

Highlights

- The escalating flooding has affected over 835 000 people in 33 counties in eight states
- Over 70 health facilities have either been cut-off, submerged, or damaged by the severe flooding since May 2021
- WHO trained 29 health workers on the Integrated Disease Surveillance and Response in Rubkona County to enhance surveillance and detection of priority diseases
- Health Cluster partners have concluded a preventive measles vaccination campaign in Yambio and Nzara Counties in Western Equatoria State
- Hepatitis E virus outbreak in Bentiu Internally Displaced People's (IDP) Camp remains active with an average of 39 (range 37-40 cases) HEV cases reported per week for the past four weeks

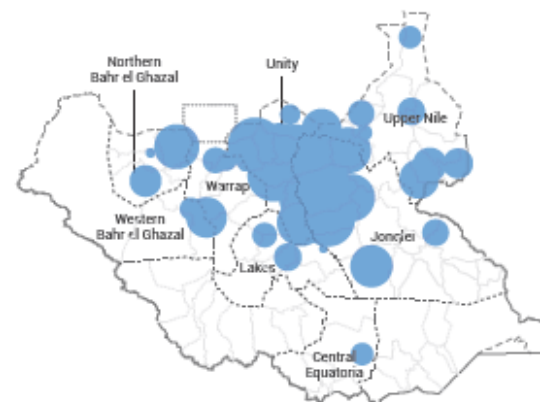



Figure 1: Flood-affected locations and populations across the states as of 30 November 2021 (by UN OCHA)

Summary Statistics

	8.3 M	People in Need of Humanitarian Assistance	7.2 M	Severely Food Insecure	835 K	People affected by flooding	0	Measles outbreaks in 2021	346 501	Children vaccinated against measles
	1.4 M	Malnourished Children	48 3 K	Malnourished Women	33	Counties affected by flooding	1	Counties with malaria cases surpassing threshold	1 265 101	Children under one year vaccinated against polio

Overview of the Humanitarian Crisis

Flooding

- The widespread flooding has affected 835 000 people in 33 counties as of the end of November 2021. The flooding began in May 2021, continued over the subsequent months with a notable escalation in October 2021. Floodwaters are not receding, and the conditions are expected to remain for many months. Over 70 health facilities have either been cut-off, submerged, or damaged by the severe flooding.
- In Unity State, one of the most affected states, some 203 000 people have been affected while 140 000 have been forced to displace. In Bentiu in Rubkona County, the major roads, Rubkona Airstrip and flood-displacement camps are being protected by makeshift dykes which are at risk of a breach in case of further flooding. Protecting and keeping the airstrip operational is critical as it represents the main supply for humanitarian operations. The dykes are continuously being repaired and maintained to prevent further displacement and destruction. Similarly, in Jonglei and Upper Nile, the other most affected states, the communities have taken refuge on higher ground or shelter in churches and schools.
- The displaced communities are sheltering in crowded camps with poor WASH services. There is a heightened risk of water-borne disease outbreaks in the cramped displacement camps. In addition to triggering immediate humanitarian needs, the severe flooding will contribute to a rise in food insecurity and increased vector- and water-borne diseases in the coming months.
- The Government of South Sudan has allocated USD 10 million for flood response through the Ministry of Humanitarian and Disaster Management. Additional urgent resources and funding are needed to address the diverse needs of the affected communities.

Sub-national violence

- Sub-national violence continues to displace communities, disrupt livelihood and essential service delivery in hotspot areas such as Tambura County in Western Equatoria, Tonj East and Tonj North in Warrap.
- Recent sub-national violence was reported in Leer County in Unity where unknown deaths and injuries were reported. One humanitarian aid worker was killed, and health and nutrition facilities and supplies (supplies worth USD 80 000) were looted.
- The number of internally displaced persons (IDP) has increased to 2 million from 1.71 million in March 2021. This increase is attributed to both flooding and recurrent conflict and sub-national violence.
- Twenty-six humanitarian personnel have voluntarily returned to Pibor as of 28 November 2021. The return follows the directive by the Humanitarian Country Team on 18 November 2021 for the voluntary return of humanitarian organizations and resumption of activities in Pibor.

