



A child carries empty jerry cans to fill with water from a nearby tap providing untreated water from the White Nile in Juba, 17 March 2017. @UNICEF South Sudan/2017/Phil Hatcher-Moore



South Sudan Humanitarian Situation Report

16 – 31 MARCH 2017: SOUTH SUDAN SITREP #106

SITUATION IN NUMBERS

Highlights

- UNICEF continues to deploy rapid response missions to famine-affected areas of Unity state, as access restrictions are preventing the delivery of regular services.
- The water, sanitation and hygiene (WASH) situation in Nasir and Maiwut counties, Upper Nile is critical following ongoing insecurity that has displaced 37,000 households to Jikmir, Makak, Wangding and Nyatot. UNICEF is supporting access to safe water and sanitation for the displaced population.
- Following reports of over 1,200 cases of chicken pox in Wau town since the beginning of the year, UNICEF is providing primary healthcare kits and antibiotics for management, and will meet with WHO and partners early next week to develop strategies to curb the spread of the infection.

UNICEF's Response with Partners in 2017

Indicators	Cluster for 2017		UNICEF and implementing partners for 2017		
	Target	Cumulative results (#)	Target	Cumulative results (#)	Target achieved (%)
Nutrition: # of children aged six to 59 months with severe acute malnutrition admitted for treatment	205,218	27,677	207,257	27,934	13.5%
Health: # of children aged six months to 15 years in conflict-affected areas vaccinated against measles			1,232,000	32,616	2.5%
WASH: # of people provided with access to safe water as per agreed standards (7.5–15 litres per person per day)	2,400,000	510,516	800,000	386,201	44.3%
Child Protection: # of children reached with psychosocial support (PSS)	361,716	122,696	327,000	162,273	34.6%
Education: # of children and adolescents aged three to 18 years provided with access to education in emergencies	510,300 (Boys: 280,665 Girls: 229,635)	137,429 (Boys: 85,558 Girls: 51,871)	300,000 (Boys: 165,000 Girls: 135,000)	103,609 (Boys: 64,038 Girls: 39,571)	29.9%

1.9 million

People internally displaced since 15 December 2013

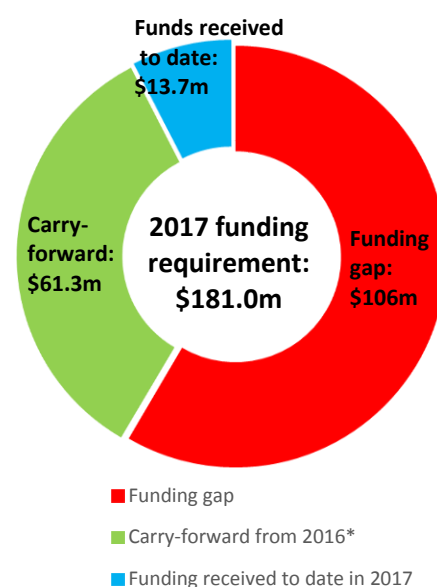
(OCHA South Sudan Humanitarian Bulletin, 28 March 2017)

1.6 million

South Sudanese refugees in neighbouring countries

(OCHA South Sudan Humanitarian Bulletin, 28 March 2017)

Funding Status



*The funds available from the previous year (carry-forward) includes generous contributions of over \$43 million received in late December 2016 for 2017 implementation.

Situation Overview & Humanitarian Needs

The food security situation in the country remains critical. In southern Unity, Leer and Mayendit counties are currently experiencing famine, and there is a risk of famine in Koch County. According to the latest Integrated Food Security Phase Classification (IPC) update, approximately 100,000 people currently face starvation in Leer and Mayendit counties, while one million are on the edge of famine. A recently concluded SMART survey in Panyijar, southern Unity showed a global acute malnutrition (GAM) prevalence of 16 per cent and a SAM prevalence of 3.5 per cent based on weight-for-height scores. Although the GAM rate was not significantly different from the findings during the same period in previous years, food security indicators revealed that 27.2 per cent of household were also showing poor food consumption score, while 32.1 per cent are on the border. This confirms the IPC Phase 4 food security classification in the county. Overall, 81 per cent of the households reported a family member going without food for a whole day and night at least once, while 82.9 per cent and 16.9 per cent reported going without food for a whole day about 1 – 2 and 3 – 10 times, respectively. The situation in the country is expected to continue to deteriorate through the first half of 2017. An estimated 5.5 million people in South Sudan (47 per cent of the population) are projected to be severely food insecure at the height of the 2017 lean season between May to July 2017, and over 1.1 million children are estimated to be acutely malnourished this year.

The famine-affected and famine-threatened areas also continue to experience an increased incidence of illness, especially acute respiratory infections, diarrhoea and malaria. There is an increasing demand for healthcare services, however some facilities have been deserted as the communities move closer to available water sources. On top of this, there has been an increase in cattle raiding as communities try to cope. Health facilities have been looted and there has been an increase in casualties in need of medical assistance.

The security situation in certain areas of Unity, Upper Nile, Jonglei and Greater Equatoria remains volatile as violent clashes between the Sudan People's Liberation Army (SPLA) and the SPLA – in Opposition (SPLA-iO) continue. Armed skirmishes are expected to continue in the coming months until the end of the dry season. In addition, increased levels of cattle rustling is contributing to high levels of insecurity in some areas. This is impacting humanitarian access to many areas, leaving many vulnerable populations unable to reach life-saving services.

In Wau town, the urban water system is now operational following renewed availability of fuel, albeit with some technical issues yet to be resolved. In contrast, Juba is once again experiencing a fuel shortage, and water treatment plants have been closed for the past week.

In the last two weeks of March, new cholera cases have only been reported from Mingkaman, Awerial County (31 cases) and Yirol East County (41 cases), both in Lakes state. No new cases have been reported from Malakal, where cholera transmission was confirmed earlier in March. Suspected cases have also been reported from Gorwai and Ayod in Jonglei but are yet to be confirmed. Since the first cholera case of the 2016/2017 outbreak was confirmed on 18 June 2016 in Juba, 5,780 cases including 143 deaths (65 from health facilities and 78 from the community; case fatality rate 2.47 per cent) have been reported from 14 counties. Transmission has persisted throughout the dry season, something which is highly unusual. The probable risk factors fueling transmission among others include usage of untreated water from the river Nile and water tankers; lack of household chlorination of drinking water; eating food from unregulated roadside food vendors or makeshift markets; and open defecation/poor latrine use, especially following the conflict. These factors are being amplified by the economic crisis and restricted humanitarian access, particularly in the counties of southern Unity.

The number of measles cases reported in the country remains low but transmission persists. In the reporting period, 17 new measles cases were reported from Wau, Western Bahr el Ghazal. This brings the total number of measles cases for 2017 to 386, although no measles-related deaths have been recorded. Additionally, since the beginning of January 2017, 1,200 suspected cases of varicella (chicken pox) have been reported from the Protection of Civilians (PoC) site, Nazareth camp and host community in Wau.

Humanitarian Strategy

In response to the declaration of famine in Leer and Mayendit counties, Unity and the high likelihood of famine in several additional counties of Unity state, UNICEF is currently implementing the Southern Unity Response Plan. Due to limited access in many of the affected areas, UNICEF is focusing on the deployment of Rapid Response Mechanism (RRM) missions in order to access hard-to-reach populations with lifesaving assistance. In 2017, UNICEF remains committed to conducting three RRM missions per month together with the World Food Programme (WFP). While the RRM itself is an immediate-term mechanism, there will be increased focus on field monitoring and follow-up missions and ensuring that partners establish or re-establish static presence or other viable mechanisms in locations visited by the RRM teams as much as possible. Moving forward, the RRM will also work directly with community networks to support coping mechanisms in extremely remote areas where no partner plans to establish static presences.

UNICEF will also continue to give priority to the current integrated scale-up strategies in Northern Bahr el Ghazal and Greater Equatoria, while maintaining preparedness to respond to any emergency across the country. UNICEF will build upon existing community networks and other community-based resources to assess, plan and implement the response, in order to build local capacities and ensure accountability to affected populations. Where possible, resilience-based programming will aim to bridge the humanitarian-development divide. There will also be a focus on ensuring the delivery of quality of services.

