South Sudan

HIGHLIGHTS

- One year since the start of the Sudan conflict, 657,959 individuals, including 339,330 children, have crossed border points into South Sudan.
- 367,236 children (9,709 returnees) aged 6-59 months were vaccinated against measles in five counties of Northern Bahr El Ghazal, two counties of Western Equatoria, and two counties of Warrap States.
- 29,790 children 6-59 months with severe wasting were admitted for treatment across the 10 States and the Abyei Administrative Area.
- 74,255 people had access to sufficient quantity and quality of water for drinking and domestic needs through surface water treatment systems and rehabilitation of water points.
- 21,336 women, girls and boys had access to gender-based violence risk mitigation, prevention and/or response interventions.
- The 2024 HAC Appeal remains only 12 per cent funded resulting in the unmet humanitarian needs of children and women.

UNICEF RESPONSE AND FUNDING STATUS*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Measles</th>
<th>SAM Admitted</th>
<th>GBV</th>
<th>Access to Education</th>
<th>Safe Water</th>
<th>Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding status</td>
<td>38%</td>
<td>26%</td>
<td>58%</td>
<td>1%</td>
<td>40%</td>
<td>36%</td>
</tr>
</tbody>
</table>

SITUATION IN NUMBERS

- **4,900,000** Children in need of humanitarian assistance
- **9,000,000** People in need of humanitarian assistance
- **484,502** children 6-59 months with severe wasting admitted
- **2,000,000** Internally Displaced People

FUNDING STATUS (IN US$)**

- **$5.2M**
- **$25.8M**
- **$221.6M**

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

* UNICEF response % is only for the indicator, the funding status is for the entire sector.
FUNDING OVERVIEW AND PARTNERSHIPS

In South Sudan, 9 million people, including 4.9 million children, are confronted by multiple humanitarian crises due to protracted and new conflict displacement, floods, disease outbreaks, and the devaluation of the South Sudanese pound. Additionally, the ongoing conflict in neighboring Sudan is worsening the situation, leading to the arrival of over 650,000 individuals, including more than 330,000 children, seeking life-saving support. UNICEF aims to provide life-saving humanitarian assistance to over 5.2 million people, including 3.4 million children, in 2024.

The South Sudan Humanitarian Action for Children (HAC), aligned with the South Sudan Humanitarian Needs and Response Plan (HNRP), requires $252.5 million to reach the target population. Despite the resources received so far, there remains a significant 88% per cent funding gap with WASH and Education having the highest gaps at 91 per cent and 98 per cent respectively.

Without resources, UNICEF South Sudan cannot effectively address current and emerging crises. Further, without additional support UNICEF South Sudan cannot procure essential supplies, hire personnel, and maintain logistic functions necessary to support adequate preparedness for the upcoming rainy season.

UNICEF continues to provide humanitarian lifesaving services through generous contributions from multiple donors including the Governments of Japan, Belgium, Canada and Norway, the German Federal Office, Spanish Committee, BHA, GAVI, European Commission/ECHO and UNOCHA.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

April marked one year since the start of the conflict in Sudan. South Sudan continued to receive returnees and refugees across several border points. As of April 30th, a total 657,959 people from 158,972 households had crossed into South Sudan, including 339,330 children. This population consisted of returnees and refugees composed of 19 different nationalities. Approximately 26,992 refugees and returnees arrived in South Sudan in April, which is lower than the number of arrivals recorded in March (44,675) and February (44,715). The daily average of arrivals in April stood at 800 arrivals compared to 1,500 and 1,400 in March and February respectively. This decrease could be the result of the extreme weather conditions experienced during the reporting month as well as the Ramadan period. Despite the decrease in daily averages, the inflow continued to exacerbate the humanitarian crisis within the country amidst the sharp increase cost of assistance delivery. Some returnee households are anticipated to experience Catastrophe (IPC Phase 5) conditions due to their arrival without assets, limited coping capacity, and reliance on host communities and humanitarian aid for food and essential services.

In April, South Sudan’s macroeconomic conditions further deteriorated due to significant losses in oil revenue, stemming from a February rupture and ongoing repair disruptions of a main oil pipeline in Sudan that transports South Sudanese oil for export. This situation has caused deterioration and high volatility in the exchange rate. By the end of April, the South Sudanese pound had dropped to 2500 against the dollar in the parallel market. Coupled with the government’s imposition of new customs and border fees, these factors are driving up import costs for food and fuel prices. The fiscal crisis has resulted in delayed payments to government employees and service providers and is causing a rise in the cost of living, especially in urban areas where reliance on the market is greatest.

Humanitarian operations were significantly hindered by new customs and border fees, particularly on fuel, even though South Sudanese law exempts humanitarian organizations from such taxes. The World Food Programme (WFP) estimated that 60,000 people have already been affected by missed deliveries due to these fees, with the number potentially increasing to 145,000 by May if the issue persists. Humanitarian efforts are currently focused on scaling up the critical lean season response. However, the delivery of this assistance continues to be disrupted by high costs, insecurity, logistical challenges, and insufficient funding.

South Sudan is experiencing increasing acute food insecurity due to the ongoing impacts of conflict and flooding, a high influx of returnees, unusually early depletion of food stocks, and seasonally low availability of wild foods, fish, and livestock products. Additionally, there has been a significant decline in macroeconomic conditions since February. Crisis (IPC Phase 4) levels of food insecurity will remain widespread, with 23 counties in Emergency (IPC Phase 4) status, including parts of Unity, Warrap, Upper Nile, Jonglei, Lakes, and Eastern Equatoria States. Catastrophe (IPC Phase 5) conditions are expected to persist in Pibor County in Greater Pibor Administrative Area, especially with the suspension of air drops, and among returnee households in transit or with limited social connections and minimal assets.

Staple food prices remained elevated across various regions of the country, driven by high supply costs and significant currency depreciation. According to the Joint Market Monitoring Initiative (JMMI) report, the median price for a kilogram of sorghum, sugar and maize stood at 1,336, 3,000 and 1,299 SSP which is a 31 per cent, 21 per cent and 33 per cent increase, respectively compared to the market prices in March.

Intercommunal violence and insecurity persist in several places in South Sudan, disrupting livelihood activities, trade flows, and humanitarian food assistance deliveries to the most vulnerable host, returnee, and refugee households. Incidents of violent conflict have remained generally high. Moreover, intercommunal conflict and petty crime are likely to increase over the coming months as herders compete for scarce resources in advance of the rains and as the macroeconomic situation deteriorates further.

In Jonglei and the Greater Pibor Administrative Area (GPAA), sporadic insecurity and cattle raiding incidents disrupted assistance delivery and trade flows. In Jonglei State, reports indicated that on April 8, two people were killed and two children were abducted in Akobo County. Additionally, on April 12, 42 herds of cattle were raid in Nyiril County. This insecurity hindered land preparations for the 2024 crop production and assistance delivery. In GPAA, persistent localized conflicts and insecurity intermittently disrupted trade flows and assistance delivery. According to key informants and a media report, on April 3, twelve people were killed and fifteen children were abducted in Ajwa village in Pochalla County, highlighting the ongoing threat of conflict to lives and livelihoods.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In April 2024, UNICEF continued to deliver routine health services through implementing partners in three states and two administrative areas in the Upper Nile Region of South Sudan, while also supporting the response to the Sudan crisis. Over 182,975 individuals (100,450 females and 82,525 males) received primary
health care consultations at transit sites in Bentiu, Unity State and Renk and Malakal, Upper Nile State. Boma health workers facilitated 11,835 consultations (6,149 females and 5,686 males). Malaria was the leading cause of morbidity, accounting for 31 per cent of consultations, followed by diarrhea (14 per cent), pneumonia (13 per cent), and other diseases (42 per cent). To address these health issues, UNICEF conducted last-mile delivery (LMD) of quarter one (Q1) essential drugs and medical supplies to health facilities in the greater Upper Nile region, with additional antimalarial drugs on the way.

A four-day second round of the nationwide nOPV2 vaccination campaign was launched on April 16, 2024, targeting 3,003,656 children aged 0-59 months. A total of 3,335,861 (111 per cent) children were vaccinated, with 52 per cent being female.

Measles remained a significant concern, with 96 cases reported from 10 counties, and 9.4 per cent of these cases confirmed in laboratories. A measles outbreak response campaign was conducted in five counties of Northern Bahr el Ghazal, two counties of Western Equatoria, and two counties of Warrap State. The campaign targeted 274,710 children aged 6-59 months, vaccinating 367,236 children (134 per cent), including 9,709 returnees (2.6 per cent).

Nutrition
UNICEF’s commitment to supporting Nutrition programs remains steadfast, collaborating with implementing partners (IPs) to deliver essential life-saving and preventative nutrition interventions. These initiatives encompass screening and treating wasting, alongside providing Infant and Young Child Feeding (IYCF) counseling services to advocate for optimal feeding practices across all 10 states in the country.

In response to the Tambura crisis, UNICEF continues its support, offering technical guidance to nutrition partners addressing the situation. Pre-positioning 476 Cartons of Ready-to-Use Therapeutic Food (RUTF) before the conflict ensured sufficient supplies for 2-3 months catering to immediate needs of the affected population. Screening efforts within Tambura IDP camps reached 221 children (122 girls and 99 boys) under five of which 10 children (7 girls and 3 boys) had severe acute malnutrition (SAM), prompting their enrollment for treatment in the last week of the month. Additionally, 206 children (112 girls and 94 boys) were screened in Source Yubu IDPs, a payam in Tambura with six SAM cases (4 girls and 2 boys) identified and enrolled for treatment.

In the reporting period, UNICEF, in collaboration with the Ministry of Health and sister UN agencies (WHO, WFP), conducted a sensitization session on the new WHO guideline for prevention and treatment of wasting in Aweil, Northern Bahr el Ghazal State as a preparatory step for piloting the recommendations from the new guidelines.

To address aid diversion, nutrition partners in Pibor convened six community engagement meetings, focusing on mitigating supplies looting and addressing community challenges.

In Jonglei State, UNICEF supported partners by training health and nutrition workers on Community Management of Acute Malnutrition (CMAM) and Maternal, Infant, and Young Child Nutrition (MIYCN) protocols, bolstering their capacity to deliver quality services. Sixty health and nutrition workers (8 women and 52 men) benefited from this training.

Integration efforts between WASH and Nutrition in Pibor saw 419 households receive water storage buckets, with 207 households receiving training on water treatment using PUR. Additionally, 1400 households received soap for handwashing in attempt to enhance and promote hygiene practices in the community.

Preparations are underway for a national Vitamin A supplementation, deworming, and Mid-Upper Arm Circumference (MUAC) campaign, slated for the last week of May, targeting 2.8 million children aged 6-59 months.

In the realm of malnutrition prevention, UNICEF reached 99,651 caregivers (84,156 women and 15,495 men) with key messages on preventing wasting and other forms of malnutrition and counseling sessions on MIYCN at both health facilities and community levels.

Regarding treatment of wasting, 723,878 children (343,831 boys and 380,047 girls) were screened for wasting at both facility and community level. Among these, 29,790 children (15,522 girls and 14,268 boys) were identified to have severe wasting and referred for treatment across various nutrition centers nationwide.

UNICEF continued to extend its support to the Sudan crisis response, focusing on reception sites and transit centers in Joda, Renk and Malakal in Upper Nile State where majority of the returned and refugees enter the country. During the reporting period, 6,752 children aged 6-59 months were screened for wasting, with 853 severely wasted children identified enrolled in the OTP program in Renk. Additionally, 6,702 mothers and caregivers of children with 0-59 months were reached with key messages on IYCF/MIYCN caring practices.

Programme monitoring and supportive supervision in this reporting month were conducted for 21 implementing partners in 27 counties and 142 nutrition sites were visited. The purpose of these monitoring visits was to ensure provision of quality services to children and women in communities served.

Challenges persisted, including the lack of timely availability of monitoring and evaluation reporting tools, stock shortages of essential items like RUTF and Amoxicillin and other essential tools for service provision and insecurity in Pibor and Boma due to cattle raiding events.

Child protection, GBViE and PSEA

In April, child protection initiatives reached 42,857 individuals across 32 counties in 10 states and administrative areas, marking a 22 per cent increase from the previous reporting period. This outreach included 64 per cent children (13,668 girls and 13,665 boys) and 34 per cent adults (10,878 women and 4,646 men).

Of these, 17,374 individuals accessed mental health and psychosocial support services through child-friendly spaces, schools, and community centers established nationwide. Among them, 7,932 children (2,801 girls and 5,131 boys) reported improved
well-being from their participation in activities at youth and adolescent centers in Juba, Central Equatoria State, Malakal, Upper Nile State and Pier, Greater Pier Administrative Area. A total of 21,336 individuals, including 35 per cent adolescents (4,962 girls and 2,550 boys) and 65 per cent adults (9,971 women and 3,833 men), received information and services on gender-based violence (GBV) risk mitigation, prevention, and response. Additionally, 267 children (122 girls and 145 boys) were newly registered and began receiving comprehensive case management services, which include identification and registration, comprehensive assessment, case planning, implementation, follow-up, and case closure in respect to their individual vulnerability criteria. Through the concerted efforts of our partners' social workers and section staff, 16 children (5 girls and 11 boys) were successfully reunified with their families and guardians.

To reduce the risk of injury from exposure to unexploded explosive ordinances, awareness-raising campaigns were conducted in communities and schools in collaboration with partners in the targeted communities. These campaigns reached 3,864 individuals, including 70 per cent children (1,404 girls and 1,284 boys) and 30 per cent adults (580 women and 596 men).

In April, six newly signed child protection (CP) and GBV partners, Confident Children Out of Conflict (CCC), Humanity and Inclusion (HI), International Medical Corps (IMC), International Rescue Committee (IRC), Save Lives Initiative (SLI) and Mobile Theatre Team (MTT), began implementing activities in Juba, Pier, Renk, Rubkon, Yambio, and Malakal. Among these new partners, three are addressing the needs of children affected by the Sudan crisis, while one is focused on improving disability inclusion and empowering organizations for persons with disabilities (PWDs). Additionally, in collaboration with the Ministry of Gender, Child and Social Welfare (MoGCSW) and the Ministry of Justice and Constitutional Affairs (MoJCA), a consultative meeting on diversion for children in conflict with the law was held, attended by key state ministries, national NGOs, and international NGOs. Furthermore, to enhance our partners' capacities, the CP team in Wau conducted an information management for case management training for partners in Warrap and Northern Bahr el Ghazal states.

Partners reported that the economic situation in the country poses significant challenges to program implementation. Rising fuel prices have impacted movement and the purchase of goods, while limited transport options and adverse weather conditions in areas such as Duk, Bor, Akobo, and Uror, Jonglei State have reduced service dissemination to vulnerable beneficiaries. Additionally, high financial expectations from potential employees and the host community have affected implementation activities in Wau, Western Bahr el Ghazal State and Unity State. To address these issues, partners have engaged in discussions with relevant authorities and stakeholders to find amicable solutions.

Water, sanitation and hygiene

In April 2024, UNICEF and its WASH implementing partners, including World Vision and Health Care Foundation in Upper Nile State, and Concern Worldwide in Unity State, delivered essential lifesaving services to South Sudanese returnees and refugees in Renk, Malakal, Upper Nile, and internally displaced persons (IDPs) in Unity states.

To ensure access to safe and clean water for drinking and domestic use, UNICEF, in collaboration with WASH partners, utilized seven surface water treatment systems (SWAT) and the Renk treatment plant in April. These water sources catered to a total of 74,255 individuals (26,771 girls, 19,356 boys, 16,389 women and 11,739 men) from IDP sites in Malakal and transit sites in Renk, Upper Nile. The provision of safe water has significantly enhanced hygiene and well-being by mitigating water-related diseases.

Sanitation services were also provided to mitigate the prevalence of diseases associated with poor sanitation. In April, a total of 26,725 individuals (6,414 girls, 6,147 boys, 7,483 women and 6,681 men), gained access to appropriate sanitation services through the bimonthly desludging of 97 stances of emergency pit latrines in transit centers of Malakal and Renk. These facilities have reduced open defecation specifically at the transit centres, and further reduced the prevalence of diarrhoeal disease among the children.

Furthermore, critical emergency WASH supplies, including WASH emergency kits (buckets and soap) and household water treatment chemicals, reached a total of 60,087 individuals (15,022 girls, 13,820 boys, 16,824 women and 14,421 men) in Bentiu and Rubkon, Unity State. These supplies, provided through the core pipeline, supported the surface water treatment system in IDP camps.

UNICEF additionally ensured that a significant number of children had access to safe and appropriate WASH facilities and hygiene services in learning and safe spaces. A total of 87,530 children (48,207 girls and 39,323 boys) received proper WASH services, primarily in schools and child-friendly spaces in IDP camps in Malakal, Upper Nile, and Bentiu/Rubkon, Unity State.

Community awareness campaigns were conducted to promote proper hygiene behaviors. In April, UNICEF reached 11,215 individuals (2,804 girls, 2,579 boys, 3,140 women and 2,692 men) with key hygiene promotion messages, focusing on household water treatment, safe water handling, handwashing with soap, proper use of latrines, and safe waste disposal methods in Malakal IDP camp and transit centers in Renk and Malakal. These activities were conducted by trained hygiene promoters in the targeted communities.

Despite these achievements, WASH partners encountered several challenges, including insufficient bathing shelters for returnees, limited funding for WASH services in the state, handover of water treatment facilities to the Ministry with expressed resource and capacity constraints, and inadequate funding to address WASH needs in Raja County, Western Bahr el Ghazal State.

Education

Following the resumption of classes on April 3, 2024, after the heatwave, that closed schools for two-weeks, UNICEF and collaborating partners persistently delivered educational services to populations impacted by emergencies throughout the reporting period. Escalated intercommunal conflicts between two communities in Tambura town and its environs exacerbated the emergency needs. These hostilities endured for several days, resulting in the displacement of nearly 26,000 individuals to various displacement sites across Tambura, Ezio, and Nagero counties in Western Equatoria State. Consequently, 31 schools in Tambura town remain non-operational (closed), prompting plans to reopen four comprehensive schools at Renzi and St. Mary's, each comprising primary and secondary levels.

Many schools nationwide encounter the predicament of limited learning spaces, compelling certain classes to operate outdoors including under trees. To alleviate this challenge, UNICEF and its partners erected seven semi-permanent learning structures (one in Abyei Administrative Area, four in Jonglei State, and two in Lakes State). These completed semi-permanent facilities have notably enhanced the teaching and learning environment in targeted schools, thereby increasing access to education.

School governance frameworks such as Parents teachers...
Associations (PTAs) and School Management Committees (SMCs) assume pivotal roles in school administration, particularly when their capacities are enhanced. In this regard, UNICEF and partners conducted training sessions for 141 PTA members (20 in Abyei Administrative Areas, 71 in Unity State, 26 in Lakes State and 24 in Warrap State), with a significant representation of female participants (81), elucidating their roles and responsibilities in school management, and strategies for mobilizing out-of-school children.

In April 2024, UNICEF and partners organized three Back-to-Learning campaigns (BtL). In Central Equatoria, Windle Trust International successfully held the BtL event at Atlaabra West Primary School on April 25th. Over 300 attendees, including learners, teachers, parents, community leaders, and education partners, attended the colorful event in Juba County, Central Equatoria where learners participate in dramas, poems, songs, and traditional dances. The games and songs presented by the learners and speeches by the local authorities and guest of honor revolved around the theme "Back to school". In Western Equatoria State, the State Ministry of Education and partners conducted the BtL campaign at Bazungu I Primary School, with participation from 11 schools and around 4,000 people in attendance. Additionally, a radio talk show on ANISA FM radio disseminated key BtL with a 25-minutes call-back questions and answers session to about 100,000 listeners. In Bentiu, Unity State, INTERSOS, supported by UNICEF, organized the BtL campaign at Machakos Primary School on April 18th. The event attracted over 600 participants, including pupils from four supported schools, teachers, PTA/SMC members, community members, partners, and government officials from the State Ministry of General Education and Instruction, as well as the County Education Department representatives.

Education supplies play a crucial role in facilitating teaching and learning processes. UNICEF and its partners conducted distributions of assorted teaching and learning materials in Pibor and Vertect counties. Additional available funding enabled the extension of deliveries to Gumuruk and Lekuangole counties within the Greater Pibor Administrative Area (GPA). These provisions not only enhanced access to education but also elevated the quality of teaching and learning experiences for over 8,000 children in GPA. Notably, in Pibor Boys Primary School, the availability of learning materials significantly increased student enrollment. Furthermore, in Bentiu, Unity State, UNICEF targeted the most vulnerable children with assorted education supplies including 3 school-in-a-box children kits, three school-in-a-box teacher kits, and two recreation kits, which benefited 55 (40 per cent girls) newly enrolled returnee children in Machakos primary. Similarly, in Central Equatoria State, a total of 11,524 (6,185 girls) learners from 21 KFW-supported schools benefited from educational supplies, including 21 Early Childhood Development (ECD) kits, 31 school-in-a-box teacher kits, and 47 school-in-a-box students’ kits. In Northern Bahr el Ghazal, UNICEF, in collaboration with Windle Trust International, distributed educational supplies to 720 learners (358 girls and 362 boys) in KFW-supported schools. Additionally, UNICEF reached 2,510 individuals (1,130 girls) in Warrap State and 862 learners (401 girls) in Western Bahr el Ghazal with the distribution of teaching and learning materials, including school-in-a-box children kits and ECD kits. These materials encompass a variety of resources tailored to meet the educational needs of learners.

In Jonglei State, UNICEF and Christian Mission for Development (CMD) collaborated to train 88 volunteer teachers (17 female) on education in emergencies and child-centered pedagogy in Fangak and Pigi counties. Although these teachers were initially supported with incentives to increase motivation in the teaching profession, the cessation of payments pose a risk of potential challenges such as absenteeism and diminished morale, prompting ongoing monitoring of school performance in the supported locations by UNICEF.

During the reporting period, UNICEF and partners encountered various implementation hurdles, including insecurity in Abyei, Tambura in Western Equatoria State, and parts of Unity State, which impeded access to certain locations. Additionally, the high cost of transporting education materials to remote areas, coupled with an influx of refugees/returnees from Sudan, exacerbated humanitarian needs amidst constrained resources.

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

In April 2024, the Integrated Community Mobilization Network (ICMN) reached 211,653 individuals (110,057 females and 101,596 males) and 35,208 households nationwide through interpersonal communication in targeted thematic areas. Furthermore, 1,573 ICMN members were deployed to advocate for the demand and uptake of the polio nOPV2 vaccine, awareness on acute watery diarrhea, measles, Hepatitis E, and red eye infection.

