



unicef 

South Sudan

Humanitarian Situation Report

16 – 28 FEBRUARY 2017: SOUTH SUDAN SITREP #104

SITUATION IN NUMBERS

Highlights

- On 20 February, famine was officially declared in parts of Unity state. This is the first time in six years that a famine has been declared anywhere in the world. Approximately 100,000 people are currently facing starvation, with an additional one million close to famine.
- A recent assessment mission by UNICEF, WFP and Oxfam to Kapoeta, Eastern Equatoria found that drought has significantly affected water access and food security. A multilateral response is planned and underway.
- Following a scale-up of cholera response activities, the number of new cases reported has declined significantly. Efforts continue to halt the current outbreak, which has been ongoing since June 2016.

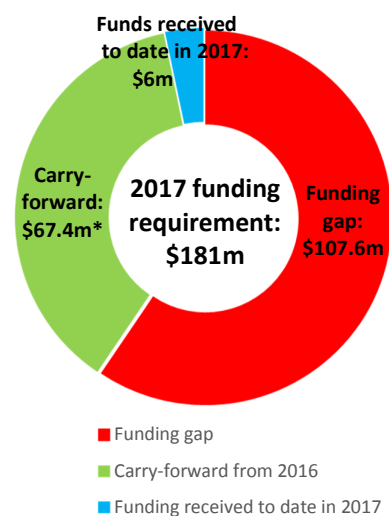
1.89 million
 People internally displaced since 15 December 2013
 (OCHA South Sudan Humanitarian Bulletin, 17 February 2017)

1.5 million
 South Sudanese refugees in neighbouring countries
 (OCHA South Sudan Humanitarian Bulletin, 17 February 2017)

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	12,454	207,257	12,558	2.4%
Health: # of children aged six months to 15 years in conflict-affected areas vaccinated against measles			1,232,000	12,138	0.9%
WASH: # of people provided with access to safe water as per agreed standards (7.5–15 litres per person per day)	2,400,000	367,604	800,000	331,387	35.6%
Child Protection: # of children reached with psychosocial support (PSS)	361,716	92,137	327,000	92,137	20%
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)	94,521 (Boys: 56,994 Girls: 37,577)	300,000 (Boys: 165,000 Girls: 135,000)	75,738 (Boys: 47,613 Girls: 28,125)	13.8%

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.

Situation Overview & Humanitarian Needs

On 20 February, South Sudan became the first country in six years to officially declare famine. The declaration was made when a new Integrated Food Security Phase Classification (IPC) report was officially endorsed and released by the National Bureau of Statistics (NBS). According to the report, some counties in Unity state are classified as currently being in famine or having a high likelihood/risk of famine. From February to July 2017, Leer and Mayendit counties are considered to be experiencing famine, and famine is also likely to occur in Koch County. In Panyijar County it is projected that famine will likely be avoided with appropriate humanitarian assistance. Approximately 100,000 people currently face starvation, while one million are on the edge of famine. For the period from February to April 2017, the beginning of the lean season, it is estimated that some 4.9 million people (approximately 42 per cent of population) are severely food insecure (IPC Phases 3, 4 and 5). This is projected to increase to 5.5 million people (47 per cent of the population) at the height of the 2017 lean season in May – July 2017. President Kiir has promised unrestricted humanitarian access to the areas affected by famine, many of which are currently inaccessible.

The security situation continues to deteriorate in certain areas of Unity, Upper Nile, Jonglei and Greater Equatoria, causing affected populations to move to neighboring areas within and outside the country. Internally displaced people (IDPs) from Kajo-Keji and Yei in Central Equatoria have moved into Uganda, where a new refugee camp has been established by UNHCR to accommodate the significant influx of South Sudanese refugees. Heavy fighting has taken place in Upper Nile and Jonglei, and on 20 February more than 30 humanitarian workers were relocated from Yuai following clashes between the Sudan People's Liberation Army (SPLA) and the SPLA – in Opposition (SPLA-iO).

Water tables in many parts of country remain low as the dry season continues. The situation is exacerbated by a fuel shortage in the country, which is impacting the operation of urban water systems and water pumping and treatment plants. Water availability in both Juba and Wau town have been affected. The harsh dry season currently affecting the country is having a negative impact on the already extremely critical food security situation. Greater Kapoeta in Eastern Equatoria, bordering Kenya and Ethiopia, is believed to be the main area in the country affected by the pro-longed dry spell.

The cholera outbreak once again appears to be declining. Though active transmission is still ongoing in four different states, there has been a decline in the number of new cases reported; 57 cases were reported between 13 and 19 February, while only 18 new cases were reported between 20 and 26 February. The current outbreak has lasted longer than those of 2014 and 2015, but the case fatality rate for the 2016/2017 outbreak is significantly lower, indicating that awareness and response activities have been successful. The outbreak has concentrated along the river Nile, where populations consume contaminated water directly from the river. Cumulatively, 5,085 cholera cases including 105 deaths (case fatality rate of 2.06 per cent) have been reported since the outbreak began on 18 June 2016.

Meanwhile, a total of 28 measles cases have been reported in the past two weeks; 25 cases in the Wau area, one case in Yambio, one case in the Bor PoC site, and one case in Aweil. This brings the total number of cases reported in 2017 to 288, though there have not been any reported deaths.

Humanitarian Strategy

In 2017, in line with UNICEF's Humanitarian Action for Children (HAC) and the inter-agency Humanitarian Response Plan, UNICEF will continue to give priority to the current integrated scale-up strategies in Northern Bahr el Ghazal and Greater Equatoria, while maintaining 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 response to the declaration that areas of Unity state have been classified as being in famine or having a high likelihood/risk of famine, UNICEF has developed the Southern Unity Response Plan, which is currently being implemented. In the last two weeks, five Rapid Response Mechanism (RRM) teams have been deployed to the most hard-to-reach areas of southern Unity in order to provide life-saving support and supplies to children and their caregivers.

Further, 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 operations while expanding existing partnerships with 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. UNICEF is working to identify and implement drought mitigation and response preparation activities.

UNICEF has contributed significantly to the ongoing cholera response, and continues to do so, building on active preparedness measures that have been put in place and leveraging on cross-sectoral synergies among the relevant sectors of health, communication for development (C4D), and water, sanitation and hygiene (WASH). The support is mainly channelled through integrated community level interventions while bridging supply gaps at the referral facility level. UNICEF has supported a total of 24 oral rehydration points (ORPs) that manage patients at the community level through implementing partners. UNICEF also supports active case finding, case management and surveillance.

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 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 missions 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. To date in 2017, seven RRM missions have been completed while two are ongoing at the time of reporting, all in Greater Upper Nile.

Summary Analysis of Programme Response

DROUGHT PREPAREDNESS: From 14 to 23 February, UNICEF, WFP and Oxfam conducted a joint assessment mission to the counties of Kapoeta East, North and South in Eastern Equatoria, which are believed to be the main areas in South Sudan affected by the dry spell. The assessment found the overall food security and livelihoods situation to be in a critical state, following two consecutive years of poor or near lack of rainfall that culminated in complete crop failure. All water points in the counties are being shared by humans and livestock, even in the towns. This poses a serious health hazard and

may contribute to the spread of diseases. Further, many schools in rural villages are effectively closed, citing hunger a major driver for low attendance of students. The poor food security situation is exacerbated by the ongoing economic crisis and high commodity prices in the markets. Additionally, unprecedented levels of cattle raiding has led to a lack of access to milk and meat for the Toposa pastoral community, the main inhabitants of Greater Kapoeta.

Based on the report findings, a humanitarian response and strategy is currently under development. This is likely to include an increase in food distribution and support to WFP's school feeding programme Food for Education in the region, as well as establishment and provision of nutrition services, including outpatient therapeutic programmes (OTPs). In terms of WASH, key response efforts will include support to the rehabilitation, operation and maintenance of water points, focusing on local ownership, as well as social mobilization efforts. Healthcare services will continue to be supported and protection issues will be given focus.

In Wau town and surrounding areas, residents and IDPs sheltering at the Catholic Church Cathedral and Episcopal Church sites have been facing water insecurity during the past two weeks, as the result of reduced discharge of ground water due to shallow wells due to the dry weather. This is further aggravated by the closure of the Wau urban water supply for the last two weeks as a result of fuel shortage and poor maintenance of the pumps.

CHOLERA RESPONSE: During the reporting period there has been a general decline in the number of new cholera cases reported. A total of 75 new cases were reported in Yirol East (1), Awerial (44), Liech (3), Pigi (4) and Bor (23). Presently, a total of 12 counties in four states have confirmed cholera outbreaks with active transmission ongoing: Unity state (Rubkona and Mayendit), Lakes state (Yirol, Awerial and Mingkaman), Jonglei state (Bor South, Duk Islands, Kwei Island, Jalle, Twic East Island and Pigi County) and Central Equatoria (Juba).

