

HIGHLIGHTS

- Humanitarians deliver assistance to hardest-hit areas in Unity before fighting resumes.
- After three months of negotiations, humanitarian partners and supplies were able to travel by river to Wau Shiluk.
- Clashes and insecurity in Central and Western Equatoria forced thousands of civilians to flee their homes.
- If additional funding is not urgently received, aid workers will be unable to reach millions of people at risk of hunger, disease or death.

FIGURES

No. of Internally Displaced Persons 1.65 million

No. of refugees in neighboring countries (post 15 Dec 2013) 632,088

No. of severely food-insecure people 4.6 million

FUNDING

51% of appeal funding received

\$834 million total funding received

\$1.63 billion revised requirements for South Sudan 2015 Humanitarian Response Plan



A woman receives a survival kit in Buaw. Photo: WFP.

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Humanitarians deliver assistance to hardest-hit areas in Unity before fighting resumes

Humanitarian partners have worked intensively over the past two weeks to deliver life-saving assistance and protection to many areas in southern and central Unity state that had not been reached by aid workers in months.

Humanitarian partners were able to deploy a rapid response team to Koch and Buaw from 22 to 28 September, delivering food assistance and other vital supplies. Aid workers reached 13,000 people in Koch and nearly 6,800 people in Buaw with food, soap, health and nutritional supplies, vaccinations and protection activities. The team also delivered more than 4,100 survival kits, containing fishing kits, seeds, water purification tablets, mosquito nets, nutritious high-energy biscuits and kitchen utensils, which will assist more than 20,500 people. Also during September, about 29,100 vegetable and fishing kits were delivered in key locations in Unity, and partners recommenced operations in Mayendit, following a joint mission to the area.



Women receive food in Koch on 25 September 2015. Photo: WFP

On 2 October, fighting resumed in Koch and Leer, causing civilians to flee into bushes and swamps for safety. Humanitarian compounds were looted and partners were forced to relocate their staff.

Aid reaches Wau Shilluk by river for first time since June

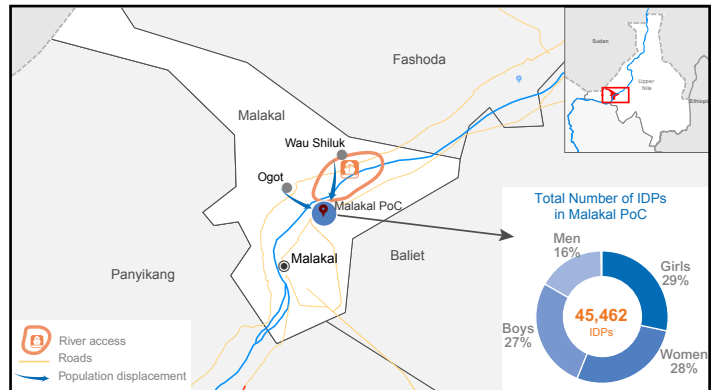
After three months of negotiations, humanitarian partners and supplies were able to travel by river from Malakal to Wau Shiluk on 1 October to deliver critical supplies to people in Wau Shilluk.

The population in Wau Shilluk is currently estimated to be around 32,400 people, including 5,000 recently displaced from Detang, Lelo and Warjock as a result of fighting. Although humanitarian partners had been unable to visit Wau Shilluk by boat since 25 June, they

did manage to reach the area by air in August, and delivered food and emergency health supplies to about 20,000 people. All water points have stopped functioning and all schools in Wau Shilluk are currently closed. Some of the teachers have fled and there are no teaching materials for the children.

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During the cross-river mission on 1 October, partners delivered urgently needed nutrition, health, water, sanitation and hygiene supplies, which will benefit the whole population. In consultation with the community on the ground, partners also took the opportunity to consider ways to re-establish existing facilities and longer-term interventions.



