South Sudan Emergency

**Situation report # 44**
**22 DECEMBER 2014**

**WHO**

- 159 STAFF IN THE COUNTRY
- 24 SURGE CAPACITY

**HIGHLIGHTS**

- Fighting in Cueibet County, Lakes State resulted in 36 deaths and 55 casualties. Humanitarian partners are supporting the management of the wounded.

- A shortage of blood and blood products has been reported across the conflict-affected states. There is need to step up campaigns that encourage voluntary, non-remunerated blood donations by the public.

- Visceral Leishmaniasis (Kala-azar) cases and deaths increased to 7,204 and 199 (CFR 2.76%) respectively during the reporting period. Partners continue to enhance the response and have increased treatment sites from 17 to the current 19.

- At least 1,326 deaths have been reported at IDP camps since the crisis began. HIV/AIDS and TB account for 6% of overall deaths and contribute mostly to adult deaths.

### South Sudan Emergency

- **5,800,000** AFFECTED
- **1,400,000** DISPLACED
- 488,558 REFUGEES
- **7,177** INJURED
- **1,326** DEATHS

### 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

- **4,056,047** PEOPLE REACHED*

### HEALTH FACILITIES

- **184** DAMAGED / NOT FUNCTIONING
- **1,350** HEALTH FACILITIES FUNCTIONING

### HEALTH ACTION

- **2,420,694** CONSULTATIONS*
- **7,177** SURGERIES
- **14,849** ASSISTED DELIVERIES*

### VACCINATION AGAINST

- **927,584** POLIO*
- **945,619** MEASLES*

### EWARN

- **32** SENTINEL SITES

### FUNDING US$

- **91%** FUNDED
- **US$77M** REQUESTED

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* Coverage since January 2014.
  *** UNHCR portal 19 December 2014.
Most of South Sudan was calm, although fighting was reported in Lakes State, resulting in deaths and casualties.

Fighting between ethnic groups was reported in Cueibet County, Lakes State on 13 December resulting in 36 deaths and 55 casualties. Health partners are managing the wounded. A total of 32 causalities were managed. However, referral of the severe cases remains a challenge. Following continued clashes in Jonglei State, a new wave of displacement has been reported in New Fangak and Ayod counties.

No major public health threats have been reported during this period. Over 35,000 people have been reported displaced in Ayod County and the living and health conditions remain a public health concern. In addition referral of the severely injured in Lakes State following inter-ethnic clashes remains challenging as the security situation affects road access.

Measles: Despite reactive measles vaccination campaigns conducted to contain the outbreaks in IDP camps and PoC sites, cases continue to be reported in Lankein and Melut.

TB/HIV/AIDS: TB/HIV/AIDS and opportunistic infections remain a challenge and contributor to adult deaths in the internally displaced persons (IDP) camps and PoC sites, raising the need to step up interventions to prevent new infections and improved access to testing and treatment services.

cVDPV2: The response to the two cases of circulating Vaccine Derived Polio Virus type 2 (cVDPV2) reported in Bentiu, Unity State continues with the first round of vaccinations being completed. Two more rounds are scheduled for late December 2014 and early January 2015.

Surveillance and communicable disease control

Disease burden among IDPs: Malaria, Acute Respiratory Infections (ARI) and Acute Watery Diarrhea (AWD) remain the major diseases affecting IDPs, with ARI being the leading cause of morbidity.

A cumulative total of 147,490 suspected malaria cases have been reported from week 52 of 2013 up to week 50 of 2014, while 114,354 ARI and 65,933 AWD cases were recorded. Acute Bloody Diarrhoea (ABD) with 10,830 cases and measles with 1,529 cases are also among the top diseases in the camps. Though malaria has been the top cause of morbidity among IDPs since the onset of the rainy season, its incidence has been on the decline since week 37.

Cholera Update: No new cholera cases and deaths were reported in the past four weeks. The cumulative remains 6,421 cholera cases including 167 deaths (CFR 2.6%) from 16 counties. Interventions for cholera prevention and control are ongoing countrywide with a major focus on identifying long-term solutions to improve access to safe drinking water and sanitation facilities in at-risk areas.
**Visceral Leishmaniasis (Kala-azar) Update:** Kala-azar cases have been on the decline in recent weeks. However, the decline is compounded by under reporting and poor access to endemic areas. Since the beginning of the year 7,204 visceral leishmaniasis (Kala-azar) cases and 199 deaths (CFR 2.76%) have been reported. Of these 6,738 were new cases and 446 relapses or Post Kala-azar Dermal Leishmaniasis (PKDL), while 228 were defaulters. In comparison 2,992 cases and 88 deaths were reported during the same period in 2013, of which 2,772 were new cases, 220 relapses/PKDL and 42 defaulters. Most of the Kala-azar cases reported in 2014 have been from Lankien (4,282 cases), Chuil (1,239 cases), Walgak (648 cases), Melut (241 cases) and Malakal IDP camp (206 cases).

**Meningitis:** Following reports of seven deaths due to suspected meningitis, a verification exercise was conducted. The verification team led by MedAir, with support from WHO, showed that seven deaths occurred from 7 October to 18 November 2014. The age range was 1.5 to 19 years with a median age of seven years. The majority - five (71%) were male and three (43%) of the suspect cases originated from Kuiguiy village in Chotbora Payam. Basing on the presenting complaints elicited among the cases, the possible differential diagnoses included meningitis, severe malaria and pneumonia. However, no new cases or deaths have been reported in the area since 18 November 2014. In response, the six healthcare workers at Chotbora PHCC were trained on meningitis case detection and management, while drug stocks were replenished. Ten community leaders in Chotbora Payam were sensitised on meningitis case presentation and the need for early healthcare seeking behaviour. The most recent report came in on 26 November 2014 from Juba 3 PoC in which a suspected meningitis death occurred in a two-year-old male following an illness that started on 25 November 2014. There were no additional cases reported among the close contacts to the case.

**Hepatitis E Virus (HEV) Update:** Three new HEV case were reported from Mingkaman in week 50, bringing the cumulative to 128 cases including four deaths (CFR 3.13%). Three (75%) deaths occurred among pregnant women. In response to the HEV cases in Mingkaman and Acute Jaundice Syndrome (AJS) cases in the other IDP sites, the following interventions have been prioritized: household sanitation and hygiene promotion; improving access to safe water; and targeted interventions to prevent new infections in pregnant women.

**Update on Mortality Rates:** Since the onset of the crisis, at least 1,326 deaths have been reported from the IDP sites. Children under five years account for 631 (47.6%) of the deaths. The majority of the deaths occurred in Bentiu, Tongping, Malakal, Mingkaman and Bor. The top causes of mortality during the period include AWD, severe pneumonia, measles and malnutrition. The highest number of deaths are attributed to AWD with a cumulative of 152 deaths since the onset of the crisis. The majority of AWD related deaths have been reported from Mingkaman, Tongping, Malakal and Bentiu. The crude and under-five mortality rates for all sites that reported in week 50 were lower than the respective emergency thresholds of one death per 10,000 per day and two deaths per 10,000 per day.

Over the past month, TB and HIV/AIDS have contributed to most adult deaths, highlighting the need to integrate TB and HIV/AIDS prevention and control into the routine healthcare services in all the IDP sites. Overall TB, HIV and AIDS account for 81 of the 1,326 deaths, which represents 6% of deaths reported.

<table>
<thead>
<tr>
<th>Week</th>
<th>Total deaths</th>
<th>TB/HIV/AIDS deaths</th>
<th>%TB/HIV/AIDS deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>21</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>49</td>
<td>21</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>48</td>
<td>12</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>47</td>
<td>14</td>
<td>5</td>
<td>35</td>
</tr>
</tbody>
</table>

**Health needs, priorities and gaps**

Blood and blood products remain a challenge at Wau Teaching Hospital in Western Bahr El Ghazal. There is need to step up campaigns encouraging voluntary, non-remunerated blood donations by the public.
Refusal by some communities such as Marol village at Wattnom and Rodit, Awerial County in Lakes State to vaccinate children during the National Immunisation Days. The County Health Department (CHD) has since been advised to mobilize these families through the chiefs and other local authorities.

In Bentiu the reluctance of Health Facilities to treat patients with TB in the PoCs and the possible increase in spread of TB disease in the PoCs taking into consideration the prevailing risks factors and conditions such as overcrowding remains a challenge.

The current shortage of fuel in the Central Equatoria State affected supervision and delivery of supplies in some locations during the NIDs to some extent due to the fact that getting supply meant to cub for long hours in very few petrol station.

**WHO action**

**IDSR Training:** WHO supported the MOH to conduct three training activities on case management for common Integrated Disease Surveillance and Response (IDSR) priority diseases. A total of 109 health workers were trained. The first two training events were conducted from 8 to 11 December in Lakes State where 37 healthcare worker from Rumbek Centre, Rumbek East, Cueibet and Wulu counties; as well as Eastern Equatoria where 33 healthcare workers from Torit, Magwi, Ikotos and Lopa-Lafon were trained. The third training was conducted from 15 to 18 December in Lakes State where 39 healthcare workers from Yirol East, Yirol West and Awerial were trained. The training was intended to enhance capacities of front-line healthcare workers in conducting clinical assessments, diagnosis, treatment and prevention of common integrated IDSR priority diseases. This will ultimately contribute to improved capacities for surveillance and response, while reducing morbidity and mortality from common IDSR priority diseases.

**National Immunisation Days:** WHO and health cluster partners supported the MOH in successfully conducting the fourth round of National Immunisation Days (NID) from 2 to 5 December. The campaign targeted 2.7 million children under-5 years in the seven stable states of Lakes, Central, Eastern and Western Equatoria, Northern and Western Bahr El Ghazal and Warrap. The results are being compiled and will be shared when ready.

**cVDPV2:** The first of three rounds of Polio campaigns to interrupt the cVDPV2 outbreak using the Short Interval Additional Dose (SIAD) and Expanded Age group approach took place from 5 to 8 December. WHO and UNICEF supported the MOH in the campaign that targets 1.9 million children under 15 years in 32 counties in the three conflict affected states of Jonglei, Unity and Upper Nile as follows: Round 1 – 5 to 8 December; Round 2 – 19 to 22 December; and Round 3 – 20 to 23 January 2015.

**Visceral Leishmaniasis:** WHO sustained its technical support to address the escalating Kala-azar trends in endemic areas in Jonglei, Unity and Upper Nile states. WHO supported partners operating in endemic areas to enhance surveillance to allow timely diagnosis and initiation of treatment; old treatment centres have been reopened to improve access to medical care in endemic areas; refresher training targeting health workers in endemic areas is underway; stockpiles for diagnostic kits and case management supplies have been prepositioned in endemic states; and health promotion and risk communication on Kala-azar prevention and control is on-going at designated treatment centres.

In Upper Nile State, WHO supported the health partners to develop a mental health control strategy at the PoC level and with extension to Lul IDP settlement. Key areas of focus in the coming days will be building the capacity of staff in detection, diagnosis and clinical management of mental health. This will be in collaboration with the traditional healers and the clergy community to support referral of patients with mental illnesses.

WHO and partners in Awerial County, Lakes State are supporting the second round of the tetanus toxoid (TT) vaccination campaign targeting 38,705 women aged 15 to 49 years from 12 to 18 December.

As support to the disease surveillance activities, WHO donated two motorbikes, one for field surveillance in Yambio and another for polio field supervision in Tambura as part of efforts to strengthen disease surveillance activities in the two counties in Western Equatoria State. In
addition, 10 oxygen cylinders were supplied to Yambio hospital, while hand sanitizers and assorted infection control material were provided for the State Ministry of Health.

In Bor, Jonglei State, with support from WHO, the first round of the round polio outbreak response immunization campaign was finalized in the PoC and reached 1,261 children under 15 years, representing 96% of the target population. The campaign is still underway in Bor South, Twic East, Duk, Boma and Pochalla counties. In addition, WHO participated in the Initial Rapid Needs Assessment (IRNA) in Badit payam, 37 kilometres from Bor South WHO led health cluster team to collect health data on health gaps and humanitarian needs of the population.

In Unity State, WHO continued to support CARE in to provide primary health care service in the PoC. Items donated include 29 cartons of Ringers Lactate, 14 cartons Dextrose Infusion and 36 assorted cartons of emergency kits (IEHK) that will support 10,000 consultations for the next three months.

**Core Services:** WHO continued to support partners with various interventions including the delivery of drugs as part of core pipeline support as summarised in Table 2.

<table>
<thead>
<tr>
<th>Partners &amp; Coverage Area</th>
<th>Support &amp; Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSV/Ayod</td>
<td>300 vials Sodium Stibogluconate (SSG) Injection and 200 dip sticks.</td>
</tr>
<tr>
<td>CORDAID/ Upper Nile State</td>
<td>200 vials SSG injection</td>
</tr>
<tr>
<td>IMC/Akobo</td>
<td>1 Trauma Kit A, 70 Boxes Saline, 70 Boxes Dextrose 5% IV Solution In Water 500ml, 2 Trauma Kits B, 25 Vials SSG Injection, 50 RK39 (Kala-azar rapid test kit) and 100 Syringes with Needle 21G.</td>
</tr>
<tr>
<td>MSF-France/Old Fangak</td>
<td>2 Trauma kit A, 2 Trauma Kit B, 1 Basic unit (IEHK Comp), 5 kits Malaria Modula kit (IEHK without injections), various drugs and surgical equipment.</td>
</tr>
<tr>
<td>MSF-Swiss/Agok</td>
<td>3,000 Vials Artesunate powder for Injection, 60mg + Diluent, bicarbonate and 1,000 tests RDT, paracheck.</td>
</tr>
<tr>
<td>WHO/ Rumbek, Torit and Yambio</td>
<td>Motorcycles, hand sanitizers, oxygen cylinders, hospital registers and bedding.</td>
</tr>
<tr>
<td>Aweil State Hospital, UNMISS Medical Service, Wau Teaching Hospital and Yambio State Hospital</td>
<td>Oxygen cylinders and flow metres – five per hospital except Wau Teaching Hospital which received 15.</td>
</tr>
<tr>
<td>SMOH Aweil, Kuajok and Wau</td>
<td>200 Hand sanitizers each.</td>
</tr>
<tr>
<td>WHO/Aweil, Kuajok, Wau and Yambio</td>
<td>60 Vaccine carriers each.</td>
</tr>
</tbody>
</table>

The Health Cluster’s request of $77 million is currently funded at 91 per cent funded at $69,767,355 leaving a gap of $7,232,645. The $24.5m appeal by WHO for 2014 is 55.5% funded at $13,593,698. The Health Cluster has been allocated $7 million by the Common Humanitarian Fund (CHF). The funds will support 19 projects covering frontline, pipeline and rapid response activities. Funding is expected in early January 2015. WHO will receive a total of $1.1 million to support the core pipeline project and front-line services in the next six months under the CHF round one allocation. Another $300,000 is expected from the Central Emergency Response Fund (CERF) to support the emergency health response in Bentiu PoC.
<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$77,000,000</td>
<td>US$ 69,767,355</td>
<td>91%</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. 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 488,558 are refugees in neighbouring countries.

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