South Sudan

As South Sudan enters a second year of conflict, the immediate threats to the lives of children are countless and continue to increase in intensity. Multiple life-threatening but preventable diseases, high levels of malnutrition, violence and a loss of protective environments such as schools have contributed to a dangerous environment for children, only made worse by the flagrant disregard for their rights. Since December 2013, armed conflict has displaced 1.9 million people in South Sudan, over half of whom are children. 1.44 million people are displaced internally and 472,030 have sought refuge in neighboring countries. 1 Children are among the worst-affected – more than 748,000 children under 18 are displaced. A malnutrition crisis continues in most parts of the country, especially in conflict-affected states, with global acute malnutrition (GAM) rates as high as 30 per cent in high-risk counties, and over 235,000 children estimated to be suffering from severe acute malnutrition (SAM). 1.5 million people are in crisis or emergency levels of food insecurity, expected to rise to 2.5 million in 2015. 2 Outbreaks of polio, cholera (6,301 cases including 161 deaths) and kala-azar (5,729 new cases and 174 deaths) 3 have worsened the disease burden; low immunization coverage is reflected in measles cases reported on a weekly basis. Children face a high prevalence of malaria, acute respiratory infection and diarrhea; 40 per cent of WASH facilities in affected states are non-functional. 400,000 children have left school due to the conflict. Grave child rights violations continue with impunity. Children – especially girls – are increasingly vulnerable to gender-based violence including rape, sexual assault, harassment, domestic violence, forced marriage, and survival sex. Over 12,000 children are estimated to be associated with armed groups. The crisis is negatively impacting already-low development indicators across the country including high under-5 mortality (99 per 1,000 live births) 4 and maternal mortality (730 per 100,000 live births) 5. Only 57 per cent of the population has access to improved water and 9 per cent to sanitation facilities. Around half of boys and a third of girls are in school. 6

Humanitarian strategy

UNICEF will prioritize lifesaving interventions for conflict-affected populations while leveraging opportunities to improve the dire situation for children across the country. UNICEF leads the Nutrition and WASH Clusters and Child Protection Sub-Cluster; co-leads for Education; and leads vaccination, communication and social mobilization for Health. UNICEF supports the Education, Nutrition and WASH core supply pipelines; and is responding across all seven Protection of Civilian (PoC) sites and other priority IDP sites such as in Mingkaman and Bor as well as IDP hosting areas of Warrap, Lakes and Western, Central and Eastern Equatoria states.

UNICEF is also working with partners to scale up the response for the 93 per cent of IDPs outside of PoCs. Through the Rapid Response Mechanism (RRM) – mobile teams that carry out multi-sector aid assessments and response – in partnership with WFP and others, UNICEF continues to expand activities in hard-to-reach areas. Wherever possible, RRM teams are used to support partners to establish or expand their presence. Medium term sustainability of response remains key to the overall success of the RRM, with a focus during the dry season on follow-up missions and extended partnerships in areas already reached through previous RRM missions. Wherever possible, field offices will be used to support RRM missions within their respective state to

1 OCHA, South Sudan Situation Report #61, 7 November 2014
2 Integrated Food Security Phase Classification, Republic of South Sudan, September 2014
3 Republic of South Sudan and WHO, Early Warning and Disease Surveillance Bulletin, Week 44, 27 October – 2 November 2014
4 UNICEF State of the World’s Children 2014
5 UNDP, Annual Report 2011/2012: The sustainable future we want
6 UNICEF State of the World’s Children 2014
increase decentralized coordination and response.

The dry season will be used to scale up the response and preposition supplies. Partnerships will be expanded to treat children with SAM, including with the state Ministry of Health social mobilizers in non-conflict, high-burden states. Immunization campaigns will continue, along with rehabilitation of the cold chain, to protect children from vaccine-preventable diseases. UNICEF will support primary health care interventions, prioritizing community-based interventions. Safe water and sanitation for IDPs and host communities will lower the incidence of water-borne disease and mitigate conflict. A Back to Learning campaign will support children with access to learning, training of teachers, and school supplies. UNICEF and partners will provide psychosocial support; family tracing and reunification; and gender-based violence services. Advocacy will continue to end grave child rights violations. Reintegration for children released from armed groups will be expanded.

Results from 2014

With 58 per cent (US$88.4 million) of the US$151.8 million appeal available by mid-November, UNICEF focused on providing life-saving assistance to children and women through a variety of flexible implementation modalities. 575,000 people, including 121,800 children under 5, have been reached by the 31 joint UNICEF-WFP rapid response missions to date.

UNICEF entered into a Joint Scale UN Plan with WFP in response to the rising malnutrition crisis, increasing partnerships along with direct implementation and social mobilization, and treated over 80,000 children with SAM.

During the cholera outbreak that started in April 2014, UNICEF set up the first Cholera Treatment Centre, with UNICEF staff undertaking case management and training of health workers. UNICEF provided 1,008MT of WASH supplies to over 970,000 people as a part of prevention and response to the outbreak.

UNICEF and partners have vaccinated 729,000 children under 15 against measles while 482,000 people were provided safe water and 255,000 with safe sanitation. 76,000 children have been provided learning opportunities. In opposition areas, frontline social service providers remain unpaid, causing them to seek work elsewhere, thereby constraining service delivery.

Critical child protection services reached 86,306 children. UNICEF is supporting the Government’s recommitment to end the recruitment and use of children.

Insecurity and lack of access due to the rainy season remained the major obstacles to the humanitarian response, particularly to reach IDPs outside Protection of Civilian sites.

### 2014 PROGRAMME TARGETS AND RESULTS

<table>
<thead>
<tr>
<th>Cluster</th>
<th>UNICEF and IPs</th>
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<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td><strong>Target 2014 (Jan-Dec)</strong></td>
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<tr>
<td># of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care</td>
<td>176,283</td>
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<tr>
<td>% of exits from therapeutic care, i.e. children who have recovered</td>
<td>75%</td>
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<tr>
<td># of children 6-59 months receiving vitamin-A supplementation</td>
<td>1,980,069</td>
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<tr>
<td># of children 12-59 months receiving de-worming medication</td>
<td>1,771,640</td>
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<tr>
<td># of pregnant and lactating women in affected areas receiving multi micronutrient supplement (or iron and folic acid)</td>
<td>218,758</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td><strong>Target 2014 (Jan-Dec)</strong></td>
</tr>
<tr>
<td># of children 6mo-15y vaccinated for measles</td>
<td>1,260,000</td>
</tr>
<tr>
<td># of children below 15 years vaccinated against polio</td>
<td>1,316,000</td>
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<tr>
<td># of households receiving 2 ITNs</td>
<td>116,667</td>
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<tr>
<td># of pregnant women attending at least ANC 1 services</td>
<td>23,520</td>
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<tr>
<td># of pregnant women attending ANC counselled and tested</td>
<td>6,300</td>
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<tr>
<td><strong>WATER, SANITATION AND HYGIENE</strong></td>
<td><strong>Target 2014 (Jan-Dec)</strong></td>
</tr>
<tr>
<td># of target population provided with access to water as per agreed standards (7-15 litres of water per person per day)</td>
<td>3,790,000</td>
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<tr>
<td># of target population provided access to appropriate sanitation facilities (as per the Sphere Standards)</td>
<td>950,000</td>
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1 These are the revised Targets for both Cluster and UNICEF as reflected in the revised Crisis Response Plan (Jan-Dec 2014).
2 Deworming was not included in the seven-state vaccination campaign in April 2014, though it was included in the integrated campaign in the conflict-affected states.
3 The numbers remain low due to poor availability of, access to and utilization of antenatal care services.
Funding requirements

UNICEF is requesting US$165,627,613 to meet the humanitarian needs of children in South Sudan in 2015. The emergency is increasing in scale and urgency, as the coping mechanisms of IDPs and host communities are exhausted. Without additional funding UNICEF will be unable to respond to these escalating needs. It is essential that the dry season is used to preposition supplies; rehabilitate or construct WASH facilities, school buildings and the cold chain; and to undertake improvements to PoC sites such as Bentiu.

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12 Inside PoCs, education is deprioritized in terms of space, meaning fewer learning spaces which are double-shifted. Outside of PoCs, UNICEF has lacked partners to significantly scale up this indicator, however, recently signed partnerships will increase the number of new/rehabilitated spaces in time for the new school year in January.

13 Response Strategies are different for outbreak and unaffected states. In outbreak states, intensive community and social mobilization activities are being conducted.

14 UNICEF requirement for health of US$22,958,021 represents the full UNICEF health funding requirement to cover 100% of target beneficiaries identified by the health cluster. In the South Sudan Strategic Response Plan (SRP), the allocation of US$17,650,000 for the UNICEF Health programme represents an 11% shortfall in EPI funding requirements and a 43% shortfall in MCNH funding requirements.

15 UNICEF requirement for Protection encompasses Child protection (US$18 million), GBV prevention and response services (US$6.2 million) and protection from the impact of landmines and explosive remnants of war ($1.5 million), as well as the release and reintegration of 6,000 children formerly associated with armed forces or groups (US$7.5 million). Inter-agency appeal portion for UNICEF is US$15,363,753.

10 UNICEF requirement for education is higher than its portion of the SRP (US$12,533,813) as the SRP did not include the majority of core pipeline supply costs due to the overall inter-agency appeal ceiling.