While the resumption of cross-river access is a positive development, civilians remain unable to move freely between the two towns and people continue to arrive from the western bank to Malakal Protection of Civilians (PoC) site, in search of protection and assistance. More than 600 people arrived since the beginning of October, the majority of whom are women and children.

Map and graphic: OCHA. Sources: OCHA and DTM

Thousands displaced in Central and Western Equatoria following clashes

Clashes and insecurity in Central and Western Equatoria in recent weeks have forced tens of thousands of civilians to flee their homes and seek refuge in safer areas.

In Central Equatoria, fighting erupted on 9 September between armed groups in Mengele, Katigiri and Wonduruba, in the western part of Juba County. During the fighting, civilians were reportedly attacked, with several people wounded and killed. Houses, property, compounds and health facilities were burnt, looted or destroyed. Food stocks were destroyed, and displaced people do not have access to farms and markets due to insecurity.

Food and nutrition are key needs for displaced people in Ganji, Bereka and Lanyia in Central Equatoria.

Thousands of people were reportedly displaced during the fighting. Humanitarian partners mobilised an Interagency Rapid Needs Assessment, which travelled to Ganji, Bereka and Lanyia from 22 to 24 September. The assessment team were told that displaced people are staying in towns with host communities and in public buildings. Others are hiding in the forests and some have fled to Juba City, where they are staying in public buildings.

Food and nutrition are key needs and overcrowding is creating hygiene and sanitation concerns. Many of the displaced are sharing sleeping materials, food, cooking utensils and water.

Interviewed by Radio Miraya, a displaced man in



Displaced people in Lanyia, Central Equatoria. Photo: IRNA

Fighting in Western Equatoria has displaced thousands of people to rural areas.

Bereka said: “The people in this *boma* gave us some flour, but we don’t have vegetables, salt, cooking utensils, a place to sleep in or something to cover the children with. There is nothing at all.”

“Since we came, we have survived on the little flour the people here gave us. We ran because of the fighting in Wonduruba center. The problem here is lack of food,” a displaced woman added.

In Western Equatoria, clashes and other incidents that took place from 15 to 17 September and from 4 October in Mundri East and West counties have displaced thousands of people to rural areas away from main towns.

In order to provide a comprehensive overview of humanitarian needs across South Sudan, the humanitarian community is in the process of developing a Humanitarian Needs Overview, which will compile all of the information available regarding the needs and vulnerabilities of affected people.

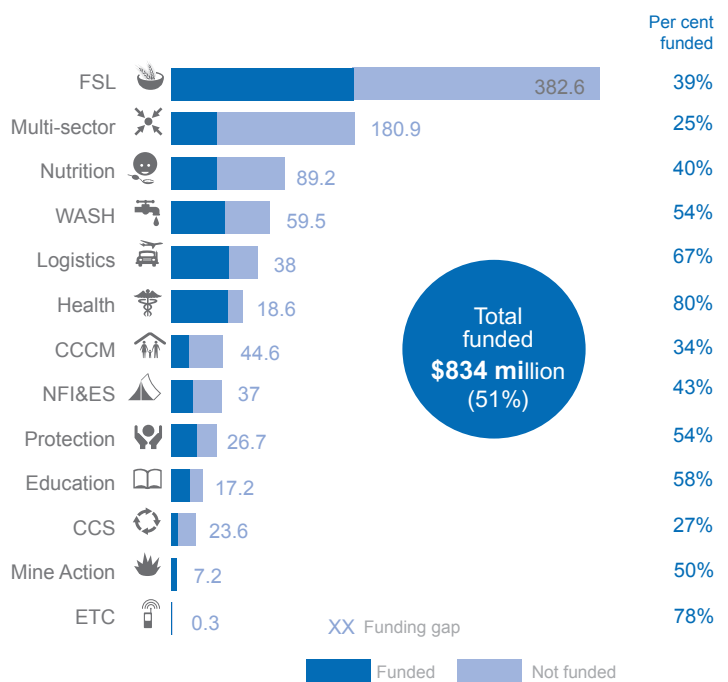
Humanitarian appeal just 51 per cent funded heading into last quarter of the year

Three quarters of the way through 2015, the South Sudan Humanitarian Response Plan is just 51 per cent funded, with US\$834 million received out of \$1.63 billion required.

If funding is not received urgently, partners will struggle to reach millions of people in South Sudan at risk of hunger, disease or death.

Humanitarian partners have maximised the impact of the funding received to date, reaching nearly three million people with life-saving assistance and protection across South Sudan. However, if additional funding is not urgently received, aid workers will be unable to reach millions of people at risk of hunger, disease or death.

Funding status by cluster (\$ million)



More information on humanitarian financing on: <https://fts.unocha.org/>

Past lessons help to reduce cholera cases in 2015

Cholera cases in the outbreak affecting Bor and Juba counties in South Sudan have declined in the past weeks, with less cases reported in September 2015 compared with the previous three months.

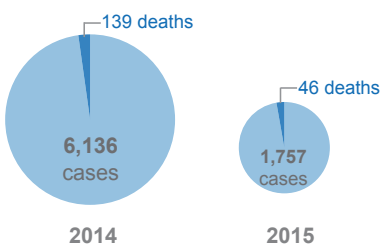
Less cholera cases and deaths have been reported so far this year compared to 2014.

The current transmission pattern indicates that the outbreak is nearly controlled. Although sporadic cases continue to be reported, there were no deaths by the last week of September 2015.

Cholera is endemic in South Sudan and the country has experienced at least five major outbreaks in 2006, 2007, 2008, 2009 and 2014. However, preparedness efforts by humanitarian partners, lessons learnt from the outbreak in 2014 and low rainfall have contributed to the late onset and early containment of the outbreak in 2015.

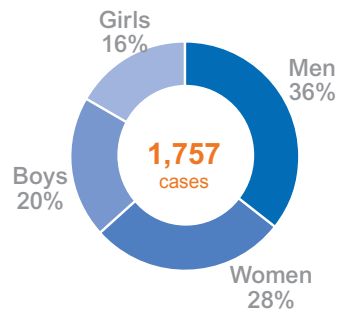
Less cases and deaths have been reported so far this year compared to 2014. By 27 September 2015, a cumulative 1,757 cholera cases and 46 deaths had been reported from two counties in two states compared to 6,136 cholera cases and 139 deaths reported in 16 counties of five states at the same time in 2014.

Comparison of cholera cases as of September 2014 and 2015



Graph: OCHA. Source: Health cluster

Cholera cases in 2015 by gender and age



Oral cholera vaccination campaigns among vulnerable communities were complemented by pre-positioning of medical and diagnostic supplies to all states across the country, the establishment of an effective surveillance system and training of health workers to ensure prevention and treatment of cases. A robust network of social moralizers and hygiene promoters, as well as effective radio messages, educated communities and provided vital information about the disease, enabling the public to recognize cases and seek early treatment.

Esterini Bonisto, a 48-year-old mother of two, was among the network of hygiene promoters trained and recruited to educate the public about cholera in 2014. A teacher by profession, Esterini committed her time to educating the community about cholera, so when she was infected in June this year, she immediately applied her knowledge and sought medical treatment.

“As I am a trained hygiene promoter, I knew it was cholera. As soon as I recognised the symptoms I called a relative who is a nurse and she immediately brought me to the hospital,” Esterini said.

Social mobilizers and hygiene promoters educated communities and provided vital information about the disease.

Still, the underlying factors that expose people to cholera need to be addressed. These include limited access to safe water coupled with poor hygiene practices, such as open defecation, low latrine coverage throughout the country and poor waste disposal systems.

Although Esterini carefully treats her water and prepares her own food, she believes she got cholera after using unchlorinated water delivered by a tanker. She is, however, confident that continued education can prevent the spread of the disease.



A nurse assists a patient at a cholera treatment centre during the recent outbreak in Juba. Photo: WHO.

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