

## HIGHLIGHTS

- Conflict continues to drive South Sudanese to neighbouring Uganda in search of refuge.
- Disruptions to markets, rapid inflation and devaluation of the local currency are worsening food insecurity in Northern Bahr el Ghazal.
- Cholera, malaria and kala-azar continue to be major causes of death in the country.
- Survival kits have been distributed in hard-to-reach areas of central Unity.

## FIGURES

No. of Internally Displaced Persons	1.6 million
No. of refugees in neighboring countries (post 15 Dec 2013)	882,203
No. of food insecure people in July (IPC figures)	4.8 million

## FUNDING

**\$568 million**  
funding received in 2016

**44%**  
of appeal funding received in 2016

**\$1.29 billion**  
requirements for South Sudan 2016 Humanitarian Response Plan



High food prices are contributing to food insecurity. Photo: FAO.

## Equatorias: fighting triggers further displacement

Fighting and insecurity in Eastern, Central and Western Equatoria have continued to cause thousands to flee their homes, including to neighbouring Uganda.

Since fighting in South Sudan's capital Juba in July, nearly 103,500 people have fled to Uganda, where more refugees arrived in August (49,427) than during the first six months of 2016 (33,838). In one week alone - 27 August to 2 September - nearly 13,900 people fled to Uganda.

Of these, more than four times as many crossed via the Oraba border point, compared to Elegu, indicating that most new arrivals in Uganda are fleeing from Central Equatoria.

New arrivals to Uganda from Central Equatoria report having been harassed by armed actors and increasing violence across the area. Refugees arriving into Adjumani report that



A girl sits near her house in a neighbourhood in Yei that most families have left following insecurity and violence. Photo: OCHA/Gemma Connell.



South Sudanese refugees gather at a UNHCR collection centre at the border in Egelo, Uganda. Photo: UNHCR /Will Swanson.

the situation in Eastern Equatoria is deteriorating, particularly in Magwi, Pajok and Pageri. Refugees from Magwi report widespread looting and killing of civilians by armed men. Activities by armed actors are reportedly increasing, including looting, kidnapping, and sexual violence. In Torit, a recent assessment by humanitarian partners found that the eruption of violence in July 2016 has heightened food insecurity and been accompanied by serious protection concerns, including checkpoints, road ambushes, looting and theft of properties, occupation of schools by armed actors, and intimidation, violence and harassment.

In addition to those fleeing to Uganda, humanitarian partners estimate that tens of thousands of people remain internally displaced in the Equatorias, including in and around Mundri, Yambio and Maridi in Western Equatoria and around key flashpoints in Central Equatoria, including Lainya, Wonduruba, Lobonok and Yei.

Read more: <http://bit.ly/2cejai1>

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## Northern Bahr el Ghazal: partners scale-up response to food insecurity, malnutrition and malaria

*Humanitarian partners have reached about 336,000 people in Northern Bahr el Ghazal with food aid since August 2016.*

Disruptions to markets, rapid inflation and devaluation of the South Sudanese Pound have had a major impact on food insecurity in Northern Bahr el Ghazal, where sorghum prices in Aweil were 1,099 per cent above the five-year average in late August.

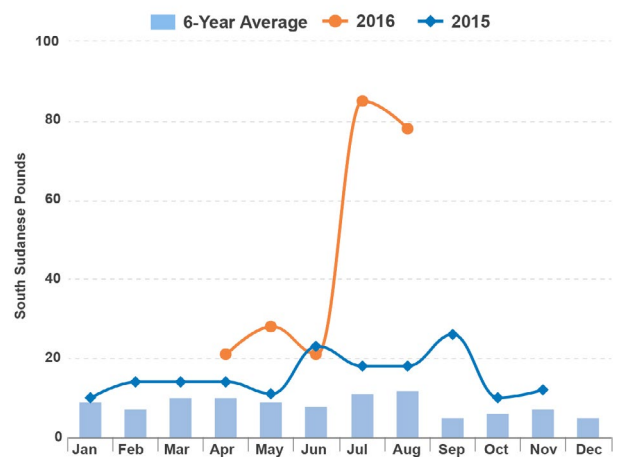
In response to rapidly escalating food insecurity, humanitarian organizations had reached about 336,000 people with life-saving food assistance by 2 September, including through airdrops in Northern Bahr el Ghazal which began in early August.

Partners are also working to prevent and treat acute malnutrition. Nearly 36,000 severely acutely malnourished (SAM) children have been treated between January and July 2016, and Supercereal Plus – a specialized food designed to prevent malnutrition – has been distributed to some 25,000 children under age 5 and 13,700 pregnant and nursing women in recent weeks.

