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South Sudan

Humanitarian Situation Report

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13 - 19 AUGUST 2014: SOUTH SUDAN SITREP #35

SITUATION IN NUMBERS

Highlights

- There has been heavy fighting in Bentiu this week, including very close to the PoCs. The fighting is slowing the humanitarian response in the area, and has stopped supply movements, including essential supplies such as therapeutic foods to treat acute malnutrition.
- UNICEF team undertook a Rapid Response mission to Kaldak in Jonglei state along with WFP and NGOs Nile Hope and CAD. During the mission, 921 children were screened for malnutrition, out of whom 103 children (11.2 per cent) were suffering from severe acute malnutrition (SAM) and 153 (16.6 per cent) were found with moderate acute malnutrition. The findings indicate a critical nutrition situation among the displaced population and especially the children in the area. Together with implementing partner Nile Hope, a temporary outpatient therapeutic programme (OTP) centre was established, including nutrition supplies and capacity building for staff.
- Six new suspected cases of Guinea Worm have been reported in Mingkaman IDP site. The movement of people from the infected county of Abuyong, in Awerial County, to Mingkamen in search for food and services provided for the IDPs has increased the risk of new infections. UNICEF and WASH partners, in collaboration with the Carter Centre, WHO and the County Health Department, have ensured 18 hygiene promoters from key WASH actors have been trained on surveillance, prevention and control, and are continuing to provide safe water in Mingkamen.

1.3 million

People internally displaced since 15 December
(OCHA, SitRep #49 dated 14 August, 2014)

695,172*

Estimated internally displaced children under 18 years

Outside South Sudan

442,600

Estimated new South Sudanese refugees in neighbouring countries since 15 December 2013 (OCHA, SitRep #49 dated 14 August, 2014)

Priority Humanitarian Funding needs January - December 2014

US\$ 151.7 million**

** Disaggregated data is yet to be made available, as registration has not been completed across the country. Children under 18 years have been calculated based on census*
*** This is based on UNICEF's contribution to the revised South Sudan Crisis Response Plan (CRP) and for Cholera response.*

UNICEF's Response with Partners

Indicators	Cluster			UNICEF		
	Cluster Target	Cumulative results (#)	Target achieved (%)	UNICEF Target*	Cumulative results (#)	Target achieved (%)
WASH: # of target population provided with access to water as per agreed standards (7.5-15 litres of water per person per day)	3,790,000	646,294	17%	875,000	433,650	50%
Nutrition: # targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	176,283	42,867	24%	176,283	42,867	24%
Health: # of children 6mo-15y vaccinated for measles				1,260,000	431,343	34%
Education: # of school-aged children including adolescents (aged 7 – 18) with access to education in emergencies, including supplies	223,048	130,619	59%	78,939	41,577	53%
Child Protection: # of children reached with critical child protection services	261,500	84,460	32%	122,500	56,970	47%

Situation Overview & Humanitarian Needs

According to OCHA, 1.3 million people have been internally displaced by the current conflict, an increase from the previous figure of 1.1 million displaced due to improved reporting from remote areas. This number includes 97,178 people sheltered in Protection of Civilian (PoC) sites. An additional 442,600 people have taken refuge in Ethiopia, Kenya, Sudan and Uganda, meaning over 1.7 million people have fled their homes since December 2013.

There has been heavy fighting in Bentiu this week, including very close to the PoCs. The fighting is slowing the humanitarian response in the area, and has stopped supply movements, including essential supplies such as therapeutic foods to treat acute malnutrition. Humanitarian aircrafts have been threatened. Tensions have also increased in Malakal since 16 August, with troop accumulation and shelling in areas surrounding Malakal town. Additional civilians have sought protection at the Malakal PoC due to the increased fighting. Fighting also continued in Ayod (Jonglei state) and Nassir (Upper Nile state) this week.

According to WHO, malnutrition remains the leading cause of mortality in children under 5 in all camps, though mortality rates in camps remain below the emergency threshold. Acute respiratory infections and acute watery diarrhoea remain the most common diseases.

Cholera cases and reported deaths continue on a downward trend. As of August 11, 5,697 cases of cholera, including 123 deaths, have been reported by WHO (case fatality rate 2.16 per cent). Overall new cholera cases have reduced from 825 cases in week 28 to 121 in week 32. Eastern Equatoria still accounts for most new cases. In collaboration with WHO and health partners, new alerts are being followed up.

Humanitarian leadership and coordination

UNICEF actively participates in the Humanitarian Country Team and the Inter Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF leads the WASH, Nutrition and Education clusters as well as the Child protection sub-cluster. Within the Health cluster, UNICEF provides leadership on vaccination, communication and social mobilization. UNICEF also supports the core supply pipelines for the Education, WASH and Nutrition clusters, providing essential humanitarian supplies to all partners. While continuing to focus on the delivery of life-saving interventions, UNICEF is also investing in providing access to education and a protective environment for affected children.

Humanitarian Strategy: Rapid Response Mechanism

As part of the interagency rapid response teams, UNICEF continues to expand activities in remote locations together with WFP and partners. Multi-sector response teams (WASH, Health, Nutrition, Education and Child Protection) have already been deployed in 21 locations (Akobo, Melut, Nyal, Mayandit, Haat, Kodok, Pagak, Pochalla, Lankien, Old Fangak, Wangak, Jiech, Wau Shilluk, Lul, Leer, Koch, Nihaldur, Duk, Gorwai, New Fangak and Kaldak). Almost half a million people have been reached through this mechanism, including 95,000 children under 5 years. Additional teams are currently deployed in Nassir County in Upper Nile and Rubkona County in Unity.

UNICEF staff undertook a Rapid response mission to Kaldak in Jonglei state along with WFP and NGOs Nile Hope and CAD. This mission was the first support to reach the area since the conflict began; Kaldak has been largely cut off from Malakal, which was the main source for food and other provisions for the population. During the mission, 921 children were screened for malnutrition, out of whom 103 children (11.2 per cent) were suffering from SAM and 153 (16.6 per cent) were found with MAM. The findings indicate a critical nutrition situation among the displaced population. Together with implementing partner Nile Hope, a temporary outpatient therapeutic programme (OTP) centre was established, including nutrition supplies and capacity building for staff.

In addition, during the mission, 1,972 children were vaccinated against measles and 2,285 against polio, while 550 households were provided with essential WASH supplies including household water treatment. 133 separated, unaccompanied or missing children were identified, with registration and tracing on-going. Two temporary learning spaces were established, with 1,084 pre-school and 1,516 primary school children provided with school supplies.

Summary Analysis of Programme Response

HEALTH: The cholera outbreak continues to decrease, with only a few cases reported this week in Upper Nile and Central and Eastern Equatoria States. All potential cases continue to be closely followed up and prevention activities continue in high-risk areas. All cholera treatment centres (CTCs) in Juba are now closed with the exception of the CTC in UN House 1. A total of 76 cholera patients were assisted at oral rehydration points (ORPs) operated by UNICEF and partners in Eastern Equatoria during the reporting week.

No new measles cases have been reported at Bentiu PoC this week. However, one case was confirmed from cattle camps in Mingkamen and a mop up campaign is on-going. In Bentiu, community volunteers reached 1,029 households this week and referred 70 children under five to health facilities for treatment. In total, 6,292 households have been reached by these community volunteers to date, which is estimated to be over three quarters of the PoC population. Community health volunteer activities have been slowed by the rains. Recent security problems at Bentiu have also impacted health activities and stopped the delivery of supplies, including for the upcoming vaccination campaign.