In Jonglei, UNICEF partner, Community Development Organization Network (CNDF), in collaboration with the State Ministry of Health (SMoH) and the County Health Department (CHD) reached 6,064 individuals (1,432 HHs) through 70 trained volunteers on cholera and diarrheal disease prevention during the reporting period. A total of 21 schools and 12,049 pupils were also reached through school-based interventions and 31 market sessions were conducted, reaching 2,485 people including food vendors. Further, 27 water point sessions reached a total of 1,988 people including water vendors, and 507 chlorine tablets were distributed in Bor town residential areas, covering Bor, Twic East and Duk counties.

In Lakes state, UNICEF and partners reached 1,817 individuals through 28 trained volunteers on cholera and diarrheal disease prevention. Meanwhile, in UN House PoC site in Juba, three teams of mobile announcers are making public announcements for 12 hours per day to educate communities on cholera prevention and control methods.

In Unity state, the Bentiu Star Theatre Group is currently performing roadshows and conducting public announcements, house-to-house visits and community dramas, while International Medical Corps (IMC) is implementing hygiene promotion activities. Implementing partners are actively working on social mobilization activities with support from UNICEF, covering hotspots in Mayendit, Panyijar and Leer. In addition to house-to-house visits, they are conducting community meetings, church/mosque announcements and display of information, education and communication (IEC) materials.

HEALTH: During the reporting period, a total of 28 measles cases were reported (25 cases in the Wau area, one case in Yambio, one case in Bor PoC site, and one case in Aweil). As part of UNICEF's response to the continued measles outbreaks, 1,541 children aged six months to 15 years were vaccinated against measles through supplementary immunization activities. Preparations for the national measles follow-up campaign are ongoing. Campaign microplans and training activities were completed from 13 to 14 February at state level, with the campaign planned to take place during the last week of March. This campaign is targeting a population of 2,324,565 children aged 6 to 59 months. The first round of the polio national immunization days is planned for 28 February to 3 March, targeting 3,752,315 children.

UNICEF organized a joint mission with UNMISS in Tambura County of Western Equatoria state. The health response during this mission was the distribution of mosquito nets to an estimated 400 IDPs from Nadiangere payam in Yambio County. In Yambio, one suspected case of measles was reported; samples were collected by WHO and brought to Juba for investigation. In Eastern Equatoria there were no suspected cases of either cholera or measles during this reporting period. However, primary healthcare centre kits, primary healthcare unit kits and assorted drugs have been prepositioned to health facilities across the state as the drug consignment from the Ministry of Health is expected to be depleted by end of this month due to the high caseload of malaria, diarrhoea and pneumonia in the state.

During the reporting period, 51,913 curative consultations were conducted, of which 24,513 were to children under five. Malaria and acute respiratory infections (ARI) were the primary cause of morbidity during this reporting period, at 29 per cent and 19 per cent, respectively. Diarrhoea accounted for 10 per cent of overall consultation. Meanwhile, 2,737 pregnant women received antenatal care services, with 23 per cent making the four or more recommended visits. A total of 445 deliveries were conducted by skilled birth attendants and 908 pregnant women received counselling and testing for HIV; six tested positive and four enrolled on antiretroviral treatment.

NUTRITION: Given the catastrophic nutrition situation in the counties of southern Unity state (Leer, Mayendit, Koch and Panyijar), UNICEF has developed a comprehensive response plan, including WASH, Nutrition, Health and Child Protection sectors. During the reporting period, a total of 18,345 children aged 6-59 months were screened for malnutrition in Bentiu PoC site, Rubkona, Koch and Pariang counties, out of which 260 were identified with severe acute malnutrition (SAM) and 945 with moderate acute malnutrition (MAM). Extremely critical proxy global acute malnutrition (GAM) rates (above 30 per cent) were reported in Leer (35.3 per cent) and Koch (30 per cent). In addition, five RRM missions were dispatched to southern Unity at the end of February to provide immediate, life-saving support.

In Jonglei State, nutrition programme activities have been affected following the recent incidence of fighting in some areas of Uror county. As a result, Yuai, Wiekol and Padiek OTP sites have temporarily been closed until the situation normalizes.