In collaboration with WFP, UNICEF is implementing a scale-up response strategy in the Greater Equatoria region. As part of this scale-up, UNICEF is establishing a more permanent presence in Central Equatoria, while increasing its footprint in both Eastern and Western Equatoria. The scale-up is expected to be sustained through at least the first half of 2017 in order to mitigate the impact of food insecurity and malnutrition and avoid further deterioration of the food security situation for vulnerable populations. Despite access restrictions in the country, the dry season prepositioning is progressing well, with 70 per cent of education supplies and 60 per cent of nutrition supplies already in place.

UNICEF programme sections are identifying new partners for scaling up operations while expanding existing partnerships with civil society organizations to address the emerging needs on the ground. Priority areas for partnerships are Greater Equatoria, Northern Bahr el Ghazal and Unity, in order to sustain the scale-up responses in these locations. New partnerships are being finalized in Greater Kapoeta, Eastern Equatoria to support the UNICEF response following an assessment mission to the area, which is affected by drought. The overall UNICEF-WFP nutrition scale-up strategy also remains active.

UNICEF has contributed significantly to the ongoing cholera response, and continues to do so, building on active preparedness measures that have been put in place and leveraging on cross-sectoral synergies among the relevant sectors of health, communication for development (C4D) and WASH. The support is mainly channelled through integrated community level interventions while bridging supply gaps at the referral facility level. UNICEF has supported a total of 24 oral rehydration points (ORPs) that manage patients at the community level through implementing partners. UNICEF also

supports active case finding, case management and surveillance. A cholera vaccination campaign is currently ongoing, however access restrictions for affected areas is limiting the reach of the campaign and contributing to sustained transmission.

Summary Analysis of Programme Response

DROUGHT PREPAREDNESS: Following the assessment mission in Kapoeta East, North and South, Eastern Equatoria, UNICEF Health is finalizing two partnership agreements for the Kapoeta counties in order to establish a more static response in the area and increase access to preventative and curative services for the vulnerable population. Meanwhile, UNICEF is working with WFP to scale up coverage of schools in Greater Kapoeta under the school feeding programme.

UNICEF has already ensured the provision of nutritional supplies to existing outpatient therapeutic programme (OTP) sites, while new OTPs are expected to be opened through partnerships with local organizations. New partnership agreements are currently being finalized to cover the nutrition and water, sanitation and health (WASH) responses in Greater Kapoeta. Following recommendations from the assessment report, the WASH response will focus on rehabilitating existing water points in Kapoeta East.

RAPID RESPONSE MECHANISM (RRM): To date in 2017, UNICEF and WFP have conducted 12 integrated RRM missions, reaching 194,046 people including 42,987 children under five. Eight missions have been undertaken in areas of Unity that have been classified as affected by famine or at high risk of famine, in Leer, Mayendit and Koch counties. Since the RRM's inception in March 2014, 103 joint RRM missions have been deployed, reaching approximately 1,810,164 people, including 772,910 children under five years with multi-sectoral services including food assistance, nutrition, health, WASH, education and child protection.

In 2017, 24,508 children have been screened for malnutrition through RRM missions, while 6,578 women have received key messages on infant and young child feeding (IYCF). Additionally, 24,546 children between six months and 15 years of age have received measles vaccinations and 23,919 children aged six to 59 months have been vaccinated against polio since the beginning of the year. During these missions, 268 unaccompanied and separated children (UASC) were registered and family tracing commenced, while 38,188 people received WASH supplies. Further, 5,413 school-aged children and adolescents were provided with access to education in emergencies, which includes access to a safe learning space, teaching and learning materials, teaching by trained volunteers, and gender-disaggregated washrooms close to the learning space.

CHOLERA RESPONSE: In the reporting period, 72 new cholera cases were reported from Mingkaman, Awerial (31 cases) and Yirol (41 cases) in Lakes state. Unverified suspected cases, currently being investigated, have been reported from Gorwai and Ayod counties in Jonglei. UNICEF continues to provide supplies and technical support on cholera case management in Yirol and Awerial in Lakes State and Twic East in Jonglei. UNICEF through partners (Health Link South Sudan and Sudan Medical Care) supports case management in one cholera treatment centre (CTC) and 13 ORPs in Lakes and Jonglei states. To prepare for the suspected cases coming from Gorwai and Ayod counties, WHO, UNICEF and Jonglei State Ministry of Health have already trained health partners who are ready to respond should the suspected cases be confirmed.

