UNICEF SOUTH SUDAN SITUATION REPORT

MIDYEAR 2019

1.83 million
Internally displaced persons (IDPs)
(OCHA South Sudan Humanitarian Snapshot,
June 2019)

2.31 million
South Sudanese refugees in
neighbouring countries
(UNHCR Regional Portal, South Sudan Situation
30 June 2019)

6.87 million
South Sudanese facing acute food
insecurity or worse
(May-July 2019 Projection, Integrated Food
Security Phase Classification)

Highlights

• UNICEF and partners provided primary health care consultations to
1,051,918 people, including 576,057 women and 404,760 children under-
5, through health facilities, IRRM missions, Integrated Community Case
Management of Common Childhood Illnesses and outreach activities.

• On 26 March, a joint UNICEF/WFP Education in Emergency programme.
funded by the EU, was launched in Northern Bahr el Ghazal constituting
the largest education collaboration between these two agencies in South
Sudan, aiming to reach 75,000 children in 150 schools in four states.

• During the first half of the year, 246 children (80 girls, 166 boys) were
formally released from armed forces and armed Groups - 227 children (76
girls; 151 boy) in Eastern Equatoria and 19 (4 girls and 15 boys) in Central
Equatoria.

UNICEF’s Response with Partners in 2019

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Cluster for 2019</th>
<th>UNICEF and partners for 2019</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Nutrition: # of children aged 6 to 59 months admitted for SAM treatment</td>
<td>220,700</td>
<td>128,734</td>
</tr>
<tr>
<td>Health: # of children 6 months-15 years in humanitarian situations vaccinated for measles</td>
<td>475,000</td>
<td>409,239</td>
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<tr>
<td>WASH: # people accessing the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>3,000,000</td>
<td>1,258,173</td>
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<tr>
<td>Child Protection: # of children reached with psychosocial support services</td>
<td>476,750</td>
<td>173,745</td>
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<tr>
<td>Education: # of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>786,324</td>
<td>680,005</td>
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Funding Status

2019 Funding Requirement
$179.2 M

Funds received: USD 45,936,031

Carry-over from 2018: USD 26,142,536

Funding gap: USD 107,151,933
Situation Overview and Humanitarian Needs

Restrictions on humanitarian access have changed considerably in the first six months of 2019. By January 2019, following the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) in September 2018, there was a significant reduction of armed hostilities in most of the country, including Greater Upper Nile, Western Bahr el Ghazal and Western Equatoria. At the same time, a series of peacebuilding meetings between government and opposition officials took place at the state level, leading to local agreement to facilitate the movement of both the civilian population and humanitarian actors. As a result, there have been far fewer access restrictions due to insecurity and active denials of access by parties to conflict compared to the previous six months. A number of key roads and water passages in Greater Upper Nile are now accessible and there has been a noticeable reduction of checkpoints and demands for ‘fees’ along main supply routes.

UNICEF and its partners have taken advantage of this situation to improve access and expand their programme delivery for vulnerable women and children in previously hard to reach areas. For example, UNICEF and WFP opened the road between Wau and Yambio without the need for force protection and conducted the first humanitarian assessment in northern Yambio county since 2015. UNICEF and partners have also expanded their static and outreach programmes for the people of Greater Baggari, many of whom remain displaced following intense fighting in September through November 2018. A noticeable exception to this trend was in southern Central Equatoria, where fighting between the South Sudan People’s Defense Force’s (SSPDF) and the National Salvation Front (NAS – an armed group that did not sign the R-ARCSS) between January and March greatly limited access outside of Yei town. However, by April, hostilities subsided in the area and UNICEF has been gradually expanding its regular programme activities and EVD preparedness efforts in key border areas with the DRC and Uganda.

However, while security-related access restrictions have reduced, UNICEF and humanitarian partners continued to face challenges to consistent and principled access due to an increase in bureaucratic impediments by national and local authorities, and violence and intimidation of humanitarian actors and assets by civilian and criminal elements. In areas such as Upper Nile, Jonglei and Western and Central Equatoria, local government authorities have increasingly been seeking to influence humanitarian action by seeking to influence hiring and contracting of staff and partners, increasing airport usage fees and changing customs and tax exemption processes to bring humanitarian goods into the country. Similarly, following the adaption of a new harmonized incentive scale for health workers in May, as many as 75 health facilities were temporarily closed as health workers went on a temporary strike over the reduction in their incentives. Road side attacks by criminal elements also continue to impede access, with a number of UNICEF partners having been highjacked and robbed of their belongings on key routes throughout the country. UNICEF, together with key partners such as OCHA and the NGO Forum, are engaging with local authorities and stakeholders to address these ongoing constraints to principled humanitarian access.

