

30 July – 5 August 2012

HIGHLIGHTS

- New epidemiological data from two refugee camps in Unity and Upper Nile states show mortality and malnutrition rates soaring above emergency thresholds.
- Seasonal rains increasingly hamper humanitarian access to disaster-affected people.
- Health facilities across South Sudan report an upsurge of malaria with high case fatality rate in the first seven months of 2012.

2012 FIGURES

Conflict incidents	193
Number of people newly displaced	164,331

Source: OCHA based on reports from local authorities and assessment teams. Figures as of 31 July 2012.

BASELINE

Population (NBS)	8.26 million
GDP per capita (SSNBS)	\$1,546
% pop living on less than \$1.25 per day (UNDP)	51%
Life expectancy (Health Survey 2006)	42 years
Under-five mortality (MoH)	135/1,000
<5 global acute malnutrition rate (SSNBS)	18.1%
Literacy rate (SSNBS)	28%



Women walk to collect water in Yusuf Batil camp in Upper Nile State. (IOM)

In this issue

- Situation overview P.1
- Humanitarian updates P.1
- Refugee updates P.3
- Returns to South Sudan P.3

Situation overview

Humanitarian organizations are working to meet emergency needs of over 165,000 Sudanese refugees in Upper Nile and Unity states. New epidemiological data from two refugee camps in Unity and Upper Nile states show mortality and malnutrition rates above emergency thresholds, according to MSF. The main causes of morbidity among refugees are watery diarrhoea, upper tract respiratory infections and malnutrition. With the rainy season progressing, aid workers are increasingly faced with difficult logistics conditions, amid reports of heavy seasonal rains across the country requiring rapid assessments to determine the impact of the heavy rains and any humanitarian needs.

In a positive development, the African Union High-level Implementation Panel announced that Sudan and South Sudan reached a deal on oil transit fees on 4 August. The United Nations Secretary-General in a statement welcomed the deal reached by the Governments of Sudan and South Sudan on oil and financial arrangements, calling it an important milestone for building good neighbourly relations between the two states. The Secretary-General urged the Sudanese and South Sudanese leaders to muster the necessary political will to resolve all outstanding issues.

Humanitarian challenges, needs and response

Seasonal rains adds to access constraints

Reports of heavy rains and seasonal flooding are becoming more frequent as the rainy season – which spans from around May to November – progresses. The Relief and Rehabilitation Commission in Jonglei on 1 August reported that thousands of people could be affected by floods in Panarou, Duk Padiet and Duk Payuel in Duk County and Motot payam in Uror County. A three day assessment to verify the numbers affected, and any need of humanitarian assistance, will be conducted in the coming week. In Unity, rains have rendered road access to many areas in the northern part of the state inaccessible, including areas hosting tens of thousands of refugees. A field team visited Abiemnom County to get an overview of the current humanitarian situation following reports of damages caused by heavy rain. The general findings indicate that some areas require humanitarian assistance, mainly education, health, and water, sanitation and hygiene services. Humanitarian workers are also following up on reports of the impact of heavy rains in other areas of Unity and other states, including Upper Nile and Northern Bahr el Ghazal.

Agricultural support underway to Abyei returnees and displaced people

Humanitarian organizations continue to deliver assistance across sectors to people displaced from Abyei in the Agok area, Warrap State and other locations in South Sudan, as well as those who have returned to Abyei. Following a rapid assessment done by the Food Security and Livelihoods Cluster in the Agok and Abyei area in late July, distribution of seeds and tools for Abyei returnees and displaced started on 2 August. The distribution

targets 14,000 households in the area and includes 140MT of short term seed varieties, 28,000 pieces of maloda (a local tool for weeding), and 4,000 pieces of sickles. Distribution will take place both north and south of the Bahr el Arab/River Kiir.

