

## HIGHLIGHTS

- A 5-day Integrated Rapid Response Mission in Baggari has been concluded.
- Conflict and insecurity throughout the lean season push some 6.1 million people into hunger.
- Health partners intensified preparedness and response activities against Ebola in the wake of the Ebola Virus outbreak in DRC.
- Authorities in Greater Aweil area have reported that more than 20,500 households have been affected by floods in the area.

## FIGURES

No. of Internally Displaced People	1.96 million
No. of refugees in neighboring countries	2.47 million
No. of people assisted in 2018 (As of 30 Sept 2018)	4.7 million

## FUNDING

**\$867 million**  
funding received in 2018\*

**51%**  
of appeal funding received in 2018

**\$1.7 billion**  
requirements for South Sudan 2018 Humanitarian Response Plan

\*According to the Financial Tracking Service (<https://fts.unocha.org>). Additional pledges have been announced but not yet recorded.



Aid worker vaccinates a pregnant woman in Farajallah, Wau County.  
Photo: UNICEF.

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## Scaling-up humanitarian response in Baggari area

On 23 August, the Humanitarian Coordinator led a high-level UN delegation to Wau, to advocate for unhindered and safe humanitarian access for aid organisations to reach people who are in desperate need. Following the visit, access to Baggari has significantly improved. From 5 to 9 September, a 5-day Integrated Rapid Response Mission (IRRM) was conducted in the Baggari area. This was a crucial moment for thousands of civilians whose lives have been at risk due to intermittent fighting, displacement and access restriction. Over the past four months they have lacked any humanitarian assistance.

During the IRRM response, 13,297 people who were hiding in the bushes around Farajallah/Baggari received a 15-day food ration, while 2,800 pregnant and lactating mothers also received nutrition supplies (CSB++). Agricultural seeds and tools, and fishing kits were distributed to 2,600 families.

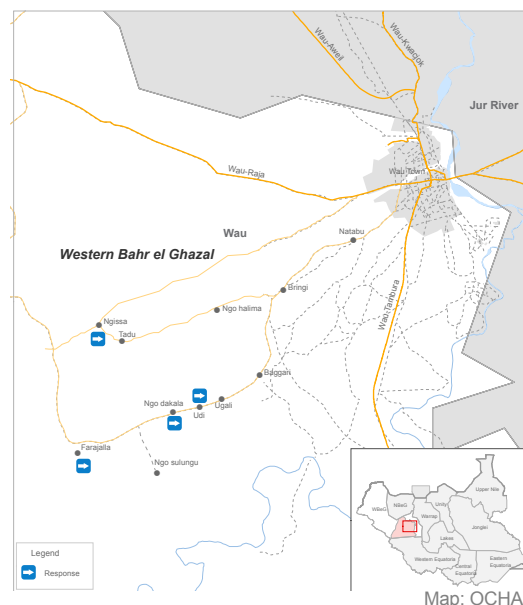
Some 1,750 highly vulnerable households received WASH and other non-food item materials including soap, water purification tablets, mosquito nets, plastic sheet and blankets. In addition, on site health and nutrition services were conducted during the IRRM mission.

Most of the affected civilian population feared to return to their homes due to presence of armed groups. The majority of the people who sought the humanitarian assistance were children and women. Aid workers who participated in the IRRM response reported that the humanitarian situation of the conflict affected people in Baggari is at an alarming point, and a sustained intervention is required to avert a worsening of the humanitarian crisis.

The health and nutrition team who participated in the IRRM response, reported that the Global acute malnutrition (GAM) rate of the children had passed the threshold of 15 per cent of the population. Compared to the GAM rate (3.3 per cent) in March 2018, this indicates how the situation of the civilians in Baggari has deteriorated over the past few months. Community leaders also reported the death of 11 civilians due to various illnesses in the period between June and August 2018. High prevalence of malaria, watery diarrhea and respiratory infection were the major causes of mortality, according to the health workers.