With Ebola cases having been registered only 70 km from the DRC/South Sudan border, the risk to South Sudan remains very high (WHO). Likely transmission routes include from Ituri in DRC to Yei in South Sudan, but also through Uganda. Any outbreak in West Nile in Uganda will increase the risk of transmission. Preparedness is continuing to scale up, around a national response plan, with inter-agency mobilization. There have been over 66 alerts in the country, but all have been negative to EVD. There is significant donor engagement in coordination mechanisms but limited financial support has been made available. South Sudan will require more financial support than other countries, because most recurrent expenditure will be carried by humanitarian actors, rather than government. The community awareness of EVD is also low, and the it will be important to take up the lessons from DRC, including the need to address other community needs beyond Ebola. UNICEF continues to co-lead WASH IPC and Risk Communication, Social Mobilization and Community Engagement (RCSMCE) working groups, whilst participating in a Strategic Advisory Group (SAG), National Task Force (NTF), UN Ebola committee meetings and supporting state level in coordination.

The latest IPC assessment indicates that an estimated 6.96 million people (61 per cent of the population) are likely to face Crisis (IPC Phase 3) acute food insecurity or worse, out of which an estimated 1.82 million people will face Emergency (IPC Phase 4) acute food insecurity and 21,000 will likely be in Catastrophe (IPC phase 5) and at risk of famine. In 2019, approximately 860,000 children under five are estimated to be acutely malnourished including 259,000 severe acute malnutrition (SAM), out of which 220,700 (85 per cent) are targeted for treatment. The Global Acute Malnutrition prevalence stands at 11.6 per cent and stunting at 17.9 per cent. To reach 2019 targets and be ready to respond for first semester 2020, UNICEF requires US$ 40 million between September and December 2019 for
procurement of Ready-To-Use Therapeutic food (RUTF) and frontline cost of the programme. There is risk for RUTF pipeline break during the last quarter of 2019 or early 2020 if UNICEF fails to mobilize adequate resources before September 2019.

Perpetration of gender-based violence (GBV) with impunity continues in most parts of South Sudan and the weak legal system in the country does not promote accountability for perpetrators and further compromises the trust in the system. The dual legal system in the country further reinforces the weak legal system in addressing rights of women and girls. For instance, a case of early marriage where perpetrators were convicted was annulled by the court following an agreement for the relatives of the girl to commit and sign that they will not force the girl into marriage. Limited funds had immense effects on overall Child Protection and GBV in Emergencies programming including suspension or ending of partnerships with key child protection and GBV partners. This has drastically compromised UNICEF’s ability to respond to children and women affected by the conflict. The overall number of children and women reached during the first half of year has drastically reduced due to funding limitations.

**Humanitarian Leadership and Coordination**

UNICEF is co-leading three Clusters and one Area of Responsibility (AoR) out of a total of 10 clusters and three AoRs currently active in the country. UNICEF co-leads at national level both the Child Protection AoR and the Education Cluster with Save the Children, the Nutrition Cluster with Concern, Action Against Hunger (ACF) and the World Food Program (WFP) and the WASH Cluster with the Norwegian Refugee Council (NRC). Memorandums of Understanding have been signed between UNICEF and each co-Lead Agency at Country level to guide effective and efficient co-Coordination and ensure clear roles and responsibilities of each party. UNICEF co-led clusters and AoR are all part of the Inter-Cluster Working Group (ICWG) led by OCHA at the national and sub-national levels.

UNICEF participates in the in-country interagency PSEA Task Force, which functions under the auspices of the Deputy SRSG/ Resident Coordinator (RC) / Humanitarian Coordinator (HC), and plays an active role to advocate for better protection of children against SEA. UNICEF also participated in the Task Force retreat which focused on drafting the 2019 HCT PSEA Action Plan.

**Humanitarian Strategy**

In 2019, in line with UNICEF’s Humanitarian Action for Children (HAC) and the inter-agency Humanitarian Response Plan (HRP), UNICEF continues to strengthen and expand its programmes. UNICEF provides life-saving humanitarian assistance through a timely and effective integrated package of nutrition, health, WASH, child protection and education services delivered through interconnected, complementary responses. To ensure that support has a wide reach, services are delivered through static operations, direct outreach and rapid response modalities. UNICEF’s operations are led by its 13 field offices to enable wide coverage and quality programming across the country. UNICEF’s leadership of the nutrition and WASH clusters and child protection area of responsibility and its co-leadership of the education cluster enable strategic planning, coordinated response, capacity building of partners and advocacy both at the national and state levels.

