



August 2024, the sun sets over Renk Transit Centre in the far north of South Sudan where children and families fleeing the Sudan conflict have found refuge.

unicef 
for every child

Humanitarian Situation Report No. 12

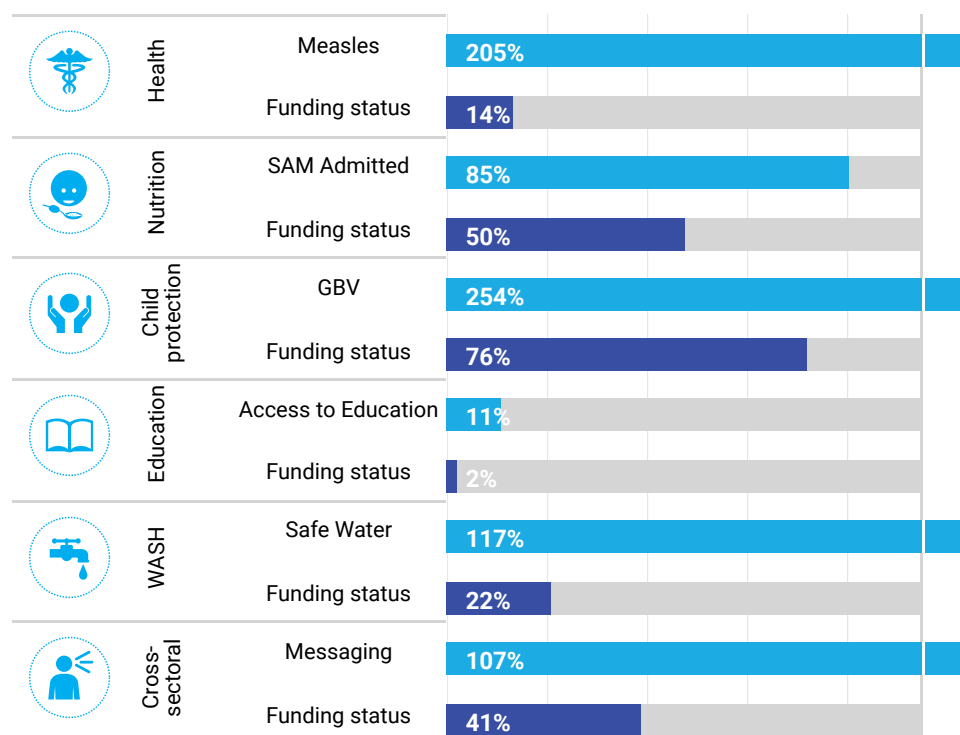
Reporting Period
1 January to 31
December 2024

South Sudan

HIGHLIGHTS

- In 2024, UNICEF South Sudan provided support to 3,788,500 million people¹ (73 per cent of the 2024 HAC target), of which, 2,545,996 million were children (75 per cent of the target), despite a 65 per cent underfunded HAC. This year, we leveraged, where possible, flexible donor funds to prepare and respond to floods, and the needs of South Sudanese returnees and Sudan refugees, fleeing conflict in Sudan.
- This year we experienced several key public health emergencies; the most significant being Cholera. By the end of December, approximately 10,765 cholera cases and 165 cholera-attributed deaths were reported across 28 counties in seven states. The highest number of cases were reported from Unity State and the age group with the highest case count is 0 - 4.²
- As of 31 December, 20 months since the beginning of the Sudan crisis in April 2023, over 996,648 individuals, including 498,293 children, entered South Sudan.³

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS



4,900,000
Children in need of
humanitarian assistance⁴



9,000,000
People in need of
humanitarian assistance⁵

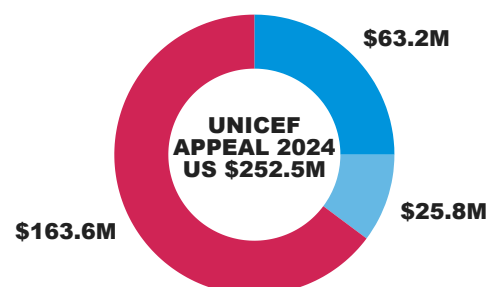


484,502
children 6-59 months with
severe wasting admitted^{6,7}



2,000,000
Internally Displaced
People⁸

FUNDING STATUS (IN US\$)**



- Humanitarian Resources
- 2023 carry over
- Funding gap

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

FUNDING OVERVIEW AND PARTNERSHIPS⁹

Humanitarian needs in South Sudan, are driven by ongoing conflict, floods, economic crisis, disease outbreaks, and widespread displacements with the humanitarian crises affecting over 9 million people, including 4.9 million children, who required urgent assistance. The situation was further worsened by the ongoing conflict in Sudan, which led to 508,648 refugees and returnees entering South Sudan since the beginning of 2024, of whom 246,028 were children. Compounding these challenges and worsening humanitarian conditions, was prolonged flooding that has had an impact on more than 1.4 million people across 44 counties with more than half of the affected people in Jonglei and Northern Bahr el Ghazal States.

Further, a cholera outbreak was declared by the Ministry of Health in October, heightening health risks for vulnerable groups, especially children. Despite the increased needs and great efforts to mobilize funding, UNICEF's cholera response remained critically underfunded with a gap of US\$ 22.5 million against the required US\$ 24 million.

Overall in 2024, UNICEF South Sudan was able to reach 3,788,500 million people with multi-sector responses. To reach vulnerable communities, especially those living in hard to reach areas, UNICEF put great emphasis on partnerships and localization with international and local NGOs. Throughout the year, UNICEF partnered with a total of 74 organizations including 34 International NGOs, 40 National NGOs and 5 Community Based Organizations.

Despite the generosity of donors, as of the end of 2024, the South Sudan Humanitarian Action for Children (HAC) was 65 per cent unfunded. The United States of America, the European Union, the United Kingdom and the National Committees for UNICEF (NatCom)-France, Germany, Spain, Norway, Japan, the Country-Based Pool Fund, the World Bank, all have contributed to UNICEF in 2024. In addition, support from Global Thematic Funds enabled flexible response and investments for the Sudan crisis, including resources for the establishment of the Renk Satellite Office (Upper Nile State). Further, Emergency Program Fund (EPF), loaned to the office, off set costs in UNICEF's cholera response as well as preparedness and response efforts in flooding. Further leveraging, where possible, flexible donor funds to prepare and respond to floods, and the needs of South Sudanese returnees and Sudan refugees, fleeing conflict in Sudan.

Since January 2024, UNICEF has received US\$63.2 million (including US\$25.8 million carry-forward) of the budgeted US\$252.5 million in the HAC. Critical underfunding was faced across all sectors, with Education, Health and WASH sectors being the most affected and receiving only 2 per cent, 14 per cent and 22 per cent respectively of their annual requests.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS¹⁰

The Sudan crisis, has significantly impacted South Sudan, with 996,648 individuals, including 498,293 children as of 31 December 2024, crossing the border as returnees and refugees. This has contributed to an increase of eight per cent of the total population in South Sudan.¹¹ Many arrive in dire need of humanitarian assistance, with high rates of malnutrition evident among new arrivals. Many women and adolescent girls arriving are survivors of gender based violence. While onward movement options are available, a substantial number of individuals have opted to remain in transit centers and towns near the border, such as Renk and Malakal, with

intentions to stay. During the rainy season, the influx reduced to an average of less than 1,000 daily arrivals; however, in December, escalating dynamics in the Sudan conflict led to a surge in crossings, particularly through unofficial border points, averaging 3,000 - 10,000 individuals daily, totalling 120,000 individuals in December.¹²

In June, to enhance coordination and manage the response effectively, UNICEF established a satellite office in Renk county where 80 per cent of all crossings take place (formally or informally). Through this effort, UNICEF has been on the ground and able to support partners across various sectors to address critical needs, and provide life-saving assistance.

This crisis has further strained South Sudan's already fragile humanitarian situation, that is hosting 1.8 million internally displaced peoples (IDPs) and 504,000 refugees,¹³ exacerbating the burden on limited resources and existing vulnerabilities.

