

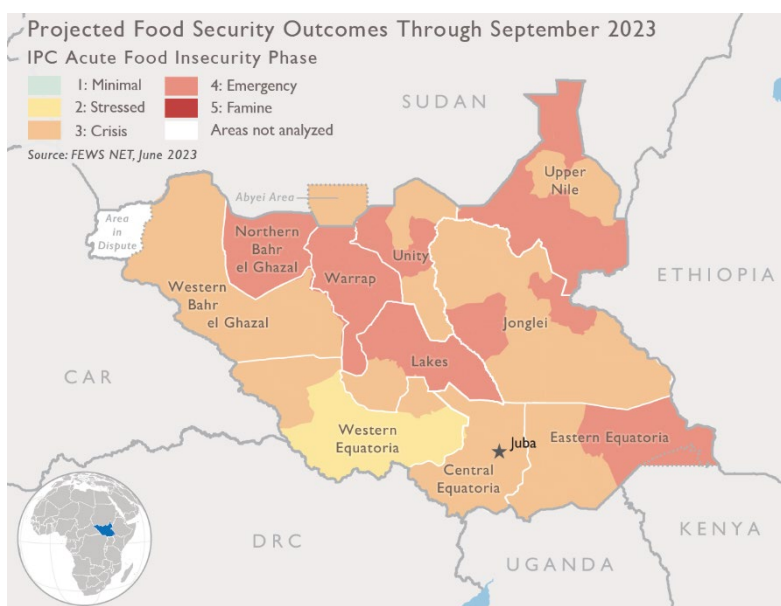
# South Sudan – Complex Emergency

AUGUST 1, 2023

## SITUATION AT A GLANCE

<b>12.4</b> <b>MILLION</b> Population of South Sudan <i>UN – November 2022</i>	<b>9.4</b> <b>MILLION</b> Number of People in Need of Humanitarian Assistance in 2023 <i>UN – November 2022</i>	<b>7.8</b> <b>MILLION</b> Number of People Facing Acute Food Insecurity in 2023 Lean Season <i>IPC – November 2022</i>	<b>2.2</b> <b>MILLION</b> Number of IDPs in South Sudan <i>UNHCR – January 2023</i>	<b>200,000</b> Number People Who Have Fled Sudan to South Sudan Since April 16 <i>UN – July 2023</i>
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- An estimated 200,000 people fleeing Sudan have crossed into South Sudan, with approximately 15,000 arriving per week.
- Relief agencies have raised concerns regarding additional support needed for onward transportation and WASH services due to influxes of new arrivals.
- An assessment in Joda and Renk identified risk factors for SEA and preventative measures to guide the humanitarian response. Organizations are raising awareness, and donors are following up on concerns raised in the report.



## TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the South Sudan Response in FY 2023

 USAID/BHA<sup>1</sup> \$494,701,044

 State/PRM<sup>2</sup> \$63,595,000

For complete funding breakdown with partners, see detailed chart on page 7

**Total \$558,296,044**
<sup>1</sup> USAID's Bureau for Humanitarian Assistance (USAID/BHA)

<sup>2</sup> U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

## KEY DEVELOPMENTS

### Approximately 200,000 People Enter South Sudan to Flee Sudan Crisis

As of July 31, an estimated 200,000 people—including more than 180,000 South Sudanese refugee returnees—had crossed the South Sudan–Sudan border across 21 points of entry (PoE) in northern South Sudan since April 16, according to the UN. Approximately 15,000 people arrive from Sudan each week, and relief actors anticipate the number of new arrivals will continue to rise. The majority of registered arrivals—approximately 155,000 individuals—had entered South Sudan via the Joda PoE in Upper Nile State’s Renk County as of July 31. Nearly 22,000 individuals have also crossed the border at the Panakuach PoE in Unity State’s Pariang County, the second most heavily trafficked entry point.

Immediate needs of newly arrived individuals in South Sudan include cash, food, health, nutrition, protection, shelter, and water, sanitation, and hygiene (WASH) assistance. Lack of food, poor sanitation conditions, and other hardships during the journey have left many with heightened humanitarian needs. Many returnees lack access to financial resources and productive assets upon arrival and rely on remittances from relatives and friends. As competition for limited resources and land rises due to population movements, food security outcomes could continue to deteriorate, exacerbating humanitarian needs of newly arrived individuals, as well as host communities residing in already acutely food-insecure areas, according to the Famine Early Warning Systems Network (FEWS NET). Access to safe drinking water is also increasingly scarce, and many new arrivals rely on river water or untreated sources of water, which could result in increased health risks and exposure to waterborne diseases. The ongoing rainy season elevates the risk of waterborne diseases in transit locations, underscoring the need for adequate WASH support. Additionally, relief actors report that women and children appear visibly malnourished as they cross the border and that many children have not received immunizations for preventable childhood diseases. Poor WASH conditions and the lack of health services at border points and transit sites have contributed to increasing rates of measles, which has led to several measles outbreaks across the country—including in Upper Nile, Unity, and Western Bahr el Ghazal states—as returnees may spread the disease during and after transit, the UN reports.

Humanitarian organizations are providing new arrivals with emergency relief items, cash, safe drinking water, and shelter support, as well as health, protection, and WASH services. USAID/BHA provided the UN World Food Program (WFP) with approximately 40 metric tons (MT) of high-energy biscuits in late July for distribution to approximately 45,000 new arrivals at reception centers across the country’s border areas and to those transiting to their final destinations. USG partner the UN Children’s Fund (UNICEF) has scaled up WASH services in Renk to improve sanitation conditions and reduce related diseases and has reached approximately 57,600 individuals with safe drinking water in Northern Bahr el Ghazal’s Kiir Adem area and Upper Nile’s Malakal transit site as of July 7. In response to the increase in measles cases, health actors have also expanded vaccination services for adults and children at border points and in transit sites. In Renk, health actors provided immunizations—including for measles—for more than 1,100 people in mid-July. At the Bulukat transit center near Malakal, an emergency clinic has vaccinated approximately 8,000 children as of mid-July.

### Transportation and WASH Services Strain Due to High Needs

The influx of new arrivals from Sudan to South Sudan in transit sites, such as Renk, has prompted high levels of need for onward transportation and other basic assistance and services at transit sites as refugees and South Sudanese returnees arrive with few financial resources. Humanitarian organizations—including USG-supported partners—and the Revitalized Transitional Government of National Unity (RTGoNU) Relief and Rehabilitation Commission had assisted the onward movement of

nearly 87,000 people as of July 20, the UN reports. Government funding shortfalls have prompted the RTGoNU to halt their own transit-related assistance as of late July, and international partners are in need of additional funding to maintain transit services when onward movement is feasible while expanding other services. The UN warns that if relief agencies do not receive increased support to provide onward transportation, overwhelming amounts of new arrivals will become stranded in border towns such as Renk—where humanitarian services are already overstretched—which may lead to tensions and conflict over scarce resources. Transit centers are already over capacity, which raises health and protection risks due to inadequate living conditions and WASH services, as well as limited food and nutrition commodities, the UN reports.

The WASH Cluster—the coordinating body for humanitarian WASH activities, comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders—in South Sudan is experiencing supply shortages for other humanitarian responses in the country following assistance to new arrivals from Sudan as of mid-July. The WASH Cluster estimates that 850,000 people will not receive critical WASH assistance through December due to capacity gaps and supply shortages following aid to new arrivals. WASH actors—which include USG-supported organizations—had reached approximately 120,000 people with feminine hygiene kits, soaps, and water containers across multiple transit sites where new arrivals have gathered. In addition, WASH actors released 82 MT of water treatment chemicals for new arrivals in Renk as of July 16. Consequently, the core pipeline in South Sudan is nearly depleted. Shortages in water treatment chemicals had left both Unity’s Bentiu internally displaced person (IDP) camp and Upper Nile’s Malakal Protection of Civilians site at risk of experiencing shortages of safe drinking water for approximately 215,000 people as of mid-July. Relatedly, approximately 76,000 malnourished children will not receive WASH-related treatment in nutrition facilities without additional support. The WASH Cluster reports that preparedness plans for responses to acute watery diarrhea and cholera outbreaks, as well as flooding, are not currently possible due to insufficient supplies.