Local partners make up approximately 65 per cent of UNICEF’s partnerships in South Sudan and UNICEF will invest in increasing the localization of aid in South Sudan through capacity building and targeted resource allocation. Following the signing of the R-ARCSS in September 2018, UNICEF is investing in building the capacities of central and sub-national state authorities.

In 2019, the integrated rapid response mechanism (IRRM) is prioritizing hard-to-reach communities with urgent, life-saving interventions. WFP, FAO and UNICEF are deploying IRRMs to areas of the country that fit the criteria of extraordinary humanitarian needs in otherwise inaccessible locations. A partnership with WFP on biometric registration, under a Letter of Understanding signed between the two agencies in October 2018, is strengthening data collection, management, follow up, displacement tracking and harmonized reporting.

In 2019, a total of 15 IRRM missions were completed reaching a total of 161,425 Individuals and 32,360 children under five, in which seven missions were completed in Jonglei state in the areas of Chuil, New Fangak, Old Fangak,
Kurwai, Keew, Kuernyang and Juaibor of Jonglei, while eight missions were completed in Upper Nile state in the areas of Tonga, Wathjak, Ying, Raing, Nyangore, Ulang, Mathiang and Udier.

All of the 15 IRRMs used biometric registration, and there are upcoming plans to pilot cash-based approach into the IRRM package of intervention in locations benefiting from functional markets as part of the 2019-2021 IRRM strategy.

As operational costs continue to rise in South Sudan, the IRRM partnership is revisiting its business model to optimize efficiency gains by reducing its dependency on air assets and leveraging access by waterway and road to preposition IRRM supplies when and where possible. In June 2019 one IRRM mission to Jauiborwas was carried out using speed boats from Malakal; saving around US$16,000 compared to a mission by air to the same location.

**Summary Analysis of Programme Response**

**Health:** UNICEF and partners have provided primary health care consultations to 1,051,918 people, including 576,057 women and 404,760 children under-5, through health facilities, IRRM missions, Integrated Community Case Management of Common Childhood Illnesses and outreach activities. Of those treated, 130,047 children were diagnosed with malaria, 84,029 with acute respiratory infections and 75,942 with diarrhoeal disease. UNICEF supported partners with the provision of supplies, operational budgets and technical assistances. A total of 60,793 pregnant women attended one antenatal care service, while 27,030 pregnant women attended four or more recommended antenatal care services. Skilled birth attendants attended 11,128 deliveries and 20,913 pregnant women were counselled and tested for HIV. Four hundred sixty-seven tested positive, of which 428 were enrolled into antiretroviral therapy programme. The remaining 39 individuals were not enrolled due to fear of stigmatization/discrimination by community and family members and/or access issues to health facilities, including security and seasonal constraints.

Malaria control efforts continue, including the provision of antimalarial drugs, rapid diagnostic tests and long-lasting insecticide-treated nets (LLITNs), as well as vector control activities. UNICEF distributed 50,582 LLITNs to 25,291 families. The low number of families reached results from a shortage of nets available due to funding gaps. Discussions are ongoing to leverage access to additional nets through partners. While these nets will not be finally reported by UNICEF, the resource leveraging is expected to fill a critical gap.

Measles outbreaks were confirmed in 13 counties and four Protection of Civilian sites (PoCs). By the end of June, a total of 2,167 suspected measles cases, including 129 confirmed IgM positive cases of measles disease and six deaths reported (case fatality rate of 0.3 per cent). The last confirmed outbreak was reported on 30 May in Renk County, Upper Nile State.

In response to the measles outbreak, UNICEF provided all the necessary vaccines, cold chain and devices for reactive measles vaccination campaigns have been conducted since January, during which a total of 176,171 children 6-59 months of age were vaccinated. In total, 364,680 children aged 6 months to 15 years have been vaccinated. These children were reached through the national measles follow-up campaigns and IRRM missions, including in PoC sites and surrounding host communities.

Since January to date, a total of 214 (acute flaccid paralysis) AFP cases have been reported. A total of 169 of the stool samples collected were discarded as non-polio acute flaccid paralysis (NPAFP); 28 are pending for Lab culture; zero pending lab intratypic differentiation (ITD) and 17 pending for National Polio Expert Committee (NPEC). The second round of the national Polio immunization campaign was implemented from 30 April to 06 May, resulting in 3,232,687 children being vaccinated, with a post-campaign evaluation survey coverage of 91 per cent.