Natural disasters intensified the country's humanitarian crisis. The release of water from Uganda's Jinja Dam and increased rainfall, accompanied by protracted flooding in several areas, resulted in heightened water levels along the river Nile. Over 1.4 million people were affected across 44 counties and the Abyei Administrative Area, with more than half of the affected population in Jonglei and Northern Bahr el Ghazal States. Critical infrastructure, including schools (522 schools), health centers (58 facilities), nutrition sites and WASH facilities, were affected, leaving communities without essential services. Crop destruction worsened malnutrition, as families struggled to access food amidst the flooding. Displaced populations moved to higher grounds, leading to land clashes and further intercommunal conflicts. Women and children bore the brunt of these challenges, with limited access to safe shelters, healthcare, and education.

The country faced a dire food security and nutrition crisis, with an estimated 6.3 million people classified in IPC Phase 3 or above (crisis or worse), including 1.7 million individuals facing critical levels of acute food insecurity in IPC Phase 4 (Emergency) or higher according to the IPC report published in November. These numbers included returnees and refugees fleeing the Sudan crisis, further straining the country's resources. The situation is projected to worsen during the lean season of April to July 2025, with an estimated 7.7 million people expected to be in IPC Phase 3 or above, highlighting a deteriorating food security outlook. The most affected populations are concentrated in Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity, and Warrap States.¹⁴

Acute malnutrition remains a significant concern, with 2.1 million children aged 6-59 months projected to suffer from acute malnutrition by June 2025, alongside 1.1 million pregnant or breastfeeding women. This alarming trend is driven by multiple factors, including poor childcare practices, a high disease burden, limited access to sanitation facilities, and low coverage of essential nutrition programs. The economic crisis, ongoing insecurity, and climatic shocks, including floods and droughts, further exacerbate acute food insecurity and malnutrition levels.

In response, UNICEF supported critical nutrition interventions nationwide, focusing on the prevention and treatment of malnutrition. This included providing therapeutic and supplementary nutrition, counselling on infant and young child feeding practices, and strengthening community-based management of malnutrition programs. These efforts aimed to mitigate the impacts of the growing food security and nutrition crisis and to address the urgent needs of the most vulnerable populations.

The economic crisis deepened in 2024, driven by a series of destabilizing factors. The South Sudanese Pound (SSP) depreciated drastically, plunging from 1,095 SSP in January 2024 to 4,900 SSP against the dollar by December 2024 in the parallel market.¹⁵ The

destruction of a key oil pipeline in February crippled the nation's primary revenue source, while civil servants have remained unpaid for over 12 months.

As highlighted by the Cash Working Group's Joint Market Monitoring Initiative the cost of essential foods recorded an alarming increase throughout the year. By November 2024, the costs recorded of maize, rice, beans and sugar increased by 198 per cent (from 761 SSP to 2,268 SSP), 383 per cent (1,500 SSP to 7,250 SSP), 346 per cent (1,902 SSP to 8,500 SSP) and 300 per cent (1,500 SSP to 6,000 SSP) respectively compared to December 2023.¹⁶ This economic turmoil exacerbated poverty, leaving families unable to afford basic needs and further marginalizing already vulnerable communities.

Conflict remained a dominant issue throughout the year, with intercommunal violence stemming from armed conflicts, land disputes, revenge attacks, cattle raids and ethnic tensions. These events were recorded in different areas of the country with Jonglei State recording increased cattle raiding and abductions, armed robbery being rampant in Central Equatoria and revenge killing in Warrap States. Major incidents include the ethnic-driven conflicts in Tambura that erupted in April and December between the Azande and Balanda tribes, in Western Equatoria, displacing thousands and leaving many, especially children and women, vulnerable to violence and exploitation and unable to access lifesaving assistance where needed.

Political related clashes were often reported leading up to the postponement of the elections (to December 2026) causing tensions, underscoring the fragile political environment. This was mainly driven by the defections of high-ranking political figures to the government as well as delay of the fulfillment of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) and the slowing process of the Tumaini Peace Talks.

Humanitarian operations continued to face significant impediments due to increased violence and threats to both personnel and assets. More than 400 incidents were reported between January and November 2024 which is a 16 per cent increase compared to same time in 2023,¹⁷ further complicating aid delivery. Illegal checkpoints and aid diversion violence severely impeded humanitarian operations, delaying critical assistance to those in dire need. These challenges disproportionately affected children, women, and the elderly, who rely heavily on humanitarian support for survival.

UNICEF recorded over 84 incidents within its AIMS platform with over 70 per cent affecting implementing partners and service providers. The majority of these incidents were crime related and aid diversion was reported among 48 per cent of the incidents recorded by implementing partners. There is still an urgent need for the government to intensify efforts to strengthen security measures ensuring vulnerable populations are reached with and have access to safe and timely critical assistance.

South Sudan's fragile healthcare system, with over 27 per cent of its health centers non-functional, struggled to cope with multiple disease outbreaks. Yellow fever (139 cases) and measles outbreaks (3,501 suspected cases) persisted despite vaccination campaigns, while malaria remained the leading cause of mortality and morbidity.

A cholera outbreak was declared in late October following cross border case transmission from Sudan. The outbreak spread rapidly affecting seven states by year-end, overwhelming health systems and exacerbating the health crisis. By end of December, 10,765 suspected cases were recorded in 28 counties, across 7 states including 169 deaths with a case fatality rate of 1.5 per cent. Rubkona, and Juba recorded the highest rate of suspected cases at 5,285 and 1,470 respectively. Children under 14 years had the highest prevalence among the age groups at 54 per cent

prevalence.¹⁸ By the end of December, with support from UNICEF 147,392 individuals had received oral cholera vaccine in Renk and Juba with immediate plans for Malakal and Rubkona. A total of 1.3 million oral cholera vaccines had been received in the country.

Other outbreaks recorded in 2024 included Hepatitis E (1,502 cases recorded in 2024), anthrax (165 human cases), polio (12 cases), and cases of snake bites. Poor WASH and health infrastructure (including essential goods) continue to drive the spread of cholera across the country.¹⁹

The porous borders and inadequate surveillance mechanisms heightened the risk of Mpox and Marburg disease transmission from neighboring countries. Even though there was no confirmed cases of Mpox in the country the number of suspected cases were 131 as of 19 December 2024. Women and children in overcrowded displacement sites were particularly susceptible to these outbreaks, with limited access to healthcare and sanitation exacerbating their vulnerability.

The convergence of these crises has left South Sudan in a precarious state, with children, women, and vulnerable populations enduring the greatest hardships. The compounded impact of conflict, natural disasters, economic instability, food insecurity, and disease outbreaks underscores the urgent need for comprehensive humanitarian intervention with projection of 9.3 million people in need in 2025.²⁰ Strengthened coordination, increased funding, and enhanced protection mechanisms are essential to alleviate suffering and build resilience among the affected communities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



In December, children are given oral cholera vaccines in Juba, South Sudan.

UNICEF played a vital role in health service delivery in South Sudan through the health sector transformation project (HSTP), the Global Fund Malaria project and the immunization program and responding to public health emergencies/outbreaks including Cholera, Yellow Fever, Polio and Measles outbreaks in various parts of the country.

In 2024, 9.6 million primary health care consultations were provided and of these over 5.1 million were among children under 5 years of age, 5.3 million were female and 4.3 million were male. The key morbidities for primary health care consultations during the year were Malaria (52 per cent), Pneumonia (10 per cent), Diarrhea (13 per cent) and other communicable and non-communicable diseases (25 per cent). To manage these common morbidities, UNICEF

distributed \$27.43 million worth of medical commodities for delivery of a basic package of health and nutrition services (BPHNS) from July to December and equipped over 3,226 health workers to deliver quality services and conduct supportive supervision to health facilities. .

Throughout the year, UNICEF supported the Ministry of Health (MoH) and partners to improve capacity to deliver routine immunization and supplementary immunization in response to vaccine preventable disease outbreaks. Significant strides were made in routine immunization, vaccine management to ensure vaccines are available at all levels and stock out of vaccines minimized. The Effective Vaccine Management (EVM) assessment conducted in quarter 3 of 2024 revealed a composite score of 71 per cent, surpassing the target of 70 per cent.

In addition to improving capacity to deliver routine immunization, the MoH and partners were effectively supported to respond to multiple vaccines preventable disease outbreaks including Yellow Fever, circulating Vaccine Derived Polio Virus type 2 (cVDPV2), Measles, and Cholera.