The Social and Behavior Change Communication (SBC) sector supported the national Polio Supplementary Immunization Activity (SIA) round two campaign across the 10 states and three administrative areas, resulting in a commendable national coverage exceeding 95 per cent. Various strategies were implemented during the SIA campaign, including the capacity building and deployment of over 4,000 community mobilizers to enhance demand and uptake of the polio vaccine through community engagement, targeting priority groups such as cattle camps, fishing camps, refugees, and returnees via house-to-house mobilization efforts. Additionally, mass media activities in twelve local languages were disseminated through partnerships with Eye Radio and twenty-five community radio stations, reaching an estimated two million people.

In response to violent attacks by unknown gunmen in Minga Payam of Mundri West, Western Equatoria, which forced several civilians to flee to Rokon Payam of Juba County, Central Equatoria State, the SBC sector supported the Central Equatoria County Health Department and implementing partner The Rescue Initiative South Sudan (TRISS) in conducting a rapid assessment to assess and better understand the needs of internally displaced persons. Assessment findings were shared with field operations teams for follow-up, and TRISS deployed a total of 15 ICMN members to Rokon Payam to deliver key life-saving messages, reaching 1,141 households and 6,841 individuals.

Furthermore, a total of 4,912 feedbacks (2,112 females and 2,800 males) were received through the SBC-supported community feedback mechanism (toll-free 2222) and community-based mechanisms. Fifty-eight per cent of the feedback pertained to concerns, questions, suggestions, and requests for information regarding the polio vaccination campaign such as campaign dates and vaccination points, while 42 per cent were related to WASH, Nutrition, Health, and Education services.

Challenges persist, including insecurity in certain areas of Western Equatoria and border regions between Sudan and South Sudan due to cattle raids, resulting in mass population displacements and intercommunity tensions.

Future key activities include conducting behavior and social driver rapid assessments for acute watery diarrhea in Renk and Malakal, providing technical support for malaria vaccine rollout preparedness activities, supporting ongoing Risk Communication and Community Engagement (RCCE) activities for displaced populations in Rokon Payam, Western Equatoria, and responding to the Red Eye outbreak in Rumbek State through intensified community engagement and media awareness activities.
HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2024, UNICEF leads the Nutrition Cluster with the International Rescue Committee (IRC) and the WASH Cluster with Norwegian Refugee Council (NRC). UNICEF co-leads the Education Cluster with Save the Children and leads the Child Protection Area of Responsibility (CPAoR). Within the Education Cluster, a local organization, Universal Network for Knowledge and Empowerment Agency (UNKEA) is a Co-coordinating Partner. Within the Child Protection Area of Responsibility, Save the Children is a Co-Coordinator and a local organization, Community in Need Aid (CINA) is a Co-coordinating Partner. The SAG convened to assess Cluster operations, considering limited core pipeline resources, upcoming South Sudan Humanitarian Fund (SSHF) approach, cluster priorities, and membership. The WASH Cluster reviewed and approved eight WASH core pipeline requests to WASH partners addressing emergencies. Additionally, 451,769 people (75,295 households) (100,866 girls, 115,966 boys, 109,293 women and 125,624 men) have been reached with WASH NFI's through RRT and static response modalities. In April, a total of 115,987 individuals were reached with water, sanitation, and hygiene promotion, including 20,861 girls, 19,357 boys, 41,319 women and 34,450 men. Participation involved in the SSHF partners’ eligibility mapping exercise and consultation meeting with the Inter-Cluster Coordination Group (ICCG) for discussions on prioritization tables with Sub-National ICCG/coordinators (OCHA colleagues) of the prioritized SSHF States, and subsequent guidance provided to priority states for discussions at the Sub-National ICCG. The WASH Cluster continued involvement in the InterSector response plan, which has been submitted to ICCG for review and funding under SSHF. The National WASH Cluster Monthly Meeting brought together 60 WASH partners, including 16 INGOs, 41 NGOs, and 3 UN agencies, to address SSHF SA1 updates, Core Pipeline, cluster membership, Emerging Trends, AQA, IM/HNRP Progress, and feedback on agreed actions from WASH cluster SAG. Monthly meetings with 10 Sub-National State Coordinators were conducted to discuss challenges, gaps, and support required at the national cluster level. Bi-weekly rapid response coordination meetings were held to address concerns such as situation updates on Tambura and Rokon conflict, key updates from RRT partners, gaps/challenges, Sub National Coordinators key updates, and updates on RRT membership. April 2024 saw multiple humanitarian emergencies and economic hardships, compounded by shrinking funding for humanitarian responses, which significantly affected the continuity of education for the most vulnerable children. Despite these challenges, the education cluster maintained a well-coordinated humanitarian response at both national and sub-national levels, enabling 103,826 learners (48,271 females and 55,555 males) to access formal and non-formal education. Additionally, 231 students were enrolled in Technical and Vocational Education Training (TVET). To enhance teaching quality and retention, 275 teachers (135 females and 140 males) received training in Education in Emergencies (EiE) and basic teaching pedagogies, while 366 teachers (94 females and 272 males) were supported with incentives. Distribution of educational materials included 593 ECD kits, 448 recreational kits, and 96 teacher kits, benefiting approximately 59,239 children and 96 teachers. Furthermore, 581 School Management Committees (364 males and 217 females) were trained in school management, governance, and disaster risk reduction to ensure safe learning environments. Major challenges included inaccessibility due to violence and instability, along with rising inflation.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Stories and media can be found on UNICEF’s website and social media channels:

