**HIGHLIGHTS**

- Inter-communal violence and insecurity in May forced thousands of people to flee their homes in Terekeka to seek shelter on the islands of Gemeiza.
- Cases of cholera confirmed in Tonj East County of Warrap as outbreak approaches one-year mark.
- Insecurity and conflict negatively impacted humanitarian operations in May with at least 36 aid workers relocated including from famine-affected areas.
- Health partners express deep regret and sadness following the passing of 15 children in rural and remote Nachodokopele village. The risk of measles in South Sudan remains high due to challenges faced by the health system.

**FIGURES**

| No. of Internally Displaced People | 2.0 million |
| No. of refugees in neighboring countries | 1.92 million |
| No. of people food insecure (May-July 2017) | 5.5 million |

**FUNDING**

- $777.1 million funding received in 2017*
- 47.4% 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). Additional pledges have been announced but not yet recorded.

---

**Terekeka: thousands displaced following inter-communal clashes**

Inter-communal violence and insecurity in May forced thousands of people to flee their homes in Terekeka, Central Equatoria and seek shelter on the islands of Gemeiza, Khorshomba, Kanya-wai, Gulubach, Gori, Yeki, Malang and Legger, as well as to the north in Bor South.

Internally displaced people (IDPs) in Mangala North and Gemeiza Islands in Terekeka have been sheltering out in the open, drinking untreated water from the river and practicing open defecation, according to an assessment carried out on 23 May. Displaced people reported relying on wild foods for sustenance, while some host communities have reportedly generously provided food, mosquito nets and bedding to IDPs to help them cope during their displacement. Humanitarian organizations are concerned regarding the risk of cholera, in light of the limited access of IDPs to improved water, sanitation and hygiene (WASH).

Separately, in Malek in Bor South about 1,400 people - mainly women and children - were sheltering in a non-functioning school during an assessment carried out on 18 May. The school was overcrowded, increasing the risk of communicable diseases. There were also no latrines available, forcing IDPs to defecate in the bush. The health facility in the area reported an acute shortage of essential medical supplies.

Insecurity remains the predominant concern for displaced people, who reported that they were staying in the collective sites and bushes because of fears of further attacks.

Several IDPs reported that their homes had been burnt and that their food stocks and household items had been looted during the clashes. The IDPs indicated that they would return to their villages if the security situation normalizes.

A follow-up mission by five national and international non-governmental organizations took place in Terekeka from 8 to 12 June.
Cholera confirmed in Tonj East

On 4 June, cholera was confirmed in Tonj East County of Warrap after three of six samples tested positive for Vibrio cholerae inaba. These are the first cases to be confirmed in Warrap during the nearly year-long outbreak of the acute diarrhoeal disease, which was first detected on 16 June 2016 and has now affected 23 counties, with active transmission ongoing in Yirol East and Yirol West, Duk, Tonj East, Nyirol (Lankien), Fashoda (Aburoc), Kajo Karook, Kajo Karook North, and Kapoeta East. In Jonglei, suspect cholera cases are being investigated in Karam and Pieri in Urol county.

Partners have deployed cholera case investigation and case management kits; and sample collection kits in newly affected areas, including Ayod, Nyirol, and Urol in Jonglei, Tonj East in Warrap, and Kajo Karook South, Kajo Karook North and Kajo Karook East in Eastern Equatoria, Fashoda (Aburoc) to support investigation and response activities.

Humanitarian partners are responding in all areas with active transmission of cholera, and cholera vaccinations campaigns alongside WASH interventions have been deployed in Leer (Leer, Padeah, Thonyor), Bentiu Protection of Civilians site (PoC), Bor PoC, Mingkaman IDP site, Pagil and Tar in Ayod, Malakal Town and Aburoc in Upper Nile. The response has been challenging, however, due to the locus of many outbreaks in cattle camps, remote and militarized locations, ongoing population displacement, and insecurity in areas affected by the outbreak. With the rainy season approaching, and displacement continuing, it is expected that the disease will continue to spread.