There have been no suspected cases of cholera reported in 2019. Cholera prevention activities continue to mitigate the risk of cholera outbreaks in hotspots. Beginning in June, UNICEF and partners are reviewing cholera preparedness plans for 2019 in readiness for expected events in the country.
As of June 2019, 96 per cent of counties have functional cold chain stores and 645 health facilities out of 1352 (47.7 per cent) have functional cold chain facilities. Additionally, 79 health workers were trained on Effective Vaccine Management (EVM) (27 in Torit, 30 in Bentiu and 22 in Pariang and Panyijar).

**Nutrition:** UNICEF, in partnership with 40 Civil Society Organizations (CSO), is providing key nutrition interventions for children and women in South Sudan. A total of 128,734 children 6-59 months affected by SAM were treated, representing 58 per cent of the annual SAM target, 49 per cent of the burden. During the same period, infant and young child feeding counselling services reached 712,814 caregivers of children, representing about 73 per cent of annual target. The vitamin A supplementation and deworming campaign was carried out in May 2019. A total of 2,766,172 children 6-59 months were reached with vitamin A which represent over 100 per cent of the annual target. A similar coverage of 100 per cent of the annual target was also achieved for deworming of children 12-59 months with 2,286,267 children reached. A total of 3,696 and 3,310 staff were trained on Maternal, Infant and Young child nutrition (MIYCN) and Community management of acute malnutrition (CMAM).

As nutrition cluster lead, UNICEF has provided technical and financial support for the organization of the national annual nutrition review with the participation of representatives from Government, CSO and United Nations agencies. The nutrition cluster facilitated a training of partners in preparation to the roll out of GBV mainstreaming in nutrition, as well as a webinar for experience sharing in GBV mainstreaming.

**Water, Sanitation, and Hygiene (WASH):** UNICEF provides comprehensive WASH emergency response in PoC, IDP sites and in vulnerable host communities. As a WASH core pipeline supplies manager, UNICEF reached over 293,457 people with WASH supplies at mid-year. UNICEF supported 428,060 people in accessing safe water through water trucking, construction of new and rehabilitation of non-functional water facilities. UNICEF has also continued to provide support in operation and maintenance of water yards, Surface Water Treatment (SWAT) systems and urban water systems and providing households with water purifiers. Quantity and quality of water provided to residents of PoC and IDP sites is always based on the Sphere standards.

In the same period, over 184,527 individuals were supported to access safe sanitation facilities through the construction and rehabilitation of emergency communal latrines and household latrines. The communal sanitation facilities are designed to mitigate the risk of GBV by providing additional privacy and safety to users. UNICEF continues to support demand-driven approaches to sanitation through Community-Led Total Sanitation (CLTS), resulting in 74 villages being declared open defecation free as of June 2019 after external verification. Through CLTS activities 50,068 people now live in open defecation free villages.

UNICEF has supported over 166 schools with WASH facilities; benefitting 59,701 pupils (25,514 girls; 34,187 boys). Latrine blocks constructed for girls include a changing room for menstrual hygiene management. Furthermore, 2,926 school girls and women were reached with menstrual hygiene management kits, these have helped girls to stay in school.

**Education:** On 4 February, the national Back to Learning initiative 2019 was launched in Renk, Upper Nile. Since then, similar campaigns have taken place all over the country, contributing to a total of 585,756 children (245,254 girls) enrolling in school so far this year.

At a landmark event on 07 March, the national Ministry of General Education and Instruction (MoGEI) launched the first ever South Sudanese primary school textbooks. These were developed and printed with the help of UNICEF and two million copies have already been delivered to Juba. UNICEF will be helping with the distribution. Along with the recently rolled-out new curriculum, these textbooks are designed to improve the quality of learning in South Sudanese schools.

On 26 March, a joint UNICEF/WFP Education in Emergency programme (funded by the EU) was launched in Aweil, Northern Bahr el Ghazal. This is the largest collaboration between these two agencies in the field of education in South Sudan and aims to reach 75,000 children (33,000 girls) in 150 schools in four states, giving them access to quality education as well as school feeding programmes.
The improved security situation in many areas of South Sudan enabled UNICEF to respond to the urgent need for education services in previously inaccessible parts of the country. In May for example, a Back to Learning campaign took place in Baggari (south west of Wau), which has only been accessible for the past few months. Five destroyed schools in Baggari have now been rehabilitated and 3,642 children (1,735 of them girls) in these and seven other primary schools in the district received have essential education supplies. The demand for education services continues to increase as internally displaced persons and refugees have begun to return to their homes.

