

HIGHLIGHTS

- Fighting in Yambio has displaced over 7,000 people.
- The South Sudan Humanitarian Fund has allocated nearly \$11 million to support dry season response in the Greater Equatoria region.
- Malaria topped all diseases in 2016 as the leading cause of death and morbidity.
- The 2016 cholera outbreak has spread to 10 counties, with cases confirmed in Panyijiar.
- Clashes between refugees and host community in Maban County displaced civilians and disrupted humanitarian operations.

FIGURES

| | |
|---|--------------|
| No. of Internally Displaced Persons | 1.85 million |
| No. of refugees in neighboring countries | 1.4 million |
| No. of people assisted in 2016 (as of 30 October) | 4.7 million |

FUNDING

\$1.1 billion
funding received in 2016

85%
of appeal funding received in 2016

\$1.29 billion
requirements for South Sudan 2016 Humanitarian Response Plan



Displaced people cook at Nabima school compound in Yambio town. Photo: UNICEF/Albert Gonzalez Farran.

In this issue

- Displacement in Yambio P.1
- Needs high in Kajo-Keji P.1
- \$11M to Equatoria response P.2
- Malaria top cause of mortality P.3
- Cholera spreads in Unity P.3
- Fighting in Upper Nile P.4

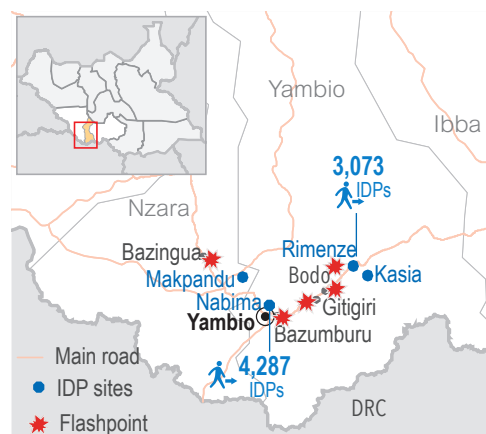
Yambio: fighting displaces thousands

Renewed fighting in areas north of Yambio town, Western Equatoria, has displaced over 7,300 people since 3 January 2017 and affected five villages: Bazumburu, Bazungua, Bodo, Gitikiri and Rimenze.

Over 4,000 people have been forced to seek safety and humanitarian assistance in Yambio town, some of whom are staying in Nabima school compound. Another 3,000 individuals have been displaced to Rimenze Church and others to Makpandu settlement and Kasia boma. During the fighting, houses were reportedly burned, property destroyed and an unspecified number of civilians killed.

Humanitarian organizations are responding to the needs of people affected by the fighting. High energy biscuits have been distributed for children and household items have been distributed for displaced families. A mobile health clinic has been set-up to provide emergency healthcare.

Displacement in Yambio



Kajo-Keji: needs remain high

Humanitarian needs in Kajo-Keji, Central Equatoria, are high, according to the findings of an inter-agency team who travelled to the area in late December 2016 to assess humanitarian needs after fighting and insecurity displaced about 30,000 people.

People interviewed during the inter-agency rapid needs assessment (IRNA) indicated that they had been displaced from Kaya, Lainya, Morobo, Nyepo, southern Bari and Yei, all in Central Equatoria. The majority report having been displaced multiple times since fighting intensified in September 2016. Some of them have fled to Uganda and returned, reportedly due to overcrowding in the refugee camps.

During the mission to Kajo-Keji, the team visited Liwolo payam, where internally displaced people (IDPs) are staying in four locations: Ajio (more than 3,600 people), Kerwa (nearly 10,200 people), Kansuk (around 130 people) and Logo (more than 16,700 people).

The team observed movement of people within Kajo-Keji town and between the IDP sites. However, there was limited movement to locations outside the county due to fear of attacks. IDPs reported cases of people being abducted, tortured or killed, as well as requests for payment of ransoms to secure the release of abducted people in Lainya, Morobo and Yei, where they were coming from.

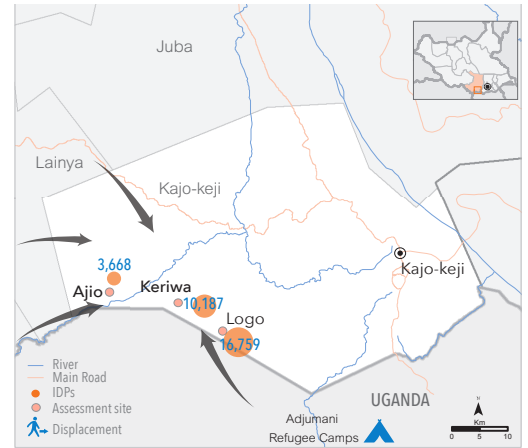
Insecurity in Central Equatoria has forced about 30,000 people to flee to Kajo-Keji County.

Members of the assessment team noted that sites hosting IDPs lacked sanitary facilities such as latrines, causing many people to practice open defecation. In addition, there was lack of access to clean water, which could pose a serious risk of water borne diseases such as diarrhoea and cholera.

