



SOUTH SUDAN, UPPER NILE, UNITY AND JONGLEI – BRIEFING NOTE

15.12.2013 – 03.04.2014

prepared for:



Need for international assistance	Expected Impact				
	Insignificant	Minor	Moderate	Important	Major
Urgent					X
Important					
Moderate					
Low					
Not required					

Crisis overview

- Conflict and displacement:** Conflict broke out on 15 December in South Sudan. Fighting between government and opposition forces especially affects Upper Nile, Jonglei, and Unity states. As of 27 March, over one million South Sudanese have been displaced by the conflict, including 803,200 IDPs, of which half a million are hosted in Upper Nile, Unity and Jonglei states.
- Regional dimensions:** As of 27 March, over 250,000 South Sudanese refugees are in neighbouring countries. There are 2,500 new South Sudanese refugees in the disputed Sudan–South Sudan border area of Abyei.
- Sectors of particular concern:** Food and nutrition, health, WASH, shelter and protection.
- Food insecure areas:** A joint report by WFP and FAO found that the states most affected by the conflict (Jonglei, Upper Nile and Unity) were also the most food insecure prior to the conflict. The food security outlook is increasingly alarming in these three states and unlikely to improve in the short term.
- Funding** remains one of the most critical gaps in the response effort. The necessity of airdrops for food distribution to inaccessible areas, which is three times more expensive than road transport, and “inspection fees” charged at checkpoints, are increasing delivery costs of humanitarian aid. Critics state that the humanitarian crisis could worsen as a result of slow international response and slow access to emergency funds.
- Poor humanitarian access:** Humanitarian organisations have repeatedly stated that access remains a critical challenge, particularly in Upper Nile, Unity and Jonglei, where the security situation is volatile and unpredictable. The early onset of the rainy season in mid-March (usually March to October), is likely to cut off roads and further impede humanitarian access.

Key findings

Population figures

Affected groups	Upper Nile	Unity	Jonglei	Total
Resident pop	964,353	585,801	1,358,602	2,908,756
Total IDPs	88,500	240,800	198,800	528,100
Total Refugees	126,327	80,357	3,066	209,750
Total Displaced	214,827	321,157	201,866	737,850
Displaced Women	110,814 51% of refugee pop 53% of IDP pop	169,169 53% of refugee pop 53% of IDP pop	106,552 58% of refugee pop 53% of IDP pop	386,535
Displaced Children	116,886 60% of refugee pop 47% of IDP pop	165,569 65% of refugee pop 47% of IDP pop	95,346 62% of refugee pop 47% of IDP pop	377,801

Key sources: (WFP, 2013/06), Upper Nile: (NBS, 10/2011, NDDRC, 2014), Unity: (NBS, 10/2011, NDDRC, 2014) and Jonglei: (NBS, 10/2011, NDDRC, 2014)

Humanitarian priorities

- Food and nutrition:** Many areas are struggling to meet food requirements as stocks have been depleted early due to newly arrived IDPs (IRNA, 02/21/2014) and to the looting of livelihoods. Without humanitarian assistance, the number of people in IPC Phase 4: Emergency is expected to increase (FEWSNET, 03/28/2014). An estimated 3.7 million people are in Acute and Emergency phases of food insecurity in the country (OCHA, 02/03/2014). According to UNMISS, unless humanitarians receive the funding they need, famine could begin in South Sudan within five months (UNMISS, 03/27/2014). The planting season has been missed in many states, so the next challenge will be to provide food to replace the crops that would have been planted (Reuters, 04/01/2014).
- Health:** Many hospitals and health facilities have been destroyed, damaged and looted (Health Cluster, 03/20/2014). With the onset of the rainy season malaria is expected to spread, as are water-borne diseases (WHO, 03/23/2014). The likelihood of a cholera outbreak in camps is of serious public health concern. With heavy rains and poor sanitation, it is feared that any disease outbreak would spread among a large proportion of the communities leading to a high disease burden (WHO, 03/26/2014).
- WASH:** Water and sanitation availability is below recommended guidelines in many IDP settlements. This, combined with congestion, can pose a major health risk, particularly as the rainy season is approaching (UNICEF, 03/25/2014).
- There is a **lack of reliable and consistent information** regarding the humanitarian needs of vulnerable and displaced people in Upper Nile, Jonglei, and Unity states.