Cumulatively, 4,932 cholera cases including 163 deaths—a Case Fatality Rate (CFR) of 3.2 per cent —have been reported in South Sudan since 1 January 2017, compared to zero cases recorded during this period in 2016. This is the first cholera outbreak to have continued during the dry season since South Sudan’s independence.

Conflict, insecurity continue to impede access

Insecurity and conflict in multiple locations negatively impacted humanitarian operations in May, with at least 36 aid workers forced to relocate as a result of hostilities in Leer, Mayendit and Longochuk Counties, and at least six humanitarian missions postponed to areas outside of Yei as a result of conflict.

The operating environment in South Sudan remains dangerous and difficult for aid workers. Poor road access hampers response in remote locations. Photo: UNICEF
In the first five months of 2017, more than 390 humanitarian access incidents were reported in South Sudan, compared to 317 during the same period in 2016.

Separately, at least 14 community volunteers and health workers had reportedly been forcefully recruited by armed actors in Guit as of 6 June. The health facility in Nimni, as well as at least two schools in the area, have been forced to close due to forced recruitment of personnel essential to their operations. Negotiation with the authorities for the release of the workers is ongoing.

In the first five months of 2017, more than 390 humanitarian access incidents were reported in South Sudan, compared to 317 during the same period in 2016. So far this year, 253 aid workers have been relocated through 21 incidents, compared to 138 through seven incidents reported by the same time in 2016. At least 19 incidents involving looting of humanitarian supplies have been reported since the beginning of the year countrywide compared to 12 incidents reported by the same time in 2016.

Nearly half a million have fled as refugees in 2017

Nearly half a million South Sudanese fled to Uganda, Kenya, Ethiopia, the Democratic Republic of Congo (DRC) and Sudan in the first five months of 2017, according to the latest data from the UN Refugee Agency. Some 473,542 South Sudanese arrived into neighbouring countries between 1 January and 31 May, with more than half of those (275,786) fleeing to Uganda, which now hosts more than 947,400 South Sudanese refugees and the largest refugee camp in the world (Bidi Bidi).

New arrivals in Uganda continue to cite violations against civilians, including fear of indiscriminate killings, looting of property, burning of houses, torture, and rape, as well as lack of access to basic services.
New arrivals in Uganda continue to cite violations against civilians, including fear of indiscriminate killings, looting of property, burning of houses, torture, and rape.

Sadness, regret following death of 15 children during anti-measles campaign

The Ministry of Health, World Health Organisation (WHO) and United Nations Children’s Fund (UNICEF) have expressed deep regret and sadness following the passing of 15 children in remote Nachodokopele village in South Sudan due to severe sepsis / toxicity resulting from the administration of a contaminated vaccine.

An investigation by the National Adverse Events Following Immunization (AEFI) Committee, supported by WHO and UNICEF Vaccine safety experts, found that the team that vaccinated the children were neither qualified nor trained for the immunization campaign and did not adhere to the WHO-approved immunization safety standards. A single reconstitution syringe was used for multiple vaccine vials for the entire four days of the campaign instead of being discarded after single use. The reuse of the reconstitution syringe causes it to become contaminated which in turn contaminates the measles vaccine vials and infects the vaccinated children.


Risk of measles remains high

The risk of measles and other Vaccine Preventable Diseases in South Sudan remains high because of the challenges faced by the health system, which have escalated since the onset of conflict in December 2013. The country has experienced significant measles outbreaks in recent years, including due to a backlog of unvaccinated children in areas faced with insecurity. In May, 133 cases of measles were reported in South Sudan, bringing the total number of cases in 2017 to 644, including three deaths. The majority of cases have been reported in Wau, Western Bahr el Ghazal. However, cases have also been reported from Jonglei and Eastern Equatoria.