South Sudan

Four years into the conflict in South Sudan, more than half of the nation’s children are affected. These children are facing famine, disease, forced recruitment and lack of access to schooling—vulnerabilities that are compounded by the worsening economic conditions and limited access to food and fuel. Nearly 4 million people are displaced, including 2 million people seeking refuge in neighboring countries. Sixty per cent of the displaced are children. The food crisis is unprecedented, with 56 per cent of the population suffering from severe food insecurity as of December 2017. Women and children are particularly vulnerable to food insecurity, and their circumstances are expected to deteriorate. An estimated 250,000 children will be affected by severe acute malnutrition (SAM) in 2018 and pre-famine conditions persist across the country. Some 5.3 million people urgently require safe water for drinking and hygiene. Cholera remains prevalent, with children disproportionately impacted, and malaria is the primary cause of morbidity among children under 5. As insecurity deepens, girls are increasingly at risk of sexual violence, child marriage and exploitation, and boys face recruitment into armed groups. Nationwide, 1.8 million children are out of school, and girls make up only 40 per cent of those accessing education.

Humanitarian strategy

In 2018, UNICEF will strengthen and expand its programmes through four modalities that will increase the capacity and reach of interventions: 1) static operations in stable areas; 2) outreach programmes; 3) mobile campaigns; and 4) the Integrated Rapid Response Mechanism. These approaches will facilitate sustained service delivery in both secure and highly inaccessible locations. UNICEF will focus on strengthening national partner capacities and improving accountability to affected populations by building on existing community-based networks. Advocacy with the Government will focus on increasing and sustaining humanitarian access. Access to and the quality of education will be improved for conflict-affected children, particularly girls, through the provision of child-friendly learning spaces and teaching and learning materials, as well as teacher training. Water, sanitation and hygiene (WASH) activities will focus on increasing access to safe water in urban areas and outside of Protection of Civilians sites. Nutrition programming will utilize integrated and preventive approaches. UNICEF will bolster immunization activities and increase access to quality health care through mobile outreach. Coherent coordination will be promoted through UNICEF cluster leadership. UNICEF will also work closely with the World Food Programme (WFP) and other United Nations partners to implement its humanitarian strategy.

Results from 2017

As of 31 October 2017, UNICEF had US$154 million available against the US$181 million appeal (85 per cent funded). These funds allowed UNICEF to deliver assistance to 2.3 million people, including 2.1 million children. UNICEF reached 161,484 children with SAM treatment (78 per cent of the target). With strong partner support, UNICEF reached 10,000 chola patients with treatment, and 1.1 million people (55 per cent children) with chola vaccination. Some 1.5 million people received primary health care consultations, including 729,501 children under 5. More than 1.7 million children were immunized against measles through a country-wide campaign, exceeding the annual target by 40 per cent. Although more than 750,000 people gained access to safe water, access constraints and underfunding limited the provision of sanitation facilities. Nearly 230,000 children received psychosocial support. UNICEF contributed to building the technical capacities of local partners, including through on-site coaching. Some 315,000 children, 40 per cent of whom were girls, gained access to education. UNICEF is leading efforts to mainstream gender-based violence interventions, though funding delays undermined progress in this area. A total of 41 Integrated Rapid Response Mechanism missions were deployed in hard-to-reach locations, reaching 781,128 people, including 140,974 children under 5, with life-saving services.
Results are through 31 October 2017 unless otherwise noted.

1 UNICEF nutrition results are higher than nutrition sector results due to additional refugee response results included for UNICEF.

### Funding requirements

UNICEF needs US$183,309,871 to meet the humanitarian needs of women and children in South Sudan in 2018. Without timely and flexible funding, UNICEF will be unable to provide life-saving aid to those suffering from extreme food insecurity, including children with SAM in hard-to-reach areas. Timely funding will also allow UNICEF to pre-position supplies during the dry season and prevent disease outbreaks, including cholera. Funding will also facilitate the provision of critical WASH services, including access to safe water in urban areas and outside of Protection of Civilians sites. Insecurity and access constraints underpin the high operating costs in South Sudan.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2018 requirements (US$)17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>48,185,091</td>
</tr>
<tr>
<td>Health18</td>
<td>26,699,780</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>43,455,000</td>
</tr>
<tr>
<td>Child protection19</td>
<td>25,000,000</td>
</tr>
<tr>
<td>Education20</td>
<td>40,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>183,309,871</strong></td>
</tr>
</tbody>
</table>

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1 This is 60 per cent of the total number of people in need, as per the 2018 Humanitarian Response Plan (HRP).

2 Fifty-eight per cent of the people (4.2 million) to be reached are children who will be provided with various services.

3 The number of children in need is calculated by the Office for the Coordination of Humanitarian Affairs (OCHA).


7 Caseload calculated using figures from OCHA.


9 South Sudan Ministry of Health, Health Management Information System. Forty-six per cent of patients treated with UNICEF supplies in oral rehydration points and cholera treatment units were children.

10 Data from the Monitoring and Reporting Mechanism.


12 UNICEF leads the WASH and nutrition clusters and the child protection sub-cluster and co-leads the education cluster.

13 Available funds include US$93 million raised against the current appeal and US$61.3 million carried forward from the previous year.

14 Figures were calculated using 2017 results, taking into consideration the maximum number of children vaccinated against measles, accessing education (age, and adults (42 per cent) of people accessing safe water.

15 This figure includes the refugee population.

16 This figure is higher than indicated in the HRP because it is a prevention package including maternal, infant and young child nutrition and counselling.

17 The operational environment due to the escalating conflict, political and economic crises in South Sudan, compounded by the looting and vandalization of supplies, deteriorated significantly in 2017. It has become more costly and resource intensive to deliver services.

18 The HRP request is US$15 million, whereas the Humanitarian Action for Children request is US$26.7 million. The HRP focuses only on immunization core pipeline (vaccines, cold chain, operational costs for vaccines and cold chain equipment), The Humanitarian Action for Children request is higher due to the pipeline for maternal, newborn and child health and emergency response supplies, plus front-line costs for the implementation of activities.

19 The Humanitarian Action for Children requirement of US$25 million is the same as in 2017 but higher than the US$18.4 million requested in the HRP because UNICEF is investing above the HRP cap.

20 The education section requested the funding requirement of US$26.5 million in the HRP, whereas the Humanitarian Action for Children appeal is US$40 million due to the high operational costs of establishing learning spaces.

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