UNICEF SOUTH SUDAN MID-YEAR SITUATION REPORT – 20 JULY 2017

1.94 million People internally displaced since 15 December 2013
(OCHA South Sudan Humanitarian Bulletin, 15 July 2017)

1.93 million South Sudanese refugees in neighbouring countries
(OCHA South Sudan Humanitarian Bulletin, 15 July 2017)

Highlights

- Escalated conflict and security restrictions have significantly affected UNICEF’s ability to reach many areas with critical assistance in 2017. In response, the Rapid Response Mechanism (RRM) was scaled up at the beginning of the year in an effort to reach the most vulnerable populations in hard to reach locations. Since January, 27 RRM missions have taken place reaching 498,461 people with live-saving support.

- Food insecurity and malnutrition rates in South Sudan have reached an all-time high, with 6 million people – some 50 per cent of the population – estimated to severely food insecure at present. Famine was declared in South Sudan in February, and since January, UNICEF and partners have reached 96,000 severe acutely malnourished (SAM) children with treatment.

- South Sudan is in the middle of the most severe and protracted cholera outbreak in its history, with 13,880 cholera cases and 243 cholera deaths reported so far in 2017. UNICEF has continued to scale up its cholera response in line with the resurgence of transmission, providing direct support to more than 7,673 cholera cases this year.

UNICEF’s Response with Partners in 2017

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Cluster for 2017</th>
<th>UNICEF and implementing partners for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Nutrition: # of children aged six to 59 months with severe acute malnutrition admitted for treatment</td>
<td>205,218</td>
<td>93,855</td>
</tr>
<tr>
<td>Health: # of children aged six months to 15 years in conflict-affected areas vaccinated against measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: # of people provided with access to safe water as per agreed standards (7.5–15 litres per person per day)</td>
<td>2,400,000</td>
<td>895,150</td>
</tr>
<tr>
<td>Child Protection: # of children reached with psychosocial support (PSS)</td>
<td>361,716</td>
<td>96,255</td>
</tr>
<tr>
<td>Education: # of children and adolescents aged three to 18 years provided with access to education in emergencies</td>
<td>510,300 (Boys: 280,065 Girls: 229,635)</td>
<td>277,373 Boys: 171,207 Girls: 106,166</td>
</tr>
</tbody>
</table>

Funding Status

*The funds available from the previous year (carry-forward) includes generous contributions of over $43 million received in late December 2016 for 2017 implementation.

*The total funds available include $2.6 million of overfunding received for the nutrition response. This is why the totals have a $2.6 million difference.
Situation Overview & Humanitarian Needs

Throughout 2017 the security situation across the country has been volatile due to intermittent clashes between the government forces and different armed groups, particularly in Upper Nile, Jonglei, Western Bahr Ghazal and the Greater Equatoria region. While efforts have been made to bring forward the peace process, little difference has been seen in terms of the political and security situation on the ground. The ongoing clashes have severely limited and in some cases prevented humanitarian access to the affected areas where the civilian population were displaced, thus leaving them without needed immediate humanitarian assistance. Displacement has reached historical levels, with close to four million people having been forced to leave their homes, including more than 1.9 million people who remain internally displaced. Additionally, humanitarian workers continue to be targeted in the conflict; so far in 2017, at least 17 aid workers have been killed in South Sudan, with a total of 84 killed since the conflict began in December 2013.

In February 2017, famine was declared (and lasted until July) in Leer and Mayendit counties (in Unity State) by the Integrated Food Security Phase Classification (IPC). This was the first time that a famine had been declared anywhere in the world since 2011. In the May IPC update, an estimated 6 million people (50 per cent of the population) were projected to be severely food insecure in June and July 2017, compared to 5.5 million people in May 2017. This is the greatest number of people ever to experience severe food insecurity (IPC Phases 3, 4 and 5) in South Sudan. Acute malnutrition remains a major public health emergency in several parts of the country.

