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South Sudan

Humanitarian Situation Report

17 JANUARY – 31 JANUARY 2017: SOUTH SUDAN SITREP #102

SITUATION IN NUMBERS

Highlights

- Humanitarian access remains highly restricted in Greater Equatoria and southern areas of Unity, affecting the delivery of life-saving humanitarian assistance. There has been an escalation of violence in the last two weeks and heavy fighting has been recorded in the Greater Equatoria region and Upper Nile state, severely affecting civilians.
- The food insecurity situation in the country is at critical levels. A recent assessment mission to Mayendit, southern Unity found that families are mainly surviving on water lilies, lalok and palm tree seeds. UNICEF continues to implement a nutrition scale-up plan in collaboration with the World Food Programme (WFP) to respond to the situation.
- Seasonal dry weather is having a negative impact on water availability. In parts of Eastern Equatoria, Western Bahr el Ghazal, Northern Bahr el Ghazal, Unity and Jonglei, water resources are now severely strained, aggravating the already fragile food security situation in the country.

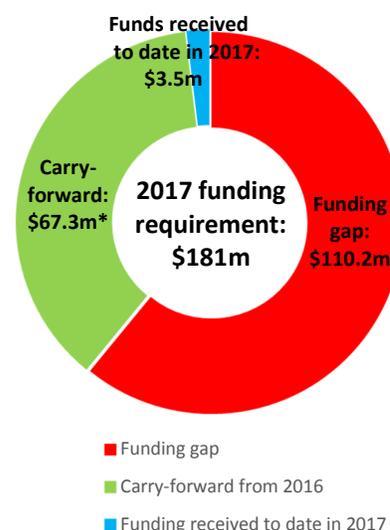
1.85 million

People internally displaced since 15 December 2013
(OCHA South Sudan Humanitarian Bulletin, 16 January 2017)

1.4 million

South Sudanese refugees in neighbouring countries
(OCHA South Sudan Humanitarian Bulletin, 16 January 2017)

Funding Status



**The funds available from the previous year (carry-forward) includes generous contributions of over \$43 million received in late December 2016 for 2017 implementation.*

UNICEF's Response with Partners in 2017

Indicators	Cluster for 2017		UNICEF and implementing partners for 2017		
	Target	Cumulative results (#)	Target	Cumulative results (#)	Target achieved (%)
Nutrition: # of children aged six to 59 months with severe acute malnutrition admitted for treatment	205,218	3,171	207,257	3,171	1.5%
Health: # of children aged six months to 15 years in conflict-affected areas vaccinated against measles			1,232,000	5,822	0.5%
WASH: # of people provided with access to safe water as per agreed standards (7.5–15 litres per person per day)	2,400,000	256,520	800,000	256,520	32%
Child Protection: # of children reached with psychosocial support (PSS)	361,716	6,665	327,000	6,665	2%
Education: # of children and adolescents aged three to 18 years provided with access to education in emergencies	510,300 (Boys: 280,665 Girls: 229,635)	41,514 (Boys: 25,010 Girls: 16,504)	300,000 (Boys: 165,000 Girls: 135,000)	19,007 (Boys: 11,909 Girls: 7,098)	6%

Situation Overview & Humanitarian Needs

The humanitarian space in South Sudan continues to shrink, with humanitarian actors facing severe access restrictions in several areas, notably in Greater Equatoria and Unity. There has been an escalation of violence in the last two weeks and heavy fighting has been recorded in the Greater Equatoria region and Upper Nile state. Clashes are expected to continue through the dry season as accessibility of roads allows for easy movement of armed forces and groups.

In Greater Equatoria, the security situation continues to restrict humanitarian access, particularly in areas surrounding the towns of Yambio in Western Equatoria, Yei in Central Equatoria and Torit in Eastern Equatoria. Tens of thousands of displaced persons are seeking shelter in the towns, with many more hiding in bushes and swamps in remote areas. Since July 2016, more than 250,000 people are believed to have been displaced in the Greater Equatoria region. In the past two weeks there has also been an increase the number of people fleeing across the border to neighbouring countries, mainly Uganda and Kenya.

There have been two criminal ambushes against civilian vehicles in Bentiu, Unity state in last three days, raising concerns about the safety of humanitarian convoys that take advantage of the dry season to preposition stocks in remote regions. The continued deterioration of the security situation is likely to further impede access across the country and affect the delivery of lifesaving humanitarian assistance.

