



unicef 
for every child

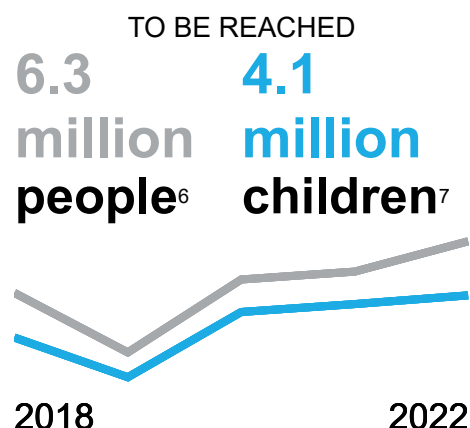
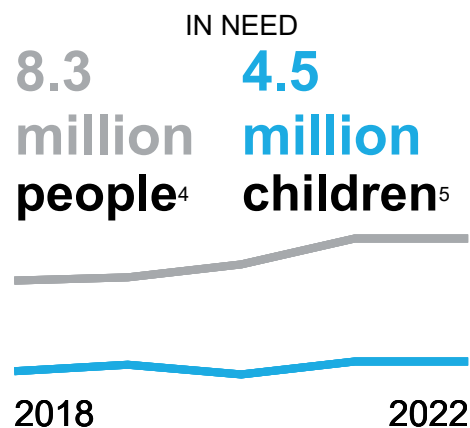
Humanitarian Action for Children

A student returning to school through the Back to Learning campaign: "I am very happy classes have resumed after school activities had frozen more than 14 months due to the COVID-19 pandemic."

South Sudan

HIGHLIGHTS¹

- South Sudan is facing multiple humanitarian crises. More than 8.3 million people, including 4.5 million children require humanitarian assistance to meet their basic needs.²
- In 2022 UNICEF and partners are targeting over 4.1 million children (1,888,437 girls and 2,212,310 boys). Over 90 per cent and the most vulnerable affected by multiple shocks, including conflict, disease outbreaks, flooding and drought, with a focus on the most disadvantaged communities.³
- The rights of every child are central to UNICEF's strategy. Integrated programmes are designed to enable children to survive and thrive in protected environments. Health and nutrition services will reach over 2.9 million children. Critical water, sanitation and hygiene (WASH) services will reach over 1.4 million people. Access to education will be improved by strengthening the quality of community-based learning opportunities reaching over 1.7 million children. In addition, 80,000 children will be supported with child protection services.
- In 2022, UNICEF requires US\$183.6 million to provide a humanitarian response that meets critical basic needs.



KEY PLANNED TARGETS



241,500

children admitted for treatment for severe acute malnutrition



2.9 million

children receiving vitamin A supplementation



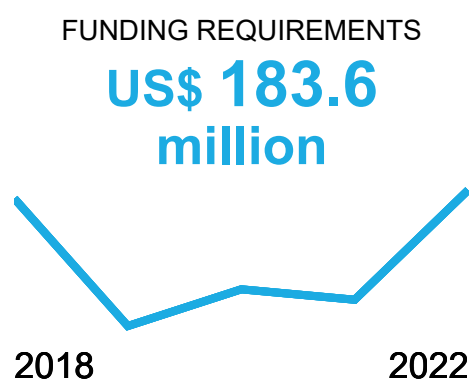
1.4 million

people reached with critical WASH supplies



917,942

children accessing educational services



Figures are provisional and subject to change upon finalization of the inter-agency planning documents for 2022 and 2023.

HUMANITARIAN SITUATION AND NEEDS

Ten years after independence, South Sudan remains one of the worst humanitarian crises in the world, with 8.3 million people including 4.5 million children in need of humanitarian assistance.⁸ The country remains vulnerable to cyclical and protracted risks, including food and nutrition insecurity, flooding, sub-national violence and disease outbreaks. The effects of climate change continue to have a major impact on lives, livelihoods and access to services. Seasonal floods have been intensifying since 2018, affecting an average of 700,000 people annually.⁹ While hostility at the national level has decreased, implementation of the revitalized peace agreement remains slow and fraught with tensions, often resulting in sub-national violence across many parts of the country. With the election further postponed to 2023, the impending pre-election period is likely to further trigger political infighting and violent conflict. Localized violence has continued to intensify and destabilize local communities. The situation is further aggravated by access constraints, poor road access, limited supply and storage infrastructure, and attacks on humanitarian facilities and convoys.

South Sudan is one of the most challenging countries in the world for a child. Compounded by the climate crisis and facing some of the most violent conflicts, poor access to health services and a limited number of health personnel has produced some of the worst health indicators in the world. Around 75 per cent of all child deaths are due to preventable diseases, such as diarrhea, malaria and pneumonia.¹⁰ An estimated 1.4 million children under 5 years of age are acutely malnourished, including 313,391 children suffering from severe acute malnutrition (SAM).¹¹ The number of out-of-school children has risen significantly, from 2.2 million in 2016 to 2.8 million in 2020 due to the impact of COVID-19 and other residual risk factors. Furthermore, over 22 per cent of children enrolled in school drop out before completion.¹² Water supply and sanitation (WASH) is severely constrained, only 36 per cent of households report having access to an improved water source in under 30 minutes without facing protection concerns and just 17 per cent have access to improved sanitation.¹³ Grave violations of women and children's rights continue unabated as women and girls experience entrenched inequality and pervasive violence throughout their lives, in communities and within their own homes. Children face risk of recruitment into armed forces, abduction and abuse. People with disabilities (PWDs) are particularly vulnerable to conflict and natural hazards and risk exclusion from already limited services.

SECTOR NEEDS



313,391

Children in need of SAM treatment^{14,15}



5.2 million

People in need of essential health care service^{16,17}



5.9 million

people lack access to safe water^{18,19}



2.7 million

children/caregivers in need of services²⁰



3.4 million

children in need of education support^{21,22}

STORY FROM THE FIELD



Bulo Akech is one year old. But you would never know, because he's very thin for a one-year-old. Bulo was admitted to the Maluakon Nutrition Stabilization Centre because he had developed medical complications. His mother, Ahok Geng, coos at him gently, as she lifts him and tries to cheer him up. The last 24 hours have been traumatic for her.

"When Bulo arrived, he had a high fever, severe diarrhoea and was also throwing up, and we were really worried," says Amou Syolla, the nurse who has been attending to little Bulo and has brought him back from the brink.

[Read more about this story here](#)

One-year-old Bulo was admitted at a stabilization centre in Pibor due to severe acute malnutrition and medical complications.

HUMANITARIAN STRATEGY

UNICEF South Sudan's humanitarian strategy will be aligned with the inter-agency Humanitarian Response Plan and Cluster priorities. UNICEF will reach the most vulnerable children and women with an integrated package of life-saving services that includes health, nutrition, WASH, education, child protection, risk communication and social protection services. UNICEF will focus on preparedness and early action, with a focus on climate resilience, as well as strengthen linkages between humanitarian action and development programmes. UNICEF will support famine prevention and response interventions that place children, women and vulnerable populations at the centre, combining immediate lifesaving interventions with sustainable actions. UNICEF's programmes will be informed by a conflict-sensitive approach, with a strong focus on social cohesion, embedded in an analysis of socio-political-ethnic dynamics as the main drivers of violence. In its approach to service provision, UNICEF will be accountable to affected populations and will ensure equitable representation of women and girls in all community feedback and complaint mechanisms and will target the most vulnerable people, including internally displaced persons, survivors of gender-based violence, children with disabilities as well as young people and adolescents. Humanitarian action supported by the Government and Implementing Partners will be implemented through decentralized operations conducted across 12 field offices, strengthening local capacities to support the localization of aid. UNICEF commits to strengthen leadership and coordination of the humanitarian response through its co-leadership of the WASH, education and nutrition clusters and the child protection area of responsibility. UNICEF will ensure an integrated supply chain approach that enables critical supplies to reach hard to reach areas. Through integrated and multi-sectoral services, UNICEF will put the rights of the child central to all interventions. As laid out in the UNICEF conceptual framework on nutrition, the underlying causes of malnutrition reflect a variety of interconnected socioeconomic risks and vulnerabilities. To address this, UNICEF will implement a systems approach to nutrition that is multi-sectoral in nature and aligns with food security, health, WASH, risk communication and social protection sectors among others. Child-focused health interventions will include supplemental campaigns for measles and other vaccines, as well as maternal and newborn care. UNICEF will provide an integrated life-saving package of WASH services. Access to education will be improved by strengthening the quality of community-based learning opportunities. Children affected by violence, abuse, neglect and exploitation will be supported with prevention and response services. In addition, prevention, mitigation and response to sexual and gender-based violence will be strengthened.

