South Sudan
Education Cluster

RESPONSE STRATEGY for 2018

Situation of Education in the Current Conflict and Humanitarian Context

Education indicators in South Sudan were already extremely low prior to the outbreak of the current civil war. According to the National Bureau of Statistics' 2011 Statistical Yearbook and Ministry of Education's 2013 Education and Management Information System (EMIS) 73% of men and 84% of women above 15 years of age were illiterate, three out of five school-age children were not enrolled in primary school, and the pupil-classroom ratio averaged 100. Although a few indicators have improved since[1], the conflict which started in December 2013 has severely impacted this already fragile education system. The national assessment conducted by the Education Cluster in November 2016, for example, showed that 25% of primary schools which were open at any point since 2013 were non-functional, and that 31% of primary schools had suffered at least one or more attacks since December 2013.

In the second half of 2016 and first half of 2017, the displacement and humanitarian situation became worse, as the conflict spread to new locations in the Equatorias and Western Bahr El Ghazal, and following intensified fighting in Upper Nile and northern Jonglei. By June 2017, the number of people in need of food assistance is estimated to reach 6 million - the greatest number of food insecure people ever recorded in South Sudan - over 2 million people are internally displaced in South Sudan, and more than 1.9 million have fled the country[2]. For the first time since South Sudan's independence, the cholera outbreak is continuing through the dry season, reaching new locations and becoming the longest and most widespread outbreak since 2011.

Rationale for Education Response

In a country where children represent 47.75% of the population, the brunt of the immediate impact and long-term effects of violence and displacement is borne by them. The interruption of education will have short and long term consequences for the stability and development of South Sudan as children who are not in school will lack the structure and stimulation for healthy cognitive, social and emotional development that they require. The education crisis also risks fuelling new conflicts as an estimated 17,000 children are already recruited into armed groups. The longer children stay out of school, the more likely it is that they are recruited into armed groups.

Conversely, research conducted for the South Sudan Education Cluster impact evaluation in 2013 found that education is a major priority for internally displaced and host populations, second only in importance to improved national security and freedom.[3] In addition to being a priority for South Sudanese people, education activities supported by Cluster partners effectively support children's learning as can be seen in end-of-primary exams results: in 2015, the percentage of IDP students who passed their end-of-primary exams was 4.6 points higher than that of all students.[4]

[1] For example, the Net Enrolment Rate for primary level stood at 50.4% in 2016, compared to 43.5% in 2015. Source: South Sudan Ministry of General Education and Instruction, *National Education Statistics Booklet*, 2016.

[2] OCHA, *South Sudan Humanitarian Bulletin*, Issue 9, June 2017.

[3] P-FiM, *Impact Evaluation Report of the South Sudan Education Cluster*, May 2013 http://docs.southsudanngoforum.org/node/185

[4] Analysis of 2015 end-of-primary exams results.

Priorities for the Education Cluster

a) Developing and Strengthening Learning Outcomes, Cognitive and Life Skills

As the context evolves, so should the response. The payment of incentives to 30,000 teachers over 18 months by the IMPACT project will progressively relieve Education cluster partners from this activity. They should therefore concentrate on the 1) Training of teachers on teaching methodologies related to pedagogy, life skills and psychosocial support, 2) Provision of textbooks, teaching and learning materials, 3) Rehabilitation and/or provision of learning spaces and school furniture, 4) Training of PTAs on addressing and managing school level issues, and 5) Close monitoring of these activities (teacher attendance and use of child-centered teaching methodologies, effective use of teaching and learning materials, maintenance of school furniture and buildings) and support to education authorities in doing so. In addition to these standard interventions, schools can serve as platforms to contribute to the response to food insecurity, malnutrition, cholera and trauma.

b) Reducing Hunger and Malnutrition

In a country where lack of food is the top cause of children dropping out[5], school feeding will not only help maintain and increase school enrolment and attendance, thus contributing to learning gains, but will also reduce risks of death, disease and cognitive underdevelopment. Incentivized enrolment and attendance in schools will contribute to the protection of currently enrolled and out-of-school children by keeping them away from potential recruitment into armed groups, child labour and early marriage, sexual violence and abduction on the way to school / back from school. School feeding will create time and space for parents to pursue livelihood activities without concern over caring for their children during mornings.

c) Reducing Health Risks, through Disease Prevention

Among age groups, male children are the most affected by the current cholera epidemic (28% of all confirmed cases as of June 2017)[6]. While the epidemic is now affecting 23 counties, it is expected that the disease will continue to spread in light of the starting rainy season and limited access of IDPs to improved WaSH facilities and services. Education cluster partners can support cholera-prevention through rehabilitation / construction of hand-washing facilities and latrines, provision of soap and dry chlorine, hygiene messaging on cholera symptoms, modes of transmission and prevention (hand-washing, personal hygiene, safe excreta disposal, safe drinking water) to children and their parents, and by referring sick children to cholera treatment / health centers.

d) Protecting and Supporting the Personal Development of Youth

As the largest group of the South Sudan population[7], youth are at the forefront of the current conflict and are especially impacted by the risks and burden of adult responsibilities that accompany it. Mass displacement, separation or loss of parents, and the breakdown in community infrastructures leaves this group especially

[5] It is the second most common cause for girls, after early marriage. Source: South Sudan Education Cluster national assessment of the status of education, November 2016.
[6] South Sudan Health cluster, June 2017.
[7] In South Sudan, the 15-24 years and 10-29 years old represent more than 19.4% and more than 40.5% of the population respectively. This is equivalent to more than 2.4 million (15 - 24 years old) and 5 million (10 - 29) individuals. Sources: Southern Sudan Centre for Census, Statistics and Evaluation, *Statistical Year Book for Southern Sudan*, 2010; World Bank, South Sudan country webpage (http://www.worldbank.org/en/country/southsudan) retrieved 29 April, 2017.

vulnerable to engaging in risky and violent behaviors, including forced or voluntary recruitment into armed groups and gender-based violence. Lack of opportunities for employment, education or training, diminished access to land and assets and limited decision-making agency and despondency about their situation further exacerbate protection risks to youth and posed by youth. Engaging displaced youth in basic education, recreational and social activities and technical and vocational training will create an enabling environment for their critical development and positive engagement within local communities.

Activities targeting youth should therefore comprise of 1) Accelerated Learning Programmes, where youth can catch up on their primary education and complete national primary school leaving examinations, 2) Secondary education, 3) Technical and Vocational Education Training (TVET) including literacy and numeracy 4) Life skills that supports and improves communication, interaction with others, critical thinking, and readiness to learn. Given that some of the youth are busy during days, classes need to be flexible in duration and timing and may have to take place during afternoons, evenings and weekends. The most educated youth can support these activities as peer-to-peer educators, in order to improve their ownership of activities, increase the number of learners/reduce the level of drop out, and to improve learning outcomes.

Strategic Objectives

1) Crisis affected girls and boys have access to safe, protective and inclusive learning
2) Strengthened cognitive skills of children and youth through education in emergency inclusive of ECD, basic education, and youth education
3) Girls and boys are protected through increased access to psychosocial support, life skills, and referral pathways.

Standard Activities

Priorities for the Education Sector	Corresponding Activities
Developing and strengthening learning outcomes, cognitive and life skills	• Training of teachers on: 1) Life skills curriculum and materials, 2) Content of primary education curriculum including mother tongue, 3) Basic pedagogy with focus on participatory and active methods, 4) Basic adult literacy training in English for Arabic instruction teachers, 5) Classroom management and lesson delivery, 6) Locally made instructional material, 7) Design & development of age-appropriate locally made materials for instruction • Provision of textbooks, learning and teaching materials • Provision of hygiene kits for girls to support their menstruation • Rehabilitation of existing learning spaces and/or construction of TLSs where there is influx of new IDPs • Rehabilitation and/or construction of school fences, roofs, doors and/or windows locks, shelter and salary for guards, to improve the security and safety of students • Provision of school furniture and blackboards