Upper Nile State

Current IDP and refugee situation:

- As of 27 March, there were 88,500 displaced people in Upper Nile State, the majority hosted in Malakal, Dethoma and Renk (UNOCHA, 03/27/2014). As of 2 April, 17,017 individuals are hosted in the Malakal Protection of Civilians (PoC) area. In Melut county, 17,377 people are registered in three sites (two IDP sites in Dethoma and Melut PoC) (CCCM Cluster, 04/02/2014).
- A total of 126,327 refugees are hosted in Upper Nile, the majority in refugee camps in Maban (Doro 48,240, Yusuf Batil 39,751, Kaya 19,269 and Gendrassa 17,630) (UNHCR, 03/31/2014).

Main events/current situation in the state:

- The situation between the host population and the refugees deteriorated sharply in March, and the youth of Maban have recently demanded that refugees are evacuated (Sudan Tribune, 03/30/2014). Recent altercations have resulted in fatalities from both groups. There has been competition over limited natural resources since the refugees arrived, however tensions have increased due to the lean season being exacerbated by increased food insecurity within South Sudan (UNHCR, 03/27/2014). An estimated 122,000 Sudanese refugees reside in Maban county, Upper Nile state (Sudan Tribune, 03/29/2014).
- In late March, clashes had occurred in Malakal county (OCHA, 03/20/2014).

Priority sectors and interventions

- **Food:** A substantial number of IDPs in most parts of Upper Nile do not have access to humanitarian assistance and mainly depend on wild foods. Given the current overland inaccessibility of most parts of the state, food has been provided by airdrops to several remote areas (including Ganyel town and Maban county). Partners are working to supply food through Gambella in Ethiopia. IDPs without access to assistance will continue to face Crisis (IPC Phase 3) food insecurity through April and in coming months. Widening food consumption gaps due to impaired humanitarian access, disrupted markets and livelihoods, and limited access to wild foods because of persistent insecurity are expected for populations in conflict-affected areas. Without humanitarian assistance, the number of people in IPC Phase 4: Emergency is expected to increase in the isolated areas of Nasir, Baliet, Panyikang, Fashoda, and Manyo counties, particularly during the peak lean season from June to August (FEWSNET, 03/28/2014). Markets in Malakal were destroyed by conflict, and these markets were important sources of food for populations in the state who are historically highly market dependent. As of late March traders had not returned to Malakal (FEWSNET, 03/28/2014). Fighting continues to disrupt key trade and

transportation routes between Renk and Malakal, which is drastically reducing food supply inflows to Malakal. In a normal year, traders, as well as humanitarian actors, preposition commodity stocks, including agricultural inputs, in advance of the April to October rainy season (FEWSNET, 03/28/2014).

