OVERVIEW

The Republic of South Sudan is the newest nation in the world. South Sudan became independent on 9 July 2011 ushering in a new era of opportunity and optimism.

The nation in its infancy lies within a complex political, humanitarian and development landscape characterized by tense relations with Sudan and the potential for further escalation of violence in the border region. This, coupled with continuing insecurity in the form of tribal clashes, cattle raiding and, attacks by the Lord’s Resistance Army (LRA) and rebel militia groups, continues to affect the daily lives of women and children.

For many years, a child growing up in South Sudan had little chance of a future free of violence, malnutrition or illiteracy. More than two decades of war deprived the country of opportunities for social and economic development. In January 2005, the hope of peace was renewed, when the Government of Sudan and the Sudan People’s Liberation Movement/Army signed a Comprehensive Peace Agreement (CPA), which was followed by a referendum eventually leading to independence for South Sudan.

"Every child has an inherent right to life. It shall be the responsibility of the family and the government to promote care for the survival and development of the child."

2008 Child Act, South Sudan
The humanitarian reality is multi-faceted. In 2011, more than 360,000 Southerners returned to the country while over 100,000 people were forced to flee their homes due to border clashes and tribal conflict in places like Abyei and Jonglei states. Many of these people are returning or are displaced to areas with over-stretched basic social services, which puts further strain on an already difficult situation. There are persistently high levels of malnutrition, which are often above the emergency threshold and reach over 20 per cent of children under five in certain areas. South Sudan is among the countries with the highest maternal mortality rate in the world, where 16 women die every day due to pregnancy related complications.

Humanitarian operations and development work continue to be hampered by security restrictions, land mines, poor infrastructure, high transport costs and regular food and fuel shortages in parts of the country. Security concerns, recent austerity measures and the potential for a further increase in commodity and fuel prices, are some of the key factors that may slow down progress in the near future.

**UNICEF IN SOUTH SUDAN**

Operation Lifeline Sudan (OLS), an emergency programme unique in the history of humanitarian relief, assisted Sudan’s affected population from 1989 to 2005. OLS was born out of the frantic demands of a complex emergency, and went on to live up to its name, providing – over a 17-year period – sustained large-scale relief programmes for the people of Sudan. UNICEF was the lead agency under OLS in the southern sector with more than 40 organizations, including partners such as the Sudanese government, WFP and local and international NGOs. The UNICEF-led closure of OLS brought to a meaningful end a remarkable era in Sudan’s history and provided a solid foundation for the post-war phase of recovery and reconstruction.

Originally established under a ‘One Country, Two Area Programmes’ approach, the UNICEF Southern Sudan Area Programme became a fully-fledged Country Office for South Sudan at the time of independence in July 2011. The South Sudan Country Office will continue to provide humanitarian, recovery, and development assistance to the children and women of South Sudan.

Following the creation of the new Republic of South Sudan, UNICEF went through a strategic reflection exercise in 2011 to determine its role and position in the new country. This led to a decision to develop a two-year country programme for 2012–2013, which will provide learning for the next longer-term country programme. UNICEF South Sudan works in close partnership with the government and partners at national, state and community level.

Currently, UNICEF has a country office based in Juba, with three zonal offices in Juba, Malakal and Wau, and smaller offices in each of the remaining seven states.
THE COUNTRY PROGRAMME

The new country programme for 2012–2013 builds on gains made after the war and responds to the unique requirements of a new country. It addresses six main areas – Health and Nutrition, Water, Sanitation and Hygiene (WASH), Basic Education and Gender Equality, Child Protection, Strategic Communication and Policy, and Advocacy and Social Protection.

It aims to lay the foundation for rapid acceleration of sustainable delivery of services for children, in realization of their rights. Special attention is paid to the vulnerabilities of children and women affected by conflict and emergencies, and gender and geographical inequities.

A comprehensive approach

The country programme aims to achieve seven inter-related results by 2013:

1. Infants, children, adolescents and pregnant women access life-saving, high impact health, nutrition and HIV/AIDS services.
2. Sustained access to community-managed improved WASH services contributes to a reduction of morbidity, a break in the transmission of Guinea worm disease and to peace building.
3. South Sudan is on course to achieve universal participation and increased and equitable completion of quality primary education with parity among boys and girls.
4. Children and adolescents, particularly those affected by conflict and emergencies, have access to quality child welfare services in a strengthened protective environment.
5. Investment and social protection for children in their early years are enhanced.
6. Strategic partnerships and systems are fostered for behavioural development and community transformation to advance children’s rights.
7. Programmes for children are adequately supported by effective operational and logistical support functions.

