South Sudan Emergency

**Situation report # 40**
**19 OCTOBER 2014**

South Sudan: Emergency

- 5,800,000 Affected
- 1,400,000 Displaced
- 467,000 Refugees
- 7,110 Injured
- 1,155 Deaths

### Highlights

- Since January to 12 October, altogether 5,214 Visceral Leishmaniasis (Kala-Azar) cases and 158 deaths (CFR3.1%) were reported from 15 treatment centres.

- The confirmation of a case of Marburg Virus Disease (MVD) in neighbouring Uganda raises concerns, particularly given the country’s proximity to South Sudan. In addition, the Ebola Outbreak in West Africa remains a public health threat to South Sudan.

- Health service providers are on high alert for early detection and investigation of any suspected cases of waterborne, water-related and fecal-oral diseases in Bentiu, Unity State, following the collapse of 40 latrines due to flooding.

- Since the onset of the crisis, at least 1,155 deaths have been reported at IDP camps. Children under 5 years account for 550 (48%) of the deaths. However, the mortality ratios remain below the emergency threshold.

### WHO

- 159 Staff in the Country
- 24 Surge Capacity

**Funding US$**

- 55.5% Funded
- $24.5M Requested

### Health Sector

- 56 Health Cluster Partners
- 3.1M Targeted Population

**People Reached with Various Interventions**

- 3,143,952 People Reached*

**Health Facilities**

- 184 Damaged/Not Functioning
- 1,350 Health Facilities Functioning

**Health Action**

- 1,620,524 Consultations*
- 7,110 Surgeries
- 11,794 Assisted Deliveries*

**Vaccination against**

- 587,514 Polio*
- 658,557 Measles*

**EWARN**

- 32 Sentinel Sites

**Funding US$**

- 81% Funded
- US$77M Requested

---

*Coverage since January 2014.
**OCHA Situation Report 16 October 2014.
*** OCHA Situation Report 16 October 2014.
The situation in most parts of South Sudan was calm, although some incidents were reported in Jonglei and Lakes States. Most of the state capitals remain isolated from the remote counties in the greater Upper Nile states. Heavy fighting was reported in Dolip Hill, near Malakal Town, Lakes States on 11 October. Although fighting has ceased, the situation remains tense. Continued tension following a revenge killing in late August has been reported between the Bari and Lomouo tribes in Loudo village of Bur Payam, Torit County, Eastern Equatoria State. A humanitarian worker was kidnapped on 16 October and this continues to cause fear among humanitarian workers.

Floods continue to worsen the already dire humanitarian situation especially in the Protection of Civilians (PoC) site in Bentiu, Unity State. In addition, major roads and access to key areas have been cut off by the current rains, making delivery of humanitarian assistance expensive.

**Public health concerns**

**VHF threat:** The confirmation of a case of Marburg Virus Disease (MVD) in neighbouring Uganda raises concerns, particularly given the country’s proximity to South Sudan. This is in addition to the Ebola Virus Disease (EVD) outbreak currently affecting multiple countries, mostly in West Africa. Although no cases of either EVD or MVD have been reported in South Sudan, partners remain vigilant and are investigating all rumours and alerts. Since August 2014, four alerts have been investigated in Ezo, Nzara, Terekeka and Juba, and all tested negative. WHO and partners continue to support the Ministry of Health (MOH) to enhance prevention and preparedness efforts at national and state level. Surveillance, prevention and preparedness activities continue.

Flooding in Bentiu resulted in the collapse of 40 latrines within PoC site and subsequent discharge of waste, raising health concerns. Health service providers are on high alert for early detection and investigation of any suspected cases of waterborne, water-related and fecal-oral diseases.

**Main Causes of Death:** Malaria, Acute Respiratory Infections (ARI) and Acute Watery Diarrhoea (AWD) continue to account for the highest proportion of the disease burden among IDPs. Since the onset of the crisis, at least 1,155 deaths
have been reported at IDP camps. Children under-5 years account for 550 (48%) of the deaths. Most of the deaths occurred in Tongping, Bentiu, Malakal and Mingkaman.

**Cholera Update:** Cholera cases have reduced significantly. Two cases were reported from Juba in week 41. As of 12 October 2014, a total of 6,141 cases and 139 deaths (CFR 2.26%) had been reported in South Sudan. No new deaths have been reported since 7 September.