- **Nutrition:** A rapid nutrition assessment undertaken in Malakal PoC in January 2014, showed GAM rates of 20.1% and SAM rates of 9.7% in children under five years of age. Among pregnant and lactating women there was a GAM of 30.5% and SAM of 13.3%, where pregnant women seemed more at risk of developing acute malnutrition than lactating women (IMC, 01/28/2014). Malakal, Fangak, Malut, Wau Shiluk, Pariang and Lankie are camp locations where high malnutrition is endemic. Since livelihood activities have been shuttered and access to health and other basic services hampered, populations in these areas are increasingly vulnerable (Nutrition Cluster, 03/04/2014).
- **Health:** In Malakal PoC, the leading causes of morbidity in March were upper respiratory tract infections (28%), lower respiratory tract infections (19%), diarrheal disease (7.7%), malaria (6.3%) and watery diarrhoea (6.2%) (IOM, 03/28/2014). Malakal hospital has been looted and destroyed. Seven health facilities in Baliet county have been looted and closed (Health Cluster, 03/20/2014). Delays in the prepositioning of medical supplies in Upper Nile can affect pregnant and labouring women (UNFPA, 03/20/2014). With the onset of the rainy season, the number of malaria cases is likely to increase and capacity for malaria case diagnosis and management should be strengthened (WHO, 03/23/2014). The expansion of Malakal PoC is going slowly, and with rains fast approaching, congestion in these sites poses major health risks (UNICEF, 03/25/2014).
- **WASH:** In the UNMISS Malakal PoC, 8.5 litres per person per day (L/p/d), which is below the ideal standards of 15L/p/d. The availability of latrines are roughly 100 to 1, also below the emergency standard of 50 to 1. Close to 2,000 IDPs have been reached through community awareness campaigns for hygiene. In Doro camp, all key WASH requirements are currently above minimum standards, but it is critical that these standards are maintained as rainy season is approaching (IOM, 03/28/2014).

Humanitarian and operational constraints:

- Insecurity and ongoing hostilities along the transport routes is challenging the delivery of relief supplies to the refugee camps (UNOCHA, 03/2014). Most counties are inaccessible, and the access problem is likely to worsen as the rainy season starts at the end of April (Health Cluster, 03/27/2014).

Unity State

Current IDP and refugee situation:

- As of 27 March, there were 240,800 displaced people in Unity state, hosted in various locations all over the state (UNOCHA, 03/27/2014). As of 2 April, a total 1,232 people were registered in PoC 1 and 6,662 in PoC 2 (CCCM Cluster, 04/02/2014).
- Unity state also hosts 80,357 Sudanese refugees in two main camps: Yida (70,491) and Adjoung Thok (9,866) (UNHCR, 03/31/2014). Of the refugee population, 52.6% are female, 65.2% were children under the age of 18 years old, and 1.8% were elderly (over 60 years old) (UNHCR, 03/31/2014).

Main events/current situation in the state:

- There are fears of attack from opposition forces in Bentiu (Health Cluster, 03/27/2014).

Priority sectors and interventions

- **Food:** Markets in Bentiu were destroyed by conflict, and these markets were important sources of food supply for populations in Unity state who are historically highly market dependent. As of late March traders had not returned to Bentiu. Fighting continues to disrupt key trade and transportation routes between Rumbek and Bentiu, drastically reducing food supply inflows to Bentiu. IDPs in isolated areas where humanitarian access is restricted continue to face acute food shortages. A substantial number of IDPs in Koch, Mayendit, Guit, Pariang and Panyijiar counties of Unity state do not have access to humanitarian assistance and mainly depend on wild foods. Without humanitarian assistance, the number of people in IPC Phase 4: Emergency is expected to increase during the peak lean season from June to August, particularly in the isolated areas of Pariang, Panyijiar, Leer and Mayendit counties (FEWSNET, 03/28/2014). In several areas of the state, including Panyijiar and Mayendit, there is an urgent need to provide food assistance as the host community has depleted their stock earlier than expected due to having to share with IDPs (IRNA, 02/21/2014).
- **Nutrition:** Bentiu, Leer and Guit are camp locations where high malnutrition is endemic. Since livelihood activities have been shuttered and access to health and other basic services hampered, populations in these areas are increasingly vulnerable (Nutrition Cluster, 03/04/2014).
- **Health:** In Bentiu PoC the leading causes of morbidity in March were upper respiratory tract infections (17%), malaria (16%) and watery diarrhoea (12%). In Bentiu clinic, the leading causes of morbidity were upper respiratory tract infections (35%), watery diarrhoea (15%) and malaria (7%) (IOM, 03/28/2014). There was a sharp increase in acute bloody diarrhoea cases in Bentiu, and these are reportedly due to a breakdown of the Bentiu town water treatment plant, which resulted in water being drawn directly from the river to Bentiu PoC. As a result, counselling on treatment of

