Highlights

As of January 2, 2014, the number of people reported to be displaced by the current crisis in South Sudan is up to 194,000, including 57,500 sheltering in UN peacekeeping bases. OCHA is estimating there will be around 400,000 displaced by the current crisis until the end of March. This is in addition to the pre-existing caseload of 228,000 refugees in the conflict-affected areas. Priorities for the response to the displaced are protection, water, sanitation and hygiene services, food and nutrition, non-food items, shelter, and health.

- UNICEF and partners are currently reaching an estimated 30,000 displaced people with water in Juba. Over 400 latrines have been constructed with UNICEF support and are being used by 23,000-30,000 persons at the two UNMISS locations in Juba, with more under construction.
- 19,853 children (6 months to 15 years) have been vaccinated against measles and 20,988 children (0-15 years) have been vaccinated against polio through immunization campaigns supported by the Ministry of Health, UNICEF and WHO conducted the Tomping compound and UN House in Juba.
- UNICEF has provided essential WASH supplies to support response in Bentiu, Bor, and Awerial and is supporting water supply and sanitation in the IDP camp in Bor. UNICEF has also provided essential medical supplies to support emergency health programmes in Bentiu and Awerial.
- UNICEF, with the support of the Global WASH Cluster Advisor has established an Infectious Diseases Working Group in Juba to ensure that information is shared between WASH and Health Clusters and is putting in place a response strategy for infectious diseases, including cholera.

Accessing populations in the other 7 states is extremely challenging. There is a pressing need to scale-up efforts to assist civilians Bor, Bentiu, Malakal and Awerial.

194,000
# of people displaced
(OCHA January 1, 2014)

57,500
# of people displaced in UN Missions
(OCHA January 1, 2014)

UNICEF Appeal till March 2014*
30 Million
Situation Overview & Humanitarian Needs

With clashes and mobilization of armed actors in several parts of the country, civilians continue to be displaced. Some 194,000 people have reportedly fled their homes since December 15, 2013, with reports of significant concentrations of people displaced in rural areas in Jonglei, Lakes, Warrap, Unity, and Upper Nile States. With regard to movements outside the country, there are reports from aid agencies in Sudan that some 1,850 South Sudanese have crossed into Sudan’s South Kordofan State from Unity State. Another 32,000 people are reportedly stranded in the Ragat border area between the two countries after fleeing violence in Bentiu. UNHCR has also reported that 1,650 people have crossed into Kenya, and some 13,000 into Uganda and 5,286 have crossed the border into Ethiopia.

Of the total people displaced, the number of people sheltering in UN peacekeeping bases is around 57,500. Following the violence in Malakal, the number of people at the base there quickly rose to some 22,000 people. In Bor, the base shelters an estimated 7,000 people. Six peacekeeping bases around the country are hosting large concentrations of displaced people, and another six are providing refuge for smaller groups.

A multi-sector response to people displaced in Juba is underway, and partners are scaling up efforts to also assist civilians in the bases in Bentiu, Bor and Malakal. Challenges are being faced in providing the internally displaced persons (IDPs) with basic humanitarian services. Protection of civilians is a serious concern in the states affected by the violence. Access to civilians outside the UN bases is also limited due to insecurity.

UNICEF participated in the Inter-agency Assessment conducted in Bor, the capital of Jonglei State that took place December 26 & 27. The living conditions for the approximately 7,000 people living on the base are very challenging, especially in terms of health and water and sanitation. There are few latrines within the site, and limited access to clean water. There are also urgent needs for food and shelter supplies. With rampant open defecation, dead bodies on the road and limited water and sanitary facilities, there is a real risk of disease outbreaks such as cholera on the base. There is an urgent need to install 300-400 latrines, 60-80 hand-washing and 150-200 bathing facilities. Protection is also major concern among civilians in the base, especially in light of the rapidly changing conflict situation in Bor.

An interagency assessment mission went to Awerial December 31 with the participation of two UNICEF staff covering child protection and health. OCHA is finalizing the report, which will be shared as soon as it is available.