Lack of food was noted as a concern by IDP families, who explained that some women are working as labourers on host community's farms to be able to get access to food or salaries. The nearest health facilities from the IDP sites are 3 kilometres away and they were closed at the time of the assessment.

Humanitarian partners are scaling-up their response to the needs of the IDPs. Water, sanitation and hygiene (WASH) partners have started repairing damaged hand pumps, and a mobile health clinic is planned to be established soon. However, an inter-agency UN team was denied access to locations hosting IDPs on 11 January.

Displacement in Kajo-Keji County



\$11 million allocated for Equatorias response

In December 2016, the South Sudan Humanitarian Fund (SSHF) completed the allocation of nearly US\$11 million to support dry season response in the Greater Equatoria region.

The reserve allocation – the second in 2016 - will fund 12 projects, including the procurement and transportation of core pipeline supplies to enable the scale-up of the response. The allocation prioritized sectors with the most acute humanitarian needs, with 22 per cent allocated for health, 21 per cent for water, sanitation and hygiene (WASH), 20 per cent for nutrition, 15 per cent for emergency shelter and non-food items, 11 per cent for food security and livelihoods, 7 per cent for protection and 4 per cent for education.

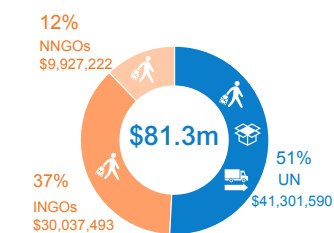
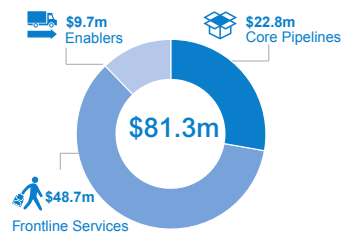
The funding will support: treatment of life-threatening morbidities in conflict-affected communities - including trauma, malaria, and diarrhoea; life-saving vaccination of children, including through re-establishment, maintenance and procurement of cold chains and transportation of vaccines; provision of clean water, sanitation and hygiene; treatment of acute malnutrition; distribution of vital non-food items and emergency shelter supplies to the most vulnerable; and distribution of emergency livelihoods kits in areas where crops can be planted and harvested. Supplies will also be procured for inter-agency survival kits - a collection of essential, multi-sectoral life-saving items that are easily transported by foot and aim to improve people's ability to survive in remote locations where they are cut off from access to basic items.

Recognizing that the crisis in the Equatorias has been first and foremost a protection crisis, the allocation will also support targeted interventions to assist groups uniquely impacted by the crisis in the Equatorias, including women, children and youth. This will include: procurement and transportation of supplies to support the response to gender-based violence and enhance women's reproductive health, including post-exposure prophylaxis (PEP) kits; maintaining women's dignity during displacement and crisis through the procurement and distribution of dignity kits; supporting vulnerable and separated children, through the procurement and distribution of child-friendly space kits, recreational



A displaced woman receives a survival kit. Photo: WFP

2016 SSHF funding by type of assistance and by agency type



The South Sudan Humanitarian Fund allocated some \$81.3 million to top priority humanitarian response activities in 2016.

kits, early childhood development kits and other supplies; and helping keep children in schools, thereby shielding them from recruitment by armed actors, through procurement and pre-positioning of student kits, teacher kits, exercise books, and school bags.

This round brings the total funding allocated by the SSHF in 2016 to \$81.3 million. This was made possible due to generous contributions from the United Kingdom (\$19.5m), Norway (\$8.1m), Sweden (\$7.3m), Netherlands (\$6.8m), Ireland (\$3.3m), Denmark (\$2.9), Belgium (\$2.3m), Australia (\$2.2), Germany (\$2.2), Switzerland (\$1.0m), Republic of Korea (\$1.0m), Canada (\$0.8m) and Luxembourg (\$0.7m).

The SSHF, which was established in 2012, enables targeting of funds to the most critical needs, and improves efficiency and rapid response to emergencies in South Sudan, including through investment in common services, such as the core pipelines. Additional funding is urgently required for 2017.

Malaria: leading cause of morbidity and mortality in 2016

Malaria topped all diseases in 2016 as the leading cause of death and morbidity in South Sudan, especially in communities affected by conflict and displacement.

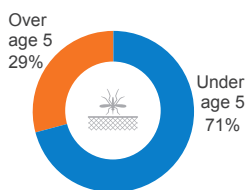
Nearly 2.22 million cases of malaria, including 558 deaths, were reported in 2016, representing a decrease from 2015, when there were nearly 2.37 million cases of malaria reported, including 1,030 deaths. However, the decrease should be taken in the context of an overall decline in reporting rate in 2016, due to the spread of conflict to new areas and disruption to health services.

Children under age 5 remain most affected by the disease, accounting for 71 per cent of all malaria deaths in 2016.