Upsurge of malaria cases requires concerted response

In the first seven months of 2012, health facilities have recorded an increase of malaria with high case fatality rate, according to the Health Cluster. The cluster reports that one of the contributing factors to the increase is the increased population movements including returnees, refugees and internal displaced people. A total of 565,505 malaria cases (incidence rate 6,846 per 100,000 people) and 651 related deaths (case fatality rate 0.1 per cent) were recorded between January and July 2012 compared to 446,858 cases in the same period in 2011. In 2012, the malaria attack rate (the number of new people infected or exposed) and case fatality rate are the highest in the past four years, according to health partners. Some counties reporting high malaria cases in the past seven months include Juba, Terekeka and Kajo-Keji in Central Equatoria, Maban and Malakal in Upper Nile, Wau in Western Bahr el Ghazal and Rumbek East in Lakes.

In response to the upsurge, the Ministry of Health, together with partner organizations, has mounted a concerted response focused on scaling up malaria prevention, diagnosis and treatment interventions – especially for pregnant women and children under five years. In the past seven months, severe shortages of anti-malaria drugs have been reported in health facilities across the country, and health partners have responded by procuring over 1 million anti-malaria doses to the Ministry of Health for distribution. Some health facilities have already received the anti-malaria drugs, but many facilities are still lacking the life saving drugs due to logistics difficulties of distributing the drugs to the target facilities.

Malaria is highly endemic in South Sudan, and it is aggravated by the rainy season, increased population movement and a poor health system. Malaria is leading cause of morbidity and mortality among young children and pregnant women, and the most frequently reported disease from health facilities through the weekly and monthly surveillance reports.

Refugee updates

Survey results indicate high malnutrition rates in Upper Nile camp

Preliminary results of an MSF survey in the Yusuf Batil camp, which hosts many new refugee arrivals, show the global malnutrition rate among children at 27.7 per cent, and the rate of severe acute malnutrition at 10.1 per cent – five times above the emergency threshold. About 44 per cent of children under the age of two were found to be malnourished, 18 per cent of them with severe acute malnutrition. The full break-down and analysis of the survey is still pending.

To address the situation in the refugee camps, decentralized health structures and mobile clinics have been established in all sites and water, sanitation and hygiene services are being scaled up including outreach activities, according to the UN Refugee Agency, UNHCR. Health surveillance systems have also been put in place with regular samples sent to Nairobi for analysis. The blanket feeding programme has been expanded to children from six months up to five years instead of the previous six months to three years. A blanket distribution was completed in Yusuf Batil this week and will be followed by a targeted supplementary feeding programme for malnourished children and pregnant and lactating women.

Over 1 million anti-malaria doses have been procured to help respond to an upsurge of malaria cases between January and July 2012

REFUGEES

Numbers in Upper Nile

Doro	41,784
Jamman	25,176
Yusuf Batil	34,112
Gendrassa	4,484
Total	105,559

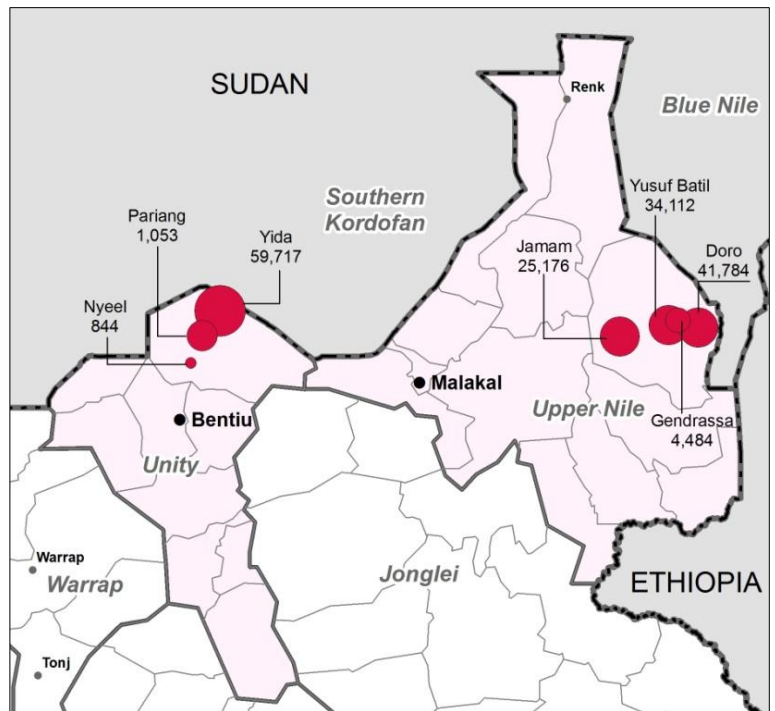
Numbers in Unity

Yida	59,717
Pariang	1,053
Nyeel	844
Total	60,223

Source: UNHCR, figures as of 5 August 2012

Refugee partners continue to scale up humanitarian assistance in refugee camps in Upper Nile and Unity states to meet increasing needs among refugees.