- https://www.unicef.org/southsudan/stories
- UNICEF South Sudan Social Media: Facebook, Twitter, Instagram, YouTube

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: 22 APRIL, 2024
## ANNEX A - PROGRAMME RESULTS

### Consolidated Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>2024 targets</th>
<th>Total results</th>
<th>Progress*</th>
<th>2024 targets</th>
<th>Total results</th>
<th>Progress*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health (including public health emergencies)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children vaccinated against measles, supplemental dose</td>
<td>Total 5.6 million</td>
<td>454,963</td>
<td>170,914</td>
<td>▲ 8%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Pregnant women and children provided with insecticide-treated nets in malaria-endemic areas</td>
<td>Total 3.1 million</td>
<td>832,393</td>
<td>111,969</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>People affected by health emergencies reached with primary health care services</td>
<td>Total 3.6 million</td>
<td>720,000</td>
<td>231,394</td>
<td>▲ 3%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children 6-59 months with severe wasting admitted for treatment</td>
<td>Total 484,502</td>
<td>397,292</td>
<td>102,981</td>
<td>▲ 7%</td>
<td>397,292</td>
<td>103,200</td>
<td>▲ 7%</td>
</tr>
<tr>
<td></td>
<td>Primary caregivers of children 0-23 months receiving infant and young child feeding counselling</td>
<td>Total 1.6 million</td>
<td>1.8 million</td>
<td>351,831</td>
<td>▲ 5%</td>
<td>1.6 million</td>
<td>350,036</td>
<td>▲ 6%</td>
</tr>
<tr>
<td></td>
<td>Children 6-59 months receiving vitamin A supplementation</td>
<td>Total 2.3 million</td>
<td>2.8 million</td>
<td>-</td>
<td>0%</td>
<td>2.3 million</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Children aged 5 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment</td>
<td>Total 58,543</td>
<td>58,543</td>
<td>-</td>
<td>0%</td>
<td>58,543</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Child protection, GBViE and PSEA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children, adolescents and caregivers accessing community-based mental health and psychosocial support</td>
<td>Total 3.2 million</td>
<td>82,500</td>
<td>48,300</td>
<td>▲ 21%</td>
<td>252,619</td>
<td>97,543</td>
<td>▲ 26%</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total 7 million</td>
<td>100,000</td>
<td>57,523</td>
<td>▲ 21%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations</td>
<td>Total 9 million</td>
<td>1 million</td>
<td>80,912</td>
<td>▲ 3%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Children who have received individual case management</td>
<td>Total 402,775</td>
<td>4,950</td>
<td>810</td>
<td>▲ 5%</td>
<td>60,416</td>
<td>13,575</td>
<td>▲ 13%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total 2 million</td>
<td>574,088</td>
<td>4,193</td>
<td>0%</td>
<td>748,800</td>
<td>60,612</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Teachers received training on EiE and child centered teaching</td>
<td>Total 40,718</td>
<td>5,741</td>
<td>624</td>
<td>0%</td>
<td>6,403</td>
<td>727</td>
<td>0%</td>
</tr>
<tr>
<td>Category</td>
<td>Total</td>
<td>Percentage</td>
<td>Progress in the reporting period April 2024</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------------</td>
<td>---------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children receiving individual learning materials</strong></td>
<td>2 million</td>
<td>0%</td>
<td>30,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Water, sanitation and hygiene</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing a sufficient quantity and quality of water for drinking and domestic needs</td>
<td>5.6 million</td>
<td>11%</td>
<td>2.6 million</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing safe, gender sensitive sanitation</td>
<td>5.6 million</td>
<td>12%</td>
<td>2.6 million</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces</td>
<td>3 million</td>
<td>6%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached with critical WASH supplies</td>
<td>5.6 million</td>
<td>6%</td>
<td>1.6 million</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cross-sectoral (HCT, SBC, RCCE and AAP)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services</td>
<td>9 million</td>
<td>8%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People engaged in reflective dialogue through community platforms</td>
<td>1.5 million</td>
<td>11%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People sharing their concerns and asking questions through established feedback mechanisms</td>
<td>1.5 million</td>
<td>2%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households reached with UNICEF-funded humanitarian cash transfers</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Progress in the reporting period April 2024*
## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2024</th>
<th>Resources available from 2023 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (including public health emergencies)&lt;sup&gt;63,64&lt;/sup&gt;</td>
<td>8,156,369</td>
<td>-</td>
<td>1,172,104</td>
<td>6,984,265</td>
<td>86%</td>
</tr>
<tr>
<td>Nutrition&lt;sup&gt;65&lt;/sup&gt;</td>
<td>116,854,933</td>
<td>-</td>
<td>15,228,258</td>
<td>101,626,675</td>
<td>87%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA&lt;sup&gt;66&lt;/sup&gt;</td>
<td>14,114,223</td>
<td>303,295</td>
<td>4,660,389</td>
<td>9,150,539</td>
<td>65%</td>
</tr>
<tr>
<td>Education&lt;sup&gt;67&lt;/sup&gt;</td>
<td>42,838,436</td>
<td>300,000</td>
<td>441,512</td>
<td>42,096,924</td>
<td>98%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene&lt;sup&gt;68&lt;/sup&gt;</td>
<td>60,455,154</td>
<td>2,274,746</td>
<td>3,440,336</td>
<td>54,740,072</td>
<td>91%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)&lt;sup&gt;69&lt;/sup&gt;</td>
<td>10,107,285</td>
<td>2,310,014</td>
<td>821,610</td>
<td>6,975,661</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>252,526,400</td>
<td>5,188,055</td>
<td>25,764,209</td>
<td>221,574,136</td>
<td>88%</td>
</tr>
</tbody>
</table>

