

HIGHLIGHTS

- Kala-azar has killed at least 52 people and sickened 2,447 so far in 2017.
- Depreciation of the local currency, rising cereal prices and shortages of imported commodities in local markets are affecting the food security and increasing vulnerability.
- Humanitarian organizations continue to experience difficulties accessing many locations in Greater Equatoria region affected by insecurity and conflict.
- Health partners have stepped up efforts to stop South Sudan's cholera outbreak, with the current rate of new cases suggesting that it is further slowing down.

FIGURES

No. of Internally Displaced People	1.88 million
No. of refugees in neighboring countries	2.1 million
No. of people reached with assistance (Aug 2017)	4.7 million

FUNDING

\$1.2 billion
funding received in 2017*

70.6%
of appeal funding received in 2017

\$1.6 billion
requirements for South Sudan 2017 Humanitarian Response Plan

*According to the Financial Tracking Service (<https://fts.unocha.org>).



A child sits under a mosquito net at dawn in Buaw village in Koch County. Photo: UNICEF/ Hatcher-Moore.

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Kala-azar resurges, partners scale up response

A deadly tropical disease, kala-azar has killed at least 52 people and sickened 2,447 in South Sudan so far in 2017, according to health partners who warn that many more were likely to be infected.

The parasitic kala-azar disease, which peaks between September to December, is almost always fatal if untreated and can kill those with weak immune systems within weeks, according to health experts. By this time last year, 3,079 cases and 79 deaths were reported showing a significant reduction in both cases and deaths.

On 8 October 2017, the authorities in Malakal reported an upsurge in cases of kala-azar in Baliyet County and called on health partners to scale up response in affected areas.

The majority of cases in 2017 have been reported from Lankien (907), Old Fangak (733), Kurwai (201), Walgak (122), Chuil (103), Malakal (96), Pagil (62) and Bunj (45). According to aid agencies, the disease was more prevalent among adults, but it also occurred among children.

Efforts to contain the disease include training of health workers in case management, laboratory diagnosis, conducting surveillance in the affected areas, and stocking ample supplies of diagnostics and medicines at all designated treatment centres.

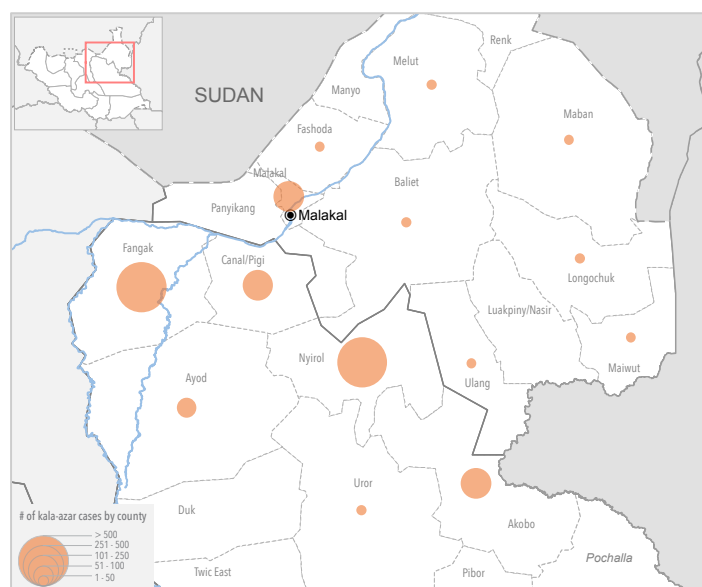
In an attempt to decrease vector-human contact, partners are also employing a multi-sectoral approach to prevent the spread of kala-azar in affected areas. From 21 to 22 September, aid agencies conducted a response mission to Canal/Pigi County in Jonglei.

The team conducted health consultations, nutrition assessment and distribution of high-energy biscuits. The response team also distributed mosquito nets to all children and women and conducted awareness on usage.

In Uror, in October, partners assessed the abandoned health care unit in Yuai, and delivered essential drugs to the health facility, where thousands of people were reported to have returned in recent days.

In Malakal, on 5 October, partners conducted training

Kala-azar affected counties



Source: WHO. Map: OCHA.

High malnutrition rate, food insecurity, poor housing and environmental change favouring sandflies escalates spread of kala-azar.

in infectious disease control and waste management, targeting participants from private clinics and drug stores in the Malakal town and Protection of Civilians site.

High malnutrition rate, food insecurity, poor housing and environmental change favouring sandflies that spread kala-azar further escalate the problem. Despite the response efforts, the ongoing conflict and insecurity in most affected areas is preventing patients from seeking medical care services.

Economic crisis forces households to eat less

South Sudan's soaring food prices, a devaluing currency and chronic food shortages are leaving many families struggling to put meals on the table. According to the latest market price analysis, the macroeconomic crisis and hyperinflation continue to dwindle households' purchasing power, leaving many more people hungry, in a country where 6 million people were food insecure at the peak of the lean season.