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### Response areas in Baggari region



## IPC: More than six million people face severe food insecurity

Conflict and insecurity throughout the lean season have pushed 6.1 million people—nearly 60 percent of the population—into extreme hunger, but indicated that the situation could improve if sustainable peace takes hold (FAO, WFP and UNICEF press release 28 September 2018).

Some 6.1 million people faced “crisis”, “emergency” or “catastrophe” levels of food insecurity (Integrated Food Security Phase Classification, (IPC) Phases 3, 4 and 5). This was at the peak of the lean season in July to August before the harvest in September, according to the IPC report released on 28 September.

The report says largescale humanitarian assistance being provided in many areas of the country was the only factor that prevented an even more devastating outcome.

In response to the report’s findings, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children’s Fund (UNICEF) and World Food Programme (WFP) called for a sustainable peace across the country, and unhindered, safe access to all people in need.

The nutrition situation remains critical in many areas affected by severe food insecurity, with some 1.2 million children under five years of age severely malnourished. Global acute malnutrition rates were over 20 per cent—above the 15 per cent emergency threshold—during the March-May period in the former counties of Renk, Nyirol, Duk, Twic East and Pibor (Greater Upper Nile region).

Increases in acute malnutrition are due to severe food insecurity, widespread conflict and displacement, poor access to services, high morbidity, extremely poor diets, and poor sanitation and hygiene.

“We know that if we can reach and treat severely malnourished children, we save lives,” said Mahimbo Mdoe, UNICEF’s Representative in South Sudan. “More than 80 percent of children treated recover, which makes it even more urgent that we are able to access those who have suffered the most as a result of the fighting.”

Of particular concern are the seven counties with people in Catastrophe (IPC phase 5) in the former states of Unity, Lakes, Jonglei, Upper Nile and Western Bahr el Ghazal.

People were trapped in renewed conflict over the past months and were at times cut off from humanitarian assistance. These include the two counties, Leer and Mayendit, in former Unity state where famine was declared in February 2017.

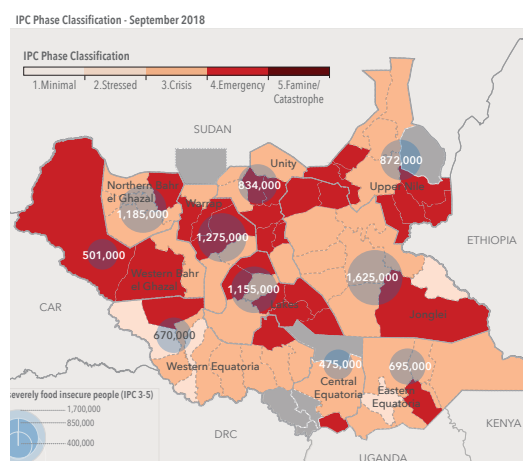
Although famine was averted by June 2017, lack of access to these areas prevents humanitarian organizations from having a clear understanding of needs now.

Here, hunger is driven by conflict-related displacement, disruption to livelihoods and markets, lack of access to social services and restricted trade due to inaccessible roads during the rainy season.

*Conflict and insecurity throughout the lean season have pushed 6.1 million people - nearly 60 percent of the population - into extreme hunger, yet the situation could improve if sustainable peace takes hold.*

*“We know that if we can reach and treat severely malnourished children, we save lives,” said Mahimbo Mdoe, UNICEF’s Representative in South Sudan.*

Food security classification (September 2018)



## Partners scale up Ebola Virus Disease (EVD) preparedness efforts

Health partners are intensifying preparedness and response activities against Ebola in the wake of the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC).

According to the World Health Organization (WHO), South Sudan is one of the four high-risk countries (Burundi, Rwanda, South Sudan, Uganda) prioritized by WHO to enhance preparedness and operational readiness, as well as the capacity to manage EVD outbreaks.

A high-level mission of the Ministry of Health, WHO, and key stakeholders visited the high-risk states of Yei River, Torit, Maridi, Gbudue, and Tambura from 31 August to 6 September 2018. This was part of the advocacy needed to engage policymakers and mobilize ample resources to support EVD preparedness and response.