	• Regular follow up and support through monitoring and supervision of learning activities in schools • School gender based violence (SGBV) prevention and management • In case IMPACT is not paying teacher incentives, payment of these incentives for volunteer teachers not on the government payroll in IO areas and displacement sites, where the population is captive • Establishment or rehabilitation of WaSH facilities, including latrines (sex segregated), water points and provision of soap for handwashing.
Reducing hunger and malnutrition	• Emergency school meals in areas most affected by food insecurity • Nutrition screening and messaging using school governing bodies (PTAs/SMCs) in areas where GAM is above the emergency threshold • Referral to nutrition facilities using school governing bodies (PTAs/SMCs) in areas where nutrition/health centers exist • Early childhood development activities targeting mother groups and pre-school children combining nutritional supplementation and socio-emotional stimulation • Construction of school stores and basic kitchens for meal preparation • Hygiene training for the safe preparation, handling, cooking and storage of food • Provision of NFIs for school feeding • WaSH facilities in school, especially for handwashing and latrines • Establishing school gardening for vegetable crops; training children on basic agriculture skills • Establishment of nutrition clubs to popularize availability, diversity and accessibility of food, benefits of food values/balanced diet • Capacity support to PTA/SMCs and youth on nutrition and food security advocacy at community level (village, boma, Payam and county)
Reducing Health Risks, through disease prevention	• Rehabilitation / construction of hand-washing facilities and latrines • Provision of soap and dry chlorine • Chlorination, hygiene messaging on cholera symptoms, modes of transmission and prevention by school-based

	cholera response teams (PTAs/SMCs, teachers and adolescents/youth) • Referral to cholera treatment / health centers by school-based cholera response teams (PTAs/SMCs, teachers and adolescents/youth) • IEC materials on referral pathways, symptoms and basic hygiene messages • Creating school hygiene clubs to support messaging, provide awareness on cleaning and safe use of latrines.
Protecting and Supporting the Personal Development of Youth	• Enabling courses such as English, Arabic, computer literacy and numeracy, small business management, simple bookkeeping, managing time and money, life skills to support and improve communication, interaction with others, critical thinking and peace building. • Accelerated Learning Programme • Secondary education • Peer support by the most educated adolescents and youth to improve ALP and secondary education learning outcomes, to increase the number of learners, and build their self-esteem • Technical and Vocational Education Training (TVET) based on the youth's education levels and labour assessments to identify existing and emerging livelihood opportunities • Recreational activities, establishing sports activities for children in school; training teachers on coaching sports activities. • Integration of child protection policy and Comprehensive Sexuality Education (CSE) into the youth training • Separate adolescent and young men and women health committees • Private and confidential space within health facilities for individual consultation of vulnerable youth including survivors of GBV • Availability of clinical management of rape (CMR) and psychosocial support services for survivors of GBV • Sexual (AIDS/HIV, STIs), reproductive health and family planning • Young men's behavioural programs (promotion of gender positive social norms)

	• Young women's program (delaying marriage, empowerment, women's health issues) • Mental health and psychosocial support services to help youth deal with trauma and social pressures which are heightened by movement restriction • Drug and alcohol abuse service • Behaviour change communication • Health and hygiene promotion, including Menstrual Hygiene Management (MHM)

Indicators can be found here (Global Education Cluster Indicators Registry) and here (Indikit).

Targeting and Prioritization of the Response

The Education Cluster's response to new needs will be made with the help of the prioritization tool, which takes into account numbers of children, variation of IDP population and intentions of return. Cluster members will also follow waiting time and beneficiaries' numbers thresholds, in order to maximize the use of funds and to ensure that interventions are sustainable:

- More than **1,500** children (including **IDPs and host community**) have been displaced/affected by the humanitarian situation for more than **six** weeks. This could also include affected population in within host communities where there has been structural collapse of education facilities.
- In case the displacement affects IDPs only, the threshold for response is **1,000** children
- No major security incident in the **three** weeks preceding the planned intervention.
- Requests for humanitarian response from the ICWG. In that case, the partner and Cluster Unit will review the information, to verify that it is in line with the clusters threshold and capacity to respond. Among these locations, those fulfilling one or several of the following criteria should be prioritized:
    - Large number of out-of-school children (including host community and/or IDP children)
    - Existing school facilities, whether they are functioning or not, and existing PTAs/SMCs
    - Locations where no other education actors are present.

These thresholds could be revised on the basis of the level of response and financing.

Annex 1: Primary Education programming
Annex 2: Teacher Training Guidance
Annex 3: Post-Primary Education Programming
Annex 4: School Feeding
Annex 5: Cholera Response
Annex 6: Linking with IMPACT/Development Actors