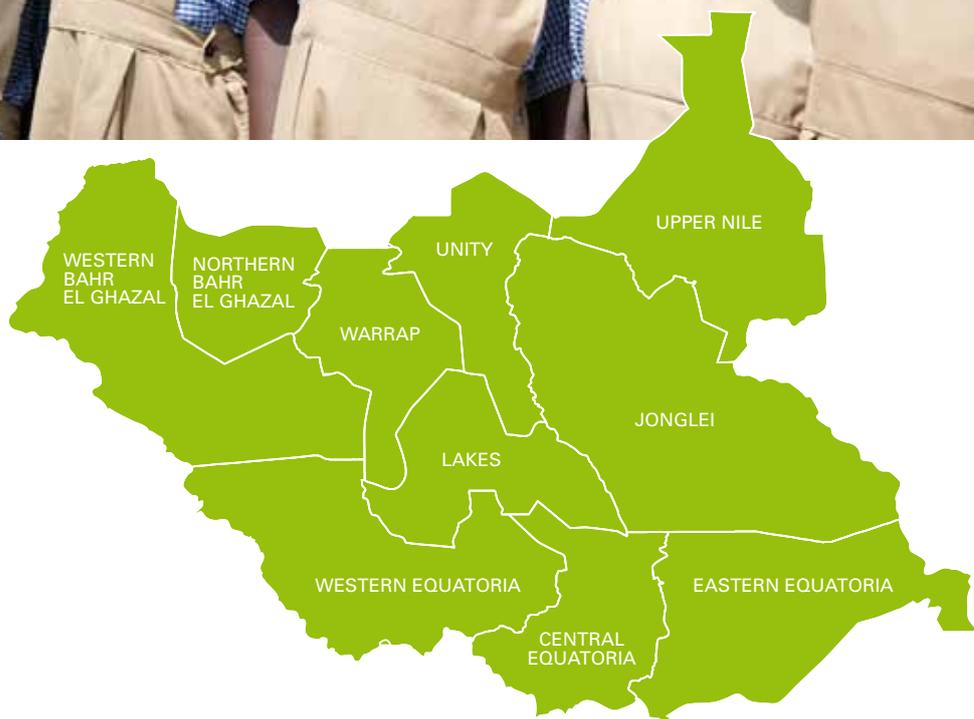


Children in South Sudan



POPULATION DATA

Country population:
8,260,490

People:
4,287,300 male
3,973,190 female

Population of children
0 – 5 years:
1,553,629
(18.8 per cent of total population)

Population of children
0 – 18 years:
4,417,278
(53.47 per cent of total population)



OVERVIEW

For many years, a child growing up in South Sudan had little hope of a future free of violence, malnutrition or illiteracy, due to the impact of decades of civil war. In January 2005, the desire for peace was renewed, when the Government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/SPLA) signed a Comprehensive Peace Agreement (CPA).

In line with the agreement, the people of South Sudan in January 2011 held a referendum and the majority of the population voted in favour of independence from the North. The much anticipated birth of the new Republic of South Sudan on 9 July 2011 ushers in a new era of opportunity and optimism. However, this new country in its infancy lies within a complex political, humanitarian and development landscape characterized by tense relations with the North and the potential for a further escalation of violence in the border region. This, coupled with continuing insecurity due to tribal clashes, cattle raiding, attacks by the Lord's Resistance Army (LRA), and fighting in the disputed border areas, are key factors that shape the everyday lives of children and women in South Sudan.

The humanitarian reality is multi-faceted. Throughout the first half of 2011 large numbers of South Sudanese (over 300,000) returned home. At the same time, more than 100,000 people were displaced due to border clashes with the North, as was the case in Abyei. Many of the returnees and displaced people arrive in areas with very limited basic social services, putting further strain on the resources. Malnutrition rates are persistently above the emergency threshold and are as high as 21 per cent in children under five in certain areas. Maternal mortality rates are among the highest in the world, at 2,054 per 100,000 live births.