### **Rapid SEA Risk Assessment Reveals Risks in Joda and Renk**

The risk of sexual exploitation and abuse (SEA) by staff of humanitarian organizations working at the Joda PoE and in Renk is high, according to a mid-June joint rapid SEA risk assessment conducted by the International Organization for Migration (IOM) on behalf of the national Protection from Sexual Exploitation and Abuse Task Force (PSEA TF) in South Sudan. An estimated 75 percent of the approximately 200,000 new arrivals to South Sudan have crossed through Joda and Renk as of late July, the UN reports. As a result, humanitarian organizations have focused their responses in these areas. Rapid hiring and scale up by relief organizations in Joda and Renk was underscored by both host communities and humanitarian agencies as a key risk area for SEA. Some UN agencies and NGOs have recruited unskilled laborers from government-provided lists of candidates, perceived by all assessment respondents as fueling nepotism while some respondents shared instances of SEA in exchange for employment. Additionally, actual or perceived low oversight from relief agencies’ main offices—combined with the transitory nature of Joda and Renk—has contributed to the general sense that chances of abuse or misconduct being reported are low.

The assessment identified adolescent girls, single women, and single female-headed households as the most vulnerable to SEA. Transactional sex in exchange for employment, transportation, or other humanitarian aid are the most likely forms of exploitation of affected populations due to limited services amid escalating needs. The assessment recommends a number of measures for humanitarian actors, including raising awareness among affected people, reviewing processes for recruitment and aid distributions, increasing gender parity by hiring female staff, and ensuring the functionality of reporting mechanisms, as well as better training and orientation for staff. In response, protection staff in Renk

identified vulnerable individuals and led awareness sessions for returnees on the prevention of SEA in July. In addition to IOM, USG partners Danish Refugee Council (DRC), International Medical Corps (IMC), International Rescue Committee (IRC), and Save the Children Federation (SCF) also took part in the joint assessment. USAID/BHA requires all partners to have systems in place to address the risks of SEA. In addition to supporting this rapid assessment, the USG and other donors are following up with implementing partners, the Humanitarian Country Team, and the PSEA TF regarding concerns raised in the report.

## KEY FIGURES



**4 Million**

People reached with food assistance by USG partner WFP between January and May



**220,000**

People reached with primary health care services in May by USG partner UNICEF

## U.S. GOVERNMENT RESPONSE

### FOOD SECURITY

USAID/BHA supports multiple UN agencies and NGOs to bolster early recovery, food security, and livelihood efforts in South Sudan. USAID/BHA partners provide emergency food assistance—including cash transfers for food, regionally and internationally procured commodities, and U.S. in-kind food assistance—to food-insecure households across the country.

USAID/BHA continues to support WFP to sustain emergency food assistance as food needs increase in heavily affected areas of South Sudan while USAID/BHA and State/PRM NGO partners provide agricultural inputs, fishing kits, and livelihood training to support at-risk populations. Through USG support, WFP provided nearly 44,800 individuals with hot meals and 17,200 individuals with dry rations at transit centers during May. WFP also provided more than 31,300 pregnant and lactating women (PLW) and children ages 6–59 months with specialized nutritious food to prevent and treat malnutrition.

### HEALTH

USG partners continue to provide health support in South Sudan through community health facilities and mobile medical units (MMUs), which provide a range of maternal, mental, and primary health care services. South Sudan has the highest rate of maternal mortality in the world, and MMUs provide life-saving maternal and newborn health care services to reduce the prevalence of maternal and infant deaths. USAID/BHA also supports integrated community case management services in South Sudan, which deliver life-saving health interventions for common childhood illnesses, particularly in areas with limited access to facility-based services.

To mitigate the effects of infectious disease outbreaks in South Sudan, USAID/BHA and State/PRM partners continue to assist in training local health care workers in infection prevention and control methods, provide support for vaccination campaigns, and strengthen community health coordination. Additionally, State/PRM supports the Office of the UN High Commissioner for Refugees (UNHCR) and NGOs to address the health care needs of refugees and refugee returnees while USAID/BHA support addresses health care needs for IDPs and other vulnerable populations. Health interventions are integrated with nutrition and WASH services wherever possible to promote a comprehensive system of clinical services.



