



Tapitha Nyakhan Gatwich (in green), head of a UNICEF-supported mother-to-mother support group, speaks to mothers at Bieh IDP camp in Bentiu, Unity State, South Sudan.

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for every child

Humanitarian Situation Report No. 8

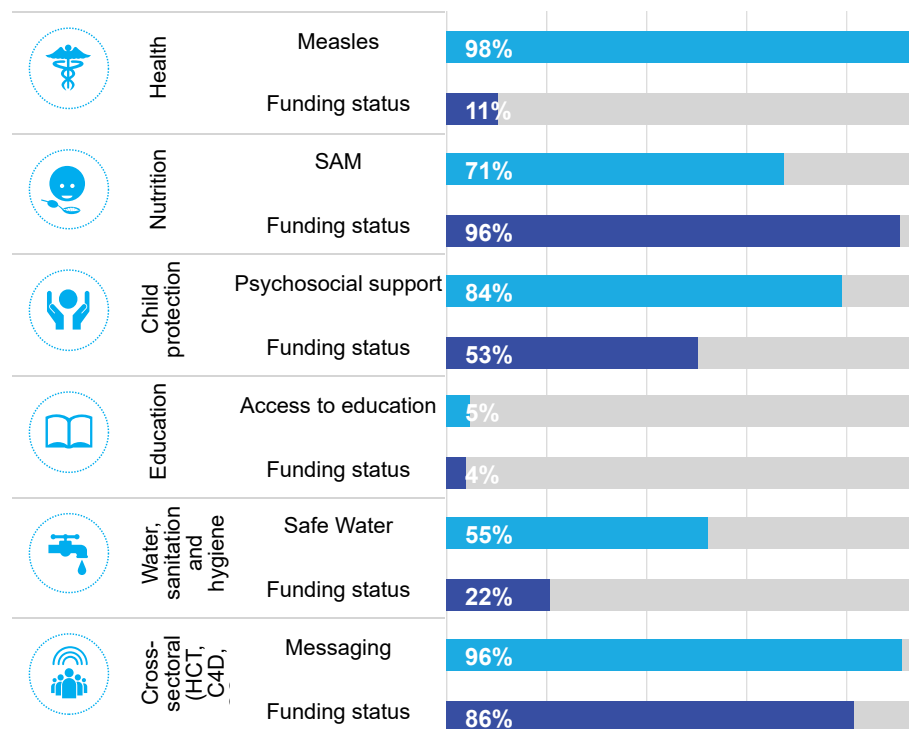
Reporting Period
1 August to 31 August

South Sudan

HIGHLIGHTS

- As of August 2023, the Humanitarian Action for Children for South Sudan had a 55 per cent funding gap (US\$ 123.3).¹
- The price of basic commodities continues to increase such as the cost of beans increasing by 122 per cent since 2022. This continued increase in food prices will drive up food insecurity. Malnutrition rates are 25 per cent higher compared to August 2022.
- Since 1 August 2023, 22,354 South Sudanese refugees (45.6 per cent children)² have returned to South Sudan from refugee camps in Ethiopia due to reductions in humanitarian assistance and a deteriorating security situation.
- 48,547 people crossed into South Sudan fleeing conflict in Sudan, including 12,462 girls and 12,870 boys in urgent need of assistance. This marks an 18 per cent decrease (compared to July) in the number of returnees crossing the border. This decrease is likely due to insecurity and diminishing financial resources of those fleeing Sudan.³

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS



5,000,000
Children in need of humanitarian assistance⁴



9,400,000
People in need of humanitarian assistance⁵

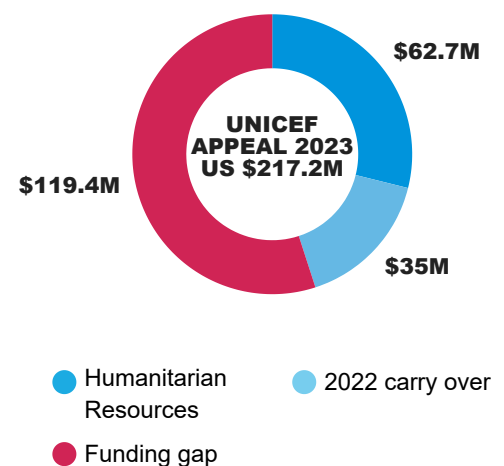


2,200,000
Internally Displaced People⁶



1,400,000
Children expected to suffer acute malnutrition

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

In 2023 UNICEF requires \$217.2 million to meet the critical needs of 5.3 million people, including 3.5 million children, affected by multiple shocks in South Sudan. As of 31 August, despite the increased needs brought on by the crisis in Sudan, the UNICEF Humanitarian Action for Children (HAC) appeal 2023 remains severely underfunded with only 44 per cent of requirements met.