Following an outbreak of Yellow Fever in Yambio, Nzara, Ezo, Tambura, Ibba, and Maridi of Western Equatoria State with 139 suspected cases including three deaths and three lab confirmed cases, a reactive vaccination campaign was conducted in all six counties. The campaign reached 465,798 people, representing 77 per cent coverage. With this expansive coverage, the outbreak got contained after the deployment of the intervention. There was also a confirmed outbreak of Vaccine Derived Polio Virus Type 2 (cVDPV2) with a total of nine lab-confirmed cases from eight counties distributed across four states; Yambio and Tambura in Western Equatoria, Juba in Central Equatoria, Luakpiny in Nasir, Bailiet and Longchok in Upper Nile, and Fangak and Ayod in Jonglei States. In response to the outbreak, three rounds of nOPV2 vaccination campaigns were conducted with at least 3.1 million children 0-59 months. In round 1, round 2, and round 3, 102 per cent, 111 per cent and 103 per cent coverage, respectively, of the target population was reached. Since 10th June 2024, no new suspected cases have been reported.

A Measles outbreak was recorded in 49 counties across 10 states with 3,200 suspected cases including 41 deaths and 184 confirmed cases. Reactive vaccination campaigns were conducted, and 618,523 eligible children were vaccinated, representing 94 per cent of the target population. In response to the reactive campaigns, there has been a significant decline in the number of new cases. The last contained outbreak was concentrated in Tonj East County of Warrap State.

Towards the end of the year, a Cholera outbreak was declared. The first epi-case of the outbreak was reported in the country on 28 September 2024, and by the end of December 2024, a cumulative of 10,765 suspected cases including 165 deaths were reported. As a result, an Oral Cholera Vaccination Campaign was conducted in Renk, Malakal, Upper Nile State, Juba, in Central Equatoria and Rubkona, Unity State counties where 1,158,857 people of age one and above were vaccinated. There was limited funding support for the mobilization of resources, including cholera supplies and human resources (surge and local), for effective cholera response.

A major milestone in combatting the burden of Malaria in South Sudan was the introduction of the Malaria vaccine from July in 28 counties across six states. To date, a total of 80,472 children have received at least 1 dose of Malaria vaccine out of targeted 265,897 children aged 5 to 23 months achieving an annualized coverage of 30 per cent. UNICEF will continue to support MOH in the rollout of the Malaria vaccine to the remaining 52 counties and introduce other underutilized vaccines including Rota, PCV and Measles second dose in 2025.

Collaboration and partnership played a significant role in the achievement of the milestones this year. Collaboration and partnership with MoH, National and International NGOs facilitated many achievements. UNICEF worked with 30 National and International NGOs partners including financial services provider institutions. The management of emergency response vaccination campaigns for Measles, Yellow Fever and Cholera were achieved in synergy and partnership with WHO.

In the course of the year, health activities were impacted by external and internal challenges. South Sudan was burdened by large scale flooding, security threats, disease outbreaks, and a large inflow of refugees and returnees, all uniquely impacting the implementation of activities. The large influx of refugees and returnees led to increased disease burden leading to stockouts of essential health commodities. Flooding and security threats elevated operation costs, while numerous vaccine-preventable disease outbreaks required resources to be reprioritized. Programmatically, there was a lack of secure funding for the procurement of traditional vaccines, which resulted in stock out of some vaccines with high dose vials such as Bacille Calmette-Guérin (BCG) and measles. The limited availability of funding also posed a challenge to respond to the Cholera outbreak.

In 2025, UNICEF's health team will continue to build on the lessons learned and accomplishments of 2024. The team intends to scale up the Malaria vaccine in 52 counties, and introduce new vaccines, including Pneumococcal Conjugate Vaccine (PCV), Rotavirus, Measles (second dose), and will also work to integrate the COVID-19 vaccination into routine services throughout the country. In line with this, follow-up campaigns for measles and PCV are planned, while Cholera and Polio outbreaks will continue to be responded to.

Nutrition



A child is fed at the UNICEF-supported Payuer Nutrition Centre in Renk county, South Sudan.

In 2024, South Sudan continued to grapple with high levels of malnutrition rates, which are above the World Health Organization (WHO) emergency threshold of 15 per cent. Findings from the October 2024 IPC-AMN indicates that 49 counties have acute malnutrition rates that exceed the emergency threshold of 15 per cent. With one out of two children reported to be ill, high rates of malnutrition continued to be driven by a high prevalence of diseases like diarrhoea, Malaria/fever, and respiratory infections, causing rapid deterioration in the health of the affected children. Inadequate feeding practices of infants and young children is another major contributing factor. With heightened food insecurity affecting almost 50 per cent of the population, young children are not accessing an adequate diet for their growth and development, as reflected by

Minimum Acceptable Diet (MAD) of 2.2 per cent. The situation was further aggravated by economic challenges, climate impacts, ongoing conflicts, heightened GBV risks, and spillover effects from the Sudan crisis. These adversities, coupled with the poor infrastructure and access to basic services, continued to affect the well-being of vulnerable groups, particularly children and women.

This year, UNICEF and its partners placed greater emphasis on preventing malnutrition by expanding programs aimed at improving diets for young children and strengthening maternal and adolescent nutrition. Local initiatives to improve dietary diversity for children from 6 to 23 months old were implemented in eight counties across the country with plans to scale up further in 2025. In addition, UNICEF also conducted a pilot project on social protection in collaboration with the Social Policy and Child Protection teams in Aweil East County of Northern Bahr el Ghazal. This pilot intervention targeted 1,623 pregnant and breastfeeding mothers with a cash transfer to improve household capacity to purchase food to improve children's diet.

Prevention was also expanded through other approaches leveraging community structures and systems. Examples of these approaches included mother-to-mother support groups and nutrition volunteers. These initiatives were aimed at enhancing exclusive breastfeeding practices and the promotion of hygiene practices through counseling sessions focused on Infant and Young Child Feeding (IYCF) practices. Nutrition volunteers were also used to improve complementary feeding by conducting cooking demonstrations that utilize locally available foods in different communities. As a result of these efforts, a total of 1,776,110 pregnant and breastfeeding mothers were reached. These initiatives were supported by capacity enhancement of 2,353 and 2,594 Health and Nutrition Workers on Maternal Infant and Young Child Nutrition (MIYCN) and Community based management of acute malnutrition (CMAM) respectively.

UNICEF also developed an operational guideline for the adaptation of the new WHO guidelines for the prevention and treatment of wasting in Lakes and Northern Bahr el Ghazal States and subsequently worked to roll these guidelines out. A taskforce comprising of key stakeholders was constituted at both National and State levels to guide and oversee the adaptation of the new WHO guidelines.

Vitamin A and deworming campaigns were conducted throughout the year as well. Of relevance is also a bi-annual national campaign that for the first time integrated Vitamin A, Deworming and screening for malnutrition using mid-upper arm circumference (MUAC). A total of 2,482,060 (86 per cent) children 6-59 months benefited from lifesaving Vitamin A supplementation, 2,105,816 (81 per cent) were dewormed and 2,483,294 children aged 6-59 were screened for malnutrition. All children that were identified with malnutrition during the screenings were referred for treatment.

Overall UNICEF and its implementing partners managed to reach and treat 338,054 (85 per cent) of children aged 6-59 months with acute malnutrition out of the total target of 397,119. The peak of admissions of children with acute malnutrition was recorded in May and August. This increase is attributed to the mass MUAC screening conducted during the vitamin A campaign which identified more children with wasting coupled with the impact of flooding which led to the deterioration of the nutrition status of children. Overall, a total of 740,664 children under five were screened in 2024 for early identification and referral at both community and facility level to prevent complications from malnutrition. Furthermore, local initiatives to improve dietary diversity for children from 6 to 23 months old were implemented in eight (8) counties of the country. These activities contributed to a good quality of nutrition programming in 2024, as reflected by the performance indicators that were within the globally acceptable Sphere Standards.

Throughout the year, and despite great efforts, nutrition activities were impacted by several constraints including limited investment from government coupled with a reduction of funding from main donors, as well as insecurity and flooding, all of which affected the ability to deliver services and materials to targeted locations.