According to an analysis by food security partners published in October, depreciation of the local currency, rising cereal prices and shortages of imported commodities in local markets are affecting the food security of households and increasing vulnerability. The monthly consumer price index rose by 9.9 per cent from July to August 2017.

In August, the year-on-year inflation rate in South Sudan reached 165 per cent following the persistent rise in food prices, and the average exchange rate was 165 South Sudanese pound (SSP) per US dollar in the Juba parallel market, while the official rate was 118 SSP. Thus the parallel market exchange rate stood at 39.4 per cent above the official rate, reaching the highest divergence since 2016.

According to the Vulnerability Assessment and Mapping (VAM) conducted by food security partners on 247 households in 22 counties, families in the counties of Torit, Bor South and Yambio, and in Munuki area in Juba town have a high prevalence of inadequate food consumption. Over 50 per cent of households reported poor or borderline consumption.

Except in Bor South, households were resorting frequently to negative coping strategies to meet their basic food needs, according to the findings. Overall, surveyed households are mostly relying on starches and vegetables to meet their daily food needs. Proteins and pulses were consumed once or twice a week by 60 per cent of households, with more than 75 per cent reported consuming no fruit or dairy products at all.

Ninety-six per cent of respondents said they had used at least one food-based coping strategy in the seven days before the survey. The coping strategies most frequently used by 86 per cent of households were eating less preferred food and reducing the number of meals eaten in a day.

Thirty-six per cent of the respondents had sold productive assets, such as animals, seed or land and 24 per cent had spent savings to cope with a lack of food or money to buy food over the previous 30 days.

Read more: *South Sudan Market Price Monitoring Bulletin* -- <http://bit.ly/2zSbj11>; *mVAM bulletin* -- <http://bit.ly/2yOuFtE>

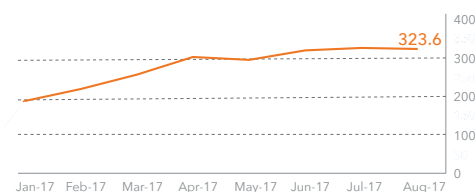
Depreciation of the local currency, coupled with rising cereal prices and shortages of imported commodities in local markets are affecting the food security and increasing vulnerability.

Over 50 per cent of households reported poor or borderline consumption in Munuki (Juba), Torit, Bor South and Yambio.

Exchange rate (USD to SSP)



Price of staple food (SSP)



Data: VAM/WFP. Graphics: OCHA

Equatorias: Access remains a challenge in face of high humanitarian needs

Humanitarian organizations continue to experience difficulties accessing many locations in Greater Equatoria region affected by insecurity and conflict. On 13 October, an inter-agency assessment and response mission to Lasu payam in Yei County, Central Equatoria, was blocked by security officials. The mission had been planned following reports of high humanitarian needs.

Agencies had already obtained from both parties to the conflict. Nevertheless, security officials prevented the mission from leaving Yei. The mission was postponed as partners continued to advocate for unhindered humanitarian access to people in need of assistance.

Partners say thousands of people displaced by conflict are in a dire humanitarian state in Lasu payam. A recent visit by the government's humanitarian arm, the Relief and Rehabilitation Commission (RRC) from Yei to Morobo County, reported that the humanitarian situation was grim. Morobo town is reportedly destroyed by the recent fighting, with homes looted and burnt, and the only government hospital in the area vandalized.

Priority needs of the people include food, health care, education and emergency shelter. Humanitarians are still assessing whether Kaya road is safe to travel on. Other routes are impassable due to failed or blocked roads.

In Kajo-Keji, heightened tensions have been reported around Liwolo, where more than 17,300 internally displaced people (IDP) are sheltering. Fearing imminent fighting, some people are reportedly fleeing the IDP camps including NGO staff members. Humanitarian access to the IDPs has been a challenge for many months.

In Eastern Equatoria, about 1,700 displaced people have been reported in Pajok, Magwi County, compared to initial estimates of over 40,000 people before the conflict. Access to food remains a major concern with food crops allegedly harvested by armed elements. Pajok is reported to be highly militarized with high protection concerns. Partners are planning needs assessment and response missions to Magwi, Pajok and Pogee in early November. Access negotiations with local authorities are underway.

Despite the challenging operating environment, humanitarian partners continue to respond to the needs of conflict-affected people in some areas across the Greater Equatoria region. Following a rapid needs assessment, an inter-agency team has assisted displaced people in Lainya County and Wonduruba in Juba County, Central Equatoria. During the response mission, which took place from 3 to 10 October, about 19,000 people were reached with humanitarian assistance including basic household items, water, sanitation and hygiene, food security and livelihood support.