Health: MSF is running outpatient clinics, one in each of the UN compounds. However, limited space and medical supplies and a lack of service providers pose serious challenges to meeting the overwhelming needs. The poor sanitation and limited water supply in IDP camps are putting the population at high risk of diarrhoeal diseases and other infection outbreaks. Diarrhoeal cases are being reported daily and diarrhoea accounts over 30% of clinic attendance, with most cases being children. Heat exhaustion is another danger with the overcrowding, exposure to intense sunshine and lack of drinking water. Rapid tests have been done on stool samples which are negative for Cholera Vibrio. UNMISS is exploring plans for a cholera treatment centre in the Juba camps just in case an outbreak of cholera occurs, although the water and sanitation situation has been improving. An assessment was conducted in the IDP camp in Awerial in Lakes state where 76,000 individuals are reported to be staying. Acute watery diarrhea cases are being reported and the size of the population makes responding adequately difficult. According to the findings of the assessment of health facility records and interviews with health workers, the main health issues include malaria, acute respiratory tract infection diarrhoea. Three suspected cases of measles have been reported in the UNMISS compound in Bentiu and one of the suspected measles cases has died.

Nutrition: Children below five years, as well as pregnant women and lactating mothers are in need of focused nutrition services with improved feeding and caring. In the UNMISS bases in Juba, the clinic-based MUAC screening of children for malnutrition indicates that 1.1% of those attending MSF run outpatient clinics have Severe Acute Malnutrition (SAM). MSF reports that 60 – 70 % of clinic attendees are children (0-18), but there was no disaggregation by sex or age. Referral of SAM cases with complications for medical management is a challenge as access to the only children referral hospital (AI Sabbah Children’s Hospital in Juba) supported by UNICEF is not feasible due to security reasons as community would not agree to take their children out of the UNMISS base.

WASH: The WASH situation of the IDPs is challenging in Juba and critical in the UN compounds outside Juba where WASH partners have no access to provide support. Sanitation facilities are limited in the IDP camps especially in areas outside Juba where there is high congestion in the camps and lack of partners to construct sanitary facilities. Most of the WASH Cluster partners have evacuated leaving very thin human resource support on the ground. In Juba, where two
of the UNMISS camps are located (UNMISS Tomping and UN House, also called Juba 3), an estimated 25,000-30,000 persons are in need of WASH services. Temporary latrines are being constructed but there is need for more latrines, especially in the Tomping UNMISS base, where there is high density. Hygiene promotion on the usage and maintenance of latrines is being conducted. The minimum Sphere standard water supply of 15 litres per person per day is yet to be met and efforts are being made to ensure that people have safe drinking water by intensifying chlorination at the source and monitoring the water before offloading. Current supply is now at 12 litres per person per day. In other areas, namely Bor, Awerial and Bentiu, WASH needs are growing; the water being trucked to the IDP site is not adequate and the sanitation facilities are limited. WASH supplies that had been prepositioned in UNICEF and partners’ warehouses have been looted in most areas, requiring new supplies to be prepositioned as soon as the humanitarian corridor is established.

In Awerial, where there are a large number of IDPs, WASH needs are acute and the existing facilities cannot satisfy WASH demands. Open defecation is rampant and the affected population are using river water. Most of the implementing partners had been evacuated; however, after the rapid assessment conducted at the end of the year WASH partners are moving fast to meet the identified needs.

Child protection: In UN compounds there are unaccompanied children, separated children and orphans whose parents were killed during the violence that rocked Juba. The scope of the separation is yet to be understood but this will become clear in the next few days when the registration of the population displaced in the UNMISS bases is completed. Since the child protection response was initiated in the UNMISS base at Tomping a week ago a new child protection risk has come to light namely that children are becoming separated and lost within the camp. The team of protection monitors have also identified at least 5 child-headed families within the UNMISS Base at Tomping. There are as many as 50% children amongst the displaced population in both UNMISS Bases and many appear to be struggling to cope psychologically, some having difficulty engaging in daily life, while others getting into fights over minor issues, potentially indicative of stress/anger about the on-going situation. So far two reports of sexual violence from with the Tomping camps have been reported to UNICEF’s Child Protection partners’ staff and there is growing concern about personal security of the displaced population linked to inter-ethnic tensions as well as the physical conditions. The physical layout and infrastructure of the camps is potentially heightening protection risks with parts of the UNMISS base in Tomping where lighting is poor and places in between tents and containers lacking visibility.