Child protection, GBViE and PSEA

UNICEF provided Child Protection services, including case management, family tracing and reunification, mental health and psychosocial support, explosive ordnance risk education, and gender-based violence (GBV) to 566,415 people; 68 per cent, children of which, 3,900 were children with disabilities.

UNICEF continued to expand the Child Protection programme through an ambitious localization strategy that is designed to establish a sustainable child protection and GBV system to meet long-term needs and quick-onset emergency priorities. This made substantial contributions towards building a network of local child protection and GBV partners with multiyear partnerships that allowed for the professional development of a workforce capable of meeting the child protection, GBV, mental health and psychosocial support (MHPSS) needs of women, children, youth and vulnerable populations.

In 2024, partnerships expanded from 23 to 29 partners operating in 43 counties across 10 states and three administrative areas, including six women-led organizations, 17 national NGOs and six international NGOs, to provide child protection and GBV services across South Sudan. International NGOs were primarily responding to the Sudan crises and providing specialized technical support on child protection case management and CPIMS+, high-risk GBV cases and disability inclusion. Implementation was constrained by the escalating conflict in Sudan, recurrent climatic shocks including flooding, disease outbreaks, intercommunal violence and displacements. However, due to increased coverage of partners, UNICEF continued to make progress meeting the protection needs of women and children in South Sudan including the increasing numbers of refugee and returnees impacted by the Sudan crisis.

During 2024, UNICEF partners provided focused and non-focused mental health psychosocial support services to 228,789 children (121,778 boys and 107,011 girls) and 13,607 adults (6,712 men and 6,895 women). Amongst these 8,205 children (3,508 boys and 4,697 girls) accessed child protection case management services including 980 unaccompanied or separated (UASC) children (629 boys and 351 girls) who were reunified successfully reunited with their primary caregivers and/or placed with alternative care arrangements.

UNICEF invested heavily in developing the capacities of social workers and launched the Social Work Certificate Programme in partnership with Juba University in 2024 to professionalize the social service workforce. UNICEF also provided technical support to strengthen diversion processes within South Sudan's criminal justice system and collaborated with government counterparts on gang violence prevention and response. Through partners, 47,034 children (25,567 boys and 21,467 girls) and 14,096 adults (6,268 men and 7,828 women) accessed critical information on identifying and protecting themselves on unexploded ordinances.

Over the course of 2024, 97,770 children (32,845 boys and 64,925 girls) and 155,940 adults (35,863 men and 120,077 women) were reached with GBV prevention,²¹ response and risk mitigation interventions. UNICEF collaborated with 12 partners, including six women-led organizations, to increase the availability of GBV services in 16 counties including areas impacted by the Sudan crises. UNICEF restarted the Communities Care programme with eight organisations across nine locations to shift harmful social norms and promote collective efforts to enhance women's and girls'

safety.

In September 2024, UNICEF successfully validated findings from the multi-year research on 'Understanding and Measuring the Effectiveness of GBV Risk Mitigation in Emergencies' with the Ministry of Health, Ministry of Gender Child and Social Welfare, Nutrition and GBV partners. Learning from operational research demonstrated increased disclosures of GBV, improved reporting and two-way referrals between nutrition and GBV services and improved decision-making power for women and mothers at the household level. During 2024, over 200 partners across five states were trained on the GBV Risk Mitigation in Nutrition Programmatic Package developed during the operational research. UNICEF, in partnership with Action Against Hunger, also piloted the Young Child Support Grant (YCSG) – this was led by the Nutrition section with support from Social Protection and Child Protection. As part of this intervention, GBV risk mitigation was also integrated across activities to reduce risks related to cash transfer and to make this safer and more accessible for women and girls and contribute to improved nutrition outcomes for children.

UNICEF continued to expand youth and adolescent programming supporting six youth centres implementing the 'Take 5' methodology of five pillars: adult caring and peer relationships; mental, physical and emotionally safe spaces; skill mastery; pro-social behaviours; and opportunities that served 2,123 individuals, with plans to expand this approach with child protection partners across the country. Centres target adolescents and youth in dangerous circumstances including those in gangs, living on the street, in conflict with the law and associated with armed forces and groups.

2024 generated key learnings for the Child Protection section that are informing 2025 programming priorities including scaling up GBV and Child Protection interventions for the Sudan Crisis; expanding youth and adolescent programming to other states/locations; improving case management processes and supporting the professionalization of the workforce.

Water, sanitation and hygiene

In 2024, UNICEF and its partners, including but not limited to World Vision, Centre for Development, Concern Worldwide, and the Norwegian Refugee Council, provided essential life-saving WASH services to the people of South Sudan. This year, UNICEF, through its WASH partners worked to provide people affected by humanitarian crisis with access to basic WASH services. Specifically, 816,306 individuals (191,596 boys, 223,645 girls, 180,646 men, 220,419 women) gained access to basic water services, while another 178,231 individuals (44,985 boys, 52,355 girls, 37,468 men and 43,423 women) gained access to appropriate sanitation services. Further, 372,335 individuals (85,904 boys, 92,882 girls, 89,525 men, and 104,024 women) were provided with critical WASH supplies and hygiene messaging for proper behaviour change practices, and an estimated 313,462 people (72,096 boys, 78,366 girls, 75,231 men, and 87,769 women) were reached with key messages to promote hygiene practices.

Provision of basic water services was achieved through the construction and rehabilitation of 21 surface water treatment system (SWATs), rehabilitation and operation of Renk Water treatment plant in Renk, construction of 14 solar motorised water systems and the rehabilitation of over 90 broken boreholes in Unity, Jonglei, Upper Nile, Eastern Equatoria and Northern Bahr el Ghazal States. The provision of basic WASH services improved the hygiene and well-being of the people affected by humanitarian crises by reducing water-related diseases, and supported the containment of the Cholera outbreak that was declared on 28 September 2025. However, the regular provision of water was impacted by the country-wide flooding, as several sites became flooded; with a direct

impact on meeting the daily quantity needed for affected population.

The achievement in sanitation services was possible through the desludging of 130 existing emergency latrines and strengthening of their operation and maintenance for reuse in the transit centres in Renk and Malakal in Upper Nile State. In addition, 5 new latrine blocks (each block has 5 stance – cubicles) and over 80 household latrines constructed in Rotriak, Unity State. These facilities have contributed to the reduction of open defecation, specifically at the IDP camps in Unity State and the transit centres in Renk and Malakal in Upper Nile State and further reduced the prevalence of diarrheal disease among the children at these locations.

In addition to the provision of basic water services and sanitation services, tremendous efforts were made to promote community engagement and awareness to promote proper hygiene and key behaviour change in WASH in IDP camps and the transit centres in Upper Nile and Unity States. Specifically, an estimated 313,400 people were reached with key messages to promote the practice of hygiene (e.g. handwashing at critical moments, use of latrines and safe water chain) at the household and community levels and on the prevention of WASH-related illnesses. The messages have generally improved handwashing and contributed in the reduction of Cholera cases in those location.

The critical emergency WASH supplies distributed in 2024 included buckets, soap, household water treatment chemical, cloth filters, handwashing stations, many of which were received through the WASH core pipeline. Aluminium Sulphate and chlorine were supplied for the treatment of water through the SWAT systems in the IDP camps in Unity State and the transit centre in Malakal, Upper Nile. In March, and due to dwindling funds for the WASH core pipeline, the Cluster redefined the procedures and conditions under which WASH NFIs would be released to partners in order to rationalize resources for the most acute needs. This called for review of the contents of the critical WASH supplies in line with the Global WASH cluster guidelines. With the new approach, emphasis was placed on flooding, cholera response and the Sudan crisis. Therefore, March to October saw a decline in the release of WASH supplies and the remaining supplies were prepositioned for the anticipated (forecasted) peak flooding in November to December. The forecasted floods were less severe than initially anticipated, and so the prepositioned supplies were directed towards the Cholera response.

While the floods were not as severe as anticipated, flooding in 2024 caused boreholes to be submerged in parts of the country, compromising water quality and forcing people to use unsafe water. WASH programming was further confronted by challenges posed by limited financial resources, given that WASH activities heavily rely on donor funding as state and local governments have not allocated sufficient resources. Another challenge was that there was a lack of community ownership, which has led to the breakdown of water systems, exacerbated by technical issues with the Renk water system, such as equipment failure and a shortage of spare parts. Additionally, the absence of a supportive market for WASH supply chains has delayed repairs, impacting the provision of safe water, especially in transit centres for returnees. The age of rehabilitated water systems and lack of trained technical persons further contributes to their frequent breakdown, affecting the quality and availability of water in affected areas.

