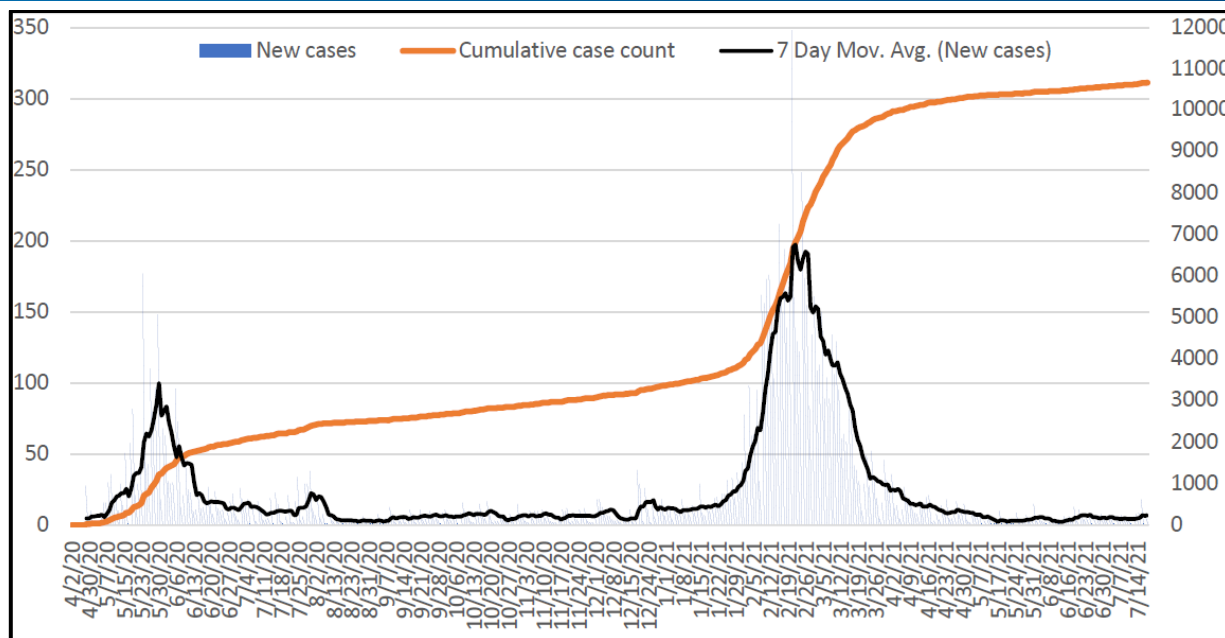


Figure 4: Epidemiological curve of reported cases through Week 28 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (yellow line)

For more information on the COVID-19 outbreak and public health response measures, please refer to the national weekly situation update. <http://moh.gov.ss/covid-19.php>

For more details, visit: <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>

- Limited resources to cover all the affected counties.
- Weak coordination mechanisms at the sub-national level.
- Insecurity and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health at subnational levels.

Name of appeal	Required US \$\$	Secured in US \$	A gap in US \$
WHE Operations	22 million	5 million	17 million

WHO Country Office of South Sudan registers appreciation for the support provided by all our donors. The donors are listed in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- Contingency Fund for Emergencies (CFE)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Global Alliance for Vaccine Initiative (GAVI)
- United States Agency for International Development (USAID)
- The Government of Japan
- The Foreign, Commonwealth and Development office (FCDO)- UK
- The South Sudan Humanitarian Fund (SSHF)
- World bank

Operational gaps and challenges

Resource Mobilization

Key Donors

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World Health
Organization
South Sudan

Editorial Team: Dr Joseph Wamala, Dr Diba Dulacha, Dr Chol Yur, Ms Sheila Baya, Ms Jemila M. Ebrahim and Mr Atem John

For more information, please contact

Dr Fabian NDENZAKO
WHO Country Representative
Email: ndenzakof@who.int

Dr Guracha ARGATA
WHO Health Emergency Team Lead
Email: guyoa@who.int

Mr Boniface Ambani
Health Information Management Team
Lead, Email: ambanib@who.int