Reports already received from community members indicate that there are more cases of unaccompanied children who are currently being cared for by adults who may not necessarily be their family members or even relatives. There is a sizable group of parents who have reported that their children are missing. Reports indicate that the families were separated as they were fleeing for safety at the UNMISS Compounds. Interviews with some of the IDPs indicate generalized anxiety and stress - many of the IDPs are worried about other family members and relatives as they don’t know whether they are safe or even whether they are even alive. The lack of information about their homes and the locations from where the IDPs fled from is also making them more anxious. It is also possible that some vulnerable people such as children, older people and people with disabilities may be left behind in their communities. Some of the IDPs have reported various security incidents outside the UN House (Juba 3) that include shooting, rapes of girls and women, and abduction. The majority of the IDPs do not feel safe to return to their places of origin - especially those who have tribal markings feel they will be targeted. Some people reported that their houses were looted leading to a loss of all their assets.

Additional child protection concerns include reports of the recruitment and use of children by parties to the conflict, the killing and maiming of children, and risk of exposure to unexploded ordinance and mines as families are forced to flee their homes.

HIV: National prevalence of HIV in South Sudan is estimated at 2.7%, and while rates are highest in currently unaffected Western Equatoria State (7.2%), rates in Upper Nile (2.7%) and Central Equatoria (3.9%) exceed the national average. The infection rate among military personnel is estimated to be 4.4%. ART coverage in South Sudan was low before the violence erupted, with 13% of pregnant women, 8% of adults, and 5% of children in need receiving treatment. The recent violence is likely to threaten the progress being made and fuel the generalized epidemic further with the disruption of health services, breaks in supply chains, decreased blood safety, and increased risk of sexual violence. The risk of new infections and the risk of disrupted care for those already on treatment is high, with women, adolescents, children, and people living with HIV among those worst affected by the crisis. Steps must be taken to ensure minimum services for HIV in emergency settings, including continued availability and provision of ARVs, condoms, and PEP kits.
**Humanitarian leadership and coordination**

UNICEF leads the WASH, Nutrition, Education clusters as well as the Child protection sub-cluster. UNICEF also supports the core supplies pipelines for Education, WASH and Nutrition. Health response is channelled through Health Cluster lead, WHO, and the Ministry of Health. UNICEF, with the support of the Global WASH Cluster Advisor has established an Infectious Diseases Working Group in Juba to ensure that information is shared between WASH and Health Clusters and is putting in place a response strategy for infectious diseases, including cholera.

All sectors are collaborating with their respective government counterparts on the emergency response. However, working in the camps is extremely challenging as most of the partners (INGO and NGOs) have evacuated their staff, and a skeleton staff is supporting emergency interventions. The partners are largely using community volunteers to deliver and promote the services at the camps. The volunteers often have limited capacities; however, efforts are being made to strengthen their capacities sector wise.

**Humanitarian Strategy**

UNICEF is responding quickly to the humanitarian situation. UNICEF’s response strategy for the first three months of interventions (January 2014-March 2014) focuses on the needs of the displaced populations. Due to security and access constraints, initial response has focused on IDPs in UN bases in areas that are accessible. UNICEF is working closely with partners to advocate for humanitarian access to other areas and will expand services to other areas as rapidly as possible. UNICEF will reinforce its existing support to cluster coordination to facilitate an effective and coordinated response. In view of the increasing insecurity, which has seen many WASH Cluster partner evacuating their staff from the country, UNICEF global WASH Cluster Coordinator has been called to reinforce the cluster support and strengthen existing response within the country.

