

## \$1.8bn

Crisis Response Plan Requirements.

(FTS.org, 30 September 2014)

## 61%

Funding received against requirements in the CRP.

(FTS.org, 2 October 2014)

## 2.2 million

People currently at emergency or crisis levels of food insecurity

(IPC, September 2014)

## 3.8 million

People targeted by projects in the Crisis Response Plan in 2014.

(OCHA)

## 3.1 million

People provided with humanitarian assistance since the start of the crisis.

(OCHA, 30 September 2014)



A displaced older boy feeds a younger one, at a Protection of Civilians site in Wau. (Credit: © UNICEF/Nesbitt)

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## Highlights

- Even as harvest season begins, 2.2 million people face emergency or crisis levels of food insecurity. By the end of the harvest, this figure is expected to be 1.5 million.
- Humanitarian partners have begun planning for the dry season, a key window of opportunity to pre-position relief supplies in remote areas.
- Kala-azar, a disease endemic to South Sudan, is on the rise.
- The Common Humanitarian Fund has supported improvements in Bentiu PoC site.

## 1.5 million people projected to be severely food insecure by the end of the harvest

Results of the latest Integrated Phase Classification (IPC) analysis show that, in line with seasonal trends as the harvest begins, food security in the some areas of South Sudan has improved slightly, though the situation is still poor compared to past harvest seasons.

Nine months of conflict have shaken South Sudan. Tens of thousands of men, women and children have died and millions more are threatened by violence, hunger, malnutrition and disease. Some 1.35 million people have been displaced by the conflict inside South Sudan; another 450,000 have fled to neighboring countries.

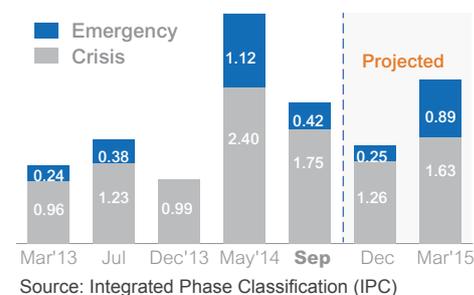
The IPC analysis, a collaborative undertaking with government line ministries and humanitarian agencies, found that as of September, 2.2 million people are in crisis or emergency phases of food insecurity. Though humanitarian assistance had helped to pull the most vulnerable from the brink of famine, this progress is fragile and temporary. Even at the end of the harvest season, when severe food insecurity should be nearly nonexistent, the analysis predicts some 1.5 million people will be at crisis or emergency levels of food insecurity.

The rural economy is dependent on safe movement between the bigger cities of Greater Upper Nile including Bentiu, Malakal, and Renk. Because of fighting and displacement, markets in this area have mostly collapsed, farmers have planted less, and existing food stocks are under increased pressure in communities hosting displaced people.

In addition, the malnutrition situation remains dire for thousand of children throughout the country. The severe malnutrition situation has not improved with the harvest; and overall global acute malnutrition rates are likely to remain above the emergency threshold (GAM>15 per cent) in many areas.

### IPC Food Insecurity Trend

March 2013 - March 2015



*The dry season is a key window of opportunity to reach remote parts of the country by road.*

*Pre-positioning of relief supplies in field hubs during the dry season is a central pillar of the aid strategy in South Sudan.*

*\$366 million is needed now to prepare for the 2015 aid operation, including by upgrading infrastructure.*

*Kala-azar is spiking in Lankien, Jonglei State.*

## Dry season planning begins

With the rainy season coming to an end in November, aid organizations have begun preparations to make the most of the dry season – the key window of opportunity to reach remote parts of the country by road and to set up infrastructure that will support aid operations for the rest of the year.

Every year, rains cut off about 60 per cent of roads in South Sudan, forcing aid agencies to rely on river transport and expensive airlifts to move supplies to people in need.

In some states, such as heavily conflict-affected Jonglei, up to 90 per cent of roads become impassable.

To overcome this constraint a key feature of the aid strategy has in past years been to use the dry season to pre-position supplies in strategically located field hubs for distribution during the rainy season. This November-May period also provides a window to repair roads, airstrips and ports required to effectively transport assistance.

For the coming dry months, logistics partners have identified 13 stretches of road and 12 airstrips that need repairs to allow aid convoys to transport relief supplies to remote parts of the country. They are also planning to increase storage capacity by building 20 mobile storage units in eight locations, that different agencies can use for pre-positioning of stock.

The total financial requirements to prepare for the dry season come to \$366 million, including \$149 million to upgrade infrastructure in time for next May's rains. For pre-positioning, aid organizations are calling for \$217 million as soon as possible to procure and transport supplies to field hubs.

