

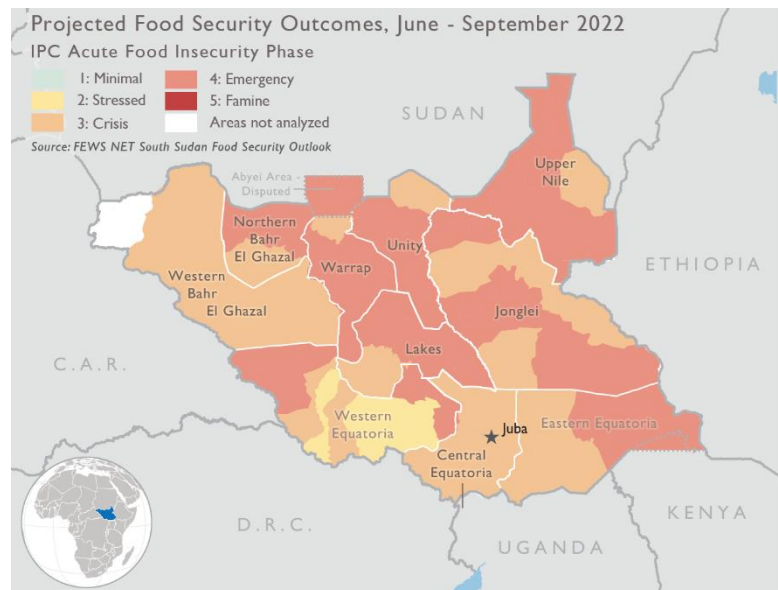
South Sudan – Complex Emergency

MAY 13, 2022

SITUATION AT A GLANCE

12.4 MILLION	8.9 MILLION	7 TO 8 MILLION	2 MILLION	2.4 MILLION
Estimated Population of South Sudan	Estimated Number of People in Need of Humanitarian Assistance	Estimated Number of People to Face Acute Food Insecurity During Lean Season	Estimated Number of IDPs in South Sudan	South Sudanese Refugees in Neighboring Countries
<i>OCHA – March 2022</i>	<i>OCHA – March 2022</i>	<i>FEWS NET – April 2022</i>	<i>OCHA – April 2022</i>	<i>UNHCR – April 2022</i>

- The UN 2022 HRP for South Sudan requests \$1.7 billion to provide 6.8 million of South Sudan’s most vulnerable people with emergency assistance.
- Between 7 and 8 million people are projected to face Crisis or worse levels of acute food insecurity during the April-to-July lean season, according to FEWS NET and the IPC.
- Violence in Unity State’s Leer County displaced approximately 44,000 people during April and prompted several humanitarian organizations to suspend life-saving relief activities in the area.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING For the South Sudan Response in FY 2022	USAID/BHA ¹	\$356,987,084
	State/PRM ²	\$19,300,000
Total³		\$376,287,084

For complete funding breakdown with partners, see detailed chart on page 6

¹USAID’s Bureau for Humanitarian Assistance (USAID/BHA)

²U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

³This total does not include more than \$43 million in FY 2022 U.S. Government (USG) funding for South Sudanese refugees in neighboring countries. This increases total USG emergency funding for the South Sudan crisis in FY 2022 to approximately \$419.3 million.

KEY DEVELOPMENTS

2022 HRP Aims to Reach 6.8 Million Vulnerable South Sudanese

The UN released the 2022 Humanitarian Response Plan (HRP) for South Sudan on March 31, requesting \$1.7 billion to meet the emergency needs of approximately 6.8 million of the country's most vulnerable individuals, including elderly populations, internally displaced persons (IDPs), refugees, and women and girls. An estimated 8.9 million people in South Sudan—more than two-thirds of the population—are projected to require humanitarian assistance in 2022, primarily due to the compounding effects of continued conflict and insecurity throughout the country, economic shocks, large-scale flooding and related displacement, and acute food insecurity, the UN reports. The HRP's goal of reaching 6.8 million people with emergency assistance in 2022 represents the largest number of individuals targeted for assistance in South Sudan since the outbreak of civil war in 2013, when the UN aimed to provide humanitarian assistance to 3.3 million conflict-affected people. The 2022 plan prioritizes assistance for conflict- and flood-affected populations in Jonglei and Lakes states, as well as the Greater Pibor Administrative Area (GPAA), where humanitarian needs are the most elevated. The HRP also calls for humanitarian actors to implement durable solutions to build resilience against continued shocks—such as disease outbreaks, economic crises, heavy flooding, and intercommunal conflict—in addition to addressing the immediate needs of crisis-affected populations.

7.7 Million People Projected to Face Crisis or Worse Levels of Acute Food Insecurity During Upcoming Lean Season

An estimated 7.7 million people across South Sudan, more than 60 percent of the population, are projected to face Crisis—IPC 3—or worse levels of acute food insecurity during the April-to-July lean season, according to an IPC report released on April 9.³ This total includes approximately 2.9 million people projected to face Emergency—IPC 4—conditions across the country and 87,000 projected to experience Catastrophe—IPC 5—outcomes in South Sudan's Jonglei, Lakes, and Unity states and in the GPAA. Furthermore, the analysis projects that individuals in 52 of South Sudan's 78 counties will experience Emergency levels of acute food insecurity, while an additional 23 counties will experience Crisis outcomes during the lean season, representing a significant increase in the scope and severity of food insecurity compared with recent months. The most severe acute food insecurity conditions are present in counties characterized by chronic vulnerabilities, including access constraints, conflict, displacement, natural hazards such as drought and severe flooding, and economic shocks affecting livelihoods.

An April assessment by the Famine Early Warning Systems Network (FEWS NET) projected similar food security outcomes in South Sudan, with between 7 and 8 million people estimated to require emergency food assistance between June and September, primarily due to conflict and insecurity, poor macroeconomic conditions, and recurrent flooding. FEWS NET notes that limited international donor funding and constrained humanitarian access—due largely to escalating conflict and heavy seasonal flooding—have hampered the ability of humanitarians to meet the needs of food-insecure populations. As a result, USAID/BHA partner the UN World Food Program (WFP) plans to prioritize food assistance distributions to the most severely food-insecure regions of South Sudan, including the GPAA and parts of Jonglei, Lakes, Unity, Warrap, and Western Equatoria states.

Violence in Unity Displaces 44,000 People, Relief Actors Suspend Activities

Attacks by armed actors in Unity State's Leer County during April displaced approximately 44,000 people

³ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity. A Famine classification applies to a wider geographical location, while the term classification of Catastrophe—also IPC 5—refers to a household. A household in Catastrophe has an extreme lack of food at the household level even with full employment of coping strategies. Famine is determined when more than 20 percent of households in an area are experiencing Catastrophe, when global acute malnutrition levels exceed 30 percent, and when the crude mortality rate exceeds two people per 10,000 persons per day.

between April 8 and 17, amid reports of arson, beheadings, immolations, and widespread use of sexual violence against civilians by the armed attackers, according to the UN Mission in the Republic of South Sudan (UNMISS). Armed actors also reportedly raided thousands of cattle; destroyed houses, markets, and other public infrastructure; and looted and burned humanitarian facilities and warehouses during the attacks.

The outbreak of violence in Leer resulted in the death of a Médecins Sans Frontières (MSF) staff member, who was reportedly shot by armed actors on April 10, according to the non-governmental organization (NGO). In addition, the violence prompted humanitarian actors—including USAID/BHA partner WFP—to evacuate staff from and pause programming in affected regions, exacerbating already elevated levels of acute food insecurity in conflict-affected areas. Food insecurity levels for households in affected areas are projected to deteriorate to Emergency or Catastrophe levels of acute food insecurity due to temporary suspensions to food assistance, according to FEWS NET. In response to deteriorating security conditions, UNMISS deployed additional peacekeepers to Leer in late April in an effort to prevent further violence.

Humanitarian Convoys Attacked, Access Constraints Remain in Eastern Regions

On March 24, unknown armed actors attacked a convoy of 44 commercial trucks carrying WFP food assistance to food-insecure populations in northern Jonglei, resulting in the deaths of three WFP contractors and injuries to one other, the UN agency reported. The fatal attack followed a separate incident on February 28, in which a UN peacekeeper was injured by gunfire during an ambush on a 60-vehicle WFP convoy en route to northern Jonglei. Both attacks prompted WFP and UNMISS to release separate statements condemning the violence, noting that armed attacks against relief actors delivering life-saving assistance have been on the rise in recent months. In total, at least six relief actors have been killed during emergency food assistance deliveries in northern Jonglei since January 2021, according to the UN.

Meanwhile, intercommunal violence throughout Jonglei and the GPAA have presented further obstacles to humanitarian access in the region; as of mid-April, armed youth continued to blockade the main route connecting Jonglei's Bor South County with the GPAA, hampering the delivery of relief commodities to populations facing Emergency levels of acute food insecurity. With USAID/BHA support, WFP continues to negotiate with local leadership to end the blockade, which has limited access to the GPAA since January. Targeted attacks against humanitarian vehicles have also adversely affected relief activities in Eastern Equatoria State, including an April 12 incident in which armed actors attacked a WFP convoy and held four WFP staff at gunpoint demanding food. In response to the attacks, WFP has called on the Government of South Sudan (GoSS) to investigate security incidents against relief workers and ensure the safety and security of humanitarian staff and assets.

GoSS Declares First Cholera Outbreak Since 2017

On May 9, the GoSS Ministry of Health declared a cholera outbreak in Unity's Rubkona County, confirming more than 30 cases and one related death in Rubkona town and Bentiu IDP camp since mid-April. Children ages four years and younger account for nearly 50 percent of documented cases, the GoSS reports. The latest outbreak represents the first confirmed outbreak in South Sudan since 2017, when at least 644 people died as a result of cholera transmission, according to the UN World Health Organization (WHO). Despite a vaccination campaign in January, relief actors reported a rise in acute watery diarrhea cases throughout Rubkona County in recent months. Cholera cases are linked to a lack of water, sanitation, and hygiene (WASH) resources in the overcrowded camps, as well as insufficient sanitation facilities and a lack of access to safe drinking water, relief actors report. An MSF-supported hospital in Bentiu has provided treatment to and subsequently discharged all patients with confirmed cases, while USAID/BHA partners—including the International Organization for Migration (IOM), Mercy Corps, and World Relief—are conducting case management and screening.

KEY FIGURES



\$285 Million

In USAID/BHA support for emergency food assistance in FY 2022



\$9.1 Million

In USAID/BHA support for life-saving health care programming in FY 2022



\$4.3 Million

In USAID/BHA funding for critical WASH programming in FY 2022

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

USAID/BHA supports multiple UN agencies and NGOs to bolster food security, livelihood activities, and early recovery efforts in South Sudan. With more than \$285 million in FY 2022 funding, USAID/BHA partners continue to provide emergency food assistance—including U.S. in-kind food aid; regionally and internationally procured commodities; and cash transfers for food—to food-insecure households across South Sudan. In FY 2022, USAID/BHA supports partner WFP to sustain emergency food assistance as food needs increase countrywide. USAID/BHA NGO partners also provide agricultural inputs, fishing kits, and livelihoods training to support vulnerable populations across the country.

HEALTH

With more than \$9.1 million in FY 2022 funding, USAID/BHA provides health care services in South Sudan through community health facilities and mobile medical units (MMUs). Through MMUs, partners provide a range of primary care and mental health 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 death. USAID/BHA also supports integrated community case management services in South Sudan, which deliver life-saving curative interventions for common childhood illnesses, particularly where there is limited access to facility-based services. To mitigate the effects of the coronavirus disease (COVID-19) outbreak in South Sudan, USAID/BHA and State/PRM partners continue to strengthen community health coordination and provide training for local healthcare workers in infection prevention and control methods. Additionally, State/PRM supports UNHCR and NGOs to address the health care needs of refugees and other vulnerable populations in South Sudan. Health interventions are integrated with nutrition and WASH services wherever possible to ensure a sustainable system of clinical services and support.

WASH

In FY 2022, USAID/BHA has provided more than \$4.3 million to partners implementing 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, as well as mitigate gender-based violence (GBV) risks by providing safe access to latrines, sanitation services, and other WASH assets. Additionally, USAID/BHA continues 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 buckets, soap, and dignity and hygiene kits.



\$50 Million

In dedicated USAID/BHA support for emergency nutrition treatments for children and pregnant and lactating women in FY 2022

NUTRITION

In FY 2022, USAID/BHA has provided nearly \$50 million to support partners in their efforts to prevent and treat wasting—the deadliest form of malnutrition—across South Sudan. In partnership with NGOs, the UN Children’s Fund (UNICEF), and WFP, USAID/BHA nutrition assistance reaches children and pregnant and lactating women countrywide with specialized food products to treat wasting and provide supportive supervision to frontline nutrition staff. Using a community-based approach, USAID/BHA partners promote recommended infant and young child feeding (IYCF) practices through one-on-one counseling and group education to manage acute malnutrition. UNICEF reached nearly 166,000 pregnant women and child caregivers with counseling for IYCF in January 2022 and provided emergency nutrition treatment services to more than 23,000 children experiencing severe acute malnutrition during the same period.