Improving the capacity of teachers was a key activity over the first half of the year. A 40-day continuous professional development (raining course for teachers was launched at the beginning of the year. So far, 4,745 teachers (1,336 female) have attended these and other trainings, improving both the teachers’ motivation to teach as well as their capacity to provide quality education.

Child Protection: UNICEF and partners reached 101,314 children (45,094 girls, 56,220 boys) with psychosocial support (PSS) activities in child-friendly spaces, schools and other community-based interventions in 10 former states. The PSS trainers’ manual for teachers and facilitators have been rolled out with Training of Trainers targeting child protection and education actors, Ministry of gender, Child and Social Workers and Ministry of education staff. In addition, between January and June 2019, a total of 548 unaccompanied and separated children (271 girls; 277 boys) were registered for Family Tracing and Reunification services, while 228 children (122 girls; 106 boys) were reunified with their primary caregiver; with a total of 6,106 (2,769 girls, 3,337 boys) reunified since the beginning of the conflict. In addition, in June 2019, UNICEF, the Child Protection Sub-Cluster and the Ministry of Gender and Social welfare officially launched the Child Protection Information Management System+ (CPIMS+) along with the first ever case management handbook for case workers.

During the first half of the year, 246 children (80 girls, 166 boys) were formally released from armed forces and armed groups - 227 children (76 girls; 151 boy) in Eastern Equatoria and 19 (4 girls, 15 boys) in Central Equatoria. All released children have been receiving reintegration services, including medical and mental health screening, and case management services, including coordination and referral to appropriate services. In addition, 100 released children in Western Equatoria have been enrolled in vocational training since the beginning of the year.

Cumulatively a total of 87,329 individuals (20,396 girls, 23,943 boys, 24,607 women, 18,383 men) living in high-risk mine areas were reached with life-saving mine risk education (MRE) messages in Jonglei, Unity, Upper Nile, Greater Equatoria, and Western Bahr el Ghazal states since the beginning of the year. Despite, the lack of funds and subsequently the decrease of mine risk education implementing partners, 595 community leaders and teachers have been trained to perform key MRE messaging.

In addition, 75,002 community members (44,202 women, 30,800 men) received life-saving child protection messaging, including on prevention of family separation, recruitment into armed groups and grave child rights violations.

UNICEF and partners reached a total of 36,074 people (11,339 girls, 9,828 boys, 10,128 women, 4,779 men) with GBV prevention (including awareness raising and social norms transformation), response services including individualized case management, PSS, skills building courses, access to women and girls friendly services, risk mitigation information and referrals for other specialized service. During this time, the scaling up of the GBV risk mitigation across all UNICEF supported-programmes and development of section specific action plan on GBV risk mitigation and mitigation measures as well as support to Nutrition cluster was a key priority. Nutrition cluster is supported by Action Against Hunger in close working collaboration with UNICEF.

The development of a step-by-step practical guide on the social reintegration of girls formerly associated with armed groups and armed forces by UNICEF provided additional technical guidance/resources for actors to support girls including survivors of conflict related sexual violence. Scaling-up of community care models, as well as increasing focus on prevention and response to child survivors of early marriage including girls at risk and married girls/teenagers, is one of the key achievements in scaling-up prevention and efforts in addressing negative social norms.

Communication for Development (C4D): UNICEF in collaboration with State Ministries of Health, County Health Departments, WHO and partners conducted a series of immunization campaigns across the country which include two
rounds of polio national immunization days, Periodic Intensification of Routine Immunizations, measles reactive vaccination in about 15 measles affected counties, Meningitis A campaigns, and campaigns on Maternal and Neonatal Tetanus Elimination (MNTE) in 33 selected counties.

In support to the campaigns, UNICEF with its existing Integrated Community Mobilization Network together with UNICEF supported County Health Departments volunteers and partners provided awareness creation and demand generation through communication, social mobilization and community engagement activities including radio messaging, display of information, education and communication materials. Over 2,800 mobilizers were trained and carried out megaphone announcements, house-to-house mobilization focusing on face-to-face interactions with parents/caregivers of under-five and women of child-bearing age, sensitization of community leaders, church and mosques announcements educating communities on importance of immunizations and generate demand for services. During those campaigns, a cumulative estimate of 1.2 million households (7,200,000 people) with key lifesaving messages. Additionally, through GAVI-Health System Strengthen to improve routine immunization, UNICEF together with State Ministries of health and County Health Departments conducted a series of Health Facility based EPI vaccinators trainings on interpersonal communication skills. A total of 534 EPI health facility vaccinators from 383 health facilities across 25 counties in greater Lakes, CES, WBGs, NBGs, Unity and Jonglei.