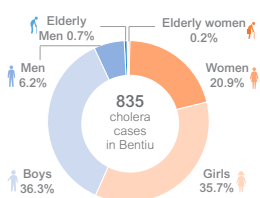
Malaria is a parasitic disease transmitted by female *anophele* mosquitoes that, despite being preventable and treatable, threatens the lives of millions of people around South Sudan. Pregnant women and children under age 5 are especially vulnerable, with malaria during pregnancy potentially resulting in high maternal mortality, low birth weight and maternal anaemia.

In 2016, partners responded comprehensively to malaria, including distribution of protective insecticide treated nets, indoor spraying with insecticide in the IDP sites, preventive treatment for pregnant women, diagnostic tests, case management with effective drugs, education, surveillance, research and advocacy.

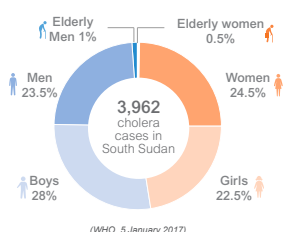
2016 malaria deaths by sex in South Sudan



2016 cholera cases by sex and age in Bentiu



2016 cholera cases by sex and age in South Sudan



Cholera continues to spread in Unity

The 2016 cholera outbreak has now spread to 10 counties, with cases confirmed in Panyijiar County in the last week of 2016. Suspected cases have been reported in other counties in Unity, including Koch and Mayendit. However, confirmation of the cases has been challenging due to insecurity making it difficult to transport culture samples to the national laboratory for testing.

Active transmission of cholera has continued in Bentiu town, the Bentiu Protection of Civilians (PoC) site and Leer County and re-emerged in the Juba UN House PoC site in the first week of 2017. The majority of new cases are reported in Bentiu, where there were 835 cases and nine deaths (case fatality rate of 1 per cent) from 29 September 2016 to 5 January 2017.

Children and women have been hardest hit by the outbreak. About 76 per cent of the cholera cases are children under age 14 and 55 per cent of the cases are female. The new cases in Bentiu are largely reported among children under age 2 and in individuals that arrived to the PoC after the June 2015 oral cholera vaccine campaign.

Partners are planning to conduct another vaccination campaign in Bentiu PoC, as the population has increased from 70,000 in June 2015 when the last campaign was

The hotline to report suspected cholera cases is 1144.



conducted to about 120,000. Ongoing transmission in the PoC is suspected to be associated with use of water from an unsecured water reservoir for washing, bathing, swimming and occasionally for domestic use, as well as the low latrine coverage due to the sharp increase of people in the PoC.

As of 5 January, 3,962 cholera cases including 75 deaths (CFR 1.89%) had been reported in 10 counties in South Sudan since the initial case was reported on 18 June 2016 in Juba. This is the longest cholera outbreak recorded in recent years, with the 2014 outbreak lasting three months and the 2015 outbreak lasting six months.

Fighting in Upper Nile causes displacement, disruption to humanitarian aid

On 25 December 2016, conflict broke out between refugees from Doro camp and the host community in Bunj, Maban County, displacing civilians and disrupting humanitarian operations.

The conflict was reportedly triggered by the detention and death of one male refugee in custody on 23 December 2016. Fighting continued through to 27 December, rendering the airstrip inaccessible. However, by 28 December fighting had subsided and flights resumed shortly afterwards.

Health clinics, schools and other facilities managed by humanitarian partners in Doro refugee camp were vandalized and looted. Investigations are ongoing into reports of people missing, injured and killed from both communities.

Humanitarian partners have undertaken assessments in all four camps of Maban, home to over 137,000 refugees from Sudan's Blue Nile State. While the Gendrassa, Kaya and Yusuf Batil camps were not directly affected, initial findings suggest that over 8,000 local community members were displaced, while approximately 10,000 refugees in Doro, one fifth of the camp, moved to nearby locations.

Partners have begun distribution of food and household items to displaced people, and provision of additional water supply, sanitation facilities and shelter is being assessed and scaled up. General Food Distribution for January is due to commence in the coming days.

Displacement from Nasir

Following several months of clashes, fighting again erupted between armed actors in Nasir, Upper Nile, on 2 January, forcing civilians to flee.

According to partners, houses were burnt in Jikmir, Khoat and Kuetrengke payams, and thousands of people, including 2,000 in Wanding payam, are reported to have been displaced. Even prior to the arrival of the IDPs, food insecurity and access to basic services was a concern in Wading due to the failure of crops, lack of treated water, and absence of schools or health care centres.

In Mandeng, where several NGOs had established offices, properties and aid supplies were looted, and people were forced to flee.



Aid workers provide emergency basic items to displaced people by fighting in Maban. Photo: UNHCR/Mohamed Ajak;

Partners have begun distribution of food and household items to people displaced due to fighting in Maban.

Thousands of civilians have been forced to flee due to fighting in Nasir and properties have been burnt and looted.

For further information, please contact:

Frank Nyakairu, Head of Communications and Information Management, nyakairu@un.org

Guiomar Pau Sole, Public Information Officer, pausole@un.org

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