Malaria remains a major concern in Northern Bahr el Ghazal, with 84 per cent of all consultations reported from 12 to 25 August attributed to the disease. Over 650,000 mosquito nets have been distributed over the past month, additional health staff have been deployed to support the malaria response, and malaria drugs and diagnostic tests are being pre-positioned and distributed to support case management.

In total, partners plan to respond to the immediate food and nutrition needs of some 840,000 people in Northern Bahr el Ghazal.

**Sorghum flour - 1Kg: Northern Bahr el Ghazal**



Source: Climis South Sudan

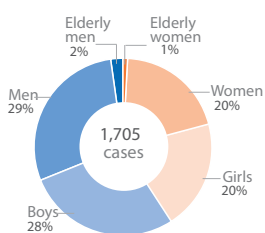
*Nearly 36,000 children with severe acute malnutrition were treated between January and July 2016.*

Read more: WFP Market Price Analysis: <http://bit.ly/2bPIUAV>; FEWSNET Alert: <http://bit.ly/2bfM6lp>; WFP Situation Report: <http://bit.ly/2ccjqw1>; UNICEF Situation Report: <http://bit.ly/2c8r0JZ>

## Disease outbreaks highlight South Sudan's health crisis

Cholera, malaria and a deadly tropical disease known as kala-azar continue to be major causes of death in South Sudan.

**Cholera cases by sex and age in South Sudan**



(MOH/WHO, Sep 2016)

### Cholera has spread to new locations but decreased in Juba

Cholera, an intestinal infection that spreads through contaminated food or water, has now been confirmed in Mingkaman internally displaced persons (IDP) settlement and Nimule – near the border with Uganda – in addition to the earlier confirmed outbreaks in Juba and Terekeka in Central Equatoria and Duk in Jonglei.

Although the number of cholera cases in Juba continues to diminish, the spread of the disease to new locations that were not affected in the 2014 or 2015 outbreaks is worrisome. A total of 1,705 cholera cases and 25 deaths have been reported by 3 September 2016, compared to 1,712 cases and 46 deaths by the same date in 2015.

Extensive efforts are ongoing, in close coordination with the Ministry of Health, to reduce cholera cases and deaths, including through active case search, testing and treatment.



*The hotline to report suspected cholera cases is 1144.*

*More than 1.3 million malaria cases reported across South Sudan so far in 2016.*

*Males are worst affected by the current kala-azar outbreak and account for 56.5 per cent of reported cases.*

Latrines and hand washing facilities have been constructed, clean water is being provided, and water purification tablets are being distributed. From January to July 2016, water, sanitation and hygiene (WASH) partners had reached over 1.5 million people with access to improved water sources. Two cholera treatment centres (CTC) are operational in Juba and 17 oral rehydration points (ORP) have been set up in Duk, Juba, Mingkaman and Nimule.

Partners are educating members of the public on how best to prevent being infected and how to report suspected cholera cases.

### **Malaria remains the highest cause of illness**

More than 1.31 million cases of malaria had been reported in South Sudan this year as of 28 August, with numbers in several locations even higher than during the unprecedented outbreak in 2015.

In recent weeks, health organizations have scaled-up their malaria prevention and response actions, including improving access to treatment through mobile clinics, distributing mosquito nets, indoor residual spraying, and using larvicide. Treatment points and opening hours at primary healthcare centres have also been increased to make services more accessible to people in need. Radio programmes promoting the use of mosquito nets to reduce malaria transmission are being aired.

### **Visceral leishmaniasis (kala-azar) outbreak**

Partners have reported an increase in the number of cases of visceral leishmaniasis, commonly known as kala-azar - Hindi for 'black fever' - a tropical, parasitic disease transmitted through bites from certain types of sand flies. Kala-azar is endemic in South Sudan in parts of Jonglei and Upper Nile.

So far this year, 1,163 cases and 42 deaths (case fatality rate of 3.6 per cent) have been reported from 18 treatment centres. The majority were from Lankien (467), followed by Old Fangak (276), Melut (68), Kurwai (64), and Ulang (42). Suspected cases have also been reported in Baliet and Adong in Upper Nile.