Emergency Response Activities

Health Cluster/WHO response in emergency locations (Flooding, conflict, displacement and food insecurity)

- WHO supported the deployment of rapid response teams to Canal/Pigi and New Fangak Counties in Jonglei to conduct outbreak investigation, delivering of emergency supplies and initiate initial health response. Lack of health services was identified as the main concern in New Fangak and the reported deaths are possibly due to malaria.
- Joint multi-cluster assessment and response mission conducted to Alali in Akobo County and Duk Islands in Duk County; 27 000 people were confirmed residing in 53 islands in Duk have been affected by flooding and require assistance; essential drugs and other supplies delivered for 50 IDPs identified in Alali Payam.
- WHO equipped implementing partners in flood-affected counties with outbreak investigation kits to enable timely investigation and response to disease outbreaks. Additional outbreak investigation kits have been prepositioned in the state hub offices.
- WHO supported the Unity State to train 29 health workers on the Integrated Disease Surveillance and Response in Rubkona County to enhance surveillance and detection of priority diseases.
- WHO deployed mobile teams to Duk, Akobo and Pibor to continue the provision of essential integrated health and nutrition services.
- Implementing partners supported by emergency funds from the country pooled funds are supporting health facilities and conducting mobile clinics in seven flood-affected counties and four conflict-affected counties.
- Preparation for the oral cholera vaccination campaign in Rubkona County is underway and vaccination is planned for January 2022. The campaign will be conducted in phases with locations with IDPs being prioritized and other locations covered when the access improves
- Some 41 000 children were vaccinated as part of the preventive measles vaccination campaign launched in Yambio and Nzara Counties in Western Equatoria. At this stage, Tambura, Nagero and Ezo counties, other conflict-affected locations, could not be accessed because of insecurity, other conflict-affected locations, could not be accessed because of insecurity.
- Prepositioning of 300 IEHK kits, 35 pneumonia kits and 90 cholera investigation kits to the state offices is underway. Prepositioning completed for Unity, Jonglei and the Western Equatoria States.
- Flooding graded as Grade 2 emergency after a three-level grading call conducted on 30 November 2021

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

Confirmed and suspected Outbreaks

Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp

- Cumulatively, 1 589 cases and nine deaths (case fatality rate, -0.7%) have been reported since 2019 as of the end of epidemiological week 48, 2021. 156 HEV cases were reported in the last month. The outbreak remains active with an average of 39 (range 37-40 cases) HEV cases reported per week for the past four weeks. Forty cases (six positive cases on rapid test) were reported in week 48. A slight decline in caseload has been noted compared to the peak period where almost 60 cases were being reported in a week.
- More HEV cases are being reported from outside the IDP Camp possibly pointing to a spread of the infection to the communities outside the camp. Twenty rapid-test positive HEV cases were reported from outside the IDP camp since week 40.
- There is a high risk of other water-borne and infectious disease outbreaks because of the poor WASH situation, congestion, and population movement. The increasing stress on existing WASH amenities in the camp because of new arrivals into the camp due to the severe flooding may worsen the situation.
- Multi-cluster response coordinated and monitored through HEV Task Force is underway. WHO trained 30 frontline health workers and health promoters on enhancing HEV surveillance, case detection and reporting.
- Hepatitis E virus vaccination campaign targeting 27 000 people has been put on hold.
- For more details, find the weekly IDSR Bulletins here: <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021>

Coronavirus disease (COVID-19) Outbreak

- 12 823 COVID-19 cases including 287 healthcare workers and 133 deaths (case fatality rate of 1.0%) have been reported as of the end of week 48. 68 new cases and zero deaths were reported in week 48.
- The average testing positivity rate has remained below 2% for several weeks now. The average positivity yield was 1.7% in week 47 and 1.6% in week 48.
- Three variants of concern (Alpha [B.1.1.7], Beta [B.1.351], and Delta [B.1.617.2]) were identified in the country from the earlier genomic sequencing results. However, no sequencing results have been received for the last three months therefore the variant landscape could have changed.
- There is a need for ongoing genomic sequencing and understanding of the variants driving the transmission in the country especially now the emergence of the Omicron (B.1.1.529) variant
- South Sudan has received 332 470 doses of COVID-19 vaccines to date with an additional batch of the 168,000 Johnson and Johnson (J&J) vaccines expected on 7 December 2021.
- The vaccination campaign is currently underway in 66 counties and 294 health facilities using the AstraZeneca and J&J vaccines.
- 173 684 (38 254 with two doses of AstraZeneca and 135 430 with single doses of J&J) individuals including 16 057 healthcare workers have been fully vaccinated as of 6 December 2021.
- For more information on the COVID-19 outbreak and public health response measures, refer to the national weekly situation update: <http://moh.gov.ss/covid-19.php>