UNICEF is grateful for the support of US\$ 1.9 million received from the United Nations Multi-Partner Trust Fund to cover Nutrition, WASH and cross-sectoral interventions during this reporting period. Furthermore, UNICEF would like to sincerely thank the donors who have supported its humanitarian response, in 2023, through the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, Canada, the United Kingdom, Norway, Japan, France, Sweden, as well as Gavi, the Vaccine Alliance, Central Emergency Response Fund (CERF), South Sudan Humanitarian Fund (SSHF) and UNICEF National Committees.

However, with only four months remaining in 2023, UNICEF will not reach its targets without additional financial support from donors and partners. UNICEF urgently requires further support against the HAC to sustain and scale up critical life-saving health, nutrition, water, sanitation, learning and protection assistance the most vulnerable children caught in this crisis. With adequate funds, together with the government and other partners, UNICEF will be able to deliver integrated services to safeguard children's rights and fulfill the Core Commitments to Children in Humanitarian Action.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Since 1 August 2023, an influx of South Sudanese refugees from Ethiopia have returned to South Sudan due to the cessation of food aid in refugee camps in Ethiopia and the deteriorating security situation in Gambella. From 1 – 31 August, 22,354 people, including 5,778 girls, 4,424 boys, 5,977 women and 6,175 men have entered South Sudan. The majority of the refugees are entering via seven border crossing points, with the majority entering through Burebiey (13,019), Pagak (3,796), Akobo (3,129) and Pochalla (1,364).⁷

In August 2023, the steady influx of returnees and refugees from Sudan continued due to individuals searching for safety and assistance. From 1-31 August, 48,547 people have entered South Sudan from Sudan⁸, including 12,462 girls, 12,870 boys, 11,150 women and 12,065 men. As compared to July 2023, there was an 18.37 per cent decrease in number of individuals crossing into South Sudan. 91.71 per cent of the new arrivals are South Sudanese, 7.91 per cent are Sudanese and 0.38 per cent are third country nationals.⁹

With the influx of people living in close proximity to one another, the risk of disease outbreaks at the entry and reception centers is very high, further complicating the humanitarian situation and overstressing UNICEF's already limited capacity to respond. The number of malaria, malnutrition, and acute watery diarrhea cases increase as more people enter South Sudan, making it increasingly challenging to offer the essential services to all populations that urgently require them.

According to the April - July 2023 South Sudan Acute Food Insecurity Classification (IPC) projections, 7.76 million people (62.7 per cent of the population) are facing severe acute food insecurity in South Sudan.¹⁰ The World Meteorological Organization (WMO) predicts that El Niño will cause above average levels of rainfall,

resulting in flooding and flash flooding. Displacement is expected (especially for those living in flood-prone areas) as well as crop and livestock destruction and damage to infrastructure, increasing the health, nutrition and mental health needs of individuals affected by the events. 450,000 people are at risk of being exposed to floods, especially in Rubkona and Mayom and Old Fangak.¹¹

Across the country, the price of food commodities has increased drastically. The price of salt for example, increased 22 per cent from July to August, and increased 49 per cent as compared to the same time period in 2022. The price of beans, increased 122 per cent as compared to August 2022, and 11 per cent in the last month.¹² With this increase in pricing, we expect an increase in malnutrition rates given the unaffordability of food products for individuals. A 25 per cent increase in admissions for severe acute malnutrition (SAM) treatment as compared to August 2022 indicates a decline in South Sudan's nutritional status.

During the reporting period, several security threats impacted humanitarian delivery. The insecurity during August in different locations (including the United Nations Security Management System's (UNSMS) warehouse in Bor and humanitarian warehouses in Likuangle and Gumuruk, Greater Pibor Administrative Area (GPAA) affected humanitarian delivery through theft of humanitarian assets and temporary relocation, exposing the compounds to illegal intrusions and thefts and delays in assisting targeted beneficiaries. There were reported roadblocks in Eastern Equatoria, Jonglei, Warrap, Lakes and Central Equatoria States along some major service routes (such as the Juba-Torit Road) and some of the roads connecting villages and Bomas - where community members have been targeted. This disruption in road traffic has reduced the number of humanitarian movements, therefore reducing the number of services provided to those in need. Additionally, reported road ambushes have slowed down humanitarian interventions and complicated access to targeted areas. Residential assaults have been reported in both Western and Central Equatoria. Due to the economic decline, most of the residential attacks have targeted aid workers.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



Martha Talya holding her baby at the UNICEF-supported Naoyapuro nutrition site, Boma County, Pibor South Sudan where she is receiving crucial healthcare and nutrition services.

UNICEF and its partners continued to respond to the health needs of populations affected by the Sudan crisis in Unity and Upper Nile

States. UNICEF is providing health services to returnee and refugees arriving daily and those who are already settled. Over 1,100 individuals were provided with primary health care services in transit sites, through mobile clinics and static facilities. Malaria, diarrhea, and acute respiratory diseases accounted for 69.3 per cent of curative consultations.

UNICEF, and implementing partners are providing health services at fixed health facilities and at community level in Jonglei, Upper Nile, and Unity States, and Greater Pibor and Ruweng Administrative Areas. 438,425 people received primary healthcare services (including 213,957 children under 5, 241,907 females and 196,518 males). The most common morbidities were attributed to malaria (30 per cent), diarrhea (14 per cent), acute respiratory infection (11 per cent), and other communicable and non-communicable diseases (45 per cent). Health supplies were prepositioned for the remainder of the year in most of the counties and will continue until all counties are stocked.