In Western Equatoria, UNICEF Nutrition and WASH responded to 330 IDP households in Tambora County who fled the armed conflict in Nadengiri payam of Yambio. The IDPs, who are mainly children and women, arrived emptyhanded as most of their belongings were reportedly looted or burnt by the armed group. The response included blanket distribution of emergency food (BP-5), buckets, soaps and water purification tablets.

Nationwide, UNICEF in collaboration with partners is implementing emergency nutrition services to address the issues malnutrition by providing various curative and preventive nutrition services. There are more than 620 OTP sites and approximately 50 inpatient therapeutic sites across the country, all supported by UNICEF and managed by government, national and international partner organizations.

WASH: Due to ongoing fuel shortages and the financial crisis, the urban water supply systems in Juba have either been completely closed down or are working far under capacity. This has resulted in many people in Juba seeking water from unprotected sources, mainly the river Nile. UNICEF and partners have advocated with the Government for allocation of fuel for water treatment plants and review of the water tariff to allow urban water corporation and private water treatment plants to be able to cover their operation and maintenance costs; to date, these efforts have been unsuccessful.

During the reporting period, UNICEF in partnership with Nile Hope responded to over 30,000 IDPs displaced by recent fighting in Nasir and Maiwut counties of Upper Nile state by distributing water purification products and rehabilitating hand pumps.

In Bentiu PoC site, which hosts more than 120,000 IDPs, the average drinking water supply has remained relatively stable at 13.5 liters per person per day for the past two weeks. The scaling up of cholera response activities by WASH and health partners in the PoC site yielded positive results, with only three new cases reported during the last two weeks.

Although cholera has been contained in most locations, cholera cases continued to be reported in the islands of Duk in Jonglei and in Yirol in Lakes states. UNICEF is supporting WASH partners for the cholera response in these locations by providing WASH cholera preventions supplies including soap, water purification products, buckets and spray pumps. UNICEF is also supporting the construction of emergency latrines, house-to-house hygiene promotion activities, and the construction and rehabilitation of water points in affected and high-risk areas.

EDUCATION: Schools have opened for the 2017 academic year with classes ongoing in most states. In Lakes state, registration is ongoing and classes are expected to start in first week of March. The unpredictable arrival of IDP children in some counties in the Great Upper Nile and Greater Equatoria regions is posing challenges for planning supplies and resources. In the reporting period, there was an influx of approximately 2,000 IDP children in Udier Payam of Longechuk County, Upper Nile, following the recent fighting in Nasir.

In Lakes and Unity states, teachers and families who are cattle keepers move to the water points this time of year and return only when rains start to fall in May/June, which causes a drop in the attendance of children. In all states, there is active mobilization of education supplies to partners and schools, setting up of temporary learning spaces, identification of volunteer teachers and their trainings and assessments for new project locations.

In the rural areas of Western Equatoria, despite resumption of teaching, attendance is still low while registration is ongoing in some schools. In contrast, there is overcrowding in schools in Yambio town as a result of the influx of IDPs. UNICEF together with the State Ministry of Education is working on the distribution plan for the emergency education supplies, prioritizing schools with high numbers of children and those operating in areas affected by conflict. Ikpiro Primary School is still occupied by armed forces. UNICEF is working with the State Ministry of Education to ensure the school is vacated as soon as possible.

In southern Unity, accessibility has increased in Mayom (43 per cent of schools were accessible in December compared to 64 per cent in January) and Mayendit (15 per cent accessible in December compared to 19 per cent in January). INTERSOS, the only education partner currently present in southern Mayendit, supports five schools with an enrolment of 2,881 children (1,436 girls). On behalf of UNICEF, INTERSOS took part in the RRM mission recently conducted in northern Mayendit, supporting the reopening of eight schools. These schools need school supplies and other educational support. UNICEF is looking for an opportunity to send essential supplies as soon as possible.

CHILD PROTECTION: During the reporting period, 26,413 children were reached through UNICEF Child Protection support, which included family tracing and reunification, mine risk education, case management and psychosocial support. This brings the total for 2017 to 92,137 children reached. UNICEF partners in Northern Bahr el Ghazal, Greater Equatoria, Unity and Upper Nile provided psychosocial support services through community-based activities to 23,713 children (13,388 boys, 10,325 girls). During the reporting period, additional 21 unaccompanied and separated children (13 boys and eight girls) in Unity (Koch) and Eastern Equatoria (Nimule and Motoyo East) received family tracing and reunification services, which brings the cumulative figure to 404 unaccompanied and separated children (193 boys, 212 girls) who have received family tracing and reunification services in 2017. Additionally, 3,329 children (1,784 boys, 1,545 girls) were reached with mine risk education in Upper Nile and Unity states.