Despite the challenges faced by UNICEF and its partners, a tremendous amount of work was accomplished this year, and many lessons were learnt to inform future strategy and programming. A key lesson learned is the importance of strengthening WASH sector coordination at the state level to transition from emergency response to long-term recovery and development. Establishing a water quality testing laboratory and supporting the Ministry in monitoring water

quality, especially chemical parameters, is crucial. The high operational costs and environmental impact of diesel-powered water systems highlight the need for transitioning to solar-powered systems as part of a climate-resilient WASH approach. Additionally, advocating for funds to support safe water and sanitation for returnees and refugees, particularly in areas with high displacement, is essential. For long-term sustainability, cost recovery strategies, including pro-poor tariff setting and establishing utility boards, are necessary to ensure community ownership. Elevating hand pumps and latrines to resist flooding, converting boreholes to solar-powered systems, and promoting resilient WASH facilities are vital steps toward ensuring year-round access to safe water and sanitation in flood-prone areas. These lessons will continue to guide future WASH programming in the country.

Education



December 2024, Unity State, Bentiu, student girls are photographed in their classroom during a lesson.

In 2024, a total of 63,936 children in humanitarian contexts accessed life-saving formal and non-formal education services implemented by UNICEF through international and national implementing partners. Interventions included provision of safe, child-friendly learning spaces, distribution of teaching and learning supplies and working with schools and local authorities to mitigate risks of disasters. The provision of uninterrupted education services contributed to laying a strong foundation for the long-term development and well-being of children.

Learning outcomes were improved for 87,114 learners through the provision of teaching and learning materials which also promoted retention of learners. To further improve learning outcomes, 1,017 teachers had their knowledge and competencies enhanced in education in emergencies interventions, teaching pedagogies and psychosocial support. Community engagement remained a critical component of UNICEF's education in emergencies and was achieved through provision of capacity building training to 977 School Management Committees (SMCs) and Parent Teacher Association (PTAs) bodies on their roles and responsibilities to monitor teaching and learning as well as disaster risk reduction.

Addressing education needs of children living in conflict and disaster affected areas was met with huge challenges in 2024, notably the Sudan crisis which saw an estimated 250,000 returnees and refugee school aged children enter South Sudan and further stretching an already weak education system. Climatic shocks also disrupted access to education. An estimated 522 schools closed due to flooding affecting over 184,000 learners across 8 states, while country-wide school closures due to heatwaves affected an estimated 2.2 million learners. Persistent inter-communal violence

across targeted locations throughout the year disrupted learning. For example, in Abyei, Western Equatoria (Tambura), and Central Equatoria (Rokon), over 11,000 learners could not access their schools due to conflicts which caused insecurity and displacements. The worsening economic situation compounded with delay in payment of teacher salaries contributed to massive teacher absenteeism/strikes affecting delivery of quality education. Overall, UNICEF education in emergencies remained significantly underfunded, with only 2.9% of UNICEF's HAC appeal for education in emergency was funded. Despite the enormous benefits to children and their communities, education in emergencies continues to be deprioritized by government, donor community including the United Nations.

Achievements in 2024 were made possible through strong partnership with Ministry of General Education and Instruction at national, state and county levels. UNICEF expanded partnerships with 4 (3 national, 1 international) NGOs and provided dedicated capacity strengthening funding to help improve their systems and processes. These organizations were instrumental in-service delivery and monitoring of the education situation of children including barriers and bottlenecks from the grassroots level. Other key partnerships included with IOM and WFP implementing integrated programmes for improved nexus of humanitarian-recovery/development sustaining peace through increased inter-communal social cohesion and economic resilience/development and gender inclusion.

Key lessons learned include the need for stronger government engagement in emergency preparedness and planning at all levels including strengthening government capacity to respond to emerging emergencies. In addition, continuous advocacy and lobbying is needed at all levels for the prioritization of education in emergencies alongside other sectors- Health, Nutrition, WASH.

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



2024, Juba, South Sudan, community mobilizers supported by UNICEF are on the streets to sensitize the population about Cholera vaccines and other preventive measures.

As the co-lead for Risk Communication and Community Engagement (RCCE) in 2024, SBC continued to provide technical support to government, partners and other key stakeholders to support RCCE system strengthening including coordination, evidence generation, capacity building, community engagement, strengthening partnerships and strategic guidance for preparedness and response to multiple epidemics (yellow fever, polio, measles, red eye disease, cholera, flooding, conflicts and the ongoing Sudan crisis). A robust evidence generation structure was put in place which spearheaded evidence that informed RCCE programme planning, implementation

and monitoring.

UNICEF's role was instrumental in 2024, and 2,744,285 out of 2,574,660 people were reached with lifesaving messages, 235,792 out of 250,000 provided feedback through established mechanisms and 1,155,339 out of 1 million people engaged on reflective dialogue through community platforms. These RCCE achievements contributed to increased uptake of national polio vaccination coverage of 102 per cent in round one (3,089,613 children) and 111 per cent (3,335,861 children) in round two; the measles outbreak response reached 618,523 children; increased caregiver awareness of immunization benefits from 68 - to 80 per cent, 2,482,060 received Vitamin A, 84 per cent (616,887) received yellow fever vaccine while 60 per cent (56,290) children received the malaria vaccine (first dose) and increased community participation.

The RCCE interventions have been implemented in a context characterized by multiple emergencies including epidemics, climate change, economic, political, the Sudan crisis. The reallocation of funding from the Integrated Community Mobilization Network (ICMN) to Boma Health Workers, as per donor requirements, has adversely affected the RCCE response at the community level. The ICMN played a crucial role in emergency response efforts. Consequently, the number of social mobilizers has been drastically reduced from 1,500 to approximately 100 at the county and state levels, significantly diminishing the on-ground presence. Additionally, there are no fixed-term SBC positions at the subnational level. This gap is currently being filled by third-party personnel (CTG), which hampers the provision of robust technical SBC support necessary for effective community engagement at the grassroots level. Additionally, the underlying challenge of undesirable beliefs, attitudes and entrenched social norms continued to strongly influence behavioural practices. These challenges highlighted the importance of capitalizing on advocacy for sustainable funding, institutional coordination, leadership and existing RCCE technical working groups to enable greater coordination capacity, optimization of resources, harmonization of public messages and a clear division of labor among partners.

In 2024, SBC was able to build new alliances with strategic private-sector companies and academic institutions that include MTN and the University of Juba to strengthen community engagement through increasing platforms for disseminating access to key lifesaving information for vulnerable groups and to strengthen SBC institutional capacity building respectively. In addition, SBC established five partnerships with strategic Civil Society Organizations and media organization with wide networks of women and youths' groups to enable implementation of community engagement at scale for both emergency response and regular SBC activities. This year in particular marked partnerships with a women led organizations i.e. the Women Empowerment Centre of South Sudan (WECSS) and the United NETWORK FOR Health which gathers 20 women-led associations as well as The Rescue Initiative South Sudan and Eye Radio these partnerships allowed more gender-transformative and female inclusive SBC approaches within communities. Much investment was made to strengthen national and subnational Risk Communication and Community Engagement (RCCE) coordination mechanisms in collaboration with UN agencies, CSOs and INGOs, mostly at the Ministry of Health level, and as an entry point for other ministries. The contribution of CSOs during vaccination campaigns (Polio, Cholera, Measles Reactive, COVID-19, Malaria, Cholera and Yellow Fever vaccine introduction) were positioned as the heartbeat of the campaigns. They built credibility, were considered as master trainers, and were reliable eyes-and-ears for UNICEF on the ground. A Task Force, comprising all directors within the Ministry of Health, including Primary Health Care, Preventive Health, and Nutrition, has been established with UNICEF's technical support. The primary objective is to strengthen community-based networks through

improved coordination and capacity building. This group aims to harmonize and integrate parallel community networks in South Sudan, thereby enhancing the efficiency of programs, including the country's emergency response.

In 2024, the digital transformation for SBC created a rigorous community engagement ecosystem by operationalizing platforms such as the Internet of Good Things (IoGT), the inter-agency Community Feedback (CFM). The ecosystem addressed priority topics like cholera, Mpox, measles, polio, acute watery diarrhea and flooding. Community insights and concerns were gathered through CFM dashboard; and IOGT surveys, engaging 67,030 respondents; and knowledge gaps were addressed via thematic pages on IoGT, which recorded 5,164 page views resulting in increased youth participation. In addition, human centred design (HCD) approaches were employed to address the socio-cultural norms.

Effective coordination of RCCE interventions enabled alignment among partners, resulting in reduced duplication of efforts and enabling harmonization of community engagement activities resulting in increased reach. In addition, involvement and ownership of government played a pivotal role for harmonized and well aligned programme implementation while the establishment of partnerships with local CSOs were essential for scaling community platforms. In 2025, the focus should be on strengthening the Boma Health Initiative to ensure its effective response to emergencies. Additionally, sustaining partnership efforts with the private sector, media, and civil society organizations (CSOs), including women-led organizations, is crucial. This will require proper positioning and sustainable funding for SBC within UNICEF South Sudan. The key ask is for support in advocating for SBC funding and dedicated programming space.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2024, UNICEF led the Nutrition Cluster with the International Rescue Committee and the WASH Cluster with Norwegian Refugee Council (NRC). UNICEF co-leads the Education Cluster with Save the Children and UNKEA and leads the Child Protection Area of Responsibility (CPAoR) with Save the Children. Within the Education Cluster, a local organization, the Universal Network for Knowledge and Empowerment Agency (UNKEA) is a Co-coordinating Partner. Within the Child Protection Area of Responsibility, a local organization, Community in Need Aid (CINA) is a Co-coordinating Partner.

Nutrition Cluster

This year, the Nutrition Cluster played a pivotal role in addressing malnutrition and ensuring the provision of lifesaving nutrition services. UNICEF and its partners successfully treated 338,705 children with Severe Acute Malnutrition (SAM), reaching 85 per cent of the annual target. Similarly, 621,252 children with Moderate Acute Malnutrition (MAM) received treatment, achieving 76 per cent of the target. Pregnant and breastfeeding women (PBW) were also a focus, with 73 per cent of the targeted 609,328 receiving nutritional support. However, these achievements marked a decline compared to 2023 due to funding constraints, supply stockouts, and operational challenges exacerbated by flooding, Cholera outbreaks, and the Sudan crisis.

The Nutrition Cluster employed multiple strategies to enhance service delivery and coordination. One key initiative was the development of an advocacy brief, followed by a global advocacy event attended by over 70 stakeholders, including donors and private sector representatives. Additionally, a localization survey was conducted with support from the Global Nutrition Cluster (GNC) to

identify barriers to local partner participation and access to donor funding. The findings from this survey will inform an action plan for 2025. The cluster also engaged in inter-cluster collaboration, advocating for integrated programming in SSHF-funded counties a move that was endorsed by OCHA to ensure more holistic service delivery.

A significant advancement in 2024 was the adaptation of the new WHO guidelines to the South Sudan context, with pilot implementation in Lakes and Northern Bahr el Ghazal states. These guidelines are expected to improve service efficiency and effectiveness before wider rollout. Furthermore, subnational cluster coordinators and regular coordination meetings and technical working groups, played crucial roles in facilitating coordination, information sharing, policy reviews and gap analysis.

Despite these efforts, persistent challenges hindered progress. A critical issue was funding, with only 55 per cent (\$116 million) of the \$210 million appeal met, leading to service deprioritization in three states. Supply chain disruptions, security concerns, and newly introduced government taxes, resulted in frequent stockouts at over 1,200 nutrition sites. Additionally, flooding and the cholera outbreak, further strained service delivery and heightened vulnerabilities among children and pregnant women in affected regions.

Key lessons from 2024 emphasize the importance of prepositioning supplies ahead of the rainy season, a practice that helped mitigate supply shortages. The Emergency Response Team (ERT) and Rapid Response Fund (RRF) proved crucial in responding to acute crises. Continuous program monitoring, improved subnational coordination, and strengthened field supervision will be prioritized in 2025 to enhance accountability, avoid service duplication, and optimize resource utilization.

Education

In 2024, the Education Cluster continued to provide a platform for a well-coordinated, effective, and efficient humanitarian response responding to life saving education in emergencies for vulnerable children. With 40 active partners (25 NNGOs, 15 INGOs), the education cluster reached a total of 449,081 individuals aged between 3-17 years with formal and non-formal education. Quality education was strengthened through training of 3,130 teachers in education in emergencies, mental health, and psychosocial support as well as teaching pedagogies. Learning outcomes were improved for 375,147 learners through provision of teaching and learning materials, while 6,967 teachers received teacher incentives to support their retention in schools. Overall, these interventions contributed to the provision of physical, psychosocial, and cognitive protection to over 370,000 crisis affected children.

Localization remained a key strategic focus for the cluster goals for 2024, with funding from Save the Children, the cluster empowered four national NGOs with financial resources to lead and deliver education in emergencies interventions in selected locations.

Despite the recurring under funding of education in emergencies, the education cluster continued to advocate for the prioritization of education, the cluster received \$2.1m standard allocation from Country Based Pooled Fund compared to none received in 2023. The cluster continued to engage donors bilaterally and through joint events, for example, the cluster hosted a donor roundtable meeting that brought together key donors (FCDO, USAID, ECHO, Canada, JICA) to discuss approaches to strengthening education in emergency response as well as the humanitarian-development nexus approach.

The worsening economic situation, intercommunal violence, the Sudan crisis, Cholera outbreak and climatic shocks affected education. Flooding across eight states led to closure of 522 schools impacting over 184,000 learners, while heatwaves experienced early

in the year led to closure of all schools countrywide impacting an estimated 2.2 million learners. The hyperinflation and the non-payment of teacher salaries contributed to teacher absences thereby impacting learning whilst intercommunal fights led to closure of schools impacting an estimated 11,000 children. As for the Sudan crisis, an estimated 250,000 school aged returnee and refugee children entered South Sudan and cluster partners provided assistance to integrate them in the education system, however, many especially those residing at transit centers within Renk county missed out on education due to lack of learning facilities.

Key lessons learned include the need for stronger collaboration and engagement with Ministry of General Education and Instruction (MOGEI) at all levels to ensure they take leadership and ownership in EiE preparedness and response, advocacy for prioritization of education during emergencies, and strengthening collaboration with other clusters particularly Child Protection AoR and to ensure education interventions form part of the life-saving humanitarian response.

Child Protection

In 2024 the Child Protection Area of Responsibility (CPAoR) delivered crucial protection services to the children of South Sudan. with over fifty members, including several newly admitted organizations, the CPAoR reached a total of 330,942 children (172,753 boys and 158,189 girls) and 26,944 caregivers (12,088 men and 14,856 women) with vital mental health and psychosocial support (MHPSS) countrywide. Despite this significant achievement, a challenge for CPAoR members was the inconsistency or lack of funding leading to closure of programs in some areas.

29,029 (16,795 boys and 12,234 girls) children benefited from individual case management services including being placed on case plans and alternative care, family tracing and material assistance. The Sudan Crisis and flooding faced in various regions, created a unique challenge and opportunity for the CPAoR to learn. Areas expected to experience substantial flooding and an influx of refugees and returnees, were prioritized for additional financial and human resources.

To enhance the capacity of CPAoR members, several training sessions were conducted. These included trainings on case management, the Child Protection Information Management System (CPIMS+) and the 5Ws Reporting held in Juba, Wau, Aweil and virtually. A capacity gap assessment was initiated to ensure effective and efficient case management and reporting, and to improve coordination at the national and state levels.

WASH

In 2024, WASH was stretched with numerous - at scale response needs - in the Humanitarian Needs and Response Plan (HNRP) priority and de-prioritized locations. The response needs for cross border operations for returnees, refugees and host community were specifically evident in Renk, with response needs exceeding planning. Large capital investment in Renk ensured secure water provision from existing and additional semi-permanent infrastructure, yet cluster partners were not able to meet minimum sanitation needs.