drinking water is being provided and they are plans to drill a borehole (WHO, 03/23/2014). Measles cases are on the rise in Yida refugee camp (UNICEF, 03/25/2014). Malaria cases have increased in Bentiu and there is a need to improve drainage in camps to limit vector breeding, as well as prioritise the distribution of bed nets (WHO, 03/23/2014). In Yida camp, a hepatitis E virus epidemic has shown a downward trend for the past 6 months (UNHCR, 03/24/2014). As of 20 March, 10 health facilities in Guit, Panrieng, Leer and Manyedit counties were closed and looted, including Leer Hospital, and an additional nine facilities in Mayom and Rubkhona counties were destroyed/looted, including Bentiu hospital (Health Cluster, 03/20/2014).

- **WASH:** Two boreholes in each of the two PoCs are being constructed (CCCM Cluster, 04/02/2014). 16.6 L/p/day is now available to IDPs through water trucking and five additional boreholes are planned, which should be sufficient to serve approximately 10,000 IDPs during the rainy season (UNOCHA, 03/25/2014). In Nyal town in Panyijiar county, borehole repairs are needed and there is an urgent need to distribute jerry cans and buckets for transportation of water (IRNA, 02/21/2014).

Humanitarian and operational constraints:

- Counties south of Bentiu remain inaccessible due to insecurity, and movement in Mayom county has been restricted due to high tension and rumours of possible attack by opposition forces (Health Cluster, 03/20/2014).

Jonglei

Current IDP and refugee situation:

- As of 27 March, there were 198,800 IDPs in Jonglei state, hosted in various locations including Bor, Akobo, Mabor, Wau, Phom and Lankien (UNOCHA, 03/27/2014). The overall number of IDPs living inside the Bor PoC area has decreased from 5,694 to 4,893 individuals (CCCM Cluster, 04/02/2014).
- Jonglei hosts 3,066 refugees, all from Ethiopia. They are all hosted in the Pochalla refugee camp (UNHCR, 01/31/2014). Of the refugee population, 58.2% are female, 62.3% are children under the age of 18 and 2.6% are elderly (over 60 years) (UNHCR, 01/31/2014).

Main events/current situation in the state:

- At least 30 civilians died and dozens were injured during an attack in Duk county in Jonglei during the last week of March. According to local authorities, the violence displaced 68,000 people, however humanitarian agencies do not have access to the area due to intense fighting (Sudan Tribune, 03/31/2014).

Priority sectors and interventions

- **Food:** Markets in Bor were destroyed by conflict, and these markets were important sources of food supply for populations in Jonglei state who are historically highly market dependent. Traders have started to return to Bor but availability of staple commodities remains limited. Grains are for the most part unavailable, but some maize flour was observed in Bor market in March. The breakdown in the supply chain to Nyirol, Uror and Akobo counties of Jonglei state, coupled with production shortfalls from the previous season, has resulted in food scarcity and high prices. A substantial number of IDPs in Duk, Uror and Akobo counties of Jonglei state do not have access to humanitarian assistance and mainly depend on wild foods. Without humanitarian assistance, the number of people in IPC Phase 4: Emergency is expected to increase during the peak lean season from June to August, particularly in the isolated areas of Duk, Uror and Akobo counties (FEWSNET, 03/28/2014).
- **Nutrition:** Bor, Pibor, Akobo, Pochalla and Ayod are camp locations where high malnutrition is endemic. Since livelihood activities have been shuttered and access to health and other basic services hampered, populations in these areas are increasingly vulnerable (Nutrition Cluster, 03/04/2014).
- **Health:** Malaria cases have increased in Bor due to drainage issues in the camps (which allows vector breeding), as well as incomplete distribution of bed nets (WHO, 03/23/2014). Suspected cases of measles continue to be reported in Yuai IDP camp. In Bor there is inadequate referral for emergency obstetric care (Health Cluster 03/27/2014). According to a rapid needs assessment in Ayod county, the area has been

underserved with basic health services and immunisation coverage is very low. Furthermore, there is a lack of essential medicine and medical staff, as health workers have fled due to insecurity (Health Cluster, 03/27/2014). Improved WASH facilities have resulted in a reduction in the number of diarrhoea diseases in the PoC (UNOCHA, 03/25/2014). Bor hospital has been looted and closed, and an additional five health facilities, including Boma hospital and Pibor county were destroyed or looted as of 20 March (Health Cluster, 03/20/2014).

