South Sudan

HIGHLIGHTS

- South Sudan is going through the worst humanitarian crisis since its independence in 2011, and children are affected most deeply. In 2022, conflict, persistent and unprecedented flooding, disease outbreaks and food and nutrition insecurity continued to compound the complex, chronic needs of the most vulnerable, especially children, leaving 8.9 million people, including 4.7 million children, 2.1 million women and 1.3 million people with disabilities in need of assistance.

- UNICEF’s strategy is to continue strengthening community engagement, localization, feedback and accountability mechanisms and the protection of beneficiaries from sexual exploitation. This includes promoting innovations to meet the needs of children and families in an extremely complex humanitarian environment. Preparedness actions will adopt a risk-informed and conflict-sensitive approach and a focus on climate resilience. The humanitarian strategy is aligned with the inter-agency Humanitarian Response Plan and Cluster priorities and complements development assistance that addresses the structural causes of fragility and vulnerability in the country.

- The latest Humanitarian Action for Children appeals for South Sudan have been significantly underfunded. However, children’s humanitarian needs have continued to increase in recent years. UNICEF requires US$217.2 million for nutrition, health, WASH, education and protection interventions to meet children’s urgent needs in 2023.

KEY PLANNED TARGETS

- **2.7 million** children vaccinated against measles
- **290,000** children with severe wasting admitted for treatment
- **75,000** children/caregivers accessing community-based mental health and psychosocial support
- **1.4 million** children using safe and appropriate WASH services in learning facilities

Figures are provisional and subject to change upon finalization of the inter-agency planning documents for 2023.
South Sudan is going through the worst humanitarian crisis since independence, and children are the most affected group. The situation continued to deteriorate in 2022, leaving 8.9 million people, including 4.7 million children, with ever-greater humanitarian needs. In 2022, 90,000 South Sudanese fled the country seeking refuge in neighbouring countries. Conflict, persistent and unprecedented flooding, disease outbreaks and food insecurity continue to compound the complex, chronic needs of the most vulnerable, especially children. The increasing costs of fuel and staple foods - driven by the depreciation of the South Sudanese pound and global supply chain disruptions, continue to exacerbate vulnerabilities. Considerable internal and cross-border displacement has further strained scarce resources, livelihoods and basic services and has increased protection risks and intercommunal tensions. The Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan has been extended for two additional years, postponing elections until late 2024. The slow implementation of the Agreement remains a trigger for violence across many parts of the country. Currently, there are 2.2 million displaced people, many of whom need durable, longer-term solutions that build social cohesion and contribute to peace. Furthermore, climate resilience programming is critical as extreme weather events have direct repercussions on peace and security.

Humanitarian access to affected populations continues to be constrained by violence, bureaucratic impediments, threats against humanitarian personnel and assets and physical constraints. Floods and heavy rains have significantly impacted already poor road infrastructure, with many roads impassable, some since 2021. Boats, helicopters and planes are the only ready options to reach many remote areas; such transport modes also come at significant cost.

The country is vulnerable to multiple shocks and unaddressed root causes of need. Children are disproportionately affected and at risk of violence, exploitation, abuse, neglect, recruitment by armed groups, psychosocial distress and family separation. Women and girls remain at significant risk of gender-based violence. Children and adolescents continue to face inequitable access to education, with 2.8 million children (52 per cent of them girls) out of school. Malnutrition is adversely affecting the well-being of women and children, with rates 25 per cent higher in 2022 compared with 2021 and access to life-saving essential health care services, especially child and adolescent health services, remains inequitable. Access to safe water, sanitation and hygiene (WASH) remains a challenge, and only 40 per cent of the population has access to safe water. Significant WASH needs continue to underpin nutrition and health outcomes.

### STORY FROM THE FIELD

"The flood water is disgusting and really contaminated. I know so many people who have been sick because they have come into contact with it. My elderly grandma is still recovering. Me and my friends have all been sick too. We often get skin rashes whenever we get into the flood water," Athieng, 13, says as she washes pots and pans.

Athieng can receive basic health services thanks to a partnership between the World Bank, the Ministry of Health and UNICEF, which are providing access to such services in the most remote areas of Jonglei and Upper Nile States.

Read more about this story here.
UNICEF is targeting the most vulnerable children, women and their families in the hardest-to-reach areas. The humanitarian strategy is aligned with the inter-agency Humanitarian Response Plan and Cluster priorities and promotes community engagement and localization22 that prioritizes children and women and strengthens feedback and accountability mechanisms; promotes social and behaviour change; and will protect beneficiaries from sexual exploitation. UNICEF’s strategy will strengthen existing systems to mitigate the impact of emergencies and complement development assistance to address the structural causes of fragility and vulnerability. UNICEF will promote innovation to meet the needs of children and families in this extremely complex humanitarian environment.

