**Situation report #21**  
12 November 2016

**South Sudan**  
Emergency type: Conflict

<table>
<thead>
<tr>
<th><strong>6.1 MILLION</strong></th>
<th><strong>AFFECTED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.6 MILLION</strong></td>
<td><strong>DISPLACED</strong></td>
</tr>
<tr>
<td><strong>1.1 MILLION</strong></td>
<td><strong>REFUGEES</strong></td>
</tr>
<tr>
<td><strong>1 942</strong>*</td>
<td><strong>INJURED</strong></td>
</tr>
<tr>
<td><strong>382</strong>*</td>
<td><strong>DEATHS</strong></td>
</tr>
</tbody>
</table>

**WHO**

- **29** INTERNATIONAL STAFF
- **160** INTER-AGENCY EMERGENCY HEALTH KIT BASIC UNITS
- **34.2%** % FUNDED
- **17.5 M** REQUESTED

**HIGHLIGHTS**

- The deportation of the SPLA-IO Spokesperson, imposed by the Kenyan Government, has created new security dynamics in South Sudan and triggered tensions against Kenyans in South Sudan.

- Criminal elements including armed robbery and hijacking within Juba, Juba-Yei and Juba-Nimule roads are the most common type of violent crime to affect UN Personnel.

- Economic downturn and insecurity cripple food production and trade. According to recent FAO assessments, 3.7 million people (31% of the countries estimated population) remain severely food insecure.

- Cholera, Measles, Malaria and Kala azar remain the key public health threats of concern in the locations along the Nile River, in IDP locations and surrounding host communities.

**Health Sector**

- **29** HEALTH CLUSTER PARTNERS OPERATIONAL
- **2.5 M** TARGETED POPULATION

**Health Facilities**

- **1 392** TOTAL NUMBER OF HEALTH FACILITIES
- **6%** DAMAGED/LOOTED/NOT FUNCTIONAL **

**Cholera Cases**

- **3 036** TOTAL CASES
- **2 975** TOTAL DISCHARGED
- **44** TOTAL DEATHS
- **17** STILL ON ADMISSION

**Vaccination Against**

- **69 039** ORAL CHOLERA VACCINE (OCV)

**Funding US$**

- **48%** % FUNDED
- **US$110M** REQUESTED

---

***WHO* expects this figure to increase  
**This information is based on report received from 29 out of the 67 health partners that responded to the health cluster partner capacity matrix request.**
Situation update

- The deportation of the SPLA-IO Spokesperson, imposed by the Kenyan Government, has created new security dynamics in South Sudan and triggered tensions against Kenyans in South Sudan. In retaliation to the deportation, IDPs living in the PoC sites posted threat letters to Kenyan nationals doing business in the PoC sites.

- Criminal elements including armed robbery and hijacking within Juba, Juba-Yei and Juba-Nimule roads are the most common type of violent crime to affect UN Personnel.

- The frequency of pockets of armed clashes in areas around the country continues to increase. Clashes are currently spreading out in more areas and the urge to join the rebellion is gaining appeal in the Equatoria Region, where significant increase in Ethnic tensions between Dinkas and Equatorians has been noted mainly to age old grudges and retaliatory violence.

- Humanitarian action is still permissive within the country, provided that recommended Security Management Measures are adhered to, so as to minimize the risk faced by Humanitarian Workers.

- Health workers belonging to tribes in the Greater Equatoria relocated from some of the volatile locations due to ethnic treat and this has greatly affected the health humanitarian response programming of these partners in the concerned regions.

- Economic downturn and insecurity cripple food production and trade. According to recent FAO assessments, 3.7 million people (31% of the countries estimated population) remain severely food insecure. In the coming months, an increasing number of South Sudanese will continue to face difficulty in meeting daily food needs.

- Since July 2016, the conflict has spread to the Greater Equatoria states, exacerbating the already critical humanitarian situation. Access constraints and limited governmental capacities, are hampering humanitarian assistance and recovery efforts. Besides, social infrastructure and basic services have collapsed, particularly health, water and sanitation services.

Public health concerns

- The risk of further spread of cholera to inaccessible areas of Jonglei state is a public health concern. WHO and health cluster partners are exploring ways to reach the affected population.

- The health burden of kala azar continues to be of concern in the axis of Jonglei and Upper Nile. To date, a total of 3 195 (CFR 2.3%) cases have been reported reflecting a 6% increase compared to the same period in 2015. MOH with support of the health cluster partners are scaling up to match the increasing need of the reported cases.

- The unpredictable context continues to impact the humanitarian situation and spur displacement, with more than 300 000 new departures in the past month. The total number of refugees in neighboring countries has increased to 1.16 million while the IDP population at the UN PoC site in Bentiu, Unity State, continues to increase, with more than 3 400 IDPs currently seeking shelter at the site. Besides a 28% increase in influx of civilians at the UN PoC site in Malakal, Upper Nile State have been registered.

- As the needs continues to increase, access challenges along with funding uncertainty remains a big constraint for health humanitarian response. Likewise, as the crisis in the country continues to escalate, illegal taxes and safety flight clearances to take supplies down to the community is hindering the provision of much needed life-saving
humanitarian assistance, particularly for women and children.

- Due to the unpredictable nature of the conflict delivery of healthcare in the country has become more challenging than ever before. Health facilities remain closed in a larger part of the conflict affected states and more were destroyed in Greater Equatoria region following the attack in those areas. This has led to decreased access to life saving health services by the vulnerable position.