Widespread fighting, displacement and poor access to services, as well as disease outbreaks, extremely poor diets (in terms of both quality and quantity), low coverage of sanitation facilities and poor hygiene practices are the key drivers of the high levels of acute malnutrition seen across South Sudan. By June 2017, 23 (42%) out of 55 planned SMART surveys had been conducted and validated. Over 91 per cent showed global acute malnutrition (GAM) above the 15 per cent WHO emergency threshold. Most of the counties displaying high GAM rates were from Unity and Jonglei states.

Since the onset of the cholera outbreak on 18 June 2016, a total of 17,242 cases have been reported, including 320 death (case fatality rate - CFR – 1.8 per cent). Of these, 13,880 cases have been reported in 2017 alone, with 243 deaths (CFR 1.83 per cent).1 Children are most adversely affected by the outbreak, with 48 per cent of all reported cases being children aged 0 to 14 years. The current cholera outbreak has affected 23 counties in all 10 states, with active transmission currently ongoing in 14 counties across seven states. The main factors associated with the spread and non-containment of the current outbreak in affected states/counties include:

- A significant section of the cholera-affected population are communities living in remote, hard-to-reach villages and cattle camps. This has presented challenges in terms of response implementation, including the

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1 Following recent improvements in reporting from field locations, the number of cholera cases and deaths have been adjusted upwards.
difficulty of physical access due to poor road networks, lack of phone connectivity and unpredictable movement of cattle keepers.

- The capacity of partners involved in the response has been stretched due to the need to respond to numerous health emergencies simultaneously. This includes limited financial resources for implementing a sustained response due to the protracted nature of the cholera outbreak.

- Lack of adherence to case definitions and case management protocols as a result of limited knowledge and skills among health workers. This is contributing to the unnecessary use of supplies (mainly IV fluids), and the inefficient use of available diarrhoeal disease kits.

Since January 2017, there have been 1,894 suspected cases of measles reported across the country with 24 deaths, giving a CFR of 1.27 per cent. Meanwhile, 928,141 cases of malaria have been recorded in health facilities, including 1,956 deaths. This makes malaria the deadliest illness in South Sudan, representing 76.9 per cent of all disease-related deaths on record this year.

### Humanitarian Strategy

In 2017, in line with UNICEF’s Humanitarian Action for Children (HAC) and the inter-agency Humanitarian Response Plan, UNICEF continues to give priority to the current integrated scale-up strategies in Northern Bahr el Ghazal, southern Unity and Greater Equatoria, while maintaining preparedness to respond to any emergency across the country. UNICEF continues to build upon existing community networks and other community-based resources to assess, plan and implement the response, in order to strengthen local capacities and ensure accountability to affected populations.

Our focus is on ensuring the delivery of quality services and on monitoring the impact of programmes. UNICEF is also prioritizing efforts to institutionalize the IASC Guidelines on Integrating GBV Interventions in Humanitarian Action. As a result of limited accessibility due to insecurity and limited infrastructure, UNICEF, in collaboration with WFP, is maintaining the scale-up of the deployment of integrated Rapid Response Mechanism (RRM) missions, and aims to conduct five missions monthly as the situation permits. Since 2014, UNICEF and WFP have conducted 118 RRM missions, reaching 1,951,371 people, including 381,321 children under five, with urgent, life-saving assistance. See the UNICEF South Sudan 2017 strategy briefing note.

### Summary Analysis of Programme Response

**CHOLERA RESPONSE:** In 2017, UNICEF has provided, and will continue to provide, the majority of supplies required for medical management of cholera cases at both community and facility levels in the affected areas across the country. More than 20 diarrhoeal disease kits have been distributed so far in 2017, with each kit containing the necessary medicine and supplies to treat 500 cholera cases (including 100 severe cases).

As part of cholera case management in 2017, UNICEF has supported 37 oral rehydration points (ORPs), 15 cholera treatment units (CTUs) and two cholera treatment centers (CTCs) in key cholera hotspots in nine counties across five states. More than 7,673 cases have been treated using supplies provided by UNICEF. UNICEF supports the government along with other partners to conduct oral cholera vaccine (OCV) campaigns in high-risk areas, with a total of 384,971 out of a targeted 606,199 individuals (64 per cent) aged one year and above being immunized so far in 2017.

