Humanitarian Coordinator calls for urgent action to avert worsening food crisis in South Sudan

The Humanitarian Coordinator, Alain Noudehou, led a high-level delegation of donors, heads of humanitarian agencies and partners to Leer in Unity on 7 March to see first-hand the plight of the 90,000 people living in the area. The delegation also met with the Governor of Leer, community leaders and aid agencies who are currently assisting tens of thousands of people across the region.

"Due to seasonal time pressure, we need funding now to reach millions of people with multisectoral assistance during the dry season, through road transport and pre-positioning life-saving aid supplies. These same activities will be many times more costly if done by air transport during the rainy season," said Mr. Noudehou. The Humanitarian Coordinator noted his concern regarding the potential effects of taxes and fees on humanitarian organizations and staff, which not only take much needed-resources from front line operations, but are often unpredictable and disruptive to the humanitarian response.

"Once again, I strongly urge all parties to the conflict to stop the fighting and to ensure that humanitarian agencies are given free, safe and unhindered access to all areas of South Sudan," said Mr. Noudehou. Leer was one of two counties affected by famine in 2017. Although the famine was stopped, the situation remains fragile, with about 85 per cent of the population predicted to reach crisis and emergency food insecurity conditions (IPC Phases 3 and 4) by the end of April 2018.

Almost two-thirds of the South Sudan population at risk of rising hunger

More than 7 million people in South Sudan—almost two-thirds of the population—could become severely food insecure in the coming months without sustained humanitarian assistance and access, three United Nations agencies warned on 26 February.

If this happens, it will be the highest ever number of food insecure people in South Sudan. The period of greatest concern will be the lean season, between May and July. Particularly at risk are 155,000 people, including 29,000 children, who could reach the most extreme levels of hunger if assistance is not provided and sustained.
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Improved access and a concerted humanitarian response succeeded in halting famine last year. Despite this, the scale and scope of food insecurity are reaching new highs, while crop production is compromised.

FAO, UNICEF and WFP warn that progress made could be undone, and more people than ever could be pushed into severe hunger conditions during May-July, unless assistance and access are maintained. Close monitoring of the situation, particularly in counties most at risk, will remain critical.

“The situation is extremely fragile, and we are close to seeing another famine. The projections are stark. If we ignore them, we will be faced with a growing tragedy. If farmers receive support to resume their livelihoods, we will see a rapid improvement in the country’s food security situation due to increased local production,” said Serge Tissot, FAO Representative in South Sudan.

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Rift Valley fever outbreak in Awerial, Yirol East and West counties

The Ministry of Health and the Ministry of Livestock and Fisheries have declared a Rift Valley fever (RVF) outbreak in the counties of Awerial, Yirol East and Yirol West, in Lakes. The outbreak, declared on 12 March, was first suspected in December 2017, following three human deaths with symptoms of severe haemorrhagic illness in Thonabutkok village, Yali Payam, Yirol East County.

Rift valley fever is a viral zoonotic disease that primarily affects animals, but also reaches humans. People are infected with RVF virus through contact with blood, bodily fluids or tissues of RVF virus-infected animals, mainly livestock. Less commonly, people can be infected with RVF virus from bites of infected mosquitoes.

Following the reported cases and deaths, the Ministry of Health and Ministry of Livestock and Fisheries—with support from partners—launched a multisectoral response, involving coordination, surveillance, risk communication, case management and logistics, including pre-positioning of assorted medical supplies to affected areas.

“Financial contributions from the donor community allowed partners to deploy experts and provide technical and logistical support,” said Evans Liyosi, WHO representative a.i. to South Sudan.

From 7 December 2017 to 9 March 2018, a total of 40 suspected human Rift Valley fever cases have been reported in the three affected counties of Lakes.

Laboratory tests conducted in different locations have confirmed both human and animal cases. Tests conducted by the Uganda Virus Research Institute (UVRI) confirmed 6 human blood samples out of 34 collected were positive for Rift Valley fever, while one of the initial seven animal samples tested at UVRI was also positive.


Measles outbreak in Aweil East County

A new outbreak of measles has been confirmed in Aweil East County, Northern Bahr el Ghazal, after four samples tested positive on 24 February 2018. As of 9 March, a total of 21 measles cases had been identified and registered in Aweil East.

Measles is an airborne disease that affects mainly children, although it can also affect
adults. It spread through air or direct contact, and some early symptoms of measles include fever, cough, redness and swelling of the eyelids, running nose, watery eyes and skin rash.