Humanitarian relief and development activities continue to be hampered by inaccessibility due to security restrictions, land mines, poor infrastructure, large areas that are inaccessible during rains and regular food and fuel shortages in parts of the country. The risk of escalating conflict, especially in the border areas, and the potential for a further increase in commodity and fuel prices are some of the key factors that may hinder progress in the near future.

FACTS AND FIGURES ACCORDING TO THE MILLENNIUM DEVELOPMENT GOALS (MDGS)

Indicator	Value according to Southern Sudan Household Survey (SSHS), 2010
Goal 1: Eradicate Extreme Hunger and Poverty	Poverty headcount ratio is 50.6% and underweight prevalence is 30.3%.
Goal 2: Achieve Universal Primary Education	69.4% of children reached last grade of primary school (8th Grade) and net primary school attendance ratio is 18.8%.
Goal 3: Promote Gender Equality and Empower Women	Gender Parity Index (GPI) in primary school dropped to 0.59 (ratio of girls enrolled compared to boys) and GPI for Secondary School is 0.41.
Goal 4: Reduce Child Mortality	106 (per 1,000 live births in 2010).
Goal 5: Improve Maternal Health	MMR estimation not included in the 2010 Survey. However, skilled attendance at birth was computed at 14.7%.
Goal 6: Combat HIV/AIDS, Malaria and other diseases	In 2006/7 the HIV/AIDS prevalence in South Sudan was estimated at 3.0%. Data collected in 2010 still being analysed.
Goal 7: Ensure Environmental Sustainability	34% of the population has access to safe drinking water, and 15.4% has access to improved sanitation.



CHILD SURVIVAL

South Sudan has one of the lowest levels of immunisation in the world – only two per cent of children are fully vaccinated, and only 21 per cent of children receive a measles injection before their first birthday.

The number of children receiving the third dose of DPT 3 also decreased from 18 per cent in 2006 to 13.8 per cent in 2010 (Southern Sudan Household Survey). A higher number of un-immunized children has increased the risk for the outbreak of vaccine-preventable diseases, particularly measles and wild polio.

South Sudan also has one of the worst rates of maternal mortality in the world (2,054 out of 100,000 live births). On average, 16 women of reproductive age die unnecessarily each day, due to complications related to pregnancy and childbirth.

Hunger is another challenge. More than 90 per cent of South Sudanese live on less than a dollar a day, and 18 per cent of the population suffers from chronic hunger. In 2010, some 1.2 million vulnerable people in the South faced food insecurity and were in need of food assistance. Malnutrition is also high, with 21 per cent of children under five being moderately malnourished, and eight per cent suffering from severe malnutrition.

Clean water and good sanitation are the most basic of human necessities. In South Sudan, two decades of sustained conflict and neglect have turned potable water into a treasured and scarce resource. Recent surveys show that barely 34 per cent of the people in South Sudan have access to safe water supplies (based on the time taken – less than 30 minutes – for a round trip to access the source) and only 15 per cent have access to adequate sanitary latrines, one of the lowest service coverage statistics in the world. Only 45 per cent of South Sudan's 3,349 basic primary schools have access to safe water and a mere 17 per cent have adequate sanitary latrines for both girls and boys.

Infant mortality	84/1000
Under-five mortality	106/1000
Maternal mortality	2,054/100,000*
Stunting (children under five)	25%
Measles immunization	20.6%
Immunisation (children 12 – 23 months)	2%
Children under five sleeping under an insecticide-treated net	25%
Use of improved drinking water	34%**
Use of improved sanitation facilities	15.4%

Source: Southern Sudan Household Survey (SSHS) 2010; * SSHS 2006; ** based on the time taken – less than 30 minutes – for a round trip to access the source.