- **WASH:** Safe water supply of 16.5L/p/d is now available in Bor through the completion of the two boreholes in the PoC. An additional eight boreholes are planned for outside the PoC (UNOCHA, 03/25/2014). Overcrowding within the PoC area continues to affect construction of additional latrines (CCCM Cluster, 04/02/2014).

Humanitarian and operational constraints:

- Based on rapid needs assessment in Ayod county, communications and transport to specific islands within this county is very difficult as access is only by river or air. Given the number of IDPs and extreme conditions of the site, a multi sector emergency security and livelihoods, NFI's, WASH & Health needs to be prioritised (Health Cluster, 03/27/2014).

Key Indicators	Upper Nile State	Unity State	Jonglei State
Total population in State (2008 census)	964,353	585,801	1,358,602
Percentage of population in rural areas	75% of the population rural (NBS, 10/2011).	70% of population rural	91% of population rural
Gender and age distribution of population	54.5% male and 45.5% female 51% under 18 years (NBS, 10/2011).	51.3% male and 48.7% female 55% under 18 years	54.1% male and 45.9% female 51% under 18 years
State Capital	Malakal	Bentiu	Bor
Main ethnic groups	The main ethnic groups: Nuer, Dinka, Shilluk Maban and Koma	Two main groups: Nuer and Dinka	Main ethnic groups: Nuer, Dinka, Anyuak, Murle, Kachipo and Jieh
Sources for lighting and cooking	Firewood or grass primary source of lighting: 20% No lighting at all: 50% Firewood or charcoal primary fuel for cooking: 85%	Firewood or grass primary source of lighting: 53% No lighting at all: 28% Firewood or charcoal primary fuel for cooking: 91%	Firewood or grass primary source of lighting: 45% No lighting at all: 49% Firewood or charcoal primary fuel for cooking: 95% (NBS, 11/2011).
Main WASH figures	Access to improved drinking source: 35% No access to toilet facilities: 87%	Access to improved drinking source: 54% No access to toilet facilities: 89%	Access to improved drinking source: 67% No access to toilet facilities: 91%
Main health figures	Infant mortality: 82 /1,000 live births U-5 mortality: 110 /1,000 live births Maternal mortality: 2,094 /100,000 live births	Infant mortality: 64 /1,000 live births U-5 mortality: 82 /1,000 live births Maternal mortality: 1,732 /100,000 live births	Infant mortality: 74 /1,000 live births U-5 mortality: 108 /1,000 live births Maternal mortality: 1,861 /100,000 live births
Food security June 2013	33% moderately food insecure 5% severely food insecure	46% moderately food insecure 16% severely food insecure	47% moderately food insecure 8% severely food insecure
Nutrition levels July 2013 (MUAC measurements of 6-59 month old children)	4.1% acutely malnourished 1.5% were severely malnourished	16.3% acutely malnourished 5.2% were severely malnourished	21.1% acutely malnourished 3.8% were severely malnourished
Literacy rates As of 2009	15 years and up: 45% literate 15-24 years: 65% literate	15 years and up: 26% literate 15-24 years: 44% literate	15 years and up: 16% literate 15-24 years: 25% literate

Key sources: (WFP, 2013/06), Upper Nile: (NBS, 10/2011, NDDRC, 2014), Unity: (NBS, 10/2011, NDDRC, 2014) and Jonglei: (NBS, 10/2011, NDDRC, 2014)