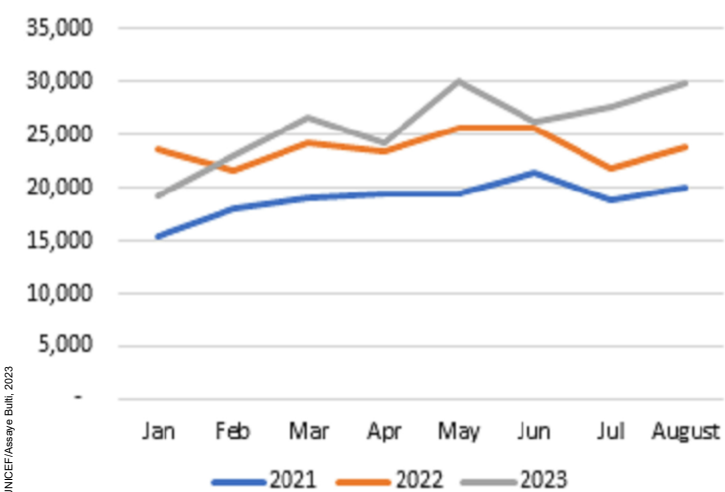
In August, UNICEF supported the Mass Campaign of LLINs distribution in South Sudan. A total of 762,133 additional Long Lasting Insecticide Treated Nets (LLINs) were distributed, benefitting 1,427,872 people (714,480 men and 713,392 women), 159,626 children under 5 and 217,681 pregnant women in Warrap, Western Bahr El Ghazal, Lakes, and Upper Nile States. UNICEF procured 125,000 LLINs and anti-malarial to scale-up support for the returnee and refugee populations. To facilitate malaria case management in health facilities and communities through the Boma Health Initiative, UNICEF began countrywide distribution of antimalarial medications.

During the reporting period, 49 suspected cases of measles, 12 laboratory confirmed cases and two deaths were reported. These cases were reported in Renk, Rumbek East, Pigi, Ikotos, Magwi, Yambio, Fangak, Ayod, Fashoda, Rubkona, Juba, Leer, and Malakal counties. Currently, measles vaccination is ongoing in Ayod, Rubkona, Juba, Leer and Malakal counties while 10 other counties are currently completing their preparatory activities.

UNICEF continued to support vaccine supplies delivery to its implementing partners. In August, 51,415 people were fully vaccinated against Covid-19; 42,286 through intensified national campaign in Central Equatoria State and 9,129 through regular vaccination services points. One of the main challenges in August was the poor health infrastructure for service delivery. The initial assessment conducted noted that 91 health facilities were affected by floods with those in Bor South, Twic East, Duk, Ayod, Pigi and Fangak being the most badly hit counties by ongoing floods. Preparations are currently underway to rehabilitate the damaged facilities. Weak internet connection at some of the Country Health Department (CHD) offices, continue to affect data entry into the District Health Information System (DHIS2) platform. There was a delay in the delivery of vaccine and other health supplies in Pibor by the United Nations Humanitarian Air Service (UNHAS) as the passage was not clear for plane travel.

Nutrition

TREND OF SAM ADMISSION BY MONTH, 2021-2023



The cumulative number of SAM admissions in 2023 (January-August)

In August, 29,720 severely malnourished children 6-59 months of age were admitted for treatment. This represents a 25 per cent increase compared to the same period in 2022, reflecting the deterioration of the nutrition situation among children. The highest admissions were reported in Jonglei State (22 per cent), Unity State (16 per cent) and Upper Nile State (14 per cent). The overall performance of the nutrition services is represented by a 96.3 per cent cure rate, a 0.1 per cent mortality rate, a 1.8 per cent defaulter rate and a 1.8 non responder rate.

In the reporting month, out of the 29,720 children with severe acute malnutrition (SAM), 13,708 (51 per cent) were screened for malaria, of whom 3,236 (24 per cent) tested positive. The low testing rate can be attributed to the shortage of rapid test kits (RDT) due to inadequate resources to respond to the high demand. A total of 2,669 severely acutely malnourished children who tested positive for malaria received treatment (82 per cent). 175,801 pregnant women and primary caregivers of children 0-23 months received counseling support on infant and young child feeding (IYCF).

10,392 refugee and returnee children under 5 years of age and 2,904 pregnant and lactating women (PLWs) who fled conflict in Sudan were screened for malnutrition at reception sites, entry points and transit centers. Among those screened, 750 children 6-59 months suffering from severe acute malnutrition (SAM) and an additional 1,494 who were moderately malnourished were admitted for treatment. To prevent further deterioration of the nutritional status of children and fill the food gap up on arrival, UNICEF supported the distribution of energy dense BP5 biscuits to 565 children in Bulukat-Malakal.

