

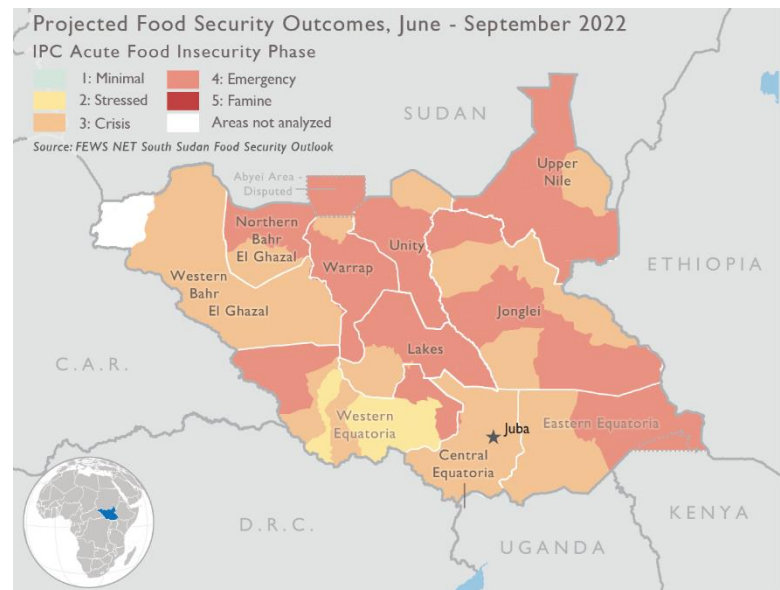
South Sudan – Complex Emergency

JULY 15, 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 USG announces more than \$117 million in additional humanitarian assistance for South Sudan in response to worsening acute food security conditions.
- As of late June, health actors had reported more than 230 confirmed cholera cases and one related death in Unity State since the first case was identified in March.
- The UN reports that the 2022 HRP for South Sudan is only 27 percent funded as of early July and appeals for additional humanitarian assistance; WFP reprioritizes food distributions to target the most vulnerable counties due to lack of funding.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the South Sudan Response in FY 2022

USAID/BHA¹ \$529,054,824

State/PRM² \$55,999,997

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

Total³ \$585,054,821

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 \$127 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 \$712 million.

KEY DEVELOPMENTS

USG Announces More Than \$117 Million in Additional Assistance to South Sudan

The USG is providing more than \$117 million in additional humanitarian assistance for the people of South Sudan in response to worsening food security conditions and escalating levels of humanitarian need. The funding was made available through USAID/BHA's drawdown of the Bill Emerson Humanitarian Trust (BEHT) and a contribution of the U.S. Department of Agriculture (USDA) that together will provide an additional \$670 million in food assistance to six countries—including South Sudan—facing historic levels of acute food insecurity. USAID/BHA will use the BEHT's \$282 million to procure U.S. in-kind food commodities to support existing emergency food operations in these six countries, and USDA is providing \$388 million in additional funding through the Commodity Credit Corporation to cover transport and associated costs.

The USG's initial announcement regarding the BEHT drawdown in April coincided with an analysis released by the Famine Early Warning Systems Network (FEWS NET), which projected that between 7 and 8 million people in South Sudan are likely to require emergency food assistance between June and September, primarily due to conflict and insecurity, poor macroeconomic conditions, and recurrent flooding. Through BEHT funding, the USG is supporting USAID/BHA partner the UN World Food Program (WFP) to provide emergency food and nutrition assistance to more than one million food-insecure individuals across the country.

The UN Appeals for Additional HRP Funding; WFP Reprioritizes Assistance

In a statement released on July 4, the UN reported that \$400 million is urgently required to maintain humanitarian assistance and meet the immediate needs of vulnerable people in South Sudan. Approximately 8.9 million people—more than two-thirds of the country's population—are estimated to need humanitarian assistance this year due to the compounding effects of continuing conflict and insecurity, displacement, economic shocks, large-scale flooding, and severe acute food insecurity, according to the UN's 2022 Humanitarian Needs Overview. The UN's 2022 Humanitarian Response Plan (HRP) for South Sudan requested \$1.7 billion to provide an estimated 6.8 million people with life-saving humanitarian assistance and protection services. As of early July, the 2022 HRP was only 27 percent funded, with nearly 14 percent of funds being provided by the UN-managed Central Emergency Response Fund and South Sudan Humanitarian Fund.

Funding shortfalls for the humanitarian response in South Sudan—caused in part by limited resources and growing humanitarian needs around the world—prompted WFP to announce a reprioritization of its response activities in April to target the most vulnerable populations. As a result, WFP has suspended food and nutrition assistance activities in 18 counties experiencing Crisis—IPC 3—and Emergency—IPC 4—levels of acute food insecurity.⁴ WFP is prioritizing food distributions for nearly 4.5 million people living in counties with significant numbers of households facing Emergency conditions of acute food insecurity or worse, including approximately 87,000 people facing Catastrophe—IPC 5—conditions. USAID/BHA staff in South Sudan's capital city of Juba and Washington, D.C. continue to monitor the situation and coordinate response with WFP.

Cases of Cholera Increase in Unity State Amid Poor WASH Conditions

As of June 26, the Government of South Sudan (GoSS) Ministry of Health (MoH) had reported more than 230 confirmed cholera cases and one related death in Unity State's Rubkona and Pariang counties since the first case was identified in March. Cholera cases were linked to poor water, sanitation, and hygiene (WASH) conditions in the

⁴ 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—IPC 5—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.

overcrowded internally displaced person (IDP) camps, including insufficient sanitation facilities and a lack of access to safe drinking water, according to a late June report from the MoH and the UN World Health Organization (WHO). The report also cited persistent flooding and stagnant contaminated water as factors contributing to the outbreak.