In the Yida refugee site in Unity State, which hosts close to 60,000 people, the rapid population growth has put pressure on already overstretched sanitation, water and health services. The main challenge is to scale up the number of latrines and boreholes to match the pace of arrival according to UNHCR. The agency reports diarrhoea as the main cause of morbidity among refugees, particularly children under five years of age. New epidemiological data of mortality at the Yida camp, released by MSF this week, shows four deaths per 10,000 people per day for children under five years old for the period between 1 June and 6 July. This is double the emergency threshold and indicates an average of at least five children dying each day over the period, most from diarrhea and severe infections.



Refugee influx from Sudan's Southern Kordofan and Blue Nile states into South Sudan.

Consolidated Appeal FUNDING

1.2 billion
requested (US\$)

574 million
received (US\$)

50% funded

Source: FTS

Aid workers are scaling up to meet increasing needs among refugees

In response to escalating needs, health partners have increased outreach programmes and MSF has opened three more out-patient therapeutic feeding centres. The airlift of essential household items continues to the site, as roads have been rendered inaccessible by seasonal rains. Since the rapid influx of new arrivals in April-May, 5,600 plastic sheets, 18,100 jerry cans, 15,200 blankets, 14,700 mosquito nets, 12,000 buckets, 13,000 sleeping mats and 3,000 kitchen sets have been distributed. Monthly soap distributions for all refugees are ongoing as part of the hygiene campaign launched in June. All water points have been chlorinated and a 40-day chlorination campaign of water containers is presently ongoing. Operational responses include the drilling of six new boreholes to complement the existing six as well as construction of an additional 900 community latrines. Large scale health and hygiene promotion campaigns and education on vector control and transmission have been launched to promote behavioral change.

Returns to South Sudan

Organised and spontaneous arrivals to South Sudan continue

Almost 1,300 people returning from Sudan were tracked heading to their final destinations within South Sudan during the week bringing the number of returnees to South Sudan to about 116,000 people this year. In Upper Nile State, bordering Sudan, spontaneous returns has continued with 270 individuals tracked en route in Renk, arriving at the transit sites Mina, Abayok and the new site in Payer. The final destinations for most of the new arrivals are Upper Nile, Jonglei, Unity, Central Equatoria and Eastern Equatoria.

An organised barge movement, carrying 553 people, departed Malakal on 19 July and reached Juba on 31 July. The convoy comprising three luggage and one passenger barge includes people who were caught in the border conflict in Heglig between Sudan

and South Sudan in March and who have remained with their luggage. The returnees are mainly heading to the Bahr el Gazhal region.

Preparations for an IOM-supported barge movement from Renk in Upper Nile to Juba continue. The barge convoy, carrying some 2,500 passengers, has been delayed due to seasonal rains, which has delayed the distribution of transit rations for the returnees. The barge is expected to depart for Juba on 11 August.



Returnees and luggage in the Mina transit site in Renk, Upper Nile State. (OCHA)

Emergency assistance ongoing to returnees in transit

Humanitarian organizations continue to provide short-term emergency assistance for in-transit and stranded groups of returnees, and assistance with onward transport to final destinations. Renk in Upper Nile remains the largest transit location with some 18,000 people residing in four different sites. Nearly 2,300 people are currently in transit at the Juba way station and the Teacher Training Institute site. Humanitarian assistance has been provided to 20,284 stranded and in-transit returnees in the past week in Renk, Malakal, Juba, Rumbek and Wau.

This report was prepared by the OCHA South Sudan office in collaboration with humanitarian partners. If you have inputs for the next edition, or questions/comments on the current issue, please contact: ochasouthsudan@un.org