Preparedness actions will adopt a risk-informed approach, with a focus on climate resilience and conflict to strengthen communities’ resilience to shocks. Humanitarian response is informed by contextual analysis that promotes a conflict-sensitive approach, and there is a strong focus on social cohesion, contributing to peacebuilding and the linkages between humanitarian and development programmes.

UNICEF will continue to meet needs, prioritizing children and women through an integrated package of life-saving services. A multisectoral, systems-based approach will be taken to address nutritional needs. This includes better alignment with food security, health, WASH and social and behaviour change. Health efforts will focus on addressing preventable disease outbreaks and maternal and newborn care. WASH will provide an integrated package of services to improve access to safe drinking water, sanitation, including menstrual hygiene, and key behaviour change messages to prevent the spread of communicable diseases. Community-based learning options will be established to improve access and continuity of education, with a focus on girls. Children who are vulnerable to violence, exploitation, abuse and recruitment into armed forces and groups will be identified and referred to services to address their needs. UNICEF will ensure a supply chain approach that moves critical supplies to hard-to-reach areas.

Humanitarian action will support the community and national and state-level government to respond; and strengthen local capacities through established and new partnerships with civil society organizations. UNICEF will support complementary approaches including fixed, outreach and rapid response programming. UNICEF’s field presence in each of the administrative areas of South Sudan will support the localization strategy and enable close monitoring of the quality of interventions. This field presence will also enable tailored negotiations that are key to humanitarian access and the delivery of assistance.

UNICEF commits to strengthened coordination as leader of the WASH and Nutrition Clusters and the Child Protection Area of Responsibility, and co-leader of the Education Cluster. UNICEF also supports national and subnational clusters.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/south-sudan/situation-reports

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents for 2023.
FUNDING REQUIREMENTS IN 2023

In 2023, UNICEF requires US$217.2 million to meet the critical needs of girls, boys and women affected by concurrent shocks, including conflict, flooding, disease outbreaks and chronic humanitarian needs. This funding will enable UNICEF to deliver on its mandate to protect children’s rights, and will enable them to reach their full potential. The largest financial requirements in 2023 are for nutrition, education and WASH.

This year, the increased funding requirement is driven by the number of children requiring treatment for severe wasting, children requiring urgent vaccination against measles, efforts to reach survivors of gender-based violence and the prevention of sexual exploitation across sectors; the increase in cost of supplies due to global demand; and the cost of delivering supplies to those people who are hardest to reach. The cost of full-time cluster coordinators for child protection, education and WASH are now included in the appeal request.

The latest Humanitarian Action for Children appeals for South Sudan have been significantly underfunded. For example, the child protection and education sectors were significantly underresourced in 2022, so 40,000 children did not receive life-saving mental health and psychosocial support, further compounding other vulnerabilities. However, children’s humanitarian needs have continued to increase in recent years. Without adequate resources, and full funding of the appeal, UNICEF will not be able to maintain the gains achieved on behalf of children and ensure the implementation of programmes designed to help children survive and thrive.

2. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.


4. People in need figure, OCHA, South Sudan: Humanitarian Needs Overview, 2022. Fifteen per cent of all people in need are estimated to have a disability, and 24 per cent of the people in need are women.

5. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

6. Children make up 53 per cent of all people in need, Humanitarian Needs Overview, South Sudan, 2022. Fifteen percent of children are estimated to have a disability.

7. This target is calculated based on the highest programmatic targets of 2,940,435 children aged 6-59 months receiving vitamin A supplementation; 750,000 children aged 5-18 years accessing formal or non-formal education; and 1,234,257 primary caregivers receiving infant and young child feeding counselling. The total number of people to be reached includes 50 per cent women/girls, 50 per cent men/boys and 15 per cent people/disabled children. For 2023, the appeal excludes interventions related to coronavirus disease 2019 (COVID-19) because these have been integrated into longer-term development needs and regular programmes. Thus, the total coverage of needs has decreased due to excluding COVID-19-related social and behavioural change targets from the calculation.

8. This target is calculated using the highest programmatic targets of 2,940,435 children aged 6-59 months receiving vitamin A supplementation and 750,000 children aged 5-18 accessing formal or non-formal education. Of the target, 49 per cent are girls and 51 per cent are boys. Fifty per cent are estimated to have a disability. It should be noted that this year we are using an education target that is related to access to education, rather than access to remote learning, which was part of the COVID-19 pandemic response strategy. This explains the lower targeting in education and overall children in need figures.