- Completeness of reporting rates in non-conflict and conflict areas were 44% and 67% respectively. Malaria is the top cause of morbidity and accounts for 42% consultations in non-conflict areas. In the IDP sites, malaria is the second commonest cause of morbidity and accounts for 20% of the consultations. As of 30 October 2016, analysis of malaria trends at state level showed that malaria cases were within expected levels in all the states. Likewise, analysis of malaria trends at county level showed that 26 (33%) counties had either returned to normal or are slowly returning to normal. During week 43, of 2016, ARI surpassed malaria as the top cause of morbidity in the IDPs.

![Proportional morbidity in IDPs W43 2016](chart1)

- Since the beginning of 2016, TB/HIV/AIDS has registered the highest proportionate of mortality of 13% in the IDPs. Overall, 1 099 deaths have been reported in IDP areas in 2016. Most TB/HIV/AIDS deaths have been reported in Bentiu, Malakal and UN House PoC. As part of the ongoing mortality audit on TB/HIV/AIDS deaths, the absence of routine HIV screening and ART services is responsible for increasing number of TB/HIV/AIDS deaths in IDPs. The crude and under-five mortality rates in the IDP areas remain below the emergency threshold.

- Cholera outbreaks confirmed in the nine areas of Jubek, Terekeka, Jonglei, Imatong, Eastern Lakes, Western Bieh, Northern Liech, Southern Liech and Eastern Nile, with alerts in Ayod and Mayendit. As of the 10 November 2016, a total of 3 036 cholera cases including 44 deaths (CFR 1.45%) have been reported.
Health needs, priorities and gaps

- Enhance cholera control interventions in areas with persistent transmission and emerging transmission hotspots.
- Enhance IDSR and EWARN surveillance to detect, investigate and respond to emerging and on-going outbreaks countrywide.
- Maternal health is a significant concern, as sexual violence, and poor coverage of skilled delivery care in many areas increases the risks of maternal morbidity and mortality.
- Effective communication through community engagement, promotion of hygiene, sanitation and desired behaviours for prevention of diseases needs to be strengthened.
- The continuing needs for the health humanitarian response including the implementation of sustained integrated response to contain cholera cases, restoration of disrupted primary health care services, build the capacity local NGOs.
- Primary Health Care services including immunization to host communities, re-establishing cold chain facilities and WASH intervention are of paramount importance in hard-to-reach areas including Islands in the Jonglei state.

WHO action

- To enhance the knowledge and skills of the health workers, WHO trained 22 healthcare workers on cholera management in Mingkaman. The technical exchange, coordination, and cooperation on cholera-related activities strengthen the county’s capacity to prevent and control cholera.
- To reinforce the integrated approach for the cholera response, WHO and partners trained volunteers from local NGOs running ORPs in Juba. The volunteers will be deployed for targeted vaccination campaign with OCV to vaccinate the affected household and the household in neighbouring areas.
- WHO in collaboration with MoH, Carter centre and Goal conducted active case search for Guinea worm in Nyarkueth village in Ulang County, Upper Nile. Besides, WHO
Background of the crises

The crisis in South Sudan is currently a Level 3 humanitarian emergency following the conflict in December 2013. The latest fighting that happened on July 7th 2016 has greatly affected the areas of the greater Equatoria that was among the most peaceful part of the country. Currently, about 2 million people have fled their homes for safety of which 1.6 million people are internally displaced; while an estimated 1 045 481 are refugees in neighbouring countries.

Resource mobilization

<table>
<thead>
<tr>
<th>NAME OF THE APPEAL</th>
<th>REQUIRED FUNDS</th>
<th>FUNDED</th>
<th>% FUNDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Humanitarian Response Plan</td>
<td>US$ 17.5 million</td>
<td>US$ 6.0 million</td>
<td>34.2%</td>
</tr>
<tr>
<td>HEALTH SECTOR Humanitarian Response Plan</td>
<td>US$ 110 million</td>
<td>US$ 52.9 million</td>
<td>48%</td>
</tr>
</tbody>
</table>

With technical and operational support from WHO, health cluster partners and state Ministry of Health (SMOH), conducted a large mopping-up immunization activity from 26 to 30 October 2016 in Gogrial West County. The campaign reached over 24 000 children of 0 to 59 months.

To enhance access to information and to actively participate in detecting, reporting, responding and monitoring disease and health events in the community, WHO trained 20 community volunteers in Mingkaman. The volunteers commissioned to serve as the Boma health teams to support community surveillance and mortality surveillance in the frame work of the Cholera response.

In response to the urgent health care needs in conflict affected areas, WHO back stopped 11 health cluster partners with the provision of life saving supplies to improve the quality of care and avert mortality.

To support the cholera response, 220 Cary Blair medium with collection swab, 153 boxes of Cholera Test Kit and 3 complete Diarrheal Disease Kits were donated to cluster partners in Duk, Nyal, Mayendit, Bentiu POC, Kuruwai, Pagl and Old Fangak.

In response to persistent drug stock outs in most of the counties, 3 full Interagency Emergency Health Kits, and, 160 IEHK Basic Unit Kits were donated to partners in the hot spots of Kuruwai, Maridi, Mundiri, Yambio, Mayendit, Bentiu Hospital, and Yei county Hospital to support treatment of the common but potentially fatal illnesses. These supplies are adequate for the management of 160 000 populations for three months.

As part of the integrated response to the concerning health situation in Awiel, 61 Supplementary Malaria Module, 33 Anti-Malaria Basic Module, 546 boxes of Malaria rapid test (adequate to test 13 650 patients), 7 SAM kits (adequate to treat 350 children with medical complications) were donated to the SMOH and health cluster partners to support case management at facility level and support the management of children admitted with medical complications.

2 Trauma kits (type A and B) adequate for 200 surgeries were donated to a health cluster partner to support lifesaving services in the POC 3 in Jubec state.
The operations of WHO in South Sudan are made possible with support from the following donors: