



A baby eating from a sachet of Ready to Use Therapeutic Food is photographed in his mother's hands at the transit site in Renk, Upper Nile State, South Sudan.

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for every child

## Humanitarian Action for Children

# South Sudan

### HIGHLIGHTS<sup>1</sup>

- In 2024, South Sudan faces profound humanitarian crises, compounded by the returnee and refugee influx from the Sudan conflict. Urgent assistance is needed for nine million people, including 4.9 million children, 2.2 million women, and 1.4 million individuals with disabilities.
- Conflict, insecurity, epidemic outbreaks, protracted flooding, heatwaves, and the destabilizing impact of the Sudan conflict on South Sudan's economy are rapidly exacerbating vulnerabilities, especially among children. South Sudan anticipates its inaugural election in December 2024.
- UNICEF's humanitarian strategy prioritizes the most acute needs and complements development and resilience-building programmes. UNICEF works through community structures and partnerships with a focus on localized, adaptive responses, that strengthen local structures, systems and accountability to affected populations. Action is risk-informed and evidence-based and embraces climate adaptation, conflict-sensitive approaches and anticipatory action to mitigate the impact of disasters.
- UNICEF requires \$252.5 million to meet children's basic needs, live-saving needs; a particular challenge given a 50 percent reduction in donor humanitarian contributions.

### KEY PLANNED TARGETS



**720,000**

people affected by health emergencies reached with primary health care services



**397,292**

children with severe wasting admitted for treatment



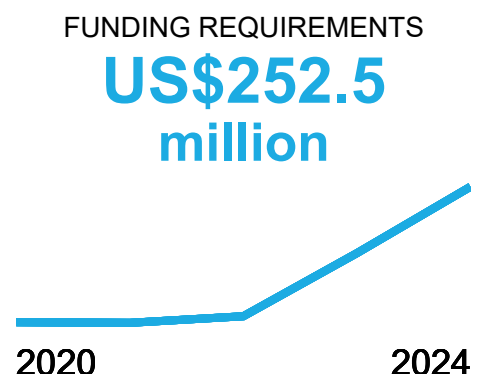
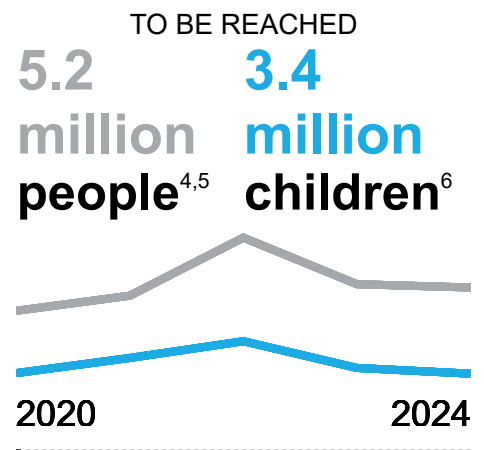
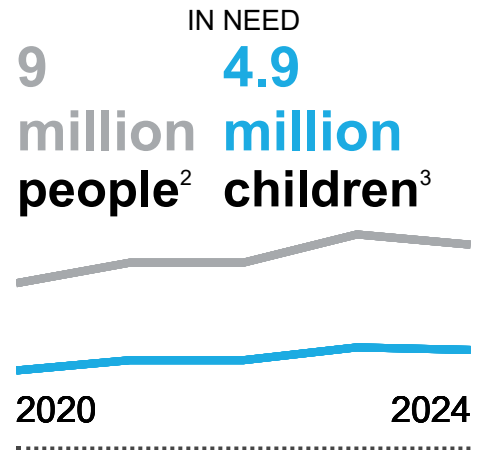
**82,500**

children/caregivers accessing community-based mental health and psychosocial support



**700,000**

people accessing a sufficient quantity and quality of water



The figures are aligned with the Humanitarian Needs and Response Plan, 2024.

## HUMANITARIAN SITUATION AND NEEDS

South Sudan will face a complex year in 2024, with growing humanitarian needs, hyperinflation and significant aid cuts. The political environment is fragile, with attention focused on fulfilling the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (2018), and hosting the country's first elections in December. Nine million people, including 4.9 million children will require humanitarian assistance, 15 per cent of whom have a disability.

Political instability, violence, widespread flooding, and disease outbreaks are compounding the complex, chronic needs of the most vulnerable people, especially children. Livelihoods are severely impacted and access to education, nutrition, water, sanitation and health services hampered. Children are at a high risk of abuse, violence, exploitation and psychosocial distress; and 2.8 million children (52 per cent girls) are out of school<sup>7</sup>. Women and children are the most vulnerable to gender-based violence.

South Sudan is home to a displacement crisis with 2 million people internally displaced<sup>8</sup>. Further, conflict in neighboring Sudan has exacerbated the situation. Since April 2023 to 27 March 2024, a total of 622,714 individuals<sup>9</sup> (including 161,699 girls and 160,425 boys) crossed into South Sudan in immediate need of assistance and protection. Displacements have further strained existing services; 46 per cent of health facilities are moderately operational, and less than 10 per cent of the population have access to improved sanitation. These conditions increase the risk of disease outbreaks and record high rates of malnutrition. Upwards of 7 million people are expected to experience acute food insecurity<sup>10</sup>.

Women and children on the move face serious deprivations and are exposed to major protection risks. Those arriving to South Sudan have endured long and often dangerous journeys. The arrivals into South Sudan are in urgent need of health services with alarming rates of malnutrition recorded, ranging from a proxy Global Acute Malnutrition rate between 17 - 27 per cent at border entry locations. Protection screening has identified many highly vulnerable cases, including unaccompanied and separated children, missing children, high levels of trauma, as well as reports of gender-based violence and abuse. To date, most people arriving demonstrate high levels of food insecurity, and do not have the ability to meet basic needs.

South Sudan is ranked the second most susceptible nation to the effects of natural hazards, including droughts, heatwaves and flooding. In 2023, 11.8 per cent of the child population was displaced due to flooding. In 2024, more than 60 per cent of the population is expected to be acutely food insecure, and 2 million lactating women and children under age 5 are expected to suffer from wasting.<sup>11</sup>

## SECTOR NEEDS



**6.3 million** people in need of health assistance<sup>12</sup>



**2.5 million** people in need of nutrition assistance<sup>13</sup>



**3 million** children in need of protection services<sup>14</sup>



**2 million** children in need of access to school<sup>15</sup>



**5.6 million** people lack access to safe water<sup>16</sup>

## STORY FROM THE FIELD



In Renk, the northern-most town in South Sudan, near the border of Sudan, there are signs of hope as the Urban Water Treatment Plant undergoes a revival, with support from UNICEF and World Vision. After years of dysfunction, a crucial water pump has been successfully installed and is now providing access to clean and safe water to communities in Renk, including returnees and refugees fleeing the war in Sudan.

Charles Abe, UNICEF WASH Officer in Renk, stressed the importance of providing the returnees with access to safe and clean water.

We understand the urgency and setting up the water supply at the transit centre is a practical step to treat water, complementing the repairs at the treatment plant.

[\*\*Read more about this story here\*\*](#)

UNICEF and partners are providing safe water to returnees and refugees, fleeing conflict in Sudan at the Renk Transit Centre, Upper Nile State.



UNICEF will assist the most vulnerable women and children in the hardest-to-reach areas, aligned to the country's Humanitarian Needs and Response Plan. Innovative, multi-sector approaches to assistance are expected to save lives, alleviate suffering, maintain dignity and protect children's rights. Priority will be given to programmes addressing the needs of children and women experiencing the most severe consequences of multiple vulnerabilities.

UNICEF will reinforce risk-informed approaches, promoting climate adaptation and strengthening the population's resilience to shocks. At the same time, UNICEF will support vulnerable children and women, by focusing on addressing their needs based on underlying drivers of vulnerability and instability. Linkages between humanitarian, development and peace approaches will be enhanced by understanding the complex interrelatedness of compounding risks and by applying a critical conflict-sensitive lens to tailor interventions. A key focus, complementing the priority on acute needs, is to expand innovative, durable, community-led solutions that can reduce reliance on humanitarian assistance.

UNICEF's risk-based preparedness promotes community-based anticipatory action to mitigate the impact of hazards and enable a timely, quality response. The organization will reinforce localization by strengthening local systems and capacities and expanding partnerships with local actors, prioritizing women-led organizations.

Services for protecting against sexual exploitation and abuse, and reducing gender-based violence, will be expanded in all interventions. Disability- and gender-sensitive approaches will ensure targeted responses meet the distinct needs of women, men, girls, boys, and persons with disabilities. Accountability to affected populations, prioritizing children, women, youth, and persons with disabilities, will be emphasized, enhancing feedback and participation.

WASH action will prioritize climate-resilient, safe water supply and sanitation services, focusing on disease and malnutrition reduction. Education initiatives will identify at-risk out-of-school children and provide formal/non-formal education in hard-to-reach areas. With a larger social work workforce, child protection interventions will offer tailored, specialized services for vulnerable children, youth, and adolescents, breaking cycles of violence and trauma, providing gender-based violence support and risk reduction, and mental health and psychosocial services. To reduce childhood mortality and morbidity, nutrition and health efforts will concentrate on child survival, scaling up life-saving treatment and prevention for severely wasted children and those at high risk of moderate wasting, outbreak response, malaria prevention, and immunization.

UNICEF's strengthened field presence and monitoring, in partnership with civil society organizations and the Government, promotes quality, dynamic mobile responses that can adapt to rapidly changing needs. UNICEF is committed to strengthening coordination – with dedicated capacities – as lead agency of the WASH and Nutrition Clusters and the Child Protection Area of Responsibility, and as co-lead of the Education Cluster.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/south-sudan/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.



### Health (including public health emergencies)

- **454,963** children vaccinated against measles, supplemental dose<sup>21</sup>
- **832,393** pregnant women and children provided with insecticide-treated nets in malaria-endemic areas<sup>22</sup>
- **720,000** people affected by health emergencies reached with primary health care services<sup>23</sup>



### Nutrition

- **397,292** children 6-59 months with severe wasting admitted for treatment<sup>24</sup>
- **1,811,338** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **2,844,362** children 6-59 months receiving vitamin A supplementation
- **58,543** children aged 5 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment



### Child protection, GBViE and PSEA

- **82,500** children, adolescents and caregivers accessing community-based mental health and psychosocial support<sup>25</sup>
- **100,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>26</sup>
- **1,047,273** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations<sup>27</sup>
- **4,950** children who have received individual case management<sup>28</sup>



### Education

- **574,088** children accessing formal or non-formal education, including early learning<sup>29</sup>
- **5,741** teachers received training on EiE and child centered teaching<sup>30</sup>
- **574,088** children receiving individual learning materials<sup>31</sup>



### Water, sanitation and hygiene

- **700,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs<sup>32</sup>
- **223,000** people accessing safe, gender sensitive sanitation<sup>33</sup>
- **1,400,000** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces<sup>34</sup>
- **1,400,000** people reached with critical WASH supplies<sup>35</sup>



### Cross-sectoral (HCT, SBC, RCCE and AAP)

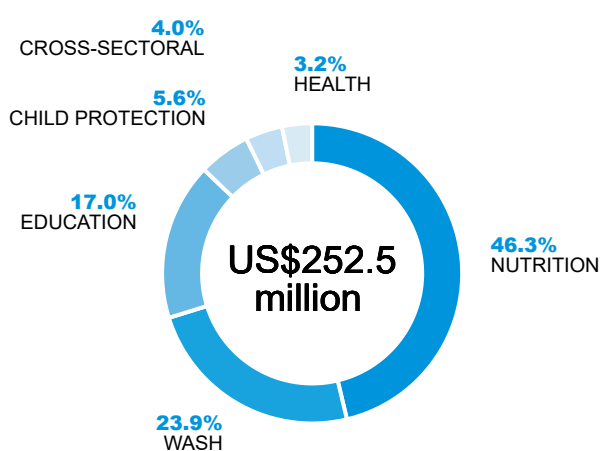
- **2,574,660** affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services
- **1,000,000** people engaged in reflective dialogue through community platforms<sup>36</sup>
- **250,000** people sharing their concerns and asking questions through established feedback mechanisms<sup>37</sup>
- **6,400** households reached with UNICEF-funded humanitarian cash transfers<sup>38</sup>

## FUNDING REQUIREMENTS IN 2024

In 2024, UNICEF will require \$252.5 million to deliver life-saving assistance for women, men, girls and boys - especially those living in hard-to-reach places - who are impacted by multiple shocks, including conflict, flooding, disease outbreaks and displacement. Funds will enable UNICEF to protect child rights, alleviate suffering, deliver life-saving assistance and expand opportunities for children to reach their full potential.