\$8.7 Million

In dedicated USAID/BHA support for critical protection interventions in FY 2022

PROTECTION

With \$8.7 million in FY 2022 funding, USAID/BHA supports 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, referrals to health specialists, and assessments to integrate protection into emergency response activities. Additionally, State/PRM partners provide protection services to IDPs, refugees, and conflict-affected communities countrywide, including through GBV prevention and response programs, mental health and psychosocial support activities, family reunification, and legal assistance to facilitate access to identity documentation. USAID/BHA also supports coordination and capacity-building among protection actors in South Sudan.



\$10 Million

In USAID/BHA funding for logistics support in FY 2022

LOGISTICS

With \$10 million in FY 2022 funding, USAID/BHA provides countrywide support to the humanitarian response through the WFP-managed UN Humanitarian Air Service (UNHAS) and Logistics Cluster, the coordinating body for humanitarian logistics activities, comprising UN agencies, NGOs, and other stakeholders. UNHAS offers air transportation to relief actors throughout the country, while the Logistics Cluster provides coordination and information management services for humanitarian workers, delivery of essential humanitarian relief items, common warehousing of basic 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.

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 famine, fighting, and disease 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 GoSS in Juba and quickly spread into a protracted national conflict, prompting displacement and humanitarian needs. On December 20, 2013, USAID activated a Disaster Assistance Response Team (DART) to lead the 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 1, 2021, Chargé d’Affaires, a.i., David Renz redeclared a disaster in South Sudan for FY 2022 due to ongoing conflict and population displacement; severe floods; restricted humanitarian access; and the disruption of cultivation activities, markets, and trade, all of which have significantly exacerbated food insecurity and humanitarian needs.

USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2022¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
Action Against Hunger	Agriculture, Health, Humanitarian Coordination, Information Management, and Assessments (HCIMA), Humanitarian Policy, Studies, Analysis, or Applications (HPSAA), Nutrition, Protection, WASH	Northern Bahr el Ghazal	\$4,805,216
Alight	Economic Recovery and Market Systems, Protection, Shelter and Settlements, WASH	Central Equatoria, Upper Nile	\$2,500,000
Catholic Relief Services (CRS)	Health, Nutrition, WASH	Jonglei	\$10,085,329
UN Food and Agriculture Organization (FAO)	Agriculture	Countrywide	\$6,000,000
International Medical Corps (IMC)	Health, Nutrition, Protection	Central Equatoria, Jonglei, Upper Nile	\$4,112,670
IOM	Agriculture, Health, HCIMA, Nutrition Protection, Shelter and Settlements, WASH	Abyei, Central Equatoria, Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, Western Bahr el Ghazal, Western Equatoria	\$5,500,000
Mercy Corps	WASH	Unity	\$135,650

Nonviolent Peaceforce	Protection	Central Equatoria, Jonglei, Unity, Warrap	\$3,500,000
NRC	HCIMA, Protection	Central Equatoria, Jonglei, Northern Bahr el Ghazal, Unity	\$3,000,000
Relief International	Health, Nutrition, WASH	Upper Nile	\$3,100,000
UNICEF	Nutrition	Countrywide	\$20,000,000
	Nutrition—U.S. In-Kind Food Aid	Countrywide	\$5,000,000
UN Office for the Coordination of Humanitarian Affairs	HCIMA	Countrywide	\$1,500,000
WFP	Food Assistance—Food Vouchers, Regional, and International Procurement; Logistics Support; Nutrition	Countrywide	\$153,000,000
	Food Assistance—U.S. In-Kind Food Aid	Countrywide	\$127,990,849
World Relief International	Agriculture, Health, Nutrition, WASH	Jonglei, Unity, Upper Nile	\$2,000,000
World Vision	Health, Nutrition, WASH	Unity, Upper Nile	\$4,680,439
	Program Support		\$76,931
TOTAL USAID/BHA FUNDING			\$356,987,084
STATE/PRM			
International Committee of the Red Cross (ICRC)	Multi-sector Assistance	Countrywide	\$7,600,000
UNHCR	Multi-sector Assistance	Countrywide	\$11,700,000
TOTAL STATE/PRM FUNDING			\$19,300,000
TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2022²			\$376,287,084

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of May 13, 2022.

² Funding figures reflect publicly announced funding as of May 13, 2022.

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://www.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://www.cidi.org)
 - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.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)