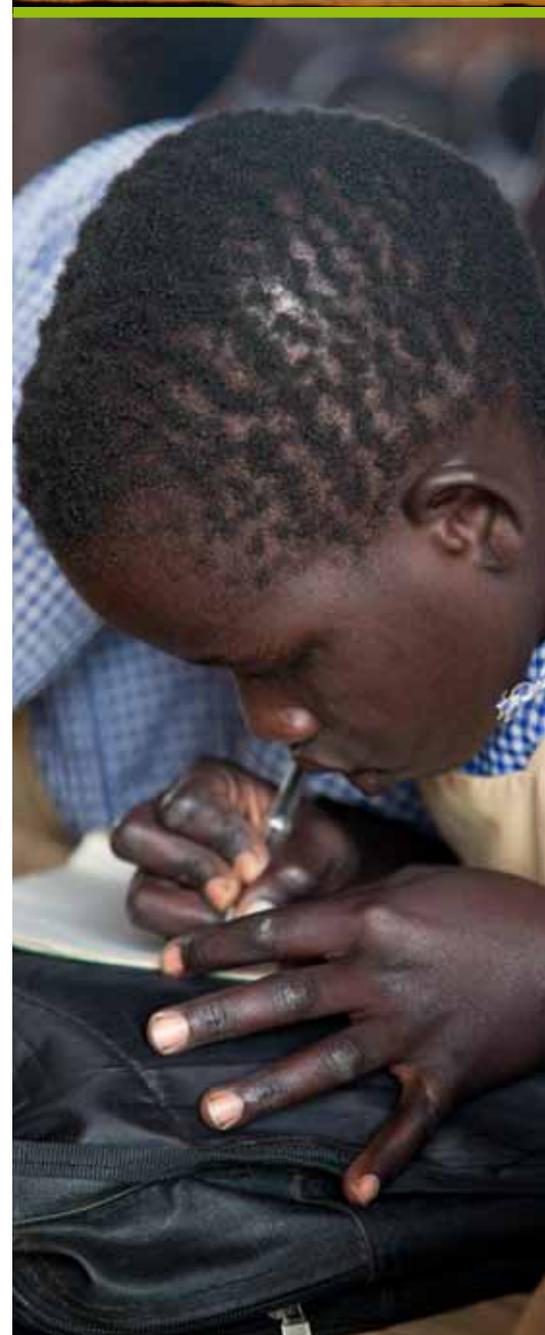
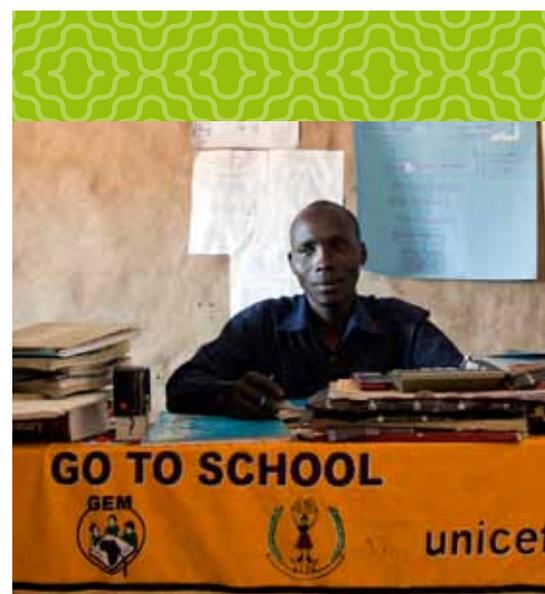


BASIC EDUCATION AND GENDER EQUALITY

South Sudan's education indicators remain among the worst in the world. It is estimated that more than one million children eligible for primary school do not have access to basic education, while the few schools that do exist are not conducive to learning.

Low rates of primary school completion and high gender disparities pose enormous challenges to the development of South Sudan. It is estimated that 76 per cent of adults do not know how to read or write, and only 37 per cent of girls aged 6 – 13 years attend school.