As part of UNICEF regular programming through the Integrated Community Mobilization Network, a total of 826,315 individuals at household and community level were reached with key lifesaving messages on health and hygiene behaviours, routine immunization, importance of education, nutrition and importance of notifying a child when born. The network community mobilizers also provided support to other epidemic outbreaks such as hepatitis E in Bentiu POC, Yellow Fever outbreak in Sakure, Yambio, Rubella outbreak in Wau, Aweil and Renk, and cross-sectoral support to BTL campaigns, commemoration of Menstrual Hygiene Day, release and reintegration of children associated with armed forces and groups (CAAFAG) in Yambio and Pibor, and commemoration of ‘Red Hand Day,’ a day to advocate for an end to recruitment of children to the military.

Cash-Based Programming: In 2019, UNICEF launched a South Sudan cash strategy, increased their internal capacity on cash-based programming and began a Water Voucher project in Wau. UNICEF and Oxfam, in collaboration with the Urban Water Corporation will provide emergency water vouchers to 24,000 of the most vulnerable families in Wau in collaboration with WFP. UNICEF Staff as well as the Urban Water Corporation has been trained by the CBT officer. Furthermore, UNICEF has developed two cash and voucher pilots to be rolled out within the Integrated Rapid Response Missions.

UNICEF conducted a mapping and analysis of social protection in South Sudan using Inter Agency Social Protection Assessments (ISPA) Core Diagnostic Tool (CODI) modified to fit context. This was endorsed by the Ministry of Gender, Child and Social Welfare as well as key actors working with Social Protection trough cash-based programming.

Additionally, UNICEF has become a member of the technical working group on the Joint Market Monitoring Initiative (JMMI) led by REACH and the Inter-Agency Cash Working Group. The JMMI will support organisations with timely market information and improve coordination among cash actors in the country with UNICEF contributing with timely price monitoring.

Ebola Preparedness: UNICEF plays a key role in the WASH Ebola preparedness efforts by co-leading the WASH IPC–Technical working group (TWG), while participating in the Strategic Advisory Group (SAG), National Task Force (NTF) and supporting state level coordination and the identification of critical gaps and needs in collaboration with donors. Through partners, UNICEF has prepositioned and distributed standard WASH IPC supplies valued at USD$ 211,510 in four isolation units, seven holding units and 70 health facilities across EVD high-risk locations (Yambio, Tambura, Nimule, Yei and Juba and Wau). Water supply and sanitation facilities have also been repaired/rehabilitated in more than 50 health care facilities and more than 100,000 people have been reached through hygiene promotion and EVD messaging in public places. 137 Health Workers have received training on IPC WASH In addition 11 implementing partners staff which also includes UNICEF staff received master training of trainers.

On Ebola preparedness and response, UNICEF together with national and state Ministries of Health, County Health Departments and partners supported implementation of risk communication, social mobilization and community
engagement activities including rumour tracking and feedback mechanism in all EVD high risk areas. Using different community engagement strategies and communication platforms, over 500,000 people, including 1,200 community/religious leaders, were reached and sensitized through interpersonal and group communication by nearly 450 trained front-line mobilizers. A total of 18 radio stations have been broadcasting a weekly cycle of jingles and talk-shows in over six languages reaching around 2 million people with EVD prevention messages across the seven EVD high-risk states of South Sudan bordering the DRC and Uganda. Additionally, 2,010 assorted Information Education and Communication (IEC) materials that include banners, posters, leaflets and flipcharts were distributed across schools, churches, mosques, markets, water points and other public gathering sites. Also, as part of evidence generation, UNICEF in collaboration with MoH and implementing partner, The Rescue Initiative of South Sudan (TRISS) have completed Ebola KAP study data collection including 20 community focus discussion groups (FGDs) across 10 sites in the high-risk areas, with data analysis ongoing and preliminary findings soon to be shared. On rumour-tracking and feedback mechanism, 109 community mobilizers were trained and deployed to collect rumours and feedback, with most of the rumours/feedback collected were around community’s perceptions and practices on bush meat consumption and around EVD case origins.