**Summary Analysis of Programme response**

**Health:** 19,853 children (6 months to 15 years) have been vaccinated against measles and 20,988 children (0-15 years) have been vaccinated against polio through immunizations campaigns supported by the Ministry of Health, UNICEF and WHO. The campaigns took place from December 29 (at the Tomping compound) and December 30 (at the UN House compound). The campaigns also included vitamin A supplementation which reached 17,968 children (6 months to 15 years) and deworming tablets which reached 1,290 children (1 to five years).

UNICEF has provided essential drugs and supplies including anti-malarial drugs to the State Ministry of Health and NGO partner (CCM) in Awerial. In the Awerial primary health care centre in Lakes State, a total of 209 patients were treated in the last three days of December - 111 of the patients were children under five who were brought in for treatment related to malaria, diarrhoea, acute respiratory infections and burns. An assessment was conducted in the IDP camp in Awerial in Lakes state, where over 75,000 individuals are reported to be staying. Acute watery diarrhea cases have been reported but tested negative for *cholera Vibrio* and the size of the population makes responding adequately difficult. According to the findings of the assessment of health facility records and interviews with health workers, the main health issues include malaria, acute respiratory tract infection diarrhoea.

UNICEF is supporting the running of a medical clinic at the Bentiu UN peacekeeping base in Unity State, where 8,000 displaced people have taken shelter. Nine suspected cases of measles have been reported in the UNMISS compound in Bentiu and one of the suspected measles cases has died. Integrated measles and polio immunization campaigns start in Awerial and Bentiu in the coming days, targeting children under 15 years for polio and measles. UNICEF’s support has been in the micro-plan development, training of cadres and delivery of vaccines and accessories to sites of immunization.

**Nutrition:** Children below five years, as well as pregnant women and lactating mothers are in need of focused nutrition services with improved feeding and caring. In the UNMISS bases in Juba, the clinic-based MUAC screening of children for malnutrition indicates that 1.1% of those attending MSF run outpatient clinics have Severe Acute Malnutrition (SAM). Referral of SAM cases with complications for medical management is a challenge as access to the only children referral care hospital (Al Sabbah Children’s Hospital in Juba) supported by UNICEF is not feasible due to security reasons as community would not agree to take their children out of the UNMISS base.

In the two camps in Juba, two sites for out-patient treatment of severe acute malnutrition (without medical complications) have been set up by a Concern Worldwide with supplies and technical support provided by UNICEF. Mass screening of <5 children in the camps has started and will be done on a regular basis to monitor the nutrition situation of the children and initiate timely treatment.
WASH: UNICEF is the WASH Core Pipeline manager and is supplying items such as water purification products, soap, latrine squatting plates and other supplies are required by partners. In Tomping UNMISS camp 15-20,000 IDPs have been reached with safe water supply, through UNICEF contracted water trucking of 240,000 litres chlorinated water per day enabling individual water supply to reach 12 litres/person/day. This capacity is being increased through the installation of 100m³ storage capacity by ICRC with additional support of 30m³ from UNICEF. Water trucking will continue for the time being until alternate water storage is constructed over 100 cubic meter space. UNICEF is leading the water quality monitoring by testing free residual chlorine for the water trucked and will provide quality assurance for new storage facilities. UNICEF has supplied latrine squatting plates for 336 latrines already constructed for the Tomping UNMISS compound and assisted in the technical skills for their construction, while in UN House (also known as Juba 3), UNICEF has provided 300 latrine squatting plates to partners implementing WASH services in the camp with more ongoing. The situation is constantly evolving as more people are seeking shelter in UNMISS camps. Daily garbage collection is being conducted by UNICEF. UNICEF issued 550 4x5 meter reinforced plastic sheets for latrine construction in both IDP camps in Juba. WASH partners such as Oxfam and Nile Hope are conducting hygiene promotion daily to prevent the outbreak of water-borne diseases and are training 150 additional hygiene promoters in UNMISS camps in Juba with the support of UNICEF’s Hygiene Specialist. Supplies such as 100 family hygiene kits, 120 cartons of soap and water purification products are supplied by UNICEF. Disinfection of polluted sites as well as solid waste management within the camp is being conducted by UNICEF and WASH partners.