The nutrition situation in the country remains critical, and food insecurity is expected to worsen in coming months. Results from the December 2016 Food Security and Nutrition Monitoring System (FSNMS) report recorded the highest rates of global acute malnutrition (GAM) in Northern Bahr el Ghazal (14.2%), Warrap (13.9%) and Upper Nile (13.6%). However, recent screening data from southern Unity indicates GAM rates in the area ranging between 25% and 42%. The FSNMS also shows increasing levels of malnutrition in all three Equatoria states compared to the same period in previous years. Contributing factors to the ongoing nutrition crisis includes limited food availability due to reduced planting and harvesting, insecurity, the economic crisis and limited humanitarian access. In Juba, the price of staple commodities such as sorghum and maize has increased by 40 per cent and 61 per cent, respectively, in just the past month, and the overall cost of living has more than tripled in the past year. The high cost of living combined with high levels of inflation means many families are exhausting their coping mechanisms. A report from the Famine Early Warning Systems Network released on 25 January gives a very bleak outlook for South Sudan in 2017, with some areas at risk of reaching levels of food insecurity associated with famine.

As a result of seasonal dry weather, low water tables have heightened competing demands for water among humans and animals, and the scarce water sources available are being over-used. In Eastern Equatoria the regional drought is causing additional strain; populations have started moving in search of water and pasture for animals, and pastoralist communities are crossing the border into Kenya and Uganda.

In Wau, the measles outbreak is showing signs of decline. In the week of 16 to 22 January only 16 cases were reported, compared to 53 cases in the first week of the year. Active transmission of cholera is still ongoing in Bentiu, Leer and Panyijar in Unity as well as in the Juba Protection of Civilians (PoC) site, but the number of cholera cases reported is also declining.

Humanitarian Strategy

In 2017, in line with UNICEF's Humanitarian Action for Children (HAC) and the inter-agency Humanitarian Response Plan (to be released), UNICEF will continue to give priority to the current integrated scale-up strategies in Northern Bahr el Ghazal and Greater Equatoria, but maintain and overall preparedness to respond to any emergency across the country. UNICEF will build upon existing community networks and other community-based resources to assess, plan and implement the response, in order to build local capacities and ensure accountability to affected populations. Where possible, resilience-based programming will aim to bridge the humanitarian-development divide. There will also be a focus on ensuring the delivery of quality of services.

In collaboration with WFP, UNICEF is implementing a scale-up response strategy in the Greater Equatoria region. As part of this scale-up, UNICEF is establishing a more permanent presence in Central Equatoria, while increasing its footprint in both Eastern and Western Equatoria. The integrated nutrition scale-up plan for Northern Bahr el Ghazal is ongoing, while dry season prepositioning is continuing. UNICEF programme sections are also identifying new partners for scaling up while expanding existing partnership with various civil society organizations to address the emerging needs on the ground. UNICEF and WFP are also continuing their collaboration on the scale-up of nutrition services.

In an environment characterized by escalating conflict and unprecedented levels of food insecurity and malnutrition, combined with inaccessibility and increased displacement due to conflict, UNICEF will continue to deploy integrated Rapid Response Mechanism (RRM) missions in collaboration with WFP, focusing on reaching otherwise inaccessible populations with urgent, life-saving interventions. In 2017, UNICEF remains committed to conducting three RRM per month together with WFP. While the RRM itself is an immediate-term mechanism, there will be increased focus on field monitoring and follow-up missions and ensuring that partners establish or re-establish static presence or other viable mechanisms in locations visited by the RRM teams as much as possible. Moving forward, the RRM will also work directly with community networks to support coping mechanisms in extremely remote areas where no partner plans to establish static presences. In January 2017, three RRM missions have been conducted, two in Jonglei and one in Upper Nile.

In response to the ongoing transmission of measles in Wau, screening and vaccination of all new arrivals between the ages of six months and 15 years is ongoing at the gates to the PoC site. Social mobilization efforts are also continuing, and a national immunization campaign is planned for March 2017, which will provide blanket coverage of all reachable children in the country.

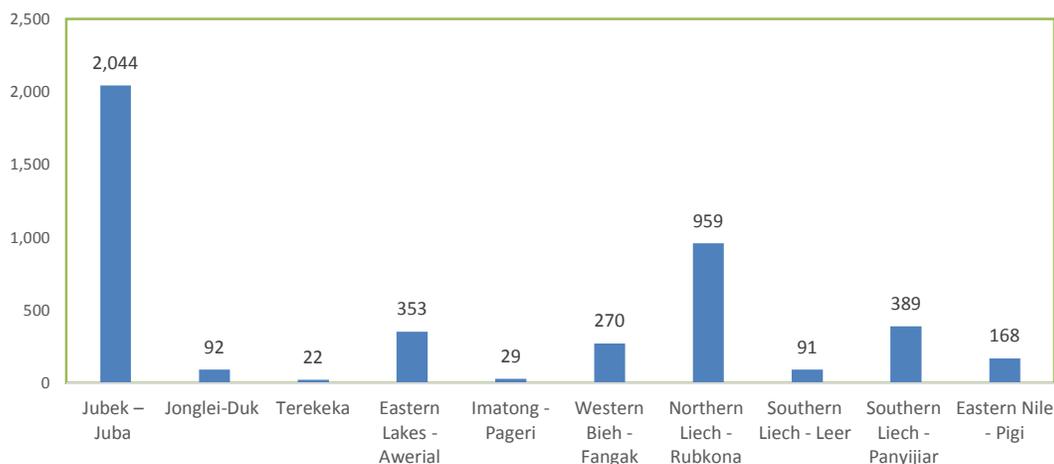
Summary Analysis of Programme Response

CHOLERA RESPONSE: Active transmission is still ongoing but declining in the Bentiu PoC site, Leer and Panyijiar in Unity, as well as in the Juba PoC site. A total of 20 new cases were reported in week 3 of the year (16 to 22 January); three cases from Bentiu PoC site, five cases from Juba PoC site, and 12 cases from Panyijiar. Since 7 January, 64 suspected cholera cases have been reported in Mayendit. Seven suspected cholera deaths from Bentiu are being investigated by a rapid response team led by the Ministry of Health (MoH) and the World Health Organization (WHO). Cumulatively, 4,417 cases with 83 deaths have been reported since the onset of the outbreak in June 2016.

In response to the resurgence of the cholera outbreak, a multi-cluster assessment was undertaken and response efforts have been enhanced in the Juba PoC site, with the WASH Cluster carrying out spraying of the latrines and random quality water testing and reactivation of oral rehydration points. In addition, a radio campaign has been launched on seven radio stations in Central Equatoria, broadcasting ten times a day on cholera prevention and control in both English and Arabic. Among the

seven stations, Radio Miraya has a nationwide coverage, reaching all ten states across the country. There is also an ongoing mobilization campaign on cholera prevention and control through three public address systems covering the surrounding residential areas of the PoC site.

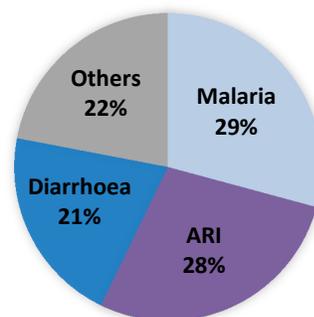
In Bentiu, the cholera taskforce, chaired by the MoH and constituted by Health and WASH Cluster partners, is coordinating the response. Ongoing transmission is suspected to be associated with exposure to water reservoirs that are used for washing, bathing, swimming, and occasionally for domestic use. The Bentiu PoC site now has the highest cumulative incidence of cholera. In Bentiu outside the PoC site, the outbreak has been controlled with only sporadic cases being reported – the most recent being admitted on 16 December 2016. In Jonglei, the most recent cases reported in Duk originated from Koyom Island on 10 November 2016. No additional cases have been reported in Terekeka or Nimule.



Cumulative number of cholera cases reported per location since June 2016

HEALTH: So far this year, a total of 77 suspected measles cases have been reported in and around Wau. Most of the cases are in Wau PoC site 2 and at the Cathedral internally displaced persons (IDP) site. Notably, the number of cases reported at the PoC site is going down, while at the Cathedral site the cases reported are increasing. Screening and vaccination is ongoing at the entry and exit points at the PoC gates, targeting new arrivals between six months and 15 years of age. During the reporting period, 3,605 children received measles vaccinations. The third round of the maternal and neonatal tetanus elimination (MNTE) campaign is ongoing for the three Greater Upper Nile states (Unity, Upper Nile and Jonglei).