UNICEF is supporting a multipronged approach to community education and hygiene promotion in Malakal, Awerial, Yirol and Bentiu PoC site, where active transmission of cholera is still ongoing. About 1.4 million people nationwide are estimated to have been reached through a network of 12 radio stations' radio jingles, talk shows and interviews. Additional street announcements through four public address systems continue to run, covering the residential areas surrounding the PoC sites in

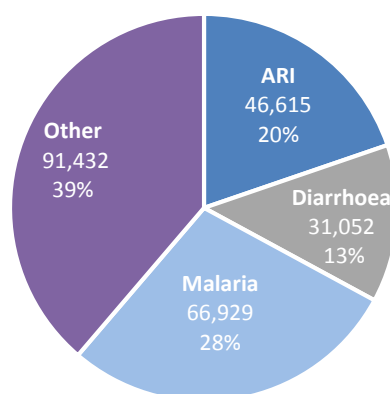
Juba and Malakal towns. Furthermore, UNICEF and partners work with a network of over 500 trained community volunteers in all cholera hotspots. Since the beginning of the year, a total of 73,270 people in Jonglei have been reached with cholera prevention activities with the support of religious institutions and 1,051,608 individuals have been reached through community volunteers. In the process, 2,400 PUR sachets, 80,000 chlorine tabs, 1,266,556 packs of oral rehydration salts and 8,750 bars of soap have been distributed.

HEALTH: UNICEF and partners continue to conduct ‘Family Health Days’ (intense outreach) in Magwi, Torit, Lapon and Ikotos counties, Eastern Equatoria state. These are areas where the population cannot access the routine health services due to insecurity. In the reporting period, 645 children below 12 months of age year were reached with Expanded Programme on Immunization (EPI) services, 486 children under five were reached with curative consultations and 138 pregnant women reached with antenatal care services.

In response to the transmission of varicella (chicken pox) across various locations in Wau town, Western Bahr el Ghazal, UNICEF is supporting the International Organization for Migration (IOM) with primary healthcare kits and antibiotics for management of the cases and associated complications. Social mobilization is ongoing to improve on hygiene practices. UNICEF, the World Health Organization (WHO) and partners will meet early next week to develop strategies to curb the spread of the infection.

In the reporting period, 17 new measles cases were reported from Wau, Western Bahr el Ghazal in the reporting period. During the same period, a total of 2,172 children were vaccinated against measles at various PoC site gates. The polio National Immunization Days second round is taking place from 28 March to 1 April 2017, targeting 3,752,315 children under five in Greater Equatoria and Greater Bahr el Ghazal. UNICEF supported the training of 35 state, county and health facility EPI workers on proper vaccine management practices, including the use of vaccine data collection tools. Two sets of solar refrigerators have been installed in Jalhak and Geiger Primary Healthcare Centres and two others have been repaired in Renk County, Upper Nile in order to strengthen EPI services. Meanwhile, in Yei, 17 health workers have been trained on mental health and psychosocial support, and 18 more health workers trained on Integrated Disease Surveillance and Response (IDSR). The repair of five solar refrigerators was supported by UNICEF.

In the reporting period, 45,936 curative consultations were provided through health facilities, integrated community case management (iCCM) and RRM missions, a 19 per cent increase from the last reporting period, of which 18,034 (39 per cent) were to children under five. Malaria and acute respiratory infections (ARI) continue to be the major causes of morbidity during this reporting period, at 27 and 19 per cent respectively. Additionally, 3,599 pregnant women received antenatal care services, with 808 (22.4 per cent) making the fourth or more recommended visits. A total of 1,108 pregnant women were counselled and tested for HIV; 18 tested positive and were started on anti-retroviral drugs. With UNICEF’s support, 293 deliveries were conducted by skilled birth attendants.



Primary causes of morbidity in 2017.

In response to the famine situation in southern Unity state, UNICEF with partner World Relief continues to operate two mobile clinics to improve access to healthcare for inaccessible areas and provided essential healthcare supplies.

NUTRITION: The nutrition situation in South Sudan remains critical in most parts of the country, with southern Unity characterized by an extremely critical situation. Insecurity has hampered humanitarian access and response to some areas of Koch, Leer and Mayendit counties, resulting in the suspension of many OTPs for the treatment of severe acute malnutrition (SAM) and stabilization centres (SCs) for the treatment of SAM with complications. This affects programming as well as the humanitarian response to the famine-affected counties.

During the reporting period, UNICEF and partners screened 104,390 children aged 6 – 59, with 3,350 identified with SAM and 11,388 with moderate acute malnutrition (MAM). Countrywide, 27,930 children were admitted into various OTP and SC services. In southern Unity, 1,721 children were identified with SAM and admitted for treatment during the reporting period. Cholera continues to be of concern at the Bentiu PoC site and other locations within Unity.

Since the declaration of famine in South Sudan, UNICEF and WFP have intensified the number of RRM missions to southern Unity. In the first quarter of 2017 a total of 15 missions have been conducted, out of which 11 took place in Unity, including three nutrition-only missions. During the reporting period, a total of 5,255 children were screened through these missions, of whom 30 (0.6%) were identified with SAM and 227 (4.3%) with MAM. Similarly, MUAC screening of 1,446 pregnant and lactating women revealed that 182 women screened (12.6%) were at nutritional risk with a mid-upper arm circumference below 23 centimetres. Additionally, a total of 2,068 children of aged 6 – 59 months were supplemented with Vitamin A and 1,530 children aged 12 – 59 months were administered Albendazole tablets. A total of 2,164 pregnant and lactating women received key infant and young child feeding messages. All pregnant and lactating mothers and vulnerable household (i.e. households containing children and/or women with low nutritional status) benefitted from distribution of non-food item kits.

WASH: The WASH situation in Nasir and Maiwut counties in Upper Nile remains critical and of high priority following ongoing insecurity that has led to the displacement of 37,000 households to Jikmir, Makak, Wangding and Nyatot. UNICEF, through implementing partner Nile Hope, is providing access to safe water and sanitation for the displaced population. In addition, hygiene promotion activities that include cholera prevention messaging in the host communities have also been intensified to avert diseases outbreaks.

In collaboration with implementing partner Mercy Corps, UNICEF continues to extend WASH services in the 'Beyond Bentiu Response' priority locations. Response teams have been deployed to Kaljak and Koch in Unity to support partners on the ground to fast-track repairs/rehabilitations of hand pumps. Extra materials have also been transported to these areas to support similar interventions in high population density areas.

UNICEF has engaged a private contractor to drill and install hand pumps in various parts of Lakes state. In the last two weeks, three schools in Rumbek East benefited from the construction of new hand pumps. Henceforth, UNICEF will also rehabilitate hand pumps in host villages accommodating internally displaced persons (IDPs) following ongoing ethnic clashes in the region.

As part of the drought response strategy in Eastern Equatoria, UNICEF has delivered hand pump spare parts to most counties in Imatong and Kapoeta. This provision will sustain operation and maintenance of hand pumps and thus mitigate against water scarcity in the drought stricken areas. Hand pump

mechanics have also been dispatched to different areas to facilitate repairs and maintenance of broken hand pumps. In Juba, water trucking to the PoC site is progressing as normal despite the recent re-closure of water pumping stations due to fuel shortages.

World Water Day 2017 took place on 22 March, with the theme ‘Why Waste Water’ being celebrated with advocacy through radio programmes during the whole week to inform people on the importance of safeguarding water resources. Topics related to water resources management, water quality and the importance of managing waste water to reduce pollution of water bodies were discussed.



@UNICEF South Sudan 2017: A child collecting water from a damaged water pipeline in Yambio town.

EDUCATION: School enrolment is ongoing across the country. Lower girls’ enrolment, especially in upper grades (Primary 6 – Primary 8), remains a national concern, with early/forced marriages in addition to food insecurity being the main reasons. The Back to Learning campaign for 2017 was launched on 28 March and will conclude at the end of May. The campaign is targeted at 500,000 children and adolescents and intends to mobilize local community partners and parent-teacher associations to work to get more children into school.

Insecurity continues to delay the opening of schools in areas like Piji, Urur, parts of Nyirol and Pibor in Jonglei, as well as in Mayendit County in Unity State, where a UNICEF-supported school was attacked and vandalized. In northern Unity, improved accessibility in Mayom, Abiemnom, Pariang, Rubkona and Guit has resulted in opening of 164 primary schools with an estimated enrolment of over 75,000 students. Nationwide, there are reports of schools being occupied and used by the military; a total of 56 schools (40 verified and 16 unverified).

