World Health Organization
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Situation report # 43
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South Sudan Emergency

Health Minister Dr. Riek Gai Kok (right) and WHO Representative Dr. Abdi Aden Mohamed tour a health facility in Rumbek. Photo: WHO/M. Moyo.

5,800,000 AFFECTED	1,910,000** DISPLACED	480,582*** REFUGEES	7,122 INJURED	1,283**** 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

3,897,919	PEOPLE REACHED*

HEALTH FACILITIES

184	DAMAGED /NOT FUNCTIONING
1,350	HEALTH FACILITIES FUNCTIONING

HEALTH ACTION

2,269,441	CONSULTATIONS*
7,122	SURGERIES
14,096	ASSISTED DELIVERIES*

VACCINATION AGAINST

927,584	POLIO*
945,619	MEASLES*

EWARN

32	SENTINEL SITES

FUNDING US$

89	% FUNDED
US$77M	REQUESTED

** Coverage since January 2014.*
*** OCHA Situation Report 5 December 2014.*
**** UNHCR portal 5 December 2014.*
***** WHO Early Warning and Surveillance Bulletin 30 November 2014.*

HIGHLIGHTS

- More than 3.4 million children under-5 years were vaccinated against polio during the National Immunisation Days (NID) in November, surpassing the 3.2 million target. Meanwhile, the final round of NIDs for 2014 took place from 2 to 5 December.
- The first round of a polio immunisation campaign targeting children under-15 years in the three conflict-affected states of Jonglei, Unity and Upper Nile began on 5 December.
- Visceral Leishmaniasis (Kala-azar) cases and deaths increased to 6,936 and 196 (CFR 2.8%) respectively during the reporting period. Partners have stepped up the response, increasing treatment sites from 15 to the current 17.
- At least 1,283 deaths have been reported at IDP camps since the crisis began. Most of the deaths reported in the PoCs in week 47 and 48 were related to HIV/AIDS and TB, reflecting the need to strengthen interventions.

Situation update

Most of South Sudan was calm, with isolated incidents of skirmishes being reported in some areas. Continued insecurity in conflict-affected areas is impeding the delivery of programmes.

Increasing unrest in Protection of Civilians (PoC) sites is also of concern. During the reporting period, about 200 youths demonstrated at Juba 3 PoC, while inter-tribal tension at Malakal PoC prompted the temporary suspension of programmes in the latter half of November, although full services have since been restored.

Fighting against the SPLA-iO by the Maban Defense Force (MDF) and SPLA was reported in Jammam, Maban County, Upper Nile State in late November. In Jonglei State, armed skirmishes were reported in Ayod County on 28 November 2014. On 27 November 2014, SPLA forces located in Canal Town, Pigi County attacked Fangak County and took control over New Fangak. The area was previously held by SPLA iO. Inhabitants of New Fangak reportedly fled either South to Old Fangak or into the West of Fangak County. Casualty figures are not known at this stage. Humanitarian partners are monitoring the situation.

An influx of internally displaced persons (IDP) has been reported from Nhialdu, Wouku, Rorkur, Nyagane, Sowenga, Nyan, Payang, Rubkwa and Bein to Bentiu town in Unity State. Humanitarian partners conducted a Rapid Needs Assessment and established that there were 1,051 people, 65 per cent of who comprised women and children.

Public health concerns

VDPV: In light of the threat posed by the two cases of circulating Vaccine Derived Polio Virus type 2 (cVDPV2) in Bentiu, Unity State an analysis by the Ministry of Health (MOH) and partners shows that over 350,000 children under-5 years risk being infected in the three conflict-affected states of Unity, Jonglei and Upper Nile. The wider risk is the high likelihood of spread into the seven safe states due to the large population movements. Evidence from other countries points to the fact that a cVDPV2 outbreak provides suitable conditions for a wide outbreak of Wild Polio Virus (WPV) if imported. The outbreak occurs because a large population of children has not been vaccinated or are under-immunised.

Cholera: Although no new cholera cases have been reported in the last two weeks, health partners remain vigilant and surveillance continues.

Meningitis: Seven suspected meningitis deaths have been reported from Chotbora Primary Health Care Centre (PHCC) in Longechuk County. Preliminary verification findings indicate the deaths occurred from 7 October to 18 November with no additional cases reported thereafter.

TB/HIV/AIDS: TB/HIV/AIDS was the most common cause of death in the internally displaced persons (IDP) camps and PoC sites, accounting for five (36%) - of the 14 deaths in week 47 and three (25%) of the 12 deaths in week 48.

Measles: Suspected measles cases continue to be reported and investigated, although the trend has been on the decline for most of 2014. The decline is attributed to a series of reactive measles vaccination campaigns conducted to contain the outbreaks in IDP camps and PoC sites. Following the recent confirmation of measles cases in Lankien and Melut, integrated measles campaigns will be conducted later in December.

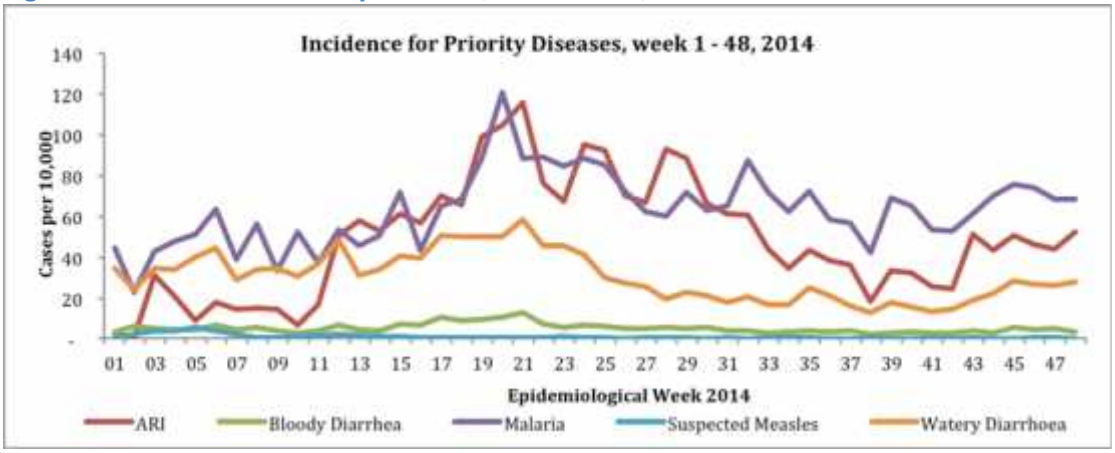
Mass causalities/Gunshot wounds: Partners anticipate an upsurge in gunshot wounds and mass casualties due to continued fighting in Jonglei, Unity and Upper Nile states. This may further strain the already fragile health facilities.

Ebola threat: No cases of Ebola Virus Disease (EVD) have been reported in South Sudan in the outbreak affecting four West African countries. However, rumours and alerts of Ebola are investigated when reported. No rumours and alerts have been reported in South Sudan since 26 October. Partners continue to support the MOH with preparedness activities, while improving response capacity in case of an outbreak. The national task force continues to meet regularly, training of key stakeholders has been undertaken and community sensitization on Ebola prevention and control continues.

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. Cases attributed to ARI are increasing as f the dry season sets in, while malaria remains the top cause of morbidity.

Figure 1: Incidence for Priority Diseases, week 1 – 48, 2014



A cumulative total of 140,792 suspected malaria cases have been reported from week 52 of 2013 up to week 48 of 2014, while 108,209 ARI and 62,524 AWD cases were recorded. Acute Bloody Diarrhea (ABD) with 10,338 cases and measles with 1,516 cases are also among the top diseases in the camps. The malaria trend has been on the decline since week 37. Since malaria remains the top case of morbidity in IDP settlements, malaria preventive interventions including the use of Long Lasting Insecticide Treated Nets (LLITN), indoor residual spraying (IRS) and prompt case management have been enhanced in all the major IDP sites.

ARI remains a leading cause of morbidity among IDPs and has registered an increasing trend since the beginning of the year. Overall, the AWD trend has been on the decline since the beginning of the year. The incidence (cases per 10,000) of AWD is higher in children under-5 years. These trends indicate that the background risk for acute watery diarrhoea is high, especially in children under-5. Diarrheal trends highlight the need for continued hygiene and sanitation promotion in all IDP camps.

Cholera Update: No new cholera cases were reported in the past two weeks. The cumulative stands at 6,421 cholera cases including 167 deaths (CFR 2.6%) from 16 counties in South Sudan.

Visceral Leishmaniasis Update: Visceral Leishmaniasis (Kala-azar) cases have been on the decline in recent weeks, a situation largely attributed to under-reporting and poor access to endemic areas due to floods and insecurity. Since the beginning of the year 6,936 Visceral Leishmaniasis (Kala-azar) cases and 196 deaths (CFR 2.8%) have been reported from 17 treatment centres. Of these 6,490 were new cases and 446 relapses or Post Kala-azar Dermal Leishmaniasis (PKDL), while 227 were defaulters. In comparison 2,828 cases and 88 deaths were reported during the same period in 2013, of which 2,616 were new cases, 212 relapses/PKDL, and 40 defaulters.

Lankien, Chuil, and Walgak are worst affected, with Lankien accounting for 4,156 of the cases, while Chuil and Walgak account for 1,194 and Walgak 622 respectively. The escalation is attributed to several factors including displacement of non-immune populations to endemic areas, malnutrition, poor housing and late detection and diagnosis of cases. Interventions are being hampered by insecurity and inaccessibility in endemic areas. WHO is supporting implementing partners with case management supplies and adequate stockpiles

have been prepositioned in endemic states. Training of health workers in Visceral Leishmaniasis case management, prevention and control is underway.

Acute Flaccid Paralysis (AFP) Update: During week 48, seven new AFP cases were reported making a cumulative of 287 cases since the beginning of 2014. The annualized non-Polio AFP (NPAFP) rate is 3.78 cases per 100,000 population children 0-14 years (target ≥2 per 100,000 children 0-14 years). All states except Jonglei, Unity and Upper Nile, have attained the targeted NPAFP rate of ≥2 per 100,000 children 0-14 years. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) is 17%, which is above the global threshold of ≥10%. Stool adequacy is 93%, a rate that is higher than the global target of ≥80%. Insecurity in the three conflict-affected states continues to hamper active surveillance.

Hepatitis E Virus (HEV) Update: No new HEV cases were reported from Mingkaman in weeks 47 and 48, hence the cumulative remains 124 cases including four deaths (CFR 3.23%). Three (75%) deaths occurred among pregnant women. Several interventions including supportive case management, targeted preventive interventions during antenatal visits, soap distribution, shock chlorination of boreholes, as well as house-to-house hygiene and sanitation promotion visits are being conducted by partners in response to the HEV trends.

Update on Mortality Rates: Since the onset of the crisis up to week 48 a total of 1,283 deaths have been reported from the IDP camps. Of note, five of the 14 deaths reported in week 47, and three of the 12 deaths reported in week 48 were attributed to TB, HIV and AIDS, reinforcing the need to strengthen the HIV services within IDP camps and PoC sites. Children under-5 years account for 613 (47.8%) of the deaths. Most of the deaths occurred in Bentiu, Tongping, Malakal, Mingkaman and Bor. The crude and under-5 mortality rates remain below the emergency thresholds.

Health needs, priorities and gaps

Lack of comprehensive HIV/AIDS services remains a challenge across the country. Partners are providing limited services and more needs to be done.

In Lakes State, inpatient feeding remains a challenge. As a result, patients without relatives close by to bring them food are reluctant to be admitted in health facilities.

In Bentiu, Unity State, the shortage of syphilis test kits still remains a great worry as one of the basic requirement of routine ANC services. Facilities have also indicated that they are running out of stock in of malaria rapid diagnostic tests (RDT).

In Mingkaman, Lakes State, a SMART survey has not been done to ascertain the actual magnitude of malnutrition in the general population including IDPs and host population. Routine screening by partners has yielded very varied levels- some very alarming.

In Upper Nile State, there is need for a Mental Health Strategy for Malakal PoC. Reported incidence of Mental Health in the present setting is 30% to 50% of total out-patient consultations. There are also concerns that there may be under-reporting of Mental Health Patients.

WHO action

Health Minister Dr. Riek Gai Kok (left) takes four tablets for preventive chemoprophylaxis. Photo: M.Moyo.

Guinea Worm Cash Reward and Onchocerciasis Programme Launch: MOH, with support from WHO and partners on 3 December, launched the Cash Reward programme for the reporting cases of Guinea Worm Disease, and the implementation of community directed treatment with ivermectib (CDTI) for Onchocerciasis (river blindness) control in Wulu County, Lakes State. Addressing the community, WHO Representative in South Sudan, Dr. Abdi Aden Mohamed commended health cluster partners for successfully reducing cases of Guinea Worm Disease from 20,581 in 2006 to 113 in 2013. This year 70 cases have been reported and

66 of them confirmed by the Centre for Disease Control (CDC) laboratory as Guinea Worm Disease. The disease is currently confined to Lakes (12 cases) and Eastern Equatoria (58 cases) states in South Sudan. He also called for community ownership and participation in the mass treatment of Onchocerciasis. "Elimination of Onchocerciasis and the eradication of Guinea Worm in South Sudan are a must and will come very soon," he said. The Minister of Health, Dr. Riek Gai Kok, commended partners for the progress made towards eradicating Guinea Worm Disease so far. He urged the public to heighten awareness and take advantage of the cash reward programme by reporting any Guinea worm cases to the MOH. Dr. Kok further encouraged the youth, women and community leaders to work with health partners in encouraging uptake of Onchocerciasis chemo-prophylaxis, which is to be taken at least once a year consistently for a minimum of 10 years reaching 100% of the endemic geographic areas and at least 80% of the population in the endemic areas to control the disease . Onchocerciasis is a parasitic disease caused by the filarial worm *Onchocerca volvulus* and is transmitted through the bites of infected blackflies of *Simulium* species. It causes a variety of conditions, including blindness, skin rashes, lesions, intense itching and skin depigmentation.


Community volunteers educate the public about Onchocerciasis. Photo: M.Moyo.

National Immunisation Days: Across the country, WHO and health cluster partners supported MOH to conduct the fourth round of National Immunisation Days (NID) from 2 to 5 December targeting 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. This will build on the recently completed third round of NIDs held in early November, which surpassed its target of 3.2 million children aged between 0 and 59 months in all 10 states. The campaign, which took place from 4 to 8 November in the seven stable states reached 3,431,592 children in the seven stable states and parts of Jonglei and Unity states. Areas reached in Jonglei were Bor South, Duk, Twic East and Pochalla, as well as Bentiu in Unity. WHO trained about 20,000 volunteers who used the house to house strategy to vaccinate children against polio.

cVDPV2: In order to interrupt the cVDPV2 outbreak three rounds of Polio campaigns are required in the three states using the Short Interval Additional Dose (SIAD) and Expanded Age group approach. WHO and UNICEF are supporting MOH by providing health cluster partners with vaccines and logistics among other requirements. An outbreak response plan will be implemented to cover 1.9 million children under 15 years in 32 counties in the three states as follows:

Table 1: cVDPV2 Outbreak Response Plan

Round	Dates
Round 1	5 – 8 December 2014
Round 2	19 - 22 December 2014
Round 3	20 - 23 January 20 15

The Lot Quality Assurance Survey conducted in Juba County, **Central Equatoria State**, to validate the quality of the recent polio NIDs result indicates 96% in IDP camps while in other places is 95%.

Distribution of treated mosquito bed nets to increase routine coverage in Jebel Primary Health Care Unit (PHCU), Nyakoron and Gurie PHCCs is ongoing. WHO continues with supportive

supervision for routine EPI and at surveillance sites in the state. On the job coaching for health facilities staff were done as part of supportive supervision.
On the job training was done at Katire and Kudo PHCC in **Eastern Equatoria State**, on IDSR and EPI and in Himodonge PHCC on EPI/PEI. WHO also conducted a supportive supervision visit to Katire PHCC and Imaili PHCU in Ikotos County. The team delivered health education to community members on cholera, AFP, measles, Guinea Worm Disease and Ebola, as well as delivered routine and NID vaccines. A supportive supervision visit was also made to Himodonge payam and NID vaccines were delivered to the PHCC.

In Bor, **Jonglei State**, WHO met with the State Minister of Health to discuss gaps in HIV/AIDS services in the PoC and the need for staff at the Bor voluntary counselling and testing (VCT) and antiretroviral therapy (ART) centre to provide the service to former HIV clients and training PoC clinic staff using UNMISS SRIMED Level 2 Hospital.
WHO also provided pentavalent vaccine training to 12 PoC clinic health workers at the IRC clinic, following the introduction of the pentavalent vaccine. Training onsite and to strengthen cold chain and vaccine management in the PoC clinic was also done. AFP active case search and IDSR activities continue. Supportive supervision of partners involved in the immunisation campaign was also done.
In Mingkaman, **Lakes State**, WHO supported the County Health Department (CHD) to verify rumours of measles deaths in Abuyong payam. A team has been constituted to visit the area for outreach and further verification of the incidences. WHO conducted a briefing of eight team supervisors for the fourth round of NIDs in Mingkaman IDP camp. Team supervision, vaccine management, recording, house and finger marking, AFP case search and the need to have clear team movement plans were emphasized.
In Bentiu, **Unity State**, a total of 19,381 children under-15 years were vaccinated in all six PoCs representing 84% of the estimated target population of 22,968, of whom 9,389 were below the age of five years. This was in response to the cVDPV2 cases during the just ended Polio Vaccination Campaign. Four enumerators have been trained to conduct the independent monitoring to evaluate the field coverage of the just ended polio campaign as part of the response to the two cVDPV2 cases reported in the state.
In light of the improving security situation in **Unity State** and in response to increasing demand for health service delivery in all the state's counties, CARE is scaling up its response in the health facilities of Rubkona and Bentiu following the rapid assessment and hence will run outreach clinics in these two sites. WHO will support with core pipeline supplies by donating 28 cartons of Ringers Lactate (1,000ml); 29 cartons of examination gloves; eight cartons of Basic Unit Kit; five boxes of local Lignocaine; 15 Assorted boxes Emergency Kits; five cartons of anti-malarials; 12 boxes of infusions; and 12 packs giving sets. The supplies are adequate for a population of 8,000 people for the next three months.

In Malakal, **Upper Nile State**, following the resumption of health services at the PoC by partners, WHO visited five clinics on 24 November to assist health cluster partners ensure a smooth recommencement and for IDSR. Follow up visits to five implementing partners on IDSR and other services including EPI and Emergency obstetric care (EmOC) were also conducted.

In Yambio, **Western Equatoria State**, WHO conducted support supervision in five health facilities to monitor the implementation of EPI and the IDSR strategy. AFP active case search and on the job training activities continue. Twelve participants were trained on management of cord prolapsed and cord presentation, while another 13 health workers received training on universal safety precautions and Infection Prevention and Control. The new HIV clinic has steadily picked up with an enrolment of 33 clients within a month. An additional 55 clients are to be initiated in the next couple of days. Assorted supplies of essential drugs, technical guidelines and medical sundries were delivered.

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 2: Support to Partners

Partner	Support	Quantity
MEDAIR/ Upper Nile State	Sodium Stibogluconate (SSG) Injection	150 vials
MSF-Holland/ Lankien/Jonglei	SSG Injection	150 vials
Nile Hope	SSG Injection	400 vials
KalaCORE/IMC/ Jonglei	SSG Injection	2,000 vials
	Ambisome	100 vials
Old Fangak/Jonglei State	SSG Injection	450 vials
	RK39 test kits	200 tests
John Dau/DUK/Jonglei	SSG Injection	50 vials
	RK39	100 tests
IOM/Renk/ Upper Nile	Basic unit (IEHK Comp)	10 kits
	IEHK Supplementary kit	1 kit
	Malaria Modula kit(IEHK comp)	3 kits
MSF-SWISS/ Abyei	Anti-Rabies vaccines	150 vials
	Snake Venom, ANTISERUM I.P.	40 vials
ARC/ Magwi/ EES	Anti-Rabies vaccines	35 vials

Resource mobilization

The Health Cluster's request of $77 million is currently funded at 89 per cent funded at $ 68,278,877 leaving a gap of $8,721,123. The $24.5m appeal by WHO for 2014 was 55.5% funded at $13,593,698 by the end of November. A proposal for $350,000 was submitted for consideration to the Central Emergency Fund (CERF) secretariat, while a $2.74m request has been submitted for consideration under the Common Humanitarian Fund (CHF) grant for 2015.

FUNDING STATUS OF APPEALS US$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Crisis Response Plan	US$24,500,000	US$13,593,698	55.5%
HEALTH SECTOR	Crisis Response Plan	US$77,000,000	US$68,278,877	89%

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 1.91 million people are internally displaced, while about 480,582 are refugees in neighbouring countries.

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