In Yei town, more than 300 IDPs received plastic sheeting for housing, vegetable seeds, jerry cans, soap, water purification tablets and mosquito nets. Children under age 5 received high energy biscuits. Primary school children received school bags, and scholastic materials and the kindergarten received recreational equipment and early child development kits.

Health response helps to curb South Sudan's worst cholera outbreak

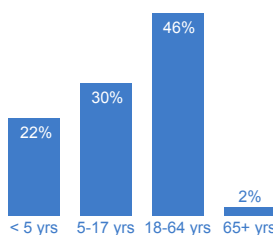
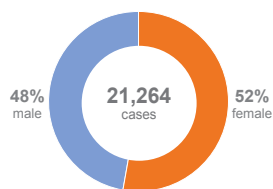
Health partners have stepped up efforts to stop South Sudan's most prolonged and deadly cholera outbreak, with the current rate of new cases suggesting that it is further slowing down.

As of 22 October, 21,264 cases and 436 deaths have been recorded since the start of the outbreak in June 2016. This represents a case fatality rate (CFR) of 1.84 per cent.

Heightened tensions have been reported around Liwolo, Kajo-Keji, where more than 17,300 IDPs are sheltering.

Despite the challenging operating environment, humanitarian partners continue to respond to the needs of conflict-affected people across the Greater Equatoria region.

Cholera cases by sex and age (2016-2017)



Source: WHO.

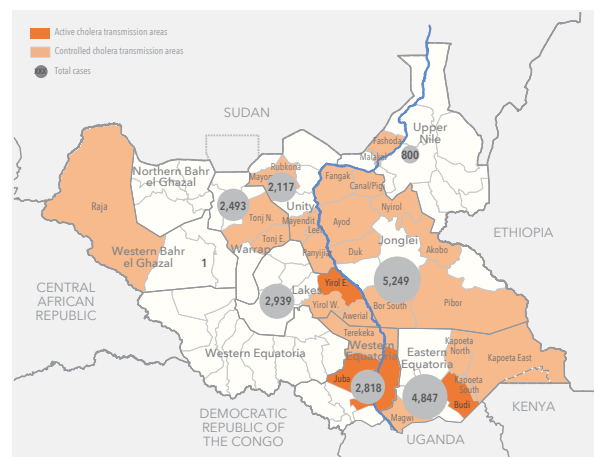
The hotline to report suspected cholera cases is 1144.



Efforts continue to trace the families of the more than 10,000 children still separated from their family or caregivers.

Over 16 months into the outbreak, health experts say cholera transmission has continued to decline across the country, with only three counties, Juba (Central Equatoria), Budi (Eastern Equatoria) and Fangak (Jonglei), reporting active transmission in the last four weeks. Health and Water, Sanitation and Hygiene (WASH) partners continue to scale up cholera prevention and response activities in the affected and high-risk areas, including vaccination and sensitization campaigns.

Cholera outbreak (2016-2017)



Source: WHO. Map: OCHA.

Cholera was confirmed in Fangak County on 4 October 2017. The new cases came after brief respite from nearly a year of continuous cholera transmission, during which 261 cholera cases and 16 deaths were reported.

Although Budi is currently one of the counties hardest hit, access to affected areas is limited due to the ongoing rains. As a result, response activities and data transmission have been constrained. Cumulatively, 703 cases including 79 deaths (CFR 9.2 per cent) have been reported in Budi County since 28 July 2017, when initial transmission occurred among gold miners in Ngauro.

The most affected counties include Ayod, Tonj East, Yirol East, Fashoda, Kapoeta East and Kapoeta South. In general, cholera case fatality rates have been highest in counties with poor access to health care, especially in islands and cattle camp communities.

Cholera, an extremely virulent disease, is driven by contamination of water sources, population displacement and poor access to health services.

Cholera outbreaks have been confirmed every year since the onset of the South Sudan crisis in 2013. However, the 2016-2017 outbreak is the longest and largest in magnitude and geographical spread. Due to the protracted crisis, displacement, insecurity, and declining investment in WASH, access to safe drinking water and sanitation facilities has declined significantly.

5,000 children reunited with their families

Since conflict broke out in South Sudan in 2013, child protection partners have successfully reunited more than 5,000 children with their families.

“Keeping families together is the best way to ensure that children are protected, which is why the family tracing and reunification process for unaccompanied children is so important,” said UNICEF Country Representative Mahimbo Mdoe in a press statement. “Children rely on their family for a sense of stability, protection and support, and that’s even more imperative in times of conflict,” he added.

The 5,000th child to be reunited with his family was a 17-year-old boy, who had fled Tombura in Western Equatoria and sought refuge in Wau, Western Bahr el Ghazal. The boy had been separated from his mother for almost four years.

A total of 16,055 unaccompanied and separated children have been registered in South Sudan. Efforts continue to trace the families of the more than 10,000 children still separated from their family or caregivers, so that they too can be reunited.

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OCHA humanitarian bulletins are available at: www.reliefweb.int