**210,000**

Average liters of safe drinking water produced by UNICEF-supported water points during May



**16**

Number of USG partners implementing critical protection interventions



**2,137**

MT of humanitarian cargo transported by the Logistics Cluster in South Sudan during April–June with USG support

## WASH

USAID/BHA and State/PRM support partners implementing critical WASH programs, including activities to provide access to safe drinking water, handwashing facilities, sanitation services, and solid waste disposal. Additional WASH programming includes interventions to help prevent cholera outbreaks among vulnerable populations and to mitigate the risk of gender-based violence (GBV) by providing safe access to latrines, sanitation services, and other WASH facilities. Additionally, USAID/BHA and State/PRM continue to support efforts by UN and NGO partners to respond to recent flooding throughout South Sudan by rehabilitating WASH infrastructure and providing WASH supplies to flood-affected populations. USAID/BHA also supports hygiene promotion activities through public health campaigns and the distribution of essential supplies, such as dignity and hygiene kits, soap, and water containers.

## PROTECTION

USAID/BHA and State/PRM support multi-sector protection interventions that ensure the safety and dignity of vulnerable people in South Sudan. Protection activities include assistance to GBV survivors through case management, mobile emergency response teams, psychosocial support services, child protection, and referrals to health specialists, as well as assessments to integrate protection into multi-sector emergency response activities. State/PRM partners also provide protection services to conflict-affected communities, IDPs, and refugees countrywide, including family reunification interventions, GBV prevention and response programs, legal assistance, disability inclusion, and mental health and psychosocial support activities. USAID/BHA and State/PRM also support coordination and capacity-building among protection actors in South Sudan.

## LOGISTICS

USAID/BHA and State/PRM provide countrywide support to the humanitarian response through the WFP-managed UN Humanitarian Air Service (UNHAS) and the Logistics Cluster, the coordinating body for humanitarian logistics, comprising UN agencies, NGOs, and other stakeholders. UNHAS provides air transportation to relief actors throughout the country, while the Logistics Cluster provides coordination and information management services for humanitarian workers, delivery and common warehousing of essential relief commodities, and geographical information system mapping. Additionally, USAID/BHA partner IOM supports humanitarian partner responses across South Sudan by procuring, storing, and transporting critical relief supplies, including emergency shelter and WASH commodities.

## NUTRITION

USAID/BHA supports partners to prevent and treat wasting—the deadliest form of malnutrition—across South Sudan. USAID/BHA supports NGOs, UNICEF, and WFP to provide nutrition assistance—including specialized



**122,000**

Children ages 6–59  
months treated for  
severe acute  
malnutrition between  
January and May by USG  
partner UNICEF

food products to treat wasting—to children and PLW countrywide; and State/PRM supports UNICEF’s nutrition efforts for refugee and refugee returnee populations fleeing Sudan. Using a community-based approach, USAID/BHA and State/PRM partners promote recommended infant and young child feeding practices through one-on-one counseling and group education to manage wasting.

## CONTEXT IN BRIEF

- The January 2005 signing of the Comprehensive Peace Agreement between the Government of Sudan and the southern-based Sudan People’s Liberation Army officially ended more than two decades of north–south conflict during which disease, famine, and fighting killed an estimated 2 million people and displaced at least 4.5 million others within Sudan. In July 2011, South Sudan became an independent state following a referendum earlier in the year.
- On December 15, 2013, clashes erupted between factions within the Government of South Sudan—the country’s pre-2018 governing body—in the capital city of Juba and quickly spread into a protracted national conflict, generating displacement and exacerbating humanitarian needs. On December 20, 2013, USAID activated a Disaster Assistance Response Team (DART) to lead the U.S. Government (USG) response to the crisis in South Sudan and stood up a Washington, D.C.-based Response Management Team (RMT) to support the DART.
- After nearly seven years, USAID transitioned the South Sudan DART and RMT to a normalized response under USAID/BHA on November 6 and November 20, 2020, respectively. USAID/BHA remains committed to maintaining a robust humanitarian response in South Sudan, and USAID/BHA partners continue to carry out life-saving programs to meet the humanitarian needs of the South Sudanese people.
- On October 5, 2022, U.S. Ambassador Michael J. Adler reissued a declaration of humanitarian need in South Sudan for Fiscal Year (FY) 2023 due to inflation, ongoing conflict, population displacement, restricted humanitarian access, and severe flooding, all of which have significantly exacerbated food insecurity and humanitarian needs.