The total ask also includes a three per cent commitment to support gender-based violence programmes, and the prevention of sexual exploitation across sectors. The largest requirements are for nutrition, WASH and education, a necessity due to escalating stressors, including the crisis in Sudan. Another factor is UNICEF's inclusion of high-risk moderate wasting treatment<sup>39</sup>. The HAC requirements are also a reflection of the rising cost of materials and the cost of safely delivering supplies across the country while ensuring appropriate measures are in place during transportation and storage to mitigate the risk of diversion, especially in remote field locations. The strategic shift to expand durable and sustainable strategies to build resilience has also shifted resources, while at the same time protecting and maximizing aid contributions in a climate of reduced funding. The cost of full-time cluster coordinators and cluster information management specialists are included in the budget: these positions are essential to coherent, evidence-informed sector strategies and to avoiding duplication for nutrition, child protection, education and WASH clusters.

The 2023 Humanitarian Action for Children appeal for South Sudan was severely underfunded, particularly the education and health sectors. As a result, highly vulnerable children were excluded from education and exposed to severe protection risks, including child marriage. Additionally, without full funding of the appeal, UNICEF will be unable to sustain the achievements to date that have improved the lives of children and will be unable to implement programmes designed to make positive changes enduring and to help children thrive.



Appeal sector	Revised 2024 HAC requirement (US\$)
Health	8,156,369
Nutrition	116,854,933
Child protection	14,114,223
Education	42,838,436
WASH	60,455,154
Cross-sectoral	10,107,285
<b>Total</b>	<b>252,526,400</b>

Appeal sector	Original 2024 HAC requirement (US\$)	Revised 2024 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	Funding gap (%)
Health <sup>40,41</sup>	8,156,369	8,156,369	1,172,104	6,984,265	85.6%
Nutrition <sup>42</sup>	103,708,703	116,854,933	15,228,258	101,626,675	87.0%
Child protection <sup>43</sup>	14,114,223	14,114,223	4,963,684	9,150,539	64.8%
Education <sup>44</sup>	42,838,436	42,838,436	441,512	42,396,924	99.0%
WASH <sup>45</sup>	60,455,154	60,455,154	5,515,083	54,940,071	90.9%
Cross-sectoral <sup>46</sup>	9,584,148	10,107,285	944,759	9,162,526	90.7%
<b>Total</b>	<b>238,857,033</b>	<b>252,526,400</b>	<b>28,265,400</b>	<b>224,261,000</b>	<b>88.8%</b>