However, the country already achieved a significant increase in enrolment from an estimated 343,000 before the signing of Comprehensive Peace Agreement to over 1.6 million children in 2010. Strengthening the education system will be key to building a better future for South Sudan. In order to make best use of this huge peace dividend, further improving access to education therefore needs to go hand in hand with building teachers' capacity to provide quality education.



Gross primary enrolment rate	69% (boys 81.4 – girls 54.5)
Net primary enrolment rate	44% (boys 50.8 – girls 37.1)
Gender parity index (primary)	0.59
Gross pre-primary school enrolment rate	6% (boys 5.5 – girls 5.7)
Net pre-primary school enrolment rate	2% (boys 2.3 – girls 2.3)
Primary completion rate	10% (boys 13.7 – girls 6.2)
Children aged 6 – 11 out of school	1,022,100 (64%)

Source: Government of South Sudan, Ministry of Education, Education Management Information System (EMIS), 2011 and Southern Sudan Household Survey 2010.

CHILD PROTECTION

Children in South Sudan continue to face multiple protection risks stemming from the impact of the armed conflict which ended in 2005. The long civil war has destroyed the social fabric of communities and has eroded the protective environment for children and young people creating conditions that expose them to high levels of violence including gender based violence, exploitation, abuse and deprivation.

Thousands of children in South Sudan are without parents and some of these have been targeted for recruitment by armed forces and groups, and about 800 of these children are yet to be released. There are also increasing reports of children working and living on the streets in major cities and towns in South Sudan who are at risk of getting into conflict with the law. A significant number of children are threatened by land mines on a daily basis. Displacement, increased poverty, reduction of opportunities for socialization, play and education coupled with uncertainty, all undermine the protective environment for children and young people. UNICEF played a key role in the development of a comprehensive Child Act for South Sudan, which talks about the rights of children and the mechanisms available for realising them. This was signed into law in 2008. UNICEF is now supporting its implementation, through different interventions such as establishing child-friendly justice systems.



Orphaned children	Percentage of children who have lost at least one parent: 17% Percentage of children who have lost both parents: 3.6%
Birth registration	Overall, births of 35.3% of children under-five years are registered and 30% have a birth certificate.
Early marriage (before age 18)	Young women aged 15 – 19 currently married or in union: 39% Girls married before 15 years: 7.3% Girls married between 16 and 18 years: 45.2%
Female genital mutilation/cutting	Prevalence of FGM/C for women aged 15 – 49 years: 1.3% 80% disapprove of FGM/C

Source: Southern Sudan Household Survey (SSHS) 2010.

HIV AND AIDS

The HIV and AIDS epidemic continues to be a major challenge both to public health and the socio-economic development of South Sudan. The extent of the prevalence of HIV and AIDS in South Sudan is not known, but the 2009 antenatal care (ANC) surveillance estimates that the current HIV prevalence in South Sudan is three per cent, and wide disparities between geographical locations exist, with some areas like Western Equatorial State (WES) having levels as high as 7.2 per cent. Areas along the borders with neighbouring countries, as well as along major transport corridors, are believed to have a significantly higher prevalence rate.

With an improved security situation in South Sudan, mobility has been restored and HIV/AIDS prevalence rates are likely to increase due to heightened cross-border travel to countries with higher HIV prevalence. This is compounded by existing high levels of poverty, low school enrolment rates, a health system with weak outreach capacity, limited knowledge on modes of prevention, and the low status of women and girls in society.

South Sudan has not had widespread dissemination of information on HIV and AIDS and therefore comprehensive knowledge about HIV transmission and prevention, as well as mother-to-child transmission, is very low.

National HIV prevalence (estimate)	3.0%*
Prevalence in pregnant women receiving antenatal care	3.0% (varies from one state to the other from 0% – 7.2%)
Comprehensive knowledge of HIV and AIDS among young people (15 – 24)	11.3%
Knowledge on transmission, prevention and on mother-to child transmission of HIV	15.1%



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