### \$366M REQUIRED TO PREPARE FOR 2015

Cluster	Required
 Food security and livelihoods supplies	\$164m
 Logistics (dry season infrastructure upgrades)	\$149m
 Nutrition supplies	\$21m
 Water, sanitation and hygiene supplies	\$12m
 Health supplies	\$9m
 Emergency shelter supplies & non-food items	\$7m
 Education supplies	\$4m

Source: Humanitarian Clusters.

## Kala-azar disease on the rise

Kala-azar, (visceral leishmaniasis) a disease endemic to South Sudan, is on the rise this year. The disease is a parasitic infection caused by the bite of the sand fly.

The infection affects the liver and spleen and is characterized by fever and sometimes anaemia. If untreated, its fatality rate can be as high as 100 per cent. As of 2 October, there were 4,624 cumulative cases, over half of which were in Lankien, Jonglei State. This was more than in the same period in previous years - there were 1,614 cases cumulative cases by the same week in 2013.

The uptick in kala-azar cases is attributed to many factors: the displacement of non-immune populations to endemic areas, malnutrition making people more susceptible to disease, and poor access to healthcare slowing the detection and identification of cases.

A treatment center in Lankien, Jonglei State, has recorded 50 per cent of all new cases. Earlier this month, the Humanitarian Country Team visited Lankien. The visit demonstrated the many ways conflict affects people's lives. Food security is threatened by limited harvests, livestock diseases, and isolation from markets.

*Food insecurity makes people more vulnerable to disease.*

In a vicious cycle, conflict disrupts livelihoods, thus causing food insecurity. The poor food security and poor nutrition make people more vulnerable to disease, including kala-azar.

Parts of the greater Upper Nile region suffered a devastating kala-azar outbreak from 1984 to 1994. Some studies estimate as many 100,000 people died, and many villages lost as much as half of their population. For more information on the disease globally and its history in South Sudan, see <http://www.who.int/leishmaniasis/en/>.

The disease requires a painful and expensive multi-day course of treatment, although improved treatment protocols have reduced the course from 30 days to 17. Partner organizations are working hard to respond with healthcare, water and sanitation support, as well as bed nets to help control vectors.

However, sustained support is needed in Lankien - and many isolated areas like it throughout the country - where communities' resources are stressed to the limit.

## CHF supports improvement in Bentiu Protection of Civilians Site

*A rapid disbursement of funds from the CHF has helped partners in Bentiu reduce flood water levels and improve living conditions.*



A woman carrying firewood makes her way through floodwater at the Bentiu Protection of Civilians (PoC) site. (Credit: © UNICEF/Nesbitt)

The South Sudan Common Humanitarian Fund has disbursed \$451,000 to support partners to improve water, sanitation and hygiene (WASH) and to provide education in emergency services for children and young people living in Bentiu PoC site.

Conditions in the site, where thousands of people have fled seeking protection, were dire, particularly in July and August following heavy rains.

*Provision of water and sanitation in the Bentiu PoC remains below minimum emergency standards, due to overcrowding in the site.*

While the population has yet to be biometrically registered, over 40,000 people are estimated to be sheltering there, and it is the largest PoC site in terms of population in South Sudan.

As of 26 September, 2014 Bentiu PoC had about 10.8 litres of water per person per day available, and sanitation coverage has improved to 1 latrine for every 76 people, compared to 1 latrine for every 116 people in August. Currently, an additional 278 latrines were needed to meet emergency standard coverage.

Teams were on the ground to increase the rate of latrine construction, with two engineers deployed on the ground to address floodwaters.

Education partners are also improving access to school for the 4,000 school-age children sheltering inside the Bentiu POC site, by ensuring that learning facilities in the site remain accessible and suitable places for learning and early child development activities.

This report was prepared by the OCHA South Sudan office in collaboration with humanitarian partners. For inputs to the next edition or questions/comments on the current issue, please contact: Jennifer Paton at [patonj@un.org](mailto:patonj@un.org)

## High-level event highlights South Sudan

At a South Sudan-focused event on the margins of the United Nations General Assembly in New York, the Under-Secretary-General for Humanitarian Affairs announced an additional US \$60 million from the Central Emergency Response Fund would be allocated to further support humanitarian response.

This came on top of donors' announcement of new funding against the appeal amounting to some \$106.5 million.

So far in 2014, donors have contributed close to \$1.29 billion for humanitarian action in response to the crisis in South Sudan, including \$1.1 billion for projects in the South Sudan Crisis Response Plan.

Without further resources, the response cannot maintain momentum or expand further. Close to one million people with acute needs have not yet received any assistance. Many more have only had their needs partially addressed. Mobilizing more resources for aid until December remains crucial.