During the reporting period, teaching and learning materials were distributed in Malakal PoC site and Maban in Upper Nile as well as in three IDP sites and seven schools within Wau Municipality and 78 schools in Wau town. In addition, UNICEF successfully distributed materials to nine schools in Duk County, benefiting 5,764 children (2,816 girls). New schools supported in Mayom, Kaljak and Koch, Unity state also received education emergency supplies. In Malakal PoC site, 30 volunteer teachers (three female) were trained on life skills in emergency contexts. As part of the new literacy and numeracy trainings planned for 2017, UNICEF’s partner Windle Trust International started trainings in the project counties of Upper Nile, Unity, Central Equatoria and Western Equatoria, reaching 2,000 teachers. In Awerial, 130 teachers (12 female) were trained on pedagogy packages for emergencies

and 88 teachers were trained on protection from sexual exploitation and abuse in schools. In addition, 20 county school administrators were trained on management.

CHILD PROTECTION: During the reporting period, 54,800 children were reached through UNICEF child protection support, which included family tracing and reunification, mine risk education, case management and psychosocial support. This brings the total number of children reached with child protection services in 2017 to 197,149. Nationwide, UNICEF provided psychosocial support services through community-based activities to 49,196 children (27,621 boys; 21,575 girls). During the reporting period an additional 388 unaccompanied and separated children (UASC) (218 boys; 170 girls) in Greater Equatoria, Unity, Upper Nile, Lakes, Northern Bahr el Ghazal and Western Bahr el Ghazal were provided with support that included family tracing, follow-up and reunification services. Additionally, 3,356 children (1,772 boys; 1,584 girls) were reached with mine risk education in Upper Nile and Jonglei states.

As part of the scale-up strategy for Greater Equatoria, UNICEF is working in partnership with Government and other child protection partners in Juba, Yambio, Yei, Kajo-Keji and Torit to assess protection needs of UASC and extremely vulnerable children. UNICEF has provided materials to the child transit centre (CTC) in Yambio and partners in Central and Eastern Equatoria have released five tents and eight recreational kits to support recently displaced children in Yei and Torit. In Yei, 14 non-governmental organization (NGO) staff (11 males; 3 females) received training on monitoring and reporting of grave child rights violations. During the reporting period, UNICEF reached 1,860 children (1,214 boys; 646 girls) in Malakal (Upper Nile), Kodok (Upper Nile), Bentiu (Unity), Yambio (Western Equatoria), Wau (Western Bahr el Ghazal), Aweil (Northern Bahr el Ghazal) and Bor (Jonglei) through awareness programmes, while 3,905 parents, caregivers and teachers (1,969 men; 1,936 women) were sensitised through awareness sessions on psychosocial support, parenting skills, mine risk education and prevention of family separation. Partners in Wau, Juba (Central Equatoria), Torit (Eastern Equatoria), Bentiu, Malakal, Kodok, Mingkaman (Lakes) and Bor conducted 237 follow-up visits with reunified children while 74 reunified children received community-based care.

In the reporting period, UNICEF and partners reached 5,869 people (1,837 women, 2,017 girls, 1,453 boys and 562 men) with gender-based violence (GBV) prevention and response services as well as community actions to transform harmful social norms towards women and girls in Central Equatoria, Western Equatoria, Jonglei and Unity states. Additionally, 195 women and girls benefited from literacy training and psychosocial support activities in the women and girl's friendly spaces in Nyal (Unity) and Juba. In Malakal, Upper Nile state, UNICEF continues to lead coordination for GBV service provision and risk mitigation with other actors working in the area.

In response to the famine and protection crises in southern Unity and Northern Bahr el Ghazal states, UNICEF Child Protection is expanding partnerships to reach extremely vulnerable communities in these areas. UNICEF is working in partnership with the International Rescue Committee (IRC) and the American Refugee Committee (ARC) to assess and respond to emerging GBV prevention and response needs in Wau (Western Bahr el Ghazal), Panyijar (Unity) and Koch (Unity) as well as with UNIDO for Mayendit and Panyijar counties in Unity state.