9. Humanitarian Response Plan, South Sudan, 2022. Fifty-one per cent of people in need are female, and fifteen per cent of people in need are estimated to have a disability.

10. Office of the United Nations High Commissioner for Refugees (UNHCR), Regional overview of the South Sudanese refugee population. 31 August 2022.


15. The number of people in need is taken from the Humanitarian Response Plan, South Sudan, 2022. Fifty-three per cent (2,915,000) and 24 per cent (1,320,000) are women. Fifteen per cent are estimated to have a disability.

16. The number of people in need is taken from the Humanitarian Response Plan, South Sudan, 2022. Fifty-three per cent (1,060,000) are children, 24 per cent (480,000) are women. Fifteen per cent are estimated to have a disability.

17. Humanitarian Response Plan, South Sudan, 2022. Fifteen per cent of these children are estimated to have a disability.

18. The number of people in need is taken from the Humanitarian Response Plan, South Sudan, 2022. Fifty-three per cent (3,233,000) are children; 24 per cent (1,464,000) are women. Fifteen per cent of people are estimated to have a disability.

19. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinators costs are included into sectoral programme budgets.

20. A total appeal for the COVID-19 response is $7.0 million.

21. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

22. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

23. There are ongoing measles outbreaks in the country. In 2023, there is plan for a follow-up nationwide measles immunization campaign targeting 2,720,565 children aged 6-59 months.

24. The target is 4 per cent of pregnant women and children under one year of age. Ten per cent of households targeted for long-lasting insecticide treated nets are impacted by an emergency.

25. The estimate of the burden of severe wasting among children aged 6-59 months is based on the recent SMART surveys conducted at the county level, the first round of the Food Security and Nutrition Monitoring System (FSNMS) survey carried out in 2022, previous global acute malnutrition trends as well as the average achievement of 2021. The burden estimate was run using 19 per cent of children, a 3.6 incidence factor and proportion of children identified as severe wasting through mid upper arm circumference measures, weight-for-height and oedema. The target for each county was based on the assumption that 85 per cent of children in need will be reached with treatment for severe wasting. The estimated target for severe wasting is a provisional figure subject to modification when the FSNMS and the Integrated Food Security Phase Calculation (IPC) analysis are concluded.

26. The burden of pregnant and lactating women is calculated from the total population by assuming 12 per cent of the female population is pregnant or a lactating mother of children aged 0-23 months. A 75 per cent target achievement was envisaged for this category of beneficiaries for infant and young child feeding counselling.

27. Twenty-seven per cent of the population aged 6-59 months is assumed to be eligible for vitamin A supplementation. Ninety per cent of this population is targeted for vitamin A supplementation.

28. This figure represents the targets for prevention of sexual exploitation and abuse across all sectors, including health, nutrition, education, child protection and water, sanitation and hygiene (WASH). These are figures that can be verified through partner implementation reports.

29. Of the total target, 25 per cent is under 5 years (aged 3-5 years) at pre-primary/ECE, 65 per cent (aged 6-14 years) at the primary level and 10 per cent over 18 years at secondary level. Fifteen per cent are children with a disability.

30. Of the total target, 25 per cent is under 5 years (aged 3-5 years) at pre-primary/ECE, 65 per cent (aged 6-14 years) at the primary level and 10 per cent over 18 years at secondary level. Fifteen per cent are children with a disability.

31. The pupil-teacher ratio is 50 children per teacher. The target is 70 per cent of the total teachers for education in emergency training. The target is conservative due to teacher retention issues in the country.

32. The Humanitarian Response Plan, 2022 target is 1.5 million, however UNICEF will target 223,000. The gap will be addressed by other partners in the WASH Cluster, including IOM.

33. This includes 15 per cent people with disabilities.

34. Cash-based assistance may be used as a modality to implement this intervention and reach the set target.

35. This target includes social and behaviour change (SBC) and risk communication and community engagement (RCCE) activities, but does not include accountability to affected populations (AAP) targets, which are a separate target.

36. This total is cumulative of sectoral interventions and was calculated at 1 per cent of the highest target per sector.

37. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.

38. The budget represents a cost-effective focus on strengthening quality programming in the nexus between development and humanitarian action, through building capacity of local actors to respond to emergencies, while simultaneously strengthening child protection systems through multi-year funding commitments outside the humanitarian appeal.

39. This includes the estimated US$21 million for procuring WASH supplies for 1.4 million people in need of WASH supplies, as per the cluster target.

40. This figure includes $3,544,790 for RCCE and SBC and $906,751 for AAP activities.