Populations within Rubkona’s Bentiu IDP camp have been the most affected, representing approximately 85 percent of confirmed cases recorded to date. Less than 38 percent of the population in the camp had access to 15 or more liters of water per person per day, according to an analysis of Bentiu IDP camp released in May by the Camp Coordination and Camp Management Cluster—the coordinating body for humanitarian camp management activities comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders. Furthermore, health actors identified Unity’s Guit, Juba, Leer, Mayendit, and Panyijar counties as being at-risk for transmission due to limited access to safe drinking water and sanitation, persistent flooding, and population movements.

To mitigate risk of further cholera transmission, health actors are working to scale up vaccination campaigns in Unity and surrounding areas. Between January and late June, health actors had provided more than 801,000 doses of oral cholera vaccinations (OCV) to individuals in Unity’s Juba, Leer, and Rubkona counties, according to the MoH. Of the approximately 230 confirmed cholera cases between March and late June, approximately 48 percent were identified among individuals who were not vaccinated against cholera, compared to 27 percent among individuals who previously received OCVs; the vaccination status among the remaining 24 percent of individuals is unknown. USAID/BHA staff in Juba continue to monitor the outbreak and liaise with partners to assess response needs.

KEY FIGURES



\$391 Million

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



\$14.3 Million

In USAID/BHA support for life-saving health care 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 \$391 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 is supporting partner WFP to sustain emergency food assistance as food needs increase countrywide. USAID/BHA and State/PRM NGO partners also provide agricultural inputs, fishing kits, and livelihoods training to support vulnerable populations across the country.

HEALTH

With more than \$14.3 million in FY 2022 funding, USAID/BHA partners provide health care services in South Sudan through community health facilities and mobile medical units (MMUs). Through MMUs, partners provide a range of maternal, primary, and mental 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 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 the Office of the UN High Commissioner for Refugees (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.



\$12.2 Million

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

WASH

In FY 2022, USAID/BHA has provided more than \$12.2 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 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 buckets, dignity and hygiene kits, and soap.



\$65 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 more than \$65 million to support partners in their efforts to prevent and treat wasting—the deadliest form of malnutrition—across South Sudan. With USAID/BHA support, NGOs, the UN Children’s Fund (UNICEF), and WFP provide nutrition assistance—including specialized food products to treat wasting—to children and pregnant and lactating women countrywide. 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 more than 165,000 pregnant women and child caregivers with counseling for IYCF in May.



\$15 Million

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

PROTECTION

With nearly \$15 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 services, referrals to health specialists, as well as 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 family reunification, GBV prevention and response programs, legal assistance, and mental health and psychosocial support activities. USAID/BHA also supports coordination and capacity-building among protection actors in South Sudan.



LOGISTICS

With \$10.2 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 the International Organization for Migration (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	\$8,269,216
Alight	Economic Recovery and Market Systems, Protection, Shelter and Settlements, WASH	Central Equatoria, Upper Nile	\$2,500,000
CONCERN	Agriculture, Health, Nutrition, Shelters and Settlements, WASH	Central Equatoria, Northern Bahr el Ghazal, Unity	\$3,500,000
Catholic Relief Services (CRS)	Complementary Services, Health, Nutrition, WASH	Jonglei	\$10,085,329
Danish Refugee Council (DRC)	Agriculture, HCIMA, Protection, Shelters and Settlements	Countrywide	\$3,000,000
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
International NGO Safety Organization (INSO)	HCIMA	Countrywide	\$400,000

IOM	Agriculture, Health, HCIMA, Logistics, 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	\$10,500,000
International Rescue Committee (IRC)	Early Recovery and Market Systems (ERMS), Health, Nutrition, Protection	Unity	\$3,000,000
Mercy Corps	WASH	Unity	\$2,635,650
Nonviolent Peaceforce	Protection	Central Equatoria, Jonglei, Unity, Warrap	\$3,500,000
Norwegian Refugee Council (NRC)	Complementary Services, HCIMA, Protection	Central Equatoria, Jonglei, Northern Bahr el Ghazal, Unity	\$14,789,948
Relief International	Health, Nutrition, WASH	Upper Nile	\$3,100,000
Samaritan's Purse	Agriculture, ERMS, Health, WASH	Unity, Upper Nile	\$3,000,000
Save the Children Federation, Inc. (SCF)	HCIMA, Health, Nutrition, Protection, WASH	Countrywide	\$2,023,131
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
Vétérinaires Sans Frontières Germany (VSF/G)	Agriculture	Jonglei, Unity, Warrap	\$1,600,000
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	\$257,738,248
World Relief International	Agriculture, Health, Nutrition, WASH	Jonglei, Unity, Upper Nile	\$2,000,000
World Vision	Agriculture, HCIMA, Health, Nutrition, Protection, WASH	Unity, Upper Nile, Warrap	\$7,680,439
	Program Support		\$120,193
TOTAL USAID/BHA FUNDING			\$529,054,824
STATE/PRM			
International Committee of the Red Cross (ICRC)	Multi-sector Assistance	Countrywide	\$19,700,000
The Mentor Initiative	Health	Maban, Jamjang	\$399,997
UNHAS	Logistics	Countrywide	\$1,500,000
UNHCR	Multi-sector Assistance	Countrywide	\$34,400,000
TOTAL STATE/PRM FUNDING			\$55,999,997
TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2022²			\$585,054,821

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of July 15, 2022.

² Funding figures reflect publicly announced funding as of July 15, 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
 - Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work