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

2022 PROGRAMME TARGETS



Nutrition

- **241,500** children aged 6 to 59 months with severe acute malnutrition admitted for treatment²⁴
- **1,234,257** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling²⁵
- **2,940,435** children aged 6 to 59 months receiving vitamin A supplementation²⁶



Health

- **97,067** children aged 6 to 59 months vaccinated against measles²⁷
- **311,000** pregnant women and children provided with insecticide-treated nets in malaria-endemic areas²⁸



Water, sanitation and hygiene

- **700,000** people accessing a sufficient quantity of safe water for drinking and domestic needs²⁹
- **223,000** people use safe and appropriate sanitation facilities³⁰
- **1,400,000** people reached with critical WASH supplies³¹



Child protection, GBViE and PSEA

- **80,000** children and parents/caregivers accessing mental health and psychosocial support³²
- **100,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions³³
- **500,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers³⁴
- **4,000** children who have received individual case management³⁵



Education

- **917,942** children accessing formal or non-formal education, including early learning³⁶
- **7,546** teachers received training on EiE and child-centered teaching³⁷
- **580,156** children supported with distance/home-based learning³⁸



Social protection and cash transfers

- **11,974** households reached with UNICEF funded multi-purpose humanitarian cash transfers³⁹



Cross-sectoral (HCT, C4D, RCCE and AAP)

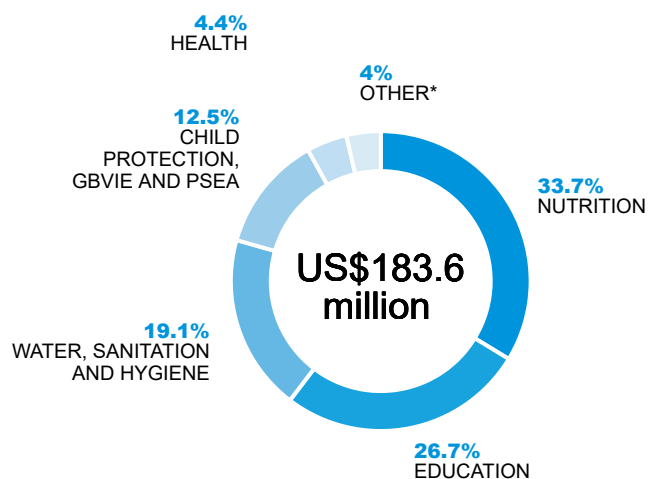
- **3,825,503** people reached through messaging on prevention and access to services⁴⁰
- **304,745** people with access to established accountability mechanisms⁴¹

FUNDING REQUIREMENTS IN 2022

In 2022, UNICEF requires US\$183.6 million in 2022 and US\$192.8 million in 2023 to meet the critical and life-saving needs of children and women affected by concurrent shocks, including conflict, cyclical droughts, flooding, residual impact of the COVID-19 pandemic and other disease outbreaks in South Sudan. This funding will enable UNICEF to deliver on its mandate to protect children's rights and to expand their opportunities to reach their full potential. Without adequate resources, UNICEF will be unable to fulfil the rights of affected children and positively impact their well-being.

Furthermore, UNICEF will be unable to maintain hard-fought gains and ensure the implementation of programmes designed to help children survive and thrive. Adequate funding will allow UNICEF to reach severely malnourished children with vital treatment; provide vulnerable children with safe drinking water and treatment for preventable diseases; reach survivors of gender-based violence with risk mitigation and prevention measures as well as support the prevention of sexual exploitation and abuse and accountability to affected populations interventions. Integrated programmes will reach over 4.1 million children. Cash based interventions will also be implemented.

The largest financial requirements in 2022 are for the nutrition (34 per cent), education (27 per cent) and WASH (19 per cent) sectors.



Sector	2022 requirements (US\$)
Nutrition	61,859,591 ⁴²
Health	7,991,617 ⁴³
Water, sanitation and hygiene	34,975,000 ⁴⁴
Child protection, GBVIE and PSEA	23,000,000 ⁴⁵
Education	48,948,816 ⁴⁶
Social protection	2,896,750 ⁴⁷
Cross-sectoral (HCT, C4D, RCCE and AAP)	3,908,800 ⁴⁸
Total	183,580,574

*This includes costs from other sectors/interventions : Cross-sectoral (HCT, C4D, RCCE and AAP) (2.1%), Social protection (1.6%).

Sector	2023 requirements (US\$)
Nutrition	65,231,509
Health	7,550,915
Water, sanitation and hygiene	34,975,000
Child protection, GBVIE and PSEA	23,390,000
Education	54,750,378
Social protection and cash transfers	2,896,750
Cross-sectoral (HCT, C4D, RCCE and AAP)	4,042,800
Total	192,837,352

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ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. 'South Sudan: 2021 Humanitarian Needs Overview', OCHA, 2021.
3. Ibid.
4. Ibid.
5. Ibid.
6. Calculated using highest programme targets (2,940,435 children 6 to 59 months) reached with vitamin A; 1,777,611 children 5 to 18 years with education; 1,561,390 adults with risk communication messages. Includes 3,579,238 women/girls (57 per cent), 2,700,126 men/boys (43 per cent), 941,905 PWDs based on 15 per cent disability rate. 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.
7. Calculated using highest coverage programme target of 2,940,435 children 6 to 59 months to be reached with vitamin A and 1,160,312 children 5 to 18 years to be reached with education. Consists of 1,888,437 girls (46 per cent) and 2,212,310 boys (54 per cent).
8. 'South Sudan: 2021 Humanitarian Needs Overview', OCHA, 2021.
9. South Sudan climate vulnerability profile: sector and location specific climate risks and resilience recommendations, May 2019.
10. 'South Sudan: 2021 Humanitarian Needs Overview', OCHA, 2021.
11. Nutrition Briefing note, UNICEF South Sudan, April 2021.
12. Education Briefing note, UNICEF South Sudan, April 2021.
13. WASH Briefing note, UNICEF South Sudan, April 2021.
14. Integrated Food Security Phase Classification (IPC) Assessment, Dec 2021.
15. 313,391 children (163,913 male and 149,476 female).
16. 'South Sudan: 2021 Humanitarian Needs Overview', OCHA, 2021.
17. 5.2 million (48 per cent adults, 52 per cent children), 50 per cent female, 15 per cent people with disability.
18. Ibid.
19. 5.9 million (50 per cent female, 53 per cent children, 15 per cent PWDs).
20. 83 per cent children, 17 per cent caregivers, 15 per cent PWDs. 'South Sudan: 2021 Humanitarian Needs Overview', OCHA, 2021.
21. Ibid.
22. 3.4 million (51 per cent female, 100 per cent children, 15% children with disability).
23. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
24. IPC Assessment, Dec 2020. COVID-19 impacted data availability. Burden of severe malnutrition based on country surveys, previous GAM trends and average 2019 to 2020 achievement. Burden estimate run using 19 per cent of children, 2.9 incidence factor and proportion of SAM-identified children. Burden compared with three-year average SAM achievement, where higher than country's prevalence, higher estimate assumed and vice versa. Target figure per county achieved on assumption that 80 per cent of burden will be reached. 2022 burden and proposed target (127,105 males / 114,395 females) likely to change once ongoing assessments completed.
25. Burden of pregnant/lactating women calculated from total population by assuming 12 per cent of population to be in this category of pregnant/lactating up to 23 months. A 75 per cent target achievement envisaged for this beneficiary category for MIYCN counselling.
26. Total population of children 6 to 59 months estimated at 19 per cent. Due to poor age estimation slightly older children above 5 years or less than 6 months are given vitamin A supplementation. This has caused disparity on number of children expected to be given vitamin A supplementation. As such, 27 per cent of the population was assumed candidate for vitamin A supplementation. Further 90 per cent of this population are targeted for vitamin A supplementation.
27. Target for 2022 is to reach 97,067 children (41,986 male / 47,881 female) as accelerated activity or SIA not planned unless change in context of the country situation (displacement, conflict, refugees arriving). In 2023, measles follow up campaign is planned and target will increase to 343,760 children.
28. 2022 and 2023 targets same range as 2021 in keeping with HRP accommodating for population growth. Target of 4 per cent of pregnancies and children under one year. Ten per cent of households targeted for LLTNS distribution during humanitarian emergencies, estimated US\$10 cost per beneficiary for nets due to varied access challenges in country.
29. 2022 target is 700,000 (344,524 male / 355,473 female), 53 per cent (372,452) are children.
30. 2022 target is 222,999 (109,769 male / 113,230 female), 53 per cent children. 11 per cent increase from 2021 due to anticipated flood needs and IPC scale up for some areas and based on previous year response needs.