Unexpected flooding scale caused internal displacement in numerous locations and an ongoing outbreak of Cholera continued to spread across the country, requiring substantial response from partners who had limited funding. Further, de-prioritization under HNRP resulted in many affected areas having insufficient or inactive WASH partners, resulting increased need for the rapid response mechanisms, which were significantly reduced in the later part of 2024 due to donor funding realignment. An underfunded core pipeline and limited stock items challenged the sectors' ability to respond and led to significant delays. Strategic changes were

agreed resulting in only essential lifesaving activities, justified by prioritized humanitarian needs. Partners were challenged by the humanitarian system to deliver more with less and in the main, met the needs for some of the most vulnerable, reaching at least 2.5 million people with WASH services.

Inter sector collaboration was critical to WASH cluster and its primary objectives of reducing mortality and morbidity, by analyzing Acute Watery Diarrhea trends and seeking synergies on malnutrition reduction. Inter sector information platforms complimented the revised and newly created WASH information platforms to assist in informed strategic decision making, supported by continual communication and situational analysis of primary influencers by WASH, on other sector outcomes, such as health in the cholera response. Strong advocacy to donors and funding mechanisms ensured that the response funding needs for WASH received due consideration.

Partners were supported with the Global WASH Cluster Accountability Quality Assurance approach, incorporating accountability to affected populations, and national NGO organizations are representative throughout the cluster platform as technical leads and members of the Strategic Advisory Group. A pilot Disability Inclusion training was developed and trialed, informing further development.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In 2024, UNICEF South Sudan focused communication on the humanitarian situation in the country, particularly on the flooding displacing thousands of people, the war in Sudan and resulting influx of refugees and returnees, and the Mpox and cholera outbreaks. Under the umbrella of the humanitarian emergencies, communication activities in 2024 highlighted key programmatic areas including Child Rights, Nutrition, WASH, Health and Education through the development and implementation of several successful communication and advocacy campaigns. One such example is that of a campaign focused on the prevention, and treatment of malnutrition and exclusive breastfeeding promotion. The section also created advocacy materials highlighting the specific messages for events and observations days including hygiene promotion for the WASH compact event and Global Hand Washing Day, Day of the African Child (June 2024), International Day of the Girl Child (October 2024) and World Children's Day (November 2024). These campaigns contributed to a steady growth of UNICEF mentions in the media and a big annual increase in digital engagements.

UNICEF South Sudan remained active and engaged through social media, even though it was difficult to generate media attention considering other international crises such as the war in Gaza and Sudan. This year, 9.5 million people were reached through Facebook, X, and Instagram, which is slightly above 2023. The organization initiated a [WhatsApp](#) channel with the intention of reach a wider a local audience and to date there are over 20,000 followers while UNICEF's website traffic consisted of 102,943 sessions between January and November 2024. In terms of media engagement, there were over 300 media mentions in local and international media, 17 press releases were published and 4 media field visits were organized.

This year there was also a robust increase in the UNICEF Young Reporters advocacy across the country. The programme trains young South Sudanese youth to advocate on issues that concern them through poems, stories, videos, radio shows, campaigns, and public events. The Young Reporters also took part in an address with the President of the United Nations General Assembly (UNGA), sharing stories about the challenges faced by them in their lives in

education. Overall, 300 youth across South Sudan joined this initiative in 2024.

This year also saw a reinvigoration of engagement with donors and private sector partnerships. Donors were engaged through [technical meetings and roundtable sessions, and highlighting donor engagement](#) activities provided opportunities for transparency and accountability. In addition, private sector partnership and engagement meetings were initiated to explore potential partnerships with multinational companies.

Finally, to complement the roll out of the Health Sector Transformation Project (HSTP), the Communications team rolled out a strategy to highlight the ongoing support of the World Bank and other partners. As a result, monthly newsletters, success stories, radio programmes and videos were produced to provide visibility to the project, with donors and stakeholders as the primary audience and the public as the secondary.

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

[UNICEF South Sudan Humanitarian Action for Children](#)

- [Appeal](#)

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: 26 FEBRUARY, 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Health (including public health emergencies)								
Children vaccinated against measles, supplemental dose	Total	5.6 million ²²	454,963 ²³	933,226 ²⁴	▲ 205%	-	-	-
Pregnant women and children provided with insecticide-treated nets in malaria-endemic areas	Total	3.1 million ²⁵	832,393 ²⁶	146,046	▲ 18%	-	-	-
People affected by health emergencies reached with primary health care services	Total	3.6 million ²⁷	720,000 ²⁸	733,898 ²⁹	▲ 102%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	484,502 ³⁰	397,292 ^{31,32}	338,054	▲ 85%	397,292	338,705	▲ 85%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	1.6 million ³³	1.8 million ³⁴	1.2 million	▲ 69%	1.6 million	1.2 million	▲ 71%
Children 6-59 months receiving vitamin A supplementation	Total	2.3 million ³⁵	2.8 million ³⁶	2.5 million	▲ 87%	2.3 million	2.5 million	▲ 107%
Children aged 5 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	58,543 ³⁷	58,543 ³⁸	-	0%	58,543	-	0%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	3.2 million ³⁹	82,500 ⁴⁰	242,396 ⁴¹	▲ 294%	252,619	357,886	▲ 142%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	7 million ⁴²	100,000 ⁴³	253,710 ⁴⁴	▲ 254%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	9 million ⁴⁵	1 million ⁴⁶	535,538	▲ 51%	-	-	-
Children who have received individual case management	Total	402,775 ⁴⁷	4,950 ⁴⁸	8,205 ⁴⁹	▲ 166%	60,416	28,580	▲ 47%
Education								
Children accessing formal or non-formal education, including early learning	Total	2 million ⁵⁰	574,088 ⁵¹	63,936 ⁵²	▲ 11%	748,800	449,081 ⁵³	▲ 60%
Teachers received training on EiE and child centered teaching	Total	40,718 ⁵⁴	5,741 ⁵⁵	1,017 ⁵⁶	▲ 18%	6,403	3,130 ⁵⁷	▲ 49%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Children receiving individual learning materials	Total	2 million ⁵⁸	574,088 ^{59,60}	87,114 ⁶¹	▲ 15%	30,500 ⁶²	375,147 ⁶³	▲ 1230%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	5.6 million ⁶⁴	700,000 ⁶⁵	816,306	▲ 117%	2.6 million	959,357	▲ 36%
People accessing safe, gender sensitive sanitation	Total	5.6 million ⁶⁶	223,000 ⁶⁷	178,231	▲ 80%	2.6 million	464,910	▲ 18%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	3 million ⁶⁸	1.4 million ⁶⁹	739,410	▲ 53%	-	-	-
People reached with critical WASH supplies	Total	5.6 million ⁷⁰	1.4 million ⁷¹	372,335	▲ 27%	1.6 million	2.2 million	▲ 140%
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	9 million ⁷²	2.6 million ⁷³	2.7 million	▲ 107%	-	-	-
People engaged in reflective dialogue through community platforms	Total	1.5 million ⁷⁴	1 million ⁷⁵	1.2 million	▲ 116%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	1.5 million ⁷⁶	250,000 ⁷⁷	235,792	▲ 94%	-	-	-
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	6,400 ⁷⁸	1,623	▲ 25%	-	-	-

*Progress in the reporting period 1 January to 31 December 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies) ^{79,80}	8,156,369	-	1,172,104	6,984,265	86%
Nutrition ⁸¹	116,854,933	43,575,448	15,228,258	58,051,227	50%
Child protection, GBViE and PSEA ⁸²	14,114,223	6,134,831	4,660,389	3,319,003	24%
Education ⁸³	42,838,436	300,000	441,512	42,096,924	98%
Water, sanitation and hygiene ⁸⁴	60,455,154	9,781,478	3,440,336	47,233,340	78%
Cross-sectoral (HCT, SBC, RCCE and AAP) ⁸⁵	10,107,285	3,359,433	821,610	5,926,242	59%
Total	252,526,400	63,151,190	25,764,209	163,611,001	65%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2023 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

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

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

James Maiden
Chief of Communications
T +211912162888
jmaiden@unicef.org

ENDNOTES

1. The total is calculated using 63,936 children accessing formal or non-formal education, including early learning + 2,482,060 children 6 – 59 months receiving Vitamin A supplementation + 1,242,504 primary caregivers of children 0 – 23 months receiving infant and young child feeding counseling
2. South Sudan Cholera Outbreak Situation Report No. 009 (https://www.afro.who.int/sites/default/files/2025-01/South%20Sudan%20Cholera%20Situation%20Report_Issue%20%2309.pdf)
3. <https://app.powerbi.com/view?r=eyJrJoiZTMwNTIjNWYtYmVhYi00ZGI2LTgwYzAtN2UyNDZmZTRlNjBkIiwidCI6IjE1ODgyNjJkLTlzMltNDNiNC1iZDZILWJjZTQ5YzhINjE4NiIsImMiOiJh9&pageName>
4. Humanitarian Needs and Response Plan, 2024
5. Humanitarian Needs and Response Plan, 2024
6. Humanitarian Needs and Response Plan, 2024
7. Children 6-59 months
8. Humanitarian Needs and Response Plan, 2024
9. Final numbers pending approval of the revised Humanitarian Action for Children (HAC)
10. Widespread Emergency (IPC Phase 4) likely at the peak of the lean season report
11. <https://app.powerbi.com/view?r=eyJrJoiZTMwNTIjNWYtYmVhYi00ZGI2LTgwYzAtN2UyNDZmZTRlNjBkIiwidCI6IjE1ODgyNjJkLTlzMltNDNiNC1iZDZILWJjZTQ5YzhINjE4NiIsImMiOiJh9&pageName>
12. Inter-Agency Update Sudan Situation: Surge in Arrivals to South Sudan as of 21 - 30 December 2024.
13. OCHA South Sudan Humanitarian Snapshot November 2024.
14. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot I September 2024 - July 2025, published on 18 November 2024.
15. https://climis-southsudan.org/exchange_rate.
16. South Sudan | Joint Market Monitoring Initiative (JMMI) November 2024.
17. OCHA South Sudan Humanitarian Access Snapshot November 2024.
18. South Sudan Cholera Outbreak Situation Report No. 009 (https://www.afro.who.int/sites/default/files/2025-01/South%20Sudan%20Cholera%20Situation%20Report_Issue%20%2309.pdf)
19. WHO South Sudan: Ongoing Health emergency Events in South Sudan, weekly update - week 50 of 2024; 19 December 2024.
20. 2025 South Sudan Humanitarian Needs and Response Plan.
21. The Child Protection GBV response includes only reports from partners who have signed GBV specific PDs. As a result, the consolidated and annual response was revised to exclude data from non-GBV partners.
22. 45 per cent of the 2024 projected population by the South Sudanese National Bureau of Statistics (15.4 million) for children under 15. There are no routine immunization campaigns planned for 2024 and therefore this number considers the entire population of South Sudan.
23. There is no nationwide measles campaign planned for 2024, therefore targets are reduced compared with 2023. Targets is total surviving infants (<1Yr (4%)-Infant Mortality rate 102/1000) of total children in 2024. Target derived from 2024 population estimates from the 2008 population and housing census (<1Yr (4%)- 506,640 - Infant Mortality rate 102/1000) 51,677* growth rate 0.103).
24. No new data reported in December 2024.
25. Considers 49 per cent of 6.3 people in need (health sectoral needs). This includes 45 per cent children under 15 and 4 per cent women of reproductive age
26. The total number of estimated pregnant mothers is 832,393 (5.6 per cent of the total population, estimated at 14,864,171 for 2024), an estimated 15 per cent of whom have disabilities. The insecticide-treated nets will be given during antenatal visits.
27. 2024 HNRP target set by the Health Cluster- 3.5 million of 6.3 million people in need (health sectoral needs). Of this, UNICEF will target 720,000.
28. Includes new public health emergencies (hepatitis E virus, cholera) and new displacements (floods, conflict, refugees) outside of regular health systems support.
29. No new data reported in December 2024.
30. Calculated based on the population of children and prevalence of severe acute malnutrition in South Sudan.
31. The projected SAM PIN in 2024 is 484,502 (37 per cent increase from 2023). UNICEF targets to treat 82 per cent of the burden (397,292)
32. Tentative target pending 2024 revised HAC approval
33. 2024 HNRP - Nutrition cluster defined need
34. The target is subject to change when the August 2023 Food Security and Nutrition Monitoring Report is made available in October 2023.
35. 2024 HNRP - Nutrition cluster defined need
36. Estimated number of children aged 6–59 months according to the total population, 2024 mortality rate.
37. 2024 HNRP - Nutrition cluster defined need
38. Tentative target pending 2024 revised HAC approval
39. 2024 HNRP - CPAoR cluster defined need
40. 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.
41. The Child Protection section introduced and rolled out an online partners' reporting system in the third quarter of 2024. This system played a crucial role in achieving harmonized and systematic program data collection and response monitoring, improving upon the existing data collection methods. However, reconciling two different datasets led to inconsistencies in some monthly reports. To address this, any discrepancies in overall figures were adjusted and incorporated into the final reporting cycle in December, particularly for case management and GBV response.

42. Per cent calculation of women (24 per cent) girls and boys (54 per cent) from total population in need
43. 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.
44. The Child Protection GBV response includes only reports from partners who have signed GBV specific PDs. As a result, the consolidated and annual response was revised to exclude data from non-GBV partners.
45. 2024 HRNP - total population in need
46. 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.
47. 2024 HNRP - CPAoR cluster defined need
48. 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.
49. The Child Protection section introduced and rolled out an online partners' reporting system in the third quarter of 2024. This system played a crucial role in achieving harmonized and systematic program data collection and response monitoring, improving upon the existing data collection methods. However, reconciling two different datasets led to inconsistencies in some monthly reports. To address this, any discrepancies in overall figures were adjusted and incorporated into the final reporting cycle in December, particularly for case management and GBV response.
50. 2024 HNRP - Education cluster defined need
51. 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.
52. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
53. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
54. 2024 HNRP - Education cluster defined need
55. The teacher-to-pupil ratio is at 1:100, considering children aged 3–17 years (574,088); at least 50 per cent of the teachers will be female.
56. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
57. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
58. 2024 HNRP - Children in Need
59. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
60. Individual children served with individual learning materials
61. Data from January to July 2024 will be subject to a quality assurance review and are subject to change, therefore effecting the cumulative result reported. Data should not be considered final until quality assurance process is completed in December 2024.
62. Includes 250 ECD kits and every kit equals 50 children) for 450 learning kits serves 40 children)
63. As a result of backtracking and verification of reach numbers for focused indicators at the end of the year, some of the Programme and Cluster's final figures have changed.
64. 2024 HNRP - WASH cluster defined need
65. 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.
66. 2024 HNRP - WASH cluster defined need
67. Using the WASH cluster standard of estimated people per latrine stance constructed or repaired (Sphere standards). Boys under 18 years of age account for 23 per cent, girls under 18 years of age account for 25 per cent, men over 18 years of age account for 24 per cent and women over 18 years of age account for 28 percent. Persons with disabilities make up 15 per cent of the total target.
68. Total children in need, which makes up 54 per cent of the population in need of WASH services
69. It is estimated that all children in the learning and safe spaces will have access to WASH services, including hygiene promotion.
70. 2024 HNRP - WASH cluster defined need
71. 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.
72. 2024 HNRP total population in need
73. 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 males; 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.
74. Number of households considering total population in need
75. Two thousand community mobilizers will each reach 100 households (500 individuals total) each by conducting community engagement through interpersonal communication activities (50.4 per cent of the target population is females and 49.6 per cent male). Twenty percent of men and women over 18 years of age will be reached with risk communication messages.
76. Number of households considering total population in need

77. 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.
78. 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.
79. Unit cost per long-lasting insecticidal nets is \$4.5 per net; the unit cost of a measles vaccine is \$2 per child; 250 emergency medicines kits at \$3,300 per kit; 100 high-performance tents at \$3,100 per tent; \$200,000 for last-mile distribution; \$300,000 for operating mobile clinics. Requirements are reduced compared with 2023 because there is no nationwide measles campaign planned in 2024; the number of vaccines is based on total surviving infants (<1Yr (4%) - Infant Mortality rate 102/1000) of the total children in 2024.
80. 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).
81. 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.
82. 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.
83. Includes \$42,367,694 for education in emergencies, access to formal or non-formal education, including early learning, learning materials and teacher training, in addition \$470,742 for cluster coordination technical assistance.
84. 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.
85. 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.