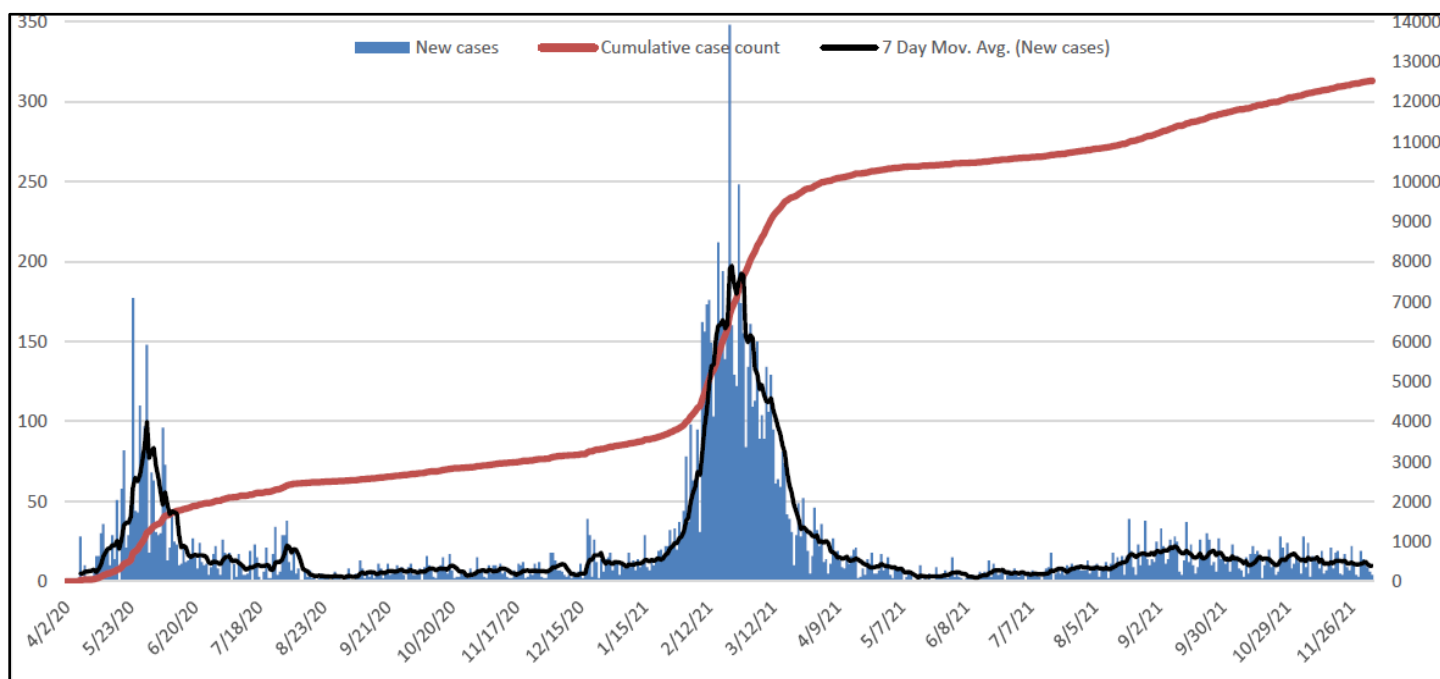


Figure 2: Epidemiological curve of reported COVID-19 cases through Week 48 of 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (red line)

Operational gaps and challenges

- The operation response has been affected by several challenges. This includes among others:
 - Limited funding to respond to numerous emergencies and needs;
 - Weak coordination mechanisms at the sub-national level;
 - Disruptive insecurity incidents and inaccessibility in conflict-affected counties;
 - Huge operational costs measured against available donor funds; and
 - Inadequate human resources for health service delivery at sub-national levels.

Critical support is needed from the entire community to further reduce the impact of these challenges on our activities and ultimately on the lives of populations in South Sudan.

Budget

Name of appeal	Required US \$	Secured in US \$	Gap in US \$
WHE Operations	22 million	5 million	17 million
COVID-19 Response	9.7 million	5 million	4.7 million

Key Donors

WHO South Sudan country office appreciates the support provided by all our donors to address numerous emergency needs across the country. Please find below the list of our donors, supporting emergency operations, 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)
- Foreign, Commonwealth and Development Office (FCDO)-UK)
- Global Alliance for Vaccine Initiative (GAVI)
- Government of Japan
- United States Agency for International Development (USAID)
- South Sudan Humanitarian Fund (SSHF)
- World Bank

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