To promote hand washing, UNICEF has installed one hundred 100-liter tanks for hand washing facilities in UNMISS Tomping base and provided WASH partners in UN House with the same. Outside Juba, especially in areas where the humanitarian window is opening, UNICEF has airlifted WASH supplies – to Bor, Bentiu, and Awerial. In Bor, UNICEF, in collaboration with International Aid Services, has started implementing water supply and constructing latrines to prevent outbreaks of water-borne diseases in the UNMISS camp, which is highly congested. More supplies will be airlifted as soon as the airport is re-opened. UNICEF has developed and agreement with local partners RWASSA and AWODA, who will be implementing WASH services in different locations in Awerial. UNICEF is also providing WASH supplies to Oxfam, who will lead the WASH response in Awerial.

<table>
<thead>
<tr>
<th>SN</th>
<th>Item</th>
<th>Juba</th>
<th>Benti</th>
<th>Bor</th>
<th>Awerial</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Squatting plate, plastic, 120x80cm</td>
<td>400</td>
<td>150</td>
<td>10</td>
<td>100</td>
<td>2,260</td>
</tr>
<tr>
<td>2</td>
<td>Tarpaulin, reinforced, plastic sheet, 4x5m</td>
<td>300</td>
<td>250</td>
<td>1,500</td>
<td>2,050</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Latrine digging kit</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hygiene kit, adult</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Bucket, HDPE, with lid and tap, 20 litres</td>
<td>50</td>
<td>200</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Surface water treatment unit, portable</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Water tank, collapsible, 20000l, w/distr’n kit</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Water tank, collapsible, 10000l, w/distr’n kit</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Water tank, collapsible, 5000l, w/distr’n kit</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Water tank, 100l, w/tap</td>
<td>97</td>
<td>97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Water tank, 1000l, reinforced, w/tap</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Water purif.(NaDCC) 1.67g tabs/PAC-200</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Water floc. &amp; disinfectant, pdr/BOX-240</td>
<td>129</td>
<td>200</td>
<td>500</td>
<td>829</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Calcium hypochlorite 65-70%</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
UNICEF, with the support of the Global WASH Cluster Advisor has established an Infectious Diseases Working Group in Juba to ensure that information is shared between WASH and Health Clusters and is putting in place a response strategy for infectious diseases, including cholera.

**Child Protection:** 65 unaccompanied children (40 boys and 25 girls) have been documented and five of these have been reunified with their families within the UNMISS Base at Tomping. Tracing for the families of the unaccompanied children has been initiated at the UNMISS base at Juba 3 and outside the camps. UNICEF implementing partners in both UNMISS bases have developed a coordination mechanism for the inter-camp family tracing and outside the camps the family tracing will be undertaken by ICRC. 12 parents reported that they had lost their children in the Tomping base and so far the child protection workers have managed to find the families of three of those children. Parents have given information on 51 children as missing, UNICEF’s partners are working with UNMISS Child Protection Unit and the Protection Cluster to visit some of the locations where the parents are saying they were last with children. UNICEF partners continue to mainstream Child Protection into other sectors to prevent child protection risks that might come out during the implementation of other sectors interventions. So far there has been very good coordination and collaboration with IOM on registration of the displaced populations and the distribution of NFIs.

The setting up of GBV response is underway in the two UNMISS Bases in Juba by IRC and UNICEF and treatment of sexual violence survivors is expected to start next week. In the meantime, efforts are underway to prevent sexual violence as UNICEF partners have advocated successfully with UNMISS to initiate night patrols in the dark areas in the camp and PEP kits are available now to address any immediate need.

