



© Rich/2016/SouthSudan

## South Sudan

Renewed conflict since July 2016 has deepened the humanitarian crisis in South Sudan, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. These risks are exacerbated by the rapidly deteriorating economic situation, with inflation above 800 per cent.<sup>1</sup> Since December 2013, nearly 3 million people have been displaced, including 1.1 million people seeking refuge in neighbouring countries. Children comprise almost 70 per cent of refugees.<sup>2</sup> The country is facing a critical food security crisis, with an estimated 31 per cent of the population experiencing severe food insecurity as of December 2016, and children among the most vulnerable.<sup>3</sup> The situation is expected to deteriorate further, with 276,343 children likely to be affected by severe acute malnutrition (SAM) in 2017.<sup>4</sup> Renewed outbreaks of cholera and measles continue, while malaria remains the primary cause of morbidity among children under 5.<sup>5</sup> As insecurity rises, boys remain at risk of recruitment into armed groups and girls continue to face sexual violence, forced marriage and exploitation.<sup>6</sup> Countrywide, 51 per cent of children are out of school, and only 40 per cent of those accessing education are girls.<sup>7</sup>

### Humanitarian strategy

UNICEF will develop local capacities and ensure accountability to affected populations by building on existing community networks and other community-based resources to assess, plan and implement the response. UNICEF co-leads the nutrition, education and water, sanitation and hygiene (WASH) clusters as well as the child protection sub-cluster, and is at the forefront of the humanitarian response in South Sudan. Where possible, resilience-based programming will bridge the humanitarian-development divide. Through the Rapid Response Mechanism (RRM), UNICEF will deploy integrated missions to hard-to-reach areas, providing life-saving support to otherwise inaccessible populations. The joint UNICEF-WFP Nutrition Scale-Up Plan will continue into its third year. The back-to-learning effort will build on the success of previous years and bring conflict-affected children, particularly girls, back to school. In 2017, UNICEF will focus on increasing the quality of education services and end-user monitoring. WASH interventions will provide access to safe water and improved latrine facilities. In health, UNICEF will focus on improving the quality of care in health care facilities and strengthening immunization activities. UNICEF will continue to monitor and report on grave violations against children, advocate for respect for child rights and support family tracing and reunification efforts for unaccompanied and separated children. Social mobilization will be used to generate social and behavioural change.

### Results from 2016

As of 31 October 2016, UNICEF had received US\$113 million against the US\$165 million appeal (69 per cent funded).<sup>9</sup> Seventy-two per cent of children with SAM who were targeted were admitted for treatment. UNICEF supported more than half of all 2,500 cholera patients with access to treatment. Some 1.3 million people received primary health care consultations, including 501,000 children under 5. Measles vaccination was constrained due to lack of funding (45 per cent funded). Access constraints related to insecurity affected the transportation of mosquito nets and construction materials for sanitation facilities. More people were reached with safe water due to manual drilling, which reduced costs and expanded reach. More than 14,000 unaccompanied, separated, and missing children have been identified since December 2013, of which more than 11,332 were supported with family tracing and reunification services and family-based or alternative care. UNICEF contributed technical expertise, including on-site coaching for local partners, and 80 per cent direct funding. The family tracing network was limited in its funding (36 per cent funded) and coverage, which disrupted reunifications. Forty-five per cent of the 293,000 children who gained access to education in emergencies were girls. UNICEF is one of the primary actors working to mainstream gender-based violence (GBV) interventions to reduce GBV risks. A total of 14 RRM missions were deployed and contributed to achieving results for children in 2016.

# Humanitarian Action for Children

unicef 

### Total population in need:

8 million

### Total children in need (<18):

4.3 million

### Total people to be reached in 2017:

3.3 million

### Total children to be reached in 2017:

2.4 million

### 2017 programme targets

#### Nutrition

- 207,257 children aged 6 to 59 months with SAM admitted to therapeutic care<sup>9</sup>
- 590,134 pregnant or lactating women accessing infant and young child feeding counselling for appropriate feeding

#### Health

- 1,232,000 children aged 6 months to 15 years vaccinated against measles
- 450,000 people receiving long-lasting insecticide-treated nets

#### WASH

- 800,000 people provided with access to safe water as per agreed standards (7.5–15 litres of water per person per day)
- 400,000 people provided with access to appropriate sanitation facilities

#### Child protection

- 500,000 children and adolescents reached with critical child protection services
- 160,000 people reached with GBV prevention and response services

#### Education

- 300,000 children and adolescents aged 3 to 18 years accessing education in emergencies (165,000 boys and 135,000 girls)
- 5,815 teachers and members of parent-teacher associations and school management committees trained

	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
<b>NUTRITION</b>				
Children aged 6 to 59 months with SAM admitted for treatment <sup>i</sup>	251,302 <sup>ii</sup>	177,609	253,605	182,545
Children aged 6 to 59 months with SAM admitted for treatment recovered (%) <sup>i</sup>	75%	86.2%	75%	86.2%
<b>HEALTH</b>				
Children aged 6 months to 15 years in conflict-affected areas vaccinated against measles			1,171,904	443,289
Children under 5 years, pregnant women and other vulnerable people receiving a long-lasting insecticide-treated net			400,000	195,824
<b>WATER, SANITATION AND HYGIENE</b>				
People provided with access to safe water as per agreed standards (7–15 litres per person per day)	2,300,000	1,769,133	610,000	614,288
People provided access to appropriate sanitation facilities	1,100,000	535,942	365,000	213,742
<b>CHILD PROTECTION</b>				
Children and adolescents reached with critical child protection services	731,218	505,084	610,000	502,296
People receiving GBV prevention and response services			120,000	97,880
<b>EDUCATION</b>				
Children and adolescents aged 3 to 18 years provided with access to education in emergencies	494,680	302,467	325,000	293,509
Teachers/educators/teaching assistants/parent-teacher association members and school management committee members trained	15,620	7,767	10,000	7,688

Results are through 31 October 2016 unless noted.

(i) The UNICEF response to SAM is entirely covered through the humanitarian programme.

(ii) The nutrition cluster target does not include refugee children who are covered under the Multi-Sector Refugee Appeal. UNICEF's target exceeds the cluster target because UNICEF's nutrition response covers all children, including refugee children residing in the country, as well as populations in a larger geographical area than those in the Humanitarian Response Plan (HRP). UNICEF's SAM target is covered entirely through the humanitarian programme.

### Funding requirements

In line with the country's inter-agency 2017 HRP, UNICEF is requesting US\$181 million to meet the humanitarian needs of children in South Sudan in 2017.<sup>10</sup> Without this funding, UNICEF will be unable to provide life-saving services to children, including the prevention and treatment of SAM and malaria, as well as the provision of measles vaccination. Provision of WASH services remains critical to responding to massive population displacements and to preventing cholera outbreaks. More funding is urgently required to deliver critical child protection activities that were suspended or reduced due to underfunding in 2016. The cost of operating in South Sudan continues to increase due to inflation and access constraints that necessitate that supplies, such as textbooks, are airlifted.

Sector	2017 requirements (US\$)
Nutrition	42,066,000
Health	26,600,000
Water, sanitation and hygiene	50,125,000
Child protection	25,000,000
Education	37,209,000
<b>Total</b>	<b>181,000,000</b>

<sup>1</sup> South Sudan National Bureau of Statistics, October 2016.

<sup>2</sup> United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan', issue 18, OCHA, 21 November 2016, <[http://reliefweb.int/sites/reliefweb.int/files/resources/1601121\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin18.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/1601121_OCHA_SouthSudan_humanitarian_bulletin18.pdf)>, accessed 28 November 2016; United Nations High Commissioner for Refugees, 'South Sudan Situation Regional Refugee Response Plan', UNHCR, January–December 2016, <<http://reliefweb.int/sites/reliefweb.int/files/resources/2016RRRPSouthSudansituation.pdf>>, accessed 29 November 2016. Seventy per cent of the South Sudanese refugees are children.

<sup>3</sup> Food and Agricultural Organization of the United Nations, 'Global Early Warning – Early Action Report on Food Security and Agriculture, October - December 2016', FAO, 5 November 2016.

<sup>4</sup> Famine Early Warning Systems Network, 'South Sudan Food Security Outlook', October 2016 to May 2017, <[www.fews.net/east-africa/south-sudan/food-security-outlook/october-2016](http://www.fews.net/east-africa/south-sudan/food-security-outlook/october-2016)>, accessed 18 November 2016; Nutrition Information Working Group.

<sup>5</sup> South Sudan Ministry of Health, Health Management Information Systems.

<sup>6</sup> Data from the Monitoring and Reporting Mechanism.

<sup>7</sup> Annual Education Census 2015 and Ministry of General Education and Instruction Education Management Information Systems.

<sup>8</sup> The total estimated caseload of children with SAM for 2017, including refugee children, is 276,343. UNICEF and partners aim to reach 75 per cent of the total caseload. The estimated caseload has decreased from 362,077 during the mid-year review (MYR) 2016 due to the fact that the MYR was conducted during the lean period when the SAM caseload tends to be higher. In addition, the 2016 annual target was increased during the MYR with reference to good results achieved during the first half of the year due to the relative calmness throughout the country, improved access and re-established services. For 2017, UNICEF is targeting more children with SAM than the original target set in 2016, which will again be reviewed during the MYR, if needed, based on the evolving situation.

<sup>9</sup> Available funds included funding received against the current appeal of US\$76 million and US\$37 million carried forward from the previous year.

<sup>10</sup> The requirements listed here are US\$10.64 million more than requested in the HRP, in order to reach more children in larger geographical areas that show significant needs due to the impact of conflict and food insecurity. Additional funds will be also used for intensive technical support and quality assurance to national non-governmental organizations to develop their capacities.

### Who to contact for further information:

**Mahimbo Mgoe**  
Representative, South Sudan  
Tel: +211 912176 444  
Email [mmdoe@unicef.org](mailto:mmdoe@unicef.org)

**Yasmin Haque**  
Deputy Director, Office of  
Emergency Programmes (EMOPS)  
Tel: +1 212 326 7150  
Email: [yhaque@unicef.org](mailto:yhaque@unicef.org)

**Olav Kjørven**  
Director, Public Partnership  
Division (PPD)  
UNICEF, New York  
Tel: +1 212 326 7160  
Email: [okjorven@unicef.org](mailto:okjorven@unicef.org)