In the reporting period, UNICEF and partners provided 16,944 curative consultations to children under the age of five. Malaria and acute respiratory infections (ARI) were the primary causes of morbidity, at 29.2% and 28% respectively. Diarrhea accounted for 20.8% of overall consultations. Through the integrated community case management of common childhood illnesses, 30 per cent more children (2,288 individuals) were seen during this reporting period. As a preventive measure for malaria, UNICEF distributed 5,044 long-lasting insecticide-treated nets.



Primary causes of morbidity during the reporting period.

During the reporting period, 3,412 pregnant women received antenatal care services, with 26 per cent making the four or more recommended visits. Additionally, 863 deliveries were conducted by skilled birth attendants and 1,361 pregnant women received counselling and testing for HIV; 25 were enrolled on antiretroviral treatment.

UNICEF Communication for Development (C4D) in partnership with the Community Empowerment Initiation (CEI) in Juba county has trained 12 social mobilizers and reached 10,977 individuals with key messages on immunization in Lokiliri payam. Additionally, 28 community leaders were sensitized on the benefits of immunization during the reporting period, and are subsequently advocating for all children under five years to be immunized against vaccine preventable diseases.

NUTRITION: The nutrition situation in South Sudan remains critical in most parts of the country. Special areas of concern are Greater Equatoria, Western Bahr el Ghazal, Northern Bahr el Ghazal and Unity. The most recent FSNMS results show that the prevalence of malnutrition doubled in Central Equatoria state from 4.2% in December 2015 to 8.1% in the same period in 2016. In Eastern Equatoria, recent SMART surveys conducted in Ikotos and Lopa Lafon found the GAM rates at critical levels (15% - 29.9%) and over 20 per cent of households had poor food consumption scores. The general food and nutrition situation is likely to worsen in the coming months. Of additional concern are the elevated mortality rates seen in Lopa Lafon and Torit town, which are above the emergency levels for the crude mortality rate. In Northern Bahr el Ghazal, SMART survey results and data disaggregated from the causal analysis has shown GAM rates above the 15% WHO emergency level in all counties.

During the reporting period, 1,597 children under the age of five years were screened for malnutrition, bringing the total for the first month of the year to 3,171 children screened. In Unity, recent mass mid-upper arm circumference (MUAC) screenings conducted in Mayendit, Panyijar and Leer revealed a proxy GAM rate above catastrophic levels in all locations – 41.8% in Leer, 24.4% in Mayendit and 35.2% in Panyijar. A joint rapid assessment mission to Mayendit conducted during the reporting period by WFP, FAO and UNICEF found that most households reported having one to two meals a day, mainly composed of water lily seeds and roots, lalop seeds and palm tree seeds. No cereals were available in any of the markets visited. Anecdotal evidence also suggests the situation in Leer is worsening due to access and volatility of the security situation. Urgent intervention to secure access for humanitarian interventions and delivery of much needed humanitarian supplies is a priority if a catastrophe is to be averted in the state.

The first UNICEF RRM nutrition teams of 2017 were deployed to Kandak, Ayod County, Jonglei state from 12 – 17 January. Mass MUAC mass screening of 1,200 children aged six to 59 months found a proxy GAM rate of 24.9% and a proxy SAM rate of 4.3%. Fifty-one children identified as suffering from severe acute malnutrition were admitted for treatment.

WASH: The opening of the Malakal – Paloach/Melut road during this dry season along with the relative calm in Malakal town until recently has resulted in many returnees arriving in the area, increasing the demand for WASH services. To meet the increasing demand, water pumps have to work for longer periods of time, with the potential of frequent breakdowns. UNICEF is planning for the installation of additional safe water collection points to meet the needs of the returnees.



*©UNICEF South Sudan/2017/Nile Aqua Life Foundation:
Distribution of WASH kits in Twic East, Jonglei.*

An assessment of water points in schools and primary healthcare centres in Warrap state revealed many hand pumps in need of repairs/rehabilitations in the Greater Tonj area (169 pumps) and in Gogrial West county (65 pumps). UNICEF in collaboration with the WASH County Office has so far repaired/rehabilitated 20 broken water points. The Gogrial Manual Hand Drilling Company is in the process of establishing a hand pump spare parts outlet in Kuajok town to support such operation and maintenance programme activities in Warrap state.

UNICEF continues to support the provision of safe water in Wau town through the operation and maintenance of the urban water system, as well as in Wau PoC site and other IDP areas through water trucking and rehabilitation of water points. However, challenges still remain regarding sanitation services as the existing pit latrines fill up rapidly in the IDP camps due to a high water table, thus increasing desludging costs. Solid waste management is also posing difficulties as the allocated dump site is not suitable for the purpose. UNICEF and its implementing partners are seeking sustainable solutions to this challenge.

In Western Equatoria, the distribution of operation and maintenance materials and related activities in Ezo, Tambura, Maridi, Mundri East/West and Mvolo counties is not possible due to insecurity. This has affected the quantity and quality of drinking water available to the community as a result of many boreholes being in disrepair. A rapid assessment of WASH facilities in the location of displacement has been conducted by UNICEF partner INTERSOS to provide guidance on appropriate interventions.

EDUCATION: During the reporting period UNICEF focused on active preparation for the opening of schools beginning 6 February, and continuing into later weeks of February depending on the security and supplies contexts in particular states. UNICEF is working closely with partners and local communities to register new out-of-school children. UNICEF with partners is also visiting houses and advocating for the enrolment of children, especially girls, as part of the Back to Learning campaign. The country office is in the process of setting new targets for Back to Learning in 2017.

Supplies have been repositioned in hard-to-reach areas to ensure availability during the rainy season. In addition, the establishment of temporary learning spaces (TLSs) is taking place in new school sites before the school session starts. Implementing partner World Relief completed the establishment or upgrade of 24 TLSs in Bentiu PoC site to benefit 5,000 school-aged children (44% girls). UNICEF is jointly conducting interviews with partners for the recruitment of volunteer teachers; in some difficult-to-reach areas implementing partners are working closely with local communities to recruit community teachers as volunteers. A total of 198 teachers were recruited during reporting period. These teachers have been trained in basic pedagogy, the application of relevant teaching/learning resources and knowledge of classroom management. Teachers will apply the new skills when schools re-open for the new academic year.

In Equatoria, partnerships have been finalized for education interventions in Yei in Central Equatoria and Torit, Magwi and Kapoeta in Eastern Equatoria. Preparations are also under way to send supplies to these counties depending on the security situation. UNICEF continued to support peacebuilding and recreation activities in some states during the school holidays. In Wau, implementing partner Don

Bosco is continuing to carry out the holiday camp programme for children in the PoC site as well as at St. Joseph and Lokoloko IDP sites.

CHILD PROTECTION: During the reporting period, 7,411 children were reached through UNICEF child protection support, which included mine risk awareness raising, case management, and psychosocial support. Between 16 and 31 January, UNICEF partners in Western Bahr el Ghazal, Lakes and Upper Nile states provided psychosocial support services to 4,908 children (2,651 boys, 2,257 girls) through community-based activities, while 2,447 children (1,283 boys, 1,164 girls) were reached with mine risk education in Melut and Wau Shilluk.

UNICEF is working in partnership with the Ministries of Education and Gender and the Department of Child Welfare in Yambio to assess protection needs of 52 unaccompanied and separated children (UASC), including 45 from surrounding areas of Yambio as well as 7 UASC and 3 missing children in Rimenze. UNICEF support included distribution of supply items to child protection partners in Yei and Rimenze. The partner in Yei received 50 child friendly space (CFS) kits, 20 footballs, 50 recreational kits and five early childhood development kits. As an interim facility, two CFS kits and two recreational kits have been handed over to Rimenze under the supervision of the Parish.

Also during the reporting period, UNICEF partners in Melut, Upper Nile and Rumbek, Lakes state reached 113 care givers and community members with psychosocial support and parenting skills training. Partners in Melut have made 42 follow-up visits, while 21 staff have been trained on child protection in emergencies and family tracing and reunification. The UNICEF partner in Torit, Eastern Equatoria has conducted follow-ups with four reunified children from Nimule and Melijo.

In the last two weeks, UNICEF and partners have reached 5,497 individuals (1,733 women, 1,198 men, 1,825 girls and 741 boys) in Central Equatoria, Western Bahr el Ghazal and Unity with gender-based violence (GBV) awareness-raising, training workshops and response services. UNICEF supported a clinical management of rape (CMR) training in Juba for nine participants from Yei, Central Equatoria and two from Yambio, Western Equatoria to support scale-up of protection activities in the Equatorias. Two new women and girl friendly spaces were opened in Lokoloko and Nazareth IDP sites in Wau in January. UNICEF provided support to the Yei WASH Cluster to support GBV mainstreaming efforts to increase the safety at WASH points for women and girls.

