



unicef   
for every child  
South Sudan

© UNICEF/Sebastian Riech

# UNICEF South Sudan

Cluster Leads Newsletter  
June–July 2017



# Education Cluster

## IMPACT project

IMPACT, funded by the European Union, is registering data and enrolling teachers in the Human Resource Information System to ensure effective management of the teacher workforce and plan for the professional development of teachers. This is being rolled out by Ministry of General Education and Instruction (MoGEI) officials, with technical support from Charlie Goldsmith Associates with training sessions at state and county level to ensure sustainability. IMPACT will also pay incentives to 30,000 primary school educators over a period of 18 months.

The project aims to support the education system by improved stability and equitable access, retention and completion in primary education.

In order to start and continue receiving incentives, solid assurance systems, on both teacher attendance and payment, have been put in place. A 'grace period' in which pupil admission registers for 2017,  $\geq 1$  pupil attendance report for 2017 and the 2017 teacher list have been agreed on by the MoGEI as the requirements for the first set of releases. Driving accountability and assurance (with the completion of the human resources information system roll-out) from September 2017, the full set of requirements will then be applied. To date, 1,492 schools have fulfilled the requirements for payment (the names of schools and number of teachers who are eligible to receive incentives can be found on <https://sssams.org/impact/profile.php>) and the number of supported locations will be scaled up to reach 30,000 teachers by the end of September 2017.

## Education Cluster webpage

The South Sudan Education Cluster webpage has been reviewed and populated with key resources to support service delivery. The webpage now comprises assessment tools and reports, education datasets (lists of schools and education management information system reports) dashboards on partners' presence and response, programmatic resources (life skills, literacy and accelerated learning programme manuals and handbooks), standards and guidelines (South Sudan Minimum Standards for Education in Emergencies and Teachers' Code of Conduct for Education in Emergencies), advocacy briefs and meeting minutes. The website can be accessed through <https://www.humanitarianresponse.info/en/operations/south-sudan/education>. The Twitter account has also been revived to share the latest news and updates. It can be accessed at @SSudanEdCluster.

*For more information, contact:*

*D.G. Basic and Secondary Education: Abdulaye Ali, [abdallajadeed1954@gmail.com](mailto:abdallajadeed1954@gmail.com)*

*Senior Inspector for ECD: Sarafino Tisa, [sarafinotisa@yahoo.com](mailto:sarafinotisa@yahoo.com)*

## 2017 Back-to-Learning campaign

The 2017 Back-to-Learning (BTL) campaign, led by the Ministry of Education with the support of the United Nations Children's Fund (UNICEF), started this month and is ongoing. It aims to reach some 500,000 children in the pre-primary, primary and alternative education levels, with focus on increasing the quality of education services and end-user monitoring. Activities include the establishment or rehabilitation of 300 temporary learning spaces with child friendly WASH facilities, and the provision of 400,000 textbooks, together with teaching and learning materials.

As part of the BTL campaign, about 6,000 teachers are also being trained on teaching methodologies related to pedagogy, peace building, life skills and psychosocial support. Two thousand five hundred members of parent-teacher associations and school management committees are also attending the training programme to empower themselves with knowledge and skills.

## Update from Ministry: ECD strategy

The 1990 World Conference on Education for All and recent research have highlighted the significance of the early years as the foundation for the life of an individual: by the second year of life the brain of a child is 70 per cent of its adult weight and size, and by 6 years of age it reaches 90 per cent of its adult weight and size. Children who are provided with a range of experiences and specific early childhood development (ECD) programmes between the ages of 3 and 5 will have better social and emotional well-being, language and cognitive skills. In turn, this will enable them to do better in school and increase their completion rates.

Although South Sudan already has 702 ECD centres and a curriculum for the two pre-school years, the national Ministry of Education is in the process of completing its ECD strategy and two workshops were conducted in the first half of 2017 to support the development of the pre-service ECD teacher training package. Through its strategy and corresponding action plan, the Ministry and partners developed a draft pre-service course for training pre-primary teachers and a series of training modules for existing unqualified teachers (with the support of teacher training institutions and Juba University). While the guiding rules and regulations for establishing pre-primary schools are already available, the Ministry and partners aim to have the training modules ready by the end of 2017.

## Emergency school feeding

In a country where lack of food is the top cause of children dropping out,<sup>1</sup> school feeding not only helps maintain and increase school enrolment and attendance, thus contributing to learning gains, but can also reduce risks of death, disease and cognitive underdevelopment. School feeding can contribute to the protection of currently enrolled and out-of-school children by keeping them away from potential recruitment into armed groups, child labour, early marriage, sexual violence and abduction on the way to or back from school.

As part of the first South Sudan Humanitarian Fund Standard Allocation for 2017, US\$1 million was allocated to four Education Cluster partners to implement emergency school feeding in the areas most affected by food insecurity and famine. The Christian Mission for Development (Ulang), Mercy Corps (Panyijjar, Rubkona), Norwegian Refugee Council (Twic East, Duk) and World Relief (Fangak, Guit, Koch) are currently implementing these activities, which will benefit more than 35,000 children. The first lessons learned from this activity show that: 1) While already-registered students attend school more regularly, there has been an increase in enrolment of formerly out-of-school children, comprising between 8 per cent and 20 per cent of all students; 2) Children are more healthy, active in classrooms and do not need to walk back home for lunch; and 3) Families, especially single-headed households, have more time to rest and prepare food, and less need to go to the bush to collect firewood.

## Rapid education and risk assessment

A rapid education and risk assessment (RERA) is currently being conducted by Management and Systems International (MSI) to support the United States Agency for International Development (USAID) in linking humanitarian assistance with conflict and development assistance programming. The study will use several data collection methods, including secondary data provided through schools; community surveys/profiles; key informant interviews at the national, county and community levels; focus groups with teachers and students; and mini reading and mathematics assessments to provide analysis on the interaction between education, conflict and natural disasters. Data collection started in June in six states and should be completed by the end of July. In addition to supporting USAID in its programming, the assessment results will be shared widely to support education partners' planning, especially with regard to community-level dynamics of conflict and how they interact with education and other basic services.

<sup>1</sup> Lack of food is the second most common cause of dropping out for girls, after early marriage. Source: *South Sudan Education Cluster national assessment of the status of education*, November 2016.





# Nutrition Cluster

## The evolving nutrition situation

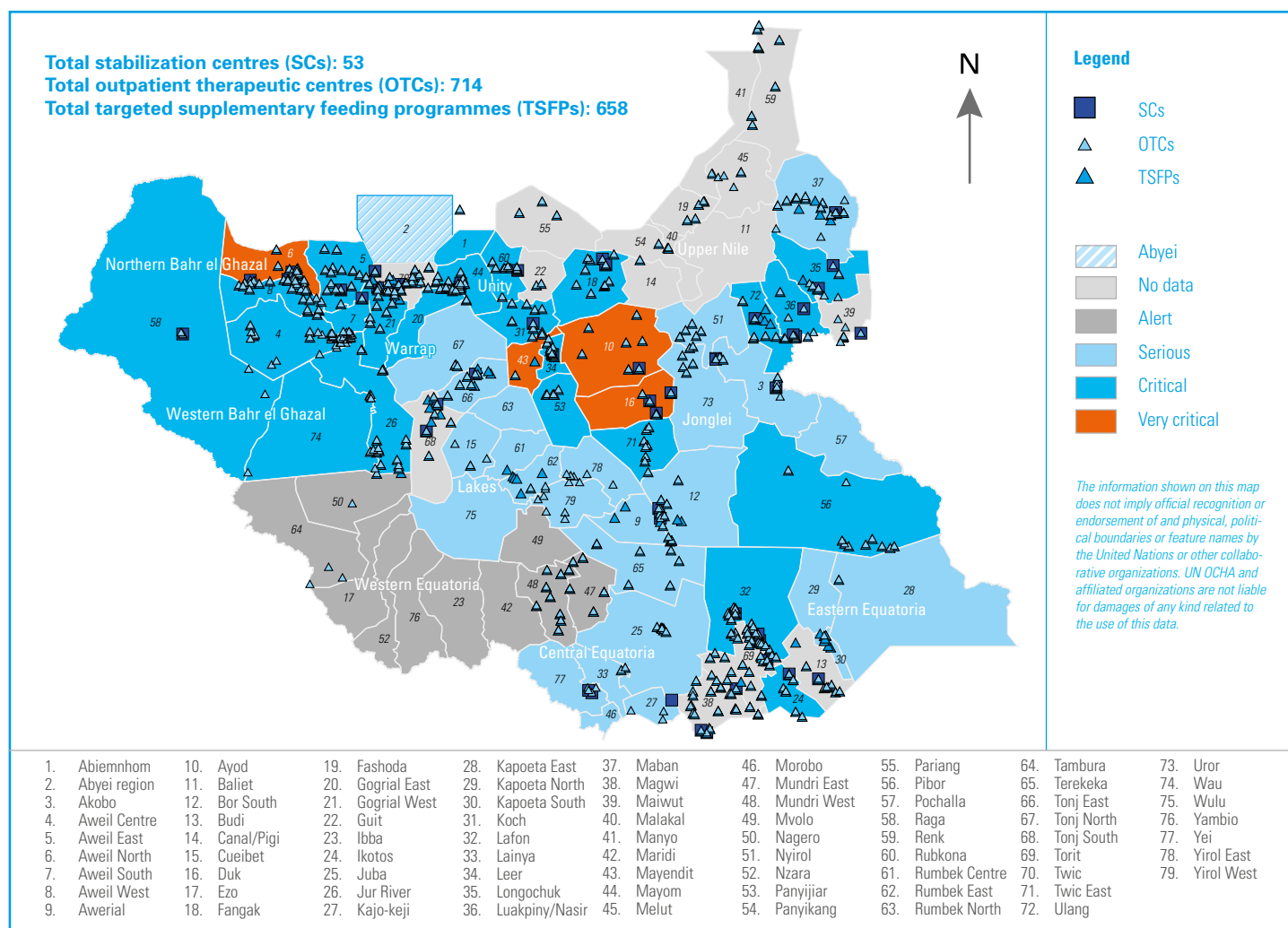
The Integrated Food Security Phase Classification (IPC) review for May 2017 was announced with projection for the most likely scenarios for June–July 2017. Food security and the nutrition situation had further deteriorated with an estimated 6 million people (50 per cent of the population) expected to be severely food insecure (IPC Phases 3, 4 and 5) in June–July 2017. This is half a million more severely food-insecure people than there were in May 2017. Famine is no longer occurring in Leer and Mayendit counties as a result of the immediate and sustained multisector humanitarian assistance that was delivered to the affected population since March 2017. However, the situation in central former Unity State remains extremely vulnerable. Ayod, Canal/Pigi, Duk, Uror and Nyirol counties in former Jonglei State are locations of great concern as they are facing emergency (IPC Phase 4) acute food insecurity.

Acute malnutrition remains a major public health emergency in several parts of South Sudan. A total of 22 SMART

(specific, measurable, attainable, relevant and timely) surveys were conducted between January and June 2017. Twenty of the surveys showed global acute malnutrition (GAM) weight-for-height (WHZ) prevalence above the World Health Organization (WHO) emergency threshold of 15 per cent. A peak of 32.3 per cent GAM was found in Renk Host, bordering the extremely critical classification. Widespread fighting, displacement and poor access to services, disease outbreaks, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and poor hygiene practices are the key drivers of the high levels of acute malnutrition across South Sudan. Levels of acute malnutrition are expected to deteriorate even further as the peak lean season approaches in July, with Mayendit, Aweil North, and Ayod projected to be at extreme critical nutrition levels.

Figure 1 shows the acute malnutrition map, projected June–July 2017.

Figure 1. IPC for acute malnutrition, June–July 2017



## Response: Achievements January–June 2017

Table 1 summarizes the achievements for severe acute malnutrition (SAM), moderate acute malnutrition (MAM) and blanket supplementary feeding (BSF) for the period January–June 2017. During this period, 99,552 new SAM cases were admitted to therapeutic feeding programmes (outpatient therapeutic centres and stabilization centres) representing

49 per cent of the target set for 2017. With respect to MAM and the BSF programme, 42 per cent and 66 per cent of the respective targets were achieved as of June 2017. About 40 per cent of the total beneficiaries admitted to the BSF programme were from the former Unity State through the scale-up response to famine.

Table 1. Achievements January–May 2017

Programme	People in need	Cluster target	New admissions	Achieved vs target
<b>SAM</b>	273,624	205,218	99,552	49%
<b>MAM</b>	835,348	501,209	210,731	42%
<b>BSF programme (&lt;5s)*</b>	1,453,081	435,924	286,093	66%

\* 40.1 per cent of the total BSF programme beneficiaries are from the former Unity State

## SAM and MAM admission trends

The admission trends for SAM in 2017 have been relatively stable. In comparison to 2016, during the same period (January–June) more SAM cases were admitted into the programme in

2016 than in 2017 ( see Figure 2). This may be explained by the increased admission of moderately malnourished children, leading to prevention of children from becoming SAM.

Figure 2. SAM admission trends in 2016 vs. 2017

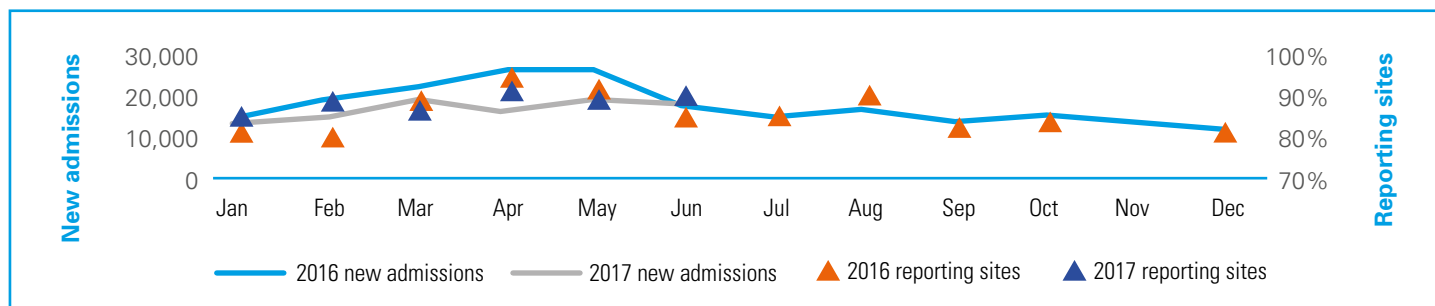
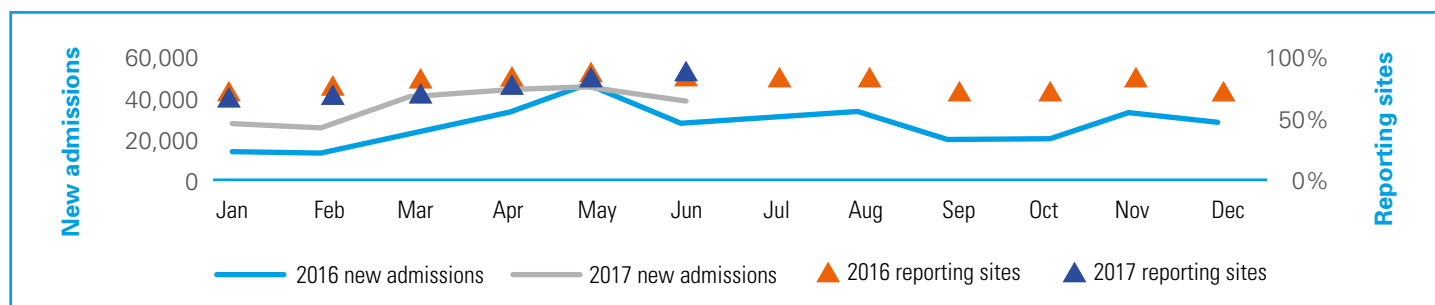


Figure 3. MAM admission trends in 2016 vs. 2017



## Coverage of nutrition services

By the end of June, a total of 41 partners were providing emergency nutrition services across the country. The number of operational outpatient therapeutic programme sites increased by about 10 per cent, from 651 by the end of March to 714 by the end of June. The number of TSFP sites that were operational remained relatively stable, ranging from 618 in March to 598 in June.

Most of the nutrition sites are located in the greater El Balgazaar and Upper Nile regions, while there are generally fewer in the greater Equatoria region (see Figure 1).

Based on the updates of core pipeline partners (World Food

Programme [WFP] and UNICEF); there are adequate operational outpatient therapeutic programme supplies for management of SAM until the end of 2017, while the supplies of ready-to-use supplementary food for under-five MAM cases will be adequate until the end of September.

Procurement of supplies for MAM for the remaining part of the year is taking place. The cluster has also initiated tracking of supplies at site level; this has helped in understanding the challenges, including insecurity and access, and how they can be addressed.



# Child Protection Sub-Cluster

## Family tracing and reunification

The Child Protection Sub-Cluster (CPSC) has been frantically responding to family tracing and reunification (FTR) of unaccompanied and separated children (UASC) and missing children, with a response coverage in 42 counties out of 79. With the July 2017 crisis, children faced increased family separation from their primary caregivers and parents, leading to an increase of at least 18 per cent of the current total registered caseload of UASC and missing children, from 13,090 to 15,636. As of 25 June 2017, a total of 9,699 UASC are active in the UNICEF-supported database (CPIMS) managed by Save the Children.

## Psychosocial support to vulnerable children

The ongoing conflict in South Sudan continues to impact children gravely as they bear the brunt of mistreatment by armed groups, forced displacement, abduction, forced recruitment and sexual violence, which is affecting their overall resilience to psychosocial distress, while child protection actors continued to respond through the implementation of various activities, including psychosocial activities, supported through bilateral funding and cluster pool funds.

## Reintegration of children associated with armed forces and armed groups

UNICEF, the lead agency on reintegration of children associated with armed forces and armed groups (CAAFAG), through its child protection partners, continues to provide interim care, family tracing and reunification, psychosocial support and socioeconomic reintegration support to all released children from both armed forces and armed groups. As part of the prevention strategy to stop child recruitment, other extremely vulnerable children have been incorporated into all socioeconomic reintegration services in the areas of intervention.

According to the latest statistics (April 2017) on CAAFAG (link: [www.childrenofsouthsudan.info](http://www.childrenofsouthsudan.info)), a total of 1,934 children so far have been released from Jonglei and Unity states, out of an estimated 17,000 of reported CAAFAG countrywide. Thirty-four of the released children are from the Sudan People's Liberation Army In-Government (SPLA-IG), 25 from the Sudan People's Liberation Army In-Opposition (SPLA-IO) and the rest from the South Sudan Democratic Army Cobra faction.

## Key gaps in child protection response

In spite of the growing humanitarian needs for affected children across the country, currently CPSC partners are able to implement the Child Protection in Emergency (CPiE) programme in only 34 counties. The reasons for this are linked to inadequate funding, impediments to road access and the escalation of the conflict.

## Funding

Overall, CPSC funding required in the 2017 Humanitarian Response Plan is US\$27,729,423, of which US\$10,597,905 has been received/funded. This indicates that 38 per cent of funding has been received, with only 17% of the received funding being reported in the on-line financial tracking system.

With regard to the funding received so far in the first half of the year, there is a financial gap of 62 per cent of the CPSC's overall funding required to respond to CPiE needs.

## Activities and beneficiaries reached

The total beneficiaries targeted by the CPSC for the 2017 humanitarian response is 345,000 children. Reports by child protection partners in the first half of the year indicate that 59,556 children were reached. This indicates that 17 per cent of the target has been reached so far in the overall child protection intervention by 19 partners.

As part of child protection prioritization, nine counties (Akobo, Nyirol, Ayod, Fashoda, Uror, Bor South, Nasir, Kajo Keji and Kapoeta) with the greatest child protection need will be targeted with funding received for earmarked HRP projects. In the first quarter of 2017 the CPSC started its membership and partnership review process. This process, which is still ongoing, has so far completed the review of 54 applications.

Of these, 26 partners (full members) are currently implementing CPiE programmes. The remaining approved partners (associate members) have not received funding to implement CPiE activities since the beginning of the year – this indicates a serious gap in the overall child protection coverage.

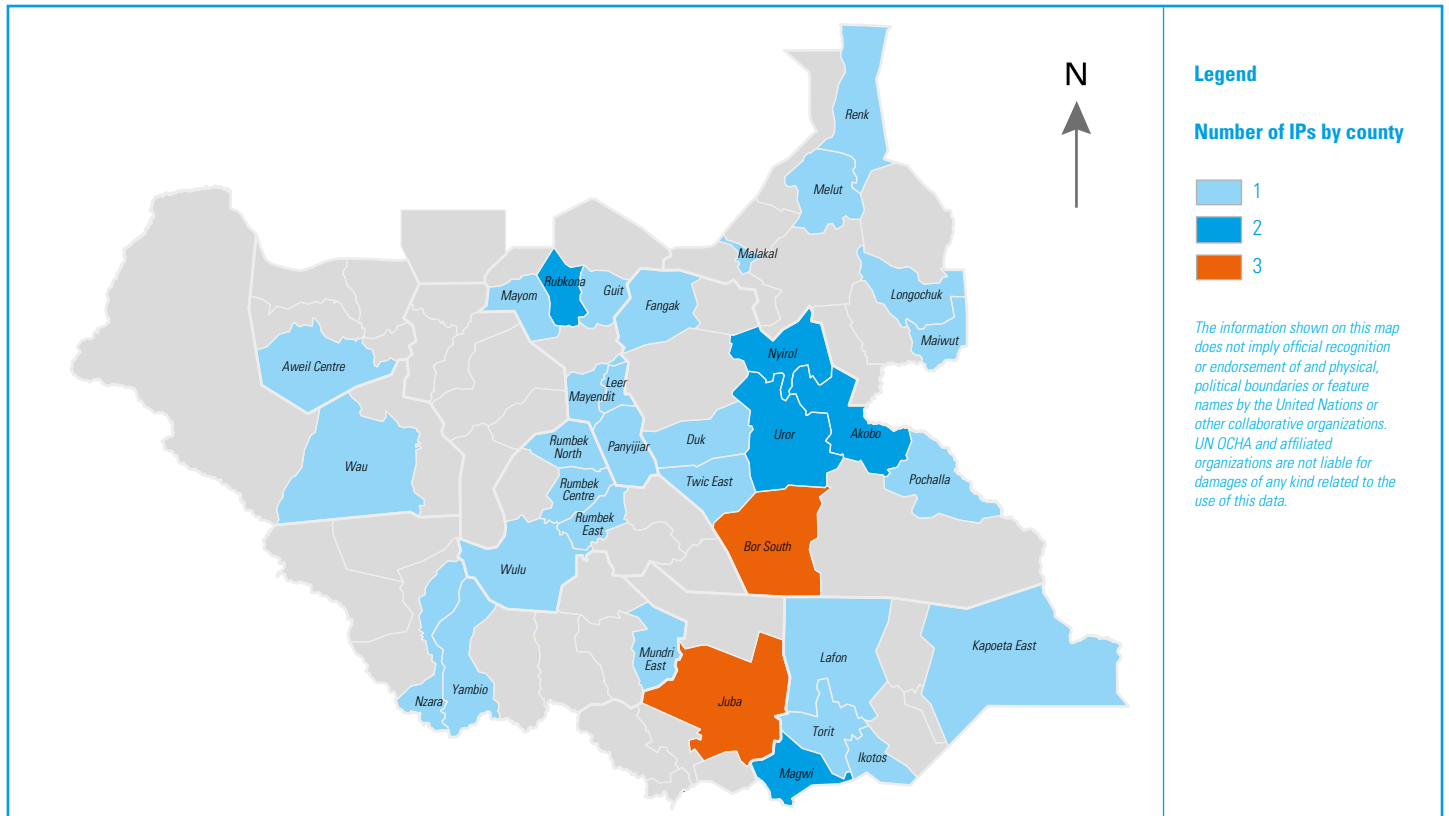
*For more information please contact:*

*Child Protection Sub-Cluster Coordinator*  
*Rashin Kanu, [rakanu@unicef.org](mailto:rakanu@unicef.org)*

*Information Management Officer, Child Protection Sub-Cluster*  
*Cleopas S. Mudahemuka, [smudahemuka@unicef.org](mailto:smudahemuka@unicef.org)*



Figure 4. Child Protection Sub-Cluster highlights



Source: <http://tinyurl.com/cpsouthsudan>

## Child Protection needs and gaps



**5.1 million**  
children in need



**345,000**  
children targeted



**59,556**  
children reached



**17% of 345,246**  
girls and boys were reached



**27,7 million**  
funds requested



**1,5 million**  
funds received



**38% of the 27,7 million**  
requested has been received

# WASH Cluster

## Cluster highlights

- WASH cholera preparedness matrix with mapping of all partners and implementation plan completed
- Identified WASH Cluster partners to be the cholera focal points in hotspot locations; they are instrumental in guiding cholera response and avoiding overlaps.

## Humanitarian response plan targets and achievements

- Total reached: 35–40% out of 2.8 million people
- Hygiene target progress: 1 million out of 2.8 million reached
- Sanitation target progress: 0.35 million out of 1 million reached
- Water target progress: 0.7 million out of 1.3 million reached

## WASH response: priority locations for June–July 2017

- Tonj East
- Kapoeta East, South and North
- Yirol counties
- Northern Jonglei – Ayod, Akobo, Uror counties
- Juba

## Key pipeline stock

- Soap cartons
- Aluminium sulphate
- PUR sachets to purify water
- Collapsible jerry cans
- Aqua tabs
- Buckets

As per the 2017 WASH Cluster response plan, 58 partners committed to reach out to 2.87 million most-affected people, out of which 1.8 million were internally displaced persons (IDPs) and about 1 million were most affected with food insecurity, disease outbreaks and undernutrition. An estimate of US\$142 million was required for an overall response from WASH Cluster partners, out of which only 17.5 per cent (24 million) is projected as being funded as per the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) financial tracking service (28 June 2017). Even though the WASH Cluster estimates the funding to be 30 per cent, substantial gaps remain because of unfunded projects and untimely funding of those projects. The WASH Cluster is known to be a supply-dependent cluster, where partners depend on a common core pipeline of supplies managed by the International Organization for Migration (IOM) and the United Nations Children's Fund (UNICEF).

This common core pipeline is accessed by more than 100 partners (including WASH, health and nutrition cluster partners). Currently the pipeline is only funded to the tune of 30 per cent.

Most funds received by the core pipeline managers were said to be utilized and supplies are being consumed, leaving a huge gap which means that cluster coordinators must ration the remaining supplies drastically. Lack of supplies has severely affected the ongoing cholera response in the country.

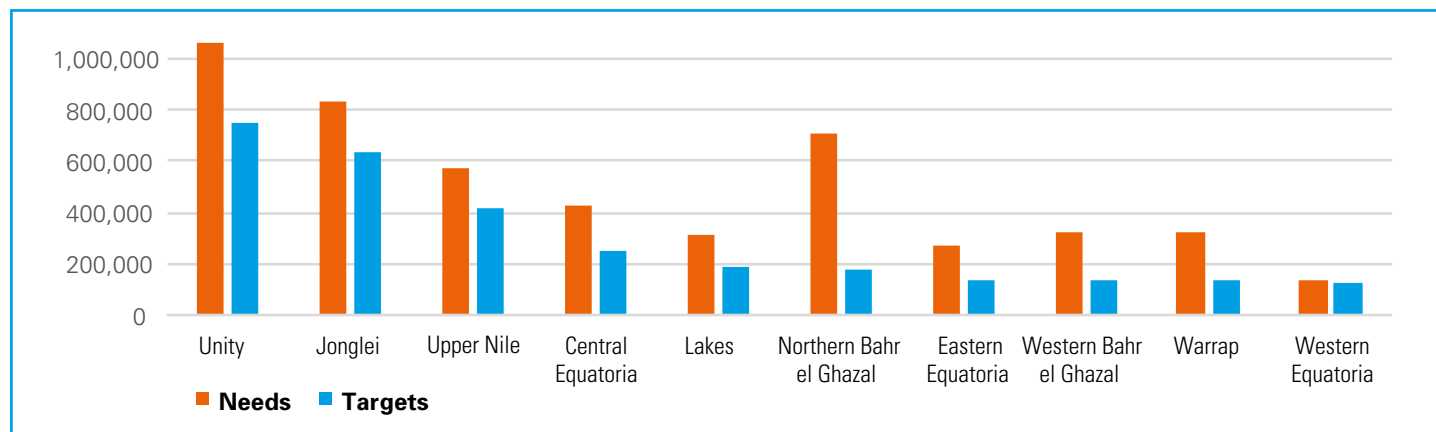
## The WASH Cluster has categorized the existing needs in order of priority as follows:

- The cholera outbreak has broken all records in South Sudan. During the whole of 2016 there were 3,962 cases of cholera with 75 deaths (case fatality rate [CFR] 1.89%); from January to mid-June 2017 there were over 12,000 cases with 299 deaths (CFR 2.5%). The number has tripled compared to 2016 and furthermore we have not reached the high peak of incidence that the rainy season will bring. In the worst-case scenario, we expect an additional 12,000 cases in the latter part of the year, bringing the total for 2017 to 24,000 cases.
- WASH Cluster partners are working with Nutrition Cluster partners to address WASH gaps in areas with high GAM rates and locations with IPC 4 classification. WASH Cluster partners have contributed to inter-cluster response missions throughout the country to support the integrated responses.
- WASH Cluster partners have also prioritized targeting IDPs and are reaching out to newly displaced people in the country.

Table 2. Needs and targets

State	Needs	Targets
<b>Unity</b>	1,057,354	748,730
<b>Jonglei</b>	832,218	635,288
<b>Upper Nile</b>	574,947	415,886
<b>Central Equatoria</b>	431,252	252,821
<b>Lakes</b>	313,788	189,038
<b>Northern Bahr el Ghazal</b>	710,833	178,319
<b>Eastern Equatoria</b>	266,102	139,904
<b>Western Bahr el Ghazal</b>	318,189	137,515
<b>Warrap</b>	319,160	137,355
<b>Western Equatoria</b>	135,528	123,929
	<b>4,959,371</b>	<b>2,958,785</b>

Figure 5. Needs and targets



Strategy: Prioritization

Figure 6. WASH counties in need 2017

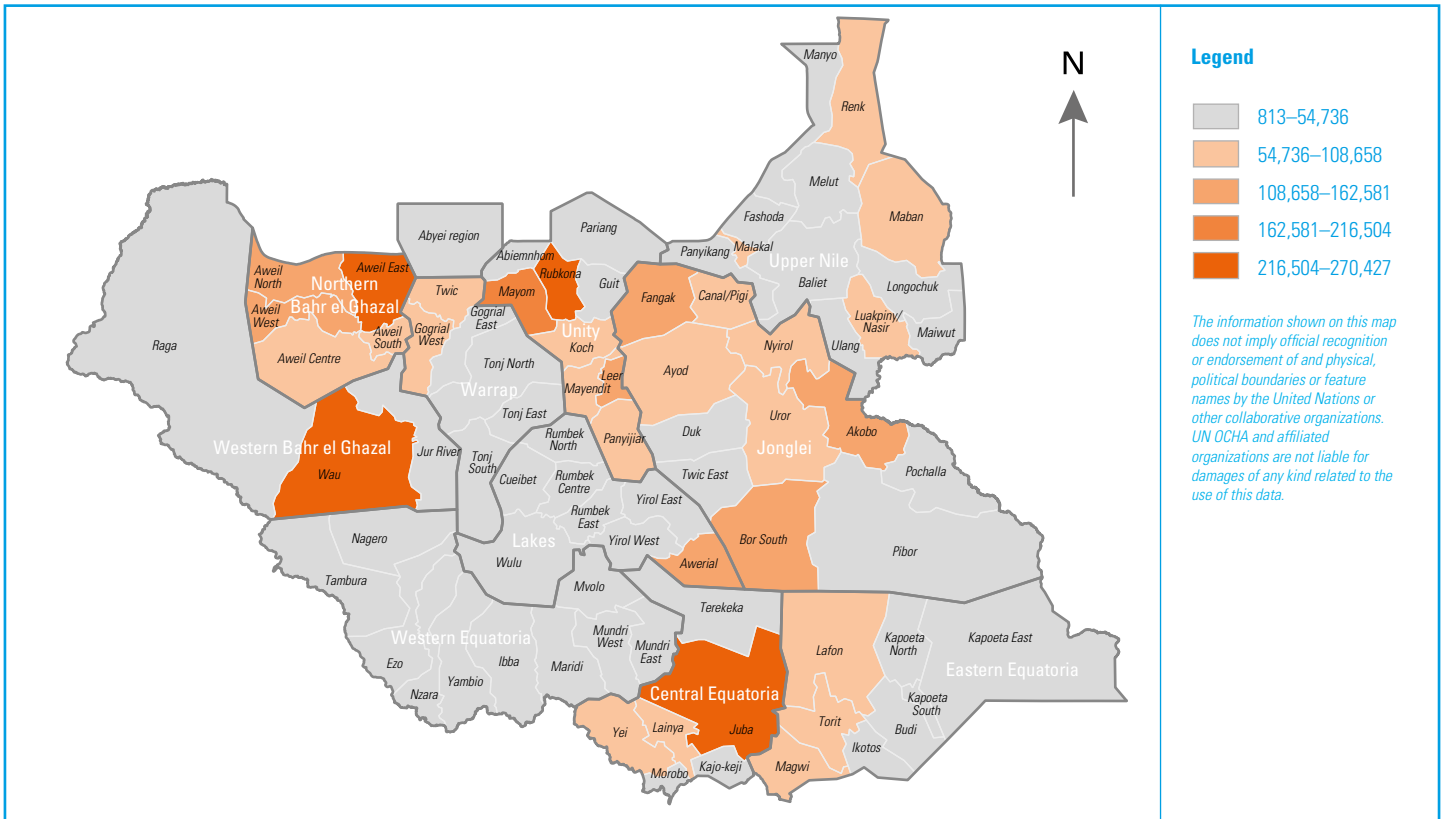
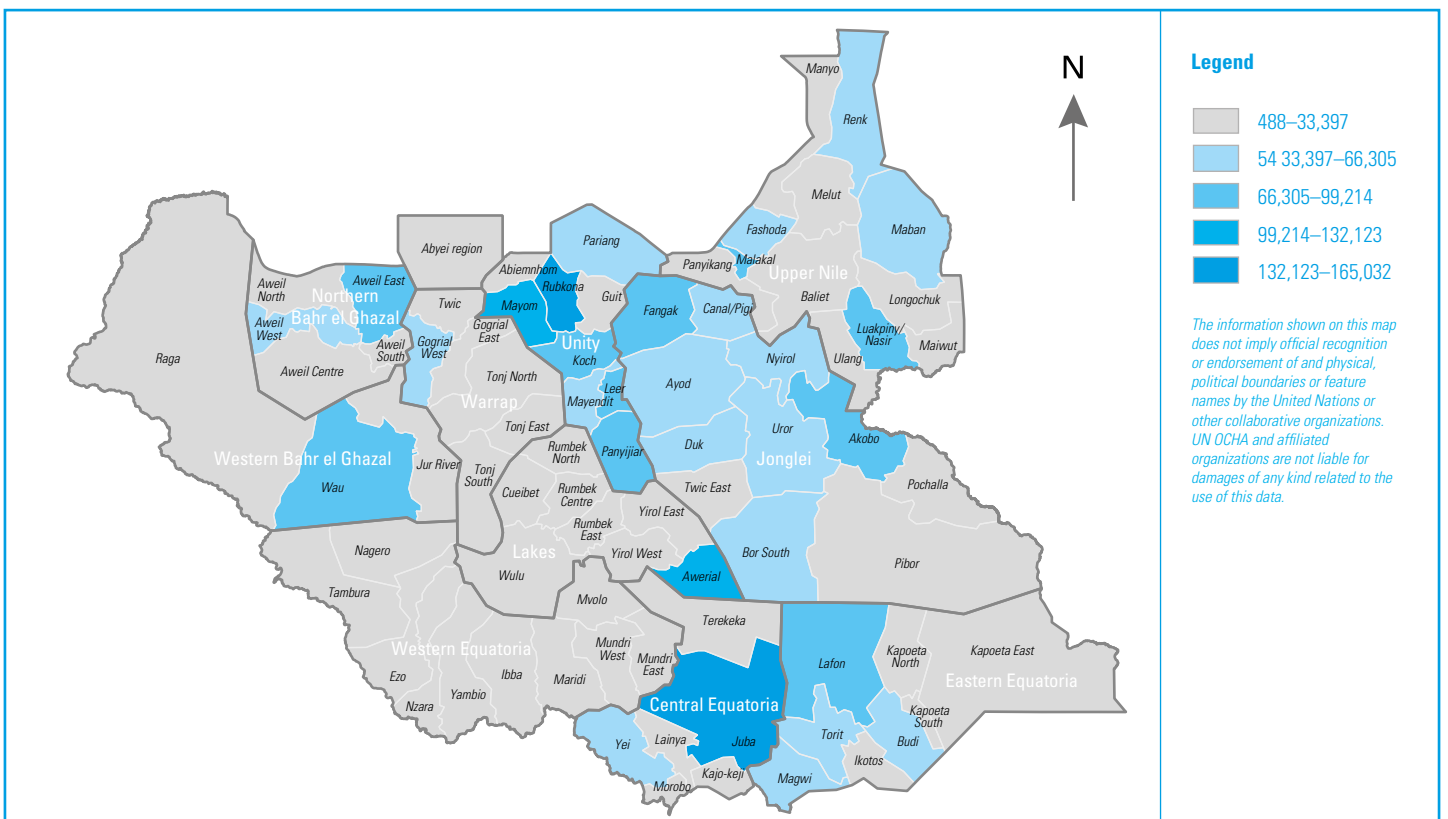