In August, UNICEF's implementing partners had challenges delivering supplies to some of the nutrition sites because of the heavy rain and bad roads in some locations. This included, Pure and Logo in Kajokeji county, Tali in Terekeka county in Central Equatoria State, and Panyijar county in Unity state.

Across the country, the cost of food products has increased drastically. We anticipate an increase in malnutrition rates as a result of this rise, since people will find it more challenging to afford to feed their families and themselves.

Child protection, GBViE and PSEA



Children are playing in a UNICEF-supported child-friendly space in the Malakal Protection of Civilians (POC) site in Upper Nile State.

In August 2023, UNICEF and partners reached 6,047 children (3,000 girls and 3,047 boys) and 402 adults (212 women and 190 men) in child-friendly spaces, schools, and communities with psychosocial social support (PSS) activities. Services included positive parenting and awareness raising sessions on child protection issues and focused and non-focused mental health and psychosocial social support (MHPSS).

A total of 45 children (25 girls and 20 boys) including unaccompanied and separated children (UASC) were registered and received comprehensive case management services (including identification and registration, comprehensive assessment, case plan, implementation, follow-up, and case closure) according to their personal vulnerability criteria.

1,733 individuals (646 girls, 520 boys, 442 women and 125 men) were reached with gender-based violence (GBV) prevention and response messages (including those on social norms), individualized case management, psychosocial support (PSS) and referrals to other specialized services.

In August, several new partners across the country have begun implementing activities and initiated training their social workers. In Bor and Duk, 12 newly recruited staff from our partner Community in Need Aid (CINA) were trained on child protection and orientated on UNICEF Child Protection programming. In Unity State, partners the Greater Upper Nile Organization (GUNO) and the Universal Intervention and Development Organization (UNIDOR) have begun implementation through recruitment as well as activating a total of 24 child-friendly spaces across Rubkona, Leer and Mayendit counties. In Greater Bahr-el-Ghazal, 38 social workers have been recruited by the Organization for Children's Harmony and (TOCH) and Hold the Child (HCO) to support child protection activities and five child-friendly spaces were established.

Child Protection teams across the country have conducted field missions in Wadwil, Pibor, Yei, Mayendit, Leer, Renk and Yambio. These missions covered field monitoring, coordination with Government entities, joint monitoring with UNMISS and social work trainings.

There were several challenges facing program implementation in August 2023. This included a limited number of qualified female staff, impacting the gender balance in program implementation. Partners are being supported in identifying committed female staff who will undergo trainings on Child Protection, case management and other

relevant trainings to increase capacity without risking the wellbeing of beneficiaries. Poor road conditions and insecurity hindered the deployment of project staff and supplies, leading to delays in program activities in Bor. Heavy rains in Bor caused flooding and made some project sites inaccessible, reducing attendance at child friendly spaces and making field supervision difficult. A lack of mobile network connectivity in certain areas also hampered communication.

Education



Juba, South Sudan, student girls attending the National Girl's Education Day (NGED) a day to celebrate and commemorate the importance of girl's education.

During August, UNICEF in collaboration with partners provided education assistance to 8,767 emergency and crisis affected children (2,663 girls and 6,104 boys) across the 10 states and two Administrative Areas. Despite schools closing for the later part of August for term break, significant progress was made in education interventions aimed at increasing access to quality and equitable education especially for the most vulnerable children.

A pertinent challenge in August was the lack of adequate learning space across the country. To mitigate this, UNICEF through partners constructed a total of 29 semi-permanent learning spaces in Greater Bahr el Ghazal State, Warrap State, Yambio (in Western Equatoria State), Bentiu (in Unity State), Greater Equatoria region and in Abyei Administrative Area (AA). These classrooms will benefit approximately 5,346 learners (2,512 girls and 2,834 boys) by improving learning conditions, enrollment and retention. This activities ensure community-based approaches, accountability and ownership. The construction of learning spaces was a shared responsibility with communities who contributed materials such sand, stones and bricks.

Strengthening school-community engagement and effective management of the operation of schools requires active engagement from the community through the School Management Committees (SMCs) and Parent Teacher Associations (PTAs). To this effect, UNICEF, through its partners supported the training of 211 SMCs and PTAs (81 women and 130 men) across Greater Bahr el Ghazal State, Warrap State, Abyei Administrative Area, Central and Eastern Equatoria States. Participants were trained on roles and responsibilities, basic principles of community participation in education and appropriate educational advocacy actions to promote access to education, retention, and school attendance. To help improve the capacity of teachers, 89 teachers (39 women and 50 men) in Greater Bahr el Ghazal and Abyei AA were trained in teaching pedagogies.

Furthermore, in support of out of school learning of displaced children affected by crisis, 8,400 children (2,520 girls and 5,880 boys), benefited from the distribution of scholastic materials. Whilst

in Kajo-keji, Central Equatoria State, 740 assorted textbooks and 296 teachers guides for primary schools were distributed. Across South Sudan, girls face barriers to education due to harmful social norms and a lack of essential supplies that keep them away from school. In response to this, UNICEF through its partners distributed dignity kits to 50 adolescent girls in Bentiu and supported communities and local government leaders to mobilize Out-of-School Children (OOSC) to return to school. To improve WASH in schools, seven blocks of latrines were rehabilitated, and one block of latrines was constructed in Yambio county, Western Equatoria State.