FUNDING: UNICEF’s HAC requirements for South Sudan for 2017 are US\$ 181 million, up from US\$ 165.2 million in 2016. Last year, only 71% of the funding requirements were met. For 2017, funds available for the response includes generous contributions of over \$43 million received in late December 2016.

Funding status as at 13 January 2017*				
Appeal Sector	Requirements**	Funds Available***	Funding Gap	
			US\$	%
Nutrition	42,066,000	15,453,279	26,612,721	63%
Health	26,600,000	5,572,021	21,027,979	79%
WASH	50,125,000	7,159,478	42,965,522	86%
Child Protection	25,000,000	11,320,652	13,679,348	55%
Education	37,209,000	31,280,148	5,928,852	16%
Total	181,000,000	70,785,576	110,214,424	61%

*The figures are provisional and subject to change due to the 2016 year-end financial closure in late January.

**The requirement for cluster coordination costs has been included in sub-costs for Nutrition, WASH, Child Protection and Education.

***Funds available include funding received against the current appeal as well as carry-forward funds from the previous year (approximately US\$ 67.3 million).

Next Situation Report: 15 February 2017

UNICEF South Sudan Crisis: www.unicef.org/southsudan; <http://www.childrenofsouthsudan.info/>

UNICEF South Sudan Facebook: www.facebook.com/unicefsouthsudan

UNICEF South Sudan Appeal: <http://www.unicef.org/appeals/>

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Annex A - SUMMARY OF PROGRAMME RESULTS 2017¹

	Cluster for 2017 ²		UNICEF and partners for 2017		
	Target (Jan-Dec)	Results (Jan)	Target ³ (Jan-Dec)	Results (Jan)	Change since last report
NUTRITION⁴					
# of targeted children 6-59 months with severe acute malnutrition (SAM) admitted to therapeutic care	205,218	3,171	207,257	3,171	1,597
% of exits from therapeutic care by children 6-59 months who have recovered	>75%	N/A	>75%	N/A	-
# of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding	590,134	0	590,134	0	-
HEALTH					
# of children 6 months-15 years in humanitarian situations vaccinated for measles			1,232,000	5,822	3,605
# of long-lasting insecticide treated nets (LLITN) distributed			450,000	7,529	5,044
# of preventive and curative consultations provided to children under 5 years			476,250	29,669	16,944
WATER, SANITATION AND HYGIENE					
# of target population provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)	2,400,000	256,520	800,000	256,520	34,526
# of target population provided with access to appropriate sanitation facilities	1,200,000	104,341	400,000	104,341	14,753
CHILD PROTECTION					
# of children reached with psychosocial support (PSS)	361,716	6,665	327,000	6,665	4,908
# of unaccompanied and separated children (UASC) and missing children registered ⁵	19,608	11,884	13,000	11,884	56
# of children reached with life-saving mine risk education (MRE)			160,000	2,770	2,447
# of people reached by gender-based violence (GBV) prevention and response services			160,000	14,796	5,497
EDUCATION⁶					
# of children and adolescents 3-18 years provided with access to education in emergencies	510,300 (Boys: 280,665 Girls: 229,635)	41,514 (Boys: 25,010 Girls: 16,504)	300,000 (Boys: 165,000 Girls: 135,000)	19,007 (Boys: 11,909 Girls: 7,098)	19,007
# of teachers and members of parent-teacher association (PTA) and school management committee (SMC) trained	5,813	423 (Boys: 215 Girls: 208)	5,815	198 (Boys: 173 Girls: 25)	198

¹ Partner reporting rates remain below 100%. UNICEF with its partners continues to improve monitoring and reporting of results.

² WASH and Education Clusters and Child Protection Sub-Cluster compile cluster partners' results monthly. To provide an up-to-date snapshot, UNICEF may report tentative results bi-weekly before compiled by the Clusters.

³ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in HAC are higher than those in the HRP.

⁴ The Nutrition Cluster target does not include refugee children who are covered under the Multi-Sector Refugee Appeal, while UNICEF's nutrition response covers all children, including refugee children residing in the country. Complete results of nutrition interventions will become available in February when partners' reports are compiled and validated.

⁵ The reported numbers are cumulative since the breakout of the conflict in December 2013. By early December 2016, 4,538 children had been successfully reunited with their families, while 9,046 cases remain active and open, requiring ongoing interim care and family tracing services.

⁶ Results of education activities will be reported in February when schools re-open after vacation.