



UNICEF
SOUTH SUDAN
ANNUAL REPORT 2015

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REPRESENTATIVE'S MESSAGE

The humanitarian needs in South Sudan today as urgent and as great as they have ever been.

Rates of food security and malnutrition, already high before the fighting began in 2013, have reached historically high levels. Nearly a quarter of the population is food insecure.

Across the country, 1.8 million children are out of school due to insecurity, but also poverty and gender. Classrooms destroyed or occupied in the fighting are uninhabitable.

And an estimated 16,000 children continue to serve in the ranks of armed forces and militias.



In response, in 2015, UNICEF prioritized lifesaving humanitarian assistance while ensuring continued health, nutrition, water and sanitation, education and protection support to vulnerable children across the country. More than a million children were reached, including those in the most remote and conflict-affected areas of the country.

The number of children treated for severe acute malnutrition (SAM) surpassed 148,000, which was a 53 percent increase over 2014. Our target for 2016 is more ambitious still – treating more than 165,000 children for SAM.

More than 360,000 children were

able to access education in 2015 as a result of our Back to Learning initiative. A second phase of the campaign, launched in February, will provide learning opportunities to more than half a million vulnerable children – those whose education has been interrupted by conflict and those who have never attended school.

Nearly 3.9 million children were vaccinated against polio across the country, while support to maternal, new-born and child health and HIV services focused on populations affected by the current crisis.

Despite these substantial interventions, South Sudan remains one of the most difficult and dangerous countries for

children. And with the conflict now in its third year, we are confronting a new challenge. For the first time since this crisis began, children are being threatened not by a lack of access or capacity, but by a lack of funds.

With the current needs far outstripping the funding available, the lives of tens of thousands of children are at risk. We cannot allow this to become a forgotten emergency.

Like all children, the children of South Sudan have the right to be happy, healthy, and to reach their full potential. By providing them with those opportunities we invest not just in their futures, but in the future stability and growth of South Sudan.

SITUATION FOR CHILDREN



TWO YEARS AFTER THE START OF THE CURRENT CONFLICT, SOUTH SUDAN IS AT RISK OF LOSING A GENERATION OF CHILDREN

Despite the signing of a Peace Agreement in August 2015, the situation of children is by every measure worse than in 2014. Children are directly affected by conflict but also by inter-communal violence, food insecurity and economic decline. Over 900,000 children have been forced from their homes, putting them at a higher risk of disease, malnutrition and violations of their rights.

Renewed conflict that began in April 2015 resulted in 750,000 people being cut off from humanitarian assistance in Greater Upper Nile and 150,000 people fleeing their homes due to violence and human rights abuses, including killing, rape, abduction and recruitment, sometimes directly targeting children and women. Areas of the West Bank in Upper Nile state were cut off from humanitarian assistance for up to five months. In central and southern Unity State, thousands of families were forced to hide deep in the bush or on small islands for protection, with few food sources, resulting in food

insecurity and nutrition reaching near catastrophe levels.

Even outside the areas directly affected by the conflict, South Sudan has some of the worst indicators in the world for children. More than one child in ten dies before their fifth birthday, and almost one in a hundred pregnancies ends in the mother's death. In 2015, South Sudan faced an unprecedented malaria outbreak with more than a third of counties surpassing the epidemic threshold; a cholera outbreak with 1,818 cases and 47 deaths in Juba and Bor; a vaccine-derived polio outbreak in Unity state; and more than 500 measles cases.

Rates of acute malnutrition remained above the emergency threshold

(over 15 per cent) in Greater Upper Nile and the high burden states of Northern Bahr el Ghazal and Warrap. The estimated number of children suffering from severe acute malnutrition (SAM) rose from 108,000 pre-crisis to 237,459 at the end of 2015. The nutrition situation particularly deteriorated in Unity at the time that conflict led to the majority of nutrition services being suspended, with supplies looted and the treatment of thousands of severely malnourished children disrupted. The health and nutrition situation has been compounded by the economic crisis, both in terms of rapidly increasing food prices and lack of food in markets, but also the inability of families to afford safe water, forcing people to revert to using untreated water sources.

Renewed conflict that began in April 2015 resulted in 750,000 people being cut off from humanitarian assistance in Greater Upper Nile and 150,000 people fleeing their homes due to violence and human rights abuses targeting children and women



Communities' capacities to keep children safe from violence, abuse and exploitation are stretched to their limit. There are now over 800,000 children believed to be affected by psychosocial distress; the number of registered unaccompanied, separated and missing South Sudanese children has climbed to 32,266; sexual violence is pervasive and widespread and while 1,755 children were released by one armed group, there are now almost 16,000 more children still being used by armed forces and groups.

With 51 per cent of primary and lower secondary aged children not accessing an education, South Sudan is home to the highest proportion of out of school children in the world. Two years of conflict have forced 413,000 children out of school, destroyed 331 schools and seen a limited prioritization of education within the humanitarian response. Over the past two years, primary school student net enrolment has decreased from 42 per cent to 35 per cent with girls' enrolment dropping from 35 per cent to 30 per cent in 2015.