UNICEF and partners continued to respond to the Sudan crisis by ensuring continuity of learning for the school-aged children. In Renk, Upper Nile State, the Education Cluster which is comprised of five partners (UNICEF, JRS, NRC, SHERO, WCH)¹³ was activated to ensure a coordinated approach to providing humanitarian assistance. An education needs assessment of 13 schools in Renk showed that over 1,600 returnees from Primary one to Primary eight were already integrated in existing schools by partners and communities.

In August, key challenges included delayed implementation of activities due to inaccessibility to some areas because of flooding, especially in hard-to-reach areas like Mundri East, Mvolo and Nagero counties in Yambio (Western Equatoria State). In addition, some schools including a few in Malakal and Mango County remained occupied by returnees, which disrupted learning. Other challenges included non-payment of incentives to volunteer teachers. UNICEF continued to engage the counties' education officials and communities and other government entities to find alternative shelter for returnees.

Water, sanitation and hygiene



Women getting water from borehole built by UNICEF in Malakal Town (Upper Nile State).

The influx of returnees and refugees from Sudan and Ethiopia has put pressure on already constrained WASH resources including limited water supply and sanitation facilities. In the Malakal transit centre (TC) in Upper Nile State, up to 216,000 liters of safe potable water are provided daily to over 7,200 refugees and returnees through water trucking from three surface water treatment systems (SWAT) and two rehabilitated handpumps. In Upper Nile State (Malakal) and in Unity State (Robkona and Rotriak), 3,880 WASH kits have been distributed to refugees and displaced populations. In August, the WASH team began rehabilitating the Renk town water treatment plant to supply clean water for the transit centre and the town.

In August, the UNICEF provided 126,958 crisis affected individuals (25,392 women, 12,696 men, 50,783 girls and 38,087 boys) with

access to safe drinking water and 11,632 people (2,326 women, 1,163 men, 4,653 girls and 3,490 boys) with appropriate sanitation services in Upper Nile State (Malakal and Longechuk). 10,255 people were reached with key hygiene promotion messages while 9,475 children (5,586 girls and 3,889 boys) gained access to safe and appropriate WASH facilities and hygiene services in safe learning spaces.

There were several challenges this month that made service delivery more difficult. As needs are increasing in Unity State, due to the influx of returnees, prepositioning of supplies to last throughout the lean season was completed, but not enough resources to procure supplies for all affected people. The signing of the contractual arrangement for the upgrading of boreholes to solar powered mini water yards in Nasir and Longechuk was delayed due to access constraints caused by flooding. This delay has also postponed the construction of the semi-permanent flood resilient communal latrines in both localities. Heavy rains restricted access to some of the returnee sites in Renk, resulting in a longer response times for some activities. The risk of waterborne diseases is increasing as the rains have started, which is compounding an already challenging WASH environment, especially in formal and informal IDP and returnee sites.

Cross-sectoral (HCT, C4D, RCCE and AAP)



The Integrated Community Mobilization Network (ICMN) conducting social mobilization activities for measles vaccination in Renk.

In August 2023, the Social and Behaviour Change (SBC) section continued to provide technical support to the Ministry of Health through weekly Risk Communication and Community Engagement (RCCE) technical working group meetings both at national and subnational level to ensure coordinated implementation of RCCE activities and capacity strengthening of community feedback mechanisms. To strengthen implementation of community engagement for SBC activities in humanitarian situations over 2,000 Integrated Community Mobilization Network (ICMN) mobilisers were deployed across the 10 states including at the points of entries for people coming in from Sudan in Northern Bahr El Ghazal, Western Bahr El Ghazal, Unity and Upper Nile States.

Through these activities, a total of 233,395 households and 1,528,594 individuals (825,440 women and 703,154 men) were reached with integrated messaging (WASH, Nutrition, Health, Education and Protection, COVID 19 and Hepatitis E). Over 2 million people were reached with integrated radio messages that were broadcast on 40 community radio stations. A total of 80,929 people provided feedback on concerns, suggestions, questions, and appreciation through the hotlines. The hotline 2222 received 4,482 calls (1,851 women and 2,631 men) and 76,447 people shared

concerns through the community-based feedback structures.

In addition, a series of systematic sensitization and orientations of community stakeholders, religious leaders, chiefs were undertaken. 2,208 community sensitization meetings and advocacy meetings to promote an uptake of services were organized and over 66,240 different stakeholders participated. UNICEF intensified key community engagement interventions including responding to the Sudan Crisis in Upper Nile State (Renk and Malakal), Northern Bahr El Ghazal State (Aweil), Unity State, Western Bahr El Ghazal State (Raja) and Jonglei State. 60 ICMN mobilisers were deployed to conduct RCCE activities which reached 64,237 (41,862 females and 22,375 men) in Northern Bahr El Ghazal (Wedweil and Aweil), Upper Nile State (Renk and Malakal) transit sites with integrated lifesaving messages including cholera and malaria prevention, measles vaccination, personal hygiene, education, protection, and the availability of community feedback mechanism for reporting concerns.

In August UNICEF also conducted a qualitative rapid assessment to understand the social dynamics, individual beliefs, attitudes, and behaviors, as well as collective perceptions amongst refugees and returnees in transit sites. Findings from this assessment will assist in providing affected communities with evidence-based, action-oriented information including the promotion positive behaviors and influence change in negative practices; and maintain or promote levels of trust and confidence in service provision. Data collection has been completed in Upper Nile State (Malakal), and is currently ongoing in Northern Bahr El Ghazal (Wedwill), Central Equatoria State (Gorom), and Unity State (Panakauch). The progress of collecting data has been hampered by limited access especially in Upper Nile State (Renk) due to rains and is expected to be completed by the end of September.

To increase awareness on diarrhea and cholera prevention and to promote services offered by UNICEF and other partners, 147 Arabic cholera posters have been distributed in the Wedwill Transit Site to reinforce hygiene promotion messaging. Four phone-in radio talk shows and 84 radio jingles (42 in Aweil and 42 Wedwill) were broadcast through Akolyam radio in Aweil on cholera prevention. Six radio spots on Hepatitis E (HEV) were broadcasted in Wau, reaching an estimated 1,312,336 people. 600 HEV posters and fliers were distributed in Western Bahr El Ghazal to reinforce sensitization and community engagement activities in the HEV hotspot areas.

To ignite ongoing community dialogue amongst the Arabic speaking refugees, 24 solar radios with pre-recorded Arabic messages were distributed to 24 radio listening groups at Wedwill camp. The radios will be used to sensitize and promote dialogue among the refugees on the integrated lifesaving key messages on (Health, WASH, Nutrition, Education and Child protection). 10 Megaphone and 20 pairs of batteries were delivered to Aweil and distributed to refugees Community Mobilizers at Wedwil Refugee Camp and are currently used for announcements and community mobilization at Wedwil transit camp.

In August, there were several challenges facing the successful implementation of activities. One challenge was floods in transit camps (including Renk) which impacted program implementation including delaying data collection for the rapid assessment. There is also persistent vaccine hesitancy amongst the refugees which hinders COVID-19 vaccination and routine immunization. There was a delay in the distribution of solar radios at the refugee camps due to issues raised by refugees over the selection criteria for the radio listening group leaders which was perceived as unfair. Refugee communities are also perceiving the feedback mechanisms as channels to request support for cash assistance which is beyond the scope of the humanitarian support and if no action is taken in response, they are losing trust in the feedback system. In addition,

the feedback loop mechanism is not consistently functional due to weak coordination of service providers and limited clear referral pathways thus delaying some response to communities.

In September, priority activities will include completing the data collection for Knowledge, Attitudes, Practice and Behavior (KAPB) assessment to better understand the behavior, knowledge, and social norms of the affected communities, including collective qualitative data on vaccination perceptions to inform planning. UNICEF will increase the engagement of supported partners to strengthen community feedback mechanisms at refugee camps and transit sites, including awareness and sensitization of returnees and refugees on services available to them, and supporting establishment/strengthening of strong referral pathways to address some of the challenges and expectations raised by returnees and refugees to close the feedback loop. Community engagement activities will be intensified at transit sites to promote measles and COVID-19 vaccination and routine immunization for the upcoming National round three COVID-19 vaccination and reactive measles/polio campaigns.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In August, UNICEF continued leading the WASH, and Nutrition clusters, co-leading the Child Protection Area of Responsibility (AoR) and Education cluster, and supporting cluster coordination at the national and subnational levels. During August, UNICEF led and co-lead clusters and AoR conducted discussions on the HRP and response prioritization and cost effectiveness. Within the Needs Assessment Working Group (NAWG) and the Inter Cluster Coordination Group (ICCG), coordinators and Information Management Officers (IMOs) have mapped the ten States according to their levels of severity. This mapping process is a joint, inter-cluster effort which will support the calculation of the PIN. With the severities mapped, the Humanitarian Response Plan (HRP) process will enable clusters to prioritize and focus only on the same geographical areas that require the highest levels of humanitarian need.

UNICEF continued its Co-leadership of the Education Cluster with Save the Children and Universal Network for Knowledge and Empowerment Agency (UNKEA), a national NGO. Key activities involved representing the Cluster at monthly Inter-Cluster Coordination Group (ICCG) meetings, leading the 2024 HRP development process that included launching the Education Needs Assessment and; undertaking initial discussions with partners on prioritization and costing of key interventions. The Education Cluster continued to coordinate partner response to the Sudan Crisis particularly for Upper Nile and Unity States, including providing support to the newly activated Education Cluster in Renk.