Figure 7. WASH counties targeted 2017



## Information management products and other cluster updates

1. Cluster dashboard: for information on the number of people reached through the response through various activities, the number of partners reporting, mapping of partners, etc.: [https://public.tableau.com/shared/PF2CTPNR9?:display\\_count=yes](https://public.tableau.com/shared/PF2CTPNR9?:display_count=yes)
2. WASH cholera response dashboard: [https://public.tableau.com/profile/wash7070#!/vizhomeSSWASHclusterCholeradashboard/Cholera\\_DB](https://public.tableau.com/profile/wash7070#!/vizhomeSSWASHclusterCholeradashboard/Cholera_DB) (being updated)
3. Weekly WASH cholera response update along with gaps and challenges (sent by email every week)

## Reports by partners and focal points

1. 'Who, what, where, when, why' (5Ws) submission is done once in a month before the 10th of each month. These 5Ws capture the ongoing response.
2. Cholera response reporting matrix by partners on weekly basis to be mapped in separate WASH cholera dashboard.
3. Subcluster focal point reports on a weekly basis from the coordination hubs.
4. Cholera focal point reports on a weekly basis.

## Guidance and tools available for partners

1. A complete list of prioritization of counties with population figures is available from the WASH Cluster.  
WASH needs and gap: <https://drive.google.com/file/d/0ByCiKoSmgETaY1IQaTU1Q0FHaWc/view?usp=sharing>  
WASH need analysis and target final: <https://drive.google.com/file/d/0ByCiKoSmgETaT1V2SVR1ekxZN1k/view?usp=sharing>
2. Preparedness matrix for WASH cholera respondents.  
Cholera preparedness: <https://drive.google.com/file/d/0ByCiKoSmgETaMmQ1QINzQIILTWRfbmZIMjBhY0F2SHhGZ0tz/view?usp=sharing>
4. Republic of South Sudan Cholera Emergency Preparedness and Response Guidelines: <http://www.southsudanhealthcluster.info/wp-content/uploads/2017/05/RSS-Cholera-EPR-Guidelines-2nd-Edition.pdf>
5. Cholera toolkit: <https://www.unicef.org/cholera/Cholera-Toolkit-2013.pdf>
6. Needs assessment tool: <https://drive.google.com/drive/folders/0B2aH5mk1pIRfamhMVkRqSVNXQIU>



7. Core pipeline request form with stock updates and items codes: <https://docs.google.com/spreadsheets/d/1bPmmps5RHzJYjxsrnt8GUfTvxG5ZPo45-9DqIKOVU/edit#gid=1342291812>
8. Updated core pipeline stock and funding status: <https://drive.google.com/file/d/0ByCiKoSmgETaV2xZaVk1X0RYMzA/view>
3. Cholera task force meeting led by the Ministry of Health (MOH)
  - Monday 11–12 noon at Juba Teaching Hospital (postgraduate school)
  - Wednesday 2–3.30 pm at WHO conference hall
  - Friday 9–10 am at Juba Teaching Hospital (postgraduate school)

## Reminders

1. WASH Cluster general coordination meeting – every two weeks on Friday from 9–11 am
2. WASH Cluster cholera meeting followed by emergency preparedness and response (mobile response) partners' meeting from 12–2 pm every Tuesday
4. Donor meeting – every quarter
5. Strategic advisory group every month
6. Technical working group (TWG) meeting organised by the team leaders of the working groups.

*For more information please contact:*

*WASH Cluster Coordinator: Donald Burgess, [dburgess@unicef.org](mailto:dburgess@unicef.org)*

*WASH Cluster Co-Coordinator: Karolina Rasinska, [karolina.rasinska@nrc.no](mailto:karolina.rasinska@nrc.no)*





---

© **United Nations Children's Fund (UNICEF)**

Permission to reproduce any part of this publication is required.

UNICEF South Sudan  
P O Box 45, Juba, Republic of South Sudan  
Tel: +211 91 2176145

---

unicef   
for every child