**Figure 2: Map on Cholera Outbreak in South Sudan as of 12 October 2014**

![Map on Cholera Outbreak](image)

**Hepatitis E Virus (HEV):** Four new HEV cases were reported in week 40, increasing the cumulative number to 112. Deaths remain four (CFR 3.57%), three (75%) of which were among pregnant women.

**Malaria:** Malaria cases continue to increase and have surpassed the epidemic threshold in Lakes, Warrap and Northern Bahr El Ghazal states. Altogether 110,761 cumulative cases were reported from week 51 of 2013 to week 40 of 2014 - 3,511 or 3.2% - of which occurred in week 40.

**Visceral Leishmaniasis:** Since January to 12 October, altogether 5,214 Visceral Leishmaniasis (Kala-azar) cases and 158 deaths (CFR3.1%) were reported from 15 treatment centres. Of these 4,909 were new cases and 305 relapses of Post Kala-azar Dermal Leishmaniasis (PKDL). There were 178 defaulters. In comparison 1,802 cases and 54 deaths were reported during the same period in 2013, of which 1,682 were new cases and 180 relapses/PKDL. There were 27 defaulters. Most of the cases have been reported in Lankien and Chuil, with Lankien accounting for 3,258 (62.5%) of the cases, while Chuil accounts for 919 (17.6%).
Health needs, priorities and gaps

A total of 184 health facilities remained closed in the states of Jonglei, Unity and Upper Nile.

A shortage of essential drugs and supplies has been reported across the states, especially at facility level. Key drug stock outs were reported for antimalarial medicines, especially in Warrap and Northern Bahr El Ghazal states.

A shortage of supplies for the treatment of moderate acute malnutrition (MAM) in Mingkaman raises concern that the cases could degenerate into Severe Acute Malnutrition (SAM) if left untreated. Out of 341 children whose nutritional status was checked, 11 (3.2%) had SAM and 51 (15%) had MAM.

Utilisation of insecticide treated nets (ITN) remains low as most of the IDPs who received them prefer to use them to protect their crops and animals.

Health workers in Western Equatoria State have indicated the need for more training on Ebola infection control and case management for themselves, coupled with social mobilization to raise awareness on the disease within the community.

Secondary health care remains a challenge at the PoC in Bor and the Internally Displaced Persons (IDP) settlement areas in Mingkaman.

In addition HIV and TB services are at a low scale in the Bor/Bentiu/Malakal/Mingkaman settlements.

WHO action

WHO continued to support partners with various interventions.

At national level, the emergency support team conducted training for 37 health workers in Nimule border post, on basic principles of case management and infection control as well as surveillance, case detection of potential Viral Haemorrhagic Fever (VHF). It is hoped that some of these health workers will support screening of travellers for Ebola at the ports of entry.

The WHO WASH team, in collaboration with Juba Teaching Hospital, conducted training for health workers on infection control in hospital settings in the context of Ebola. The training underscored waste management and safe disposal of medical waste.

In Central Equatoria State, WHO supported the SMOH visit to Bamurye and Sunyu villages where returnees are integrated into the communities with the objective of assessing their current health status. This follows the influx of returnees to South Sudan due to the current clashes at the country’s border with Uganda. Over 3,000 people are reported to have crossed the border. The organization conducted supervisory support visits to eight PHCCs to support and orient health workers on vaccination and EPI surveillance. In addition, the team
met with the ARC and CHD teams to discuss ways to strengthen disease surveillance at border points and cross border activities with Kajo-Keji. A yellow fever survey in support of the national and state MOH was initiated in Eastern Equatoria State. Aedes mosquitoes and blood specimens were collected for further laboratory testing.

In Jonglei State, WHO field teams oriented the three community midwives supporting the PoC on the basic principles of ante-natal care (ANC) and the benefits of mothers accessing the services. In addition, modalities of how to strengthen routine EPI in the PoC were discussed during on-the-job training.

Five field assistants and their supervisor in Bor County received on-the-job orientation on strengthening active case search for and identifying AFP and suspected measles cases. Onsite orientation on causes, signs, symptoms, management and prevention of Guinea Worm Disease was also provided for outpatient department clinicians at Bor Hospital.

