South Sudan

South Sudan is now at risk of losing a generation of children. Despite the signing of the South Sudan Peace Agreement in August 2015, children are still facing violence, grave rights violations, displacement and hunger. Nearly 2.3 million people have fled their homes, including 645,000 who are now refugees.1 Protection of Civilians sites are sheltering 184,000 people, representing an 80 per cent increase between January and October 2015.2 An estimated 237,000 children will suffer from severe acute malnutrition (SAM) in 2016,3 and food insecurity will affect 7.5 million people.4 Levels of food insecurity and malnutrition are expected to increase significantly in inaccessible areas of Unity State during the lean season. There are epidemic levels of malaria in 31 of 79 counties,5 with demand for malaria drugs outpacing supply. The destruction of water, sanitation and hygiene (WASH) facilities has exposed vulnerable communities to water-borne diseases; between May and October 2015 more than 1,800 cases of cholera were reported in Juba and Bor.6 The acute protection crisis continues, with killings and abductions of children and worsening levels of sexual violence, which is perpetrated with impunity. More than 15,000 children, mostly boys, have been recruited by armed forces or groups.7 Violence, insecurity and displacement have spread to previously stable areas. Nearly one in every three schools in Greater Upper Nile is non-functional and 413,000 children have been forced out of school.8

**Humanitarian strategy**

Building on lessons learned, UNICEF will deploy Rapid Response Mechanism (RRM) teams to access vulnerable populations in most-affected areas. Peacebuilding and sustainability will be further integrated into the response. It is expected that major family tracing, reunification and demobilization efforts will be required. Wherever possible, resilience-based programming will be introduced or expanded to further bridge humanitarian and development interventions. UNICEF will work to improve the routine Expanded Programme on Immunization system, complemented by outreach campaigns. UNICEF will also continue to rehabilitate the cold chain to protect children from vaccine-preventable diseases and will increase access to quality primary health care. The UNICEF-WFP Nutrition Scale-Up Plan will increasingly focus on the quality of programming. Safe water and sanitation will be provided in internally displaced person (IDP) sites, urban water systems will be rehabilitated in conflict-affected areas, and efforts to reduce open defecation in return areas will be expanded. The UNICEF Back-to-Learning initiative will support the retention of conflict-affected students and their integration into formal schools. Communication for Development will continue to be used as a cross-cutting approach. UNICEF leads the nutrition and WASH clusters, the child protection sub-cluster and vaccination, communication and social mobilization within the health cluster, and co-leads the education cluster.

**Results from 2015**

As of 31 October 2015, UNICEF had received 45 per cent (US$82.9 million) of the US$183.9 million 2015 appeal, in addition to US$55.2 million carried forward from 2014 that was used to reach the most vulnerable. UNICEF provided life-saving services to more than 1.4 million children and their families in 2015. Direct implementation was used to respond to the most acute crises. This included the malaria campaign that treated 16,000 children in the Bentiu Protection of Civilians site and RRMs that reached 459,000 people in otherwise inaccessible areas. Some 1,755 children released from an armed group were supported with reintegration. Education-in-emergencies support was provided to 245,000 children as a part of the broader UNICEF Back-to-Learning initiative. With complementary support from the education sector, the initiative also reached 342,000 children (39 per cent girls) across the country with learning opportunities. The UNICEF-WFP joint Nutrition Scale-Up Plan enabled SAM treatment for 115,000 children, 44 per cent more than during the same period in 2014 despite ongoing fighting and the destruction of nutrition treatment sites. Although mobile campaigns allowed UNICEF to vaccinate more than 1 million children against polio in affected states, several counties or parts of counties remain unreached due to insecurity. Safe water was provided for 504,000 people, while 285,000 were provided with safe sanitation.
Results

Sudan Peace Agreement

release of up to 15,000 children

UNICEF also needs funds to prepare immediately for the potential
conflict

essential drugs, especially for young c

supplies. Malaria

immediately to capitalize on the dry season and preposition essential
vulnerable populations in Unity State. UNICEF requires funds
programmes, including the reestablishment of services

needs of children in 2016. Urgent funds are required to scale up

UNICEF is requesting US$154.5 million to meet the humanitarian

Funding requirements

UNICEF is requesting US$154.5 million to meet the humanitarian

needs of children in 2016. Urgent funds are required to scale up

programmes, including the reestablishment of services for the most

vulnerable populations in Unity State. UNICEF requires funds
immediately to capitalize on the dry season and preposition essential

supplies. Malaria-related mortality levels will continue to rise without

essential drugs, especially for young children and pregnant women.

Conflict-related displacement has led to an increasing number of out-

of-school children whose education needs must be prioritized.

UNICEF also needs funds to prepare immediately for the potential
release of up to 15,000 children following the signing of the South
Sudan Peace Agreement.

### Results

**Children aged 6 to 59 months with SAM admitted for treatment**: 148,958

**Children aged 6 to 59 months receiving vitamin A supplementation**: 1,712,944

**Pregnant women and lactating women reached with infant and young children feeding messages**: 288,496

**Children aged 6 months to 15 years vaccinated against measles**: 1,207,705

**Households receiving insecticide-treated nets**: 300,000

**Pregnant women receiving clean delivery kits in conflict-affected areas**: 19,271

**Target population provided with access to water as per agreed standards (7-15 litres of water per person per day)**: 3,500,000

**Target population provided with access to appropriate sanitation facilities (as per the Sphere Standards)**: 1,700,000

**Children reached with critical child protection services**: 340,295

**Children formerly associated with armed forces or groups and children/minors at risk of recruitment enrolled in reintegration programmes**: 4,000

**Women, men, girls and boys receiving gender-based violence prevention and response services**: 80,000

**Children and adolescents (aged 3 to 18) with access to education in emergencies**: 446,748

**Teachers, other education personnel and parent-teacher association members trained to provide education in emergencies**: 8,416

**Operational oral rehydration points supported by UNICEF**: 25

### Cluster 2015 target vs. Cluster total results vs. UNICEF 2015 target vs. UNICEF total results

<table>
<thead>
<tr>
<th>Cluster 2015 target</th>
<th>Cluster total results</th>
<th>UNICEF 2015 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 6 to 59 months with SAM admitted for treatment</td>
<td>148,958</td>
<td>115,810</td>
<td>148,958</td>
</tr>
<tr>
<td>Children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>1,712,944</td>
<td>221,365</td>
<td>1,712,944</td>
</tr>
<tr>
<td>Pregnant women and lactating women reached with infant and young children feeding messages</td>
<td>288,496</td>
<td>375,683</td>
<td>288,496</td>
</tr>
<tr>
<td>Children aged 6 months to 15 years vaccinated against measles</td>
<td>1,207,705</td>
<td>292,758</td>
<td>1,207,705</td>
</tr>
<tr>
<td>Households receiving insecticide-treated nets</td>
<td>300,000</td>
<td>191,085</td>
<td>300,000</td>
</tr>
<tr>
<td>Pregnant women receiving clean delivery kits in conflict-affected areas</td>
<td>19,271</td>
<td>11,030</td>
<td>19,271</td>
</tr>
<tr>
<td>Target population provided with access to water as per agreed standards (7-15 litres of water per person per day)</td>
<td>3,500,000</td>
<td>2,109,104</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Target population provided with access to appropriate sanitation facilities (as per the Sphere Standards)</td>
<td>1,700,000</td>
<td>1,597,472</td>
<td>1,700,000</td>
</tr>
<tr>
<td>Children reached with critical child protection services</td>
<td>340,295</td>
<td>440,308</td>
<td>275,280</td>
</tr>
<tr>
<td>Children formerly associated with armed forces or groups and children/minors at risk of recruitment enrolled in reintegration programmes</td>
<td>4,000</td>
<td>2,338</td>
<td>4,000</td>
</tr>
<tr>
<td>Women, men, girls and boys receiving gender-based violence prevention and response services</td>
<td>80,000</td>
<td>73,345</td>
<td></td>
</tr>
<tr>
<td>Children and adolescents (aged 3 to 18) with access to education in emergencies</td>
<td>446,748</td>
<td>382,334</td>
<td>200,000</td>
</tr>
<tr>
<td>Teachers, other education personnel and parent-teacher association members trained to provide education in emergencies</td>
<td>8,416</td>
<td>9,512</td>
<td>5,300</td>
</tr>
<tr>
<td>Operational oral rehydration points supported by UNICEF</td>
<td>25</td>
<td>42</td>
<td></td>
</tr>
</tbody>
</table>

### Funding requirements

UNICEF is requesting US$154.5 million to meet the humanitarian

needs of children in 2016. Urgent funds are required to scale up

programmes, including the reestablishment of services for the most

vulnerable populations in Unity State. UNICEF requires funds
immediately to capitalize on the dry season and preposition essential

supplies. Malaria-related mortality levels will continue to rise without

essential drugs, especially for young children and pregnant women.

Conflict-related displacement has led to an increasing number of out-

of-school children whose education needs must be prioritized.

UNICEF also needs funds to prepare immediately for the potential
release of up to 15,000 children following the signing of the South
Sudan Peace Agreement.

### Cluster 2015 target vs. Cluster total results vs. UNICEF 2015 target vs. UNICEF total results

<table>
<thead>
<tr>
<th>Sector</th>
<th>2016 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>30,095,196</td>
</tr>
<tr>
<td>Health</td>
<td>22,869,759</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>38,500,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>36,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>27,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>154,464,955</strong></td>
</tr>
</tbody>
</table>

*The requirement for cluster coordination costs has been included in sub-costs for the nutrition, WASH, child protection and education sectors.*

---


Who to contact for further information:

Jonathan Veitch
Representative, South Sudan
Tel: +211 912 176 444
Email jveitch@unicef.org

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

Olav Kjorven
Director, Public Partnership Division (PPD)
Tel: +1 212 326 7160
Email: okjorven@unicef.org
Through the additional funding requested in 2015, UNICEF annual targets for health, child protection and education are higher than those in the 2015 Strategic Response Plan, as UNICEF requirements are higher than the inter-agency appeal. Following the inter-agency decision, the Multi-Sector Refugee Cluster will be responsible for the results of nutrition interventions for refugees. UNICEF and partners will continue to assist refugee populations, and all nutrition actors in South Sudan will benefit from UNICEF SAM treatment supplies. For nutrition, the United Nations High Commissioner for Refugees will update results for refugees on a monthly basis.

Vitamin A supplementation is planned to be integrated into national immunization days in November to attain the target. Targets and results of vaccination against measles and polio only reflect the campaign numbers in order to avoid double counting with the routine Expanded Programme on Immunization results.

These are the revised targets for both the cluster and UNICEF, as reflected in the revised Strategic Crisis Response Plan (January to December 2015). The target was not attained due to influxes into Protection of Civilians sites, especially the site in Bentiu. Critical child protection services include psychosocial support delivered through child-friendly schools or community-based mechanisms, support to access other basic services, case management for the most complex cases and prevention messaging targeting children at risk of recruitment, family separation or other child protection risks. This includes 1,755 children released from Cobra Faction in Pibor. This also includes other vulnerable children in the community reached with socioeconomic integration, as well as released children, as per the Paris Principles.

The target was surpassed due to influxes of children into Protection of Civilians and IDP sites from the southern parts of Unity and Upper Nile states due to escalated fighting and subsequent scale-up of our response.

These are new indicators in the Humanitarian Action for Children appeal, introduced as part of the mid-year review. Funding for this activity became available after a delay, and implementation is ongoing to attain the target. The target was surpassed due to the fact that more funds were received than requested for the cholera response in Humanitarian Action for Children 2015 (120 per cent funded), which enabled the expansion of support based on the needs informed by the surveillance system.

An additional US$30.8 million beyond the Humanitarian Response Plan is being requested to further scale up child protection and education interventions. Through the additional funding requested in Humanitarian Action for Children 2016, 205,600 extra children will be provided with critical child protection interventions, including the release and early reintegration services, which are particularly resource intensive. In addition, UNICEF will also be able to scale up community-based psychosocial support and case management response. The additional funding requested will also enable UNICEF and its partners to reach an additional 71,405 children, as well as 4,280 teachers and other education personnel, by scaling up the education-in-emergencies response through constructing temporary learning spaces, teacher training, and the provision of essential education supplies to newly registered students.