



Situation Assessment of Children and Women in South Sudan

2015

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ABBREVIATIONS

AES	Alternative Education System
AEP	Alternative Education Programme
AIDS	Acquired Immune Deficiency Syndrome
ALP	Accelerated Learner Programme
CANS	Civil Authority for a New Sudan
CEDAW	Convention for the Elimination of Discrimination against Women
CPA	Comprehensive Peace Agreement
CRC	United Nations Convention on the Rights of the Child
DFID	(United Kingdom) Department for International Development
EMIS	Education Management Information System
EPI	Expanded Programme of Immunization
FAO	(United Nations) Food and Agricultural Organization
FEWSNET	Famine Early Warning Systems Network
ERW	Explosive Remnants of War
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GNI	Gross National Income
GPAA	Greater Pibor Administrative Area
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IDP	Internally Displaced Person
IASC	Inter-Agency Steering Committee
IGAD	Intergovernmental Authority on Development
IMF	International Monetary Fund
IPC	Integrated Food Security Phase Classification
IRIN	Integrated Regional Information Networks
KAP	Knowledge, Attitudes and Practices
LRA	Lord's Resistance Army
MEST	Ministry of Education, Science and Technology
MIS	Malaria Indicator Survey
MoCYS	Ministry of Culture, Youth and Sport
MSF	Médecins Sans Frontières

MTCT	Mother-to-Child Transmission (of HIV)
NER	Net Enrolment Ratio
NGO(s)	Non-Government Organization(s)
OCHA	Office for the Coordination of Humanitarian Affairs
OLS	Operation Lifeline Sudan
OHCHR	Office of the High Commissioner for Human Rights
OTP	Outpatient Therapeutic Programme
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
POC(s)	Protection of Civilians (site)
REMNASA	Revolutionary Movement for National Salvation
ROSS	Relief Organization for South Sudan
SPLA	Sudanese People's Liberation Army
SPLM	Sudanese People's Liberation Movement
SPLM/A	Sudanese People's Liberation Movement / Army
SPLM/A-IO	Sudanese People's Liberation Movement / Army in Opposition
SPU	Special Protection Unit
SSDA	South Sudan Democratic Army
SSDM/A	South Sudan Democratic Movement/Army
SSHHS	South Sudan Household Health Survey
SSP	South Sudanese Pounds
SSRRA	South Sudan Relief and Rehabilitation Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
U.S.	United States
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization



EXECUTIVE SUMMARY

Introduction

Like children all over the world, the children of South Sudan deserve the chance to be happy and healthy, explore their world safely, and reach their full potential. There is a strong desire among children and young people in the country to be educated, to have opportunities for sustainable livelihoods, and to live in a safe environment. However, the budgetary crisis in 2012 and the civil war that took place between 2013 and 2015 have greatly curtailed these aspirations. The Peace Agreement signed in August 2015 sets out a wide range of tasks that need to be achieved in the country, and includes a direct role for young people in overseeing the process. If the Agreement holds, this will allow a refocusing on realizing the rights of the most marginalized of South Sudan's population, including its children whose active participation is crucial to a more equitable and successful future. This report looks at some of the challenges that need to be overcome for this to happen.

Groups of children that face particular inequities

All children and women in South Sudan suffer to some extent from the country's chronic insecurity, as well as the fact that spending in the social sector is insufficient to meet basic needs.

The vast majority also have to contend with multiple dimensions of poverty. However, some of the groups who face particular deprivations are listed below:

Children affected by conflict: The UN estimates that between 15,000 and 16,000 children were recruited into armed groups during the 2013–2015 conflict and several thousand others lost contact with their families. Hundreds of thousands of children were displaced with their families to find shelter with host communities in remote and poorly supplied rural areas, in refugee camps in neighbouring countries, or in Protection of Civilians sites (POCs) located at the bases of the UN Mission in South Sudan. UNICEF has estimated that 600,000 children are psychologically distressed due to the violence and displacement. It should be noted that a wide range of ongoing or recently-concluded localized conflicts in several areas of the country also affect children in areas such as the Equatorial states, Lakes state and Pibor. Service provision to conflict-affected areas, particularly in areas not controlled by the government, also collapsed during the violence; the process to restore these services is only just beginning.

Inequity in South Sudan is not confined to those directly affected by the country's conflicts. Despite some progress in recent years, **girls** are less likely to attend school or to participate in decision-making. They face the following: oppressive gender norms; customary laws in some areas that allow for compensating death with girl children; endemic gender-based violence (GBV); and lack of conditions to ensure that their health needs are met. The situation of girls who are entered into child marriage is particularly challenging. They lack opportunities for education and independent livelihoods and often experience particular reproductive health problems.

Children living in pastoralist communities are also less likely to be able to access educational opportunities. Many parents reportedly feel that the life lessons learned from work in cattle camps are more important than formal education. There are, however, some signs that this attitude is beginning to change. Children also often face access barriers to education, health and other services because of distance. As well, many children in pastoralist communities grow up in a culture of violence that includes: facing gender-based violence (GBV); being involved as victims of and participants in armed raids to steal cattle and abduct children; and being victims of harsh and frequent corporal punishment.

Children with disabilities have to contend with a lack of specialized services; difficulties accessing mainstream education, health and other services; and stigma within families and in society. Meanwhile, other groups of particular concern include **children living and/or working on the streets, children in contact with the law,** and **children affected by diseases and infections such as malaria, cholera and HIV.**

Social service provision

Provision of social services is particularly challenging in South Sudan. Many parts of the country, particularly outside the southern Equatorial states, are inaccessible for up to eight months in the

year. Infrastructure, including electricity, is very limited beyond state or district centres. Security constraints also make provision of services more difficult. This compounds the vulnerability of children and women living in hard-to-access areas.

One of the key bottlenecks to service provision is low levels of government spending on social services. Total government spending fell sharply because of loss of oil revenues in fiscal year 2012–13, and this reduction has not yet been reversed. However, even in the context of low government spending, the key sectors of spending for children receive a limited proportion of spending. Health, education, and social and humanitarian expenditure make up 3.1, 6.6 and 0.9 per cent of the total 2015–2016 budget respectively, compared to 44.7 per cent for security and 14.6 per cent for rule of law. There are concerns that true spending on these sectors is even lower because some of the money allocated never arrives, particularly at lower levels of government. The money that is available in the social sector overwhelmingly pays for salaries, leaving little or no funding available for capital investment, spending on goods and services, or training.

South Sudan has a very limited network of essential facilities. The country has 37 hospitals, including three teaching hospitals, and a limited primary healthcare network, which requires significant additional funding. While there are 11 registered teacher training colleges, in practice several of these are not teaching. In the context of widespread demand for educational opportunities, there are not enough schools in the country for all the children who want to learn: The donor community is also involved in construction of new schools, including at village level. Access to drinking water in many parts of the country requires a long walk to a borehole and sanitation systems are very scarce. The building of new facilities is constrained by lack of funds, access constraints and the challenges of knowing where they are needed in the light of population movements and lack of population data. Meanwhile, particularly in the areas affected by the 2013–15 conflict, significant infrastructures – including hospitals, primary healthcare centres and schools – have been destroyed, damaged or else commandeered by armed forces and armed groups.

Another major bottleneck to service provision in South Sudan is the country's chronic shortages of qualified professionals. The ratio of doctors, nurses and teachers to the population is extremely low. Many of the frontline professionals who are in position are undertrained and do not receive professional development opportunities during their working lives.

Greater investment in longer-term social safety nets for South Sudan could alleviate or prevent some of the worst vulnerabilities affecting children. However, there is limited institutional and human capacity for social protection in the country. Government and counterparts have very little capacity in this area, and in practice almost all social protection funding comes from non-governmental sources.

Legislation

On independence, South Sudan also had to develop new laws and regulations appropriate for the country's development needs. Significant legislative support was provided, and the Child Act of 2008 brought the UN Convention on the Rights of the Child into national law. The Child Act provides a legal basis for the establishment of systems and mechanisms for the protection of children from abuse and violence. On 4 May 2015, the country acceded to the Convention on the Rights of the Child itself. South Sudan also ratified the Convention on the Elimination of Discrimination against Women in September 2014. However, lack of professional capacity to implement these laws and international agreements means that in many cases children are subjected to customary laws, some of which contravene the UNCRC provisions.

Important laws were also passed in the period after the Comprehensive Peace Agreement to regulate the education and healthcare systems. Further laws passed to support vulnerable women and children include the Petroleum Revenue Management Act of 2012, which envisages the establishment of trust funds for future generations and additional support for areas affected by oil production.

Survival, health and development

Even before the start of the 2013–15 conflict, South Sudan had some of the poorest health indicators for women and children in the world. Despite some progress since 2006, the 2010 household survey showed that more than one child in 10 died before his or her fifth birthday. The estimated maternal mortality rate in 2015 (789 per 100,000 live births) is the fifth highest in the world and threatens the lives of 2.2 million women. For every mother that dies at least 30 other women will suffer long-term illness and disability. About 17 per cent of pregnant women receive the recommended four antenatal care visits, skilled personnel attend less than 20 per cent of deliveries and 12 per cent of deliveries occur in health facilities.

Access to healthcare is limited by social norms that sometimes impede service utilization. Major factors are formal and informal costs and distance to facilities. When households have little resources available healthcare is not a priority, and the health of family members suffers. In this context, the Ministry of Health is developing a home-grown model to deliver a basic package of health and nutrition services to families and communities through community health action. In addition, donors are supporting the government to lay the foundations for quality healthcare.

South Sudan made good progress in tackling vaccine-preventable disease in the years following the Comprehensive Peace Agreement in 2006: The country has been free of transmission of wild poliomyelitis since 2009, and measles rates are also much lower. Nevertheless, take-up of immunization services, including polio, has been consistently low. Vaccination has largely been through campaigns as routine services remain stagnant. Completion rates remain low, despite high awareness of the importance of immunization among caregivers. This has led to a large

number of non-immunized children and increased the risks of measles, polio and other vaccine-preventable diseases.

Malaria is endemic in all parts of South Sudan with the entire population at risk of infection. Prevalence reportedly increased between 2011 and 2013, though this may have been because of better reporting. Prevalence is highest in Greater Equatoria and in rural areas. Most malaria deaths in the country are of young children, while pregnant women have heightened susceptibility to malaria.

Children in South Sudan face acute malnutrition, with rates of 31 per cent stunting and 28 per cent underweight recorded in 2014. Global acute malnutrition rates are regularly above the World Health Organization (WHO) emergency threshold of 15 per cent and have doubled since pre-2013 estimates. Jonglei, Unity, Upper Nile, Northern Bahr el Ghazal and Warrap states have the poorest nutrition figures. Caregivers often lack knowledge of good nutrition practice or lack influence over the use of household resources. Meanwhile, government funding for nutrition is limited, and it relies on development partners for nutrition interventions.

The government estimates that 41 per cent of the population have access to improved water supply and 14 per cent to improved sanitation. Underinvestment, insufficient technical capacity and shortages of spare parts often limit maintenance of water and sanitation systems which have been built using donor funding. Poor sanitation and hygiene conditions lead indirectly to poor absorption of micronutrients and malnutrition and also lead to cholera outbreaks and guinea worm infestation (though this is falling). Hygiene is constrained by cultural practices including not washing hands with soap, open defecation, and poor household storage of water. However, great progress has been made in addressing guinea-worm infestation through water improvement in vulnerable areas: The number of cases fell from 20,581 in 2006 to 77 in 2014 and five in 2015.

The 2013–2015 conflict in South Sudan greatly aggravated what was already a major public health crisis by disrupting essential primary and secondary health care services. The consequences of displacement – poor sanitation, shortages of safe potable water and crowded living conditions – have led to increased communicable disease and malnutrition. Common health conditions among IDPs include cholera, kala-azar, acute respiratory infections, acute watery diarrhoea, malaria, malnutrition and measles.

Education and development

Outside the conflict-affected states, there have been encouraging signs of growing numbers of children attending school, with proportionately larger rises in the number of girls attending school, and children entering more senior years of schooling. Nevertheless, in South Sudan, a young girl is more likely to die in childbirth than to learn how to read and write. Huge barriers remain to ensuring education for all, despite a widespread desire among children to learn.

Growth in the preschool sector in recent years means that about 9 per cent of the projected pre-primary school-aged children's population enrolled for preschool in 2015. Central Equatoria has the highest proportion, at slightly over 20 per cent. Most children at preschool (70 per cent) are overage, suggesting that the percentage of five- and six-year-olds in South Sudan attending preschool is very small.

Lack of infrastructure, limited human resources and insufficient teaching and learning materials, coupled with the massive disruption caused by the conflict, mean that not all children can enter primary school. The number of primary schoolchildren has fallen every year since 2010. The situation has been exacerbated by the 2013–2015 conflict. In 2015, the equivalent of 34.7 per cent of children of primary age in South Sudan were enrolled at primary school, a fall from 41.5 per cent in 2013. However, between 2013 and 2015 all seven states outside Greater Upper Nile recorded rises in the numbers of children at school. Greater Bahr el Ghazal in particular has seen consistent and significant rises in primary enrolment in the last five years. Small rises have also been seen at national level in the overall number of children attending later years of primary school and particularly the number of girls.

This small increase is also seen at secondary level, suggesting that parents and children who begin the education journey are motivated to get as far as possible. However, the gross secondary enrolment rate, at 7.1 per cent, is still extremely low. Low secondary school enrolment may be attributed to high dropout rates among primary school learners beyond Grade 4, as parents question whether it is worth continuing education given the opportunity costs.

Before 2013, the main factors limiting school attendance were cost and distance. Costs include formal costs (such as materials and uniforms) as well as informal charges sometimes demanded by schools, which particularly affect poorer families. Meanwhile, roads and paths to school in South Sudan are often impassable during the rainy season.

Despite these limitations to attendance, shortage of spaces means that many schools are overcrowded, particularly in urban areas. This problem is likely to increase with the demographic pressure of a rapidly increasing school-age population. Other barriers include the shortage of learning materials, textbooks and a standardized curriculum, and the widespread lack of permanent structures and water and sanitation facilities in schools.

Another barrier to effective learning is the shortage of adequately trained and properly supported teachers. South Sudan's pupil-to-qualified teacher ratio was 117:1 in 2013. At primary school level, Greater Upper Nile had the highest ratios before the conflict (no figures were available for 2015), and the Equatorias had the lowest. About 80 per cent of teachers are men: This proportion is higher in rural areas. The lack of female teachers limits chances for girls to see role models outside the family environment. Low wages are a major reason behind the low number of teachers. The number of teachers being trained is insufficient for current needs, irrespective of future growth in demand.

While there are now more girls in school, they continue to face additional challenges to entering school. Families with limited resources are more likely to send boys to school as an investment. Older girls may leave school to be married. Families also may be reluctant for girls to walk long distances to school because of security concerns. Some parents do not send girls to school for fear they will get pregnant, as pregnancy and motherhood reduce bride price.

An estimated four per cent of the over 800,000 children estimated to have disabilities in South Sudan attend school. There are insufficient teachers trained to address special needs, very little specialized equipment and few accessible school buildings. Stigma around disability can increase vulnerability and deprivation by reducing parents' desire to send their children to school.

Because of low school attendance, the government has developed an Alternative Education System to provide education to out of school children, youth and adults. About 200,000 people are studying in the system. In 2009–2013, between 40 and 45 per cent of students were female: a higher percentage than in the mainstream education system. Class sizes are also generally smaller than at primary school. Like other parts of the education system, alternative education suffers high dropout rates, particularly during harvest time and the hunting season, when familial responsibilities take precedence over learning.

The conflict has further worsened children's access to education. Since the crisis began, at least 866,000 school-aged children have been displaced, often to areas without access to protective learning spaces, or to host communities where education resources are non-existent or overstretched. An estimated 413,000 children have been forced out of school because of conflict. In the conflict-affected states some schools have been destroyed, while others have been taken over by armed forces or armed groups, or have become shelters for Internally Displaced Persons: only 30 per cent of schools in the three states are functional. Teacher salaries have not been paid in opposition-controlled areas. Restoring the education system in these areas, in particular, will be very challenging.

Protection

Children and adolescents in South Sudan are negatively affected by the legacy of decades of conflict, underdevelopment, poor infrastructure and weak governance. The militarization of children and youth over decades has contributed to increased levels of violence. This often takes on gendered forms: Boys are taught they should use violence to protect their families.

One manifestation of violence is child abduction. There is no quantitative data on the frequency of violence against children in South Sudan in the home, in their communities or at school, as no systematic studies have been undertaken. There are very few integrated services and referral mechanisms to address violence against children. Efforts are still ongoing to reunite thousands of unaccompanied children with their parents.

In 2010, gender-based violence affected at least a fifth of women in South Sudan, though this number was likely an underestimate. Women and girls are disadvantaged in both customary and statutory systems of justice, and perpetrators of gender-based violence are rarely brought to justice. Gender-based violence in South Sudan is driven by a culture of silence and stigma, the tying of masculine identity to cattle raiding, bride price, a lack access to legal recourse, and customary practices that favour compensation to male relatives for crimes such as rape committed against women and girls.

One of the most common harmful traditional practices in South Sudan is child, early and forced marriage. A total of 45 per cent of girls had entered union before the age of 18 in 2010 (no more recent data is available). Child, early and forced marriage can be seen as a way of securing bride price and protect the family from perceived dishonour through pre-marital sex and pregnancy. There are significant gaps in the Transitional Constitution, Penal Code, and Child Act, including no minimum age of marriage, and no specialized safe spaces or other safety options are available to protect victims.

In 2013, about 3,000 children were living and working on Juba's streets. Others were also found in other large towns, including Aweil, Rubkona, Bentiu and Wau. The Ministry of Gender, Child and Social Welfare has drafted a policy on children without appropriate parental care, but it is yet to come into force.

Child labour is endemic in South Sudan. According to 2008 Census figures, 45.6 per cent of children aged 10 to 14 were working. Of these, 60.2 per cent worked in agriculture. Children working in rural areas face danger from cattle and wildlife as well as neighbouring tribes. In towns, working children are vulnerable to poor safety conditions with many victims of physical abuse and sexual exploitation.

The Child Act of 2008 contains provisions to introduce a justice system for children meeting international standards. However, in practice implementation has lagged. It is not known how many children are currently in detention. Children are often held in pre-trial detention for long periods. Those convicted are almost always imprisoned: attempts to pilot diversion of children from the formal justice system have been limited. Much of the country is still governed by customary law. In many cases these informal mechanisms do not comply with the international approach to justice for children, putting children and adolescents at elevated risk.

Birth certificates have not been issued in independent South Sudan because the country does not have a Civil Registration Law that would authorize their issuance. This makes children vulnerable to abuse, neglect and exploitation. Birth notification is available in some urban areas, but only in a few medical facilities. However, a Civil Registration Bill is currently in Parliament.

Participation

Children and young people in South Sudan have a strong desire to be involved in decision-making. However, initiatives to promote child and youth participation are fragmented, and there is a lack of meaningful participation. Children are left out of decision-making at family level, at school and in the community. Girls are socialized to accept decisions made about them, while children with disabilities face additional social and physical barriers to participation. However, the Peace Agreement signed in August 2015 has stressed a number of roles for youth in overseeing efforts for peace building and in developing national legislation.

The 2013–2015 conflict

Armed violence that erupted in December 2013 in Juba, South Sudan's capital, quickly spread to Upper Nile, Unity and Jonglei states in the north-east. These states, known collectively as Greater Upper Nile, bore the brunt of the civil war between January 2014 and August 2015. However, during this period armed conflict has also occurred within both these communities, while persons from other ethnic groups have also been victims and perpetrators of violence. The violence will have resulted in deep psychological trauma for large numbers of those impacted, and the divisions that have arisen between communities will be very difficult to heal.

In addition to the direct effects of violence, the war has also contributed to a sharp increase from already high levels of food insecurity and malnutrition. The three conflict states of Upper Nile, Unity and Jonglei face particularly severe levels of food shortages. Acute and chronic malnutrition are also worryingly high in the neighbouring north-western states of Warrap and Northern Bahr el Ghazal, in part due to an earlier influx of displaced persons from across the border in Sudan, the closure of traditional food supply routes from Sudan, and the lack of diversity in local subsistence cultivation.

Data and information

Much of the data that might be taken for granted in other parts of the world is unavailable in South Sudan. The country's last census was held in 2008, and even then the results were disputed. With the mass displacement caused by the current conflict, South Sudan's total population is extremely difficult to estimate, and any disaggregation to identify the needs of vulnerable groups almost impossible. The last national household survey, which focused on health concerns, took place in 2010. Many of the figures in this report come from that survey or a previous baseline survey conducted in 2006. Since the writing of this assessment, work has begun on an Extended Maternal Mortality Survey, which is intended to generate key data on the status of women and children.

Nevertheless, the statistics that are available and that have been estimated about women and children in the country paint a depressing picture. The country appears to have one of the highest

rates of maternal mortality in the world, and child and infant mortality rates are also very high. Levels of school attendance are very low, particularly among girls. A high proportion of girls are married before 18, or even 15, and they have little say in choosing their life paths.

Conclusion

With the signing of the Peace Agreement in August 2015, it is imperative for the Transitional Government of National Unity to refocus its efforts on ensuring that the essential needs of children and women are met. This requires the development of systems that support the vulnerable, such as social protection for the vulnerable, infrastructure improvements, and changes in attitudes among officials, frontline professionals, community members and families to ensure that the best interests of children are prioritized. Over the next two years, the government should work creatively with its development and humanitarian partners to meet urgent lifesaving needs arising from the conflict, while developing capacity at national level to address longer-term inequities in society, and to ensure that children can grow up healthy, educated, safe and able to contribute to South Sudan's development. Children and young people want to assist with this process and should be supported to do so.



1. INTRODUCTION

1.1 Purpose and objectives

This Situation Assessment¹ is intended to serve as an up-to-date and comprehensive reference for stakeholders that highlights the interrelated challenges faced by South Sudanese children, adolescents and women. As part of their programmes of co-operation at national level, UNICEF Country Offices are required to undertake an exercise to analyse the situation of children and women. The last time a Situation Analysis was conducted was in 2007, two years after the signing of the Comprehensive Peace Agreement that ended decades of the previous civil war, and before South Sudanese independence in 2011. It covered the whole of then-Sudan.

1.2 Methodology

This document has been based on a review of the existing data, evidence and research – particularly secondary literature – on children and women in South Sudan. It includes official government data and documents and reports of research conducted by UNICEF, other

¹ UNICEF generally conducts a Situation Analysis every five years as part of its regular programming cycle. However, given the limited period of time available for this piece of work, it was decided instead to conduct a Situation Assessment. It will draw together and synthesize information from a range of sources, complemented by interviews with key stakeholders, in the expectation that deeper analysis of key issues can be performed in the near future, including causality and stakeholder analysis.

international organizations, non-governmental organizations (NGOs) and academia. This review was complemented by extensive semi-structured qualitative and fact-finding interviews with representatives of government, NGOs, and UN organizations.

In synthesising data and information from the sources above, the Situation Assessment is intended to provide an overview of the status of children's rights in South Sudan, and gaps that hinder a full understanding. It provides information on the situation of children generally, and explores the effects on children of exclusion or marginalization such as location, disability, gender, and nomadic or sedentary lifestyle. It also highlights some of the key issues affecting women in the country, including poor nutrition, gender-based violence, early marriage and exclusion from decision-making. In addition, it examines the effects of conflict on children and women, and some of the factors that contribute to the conflict.

Unfortunately, given the fast-changing political situation in South Sudan, and the workload of the stakeholders involved, a validation workshop with government counterparts was not envisaged for the project. However, UNICEF staff members from the Country Office in Juba, the Regional Office in Nairobi, and global headquarters in New York were consulted at various stages of the process. Country Office staff, in particular, played a key role in reviewing all stages of the report and providing suggestions on how to close data gaps. Nevertheless, any mistakes and errors that remain are the responsibility of the author.

1.3 Report structure

The Situation Assessment for South Sudan is divided into several sections. Following this introduction:

- Section 2 provides background geographic, political, social and economic information on South Sudan.
- Section 3 provides some context on both the 2013–2015 conflict and localized conflicts in the country, and outlines a range of conflict drivers and unifiers.
- Section 4 outlines how governance and political dynamics affect children and their development.
- Sections 5 to 8 then go on to provide a disaggregated assessment of the status of and trends in the realization of the four categories of rights that appear in the UN Convention on the Rights of the Child (CRC): survival, health and development; education and other developmental rights; protection; and participation. For more on what these categories of rights entail, see the text box below. Where appropriate, parts of these sections are divided between baseline information from before the outbreak of conflict in December 2013 and the impact of the conflict.

UN CONVENTION ON THE RIGHTS OF THE CHILD: OVERVIEW

SURVIVAL RIGHTS include a child's right to life and the needs that are most basic to existence such as: nutrition, water, shelter, an adequate standard of living, and access to medical services.

EDUCATION AND OTHER DEVELOPMENTAL RIGHTS include the right to education, play, leisure, cultural activities, access to information, and freedom of thought, conscience and religion.

PROTECTION RIGHTS ensure that children are safeguarded against all forms of violence, including sexual violence, abuse, neglect and exploitation. In the context of South Sudan's civil war, this includes protection of girls and boys affected by armed forces and armed groups, as well as protecting them from targeting and recruitment by armed forces and armed groups. It also includes special care for displaced children; safeguards for children in the criminal justice system; protection of children with regard to child labour; protection and rehabilitation for children who have suffered violence, exploitation or abuse of any kind including protection from harmful traditional practices such as child marriage.

PARTICIPATION RIGHTS encompass children's freedom to express opinions, to have a say in matters affecting their own lives, to join associations, and to assemble peacefully. As their capacities develop, children should have increasing opportunities to participate in the activities of society, in preparation for adulthood.

1.4 Data availability and gaps

Conducting such an exercise in South Sudan at the current time is challenging. There is a lack of basic and up-to-date data because of limited data collection capacity in government coupled with the resource gaps and access issues caused by the armed conflict. Meanwhile, much of the robust research that international development partners had intended to conduct in recent years was postponed or cancelled because of access constraints and the need to concentrate on the humanitarian response, specifically: the Maternal Mortality Ratio Household Survey which was due to be completed in 2013; a national micronutrient study; and studies on child poverty and violence in schools. Nevertheless, this Situation Assessment was able to draw on a large number of data sources, both from before the beginning of the 2013–2015 conflict and since then. For example, government ministries collect regular statistics using the Education Management Information System (EMIS). As well, there is a list of data sources in the Bibliography at the back of this document.

In the same way, time and security constraints mean that UNICEF could not conduct a full Situation Analysis with significant additional data collection and workshops on causality and stakeholder capacity. In addition, as mentioned above, the context meant that no validation workshop was held with government. It is hoped that conditions will permit more detailed and collaborative analysis in the near future, which will include the results of additional data gathering.

The data and information challenges arising in South Sudan include the following:

The absence of reliable updated population data. South Sudan last underwent a census in the year 2008, when it was still part of Sudan. At the time the data were criticized by South Sudanese

politicians for underestimating the population. However, it has not been possible to conduct a full census since then. Meanwhile, other methods of estimating child population figures for administrative purposes, such as birth registration, immunization records or local government records, are also not widely available. The National Bureau of Statistics has produced estimates for the population, nationally and by region, but these are of necessity approximate. Meanwhile, the effects of the conflict on population distribution, given high rates of mortality and of displacement, are significant and very difficult to assess, apart from in very specific circumstances such as Protection of Civilian sites (POCs).

Lack of disaggregation of data. The humanitarian support provided to South Sudan in recent years has meant that significant efforts have been put into establishing the number of children directly affected by the conflict. For example, data on children associated with armed groups or reported separated from their families as a result of the conflict are collected comprehensively for a global audience. The data are then disaggregated by gender and state. The data also record the number of reported cases of sexual violence against children in the context of the conflict. This data very likely represent a serious underestimation of the overall scale of the problem due to cultural and other barriers to registration of such crimes. Meanwhile, there are no accurate disaggregated data sources available that could facilitate understanding of the distribution and particular circumstances of, for example: children living with disabilities; children living and/or working on the streets; child marriage; adolescents involved in commercial sex work; and pregnant and lactating women.

Lack of data on who is left behind. Through the Education Management Information System (EMIS) there is information available about what types of children are attending school and where. However, there is little information available on which groups of children are not attending school and why. Similarly, in the absence of a comprehensive immunization programme, administrative data on immunization campaigns may provide information on which children are being immunized, but not on those who are not immunized. Because there are no accurate figures available on the population as a whole, this type of information requires other methods for collection such as randomized household surveys.

Out-dated household survey data. The last national household survey was the Sudan Household Health Survey II Southern Sector conducted in 2010 by the Ministry of Health and the Southern Sudan Centre for Census, Statistics and Evaluation, which later became the South Sudan National Bureau of Statistics. The survey provides information on issues including educational attainment, access to health care, housing conditions, immunization and consumption-poverty. However, it does not contain information about sensitive issues such as child mortality, maternal mortality, or domestic violence. These topics were covered in a previous survey, the Southern Sudan Health Survey, which was conducted in 2006. However, extrapolation of estimates for today from both the above sources is very challenging given the changes that have taken place in the country.

Insufficient qualified contextual information. It is important for programmatic staff to understand cultural attitudes and practices in order to have insight into child-rearing practices at household and community level, and the potential to promote positive practices. For example, nutritional surveys have regularly shown that children in Northern Bahr-el Ghazal and Warrap states continue to suffer from particularly poor nutritional outcomes since before the 2013–2015 conflict. There have been some anthropological studies and observations by development professionals that this situation may be a result of certain subsistence agriculture and feeding practices for women and children, which could be partly the result of lack of information about appropriate feeding practices. However, little appears to have been done to better understand the reasons for malnutrition in these regions. Another issue of concern that has arisen anecdotally is the practice of beating infants and children in some pastoral communities to keep them quiet.



2. BACKGROUND

2.1 Geographical overview

South Sudan borders the Central African Republic in the west, Ethiopia in the east, Sudan in the north, and Uganda, Kenya and the Democratic Republic of Congo to its south. It is comprised of 10 states:

- Central Equatoria, Eastern Equatoria and Western Equatoria (which collectively form the Greater Equatoria region in the south of the country);
- Jonglei, Unity, and Upper Nile (Greater Upper Nile in the northeast);
- Lakes, North Bahr El Ghazal, Warrap, and Western Bahr el Ghazal (Greater Bahr el Ghazal, in the northwest).

Several areas on the northern border with Sudan have not been demarcated. Particularly significant is the town of Abyei and surrounding area, which are currently disputed between South Sudan and Sudan. Abyei and its surrounding area contain significant oil reserves, along with a sedentary population that primarily identifies with South Sudan and a largely migratory population that feels affinity to Sudan (*see Figure 1*).

Figure 1: Map of South Sudan



Map No. 4460 Rev.1 UNITED NATIONS
October 2011

Department of Field Support
Cartographic Section

Source: United Nations, October 2011.

South Sudan is largely made up of open plains punctuated by hilly areas and thick equatorial vegetation. The Nile River flows through several regional centres, including the capital city, Juba. Mineral resources include oil, gold, silver, iron ore and copper. Crops produce cassava, groundnuts, sweet potato, sorghum, sesame, maize, rice, finger millet, cowpea, coffee and beans. In addition, livestock – and particularly cattle, goats and sheep – are an important social and economic asset in South Sudan.

Nevertheless, South Sudan has a scattered population and poor infrastructure. Extreme weather patterns and heavy rainfall, coupled with poor drainage and lack of infrastructure, mean accessibility in most of the country is limited for a third of the year. Due to limited market capacity, most basic goods are sourced and moved by road from neighbouring countries: Uganda, Kenya and Ethiopia.² Due to ongoing conflict and in rainy seasons, roads in South Sudan are often impassable. As a result, transporting supplies by air can be the only way to get basic goods to most of the country for most of the year. This makes the country a particularly challenging terrain for provision of development and humanitarian assistance due to increased operating costs and delays because of the incapacity to fly planes.

² United Nations Children's Fund South Sudan Country Office, 'Country Office Annual Report', 2014.

2.2 Demographic overview

The National Bureau for Statistics has projected that the 2015 population is just over 11 million, of whom 5.65 million are men and 5.35 million women.³ The last national census conducted in 2008 had the population at 8.26 million. The population is projected to rise to over 13 million in 2020. Of the 2015 population, it is estimated that 2.39 million (21.7 per cent) are aged under five; 1.44 million (13.1 per cent) aged 5–9; 1.37 million (12.5 per cent) aged 10–14; 1.19 million (10.8 per cent) aged 15–19; and 0.86 million (7.8 per cent) aged 20–24. Thus, two thirds of the population is under 30; the median age is under 15. The total fertility rate is seven children per woman. Almost 83 per cent of South Sudanese lived in rural areas at the time of the census.⁴

South Sudan's Interim Constitution tentatively lists 63 ethnic groups. According to estimates based on census data, in 2011 Dinka (the largest ethnic group) made up 35.8 per cent of the population while Nuer (the second largest) were at 15.6 per cent.⁵ Dinka communities were primarily found in the northwest (Bahr el Ghazal) and centre of the country (around Bor), while Nuer were concentrated in the northeast (Greater Upper Nile area), though this area also had significant Dinka populations. The south of the country, the three Equatorial states, is home to a large number of ethnic groups who are sometimes collectively referred to as Equatorials. However, given that Juba, the country's capital, is in the region, significant numbers of Dinka, Nuer and other ethnic groups also live in and travel to the region.

Conflict, child marriage and gender norms, combined with a lack of reproductive health services, may mean that the fertility rate will fall slower than could otherwise be expected, and thus exacerbate the demographic challenge, which is already formidable.⁶ The population is projected to continue to grow substantially in the medium term, with a population growth rate of 2.4 per cent per annum and an estimated 236 per cent population increase between 2014 and 2050.⁷ However, given that there are no reliable systems in place in South Sudan to keep track of current population numbers, and the huge levels of displacement caused by conflict, projecting future population trends is particularly challenging.

³ National Bureau of Statistics, 'Population Projections for South Sudan 2015–2020', March 2015.

⁴ National Bureau of Statistics, 'Key Indicators for Southern Sudan', 2011, <http://static1.1.sqspcdn.com/static/f/750842/11454113/1301369111513/Key+Indicators_A5_final.pdf?token=Cys2u9nDx5Uy2EFbO7BxXjAQfI0%3D>.

⁵ Izady, D. M., 'Ethnic Groups in the Republic of South Sudan.', 2011, <gulf2000.columbia.edu/images/maps/South_Sudan_Ethnic_sm.png>.

⁶ Population Institute, 'Demographic Vulnerability: Where population growth poses the biggest challenges', June 2015, <www.populationinstitute.org/demovulnerability>.

⁷ Population Reference Bureau, '2014 World Population Data Sheet', <www.prb.org/pdf14/2014-world-population-data-sheet_eng.pdf>, accessed June 2015.

2.3 Political overview

Between 1955 and 2005 the Sudanese People's Liberation Army (SPLA) fought two civil wars against the Government of Sudan to secure independence. The decades of conflict claimed over 2.5 million lives, displaced about four million people, disrupted socio-economic services and systems, and had a heavy toll on the survival and well-being of the South Sudanese population, especially children.⁸ However, in 2005 a period of relative stability emerged with the Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudanese People's Liberation Movement (SPLM). The SPLM is the political wing of the Sudanese People's Liberation Army. This stability was further facilitated with an Interim Constitution providing the basis for future state building. However, the CPA excluded political and military opposition groups outside the Sudanese People's Liberation Movement/Army (SPLM/A). In the years following, many southern groups were absorbed into the SPLM/A. However, it never forged a joint platform representative of its diverse membership.⁹

At independence in 2011, the SPLA became the national army while the SPLM became the ruling party and took up most places in government. Little space emerged for civil society. The SPLM Chairman, Salva Kiir Mayardit, became President. He was a Dinka from Bahr el Ghazal who had fought in both civil wars. Riek Machar was appointed Vice-President. He was a Nuer from Unity State who had joined the SPLM/A at its founding in 1983 but created his own faction in 1991 before rejoining the SPLA in 2002.¹⁰

After independence, dissatisfaction increased. Many blamed the leadership for failing to deliver on much needed security and basic services.¹¹ In advance of national elections scheduled for 2015, political rivalries and ethnic grievances put pressure on the SPLM senior leadership. In March 2013, a political struggle unfolded between the President and Vice-President, leading to Kiir dismissing Machar and most of the Cabinet in July 2013. Tension grew between the two and in December 2013 fighting broke out between their supporters in Juba and soon spread to Unity, Jonglei and Upper Nile states. In August 2015, regional peace talks under the auspices of the Intergovernmental Authority on Development (IGAD) led to the signing of a peace agreement by Kiir and Machar. For more on the conflict see Section 3: Conflict and other risks.

Some analysts have expressed concerns that the approach to conflict resolution in the Addis Ababa and Arusha processes is focused narrowly on power sharing between factions of the political elite. They believe sustainable peace at the local level will require a more inclusive

8 United Nations Mission in South Sudan, 'Conflict in South Sudan: A human rights report', 8 May 2014, <www.unmiss.unmissions.org/Portals/unmiss/Human%20Rights%20Reports/UNMISS%20Conflict%20in%20South%20Sudan%20-%20A%20Human%20Rights%20Report.pdf>.

9 International Crisis Group, 'South Sudan: A civil war by any other name', 10 April 2014, <[www.crisisgroup.org/~media/Files/africa/horn-of-africa/south%20sudan/217-south-sudan-a-civil-war-by-any-other-name.pdf](http://www.crisisgroup.org/~/media/Files/africa/horn-of-africa/south%20sudan/217-south-sudan-a-civil-war-by-any-other-name.pdf)>.

10 United Nations Mission in South Sudan, 'Conflict in South Sudan'.

11 International Crisis Group, 'South Sudan: A civil war'.

process.¹² Meanwhile, a general election that had been scheduled for June 2015 was suspended in March of that year until 2018. The National Legislature and the Central Electoral Commission have now extended the tenures of the Office of the President, the National Legislature and the State Legislative Assemblies until 9 July 2018.¹³

The challenging political situation has led to a more challenging environment for media and civil society actors. This includes the harassment and detention of journalists, the confiscation of newspapers and the closure of radio stations.¹⁴ Meanwhile, civil society organizations have a chronic lack of organizational capacity and are hesitant to engage the government. In general, they focus on service delivery rather than advocacy. Since December 2013, much of their focus has shifted to providing humanitarian support.¹⁵ While this is clearly responding to urgent, often life-saving needs, it also reflects the fact that civil society is dependent on donor financial support and, consequently, donor priorities.

Another political dispute that needs to be resolved is around the Abyei territory between South Sudan and Sudan. Abyei has a resident Ngok Dinka population who largely wants the territory to be part of South Sudan. However, Abyei also provides grazing ground during the dry season for the Missiriya tribe, who are an important political constituency for the Government of Sudan. On 20 June 2011, the Government of Sudan and the SPLM signed an agreement on a temporary administrative arrangement for the area, which was to be in place until the resolution of its long-term political future. It mandated the demilitarization of Abyei and the establishment of a joint administration prior to a local referendum on the area's status in 2011. However, the referendum did not take place. Abyei's political future is still unresolved, the joint administration is not established, and Sudan has a force of 120–150 troops stationed at Difra, Abyei's sole oil field, in violation of multiple United Nations Security Council resolutions.¹⁶

2.4 Macro-economic overview

The economic challenges facing South Sudan are immense. It has suffered from decades of neglect, conflict, and corruption in the periods prior to and following independence. This has led to unequal distribution of resources, political marginalization of certain ethnic groups and lack of development overall, particularly in the northern states.¹⁷ Following independence, the economy

12 'Armed Cattle Keepers Threaten C. Equatoria Security, Farming', *Sudan Tribune*, 16 July 2014.

13 South Sudan Protection Cluster, 'Lakes State Update: Overview of the conflict situation # 4', April 2015.

14 Office of the High Commissioner for Human Rights, 'Attacks on Civilians in Bentiu and Bor April 2014', January 2015, <www.ohchr.org/Documents/Countries/SS/UNMISS_HRDJanuary2015.pdf>.

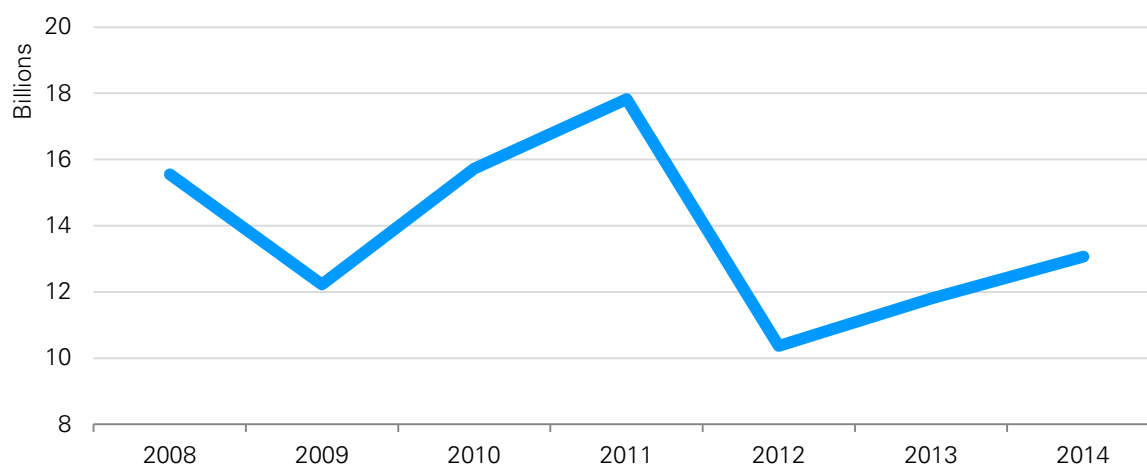
15 Johnson, M., et al., 'Building Capacity of South Sudan's Weak and Divided Civil Society', Nyamileopedia, 30 April 2015, <www.nyamile.com/2015/05/29/building-capacity-of-south-sudans-weak-and-divided-civil-society>.

16 Graduate Institute of International and Development Studies, 'The Conflict in Upper Nile State', *Small Arms Survey*, Geneva, Switzerland, 16 April 2015, <www.smallarmssurveysudan.org/de/facts-figures/south-sudan/conflict-of-2013-14/the-conflict-in-upper-nile.html>.

17 Ministry of Finance and Economic Planning, 'Fiscal Rescue Strategy', April 2015.

experienced three major shocks in the space of just three years: the 2012 oil shutdown, the armed conflict that began in December 2013, and the 2014 fall in global oil prices.¹⁸

Figure 2: Gross Domestic Product (billion dollars, at official exchange rate), 2008–2014



Source: Ministry of Finance and Economic Planning, *Fiscal Rescue Strategy*, April 2015.

South Sudan has vast and largely untapped natural resources: Beyond a few oil enclaves it remains relatively undeveloped with a largely subsistence economy of which a large proportion is based on pastoral livelihoods. The country is the most oil-dependent in the world, with oil accounting for almost all exports at around 60 per cent of Gross Domestic Product (GDP). Current reserve estimates expect oil production to reduce steadily in future years and become negligible by 2035 (see Figure 2).¹⁹

World Bank figures indicate that South Sudan's GDP rose steadily from 2012 to reach USD \$13.07 billion in 2014.²⁰ This increase occurred after a massive drop following a halt to oil production in January 2012 after South Sudan accused Sudan of diverting its oil for its own profit and failing to agree to transit fees. Given South Sudan's dependence on oil earnings, the government introduced austerity measures that reduced delivery of basic social services which were already fairly negligible. Oil production resumed in July 2013;²¹ consequently, GDP reportedly grew by 30.7 per cent in 2014.²² However, in April 2015 the Ministry of Finance and Economic Planning

18 Ibid.

19 World Bank, 'Age Dependency Ratio (% of Working-Age Population)', 2015, <http://data.worldbank.org/indicator/SP.POP.DPND/countries/1W?order=wbapi_data_value_2014%20wbapi_data_value%20wbapi_data_value-lastandsort=ascanddisplay=default>.

20 World Bank, 'GDP (current USD \$) Data South Sudan', 2015, <<http://data.worldbank.org/indicator/NY.GDP.MKTP.CD/countries/SS?display=graph>>.

21 United Nations Children's Fund South Sudan Country Office, 'Country Office Annual Report', 2014.

22 African Development Bank and United Nations Development Programme, 'South Sudan', 2015, <www.africaneconomicoutlook.org/fileadmin/uploads/aeo/2015/CN_data/CN_Long_EN/South_Sudan_GB_2015.pdf>.

reported that oil revenues had fallen by 75 per cent over the previous nine months.²³ Net oil revenues stood at South Sudanese Pounds (SSP) 180m (USD \$60m) per month.²⁴

It is estimated that the current conflict cost up to 15 per cent of potential GDP in 2014. Military expenditure has increased, meaning that fewer resources are available for other sectors of the economy. The conflict will also impact negatively on the 2015 harvest, further reducing non-oil GDP in 2015.²⁵ It is estimated that GDP will contract by 7.5 per cent in 2015 as the current conflict and the falling international oil prices continue to cast a shadow over economic prospects.²⁶

Lower oil prices and reduced output have resulted in a budget deficit. South Sudan's current account has deteriorated considerably. This has led to depreciation of the parallel exchange rate and fuelling of inflation.²⁷ These shocks have left the country unable to pay fully for its costs, thereby becoming dependent on borrowing. Oil revenue of USD \$60m and non-oil revenue of USD \$40m per month are not sufficient to cover a monthly expenditure of USD \$300m, 70 per cent of which is for salaries and state transfers. For more details see Section 4.3: Government budget and finance. The resulting monthly deficit is USD \$200m. The Ministry of Finance and Economic Planning has stated that the government intends to address its fiscal crisis through a combination of increasing revenue, reducing the workforce and adjusting the official exchange rate.²⁸

Outside the oil sector, livelihoods are concentrated in low productive, unpaid agriculture and pastoralist work, which account for around 15 per cent of GDP. Around 85 per cent of the working population is engaged in non-wage work, primarily in pastoralism and crop production, which together account for 78 per cent.²⁹ There are an estimated 11 to 12 million cattle in the country: Each of Jonglei, Northern Bahr el Ghazal, and Warrap states are home to roughly 1.6 million cattle.³⁰ Groups identified as 'pastoralist' include various Dinka, Nuer, and Mundari sections in different states and counties. Many cattle-keeping communities are also engaged in small-scale agriculture, reflecting significant diversity of livelihood activities among these communities.³¹ Cattle culture is very important for many South Sudanese communities. Their economic interactions with other groups are largely seasonal when trading and intermarriage takes place.

23 This is because of the 50 per cent fall in global oil prices, combined with the fixed nature of South Sudan's payments to Sudan for use of pipelines.

24 Ministry of Finance and Economic Planning, 'Fiscal Rescue'.

25 Ibid.

26 African Development Bank and United Nations Development Programme, 'South Sudan'.

27 World Bank, 'Age Dependency Ratio'.

28 Ministry of Finance and Economic Planning, 'Fiscal Rescue'.

29 World Bank, 'Age Dependency Ratio'.

30 Southern Sudan Centre for Census, Statistics and Evaluation (SSCCSE), 'Southern Sudan Counts: Tables from the 5th Sudan population and housing census', 2008, Juba: Government of Southern Sudan; Southern Sudan Centre for Census, Statistics and Evaluation (SSCCSE), 'Statistical Yearbook for Southern Sudan 2010', Juba: Government of Southern Sudan.

31 Novelli, M., et al., 'Education Sector Governance, Inequality, Conflict, and Peace Building in South Sudan' (draft), United Nations Children's Fund Eastern and Southern Regional Office.

However, in recent decades, cattle raiding has played an increasingly important role in the economic strategies of pastoralist groups.³²

The low level of foreign reserves may negatively affect food imports with a further knock-on effect on food intake, notably during the 'lean season', which runs between April and October. The poverty rate has increased from 44.7 per cent in 2011 to more than 57.2 per cent in 2015. There also has been a corresponding increase in the depth of poverty resulting in a greater number of households below the poverty line.³³

There have been concerns about South Sudan having parallel official and black market exchange rates ever since independence in 2011. This has resulted in problems of rent-seeking from those with access to dollars at the official rate and, consequently, corruption.³⁴ The problem intensified in 2015 when the SSP to USD black market exchange rate increased from 6.1 in January³⁵ to about 15 in early September.³⁶ This compares to about SSP 3 to USD 1 at the official exchange rate and reflects a decline in available foreign exchange. Growing uncertainty about the macro-economic situation, coupled with increased risks related to expanding conflict and rising transport costs, have made it harder for traders to do business in South Sudan.³⁷ An acute shortage of hard currency is causing shortages in supply of food, water and fuel and a rapidly rising cost of living.³⁸

In the first half of 2015, the rapid depreciation of the SSD and related inflation has also made implementation of project activities very problematic for locals: The cost of doing business was three times higher by June 2015 than it was at the start of the year. By mid-year it was reported that shortages of basic commodities and increased operating costs related to the depreciation of the SSD would constrain humanitarian operations at a time when conflict and the rainy season were already limiting access to many of the worst affected areas.³⁹

In May 2015, the UN Resident Coordinator's Office expressed concern that soaring inflation would cause the South Sudanese pound to collapse. The combination of very poor human development, the violence of recent months and the economic crisis meant that the country faced the danger of an economic collapse. This situation would likely intensify the suffering of the population requiring many to spend 80–85 per cent of available income on food.⁴⁰

32 von Hapsburg, 'Education, Conflict and Peace in the Republic of South Sudan' (desk study), 2013.

33 World Bank, 'Age Dependency Ratio'.

34 Adam, C. and L. Crawford, 'Exchange Rate Options for South Sudan', Oxford Policy Management, 1 May 2012, <www.users.ox.ac.uk/~cadam/pdfs/Adam_Crawford_Exchange%20Rate%20Options%20for%20South%20Sudan_Version2_1_May_2012.pdf>.

35 'Some Households Face Catastrophe as Food Aid Delivery Remains Blocked and Prices Spike', *FEWSNET*, 24 June 2015, <www.fews.net/east-africa/south-sudan/alert/june-24-2015>.

36 Reuters, 'South Sudan Passes 2015/2016 Budget as Fighting Continues', September 8 2015, <<http://uk.reuters.com/article/2015/09/08/uk-southsudan-spending-idUKKCN0R82EZ20150908>>.

37 *FEWSNET*, 2015.

38 Office for the Coordination of Humanitarian Affairs, 'Situation Report 70', 15 January 2015, <reliefweb.int/report/south-sudan/south-sudan-crisis-situation-report-no-70-15-january-2015>.

39 *FEWSNET*, 2015.

40 Anderson, M. 'South Sudan Close to Economic Collapse as Famine Fears Resurface', 22 May 2015, <www.theguardian.com/global-Continued>.

The private sector in South Sudan is still in its infancy and is dominated by oil. The main company in South Sudan's oil sector is DAR Petroleum Operating Company Ltd., a consortium of the China National Petroleum Corporation; Petronas of Malaysia; Nilepet; SINOPEC; and Tri-Ocean Energy.

South Sudan contains rich deposits of gold, diamonds, rare earth minerals, uranium, and other minerals.⁴¹ These have remained almost completely untapped. The market for minerals is largely restricted to transactions among a handful of rural communities and migrant workers who operate artisanal gold mines in informal cross-border economies.⁴² Though slowed by the conflict, exploration has begun with the first gold mining exploration in three counties of Kapoeta region in Eastern Equatoria.⁴³

Currently, the non-oil private sector primarily consists of livestock, crop agriculture, forestry and services. The vast majority of businesses are in the informal sector, and most are small and medium-sized enterprises. Almost all larger companies are foreign-owned. Security concerns, corruption, weak infrastructure, high transport and customs costs, inefficient customs, and limited skilled domestic labour make production expensive and domestic producers uncompetitive.⁴⁴ However, the country has great potential to develop value chains that create jobs and improve household incomes for products including gum acacia, shea nuts and livestock. Developing such value chains could lead to greater community interdependences and, it is assumed, a higher likelihood of peaceful coexistence.⁴⁵

2.5 Socio-economic overview

Despite a relatively high potential GDP per capita because of its wealth of natural and agricultural resources, South Sudan's human development indicators are very poor. This is in large part because the wealth produced in the country is not shared equitably. The country does not have a place in the Human Development Index (HDI) because of a lack of verifiable data for mean years of schooling. However, with regard to the other two indicators, its Gross National Income (GNI) per capita in 2013 was higher than Madagascar – which was 155 out of 187 in the Human Development Index – but its life expectancy that year would have been ninth lowest.⁴⁶ Mean years of schooling would also likely be very low.

development/2015/may/22/south-sudan-conflict-economic-collapse-famine-fears>, accessed 29 June 2015.

41 Dhieu Dau, S., 'Investment Opportunities in the Petroleum and Mining Sectors', PowerPoint presentation at the South Sudan Investment Conference, <www.mzv.cz/file/1100295/All_SSIC_2013_powerpoints_in_pdf_format_II.pdf>.

42 United States Institute of Peace, 'Establishing a Mining Sector in Post-War South Sudan', April 2013, <www.usip.org/sites/default/files/SR330-Establishing%20a%20Mining%20Sector%20in%20Postwar%20South%20Sudan.pdf>.

43 African Review of Business and Technology, 'Gold Mining Begins in South Sudan', 2 April 2014, <www.africanreview.com/construction-a-mining/quarrying/gold-exploration-begins-in-south-sudan>.

44 African Development Bank and United Nations Development Programme, 'South Sudan'.

45 Ibid.

46 United Nations Development Programme, 'Human Development Report 2014', <hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf>.

In 2009, 51 per cent of the population lived below the national poverty line while the richest 40 per cent of the population accounted for 70 per cent of total consumption.⁴⁷ The dependency burden on the working population is high. The World Bank has estimated that in 2014 there were 83 dependents for every 100 people of working age (15–64 years).⁴⁸

More than a third of the population lacks secure access to food, with female-headed households being particularly affected. Very little exists of the public infrastructure required for growth. Up to 60 per cent of remote locations are inaccessible during the rainy season. Much of the population relies on NGOs and international organizations for food and healthcare.⁴⁹

Meanwhile, only 16 per cent of women and 27 per cent of all adults are literate;⁵⁰ one child in three has stunted growth due to malnutrition; and 789⁵¹ out of every 100,000 mothers die in childbirth.⁵² For more on these issues, see Sections 5 and 6 below on health and education respectively.

2.5.1 Women's rights

Article 16 of the Transitional Constitution enshrines women full and equal dignity with men – the right to equal pay for equal work, and the right to property and a share in the estate of a deceased husband. In addition, it stipulates that all levels of government should “enact laws to combat harmful customs and traditions which undermine the dignity and status of women” and “provide maternity and child care and medical care for pregnant and lactating women.”⁵³

By law, women are entitled to 25 per cent of seats in executive and legislative assemblies and can compete for the remaining 75 per cent of seats (Ministry of Culture, Youth and Sports (MoCYS), 2014). Nevertheless, women's representation in politics and civil service remains low. In early 2015 it was reported that women held only 17 per cent of the 132 state ministerial posts, 10 per cent of governor positions, and one of the 82 county commissioner posts. However, female representation improved in the National Assembly from one to 25 seats in 2005 and 30 in 2012.⁵⁴

Significant disparities also exist in favour of men in labour participation, education, health outcomes, business ownership, land tenure, property ownership, and inheritance practices. Formal policies and laws provide for equality in these areas but enforcement is weak because of

47 African Development Bank and United Nations Development Programme, 'South Sudan'.

48 World Bank figures, <<http://data.worldbank.org/country/south-sudan>>.

49 African Development Bank and United Nations Development Programme, 'South Sudan'.

50 World Bank, 'Age Dependency Ratio'.

51 World Health Organization et al., 'Trends in Maternal Mortality: 1990 to 2015 estimates by WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (Executive Summary)', 2015.

52 Ministry of Education, Science and Technology, 'Education Statistics for the Republic of South Sudan 2015' (draft), 2015.

53 Ministry of Culture, Youth and Sports, 'South Sudan, Youth Development Policy' (final draft), 3 December 2014.

54 African Development Bank and United Nations Development Programme, 'South Sudan'.

capacity issues, financial constraints and the lack of a mechanism for enforcement. In addition, the Constitution also permits customary laws, some of which are discriminatory against women.⁵⁵

Women and girls in South Sudan suffer inequality in almost all walks of life. For instance, insecurity and GBV are key concerns for women and girls.⁵⁶ In 2015, 70 per cent of primary school-aged girls were not enrolled at school, while less than 13,000 girls in the whole country had enrolled in the final year of primary.⁵⁷ Poor health and education indicators for women also have negative implications for the health and well-being of the entire family and the community.⁵⁸

It is customary for the groom to pay bride price to the bride's family. Bride price is connected to child marriage but it is equally related to lifestyle and the power realized by owning more cows than a neighbour.⁵⁹ In the past few years, bride price has increased substantially. This has led to a growth in the attitude that girls are property that can be used to generate family wealth.⁶⁰ In addition, high bride price can make it difficult for a woman to leave an abusive relationship.

According to the 2006 Household Health Survey, 75 per cent of the 815 men from urban and rural areas who answered the question admitted to having two or more wives or other sexual partners, and 43.2 per cent of the women said that their husbands had other wives.⁶¹ Divorce is extremely difficult for women to obtain: Traditionally, only men request divorce and the wife's family have to pay back the bride price.⁶² The last available data from 2006 suggests that female-headed households are more likely to be living in poverty (57 per cent) than male-headed households (48 per cent).⁶³

In most parts of South Sudan, women are not allowed to inherit land under customary law. In some places, widows are forced to marry their dead husbands' brothers or other relatives. Denial of access for women to land and other resources prevents women and girls from achieving sustainable livelihoods.⁶⁴

2.5.2 The social protection system

Greater investment in longer-term social safety nets for South Sudan could alleviate or prevent deepening of poverty; protect and enhance human capital and access to services; and enable

55 Ibid.

56 MoCYS, 'South Sudan, Youth Development Policy'.

57 Ministry of Education, Science and Technology, 'South Sudan EFA Review', April 2015.

58 MoCYS, 'South Sudan, Youth Development Policy'.

59 Sommers, M., and Stephanie Schwartz, 'Dowry and Division: Youth and state building in South Sudan', United States Institute of Peace, 2011, <www.usip.org/sites/default/files/SR_295.pdf>.

60 MoCYS, 'South Sudan, Youth Development Policy'.

61 National Bureau of Statistics, South Sudan National Baseline Household Survey, 2009, <static1.1.sqspcdn.com/static/f/750842/18935272/1340636516527/NBHS+Final+website.pdf?token=VbKQrcFJfd%2BRDV5UQDz1zQVC7LM%3D>.

62 Graduate Institute of International Studies, 'My Neighbour, My Enemy: Inter-tribal violence in Jonglei', *Small Arms Survey*, Geneva, Switzerland, 2012.

63 National Bureau of Statistics, 'South Sudan National Baseline Household Survey'.

64 United Nations Children's Fund, 'UNICEF: Put child rights first in South Sudan', 5 May 2015, <www.unicef.org/southsudan/media_16479.html>.

households to plan, adapt and develop in spite of shocks.⁶⁵ However, there is limited institutional and human capacity for social protection in the country. Government and counterparts have very little capacity in this area.

The government's vision on social protection is outlined in the South Sudan Development Plan 2011–2013, which has a stated objective to “work progressively to reduce risk, vulnerability, poverty, and economic and social exclusion throughout South Sudan.” For this purpose, the government established a Social Protection Core Team led by the Ministry of Gender, Child, Social Welfare, Humanitarian, and Disaster Management, which includes several government organizations and development partners.⁶⁶

In 2014 the Council of Ministers passed its National Social Policy Development Framework. Its overall goal is to “respond to and address the multiple vulnerabilities faced by South Sudanese citizens, with a particular focus on the poorest and most excluded sectors.” It has the following six objectives:

- a. Inclusive social protection: ensuring access to basic social services for all;
- b. Protective environments for children;
- c. Strengthened linkages among social protection, economic development and sustainable livelihoods;
- d. Improved livelihoods for women;
- e. A systems approach to social protection; and
- f. Progressive realization of coverage.

It is envisaged in the policy that a national social protection system would implement a portfolio of protective, preventive and promotional interventions in an integrated manner. The policy specifies that five social assistance programmes should be implemented. Three of these programmes are child-focused: the Child Support Grant, School Feeding Programmes and Girl's Scholarship Programmes. The Child Support Grant programme is intended to provide child grants to every family with children under the age of five.⁶⁷ Both the South Sudan National Development Plan and the Social Protection Policy Framework include a government commitment to spend one per cent of its annual budget to finance the child grant.⁶⁸ However, in practice, state efforts have largely been derailed by conflict and compromised by the budgetary limitations that worsened as a result of the 2012 oil crisis and the rise in military spending. The government is unlikely to respect its commitment in the near future.⁶⁹ Indeed, the reduced budget for 2015–2016, which prioritizes

65 Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 'Resilience Context Analysis' (second draft), August 2015.

66 Pape, U., and N. Pontara, 'Alternative Social Safety Nets in South Sudan: Costing and impact on welfare indicators', World Bank, June 2015, <openknowledge.worldbank.org/bitstream/handle/10986/22499/Alternative0so0ators000poverty0note.pdf?sequence=1&disAllowed=y>.

67 United Nations Children's Fund, 'UNICEF: Put child rights first'.

68 Ibid.

69 Ibid.

spending on security and salaries, seems unlikely to provide space for additional spending.⁷⁰ However, the government has reaffirmed a political commitment to re-allocate funds for social assistance to children if the security situation improves and fiscal space is freed.⁷¹

In this context, almost all social protection funding comes from non-governmental sources. Non-state actors have implemented small-scale cash transfer programming for vulnerable individuals and households, including internally displaced persons and refugees. In general, however, there is an absence of non-food social protection programming with links to longer-term development and reduction of chronic vulnerabilities. Just before the outbreak of the recent conflict in 2013, food assistance accounted for almost 98 per cent of all social safety net expenditure. Seventy per cent of beneficiaries were reached through emergency general food distribution, 14 per cent through school feeding, and 15 per cent through cash for work and food for work. Just 0.3 per cent was reached by unconditional cash transfers. While these proportions have changed slightly since then, largely because of the conflict dynamics, in 2015 cash transfers remain a minority of the assistance provided to reduce poverty and support resilience in South Sudan.⁷²

Effective social protection is particularly important in the context of conflict, which disproportionately affects the most vulnerable and puts stress on their coping mechanisms. Conflict has also led to displacement of many hundreds of thousands, as well as increased numbers of orphans, widows and persons with disabilities and trauma-related disorders. The general lack of formal social protection in the fragile context of South Sudan risks leaving many vulnerable or conflict-affected groups at risk of deepened or new poverty that further worsens their likely vulnerability to the impacts of future shocks and stresses.⁷³ In 2014, it was highlighted that there is limited engagement of vulnerable communities in policy dialogue on social protection schemes. This leads to a limited sense of ownership and inadequate demand for social protection programmes.⁷⁴

70 'South Sudan President Issues Decree Separating Cattle Camps from Farmland', *Sudan Tribune*, 9 April 2015, <www.sudantribune.com/spip.php?article54558>.

71 United Nations Children's Fund, 'UNICEF: Put child rights first'.

72 Pape, U., and N. Pontara, 'Alternative Social Safety Nets'.

73 Ibid.

74 United Nations Children's Fund South Sudan Country Office, 'Country Office Annual Report', 2014.



3. CONFLICT AND OTHER RISKS

3.1 The 2013–2015 conflict

On 15 December 2013 armed violence broke out in Juba between supporters of President Salva Kiir and former Vice-President Riek Machar. By 16 December, the violence resulted in large-scale killings and human rights abuses in the city, and quickly spread across the country.⁷⁵ In response, many civilians fled their homes, often to UN Mission in South Sudan (UNMISS) bases, the only locations in which the civilians felt protected. These peacekeeping bases became sites for internally displaced persons, later taking the name 'Protection of Civilians' sites (POCs). By 21 December, six days after the violence began, UNMISS was hosting more than 35,000 civilians in its bases.⁷⁶

Following the initial outbreak of violence in Juba, significant defections from the SPLA to the armed opposition were reported in Jonglei, Unity, and Upper Nile States. Like in Juba, fighting often began at military installations and quickly spilled into civilian areas. Opposition forces

⁷⁵ UN Security Council, 'Report of the Secretary General on South Sudan', 6 March 2014, <www.un.org/en/ga/search/view_doc.asp?symbol=S/2014/158>.

⁷⁶ United Nations Mission in South Sudan, 'Conflict in South Sudan: A human rights report, 2014, <www.unmiss.unmissions.org/Portals/unmiss/Human%20Rights%20Reports/UNMISS%20Conflict%20in%20South%20Sudan%20-%20A%20Human%20Rights%20Report.pdf>.

subsequently took: Bor, the Jonglei State capital, on 18 December; Bentiu, capital of Unity State, on 21 December; and Malakal, capital of Upper Nile, on 25 December. These state capitals subsequently changed hands numerous times, either following fighting or after a party retreated.⁷⁷ As fighting spread throughout Greater Upper Nile, over two million people were forced from their homes, vital infrastructure destroyed, and levels of food insecurity and disease increased.

In response to the crisis, the Intergovernmental Authority on Development (IGAD) began in early January 2014 to facilitate ceasefire talks between the main parties of conflict: the government, led by the SPLM, and the Sudan Peoples' Liberation Movement/Army in Opposition (SPLM/A-IO), headed by Riek Machar. The Addis Ababa talks were delayed several times. The government and the SPLM/A-IO signed agreements on cessation of hostilities in January 2014 and again in May 2014; despite these agreements, fighting continued.⁷⁸ However, on 17 August 2015 an IGAD-sponsored peace agreement was signed, first by Machar and Pagan Amum (who had been reinstated as chair of the SPLM after being detained for four months by Kiir in December 2013 on charges of conspiracy to commit treason), and then by President Kiir on 26 August 2015.

3.2 Localized conflicts

The hostilities that began in December 2013 exacerbated existing challenges in South Sudan. It deepened existing instability throughout the country, with nearby states at risk of spill over. Seasonal inter-communal clashes, which were already a problem before December 2013, have been more extensive, and have the potential to spiral out of control.⁷⁹ A violent conflict in Greater Pibor in Jonglei state subsided with the outbreak of the 2013–2015 conflict, but its consequences for children and their families are still being felt. While the violence has been focused in the three Upper Nile states, there is also an increasingly complex intra-communal conflict in parts of Lakes State, which continues to threaten the lives and livelihoods of civilians.⁸⁰ The Equatorial states have also seen violent incidents with varying degrees of linkage to the broader conflict.

These localized conflicts often occur between different pastoralist groups or between pastoralist groups and farming communities over control of assets and natural resources. It should also be noted that the conflicts have underlying roots in structural patterns of marginalization, economic pressures, stress induced by climatic conditions and changes, and political manipulation of group allegiance and identity.⁸¹

77 Ibid.

78 Maxwell, D., and M. Santschi, 'From Post-Conflict Recovery and State Building to a Renewed Humanitarian Emergency: A brief reflection on South Sudan', SLRC, August 2015, <www.securelivelihoods.org/publications_details.aspx?ResourceID=320>.

79 Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin Biweekly Update 15 May 2015', <http://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_15May2015_HB.pdf>.

80 OCHA, 'Situation Report 70'.

81 Novelli, M., et al., 'Education Sector Governance'.

3.2.1 Pibor

Pibor is one of the most underdeveloped parts of South Sudan. It has been characterised as having extremely limited healthcare, education and livelihood opportunities. It also has a scarcity of central government authority, security, development and justice mechanisms. It has experienced a change in social fabric that left elders with much less influence over the youth. The area is home to several ethnic groups, notably the Murle. UN media reported in 2012 that the Murle contended they are discriminated against, sidelined from development projects and under-represented in the political sphere.

The recent Pibor conflict first began in 2010 when David Yau Yau, a Murle civil servant, contested the electoral results for a constituency in Pibor county. The violence escalated in 2011-2012 and continued on and off through 2013, evolving into a conflict between Yau Yau's armed group, known as the South Sudan Democratic Movement/Army (SSDM/A) - Cobra Faction, and the government. Peace initiatives throughout this period were largely unsuccessful, and were ongoing when civil conflict broke out in December 2013. On 30 January 2014, President Kiir and Yau Yau agreed on a ceasefire that laid the ground for a constructive series of negotiations held in Addis Ababa. On 9 May 2014 the parties signed a peace agreement.⁸²

The peace agreement between the government and the Cobra Faction led to the establishment of a new Greater Pibor Administrative Area (GPAA), comprising the former Pibor and Pochalla counties of Jonglei along the Ethiopian border, in a territory mainly inhabited by Anyuak, Jie, Kachepo, and Murle people. This strengthened the administrative divide in surrounding counties predominantly inhabited by Nuer and Dinka. President Salva Kiir appointed David Yau Yau as chief administrator of the area with a status equal to that of state governor.⁸³ As a result, a fragile peace has been attained in the GPAA in Jonglei State. The South Sudan Democratic Army (SSDA) - Cobra Faction is currently being integrated into the SPLA, facilitating the release of 1,755 children associated with the Cobra Faction.⁸⁴

3.2.2 Equatoria

In June 2015, violence erupted in Maridi in Western Equatoria Houses were burnt, shops looted and Maridi County hospital was looted and vandalized.⁸⁵ More than 35,000 people were displaced from Maridi by the fighting to neighbouring rural areas.⁸⁶ In early July 2015, the hospital, local

82 Todisco, C., 'Real but Fragile', *Small Arms Survey*.

83 Ibid.

84 UNICEF South Sudan, 'South Sudan: GPAA', 7 May 2015.

85 Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan | Bi-weekly update 15 July 2015', 15 July 2015, <https://docs.unocha.org/sites/dms/SouthSudan/2015_SouthSudan/South_Sudan_15_July_2015_Humanitarian_Bulletin_01.pdf>.

86 United Nations High Commissioner for Refugees, 'UNHCR Delivers Relief to 25,000 Displaced People in South Sudan', 14 August 2015, <<http://reliefweb.int/report/south-sudan/unhcr-delivers-relief-25000-displaced-people-south-sudan>>.

schools and the water supply system were not functioning. As a result, public officials were displaced from the town.⁸⁷

Fighting in Western and Central Equatoria escalated in September and October 2015. Thousands of people were reported displaced in early September by fighting between armed groups in the western part of Juba county. During the fighting there were reportedly attacks on civilians, with several people wounded and killed. Houses, property, compounds and health facilities were burnt, looted or destroyed. Food stocks were destroyed, and displaced people lost access to farms and markets because of the insecurity.⁸⁸ Meanwhile, deterioration in security in Mundri, resulting from armed clashes between the SPLA and unknown armed groups in early October 2015, led to the death of some 300 people, the burning of entire villages in Mundri East and West counties, and mass displacement within and outside the counties. In late October the local authorities reported some 19,000 internally displaced persons in Mundri East and another 44,000 in Mundri West.⁸⁹

There are several areas of tension in Equatoria. Firstly, in early 2015 the governors of the three Greater Equatorial states called for greater federalism,⁹⁰ which would also see greater opportunities for states to raise budgets from local revenues such as customs duties.⁹¹ However, President Kiir dismissed the idea at the time, though an agreement was made allowing the Equatorial states to keep a higher proportion of customs duties.⁹²

The growing dissatisfaction in Equatoria is concerning because the area has largely remained peaceful during the 2013–2015 civil war, with residents generally seeing the conflict as tribal between the Dinka and the Nuer, though localized conflicts have continued through this period. .

3.2.3 Lakes States

Insecurity in Lakes State is characterized by armed cattle raiding, conflict over scarce resources and tribal clashes. The Dinka agro-pastoralists within its borders are subdivided into many different sub-groups and clans. As with most Dinka communities, cattle are at the centre of the

87 OCHA, 'Humanitarian Bulletin 15 July 2015'.

88 Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan | Bi-weekly update 9 October 2015', 9 October 2015, <https://docs.unocha.org/sites/dms/SouthSudan/2015_SouthSudan/OCHA_SouthSudan_HumanitarianBulletin_9%20October2015.pdf>.

89 United Nations High Commissioner for Refugees, 'South Sudan: UNHCR Operational Update 37/2015', 28 October 2015, <<http://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20SSD%20Operational%20Update%20No%2037%2014-28%20October%202015.pdf>>.

90 'Equatorial Governors Say their Federalism Call is a "Civic Demand"', Radio Tamazuj, 2 February 2015, <<https://radiotamazuj.org/en/article/Equatorial-governors-say-their-federalism-call-civic-demand>>.91 'Armed Cattle Keepers Threaten C. Equatoria Security, Farming', Sudan Tribune, 16 July 2014, <<http://reliefweb.int/report/south-sudan/armed-cattle-keepers-threaten-c-equatoria-security-farming>>.92 Sudan Tribune, 'At least one person'.93 O'Brien, A., 'Shots in the Dark: The 2008 South Sudan civilian disarmament campaign', *Small Arms Survey*, Graduate Institute of International and Development Studies, Geneva, Switzerland, 2009, <www.smallarmssurveysudan.org/fileadmin/docs/working-papers/HSBA-WP-16-South-Sudan-Civilian-Disarmament-Campaign.pdf>.

91 'Armed Cattle Keepers Threaten C. Equatoria Security, Farming', Sudan Tribune, 16 July 2014, <<http://reliefweb.int/report/south-sudan/armed-cattle-keepers-threaten-c-equatoria-security-farming>>.92 Sudan Tribune, 'At least one person'.93 O'Brien, A., 'Shots in the Dark: The 2008 South Sudan civilian disarmament campaign', *Small Arms Survey*, Graduate Institute of International and Development Studies, Geneva, Switzerland, 2009, <www.smallarmssurveysudan.org/fileadmin/docs/working-papers/HSBA-WP-16-South-Sudan-Civilian-Disarmament-Campaign.pdf>.

92 Sudan Tribune, 'At least one person'.93 O'Brien, A., 'Shots in the Dark: The 2008 South Sudan civilian disarmament campaign', *Small Arms Survey*, Graduate Institute of International and Development Studies, Geneva, Switzerland, 2009, <www.smallarmssurveysudan.org/fileadmin/docs/working-papers/HSBA-WP-16-South-Sudan-Civilian-Disarmament-Campaign.pdf>.

economy and the social fabric of many clans. In the dry season, in particular, competition for water, pastureland and cattle campgrounds can precipitate violence and revenge attacks.⁹³

Like other parts of the country, the state has seen increased use of more powerful weapons in cattle raiding, which has become increasingly violent and retaliatory. In the early 1990s the SPLA provided weapons to cattle keepers. This was to enable them to protect themselves and their communities from cattle raiders. It also allowed the SPLA to concentrate on the ongoing war with the north. However, following the CPA, the local militias, known as the 'gelweng', kept their weapons.⁹⁴

The proliferation of weapons means that conflict in the state has the potential to be very deadly. A chain of violence that began in July–August 2014 led to an escalation in rhetoric and violence to the point of including the assassination of a prominent community leader, conflict over resources and broader conflict with the governor.⁹⁵

Conflicts over cattle and between sub-clans continued in 2015. By April 2015, 11 sub-clan conflicts had been identified in five of the state's eight counties.⁹⁶ In April 2015, dozens of people died in inter-communal violence in Rumbek, the state capital. On 11–12 July 2015, about 50 people were killed and many wounded in fighting related to cattle raiding in Yirol East and West countries.⁹⁷

Lakes State is also home to Mingkaman, in Awerial county, the largest internally displaced persons settlement in South Sudan outside the Bentiu POC site. The internally displaced persons living at the site, most of whom had crossed the Nile from Unity state to flee the violence, have received support from local government and international partners. In June 2015, more than 70,000 internally displaced persons were living in the area.⁹⁸

3.3 Drivers of conflict

3.3.1 Inter-ethnic tension

One of the drivers of conflict in South Sudan has for a long time been "the manipulation of ethnic identities and loyalties for political and economic ends."⁹⁹ Maintaining social cohesion among the more than 60 ethnic groups in South Sudan has been an immense challenge. Ethnicity has often

93 O'Brien, A., 'Shots in the Dark: The 2008 South Sudan civilian disarmament campaign', *Small Arms Survey*, Graduate Institute of International and Development Studies, Geneva, Switzerland, 2009, <www.smallarmssurveysudan.org/fileadmin/docs/working-papers/HSBA-WP-16-South-Sudan-Civilian-Disarmament-Campaign.pdf>.

94 Ibid.

95 South Sudan Protection Cluster, 'Macro Analysis of Conflict in South Sudan', August 2014.

96 South Sudan Protection Cluster, 'Lakes State Update: Overview of the conflict situation # 4', April 2015.

97 OCHA, 'Humanitarian Bulletin', 15 July 2015.

98 REACH, 'Mingkaman Site Profile: Awerial County, Lakes State, South Sudan', July 2015, <www.reachresourcecentre.info/system/files/resource-documents/reach_camp_sdd_factsheet_mingkaman_july2015_6.pdf>.

99 Berman, B., 'Ethnicity, Patronage and the African State: The politics of uncivil nationalism', *African Affairs*, 97(388), 1998.

been manipulated to foster discord when it served political interests. Unresolved discord among numerous groups has assisted this situation; indeed, many communities have a long history of conflict. Of note, ethnically-targeted killings between the Nuer and Dinka in the current conflict have revived memories of the Bor massacre of 15 November 1991. At this massacre, an estimated 2,000 Dinka civilians in Bor were killed by Nuer fighters from Machar's SPLA-Nasir faction with the help of armed Nuer youth known as the 'White Army'.¹⁰⁰

Since at least the 1950s, South Sudan was defined by its quest for independence and its opposition to the northern 'other'.¹⁰¹ While this served as a unifying force until independence, post-independence South Sudan is struggling to maintain national cohesion. Research conducted in 2015 found that, despite the country's long struggle for independence, only 16 per cent of the population considered national identity its most valued identity. Many were more committed to their tribe (27 per cent), language (26 per cent) or clan (24 per cent). Curiously, those who do consider national identity their most valued identity are less trustful of the national government than others.¹⁰²

3.3.2 Resources

One key conflict trigger in South Sudan is competition over resources. In particular, finances from the oil sector have made up the vast bulk of the country's income since independence. The conflict over oil quickly spread from Juba to the oil-rich Greater Upper Nile region, where both the SPLA and the SPLA-IO have engaged in several offensives to take and retake oil fields.¹⁰³ By capturing oil fields, the SPLA-IO cuts off government funding. Not surprisingly, both sides are seeking to maximize their potential income from oil when peace takes hold.

Children in South Sudan, unfortunately, are exposed to conflict ignited by communal strife over access to land, grazing grounds and water sources. Competition over resources at community level often revolves around particular water and pasture for cattle. According to normal seasonal patterns, food insecurity hits its peak between April and July.¹⁰⁴ The period of food insecurity has also been documented between 2011 and 2014 to be consistently the period of the highest level of conflict intensity in the country.¹⁰⁵ Fighting disrupts planting, dramatically escalating both the food insecurity and malnutrition among affected communities.¹⁰⁶ Food insecurity disproportionately affects women and girls. The reasons are because women and girls do not get priority within the family when there is not enough food available, and also because women and

100 UNMISS, 'Human Rights Report'.

101 Copnall, J., *A Poisonous Thorn in Our Hearts: Sudan and South Sudan's Bitter and Incomplete Divorce*, C. Hurst & Co., London, 2014.

102 Linetsky, Z., 'Communicating for Peace South Sudan', May 2015.

103 International Crisis Group, 'South Sudan: A civil war by any other name', 10 April 2014, <[www.crisisgroup.org/~media/Files/africa/horn-of-africa/south%20sudan/217-south-sudan-a-civil-war-by-any-other-name.pdf](http://www.crisisgroup.org/~/media/Files/africa/horn-of-africa/south%20sudan/217-south-sudan-a-civil-war-by-any-other-name.pdf)>.

104 Food and Agriculture Organization, 'South Sudan Situation Update March/April 2015', April 2015, <www.fao.org/fileadmin/user_upload/emergencies/docs/FAO%20South%20Sudan%20March%20-%20April%20Update.pdf>.

105 Presentation to UNCT by independent expert, 9 June 2015.

106 FAO, 'Situation Update'.

girls can employ dangerous coping mechanisms in order to access basic survival needs for the family.¹⁰⁷

Competition over resources arises from a number of interrelated underlying factors including resource scarcity, poverty and food insecurity. This competition is further exacerbated by climate change, unemployment and new border demarcations or land boundaries, which affect the seasonal migration of pastoralists.¹⁰⁸ In addition, because of the high number of small arms available within the country, competition over resources can rapidly escalate into deadly conflict. Widespread traditions of revenge and retaliation can also bring about rapid spirals of violence.¹⁰⁹ This violence has an endemic effect on children who face being killed or abducted, being separated from their families, losing access to schooling and losing their source of livelihoods.

3.3.3 Governance

Another driver of conflict is the impact of poor governance and inequities that can result in preferential treatment for some communities and tribes. Poor governance in South Sudan is also coupled with elite political rivalry that, in a country with such a low level of human development, can further widen socio-economic disparities and lead to a deterioration in inter-communal relations. This unequal distribution of resources has continuously undermined social cohesion in South Sudan and the current conflict clearly illustrates its impact. Moreover, it also shows how poor governance can undermine social cohesion and community resilience against violent identity-based conflict, as well as trust in the state.¹¹⁰ See Section 4 for more on governance issues.

3.3.4 Service provision

Providing the country's population with education, health, welfare, protection services, as well as infrastructure, can mitigate the potential for conflict in the country. The provision of services reduces the stresses on households and the need to take up negative coping strategies. Services should be accessible, adhere to standards of quality, and be culturally and economically relevant to the target communities. However, access to services can be limited by conflicting government priorities, the challenging terrain, insecurity, as well as austerity measures and conflict. Providers of services should be accountable and decision-making should be transparent. Failure to provide the expected services, regional disparities in service provision, or the exclusion of children or youth from education can all become significant drivers of conflict.¹¹¹

107 UNICEF South Sudan, 'GPAA'.

108 Yoshida, Y., 'Inter-ethnic Conflict in Jonglei State, South Sudan: Emerging ethnic hatred between the Lou Nuer and the Murle', 2013, <www.e-ir.info/2013/07/11/emerging-ethnic-hatred-in-jonglei-state-south-sudan/>.

109 McKay, M., 'Desk Review and Consultation Report for Search for Common Ground: Communicating for peace in South Sudan – A social and behaviour change communication initiative', 2014.

110 UNICEF South Sudan, (2015b), 'Peace Building, Education and Advocacy Programme in Conflict-Affected Contexts Annual Report 2014', 2014.

111 von Hapsburg, 'Education, Conflict and Peace'.

3.3.5 Availability of weapons

Widespread availability of small arms has led to the militarization of some communities. Weapon availability continues to facilitate the rapid escalation of community disputes. The opportunity for top-down recruitment into armed groups and more grassroots level revenge attacks and inter-communal violence has left many young men vulnerable to being dragged into conflict.¹¹²

3.4 Impact of conflict on children

At least 909 children had been killed by June 2015 by combatants in the recent civil war according to reports received by the United Nations. Significant numbers have also lost their lives as a result of malnutrition and disease directly related to the conflict. UNICEF estimates that 970,000 children have lost access to education due to the conflict and that 800,000 are in psychological distress while up to 16,000 children, mostly boys, have been recruited since December 2013 and used by all sides of the conflict.

During three weeks in May 2015 in Unity State, violence against children intensified further, with 129 deaths of children reported.¹¹³ UNMISS reported that Guit and Koch counties were particularly affected.¹¹⁴ The violence and targeting of civilians was systematic, with whole villages burned to the ground by armed groups, and large numbers of girls and women taken outside to be raped and killed. Witnesses reported that they believed that armed groups aligned with the Sudan SPLA undertook the attacks.¹¹⁵

Meanwhile, many gains since independence that have assisted children's survival and development have been lost, including increased access to immunization, nutrition treatment and safe drinking water. Also, basic services are still not functioning in most of the conflict-affected areas. These factors, among others, have exacerbated household food insecurity and an increased number of children in need of treatment for severe and acute malnutrition. The number of children under five in South Sudan with severe acute malnutrition is nearly 250,000 – more than double since the crisis began. See Section 5.4.2 for more details.

Over two million people, over half of whom are children, have fled their homes as a result of the 2013–2015 conflict. Of these an estimated 1.6 million people are internally displaced,¹¹⁶ of whom more than half are children. The number of people in late August 2015 in UNMISS POCs was

112 South Sudan Protection Cluster. 'Protection Trends South Sudan: January–March 2015', May 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/protection_trends_paper_no_4_may_2015_final.pdf>.

113 United Nations Children's Fund, 'Unspeakable Violence against Children in South Sudan – UNICEF Chief', 17 June 2015, <www.unicef.org/media/media_82319.html>.

114 United Nations Mission in South Sudan, 'UNMISS Statement on the Ongoing Violence in Unity State', 11 May 2015, <<http://reliefweb.int/report/south-sudan/unmiss-statement-ongoing-violence-unity-state>>.

115 UNICEF, 'Children Killed, Abducted and Raped in South Sudan Attacks – UNICEF', 18 May 2015, <www.unicef.org/media/media_81915.html>.

116 Office for Coordination of Humanitarian Affairs, 'South Sudan Humanitarian Response Plan 2015: Mid-Year Update', 12 June 2015, <www.humanitarianresponse.info/en/system/files/documents/files/south_sudan_hrp_2015_myf_final_web_13_june.pdf>.

201,911.¹¹⁷ The other 90 per cent are living in internally displaced persons camps, spontaneous settlements and with host communities. Displaced communities are largely still based in the conflict-affected states.¹¹⁸ Meanwhile, in late October 2015, 639,692 South Sudanese refugees displaced since December 2013 were registered in neighbouring countries. Of these, 430,000 were children under the age of 18.¹¹⁹ In the first six months of 2015, displacement has been particularly large-scale in Unity State where the Protection Cluster reported more than 90,000 newly displaced.¹²⁰ In addition to the conflict states, displacement has also occurred in 2015 as a result of localized conflicts in other states including Eastern and Central Equatoria (*see Figure 3 and Figure 4*).¹²¹ *Figure 4*, produced by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), also show the areas most affected by the conflict in 2015.¹²²

117 United Nations Mission in South Sudan. 'UNMISS POC Update No. 89', 31 August 2015, <<http://reliefweb.int/report/south-sudan/unmiss-POC-update-no-89>>.

118 OCHA, 'Mid-Year Update'.

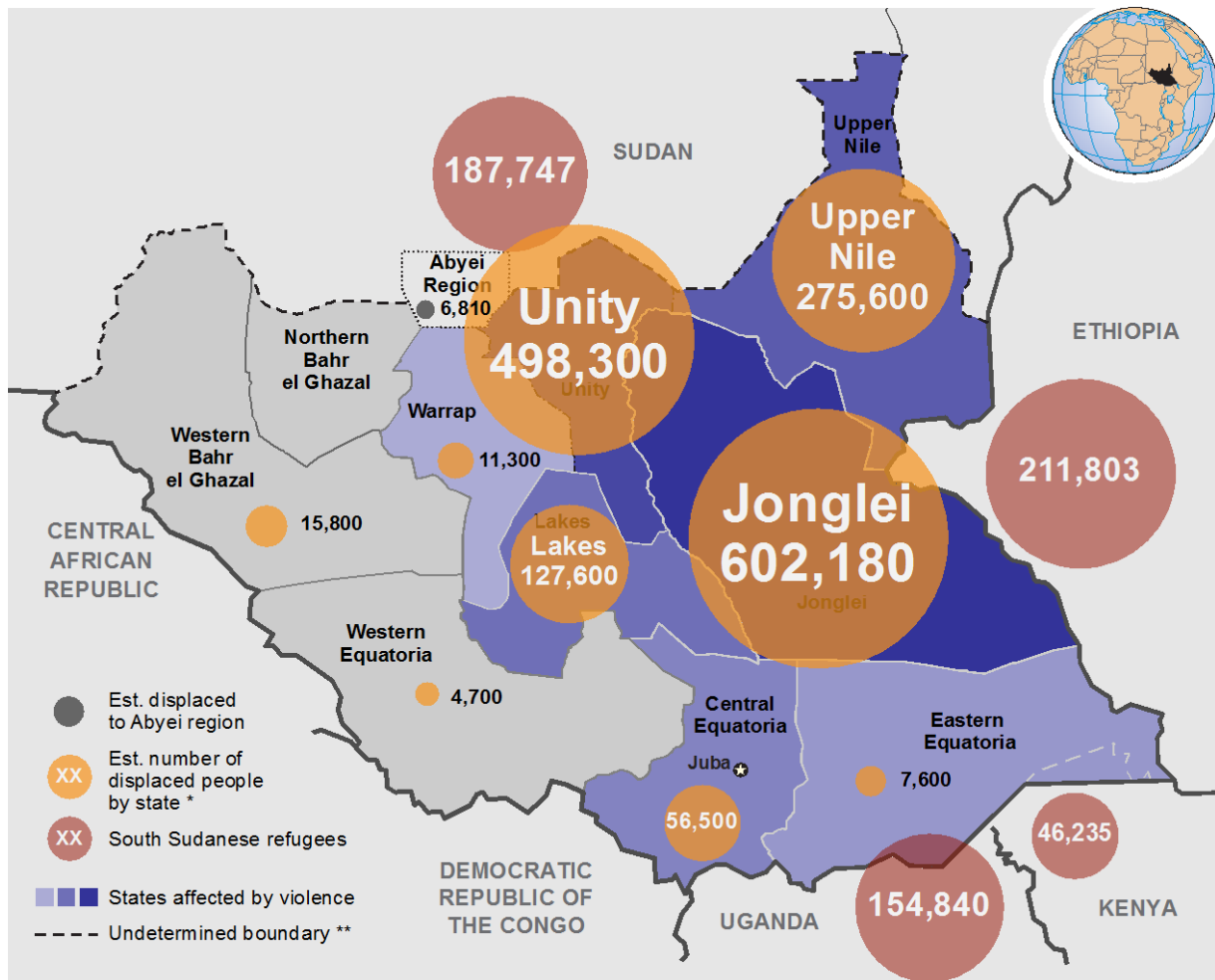
119 United Nations High Commissioner for Refugees, 'South Sudan Situation: Regional overview of population of concern as of 28 October 2015', 28 October 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/SSD_EmergencyOv_POC_151028.pdf>.

120 OCHA, 'Mid-Year Update'.

121 South Sudan Protection Cluster, 'January–March 2015'.

122 OCHA, 'Mid-Year Update'.

Figure 3: Data on South Sudan and surrounding countries, 8 July 2015



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations. **Final boundaries between Republic of South Sudan and Republic of Sudan have not been determined. Final status of the Abyei area is not yet determined. *Verification of the figures for internally displaced persons is a work in progress (12 June 2015).

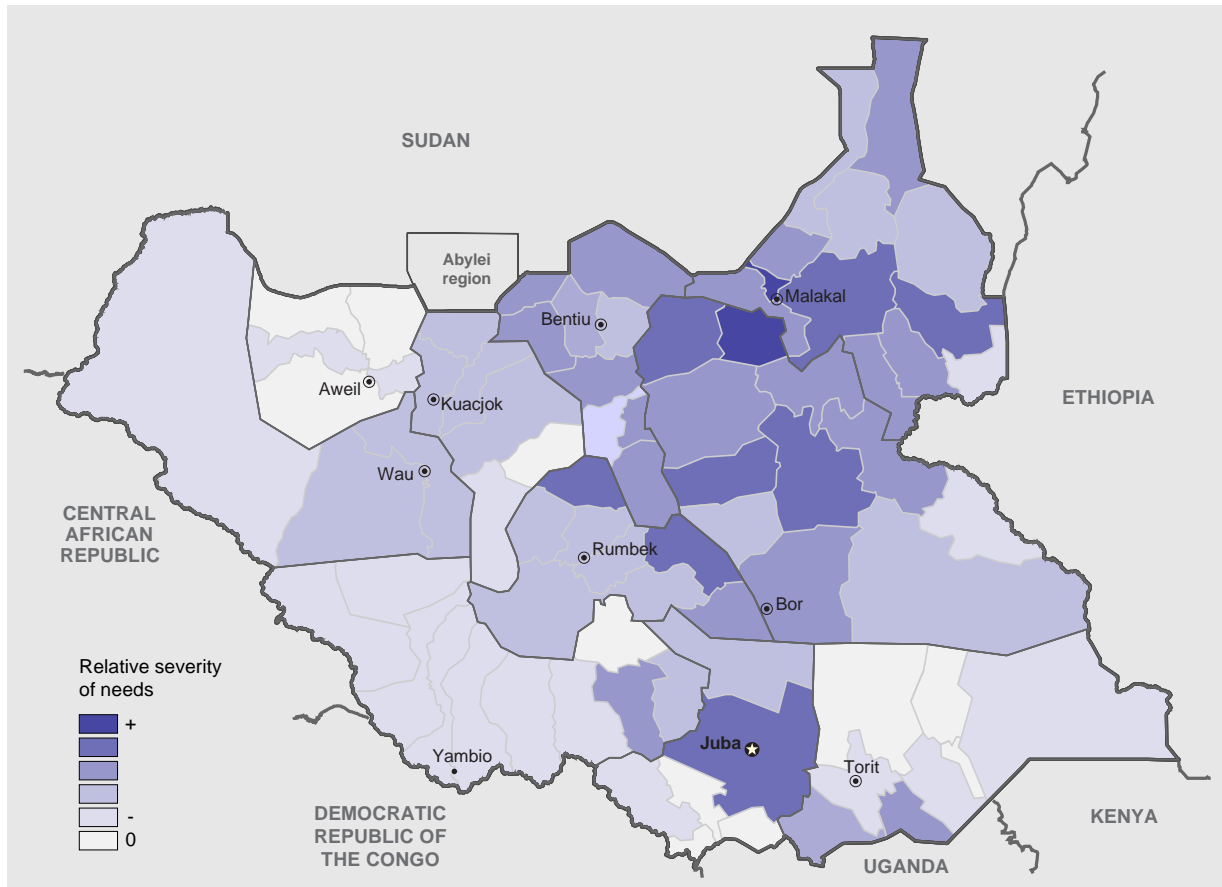
Source: OCHA, UNMISS, IOM, UNHCR, RCC and partners. Refugee figures as of 8 July 2015.

The conflict has caused a major public health crisis disrupting essential primary and secondary healthcare services. Communicable diseases are a concern throughout the country due to poor sanitation, shortage of safe potable water, malnutrition, poor immunity and crowded living conditions – especially in displacement sites.¹²³ A cholera outbreak began in May 2014 resulting in 6,421 cases including 167 deaths.¹²⁴

123 OCHA, 'Humanitarian Bulletin Biweekly Update', 15 May 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_15May2015_HB.pdf>.

124 Government of South Sudan and World Health Organization, 'Early Warning and Disease Surveillance Bulletin 8–14 December 2014', December 2014, <http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_ewarn_14december2014.pdf>.

Figure 4: Relative severity of needs – conflict and displacement, 2015



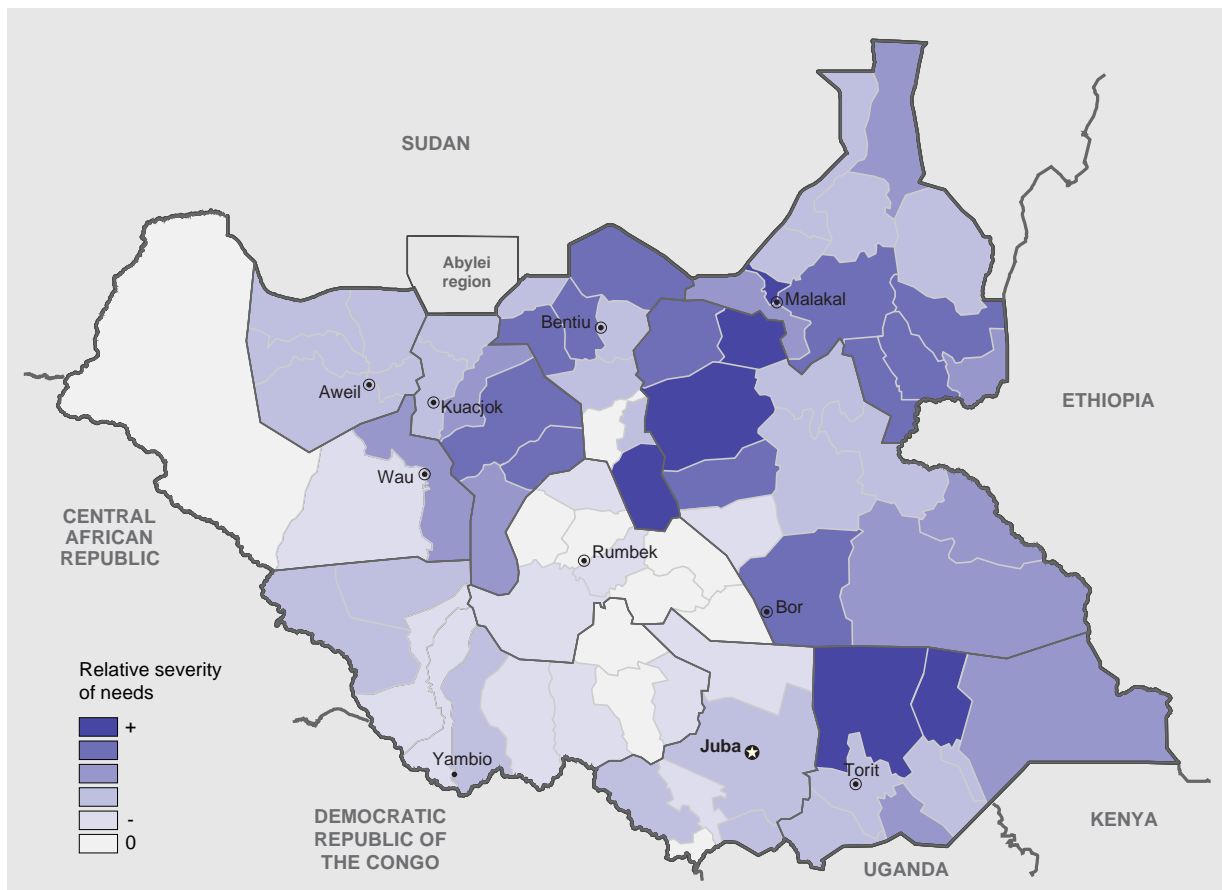
Source: UNOCHA and humanitarian clusters, June 2015.

Between 1 January and 12 December 2014, 1,999 people died from kala-azar.¹²⁵ Another cholera outbreak in 2015 has also led to dozens of deaths. In October 2015, consultations for malaria spiked to exceed the emergency threshold. More than 26,000 consultations were sought in a two-week period of which more than 16,000 were at the Bentiu POC site. Other common illnesses among internally displaced persons include acute respiratory infections, acute watery diarrhoea, malnutrition and measles (see Figure 5).¹²⁶ For more details, see Section 5.

125 WHO, 'South Sudan Kala Azar Update', 22 December 2014, <www.who.int/hac/crises/ssd/sitreps/south_sudan_kala_azar_update_22december2014.pdf?ua=1>.

126 OCHA, 'Humanitarian Bulletin 15 May 2015'.

Figure 5: Relativity of needs – death, injury and disease, 2015



Source: UNOCHA and humanitarian clusters, June 2015.

Sexual violence is one of most widespread forms of violence throughout this current conflict. Armed forces and armed groups have used sexual violence both opportunistically and systematically. Survivors have had great difficulty accessing services due to limited availability, security concerns and stigma. Girls and women also suffer from other forms of GBV, including physical, emotional and economic domestic violence in the places to where they are displaced.

The violence has had a wider impact on livelihoods. It has left farmers unable to sow or harvest their crops, fishermen being barred from rivers, and herders left destitute as their cattle was stolen, slaughtered, or sold off at less than their usual value. The sheer number of internally displaced persons fleeing violence has placed previously poor but self-sufficient communities under strain as they share what little they have.¹²⁷

The fragile security situation in the country is a major source of disruption for households and severely affects their livelihoods and access to basic social services.¹²⁸ Markets continue to be targeted and destroyed and traders report being fearful to cross conflict lines to deliver goods.

127 OXFAM, 'From Crisis to Catastrophe', October 2014, <www.oxfam.org/sites/www.oxfam.org/files/file_attachments/bn-from-crisis-to-catastrophe-food-security-south-sudan-061014-en.pdf>.

128 African Development Bank and United Nations Development Programme, 'South Sudan'.

The impact on employment is already evident; while typically 20–30 per cent of households derive income from skilled or unskilled labour, recent surveys indicate this per cent has fallen to 6–8.¹²⁹

The ongoing armed conflict has worsened the already endemic poverty in South Sudan. Before the outbreak of the conflict, efforts were being made to address poverty. With the ongoing conflict, a large proportion of the government funds allocated to poverty reduction programmes have been reallocated to the army and the security services. As well, many donor resources have been redirected into humanitarian support instead of longer-term development assistance services.¹³⁰

Reduced incomes and uncertainty in the commodity markets could have a dramatic impact on household welfare. Food comprises a large share of household expenditure for the urban poor – up to 85 per cent. Many households now find it difficult to afford commodities from the market due to their reduced income. This situation will have long-term consequences for the nutrition of children, including a likely increase in the rate of stunting. It will also further reduce expenditure on other essential services such as health or education. It is estimated that there are about 610,000 urban poor concentrated in Bentiu, Juba, Malakal and Wau; of those, 170,000 or 28 per cent, are in Juba. If the crisis continues, it is expected that many urban poor with links to the rural communities could move to these areas with low productivity activities. This would put more pressure on the natural resource base.¹³¹

3.4.1 Protection of Civilian sites (POCs)

Some of those displaced by the fighting who were unable or unwilling to leave their areas have sought refuge at UNMISS bases. The numbers in these POCs has fluctuated with the intensity of conflict in different areas of the country. By 27 August 2015, the estimated number of civilians seeking safety in POCs on UNMISS bases was 201,191 including 121,194 in Bentiu; 28,663 in Juba UN House; 48,840 in Malakal; 2,289 in Bor; 723 in Melut; and 202 in Wau.¹³² Both Bentiu and Malakal POCs saw sharp increases in residents in mid-2015 as a result of renewed fighting in Unity and Upper Nile states. In Bentiu the number of POC residents more than doubled from 52,908 on 7 May to a peak of 121,194 on 13 August. This increase was as a result of increased fighting in southern Unity State.¹³³ Malakal POC also saw an increase of more than 19,000 displaced persons seeking shelter from late July 2015 as a result of intensified fighting in Wau

129 OCHA, 'Mid-Year Update'.

130 African Development Bank and United Nations Development Programme, 'South Sudan'.

131 Food and Agriculture Organization, *FEWSNET*, World Food Programme, 'Urban Poor Most Affected by Run-Away Food Inflation in South Sudan', 25 May 2015, <<https://fao.app.box.com/s/y1332zmg9xtjnih6tcjgxsy8e2iasu70>>.

132 UNMISS, 'POC Update 31 August 2015'.

133 'The Conflict in Unity State (updated 3 July 2015)', *Small Arms Survey*, <www.smallarmssurveysudan.org/facts-figures/south-sudan/conflict-of-2013-14/the-conflict-in-unity.html>.

Shilluk. People there had already been displaced for weeks or months with limited access to food and medical care. Consequently, they were in very poor condition.¹³⁴

The people who are situated within the POCs are easier for humanitarian agencies to reach than the great majority of people suffering in this crisis. From the outset, about 30 per cent of aid has been focused on these UNMISS sites,¹³⁵ even though only 10 per cent of displaced people are located within them. This is mainly due to logistical and access issues. Despite the escalation of conflict in Greater Upper Nile, the generally stable situation in POCs such as Wau, Bor and Juba provide opportunities to engage in activities that constitute groundwork for transitional solutions.¹³⁶

In a World Vision survey conducted with 160 children living in three POCs in 2014, most children said that the sites offer safety from physical harm. However, they reported that there are not enough places to get water, and families relied on outside markets for food variety and other products.¹³⁷ Also in 2014, the South Sudan Protection Cluster reported that while UNMISS had made efforts to increase patrols outside POCs, implementation had not been systematic and men, women and children remained vulnerable.¹³⁸ Steps have continually been taken to review the situation, but the changing security situation and numbers in the camps make it challenging, and levels of security can vary by time and by camp.

Unfortunately, aid provision within the POCs has encountered problems. Particularly in the first months of the crisis, the shortage of space limited the water, sanitation, drainage, education facilities and shelter.¹³⁹ While the POCs are relatively safe, they are not completely so. On 17 April 2014, for example, an attack on the Bor POC by an angry mob resulted in at least 47 civilian deaths.¹⁴⁰ Meanwhile, at the POC in Melut, four civilians were killed and eight were seriously injured when two mortar bombs landed within the compound on 20 May 2015.¹⁴¹ In April–June 2015, it was reported that residents of the Malakal POC faced danger from fights between ethnic communities within the camp, as well as incursions from armed forces, armed groups and stray bullets during fighting near the site.¹⁴²

134 Médecins Sans Frontières, 'South Sudan: Dramatic influx of displaced people threatens medical crisis at POC camp', 21 August 2015, <www.msf.org/article/south-sudan-dramatic-influx-displaced-people-threatens-medical-crisis-POC-camp>.

135 Personal communication from UNICEF South Sudan, October 2015.

136 OCHA, 'Mid-Year Update'.

137 World Vision, 'Children Living in Crisis in South Sudan, 2014', <www.worldvision.org/sites/default/files/pdf/south-sudan-children-in-crisis.pdf>.

138 South Sudan Protection Cluster, 'Protection Trends Analysis: South Sudan', October 2014, <<https://southsudan.humanitarianresponse.info/system/files/documents/files/20141030%20Protection%20Trends%20Analysis%20final.pdf>>.

139 OXFAM, 'Crisis to Catastrophe'.

140 Office of the High Commissioner for Human Rights, 'Attacks on Civilians in Bentiu and Bor April 2014', January 2015, <www.ohchr.org/Documents/Countries/SS/UNMISS_HRDJanuary2015.pdf>.

141 OCHA, 'Mid-Year Update'.

142 South Sudan Protection Cluster, 'Protection Trends South Sudan No.5', July 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/protection_trends_paper_no_5-july_2015.pdf>.

The POCs suffer from overcrowding, particularly during periods of rapid expansion. Residents also face mental and psychological strain caused by a growing sense of imprisonment, isolation, restlessness and idleness after months of living in POCs. These feelings are fed by insecurity, lack of income-generating opportunities and restrictions on movement. Serious violent incidents continue to be reported, often facilitated by negative coping mechanisms such as excessive alcohol consumption. Violent incidents include fighting between internally displaced persons; fighting between gangs of youths; struggles for leadership within the POCs; domestic violence, sexual violence and other forms of GBV; as well as other criminal acts such as assault, theft and burglary. The general level of tension and violence in POCs ebbs and flows depending on dynamics in the wider conflict.¹⁴³ Nevertheless, people living inside POCs indicated that most would not leave the sites unless they felt safe to return to their places of origin.¹⁴⁴

3.4.2 Other internally displaced persons

The majority of displaced people – an estimated 90 per cent – live in sites with no physical protection or basic services or are on the move and cannot access such services.¹⁴⁵ Some have formed semi-permanent settlements in areas that are relatively peaceful, such as Minkaman in Lakes State, where on 1 August 2015 more than 70,000 people displaced from Jonglei were living, and receiving assistance. Nearly 50,000 of this number were children. Many thousands of others are living with host communities. They also receive support where there is humanitarian access.

Beyond the POC camps, provision of humanitarian assistance has been challenging. A report from 2014 referred to “inadequate information and coordination about the needs and responses in different areas”.¹⁴⁶ Many displaced persons who cannot access either POCs or host communities have not found places of safety because, for example, of security concerns or heavy rainfall. Many have formed spontaneous settlements a few kilometres outside their villages to hide from potential attack. These sites are often in swamps or forests, which can suffer from flooding during the wet season.

3.4.3 Refugees

As of 28 October 2015, the registered South Sudanese refugee population in neighbouring countries displaced since December 2013 was 639,692 of whom 430,000 (68 per cent) are children under the age of 18.¹⁴⁷ Refugees have settled in the border regions with Ethiopia, Sudan, Uganda and Kenya, which are prone to some of the highest levels of chronic vulnerability in the world. This movement further strains the already scarce resources of hosting communities. As a

143 South Sudan Protection Cluster, 'January-March 2015'.

144 OCHA, 'Mid-Year Update'.

145 OCHA, 'Mid-Year Update'.

146 OXFAM, 'Crisis to Catastrophe'.

147 UNHCR, 'Regional Overview'.

result, refugee households are extremely vulnerable: limited educational opportunities; food insecurity; and an exhaustion of coping mechanisms.¹⁴⁸

Despite the challenging context, the receiving states have open border policies in place. As a result, all South Sudanese adults and children have so far had *prima facie* access to asylum, and have benefited from largely unrestricted access to the territory of host countries. However, some restrictions mean border crossing points in some countries are not always accessible to humanitarian actors, putting refugee boys and girls at risk. With delays in transfers to refugee settlements, some children have remained for months in transit locations without adequate care and protection. In mid-2015, it was reported that there were nearly 19,000 unaccompanied or separated children from South Sudan in Ethiopia, and nearly 6,000 in Kenya who had left their home country after December 2013. Children suffer distress as a result of the experiences they have undergone. As refugees, the challenges they face include child labour, lack of access to education, risk of violence, in particular, sexual and GBV and living without parental care.¹⁴⁹ Despite the challenges, generally refugee children have had access to physical and legal protection as well as to basic life-saving emergency provisions such as water, sanitation and hygiene, primary healthcare, nutrition services and shelter.¹⁵⁰

Meanwhile, throughout the period of the recent conflict in South Sudan the country has also been, proportionately to its population, one of the largest refugee recipient countries in the world. United Nations High Commissioner for Refugees (UNHCR) December planning figure suggests that there would be over 290,000 refugees in South Sudan of whom more than 265,000 from Sudan. Most of the rest are from the Democratic Republic of the Congo.¹⁵¹ A large proportion that fled from Blue Nile state in Sudan to Upper Nile State in 2011 are now located in refugee camps in Maban County.¹⁵²

3.5 Disaster risk profile

In addition to national level and localized conflict, South Sudan also faces a range of other risks. Human health related risks, such as malaria, cholera and vaccine-preventable diseases, are covered in more detail in Section 5 below.

148 UNHCR, UNICEF, Lutheran World Federation, Plan, Save the Children, World Vision, 'Review of the Regional Framework for the Protection of Refugee Children', May 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/SOUTHSUDAN_CPFframework_Report_1.7.15_Final.pdf>.

149 Ibid.

150 Ibid.

151 UNHCR, '2015 UNHCR Country Operations Profile - South Sudan', 2015, <www.unhcr.org/pages/4e43cb466.html>.

152 Kästner, C., 'Back to School in Maban, South Sudan', 25 March 2015, <http://ec.europa.eu/echo/blog/back-school-maban-south-sudan_en>.

3.5.1 Flooding

Firstly, from late April every year heavy seasonal rains cause flooding in many parts of the country, particularly in low-lying areas. The most affected part of the country is the Greater Upper Nile region, but Warrap and Northern Bahr el Ghazal also suffer frequent flooding. (see *Figure 6*). Around 60 per cent of roads are impassable during the rainy season. Floods restrict access to markets and basic services, and also make the provision of humanitarian assistance more challenging. Flooding is also a major contributor to communicable and water-borne diseases such as cholera, diarrhoea and malaria. Flash flooding can lead to loss of assets, facilities and services, lives and livelihoods through destruction of planted or stored crops and even livestock. Flash flooding is also a cause of displacement.

Flooding in 2014 further aggravated the situation of those displaced by conflict. Of the 1.3 million internally displaced persons in the country in mid-August 2014, 68 per cent were sheltering in flood-prone sites with POCs in Bentiu, Juba and Malakal all reporting flooding.¹⁵³ The flooding also appears to have led to high mortality from malaria that month.¹⁵⁴

Flooding has a wide and varied impact on children in South Sudan. In mid-August 2014, which is the peak of the rainy season, over 68 per cent of the estimated 1.3 million people displaced within South Sudan at the time were sheltering in flood-prone sites.¹⁵⁵ Children face acute physical danger in such conditions: According to a medical worker cited in a media report, drowned children were found every day at the height of the August 2014 flooding in Bentiu POC. As well, residents had to wade through filthy water full of faeces and rubbish.¹⁵⁶ Such conditions also lead to disruption of water supply and sanitation systems. In these conditions the risk of contracting infectious waterborne diseases increases, particularly for children under age five. These diseases can lead to diarrhoea, vomiting, loss of immunity, and further infection that can lead to malnutrition.¹⁵⁷

153 OCHA, 'South Sudan Crisis: Humanitarian snapshot (as of 15 August 2014)', <<http://reliefweb.int/report/south-sudan/south-sudan-crisis-humanitarian-snapshot-15-august-2014>>.

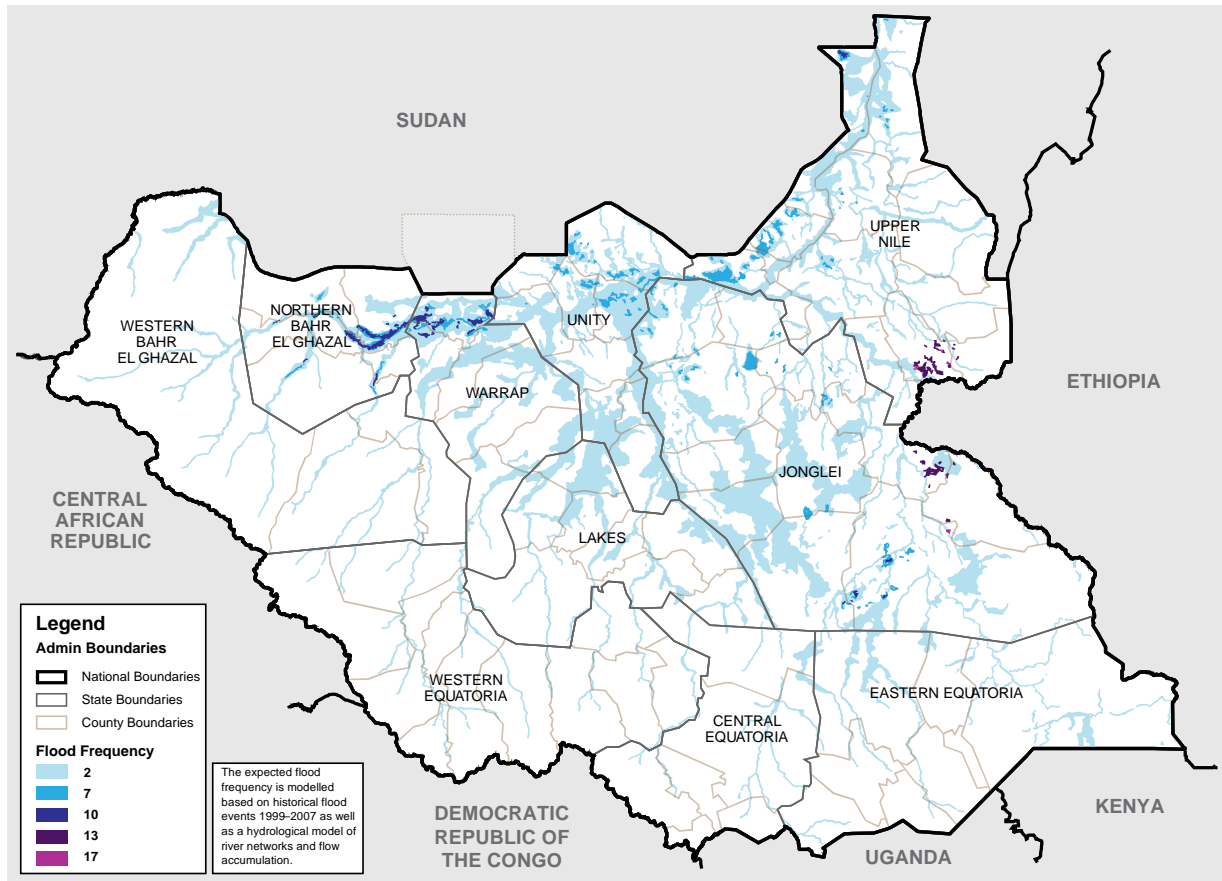
154 OCHA, 'South Sudan Crisis Situation Report No. 51 (as of 28 August 2014)' <<http://reliefweb.int/report/south-sudan/south-sudan-crisis-situation-report-no-51-28-august-2014>>.

155 OCHA, 'South Sudan Humanitarian Snapshot: Displacement, Flood Risk and Diseases', 15 August 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_Humanitarian_Snapshot_15August2014.pdf>.

156 AFP, 'South Sudan's City of the Dispossessed: When it rained drowned children were found every day', 2 October 2015, <<http://mgafrika.com/article/2015-10-02-south-sudans-city-of-the-dispossessed>>.

157 OCHA, 'South Sudan: Floods, disease and death in Bentiu', 29 August 2014, <www.unocha.org/top-stories/all-stories/south-sudan-floods-disease-and-death-bentiu>.

Figure 6: Expected flood frequency, South Sudan, 2015



Source: Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 2015.

Other common results of flooding are additional displacement and difficulties providing humanitarian supplies. The August 2014 floods led to some residents leaving the Bentiu POC despite the dangers faced outside.¹⁵⁸ Meanwhile, in 2012 flooding caused thousands of people to leave their homes in Jonglei. Flooding also causes huge logistics problems: A refugee camp housing 60,000 people in Unity State was cut off from land by flooding in 2012 with all supplies having to be brought in by air.¹⁵⁹

Flooding can also reduce the access of children to essential services. This is both because of access constraints and because facilities can be damaged and destroyed in the flood. For example, in March 2014 a Médecins Sans Frontières clinic in the Juba POC camp had to suspend its activity because of flooding.¹⁶⁰ Likewise, schools and hospitals in the Bentiu POC were closed because of the August 2014 flooding.¹⁶¹

¹⁵⁸ OCHA, 'South Sudan Crisis Situation Report No. 49 (as of 14 August 2014),' 14 August 2014, <http://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_Crisis_Situation_Report_49_as_of_14_August.pdf>.

¹⁵⁹ Logistics Cluster, 'Flooding in South Sudan', 29 August 2012, <www.logcluster.org/blog/flooding-south-sudan>.

¹⁶⁰ Médecins Sans Frontières, 'South Sudan: Flooding in Tamping risks spread of disease', 19 March 2014, <www.msf.org.uk/article/south-sudan-flooding-tamping-risks-spread-disease>.

¹⁶¹ Davies, R. 'Dutch Plans to Solve Flood Issues at Bentiu Refugee Camp, South Sudan', Floodlist, 9 April 2015, <<http://floodlist.com/africa/dutch-plans-flood-prevention-bentiu-south-sudan>>.

Meanwhile, flooding also has a longer-term impact on family livelihoods. Often it leads to increased household poverty because of a loss of assets and the burden of malnutrition and disease. It also reduces physical and financial access to markets and pastoral or agricultural land.¹⁶²

3.5.2 Drought

Like some neighbouring countries, South Sudan has an annual dry season that can sometimes lead to drought. In years with below average and sporadic rainfall the country can face water shortage, poor harvests and loss of livestock. These vulnerabilities are worsened by conflict, insecurity and displacement.¹⁶³ Mapping conducted in 2013¹⁶⁴ found that the areas most frequently affected by drought include:

- Eastern semi-arid pastoral area (most of Eastern Equatoria and what is currently the Greater Pibor Administrative Area) where livelihoods are vulnerable to a fall in animal prices in drought areas;
- Eastern plain sorghum and cattle area (central Jonglei state) which usually experiences drought once every three years, reducing crop and livestock production;
- North-eastern cattle and maize area (Unity and Upper Nile states) where drought generally occurs once every five years.

In mid-2015 Jonglei, including the Greater Pibor Administrative Area, suffered its worst dry spell in years. The low level of rainfall affected farmers' yields and reportedly resulted in hunger among the local population.¹⁶⁵ In addition to malnourishment, drought can also lead to lack of access to safe water for drinking, undermine effective hygiene and have a longer-term impact on family livelihoods.¹⁶⁶

3.5.3 Animal and crop diseases

Animal and crop diseases can pose threats to production at local level in South Sudan. Fortunately, there have not been major outbreaks affecting the whole country in recent years. The main crop diseases include smut (that affects sorghum), mosaic disease (cassava), and rosette virus and leaf spot disease (ground nut). Crops are most likely to be affected in October. Livestock diseases – haemorrhagic septicaemia, contagious bovine pleuropneumonia, anthrax, foot-and-mouth disease and lumpy-skin disease – and the presence of internal and external parasites are risks to pastoralists at different points in the year:

162 Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 'Resilience Context Analysis (2nd draft)', August 2015.

163 Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 'Resilience'.

164 'South Sudan Livelihood Zones and Descriptions', *FEWSNET*, August 2013, <www.fews.net/sites/default/files/documents/reports/South%20Sudan%20LHZ%20%20Report_Final.pdf>.

165 UNMISS, 'Lack of Rain Threatening Crops and Livestock in Pibor', 29 September 2015, <<http://reliefweb.int/report/south-sudan/lack-rain-threatening-crops-and-livestock-pibor>>.

166 Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 'Resilience'.

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- In Eastern Equatoria and Upper Nile – all year round;
 - In most of Jonglei and Unity states – in the wet season;
 - In Warrap and Northern Bahr el Ghazal – in the dry season.

A total of one in five cattle in South Sudan is believed to die of a wide range of diseases. Cattle are also susceptible to internal and external parasites.¹⁶⁷

There is very little capacity at local and national levels to prevent, monitor, control or respond to pastoral diseases. The conflict-affected states are particularly at risk as the animal vaccine cold chain has broken down.¹⁶⁸ In addition, animals from vaccinated and unvaccinated herds are intermingling because of changes to livestock movement patterns: This was one of the key concerns raised by local politicians in the Equatorial states about the impact of the conflict.

Crop and animal disease also have a major impact on children. Declines in milk production and the loss of cattle to disease increase the risk of malnutrition, particularly among children and pregnant and breastfeeding women who rely on milk as an essential part of their diet. The loss of cattle means the loss of their entire livelihood for most herding families.¹⁶⁹ Similarly, reduced crop production leads to reduced food intake and dietary diversity, increased risk of malnutrition and disease, and reduced access to livelihood opportunities through sale of cash crops¹⁷⁰

167 Ibid.

168 Ibid.

169 FAO, 'Growing Concern for South Sudan's Herders as Conflict Displaces Millions of Cattle', 31 December 2014, <www.fao.org/news/story/en/item/273819/icode/>.

170 Ministry of Agriculture, Forestry, Cooperatives and Rural Development, 'Resilience'.



4. THE IMPACT OF GOVERNANCE ON CHILD RIGHTS

South Sudan faces many governance issues and challenges. The fact that the country has been a site of conflict for much of the last six decades means that there had not been space for building public institutions. Some academics have characterized the Sudanese state before the CPA and South Sudan's independence as being "more of an extractive power than a provider of services," with little interest in developing social and other basic infrastructure.¹⁷¹ In this context, the public institutions inherited from the pre-independence period were rudimentary in major provincial towns like Juba, Wau and Malakal.

171 Jok Madut Jok, *Sudan: Race, Religion and Violence*, One World Publications, 2nd ed., London, 2016.

4.1 Legislation

South Sudanese legislation began with the 2005 Interim Constitution of Southern Sudan, which was agreed between the Government of Sudan and the SPLA/M in the framework of the CPA.

Several important pieces of legislation were passed during the period before independence. This includes the Child Act of 2008. The enactment and dissemination of the Child Act was a major achievement for the Government of South Sudan in protecting and promoting child rights. It is in line with the Convention on the Rights of the Child and provides a legal basis for the establishment of systems and mechanisms for the protection of children from abuse and violence. However, putting the Child Act into practice is a challenge that will take time to implement. In recent years, international development partners have been working with the Ministry of Gender, Child and Social Welfare and the Ministry of Justice to explore how the Child Act can be implemented. The process has slowed as a result of the conflict, as resources have been diverted into emergency response.

This legislation was followed by the Transitional Constitution, which was ratified by South Sudan's Parliament in July 2011. Part II of the Transitional Constitution is a Bill of Rights. Article 21(1) set out the rights of children:

- To life, survival and development;
- To a name and nationality;
- To know and be cared for by his or her parents or legal guardian;
- Not to be subjected to exploitative practices or abuse, nor to be required to serve in the army, nor permitted to perform work which may be hazardous or harmful to his or her education, health or well-being;
- To be free from any form of discrimination;
- To be free from corporal punishment and cruel and inhuman treatment by any person including parents, school administrations and other institutions;
- Not to be subjected to negative and harmful cultural practices which affect his or her health, welfare and dignity; and
- To be protected from abduction and trafficking.

Meanwhile, Part Three of the Constitution is entitled *Fundamental Objectives and Guiding Principles*. Article 39 enshrines the family as the natural and fundamental unit of society to be protected by law. Under this Article all levels of government shall promote the welfare of the family and enact the necessary laws for its protection; it is the right and duty of parents to care for and bring up their children; and children shall not be separated from their parents or persons legally entitled to care for them against the will of such parents or persons, except in accordance with the law.

South Sudan is making progress in acceding to international human rights instruments. On 4 May 2015, the country acceded to the UNCRC. The country ratified the Convention on the Elimination of Discrimination against Women (CEDAW) in September 2014. As of June 2015, the Ministry of Gender, Child and Social Welfare was looking at how the Ministry could be strengthened to prepare its first country report by 2017, including developing a mechanism to monitor children's rights around the states.¹⁷² However, the country's accession to the two Optional Protocols to the UNCRC has been delayed. This is because the government has not provided a declaration expressing consent to be bound by Article 3(2) of the Optional Protocol on involvement of children in armed conflict. The Article sets forth the minimum age at which it will permit voluntary recruitment into the national armed forces and a description of safeguards to ensure that such recruitment is not forced or coerced. It is hoped that such a declaration will be made shortly.¹⁷³

In addition to key sector-specific legislation in health and education, important laws to support vulnerable women and children have also been passed in recent years. See Section 5: Right to survival and Section 6: Right to education for more information. These include the Petroleum Revenue Management Act of 2012. A particular feature of the Act is the establishment of a Stabilization Fund and a Future Generations Fund. It also includes provision to provide social benefits to states and communities that are affected by oil production. It has been estimated that investing 15 per cent of oil revenues in the Future Generations Fund would raise over USD \$50 billion for social welfare over the 36 years of projected oil production.¹⁷⁴ However, no evidence is currently available of implementation.

Worryingly, in recent years there has been a growing trend towards legislation that compromises the ability for independent actors to make changes to improve the lives of children and women. In May 2015, South Sudan's Parliament passed a bill regulating the activities of NGOs in the country, to be passed to the President for review and signing. While increased consistency of civil society governance and coordination should help to better facilitate assistance to the country, there are concerns that the proposed legislation will decrease space for advocacy, and potentially open the door for the government to introduce unspecified fees for NGOs.¹⁷⁵ Other controversial legislation has included:

- Three media-related bills apparently signed into law by the President in 2013, which were not published before coming into force thereby preventing public scrutiny;
- The 2014 National Security Service bill that give powers of arrest without warrant, detention, and interrogation for an unspecified period with the aim of protecting state

172 Author interview, Ministry of Gender, Child and Social Welfare, June 2015.

173 Information provided by UNICEF South Sudan, November 2015.

174 Deng, D. K., 'Oil and Sustainable Peace in South Sudan', South Sudan Law Society, February 2015, <www.cmi.no/file/3003-SSLS-Oil-and-Sustainable-Peace.pdf>.

175 Patinkin, J., 'Will NGO Bill Restrict Aid Efforts in South Sudan?' *IRIN*, 13 May 2015, <<http://reliefweb.int/report/south-sudan/will-ngo-bill-restrict-aid-efforts-south-sudan>>.

interests against a range of threats, and potentially also curtailing the activities of civilians engaged in legitimate protection, human rights and advocacy activities.¹⁷⁶

Another issue of concern is the weakness of traditional systems of justice. Statutory laws, such as the 2008 Child Act, are largely in conformity with the principles of international human rights law. But under customary law, cases are often referred by the police to chiefs, who handle up to 90 per cent of criminal matters dispensing justice. Customary court practices are not harmonized with the 2008 Child Act and often breach human rights, including children's rights. Particular issues of concern include minor fines for sexual assault or rape, and the widespread understanding in customary law that adulthood is entered when a child reaches puberty. These practices have serious implications for protection of children's rights, especially regarding juvenile justice and early marriage.¹⁷⁷

4.2 Governance challenges

From 1991, Operation Lifeline Sudan (OLS) was initially a humanitarian assistance programme coordinated since 1989 by UNICEF in areas of southern Sudan controlled by both government and the SPLA. It eventually expanded to include support for capacity building and public services, as well as other recovery and development-related activities. While OLS and subsequent aid programmes undoubtedly saved many lives, OLS has faced criticism that it was "unsustainable and disempowering to local populations, that it was tremendously expensive, and that it created aid dependency."¹⁷⁸

Creation of formal governance systems in 2005 and 2006 following the CPA was also largely reliant on international support.¹⁷⁹ Research published in 2015 suggests that this assistance was flawed. Donors saw the government in Juba as representative of the country and acting in the national interest, and their assistance did not take into account divisions in the country's society. In this context, the donor response has been characterized as promoting 'a culture of appeasement' towards South Sudan's Government. For example, the government was able to spend huge amounts of money on state building and development without enough attention to ensuring accountability and political awareness, even in a context where the government was abrogating its responsibilities for service delivery to the donor community.¹⁸⁰

176 South Sudan Protection Cluster, 'January–March 2015'.

177 Child Protection Working Group, 'Child Protection in Emergencies Desk Review', March 2013, <<http://cpwg.net/wp-content/uploads/sites/2/2014/05/CHILD-PROTECTION-IN-EMERGENCIES-DESK-REVIEW-final-12.03.2014.pdf>>.

178 Maxwell, D., M. Santschi and R. Gordon, 'Looking Back to Look Ahead? Reviewing key lessons from Operation Lifeline Sudan and past humanitarian operations in South Sudan', Feinstein International Center, October 2014, <www.securelivelihoods.org/publications_details.aspx?resourceid=329>.

179 Fafo Institute for Applied International Studies, Independent Evaluation of the Multi-Donor Trust Fund - South Sudan (MDTF-SS), 25 July 2013, <www.worldbank.org/content/dam/Worldbank/document/Africa/South%20Sudan/Report/independent-evaluation-of-the-mdtf-ss-report-july-2013.pdf>.

180 Hemmer, J., and N. Grinstead, 'When Peace is the Exception: Shifting the donor narrative in South Sudan'. Clingendael Institute. June 2015, <www.clingendael.nl/sites/default/files/CRU_PB_When_peace_is_the_exception.pdf>.

This situation, coupled with the country's paucity of educated citizens and poor infrastructure, continued to hold back institutional development during the CPA period. Consequently, when South Sudan became independent in 2011, the new state was in a poor position to perform even basic public functions such as delivery of key services, provision of minimum security and administration of public resources. Nevertheless, by December 2013, core administrative structures and mechanisms of political representation were emerging, and the government was beginning to provide basic services to the population.¹⁸¹ Government buildings were established and equipped in Juba and then at state and county levels. A structure for the civil service and basic rules and processes for public financial management were put in place. Initial monitoring systems capturing levels and locations of service delivery were developed, in particular, in the education and health sectors.¹⁸²

The massive funding for government structures, coupled with the lack of mechanisms for accountability, has led to widespread corruption. This hinders the effective functioning of social services, fuels grievances and undermines societal resilience. In 2012, President Kiir wrote to 75 officials and individuals close to the government that USD \$4 billion had been stolen since the SPLM came to power in 2005.¹⁸³ A perception survey by the South Sudan Anti-Corruption Commission in 2011 found that 96 per cent of respondents felt that corruption was common, with 97 per cent seeing it as a 'serious' or 'very serious' problem. In addition, a 2012 Transparency International report also indicates that 66 per cent of those surveyed had paid a bribe for at least one of the following services: education, judiciary, police, medical, utilities, land services, registry and permit services, and tax revenue.¹⁸⁴

The dominant position of SPLA and its ubiquitous role in all aspects of life in the country, and the corresponding lack of civilian control over government and public administration, is an underlying cause of governance challenges. The SPLA was formed out of the loosely organized guerrilla movement that fought the civil war; after independence it incorporated various armed militias, which have retained their distinct identities. The SPLA leadership has dominated every critical aspect of life in South Sudan, including the government and the SPLM. Patterns of patronage have transferred to government, institutionalizing a factional political system based on resistance networks and alliances. This has made it difficult to establish rule of law. In addition, a lack of professionalism and proper training in the SPLA, coupled with weakness in command and control, has made accountability difficult and has contributed to a culture of impunity. Meanwhile, other

181 World Bank, 'South Sudan Overview', 15 March 2015, <www.worldbank.org/en/country/southsudan/overview>.

182 UNICEF South Sudan, 'A Proposal Towards Building a Social Protection System in South Sudan in the Context Designing and Implementing a Child Grant Programme (first draft)', 21 June 2015.

183 'Corrupt Officials have Stolen \$4 bn from South Sudan – Kiir', *Sudan Tribune*, 4 June 2012, <www.sudantribune.com/spip.php?article42815>.

184 ADB and UNDP, 'South Sudan'.

governance institutions have been much less powerful, with little ability to demand accountability from the SPLA.¹⁸⁵

The large size and limited capacity of the civil administration is another challenge. Following the CPA, the government drew on civil administrators from CANS, the Civil Authority for a New Sudan, which had been established to administer the SPLA-controlled areas during the war. From the time of the CPA in 2005 to independence in 2011, the government expanded considerably, due to the need to absorb civilian staff from CANS and integrate militias.¹⁸⁶ At the time of independence, nearly half of all civil servants only had a primary education.¹⁸⁷ However, other civil servants who had lived and studied abroad were also taken on following the CPA. Tensions emerged between these groups within the civil administration.¹⁸⁸

The large number of civil servants and other public sector officials employed in South Sudan has been out of proportion to national budgetary capacity. In 2014–2015, 39 per cent of the national budget was allocated for salaries paid by national level institutions. But it is likely that a significant proportion of the additional 22 per cent transferred to state and lower levels also went on salaries. This disproportionate size of the public sector wage bill has, to a significant extent, crowded out other necessary spending despite the fact that the salaries paid are low. Coupled with poor working conditions, this situation has led to low productivity in the civil service.¹⁸⁹

In South Sudan's highly centralized system, power holders are reluctant to devolve power. This has aggravated centre-periphery tensions. Since the early period of independence, there have been calls for greater decentralization of power in South Sudan to state level. Advocates suggest that greater decentralization would: reduce marginalization of groups that do not hold power at national level; bring power closer to the people; increase popular participation in decision-making and, thereby, reduce the scope for corruption by officials.¹⁹⁰ Calls for federalism in South Sudan were adopted by the SPLA/M-IO as a political platform – it called for 21 federal states. In different form, federalism was supported by the three Equatorial governors who wished to preserve but strengthen the current 10 federal states. Proponents of federalism are reportedly keen that a proportion of tax revenue collected locally from oil production in greater Upper Nile or customs in Equatoria remains in the local area rather than being remitted entirely to central government.¹⁹¹

185 UNMISS, 'Human Rights Report'.

186 Ministry of Finance and Economic Planning, 'South Sudan Fiscal Rescue Strategy', April 2015.

187 House of Commons International Development Committee, 'South Sudan: Prospects for peace and development. 2 April 2012, <www.publications.parliament.uk/pa/cm201012/cmselect/cmintdev/1570/1570.pdf>.

188 World Bank, 'South Sudan Overview'.

189 Choudhary, O. B., and N. Jonga, 'An Analysis of Government Budgets in South Sudan from a Human Development Perspective', UNDP, August 2014, <www.ss.undp.org/content/dam/southsudan/library/Discussion%20Papers/SSDiscussion%20paper%20final.pdf>.

190 Kimenyi, M. S., 'Making Federalism Work in South Sudan', Brookings Institute, 2012, <www.brookings.edu/~media/research/files/reports/2012/6/south-sudan/06-federalism-work-kimenyi.pdf>.

191 *Radio Tamazuj*, 'Equatorial Governors'.

On 2 October 2015, President Kiir issued an Executive Order to divide the country into 28 states.¹⁹²

The governance challenges in opposition-controlled areas are particularly significant. During the armed conflict, the government did not provide salaries to public sector workers in these areas, neither administrators nor frontline professionals. In response, the international community was forced to step in to pay salaries for provision of essential health, education and social services. Reintegrating these areas into government administrative systems will be an important challenge under the peace agreement.

Another area with particular governance challenges is Abyei. As the status of the area is still not defined, there are no formal government structures and associated institutions in place. This has created a gap in ensuring that support systems are in place to meet children's basic rights and needs.¹⁹³

4.3 Coordination and implementation of policy on children and women

Several government ministries are particularly important for the work of UNICEF. What follows gives a brief overview of these ministries and their capacity to implement policy on children and women.

The **Ministry of Gender, Child and Social Welfare** is mandated to promote gender equality, social justice, and safeguard the rights and welfare of women, children, persons living with a disability and other vulnerable groups.¹⁹⁴ In particular, this Ministry and the State Ministries of Social Development are responsible for the implementation and monitoring of child protection services. This Ministry is one of the most under resourced, though in recent years the appointment of a new Minister has led to a slight increase in budgets. The Ministry's capacity was enhanced in South Sudan in 2012 and 2013 by three senior staff from Kenya and Uganda as part of an Intergovernmental Authority on Development programme.

The Ministry's Department of Child Welfare is a key interlocutor on children's issues and has capable staffing: It received significant capacity development support in the years after independence. However, the department still requires additional support, particularly with the training of social workers (Ministry of Gender, Child and Social Welfare, 2015). The Department of Planning in the Ministry is currently very small, with only two staff members; however, both have engaged in training to develop capacity. In 2013, the Ministry issued a training module on child-

192 'South Sudanese Cabinet Approves Creation of 28 States', *Sudan Tribune*, 14 October 2015, <www.sudantribune.com/spip.php?article56709>.

193 Information supplied by UNICEF South Sudan, October 2015.

194 <www.goss.org/index.php/ministries/gender>.

responsive budgeting (Ministry of Gender, Child and Social Welfare, Humanitarian Affairs and Disaster Management; and Save the Children Sweden, 2013).¹⁹⁵ However, there has been little opportunity to put this training into practice.

The **Ministry of Health**¹⁹⁶ has several departments that are important for the health and survival of women and children. These include: the Department of Planning, Policy and Budget, which covers the budget, planning and reviews; the Department of Primary Health Care which tackles immunization, child health, community health services and nutrition; the Department of Preventive Health Services covering malaria control, HIV/AIDS, cholera and other tropical diseases; the Department of Reproductive Health addressing maternal health, newborn health, and reproductive health; and the Department of Health Promotion.

This Ministry has an adequate policy framework and guidelines in place for its work. It also has established a decentralized system of governance. However, it is not clear to what extent these assets have translated into support for the health sector. For example, the Ministry suffers a significant financial gap that prevents it from carrying out routine services including supervision and monitoring, provision of basic drugs and medical supplies, and capital investment in health infrastructure. The Ministry has well-trained and experienced managers heading the departments, but a lack of operational skills at lower staff levels. The WHO has stated that management and human resource capacity in the healthcare system is weak. There is also a motivation gap, largely caused by the constraints put on Ministry staff as a result of the lack of funding for capital and ongoing expenditure, excluding salaries.

The **Ministry of Education, Science and Technology**¹⁹⁷ has a motivated and technically capable senior management. It is seeking to strengthen its relationship with state level Ministries of Education. For instance, it seeks to support the rights of all children in South Sudan to education, irrespective of the political situation, including in opposition-held areas. However, at lower levels the capacity of staff to effectively support the work of senior staff is sometimes wanting. As a result, a very limited number of technically capable senior management do most of the work. In addition, the Ministry's budget has been falling in recent years. This Ministry has a visible gap in material and financial resources. See Section 4.3 on budgets and finance for more details.

There are several important departments for UNICEF's work, including the Department of Planning and Budgeting, the Curriculum Department, the Department of Primary and Secondary Education, the Department of Alternative Education Systems (AES), and the Department of Gender and Social Change. The Curriculum and AES departments, in particular, have been

¹⁹⁵ Ministry of Gender, Child and Social Welfare, Humanitarian Affairs and Disaster Management, and Save the Children Sweden, 'Child Responsive Budgeting in South Sudan', November 2013, <http://resourcecentre.savethechildren.se/sites/default/files/documents/2014_save_the_children_booklet1.pdf>.

¹⁹⁶ <www.goss.org/index.php/ministries/health>.

¹⁹⁷ <www.goss.org/index.php/ministries/general-education>.

strongly engaged in working with international experts to develop curricula that meet the needs of South Sudanese learners.

The **Ministry of Justice** currently faces particular capacity challenges. Previous senior staff that had an interest and knowledge of children's rights has left to take up positions in international organizations or because of the December 2013 events. One of the constraints of the Ministry is that many staff were trained to operate in Arabic, particularly the expert on gender and child justice. For many staff, working in English is difficult; however, it is the official language of South Sudan.

The **Ministry of Water Resources** is mandated to lead and coordinate the management and development of water resources, as well as provide sustainable safe water and sanitation services. Staffing levels at the Ministry, and also at state Ministries, are adequate. There are, however, problems of staff motivation and technical capacity.

The **Ministry of Finance and Economic Planning** coordinates aid, budgetary revenue and expenditure.¹⁹⁸

The **National Bureau of Statistics** is an important body for evidence generation. While it has sufficient staff numbers, it suffers from high staff turnover, which results in weak capacity and a regular need for retraining. The high turnover may be connected to management and institutional capacity at the Bureau.

National level ministries and agencies, such as those listed above, are responsible for policy, legislative framework and legal planning. But implementation of actions in the social sector is, to a large extent, carried out by state administrators at lower levels. In some cases, state level ministries are more motivated to seek to make a difference for their communities as these administrators are more closely engaged with the issues facing the people around them. However, funding for state level activities appears to have reduced dramatically since 2012, excluding funding for salaries. This reduction limits the material capacity of these organizations.

4.4 Government budget and finance

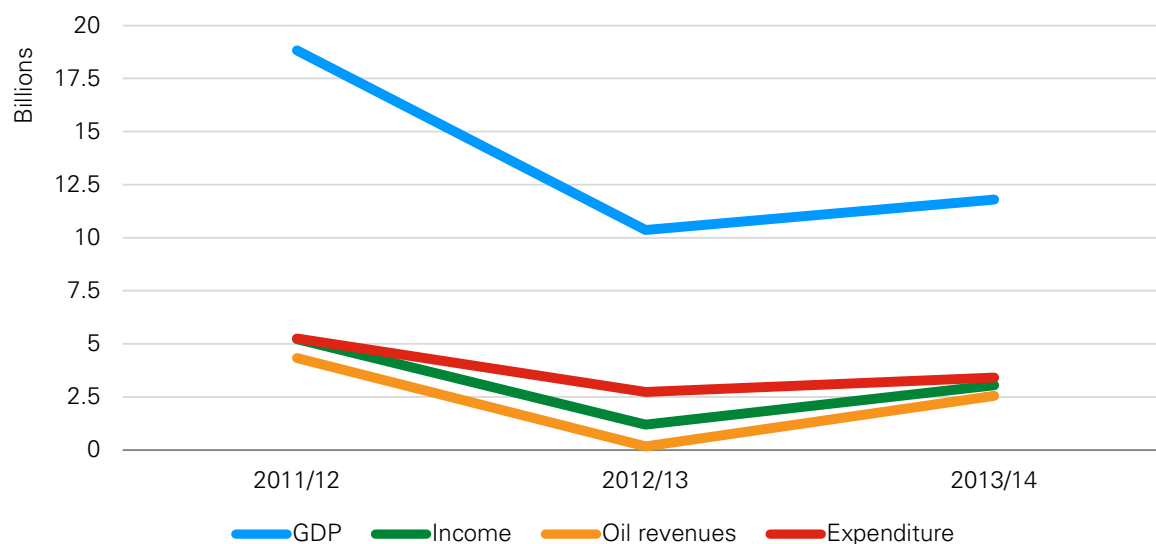
From 2011 to 2013, overall government spending was between 26 and 29 per cent of GDP. However, it fell sharply in 2012 as a result of the oil shutdown. In the fiscal year 2012/13, government spending significantly outstripped income.¹⁹⁹ The emergency budget of 2012 was drawn up after oil production was shut down because of the dispute with Sudan. This led to significant reductions in expenditure. Hardest hit was capital expenditure, cut by 80 per cent in the 2012–2013 budget compared to reductions of 22 per cent for salaries, 9 per cent for transfers

198 <www.grss-mof.org>.

199 International Monetary Fund, 'IMF Executive Board Concludes 2014 Article IV Consultation with South Sudan', 17 December 2014, <www.imf.org/external/np/sec/pr/2014/pr14580.htm>.

to lower levels of government and 47 per cent for operational expenditure. This reflects the fact that it is easier to cut investment spending than reduce salary payments in the face of temporary revenue shortfall (see Figure 7).²⁰⁰

Figure 7: GDP, government income, oil revenue and expenditure, 2011–2014



Source: World Bank: 'Public Expenditures in South Sudan: Are they delivering?' 2013.

Government financing of social sectors affecting children and youth, in particular, is limited. Health and education expenditure make up 3.1 and 6.6 per cent of the total 2015–2016 budget respectively.²⁰¹ Of this expenditure, the vast majority went to salaries, leaving very limited funding for operational costs, training and other expenditures.²⁰² The social and humanitarian sector – which includes social protection spending, disaster relief, culture, youth, sport and the Peace Commission – accounts for one per cent of the total. This compares to 44.7 per cent for security and 14.6 per cent for rule-of-law (Government of South Sudan, 2015). This disproportionate resource allocation is a major bottleneck to socio-economic development.²⁰³ It is also arguably one of the reasons why the country has been trapped in cycles of conflict (see Figure 8).

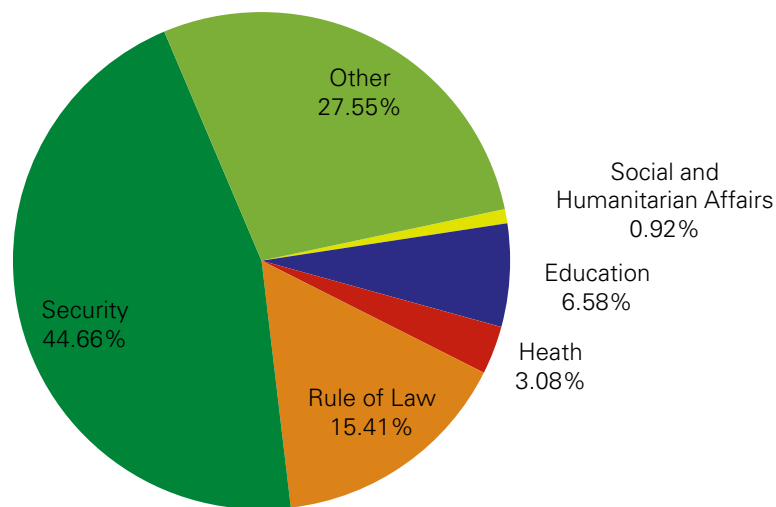
200 World Bank, 'Public Expenditures in South Sudan: Are they delivering?', 2013, <www-wds.worldbank.org/external/default/WDSCContentServer/WDSP/IB/2013/05/08/000442464_20130508115303/Rendered/PDF/774290BR10Econ00Box377296B00PUBLIC0.pdf>.

201 Government of South Sudan, 'Approved Agency Ceilings 2015–16', July 2015.

202 Attipoe, et al., 'Government Budgets'.

203 Attipoe, et al., 'Government Budgets'.

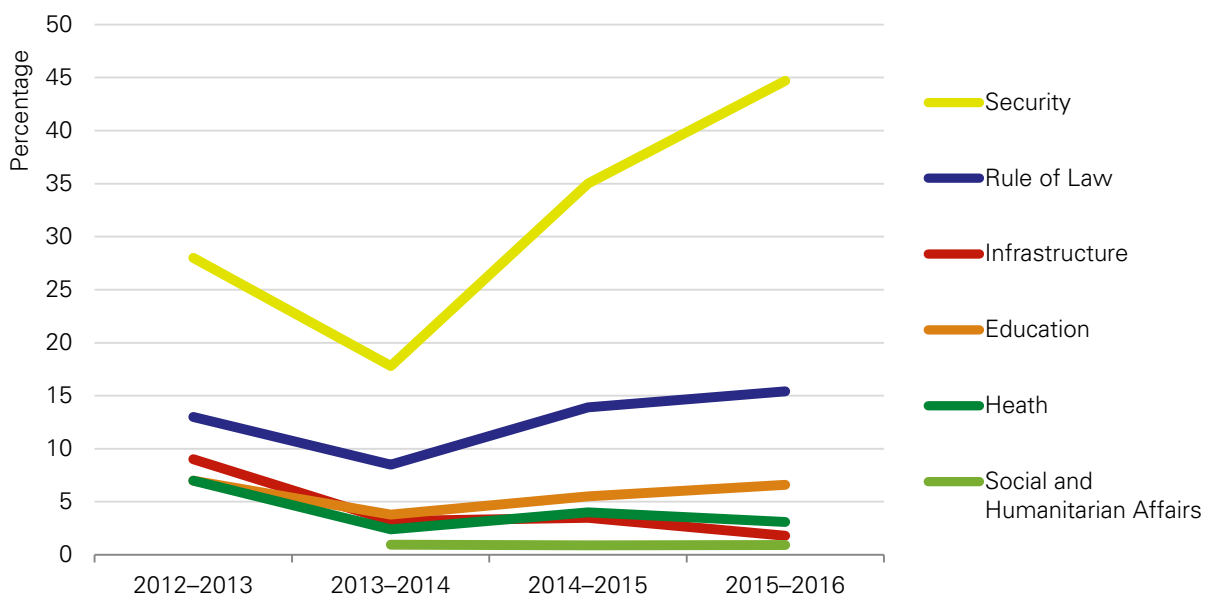
Figure 8: Proportion of government expenditure, by sector, for 2015–2016



Source: Government of South Sudan, *Approved Agency Ceilings for Fiscal Year 2015/16*.

This increase in the proportion of spending allocated for security continues a trend that has been occurring since the onset of the conflict in 2013. Large rises in the proportion of the budget spent on security and rule of law have been at the expense of spending on infrastructure and health, in particular. Meanwhile, education expenditure at 6.6 per cent is far from the 20 per cent recommended internationally. Social and humanitarian spending also remains extremely low despite the multiple crises and endemic poverty facing the country and its population. As can be seen in *Figure 9*, security spending was very high even prior to the current conflict.

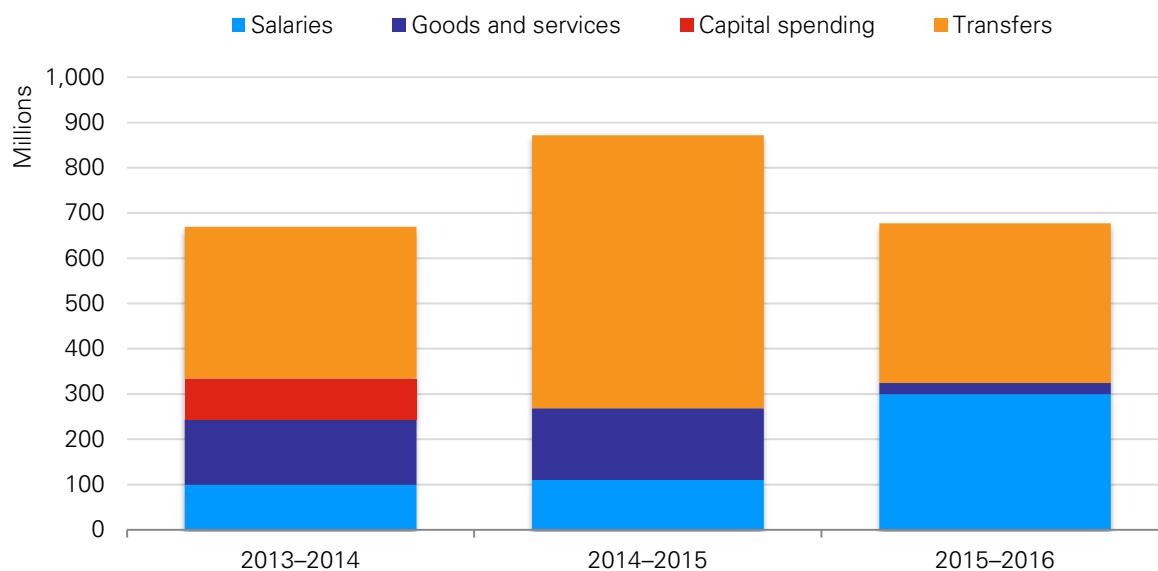
Figure 9: Budgeted government spending per sector by fiscal year: 2012/13 to 2015/16 (percentage of total spending)



Source: Government of South Sudan, *Approved Agency Ceilings for Fiscal Years 2012/13 to 2015/16*.

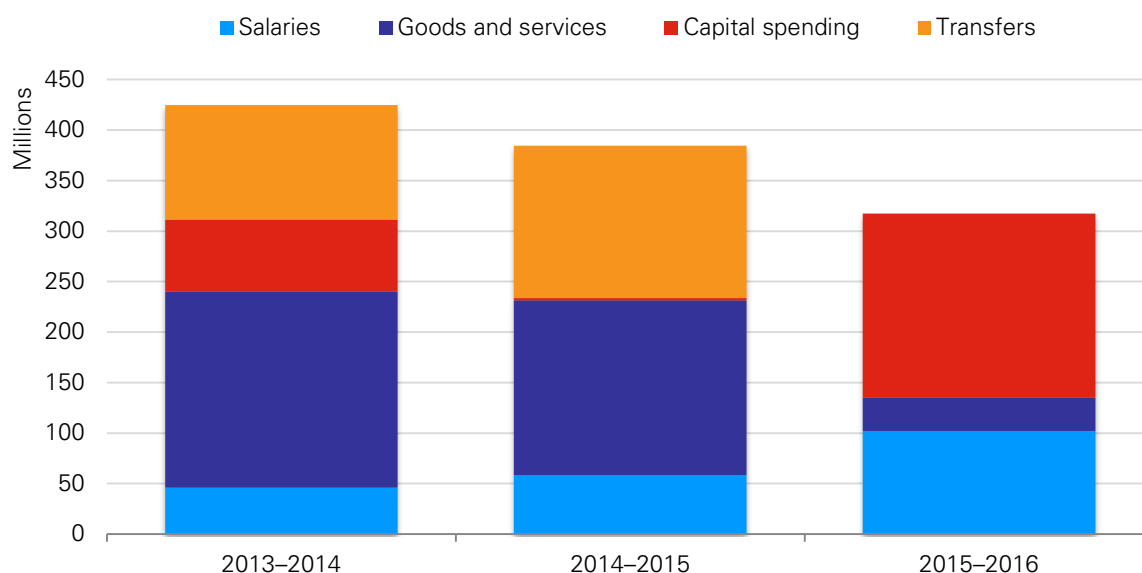
Within each of the sectors, there has been an increasingly higher proportion of spending on salaries. Much of the sharp rise in salary payments in 2015–2016 is, in fact, taken up by inflation. However, there is an increasing tendency for the government not to engage in capital spending. It is also now cutting down sharply on operational costs (see Figures 10, 11 and 12).

Figure 10: Education sector budget by fiscal year: 2013/14 to 2015/16



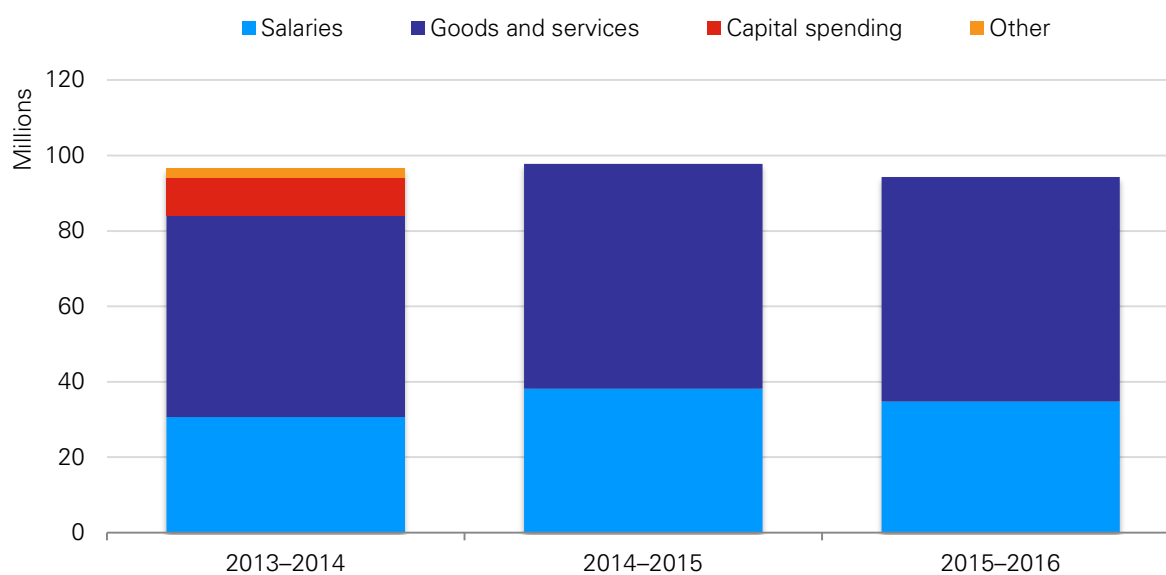
Source: Government of South Sudan, *Approved Agency Ceilings for Fiscal Year 2015/16*; UNICEF South Sudan 2014–2015 Social Budget Analysis.

Figure 11: Health sector budget, by fiscal year: 2013/14 to 2015/16



Source: Government of South Sudan, *Approved Agency Ceilings for Fiscal Year 2015/16*; UNICEF South Sudan 2014/15 Social Budget Analysis.

Figure 12: Social and humanitarian sector budget, by fiscal year: 2013/14 to 2015/16



Source: Government of South Sudan, *Approved Agency Ceilings for Fiscal Year 2015/16*; UNICEF South Sudan 2014/15 Social Budget Analysis.

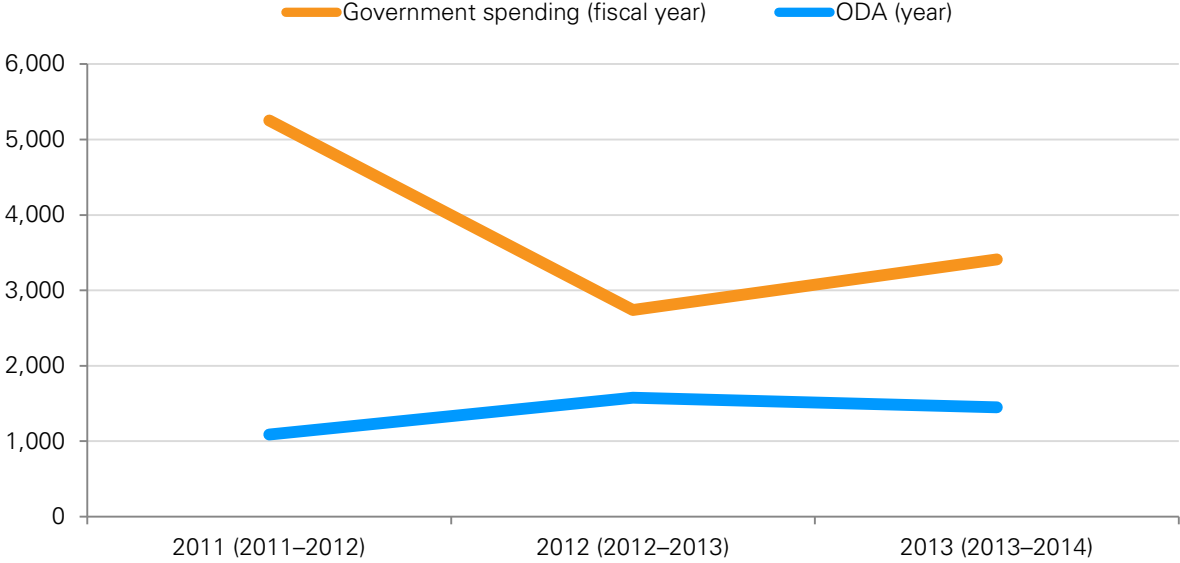
The ‘transfers’ section of the budget covers discretionary and conditional transfers of funds from national level to sub-national level, primarily to the states. In the 2014–2015 budget the discretionary resources included a block transfer of SSP 625m to each state, and additional funds to oil producing states to compensate the states that lost out in the centralization of sales tax in 2013. There were also designated grants for certain sectors, including health, education and infrastructure that were intended to finance salaries and operating costs at state and county levels, including the costs of schools and hospitals.²⁰⁴ In practice, the vast majority of sub-national expenditure also appears to be spent on salaries but this is not possible to verify as no expenditure reports are available for states.

In reality, the government expects other entities such as international organizations, NGOs and churches to provide basic services to the population.²⁰⁵ International aid in 2012, the period of the oil shutdown, was equivalent to more than half of government spending in the fiscal year 2012/13 (see Figure 13).

²⁰⁴ Ministry of Finance and Economic Planning, ‘State and Budgeting Guidelines for Fiscal Year 2014-15’, June 2014, <www.grss-mof.org/wp-content/uploads/2014/08/State-2014-15-Budget-Guidelines_Final.pdf>.

²⁰⁵ BTI, ‘South Sudan Country Report 2014’, <www.bti-project.org/reports/country-reports/esa/ssd>.

Figure 13: Government spending and Official Development Assistance (ODA), 2011–2014



Source: South Sudan Country Report 2014.



5. RIGHT TO SURVIVAL

5.1 Introduction

Article 6(2) of the UNCRC requires governments to ensure to the maximum extent possible the survival and development of the child. Survival rights include a child's right to life and the needs that are most basic to existence such as health, food and nutrition, water and access to medical services. Meanwhile, Article 12 of the UN Convention on the Elimination of Discrimination against Women requires non-discrimination and equal access to healthcare, including family planning services. It also mandates that women are ensured appropriate services in connection with pregnancy, confinement and the post-natal period – free where necessary – and adequate nutrition during pregnancy and lactation.

Section 5 looks broadly at a range of issues affecting the survival of women and children. It begins with a discussion of key issues related to the health of children, adolescents and women, including maternal and child mortality, immunization and vaccine-preventable diseases, malaria, HIV and AIDS, and adolescent health. The next two subsections review access to food and nutrition, water, sanitation and hygiene – particularly with regard to how they affect children.

5.2 The health of children, women and adolescents

5.2.1 Maternal and child mortality and morbidity

The maternal mortality rate in South Sudan is reportedly among the highest in the world at an estimated 789 per 100,000 live births in 2015.²⁰⁶ However, the last household survey in the country indicated a much higher figure of 2,054 deaths per 100,000 live births.²⁰⁷ Currently, there is no way to ascertain the true figure. Whatever it is, it is likely that the conflict and the budgetary crisis resulted in deterioration in access and quality of health services, worsening maternal mortality in recent years.

The leading direct causes of maternal mortality in 2013 were postpartum haemorrhage (16 per cent of cases), obstructed/prolonged labour (13.3 per cent) and antepartum haemorrhage (12.9 per cent).²⁰⁸ Neither the government nor the national Ministry of Health has a systematic plan to address the problem of maternal mortality. This means that interventions by development partners are piecemeal. The lack of up-to-date data precludes identification of trends or disaggregated data about which groups of women are particularly at risk of death connected to pregnancy. In this context, the Ministry of Health intends to conduct a household survey with United Nations Children's Fund (UNICEF) technical support in 2016 that should provide disaggregated data that would help to inform a policy response.

In South Sudan, for every mother that dies at least 30 other women will suffer long-term illness and disability.²⁰⁹ In particular, the country suffers high prevalence of obstetric fistula, a hole in the birth canal. Obstructed labour because of obstetric fistula is a major cause of maternal mortality. The condition also leads to constant incontinence, shame, social segregation and health problems. However, it can largely be avoided by delaying the age of first pregnancy, cessation of harmful traditional practices, and timely access to obstetric care.²¹⁰ Conservative estimates suggest that 60,000 women in South Sudan live with the condition.²¹¹ The United Nations Population Fund (UNFPA) has embarked on a campaign to treat women with obstetric fistula in Wau Teaching Hospital. The free surgery is advertised nationwide through radio and healthcare centres. Several hundred women receive reparative surgery every year.²¹²

206 WHO et al., 'Trends in Maternal Mortality'.

207 UNICEF, 'Sudan Household Health Survey', 2007, <<http://static1.1.sqspcdn.com/static/f/750842/10005392/1293722618287/SHHS+Published+report.pdf?token=6M%2B1A%2BvIRqhf%2FWTAGRp5C61ZE%3D>>.

208 Ministry of Health, 'South Sudan National Emergency Obstetric and Newborn Care Needs Assessment', November 2013.

209 WHO, 'Saving the Lives of Mothers and Children: Rising to the challenge South Sudan', 2013, <http://apps.who.int/iris/bitstream/10665/116149/1/High_Level_Exp_Meet_Rep_2013_EN_14804.pdf>.

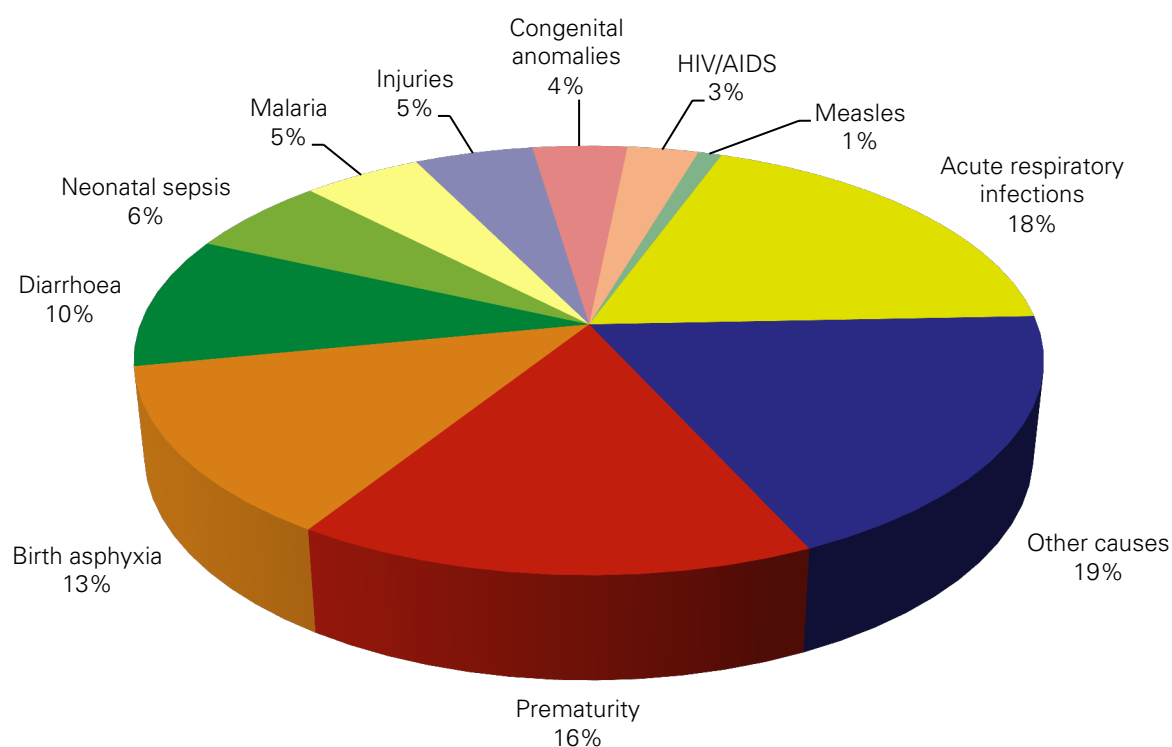
210 WHO, '10 Facts on Obstetric Fistula', May 2014, <www.who.int/features/factfiles/obstetric_fistula/en/>.

211 Care International, 'The Girl Has No Rights', 2014, <www.care-international.org/UploadDocument/files/CARE_The%20Girl%20Has%20No%20Rights_GBV%20in%20South%20Sudan.pdf>.

212 Campaign to End Fistula, 'Campaign in South Sudan Seeks Lasting Solutions', 3 February 2015, <www.endfistula.org/news/campaign-south-sudan-seeks-lasting-solutions>.

The infant mortality rate in South Sudan fell from 102 per 1,000 live births in 2006 to 75 per 1,000 in 2010, while the under-five mortality rate fell from 135 to 105 per 1,000 live births in the same period.²¹³ Progress is likely to have continued until the outbreak of conflict at the end of 2013 (see Figure 14).

Figure 14: Under-five mortality by cause, 2013



Source: WHO, 'Statistical Profile'.

According to WHO, the most common direct causes of under-five mortality in South Sudan are acute respiratory infections, prematurity and birth asphyxia.²¹⁴ The 2010 Household Health Survey found that 18.9 per cent of children had had symptoms compatible with suspected pneumonia in the two weeks prior to the fieldwork. It also found that urban children were three times more likely to access hospitals than rural children, and 63.8 per cent of children in urban areas saw an appropriate provider, compared to 44.2 per cent in rural areas. Urban children were almost twice as likely as rural children to receive antibiotics for suspected pneumonia (52.4 versus 27.8 per cent). Antibiotic treatment also increased significantly if mothers were better educated.²¹⁵

213 Ministry of Health and National Bureau of Statistics, The Republic of South Sudan: The Sudan household health survey 2010, 2012, <www.southsudanembassydc.org/PDFs/others/SHHS%2011%20Report%20Final.pdf>.

214 WHO, 'South Sudan: WHO statistical profile', January 2015, <www.who.int/gho/countries/ssd.pdf?ua=1>.

215 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

A total of 34.4 per cent of children under age five had had a diarrhoeal episode in the two weeks before the 2010 Household Health Survey. Diarrhoea was most prevalent in Western Bahr el Ghazal (42.1 per cent). Oral rehydration treatment was least likely to be given in Lakes and Warrap state (33 per cent), in rural areas (48 per cent) and among poorer families.²¹⁶

Women in South Sudan often have to travel long distances on foot to reach health centres because of lack of access to roads, private vehicles or public transport. It may take days for women with life-threatening conditions to reach healthcare facilities. As a result, many die from complications that could be treated.²¹⁷

Another issue hindering access is the cost of healthcare, including payments for doctors, healthcare facilities, drugs and other medical supplies. The high cost of childbirth can be considered a 'burden' to the family. While a 'basic package' of essential services are officially free, informal payments are commonplace.²¹⁸ In this context, only 17 per cent of pregnant women receive the recommended four antenatal care visits.²¹⁹ This means that women with complicated pregnancies can lack important support before giving birth. A Knowledge, Attitudes and Practices (KAP) survey conducted for UNICEF in 2013 found that while most pregnant women do visit a health facility at least once during pregnancy, a significant proportion do not. The reasons for this include: distance and other access constraints; a lack of awareness of the benefits of antenatal check-ups for pregnant women who do not feel unwell; a lack of alternative childcare opportunities at home; a lack of support from husbands and relatives; and poor quality of care, including the interpersonal skills of health professionals.²²⁰

The number of women actually giving birth in health facilities is even lower. More than 80 per cent of deliveries occur at home and mostly in the care of traditional birth attendants²²¹ who are often sought because of personal beliefs, or because no other form of healthcare is available or accessible.²²² As for antenatal care, issues of access and lack of understanding of why skilled support is important are also factors behind high levels of home delivery. Home births without skilled attendance increase the likelihood of morbidity, including fistula, uterine prolapse, anaemia, reproductive tract infections and infertility.²²³ There is a need to strengthen the referral system for complicated births as there are inadequate links between the community and the first level of the referral system. This inadequacy significantly increases the risk of maternal death for women.²²⁴

216 Ibid.

217 Mugo, N., et al., 'Maternal and Child Health in South Sudan: Priorities for the post-2015 agenda', SAGE Open, 2015, <<http://sgo.sagepub.com/content/5/2/2158244015581190>>.

218 Ibid.

219 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

220 UNICEF, 'Knowledge, Attitudes and Practices (KAP) Survey on Key Communication for Development (C4D) Behaviours', 2013.

221 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

222 Ministry of Health, 'Basic Package of Health and Nutrition Services for Southern Sudan', 2009, <www.unicef.org/southsudan/South_Sudan_Basic_package_of_health_services.pdf>.

223 WHO, 'Saving the Lives'.

224 Ministry of Health, 'Health Sector Development Plan', 2012–2016, 2012, <<https://extranet.who.int/nutrition/gina/sites/default/files/SSD%202012%20HEALTH%20SECTOR%20DEVELOPMENT%20PLAN%202012-2016.pdf>>.

Continued

Even for those women who do seek assistance with childbirth in the official healthcare system, key life-saving specialized maternal healthcare services are often not available. For example, the Caesarean section rate is only 0.5 per cent, compared to the ideal rate accepted by the international community of 10 to 15 per cent.²²⁵

In 2012 it was estimated that there were only 37 hospitals in South Sudan.²²⁶ Of these, seven have been made fully or partially non-functional due to the conflict.²²⁷ Others remain difficult to reach, particularly during the five to six months when seasonal rains cut off vehicle access to roads.²²⁸ In 2013 it was found there were only 14 comprehensive and 10 basic emergency obstetric and newborn care services.²²⁹ Only about 44 per cent of the population of South Sudan lives within five kilometres of a health facility.²³⁰ Existing facilities are organized around state capitals, leaving the majority of the population living widely scattered in large geographic areas without access to health services.

A survey conducted in 2011 revealed some of the significant challenges in the infant and child healthcare system. Of 156 sampled healthcare facilities across all 10 states, none met all criteria for care of children. Only six per cent recorded satisfactory performance by healthcare professionals and only 16 per cent had enough staff. Meanwhile, only 12 per cent were utilized by the population for sick child consultations to an acceptable degree. Only three per cent had infection control supplies available, 38 per cent provided acceptable medical treatment for a given diagnosis and 33 per cent adequately counselled patients on administration of prescribed drugs.²³¹

The government's 2014/15 fiscal year draft budget apportioned \$75.9 million for health, including approximately \$23 million for tertiary and secondary health facilities.²³² In contrast, the 1400 primary healthcare facilities have a ratio of over 7,000 people per facility,²³³ and are where the vast majority of health administrators and providers work and patients are seen. Yet these sites were due to receive only 24.4 per cent of total planned expenditure, excluding donor funding. While these sites can treat most illnesses, they are often unable to respond to health issues requiring more complicated procedures and must refer these to hospitals.²³⁴

12-2016.pdf>.

225 WHO, 'WHO Statement on Caesarean Section Rates', 2015, <http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf>.

226 Care International, 'Critical Diagnosis: The case for placing South Sudan's healthcare system at the heart of the humanitarian response', 2014, <www.careinternational.org/uploaddocument/news/publications/english/critical%20diagnosis_south%20sudan.pdf>.

227 Personal correspondence to author from UNICEF South Sudan, November 2015.

228 Care International, 'Critical Diagnosis'.

229 Ministry of Health, 'Needs Assessment'.

230 Ministry of Health, 'Republic of South Sudan: Health facility mapping of South Sudan', 2011.

231 Berendes, S., 'Assessing the Quality of Care in a New Nation: South Sudan's first national health facility assessment.' *Tropical Medicine and International Health*, 2014, <<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12363/epdf>>.

232 Ministry of Finance and Economic Planning, 'Draft Budget Tables Financial Year 2014/2015', June 2014.

233 Ministry of Health, 'Health Sector Development Plan'.

234 Care International, 'Critical Diagnosis'.

In this context, a group of donors have established a Health Pool Fund, which aims to lay the foundations for the government to provide quality healthcare. The Fund now reaches about half the country's population in six states with healthcare. These investments are intended to improve access, use, quality of primary healthcare services, and emergency obstetric and newborn care services; increase accountability and effectiveness by working with community mechanisms for improving health and health education; and support the strengthening of key Ministry of Health stewardship functions, including: planning, management, coordination, supervision and monitoring at all levels, in accordance with Ministry guidelines and tools. Other donors support healthcare in the other four states.²³⁵

At the time of independence in 2011, South Sudan faced a severe shortage of all categories of trained healthcare professionals, including physicians (one per 65,574 population) and midwives (one per 39,088 population). Due to these severe shortages, the country relied on inadequately trained or low skilled health workers. Healthcare professionals are in particularly short supply in rural areas and outside Central Equatoria.²³⁶ The healthcare system in South Sudan has limited capacity in monitoring and evaluation and in managing for results. There is also limited availability and inadequate use of quality data for results-based management.

Given the distance many have to travel to access formal healthcare services, community-level participation in healthcare is important for several reasons. It is essential to prevent health challenges, such as the 10 or so widespread communicable diseases that are preventable, some of which contribute to the high maternal and infant mortality rates. However, community health workers at local level have little time for prevention and health promotion. Community-level participation is also vital because most South Sudanese people live in rural communities, whether agricultural, pastoral or nomadic. Health services concentrated in urban areas are not always accessible.²³⁷ In this context, the Ministry of Health is developing a home-grown model to deliver a Basic Package of Health and Nutrition Services to families and communities through community health action. This model, the Boma Health Initiative, is made up of Boma Health Committees and Home Health Teams, each consisting of three Community Health Workers. These will be constituted as a formal structure of the health system to close the gap between health facilities and the communities to deliver an integrated package of health promotion and disease prevention activities. They will be supported by volunteer Home Health Promoters. The Boma Health Teams will be the entry point for all community-level health activities for all health programmes in that community.²³⁸

235 Information provided by UNICEF South Sudan, November 2015.

236 Ministry of Health, 'Health Sector Development Plan'.

237 Ministry of Health, 'Community Health Systems Strategy Document: Boma health initiative (2nd draft)', August 2015.

238 Ibid.

The healthcare system has long been highly reliant on external funding. Eighty per cent of healthcare services are provided by non-governmental sources²³⁹ and four-fifths of South Sudan's 2012 healthcare budget was from external funds.²⁴⁰

5.2.2 Immunization and vaccine-preventable diseases

Following the CPA, significant progress was made in tackling vaccine-preventable diseases. Recorded measles cases fell from nearly 2,000 in 2006 to below 100 in 2010. South Sudan has been free of transmission of wild poliomyelitis since 2009. This was largely due to the country's Expanded Programme of Immunization, which focused on polio eradication for several years as part of the global eradication campaign.²⁴¹

Nevertheless, utilization of immunization services in South Sudan, including polio, was still extremely low even before the conflict. In 2010, only 20 per cent of children had been vaccinated for measles before their first birthdays, while 17 per cent of children were fully vaccinated.²⁴² Progress made in protecting children and women from vaccine-preventable diseases in recent years has largely been through campaigns, as routine services remain stagnant. Insufficient vaccination services have led to a large number of children not being immunized and has increased the risk of outbreaks of measles, wild polio and other vaccine-preventable diseases.

A 2011 Ministry of Health survey found that more than three quarters of surveyed children and mothers had been immunized at least once. However, completion of immunization among children was reported to be low at 34.2 per cent by the first birthday and 50 per cent on the date of the survey. Immunization completion for mothers is even lower at only 19 per cent. The dominant focus in immunization for mothers appears to be ensuring two tetanus toxoid doses for every pregnancy. This explains the relatively higher rate of infant protection at birth at 62 per cent.²⁴³

Low completion rates for immunization pre-conflict do not appear to be because of lack of awareness of its importance among caregivers. A 2013 KAP study found that 71 per cent knew that the Expanded Programme of Immunization protected their children from disease. For those that did not immunize, 72 per cent gave no reason why they did not; 58 per cent said immunization supplies were not available; 38 per cent said it was against their beliefs; 30 per cent reported unpleasant behaviour from the health professionals; only 5 per cent said it was because they felt immunization was dangerous. The states which appeared to require additional health

239 IASC Reference Group on Gender and Humanitarian Action, 'Humanitarian Crisis in South Sudan Gender Alert 1', January 2014.

240 Robinson, S., 'Special Report: In South Sudan a state of dependency', Reuters, 10 July 2012, <www.reuters.com/article/2012/07/10/us-south-sudan-aid-idUSBRE86909V20120710>.

241 'Immunization Challenges in South Sudan Despite Polio Success', *IRIN*, 15 August 2013, <www.IRINnews.org/fr/report/98578/immunization-challenges-in-south-sudan-despite-polio-success>.

242 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

243 Ministry of Health, 'EPI Coverage Survey, 2011/12', 2012.

education on the benefits and importance of immunization were the three greater Upper Nile states and Eastern Equatoria.²⁴⁴

Malaria is endemic in all parts of South Sudan with the entire population at risk of infection. Risk peaks towards the end of the rainy season from September to November. Malaria accounts for 20–40 per cent of all visits to health facilities in South Sudan and 30 per cent of all hospital admissions.²⁴⁵ According to Health Management Information System (HMIS) data, as well as the integrated disease surveillance system, the number of cases and deaths due to malaria reported by health facilities gradually increased between 2011 and 2013. This may be partly because of improved reporting by healthcare facilities in the years before the conflict.²⁴⁶

According to the 2013 Malaria Indicator Survey (MIS), prevalence of the malaria parasite measured by a rapid diagnostic test ranged from less than 10.6 per cent in the greater Upper Nile region to 53.4 per cent in the Greater Equatorial region, with a mean for the country of 30 per cent. Malaria prevalence was higher in rural areas than in urban areas. Prevalence in pregnant women and children under five had increased to 30 and 15.3 per cent respectively from 24.5 and 9.9 per cent in the 2009 MIS. According to the 2013 MIS, up to 44.9 per cent of children under age five had suffered from a fever during the two weeks before the survey compared to 35 per cent in MIS 2009. The map below, based on unpublished data from the 2013 MIS, show the malaria prevalence rates revealed in the two MIS surveys, in 2009 and 2013 (*see Figure 15*). It can be seen that malaria prevalence appears to have increased in this period. It remains particularly high in the south and west of the country: Morobo county in Central Equatoria, in particular, recorded prevalence of more than 75 per cent.²⁴⁷

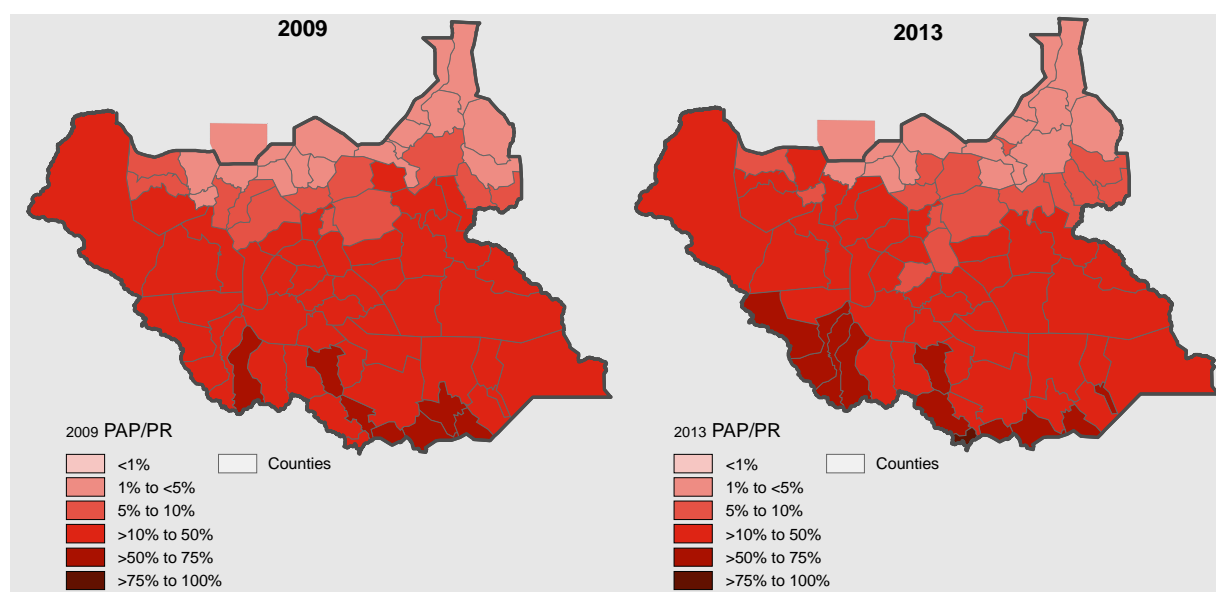
244 UNICEF, 'C4D KAP Survey'.

245 Government of South Sudan, 'Malaria Indicator Survey Report', 2009.

246 Population Services International, 'Funding Request to Global Fund from Republic of South Sudan, 10 March 2014, <www.theglobalfund.org/ProgramDocuments/SSD/ConceptNotes/2014/SSD-M_ConceptNote_0_en>.

247 KEMRI Wellcome Trust Research Programme, 'Republic of South Sudan Malaria Indicator Survey 2013 (draft)', 2014.

Figure 15: Malaria prevalence by county, 2009 and 2013



Source: Developed by INFORM (Information for Malaria) project of the KEMRI Wellcome Trust Research Programme: <www.inform-malaria.org>.

The groups at most risk of severe malaria include young children who have not yet developed their own protective immunity against the most severe forms of the disease. Most malaria deaths in the country are of young children.²⁴⁸ A population-based malaria indicator survey conducted in 2009 found that on average 25 per cent of children less than five years had malaria parasites.²⁴⁹ The disease also contributes greatly to anaemia among children – a major cause of poor growth and development.²⁵⁰

Another group at particular risk are pregnant women who have decreased immunity making them more susceptible to malaria. Malaria can result in serious maternal and foetal health risks including anaemia; miscarriage, especially during the first and second pregnancies; abortion; stillbirths; and a low birth weight baby. Women with HIV infection are at increased risk of malaria and also have higher risk of passing the HIV infection to their babies.²⁵¹

More needs to be done to improve knowledge about malaria. The 2013 KAP study found that just 23 per cent of respondents knew the disease could be prevented. However, many reported knowledge of preventive measures such as using mosquito nets, keeping grass mown short and avoiding stagnant pools. While most said they would see a doctor if they had symptoms, only 10 per cent reported that they would take a blood test. Both prayer and traditional medicines were considered effective for prevention of malaria by more than half of respondents.²⁵² A 2011 survey

248 Cornelio, C. O., and O.F. Seriano, 'Malaria in South Sudan: Introduction and pathophysiology', *South Sudan Medical Journal*, 2011, <www.southsudanmedicaljournal.com/archive/february-2011/malaria-in-south-sudan-1.-introduction-and-pathophysiology.html>.

249 Government of South Sudan, 'Malaria Strategic Plan 2014/15–2020/21', 2014.

250 UNICEF, 'Malaria', 24 December 2013, <www.unicef.org/health/index_malaria.html>.

251 Cornelio and Seriano, 'Malaria in South Sudan'.

252 UNICEF, 'C4D KAP Survey'.

found that three quarters of mothers had slept under a mosquito net during their most recent pregnancy and 59 per cent of children 0 to 23-months-old had slept under a mosquito net on the survey night. In 40 per cent of cases children receive timely treatment of fever with malaria medicine.²⁵³

5.2.3 Sexual and reproductive health, HIV and AIDS

According to the 2010 South Sudan Household Health Survey, the mean rate of contraceptive use was only 3.5 per cent.²⁵⁴ Condom use among sexually active youth (aged 15–24) is relatively low with only 24 per cent of in-school youth reporting ever using condoms and 16 per cent stating they used one during their first sexual intercourse. Among out-of-school youth, 27 per cent reported using a condom during the first sex act, with a slightly higher proportion (36 per cent) reporting that they had never used a condom.²⁵⁵

According to the Ministry of Education, Science and Technology (MEST), sexuality education is lacking in schools and most adolescents and youth shy away from discussing issues of sex and sexuality. Sexuality education is not included in the primary and secondary school curricula, and thus does not help to prevent teenage pregnancy, HIV and other sexually transmitted diseases. The knowledge gap and skill gap in reproductive health and HIV/AIDS among the youth is high. The teenage pregnancy rate is 300 per 1,000 girls.²⁵⁶

In 2014, an estimated 190,000 persons were living with HIV in South Sudan: 170,000 were 15 or older and 20,000 were children below 15 years. Every year 0.16 per cent of the adult population becomes infected: Approximately 18,000 new cases of HIV occurred in South Sudan in 2014 or about 50 people each day.²⁵⁷ Provisional estimated HIV prevalence for South Sudan was 2.7 per cent in 2014.²⁵⁸

In 2013 the worst affected states were Western, Central and Eastern Equatoria, with 7.2, 3.9 and 3.4 per cent prevalence respectively.²⁵⁹ About 60 per cent of new infections and 62 per cent of the total number of persons living with HIV in the country are in Equatoria.²⁶⁰ Those states with the highest prevalence border Uganda and the Democratic Republic of the Congo to the south.²⁶¹ Within Equatoria a particular hotspot is along the road corridor from Uganda to Juba.²⁶² The lowest

253 Ministry of Health, 'EPI Coverage Survey'.

254 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

255 National Bureau of Statistics, 'South Sudan National Baseline Household Survey', 2009, <<http://static1.1.sqspcdn.com/static/f/750842/18935272/1340636516527/NBHS+Final+website.pdf?token=VbKQrcFJfd%2BRDV5UQDz1zQVC7LM%3D>>.

256 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

257 South Sudan HIV/AIDS Technical Working Group, 'Progress Report'.

258 South Sudan HIV and AIDS Commission, 'HIV Prevention Response and Modes of Transmission Analysis: Summary report', June 2014.

259 Ibid.

260 Author's interview, UNAIDS, June 2015.

261 South Sudan HIV/AIDS Technical Working Group, 'Progress Report'.

262 Author's interview, UNAIDS, June 2015.

prevalence is found in the more remote north western states: Northern and Western Bahr Ghazal and Warrap.²⁶³ Urban rates are believed to be higher than in rural areas, though this difference is far less pronounced than that for geographical location.²⁶⁴ South Sudan's HIV epidemic is described as a generalized and mixed epidemic. HIV is twice as prevalent among soldiers as the general population. Incidence is also higher among sex workers and their clients, and other people who have casual heterosexual sex.²⁶⁵

Among those aged 15–24 in 2010, HIV prevalence was more than twice as high for females (1.3 per cent) than for males (0.5 per cent).²⁶⁶ In 2014, 2.7 per cent of pregnant women tested were found to be living with HIV (South Sudan HIV/AIDS Technical Working Group, 2015). However, not enough women are entering antenatal care, being tested and receiving services. In total, mother-to-child transmission (MTCT) of HIV is responsible for more than 90 per cent of new infections in children. In South Sudan an estimated 400,000 pregnant women, of whom 8000 are living with HIV, need counselling and testing to determine their HIV status. In 2013 less than 10 per cent of pregnant women living with HIV were receiving any kind of prevention of mother-to-child transmission (PMTCT) assistance. That year the government published revised guidelines on PMTCT.²⁶⁷

A range of factors increases vulnerability of girls and women to HIV. First, several cultural practices lead to unprotected sex between multiple sexual partners, including polygamy, wife sharing in some communities, widow inheritance and virginity testing. Second, other cultural practices used for both boys and girls increase vulnerability: tattooing, removal of lower teeth, and tribal marks using unsterilized instruments. Third, widespread acceptance of rape and abduction of women and girls for marriage in some areas is an issue. Other factors include displacement due to conflict and floods, and the high mobility of migrants, refugees, traders, sex workers, and truck drivers. Mobile people are more likely to engage in unprotected sex with new sexual networks. As well, the country's conflict, the lack of a social safety net, and the lack of educational opportunities forces some girls and women to engage in survival sex for their own or family members' survival. Their exploitation by men spreads the virus to the men's wives and other partners.²⁶⁸ Other risk factors include high rates of illiteracy, few awareness campaigns, and low condom use among young women.²⁶⁹

HIV awareness is a key problem among women. A 2010 national health survey in South Sudan found that among women aged 15–49 years, less than 9 per cent had comprehensive knowledge of HIV. The majority could not identify at least two ways of avoiding HIV infection and they held

263 South Sudan HIV/AIDS Technical Working Group, 'Progress Report'.

264 South Sudan HIV/AIDS Technical Working Group, 'Progress Report'.

265 South Sudan HIV and AIDS Commission, 'Summary Report'.

266 UNFPA, 'State of the World's Population', 2011, <www.unfpa.org/swp/>.

267 Ministry of Health, 'Guidelines for the Prevention of Mother-to-Child Transmission and Early Infant Diagnosis of HIV', 2013.

268 UNAIDS, 'Gender Assessment: National HIV response in South Sudan', January 2014.

269 Wakabi, W., 'South Sudan Faces Grim Health and Humanitarian Situation', *Lancet*, (377), 2167–8, 2011.

three common misconceptions about how the virus is transmitted.²⁷⁰ The survey did not measure the awareness of men, which is vital as women often do not have the power to negotiate safe sex.

South Sudanese sex workers are particularly vulnerable and are more reluctant to take part in consultations or seek services. It appears that many of these sex workers, ages 13–16, are all survivors of commercial sexual exploitation. They also may have previously been survivors of abuse or trafficking. However, they have proved very difficult to contact by service providers.²⁷¹ This may be because of fear of arrest, lack of awareness of services, and/or other factors.

About 10 per cent of those living with HIV in South Sudan are ages 10–14. Only about three per cent of those in this age group are receiving the treatment they require.²⁷² The modelled rate of mother-to-child transmission of HIV was 29 per cent in 2013.²⁷³ Ideally, babies born to mothers living with HIV should be tested within six weeks of birth. However, early infant diagnosis requires specialized equipment that is not available in South Sudan. Unfortunately, the location of machines procured by the Global Fund for the country in 2013 is unknown. Therefore, if a child is born to a mother living with HIV, healthcare professionals are forced to look for symptoms. If the baby is not thriving, and suspected to be HIV positive, it will be treated with antibiotics until the age of 18 months when it can be tested and treatment started. But the acute shortage of healthcare professionals and facilities in the country means that children's lives can be lost to HIV because of delays accessing treatment.²⁷⁴

Despite the challenges currently facing South Sudan, in 2014 the number of persons receiving treatment for HIV doubled, largely thanks to donor funding. Scale-up is particularly occurring in Western and Central Equatoria. This includes support in 2014 for 512 pregnant women in an expanded prevention of mother-to-child transmission programme that puts the women into treatment for life. However, despite the recent scale-up, only 10 per cent of all those requiring treatment in the country are receiving it.²⁷⁵ In this context, UNICEF is working with partners to provide technical and material support to scale-up efforts to prevent mother-to-child transmission in the healthcare system and at community level.²⁷⁶

Some government efforts to respond to the needs of children who are potentially living with HIV have lacked sensitivity and, in some instances, have lacked confidentiality. These inappropriate behaviours have likely stigmatized survivors and hindered access to services. There is a general low level of awareness of these issues, low standards and poor quality of services. In this

270 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

271 Wakabi, 'South Sudan'.

272 Author's interview, UNAIDS, June 2015.

273 South Sudan HIV/AIDS Technical Working Group, 'South Sudan 2014 Global AIDS Response Progress Report, June 2015'.

274 Author's interview, UNAIDS, June 2015.

275 Author's interview, UNAIDS, June 2015.

276 Personal correspondence to author from UNICEF South Sudan, November 2015.

context, the national HIV strategic plan recognizes that stigma and discrimination make HIV prevention and treatment programmes less effective by deterring uptake of HIV testing and use of prevention and treatment services and commodities. The strategy sets out to ensure that persons living with HIV are treated with dignity and respect and have their right to privacy respected. It is also planned that HIV prevention, care, treatment and support will be integrated and mainstreamed into the healthcare system, non-health sectors and humanitarian efforts, to further minimize the stigma faced by persons living with HIV.²⁷⁷

HARMFUL SUBSTANCES

There is very little data on substance and alcohol abuse in South Sudan. However, taking alcohol and smoking shisha is an emerging phenomenon common among unemployed urban youth. Shisha sometimes contains marijuana and other addictive substances. Substance abuse is an increasing problem among young men and women and carries great social and economic costs through its impacts on crime and health.²⁷⁸

Changes in social freedom and increased trade have led to cheap beer that has flooded Juba City markets and led to an increase in social problems, especially along the transport corridors.²⁷⁹ Since independence, there is no national law prohibiting drinking of alcohol for those aged below 18 years, though some laws reportedly exist at state level.²⁸⁰ Most children cite escape from bad memories and boredom as main reasons for alcohol use. Most disciplinary problems in schools occur due to drunkenness among students.²⁸¹

5.3 Effects of conflict

5.3.1 Health Burden

The conflict has led to an increased disease burden on the population of South Sudan. Already prevalent diseases have increased even more, such as malaria, acute respiratory illnesses and diarrhoea. Previously dormant diseases such as visceral leishmaniasis (kala-azar) have returned.²⁸² In January–October 2015, the five leading causes of morbidity among internally displaced persons were malaria (1,835,531 cases), acute watery diarrhoea (427,152), acute respiratory tract infections (174,796), acute bloody diarrhoea (87,901) and suspected measles.²⁸³

Disruption to immunization and mass displacement may have led to an increase in vaccine-preventable disease among children. Three cases were reported of vaccine-derived polio between

277 Ibid.

278 Sommers and Schwartz, 'Dowry and Division'.

279 MoCYS, 'Youth Development Policy'.

280 Information provided by Ministry of Justice, December 2015.

281 MoCYS, 'Youth Development Policy'.

282 Care International, 'Critical Diagnosis'.

283 WHO, 'Weekly Disease Surveillance Bulletin', 25 October 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_ewarn_25october2015.pdf>.

October 2014 and June 2015, all in Unity State.²⁸⁴ In the first half of 2015, a total of three measles outbreaks were investigated in Duk, Jonglei State; Rubkona, Unity State; and Maban, Upper Nile State. As of mid-June 2015, another potential outbreak had not yet been investigated because of insecurity in Fashoda County.²⁸⁵

The conflict appears to have made malaria even more prevalent. This is partially because internally displaced persons often travel over long distances without adequate shelter, food or water. They also settle in environments to which they are unaccustomed, and with greater exposure to the mosquitoes that cause malaria.²⁸⁶ Camps for internally displaced persons, including POCs with sites for children to play, often contain a lot of stagnant water – favourable breeding conditions for mosquitoes. In August 2015, malaria was the leading cause of morbidity in POCs and other internally displaced person's sites. The increasing trend of the disease in Bentiu POC, in particular, was consistent with an epidemic.²⁸⁷ In total, by the middle of 2015, more than 331,000 cases of malaria had been treated across the country, with 167 deaths reported by health facilities.²⁸⁸

In the South Sudanese context, these factors are compounded by the use of rape as a weapon of war by both sides of the conflict. Sexual and gender-based violence (SGBV) can result in significant health concerns including physical and psychological trauma, sexually transmitted diseases and unwanted pregnancies. SGBV also threatens the psychological well-being of survivors and their families, diminishes survivors' caregiving abilities and potentially reduces their capacity to engage in economic pursuits.²⁸⁹ Rape kits, including post-exposure prophylaxes, are available through health partners responding to the emergency. But most survivors do not present at health facilities because of stigma, perpetrator impunity, fear of retribution from the community, and lack of information and/or knowledge. As most internally displaced persons are women and children, issues of sexual exploitation and abuse are of further concern. The destitution of most of the affected population puts the most vulnerable women and girls at risk of engaging in risky behaviours for survival, such as transactional/survival sex.²⁹⁰ Meanwhile, men and boys who are conscripted into the war join the population group at highest risk of HIV infection in South Sudan as 35 per cent of new infections come from within their ranks.²⁹¹ This is particularly linked to their patronage of sex work, including sexual abuse of female sex workers.²⁹²

284 WHO and UNICEF, 'South Sudan cVDPV2 Outbreak Response Situation Report 22', 15 June 2015.

285 WHO, 'Situation Report 50'.

286 Care International, 'Critical Diagnosis'.

287 Ministry of Health and WHO, 'Early Warning and Disease Surveillance Bulletin (IDP Camps and Settlements) Week 33', 27 August 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_ewarn_16august2015.pdf>.

288 UNICEF South Sudan, 'Health: the crisis in South Sudan', 4 June 2015.

289 Care International, 'Critical Diagnosis'.

290 Author's interview, UNAIDS, June 2015.

291 South Sudan HIV and AIDS Commission, 'Summary Report'.

292 Author's interview, UNAIDS, June 2015.

5.3.2 Disruption to services

The extent of the violence levied against health workers, facilities, transport and patients in South Sudan has been called “unprecedented.”²⁹³ At least 58 people were reportedly killed on hospital grounds between 15 December 2013 and 15 June 2014.²⁹⁴ Attacks that are intended to deny healthcare contravene international humanitarian law, human rights law and customary law.

Extensive disruption of essential primary and secondary health care services due to the conflict has further aggravated the limited capacity for basic service delivery. Over 57 per cent of the health facilities in the conflict-affected states have either been looted or destroyed. They remain non-functional, thereby reducing access to much needed healthcare services.²⁹⁵ Malakal Teaching Hospital, which was one of the country’s three tertiary-level hospitals, has been abandoned since February 2014, and looted several times since as the town changed hands between warring parties.²⁹⁶ Consequently, preventative care, vaccination campaigns and cold chain capacity are compromised. Reproductive health services, including life-saving treatment for survivors of sexual violence, and psychosocial services are inadequate.²⁹⁷

The already low governmental budgetary outlay for health has fallen since the outbreak of violence due to budget redirections. At the same time, costs of running humanitarian operations have soared due to the loss of assets; restrictions on mobility; relocations of offices and staff; higher costs of procuring goods; greater expatriate skill requirements; and escalating need. The cost of managing healthcare programmes has doubled or tripled in some areas.²⁹⁸

Plans to give the national Ministry of Health greater responsibility for healthcare were stalled by the lack of government capacity to meet its contractual obligations, particularly given the loss of revenue after the oil shutdown in 2012, and then the outbreak of conflict in December 2013.²⁹⁹ Meanwhile, the Essential Medicines Fund, created by donors to bridge the funding deficit for procurement of drugs, expires in 2015. Currently, donors are working towards establishing Health Pool Fund-2 that would integrate the Essential Medical Fund. The proposed plan would provide both operational costs and essential supplies to complement the government allocation for the sector. Failure to resolve the issue will have humanitarian consequences throughout the country. Some 768,400 people served by 1,400 health facilities will not have access to life-saving essential medicines. A funding gap would cause a stock-out of six to nine months, likely driving an accelerated spread of disease and illness to which health partners would need to respond.³⁰⁰

293 Care International, ‘Critical Diagnosis’.

294 Médecins Sans Frontières, ‘South Sudan Conflict: Violence against healthcare’, June 2014, <www.msf.org/sites/msf.org/files/msf-south_sudan_conflict-violence_against_healthcare.pdf>.

295 WHO, ‘Situation Report 50’.

296 Information provided by UNICEF South Sudan, December 2015.

297 WHO, ‘Situation Report 50’.

298 Care International, ‘Critical Diagnosis’.

299 Care International, ‘Critical Diagnosis’.

300 OCHA, ‘Mid-Year Update’.

No up-to-date figures on numbers of healthcare professionals are easily available. However, it is clear that since the austerity budget of 2012 and the outbreak of hostilities in December 2013, shortages of personnel have got even worse.³⁰¹ Healthcare professionals, along with other civilians, fled from fighting hotspots: some perished in crossfire and others were shot intentionally because of their ethnicity.³⁰² In conflict-affected states, no funds are available for salaries, while in the other states salaries are paid several months late. Often low-level healthcare professionals can earn more money collecting firewood than working in the health system.³⁰³

The conflict has led to declines in immunization rates, particularly in the conflict-affected states. The capacity of the immunization system to provide routine immunization is diminishing, and now immunization is only provided through campaigns, primarily in POCs and other internally displaced persons settlements. While 58 per cent of children received DPT3/Pentavalent vaccine during 2014 in the seven stable states, only 10 per cent received it in Jonglei, Unity and Upper Nile states. Countrywide, these rates dropped from 60 to 45 per cent.³⁰⁴

There are several challenges that are impeding immunization in conflict-affected areas. Firstly, increasing insecurity and widespread armed conflict have affected interventions in counties which were previously accessible. Secondly, administrative bureaucracies have delayed the release of funds at moments when a window of safety has allowed for a campaign to go ahead. Thirdly, when security clearance is delayed for flights, communication constraints with teams in the field make coordination very challenging. Fourthly, there is a shortage of cold boxes to transport frozen icepacks, and a lack of freezing facilities in counties. Finally, the campaigns suffer from insufficient personnel at all levels.³⁰⁵

In addition, treatment models dependent on uninterrupted delivery of care are at risk of disruption. At the same time, unmet psychosocial and mental health needs and declining access to primary healthcare and sexual, reproductive and maternal health services have greatly exacerbated health risks. In this environment, the elevated levels of food insecurity and malnutrition that have arisen as a result of the conflict will likely have even more severe consequences as they weaken immune systems, inducing and aggravating illness while constituting a medical emergency in itself. The health care system in the three conflict-affected states, fragile before the conflict, is now even less able to cope with increased need.³⁰⁶

The conflict has led to disruption of HIV services in conflict-affected states. The three antiretroviral (ART) centres in the conflict states remain closed and most of the 1,114 persons living with HIV (PLHIV) enrolled in treatment in these three sites have been lost to follow-up. In June 2014,

301 Information provided by UNICEF South Sudan, May 2015.

302 Information provided by UNICEF South Sudan, December 2015.

303 Information provided by UNICEF South Sudan, May 2015.

304 UNICEF South Sudan, 'Health: The crisis'.

305 WHO and UNICEF, 'cVDPV2 Situation Report 22'.

306 Care International, 'Critical Diagnosis'.

UNAIDS estimated that 25,000 PLHIV have been directly impacted by the crisis. This has put further strain on the need for treatment, care and support services, including nutritional support and treatment of infections such as tuberculosis and sexually transmitted illnesses. Barriers to treatment include access difficulties, lack of trained personnel in affected areas, and refusal of some affected populations to receive services from a government apparatus they perceive as actively pursuing them.³⁰⁷

The crisis has reduced provision of reproductive health. Insecurity and displacement have reduced access. In some locations medicine and incentives normally provided to patients have run out. These risk factors are compounded by the lack of women among healthcare providers, administrators and decision-makers.

The conflict has exacerbated the logistical challenges faced in South Sudan. In some areas, service providers struggle with insecurity-related challenges to mobility. Looting has also depleted stocks of foods, medicines, and other goods. The vaccine cold chain has been disrupted in crisis-affected counties with partners resorting to more expensive, improvised measures to ensure immunization of children. There are also bureaucratic impediments including regulations on the movement of cash, fuel, communications equipment and even medicine. Obtaining clearance for flights and travel can also be complicated and time-consuming. Combined, these challenges result in lower quality healthcare services and increased costs.³⁰⁸

Even outside the states directly affected by conflict, the fighting has led to deterioration in services. Previous plans have been suspended to provide mentoring to local healthcare professionals and administrators and to construct, or support the government to construct, healthcare facilities. Currently, the only funds available for the healthcare system are for salaries, even in the 'non-affected' states. The focus on the conflict-affected states has meant that routine immunization coverage in the rest of the country has fallen and support is now primarily through campaigns.

5.4 Food security and nutrition

5.4.1 Food security

South Sudan has enormous potential to feed itself. Seventy per cent of its land is suitable for agriculture. In the 1980s, Sudan exported more food than it imported, and much of it was produced in Greater Equatoria. However, the war until 2005 caused destruction, displacement, disruption to markets and a lack of investment in infrastructure.³⁰⁹ During the civil war, armed

307 Author's interview, UNAIDS, June 2015.

308 Care International, 'Critical Diagnosis'.

309 World Bank, 'Agricultural Potential, Rural Roads, and Farm Competitiveness in South Sudan', 2012, <http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_4016.pdf>.

groups may have used starvation as a weapon of war.³¹⁰ In 1998, 100,000 people died in Bahr el Ghazal in a famine caused by failing rains compounded by intentional destruction of agriculture and markets; diversion of food aid; denial of humanitarian access; and armed groups holding the population hostage.³¹¹

Though South Sudan had opportunities to invest in agriculture, infrastructure and basic services following the CPA and after independence, spending was concentrated on the security sector. By 2012, only four per cent of South Sudan's land was being cultivated.³¹² Despite this fact, 2013 saw the highest agricultural production for several years, though more than a third of the population still did not have enough to eat. Before conflict erupted in December 2013, South Sudan was making faltering progress against hunger. In 2012, crop production was six per cent above the five-year average, while it was 22 per cent above the five-year average in 2013.³¹³

The conflict has not led to a general fall in food production in South Sudan. Net cereal production was estimated to have risen by 13 per cent from 2013 to 2014, and livestock conditions were generally good because of pasture and water availability.³¹⁴ However, this situation masks the regional position in conflict-affected states. The estimated planted area in Greater Upper Nile declined by about 70 per cent between 2013 and 2014, from 253,000 to about 82,000 hectares. Following massive displacement in Greater Upper Nile last April– May at planting time, it is highly probable that crops were either not planted or planted only in very small plots. As a result, there is a high risk that fields were then left unattended when farmers were forced to flee.³¹⁵

The conflict has also shattered market and trade networks. Traditionally, South Sudanese families depended on local markets to buy food between harvests, particularly during the 'lean season' from May to August when stocks from the previous harvest had been exhausted. Dinka, Nuer and Darfuri traders crossed state boundaries between Lakes, Upper Nile, Jonglei, Unity and the Greater Equatoria regions freely, bridging socio-ethnic divisions through commerce. Following the onset of conflict in December 2013, however, market networks froze. Marketplaces were looted and burned. Traders did not attempt to conduct business in some areas because of the danger of ethnic targeting and unsafe trade routes. Many had their stock looted and restricted their trade to family networks or went into hiding. Others went out of business.³¹⁶

310 Human Rights Watch. 'Famine Crimes in South Sudan', 15 August 2014, <www.hrw.org/news/2014/08/15/famine-crimes-south-sudan>.

311 Human Rights Watch, 'Famine in South Sudan: The human rights causes', 1999, <www.hrw.org/reports/1999/sudan/>.

312 World Bank, 'Agricultural Potential'.

313 FAO and WFP, 'FAO/WFP Food and Crop Security Mission to South Sudan', February 2014, <<http://reliefweb.int/sites/reliefweb.int/files/resources/l3652e.pdf>>.

314 FAO and WFP, 'FAO/WFP Food and Crop Security Mission to South Sudan', May 2015, <<http://reliefweb.int/sites/reliefweb.int/files/resources/a-i4569e.pdf>>.

315 FAO, 'South Sudan Crop Watch', July 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/ROSS_Crop_Watch_2ndJuly.pdf>.

316 OXFAM, 'Crisis to Catastrophe'.

South Sudan is now dependent on neighbouring countries for its food supplies, the prices of which increase with the ever-widening parallel exchange rate. The estimated minimum expenditure basket in rural areas more than doubled between June 2014 and June 2015.³¹⁷

This change to production, trade, and reduced economic opportunities has been highly disruptive. As of September 2015, in a country of 11.6 million people, about 7.6 million were classified as food insecure. This number includes 3.6 million people in 'stressed' food insecurity that had to resort to negative coping strategies such as selling assets, skipping meals or foregoing healthcare. Food insecurity also exacerbates safety risks for women and girls as the burden of finding and preparing food falls almost exclusively on females. When families cannot meet their basic survival needs, women and girls are forced to employ dangerous coping mechanisms such as walking long distances through areas that are known to be high risk for sexual violence. Meanwhile, boys and men may resort to joining armed groups and/or engaging in criminal behaviour.

Some 3.9 million people were classified as 'severely' food insecure: 3.1 million in crisis and 800,000 in emergency levels of food insecurity. This is an 80 per cent increase compared to the same period in 2014. In addition, an estimated 30,000 people in Unity State were classified as having catastrophic Integrated Food Security Phase 5 Classification (IPC phase 5 food insecurity). If insecurity continues to prevent humanitarian assistance to southern Unity, the number of people in IPC phase 5 will increase to 40,000 in Guit, Koch, Leer and Mayendit counties.

Generally, favourable rains and an absence of major outbreaks of pests and disease supported cereal crop production in the traditional farming sector in 2014. However, in 2015 a large proportion of the displaced population depends mainly on food assistance and only to some extent on market supplies. Agriculture remains highly vulnerable to adverse weather conditions and insecurity. While livestock conditions are generally good due to adequate pasture and water availability, the movements of animals as a result of the conflict have raised concerns about disease outbreaks, reduced access to resources and increased tensions between herders and farmers.³¹⁸

5.4.2 Nutrition

Nutrition indicators for children and vulnerable mothers in South Sudan, already extremely poor, were exacerbated by the conflict that began in December 2013. It made it harder to reach the acutely malnourished with critical treatment and to address the factors underlying the chronically high levels of malnutrition across the country.

317 OCHA, 'Mid-Year Update'.

318 OCHA, 'Humanitarian Bulletin', 15 May 2015'.

Stunting rates in South Sudan fell from 33.4 per cent in 2006 to 25 per cent in 2010.³¹⁹ However, the figures may be inaccurate because of the widespread lack of birth certification. The 2010 South Sudan Household Health Survey (SSHHS) found that 31 per cent of children under age five were stunted (33 per cent of boys and 29 per cent of girls) and 28 per cent were underweight (30 per cent of boys and 25 per cent of girls) – with wide variations across states.³²⁰

According to the 2010 SSHHS, the proportion of children fed on breast milk alone for the first six months was 45 per cent, which is very low. Breastfeeding was initiated in the first hour after birth for only 48.1 per cent of children. When weaning, only 21 per cent of children aged 6–8 months consumed solid and semisolid foods. The proportions continuing breastfeeding at one year was high at 83 per cent meaning children were still fed breast milk in addition to other foods. However, continued breastfeeding at two years was very low at 38 per cent giving a mean duration of breastfeeding of 17 months.³²¹

While there have not been any national nutrition assessments or surveys since 2010, small scale county-based SMART surveys and food and nutrition security assessments representative at state level are conducted regularly. The conflict has exacerbated the rates of acute malnutrition due to the reduced ability of children under five, chronically ill persons and pregnant and lactating women to meet their nutritional needs due to barriers. These barriers include displacement and increased morbidity caused by disease outbreak and lack of access to clean water, sanitation facilities and basic health services.³²² Global acute malnutrition rates are regularly above the WHO emergency critical threshold of 15 per cent. The number of children suffering from severe acute malnutrition rose from a pre-crisis 2013 estimate of 108,000 to 248,264 in September 2015 due to: deteriorating food insecurity; displacement and the destruction of health, water and sanitation facilities; and underlying issues of suboptimal infant and young child feeding practices (*see Figure 16*). These factors threaten the lives of tens of thousands of children.

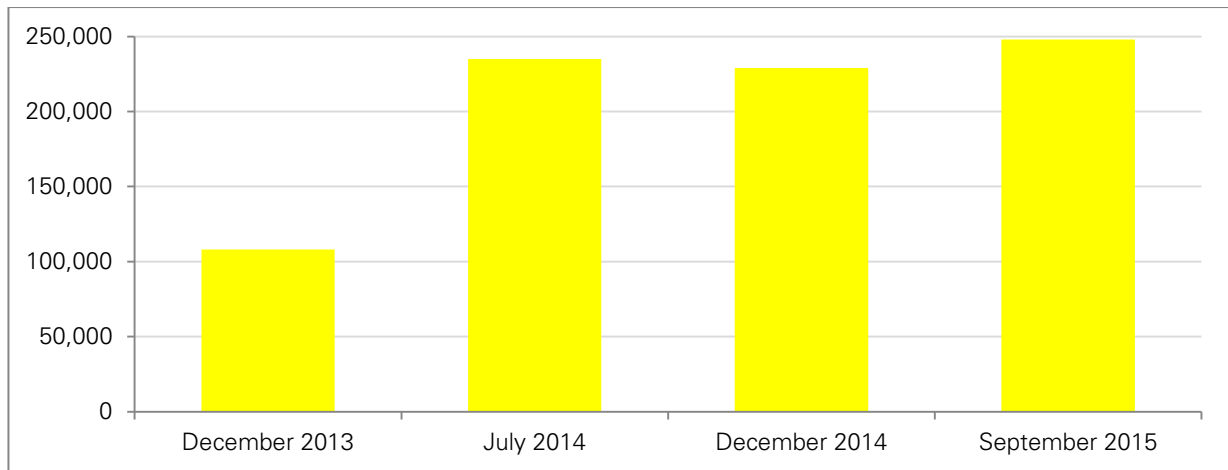
319 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

320 Ibid.

321 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

322 UNICEF and WFP, 'Joint Nutrition Response Plan, Year 2', 17 June 2015.

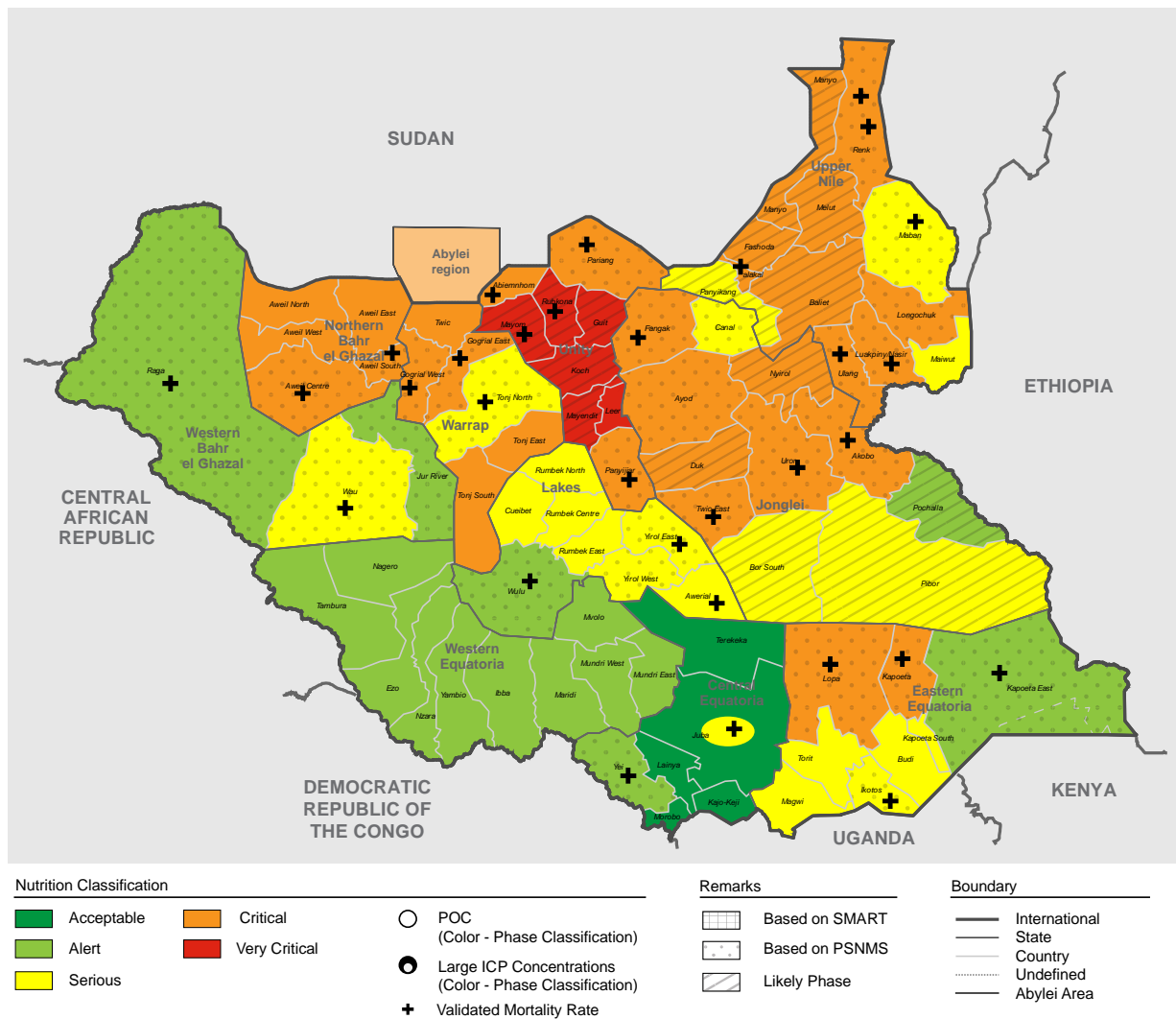
Figure 16: Number of children under five estimated to be suffering from severe acute malnutrition, 2013–2015



Source: UNICEF reports.

The map below records the nutrition situation by county in August–September 2015 (*see Figure 17*). It also highlights the geographical concentration of poor nutritional status in Greater Upper Nile. The nutrition situation remains Critical with Global Acute Malnutrition (GAM) rates above the emergency threshold (15 per cent) in the conflict-affected states of Greater Upper Nile (Jonglei, Unity and Upper Nile) and the high malnutrition-burdened states of Northern Bahr el Ghazal and Warrap. The nutrition situation has particularly deteriorated in certain counties in Unity state to Very Critical (GAM > 30 per cent). However, despite these extremely high rates of malnutrition in some counties, death rates of children under five were below the emergency threshold in most of the counties, suggesting that emergency interventions have been effective.

Figure 17: Overall nutrition situation by county, August–September 2015



Source: UNICEF reports.

Children trapped by fighting without access to basic medical services and food will struggle to survive this lean season without an urgent resumption of humanitarian assistance in conflict-affected areas. Nearly one in three children under five is malnourished in the worst hit areas of Greater Upper Nile, Warrap and Northern Bahr el Ghazal. The rates are particularly concerning for Unity and Upper Nile states, where fighting has interrupted or closed the nutrition services that many of these children need to survive.³²³ If these children are not reached with treatment, they are nine times more likely to die than healthy children.³²⁴

While the conflict states are among those with the highest malnutrition rates, Warrap and Northern Bahr el Ghazal also are at critical levels. These states have suffered from high malnutrition for a long time. The reasons are deep-rooted and multifaceted: Research from 2014

323 UNICEF South Sudan, 'Nutrition: The crisis in South Sudan', 4 June 2015.

324 UNICEF, 'Children Face Worsening Nutrition Crisis as South Sudan Fighting Intensifies', 27 May 2015, <www.unicef.org/media/media_82077.html>.

pointed out that the two states had suffered from several decades of civil war, then experienced high levels of returning refugees in 2010 and 2011, and also had experienced prolonged drought.³²⁵ A Médecins Sans Frontières (MSF) report on malnutrition in Northern Bahr el Ghazal in 2008 cited causes including environmental challenges and the arrival of displaced persons from Darfur and northern Sudan.³²⁶ Meanwhile, an anthropological study by World Vision in 2010 of Dinka from the Rek sub-tribe in Warrap states that causes of high malnutrition in that community include the treatment of illegitimate children and the cultural beliefs and practices of and towards pregnant women concerning diet, behaviour and work ethic.³²⁷ There is also a more general chronic problem of lack of diversity in cultivation in Warrap state – families subsist on sorghum, milk and some wild vegetables. These examples highlight some of the complex causes of malnutrition in the area.³²⁸

The situation in Abyei is another particular concern. Assessments that have been conducted in Southern Abyei show malnutrition rates above emergency thresholds and that many children still suffer from severe acute malnutrition. This is partly linked to limited community awareness of child nutrition, which tends to increase malnutrition among children in both internally displaced persons areas and returnee areas.³²⁹

UNICEF and its partners have identified a range of bottlenecks to improving nutritional status across South Sudan. The 2013 Knowledge, Attitudes and Practices study showed that the vast majority of women in South Sudan are aware of the health benefits of breastfeeding at household level.³³⁰ Even so, inappropriate knowledge among caregivers and cultural beliefs and taboos on feeding practices can negatively affect maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding and weaning. Meanwhile, when women are not empowered to make decisions over household resources, it is difficult for them to effectively care for children. Nutritional status is also harmed by tropical enteropathy, under which poor digestion and ingestion of faecal matters affects the intestine, leading to poor absorption of micronutrients. Displaced populations, in particular, lack access to adequate and sufficient nutrition.

At community level, only a very limited number of markets and social services are in operation, and ongoing insecurity has led to restricted access to conflict-affected populations. In addition, community mobilization on nutrition is weak. Community workers or support groups often drop out of programmes due to a lack of motivation and supportive supervision. While this situation has

325 Paul, A., et al., 'Preventing Malnutrition in Post-Conflict, Food Insecure Settings: A case study from South Sudan', 7 July 2014, <<http://currents.plos.org/disasters/article/preventing-malnutrition-in-post-conflict-food-insecure-settings-a-case-study-from-south-sudan/>>.

326 Médecins Sans Frontières, 'Southern Sudan: Nutritional situation in Northern Bahr El Ghazal', 5 May 2008, <www.doctorswithoutborders.org/news-stories/field-news/southern-sudan-nutritional-situation-northern-bahr-el-ghazal>.

327 Groves, V., 'Childhood Malnutrition and the Dinka of Southern Sudan', World Vision, 2010, <https://reach3.cern.ch/imagery/SSD/32BHP_Brace/Acted/Resources/Darren/Malnutrition%20and%20the%20Dinka%20of%20Southern%20Sudan_2010.PDF>.

328 Author's interview, World Vision, June 2015.

329 Correspondence to author from UNICEF South Sudan, October 2015.

330 UNICEF, 'C4D KAP Survey'.

improved in the non-conflict-affected states in 2015, it remains a challenge in the conflict-affected states.

From the side of the healthcare system, not enough attention is paid to maternal nutrition during antenatal care visits, and few women attend antenatal services. There is inadequate funding to train sufficient numbers of community workers and support groups. There is also a broader lack of professional capacity for nutrition in the healthcare system, from the Ministry of Health through regional and local government to frontline healthcare and nutrition providers. Government funding for nutrition is negligent. It relies on development partners for information, training, supply procurement, implementation of programmes, coordination, and monitoring.³³¹

Nutrition services – outpatient therapeutic programmes (OTP) – have been established by international organizations, where possible, as part of primary healthcare facilities. However, in the conflict-affected states where these have been destroyed they are sometimes established as stand-alone entities. OTP services usually cover several payams.

5.5 Water, sanitation and hygiene

5.5.1 Situation of children and women

Because of the lack of systematic data collection in South Sudan, it is not possible to identify the number of people who lack access to safe water supply and adequate sanitation. However, before the crisis it was estimated that 41 per cent had access to improved water supply and 14 per cent to improved sanitation.³³²

In general, the majority of the population do not have latrines. In 2012, the states where people were least likely to say they used latrines were Unity (88 per cent), Northern Bahr el Ghazal (65 per cent) and Eastern Equatoria (60 per cent).³³³ Lack of latrine facilities and open defecation are more widespread in rural areas. A 2014 study in Maiwut County in Upper Nile State, for example, found that only 13 per cent of households had their own latrines.³³⁴ However, many residents of poorer areas of Juba defecate openly, partly because of a lack of appropriate toilet facilities.³³⁵ In urban areas this situation is particularly problematic because space is limited and the risk of contamination is greater. The low proportion of households with pit latrines, coupled

331 Author's interview, UNICEF South Sudan, June 2015.

332 UNICEF South Sudan, 'Water, Sanitation and Hygiene (WASH): The crisis in South Sudan', 31 July 2015, <www.childrenofsouthsudan.info/wp-content/uploads/2015/08/WASH-31-July-15-.pdf>.

333 UNICEF, 'C4D KAP Survey'.

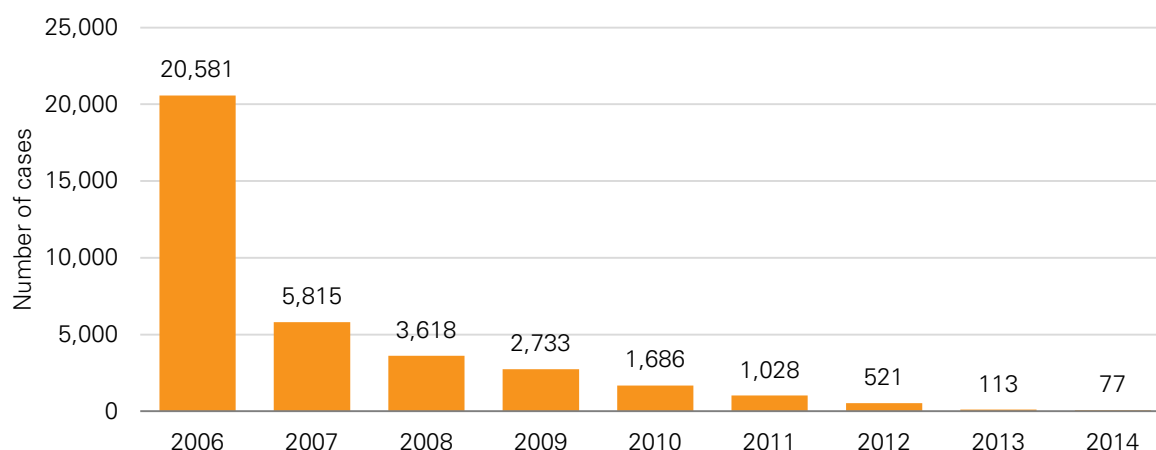
334 Care International, 'WASH Knowledge Attitude and Practice Survey Report Maiwut County, Upper Nile State, South Sudan', 2014.

335 Mayai, A. T., 'Cholera: A new threat to health in South Sudan', Sudd Institute, 14 July 2015, <www.suddinstitute.org/assets/Publications/CholeraoutbreakMayai.pdf>.

with limited access to safe water, increases the risk for water and sanitation related diseases such as cholera, dysentery and typhoid.³³⁶

These extremely poor water and sanitation indicators, coupled with poor hygiene practices, have a serious impact on the health of women and children. One of the consequences of poor water supply in South Sudan is guinea worm infestation. Guinea worms, the largest tissue parasite affecting humans, can grow up to one metre inside human bodies. They enter the body through drinking water containing water fleas (*Cyclops* species) that have ingested *Dracunculus* larvae. Therefore, the key to eliminating them is improving water supply in areas where the fleas are found. The national Ministry of Health and its partners established the South Sudan Guinea Worm Elimination Programme in 2006. This has led to a reduction in cases in the country from 20,581 in 2006 to 77 in 2014 (see Figure 18). Nevertheless, the 2014 figure amounted to 56 per cent of global cases that year. In South Sudan, the disease is currently localized in Kapoeta East (Eastern Equatoria) and Awerial (Lakes State) counties.³³⁷ The continued reduction is a result of water improvement programmes that were directly funded by external donors – UNICEF and The Carter Centre. Unlike some development activities, the funding for this programme has not been diverted into humanitarian response as a result of the conflict.

Figure 18: Guinea worm cases in South Sudan by year, 2006–2014



Source: World Health Organization, 'South Sudan Inches Closer to Eliminating Guinea Worm Disease', 3 February 2015, <<http://reliefweb.int/report/south-sudan/south-sudan-inches-closer-eliminating-guinea-worm-disease>>.

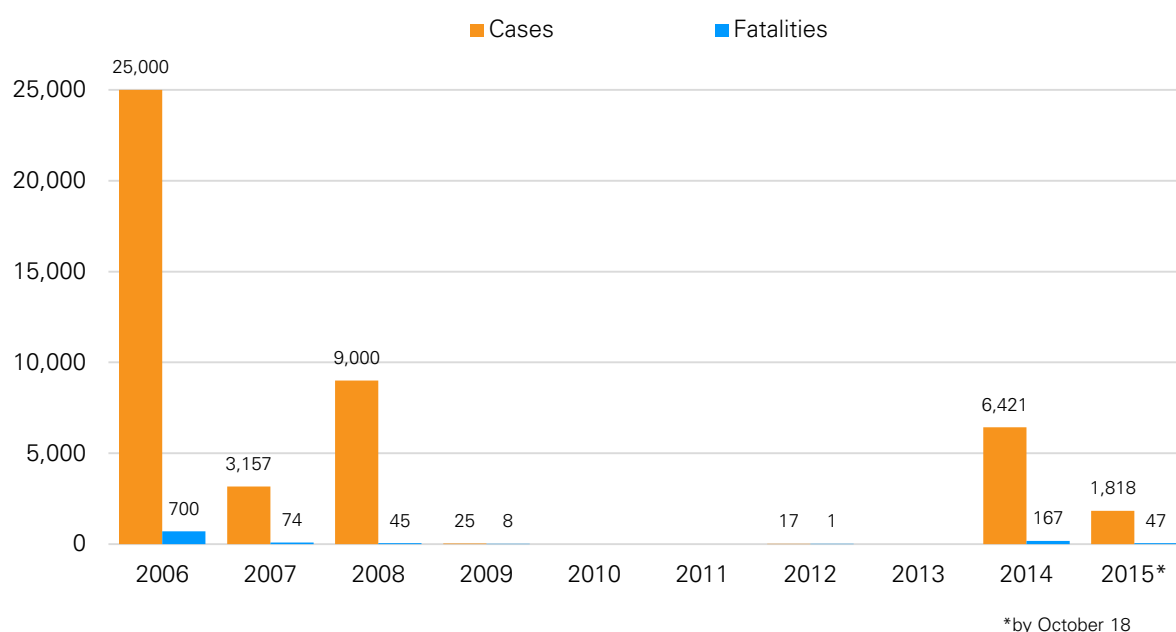
Cholera is endemic in South Sudan. Risk factors in the country include: residing in crowded settlements with inadequate sanitation; poor hygiene; using untreated water; lack of household chlorination of drinking water; eating food from unregulated roadside vendors or makeshift

336 Ministry of Health, 'The Second National Health Policy 2015–2025', November 2014.

337 World Health Organization, 'South Sudan Inches Closer to Eliminating Guinea Worm Disease', 3 February 2015, <<http://reliefweb.int/report/south-sudan/south-sudan-inches-closer-eliminating-guinea-worm-disease>>.

markets; open defecation; and poor latrine use.³³⁸ The country suffered major cholera outbreaks in 2006, 2007, 2008 and 2009.³³⁹ The most severe of these outbreaks was in 2006. Initially detected in Yei, the outbreak spread quickly to Juba. Reports suggest the outbreak resulted from a large number of displaced people exerting additional stress on health, water and sanitation services that were already severely depleted as a result of war, thus creating ideal conditions for the spread of epidemic diseases.³⁴⁰ The 2007 outbreak was attributed to suboptimal hygiene practices and lack of water and sanitation infrastructure in Juba.³⁴¹ However, no major outbreaks were recorded after 2009 until the outbreaks in 2014 and 2015. Because of improved cholera outbreak preparedness and response activities led by the Ministry of Health with UNICEF, WHO and other key partners in 2015, the number of cholera cases in 2015 (1,818) was much lower than the figures seen in previous outbreaks: 13,731 in 2007; 17,241 in 2008; 13,681 in 2009; and 6,421 in 2014 (see Figure 19).

Figure 19: Cholera cases and fatality in South Sudan, 2006–August 2015



Source: Figures triangulated from internet sources (academic papers and international organizations).

5.5.2 Cultural practices

Cultural practices cause many of the problems associated with water, sanitation and hygiene in South Sudan. The first of these relates to gender roles. Women have the responsibility for collecting water for their families and children sometimes accompany them. Because of the

338 Office for Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan | Bi-weekly update 30 June 2015', <http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA_South_Sudan_BiWeekly_30_June_2015.pdf>.

339 Ibid.

340 Moszynski, P., 'Cholera Outbreak Highlights Poor Health Services in Southern Sudan', *British Medical Journal*, (332), 2006, <www.ncbi.nlm.nih.gov/pmc/articles/PMC1397785/>.

341 Centers for Disease Control and Prevention, 'Cholera Outbreak—Southern Sudan', 2007, *MMWR Morb Mortal Wkly Rep*, 58(13), <www.ncbi.nlm.nih.gov/pubmed/19357634>.

scarcity of improved water sources, they often have to walk a long way every day to collect water, carrying heavy containers. According to the World Bank, 38 per cent of the population has to walk for more than 30 minutes each way to collect drinking water.³⁴² This affects their health and leaves them vulnerable to GBV on the way and at the water source. In addition, if mothers spend much of their time fetching water, it gives them less time to care for their children and for other activities such as breastfeeding and preparing food. If they have young babies or infants, this can seriously affect their health.

Washing hands with soap is not a universal practice in much of South Sudan. A 2012 national survey found that in Eastern Equatoria, in particular, only 16 per cent of people used water and soap to wash their hands. Meanwhile, in Northern Bahr el Ghazal and Unity states, only just over half of respondents used water and soap. This compared to a national average of 68 per cent.³⁴³ Non-use may be because of lack of awareness of the importance of hygiene, as well as limited water and soap availability. Given that food is often eaten with hands, it means that the risk of contamination is very high. Another harmful social norm is the belief that children's faeces are clean and pure. If children are cleaned and then hands are not washed, the risk of infection to the person who is cleaning, and others, is higher. Finally, household storage of water is of concern in South Sudan. Even where water is fetched from improved water sources, the storage containers may not be clean. For example, children are sometimes cleaned in basins that are then used for drinking water, or dirty items are dipped in the water.

5.5.3 Water supply and sanitation

Improved water supply has always been poor in South Sudan; however, until the current conflict, efforts were being made to improve coverage. The poorest are the most affected. Though limited access to supply affects all areas of the country, this group cannot afford to buy clean water. By 2013, most major towns had initiated water supply systems intended to cover at least some households. These systems were mainly the result of donor investment. Even before the crisis, the government did not invest significantly in capital projects.³⁴⁴ In Juba, it was estimated in 2009 that 13 per cent of households had improved water supply because of population increase in the city; it is likely that the percentage now is even smaller. The improvement was largely in the older part of the city served by the Urban Water Corporation (UWC). Unfortunately, the system is highly inefficient with major leakages coupled with lack of regularized operational maintenance. The public system is complemented by small private water suppliers but they deliver relatively expensive water. About 300 registered trucks, as well as bicycle vendors, supply water around

³⁴² World Bank, 'South Sudan Overview'.

³⁴³ UNICEF, 'C4D KAP Survey'.

³⁴⁴ Author's interview, UNICEF South Sudan, August 2015.

the city. Private riverside water filling stations pump raw water from the Nile. Several water bottling factories also produce drinking water.³⁴⁵

Several initiatives are being taken in the Water, Sanitation and Hygiene (WASH) sector to improve access to WASH facilities and services. By November 2014, feasibility studies for safe water supply and sanitation systems were already underway for Bor, Yambio and Rumbek.³⁴⁶ In an effort to increase safe water access in Juba, a Japanese International Cooperation Agency (JICA) funded project plans to increase its coverage to about 60 per cent in 2017.³⁴⁷ International donors are also implementing a project on safe water supply and sanitation system in Yei.

One of the constraints to safe water supply is the frequent breakdown of infrastructure. In many parts of the country, and particularly rural areas, technical capacity is limited to maintain such infrastructure. In addition, spare parts are generally unavailable, especially outside Juba, meaning that even when technical capacity is in place, repairs may be logistically very challenging.³⁴⁸

Like water supply, sanitation coverage in South Sudan has been largely the result of donor investments. A Community Led Total Sanitation (CLTS) project was initiated in 2012 and was intended to cover 300 villages. The project envisaged that families would take responsibility for their own sanitation, with local authorities engaged to support them and UNICEF building their capacity through training programmes. However, progress stalled due to diversion of resources to emergency support since December 2013.

5.5.4 Systemic issues

The Ministry of Electricity, Dams, Irrigation and Water Resources (MEDIWR) is mandated to lead and coordinate management and development of water resources on one hand, and provide sustainable safe water and sanitation services on the other.³⁴⁹ The 2011–2013 South Sudan Development Plan prioritized provision of water and sanitation. As such, Action and Investment Plans were developed for rural and urban areas in 2012 and 2013 respectively.³⁵⁰

South Sudan has no single lead Ministry responsible for sanitation. However, the Ministry of Housing and Physical Planning is responsible for schemes for sewage disposal and treatment in urban areas. The Ministry of Health answers for raising awareness of health problems that arise due to lack of adequate sanitation and hygiene services, as well as for ensuring newly constructed and renovated health facilities have adequate sanitation and hygiene services. The Ministry of Electricity, Dams, Irrigation and Water Resources oversees rural sanitation projects. No institution

345 OXFAM, 'A City Exposed: Oxfam media brief', July 2015, <<http://reliefweb.int/sites/reliefweb.int/files/resources/A%20City%20Exposed%20.pdf>>.

346 'Groundbreaking for Yei's drinking water supply system', *The Niles*, 10 November 2014, <www.theniles.org/articles/?id=2507#sthash.sx7Gfe0Y.dpuf>.

347 Author's interview, UNICEF South Sudan, August 2015.

348 Author's interview, South Sudan Development Organization, June 2015.

349 Ministry of Water Resources and Irrigation, 'Rural WASH Sub-sector Action and Investment Plan', 2012.

350 Ministry of Water Resources and Irrigation, 'Note on WASH Sector Governance', 2013.

has been designated to coordinate provision of sanitation services in schools.³⁵¹ Typically there are 2–3 salaried positions for water and sanitation in state governments. At county level, where water and sanitation programmes should be implemented, there has been very limited representation.³⁵²

Development of the legislative framework on water related issues is constrained by the slow pace of enacting legislation. In particular, the Water Act, which should guide the overall humanitarian early recovery and development response on water and sanitation issues in the country, has stalled for several years in Parliament, largely because legislators have been preoccupied with the armed conflict and other challenges.³⁵³

5.5.5 Water as a driver of conflict

While access to water is a concern throughout the country, the problem is acute in drier areas, such as the arid zone in the southeast of the country. Frequent drought and water shortages lead to competition over water resources. This is a particularly important issue, especially for pastoral communities and can be a source of tension and conflict. Research conducted for United Kingdom Department for International Development (DFID) in 2012 found that access to water and sanitation services *per se* has not been a major source of conflict in South Sudan. However, it found that there may be minor and localized competition concerning how communities – and which community members – access water points.³⁵⁴

5.5.6 Water, sanitation and hygiene and conflict

The mass displacement of people as a result of the conflict that began in December 2013 has led to greater challenges. Overcrowded camps and settlements, often without access to clean water and in poor hygiene conditions, can lead to fatal outbreaks of water-borne diseases.³⁵⁵ A cholera outbreak in May 2014 led to 6,421 suspected cases, including 167 deaths.³⁵⁶ A subsequent cholera outbreak, which began in Juba POC in May 2015, resulted in 1,818 cases and 47 deaths as of 18 October 2015.³⁵⁷

Large influxes of internally displaced persons have led to overutilization of existing water and sanitation facilities. This has resulted in huge operational and maintenance needs in the sector.

351 African Development Bank, South Sudan: 'An Infrastructure Plan', 2012, <www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/South%20Sudan%20Infrastructure%20Action%20Plan%20-%20%20A%20Program%20for%20Sustained%20Strong%20Economic%20Growth%20-%20Chapter%209%20-%20Water%20Supply%20and%20Sanitation.pdf>.

352 Author's interview, UNICEF South Sudan, August 2015.

353 Author's interview, UNICEF South Sudan, August 2015.

354 Kooy, M., and L. Wild, 'Tearfund WASH Service Delivery in South Sudan: Contributions to peace building and state-building', DFID, 2012, <<http://r4d.dfid.gov.uk/PDF/Outputs/Water/60989-WASH-PBSB-ODI-South-Sudan-case-study.pdf>>.

355 UNICEF, 'Children at Risk from Cholera Outbreak in South Sudan', 23 June 2015, <<http://reliefweb.int/report/south-sudan/children-risk-cholera-outbreak-south-sudan>>.

356 WHO, 'Situation Report 50'.

357 WHO, 'Situation Report #89 on Cholera in South Sudan as at 23:59 Hours, 12–18 October 2015', <<http://reliefweb.int/report/south-sudan/situation-report-89-cholera-south-sudan-2359-hours-12-18-october-2015>>.

Logistical provision of water and sanitation facilities, as well as ensuring hygienic conditions in POCs and other places where internally displaced persons reside, is challenging particularly when numbers rapidly increase.

Other water and sanitation associated dangers have also been aggravated by the conflict. Women often have to walk further and to locations known to be risky to women to collect water for the family. They are subjected to additional dangers from armed men around the countryside. For more details see Section 7: Right to protection. The temporary structure of latrines also puts girls and women at risk of GBV as latrines lack privacy and lights. GBV assessments at the beginning of the emergency in 2014 revealed that girls and women felt that latrines were unsafe. This was still reported as a concern in early 2015.³⁵⁸

In 2014 it was reported that 40 per cent of WASH facilities in the conflict-affected states had been destroyed in the current conflict.³⁵⁹ In Bentiu, Malakal and Bor, for example, water supply systems have had parts damaged in fighting while generators, pumping stations and solar panels have been looted. In this context, communities have reverted to using contaminated water sources.³⁶⁰

The crisis has also affected water supply and sanitation in other parts of the country. Because there are very limited funds currently available for basic services, most of the water delivered in Juba is now untreated and its quality is not adequately monitored. The government can now no longer afford to provide water-treating chlorine. As a result, partners are doing so.³⁶¹

Another effect of the crisis has been rapid inflation in the cost of many essentials, including water. Because of increased costs of production, water providers in Juba are producing less and charging more. This means that the population has even less access to safe water than previously. In poorer neighbourhoods, many cannot afford to buy enough safe water to meet their needs. Oxfam found in May 2015 that some people spend 15 per cent of their income to buy about 30 litres of water for one person's daily use, primarily from small private water suppliers who supply water by truck. There has, therefore, been an increase in the use of the River Nile and untreated private boreholes, some of which do not provide safe drinking water if not treated.³⁶²

358 South Sudan Protection Cluster, 'January–March 2015'.

359 Information provided by UNICEF South Sudan, May 2015.

360 Author's interview, UNICEF South Sudan, August 2015.

361 OXFAM, 'A City Exposed', confirmed by UNICEF South Sudan, November 2015.

362 Ibid.



6. RIGHT TO EDUCATION

6.1 Introduction

The second group of rights under the UNCRC are development rights. These set out what children need to reach their full potential: education; leisure and play; cultural activities; access to information; and freedom of thought, conscience and religion. In particular, Article 28 of the UNCRC states that all children have a right to free primary education.

Section 6 largely focuses on the education of children and adolescents. It includes sections on early childhood development, primary education, secondary and vocational education, and the alternative education system for children who have not gone to school or have had their schooling interrupted. Much of the data in this section is compiled from reports from the Education Management Information System (EMIS). It should be noted that the figures for 2015 are provisional. It was not possible for information to be gathered in many of the counties in the three Greater Upper Nile states.

6.2 The education context

During the colonial period and the period of rule from Khartoum, the education sector in what is now South Sudan was marginalized. There was minimal educational investment and

development. In 1990, Sudanese President Bashir unveiled a new unified education policy, which would introduce an Arabic language, Islamic religious curriculum and close the non-government (missionary) schools that existed in southern Sudan at the time.³⁶³ In this context of political grievance, education in English or local languages, and following secular or Christian curricula, became a political statement and an area of resistance to Khartoum rule.³⁶⁴ The period between the CPA in 2005 and independence in 2013 saw a doubling of school enrolment in South Sudan. However, net enrolment in primary education remained second-to-bottom in the world, and secondary enrolment was the worst in the world.³⁶⁵

6.2.1 Early childhood development

There are few preschools in South Sudan and most of these are in urban areas. Just over 89,000 children attended pre-primary school in 2013, which equates to about 9 per cent of the estimated pre-primary school-aged children's population. Preschool enrolment in the Greater Upper Nile states was not recorded.³⁶⁶ These figures have been rising since 2010. In 2013, coverage appeared to be highest in Central Equatoria, at slightly over 20 per cent of the target population group, followed by Western Bahr el Ghazal, and Western and Eastern Equatoria. It was lowest in Unity, Warrap, and Jonglei.³⁶⁷ However, in both 2013 and 2015 about 70 per cent of children in preschool were over-age.³⁶⁸ This suggests that only a very small percentage of five- and six-year-olds in South Sudan are attending preschool.

In this context, the proportion of children beginning school in 2013 who had undergone preschool education was small, at 22 per cent. The highest proportions were found in Western Bahr el Ghazal and Central Equatoria, at 36.5 and 35.8 per cent respectively.³⁶⁹ This is likely because of the larger urban settlements of Juba and Yei (in Central Equatoria) and Wau (in Western Bahr el Ghazal).

In 2013, there was little gender disparity in preschool attendance, with the exception of Lakes, Warrap and Jonglei in which only 35.1, 39.9 and 42.5 per cent respectively of preschool children

363 Breidlid, A., 'The Role of Education in Sudan's Civil War', Oslo and Akershus University College, 2013, <<https://oda.hio.no/jspui/bitstream/10642/1432/1/994661.pdf>>.

364 Novelli, M., et al., 'Education Sector Governance, Inequality, Conflict, and Peace Building in South Sudan' (draft), UNICEF Eastern and Southern Regional Office, 2015.

365 UNESCO, 'Building a Better Future: Education for an independent South Sudan', June 2011, <www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ED/pdf/gmr2011-policy-paper-south-sudan.pdf>.

366 MEST, 'Draft Education Statistics for the Republic of South Sudan 2015', 2015.

367 Calculations are based on EMIS figures for 2013, and population projections based on the 2008 census, assuming regular population growth of three per cent per annum for every age group in every state. No more accurate way is currently available of determining coverage.

368 MEST, 'Education Statistics for the Republic of South Sudan', 2013, <www.southsudanemis.org/files/reports/2013/SSEMIS_2013_National.pdf>; MEST, 'Draft Education Statistics 2015'.

369 MEST, 'Education Statistics', 2013.

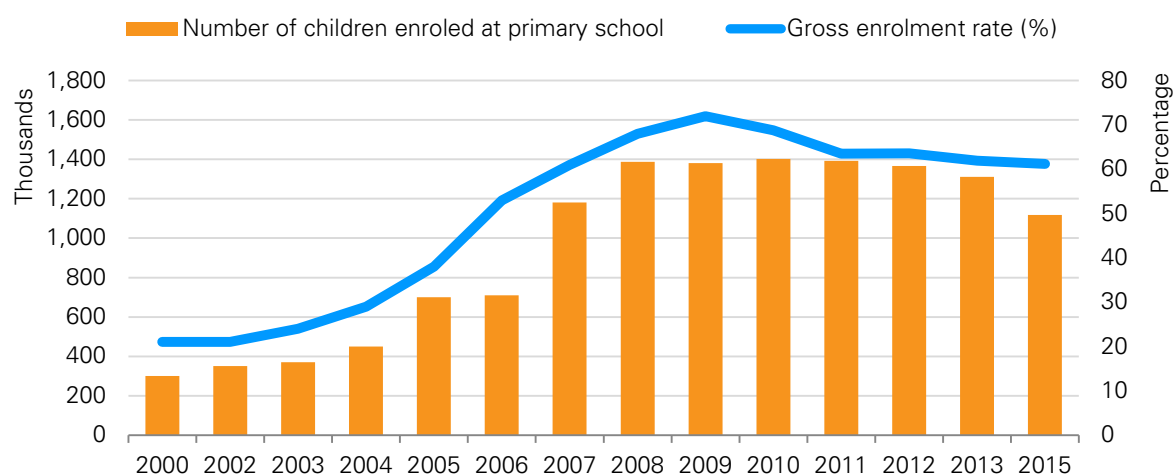
were girls.³⁷⁰ The 2015 figures show slight improvements in gender balance in Lakes and Warrap, but gender ratios in these states remain of concern.³⁷¹

There was also significant growth in the number of preschool teachers recorded by EMIS between 2010 and 2013.³⁷² The ratio of children per teacher in preschool was 30.9 in 2015, with figures per state ranging from 42 in Warrap to 20.8 in Northern Bahr el Ghazal.³⁷³ In 2013, the highest figure recorded was 50.1 children per teacher in Jonglei, where figures were not available in 2015.³⁷⁴

6.2.2 Primary, secondary and vocational education

In 2012, the government passed the Education Act which stipulated: “Primary education shall be free and accessible to all citizens of South Sudan without discrimination on basis of sex, ethnicity, race, religion, and health states or disabilities.” The government had set a primary-school level Net Enrolment Ratio (NER) target of 63 per cent by 2017.³⁷⁵ But the December 2013 conflict exacerbated the situation. By 2015, only 34.7 per cent of children in South Sudan of primary school age were enrolled in school, a fall from 41.5 per cent in 2013. Primary education continues to be inaccessible to all due to lack of infrastructure, limited human teaching and learning resources, and the need for parents to make formal and informal payments. The Gross Enrolment Rate was 61.2 per cent in 2015 (see Figure 20).³⁷⁶

Figure 20: Gross enrolment rate by year of children enrolled at primary school, 2000–2015



Source: EMIS: 2009, 2010, 2011, 2012, 2013, 2015; (UNESCO, 2010); (World Bank, 2012b).

370 Ibid.

371 MEST, 'Draft Education Statistics 2015'.

372 Said, A. A., and M. G. Benjamin, '2014 Education Joint Sector Review, 4th to 7th November 2014 Performance Report', Presented at the 2014 Education Joint Sector Review, Juba Grand Hotel, November 2014.

373 MEST, 'Draft Education Statistics 2015'.

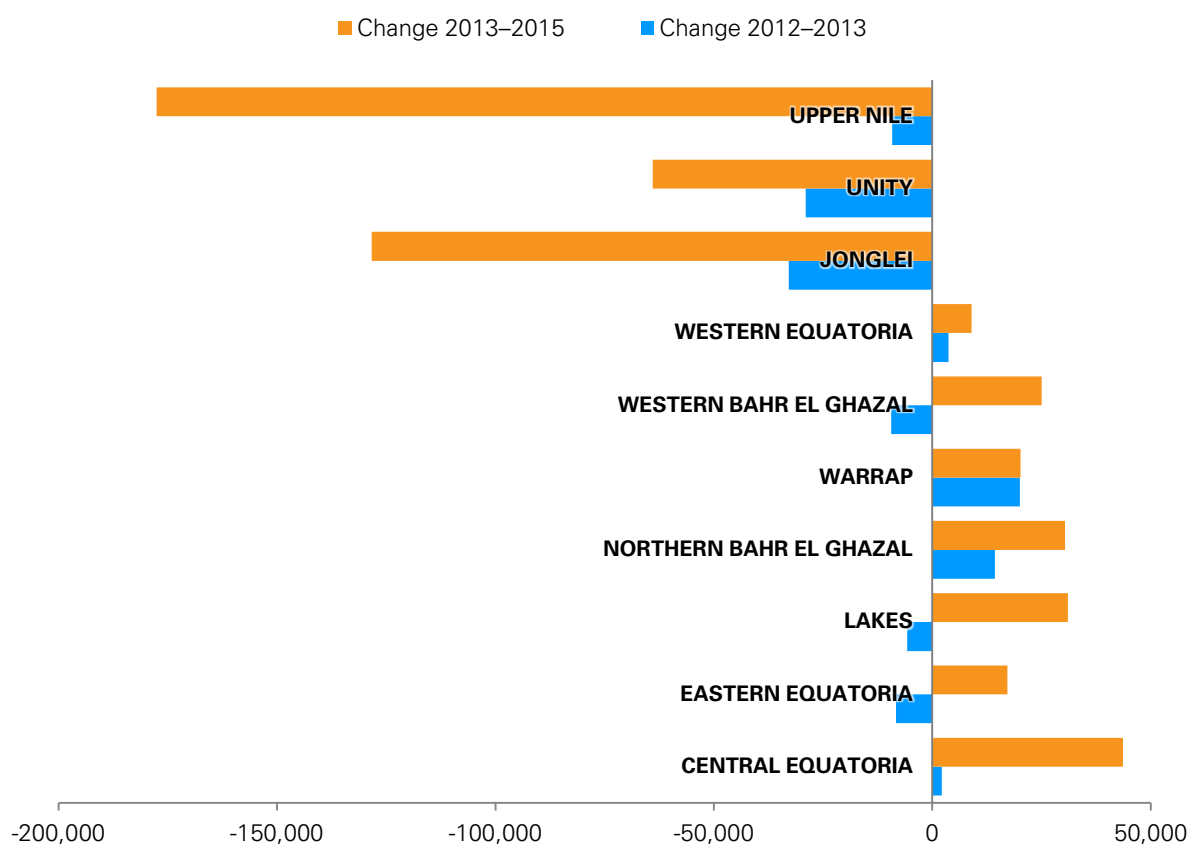
374 MEST, 'Education Statistics', 2013.

375 MEST, 'South Sudan EFA Review', April 2015.

376 MEST, 'Draft Education Statistics 2015'.

In 2015, a total of 65 per cent of primary school age children (and 70 per cent of girls in this age group) were not enrolled.³⁷⁷ After years of steady growth, recorded primary school enrolment fell from a peak of 1,401,874 in 2010 to 1,311,467 in 2013,³⁷⁸ and then to 1,117,901 in 2015³⁷⁹. This reduction can almost entirely be attributed to the Greater Upper Nile area. In the context of a decrease of 54,290 between 2012 and 2013, for example, there was a reduction in primary school enrolment of almost 33,000 in Jonglei and almost 29,000 in Unity state.³⁸⁰ The drop in Jonglei in 2013 may have been related to the localized violent conflict centred around Pibor in 2012–2013 and was a precursor to much higher falls in enrolment in the wider conflict in 2014 and 2015 (see *Figure 21*).

Figure 21: Change in primary school enrolment by state, 2012–2015



Source: EMIS: 2012, 2013, 2015.

The following chart, depicting data from EMIS 2015,³⁸¹ reveals the number of schoolchildren enrolled by grade and gender (see *Figure 22*).

377 MEST, 'Draft Education Statistics 2015'.

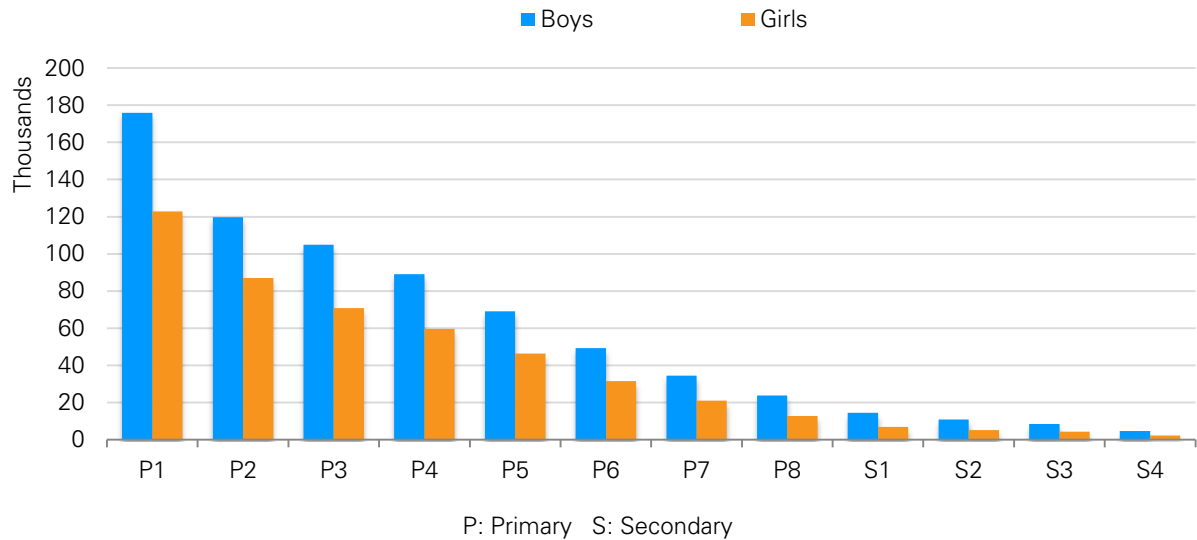
378 MEST, 'Education Statistics', 2013.

379 MEST, 'Draft Education Statistics 2015'.

380 MEST, 'Education Statistics', 2013.

381 MEST, 'Draft Education Statistics 2015'.

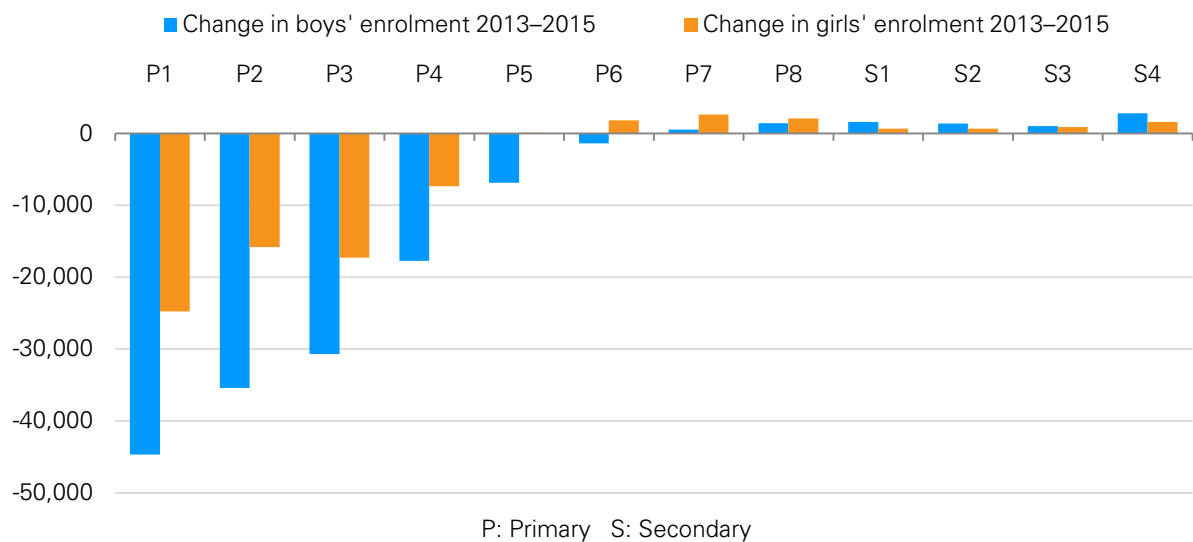
Figure 22: Children enrolled at school by grade and gender, 2015



Source: EMIS: 2015.

Analysis of the figures reveals that the drop in enrolment between 2013 and 2015 is at lower levels of schooling (see Figure 23). Enrolment increased for Primary 5 for girls and Primary 7 for boys. This increase suggests that a growing number of parents are keen to support their children to complete their schooling.

Figure 23: Change in enrolment, 2013–2015



Source: EMIS: 2013, 2015.

The 2013 figures show high levels of dropouts and delayed entry – 75 per cent of six-year-olds were not in school and 92 per cent of Grade 8 students were over-age.³⁸² In recent research,

382 Good Planet Foundation, 'Accelerating Progress to 2015 South Sudan', 2013, <<http://educationenvoy.org/wp-content/uploads/2013/07/SOUTH-SUDAN-UNSE-FINAL.pdf>>.

some primary school managers reported enrolment of students of up to 30 years of age because of limited availability of alternative or adult education services. Having older youth and young children in the same class was described as negatively affecting learning and social outcomes for all students: This age mix reduces the likelihood that over-age students will continue to secondary education.³⁸³

The primary completion rate remained below 10 per cent for both boys and girls.³⁸⁴ By 2013 the primary school Gross Enrolment Rate (GER) – the number of children at primary school regardless of age, expressed as a percentage of the population in the official primary school age group - was some 63 per cent, meaning that 37 per cent of all children and adolescents in South Sudan had never accessed any type of education (see Figure 24). GER data also shows that the figures for those never attending school were among the highest, prior to December 2013, in those states that became engulfed in conflict. This suggests a strong correlation between inequity and violent conflict – an observation supported by recent UNICEF studies in South Sudan and global studies showing that the likelihood of violent conflict is almost three times greater where educational inequities exist.

Figure 24: Gross primary enrolment rates by state, 2009–2015

Area	2009	2010	2011	2012	2013	2015
South Sudan	72	69	64	64	62	61
<i>Significant increase</i>						
Western Bahr el Ghazal	74	80	75	81	70	104
Western Equatoria	56	52	54	57	62	81
Central Equatoria	57	51	51	55	57	70
<i>Broadly similar</i>						
Warrap	69	68	55	59	68	73
Lakes	68	67	54	56	56	70
Northern Bahr el-Ghazal	84	74	74	68	76	84
Eastern Equatoria	50	50	44	44	44	46
<i>Significant decrease</i>						
Jonglei	76	75	67	66	59	33
Unity	102	99	88	76	57	19
Upper Nile	89	79	82	74	72	0

Source: Figures taken from MEST Statistics booklets for 2009–2015.

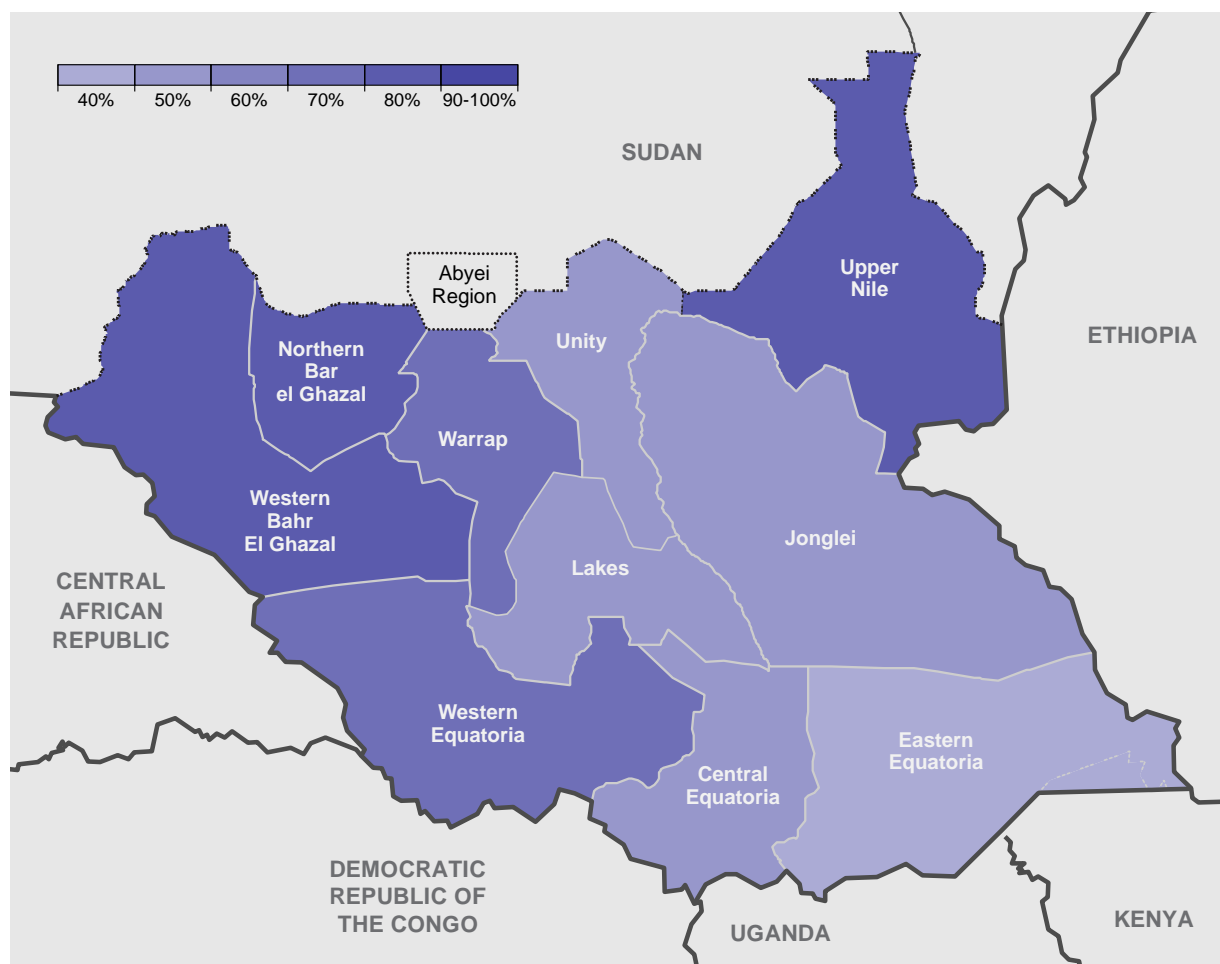
The figures indicate that between 2009 and 2015 there was a sharp fall in primary school enrolment in the Greater Upper Nile states, particularly Unity State. This trend was exacerbated by the conflict. In contrast, the figures for the Greater Bahr el Ghazal states were rising. As of 2013, general, enrolment was higher towards the north and west of the country (see Figure

383 Novelli, et al., 'Education Sector Governance'.

384 UNICEF South Sudan, 'Draft Out-of-School Children Report', 2012.

25).³⁸⁵ However, these statistics should be taken with caution. They are based on 2008 population figures and do not take demographic changes into account. One reason proposed for relatively low enrolment in the Equatorias, which does not appear in official statistics, is the high number of children who are sent to be educated in neighbouring countries, particularly Uganda and Kenya.³⁸⁶

Figure 25: Primary school enrolment rates by state, 2013



Source: EMIS, 2013 (map produced by UNICEF SPPME section).

Secondary school enrolment rose from 15,000 to over 57,000 between 2006 and 2010. The secondary school GER has increased slightly in recent years to 7.1 per cent.³⁸⁷ Nevertheless, this per cent remains extremely low. As well, over 90 per cent of adolescents are not accessing any type of education service. This is largely because of low quality and low relevance, as well as weak service delivery capacity – all of which contribute to early school leaving. As a result, the ‘return’ on continuing education is lower than the opportunity costs foregone. As of 2015, little

³⁸⁵ MEST, ‘Education Statistics’, 2013.

³⁸⁶ Good Planet Foundation, ‘Accelerating Progress’.

³⁸⁷ MEST, ‘Draft Education Statistics 2015’.

emphasis has been placed on the transition from primary to secondary school because of the nationally low provision of secondary schooling.³⁸⁸

Provision of vocational training in South Sudan is limited and unevenly distributed. Over 50 per cent of technical and vocational education and training centres are located in Central Equatoria state. Just over two thirds (2,106) of the 3,050 students enrolled in vocational and technical education are enrolled in Central Equatoria.³⁸⁹ Three Ministries (Education, Science and Technology; Labour, Public Service and Human Resource Development; and Culture, Youth and Sports) have overlapping mandates and roles for provision of vocational education. This leads to fragmented provision.³⁹⁰ Concern has been expressed that the vocational education system should focus on trades more useful in urban contexts such as construction, carpentry, computing and tailoring, rather than crop cultivation or animal husbandry.³⁹¹

EDUCATION FINANCING

Education spending in South Sudan is very low. According to the 2012 Education Act, 10 per cent of government expenditure should be on education. However, in 2013–2014 spending stood at seven per cent. It fell further to five per cent in 2014–15 before rising slightly to 6.58 per cent in the proposed budget for 2015–2016. This amount compares very unfavourably with neighbouring countries such as: Uganda with a projected figure of approximately 15 per cent for 2015 (Uganda’s Ministry of Finance, Planning and Economic Development, 2014); Ethiopia – 14.7 per cent (Ethiopia’s Ministry of Foreign Affairs, 2015); and Kenya with a projected 21.7 per cent of expenditure on education (Ngeri, 2015). In reality, the amount of South Sudan’s budget that is spent on education is even less than three per cent. The Ministry of Education usually receives its budgetary allocations late. In turn, teachers are usually paid, on average, four months late (UNICEF South Sudan Education Section, 2015a).

6.2.3 Inequities and barriers to learning

Factors contributing to low enrolment and early dropout vary across states. In the National Baseline Household Survey, the two factors most widely reported by parents for their children being out of school were cost and distance.³⁹² Distance is especially problematic in states which have low population density such as Western Bar el Ghazal, Western Equatoria and Jonglei.³⁹³

The lack of adequate learning spaces is a key problem in South Sudan. Overcrowding is endemic, particularly in urban schools, which children from rural areas are more likely to attend because urban schools are seen to provide a better education and be better resourced (UNICEF South

388 MEST, ‘EFA Review’.

389 MEST, ‘Draft Education Statistics 2015’.

390 MoCYS, ‘Youth Development Policy’.

391 Novelli, et al., ‘Education Sector Governance’.

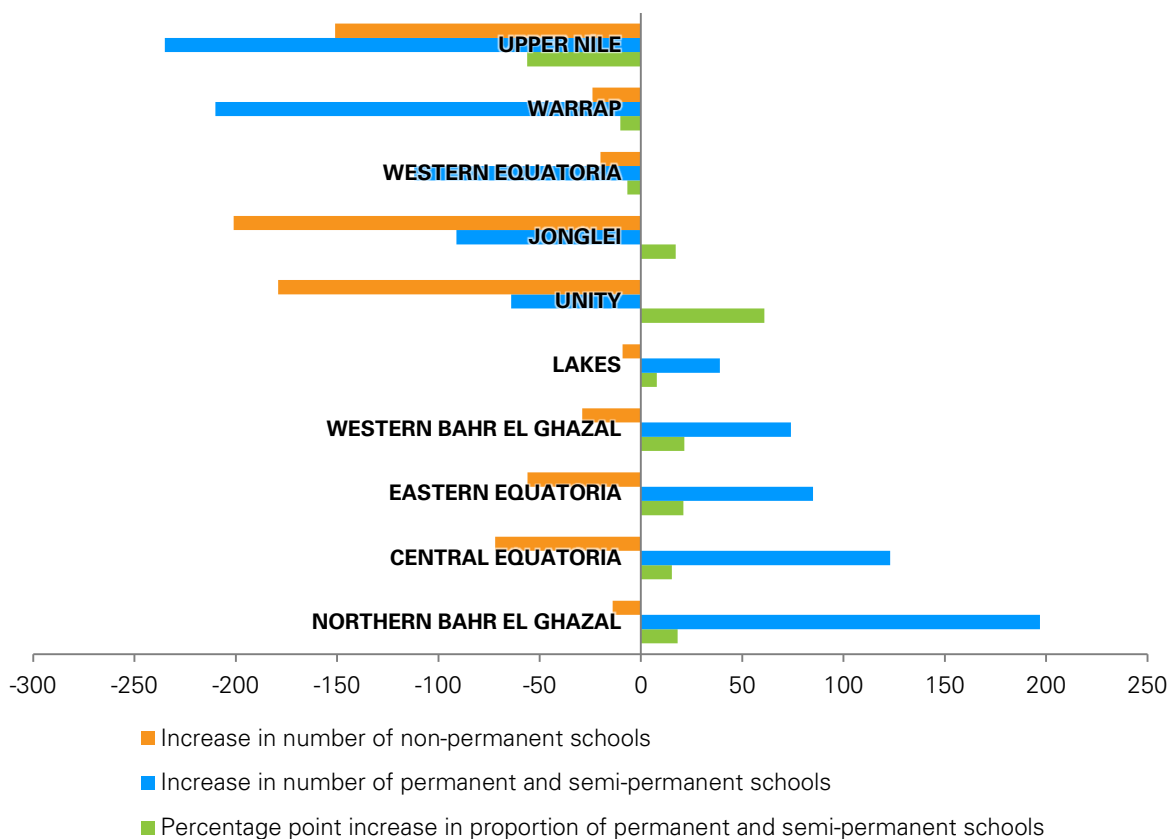
392 National Bureau of Statistics, ‘National Baseline Household Survey’.

393 Brown, ‘Education in South Sudan’.

Sudan, 2015a). Overcrowding is likely to increase with the demographic pressure of a rapidly increasing school-age population.³⁹⁴

The chart below shows that there has been a fall in the total number of permanent and semi-permanent schools in the country between 2013 and 2015, but this fall has been dwarfed by a fall in the number of non-permanent schools such as tents (see Figure 26). While only the three conflict states have seen a large fall in non-permanent schools, Warrap and Western Equatoria have also seen large falls in the number of permanent and semi-permanent schools.³⁹⁵ The particular fall in the number of non-permanent schools may be a result of: greater susceptibility to damage in conflict conditions; the fact that budgetary and logistical constraints mean they are not replaced after normal wear and tear; or because such structures have been set up to replace permanent buildings, again because of budgetary and logistical constraints.

Figure 26: Increase in the number of schools: non-permanent, permanent and semi-permanent, 2013-2015



Source: EMIS: 2013–2015.

In addition, learning is hindered by infrastructure barriers such as lack of access to clean water and sanitation facilities and fences surrounding school grounds to ensure safety while learning. Again, even before the conflict began in 2013, Unity and Upper Nile states had the lowest

394 Good Planet Foundation, 'Accelerating Progress'.

395 MEST, 'Draft Education Statistics 2015'.

percentage of schools with water supply and latrines. Analysis conducted in 2015 found that counties with higher student-teacher ratios also tend to have lower school access to drinking water. Another issue is the shortage of learning materials, textbooks and a standardized curriculum – all of which affect learning outcomes.³⁹⁶ In general, schools are better resourced in counties in the south, while resource provision is poorer in central and northern counties.³⁹⁷

Distance is one of the main barriers to continuing education. Harsh terrain in South Sudan makes roads and paths impassable during the rainy season, which may last as long as six months per year. Distance can delay arrival to school and students are at times punished for being late, which may discourage them to continue attending classes.³⁹⁸

Another barrier to effective learning is the shortage of adequately trained and properly supported teachers. At primary school level, EMIS figures from 2009 to 2015 show that the pupil-teacher ratio varies significantly between regions: Greater Upper Nile had the highest ratios before the conflict (no figures were available for 2015), and the Equatorias had the lowest (*see Figure 27*).³⁹⁹

Figure 27: Pupil to teacher ratios by state, 2009–2015

State	2009	2010	2011	2012	2013	2015
Jonglei	84.4	91.5	103.8	87.8	85.1	
Upper Nile	69.8	63.7	70.6	63.2	66.3	
Unity	60.8	69	71.1	61.6	59.2	
Warrap	49.9	54.4	47.2	46.4	52.2	46.2
Total	52	52.6	52.4	48.7	47.3	37.3
Lakes	49.9	50.8	48.1	48.6	44	52.1
Northern Bahr el Ghazal	56	43.6	45.6	43.5	42.5	41.4
Western Bahr el Ghazal	48	48.2	43	44.1	41.3	45.2
Western Equatoria	34	33.5	35.3	34.6	33.1	33.2
Central Equatoria	32.3	36.4	35.7	34.4	32.9	33.2
Eastern Equatoria	38.1	36.9	33.4	33.2	32.6	35.4

Source: MEST Statistics booklets, 2009–2015.

Based on census data, the country would need 60,000 teachers to stay within a pupil/teacher ratio of 50:1 if universal enrolment were achieved. This implies a deficit of somewhere between 32,000 and 43,000 teachers. However, the 2013 forecast for teachers graduating from teacher

396 UNICEF and WFP, 'Girls' Education Strategy for South Sudan (final draft)', 2013.

397 Novelli, et al., 'Education Sector Governance'.

398 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

399 MEST, 'Education Statistics', 2013; MEST, 'Education Statistics for the Republic of South Sudan, 2011, <www.southsudanemis.org/files/reports/2013/SSEMIS_2011_National.pdf>.

training institutes was just 1,100.⁴⁰⁰ There are indications that the number has continued to fall since then, with perhaps 1,000 students per year in teacher training institutes currently.⁴⁰¹

Only 47 per cent of teachers are properly trained in South Sudan. There are not enough qualified, skilled and motivated teachers, and those who do exist are inequitably deployed. Because of this, untrained teaching assistants often supplement teachers.⁴⁰² Many primary school teachers have such weak subject and content knowledge that they would struggle to master the curriculum they are supposed to teach.⁴⁰³ In addition, many teachers have been trained in Arabic. They find it difficult to follow the English-medium curriculum that has been adopted in the country.

The low wages paid to teachers are also a concern. Teachers receive on average SSP 300–400 per month, equivalent to about USD \$113 at the official exchange rate, and less than USD \$50 at the average parallel exchange rate. This wage is a major reason for the shortage of teachers. In some cases, it leads to teachers having to concentrate on income-generating activities during school hours at the expense of teaching or seeking alternative better paying employment with NGOs.⁴⁰⁴

Only 15 per cent of all teachers,⁴⁰⁵ and only 6 per cent of trained teachers, are female.⁴⁰⁶ With the exception of Central Equatoria State, at least 80 per cent of teachers are male in primary schools in every state, with Warrap State reaching 93 per cent.⁴⁰⁷ The shortage of female teachers is particularly prominent in rural areas. For example, in the newly established GPAA there is not one single female government teacher.⁴⁰⁸ Female teachers can be role models for young girls outside the family environment⁴⁰⁹ and can provide particular support for girls' issues to improve life skills and safety, especially in connection with GBV. *Figure 28* below shows that there has been an increasing trend in the proportion of female teachers in recent years. EMIS does not provide disaggregated data about head teachers.

400 Good Planet Foundation, 'Accelerating Progress'.

401 Author's interview, Yei Teacher Training College, June 2015.

402 Author's interview, UNICEF South Sudan, June 2015.

403 Brown, G., 'Education in South Sudan: Investing in a better future', The Office of Gordon and Sarah Brown, <<http://gordonandsarahbrown.com/wp-content/uploads/2012/04/Education-in-South-Sudan-investing-in-a-better-future1.pdf>>.

404 Information provided by UNICEF South Sudan, October 2015.

405 MEST, 'Draft Education Statistics 2015'.

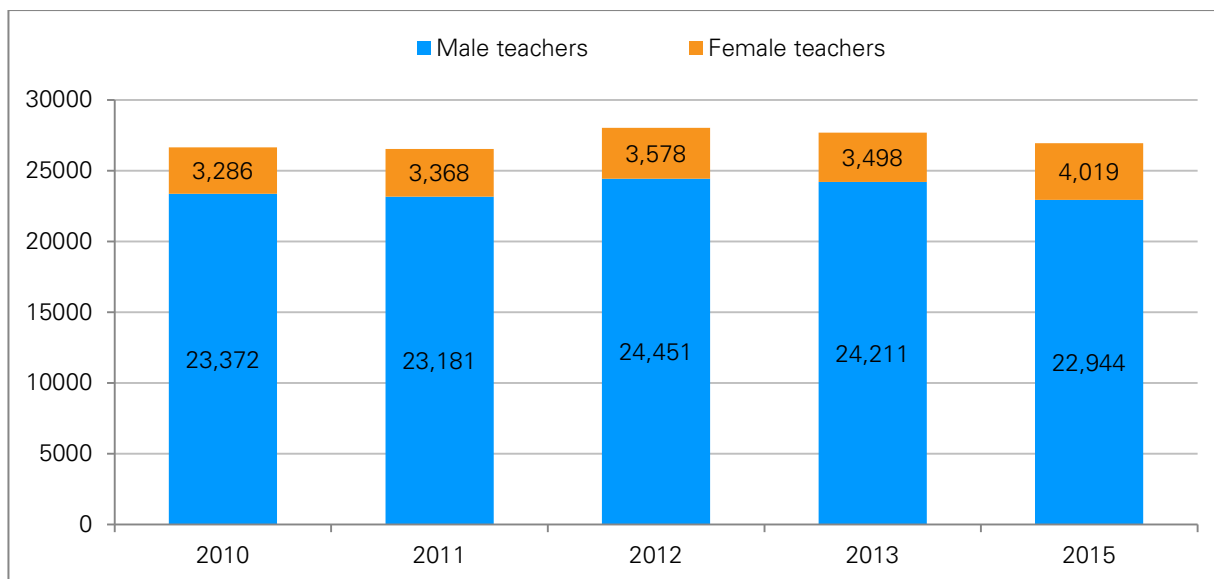
406 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

407 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

408 Author's interview, UNICEF South Sudan, June 2015.

409 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

Figure 28: Male and female primary school teachers, 2010–2015



Source: MEST Statistics booklets, 2009–2015.

While teachers deny using physical punishment, in 2015 research some students described it being used. Physical punishment may reflect a teacher’s limited knowledge of alternative disciplinary methods. Some teachers have reported a need for training on conflict management skills. Teachers’ experiences of violence as well as systems of power based on fear or humiliation may also influence their classroom approaches. The research revealed that some teachers were considered biased by some of their pupils and that GBV is not taken seriously at school level.⁴¹⁰

After independence in 2011, the United States Agency for International Development (USAID) began a major South Sudan Teacher Education Programme (SSTEP) that, *inter alia*, was intended to support the development of a new four-year teacher training system. However, since 2013 the Ministry has no longer been able to support the programme. A 2015 scoping study by DFID, USAID and the European Union identified five priority areas: 1) teacher professional development; 2) teacher management; 3) marketing the teaching profession; 4) teacher service; and 5) teacher development and management financing. The three development partners are now considering how to support the development of these priority areas. It is expected that a contracting procedure to support teacher development and management will not begin in 2016.⁴¹¹

There has been a generally positive trend in the number of schools in South Sudan. Between 2009 and 2013, school numbers rose by 16.9 per cent and the number of classrooms more than doubled. This resulted in decreased student-classroom ratios in both primary and secondary education and, in turn, some potential improvement in learning conditions.⁴¹² The EMIS figures for 2015 show that school numbers increased again in every state outside Greater Upper Nile.

410 Novelli, et al., ‘Education Sector Governance’.

411 Personal correspondence to author from UNICEF South Sudan, November 2015.

412 Novelli, et al., ‘Education Sector Governance’.

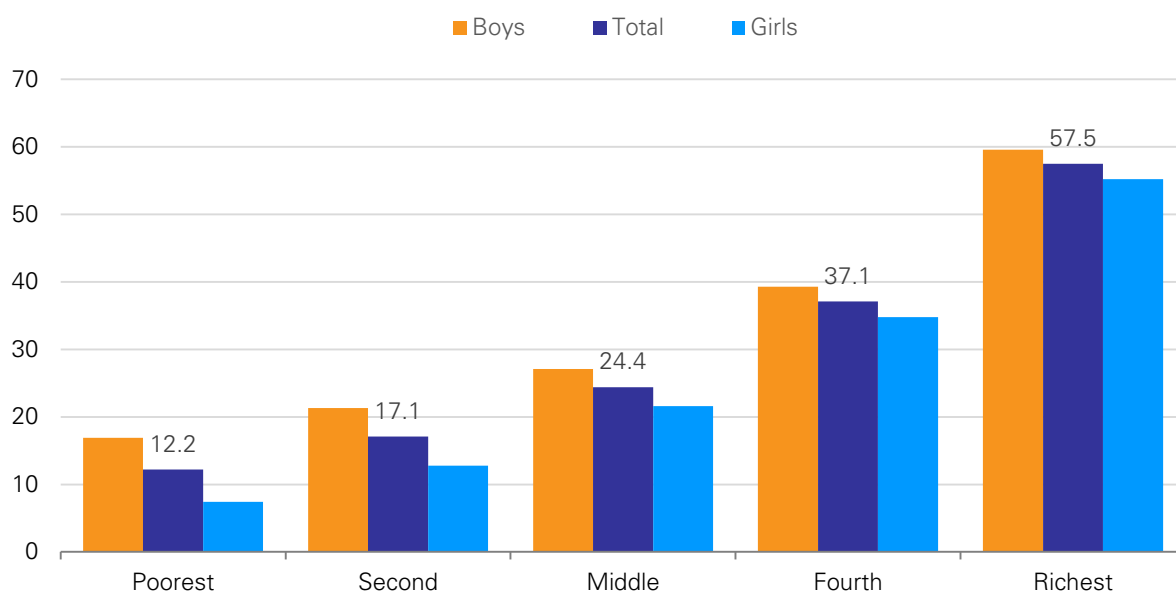
However, the massive fall in the numbers of schools counted in the conflict-affected states meant that the total number fell in the 2015 data.⁴¹³

The following sections look at some of the key barriers to children accessing education. Poverty is an important root cause of low school enrolment and attendance, although even in the wealthiest 20 per cent, attendance was low in the last available data. Demographic groups that face barriers to schooling also include girls, children from pastoralist communities, and children with disabilities.

6.2.3.1 Education and poverty

Children are more likely to be out of school if they are from poorer quintiles (bottom 20 per cent) of the population. The latest available data, from the 2006 National Baseline Household Survey (NBHS) showed that a much higher proportion of children from poorer households were out of school: 87.8 per cent compared to 42.5 per cent in the richest quintile (top 20 per cent) as shown in *Figure 29*. This figure for the wealthiest quintile is still extremely high, however.

Figure 29: School attendance by wealth quintile, 2006



Source: National Baseline Household Survey, 2009.

There are a number of formal and informal costs associated with education that makes it more difficult for families from lower quintiles to access. While capitation grants are intended to remove school registration fees, schools continue to collect 'school development funds' from parents. When parents cannot cover school costs for all children, boys are generally prioritized. Also, financial concerns cause many young women and men to drop out of school in order to earn a

⁴¹³ MEST, 'Draft Education Statistics 2015'.

living by working in the market or setting up informal businesses such as selling tea.⁴¹⁴ Children from poor households often do not have notebooks because the government does not consistently provide them. Meanwhile, a rapid expansion in private schools in urban areas has led to children from wealthier households leaving the state education system. This in turn reduces pressure on government to improve the quality of education in state schools, thereby fuelling inequality.

Private schooling can marginalize or exclude certain groups. By doing so, these schools reinforce existing inequalities. Private schools are based primarily in towns, rather than in rural areas, and fees are often quite high, restricting enrolment for students of lower income groups. This situation has the potential to reinforce socio-economic stratification across schools. Private schools can afford to hire qualified teachers, including some from Kenya or Uganda, and class sizes are smaller. These factors have implications for the quality of education. The number of low-fee private schools is increasing in South Sudan. It has been reported, however, that low-fee private schools do not necessarily facilitate access for poor communities, despite receiving government and donor support. While most private schools in South Sudan appear to be 'low fee' rather than 'elite', there are still potential implications for inequality in access, resources, and outcomes to be addressed.⁴¹⁵

Richer families have additional educational options outside the state educational system. Even before the current armed conflict, many wealthier and elite parents sent their children to Uganda or Kenya to study.⁴¹⁶ This pattern is continuing in South Sudan. It means that there may be less pressure to improve the system from the wealthiest and most influential families.⁴¹⁷ The better education children from elite families receive abroad entrenches the advantages their children have in accessing future work opportunities.

Meanwhile, poverty is associated with malnutrition and micronutrient deficiencies. These have devastating and largely irreversible consequences for cognitive development and learning achievement. Malaria, acute respiratory tract infection, and intestinal parasites also contribute to absenteeism and diminished learning outcomes.⁴¹⁸

6.2.3.2 Education and gender

Between 2006 and 2013, the number of girls in education in South Sudan almost doubled, and the proportion of girls rose significantly between 2009 and 2011. This may reflect the influence of various programmes focusing on the promotion of girls' education.⁴¹⁹ However, the 35.4 per cent

414 Novelli, et al., 'Education Sector Governance'.

415 Novelli, et al., 'Education Sector Governance'.

416 Good Planet Foundation, 'Accelerating Progress'.

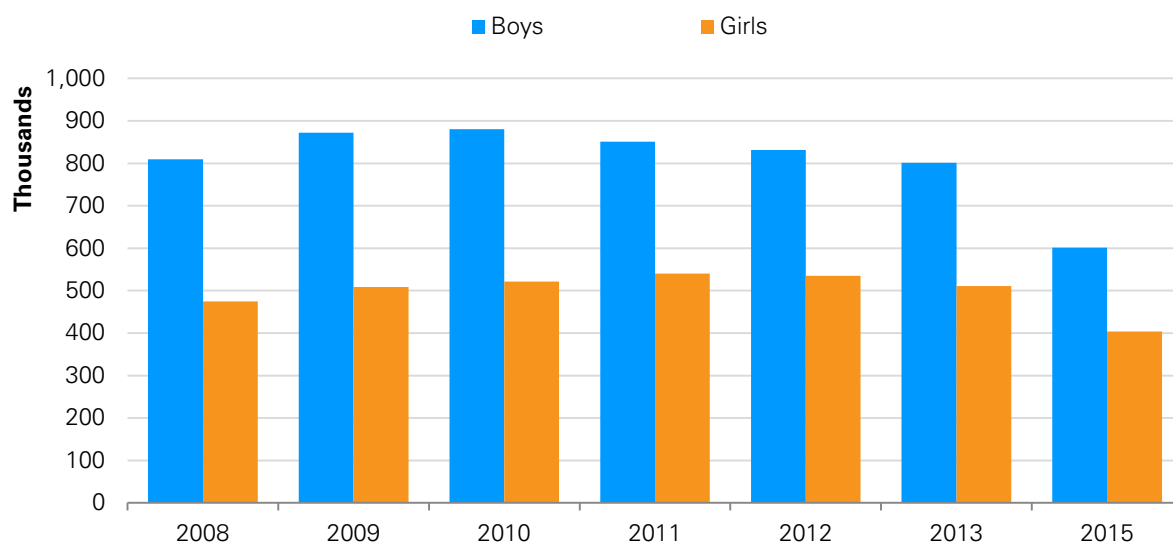
417 Novelli, et al., 'Education Sector Governance'.

418 Brown, 'Education in South Sudan'.

419 Novelli, et al., 'Education Sector Governance'.

net enrolment rate (NER) for girls in primary school remained more than 10 percentage points lower than that of boys, and less than half the average for Eastern and Southern Africa.⁴²⁰ This translates to a Gender Parity Index (GPI) of 0.55 for the NER. This GPI compares unfavourably to neighbouring countries such as Uganda and Kenya, which have achieved gender parity in primary education, and Sudan, where the figure was 0.89 in 2012.⁴²¹ Girls' access to education deteriorated further between 2013 and 2015: currently, just 30.4 per cent of girls are enrolled in primary school (see Figure 30).

Figure 30: Boys and girls enrolled at primary school by year, 2008–2015



Source: MEST Education Statistics, 2009-2015.

In secondary education, the NER was 1.6 per cent for girls and 2.2 per cent for boys.⁴²² The primary completion rate for girls is only 9.6 per cent compared to 21.3 per cent for boys. Only 12.3 per cent of teachers are female. At junior secondary level, gross enrolment is 2.6 per cent for girls compared to 5.6 per cent for boys. Only 18 per cent of those who enter university are female. Among 14 to 25-year-olds, 55 per cent of males and 28 per cent of females are literate.⁴²³

This gender gap in favour of boys is present across all states but varies considerably between them. For example, Western Bahr el Ghazal has the smallest gender gap. Western Equatoria and Central Equatoria have very similar levels of out-of-school girls, but the difference between the rates of out-of-school boys is more than 10 percentage points. In Warrap over 80 per cent of primary age girls and 70 per cent of primary age boys are out-of-school.⁴²⁴ During recent research in Warrap, participants were particularly likely to discuss the impacts of 'cultural' or 'traditional'

420 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

421 United Nations Statistics Division, 'Gender Parity Index in Primary Level Enrolment', 6 July 2015, <<http://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=611>>.

422 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

423 ADB and UNDP, 'South Sudan'.

424 UNICEF South Sudan, 'Draft Out-of-School Children Report'.

practices on girls' education. Meanwhile, figures from within Central Equatoria state in 2013 show much greater gender parity in Juba county and the south of the state, and relatively high inequality in Terekaka county, which borders Juba to the north.⁴²⁵

There is a dramatic increase in the gender gap when children enter their teens. At age 14 the gap is approximately 10 percentage points but at age 15 it is 22 percentage points in favour of boys. This suggests that at ages 14–15 girls experience increased pressure to leave education. The magnitude of the gender gap at secondary age varies considerably between states, from less than two percentage points in Jonglei to more than 40 percentage points in Northern Bahr el Ghazal.⁴²⁶

The higher the poverty level in a household, the higher the likelihood that the girl child will not go to school due to the high cost of school fees, uniforms, exercise books and other learning materials. Economic need drives families to engage girls with household chores such as cooking, fetching water, collecting firewood, helping to take care of younger siblings or selling vegetables in the market to contribute to the family's overall income. Girls spend longer hours helping with chores and end up either never attending school, missing classes, performing poorly at school or dropping out of school.⁴²⁷

In many parts of South Sudan girls can be taken out of school to be married in exchange for bride price of cattle or money. Some parents do not send girls to school for fear they will get pregnant, as pregnancy and motherhood reduce bride price.⁴²⁸

Distance from school particularly affects girls. Security concerns mean that parents are less likely to allow their daughters to walk long distances to school when they are very young and again after puberty. Therefore, girls who live a long way from a school often begin their education late and drop out early.⁴²⁹

Cultural and gender norms can be reinforced through curriculum and textbooks, which depict women and girls in their traditional stereotypical roles. A number of textbooks depict females as inferior to males.⁴³⁰ The new National Curriculum, launched on 8 September 2015, integrates gender awareness into school subjects.⁴³¹

In South Sudan in 2013, 57 per cent of primary schools overall had no access to latrines (see *Figure 31*). The number of primary schools with no access to latrines was highest in Northern Bahr el Ghazal (321), Warrap (319), Jonglei (279) and Upper Nile (271).⁴³² In most cases, the

425 Novelli, et al., 'Education Sector Governance'.

426 | UNICEF South Sudan, 'Draft Out-of-School Children Report'.

427 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

428 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

429 Brown, 'Education in South Sudan'.

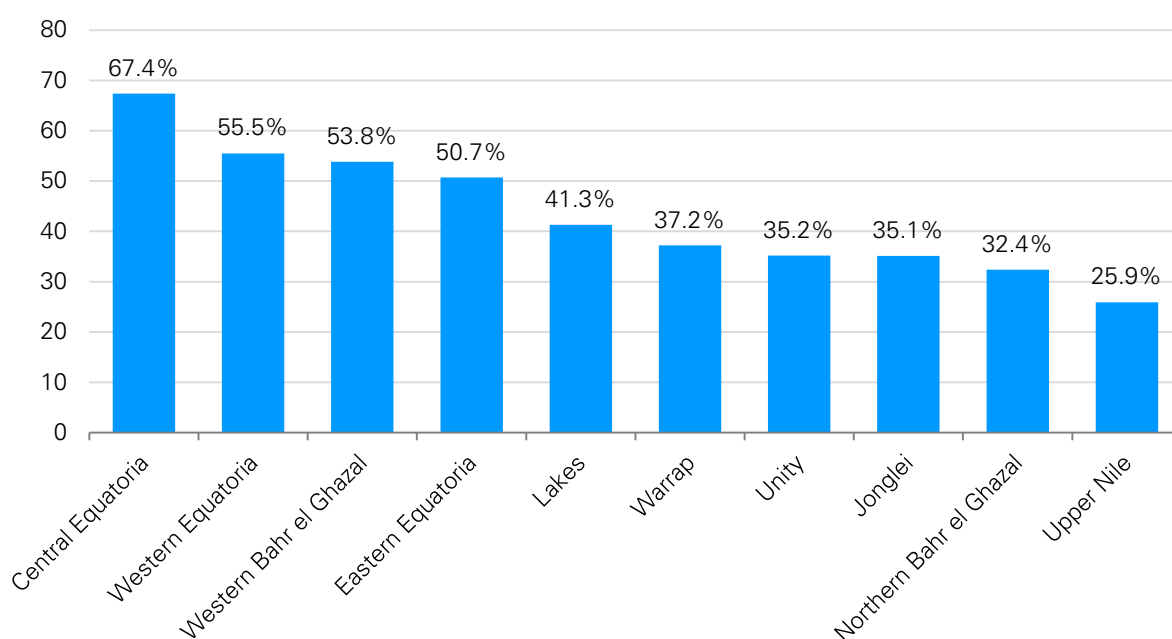
430 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

431 United Nations Children's Fund, 'South Sudan, 8 September 2015: First-ever comprehensive national curriculum launched', 8 September 2015, <www.unicef.org/esaro/5440_ss2015_national-curriculum.html>.

432 MEST, 'Education Statistics', 2013.

number of latrines is not sufficient to cater for all learners, resulting in poor conditions. Female students reaching puberty feel that the latrine spacing and condition of most of the facilities do not afford them the privacy they require. During menstruation, the lack of adequate sanitation facilities and feelings of shame can make girls shy away from attending school, resulting in missing classes and increasing chances of dropout. Additionally, many girls cannot afford sanitary pads. While there have been various initiatives to either distribute or locally produce reusable/washable sanitary pads and comfort kits, the efforts have yet to reach the majority of female students throughout the country.⁴³³

Figure 31: Primary schools with access to latrines (%), 2013



Source: MEST Education Statistics, 2013.

6.2.3.3 Education and rural children

Children in rural areas have fewer and poorer educational opportunities than those in cities. This is partly because government budget transfers to states and counties are not necessarily proportional to population or level of need, resulting in inequitable allocation of resources across states and counties. Teachers may be reluctant to teach in rural areas because of insecurity, access to accommodation and services issues, as well as a lack of financial incentives which may present particular difficulties for female teachers. Also, distance from educational facilities is a barrier for remote and dispersed rural populations, especially for secondary and vocational education.⁴³⁴

⁴³³ UNICEF and WFP, 'Girls' Education Strategy (draft)'.
⁴³⁴ Novelli, et al., 'Education Sector Governance'.

Children from pastoralist communities face particular challenges accessing education. It is estimated that 70 per cent of children out-of-school in South Sudan live in such communities.⁴³⁵

While rural children in both pastoralist and farming-based societies have roles, responsibilities, and duties that require significant effort, schooling attendance remains comparably higher in farming communities. In 2008, the Ministry of General Education and Instruction reported that 90 per cent of school-age children who did not attend school lived in cattle camps.⁴³⁶ During the dry season, communities move far away from established schools in search of grazing land and water. During the rainy season, when cattle camps are relocated close to towns, few schools or education programmes are available. Young people are charged with supervising cattle, which is very labour and time intensive. Insecurity in pastoralist areas also makes provision of schooling more problematic.⁴³⁷

A 2013 study found that while views appeared to be changing, work in cattle camps and the value of bride price secured for young girls took precedence over education in these communities. Parents in pastoralist communities often do not view formal curricula as relevant to their needs. Instead, they prioritize children's informal cultural learning and development of practical livelihoods skills by working in cattle camps. Attending school is seen as delaying marriage for girls. Meanwhile, boys reportedly often feel that after they have participated in initiation rituals, it is no longer appropriate to attend an education system in which they are not necessarily treated as adults.⁴³⁸

In this context, and recognizing that formal services are not geared towards improving local livelihoods, Project Oxlough has been established to try to ensure children can be educated where they live. This is a form of alternative education. UNICEF is working with the Ministry of Education to ensure flexibility so that this system can be developed and extended. The system was developed in Upper Nile state in close cooperation with the state Ministry of Education and is in the process of being accredited; in Warrap, state students receive certificates of participation.

6.2.3.4 Education and disability

Only about four per cent of the over 800,000 children estimated to have disabilities in South Sudan attend school.⁴³⁹ The 2015 EMIS figures record 17,546 primary schoolchildren, or 1.7 per cent, have special educational needs. The largest groups reported are: children with learning disabilities (2,966 boys and 2,270 girls); children with poor vision which includes children who need glasses but whose families cannot afford them (3,021 boys and 1,895 girls); partially deaf

435 Good Planet Foundation, 'Accelerating Progress'.

436 ILO, Child Labour and Education in Pastoralist Communities in South Sudan, 2013, <www.ilo.org/ipec/Informationresources/WCMS_IPEC_PUB_24057/lang-en/index.html>.

437 Novelli, et al., 'Education Sector Governance'.

438 ILO, 'Child Labour'.

439 Light for the World, 'Why Inclusive Education? Achieving education for all children in South Sudan', 16 May 2014, <www.light-for-the-world.org/uploads/media/why_inclusive_education_south_sudan.pdf>.

children (2,194 boys and 1,350 girls); and children with physical impairments (1,401 boys and 832 girls). The number of completely deaf and completely blind children attending school is much lower.⁴⁴⁰ No information is available about whether the children had the disabilities from birth, or if any of them became disabled as a result of injury or disease. In addition, teachers, education inspectors and managers need, but mostly lack, the ability to identify different learning needs and approaches.⁴⁴¹ There is also a lack of specialized equipment to cater for children with special needs.

Although the Ministry of Education, Science and Technology is committed to inclusive education, adhering to accessibility standards is not part of the work of most education managers. Few teachers are trained to address special needs (no figures are available), and very few schools are able to provide a safe and accessible learning environment for children with special needs.⁴⁴² The Ministry is currently developing an inclusive education policy with the support of UNICEF and other education partners. In addition, development partners are supporting the construction of accessible schools in some places with aids such as ramps.

Inclusivity for children with disabilities also depends on social attitudes. However, many communities are not aware that children with special needs can also participate in a normal schooling environment.

6.2.3.5 Education and refugee children

Apart from problems affecting all children in the country, the education of refugee children is also affected by tension between refugees and the host community. It is a need but also a challenge for refugees from Sudan to adapt to learning in English, rather than the Arabic-language curriculum they had previously used.⁴⁴³

According to UNHCR, the gross school enrolment rate of refugee children in South Sudan is 78 per cent.⁴⁴⁴ This number is significantly higher than the 61 per cent gross enrolment rate in the total population. UNICEF research from 2015 suggests that actors supporting refugee communities generally promote school integration with host communities in order to reduce tensions over education costs, as schools for refugees are free. However, integration may be limited by the physical separation of the communities. On the other hand, while in Warrap residents can attend schools for returnees from Sudan that have been built by UN organizations. Ethnic and linguistic characteristics can also affect school integration for refugee children. For

440 MEST, 'Draft Education Statistics 2015'.

441 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

442 MEST, 'EFA Review'.

443 Kästner, 'Back to School'.

444 UNHCR, et al., 'Regional Review'.

example, ethnic Azande refugee children from DRC are well integrated in ethnic Azande host communities in South Sudan.⁴⁴⁵

With regard to South Sudanese refugee children in other countries, gross enrolment is particularly poor in Ethiopia (43 per cent) and Sudan (34 per cent). Girls' enrolment, which is relatively good in early primary, drops substantially in post-primary. In addition, the lack of secondary education opportunities for adolescents and youth remains a critical gap, leaving youth with limited opportunities to grow and advance as they reach adulthood.⁴⁴⁶

6.2.3.6 Education and children in Abyei

Access to basic education is a challenge for some children in Abyei. Because of the conflict in the northern part of Abyei, some schools were abandoned. As a result, children moved to attend schools south of the river. The area also suffers from low numbers of trained teachers and overcrowded schools in areas of displacement. While girls' enrolment is high at lower levels of primary education, the dropout rates increase by the higher levels of primary education.⁴⁴⁷

6.2.4 Alternative education system

As can be seen from the statistics, there are huge gaps in primary and secondary education in South Sudan. In 2009, only 16 per cent of females aged 15 years and above were literate; the figure was 40 per cent for males. Illiteracy rates were highest in rural areas and in Jonglei, Eastern Equatoria and Warrap states.⁴⁴⁸

Nearly one million schoolchildren and youth are estimated to be illiterate and another 1.2 million adults require functional literacy to support them in getting out of poverty. In this context, South Sudan has developed an Alternative Education System (AES) to provide education to children out-of-school, youth and adults.⁴⁴⁹ In 2015, nearly 200,000 students were being reached by this system.⁴⁵⁰

The government implements most AES programmes, while about a third are implemented by NGOs, community-based organizations and church organizations. There are six alternative education programmes (*see Figure 32*).

445 Novelli, et al., 'Education Sector Governance'.

446 UNHCR, et al., 'Regional Review'.

447 Information supplied by UNICEF South Sudan, October 2015.

448 National Bureau of Statistics, 'National Baseline Household Survey'.

449 MEST, 'Policy for Alternative Education Systems', 2013.

450 MEST, 'Draft Education Statistics 2015'.

Figure 32: Alternative Education Programmes

Programme	Target group
Accelerated Learning Programme	Learners aged 12–18 who did not start or complete primary school
Community Girl Schools Programme	Girls aged 8–12 in villages that have no schools
Pastoralist Education Programme	Primary age children in pastoralist communities
Basic Adult Literacy Programme	Youth and adults aged 18 and above who have had few or no opportunities for literacy and numeracy due to civil war, traditional barriers, and socio-economic status
Intensive English Course	Teachers and civil servants
South Sudan Interactive Radio Instruction Programmes	Primary schoolchildren, youth and teachers

Source: MEST, Policy for Alternative Education Systems, 2013.

As can be seen from *Figure 32*, the Accelerated Learner Programme (ALP) is by far the largest programme. ALP uses a condensed primary curriculum to accelerate learners through the grades and re-enter primary school at an age-appropriate grade or complete the primary cycle in four years instead of eight.⁴⁵¹ A total of 41 per cent of the students in 2015 were female, a figure that is significantly higher than the proportion in primary education. The pupil to teacher ratio is 23.9, a figure that is lower than for primary school but higher than for secondary. Just under half of teachers (47.6 per cent) are trained, and 91.1 per cent are men.⁴⁵² However, concerns have been expressed that the ALP disproportionately focuses on the military and police for training, including demobilization opportunities. This has the potential to lead to feelings of inequality concerning who is benefiting from the programme.⁴⁵³

ALP learners can exit ALP classes and re-enter primary school at the appropriate age or complete their primary schooling in four years and access secondary education.⁴⁵⁴ However, statistics do not record the number of learners who return to school in this way. The number of learners decreases sharply with each year of instruction, but this may either be because learners drop out or because they are reintegrated into schooling.

The states with the most students in the Alternative Education System in 2013 were Northern Bahr el Ghazal and Unity.⁴⁵⁵ Interestingly, more than 70 per cent of those enrolled in the Pastoralist Education Programme were in Central Equatoria, a state normally associated with cropping rather than pastoralism (*see Figure 33*).

⁴⁵¹ MEST, 'Alternative Education Systems.'

⁴⁵² MEST, 'Draft Education Statistics 2015'.

⁴⁵³ Novelli, et al., 'Education Sector Governance'.

⁴⁵⁴ MEST, 'Alternative Education Systems'.

⁴⁵⁵ MEST, 'Education Statistics', 2013.

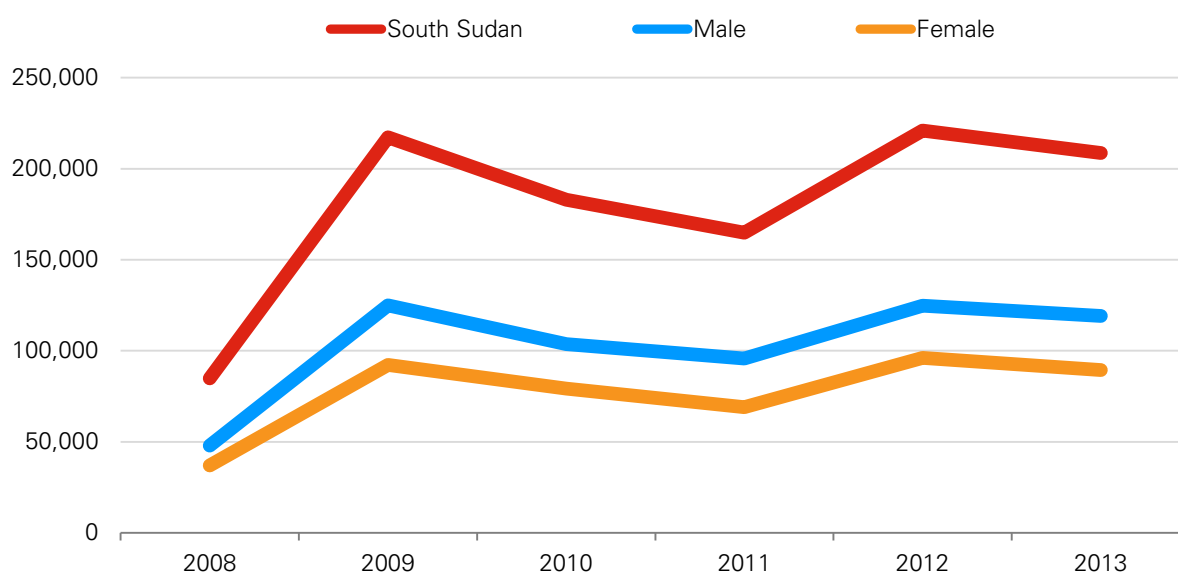
Figure 33: Students in Alternative Education System by state, 2013

State	Accelerated Learning Programme	Basic Adult Literacy Programme	Community Girls Schools	Pastoralist Education Programme	Intensive English Course	Other	Total by State
Northern Bahr el Ghazal	40,720	310	2,000	36	0	908	43,066
Unity	36,245	1,311	164	0	120	553	37,840
Lakes	18,283	2,192	1,079	0	85	4,617	21,639
Jonglei	20,144	372	0	92	82	1,584	20,690
Upper Nile	19,182	203	92	77	0	1,681	19,554
Central Equatoria	7,686	1,925	2,489	974	225	1,689	13,299
Western Equatoria	9,257	1,164	1,967	0	30	2,268	12,418
Warrap	11,520	312	51	197	86	402	12,166
Western Bahr el Ghazal	9,030	985	0	0	202	163	10,217
Eastern Equatoria	3,630	74	112	0	0	0	3,816
Total by programme	175,697	8,848	7,954	1,376	830	13,865	194,705

Source: MEST Education Statistics, 2013.

The number of persons in the Alternative Education System between 2008 and 2013 fluctuated between 164,000 and 221,000. Throughout this period, 40 to 45 per cent of students were female, a higher percentage than in the mainstream education system (see Figure 34). Unity and Jonglei states have also at times reported more than 40,000 students in the system, apart from Northern Bahr el Ghazal. The sharp fall in Jonglei between 2012 and 2013 may have been connected to the localized conflict in the Pibor area (see Figure 35).

Figure 34: Students in alternative education by year and gender, 2008–2013



Source: EMIS Reports for 2010, 2011, 2013.

Figure 35: Alternative education by state, 2008–2013

State	2008	2009	2010	2011	2012	2013
Central Equatoria	9,568	25,156	15,892	11,301	12,052	14,988
Eastern Equatoria	7,929	15,440	9,977	8,233	9,287	3,816
Jonglei	17,400	33,085	19,828	22,179	41,527	22,274
Lakes	14,191	17,624	22,616	15,766	16,550	26,256
Northern Bahe el Ghazal	1,542	39,313	29,072	34,193	35,192	43,974
Upper Nile	5,115	29,915	21,914	20,738	25,198	21,235
Unity	14,522	40,967	42,778	30,786	41,561	38,393
Warrap	0	5,306	4,836	5,137	13,828	12,568
Western Bahr el Ghazal	2,789	5,048	8,276	7,757	12,154	10,380
Western Equatoria	11,829	5,385	7,655	8,760	13,560	14,686

Source: EMIS Reports for 2010, 2011, 2013.

Like other parts of the education system, the alternative education system suffers high dropout rates. This is particularly during harvest time and the hunting season, when household responsibilities take precedence over learning.

6.3 The effect of the 2013–2015 conflict

6.3.1 Impact on children’s education

The conflict has further worsened children’s access to education. Since the crisis began, at least 866,000 school-aged children have been displaced, often to areas without access to protective learning spaces, or to host communities where education resources are non-existent or overstretched.⁴⁵⁶ UNICEF estimates that a total of 970,000 children have lost access to education due to the conflict. Government statistics for 2015 appear to show a 56 per cent Gross Enrolment Ratio in 2015, down from 61 per cent in 2013.⁴⁵⁷

In conflict-affected areas, the already minimal secondary-level education available before the conflict is now practically unavailable. The limited education facilities that are working mainly serve primary-level needs. The primary schools that are available are often incapable of meeting educational needs. As a result, many schools are forced to either run morning and afternoon shifts, or divide temporary learning spaces designed for one class in order to accommodate more children.⁴⁵⁸ In some cases, however, pre-primary level children are supported by means of newly constructed child-friendly spaces. Overall, a lack of educational and training opportunities may make children particularly vulnerable to recruitment by armed forces or armed groups. In parts of

⁴⁵⁶ MEST, 'EFA Review'.

⁴⁵⁷ MEST, 'Draft Education Statistics 2015'.

⁴⁵⁸ Save the Children, 'Hear it from the Children South Sudan', July 2015, <<http://reliefweb.int/sites/reliefweb.int/files/resources/Hear%20it%20From%20the%20Children%20Report%20-%20South%20Sudan.pdf>>.

Upper Nile, for example, it has been reported that there are more female than male students in some local schools and training programmes. Many boys and young men have joined armed groups or are afraid of abduction or forced recruitment.⁴⁵⁹

In a survey of 160 displaced children not attending school, all expressed a desire to return to school in 2014. They said that school provides them with a sense of stability. On the other hand, going to school is often not possible, as the education system in the three most conflict-affected states is severely affected and under-resourced. Children say they spend more time working than they did prior to the conflict – sometimes in hazardous or harmful conditions – and that this work has replaced time spent learning. Children are expected to generate incomes for their families through jobs such as tending market stalls or transporting goods.⁴⁶⁰

6.3.2 Impact on service provision

Despite a declaration made by education stakeholders from all states that declared learning spaces to be Zones of Peace in November 2014,⁴⁶¹ the conflict has led to significant disruption to the education system. It is currently not possible to accurately report the number of schools currently in use in the Greater Upper Nile states. A 2015 survey of 44 per cent of the counties in the area revealed that the number in those areas had fallen from 753 in 2012 to 657 in 2015.⁴⁶² However, it is likely that the fall in the other counties was more substantial, and most of these schools were inaccessible in 2015 due to ongoing conflict. In addition, 82 schools are in use for other purposes than education: of these, 51 are sheltering displaced persons and the rest are being used by armed groups.⁴⁶³ *Figure 36* shows the number of schools that have been verified to be in use by armed groups or damaged or destroyed between January 2014 and June 2015.⁴⁶⁴ Meanwhile, in 2015, only two government vocational education centres were reportedly functioning.⁴⁶⁵

459 Novelli, et al., 'Education Sector Governance'.

460 World Vision, 'Children Living in Crisis'.

461 UNICEF South Sudan. 'Learning Spaces as Zones of Peace: A call for South Sudan', 19 November 2014, <www.unicef.org/southsudan/media_15766.html>.

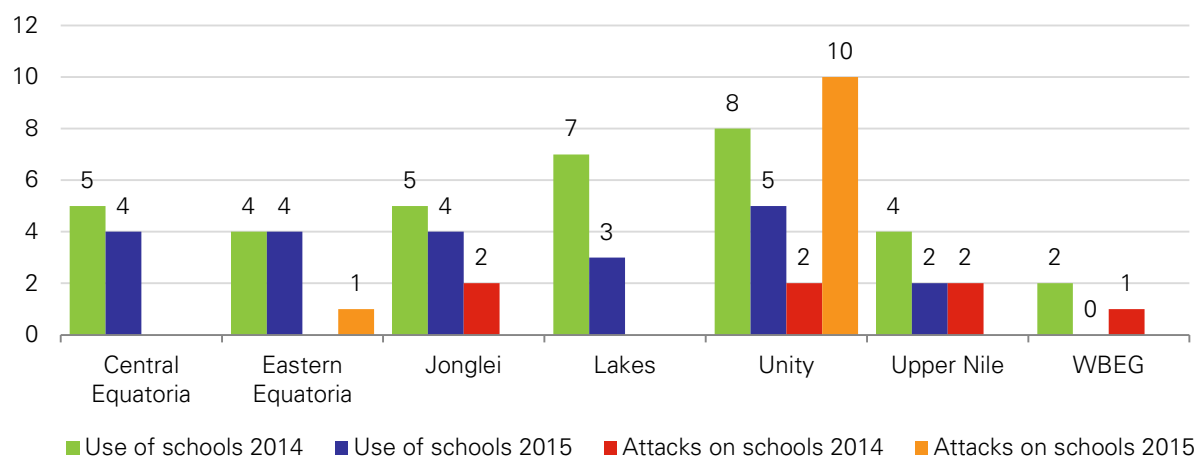
462 UNICEF South Sudan, 'Education in Conflict: Mixed research report on Greater Upper Nile', October 2015.

463 OCHA, 'Mid-Year Update'.

464 Correspondence to author from Monitoring and Reporting Mechanism, August 2015.

465 Novelli, et al., 'Education Sector Governance'.

Figure 36: Disruption to schools because of armed conflict by state, 2014–2015



Source: Monitoring and Reporting Mechanism, August 2015.

In virtually all states, the national authorities have been largely unable to pay teacher salaries and support the re-establishment of services. This situation is likely to persist. In addition, many publically employed teachers have left conflict-affected areas or taken up casual labour opportunities instead of working as teachers.⁴⁶⁶

Teachers are particularly scarce in POCs and in conflict-affected areas. In these areas, teachers do not receive salaries from the Ministry, while local communities and donors do not have money to pay them. In POCs, teachers can be paid by development agencies for offloading trucks or digging latrines; a lack of income means that they are not available for teaching.⁴⁶⁷ Given difficulties ensuring payments to teachers, international humanitarian actors have developed a system of teacher incentives, where necessary, to ensure continuity of teaching. However, incentives are contingent on humanitarian funding being available.⁴⁶⁸

In other areas teachers continue in their positions even, as usually occurs outside Juba, salaries are paid several months late. This is because of a lack of other opportunities in the economy.⁴⁶⁹ Nonetheless, in many cases teachers focus on income generating activities where they can, including during school hours. More generally, there has been some frustration among education professionals in the 'non-conflict states' about the diversion of donor funds from development to humanitarian initiatives. As a result, these educators feel excluded from international resources and support and believe that states where violence is taking place are favoured.⁴⁷⁰

466 Author's interview, UNICEF South Sudan, June 2015.

467 Ibid.

468 UNICEF South Sudan, 'Back to Learning in South Sudan: Ensuring all children have access to learning opportunities', November 2014, <www.unicef.org/southsudan/UNICEF_South_Sudan_-_Back_to_Learning_November_2014.pdf>.

469 Author's interview, UNICEF South Sudan, June 2015.

470 Novelli, et al., 'Education Sector Governance'.

Despite disruptions to children's education, since the crisis broke out the Education Cluster partners have been able to provide education services to over 350,000 children inclusive of education supplies; train over 8,600 teachers; and establish over 500 temporary learning spaces.⁴⁷¹ In this context, some education officials have reported concern about development of a parallel system of education, including curriculum use and teacher training. For example, reportedly when the Ministry of Education, Science and Technology wanted to reopen a primary school in Malakal, parents were afraid to send their children out of the POC because of continued insecurity, and because education services are provided free of charge in the POC site.⁴⁷²

6.4 Education, conflict and peace building

In 2011, the UNESCO Education for All Global Monitoring Report highlighted three ways in which education failures can fuel armed conflict. These are linked to: (1) insufficient provision of quality education; (2) inequity in access to education; and (3) content in the education system that promotes exclusion and hate.⁴⁷³ This section looks at these three issues in South Sudan's context.

Firstly, if there is too little education, and young people are not provided with the skills they need, their restricted opportunities can lead to a weaker stake in peace.⁴⁷⁴ With the extremely low enrolment and completion rates at all levels in South Sudan, this problem is a key concern. In South Sudan, at regional level, education provision and conflict appear to be negatively correlated. Analysis conducted in 2015 has revealed that the states where the highest occurrence of conflict events has been reported – Unity, Upper Nile, and Jonglei – are those where provision of educational resources, teachers and facilities, is the lowest. With the exception of Upper Nile, these were also the states with the lowest percentage of students in Primary 7 and 8 in 2013.⁴⁷⁵

Secondly, in inequitable conditions, if disadvantaged groups see education policy as a cause of diminished life chances for their children, it is likely to generate a deep sense of injustice that can call into question the legitimacy of the state itself and the authorities.⁴⁷⁶ In South Sudan's case, inequities in access to education between states, as well as the reduced access to education among pastoralists, have the potential to cause problems. Educational planners and educational interventions need take these inequities into account when allocating resources for education if they wish to expand the education system while contributing to greater equity, social justice, and social cohesion.⁴⁷⁷

471 Personal Correspondence from UNICEF South Sudan, September 2015.

472 Novelli, et al., 'Education Sector Governance'.

473 UNESCO, *The Hidden Crisis: Armed conflict and education*, 2011, <<http://unesdoc.unesco.org/images/0019/001907/190743e.pdf>>.

474 Ibid.

475 Novelli, et al., 'Education Sector Governance'.

476 UNESCO, *The Hidden Crisis*'.

477 Novelli, et al., 'Education Sector Governance'.

Another inequity concerns language of instruction. Language selection is an extremely sensitive and political issue, as language is so closely tied to ethnicity and identity. Language selection may result in frustration and anger when education services are seen to represent certain group interests while excluding others. In South Sudan, for example, a higher proportion of pupils and teachers in the south of the country find it much easier to follow the English language curriculum. On the other hand, in the north there are many teachers and pupils who have grown up in Arabic speaking environments. They find English language teaching and learning more difficult. Meanwhile, the government is currently developing a policy framework for national languages. But by late 2015, it is still unclear how many languages will be selected for piloting and instruction, how they will be selected, and by whom. The 2013–2014 budget document identified 10 languages for national language instruction: Dinka, Nuer, Zande, Bari, Shilluk, Murle, Moru, Avokaya, Mondu, and Baka. There are indications, however, that just three to six pilot languages will be selected. It is also unclear whether languages will be chosen at individual school level, at state level, or by the national Ministry of Education, Science and Technology. There also has been no mention of community involvement in decision-making. The languages selected will be those with existing writing systems and basic literacy materials, and will likely be the language of the majority group in the area.⁴⁷⁸ This potential outcome has implications for speakers of smaller languages who may find themselves further marginalized in the education system. In addition, the decreasing level of funding for education in South Sudan, and lack of immediate funding available for teacher training or translating teaching materials, will negatively affect the quality of the mother tongue education that will be provided.

Thirdly, education systems that do not foster social cohesion in divided societies, and are unresponsive to the needs of minorities, are likely to be seen as vehicles for domination rather than opportunity. Curriculum or textbook content that explicitly or implicitly disparages some social groups can foster intolerance and reinforce social divisions. Schools can also play a role in normalizing violence and undermining attitudes conducive to peaceful conflict resolution. On the other hand, schools can provide a peaceful environment in which children learn and interact with each other.⁴⁷⁹

Even before the current conflict, the government had plans in place to introduce peace education into the national curriculum. Research conducted for UNICEF in 2012 found that education had an important role to play to strengthen South Sudanese society and help people develop a sense of national identity. It was also seen as necessary to address the tendency of society to seek solutions to challenges through conflict and use of violence.⁴⁸⁰ Many school-aged children and adolescents, both in and out-of-school, have been exposed to protracted violence. They continue

478 *ibid.*

479 UNESCO, 'The Hidden Crisis'.

480 von Hapsburg, 'Education, Conflict and Peace'.

to experience complex psychosocial needs and trauma. Consequently, there is a need for life skills and learner support services to strengthen quality education.⁴⁸¹

The Ministry of Education, Science and Technology and the Ministry of Culture, Youth and Sports are testing and mainstreaming co-curricular activities, livelihood and education strategies at all levels to promote peace building. Collaborative support from UNICEF has enabled significant integration of life skills and peace building education into the national curriculum, and developed capacity for a conflict sensitive approach to programming by government officials and implementing partners. Religious communities and leaders are also playing a significant role in promotion of peace building in education.

One way to reduce conflict risks associated with education provision is to ensure the widest possible participation in decision-making processes. In the case of South Sudan, boards of governors are in place at school level. They play a role in managing education services through participation in school planning and budgeting, disciplinary bodies, and contributing resources for school development. Some pupils are also involved in school governments or clubs that provide some involvement in service planning and implementation. However, in practice many of these bodies function poorly, and are formalities rather than decision-makers.⁴⁸²

6.5 Leisure

South Sudan lacks libraries, museums, sports facilities, playgrounds and recreational centres where young men and women could develop their talents and realize their full potential. This is a result of destruction of facilities and 'brain drain' during decades of war. There are few well-coordinated cultural and artistic events at county, state and national levels that promote shared cultural and artistic experiences and peaceful co-existence.

In 2015 South Sudan joined the International Olympic Committee and hosted its first ever World Cup qualifying match. Attempts have been made to establish sports federations and associations: basketball, athletics, volleyball, handball, chess and martial arts. However, few associations are active due to shortage of funds and limited technical capacities. There is also minimal coordination of inter- and intra-club, school and college sports competitions at state and county levels in conjunction with the Ministry of Education, Science and Technology as well as the Ministry of Higher Education, Research, Science and Technology. Public mobilization for mass participation in sports seems to be almost non-existent. Coordination of indigenous games and sports is negligible. Girls and women's participation in sports is limited.⁴⁸³

481 MEST, 'General Education Strategic Plan 2012–2017', 2012, <http://planipolis.iiep.unesco.org/upload/South%20Sudan/South_Sudan_General_Education_Plan_2012_2017.pdf>.

482 Novelli, et al., 'Education Sector Governance'.

483 MoCYS, 'Youth Development Policy Draft'.

Missing is the coordination of youth indoor games and recreation services; catering for youth with special needs in sports and recreation activities: orphans, youth with physical or mental impairments, and youth without parental care; and resource mobilization from the community, the private sector and donors. This all suggests that South Sudan has a long way to go to achieve meaningful engagement of youth in culture, arts and sport.⁴⁸⁴

484 Ibid.



7. RIGHT TO PROTECTION

7.1 Introduction

Protection rights under the Convention on the Rights of the Child cover issues such as protection from all forms of child abuse, violence, neglect, exploitation and cruelty. It also includes the right to special protection in times of war and protection from abuse from within the criminal justice system. It should be noted that South Sudan has not yet signed or ratified the two Optional Protocols to the CRC, including the Optional Protocol on the Involvement of Children in Armed Conflict. Meanwhile, Articles 2, 5, 11, 12 and 16 of the Convention on the Elimination of Discrimination against Women (CEDAW) require state parties to act to protect girls and women against violence of any kind occurring within the family, at the work place or in any other area of social life.

Section 7 looks at some of the protection issues facing children and adolescents in South Sudan. It begins with a review of the some of the key underlying protection concerns that existed before December 2013: endemic violence; child marriage; child abuse; neglect and exploitation; the treatment of children by the justice system; and the lack of a birth registration system and its impact on children's lives. The section then looks in some detail at how some of these problems have been aggravated during the current conflict.

7.2 Protection before December 2013

7.2.1 Legacy of previous conflicts

Children and adolescents in South Sudan have been negatively affected by the legacy of decades of conflict, underdevelopment, poor infrastructure and weak governance. Several factors have contributed to the increased incidence of violence: the militarization of children and youth that took place during the Sudan Civil War (1983-2005); erosion of civilian authority and traditional control over these groups; and the conscious manipulation of ethnicities for political and military purposes.⁴⁸⁵ The incidence of violence has escalated between armed groups, between communities and within households. All too often, violence and counter-violence are seen as the only way to resolve conflicts at all levels.⁴⁸⁶

The impact of armed conflict on children and adolescents in South Sudan has been systematically reported since 2005 when, under Resolution 1612, the UN Security Council initially established its Monitoring and Reporting Mechanism (MRM) on the plight of children affected by armed conflict in seven countries including Sudan. Every year the MRM has reported on killing and maiming of children; recruitment or use of children as soldiers; sexual violence against children; attacks against schools or hospitals; denial of humanitarian access for children; and abduction of children in Sudan by the SPLA and non-state actors. By 2013, the MRM was reporting that South Sudan had made tangible progress in addressing grave violations against children and implementing an action plan to end the recruitment and use of children. This action plan included the establishment of a still existent strong normative framework, including standard operating procedures, powers for enhanced screening and conduct, and discipline standing orders.⁴⁸⁷ A total system is in place, indicating that it is only lack of will that impedes protection of children affected by armed conflict in South Sudan.

Despite the actions taken, children were still being affected by armed conflict during the period before the outbreak of mass violence in December 2013. Reported recruitment of children between 2012 and December 2013 was primarily by the SPLA and David Yau Yau's group in Pibor. A total of 63 children were reported killed and 83 injured in armed violence in South Sudan in the first 11 months of 2013.⁴⁸⁸ Nevertheless, before December 2013, progress was being made in reducing the number of children associated with armed forces or armed groups.

485 South Sudan Protection Cluster, 'Macro Analysis of Conflict in South Sudan', August 2014.

486 Alex, S., *Conflict Transformation in the Republic of South Sudan: A social psychological examination of mechanisms, opportunities and obstacles*, European Peace University, Austria, March 2012, <www.academia.edu/1801996/Conflict_transformation_in_the_Republic_of_South_Sudan_-_A_social_psychological_examination_of_mechanisms_opportunities_and_obstacles>.

487 United Nations, 'Children and Armed Conflict: Report of the Secretary General 2013', 15 May 2013, <www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2013_245.pdf>.

488 United Nations, 'Children and Armed Conflict, 2013; United Nations, Children and Armed Conflict: Report of the Secretary General 2014', 15 May 2014, <www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2014_339.pdf>.

Approximately 500 children remained in armed forces or groups in 2013, and it was hoped that South Sudan could be taken out of the MRM.

Another manifestation of endemic and deep-rooted violence in South Sudan is abduction of children. In 2013, the United Nations received 250 reports of children being abducted during cattle raids and during raids at night with the sole aim of child abduction.⁴⁸⁹ Child abduction can be seen as a way of strengthening the receiving community by adding members to the group, while concurrently reducing the strength of other communities. Success in raiding lends honour and prestige to the perpetrator. Abduction can also be retaliatory to an offence by the other community. While it is not a new phenomenon, the practice became significantly more common following the Comprehensive Peace Agreement in 2005, in the context of rising inter-tribal conflict. This was related to long-standing civil conflict, the politicization and militarization of differing ethnic groups, the weakening of traditional authority systems and the proliferation of modern weapons – all of which have had a devastating effect on inter-tribal relations.⁴⁹⁰ It is important to note that child abduction can have a long-term psychological effect on children and their families even after they have been reunified.

In recent years, the Lord's Resistance Army (LRA) has also abducted children in South Sudan. By 2014, the group had mainly relocated to Central African Republic and the Democratic Republic of the Congo. No incidents of LRA attacks involving children were reported in South Sudan that year. However, in 2014 a total of 43 children either escaped or were rescued from the group. By the end of 2014, 28 of these children had been reunified with their families, while the rest remained in an interim care centre in Yambio, Western Equatoria State, pending family tracing and reunification.⁴⁹¹ The last year that the LRA was reported to have abducted children in South Sudan was 2011, when four children were abducted. That year 18 girls were either released by or escaped from the LRA. All reported having been subjected to sexual violence while in captivity.⁴⁹²

It is not possible to quantify the frequency of violence against children in South Sudan in the home, in their communities or at school; no systematic studies have been undertaken of the problems. However, research in pastoralist communities, for example, has found that children get regularly caned if they accidentally lose a cow or cause a problem.⁴⁹³ Some cultural traditions, such as body and facial scarification and lower teeth removal, are also prevalent in some communities, including the Dinka and Nuer population, as part of boys' initiation into adulthood. The dangers of scarification include over-bleeding and tetanus.⁴⁹⁴

489 United Nations, 'Children and Armed Conflict', 2014.

490 Ibid.

491 UN Security Council, 'Children and Armed Conflict: Report of the Secretary General', 5 June 2015, <<http://reliefweb.int/sites/reliefweb.int/files/resources/N1510923.pdf>>.

492 UN Security Council, 'Report of the Secretary General on Children and Armed Conflict in South Sudan', 11 December 2014, <www.un.org/ga/search/view_doc.asp?symbol=S/2014/884&Lang=E&Area=UNDOC>.

493 ILO, 'Child Labour'.

494 Ministry of Gender, Child and Social Welfare and UNICEF South Sudan, 'Child Protection Systems State Report: Northern Bahr el
Continued

In research conducted in 2015, primary and secondary teachers generally reported that they did not observe inter-group (e.g., inter-ethnic) conflict between pupils at school, although conflict sometimes occurred over limited classroom resources such as pens, desks and seating. However, pupils did report the use of physical discipline methods though teachers denied using corporal punishment. Yet one primary student, for example, referred to students “who deserve a stick.” Violence from teachers may reflect limited knowledge of alternative disciplinary methods. Also, some teachers reported a need for training on conflict management skills. Teachers’ experiences of violence, as well as systems of power based on fear or humiliation may also influence their classroom approaches.⁴⁹⁵

Research conducted in 2014 found that interventions to prevent and respond to violence, neglect and abuse against children and adolescents in South Sudan are not generally evidence-based. Geographical coverage of integrated services and associated referral mechanisms is still very low. This is primarily because investment in this area is inadequate.

7.2.2 Violence and gender

In many cases, particularly in pastoralist groups, boys in South Sudan are brought up to believe they are responsible for protecting their communities. There is a strong cultural expectation that men and boys will protect women and girls, as well as property and livestock. This means that boys carry guns from an early age and that recruitment into armed groups is often voluntary. Another driver of recruitment into armed groups is a lack of alternatives to find a livelihood or an education.⁴⁹⁶

According to the 2010 Household Health Survey, GBV affected one fifth of women in South Sudan.⁴⁹⁷ Like in many other countries, however, these statistics do not reflect the actual prevalence and severity of GBV in South Sudan due to underreporting.⁴⁹⁸ Research conducted by OXFAM with pastoralist and agro-pastoralist communities in Lakes and Warrap states in 2013 revealed that abuse and beatings were common.⁴⁹⁹

Women and girls are disadvantaged in both customary and statutory systems of justice and perpetrators of GBV are rarely brought to justice. Impunity not only discourages women and girls to seek redress but also sends a signal that GBV is acceptable. Many women seem resigned to

Ghazal’, 19 July 2014.

495 Novelli, et al., ‘Education Sector Governance’.

496 OXFAM, ‘Crisis to Catastrophe’.

497 Ministry of Health and National Bureau of Statistics, ‘Household Health Survey’.

498 UNICEF South Sudan, ‘Gender-Based Violence: The crisis in South Sudan’, 21 May 2015, <www.childrenofsouthsudan.info/wp-content/uploads/2015/05/GBV-21-May-2015.pdf>; Obstacles to reporting include fear, social stigma, victim-blaming attitudes and beliefs, and limited availability of trusted service providers. These all contribute to the high level of underreporting, coupled with challenges with ongoing collection of service data, as well as the difficulties inherent in collecting prevalence data on the scope of sexual violence against children and women in conflicts.

499 OXFAM, ‘Challenges to Security, Livelihoods and Gender Justice in South Sudan’, March 2013, <www.oxfamblogs.org/eastafrica/wp-content/uploads/2010/09/Challenges-to-Security-Livelihoods-and-Gender-Justice-in-South-Sudan.pdf>.

the fact that domestic violence is part of married life.⁵⁰⁰ According to the 2010 National Household Health Survey, 79 per cent of women and 80 per cent of men in South Sudan felt that a husband has a right to hit or beat his wife.⁵⁰¹ Sexual violence is often trivialized by law enforcement officials and the community, and survivors are often forced to marry perpetrators as a 'remedy'.⁵⁰²

GBV in South Sudan is driven by: a culture of silence and stigma; the tying of masculine identity to cattle raiding; bride price; a lack access to legal recourse; and customary practices that favour compensation to male relatives for crimes such as rape committed against women and girls. Extremely high dowry demands increase the vulnerability of girls as they are seen as 'property' to generate family wealth. This can lead to criminal activities such as armed cattle raids to pay the bride price. It can also lead to serious violations of women's rights. Male participants in 2013 research typically stated that since they had paid many cows for their wives, they were their property and could be disciplined using violent means.⁵⁰³

There is very limited access for GBV survivors to the formal justice system in South Sudan. In practice, most cases end up in the traditional court system that does not conform to international legal standards, or national legislation including the Child Act and the Penal Code. Even within the formal legal system, the lack of a specific law outlawing domestic violence against women by their partners is unlikely to result in criminal investigation since the police do not intervene in 'domestic issues'. Action against perpetrators is minimal. Frequently, victims and survivors of GBV are sent back to their marital homes with the justification that the perpetrators had paid bride price.

There are no shelters for abused women. Instead, women and girls who have survived sexual and GBV depend on family and community structures, which in most cases do not offer redress.⁵⁰⁴

7.2.3 Harmful traditional practices

At one per cent, prevalence of female genital mutilation for women aged 15–49 years in South Sudan is significantly lower than in neighbouring countries: 90 per cent in the Republic of Sudan, 80 per cent in Ethiopia and 32 per cent in Kenya. Female genital mutilation is a criminal offence under Section 259 of the Penal Code Act and 80 per cent of the South Sudanese population disapproves of the practice.⁵⁰⁵

A practice entitled 'girl compensation' occurs in some communities in Eastern Equatoria. If violence has occurred between two families and someone has been killed, a girl is given to the aggrieved family as compensation. The girls, who have no opportunities for education and

500 Ibid.

501 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

502 United Nations, 'Conflict-Related Sexual Violence: Report of the Secretary General 2015', 23 March 2015a.

503 OXFAM, 'Challenges'.

504 UNAIDS, 'Gender Assessment'.

505 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

development, are treated as slaves and are sexually exploited. They bear the stigma of shame for their family's action for the rest of their lives. They leave their families at an early age to live with the new family causing psychological stress. They are burdened with work, expected to give birth to contribute to the new family, and sometimes forced into marriage. The practice persists and no documentary evidence is available to understand its magnitude.⁵⁰⁶ The State Ministry of Social Development in Eastern Equatoria is currently engaged in advocacy with communities to eradicate 'girl compensation' using the Child Act.⁵⁰⁷

7.2.4 Child, early and forced marriage

Incidence of child, early and forced marriage is thought to remain high in South Sudan but no concrete recent statistics are available. Based on older data sources, a total of 45 per cent of girls had entered union before the age of 18 in 2010, 40 per cent in the 2008 census and 41 per cent in 2006. In 2010, almost seven per cent of women aged 15–49 in South Sudan entered marriage or cohabitation before their 15th birthdays.⁵⁰⁸ This percentage had fallen from 11 per cent in the 2008 South Sudan census and 16.7 per cent in 2006.

A 2010 UNICEF study conducted in Lakes, Upper Nile and Central Equatoria states found that 68 per cent of respondents disapproved of child, early and forced marriage. However, definitions of childhood differed strongly across respondents. The 2008 Child Act sets 18 as the age of majority. Even so, 32 per cent of respondents believed that childhood ended at 16 years; 17 per cent said those below age 13 were children; six per cent stated those under age nine were children; and about five per cent indicated those below age five were children. In addition, 36 per cent of respondents believed that the onset of menstruation meant that girls were ready for marriage.⁵⁰⁹

Many South Sudanese communities see marriage as being in the best interests of girls and their families. It is also an important way for families to access much needed resources such as cattle, money, and other gifts via the traditional practice of paying bride price. Child marriage is also viewed as a way to protect girls from pre-marital sex and unwanted pregnancy. Both are seen as threats to family honour and can decrease a daughter's bride price.⁵¹⁰ Cultural norms in Abyei lead to high levels of child marriage. This is because of strong cultural preferences for girl child marriage and the prospect of higher dowry payment for parents.⁵¹¹

The consequences of child, early and forced marriage are often devastating and long lasting. Girls who marry young leave school, foregoing their education. Child pregnancy is particularly

506 Kaphle, S. R., 'A Life can be Replaced by Another Life Only! Girl child compensation in South Sudan from social norms perspectives', UPenn, July 2013.

507 Author's interview, UNICEF South Sudan, June 2015.

508 Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

509 UNICEF, 'Knowledge, Attitudes and Practices on Child Marriage in Southern Sudan: The case of Lakes, Upper Nile and Central Equatorial States', February 2010.

510 Human Rights Watch, 'This Old Man Can Feed Us, You Will Marry Him: Child and forced marriage in South Sudan', 7 March 2013, <<https://www.hrw.org/report/2013/03/07/old-man-can-feed-us-you-will-marry-him/child-and-forced-marriage-south-sudan>>.

511 Correspondence to author from UNICEF South Sudan, October 2015.

dangerous with high levels of obstructed labour. Early marriage limits young married girls' knowledge and skills, resources, social support networks, mobility and autonomy. As a result, they often have little power in relation to their husband or his family, including with regard to family planning and contraception.⁵¹²

While the Child Act of 2008 established a prohibition on child marriage for the first time, there are significant gaps in the Transitional Constitution, Penal Code, and Child Act, including no minimum age of marriage. The lack of statutory family legislation means that marriage, divorce, child custody, maintenance payments and domestic violence are usually addressed by customary courts that often discriminate against women and girls.⁵¹³ Meanwhile, there is no system in place to enforce the Child Act. The police do not arrest family members or others for forcing a child into marriage; there are no social workers to protect children; and no foster systems to provide care.⁵¹⁴ In addition, South Sudan has very limited specialized safe spaces or other safety options to protect victims of forced or child marriage.⁵¹⁵ Research from 2010 found that though much of the population knew there was a law prohibiting child marriage, there was little awareness of its specifics.⁵¹⁶ Many girls and women are not aware of their legal rights to seek help.⁵¹⁷

There are no systematic or comprehensive programmes in South Sudan to address the causes of child marriage at community level.⁵¹⁸ Programmatic responses for child marriage have focused mostly on awareness-raising and community mobilization with limited or no impact on prevalence. A comprehensive response to prevent and respond to child, early and forced marriage would require legislative change and enforcement, educational measures, social protection of victims and potential victims, as well as addressing the gaps in child protection services.

7.2.5 Right to a family environment

In 2013 it was estimated that 3,000 children were living and working on Juba's streets, either without parental care or with caretakers who were unable to support the children financially or meet their basic needs. A survey that year found that most children were from Equatorial ethnic groups, but there were an increasing number of Dinka and some Ugandan, Congolese and Kenyan children as well. Of the surveyed children, just over half lived alone on the streets, while 27 per cent stayed with family members, and 10 per cent of street girls lived in brothels. On average the children had been on the street between one and two years, though some had been there more than 10 years.⁵¹⁹

512 Human Rights Watch, 'This Old Man'.

513 Ibid.

514 Author's interview, UNICEF South Sudan, June 2015.

515 Human Rights Watch, 'This Old Man'.

516 UNICEF, 'Child Marriage'.

517 Human Rights Watch, 'This Old Man'.

518 Ibid.

519 Wright, H. L. S., 'Child Exploitation in Juba: A study on street children and child labour in Juba, South Sudan', September 2013, <<https://thewrightsinthefield.com.files.wordpress.com/2013/12/child-exploitation-in-juba-south-sudan-docx.pdf>>.

Commercial sexual exploitation of children is a problem in South Sudan. However, the scale is difficult to ascertain. It appears anecdotally that many sex workers are aged 13–16 and may be survivors of abuse or trafficking internally or from Uganda, Kenya, Ethiopia or the DRC.⁵²⁰ However, adolescent girls who are victims of commercial sexual exploitation have proved very difficult to contact by service providers.⁵²¹ This may be because of fear of arrest, lack of awareness of services, and/or other factors.

The 2013 survey of street children in Juba found that 44.2 per cent of the girls who were survivors of commercial sexual exploitation were aged between 12 and 17.⁵²² Girls generally become engaged in commercial sex work as a survival mechanism in the face of economic hardship.⁵²³ They are particularly vulnerable to infection with HIV and to other forms of abuse. Children, and particularly girls, suffer from a lack of protection and other services that could help ensure their basic needs were being met and prevent and/or mitigate their involvement in commercial sexual exploitation.

Street children in Juba often come into contact with the justice system. Of 49 children who reported being arrested, most stated it was a result of theft (57.1 per cent), followed by fighting (26.5 per cent), 'moving at night' (6.1 per cent), prostitution (6.1 per cent) or an unspecified reason (4.1 per cent). Of 58 children who described the treatment they received by police, 41.4 per cent reported that they were beaten while 25.9 per cent reported fair treatment. Other children reported general abuse (15.5 per cent) and torture (5.2 per cent), while according to the study 5.2 per cent were raped. Street children have little to no access to basic health care and are often refused treatment at clinics and in hospital.⁵²⁴

In the pre-conflict years, the problem of children living and working on the streets was not limited to Juba. In Northern Bahr el Ghazal, considerable numbers of children were reported as leaving their homes to live and work on the street. They chose to go to major towns such as Aweil, the state capital.⁵²⁵ Reports in 2012 from Rubkona and Bentiu towns in Unity state,⁵²⁶ and from Wau in Western Bahr el Ghazal⁵²⁷ documented sharp rises in the number of such children in the years prior to the conflict, primarily because of family poverty. While most of the surveyed children in Unity were from that state, the majority in Wau had come from Warrap. In both states, the plurality of survey respondents (36 per cent) stated they had part-time jobs, while others said that they begged, gambled, and were self-employed or engaged in street crime. The most widely expressed desire among the respondents was to have educational opportunities.