**Supply and Logistics**

Since January, multi sectoral supplies valued at US$ 13.7 million were dispatched directly to implementing partners country-wide and through warehouse to warehouse transfers as part of the Dry Season Prepositioning plan. The bulk of the dispatches comprised nutrition supplies delivered to various locations and followed by education.

A total of nineteen haulage trucks, 15 of 40 metric-tonne capacity and 5 of 20 metric-tonne capacity were dispatched from the Juba warehouse to Bor, Wau, Aweil, Mundari, Yambio, Yei and Terekeka, Aweil, Wau & Kuajok using Logistics Cluster Humanitarian Convoy.

**Media and External Communications**

The Communications section has been working to ensure that the story of children and women of South Sudan remain at the top of the national, regional and global agenda through the production of communication materials. Since the beginning of the year, UNICEF has produced six human-interest stories, eight photo essays, three blog posts, one animation, three press releases and 16 videos.

UNICEF worked with both national and international media such as Le Monde, Bloomberg, Eye Radio, Radio Miraya, The Independent and NHK to highlight the stories of children of South Sudan and increase visibility for UNICEF and our donors. There were over 142 positive mentions of UNICEF South Sudan since January 2019.

UNICEF marked important dates and events such as Back to Learning, Red Hand Day, release of children associated with armed groups/forces, launch of the South Sudan’s first curriculum, Day of the African Child and World Immunization week among others. In addition, UNICEF has been working closely with national committees and UNICEF Headquarters to ensure the stories of children of South Sudan are retold on various platforms. A package including an animation, human interest stories and nine case studies produced by UNICEF South Sudan was used by both UNICEF Headquarters and national committees as the main products for the Red hand Day bringing attention to the issue of use of children by armed groups and armed forces.

UNICEF South Sudan was prominently featured at the global safe school conference in Mallorca, having contributed to an innovative advocacy project. Pieces of wood from a school damaged by the conflict in South Sudan were turned into a sculpture reminding the participants of the importance of keeping schools safe. UNICEF also co-chairs the UN Communications Group Meetings and the UN Ebola Viral Disease communication group, contributing significantly to the UN’s communications. In partnership with Journalists for Human Rights (JHR) the external communication team contributed to the training of national journalists on ethical reporting on children.

On social media, there has been a 5.4 per cent (6,793) increase on the number of Facebook users, 6.3 per cent (1,070) increase of followers on Twitter, 43.9 per cent (5,762) on Instagram and 55.3 per cent (214) on YouTube. Lastly, UNICEF launched a new and revamped web site which is regularly updated with new content in April 2019.
Security

A relative calm was observed regarding the security situation in South Sudan during early months of the year owing to the recent signing of the R-ARCSS in September 2018 and later peace celebrations being observed and attended by the opposition leaders in Juba on 31 October 2018. In addition to existing tensions in Juba, unconfirmed reports of youth protests (Red Card Movement) to oust President Salva Kiir spread and the SPLA Day celebration, was changed to 23 May from 16 May, which was celebrated in Bilpam Military barracks with low turn-out and low profile. This is, in part, due to the troops employed for security duties in the Juba area to contain the youth movement as well as financial constraints.

On 11 April 2019, President Salva Kiir and Opposition leader Riak Machar visited the Vatican for a spiritual retreat in which the Pope urged the two leaders to accept and implement peace in the country. This visit was encouraging and demonstrated that parties to the conflict would continue to drive the peace process and form the Revitalised Transitional Government for National Unity (RTGoNU) as mandated in the Peace Agreement signed last year. However, friction existed causing exchanges between the two leaders including a statement by Machar suggesting that his return to Juba would be delayed as only limited measures had been implemented and that another six months extension may well be required. The President then publicly stated that he would proceed with the formation of the RTGoNU with or without the Opposition leader. Although friction between the two leaders was evident, the intervention of IGAD saw the extension of the peace process for another six months to implement the measures prior to formation of the transitional government. The new date for formation of TGoNU was set at 12 November 2019.

The implementation of the R-ARCSS is facing financial constraints as there are visible signs of a reluctance of the international community and traditional funding modalities. Moreover, the implementation of the measures needed to form the transitional government continue to be evident, which includes concerns over the cantonment of troops, border demarcation and the special protection force for VIPs.

The United Nations Security Council extended the embargo on South Sudan for another year in May 2019 with sanctions including a ban on arms and trade in military technology, asset freezes and travel bans on eight individuals from within the government and militia groups who are reported to be destabilizing the country.