RESPONSE STRATEGY

UNICEF PRIORITIZED LIFESAVING HUMANITARIAN ASSISTANCE IN 2015, WHILE ENSURING CONTINUED HEALTH, NUTRITION, WATER AND SANITATION, EDUCATION AND PROTECTION SUPPORT TO VULNERABLE CHILDREN ACROSS THE COUNTRY

Lessons learned and systems built since the outbreak of the conflict in 2013 helped UNICEF reach over a million children with humanitarian assistance, including those in the most remote and conflict-affected areas of the country.

The 2014-2015 dry season was used to preposition supplies ahead of the long rainy season (April – September), thereby reducing costs and allowing more timely distribution. Over US\$38 million of programme supplies were moved in 2015, more supplies than ever before. In the face of a rapidly deteriorating nutrition situation, in June 2014, UNICEF, WFP, the Government of South Sudan and implementing partners scaled up their response through the Joint Nutrition Scale-Up Plan 2014-2015, which was continued

for 2015-2016 with an additional focus on the quality of interventions.

UNICEF led the humanitarian community in terms of advocacy, placing child protection at the heart of the crisis. Information collected through the Monitoring and Reporting Mechanism (MRM) was used by UNICEF, other UN agencies, donors and other key influencers to press for the end to grave child rights violations.

UNICEF leads the WASH, Nutrition and Education clusters as well as the Child Protection sub-cluster. Within the Health cluster, UNICEF provides leadership on vaccination, communication and social mobilization. UNICEF also supports the core supply pipelines for the Education, WASH and Nutrition clusters, providing essential humanitarian supplies to all over 130 partners.

MRM Results (as of December 2015)



1,484

Incidents of grave violations,
of which **1,076** were verified,
affecting



33,387
children



17,606
boys



15,350
girls

431

children whose sex is unknown



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THE RAPID RESPONSE MECHANISM

In 2015, more than 578,000 people, including almost 93,000 children under 5, were reached through 35 UNICEF, WFP and partner RRM. The RRM continued to be critical to expanding lifesaving assistance to the most hard to reach areas affected by the ongoing conflict. The RRM re-opened humanitarian space in southern Unity and the west bank of the Nile, and was instrumental in the re-establishment of regular humanitarian programmes in Greater Upper Nile.

The RRM also contributed to collecting data on the nutritional status of children in Greater Upper Nile with more than 81,000 children under five screened for

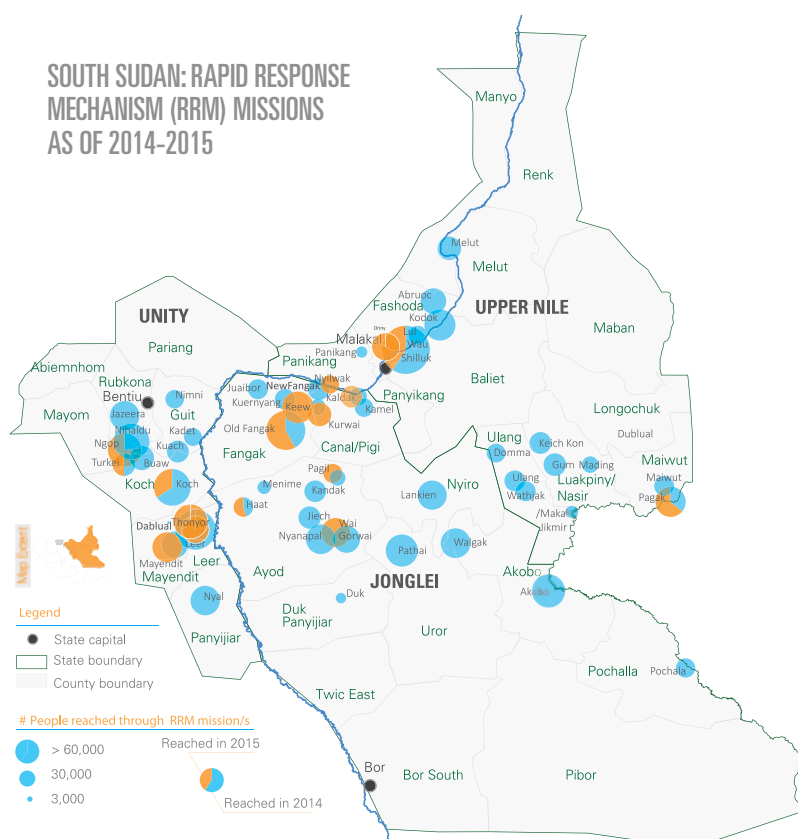
malnutrition, and treatment provided for 1,140 newly identified severely malnourished children. A total of 691 unaccompanied and separated children were identified by these missions. In addition, more than 145,000 children were vaccinated, 192,000 people received WASH supplies and 15,500 children and adolescents benefited from access to education in emergencies.

Following the escalating conflicts affecting southern Unity in particular from mid-2015, a minimum emergency package in the form of basic survival kits was developed by UNICEF together with other agencies. Over 29,000 basic survival kits containing essential non-food

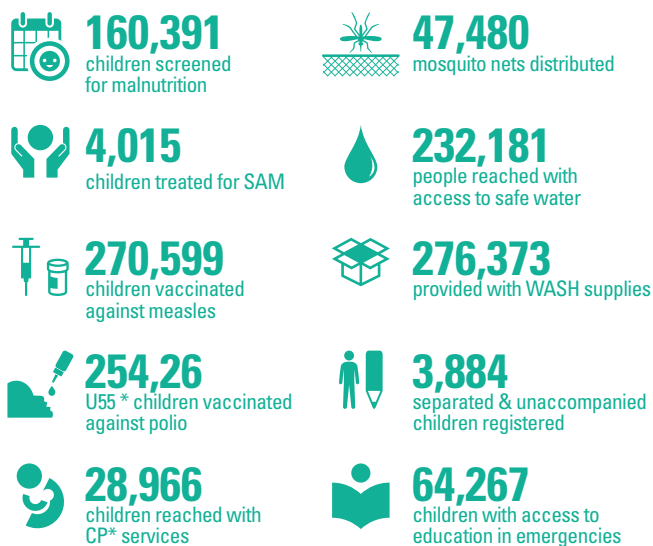
items as well as emergency food rations were dispatched to worst-affected areas.

For 2016, UNICEF will use a structured set of flexible modalities to support the overall transition from humanitarian-focused programming to supporting longer-term stabilization and return. A combination of short-term 'RRM' style missions and longer-term direct implementation will be used to ensure that acute humanitarian crises are responded to while moving towards supporting static service delivery through government (where possible) and NGOs (where required).

SOUTH SUDAN: RAPID RESPONSE MECHANISM (RRM) MISSIONS AS OF 2014-2015



Beneficiaries of RRM Missions



* U5 [Under 5 years] ** CP [Child Protection]

HEALTH



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In 2015, South Sudan faced a malaria upsurge, made worse as a result of the conflict, with 2.2 million cases, including over one million in children under 5. UNICEF provided over 500,000 doses of antimalarial drugs; 454,170 malaria rapid diagnostic tests; and 452,153 mosquito nets to combat malaria.

In response to rapidly escalating child mortality, UNICEF and MSF-Holland screened 29,731 children in Bentiu for fever in one week and treated 54 per cent of them for malaria. The campaign, along with urgent interventions from the Nutrition, Health and WASH Clusters, lowered under 5 mortality below the emergency threshold.

Health services in the PoCs are fully provided by humanitarian organizations, with UNICEF supporting partners delivering primary health services in Bentiu, Bor, Juba and Malakal PoCs as well as Mingkamen IDP site. UNICEF partners provided 613,505 primary health care consultations in 2015.



1/10

child died before their fifth birthday



1/100

pregnancies ended in the mother's death



75%

Health Centres in three affected states closed or destroyed



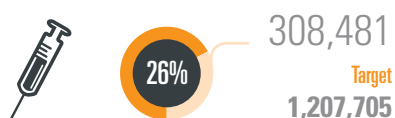
75%

malaria cases have been treated across the country in 2015

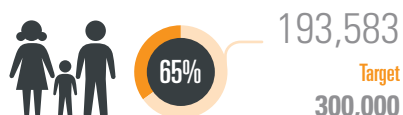


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CHILDREN OF 6 MONTHS-15 YEARS VACCINATED FOR MEASLES



HOUSEHOLDS RECEIVING ITNS



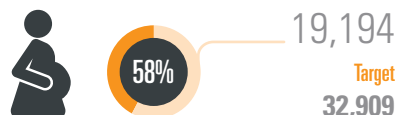
A comprehensive polio outbreak response plan, including Supplementary Immunization Activities (SIAs), was implemented in response to the circulating Vaccine Derived Polio Virus (cVDPV) outbreak in Unity State. Nearly 3.9 million children were vaccinated against polio across the country. In addition, routine immunization was supported with the distribution and installation of 97 fridges and freezers to the state, county and health facility-levels. UNICEF procures and distributes all of the vaccines for the country.

Support to maternal, newborn and child health and HIV services focused on populations affected by the current crisis. While 98 per cent of the targeted HIV positive women were enrolled on treatment, only 47 per cent of targeted women attended antenatal care. Awareness on HIV/AIDS is still low, affecting uptake

CHILDREN BELOW 15 YEARS VACCINATED AGAINST POLIO



PREGNANT WOMEN ATTENDING ANC COUNSELLED AND TESTED



of prevention of mother-to-child transmission (PMTCT) services while the default level is high, attributed to a lack knowledge on treatment protocol but also poor record keeping at state, county and facility levels.

Moving forward, UNICEF will continue investing in building partnerships at all levels in the design and implementation of health services, providing technical and material support for primary health care, immunization and PMTCT services. In 2016, special focus will be placed on community health services under the Boma Health Initiative as well as Integrated Management of Neonatal and Childhood Illnesses to reduce children mortality from common childhood diseases such as diarrhoea, malaria and pneumonia. The National HIV Policy and the HIV Prevention Strategy, the PMTCT Scale-up Plan and PMTCT Guidelines will also be rolled out.

PREVENTING MALARIA IN SOUTH SUDAN, ONE NET AT A TIME

By Simon Peter Apiku

Jackline Wayet, the 20-year-old mother of two, has just collected two mosquito nets from the Gurei Primary Health Care Center, on the outskirts of South Sudan's capital, Juba. "I came because the bed net I have is worn out, and the mosquito season has begun," said Wayet.

Her 6-month-old baby, Sarah, has already had malaria three times.

The onset of the rainy season in much of South Sudan brings with it the heightened threat of malaria – one of the major killer diseases among children under 5 years old. Malaria cases rise substantially as the wet season matures.

Paying for an item such as a long-lasting insecticidal net is beyond the reach of many in a country where more than half the population live below the poverty level and earn less than US\$ 2 per day.

Wayet is no exception. Three years ago, she bought her mosquito net, now worn-out and disheveled, for \$5. Today, the same net costs around \$13.

Recently Wayet's family has fallen on tough times. Her husband lost his job, so she sells vegetables and fruit at a nearby market to earn money. With this small source of income, her family is able to eat one small meal a day.

Wayet hopes that the new mosquito nets will at least spare her young children from malaria this rainy season, and also ensure that that she does not have to spend what little money she earns on treating the disease with expensive drugs.

NUTRITION

As a result of the partnerships and systems put in place under the UNICEF-WFP Joint Nutrition Scale-Up Plan, in 2015, UNICEF and its 45 NGO partners treated 148,769 children under 5 for SAM, 100 per cent of the 2015 target and 53 per cent more than in 2014. Of these, 88.2 per cent have been discharged as cured, above the Sphere standard of 75 per cent.

In the high burden states less affected by the conflict, in collaboration with the sMoHs and partners, the innovative social mobilization campaign launched in 2014 continued. The campaign involves door to door active case finding and referral of malnourished children together with the provision of WASH and infant and young child feeding messages to caregivers. In Northern Bahr el Ghazal, social mobilizers screened 197,878 children under 5 of whom 7,303 (3.7 per cent) and 16,261 (8.2 per cent) children were found to be severely and moderately malnourished. Sixty-two per cent of the national SAM admissions in the first three months of 2015 were children referred through the social mobilization initiative. This intervention began in Warrap in November; 53,285 children have been screened with SAM and MAM rates were 5 per cent and 20 per cent.

Other achievements include strengthened pipeline management, coordination, and logistics; provision of a continuum of community management of acute malnutrition

services; and improved analysis of the nutrition situation through the integration of nutrition indicators in the Food and Security and Nutrition Monitoring System (FSNMS) and developing a nutrition map in the Integrated Phase Classification (IPC).

Through the strengthened Nutrition Information Working Group, chaired by UNICEF, information gaps were filled. Fifty-nine SMART surveys and three rounds of FSNMS ensured adequate data was available for quarterly nutrition IPC analysis which assessed the severity of the nutrition situation and identified priority areas for the response.

In June 2015, UNICEF and WFP reviewed the achievements, challenges and lessons learned from the first year of the Scale-Up and developed the second year Joint Response Plan focusing on the quality of service delivery and increasing coverage to reach the most vulnerable and hard to reach.



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237,459

children estimated to suffer from severe acute malnutrition



2.8 Million

people experience crisis and emergency levels of food insecurity



316,218

pregnant and lactating women suffer from acute malnutrition



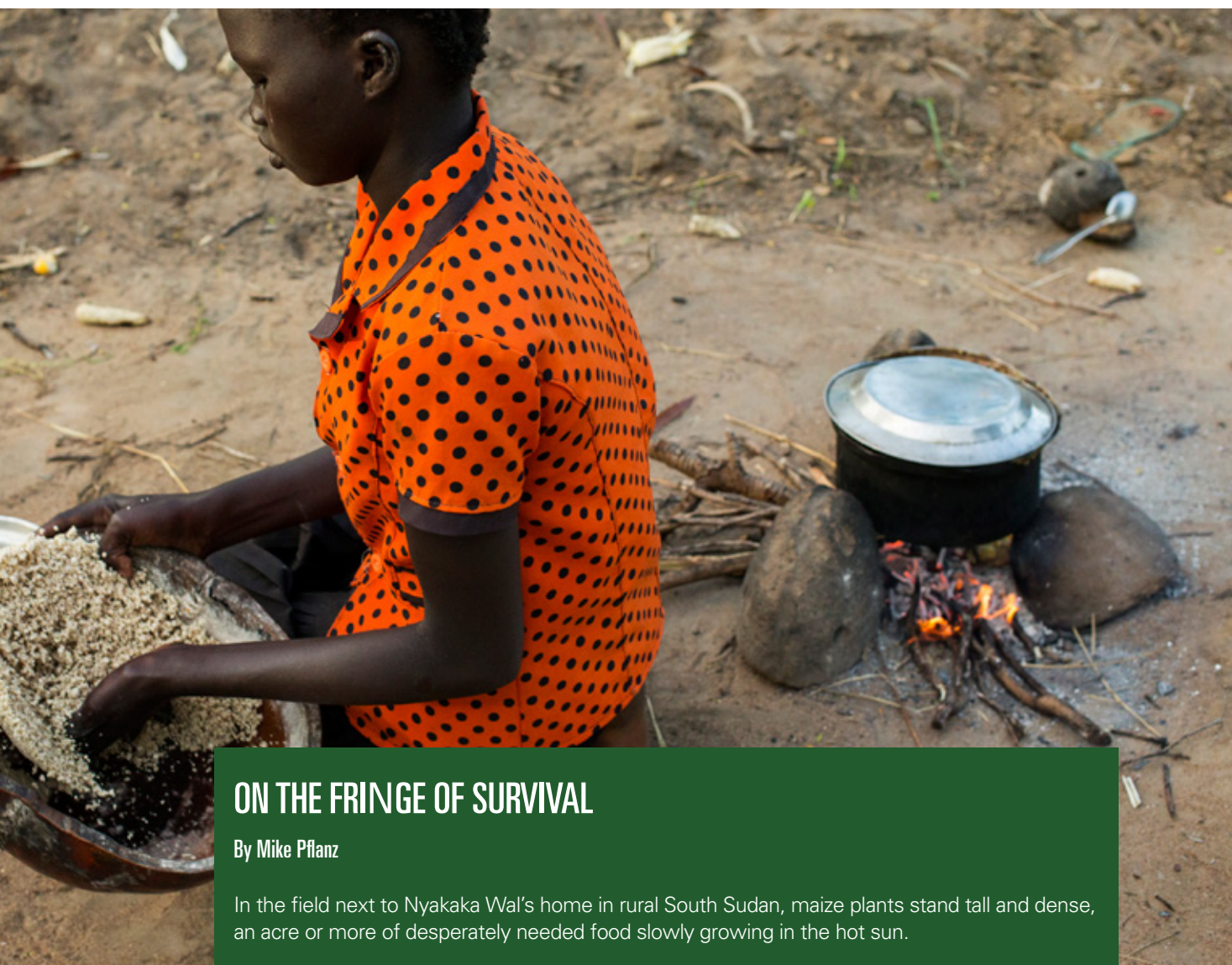
>15%

of children aged 6-59 months in five states estimated to suffer from acute malnutrition



70%

more people experiencing crisis and emergency levels of food insecurity than the same period in 2015



ON THE FRINGE OF SURVIVAL

By Mike Pflanz

In the field next to Nyakaka Wal's home in rural South Sudan, maize plants stand tall and dense, an acre or more of desperately needed food slowly growing in the hot sun.

But it is ripening too slowly for Nyakaka and her children. Harvest is still six weeks away, at least, and she and her family are struggling on the fringes of survival.

"There is nothing for us to eat – nothing," Nyakaka says. "To get anything, I have to walk three days to the nearest market where I can sell maybe a goat or a cow," she says. "We have some animals, but selling them is terrible, because the price is so bad now. But we have no choice."

Still, even the desperate measure of selling livestock – the equivalent of emptying the savings account – is not enough.

Morning and evening, Nyakaka and her 8-year-old daughter, Nyaboth, join their neighbours pulling up handfuls of a small-leaved plant known in the local Nuer language as 'woor'.

The plant is slowly simmered in water for more than an hour and then cooled, leaving a bitter green sludge that is all Nyakaka can offer Nyaboth as the family meal each day. To go with it: small, hard pellets of dried cow's blood that look like tiny gravel stones and taste metallic and sour.

None of these things provides anywhere close to the amount of nutrients or energy that a child mother needs, says Angela Kangori, a UNICEF nutrition specialist. "There is a serious malnutrition crisis in many parts of the country, and you can see why when you realize what people, children especially, are having to eat," she says.

WASH



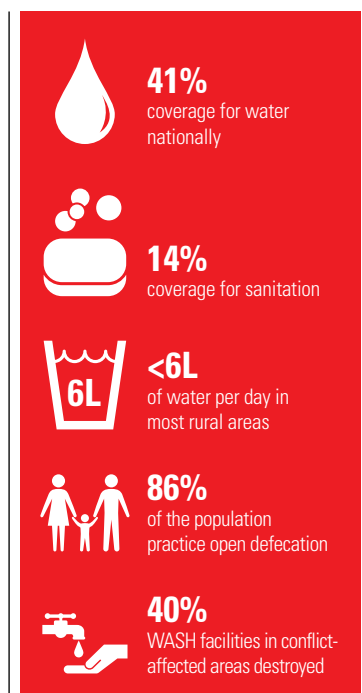
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CHOLERA RESPONSE

The 2015 cholera outbreak - with over 1,818 cases, with 47 deaths – particularly affected children, who made up 40 per cent of cases. From the time the first case was reported in Juba PoC, UNICEF provided immediate comprehensive prevention and response efforts. UNICEF delivered diarrhoeal disease kits, trained 190 health care providers and established 42 oral rehydration points (ORPs) for immediate community-based treatment. Disinfection supplies were also provided to health centres, along with rehabilitation of their WASH facilities and training for their staff on infection control. Most importantly, UNICEF ensured adequate WASH services in cholera affected and at risk areas, distributing 458 tonnes of cholera supplies.

Prevention efforts also included reaching 1.2 million people with key prevention and control messages. The efforts of UNICEF, the Ministry of Health and other partners resulted in the containment of the outbreak, and far fewer cases than in 2014.

DESPITE THE ONGOING CONFLICT AND WORSENING ECONOMIC CRISIS, IN 2015 UNICEF MADE SIGNIFICANT GAINS IN THE DELIVERY OF ESSENTIAL WASH SERVICES TO VULNERABLE AND EMERGENCY-AFFECTED COMMUNITIES



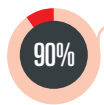
In collaboration with WASH Cluster partners and local authorities, or, where necessary, through direct implementation, 685,745 people were reached with safe water supply and 297,040 with safe sanitation, including those in PoCs and IDP sites as well as in affected host communities. Concerted efforts continued under UNICEF's flagship Guinea Worm eradication programme through the scaling up of access to safe water supplies in affected and underserved communities, resulting in a reduction from 70 Guinea Worm cases in 2014, to only 5 cases in 2015.

The WASH programme continued to collaborate with Child Protection

colleagues to ensure that all WASH facilities are designed and implemented taking gender needs into consideration. Gender segregated latrines were constructed to ensure dignity and privacy for women and girls using semi-permanent materials and providing locks on the doors. In schools, sanitary blocks were constructed to give girls an additional space for menstrual hygiene management.

Responsible for 75 per cent of the WASH Cluster pipeline, UNICEF prepositioned supplies in strategic locations across the country during the dry season, lowering the cost and improving the timeliness of distribution during the rainy season and minimizing

IDPS PROVIDED ACCESS TO SAFE WATER



540,328
Target
600,000

IDPS AND HOST COMMUNITIES REACHED WITH IMPROVED HYGIENE MESSAGES AND HYGIENE PROMOTION



617,582

public health risks. Over 1.5 million people were reached with core pipeline supplies delivered to 50 partners, including populations in hard to reach conflict-affected areas.

UNICEF continues to support accelerated demand driven approaches to sanitation and hygiene improvement through Community-Led Total Sanitation (CLTS) and School-Led Total Sanitation. Eighty per cent of the

IDP AND HOST COMMUNITIES PROVIDED WITH ACCESS TO SAFE SANITATION FACILITIES



297,040
Target
250,000

REACHED WITH WASH CORE PIPELINE SUPPLIES



699,722

population in South Sudan practice open defecation, necessitating sustainable community-based approaches to sanitation. Over 29,000 people now live in 80 open defecation free (ODF) villages.

Despite the progress in the WASH sector, challenges encountered in 2015 include significant institutional and human resources gaps, especially in covering recurrent emergencies and

influxes of IDPs. Insecurity caused by the ongoing conflict and the recurrent cholera epidemic have demanded greater focus on emergency activities further prioritizing resources away from development programmes. Implementation of WASH programmes was further affected by the economic crisis and the depreciation of the South Sudanese Pound and subsequent hyperinflation resulting in high cost of WASH service delivery.

In 2016, UNICEF will increasing partnerships to expand WASH services in hard to reach areas, including in areas reached through RRM, increasing the sustainability of the mechanism. Special consideration will be given for areas of return where UNICEF will rehabilitate water supplies, including urban water systems, and undertake CLTS and hygiene promotion.

IN SOUTH SUDAN, CLEAN WATER AT LAST

By Claire McKeever

BENTIU, South Sudan, 24 September 2015 –The two Moses baskets that lie side by side in the corner of Mary's sparse makeshift shelter hold a very special place in her heart.

When the family was displaced by a sudden attack on their village of Leer, in South Sudan's Unity State, Mary fled with her eight children, including her two 6-month-old twins tucked inside the baskets. They hid in the nearby swamps.

"We would leave the river at night to sleep outside, but at dawn, we'd go back into the water, because they were hunting us," says Mary.

How deep was the water? Mary gestures to her neck: "It was deep water. A lot of children drowned. As a parent, if you weren't taking care of your children all the time, they would drown."

Today, the Moses baskets make up almost all of the family's belongings, apart from cooking utensils and two UNICEF buckets for clean water.

With her mother Mary's help, Rhoda, 9, carefully washes her UNICEF bucket before filling it with clean water and effortlessly placing the load on her head to carry back to their makeshift shelter.

Her mother Mary describes the scene they left behind: "What made us run away from our home in Leer is that soldiers were burning people in their houses. They were raping women and killing us. They took all of our cows. They also took girls with them."

With smoke rising from her neighbour's house, Mary made a quick decision to run with her children. She knew they would be next.

"We suffered so much in the water," she says. "We were sick and not happy standing for so many hours. I was the one looking after my brothers and sisters in the water when my mother had the twins. When they heard gunshots and were scared, I would tell them, 'Don't run, don't fear, we will be okay.'"

Mary and the children knew they couldn't go back to Leer, but living in the swamp was taking a heavy toll on their health.

"The water was so dirty. Now I have skin problems, and I am scratching," Mary says. "The children got diarrhoea and were not feeling well. They still have a problem with the skin disease. Even the twins can't sleep at night."

When their only food supply, waterlilies that grow in the river, ran out, Mary knew it was time to run for their lives again. "People started dying of hunger in the river. People are still dying there."

After making it to Bentiu, the family were happily reunified with their father, who had been separated from them at the beginning of the conflict.

"Now there is no problem with water. It is good. It will be easier to keep the children healthy," says Mary. "I'm feeling really appreciative of the agencies who are helping us and the work they are doing here."

CHILD PROTECTION



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Child protection in emergencies services, including psychosocial support, release and reintegration, mine risk education and other messaging were delivered to 447,687 children in 2015

Over 11,430 unaccompanied, separated, and missing children received family tracing services. There have been 3,332 children reunified with their families, with the rate of reunifications increasing in the latter half of the year, and reunifications now exceeding new registrations.

Grave child rights violations continued to be reported through the MRM, with records showing between 15,000 and 16,000 children recruited or used since December 2013. In the second quarter of 2015 there were more verified reports of children being killed, raped and abducted than the whole of 2014

combined. MRM data has, however, been critical for UNICEF's sustained advocacy, including public statements by the Executive Director and regular briefings with officials from the Government and the SPLA-IO; and with donors and other key influencers.

Against the backdrop of a major humanitarian response, efforts have also been made to continue development priorities. Over 66,225 new children under 5 received a birth notification and plans are on track to launch a national registration database in 2016.

GBV prevention and response services reached 85,257 people with psychosocial support, case management, medical care and key information. UNICEF and partners are addressing the critical gaps in Clinical Management of Rape, with 107 health workers from 30 health facilities trained.

The Communities Care programme continued, addressing negative social norms such as gender inequality to transform them to positive norms that uphold girls and women's rights. After the first round of community discussions, 470 participants have made individual commitments to address gender inequality, end child marriage and sexual violence. Community members are also now taking additional community actions to address gender inequality, such as including women in the local court decision-making processes.

In 2016, UNICEF will the implementation of the Convention on the Rights of the Child (CRC) as well as the ratification of its Optional Protocols. In addition, a massive humanitarian response remains unfinished, including the mass demobilization of children, and negotiations for the release of children from the SPLA and SPLA-IO are underway.


15,000 - 16,000

Children estimated to be associated with armed forces or armed groups across South Sudan


1,755

Children released to date in Pibor, Gumuruk, Fertet, Lekuangle, Pochalla and Labrab


30%

Children released in Pibor are under 13


11,436

Children newly enrolled in schools in GPAA


35,182

People reached with safe water

PIBOR

In early 2015, UNICEF supported the immediate release of 1,755 children from the Cobra Faction in the Greater Pibor Administrative Area, including 5 girls. Upon release, children were provided new clothes to replace their uniforms; food and shelter; medical checks; and intensive psychosocial support in Interim Care Centres as their families were traced. All children have now been reunified with their families, and no cases of re-recruitment have been reported.

At the start of 2015, there was only one partially operational school and four functioning hand pumps in the five release locations. The poverty and marginalization of the area was

a contributing factor to on-going conflict and mobilization of children. In order to successfully prevent children from returning to the Cobra Faction, UNICEF took an integrated approach, increasing health, nutrition, WASH, education and protection services in the GPAA. Over 11,000 children are now in school and 35,000 people have access to clean water. The return of basic services to these areas has been key to community acceptance and participation in reintegration efforts. As per the Paris Principles, the reintegration programme includes an equal number of vulnerable children from the community – half of whom are girls – to lower their risk of recruitment as

well as the stigma faced by those children released from Cobra Faction.

In 2016, a combination of individual and community based social and economic reintegration assistance, delivered by a network of social workers, child protection agencies, non-governmental and community-based organizations, private service providers and relevant departments of the GPAA will continue. This will include training and apprenticeships in dairy, agriculture and baking. Multisectoral support will be maintained for communities in GPAA, including increased of education opportunities under Back-to-Learning and the expansion of WASH services.

A BUMPY START TO A JOYFUL FAMILY REUNION

As the plane lurches forward, so does Changkuoth's stomach, and he grips the white paper bag tightly around his mouth. Nothing could have prepared him for this journey – his first time on an airplane and the first time seeing his parents after two years torn apart by conflict.

"It's a great feeling. I'm really very happy because I'm going to see mum and dad today," he says, his face beaming. Then suddenly all mayhem breaks loose as his sister spots a familiar location out of the window. "Akobo! Akobo!" They are home.

A family torn apart

"We originally were brought here for school," explained 13-year old Changkuoth earlier that morning in Bor as eighteen children sit in the dusty and sparse UN Protection of Civilians site waiting for the car to take them to the airport. "Then the conflict came in 2013 and we couldn't get home. Since then I haven't been in touch with my parents at all."

UNICEF and partners have registered over 11,000 children who were separated from their parents in the chaos of fighting.

An emotional homecoming

Meanwhile, an electric atmosphere is developing 236 kilometres away at the airstrip in Akobo where the children's parents and grandmother are waiting patiently.

Once she catches sight of the plane, Changkuoth and Nyaneada's grandmother Nyachol cannot contain her excitement and dances and ululates, with tears running down her face.

"It took me a long time to get to see these children, that's why I was crying and dancing and running to embrace them. I didn't think these children could still be alive. Now we have hope that other families who are missing their children will see their children come back home."

Hope for the future

"I wanted to jump out of the plane when I saw Akobo," admits 15-year old Jai, the eldest brother back in the sudden calmness of the family compound. "This is a huge change for us. It's so different to where we were and now we are back with our parents. I'm so excited to be with my entire family and I'm really grateful to everyone who made this happen."

EDUCATION

UNICEF's Back-to-Learning (BtL) Initiative launched in February 2015 by the President of South Sudan proved that well-coordinated efforts with government and partners in service delivery (social mobilization, teacher training and delivery of school supplies) and capacity building can revitalize communities and bring children "back" to the education system and learning.

BtL has supported 367,544 children (40 per cent girls) with learning opportunities. Seventy-two per cent of these children were forced out of school due to conflict, while the rest were out of school for other reasons such as cost, distance to school, or, in the case of girls, negative social norms. Over 6,000 Teacher and Parent-Teacher Association (PTA) members were trained to improve the quality of education and school management.



CHILDREN (AGED 3-18) HAVE ACCESS TO EDUCATION IN EMERGENCIES



132%

264,332

Target
200,000

TEACHERS, OTHER EDUCATION PERSONNEL AND PARENT-TEACHER ASSOCIATION MEMBERS TRAINED TO SUPPORT EDUCATION IN EMERGENCIES



145%

7,678

Target
5,300

CLASSROOMS ESTABLISHED/ REHABILITATED



111%

528

Target
475



1.8 Million
Children out of school



1/3
of schools damaged,
destroyed, occupied
or closed



37
Schools being used
for military purposes



<35%
Primary school
enrolment



1%
of Secondary
students are girls

Supplies were provided to UNICEF's 21 implementing partners, which benefitted over 200,000 children, as well as for a further 14 Cluster partners who supported over 140,000 children across the country. In 2015, UNICEF procured and distributed 1,224 school in a box kits, 1,552 recreation kits, 1,000 teacher's kits, 355 ECD kits, 1,273 blackboards and 127 school tents.

The first-ever National Education Curriculum Framework and subject syllabi were launched through GPE, with technical assistance from UNICEF. It is competency-based and mainstreams life skills and peace education into all levels. With the launch of the new curriculum, UNICEF will support the Ministry of Education, Science and Technology (MoEST) to operationalize this policy in the development of textbooks and teachers' guides over the next two years.

The Peace Agreement signed in late August 2015 and its implementation may allow the Education Sector to re-focus on core education issues, such as equitable access to ECD and basic education; the enrolment and retention of over 1.9 million out-of-school children, especially girls; and

the quality of education and improved school management with participation of parents and community members. These efforts, with the continued provision of peacebuilding and life skills content and teaching methods, will be vital to the lasting peace in the country.

SOCIAL PROTECTION

To promote child-focused cash transfers, UNICEF supported the state government of Northern Bahr el Ghazal to implement a small-scale social protection project. The project provided social assistance to 300 children living and working on the streets as well as to their families, enabling the children to return to their families, who were able to offer them proper care and support. Building on this experience, In 2016, UNICEF will help the Ministry of Gender, Child and Social Welfare to raise support for, and implement, the Child Grant Programme as well as in developing complementary components of a national system of social protection, in collaboration with the WFP and the World Bank.

CHILDREN RESUME EXAMS IN SOUTH SUDAN

By Ashley Hamer

BENTIU, 2016 – For children all over the world, exams can bring dread. But for a small group of students seeking shelter in South Sudan's largest displacement camp, it's a time of great excitement.

These students sat a national primary school final for the first time since conflict engulfed the country more than two years ago, the Primary 8.

Sixteen-year-old Nyaruon Peter lives on the site. Her family fled their village in eastern Unity when it was attacked in April 2014. They escaped to Bentiu along with thousands of others.

"Before the crisis, I was in school," she says. "But when we came to the PoC, it was crowded, the insecurity was too much inside and outside, the area flooded, we were sheltering in tents. It was impossible to find a school."

Nyaruon first heard about the emergency education services through local community leaders. She hiked across the site to find the nearest school.

Now, she tries to go to school five days a week and studies at the weekends. In addition to her schoolwork, Nyaruon helps her mother and father to look after

her eight siblings. Her daily chores include fetching water, cooking and washing clothes.

Today, she is sitting the Primary 8. "I was studying until the early morning to prepare. The mathematics paper was very difficult for me, but I tried my best."

Nyaruon's father, Peter Biel, never went to school. For him, it's critical that Nyaruon finish her education. "I need Nyaruon to be in school so she will be a responsible person who can reach better things in life and pass on her knowledge when she has her own family. She will be an example," he says.

WAY FORWARD



IN 2016, HUMANITARIAN NEEDS ARE EXPECTED TO INCREASE IN SOUTH SUDAN, WITH ON-GOING FIGHTING AND HISTORICALLY HIGH LEVELS OF FOOD INSECURITY AND MALNUTRITION. UNICEF WILL CONTINUE TO ADAPT AND INNOVATE TO REACH THE MOST VULNERABLE CHILDREN AND FAMILIES

A flexible set of programme modalities – including rapid response, longer-term direct implementation, working through NGO partners, supporting community networks and building government capacity – will be used as appropriate by UNICEF staff working out of ten field offices.

UNICEF stands ready to support returns and reintegration. A first step will be the demobilization of thousands of child soldiers from both sides, with UNICEF standing by to support released children with immediate and long-term socioeconomic reintegration support. Massive family tracing and reunification needs are also expected. Peacebuilding and sustainability will be further integrated into the response. Wherever possible, resilience-based programming will be introduced or expanded to further bridge humanitarian and development interventions.

UNICEF will continue to urgently tackle the three main killers of children – malaria, pneumonia and diarrhoea – with particular focus on kick-starting the Boma Health Initiative to ensure that basic health services reach all families. UNICEF will work to improve immunization, including

through targeted campaigns. UNICEF will continue to rehabilitate the cold chain to protect children from vaccine-preventable diseases and will increase access to quality primary health care.

The UNICEF-WFP Nutrition Scale-Up Plan will increasingly focus on the quality of programming. Services will continue to be established or re-established in areas more affected by malnutrition. With the deteriorating economic situation, including increasing prices of basic commodities such as food, active case finding of children with SAM in urban settings will be restarted.

Safe water and sanitation will be provided in IDP sites, while urban water systems will be rehabilitated in conflict-affected areas, and efforts to reduce open defecation in return areas will be expanded. UNICEF, the Carter Centre and WHO will continue the final push to eradicate Guinea Worm.

The UNICEF Back to Learning initiative will support 590,000 children across the country – both those pushed out of school by conflict and those out of schools for other reasons including poverty and gender – with tailored packages of education services.

BE IN
SCHOOL