UNICEF’s water, sanitation and hygiene (WASH) interventions have also been scaled up in cholera hotspot areas through the year, with a resurgence of cholera cases in Bor, Duk Islands, Mingkaman and Yirol East having subsided as a result of intensified WASH interventions. This year has also seen numerous reports of cholera cases in the cattle camps in Duk County and Tonj East (Warrap), communities that were relatively unaffected in previous outbreaks. In response, UNICEF and implementing partners have been scaling up household water treatment and hygiene

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2 WHO and MoH South Sudan IDSR Annexes W26 2017, 06 July 2017. Following recent improvements in reporting from field locations, the number of measles cases and deaths have been adjusted upwards.


4 Figure reduced following data verification.
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promotion as well as the distribution of supplies to the affected communities in cattle camps. Local authorities and WASH partners in the affected areas are also supporting the rehabilitation of WASH facilities in healthcare sites and the distribution of WASH items such as chlorine, household water purifiers, soap and buckets. Since the beginning of the year, 22 boreholes in cholera-affected areas have been rehabilitated, benefiting 212,660 people, while 196,802 individuals have received hygiene promotion messages. In addition, 16,752 individuals have received WASH supplies.

UNICEF has engaged 11 national partners along with Ministry of Health (MoH) field staff to respond to the current outbreak in all affected states through community engagement activities, including house-to-house mobilization, community theatre and meetings with community and religious leaders. Five radio jingles and 22 talk shows and interviews are being broadcasted on 16 radio channels across the country, reaching approximately 1.4 million people. The cholera hotline has been reactivated and is currently responding to concerns and queries from affected populations. From January to June 2017, UNICEF and partners reached 84,000 households with life-saving messages and information on cholera prevention through a total of 459 social mobilizers in cholera hotspots in Jonglei, Warrap, Unity, Central Equatoria and Eastern Equatoria states.

UNICEF has developed a comprehensive cholera response strategy and scale-up plan to help guide the cross-sectoral response. This includes plans for a multi-disciplinary cholera rapid response team, which can be deployed to ‘hotspots’ and provide technical expertise, material resources and training support required to initiate an optimal cholera response and improve quality of case management.

HEALTH: During the first half of 2017 there has been a number of key achievements for the health programme, including response to disease outbreaks. In response to the measles outbreak and in order to boost mass immunity, a national measles campaign was conducted during the month of May in Greater Equatoria and Greater Bahr el Ghazal states, as well as three counties of Jonglei State, reaching 1.5 million children aged 6 to 59 months. A similar measles campaign is to be conducted in a cascade/staggered fashion in the remaining eight counties of Jonglei as well as in Upper Nile and Unity states. In addition, 64,408 and 49,858 children aged six months to 15 years have been vaccinated against measles through RRM and Protection of Civilians (PoC) site/host community outreach campaigns, respectively, since January 2017.

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To date in 2017, 860,000 people, of which 44 per cent were children under five years, have been provided with essential primary health care services by UNICEF and partners. Malaria continues to be the leading cause of morbidity (30 per cent) and mortality (27 per cent) among all age groups, with the number of cases expected to rise in the coming months during the rainy season. UNICEF and partners are responding by strengthening case management through training of front-line health workers in the integrated management of neonatal and childhood illnesses (IMNCI) and integrated community case management (iCCM) approaches.

UNICEF has also continued to improve access to antenatal care (ANC) services to ensure early identifications of risks during pregnancy in an attempt to reduce maternal mortality. During the first half of 2017, 54,000 pregnant women attended their first ANC session while almost 17,000 pregnant women attended four or more sessions. Since 1 January, 7,478 deliveries have been conducted by skilled attendants and a total of almost 17,000 pregnant women provided with counselling and testing for HIV; 455 (3 per cent) tested HIV positive and 310 (68 per cent) of these women were enrolled on ART.

UNICEF, in collaboration with the MoH, WHO and partners has provided social mobilization and communication support to two National Immunization Days (NIDs), targeting 3.5 million children under five years across the country. Post-campaign evaluation data indicates that household awareness on immunization is above 90 per cent.
Insufficient investment in the public health sector (including non-payment and delayed payment of health workers' salaries) is having an impact on delivery of services. UNICEF continues to advocate for more investment in health services, providing training for health workers (particularly community health workers) as well as essential medicines and equipment to fill gaps and ensure quality service delivery, especially for vulnerable groups.

**NUTRITION:** In response to the disastrous food security situation in South Sudan in 2017, UNICEF, FAO, WFP and Save the Children have completed a nutrition and food security causal analysis in Warrap and Northern Bahr el Ghazal with the purpose of identifying and understanding the malnutrition and food insecurity risk factors in these areas. This will facilitate a more holistic analysis of food insecurity and undernutrition, and will inform decision making and the implementation of an appropriate response. The data shows that although food security and malnutrition follows a generally seasonal pattern, there are sporadic GAM spikes approaching catastrophic levels that are not necessarily seasonal. In some counties in the Greater Bahr el Ghazal area, such as Twic, GAM has been above 15 per cent for the last decade. Findings highlight that the economic crisis, returnee populations and gender issues have played a key role in the escalation and persistence of high GAM levels. Fewer than 10 per cent of children aged 6 to 23 months receive the recommended quantity and quality of a daily diet and women’s workloads and poor household diets are key drivers of poor child feeding.

In 2017, 96,281 children aged 6-59 months with SAM have been admitted for treatment by UNICEF and partners. This is a 25 per cent reduction in admission in comparison to the same time period in 2016, which is attributed to increased conflict and related insecurity in Unity, Jonglei and Upper Nile states. This has affected service delivery to these areas, with more than 40 nutrition sites currently disrupted, resulting in only intermittent provision of nutrition services. At present, UNICEF is supporting 633 nutrition sites in South Sudan. In total, 785,826 pregnant and lactating women have been reached with key messages on infant and young child feeding (IYCF), with the annual target already exceeded thanks to results from group sessions.

UNICEF and partners have scaled up the deployment of RRM missions since the declaration of the famine in order to respond to the deteriorating food and nutrition situation in Unity. From January – June 2017, a total of 26 UNICEF nutrition RRM missions (including four stand-alone nutrition missions) have been completed: 17 in Unity, 3 in Upper Nile and 6 in Jonglei. In total, 50,199 children aged 6 to 59 months were screened for acute malnutrition. Of these, 1,181 and 4,337 children were identified with SAM and MAM respectively, and were treated or referred for treatment. In addition, 26,428 pregnant and lactating women were reached with key messages on optimal IYCF practices.

UNICEF and partners have continued to roll out the community management of acute malnutrition (CMAM) guidelines, with 22 participants trained at the national level. Further roll-out at state level continued with over 100 health and nutrition workers trained on the three packages of CMAM guidelines.

**WATER, SANITATION & HYGIENE (WASH):** The WASH sector continues to address the immense and varied water, sanitation and hygiene needs across the country, including those deriving from mass displacement of people in Greater Equatoria, Upper Nile and Unity. Natural and health emergencies including drought, flooding and cholera outbreaks have created additional demands for access to basic WASH services, while putting strain on the limited existing facilities and services. This has been compounded by the current economic crisis, which is also jeopardising the operation and maintenance of WASH facilities. Notwithstanding, UNICEF has been working to re-establish access to safe water, sanitation and hygiene services through construction/rehabilitations of WASH facilities; supply of hand pump spare parts to sustain operation and maintenance; and distribution of non-food items to support hygiene promotion interventions. In the first six months of the year, 609,672 people have been provided with access to safe water, while 206,916 people now have access to appropriate sanitation facilities. In addition, 46,466 households have received critical WASH supplies, including buckets, soap and water purification solutions, through the RRM.
Despite the challenges faced, WASH interventions have also registered significant gains in 2017. These include the launch of menstrual health management (MHM) in 355 schools in Northern Bahr el Ghazal, reaching 19,333 adolescent girls with dignity kits and training 953 teachers on MHM. In addition, the contracting of a Hand Pump Mechanic Association in Northern Bahr el Ghazal that has resulted in the construction/rehabilitation of WASH facilities in over 70 primary healthcare centres (PHCCs) and outpatient therapeutic programmes (OTPs). Further, the Manual Drillers Association in Warrap was trained and registered with the assistance of UNICEF, and has taken the initiative to open a hand pump spare parts outlet in Kuajok town to serve the operation and maintenance needs of the surrounding communities. Significant progress has been made on WASH in schools in Lakes, Western Bahr el Ghazal and Warrap states, whereby over 23 schools have benefited from the construction of new boreholes. In addition, after a year’s closure, UNICEF and partners completed the rehabilitation and operationalization of the Bentiu water treatment plant, which produces 500,000 litres of potable water per day, benefiting over 35,000 people in Bentiu town; the plant has a pipeline network of six kilometres, and a distribution network of 22 water points that are serving schools, health facilities and the community. In addition, The Beyond Bentiu Response in Unity is yielding positive results in the household uptake of sanitation through community approaches to total sanitation (CATS) methodologies.

EDUCATION: The surge in countrywide insecurity in late 2016 and 2017 has undermined the provision of education services in most parts of the country. It has been estimated that over 2 million primary school-aged children are out of school and an additional nearly 1.3 million children are at risk of dropping out due to conflict and food insecurity. In Upper Nile, entire populations were displaced from Wau Shilluk and Kodok, with schools and temporary learning spaces (TLSS) set up by partners closing down, affecting over 9,000 children. In counties such as Kajo-Keji, Morobo and Lainya in Central Equatoria, Mayendit and Leer in Unity, Magwi in Eastern Equatoria, and Uror in Jonglei, schools have remained closed since July 2016. The continued deterioration of the economy, non-payment of teachers’ salaries and limited support from the government to schools have contributed to the negative impact on education.

In March, UNICEF and the Ministry of Education re-launched the Back to Learning (BTL) initiative with the theme ‘Education for Peace and Sustainable Development’. In 2017, BTL aims to reach 500,000 children, train 10,000 teachers and community members, and establish 400 learning spaces in safe areas. A significant component of the BTL initiative is the Education in Emergencies (EiE) programme. Currently, UNICEF works with 37 partners to implement EiE across 55 out of 86 counties in the country. The programme aims to enrol an additional 300,000 out-of-school children besides providing support to 200,000 children already in the education system. As of 10 July, a total of 230,306 out-of-school children (38 per cent girls) were enrolled, while 6,017 teachers, education personnel and community members (25 per cent female) received training under EiE. In addition, 8,500 children and adolescents benefitted from peacebuilding activities such as inter-community/schools sports and social events while three secondary schools have been piloted in the in PoC sites of Malakal, Bentiu and Jonglei through partners.

UNICEF C4D is supporting BTL through a national and state-level rollout strategy as well as implementation of communication and social mobilization plans at state level supported by a comprehensive audience-based communication package inclusive of information, education and communications (IEC) materials, visibility materials, key messages and a nation-wide radio campaign.

CHILD PROTECTION: To date in 2017, UNICEF and partners have reached 94,046 children (50,785 boys; 43,261 girls) with dedicated psychosocial support (PSS) services through schools and a community-based approach that aims at consolidating supportive and protective skills of caregivers, social groups and networks. UNICEF continues to support mine risk education (MRE) partners, reaching 61,976 children (33,838 boys; 27,138 girls) since the beginning of the year through school-based and community-based MRE in Jonglei, Unity and Central Equatoria states.

From the beginning of the year, 1,038 new unaccompanied and separated children (UASC) (552 boys; 486 girls) were identified, registered and provided with support that includes family tracing, follow-up and reunification services; a
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Total of 12,726 children have been registered by UNICEF and partners since December 2013. In addition, UNICEF and partners have reached over 18,000 children through awareness programmes in Malakal (Upper Nile), Bentiu (Unity) and Aweil (Northern Bahr el Ghazal) as well as Bor and Twic (Jonglei), while 49,966 (24,194 men; 25,772 women) including parents, caregivers and teachers have been sensitised through awareness sessions on psychosocial support, parenting skills and prevention of family separation during conflict. UNICEF also provided awareness session during RRM missions in Jonglei state, Unity state and Upper Nile.

In the first half of 2017, UNICEF and partners provided gender-based violence (GBV) prevention and response services including GBV awareness raising, case management/psychosocial support and referrals to 53,088 people (25,744 women, 10,486 girls, 6,096 boys and 10,762 men) in Central Equatoria, Western Equatoria, Upper Nile, Unity, Western Bahr Ghazal and Jonglei. A total of 10 safety audits were conducted in Unity, Western Bahr Ghazal and Upper Nile to assess locations and times of services including whether women and girls feel comfortable accessing these services. Recommendations from safety audits were followed up with the relevant sector to improve access and safety. To better assess perceptions of safety in and around WASH facilities in Malakal PoC site, UNICEF conducted a series of focus group discussions reaching 55 women and 58 adolescent girls. Every participant reported a sense of improved safety in the PoC site compared to two years ago.

UNICEF has completed formative research on birth registration in Aweil East, Aweil West, Juba PoC site and Juba municipality. The objective of this study is to have initial insights on the knowledge, attitudes and behaviours of people towards birth registration and will inform UNICEF and stakeholders to develop national communication strategy designed to increase birth notification.

FUNDING: UNICEF’s 2017 HAC requirements for South Sudan are US$ 181 million. Funds available for the response includes generous contributions of over $43 million received in late December 2016. The HAC appeal is currently 62 per cent funded.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements ($)</th>
<th>Funds Available* ($)</th>
<th>Funding Gap</th>
<th>US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>42,066,000</td>
<td>44,677,851</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Health</td>
<td>26,600,000</td>
<td>14,293,539</td>
<td>12,306,461</td>
<td>46</td>
<td>46%</td>
</tr>
<tr>
<td>WASH</td>
<td>50,125,000</td>
<td>22,261,108</td>
<td>27,863,892</td>
<td>56</td>
<td>56%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>25,000,000</td>
<td>19,950,549</td>
<td>5,049,451</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>Education</td>
<td>37,209,000</td>
<td>27,269,969</td>
<td>9,939,031</td>
<td>27</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$181,000,000</strong></td>
<td><strong>128,453,015</strong></td>
<td><strong>55,158,835</strong></td>
<td><strong>30</strong></td>
<td><strong>30%</strong></td>
</tr>
</tbody>
</table>

*Funds available includes total funds carried forward from 2016 and funds received in 2017.
*The total funds available include $2.6 million of overfunding received for the nutrition response. This is why the totals have a $2.6 million difference.

Next Situation Report: 31 August 2017

UNICEF South Sudan Crisis: www.unicef.org/southsudan; http://www.childrenofsouthsudan.info/
UNICEF South Sudan Facebook: www.facebook.com/unicesouthsudan
UNICEF South Sudan Appeal: http://www.unicef.org/appeals/

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Chief of Communications
UNICEF South Sudan
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### Cluster for 2017

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Target (Jan-Dec)</th>
<th>Results (Jan-mid-July)</th>
<th>Results (Jan-Dec)</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong>&lt;sup&gt;7&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of targeted children 6-59 months with severe acute malnutrition (SAM) admitted to therapeutic care</td>
<td>205,218</td>
<td>93,855</td>
<td>207,257</td>
<td>96,281&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>% of exits from therapeutic care by children 6-59 months who have recovered</td>
<td>&gt;75%</td>
<td>87.2%</td>
<td>&gt;75%</td>
<td>87.2%</td>
</tr>
<tr>
<td># of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding</td>
<td>590,134</td>
<td>785,826</td>
<td>590,134&lt;sup&gt;*&lt;/sup&gt;</td>
<td>785,826</td>
</tr>
<tr>
<td><strong>HEALTH</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6 months-15 years in humanitarian situations vaccinated for measles</td>
<td></td>
<td>1,232,000&lt;sup&gt;*&lt;/sup&gt;</td>
<td>1,640,836</td>
<td>108,927</td>
</tr>
<tr>
<td># of long-lasting insecticide treated nets (LLITN) distributed</td>
<td>450,000</td>
<td>116,405</td>
<td>24,224</td>
<td></td>
</tr>
<tr>
<td># of preventive and curative consultations provided to children under 5 years</td>
<td>476,250</td>
<td>377,451</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION AND HYGIENE</strong>&lt;sup&gt;9&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of target population provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)</td>
<td>2,400,000</td>
<td>895,150</td>
<td>800,000</td>
<td>609,672</td>
</tr>
<tr>
<td># of target population provided with access to appropriate sanitation facilities</td>
<td>1,200,000</td>
<td>412,567</td>
<td>400,000</td>
<td>206,916</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong>&lt;sup&gt;10&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached with psychosocial support (PSS)</td>
<td>361,716</td>
<td>96,255</td>
<td>327,000</td>
<td>94,046</td>
</tr>
<tr>
<td># of unaccompanied and separated children (UASC) and missing children registered&lt;sup&gt;11&lt;/sup&gt;</td>
<td>19,608</td>
<td>15,666</td>
<td>13,000</td>
<td>12,726</td>
</tr>
<tr>
<td># of children reached with life-saving mine risk education (MRE)</td>
<td>212,856</td>
<td>61,976&lt;sup&gt;11&lt;/sup&gt;</td>
<td>160,000</td>
<td>61,976</td>
</tr>
<tr>
<td># of people reached by gender-based violence (GBV) prevention and response services</td>
<td>160,000</td>
<td>53,088</td>
<td>3,872</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and adolescents 3-18 years provided with access to education in emergencies</td>
<td>510,300&lt;br&gt; (Boys: 280,665&lt;br&gt; Girls: 229,635)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>277,373&lt;br&gt; (Boys: 171,207&lt;br&gt; Girls: 106,166&lt;sup&gt;)&lt;sub&gt;12&lt;/sub&gt;)</td>
<td>300,000&lt;br&gt; (Boys: 165,000&lt;br&gt; Girls: 135,000)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>230,306&lt;br&gt; (Boys: 142,790&lt;br&gt; Girls: 87,516)&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td># of teachers and members of parent-teacher association (PTA) and school management committee (SMC) trained</td>
<td>5,815</td>
<td>7,774&lt;br&gt; (Male: 5,830&lt;br&gt; Female: 1,944)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>5,815&lt;sup&gt;*&lt;/sup&gt;</td>
<td>6,017&lt;br&gt; (Male: 4,513&lt;br&gt; Female: 1,504)&lt;sup&gt;12&lt;/sup&gt;</td>
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</table>

<sup>5</sup>Partner reporting rates remain below 100 per cent. UNICEF with its partners continues to improve monitoring and reporting of results.

<sup>6</sup>UNICEF’s targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF’s requirements in the HAC are higher than those in the HRP.

<sup>7</sup>The Nutrition Cluster target does not include refugee children who are covered under the Multi-Sector Refugee Appeal, while UNICEF’s nutrition response covers all children, including refugee children residing in the country.

<sup>8</sup>Insecurity and access restrictions are constraining the support to malnourished children. Over 40 nutrition sites are currently disrupted.

<sup>9</sup>WASH results from July are still being collected. Updates will be provided in the next SitRep.

<sup>10</sup>The reported numbers for both cluster and UNICEF results are cumulative since the breakout of the conflict in December 2013.

<sup>11</sup>All MRE activities are supported by UNICEF.

<sup>12</sup>Figure slightly revised following data verification.

As results to date have already exceeded the annual target, UNICEF is currently in the process of reviewing the targets for 2017.