• Based on the 2008 South Sudan Population Census, the current estimated population is 11.8 million (48% female). Children under 18 make up 55%, with 19% of the population under 5.
• Annual population growth is 2.9%.
• It is estimated that 98% of the Government’s annual revenue is from oil.
• 51% of the population lives on less than US$ 1 a day (national poverty line, 2009). Poverty is highest in Northern Bahr el-Ghazal state with 76% of the population living below the poverty line.
• 57% of the population living in female-headed households is poor, compared to 48% in male-headed households.
• Over 2.2 million people have been newly displaced since the conflict began in December 2013. This includes 1.64 million people displaced inside South Sudan and 628,000 who have newly fled to neighbouring countries.
• There are an estimated 270,000 refugees from other countries currently hosted in South Sudan.

• Although South Sudan has seen a reduction in child mortality rates, the infant mortality rate is extremely high at 79 per 1,000 live births, and the under-five mortality rate at 108 per 1,000 live births.
• The neonatal mortality rate is 43 deaths per 1000 live birth, meaning that 55% of deaths in infancy occur during the first 28 days of a child’s life.

• The Maternal Mortality Ratio is 2,054 per 100,000 live births — this translates to one in seven women dying due to pregnancy related complications.
• Contraceptive prevalence is only 4%.
• 40% of mothers attend at least one antenatal care visit, and 17% make the 4 or more visits from skilled personnel as recommended.
• Less than 20% of deliveries are attended by skilled birth attendants, and only 12% of deliveries occur in health facilities.
• South Sudan has only 14 comprehensive and 10 basic emergency obstetric and neonatal care (EmONC) facilities. This is a deficit of 77 basic EmONC and 8 comprehensive EmONC facilities which has likely contributed to the high maternal and child mortality rates.
• There are only an estimated 100 certified midwives.
• A 15 year-old girl has a higher chance of dying in childbirth than completing school.
In South Sudan, 28% of children are underweight, 31% are stunted and 23% are wasted, and these are some of the worst rates globally.

So far this year, 38 SMART surveys have been validated. Among these completed surveys, the highest prevalence of malnutrition was reported in Bentiu PoC, with a global acute malnutrition (GAM) prevalence of 34.1%, double the 15% WHO emergency threshold. This is followed by Mayom (30.0%), Gogrial West (29.1%) and Abiemnhom (26.5%).

The highest under-five mortality rate was recorded in Panyijar at 2.69/10,000 people per day, above the emergency threshold of 2/10,000/day.

All four recent SMART nutrition surveys conducted in the high burden states of Northern Bahr el Ghazal and Warrap had GAM rates above 15%, with the highest recorded in Gogrial West (29.1%) followed by 25.6% in Twic, 24.9% in Aweil South and 23.1% in Aweil Centre.

In the non-conflict states of Greater Equatoria and Lakes, the highest GAM rate was found in Kapoeta North (15.3%) followed by Yirol East (13.9%) and Wulu (7.4%).

Forty-five per cent of children 0-6 months in South Sudan are exclusively breastfed.

As per the 2010 National Household Survey, 4% of children 6-59 months received Vitamin A during the previous 6 months. From 11 county-based SMART surveys conducted in 2015, the coverage of Vitamin A supplementation ranged from 19.2% in Nasir to the highest rate of 82.1% in Kapoeta North.

In addition to common childhood illnesses, the South Sudan disease burden includes Guinea Worm, kala-azar, sleeping sickness, leprosy, lymphatic filariasis and nodding disease.

Malaria prevalence in pregnant women and children under five was 30% and 15.3% in 2013.

Eighty-five per cent of households have at least one long-lasting insecticide treated bed net.

Approximately 29,000 children under five die every year in South Sudan and 75% of those deaths are due to malaria, pneumonia or diarrhoea.

South Sudan has one of the lowest routine immunization coverage rates in the world.

While 58% of children received DPT3/Pentavalent vaccine during 2014 in the seven stable states, only 10% received it in three conflict-affected states.

Routine immunization is collapsing because the cold chain is not functional: BCG coverage is 23%, Pentavalent3 23%, Measles 27% and Tetanus Toxoid 2 + 17%.

HIV prevalence rate is estimated at 2.6% with the highest prevalence of 6.8% in Western Equatoria

HIV awareness stands at 45.1%, however only 8% have knowledge about HIV prevention.

More than 70% of women aged 15-49 have no knowledge about HIV prevention.

Fifty-nine per cent of the population have access to improved drinking water.

In rural areas, access to safe water supply is reduced to 31% with huge disparity between states.

The piped water system in Juba City managed by the Urban Water Cooperation serves approximately 25% of the city’s population.

There is 14% coverage for safe sanitation, however there is also great disparity in access to sanitation: in some rural areas coverage reduces to 2%.

Only 7% of the population has access to improved sanitation facilities that are not shared, with 85% of the population practicing open defecation.

Improved hygiene practice is very low, with less than 20% of people washing their hands before meals and after using the latrine.

Guinea Worm cases have been reduced from over 20,000 cases in 2006 to 70 cases in 2014. No cases have been reported in 2015

The primary net enrolment is 42% (35% for girls) while the net enrollment for secondary is 2% (1.6% for girls). 87% of primary school students are overage, as are 91% of secondary school students.

Less than half of children receive 5 years of primary school education and only 9.5% complete primary school education. An estimated 1.4 million school-age children are out of school.

Schools have extremely poor infrastructure; only 50% of schools have permanent or semi-permanent classrooms, 43% have latrines and 40% safe drinking water. Only 20% of schools offer a full primary cycle.

Learning resources are insufficient: there are 130 pupils per classroom, 47 pupils per teacher, and 4.8 pupils per math textbook. Only 5% of the national budget is allocated to education.

Only 40% of teachers are trained, and only 13% are female.

Twenty-seven per cent of the population above 15 years of age are literate (16% of women)
• From 15 December 2013 to September 2015, 1,359 incidents were reported affecting 56,747 children, of which 973 incidents have been verified, affecting 29,272 children. These incidents (verified and unverified) include the killing of 1,353 children; 263 incidents of recruitment affecting between 15,000 and 16,000 children; the abduction of 1,446 children and sexual violence perpetrated against at least 702 children.
• It is estimated that 600,000 conflict-affected children are in need of psychosocial support.
• There are close to 2 million young people between 14-25 years of age. The overwhelming majority are out of school and out of work, and the main opportunity of employment for young boys is to be a soldier or take part in cattle raiding.
• The births of only 45% of children under 5 years are registered.

• In South Sudan, 7% of women are married before the age of 15 years, and 45% before the age of 18 years, when they should be completing school.
• Attitudes towards domestic violence reveal that nearly 80% of women believe that a husband is justified to beat his wife for a number of reasons.
• Forty-five per cent of boys/men and 72% of girls/women aged 15-24 are illiterate. The literacy gap between boys and girls is 38%.
• One in five of women in South Sudan are affected by gender-based violence (GBV).
• Women represent 29% of National Legislative Assembly, 25% of the State Parliament and 5% of the Senate. Twenty-three per cent of Ministers at the national level are women. Twenty-seven per cent of the population above 15 years of age are literate (16% of women)

Data Sources
i. South Sudan Population and Housing Census, 2008
ii. South Sudan Population and Housing Census, 2008
iii. South Sudan Centre for Statistics and Evaluation (SSCSE) 2010
iv. The Comprehensive Gender Assessment 2010
v. OCHA, Humanitarian Bulletin, 15 July 2015; UNHCR South Sudan Regional Portal, 8 August 2015
vi. 2015 Strategic Response Plan, pg 7.
vnii. South Sudan EMONC Needs Assessment, 2013
vnix. Ministry of Health Survey 2009
v. Antenatal sentinel surveillance Report 2012
x. South Sudan Household Survey 2010

For more information on
South Sudan:
http://www.childrenofsouthsudan.info. For further information, please contact:

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