As part of the scale-up strategy for Greater Equatoria, UNICEF is working in partnership with government and other child protection partners in Juba, Yambio, Yei, Kajo-Keji and Torit to assess protection needs of unaccompanied and separated children. UNICEF also participated in a protection assessment mission to Kajo-Keji, where the Protection Cluster is appealing to the government forces and opposition groups for an immediate ceasefire and an end to the hostilities and grave human rights violations. In Malakal, Upper Nile, Rumbek and Juba, UNICEF have reached 2,539 children (1,320 boys, 1,219 girls) through awareness programmes, while 376 parents, caregivers and teachers have received training on psychosocial support and parenting skills.

In the reporting period, UNICEF and partners reached 1,664 people (766 women, 396 girls, 362 boys and 140 men) in Central Equatoria and Unity with gender-based violence (GBV) response and prevention messages and referral and response services. In Nyal, Unity, 250 women continue to benefit from psychosocial activities in women's centres. One safety audit was conducted and results were shared with other actors to improve safety and privacy around WASH facilities. UNICEF in collaboration with the Protection Cluster also trained over 35 humanitarian workers on GBV risk mitigation and GBV in emergencies planning and coordination in Juba to improve safety for women and girls inside and outside IDP camps. In Bor and Twic East, Jonglei, UNICEF is supporting GBV prevention through community engagement in changing harmful social norms and promoting positive social norms to protect women and girls. Twelve groups of 25 decision-makers are halfway through their 15 weeks of community dialogues towards positive change.

FUNDING: UNICEF's 2017 Humanitarian Action for Children (HAC) requirements for South Sudan are US\$ 181 million, up from US\$ 165.2 million in 2016. Last year, only 71 per cent of the funding requirements were met. For 2017, funds available for the response include generous contributions of over \$43 million received in late December 2016.

Funding status as at 10 February 2017				
Appeal Sector	Requirements*	Funds Available**	Funding Gap	
			US\$	%
Nutrition	42,066,000	15,718,622	26,347,378	63%
Health	26,600,000	5,571,920	21,028,080	79%
WASH	50,125,000	8,659,478	41,465,522	83%
Child Protection	25,000,000	12,070,652	12,929,348	52%
Education	37,209,000	31,353,575	5,855,425	16%
Total	181,000,000	73,374,247	107,625,753	59%

*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 March 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	12,454	207,257	12,558	7,605
per cent of exits from therapeutic care by children 6-59 months who have recovered	>75%	86.0%	>75%	86.0%	-
# of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding	590,134	58,731	590,134	58,731	26,426
HEALTH					
# of children 6 months-15 years in humanitarian situations vaccinated for measles			1,232,000	12,138	1,541
# of long-lasting insecticide treated nets (LLITN) distributed			450,000	13,105	2,320
# of preventive and curative consultations provided to children under 5 years			476,250	70,686	24,513
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	367,604	800,000	331,387	46,604
# of target population provided with access to appropriate sanitation facilities	1,200,000	294,128	400,000	152,261	44,128
CHILD PROTECTION					
# of children reached with psychosocial support (PSS)	361,716	92,137	327,000	92,137	26,413
# of unaccompanied and separated children (UASC) and missing children registered ⁵	19,608	14,839	13,000	12,288	21
# of children reached with life-saving mine risk education (MRE)	212,856	13,921	160,000	13,554	3,329
# of people reached by gender-based violence (GBV) prevention and response services			160,000	19,235	1,664
EDUCATION					
# of children and adolescents 3-18 years provided with access to education in emergencies	510,300 (Boys: 280,665 Girls: 229,635)	94,521 (Boys: 56,994 Girls: 37,577)	300,000 (Boys: 165,000 Girls: 135,000)	75,738 (Boys: 47,613 Girls: 28,125)	34,297
# of teachers and members of parent-teacher association (PTA) and school management committee (SMC) trained	5,813	959 (Male: 745 Female: 214)	5,815	687 (Male: 534 Female: 153)	155

¹ Partner reporting rates remain below 100per cent. 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 the end of January 2017, 4,656 children had been successfully reunited with their families, while 10,162 cases remain active and open, requiring ongoing interim care and family tracing services.