## USG HUMANITARIAN FUNDING FOR SOUTH SUDAN RESPONSE IN FY 2023<sup>1,2</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/BHA</b>			
ACTED	Disaster Risk Reduction Policy and Practice; Humanitarian Coordination, Information Management, and Assessments (HCIMA); Multipurpose Cash Assistance (MPCA); Protection; Shelter and Settlements; WASH	Countrywide	\$3,600,000
Action Against Hunger/USA (AAH/USA)	Agriculture, Health, HCIMA, Nutrition, Protection, WASH	Countrywide	\$7,500,000
Catholic Relief Services (CRS)	Agriculture, Food Assistance, Nutrition, Protection, WASH	Eastern Equatoria, Jonglei	\$19,706,056
DRC	Economic Recovery and Market Systems (ERMS), HCIMA, Protection, Shelter and Settlements	Countrywide	\$5,000,000
Interchurch Medical Assistance (IMA)	Health, Nutrition, WASH	Jonglei	\$2,100,000
IMC	Health, Nutrition, Protection	Central Equatoria, Greater Pibor Administrative Area (GPAA), Jonglei, Upper Nile	\$8,200,000
IRC	ERMS, Health, Nutrition, Protection	Central Equatoria, GPAA, Northern Bahr el Ghazal, Unity	\$6,200,000
IOM	Agriculture, HCIMA, Health, Logistics Support, MPCA, Nutrition, Protection, Shelter and Settlements, WASH	Abyei, Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile, Unity, Warrap, Western Bahr el Ghazal, Western Equatoria	\$18,500,000
Medair	Health, Nutrition, Protection, WASH	GPAA, Unity, Upper Nile	\$7,700,000
Mercy Corps	WASH	Unity	\$229,177
Nonviolent Peaceforce	Protection	Central Equatoria, Jonglei, Unity, Warrap	\$4,000,000
Norwegian Refugee Council (NRC)	Agriculture, Food Assistance, HCIMA, Protection, WASH	Countrywide	\$14,451,438
Relief International	Health, Nutrition, Protection, Shelter and Settlements, WASH	Upper Nile	\$6,597,720
SCF	HCIMA, Health, MPCA, Nutrition, Protection, WASH	Jonglei	\$5,200,000
Tearfund	Agriculture, Health, Nutrition, Protection, WASH	Central Equatoria, GPAA, Jonglei	\$5,341,652
UNICEF	Food Assistance—Local, Regional, and International Procurement (LRIP); Nutrition; Protection	Countrywide	\$23,500,000
UN Food and Agriculture Organization (FAO)	Agriculture	Countrywide	\$6,500,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIMA	Countrywide	\$1,500,000
Vétérinaires Sans Frontières/Germany (VSF/G)	Agriculture	GPAA, Jonglei, Unity, Upper Nile	\$1,906,213
WFP	Food Assistance—Cash Transfer for Food, LRIP, Logistics Support, Nutrition	Countrywide	\$179,000,000
	Food Assistance—U.S. In-Kind Food Aid, U.S. In-Kind Specialized Nutrition Products	Countrywide	\$145,105,697
WHO	Health, Nutrition, WASH	Central Equatoria, Eastern Equatoria, GPAA, Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, Western Equatoria	\$5,000,000
World Vision	Agriculture, Food Assistance, HCIMA, Health, Protection, WASH	Countrywide	\$12,636,790
World Relief International (WRI)	Agriculture, Health, Nutrition, WASH	Jonglei, Unity, Upper Nile	\$5,000,000
	Logistics Support		\$169,933
	Program Support		\$56,368
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$494,701,044</b>

STATE/PRM			
Implementing Partner	Multi-Sector Assistance	Countrywide	\$23,600,000
IOM	Multi-Sector Assistance	Countrywide	\$2,800,000
UN Population Fund (UNFPA)	Multi-Sector Assistance	Countrywide	\$500,000
UNHCR	Multi-Sector Assistance	Countrywide	\$34,100,000
UNICEF	Multi-Sector Assistance	Countrywide	\$1,300,000
WFP	Logistics Support	Countrywide	\$1,295,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$63,595,000</b>
<b>TOTAL USG FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2023</b>			<b>\$558,296,044</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of August 1, 2023.

<sup>2</sup> USAID/BHA and State/PRM funding in South Sudan benefitting displaced people from Sudan is also reported in the USG Sudan Complex Emergency Fact Sheet.

## PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [interaction.org](https://interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [cidi.org](https://cidi.org)
  - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)