In Lakes States a task force on Ebola and Marburg was activated at a meeting on 9 October and immediately tasked to plan for health worker awareness and training on VHF at both government and private health facilities. In Mingkaman, following the report of two suspected measles cases in Malualtuk village of Kalthok Boma, WHO coordinated with the County Health Department (CHD). A vaccination team from CCM health facility was deployed to the village and vaccinated 242 children with measles antigen. A total of 1,968 people were reached with hygiene promotion messages through community volunteers that are supported by WHO.

WHO supported the State Ministry of Health (SMOH) to carry out an outbreak investigation following reports of 18 suspected measles cases in Madol Akoc village, Rumbek Central County. The SMOH called a follow up emergency partners’ meeting to discuss the mission outcome. The team agreed to carry out an immunization campaign in the affected areas.

Thirty eight participants from Gogrial West, Twic and Abyei Area Administration benefited from a four-day training workshop on case management for health workers hosted by the Warrap SMOH and WHO. The workshop aimed to enhance the health workers’ skills on clinical signs and symptoms of epidemic prone diseases and how to initiate immediate management plan based on sound principles of clinical practices.

WHO visited Mayen Gumel PHCC, Kuac North Payam, Gogrial West County to conduct supportive supervision and monitor utilization of maternal services in health facility.

In Unity State, WHO and humanitarian partners supported the investigation of a suspected kala-azar case reported from Guit County. The preliminary report will soon be shared. In addition, WHO teams in Bentiu are carrying out an assessment of the current public health risks following flooding at the PoC sites.

In Western Equatoria State, WHO conducted a sensitization meeting for government officials on the most frequently reported diseases at local health facilities, including malaria and diarrhoea. VHF’s were also highlighted since the state has a history of three Ebola outbreaks in the past.

Staff at Public Health Care Centres (PHCC) in Li-Ramngu Payam, Nzara and Yambio received on-the-job training on the Extended Programme on Immunisation (EPI).

Core Services: WHO continued to support partners with various interventions. In this reporting period, the agency:

- Supplied Narus, Akobo, Kapoeta in Eastern Equatoria State with 600 vials Sodium Stibogluconate (SSG), 600 RK39 rapid test kits and 200 Ampoule Paromomycin for the diagnosis and treatment of kala-azar;
### Resource mobilization

The Health Cluster requirement of $77 million remains 81 per cent funded at $62,245,787 leaving a gap of $14,754,213. There has been no change in the funding status since mid-September.

The WHO appeal for 2014 of $24.5m is 55.5% funded at $13,593,698. There has been no change since the end of September.

### FUNDING STATUS OF APPEALS US$

<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 Crisis Response Plan</td>
<td>US$24,500,000</td>
<td>US$13,593,698</td>
<td>55.5%</td>
</tr>
<tr>
<td>HEALTH SECTOR Crisis Response Plan</td>
<td>US$77,000,000</td>
<td>US$62,245,787</td>
<td>81%</td>
</tr>
</tbody>
</table>

### Background of the crisis

The crisis in South Sudan began in Juba on 15 December 2013 following disagreements between the President, General Salva Kiir and former Vice President, Dr Riek Machar. This evolved into an armed conflict that later took on an ethnic dimension pitching President Salva Kiir’s Dinka tribe against Dr. Machar’s Nuer tribe. The crisis continues in parts of Jonglei, Upper Nile and Unity states, while Central Equatoria, Lakes, Warrap and Eastern Equatoria states are indirectly affected by virtue of hosting displaced populations from areas affected by conflict. Currently, about 1.4 million people are internally displaced, while about 244,805 are refugees in neighbouring countries.

### Contacts:

**Dr. Abdi Mohamed**  
WHO South Sudan Country Representative  
Email: mohameda@who.int  
Mobile: +211954169578  
GPN: 67404

**Dr. Allan Mpairwe**  
ODM Focal Point  
Email: mpairwea@who.int  
Mobile: +211955372370  
GPN: 67507

**Ms. Matilda Moyo**  
Communications Officer  
Email: matilda.moyo@gmail.com  
Mobile: +211955036439
The operations of WHO in South Sudan are made possible with support from the following donors: