



South Sudan

Four years into the conflict in South Sudan, more than half of the nation's children are affected.³ These children are facing famine, disease, forced recruitment and lack of access to schooling—vulnerabilities that are compounded by the worsening economic conditions and limited access to food and fuel. Nearly 4 million people are displaced, including 2 million people seeking refuge in neighboring countries.⁴ Sixty per cent of the displaced are children.⁵ The food crisis is unprecedented, with 56 per cent of the population suffering from severe food insecurity as of December 2017.⁶ Women and children are particularly vulnerable to food insecurity, and their circumstances are expected to deteriorate. An estimated 250,000 children will be affected by severe acute malnutrition (SAM) in 2018 and pre-famine conditions persist across the country.⁷ Some 5.3 million people urgently require safe water for drinking and hygiene.⁸ Cholera remains prevalent, with children disproportionately impacted, and malaria is the primary cause of morbidity among children under 5.⁹ As insecurity deepens, girls are increasingly at risk of sexual violence, child marriage and exploitation, and boys face recruitment into armed groups.¹⁰ Nationwide, 1.8 million children are out of school, and girls make up only 40 per cent of those accessing education.¹¹

Humanitarian strategy

In 2018, UNICEF will strengthen and expand its programmes through four modalities that will increase the capacity and reach of interventions: 1) static operations in stable areas; 2) outreach programmes; 3) mobile campaigns; and 4) the Integrated Rapid Response Mechanism. These approaches will facilitate sustained service delivery in both secure and highly inaccessible locations. UNICEF will continue to invest in strengthening national partner capacities and improving accountability to affected populations by building on existing community-based networks. Advocacy with the Government will focus on increasing and sustaining humanitarian access. Access to and the quality of education will be improved for conflict-affected children, particularly girls, through the provision of child-friendly learning spaces and teaching and learning materials, as well as teacher training. Water, sanitation and hygiene (WASH) activities will focus on increasing access to safe water in urban areas and outside of Protection of Civilians sites. Nutrition programming will utilize integrated and preventive approaches. UNICEF will bolster immunization activities and increase access to quality health care through mobile outreach. Coherent coordination will be promoted through UNICEF cluster leadership.¹² UNICEF will also work closely with the World Food Programme (WFP) and other United Nations partners to implement its humanitarian strategy.

Results from 2017

As of 31 October 2017, UNICEF had US\$154 million available against the US\$181 million appeal (85 per cent funded).¹³ These funds allowed UNICEF to deliver assistance to 2.3 million people, including 2.1 million children.¹⁴ UNICEF reached 161,484 children with SAM treatment (78 per cent of the target). With strong partner support, UNICEF reached 10,000 cholera patients with treatment, and 1.1 million people (55 per cent children) with cholera vaccination. Some 1.5 million people received primary health care consultations, including 729,501 children under 5. More than 1.7 million children were immunized against measles through a country-wide campaign, exceeding the annual target by 40 per cent. Although more than 750,000 people gained access to safe water, access constraints and underfunding limited the provision of sanitation facilities. Nearly 230,000 children received psychosocial support. UNICEF contributed to building the technical capacities of local partners, including through on-site coaching. Some 315,000 children, 40 per cent of whom were girls, gained access to education. UNICEF is leading efforts to mainstream gender-based violence interventions, though funding delays undermined progress in this area. A total of 41 Integrated Rapid Response Mechanism missions were deployed in hard-to-reach locations, reaching 781,128 people, including 140,974 children under 5, with life-saving services.

Humanitarian Action for Children

unicef 

Total people in need:

7 million

Total children (<18) in need:

4.2 million

Total people to be reached:

4.2 million¹

Total children to be reached:

2.4 million²

2018 programme targets:

Nutrition

- 215,312¹⁵ children aged 6 to 59 months with SAM admitted to therapeutic care
- 1,013,536¹⁶ pregnant and lactating women attending support groups and group counselling

Health

- 1,514,734 children aged 6 months to 15 years vaccinated against measles
- 250,000 families provided with long-lasting insecticide-treated nets

WASH

- 800,000 people provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)
- 4.2 million people received critical WASH-related information to prevent disease outbreaks.

Child protection

- 250,000 children reached with psychosocial support services
- 140,000 people reached with gender-based violence prevention and response services

Education

- 500,000 children and adolescents aged 3 to 18 years accessing education in emergencies (300,000 boys and 200,000 girls)
- 4,000 teachers and members of parent-teacher associations and school management committees trained

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children aged 6 to 59 months with SAM admitted for treatment	205,218	157,997	207,257	161,484 ⁱ
Children aged 6 to 59 months with SAM admitted for treatment recovered (%)	75%	86.3%	75%	86.3%
HEALTH				
Children aged 6 months to 15 years in conflict-affected areas vaccinated against measles			1,232,000	1,760,735
Children, pregnant women and other vulnerable people receiving a long-lasting insecticide-treated net			450,000	196,111
WATER, SANITATION AND HYGIENE				
People provided with access to safe water as per agreed standards (7-15 litres per person per day)	2,400,000	1,533,640	800,000	755,359
People provided with access to appropriate sanitation facilities	1,200,000	632,416	400,000	227,869
CHILD PROTECTION				
Children reached with psychosocial support services	361,716	265,082	327,000	229,942
People receiving gender-based violence prevention and response services			160,000	102,571
EDUCATION				
Children and adolescents aged 3 to 18 years provided with access to education in emergencies	510,300	357,052	300,000	315,369
Teachers/educators/teaching assistants/parent-teacher association members and school management committee members trained	10,000	12,487	10,000	10,655

Results are through 31 October 2017 unless otherwise noted.

ⁱ UNICEF nutrition results are higher than nutrition sector results due to additional refugee response results included for UNICEF.

Funding requirements

UNICEF needs US\$183,309,871 to meet the humanitarian needs of women and children in South Sudan in 2018. Without timely and flexible funding, UNICEF will be unable to provide life-saving aid to those suffering from extreme food insecurity, including children with SAM in hard-to-reach areas. Timely funding will also allow UNICEF to pre-position supplies during the dry season and prevent disease outbreaks, including cholera. Funding will also facilitate the provision of critical WASH services, including access to safe water in urban areas and outside of Protection of Civilians sites. Insecurity and access constraints underpin the high operating costs in South Sudan.

Sector	2018 requirements (US\$) ¹⁷
Nutrition	48,185,091
Health ¹⁸	26,669,780
Water, sanitation and hygiene	43,455,000
Child protection ¹⁹	25,000,000
Education ²⁰	40,000,000
Total	183,309,871

¹ This is 60 per cent of the total number of people in need, as per the 2018 Humanitarian Response Plan (HRP).

² Fifty-eight per cent of the people (4.2 million) to be reached are children who will be provided with various services.

³ The number of children in need is calculated by the Office for the Coordination of Humanitarian Affairs (OCHA).

⁴ Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan', Issue 16, OCHA, 27 October 2016, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171027_OCHA_SouthSudan_Humanitarian_Bulletin16.pdf>, accessed 4 December 2017.

⁵ Office for the Coordination of Humanitarian Affairs, '2018 South Sudan Humanitarian Needs Overview', OCHA, 2017.

⁶ According to the Integrated Food Security Phase Classification, November 2017.

⁷ Caseload calculated using figures from OCHA.

⁸ Office for the Coordination of Humanitarian Affairs, '2018 South Sudan Humanitarian Needs Overview', OCHA, 2017.

⁹ South Sudan Ministry of Health, Health Management Information System. Forty-six per cent of patients treated with UNICEF supplies in oral rehydration points and cholera treatment units were children.

¹⁰ Data from the Monitoring and Reporting Mechanism.

¹¹ United Nations Children's Fund, 'Reaching children in South Sudan: The situation of children in the world's youngest country', UNICEF, May 2017, available at: <www.unicef.org/infobycountry/southsudan_74635.html>, accessed 7 December 2017.

¹² UNICEF leads the WASH and nutrition clusters and the child protection sub-cluster and co-leads the education cluster.

¹³ Available funds include US\$93 million raised against the current appeal and US\$61.3 million carried forward from the previous year.

¹⁴ Figures were calculated using 2017 results, taking into consideration the maximum number of children vaccinated against measles, accessing education (age), and adults (42 per cent) of people accessing safe water.

¹⁵ This figure includes the refugee population.

¹⁶ This figure is higher than indicated in the HRP because it is a prevention package including maternal, infant and young child nutrition and counselling.

¹⁷ The operational environment due to the escalating conflict, political and economic crises in South Sudan, compounded by the looting and vandalization of supplies, deteriorated significantly in 2017. It has become more costly and resource intensive to deliver services.

¹⁸ The HRP request is US\$15 million, whereas the Humanitarian Action for Children request is US\$26.7 million. The HRP focuses only on immunization core pipeline (vaccines, cold chain, operational costs for vaccines and cold chain equipment). The Humanitarian Action for Children request is higher due to the pipeline for maternal, newborn and child health and emergency response supplies, plus front-line costs for the implementation of activities.

¹⁹ The Humanitarian Action for Children requirement of US\$25 million is the same as in 2017 but higher than the US\$18.4 million requested in the HRP because UNICEF is investing above the HRP cap.

²⁰ The education section requested the funding requirement of US\$26.5 million in the HRP, whereas the Humanitarian Action for Children appeal is US\$40 million due to the high operational costs of establishing learning spaces.

Who to contact for further information: **Mahimbo Mdoe**
Representative - South Sudan
Tel: +211912176444
Email: mmdoe@unicef.org

Grant Leaity
Deputy Director, Office of
Emergency Programmes (EMOPS)
Tel: +1 212 326 7150
Email: glaity@unicef.org

Carla Haddad Mardini
Director, Public Partnership
Division (PPD)
Tel: +1 212 326 7160
Email: humanitarian.ppd@unicef.org