Preparations for the integrated measles, polio and vitamin A campaign are ongoing in Jonglei, Upper Nile and Unity states. This campaign, a continuation of the integrated campaign which was run throughout the rest of the country in April, will target 1.7 million children under 15 years. Vaccines and related supplies were dispatched to Bor on 14 August. Training for the campaign has already been conducted in Malakal while training in Bor is running 18-19 August.

NUTRITION: During the reporting period, 5,213 children were screened (MUAC) across the country bringing the total number of children screened from January to date to 643,831. Of these children, 42,828 (6.7 per cent) were identified as suffering from SAM and 80,817 (12.6 per cent) from MAM.

Performance of Therapeutic Centres January – July 2014		
	Results	SPHERE Standard
Total Admissions	42,867	
Cured Rate	67.5%	>75%
Death Rate	0.6%	<10%
Defaulter Rate	20%	<15%

The total number of reported new admissions to the therapeutic feeding programme stands at 42,867 children 6-59 months, out of which 2,334 (5.4 per cent) were admitted to Stabilization Centres with complications. To date, 67.5 per cent of children were discharged as cured against the recommended SPHERE standard of 75 per cent while death rate is 0.6 per cent and defaulter rate is 20 per cent, same as last week.

An integrated rapid assessment was conducted in Aweil Centre, Northern Bahr el Ghazal state on 11 August. The assessment was carried out at the request of the Relief and Rehabilitation Commission following reports of displacement due to recent insecurity. The key humanitarian nutrition findings include the need for screening of children under 5 years for malnutrition, and the resumption of nutrition/health activities suspended due to insecurity. UNICEF implementing partner Malaria Consortium has already started screening and restarted services in the area.

The Nutrition Information Working Group chaired by UNICEF held its regular meeting this week and reviewed six surveys, the results of which will be available next week. The table inset shows the current status of surveys completed, ongoing, planned and under discussion through the end

Summary of Surveys through December 2014					
Survey Type	Completed Surveys	Ongoing surveys	Planned surveys	Under discussion	Total
SMART	17	3	24	3	47
Small Scale SMART	3	1	7	4	15
Total SMART and Small Scale surveys	20	4	33	5	62

of the year, including planned post-harvest surveys. The small-scale SMART surveys include ten surveys supported by UNICEF in the ten counties prioritized by the Nutrition Cluster based on high food insecurity and lack of nutrition data. Four of these are being undertaken with partners (ACF and Save the Children) and are currently on-going, with nutrition and mortality data expected to be available for the upcoming IPC analysis scheduled to take place in Yei from 27 August to 6 September. The remaining six priority county small-scale SMART surveys will be directly undertaken by UNICEF before the end of the year, including both nutrition and mortality data.

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In Bentiu PoC, the admission trends of SAM cases has shown a slight increase while the under-five mortality rate is below emergency threshold at 0.52 deaths/day/10,000 children. However, as in all camps, the leading cause of death for children under 5 remains malnutrition. The flooding in the POC continues to affect nutrition service delivery.

WASH: UNICEF and WASH Cluster partners in collaboration with health and communication partners continue to provide an integrated response to the cholera outbreak throughout the country. This includes water chlorination, soap distribution and hygiene promotion as well as training of partners. UNICEF is also continuing to engage with state and county local governments. In Torit, in Eastern Equatoria, UNICEF supported the State Ministry of Physical Infrastructure to repair broken handpumps for, and chlorinate, 12 boreholes.



OTP operated by ACF in Bentiu PoC5

UNICEF is working with WHO to support ebola prevention efforts in South Sudan. UNICEF established a clean water source and handwashing facilities at the Juba International Airport, along with a latrine for potential ebola patients. UNICEF also trained health workers and security guards on prevention measures. At Juba Teaching Hospital, UNICEF also provided latrine facilities in the isolation ward.

Six new suspected cases of Guinea Worm have been reported in Mingkaman IDP site. The movement of people from the infected areas of Abuyong, in Awerial County, to Mingkamen in search of food and services provided for IDPs has increased the risk of new infections for the estimated camp population of 99,973 with a potential consequence of reversing the overall downward global trend of Guinea Worm infections. UNICEF and WASH partners, in collaboration with the Carter Centre, WHO and the County Health Department, has ensured 18 hygiene promoters from key WASH actors have been trained by the Carter Centre on surveillance, prevention and control, and has distributed information, education and communication materials. UNICEF and partners are also providing safe water supply at an average of 23 litres per person per day (L/p/d) in Mingkamen, including for the host community, to break the route of transmission among the camp population.

UNICEF and WASH Cluster partners continue the regular supply of safe water at a minimum of 15L/p/d in all POCs in Bentiu¹, Malakal, Wau, Juba and Bor and along with Mingkaman and areas such as Wau Shilluk and Detang which have high number of IDPs. Since the onset of the crisis, a total of 433,650 people have been provided with safe water with UNICEF support.

For most PoC and IDP sites, heavy rains continue to disrupt WASH activities, with continued reports of latrines collapsing and nearby IDP settlements becoming inaccessible. In Bentiu PoC, access to latrines has reduced to 1 latrine for 74 people (1:74) from 1:72 last week as result of latrines collapsed by floods. UNICEF and partners are improving the latrine designs to ensure they are cost effective and can withstand flooding. In all other PoC and IDP sites, access to sanitation has been provided below the agreed standard of the WASH cluster (1:50). In Mingkaman, the slow relocation of the IDPs to new sites where adequate services have been provided by UNICEF and partners has recently resulted in gaps in sanitation access, particularly in Site 0 where the IDPs have insisted on staying. UNICEF will continue to work closely with camp management partner ACTED and county government in Mingkamen to find new strategies for faster relocation.

EDUCATION IN EMERGENCIES: To date, in the three conflict-affected states, UNICEF and partners have reached 7,001 pre-school aged children and 41,577 primary school aged children and adolescents with access to education in emergencies including supplies. A total of 1,020 teachers along with 420 Parent-Teacher Association (PTA) members and other education personnel have been trained to provide education in emergencies. The majority of education activities have been carried out in PoC and IDP sites, with UNICEF and partners using the RRM to restart schools which had stopped due to the conflict.

¹ Note: This includes water provided by borehole and by distribution of household water treatment

For example, through the RRM mission to New Fangak from 29 July – 8 August, UNICEF conducted a “back to school campaign” through microphones, discussions with parents and advocacy meetings with the county education team to re-open schools and mobilize the community to send their children to schools. The campaign resulted in the registration of 726 children (24 per cent girls) who are attending classes with support of 30 teachers (1 female) who were trained on education in emergencies, life skills and psychosocial support during the mission.

UNICEF and partners are working to ensure continuation of education for children, supporting P8 exams in PoC and IDP areas. Exams have now been completed in PoCs in Juba and are being rolled out in other conflict-affected areas. In Bor PoC, plans for P8 exams have been finalized. The school administration has agreed with the volunteer teachers to administer the exams starting 18 August. During the examination period, the schools will close for P1 – P7 term holidays. However, the volunteer teachers still express unwillingness to resume teaching over non-payment of incentives. The attendance of P1-P8 students in Bor PoC has dropped as families move from Bor to Juba for reunification facilitated by UNICEF implementing partner Non-violent Peace Force.

CHILD PROTECTION: To date, UNICEF and partners have reached 56,970 children and adolescents with essential child protection services, including psychosocial support, case management and referrals. Most of the children reached require ongoing support, through regular attendance at psychosocial support programmes, with around 48,068 receiving a service during the last week.

There have been 5,352 unaccompanied and separated children identified by UNICEF and its partners since the conflict in December 2013, including 19 children identified this week. Additional children were identified during two recent Rapid Response missions, however these will be reported next week when transferred into the Child Protection Information Management System. The total active caseload of registered children is now 4,285, with 751 (42 per cent girls) unaccompanied; 2,405 (49 per cent girls) separated; and 1,129 (55 per cent girls) reported by their families as missing. A total of 381 children, or 9 per cent of children now registered, have been reunified with their families. RapidFTR is now operational in the three conflict-affected states, with a further two partners, two UNICEF Field Offices and RRM teams now trained to use the system. With all existing cases now back-entered into RapidFTR, this system can now be used by all partners in these three states to register future cases.

UNICEF and partners continue to provide gender-based violence (GBV) prevention and response services in Malakal and Juba IDP sites (with other sector partners responsible in other areas). UNICEF has entered into a new partnership to provide GBV response in three conflict-affected counties (Pochalla and Akobo in Jonglei and Nasir in Upper Nile), as well as to provide legal counselling and aid in Juba. In Malakal, a total of 768 women, men and girls benefitted from GBV prevention and response services including psychosocial support, awareness raising on GBV issues, reporting processes and consultation for safety and security. Information is shared through house to house outreach and in discussion groups with men, women, youth and elders. UNICEF and its partner also conducted a regular safety audit in Malakal PoC; key findings will be reported next week. UNICEF, as a chair of the GBV working group in Upper Nile State, started Case Review Meetings to enhance the effectiveness of the referral network and resumed the GBV Survivors’ Safety Options Task Force meetings with GBV service providers in the PoC.

COMMUNICATION FOR DEVELOPMENT (C4D): In Central Equatoria State, since the cholera outbreak in May, 445 social mobilizers were trained with support from UNICEF and partners, who reached over 150,000 households with cholera prevention and control messages. During the house to house social mobilization, and an estimated 25,817 bars of soap, 4,184 strips of aquatabs, 213,165 sachets of PUR and over 10,000 sachets of oral rehydration solution were distributed. Social mobilizers also conducted 137 community meetings attended by 4,663 community leaders, youth, women’s groups and church and mosque leaders in Juba County. 232 head-teachers also received training and 149 schools were reached with key messages through cholera video sessions.

Social mobilization activities in the outskirts of Juba have been hampered by flooding. Some of these areas are cut off by the flooding, which could potentially escalate the outbreak as toilets are reported to have collapsed in some households. Social mobilizers managed to reach an additional 240 households and distributed 6,000 sachets of chlorine in Gondokoro Island despite the impassable roads.

SUPPLY & LOGISTICS: Procurement of additional ready-to-use therapeutic food (RUTF) for the treatment of 40,000 children with SAM was undertaken during the week. Of this, RUTF for 12,000 children will be airlifted and will arrive in South Sudan in September.

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The road from Juba to Rumbek is inaccessible at Mvolo, due to a culvert being washed away. There is a backlog of trucks stuck at this point unable to proceed to Rumbek and beyond due to the very poor road conditions during the rainy season; this includes UNICEF trucks transporting eight pre-fabs units for delivery from Rumbek to Bentiu by the Logistics Cluster helicopter.

Additionally, UNICEF is supporting ebola-prevention activities in South Sudan. WASH supplies including pump sprayers and calcium hypochlorite were provided to Juba Airport and Juba Teaching Hospital.

FUNDING: The funding level for the South Sudan Country Office remains at US\$ 72.6 million (48 per cent funded against the requirement of US\$ 151.8 million). UNICEF is deeply appreciative of the contributions received to date from all its donors to support its ongoing humanitarian interventions. UNICEF hopes that the donors will continue their generous support to ensure that critical assistance is provided to the displaced populations and host communities affected by the current crises.

Appeal Sector	Requirements in US\$**	Funds received in US\$*	Funding gap	
			US\$	%
Nutrition	43,700,000	22,848,802	20,851,198	48%
Health	24,184,673	9,177,258	15,007,415	62%
WASH	40,900,000	21,277,841	19,622,159	48%
Protection (CP, GBV & MRE)	12,374,652	9,145,082	3,229,570	26%
Education	10,319,775	5,390,982	4,928,793	48%
Multi-sector refugee response	2,675,290	0	2,675,290	100%
Cholera Response	17,630,680	4,746,410	12,884,270	73%
Total	151,785,070	72,586,375	79,198,695	52%

* 'Funds received' does not include pledges.

** The requirements noted above include the indirect cost recovery of 8% as per UNICEF's Executive Board decision. It also includes a cross-sectoral cost (covering fuel, security, ICT etc) to meet the high operating costs of working in South Sudan.

Next SitRep: 26 August 2014

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Annex A - SUMMARY OF PROGRAMME RESULTS²

	Cluster 2014		UNICEF and IPs 2014		
	Target (Jan-Dec) ^{*3}	Results (Jan- to 15 July)	Target (Jan-Dec) [*]	Results (Jan- to 15 July)	Change since last report
NUTRITION					
# of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	176,283	42,867	176,283	42,867	220
% of exits from therapeutic care- children who have recovered	75%	67.5%	75%	67.5%	-
# of children 6-59 months receiving vitamin A supplementation	1,980,069	74,186	1,980,069	74,186	-
# of children 12 - 59 months receiving de-worming medication	1,771,640	40,426	1,771,640	40,426	-
# of pregnant and lactating women in affected areas receiving multi micronutrient supplement (or iron and folic acid)	218,758	1,618	218,758	1,618	-
HEALTH					
# of children 6mo-15y vaccinated for measles			1,260,000	431,343	26,581
# of children below 15 years vaccinated against polio			1,316,000	327,684	27,265
# of households receiving 2 ITNs			116,667	79,530	0
# of pregnant women attending at least ANC 1 services			23,520	8,550	206
# of pregnant women attending ANC counselled and tested			6,300	4,054	103
WATER, SANITATION AND HYGIENE					
# of target population provided with access to water as per agreed standards (7-15 litres of water per person per day).	3,790,000	646,294	875,000	433,650	2,250
# of target population provided access to appropriate sanitation facilities (as per the Sphere Standards)	950,000	243,200	500,000	238,300	-
CHILD PROTECTION					
# of registered UASC receiving Family Tracing and Reunification services and family-based care/appropriate alternative care services ^{**}	4,390	5,352	3,512	4,431	15
# of children reached with critical child protection services	261,500	84,460	122,500	56,970	19
# of women, men, girls and boys receiving GBV prevention and response services [*]	400,000	23,976	30,000	11,335	905
EDUCATION					
# of pre-school children (aged 3-6) with access to play and early learning including supplies	48,962	36,292	19,735	7,001	930
# of school-aged children including adolescents (aged 7-18) with access to education in emergencies, including supplies	223,048	130,619	78,939	41,577	3,951
# of teachers trained to provide education in emergencies	1,993	2,060	1,020	1,020	30
# of other education personnel and Parent-Teacher Association members trained to support education in emergencies	997	4,282	306	420	15
# of classrooms established/rehabilitated	2,720	319	1,545	176	16
CHOLERA⁴					
# households in Outbreak States reached directly with messages on cholera prevention and control practices; and hygiene and health supplies ⁵			300,000	150,000	16,886
# of schools reached with cholera awareness campaigns			300	149	18
# of community volunteers, leaders, teachers, social mobilizers promoting cholera prevention and control at the community and HH levels			1,500	760	-
# of operational Oral Rehydration Points supported by UNICEF	-	-	55	52	-

No change since last report is denoted by "-"

² Partner reporting rates remain below 100 per cent; UNICEF continues to work with its implementing partners to improve monitoring and reporting of results.³ These are the revised Targets for both Cluster and UNICEF as reflected in the revised Crisis Response Plan (Jan-Dec 2014).⁴ Response Strategies are different for outbreak and unaffected states. In outbreak states, intensive community and social mobilization activities are being conducted.⁵ Supplies include chlorine tablets, PUR, and ORS