As a result of the Sudan Crisis, the WASH Cluster deployed a Global WASH Cluster surge member to Renk to provide coordination support for the response to the influx of returnees from Sudan. Coordination has improved, including reducing duplication, establishing standards and conducting weekly gap and situation analysis. A WASH online system for reporting for the Sudan crisis was developed and rolled out to the partners for use. Partners continued to access the core pipeline as it continues to be a good resource for rapid response to emergencies. 25 requests of WASH core pipeline items were reviewed and approved for different partners for the ongoing the Sudan crisis response. To enable a quick response to the Sudan crisis and to prepare for anticipated flooding, lifesaving items were prepositioned in Unity and Upper Nile States.

The Sudan crisis has led to an increase in needs for additional

WASH resources for returnees in areas like Renk and Malakal. Three WASH advocacy meetings were conducted with donors including the United States Agency for International Development (USAID), the European Commission's Recovery and Resilience Facility (RRF), the European Civil Protection and Humanitarian Aid Operations (ECHO), the British Embassy, the Embassy of the Netherlands and UNICEF. As a result, additional funding for the core pipeline and for other partners as part of the South Sudan Humanitarian Fund (SSHF) and the Emergency Rapid Response Mechanism (ERRM) were mobilized.

Two routine bi-weekly WASH cluster rapid response coordination meetings were conducted at the national level. The purpose of the meetings was to discuss emergencies, NAWG (Needs Analysis Working Group) outputs, progress made by RRT partners, new locations prioritized for scale up of WASH activities, challenges, gaps and way forward from Sub national Coordinators (SNCs) that require support from the RRT. Monthly and bi-weekly WASH Cluster coordination meetings were conducted at national and state levels to identify response gaps and mobilize action, update on critical issues (Sudan crisis, HEV, Core Pipeline, RFF), and sharing of good practices by organizations amongst other activities.

Within the Child Protection Area of Responsibility (CP AoR), the Strategic Advisory Group (SAG) has endorsed the CP AoR 2023-2025 Strategy. The leadership of the AoR has been expanded as part of localization, to include a the Local NGO Community in Need Aid (CINA). Through specific, joint initiatives between the CP AoR, Food Security, Nutrition and Education Clusters, CP indicators will be included in other sector targets to enable resource sharing. The CP AoR during August participated in a costing exercise with the global CP AoR to ensure that all interventions in South Sudan are compatible with and aligned to global standards. The CP AoR also conducted field support missions and assessments during August. This include Aweil, were key findings included the need to rapidly close the gap in services provided in the refugee camp and for returnees in host communities, the latter being clearly underserved.

The Nutrition Cluster is led by the Coordinator (UNICEF), supported by an Information Management Specialist (UNICEF) and a Roving Subnational Cluster Co-coordinator (ACF). While the positions for Co-coordinator (IRC) and Deputy Coordinator (WFP) are under recruitment. Currently two new positions for roving subnational cluster co-coordinators are being filled by ForAfrika, with support from UNICEF. One of the new co-coordinators will be based in Wau to support the Greater Bhar el Ghazal region and the other will be based in Juba and roving to support the Greater Upper Nile region. This deployment will strengthen the cluster's field presence and coordination.

In preparation for the Integrated Food Security Phase Classification (IPC) workshop that will take place in September and October, by end of August the data collection process for the Food Security and Nutrition Monitoring System is nearing completion. While various evidence-based approaches have been used to prioritize, the IPC report will further inform and complement this prioritization process.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In August 2023, stories about children and their families were published by UNICEF on its website and social media platforms such as Facebook, Twitter, Youtube, and Instagram. These stories, posts and tweets highlighted the role that UNICEF and its implementing partners play to save the lives of vulnerable children and women in South Sudan.

Stories included highlights on the World Breastfeeding Day

celebrations and UNICEF's support to refugees and returnees in transit sites. Another story features the rehabilitation of a hospital that is now serving 10,000 patients in Malakal. Another story explores the Human-Centred Design Strategy and its application in combating against malaria and malnutrition.

- Ministry of Health, UNICEF and partners celebrate World Breastfeeding Day and call for scale-up
<https://www.unicef.org/southsudan/press-releases/ministry-health-unicef-and-partners-celebrate-world-breastfeeding-day-and-call-scale>
- A safe learning environment
<https://www.unicef.org/southsudan/stories/safe-learning-environment>
- A once wrecked hospital in Malakal, now serves over 10,000 people
<https://www.unicef.org/southsudan/stories/once-wrecked-hospital-malakal-now-serves-over-10000-people>
- Kamisa and Yumjima's journey of struggle and resilience
<https://www.unicef.org/southsudan/stories/kamisa-and-yumjimas-journey-struggle-and-resilience>
- Combating Malaria and Malnutrition Through Human-Centred Design Strategy
<https://www.unicef.org/southsudan/stories/combating-malaria-and-malnutrition-through-human-centred-design-strategy>
- Empowering youth to lead the way toward a future with accessible clean water for all
<https://www.unicef.org/southsudan/stories/empowering-youth-lead-way-toward-future-accessible-clean-water-all>
- UN Committee on the Rights of the Child calls on states to take action in first guidance on children
<https://www.unicef.org/southsudan/press-releases/un-committee-rights-child-calls-states-take-action-first-guidance-childrens-rights>

