South Sudan

The Republic of South Sudan faced a challenging first year of independence in 2012. Political tension with the Sudan and the resulting shutdown of the oil pipeline deepened the economic crisis in the country. Some 175,000 Sudanese refugees have fled across the border, and inter-communal violence has affected more than 170,000 people. The global acute malnutrition rate ranges from 17 to 28 per cent, under-five mortality stands at 121 per 1,000 live births, while maternal mortality is the highest in the world, reaching 2,054 per 100,000 live births. Only 34 per cent of the population has access to improved water sources, and 15 per cent to sanitation facilities. Access to education remains a challenge, especially for girls, as do the prevalence of child marriage, gender-based violence and children associated with armed forces.

Planned results for 2013

In 2013, UNICEF will support the Government of South Sudan’s response to the humanitarian needs of about 3 million vulnerable people affected by conflict and displacement. As cluster lead for water, sanitation and hygiene (WASH), nutrition and education, and as lead in the child protection area of responsibility, UNICEF will continue to manage the core emergency pipelines, pre-positioning supplies across the country ahead of the rainy season. Working with the United Nations High Commissioner for Refugees (UNHCR) and other partners, UNICEF will provide a multi-sector response in the areas of child protection, WASH, nutrition and education for refugees. To address the risk of waterborne diseases, low access to sanitation and low levels of knowledge about hygiene, UNICEF will provide and rehabilitate water points and emergency latrines at way stations and in camps, and will also undertake hygiene promotion. Emergency preparedness and response relating to nutrition will be strengthened through training of health workers and expansion of partnerships. UNICEF will also play a pivotal role in the immunization programme, ensuring that vulnerable groups are protected from vaccine-preventable diseases by procuring and transporting all vaccines, injection materials and cold chain equipment. Community-based networks working in child protection interventions will be expanded, and information will be disseminated about landmines as well as prevention of gender-based violence and child recruitment. Temporary learning spaces for emergency-affected children will also be provided.

Results from 2012

UNICEF originally appealed for US$62,500,000, later increasing the requirements to US$93,515,872 as part of the Consolidated Appeals Process (CAP) Mid-Year Review, in order to respond to the high influx of Sudanese refugees. As of 31 October, UNICEF received US$38,241,429, or 41 per cent, of the revised requirements. UNICEF and partners’ response have focused on delivering emergency interventions to the most vulnerable. Over 71,000 children with severe acute malnutrition were treated in 2012, and UNICEF continues to work on improving partner reporting as well as expanding partnerships in micronutrient supplementation. Measles vaccinations reached over 200,000 children and helped prevent the spread of the disease. Over 350,000 children were reached with emergency water and sanitation interventions; however, accessibility was a constraint due to heavy rains and flooding in parts of the country. Child protection and education interventions surpassed the target due to the heightened protection and emergency education needs resulting from the refugee influx and inter-tribal conflicts. Because state and national capacity in child protection remains weak, UNICEF continued its work in training some 300 child protection workers. Access to testing and counselling for HIV and AIDS remains constrained by stock supply and lack of qualified personnel; despite this, some 21,000 pregnant women received services in this area.

2013 programme targets

**Nutrition**
- 122,780 children under 5 suffering from severe acute malnutrition treated
- 337,777 pregnant and lactating women provided with micronutrient supplementation

**Health**
- 2.2 million children immunized for polio and measles
- 1.8 million children access a basic package of preventive and curative interventions for common childhood illnesses
- 266,000 women of reproductive age receive tetanus toxoid vaccinations

**WASH**
- 900,000 vulnerable people, including internally displaced persons, refugees and host community members (including approximately 550,000 children), provided with emergency WASH supplies
- 100,000 internally displaced persons (including some 61,000 children) benefit from improved water supply and sanitation

**Child protection**
- 2,000 separated, unaccompanied or abducted boys and girls benefit from family tracing and reunification services
- 9,000 boys and girls and 20,000 community members reached through psychosocial assistance interventions
- 3,000 boys and girls, 4,000 women and 3,000 men reached with messages on child rights and gender-based violence prevention

**Education**
- 10,000 school-aged children access protective and safe temporary learning spaces, while an additional 200,000 children are reached with emergency teaching and learning materials.
UNICEF funding requirements for 2013

In line with the country’s Inter-Agency Consolidated Appeal for 2013, UNICEF is requesting US$88.4 million to meet the humanitarian needs of vulnerable children and women in South Sudan in 2013. Without additional funding, UNICEF will be unable to continue to provide emergency humanitarian pipeline supplies in WASH and nutrition, which are critical to the national response to the country’s continuing nutrition crisis and also for the provision of emergency WASH services. Basic supplies for education in emergencies and support to child protection interventions, including psychosocial support and family tracing, are also urgently needed.

Photo caption: Two-year-old Gathaldin Lokoli sits with her grandmother, Ngathirich Ngagun, in Pibor Boys Primary School in Pibor Town, Pibor County, Jonglei State, South Sudan. They fled inter-ethnic violence in their home village of Likuangole and now live with Gathaldin’s father in one of the school’s damaged classrooms.

1 South Sudan Household Health Survey 2010, p. 33
4 South Sudan Nutrition Cluster Strategy 2013 Working Document
6 Southern Sudan Household Health Survey, 2006, p 22
7 Results as of September 2012, with incomplete reporting from some partners
8 Due to a delay in the receipt of mosquito nets in the country
9 This is in reference to the CAP project for capacity building in emergency preparedness and response for the Government.