FUNDING: UNICEF's 2017 Humanitarian Action for Children (HAC) requirements for South Sudan are US\$ 181 million. Funds available for the response includes generous contributions of over \$43 million received in late December 2016. The HAC appeal is only 41 per cent funded.

Funding status as at 31 March 2017				
Appeal Sector	Requirements*	Funds Available**	Funding Gap	
			US\$	%
Nutrition	42,066,000	16,771,353	25,294,647	60%
Health	26,600,000	6,706,750	19,893,250	75%
WASH	50,125,000	12,829,907	37,295,093	74%
Child Protection	25,000,000	12,231,027	12,768,973	51%
Education	37,209,000	26,569,909	10,639,091	29%
Total	181,000,000	75,108,945	105,891,055	59%

*The requirement for cluster coordination costs has been included in sub-costs for Nutrition, WASH, Child Protection and Education.

**Funds available include funding received against the current appeal as well as carry-forward funds from the previous year (approximately US\$ 67.3 million).

Next Situation Report: 15 April 2017

UNICEF South Sudan Crisis: www.unicef.org/southsudan; <http://www.childrenofsouthsudan.info/>

UNICEF South Sudan Facebook: www.facebook.com/unicefsouthsudan

UNICEF South Sudan Appeal: <http://www.unicef.org/appeals/>

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Annex A

SUMMARY OF PROGRAMME RESULTS 2017¹

	Cluster for 2017 ²		UNICEF and partners for 2017		
	Target (Jan-Dec)	Results (Jan-Mar)	Target ³ (Jan-Dec)	Results (Jan-Mar)	Change since last report
NUTRITION⁴					
# of targeted children 6-59 months with severe acute malnutrition (SAM) admitted to therapeutic care	205,218	27,677	207,257	27,934	14,052
% of exits from therapeutic care by children 6-59 months who have recovered	>75%	87.1%	>75%	87.1%	NA
# of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding	590,134	128,623	590,134	128,623	53,892
HEALTH					
# of children 6 months-15 years in humanitarian situations vaccinated for measles			1,232,000	32,616	2,172
# of long-lasting insecticide treated nets (LLITN) distributed			450,000	30,269	9,227
# of preventive and curative consultations provided to children under 5 years			476,250	106,331	18,034
WATER, SANITATION AND HYGIENE					
# of target population provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)	2,400,000	510,516	800,000	386,201	2,002
# of target population provided with access to appropriate sanitation facilities	1,200,000	375,000	400,000	161,656	2,890
CHILD PROTECTION					
# of children reached with psychosocial support (PSS)	361,716	122,696	327,000	162,273	49,196
# of unaccompanied and separated children (UASC) and missing children registered ⁵	19,608	15,353	13,000	12,512	77
# of children reached with life-saving mine risk education (MRE)	212,856	20,504	160,000	20,504	3,356
# of people reached by gender-based violence (GBV) prevention and response services			160,000	27,029	5,869
EDUCATION					
# of children and adolescents 3-18 years provided with access to education in emergencies	510,300 (Boys: 280,665 Girls: 229,635)	137,429 (Boys: 85,558 Girls: 51,871)	300,000 (Boys: 165,000 Girls: 135,000)	103,609 (Boys: 64,038 Girls: 39,571)	13,983
# of teachers and members of parent-teacher association (PTA) and school management committee (SMC) trained	5,813	1,934 (Male: 1554 Female: 380)	5,815	1,367 (Male: 1073, Female: 294)	385

¹ Partner reporting rates remain below 100per cent. UNICEF with its partners continues to improve monitoring and reporting of results.

² WASH and Education Clusters and Child Protection Sub-Cluster compile cluster partners' results monthly. To provide an up-to-date snapshot, UNICEF may report tentative results bi-weekly before compiled by the Clusters. Starting April, UNICEF will update the Summary of Program Results at the end of the month only.

³ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in HAC are higher than those in the HRP.

⁴ The Nutrition Cluster target does not include refugee children who are covered under the Multi-Sector Refugee Appeal, while UNICEF's nutrition response covers all children, including refugee children residing in the country. Complete results of nutrition interventions will become available in February when partners' reports are compiled and validated.

⁵ The reported numbers are cumulative since the breakout of the conflict in December 2013. By the end of January 2017, 4,656 children had been successfully reunited with their families, while 10,162 cases remain active and open, requiring ongoing interim care and family tracing services.