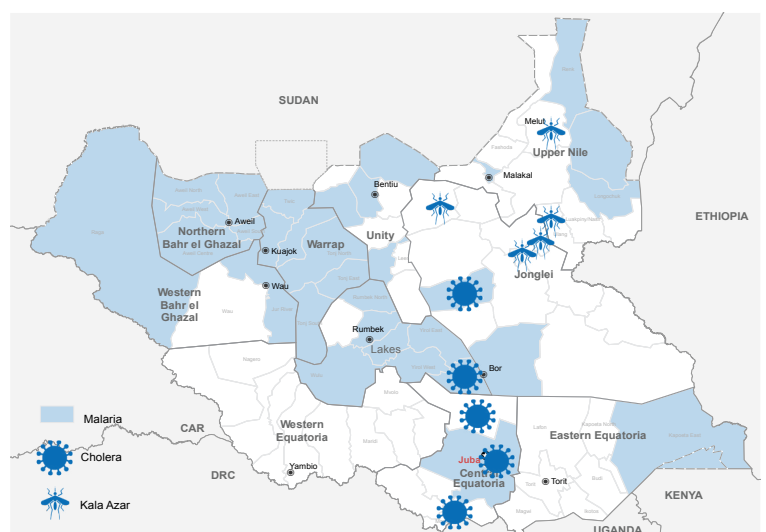
Males account for 56.5 per cent of the cases, while the worst affected age groups are 5 to 14 year olds (36.7 per cent of cases) and those aged 15 years and above (35.9 per cent of cases).

Although the overall number of cases reported to date in 2016 is lower than at the same time in 2015 (1,163 vs 2,560 respectively), since the beginning of July 2016, the numbers of weekly cases has been substantially higher than those reported during the corresponding period in 2015.

In response to the outbreak, partners have dispatched medical supplies and trained community volunteers on managing cases. Mosquito nets and other relief items are being delivered to affected areas.

As a result of insecurity and operational challenges at health facilities, there continues to be under-reporting of diseases and illness across the country.

### **Areas affected by cholera, kala-azar and malaria**



Source: MoH/WHO

## Government pledges to improve humanitarian access to people in need of aid

*Government commits to immediately improve humanitarian access, including by providing assistance in eliminating illegal checkpoints.*

The Transitional Government of National Unity (TGoNU) of South Sudan has pledged to enhance access to people in need of assistance by humanitarian actors immediately.

In a joint communiqué issued by members of the United Nations Security Council and the TGoNU, both parties agreed that the humanitarian and security needs of the people are paramount.

“The Transitional Government of National Unity commits to immediately improve humanitarian access, including by providing assistance in eliminating illegal checkpoints and by reviewing by the end of September 2016 with the UN Humanitarian Coordinator, modalities for streamlining bureaucratic processes and access to populations in need,” the communiqué said.

A delegation from the UN Security Council visited South Sudan from 2 to 4 September, during which they met with His Excellency President Salva Kiir and other Government ministers. The delegation also visited Protection of Civilians sites in Juba and Wau to meet with internally displaced people and to see for themselves the prevailing humanitarian and security conditions.

Read more: <http://bit.ly/2cp6a8k>

## Partners deliver survival kits to Unity’s displaced

Humanitarian partners have delivered 1,000 survival kits to people in Mayendit County, in central Unity, who have been displaced by intermittent fighting.

When fighting broke out in several locations in central Unity in July this year, thousands of people fled, many of whom are still sheltering in swamps and remote bushy areas in extremely difficult conditions. Their plight has been compounded by flooding, which has made it difficult for many to move to safer locations.

As a result of insecurity, aid organizations have had challenges operating in these areas, and some people have been without services for the past two months. These are the same areas which humanitarian partners had extreme challenges accessing during the major offensive carried out in Unity between April and October 2015.

A survival kit is a collection of essential, multi-sectoral life-saving items selected by partners from different clusters aiming to improve people’s ability to survive in remote locations. The survival kits distributed in the first week of September comprise mosquito nets, soap, kitchen sets, water purification sachets, high energy biscuits, oral rehydration salts and collapsible jerry cans in a bag. The kits are lightweight, making them easy to transport to the field and for displaced people to carry while on the move.

In addition to the kits already distributed, partners have prepared and pre-positioned an additional 4,000 survival kits to be used in other locations across the country as and when needs arise. The survival kit modality was created as a multi-agency and multi-sectoral initiative in 2015 in order to intervene in volatile locations where needs and protection risks are high and where humanitarian access has been impeded for long periods of time.



Survival kits being delivered for displaced people. Photo: IOM

*1,000 survival kits with vital supplies were delivered to displaced people in Unity in the first week of September.*

*Many people displaced by fighting since July are still sheltering in swamps and remote bushy areas.*

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OCHA humanitarian bulletins are available at: [www.unocha.org/south-sudan](http://www.unocha.org/south-sudan) | [www.reliefweb.int](http://www.reliefweb.int)