In the face of high rates of child and maternal mortality, UNICEF is improving primary health care through the Accelerated Child Survival and Development Initiative, which includes interventions such as immunization, de-worming, malaria prevention, health education, and prevention and control of malnutrition. Maternal health and HIV interventions continue to provide emergency obstetric and newborn care, prevention of mother-to-child transmission of HIV and paediatric HIV treatment and care, to reduce the risks faced by mothers and children from preventable diseases and conditions. The underlying causes of malnutrition are being tackled through support to community-based services and improvements in infant and young feeding practices.

In WASH, UNICEF is helping to build a policy environment for the sector; expand access to clean water in schools, health facilities and communities, particularly those affected by Guinea worm disease and emergencies; and improve access to adequate sanitation and hygiene promotion among families and children.

UNICEF works closely with the government and partners to develop a quality, accessible education system for all children with a special focus on girls, and supports the continuation of education in emergencies. Policy development, curriculum revision, introduction of life skills education, teacher training and classroom construction will all be supported using a child-friendly approach.

The country office also contributes towards the protection of children from all forms of abuse, violence, exploitation, discrimination and harmful traditional practices. Support is provided to the government for the implementation of the 2008 Child Act, as well as the development of a civil registration system focusing on birth registration. Assistance
is also given to relevant government ministries to enhance the protection of children who come into contact with the law and those at risk. UNICEF in South Sudan also promotes the well-being of children affected by conflict and other emergencies through community-based reintegration and child welfare services.

In policy, advocacy and social protection, UNICEF partners with the Government of South Sudan to gather and assess relevant data, with continuous analysis of the situation of children and women such as the 2010 Sudan Household Health Survey (SHHS). The development of social protection measures for children through the initiation of a cash transfer programme, and advocacy for the creation of an independent child commission to implement the Child Act, are also key components of the programme.

UNICEF’s work in strategic communication focuses on providing access to life-saving information to vulnerable people during emergencies; establishing communication systems for social mobilization; increasing child and youth participation in national decision making; and developing a national policy for behaviour and social change communication.

UNICEF is the cluster lead for WASH, Nutrition and Education, and sub-cluster lead for Child Protection. The major partners include the Government of South Sudan, other UN agencies, local and international NGOs, as well as communities.

UNICEF IN ACTION

With generous support from donors and its own resources, UNICEF has assisted millions of women and children in South Sudan.

Due to increased efforts in health and nutrition, the infant mortality rate has been reduced by 18 per cent, from 102 per 1,000 live births in 2006 to 84 per 1,000 live births in 2010, and a 20 per cent drop in under-five mortality was recorded in 2010, from 135 to 105 per 1,000 live births compared to 2006. More than 100,000 children under five were treated for severe acute malnutrition in 2010 and 2011. Measles immunization reached upwards of 230,000 girls and boys, resulting in a decrease of measles cases from 2,000 in 2005 to less than 300 in 2010.

There have been marked improvements in WASH, with a 40 per cent increase in access to improved sources of drinking water from 48 per cent in 2006 to 69 per cent in 2010; and an eight per cent increase in access to improved sanitation from six per cent in 2006 to 15 per cent in 2010. In 2011, more than 500,000 internally displaced people and returnees were supported through the pre-positioning and distribution of WASH supplies, the pipeline of which UNICEF manages for the entire WASH cluster.

The Education Programme has contributed to the increase of primary school enrolment from 0.6 million in 2005 to 1.4 million children in 2009 and secondary school enrolment from 15,000 in 2006 to 44,000 in 2009. More than 400,000 school bags and 12,000 student kits reached emergency-affected children in 2010 and 2011.

As cluster lead in the critical areas of Education, WASH and Nutrition, and sub-cluster lead in Child Protection, UNICEF also ensured effective coordination, facilitation and technical support to all humanitarian partners and to the government.

UNICEF has been instrumental in helping the government develop major child-related policies, plans and legislation, including the 2008 Child Act, which is a significant milestone towards protecting the rights of children in South Sudan. UNICEF has supported the release and reintegration of more than 3,500 children who had been associated with armed forces or groups. More than 50,000 children and young people affected by armed conflict have received protection services, including psychosocial support, in 2010 and 2011. In addition, more than 275,000 key actors in child protection in the national and state governments, UN agencies, international and national NGOs, community-based organizations, faith-based organizations and communities have received information and education on how best to protect children from landmines, violence, abuse and exploitation.

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