Response activities are ongoing to stem the spread of the new outbreak. Comprehensive response activities which have been initiated include surveillance, supportive case management, social mobilization, and developing a reactive vaccination micro-plan. Health partners plan to conduct a measles vaccination exercise targeting 81,394 children between 6 months and 59 months old in Aweil East County from 24 to 31 March.

In Aweil Centre County, the measles vaccination exercise, which is integrated with nutrition screening, Vitamin A distribution and deworming, has ended and the coverage survey is being finalized. As of 2 March, some 21,000 children under age 5—out of the targeted 50,900 children—have been immunized.

Countrywide, at least 83 suspected measles cases have been reported in Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Warrap, Western Equatoria and Western Bahr el Ghazal since January 2018. This includes one death, representing a case fatality rate (CFR) of 1.20 per cent. Sixty-eight samples were collected and analyzed. Of those, 14 were measles positive.

In Lakes, a reactive measles vaccination exercise by partners targeting more than 58,800 people has been completed in Cueibet County. In Western Bahr el Ghazal, 22 suspected measles cases were reported in Wau Protection of Civilians (PoC) site in Wau County and Wau Bai payam in Jur River County in late February. The current response entails surveillance and providing supportive care to newly identified cases. A routine expanded programme of immunization has been enhanced in the county.

Access to routine immunization services has been constrained by inadequate static services and lack of outreach sessions due to insufficient availability of routine immunization in health facilities; low capacity of immunization staff for expanded programmes at state, county and facility level; acute shortages of vaccinators at facility level; sub-optimal functioning of the cold chain system; and inadequate data quality reporting, among others. These factors contribute to insufficient immunization rates and the potential for spread of infectious diseases such as measles.

**Suspected meningitis kills 31 in Torit**

Health partners are investigating an outbreak of suspected meningitis cases that has affected Torit County, Eastern Equatoria, since 17 January 2018. As of 17 March, at least 171 suspected meningitis cases and 31 deaths (CFR 18.1 per cent) have been reported in Iyire and Lmurok payams. Alert and action thresholds have been surpassed, but a laboratory-definitive confirmation, which is critical for guiding vaccination decisions, is pending.

A preventive vaccination campaign was conducted in Eastern Equatoria in April 2016. Torit County administrative coverage (83 per cent) was sub-optimal, meaning that there is a sufficient pool of susceptible individuals in Torit and neighbouring counties (especially Magwi and Ikotos), which could lead to further transmission of the disease.
The current response entails overall coordination, surveillance and laboratory analysis, case management and social mobilization in affected areas. The rapid response teams and diagnostic and case management kits have been deployed to support ongoing investigation and response activities. The meningitis response plan has been updated to guide investigation and response activities and to facilitate mobilization of resources. However, the response activities are hampered by prevailing insecurity on the roads between Torit and Iyire payam, and the limited functionality of health facilities. The authorities are working with partners to operationalize the health facilities so as to improve access to basic healthcare.

Women most affected by South Sudan’s conflict

As the world celebrated International Women’s Day on 8 March, South Sudan’s women continue to be caught in a conflict now in its fifth year period. The conflict disproportionately affects women and girls, who suffer the consequences of violence, abuse, deprivation and loss of livelihoods. Women and girls form the majority of internally displaced people, whose access to services has been eroded with insecurity and economic decline.

Women and girls represent at least 54 per cent of the people in Protection of Civilians (PoC) sites in South Sudan, and an estimated 86 per cent of the more than 1 million South Sudanese refugees in Uganda are women and children.

Rape and other types of gender-based violence are pervasive but go largely unreported. The 1,324 cases reported in the first half of 2017 represent just a fraction of the aggressions faced mostly by women and girls, in a situation where undertaking daily survival tasks, such a collecting firewood and water, places them under threat.

The responsibility for family well-being in these difficult circumstances places a phenomenal burden on women, which is compounded by constant population displacement.

Traditional practices such as early and forced marriages, child abductions and teenage pregnancies subordinate women and girls and disable their efforts to contribute to development. Sexual and gender-based violence is prevalent, with at least 4 out of 10 women reported to have experienced one or more forms of violence.

South Sudan’s development indicators are amongst the poorest in the world and access to basic social services remains a key challenge across the country. Illiteracy is extremely high, with a 27 per cent literacy rate for people above 15 years of age. The literacy rate among males is more than double that of females.

High illiteracy hampers the participation of women in governance at all levels. Many of the women engaged in business are constrained by lack of basic business skills or finance training, as well as access to markets. The general political and public attitude and low prioritization of gender issues, as well as the institutional and organizational capacity of the governance institutions, continue to be a challenge.

For further information, please contact:
Frank Nyakairu, Head of Communications and Information Management, nyakairu@un.org

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