Funding

UNICEF wishes to express its sincere gratitude to all public and private donors for the contributions received to date. There remains an urgent need for additional donor support to close the funding gap; reach our targets and provide lifesaving interventions for the people of South Sudan. At midyear 2019, there is a funding gap of 60 per cent against UNICEF South Sudan’s 2019 HAC requirements of US$179.2 million. Funding available under HAC 2019 include carry-forward funds of US$ 26.1 million from 2018 and US$ 45.9 million funds received since January 2019.

### REPORT AS OF 30TH JUNE 2019

- **Funding Requirements (as defined in Humanitarian Appeal of 31 Jan 2019 for a period of 12 months)**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>C/F from 2018</td>
</tr>
<tr>
<td>Health</td>
<td>11,201,300</td>
<td>952,202</td>
<td>3,221,412</td>
</tr>
<tr>
<td>Nutrition</td>
<td>50,202,200</td>
<td>32,860,949</td>
<td>10,742,757</td>
</tr>
<tr>
<td>WASH</td>
<td>45,587,000</td>
<td>8,724,020</td>
<td>1,678,452</td>
</tr>
<tr>
<td>Education</td>
<td>43,740,000</td>
<td>474,200</td>
<td>7,693,857</td>
</tr>
<tr>
<td>Child Protection</td>
<td>28,500,000</td>
<td>2,924,660</td>
<td>2,806,058</td>
</tr>
<tr>
<td>Total</td>
<td>179,230,500</td>
<td>45,936,031</td>
<td>26,142,536</td>
</tr>
</tbody>
</table>

- The figures indicated above are gross (including global recovery, but not programmable at CO level).
- HAC funded includes substantial carry-forward (C/F) funding from 2018, however figures are still provisional.
- The impact of humanitarian funding gaps on Education programme results and quality have been partially mitigated by development funding and other resources that UNICEF has been able to mobilize.
Next Situation Report: July 2019

UNICEF South Sudan Crisis: www.unicef.org/southsudan
UNICEF South Sudan Facebook: www.facebook.com/unicefsouthsudan
UNICEF South Sudan Appeal: http://www.unicef.org/appeals/

Who to contact for further information:

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Yves Willemot
Chief of Communications
UNICEF South Sudan
Email: ywillemot@unicef.org
### SUMMARY OF PROGRAMME RESULTS 2018

<table>
<thead>
<tr>
<th>Cluster for 2019</th>
<th>UNICEF and partners for 2019</th>
<th>Change since last report</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target (Jan-Dec)</strong></td>
<td><strong>Results (June)</strong></td>
<td><strong>Target (Jan-Dec)</strong></td>
<td><strong>Results (June)</strong></td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months admitted for SAM treatment</td>
<td>220,700</td>
<td>128,734</td>
<td>220,700</td>
</tr>
<tr>
<td># of caregivers of children aged 0 to 23 months reached with infant and young child feeding counselling</td>
<td>984,700</td>
<td>712,814</td>
<td>984,700</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6 months-15 years in humanitarian situations vaccinated for measles</td>
<td></td>
<td></td>
<td>475,000</td>
</tr>
<tr>
<td># of children and women provided with two long-lasting insecticide treated nets (LLITN) distributed</td>
<td></td>
<td></td>
<td>200,000</td>
</tr>
<tr>
<td><strong>WATER, SANITATION AND HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># people accessing the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>3,000,000</td>
<td>1,258,173</td>
<td>800,000</td>
</tr>
<tr>
<td># of people accessing appropriate sanitation facilities</td>
<td>3,000,000¹</td>
<td>401,746</td>
<td>300,000</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached with psychosocial support services</td>
<td>476,750</td>
<td>173,745</td>
<td>275,000</td>
</tr>
<tr>
<td># of girls, boys, women and men reached with gender-based violence prevention and response services</td>
<td></td>
<td></td>
<td>168,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>786,324</td>
<td>680,005</td>
<td>729,000</td>
</tr>
<tr>
<td># of teachers trained on education-in-emergencies basic pedagogy and learner-centred methodologies</td>
<td>10,000</td>
<td>4,398²</td>
<td>5,500</td>
</tr>
</tbody>
</table>

¹ 2019 Humanitarian Response Plan, WASH Strategic Objective 1.
² The HPM indicator was revised in the beginning of 2019 as per HAC plan to focus only on the capacity development of teachers. Therefore, the PTAs and SMC training which were included previously are no longer considered.