The health stakeholders have activated a multi-sectoral Ebola task force to strengthen prevention, preparedness, case detection, investigation and response activities.

There is no confirmed EVD case in South Sudan, according to the Ministry of Health. Since May, isolated suspected cases which tested negative have been identified in several locations including Makpandu refugee camp, Bakiwiri, and Mundri East in Western Equatoria, Na-bari and Gumbo in Juba, Yei town in Central Equatoria, and Rumbek in Lakes.

Active case searches continue in all communities, and on formal and informal border crossing points in all the locations neighboring Uganda and the DRC.

Alert cases are isolated and blood samples are sent for testing by the National Public Health Laboratory in Juba. In parallel, samples are also sent to the Uganda Virus Research Institute for differential diagnosis.

Earlier this year, 20 health workers at national and state levels underwent an intensive training on laboratory biosafety and EVD preparedness.

This included training on the use of GeneXpert to safely test for the Zaire strain of Ebola at the National Public Health Laboratory. EVD radio messages continue to be broadcast on radio stations in all major towns in the country.

Partners are currently supporting the Government in training over 200 members of the Rapid Response Teams at the national level and in all the Ebola virus disease high-risk states.

Over 210 people from the community in Juba, Yei, Yambio and Rumbek have been trained on EVD community-based surveillance.

In addition, ten staff have been deployed to field offices to support coordination and build surveillance, treatment, and community engagement capacities.

*Over 210 rapid response teams in Juba, Yei, Yambio and Rumbek have been trained on Ebola Virus Disease (EVD) community-based surveillance and ten staff deployed to field offices to support coordination, treatment and community engagement capacities.*

Locations at high risk of Ebola in South Sudan



Map: OCHA.

## Floods affect hundreds in Greater Aweil

The authorities in Greater Aweil area have reported that more than 20,500 households (13,200 households in Lol and 7,290 households in Aweil) have been affected by floods caused by heavy rainfall in the Northern Bahr el Ghazal.

Thousands of people have been displaced while several roads have been washed away. In addition, large areas of farmlands have been destroyed. This is likely to impact on the expected harvest, which would worsen the food security situation next year. Access to some of the flood affected areas remain a challenge due to bad road conditions.

From 5 to 6 September, an inter-agency needs assessment was conducted in Aweil South to assess the severity of the humanitarian situation and number of people affected. Farms were destroyed and nearly 230 boreholes damaged, some health facilities and schools have also been damaged.

Some of the main roads connecting Raja town to other locations including Bor-Madina and Katta, in Northern Bahr el Ghazal are cut off, and there are concerns of disease outbreaks.

The authorities have called upon humanitarians to respond to the situation and are working to verify the needs. Hygiene promotion, community sanitization and distribution of water purification tablets targeting more than 7,600 households are ongoing in Aweil and Lol states. The team could not assess Kongder County due to inaccessibility because of the floods.

Partners have reported increased malaria cases due to heavy rains in Aweil South County. As of 30 September, malaria remains the main cause of morbidity and accounts for 70 per cent of total consultations at a health facility in Aweil South.

In Aweil town, partners have opened a malaria testing and treatment tent for children under the age of 15 years in Aweil hospital, to decongest the hospital. In Aweil hospital, out of the 2,530 children screened for malaria in a week, some 2,220 were found positive. Partners' have scaled up response in all counties of Northern Bahr el Ghazal to contain the spread of the disease.

Partners continue to report violence against aid workers in the area, which poses threats to the continuity of the response. On 31 August, an NGO vehicle carrying three national staff members was stopped by national security officers in Raja town. The staff members were ordered out of the vehicle, physically assaulted and threatened. Cash was taken before they were released.



A tukul destroyed by floods in Malual East Payam, Northern Bahr el Ghazal. Photo: OCHA

*More than 20,500 households (13,200 households in Lol and 7,290 in Aweil) have been affected by floods caused by heavy rainfall in the former Northern Bahr el Ghazal State.*

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