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## ENDNOTES

1. South Sudan Humanitarian Needs and Response Plan, 2024.
2. OCHA, South Sudan Humanitarian Needs and Response Plan 2024. The total people in need figure includes 500,000 refugees, 1.2 million returnees and 280,000 people in Abyei Administrative Area. A total of 15 per cent of all people in need are estimated to have a disability, and 24 per cent of the people in need are women. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities. The figure of 9 million people in need of humanitarian assistance and protection services in 2024 is based on the Humanitarian Needs Response Plan 2024.
3. A total of 4.9 million children is 54 per cent of 9 million people as per the Humanitarian Needs Response Plan, 2024.
4. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will aspire to serve as the provider of last resort where it has cluster coordination responsibilities.
5. This target is calculated based on the highest programmatic targets of 2,844,362 children aged 6 - 59 months receiving Vitamin A supplementation; 574,088 children aged 5 - 18 years accessing formal or non-formal education; and 1,811,338 million primary caregivers receiving infant and young child feeding counselling. The total number of people to be reached includes 50 per cent women/girls, 50 per cent men/boys and 15 per cent people/children with disabilities.
6. This target is calculated using the highest programmatic targets of 2,844,362 children aged 6-59 months receiving Vitamin A supplementation and 574,088 children aged 5-18 accessing formal or non-formal education. Of the target, 49 per cent are girls and 51 per cent are boys. Fifteen per cent are estimated to have a disability.
7. Humanitarian Needs and Response Plan, 2024
8. HNRP 2024 and OCHA Humanitarian Snapshot Feb 2024
9. UNHCR / IOM Dashboard <https://app.powerbi.com/view?r=eyJrJm9jZTMwNTIjNWYtYmVhYi00ZGI2LTgwYzAtN2UyNDZmZTRlNjBklwiwCI6IjE1ODgyNjJkLTlzMltdNDNiNC1iZDZlLWJzTQ5YzhINjE4NiIsImMiOj9&pageName>
10. Humanitarian Needs Response Plan 2024
11. 7.1 million people are expected to face acute food insecurity. Humanitarian Needs Response Plan 2024, page 14
12. OCHA, South Sudan Humanitarian Needs and Response Plan, 2024. Of the 6.3 million people in need of health services, an estimated 1.8 million are children and 835,000 women, while 15 per cent are estimated to have a disability.
13. Of those in need of nutrition assistance, 53 per cent (1.2 million) are children, 24 per cent (528,000) are women, and 15 per cent are estimated to have a disability. Humanitarian Needs and Response Plan, 2024.
14. The number of children in need of protection is calculated at 54 per cent of the total number of people in need of protection, which is 5,500,000. An estimated 15 per cent of the children in need of protection services have a disability.
15. Humanitarian Needs and Response Plan, 2024.
16. Of the 5.6 million people who lack access to safe water, 54 per cent (3 million) are children, 24 per cent (1.3 million) are women, and an estimated 15 per cent with disabilities. Humanitarian Needs and Response Plan, 2024.
17. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
18. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
19. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
20. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
21. There is no nationwide measles campaign planned for 2024, therefore targets are reduced compared with 2023. Targets is total surviving infants (<1Yr (4%)-Infant Mortality rate 102/1000) of total children in 2024. Target derived from 2024 population estimates from the 2008 population and housing census (<1Yr (4%)- 506,640 - Infant Mortality rate 102/1000) 51,677\* growth rate 0.103).
22. The total number of estimated pregnant mothers is 832,393 (5.6 per cent of the total population, estimated at 14,864,171 for 2024), an estimated 15 per cent of whom have disabilities. The insecticide-treated nets will be given during antenatal visits.
23. Includes new public health emergencies (Hepatitis E, Cholera etc.)
24. The projected SAM PIN in 2024 is 484,502 (37 per cent increase from 2023). UNICEF aims to treat 82 per cent (397,292) of the needs.
25. The target will reach specific groups of children, prioritizing their unique needs with a 10 per cent increase compared with the 2023 target, to account for the influx of people fleeing the crisis in the Sudan. The target breakdown for this year is as follows: 9 per cent of the overall target is composed of children under 5 years old; 33 per cent is composed of children aged 5–18 years. Additionally, 7 per cent of the overall target is allocated to address the needs of adults and 1 per cent the needs of people living with disabilities.
26. The 25 per cent increase in this target reflects the following: the growing needs of women and girls affected by the crisis in the Sudan during transit and displacement, an expansion of gender-based violence response services at more women- and girl-friendly spaces, gender-based violence prevention services through social norms programming and an increased focus on gender-based violence risk mitigation in WASH, nutrition, health and education programming in 2024.
27. Community awareness raising targets set by UNICEF programs that include PSEA. Populations are informed of what constitutes sexual exploitation and abuse, their responsibilities as right-holders and the channels for reporting incidents of sexual exploitation and abuse.
28. The target for 2024 remains consistent with that of 2023, with a 10 per cent increase to account for the response to the Sudan crisis. The breakdown of the target for 2024 is as follows: 3 per cent is allocated for children under 5 years of age; 30 per cent is allocated for boys aged 5–18 years; 27 per cent for girls aged 5–18 years; 18 per cent for adult males; 19 per cent for adult females; and 1 per cent for children living with disabilities.
29. The target is based on 5 per cent of the population under age 5 (3–5 years early childhood education), 5–18 (40 per cent girls, 60 per cent boys) primary- and secondary-level children. 3) 10 per cent of over 18 years of age (11 per cent female, 89 per cent male). 4) 15 per cent children with disabilities (Early Childhood Education, Primary, Secondary and Youth (15-24)). The Education Cannot Wait-funded multi-year resilience programme targets 139,000 children.
30. 50 per cent of the teachers will be female.
31. The target is children aged 3–17 years and includes 86,000 children with disabilities.

32. This is calculated using the estimated number of people to be reached per water facility. This includes handpumps, solar motorized water points and surface water treatment plants at Sphere standards. Boys under 18 years of age account for 23 per cent, girls under 18 years of age account for 25 per cent, men over 18 years of age account for 24 per cent and women over 18 years of age account for 28 percent. People with disabilities make up 15 per cent of the total target.

33. Using the WASH cluster standard of estimated people per latrine stance constructed or repaired (Sphere standards). Boys under 18 years of age account for 23 per cent, girls under 18 years of age account for 25 per cent, men over 18 years of age account for 24 per cent and women over 18 years of age account for 28 percent. Persons with disabilities make up 15 per cent of the total target.

34. It is estimated that all children in the learning and safe spaces will have access to WASH services, including hygiene promotion.

35. This figure is informed by WASH items distribution reports from partners and by end-user monitoring reports from the WASH cluster. The figure includes men, women, boys and girls and persons with disabilities.

36. Two thousand community mobilizers will each reach 100 households (500 individuals total) each by conducting community engagement through interpersonal communication activities (50.4 per cent of the target population is females and 49.6 per cent male). Twenty percent of men and women over 18 years of age will be reached with risk communication messages.

37. Two thousand community mobilizers will reach 100 households each; 50,000 people (8 per cent of the social and behaviour change target population) will call through the hotline 2222. Twenty per cent of people over 18 years of age of the social and behaviour change targets. Target population for social and behaviour change interventions is 50.4 per cent females, 49.4 per cent males; 15 per cent of the target population are persons with disabilities.

38. Focused on pregnant women and families of children under 2 years of age, targeting caregivers, most notably women with children in need of nutrition services.

39. Following the IPC Classification exercise at the end of 2023, nutrition targets for 2024 have been revised upwards. This has resulted in an overall increase in total budget requirements.

40. Funding from the World Bank and health multi-donor trust funds will help support integrated health services (primary health care) and systems resilience efforts that complement the humanitarian response (estimated at \$143.3 million for 2024, as of September 2023).

41. Unit cost per long-lasting insecticidal nets is \$4.5 per net; the unit cost of a measles vaccine is \$2 per child; 250 emergency medicines kits at \$3,300 per kit; 100 high-performance tents at \$3,100 per tent; \$200,000 for last-mile distribution; \$300,000 for operating mobile clinics. Requirements are reduced compared with 2023 because there is no nationwide measles campaign planned in 2024; the number of vaccines is based on total surviving infants (<1Yr (4%) - Infant Mortality rate 102/1000) of the total children in 2024.

42. Includes costs per child of \$1 for screening and referral, \$226 for treatment of severe wasting, \$176 for treatment of high-risk moderate wasting, \$1.5 for counselling, \$0.16 for vitamin A; also includes supply, freight, logistics, workforce and \$611,964 for cluster coordination technical assistance.

43. Includes \$6,997,350 for child protection, an increase compared with from 2023 to cover critical gaps in the sector and meet increased needs due to the crisis in the Sudan; \$4,920,000 for gender-based violence in emergencies (a 25 per cent increase compared with 2023 to better respond to growing needs of women and girls affected by the crisis in the Sudan and to expand gender-based violence response services at higher number of women- and girl-friendly spaces, gender-based violence prevention through social norms programming and an increased focus on gender-based violence risk mitigation in WASH, nutrition, health and education programming for 2022); \$965,518 for prevention of sexual exploitation and abuse (an increase compared with 2023 to respond to need to strengthen action in this area), and \$565,847 for the Child Protection Area of Responsibility technical assistance.

44. Includes \$42,367,694 for education in emergencies, access to formal or non-formal education, including early learning, learning materials and teacher training, in addition \$470,742 for cluster coordination technical assistance.

45. Calculated using WASH Cluster standard costing; includes \$39,179,190 for provision of safe water and sanitation in emergency settings and learning spaces, \$20,664,000 for critical WASH supplies and \$611,964 for cluster coordination technical assistance.

46. This includes \$1,845,000 for humanitarian cash transfers, \$4,750,248 for risk communication and community engagement and social and behaviour change, \$1,143,900 for accountability to affected populations and \$1,450,000 for social behavior change for gender-base violence responses and protection from sexual abuse and exploitation.