520 Ibid.

521 Wakabi, 'South Sudan'.

522 Wright, 'Child Exploitation'.

523 Ministry of Health, 'Formative Assessment of Female Sex Workers in South Sudan', October 2014.

524 Wright, 'Child Exploitation'.

525 MGCSW and UNICEF, 'Northern Bahr el Ghazal'.

526 Taban, A., and Barasa, M., 'Report on Rapid Assessment of Street Children in Rubkona and Bentiu, Unity State, South Sudan', August 2012.

527 Child Protection Working Group, WBEG, 'Report on Assessment of Children Living and Working on the Streets', August 2012.

In response to this issue, the Ministry of Gender, Child and Social Welfare has drafted a policy on children without appropriate parental care. When finalized, this document will help to systematically address the issues faced by children and adolescents living and working on the streets. However, an action plan will be required to implement the strategy.⁵²⁸ It should be noted that the Ministry currently favours an institutional or centre-based approach for rehabilitation of such children and adolescents. UNICEF and other partners have been working closely with the Ministry to promote instead an approach that provides for a family environment.

7.2.6 Child labour

Child labour is endemic in South Sudan. According to the latest 2008 census figures, 45.6 per cent of children aged 10–14 were working. Of these, 60.2 per cent worked in agriculture and 38.2 per cent in services.⁵²⁹ In 2013, the Ministry of Labour, Public Service and Human Resources estimated that 35 per cent of children in South Sudan were engaged in child labour.⁵³⁰ According to the 2008 census figures, economic activity was more common in lower household income quintiles, and in households with poorer parental educational attainment. It was slightly more prevalent in rural than urban areas.⁵³¹

Rural employment of children includes work in cattle camps. Children are used widely among pastoralist communities in the daily workings of the cattle camp, sometimes from the age of two or three. The communities place more value on working experience than traditional education. The children face danger from cattle and wildlife as well as neighbouring tribes. In addition, exposure to animal-borne diseases and cattle excreta leave them vulnerable to health concerns. Parents are often unaware of the risks and hazards associated with life in the cattle camps and labour at such a young age.⁵³²

A 2013 survey of street children in Juba found that 87.8 per cent were involved in some form of child labour. Boys were mainly involved in trading in markets or on the street, polishing shoes, slaughterhouse work, washing cars and casual labour. Some girls were market or street traders, making tea, cooking food or aiding blind people. But as indicated above, many girls living on the street have been sexually exploited. The children as a whole faced dangers including: carrying heavy loads; operating dangerous equipment; exposure to dust, fumes, fire, gas, flames, loud noises and/or extreme heat; work in water; and work in dark and confined environments. Most children suffered from constant shouting and repeated insults, and/or were reportedly beaten or physically hurt, sexually abused and/or raped in the workplace.⁵³³

528 Author's interview, Ministry of Gender, Child and Social Welfare, June 2015.

529 US Department of Labor, 'South Sudan: 2013 Findings on the Worst Forms of Child Labor', 2014, <www.dol.gov/ilab/reports/child-labor/south_sudan.htm#ENREF_4>.

530 ILO, 'Child Labour'.

531 ILO, UNICEF, and World Bank, 'Child Labour Indicators: South Sudan', 2015, <www.ucw-project.org/Pages/Tables.aspx?id=1505>.

532 ILO, 'Child Labour'.

533 Wright, 'Child Exploitation'.

7.2.7 Justice for children

While much has been done at policy level to introduce a justice system for children, in practice implementation has lagged behind. It is not known how many children are currently in detention, though a figure was given in 2011 of 163 boys and five girls, all being held alongside adults.⁵³⁴ It is believed that many children are still in detention, in contravention of the 2008 Child Act. It appears that some of these children may even be below the age of criminal responsibility, which is 12 years in South Sudan.⁵³⁵ More broadly, there have been significant levels of misinterpretation of the Child Act, either because of lack of knowledge of it, or because of incorrect implementation.

At all stages of the formal justice system, children face violations of their rights. They are often held in pre-trial detention for long periods. Those convicted are almost always imprisoned: There have only been very limited attempts to pilot diversion of children.⁵³⁶ Within the prison system, little progress has been made to ensure separate cells for juveniles. Visits to several prisons around the country in 2008 found that children and adolescents can often freely mix with adult prisoners whilst incarcerated. If there are fences in place separating children from adults they are not effective, sometimes being left open during the day. This practice contravenes international human rights law.⁵³⁷ While some attempts have been made to develop separate facilities since then, in general these are still lacking.

The Child Act in 2008 was a major achievement for South Sudan. The main objectives of the juvenile justice system are:

- Reformation, social rehabilitation and reintegration of the child, while emphasizing individual accountability for crimes committed; and
- The restoration of harmonious relationships between the child offender and the victim through reconciliation, restitution and compensation.⁵³⁸

However, putting these objectives into practice requires the establishment of several important structures such as permanent courts and an independent child commission, both of which are not yet in place. As a result, the implementation of the Child Act has been slow.

Another reason for slow progress in justice for children is insufficient adequately qualified personnel. Research conducted in various states of South Sudan for UNICEF in 2013 found that there were very few judges trained to work specifically with children. In the formal sector, children's cases are generally heard in adult courts. Justice for children is also constrained by lack

534 Human Rights Watch, 'Prison is Not for Me: Arbitrary detention in South Sudan', 2012, <www.hrw.org/sites/default/files/reports/southsudan0612_forinsert4Upload.pdf>.

535 Articles 138(2) and (3) of the Child Act also extends discretion to the presiding judge to raise the age of criminal responsibility to 13–14 in certain cases.

536 Human Rights Watch, 'Prison'.

537 Del Mese, F., 'A Juvenile Justice Assessment of Southern Sudan', UNICEF, 2009.

538 UNICEF South Sudan, 'Child Protection Programme Brief: Justice for children', June 2014.

of finances and training, limited number of social workers, whether trained or untrained, and mobility and accessibility difficulties. The training of frontline professionals that does take place is often less effective than it should be because there is high turnover of staff, and some have broader mandates than justice for children. Work in the professional training and development system may be more effective with law students in universities and police officers in pre- and in-service training facilities. A number of training events have been conducted for justice for children stakeholders in all 10 states. However, no research has been conducted to understand how the knowledge is utilized by these actors and how their capacity has improved to administer child-friendly justice procedures.

One particular structure that has been established to support children in the justice system is the Special Protection Unit (SPU), which forms part of the police system. About 14 SPU buildings have been constructed in South Sudan, including two in Juba, one in each of the other state capitals and one each in Yei, Terekeka and Nasir. They are intended to provide police services to women, children and vulnerable groups. A 2014 assessment found several examples of good practice, with some SPUs coordinating with social services, staying open 24 hours, and employing dedicated staff, some of whom had a good grasp of GBV issues. However, it also found that policy, financial and technical constraints meant that they were not fully able to assist the target population. Other constraints included insufficient staff members, including female staff, and a lack of understanding of their purpose and function among both the general population and stakeholder organizations.⁵³⁹

The lack of rule of law and the absence of government institutions continue to challenge protection of women and children in Abyei. Attempts have been made to establish Family Friendly Child Protection Units made up of police, local judges, Save the Children Sweden, the Community-Based Child Protection Network, the informal Social Welfare Department and volunteer community police. Other efforts have provided protection services for children in contact with the law. Even so, a significant gap remains in addressing issues related to prevention of crime, detention of children, prosecution and court process. As a result, many children face denial of liberty, violence and abuse.⁵⁴⁰

7.2.7.1 Customary law

In 2009 it was estimated that customary law governed about 80 per cent of South Sudan. This figure is unlikely to have changed significantly since then. In many cases victims of crime have a choice as to whether to use the customary or statutory justice system. The customary justice

⁵³⁹ Social Development Direct, 'Report on the Assessment of the Special Protection Units', National Police Service and Ministry of Gender, Child and Social Welfare, 2014.

⁵⁴⁰ Correspondence to author from UNICEF South Sudan, October 2015.

system operates around revenge and compensation, and these appear to be the motivation behind complaints.⁵⁴¹

In some cases, informal structures better address child's rights than the formal system. For example, the use of elders and the extended family system, including clan networks, ensures provision of alternative care for children. Such care includes foster care or informal adoption for children in contact with the law in Western Bahr El Ghazal State.⁵⁴² In 2014, a system of restorative community consultation was introduced in Wau, which took customary practices into consideration and involved sensitization work and training for stakeholders. However, in many cases, children's rights under the UNCRC and the 2008 Child Act are not taken into account in informal justice processes. This can put children and adolescents at elevated risk. In some customary systems, rape of an unmarried girl is considered as theft of the girl's bride price. Consequently, the case revolves around the size of the bride price to be paid to the girl's family, rather than ensuring the survivor receives the necessary care.⁵⁴³

There is limited interaction between the formal sector and community-based mechanisms for justice. In Northern Bahr el Ghazal, for example, communities handle most cases related to justice for children. Only grave child offences such as murder are transferred to the formal sector where they require intervention of higher-level authorities.⁵⁴⁴ In areas where formal justice structures are entirely lacking, such as some counties of Eastern Equatoria, traditional courts even hear murder cases.⁵⁴⁵ This is the reason why 'child compensation' still occurs for murder in parts of Eastern Equatoria, even though it is illegal under statutory law.

7.2.8 Birth registration and documentation

Children without birth certificates are vulnerable to abuse, neglect and exploitation. Proof of age in the form of a birth certificate protects children under 12 from arrest and detention by police since the criminal age of responsibility is 12 years. A birth certificate also: protects children from under-age recruitment into the armed forces; protects girls from child marriage; and makes easier family tracing and reunification of unaccompanied and separated children.

Prior to independence in July 2011, birth registration services were available and birth certificates issued, but only in the Regional Teaching Hospitals in Juba, Malakal and Wau. This meant that outside these hospitals there was limited or no birth registration. The families that opted for documentation received birth certificates issued by the national (Sudanese) government.⁵⁴⁶

541 Del Mese, 'Juvenile Justice Assessment'.

542 Ministry of Gender, Child and Social Welfare and UNICEF South Sudan, 'Western Bahr el Ghazal State Report Mapping and Assessment', 9 November 2013.

543 Del Mese, 'Juvenile Justice Assessment'.

544 MGCSW and UNICEF, 'Northern Bahr el Ghazal'.

545 Ministry of Gender, Child and Social Welfare and UNICEF South Sudan, 'Child Protection: At a glance (Eastern Equatoria)', 1 November 2013.

546 Author's interview, UNICEF South Sudan, June 2015.

According to the 2010 South Sudan Household Health Survey, 35 per cent of births of children under age five were registered with civil authorities across the country. Registration was lower in rural areas and varied across states, as well as with both mothers' education and wealth quintile.⁵⁴⁷

In general, families like to receive notification, as it helps them to obtain national identity cards and to move within and out of the country if necessary. However, there are some social norms, beliefs and practices among communities that also impede birth notification. Some communities, particularly in remote areas of the northern states, do not want the number of their children to be known. In the Ma'di community in the south, children are named after three or four days. If the mother leaves the health facility before this time, she often does not return to complete the notification and pick up the certificate.

Birth certificates have not been issued in independent South Sudan because the country does not have a Civil Registration Law that would authorize issuance of birth certificates. Immediately before independence, UNICEF supported the Ministry of Health to print notification booklets, which were then used to report on children born after secession. However, notification is only available in some urban areas, mainly the three towns listed above, and only in a few medical facilities. This means that in general, only the 12 per cent of pregnant women who deliver in health facilities have access to registration, though strong community-based birth registration campaigns have been conducted in some counties in Northern Bahr el Ghazal and Central Equatoria.⁵⁴⁸

Even in facilities maintaining regular birth notification services, these are ad hoc and with varying quality. Birth registries are not filled in consistently and birth notifications are being issued in both English and Arabic, with some facilities keeping records and some not. There is no system in place for distributing Birth Registry booklets and Birth Notifications booklets to health facilities, nor for sending paper-based information back to the Ministry of Health at state or national level. Records are kept on an ad hoc basis. Some parents are being asked to pay for birth notification, up to 50 SSP – a considerable sum for most families.⁵⁴⁹

The civil registration and vital statistics system in South Sudan remains under-resourced, thereby limiting delivery, coverage, and service quality. However, efforts are underway to strengthen the system. A Civil Registration Bill is currently passing through Parliament. In addition, UNICEF is working with specialized Parliamentary committees to strengthen the Bill before it is passed.

⁵⁴⁷ Ministry of Health and National Bureau of Statistics, 'Household Health Survey'.

⁵⁴⁸ UNICEF South Sudan, 'Child Protection Programme Brief: Birth registration', June 2014.

⁵⁴⁹ Ibid.

7.3 Additional challenges since December 2013

Children have suffered in many different ways as a result of the 2013–2015 conflict. The United Nations Monitoring and Reporting Mechanism has reported that between January 2014 and June 2015, a total of 909 children were killed and 297 injured.⁵⁵⁰ Hundreds of thousands have been displaced, while tens of thousands have been forced out of education and had their schools taken over by armed forces and armed groups.

7.3.1 Recruitment into armed forces and armed groups

Despite signed commitments by parties to the conflict to end the use of children in the armed forces and in armed groups, the pace of coercive recruitment and the number of related forced abductions appeared to increase in the first six months of 2015. From December 2013 to October 2015, UNICEF estimates that up to 16,000 children, mostly boys, have been recruited and used by all sides of the conflict. The roles of the children have varied to include combatants, porters, cooks and wives. All these roles put children in danger.

Children have been at risk of recruitment in refugee and internally displaced persons camps, POCs and in their own communities. As of yet, no disarmament, demobilization and reintegration has taken place for children in opposition-controlled areas. However, in Unity State a work plan was developed to remove children from the SPLA-IO in 2014. Unfortunately, the initiative was put on hold when violence flared up again in spring 2015.⁵⁵¹ In early 2015 it was reported that thousands of young males had fled into the bush in Unity State to avoid recruitment by either government-allied militias or opposition forces.⁵⁵² It is not clear how many of these people were under the age of 18.

There has been some success in freeing children recruited into one armed group, which is not directly involved in the 2013–2015 conflict. In the first four months of 2015, a total of 1,755 children were released from the South Sudan Democratic Army (SSDA) - Cobra Faction following a peace deal between rebel leader David Yau Yau and the government in 2014. By early May, around 70 per cent of released children had returned to their families and were being followed up by the National Disarmament, Demobilization and Reintegration Commission and partners. Their task was to monitor the children's reintegration, identify signs of distress and provide support to the children and their families to access broader reintegration services.⁵⁵³

The reintegration of children recruited and used in armed conflict raises challenges, not least of all from the context itself, which has witnessed a serious degradation of basic services and infrastructure. Meaningful reintegration will, therefore, require a massive scale-up of water,

550 United Nations, 'Monitoring and Reporting Mechanism South Sudan: Grave child rights violations April–June 2015', June 2015.

551 UNICEF, 'Humanitarian Action, Conflict Sensitivity and Peace Building through Education in South Sudan: Achievements, challenges, and lessons learned', July 2015, <<http://learningforpeace.unicef.org/wp-content/uploads/2015/10/South-Sudan-HR.pdf>>.

552 South Sudan Protection Cluster, 'January–March 2015'.

553 UNICEF South Sudan, 'GPAA'.

sanitation, health and, crucially, education services. Reintegration has always required significant and long-term resources. However, the impact of exposure to the severity of the violence committed in the 2013–2015 conflict will cause particularly serious and long-term distress. Since December 2013, children have been reported fighting on the frontlines and used to enact extreme violence, in addition to the support roles they were fulfilling previously – cooks, porters and bodyguards for commanders.⁵⁵⁴

7.3.2 Gender-based violence (GBV)

GBV, already prevalent before the crisis, has been exacerbated by the ongoing violence, impunity for perpetrators, militarized society, a paucity of services for survivors and pronounced gender inequality. Due to strict traditional gender roles, females are generally responsible for household tasks such as childcare, preparing food and collecting water and firewood. As a result of the ongoing crisis, with many families struggling to meet their basic survival needs, it is women and girls who most often have to compensate by employing dangerous coping mechanisms that increase their exposure to GBV risks.⁵⁵⁵ For example, in order to search for food, firewood and water, women regularly walk through highly-militarized areas, where they report being harassed, assaulted, and attacked. Others have been subjected to sexual exploitation and/or extortion in order to access basic goods and services. Some harmful traditional practices have also been exacerbated by the conflict: Early forced marriage of female children is used as a method of alleviating economic pressures on the family.

Other factors that have contributed to an increased risk of GBV include a general rise in internally displaced persons' levels of frustration, trauma and idleness, which has often led to violence and criminality. The widespread brewing and sale of alcohol within and on the periphery of POCs also contributed to increasing violence, including GBV. Furthermore, displacement has resulted in the breakdown of community structures that are vital to safeguard women, children and other vulnerable groups.⁵⁵⁶

Living conditions inside the POCs and at other internally displaced persons' sites also increase exposure to GBV risks. For example, many sites are overcrowded and, in some cases, multiple families are sleeping in the same communal shelter. Most sites lack adequate lighting. Some water and sanitation facilities do not meet basic standards for mitigating GBV risk: Many are not sex-segregated, are constructed with inadequate materials, and/or lack locks or other mechanisms to ensure privacy and safety. Early in the crisis, women and girls in all locations

554 United Nations, 'Children and Armed Conflict', 2014.

555 South Sudan GBV Sub-Cluster, 'Between a Rock and a Hard Place: Why do we need to invest in GBV in food crisis? The link between food security and conflict-related sexual violence in South Sudan', 2014.

556 South Sudan Protection Cluster, 'January–March 2015'.

repeatedly cited latrines and bathing facilities as some of the highest risk areas for sexual violence and harassment, particularly at night.⁵⁵⁷

7.3.2.1 Paucity of Services

Overall, only a small percentage of the total population has access to even the most basic GBV services, such as clinical management of rape and psychosocial services. Legal services are all but non-existent. As mentioned above, Special Protection Units (SPUs) have been established in 14 police stations throughout the country to provide police services to women, children and vulnerable groups. Their levels of capacity, functionality and performance vary greatly from one location to another. Across the country, survivors remain very reluctant to refer to police due to fears about victim-blaming attitudes, corruption, lack of confidentiality and other factors that can cause additional harm to survivors. Violence is often trivialized by law enforcement officers and the community and survivors are sometimes forced to marry perpetrators as a 'remedy'.⁵⁵⁸

For those who do have access to such services, additional barriers impede their ability to receive care: In overcrowded sites hosting tightly knit communities, many survivors' identities become publicly known even with the best efforts to protect confidentiality. Nearly all sites lack safe options for survivors to stay overnight and relocation is rarely an option. This means that survivors are forced to remain in close proximity to the perpetrators. The limited availability of health services can also contribute to increased risk of GBV when women have to walk long distances to access services.⁵⁵⁹ Adolescent girls are particularly vulnerable to violence with limited support systems and limited access to information and services.⁵⁶⁰

There is an additional challenge to addressing GBV in South Sudan: Since the onset of the current crisis, the majority of donor funding has been focused on conflict-affected states. This has left the 'green states' all but neglected in terms of GBV prevention and response services.

One significant recent development was the Inspector General of Police's release of Administrative Order 10, This Order clarifies the policy on Form 8, a document that many still erroneously believe is a prerequisite for survivors of sexual violence to access medical care. For years, Form 8 has presented a significant barrier to services for GBV survivors; Administrative Order 10 clearly explains that, although Form 8 is required to pursue a legal case, it should never stand in the way of an individual receiving life-saving health care. Furthermore, the Order explicitly states that Form 8 is free of charge. All police officers are in violation of the policy if caught charging a fee, either to make a copy or to manually fill in the form.

557 Author's interview, UNICEF South Sudan, August 2015.

558 United Nations, 'Conflict-Related Sexual Violence'.

559 South Sudan Protection Cluster, 'January–March 2015'.

560 International Rescue Committee, 'Gender Based Violence Rapid Assessment, Greater Nyal, South Sudan', 2015.

Overall, the release of Administrative Order 10 is an important step in the right direction. However, many service providers and community members in locations outside Juba have not yet received information about it. As a result, they continue to operate under the misconception that a GBV survivor must report to the police before she or he can access health services. Strong, focused advocacy is needed to disseminate the news of this development as widely as possible.

7.3.2.2 Conflict-related sexual violence perpetrated by armed actors

Repeated offensives and counter-offensives have led to cycles of revenge attacks and rapes, often ethnically motivated. Several parties to the conflict have been responsible for GBV.. All parties to the conflict have committed acts of rape and other forms of sexual violence against women of different ethnic groups and different nationalities.⁵⁶¹ Among the cases reported to service providers, members of armed forces and armed groups represent the largest proportion of alleged perpetrators.⁵⁶²

Though the documented cases of conflict-related sexual violence do not capture its true extent, what has been recorded is shocking: In 2014 the UN documented 167 incidents of conflict-related sexual violence affecting 236 persons, including 75 incidents affecting 116 minors.⁵⁶³ In 95 per cent of these cases the survivors were female. Incidents have been reported in all 10 states. Through the MRM on grave human rights violations against children, the UN recorded a total of 301 cases of rape and grave sexual violence against children in the context of armed conflict between January 2014 and June 2015. In 96 per cent of the cases (288), the survivors were girls.⁵⁶⁴ However, the numbers do not represent the actual prevalence of sexual violence: Many survivors cannot seek services due to various barriers such as stigma and lack of services.⁵⁶⁵ In May 2015, both parties to the conflict were under investigation for more than 200 allegations of abductions of women and girls being taken as 'wives' and/or for the purposes of sexual slavery.⁵⁶⁶ Sexual violence continued to be reported outside the dynamics of the 2013–2015 conflict during intercommunal clashes, particularly in Lakes State where incidences of rape and gang rape were perpetrated by a wide range of actors.⁵⁶⁷

On 11 October 2014, the Government of South Sudan signed a communiqué with the United Nations on addressing conflict-related sexual violence (CRSV), and subsequently established a Joint Technical Working Group to oversee its implementation. The same communiqué was signed with the Chairman and commander-in-chief of the SPLA-IO on 18 December 2014. This

561 UNMISS, 'Human Rights Report'.

562 South Sudan Protection Cluster, 'January–March 2015'.

563 United Nations, 'Conflict-Related Sexual Violence'.

564 United Nations, 'Monitoring and Reporting Mechanism'.

565 UNMISS, 'Human Rights Report'.

566 United Nations, 'Conflict-Related Sexual Violence'.

567 Ibid.

agreement includes the issuance and enforcement of clear orders through military and police chains of command:

- Prohibiting sexual violence;
- Excluding perpetrators from the security forces;
- Excluding perpetrators from amnesty provisions;
- Enhancing accountability measures; and
- Enhancing multi-sectoral services for survivors.⁵⁶⁸

There have been some limited efforts to implement the communiqué. However, as of April 2015 neither side had made significant progress on ensuring monitoring of, and accountability for, conflict-related sexual violence.⁵⁶⁹

South Sudan is one the countries selected by the United Nations for accelerated roll-out of the monitoring, analysis and reporting arrangements on conflict-related sexual violence (MARA), which was established under Security Council Resolution 1960 of 16 December 2010. The purpose of MARA is to ensure the systematic gathering of timely, accurate, reliable and objective information on conflict-related sexual violence against women, men and children in all situations of concern. This information will be used to promote increased and timely action to prevent and respond to conflict-related sexual violence.⁵⁷⁰

7.3.3 Family separation

The current violence has led to a significant upsurge in the number of children, often in remote villages, that have lost contact with their families and have sought refuge in the POCs in Malakal, Bentiu, Bor and Juba or have gone to hide in the bush. Some of the children may have been left for a short period, gone to the market, or were collecting firewood or water, when a violent attack forced displacement and/or separation from their families. In other instances children are attending school far from their families, so when conflict breaks out they are unable to return home. Some children are separated from their parents but living with other family members. Others are entirely unaccompanied and separated from any family relative.⁵⁷¹

There is a total caseload of 8,533 children that are currently being supported by humanitarian organizations working on family tracing and reunification as of 21 August 2015. Of these, 1,427 children are unaccompanied; 5,552 are separated from their parents but living with relatives; and 2,631 have been reported missing by their parents. At that time, a total of 1,678 children had been reunified with their families. The areas with the highest numbers of cases are Bentiu in Unity

⁵⁶⁸ Ibid.

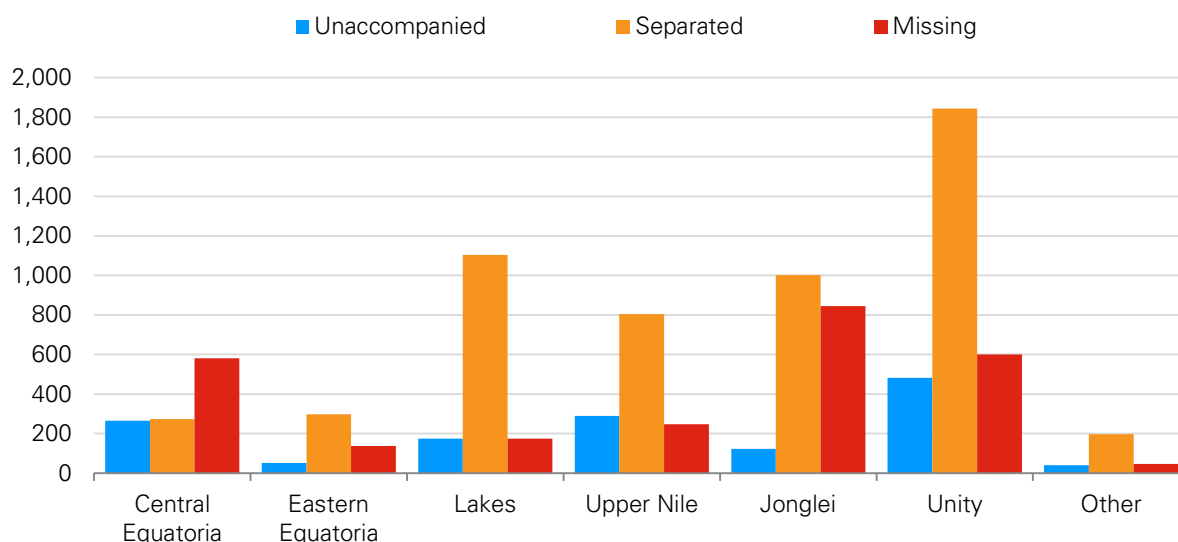
⁵⁶⁹ South Sudan Protection Cluster, 'January-March 2015'.

⁵⁷⁰ Special Representative of the United Nations Secretary-General on Sexual Violence in Conflict, 'Provisional Guidance Note: Implementation of Security Council Resolution 1960 (2010) on women, peace and security (conflict-related sexual violence)', June 2011, <www.refworld.org/pdfid/4e23ed5d2.pdf>.

⁵⁷¹ Author's interview, UNICEF South Sudan, June 2015.

State (1,743 cases), Mingkaman in Lakes State (1,124 cases), Juba (1,093 cases primarily in POCs) and Malakal (821 cases). On a state-wide basis, it can be seen from *Figure 37* that Unity has particularly high numbers of separated and unaccompanied children, but the highest number of children reported missing are in Jonglei State.⁵⁷² These figures do not include children associated with armed forces or armed groups.

Figure 37: Number of unaccompanied, separated and missing children, as of 21 August 2015



Source: Figures from Child Protection Sub-Cluster, as of 21 August 2015.

Reuniting families is complicated by several factors. Many remote areas have no phone coverage, including mobile phones. Often even those children from families with access to phones do not remember their numbers. Second, families move frequently because of ongoing insecurity and the need to find resources/food. Third, physically finding, monitoring and tracing children or families in the context of poor road access, particularly in the rainy season, is very difficult. Fourth, the lack of documents to identify children and verify identities means that matching is generally done by photos and comparing stories. Fifth, the chiefs and community leaders who are likely to be able to assist with reunification may also have been displaced. Finally, the physical distance between children separated from their families means that a lot of time is needed to manage even a small caseload.

In some cases, links have been made between children and their parents, but the parents are reluctant for reunification to occur. This may be because the family is living in an insecure area so are hesitant for the child to return until the situation stabilizes. In the regions close to the frontline, for example, parents may feel they have to remain to tend their fields, but think it is too dangerous for their children. Others may feel the children have a chance of a better education

⁵⁷² Information provided by Child Protection Sub-Cluster, as of 21 August 2015.

elsewhere. Meanwhile, links between children and their families may have been broken several times because of new outbreaks of fighting and recurrent displacement.⁵⁷³

There is a network of agencies working together to trace children and adult family members. This is primarily made up of international organizations and international and local NGOs. Local civil society organizations often work with minimal resources, and themselves face constant security challenges. As different partners cover different parts of the country, interagency coordination and communication is vital. Fortunately, it is getting stronger thanks to the development of simple weekly case management schedules, case assignment and case management plans, and other tools that are being used to provide more organized and consistent support to children and families. Frequent networking has led to strong working relationships, and, as a result of consistent, team-oriented communication, this has led to a dramatic increase in the number of inter-state family reunifications. The number of reunified children rose from 458 in April–June 2015 to 983 in July–September 2015. As of 13 November, it has continued to be high. Since 1 July 2015, 1,507 family reunifications have taken place – 52 per cent of the total number of family reunifications to date.⁵⁷⁴

Currently government bodies, including state-level Ministries of Social Development, have very limited technical and operational capacity to assist with family tracing and reunification, and to provide support for unaccompanied children. In this context most unaccompanied children are taken in and looked after by community members such as neighbours or community leaders. In South Sudan, someone from the same tribe or clan could be considered family. This is one of the strengths of local culture: Many families take unaccompanied children in or keep an eye on them formally or informally. However, it also means that it is difficult to keep track of the number of unaccompanied children. As well, the lack of a regularized system of care may not be a sustainable solution that can impact the children's welfare and their rights to education and a family environment. If family-based care cannot be found, there are some local NGO interim care facilities that can be used while other arrangements are made; for example, in some cases older boys are placed in a separate building, under the supervision of neighbours.⁵⁷⁵

Some unaccompanied and separated children have made their way to the relative safety of Abyei. However, the lack of support structures makes life particularly challenging in the disputed area. Street living children, who are primarily boys, suffer food shortages and are subject to violence on the streets, particularly from local community policemen, businessmen or by fellow street children.⁵⁷⁶

573 Author's interview, UNICEF South Sudan, June 2015.

574 Correspondence to author from UNICEF South Sudan, November 2015.

575 Ibid.

576 Correspondence to author from UNICEF South Sudan, October 2015.

7.3.4 Psychosocial impact of the conflict

The conflict in South Sudan is having a very harmful effect on the mental health of children and women. A total of 600,000 children have been estimated to be psychologically distressed due to the violence and displacement.⁵⁷⁷ This has a cumulative effect with the trauma experienced by older adolescents and caregivers in previous conflicts in the country, as well as with the distress caused to the caregivers themselves as a result of the violence they are exposed to at present.

In a July 2015 psychosocial survey at the Bentiu POC site, almost all those interviewed reported having experienced high-level traumatic events such as massive brutal attacks to their villages, killings, tortures, rapes, abductions, loss of family members and property, many days of hiding and walking to reach a safe area. This data is consistent with findings from the MRM in 2015. The level of psychosocial distress and negative emotions experienced is high and widespread among children. The children often reported feeling unsafe, hopeless, afraid, lonely, and unhappy. Parents and caretakers are also strongly affected. Out of 62 children, the most common feelings expressed were: consistent fear of an imminent life-threatening event (52 per cent); constant feeling of not being safe (69 per cent); persistent loneliness (47 per cent); lack of hope for the future (50 per cent); lack of a trustworthy social network to rely on (59 per cent); and lack of emotional support (40 per cent).⁵⁷⁸

The conflict is also having a psychological impact on children attending school. Research conducted in October 2014 found that many children displaced by the conflict who go to school are afraid when children fight each other on the way to school and at school, where they are supposed to be able to escape violence and stress.⁵⁷⁹ Meanwhile, teachers' experiences of violence, as well as systems of power based on fear or humiliation may also influence their classroom approaches. As a result of decades of violence in South Sudan, violent reactions to conflict situations are common.⁵⁸⁰

Long-term stress can have lifelong impacts on learning, health and development. Child protection agencies have tried to integrate psychosocial support for children into child-friendly spaces and other child protection programming, but additional staffing and funding are essential to cover geographical gaps. Failure to address the effects of distress and fear has significant repercussions on individual children and jeopardizes the future of South Sudan. The needs of the children remain immense. Even so, adolescents and families also need support for coping with and recovering from the stress and violence they have endured.

577 UNICEF South Sudan, 'Child Protection: The situation in South Sudan', 15 May 2015.

578 Personal correspondence to author from UNICEF South Sudan, November 2015.

579 World Vision, 'Children Living in Crisis'.

580 Novelli, et al., 'Education Sector Governance'.

7.3.5 Other protection issues

Displacement has increased the amount of time that children work, including in hazardous labour. A 2014 report suggests that the disruption of education and loss of family income has led to an increase in child work and child labour. Girls and boys interviewed between ages five and 18 said they worked instead of, or in addition to, going to school in POCs. Boys said they earned money by working outside the home, for instance, by transporting goods in wheelbarrows. More than 50 per cent of the boys interviewed in Malakal reported working outside the home for SSP 30–40 a day (then about USD \$7–9.50). Both girls and boys, some as young as age seven, said they worked in market stalls.⁵⁸¹

The crisis that began in December 2013 has slowed progress on justice for children for several reasons. Mainly, direct intervention has been affected. In 2013 the Ministry of Gender, Child and Social Welfare was supported to develop a diversion scheme to meet the requirements of the 2008 Child Act and the Justice for Children strategic framework for children in contact with the law. The Ministry began piloting the scheme in Malakal, Wau and Juba. Implementation in Malakal began well, with five children diverted from the formal justice system by early December. This strategy, however, could not be continued after the crisis began.⁵⁸²

There also have been political challenges. Work with the Ministry of Justice was put on hold for six months at the beginning of 2014 because the Ministry was focusing on the trials of political detainees. In this politicized situation, it was difficult to engage the Ministry on issues of justice for children.⁵⁸³

The conflict has further lowered children's access to birth registration, particularly in the three conflict-affected states of Jonglei, Unity and Upper Nile. Generally, notification is on hold in these areas. However, health facilities in the POCs in Bentiu and Malakal do provide notification, and a total of 16,349 children in the Bentiu POC under age five received notification through community-based outreach between May and November 2015.⁵⁸⁴

Following the outset of armed conflict, there has been disruption to the nascent child protection mechanisms that had developed since the CPA, particularly in the conflict-affected states. Most social workers have fled, or else left to work for NGOs or other employment. In the states less affected by conflict there may be slightly more social workers in place, but they tend to be weak and lack capacity to fulfil their functions effectively.⁵⁸⁵

581 World Vision, 'Children Living in Crisis'.

582 Author's interview, UNICEF South Sudan, June 2015.

583 Ibid.

584 Personal correspondence to author from UNICEF South Sudan, November 2015.

585 Author's interview, UNICEF South Sudan, June 2015.

LAND MINES AND UNEXPLODED ORDNANCES

Land mines and explosive remnants of war are killing and injuring civilians, threatening communities and limiting the mobility of civilians.⁵⁸⁶ As well as those left from decades of conflict, both sides in the recent conflict have also been re-mining, particularly in the first half of 2015. Like many issues in the country, the exact magnitude of the problem is unknown. However, mapping that has already been conducted indicates that the area with the highest presence of minefields, largely from the earlier decades of conflict is Equatoria, and especially Central Equatoria.⁵⁸⁷ The disputed area of Abyei also has a significant problem with landmines and UXOs (unexploded ordnances).⁵⁸⁸ A Knowledge Attitudes and Practices Survey conducted in 2011–2012 found that many girls and boys were still taking risks, such as picking unfamiliar items up, and walking in areas that they do not know are safe.

The conflict continues to create new risks of explosive hazards, particularly in the three most conflict-affected states of Unity, Upper Nile and Jonglei. Risks include unexploded cluster bombs, reports of anti-tank land mines, man-portable air defence weapons systems (MANPADs) and other explosive remnants of war (ERW). In Unity State, seven vehicles struck anti-tank land mines on roads near Bentiu between January and June 2015, while cluster bombs were found near Bor during the same period. Individual Explosive Remnants of War (ERW) such as mortars, rockets, hand-grenades and other explosive hazards litter areas and roads where fighting occurred.⁵⁸⁹ Stockpiled ordnance has been abandoned in some areas, including near key infrastructure. Some 226 hazardous areas, including battle areas and unexploded ordnance areas, are known to exist in the three most conflict-affected states as of April 2015. This represents a 29 per cent increase from December 2014.⁵⁹⁰

The mass displacement of civilians to places they do not know means that displaced communities do not have local folk history which would indicate which places to avoid for risk of mines and unexploded ordnance. In this context, a total of nine boys and one girl have been reported killed and 22 boys and five girls injured by UXOs between 1 January and 31 October 2015 according to data from the UN Mine Action Service. The total number of people reported killed or injured by UXOs over the same period was 4,857.⁵⁹¹

586 OCHA, 'Situation Report 70'.

587 OCHA, 'Situation Report 70'.

588 Information supplied by UNICEF South Sudan, October 2015.

589 OCHA, 'Mid-Year Update'.

590 OCHA, 'Situation Report 70'.

591 Personal correspondence to author from UNICEF South Sudan, November 2015.



8. RIGHT TO PARTICIPATION

8.1 Introduction

Though a long-standing concept, participation has taken on more importance among governments and civil society internationally since the Convention on the Rights of the Child was adopted in 1989, though it was only ratified in South Sudan in 2014. Under this current global understanding, ‘meaningful participation’ in youth and childhood can be defined as taking part in and influencing processes, decisions and activities, particularly those that affect young people, going beyond tokenism and decoration.⁵⁹²

Meaningful participation requires a safe and supportive environment that enables young people to make choices based on their connectedness to their social surroundings. It means having an active role in family matters, school, health services, community life and government. This engagement should develop in an inclusive, legitimate and genuine manner.⁵⁹³ In order to open, widen and deepen youth participation, young people should be valued as actors with capacities

⁵⁹² Hart, R., ‘Youth Participation: UNICEF’s experience working with young people’, UNICEF, 1999, <www.unicef-irc.org/publications/pdf/childrens_participation.pdf>.

⁵⁹³ Ibid.

and rights to intervene directly in their present surroundings and contribute to democracy and individual and collective development.

In South Sudan, 90 per cent of children in 2006 wanted to be involved meaningfully and participate in matters that affect their lives with their peers, families, in the school or learning spaces, and community, political and government arenas.⁵⁹⁴ Likewise, in 2011 it was found that children wanted adults to listen to their views. Children advocated for their rights to be able to choose their own friends, to join organizations of their choice and to be able to associate with people freely. Children wanted parents to work hard and be able to financially help them finish university.⁵⁹⁵

However, children and young people are not significantly involved in decision-making in matters affecting their lives. There is no quota of seats in Parliament for young people. Youth, particularly marginalized youth, have little or no say that can make an impact on issues affecting their lives.⁵⁹⁶

8.2 Participation in family decision-making

According to research conducted in 2006, in South Sudan adults and children found it difficult to understand the concept of child participation and equated participation to involvement in household and community chores. Children are generally viewed as incapable of making good decisions in the family and are usually left out in family decisions. Children are also not asked for their views even when they are called upon to do tasks such as taking care of goats or watching their siblings. In such instances, the children are directed by older children, parents or other adults and are expected to do the tasks without questioning.⁵⁹⁷

Girls are particularly disadvantaged in family decision-making in South Sudan. They are raised and socialized to view themselves as wives and mothers. The practice of girl child marriage and strong obligations to the family and society often deny girls their right to education. Customs and behaviours are enforced by male community leaders, elders, fathers, uncles, brothers, as well as mothers and aunts. In South Sudanese patriarchal society, young girls are often marginalized from decision-making processes. This perpetuates mental, physical and sexual violence against girls and women and is a clear violation of human rights.⁵⁹⁸

594 Save the Children Sweden, 'Children's Participation Study Report', 2006, <http://resourcecentre.savethechildren.se/sites/default/files/documents/cp_study_report-dec071.pdf>.

595 UNICEF South Sudan, 'Children and Youth Consultation Report', 2011, <www.unicef.org/southsudan/UNICEF_children_youth_consultation_report.pdf>.

596 MoCYS, 'Youth Development Policy'.

597 Save the Children Sweden, 'Children's Participation'.

598 UNICEF and WFP, 'Girls' Education Strategy (draft)'.

8.3 Participation in community activities

In South Sudan, important decisions are made at community level by bodies including kinship networks, community elders, the chieftaincy, women's and youth groups, and churches. While these mechanisms administrate child protection cases, children are not allowed to participate in them because of cultural barriers.⁵⁹⁹

The 2006 research found that children are involved in a few activities during educational events, national holidays and other public open day activities such as sports and music festivals. The other forums where children's views are aired are child right clubs. However, participation is manipulative, decorative or tokenistic as children are involved in various activities without their consent, for the interest of the adults who take the lead. In this case, children are used to pass messages through songs, poems, theatre and memory verses – usually prepared by the teachers. To some extent, participation is better in child rights clubs where children are involved in their own matters of leadership and advocacy.⁶⁰⁰

Like many other ethnic groups in eastern and southern Africa, several tribes in South Sudan, including the Nuer and the Murle, practice a system of age sets, under which men and boys of similar ages have a common identity, maintain close ties over a prolonged period and together pass through a series of age-related statuses.⁶⁰¹ Among the Murle, in particular, participation by young men and boys in decision-making is largely linked to their ability to protect their community and take care of their family's cattle wealth.⁶⁰² Age-sets are seen as more important than clan ties.⁶⁰³ Men compete against one another for power in the community, sometimes violently. OHCHR reported at least four deaths in two clashes between age-sets in Pibor from August to December 2014.⁶⁰⁴ Meanwhile, young women in the Murle community also seem to have very little access to information. They can only marginally participate in community decision-making and political processes.⁶⁰⁵

There are a number of state and county-based youth organizations involved in development initiatives in a fragmented form. At national level, the National Youth Union and the South Sudan Students' Councils are the most widely recognized youth organizations. The National Youth Development Strategy suggests that youth organizations appear to lack: a strong constituency

599 MGCSW and UNICEF, 'Eastern Equatoria'.

600 Save the Children Sweden, 'Children's Participation'.

601 International Crisis Group, 'South Sudan: Jonglei – 'We have always been at war'', 22 December 2014, <[www.crisisgroup.org/~media/Files/africa/horn-of-africa/south%20sudan/221-south-sudan-jonglei-we-have-always-been-at-war.pdf](http://www.crisisgroup.org/~/media/Files/africa/horn-of-africa/south%20sudan/221-south-sudan-jonglei-we-have-always-been-at-war.pdf)>.

602 Rolandsen, Ø. H., and I.M. Breidlid, 'What is Youth Violence in Jonglei?', PRIO, 2013, <[http://file.prio.no/publication_files/Prio/Rolandsen%20and%20Breidlid%20\(2013\)%20What%20is%20Youth%20Violence%20in%20Jonglei.%20PRIO%20Paper.pdf](http://file.prio.no/publication_files/Prio/Rolandsen%20and%20Breidlid%20(2013)%20What%20is%20Youth%20Violence%20in%20Jonglei.%20PRIO%20Paper.pdf)>.

603 International Crisis Group, 'South Sudan: Jonglei'.

604 OHCHR, 'Report on the Human Rights Situation in South Sudan, UN Document A/HRC/28/49, 27 March 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/A_HRC_28_49_en.pdf>.

605 Santschi, M., et al., 'Access to Services and Perceptions of Governance: An analysis of Pibor county, South Sudan from the perspective of displaced people', Secure Livelihoods Research Consortium, September 2014, <www.securelivelihoods.org/resources_download.aspx?resourceid=328&documentid=393>.

and membership base; a unifying vision, mission, goals and objectives; guidelines; and programmes with long-term financial resources. Members seem to be predominantly male. They have limited capacity for networking, advocacy, leadership, decision-making and providing member services. The youth organizations require reinvigoration in terms of restructuring, guidelines, capacity building, programmatic actions, member services and good will. They also need political commitment from decision-makers, financial and technical support from development partners and overall support from the general public.⁶⁰⁶

There is no well-structured voluntary service among youth for the betterment of themselves and society in South Sudan. Coordination of youth participation barely happens in development activities such as adult functional literacy, planting trees, hygiene and sanitation, and peace building initiatives. The only voluntary service found in a few places is scouting activities. Youth voluntary service is a potential mechanism for young people to acquire knowledge and skills from the community and contribute towards peace and socio-economic development.⁶⁰⁷

Research conducted at community level in the context of the 2013–2015 conflict has found that young people felt they had limited opportunities for civil and social engagement and to take part in decision-making. They reported a perceived shift in narratives of youth and conflict, from blaming youth for violence to acknowledging the role of politicians and local authorities in driving conflict in communities. However, there is still limited attention to the positive, transformative role that youth can play in peace building and decision-making processes.⁶⁰⁸

Nevertheless, state-level youth unions may be involved in responses to local conflict, including land disputes and other inter-group conflict such as cattle raiding. For example, supported by international partners, youth affected by communal conflict have attended organized peace conferences and conflict resolution training for youth leaders. However, these activities appear to have focused nearly exclusively on male youth. This bias potentially marginalizes young women and limits attention to connections between GBV and broader conflict and peace building dynamics. Research in 2015 on advocacy and peace building activities did not mention initiatives to address the impacts of violence on young women and promote their active social and civic engagement. As well, the young people with executive positions in youth unions have to have at least a secondary school education and most have advanced certificates, diplomas, or degrees. This means there is limited participation in this system from those not engaged in formal education or employment.⁶⁰⁹

606 MoCYS, 'Youth Development Policy'.

607 Ibid.

608 Novelli, et al., 'Education Sector Governance'.

609 Ibid.

8.4 Participation in national decision-making and budgeting

Many youth sector stakeholders, who took part in 2015 research including youth union representatives, reported that young people were actively discouraged from engaging in political processes in order to avoid manipulation by politicians. State youth unions are supported by the Ministry of Culture, Youth and Sport, which may limit involvement in more 'political' activity. Reportedly, unions are involved in implementing MoCYS policies and activities, but not in decision-making and policy advocacy, as they are 'non political' organizations.⁶¹⁰

There have been some calls in South Sudan for children and young people to be directly and actively involved throughout the budgeting process to ensure that they are able to meaningfully influence budgetary decisions. Participatory budgeting is based on the view that citizens, including children, know what they want and are able to influence their own destiny. In this context, in 2013 the Ministry of Gender, Child and Social Welfare, Save the Children, and Humanitarian Affairs and Disaster Management included a module on participatory budgeting in a guide they published for use with children.⁶¹¹ However, in practice no children or young people were involved in the preparation of national budgets for 2014–2015 and 2015–2016. There also has been little involvement of children in decision-making.⁶¹²

8.5 Participation of children living with disabilities

Like many important statistics in South Sudan, the number of children living with a disability is unknown. However, it has been estimated that over 800,000 children in the country have disabilities.⁶¹³ Little research has been done on the challenges they face and the extent that they are integrated into society. There are few organizations that work on disability issues in the country: These include several small disabled people's organizations, as well as Handicap International and Light for the World, which are primarily engaged in advocacy.⁶¹⁴

Children with disabilities face social barriers to participation. For example, some communities in Northern Bahr el Ghazal State tend to hide and discriminate against children living with a disability. These children are seen as a source of shame for the family and the community at large. These

610 Ibid.

611 Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management, and Save the Children, 'Child Responsive Budgeting in South Sudan: A guide for policy makers and child focused organizations', 2013, <http://resourcecentre.savethechildren.se/sites/default/files/documents/2014_save_the_children_booklet1.pdf>.

612 Author's interview, UNICEF South Sudan, August 2014.

613 Light for the World, 'Why Inclusive Education?'

614 Handicap International's website states that it "aims to enable the inclusion of people with disabilities into society through advocacy for inclusive policies, improving access to rehabilitation services and help to empower disabled people's organizations." <[www.handicap-international.org.uk/OneStopCMS/Core/TemplateHandler.aspx?NRMODE=Published&NRNODEGUID=%7b0c9cca90-da17-4d32-acad-](http://www.handicap-international.org.uk/OneStopCMS/Core/TemplateHandler.aspx?NRMODE=Published&NRNODEGUID=%7b0c9cca90-da17-4d32-acad-11dea07d24ec%7d&NRORIGINALURL=%2fwhere_we_work%2fafrica%2fsouth_sudan&NRCACHEHINT=NoModifyGuest)

11DEA07D24EC%7d&NRORIGINALURL=%2fwhere_we_work%2fafrica%2fsouth_sudan&NRCACHEHINT=NoModifyGuest>.

views can lead to abandonment and neglect of children with disabilities as well as social exclusion.⁶¹⁵

In South Sudan, youth are believed to have substantial peace building potential: Young people, in fact, perceive themselves to be “agents for change,” capable of “establishing peace and bringing about development.”⁶¹⁶ However, there is broad consensus among South Sudanese that youth are often responsible for conflict but youth also lack opportunities to engage in the peace process.⁶¹⁷

615 MGCSW and UNICEF, ‘Northern Bahr el Ghazal’, 2014.

616 McKay, ‘Desk Review’.

617 Search for Common Ground, ‘SFCG Baseline Assessment: Communicating for peace in South Sudan – A social and behaviour change communication initiative’, March 2015.

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