

Humanitarian Bulletin

South Sudan



28 January – 3 February 2013

HIGHLIGHTS

- Last minute funding rescued the United Nations Humanitarian Air Service from suspending all flights on 1 February.
- Humanitarian access in South Sudan deteriorated over the course of 2012, with a 48 per cent increase in access incidents compared to 2011.
- Aid agencies continued to respond to a Hepatitis E outbreak in refugee camps in Maban County, Upper Nile State.

BASELINE

Population 2008 (NBS)	8.26 million
GDP per capita (NBS)	\$1,546
Pop. living below poverty line (NBHS)	51%
Life expectancy (SHHS)	42 years
Child mortality (SHHS)	105/1,000
Maternal mortality (SHHS)	2,054/100,000
>5 global acute Malnutrition (NBS)	18.1%
Adult literacy (NBS)	27%
Net enrolment secondary education	1.6%
Households using improved sanitation (SHHS)	7.4%
Households with improved drinking water sources (SHHS)	68.7%



UNHAS planes are the only way humanitarian agencies can delivery aid in hard-to-reach areas across the country (UNHAS)

Situation overview

Last minute funding rescued the United Nations Humanitarian Air Service (UNHAS) from grounding all flights on 1 February. Insufficient funding threatened to paralyze aid delivery to some 3.3 million people in need across the country. However, available funding will only sustain the air service for one month. The humanitarian community is gravely concerned that the lack of long term funding commitment will disrupt ongoing humanitarian operations.

Humanitarian access deteriorated over the course of 2012, with a 48 per cent increase in access incidents compared to 2011. The overall spike in access constraints is largely attributed to increased interference, hostilities and the physical environment.

Aid agencies continued to respond to a Hepatitis E outbreak in refugee camps in Maban County, Upper Nile State. According to the Ministry of Health, 4,870 suspected cases of Hepatitis E have been reported of which 107 people have died since July.

Humanitarian challenges, needs and response

One month lifeline for humanitarian air service

Last minute funding rescued UNHAS from suspending all flights in South Sudan from 1 February. Insufficient funding threatened to ground the air service from February onwards, risking paralyzing aid delivery to some 3.3 million people in need across the country.

However, available funding can only sustain the air service up to the end of February. UNHAS requires US\$3.5 million per month to operate, or \$40 million until the end of 2013 to keep flights in the air.

UNHAS is a critical component of the relief operation in South Sudan, one of the most difficult environments in which to deliver humanitarian assistance. Many people live in hard-to-reach locations which are inaccessible by road, or too insecure to reach by ground travel. During the rainy season, up to 60 per cent of the country is inaccessible by road leaving air services as the only option to delivery aid.

Additionally, in 2012, UNHAS carried out 110 medical evacuations to people with life-threatening injuries. It also transported over 343 metric tonnes of lifesaving aid including medicine and food. Over 230 relief organizations relied on the air service in 2012 to respond to emergencies, many of which simply would not have been able to reach communities in crisis without the service.

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Assistance provided to 1,500 people displaced in Northern Bahr el Ghazal

Health partners provided assistance to support health services for 1,500 people, mainly women and children who were displaced to Jar Akol and Maker Anei in Northern Bahr el Ghazal State. These are among groups displaced in December by ground incursions and aerial bombardments that occurred in the contested area of Kiir Adem, which lies inside a 23km wide strip of land between Northern Bahr el Ghazal and Sudan's South Darfur State border area.

An assessment carried out in Jar Akol and Maker Anei indicated that some of the displaced people are sleeping in the open risking pneumonia and other forms of respiratory infections, with children and the elderly especially vulnerable. Aid agencies provided household kits containing mosquito nets, blankets, plastic sheeting and kitchen equipment to the displaced communities.

Medical supplies for routine immunization and measles prevention, including Vitamin A were prepositioned in preparation for vaccination from 4 to 6 February. The humanitarian community will continue providing additional medical support for the displaced communities. Health partners are also supporting Jaac and Warapei health centres to carry out regular integrated disease surveillance and response, including monitoring for yellow fever and measles in the area.

Abyei people from Western Bahr el Ghazal settling

Most of the 1,530 individuals who returned to Abyei region from Western Bahr el Ghazal's Wau's town in January are now settled in their places of origin or other intended destinations, according to aid organizations.

The humanitarian community will provide comprehensive humanitarian assistance after needs assessments are carried out at final destinations. In the meantime, food security partners are transferring food ration cards from Wau to Abyei to ensure that these individuals receive their food rations for the month of February.

Humanitarian access update

Humanitarian access deteriorated in 2012

Humanitarian access in South Sudan deteriorated over the course of 2012. In total, humanitarian partners reported 197 access incidents, which represent a 48 per cent increase compared to 2011. The highest number of incidents, 55 of the 197 cases, was reported in Juba, on constraints that affected humanitarian activities across the whole country. At state level, the most severe access constraints were observed in Jonglei, Unity, Upper Nile and Warrap states.

The overall spike in access constraints can be mainly attributed to increased interference, hostilities and the physical environment. Humanitarian partners reported higher numbers of bureaucratic impediments, commandeering and direct threats of violence in 2012 than in previous years.

In at least nine cases, humanitarian activities in Jonglei, Lakes states, Unity and Upper Nile states, were disrupted by fighting between armed groups, causing temporary relocation of humanitarian workers and/or suspension of activities.

Physical access also remains extremely challenging in South Sudan, with more than 60 per cent of the country cut off during the rainy season. Road access to key locations of humanitarian response, including Pariang County in Unity, Maban and Renk counties in Upper Nile, Pibor County in Jonglei, and Twic County in Warrap, was minimal or non-existent from July until December, necessitating expensive air operations.

Medical supplies were prepositioned, ready for vaccination from 4 to 6 February in Northern Bahr el Ghazal

Food security partners are ensuring the Abyei people receive their monthly food rations.

The spike in access constraints is attributed to increased interference, hostilities and the physical environment.

CAP 2013

Funding

1.16 billion
requested (US\$)

4.9 million
received (US\$)

0.4% funded

Source: Finance Tracking Service, as of 3 February 2013

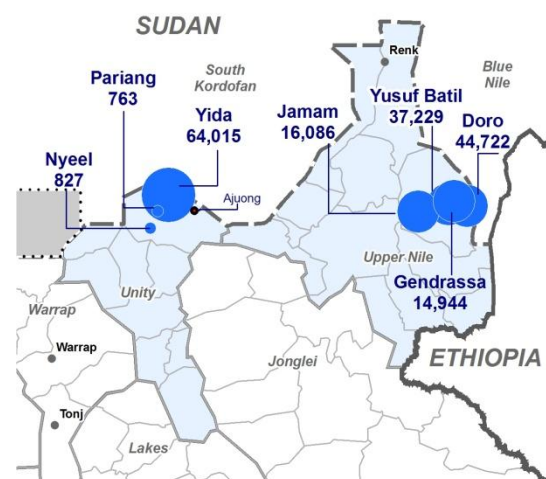
Refugee update

Aid agencies respond to hepatitis E outbreak in refugee camps

Cases of Hepatitis E are increasing across refugee camps in Maban County, Upper Nile. According to the Ministry of Health, 4,870 suspected cases of Hepatitis E have been reported of which 107 people have died (Case Fatality Rate of 2.2 per cent), from the four refugee camps in Maban since July.

Cases continue rising each day, thus placing immense pressure on the available health services and resources. According to the Ministry of Health, the total number of cases recorded in Yusuf Batil camp increased from 575 in the last week of November to 2,986 cases on 31 January, while the number of deaths increased from 14 at the end of November to 73 deaths in the same period. Yusuf Batil is the second largest camp in Maban hosting over 37,000 refugees.

Aid agencies have intensified prevention efforts, including improving access to clean water and sanitation in the refugee sites and host communities. Additional latrines and boreholes are currently under construction, in concurrency with health and hygiene promotion campaigns in public places and at household level.



Cases continue to rise each day in the refugee camps in Maban

Health partners are also focusing on improving access to clean water and sanitation

About 400 refugees are arriving in Yida every day.

REFUGEES

Numbers in Upper Nile

Doro	44,722
Gendrassa	14,944
Jamam	16,086
Yusuf Batil	37,229
Total	112,981

Numbers in Unity

Nyeel	827
Pariang	763
Yida	64,015
Total	65,605

Source: UNHCR, figures as of 03 February 2013.

Work begins at new refugee site in Unity State

Humanitarian partners have started preparing the new refugee site in Ajuong Thok, Unity State. Land clearance for reception and registration centres, rub halls and shelter plots for refugee families has started, with logistics partners clearing the road to enable delivery of construction materials. The site is due to be operational by early March.

WASH cluster partners will repair the existing water points in the area to ensure clean and potable water for both refugee and host communities. The UN refugee agency (UNHCR) plans to relocate 800 refugee students attending school in Pariang to Ajuong Thok. They have been working closely with students to ensure they understand the plans to close the Pariang camp and integrate them into a bigger community which will provide them security protection and services.

There are increasing concerns that, with a recent increase in the number of refugees arriving, with 400 refugees arriving in Yida every day since first week of January, the settlement could see up to 100,000 refugees by June. Hence the need to accelerate preparations for the new site which is expected to host 25,000 refugees.

Returns to South Sudan

Water and sanitation for returnees in Warrap

WASH partners have begun rehabilitating eight boreholes in Twic County, Warrap State to ensure returnee families have access to safe and clean water. Two more boreholes will be drilled in Turalei and Marial Bol returnees' sites to improve access to clean water for 750 households in the area, in addition to a solar water yard. Construction of emergency latrines and hygiene awareness promotion is also underway in the returnee sites.

2013 FIGURES

Conflict incidents	9
Number of people newly displaced	0

Source: OCHA based on reports from local authorities and assessment teams. Figures as of 15 January 2013.

CLUSTERS

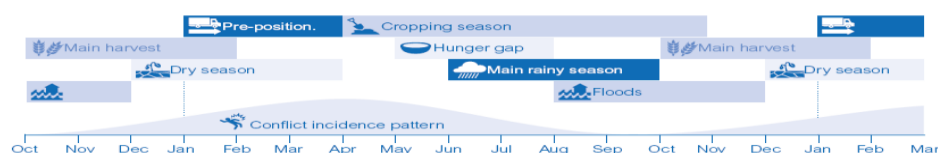
Lead/Co-lead organization

Coordination & common services	OCHA, NGO Sec
Education	UNICEF Save the Children
Emergency returns sector	IOM UNHCR
Emergency telecommunications	WFP
Food security & livelihoods	FAO/WFP VSF-B
Health	WHO IMC
Logistics	WFP
Non-food items & emergency shelter	IOM World Vision
Nutrition	UNICEF ACF
Protection	UNHCR NRC
Water, sanitation & hygiene	UNICEF Medair

Overview of returns to South Sudan (by individuals)

State	Previous total identified in areas of return (AoR)	Weekly in-country arrivals	Total stranded	Updated total (AoR+ transit+ stranded) in
Upper Nile	21,996	50	19,453	41,499
Central Equatoria	20,229	57	822	21,108
Warrap	18,410	36	-	18,446
Northern Bahr el Ghazal	13,133	33	-	13,166
Jonglei	13,603	28	-	13,631
Unity	12,288	172	20	12,480
Eastern Equatoria	11,921	-	-	11,921
Lakes	11,464	67	-	11,531
Western Bahr el Ghazal	9,497	5	-	9,502
Western Equatoria	4,776	-	-	4,776
Total	137,317	448	20,295	158,060

Source: IOM as of 31 January 2013. Contains only IOM verified data unless otherwise noted.



This report was prepared by the OCHA South Sudan office in collaboration with humanitarian partners. If you have inputs for the next edition, or questions/comments on the current issue, please contact: ochasouthsudan@un.org