**Child Protection Response outside Juba**

Awerial: following the assessment of the displaced people in Awerial, the CP Section has prepared a response plan and has already mobilized two INGOs and one CBO to initiate the CP response in Awerial in the coming week, including Identification, Documentation, Tracing and Reporting.

Malakal: Identification and documentation of unaccompanied children is underway at the UNMISS Base in Malakal by UNICEF’s implementing partner, so far 5 unaccompanied children were documented last week and early this week they were reunified with their families.

**Bentiu and Bor:** No child protection has been initiated as yet and so the CP Section is using this time to prepare and mobilize partners to respond as soon as it is safe enough for humanitarian actors to go in. Child Protection section will be actively coordinating with Education cluster to include activities related to psycho-social support.

**Communications for Development (C4D)**

The promotion of the behaviours and key survival practices, including breastfeeding promotion and the feeding of sick children, are being implemented through sectors. UNICEF has trained 100 Hygiene promoters to promote comprehensive hygiene and supplied with IEC materials. Health has mobilized volunteers as social mobilizers to promote integrated immunization campaign. UNICEF has prepared messages for enhancing the protection of children in the UNMISS bases and on 26 December UNICEF partners in UNMISS Tomping base provided orientation on child protection monitoring to 40 community volunteers who have been mobilised by ACTED, the NGO responsible for camp
In the afternoon of 26 December the 40 volunteers together with UNICEF staff started passing on messages to children, mothers and other community members on prevention of separation, messages on care and protection of children and on protection against gender based violence.

A comprehensive plan has been developed and will be shared with sectors for endorsement for an integrated response in the camps in Juba, Malakal and if possible for the other states. Efforts are being made to formalize a partnership with a local Radio network to promote programming on peaceful co-existence.

**Supply and Logistics**

UNICEF has significant stocks of pre-positioned supplies in country which have been mobilized to support the initial response. A new supply plan has been developed to provide humanitarian assistance to a potential displaced population of 400,000 which are currently being mobilized.

**Media and External Communication**

Strategic Communications continues with media relations and outreach and support for UN Department of Communications and the wider UNICEF communications community: background information, key messages, human interest stories, photographs and social media. SSCO media outreach includes several live interviews with Al-Jazeera and the BBC and interviews with South Sudanese and French radio, IRIN news and Swiss media. Parts of the December 24 press release were picked up over 200 times, including the Guardian, ReliefWeb, AllAfrica.com, UN News Centre and UNICEF Press Centre. The UNICEF South Sudan Facebook daily posts are popular; the story about a Christmas baby has been viewed over 40,000 times.

**Security**

The situation in the country remains grave, as clashes continue around Bor, the capital of Jonglei, as well as in Unity and Upper Nile. Juba, remains relatively calm, but tense, with continued more isolated episodes of violence. Other areas of the country are likewise tense.

**Funding**

UNICEF has released US$2 million from its internal loan mechanism, the Emergency Programme Fund (EPF), to scale up the emergency interventions that are ongoing across the various programmatic sectors.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements in USD**</th>
<th>Funds received in USD*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>3,538,019</td>
<td><strong>Funds yet to be received.</strong></td>
<td>100%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,528,664</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>14,152,075</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection/Education</td>
<td>7,783,642</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>30,002,400</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* ‘Funds received” does not include pledges
** The requirements noted above include the indirect cost recovery of 8% as per UNICEF’s Executive Board decision. It also includes a cross-sectoral cost of 20% to meet the high operating costs of working in South Sudan.

Next SitRep: 09/01/2014

UNICEF South Sudan Crisis: www.unicef.org/southsudan
UNICEF South Sudan Facebook: www.facebook.com/unicefsouthsudan

Who to contact for further information:

- Iyorlumun J Uhaa
  Representative
  UNICEF South Sudan
  Email: iuhaa@unicef.org
- Lillian Okwirry
  OIC for Deputy Representative
  UNICEF South Sudan
  Email: lokwirry@unicef.org
- Doune Porter
  Chief, Strategic Communication
  UNICEF South Sudan
  Email: dporter@unicef.org