HAC APPEALS AND SITREPS

- South Sudan Appeals
<https://www.unicef.org/appeals/south-sudan>
- South Sudan Situation Reports
<https://www.unicef.org/appeals/south-sudan/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 31 OCTOBER 2023

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
Health								
Children aged 6 to 59 months vaccinated against measles	Total	2.7 million	2.7 million	2.7 million ¹⁴	0%	-	-	-
Pregnant women and children provided with insecticide-treated nets in malaria-endemic areas	Total	605,028	605,028	874,206	▲ 2%	-	-	-
Nutrition								
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	353,606	290,000	206,413	▲ 10%	318,245	206,413	▲ 10%
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Total	1 million	1.8 million	1.2 million	▲ 10%	1 million	1.2 million	▲ 17%
Children 6-59 months receiving Vitamin A supplementation	Total	2.8 million	2.8 million	2.2 million	0%	2.8 million	2.2 million	0%
Child protection								
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	80,000	80,000	51,980	▲ 2%	80,000	51,980 ¹⁵	▲ 2%
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	78,910	78,910	24,434	▲ 5%	78,910	24,434	▲ 5%
Children who have received individual case management	Total	29,349	4,500	1,382	▲ 1%	19,239	19,265	▲ 18%
Children, adolescents, and caregivers accessing community based mental health and psychosocial support	Total	1.3 million	75,000	62,724	▲ 9%	633,517	364,539	▲ 7%
Education								
Children accessing formal or non-formal education, including early learning	Total	3.3 million	750,000	35,928	▲ 1%	857,261	297,560	▲ 1%
Children receiving individual learning materials	Total	3.3 million	750,000	161,040	▲ 1%	750,000	212,283	▲ 1%
Teachers received training on education in emergency and child centered teaching.	Total	41,838	4,000	443	▲ 2%	4,330	2,275	▲ 9%
Water, sanitation and hygiene								
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	6.1 million	700,000	385,923	▲ 18%	3.1 million	871,568	▲ 2%
Children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	3 million	1.4 million	149,710	▲ 1%	3 million	1.1 million	▲ 7%

People reached with critical WASH supplies	Total	3 million	1.4 million	454,563	▲ 2%	-	431,482	-
People accessing appropriate sanitation services.	Total	876,670	223,000	67,831	▲ 5%	876,670	217,536	▲ 3%
Cross-sectoral (HCT, C4D, RCCE and AAP)								
People reached through messaging on prevention and access to services	Total	-	3.5 million	3.4 million	▲ 43%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	78,910	317,905	▲ 103%	-	-	-

**Progress in the reporting period 1 August to 31 August*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	13,160,710	103,008	1,377,106	11,680,596	89%
Nutrition	76,167,990	45,494,987	27,865,922	2,807,081	4%
Child protection, GBViE and PSEA	9,235,500	3,927,110	968,164	4,340,226	47%
Education	60,538,200	958,542	1,290,120	58,289,538	96%
Water, sanitation and hygiene	53,616,420	9,532,306	2,396,691	41,687,423	78%
Cross-sectoral (HCT, SBC, RCCE and AAP)	4,451,541	2,707,966	1,124,803	618,772	14%
Total	217,170,361	62,723,919	35,022,806	119,423,636	55%

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ENDNOTES

1. UNICEF South Sudan 2023 Humanitarian Action for Children (HAC) Appeal (revised)
2. The UN Refugee Agency, Population Movement from Ethiopia to South Sudan Dashboard
3. UNHCR/IOM Dashboard – Population Movement from Sudan to South Sudan
4. Humanitarian Needs Overview 2023
5. Humanitarian Needs Overview 2023
6. OCHA Humanitarian Snapshot 2023
7. The UN Refugee Agency, Population Movement from Ethiopia to South Sudan Dashboard
8. 20 points of entry: Abyei Administrative Area (Abyei Amiet), Northern Bahr el Ghazal (Gokmachar, Jaach, Kiir Adem, Majokynthia), Unity (Jau, Panakuach), Upper Nile (Aburoc, El kuek, Elfoj, Kaka, Magenis, Shatta, Tonga, Wunthow, Yabous), Western Bahr el Ghazal (Bordamina, El-Fau, Raja Town, Timsah)
9. UNHCR/IOM Dashboard – Population Movement from Sudan to South Sudan
10. FAO and WFP, Food Security Outlook, South Sudan, 04 August 2023
11. The United Nations Satellite Centre (UNOSAT) and United Nations Institute for Training and Research (UNITAR) - Flood Monitoring Over South Sudan Dashboard.
12. REACH and the South Sudan Inter Agency Cash Working Group (IACWG), Joint Market Monitoring Initiative (JMMI) Dashboard.
13. Jesuis Refugee Service (JRS), Norwegian Refugee Service (NRC), Sustainable Health and Education Relief Organization (SHERO)
14. The results for August have not yet been received from partners.
15. This only constitutes the UNICEF response for this indicator.