Who to contact for further information:

Hamida Lasseko  
Representative, South Sudan  
T +211921220445  
hramadhan@unicef.org

Verity Rushton  
Chief of Field Operations  
T +211920498802  
vrushton@unicef.org

James Maiden  
Chief of Communications  
T +211912162888  
jmaiden@unicef.org
Situation Report are cumulative, representing the results achieved in February and March 2024. Schools were closed in January.

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

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 age 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.

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 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.

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.

20. The projected SAM PIN in 2024 is 484,502 (37 per cent increase form 2023). UNICEF targets to treat 82 per cent of the burden (397,292)

21. 2024 HNRP - Nutrition cluster defined need

22. The target is subject to change when the August 2023 Food Security and Nutrition Monitoring Report is made available in October 2023.

23. 2024 HNRP - Nutrition cluster defined need

24. Estimated number of children aged 6–59 months according to the total population, 2024 mortality rate.

25. 2024 HNRP - Nutrition cluster defined need

26. Tentative target pending 2024 revised HAC approval

27. 2024 HNRP - CPAoR cluster defined need

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. Late reporting includes data from January and February 2024

30. Per cent calculation of women (24 per cent) girls and boys (54 per cent) from total population in need

31. 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.

32. 2024 HNRP - total population in need

33. 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.

34. Late reporting includes data from January and February 2024

35. 2024 HNRP - CPAoR cluster defined need

36. 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.

37. 2024 HNRP - Education cluster defined need

38. 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.

39. Correction: The results reported in January Situation Report are retracted. The results were incorrectly reported. The figures reported in the March Situation Report are cumulative, representing the results achieved in February and March 2024. Schools were closed in January.

40. 2024 HNRP - Education cluster defined need
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.

50. 2024 HNRP - WASH cluster defined need

51. 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. People with disabilities make up 15 per cent of the total target.

52. total children in need, which makes up 54 per cent of the population in need of WASH services

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

54. 2024 HNRP - WASH cluster defined need

55. 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.

56. 2024 HNRP total population in need

57. Thirty-three per cent of children over age 5 among the population in need (7,802,000) will be reached through radio coverage with risk communication messages, including during outbreaks (50.4 per cent female and 49.6 per cent male; 15 per cent persons with disabilities.) Twenty per cent of men and women over 18 years of age will be reached with risk communication messages.

58. Number of households considering total population in need

59. 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 per cent of men and women over 18 years of age will be reached with risk communication messages.

60. Number of households considering total population in need

61. 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 males; 15 per cent of the target population are persons with disabilities.

62. 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.

63. 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).

64. 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; $930,000 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 - Infant Mortality rate 102/1000) of the total children in 2024.

65. 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.

66. 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.

67. Includes $4,367,694 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.

68. 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.

69. 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.