31. Target for hygiene items distributed through core pipeline (689,052 male / 710,948 female), 53 per cent (744,911) children. Target increased substantially as core pipeline not previously included in indicator. Targets based on cluster planning needs for core pipeline, also due to higher IPC scale-up needs and proportional targets for UNICEF vs IOM.
32. 2022 target (39,100 male / 40,000 female) same as 2021, as implementation will be against same results framework given 2020 programme interruptions due to COVID-19 leading to suspension of certain activities (provision of focused child protection services in the child friendly spaces, reduced non focused psychosocial activities in communities, school based PSS). Target includes 64,400 children (31,900 boys / 32,500 girls), 900 PWDs.
33. Calculated on need to continue service provision for women (70,000) and girls (30,800), and prevention and social norms transformation interventions (29 percent male).
34. Includes 275,000 adults / 225,000 children.
35. Target of 4,000 includes children identified through the GBV or other CPIE programmes on MHPSS, FTR reintegration for CAAFAG programmes through an integrated case management process. To provide integrated case management plus cash services for vulnerable children and primary caregivers. Total 4,000 children (1,600 boys; 2,400 girls – 1,440 of these adolescent girls) will receive both case management and cash assistance.
36. Estimate based on education trends and statistics. Five per cent of 3-5 years; 30 per cent male / 25 per cent female (5-18 years) primary level and 10 per cent over 18 years (adolescents/youths); 15 per cent disabled children out of total targets. Overall low enrollment rate among female students; girls' dropout rate increases with puberty.
37. PTR is 50 per students. Only 50 per cent (9,650 males / 5,443 females) of total teachers were targeted to be trained on EIE.
38. Radio learning/home-based education to continue as schools reopen to supplement in-person learning, hence target increase compared to 2021. Target covers one-year HAC cycle; calculated with focus on primary/secondary schools. (30 per cent boys, 25 per cent girls.) 15 per cent PWDs in primary schools. Targets for 2023 remain same.
39. Focus is Upper Nile state (most affected by shocks, e.g. flooding). Cash response to reach 100 per cent of under five years within Malakal (6,252 male / 5,722 female in 2022). Targeting on average one child per household.
40. Calculated on 70 per cent of 5 to 18 years males/females reached with RC messages including during outbreaks, males aged 18 years and older (20 per cent) and females (8 per cent) reached with RC messages and 16 per cent male/female PWDs.
41. Target of 304,745 (113,701 men; 175,291 women; 15,753 PWDs).
42. Budget is sum of different nutrition outputs, divided on proportion of SAM children in each state. Cost for all nutrition activities and indicators.
43. 2022 health funding requirement has increased as to 2021, while targets have decreased, mainly due to reduction in measles vaccination target, because the CO only considered, when calculating indicator cost, a population increase of 10% annually, which does not reflect change in country context (e.g. displacement, conflict, refugee influx).
44. 2022 cost slightly the same due to reduced unit costs. Reduced costs based on UNICEF's stronger focus in 2022 on cost-effective and sustainable systems for water provision, including use of high-yielding boreholes simultaneously for institutions/communities and increased use of community engagement to maintain emergency latrines.
45. Includes US\$17.2 million for response/prevention related activities (IEC messages, PFA, counseling, referrals, group activities, focused or non-focused). Also covers other aspects of GBV prevention and child protection services to include FTR and MHPSS, which aligns with the HRP 2021 CP targets, ongoing CP AoR assessments on IDPs, CAAFAG, UASC and child abductions. Includes US\$150,000 for PSEA.
46. Budget increased by increasing target for distance learning to reach additional children located in remote locations. US\$45,897,107 for core pipeline education supplies and US\$3,051,709 for frontline education service delivery.
47. 11,974 children under five years provided with US\$60 each during three months. Overhead costs include service fees for FSP and monitoring costs. Actual amount payable to each beneficiary will be determined at time of payment based on coordination with CWG (market analysis and MEB for benefit at the time of payment).
48. Will support communication and community engagement efforts for COVID-19, flood response, measles and EVD. Annual budget includes incentives for community mobilizers and their supervisors, training of ICMN mobilizers and supervisors, radio message production/broadcast and design/printing of IEC materials.