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Humanitarian Situation Report No. 2

Reporting Period
February 2024

Mother and child receiving nutrition supplementation at the transit site in Renk, Upper Nile State

South Sudan

HIGHLIGHTS

- As of February, a total of 585,613 individuals, including 302,355 children, crossed border points into South Sudan fleeing the conflict in Sudan.
- In February, 140,733 people accessed critical WASH supplies and 49,620 children had access to safe and appropriate WASH facilities and hygiene services in learning and safe spaces.
- The Yellow Fever campaign in Western Equatoria State reached 351,131 individuals, representing 86.3 per cent of the targeted population.
- A total of 11,396 individuals including 334 persons with disabilities, were reached with information and services aimed at mitigating, preventing, and responding to GBV in the states of Central Equatoria, Jonglei, Greater Bahr el Ghazal, Unity and Abyei Administrative Area.
- 117,544 pregnant and lactating mothers benefited from counseling sessions on optimal Maternal, Infant and Young Child Nutrition (MIYCN) practices.

UNICEF RESPONSE AND FUNDING STATUS*

	Health (including public health emergency)	Measles	18%
		Funding status	14%
	Nutrition	SAM Admitted	12%
		Funding status	13%
	Child protection, GBVIE and PSEA	PSS	21%
		Funding status	35%
	Education	Access to Education	0%
		Funding status	1%
	Water, sanitation and hygiene	Safe Water	17%
		Funding status	9%
	Cross-sectoral (HCT, SBC)	Messaging	20%
		Funding status	12%

* 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 assistance¹



9,000,000
People in need of humanitarian assistance²

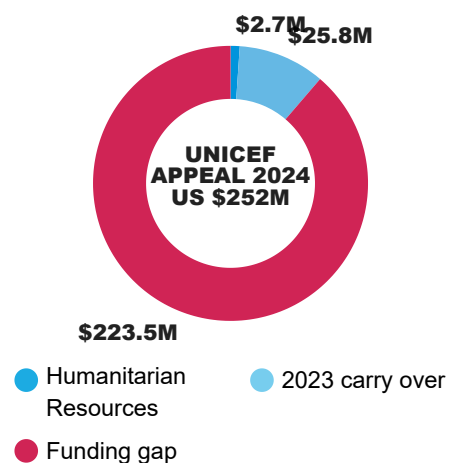


484,502
children 6-59 months with severe wasting admitted^{3,4}



2,000,000
Internally Displaced People⁵

FUNDING STATUS (IN US\$)**



** 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 PARTNERSHIPS

In South Sudan, approximately 9 million individuals, including 4.9 million children, are facing humanitarian crises. Factors such as conflict, floods, disease outbreaks, and the devaluation of the South Sudanese pound continue to significantly contribute to the heightened needs.

Furthermore, the persistent conflict in neighboring Sudan continues to exacerbate the situation, resulting in the arrival of over 580,000 individuals, including more than 300,000 children, seeking life-saving assistance within South Sudan's borders as of February 2024. UNICEF aims to reach over 5.2 million people, including 3.4 million children, with life-saving humanitarian assistance in 2024.

The revised Humanitarian Action for Children (HAC) reflecting the Humanitarian Needs and Response Plan (HNRP) requires \$252 million to reach the target populations. While UNICEF in South Sudan appreciates the resources received thus far, there remains a substantial 88.9 per cent funding gap. This shortfall hampers our ability to respond adequately to the current crises and to prepare for the approaching rainy season that will heavily impact on the quality of life of vulnerable women and children in the country.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS⁶

Since the commencement of the conflict in April 2023, there has been a steady rise in the number of South Sudanese returnees and Sudanese refugees to South Sudan. As of February 2024, a total of 585,613 individuals, comprising 302,355 children, have been documented at various border entry points. Approximately 21 per cent of this population are refugees.

The continuous influx of returnees and refugees has led to overcrowding and deteriorating living conditions at transit sites such as Wunthow. The heightened demand for services, coupled with delays in onward transportation, as well as the reluctance of some refugees and returnees to relocate to designated destination sites, has resulted in an overwhelming strain on resources at both border and transit locations.

Upon reaching their destination, returnees continue to encounter numerous challenges primarily stemming from economic limitations and the already strained or non-existent availability of essential resources within communities. Ongoing flooding and heightened river levels, and unpredictable conflict dynamics pose significant concerns, potentially escalating to a Risk of Famine (IPC Phase 5). This is notably observed in central and northern Unity regions, including Rubkona, as well as parts of Upper Nile State. Furthermore, the surge in population, coupled with limited access to essential humanitarian services and substandard living conditions, exacerbates the prevalence of illness and malnutrition, especially in densely populated transit and reception areas like Renk, Bulukat, Malakal, in the Upper Nile State and Rubkona, in Unity State.

February typically marks the beginning of the post-harvest period. This year, there is evidence indicating an unusual decline in household food consumption, especially in the northern and eastern regions of the country that host the majority of the returnees and refugees from the Sudan Crisis. This decline can be attributed to several factors including prolonged negative effects of intercommunal conflict and flooding, a significant influx of returnees from Sudan and Ethiopia, and extended periods of drought resulting in localized poor harvests, ongoing economic crisis, weakened purchasing power, and intermittent disruptions to trade and food

assistance delivery due to conflict. Consequently, Emergency (Integrated Food Security Phase Classification (IPC) Phase 4) outcomes have been observed in 17 counties, primarily in Greater Bahr el Ghazal and Greater Upper Nile regions, with a few in Greater Equatoria. The provision of food assistance has helped alleviate the severity of acute food insecurity, bringing some areas to Crisis (IPC Phase 3) outcomes, including Aweil, Northern Bahr el Ghazal State, Maban and Malakal, Upper Nile State, Nyirol, Lakes State, and Pariang and Rubkona, Unity State.

In February, the economic situation in the country deteriorated further, marked by rapid depreciation of the local currency, soaring food and non-food prices, limited domestic investments, elevated poverty rates, and delays in civil servant salary disbursements, primarily attributed to inadequate management of both oil and non-oil revenues. Additionally, as reported by government sources on February 28, the oil production and export sectors have been adversely affected by prolonged flooding and ongoing conflict in Sudan, resulting in restricted access to essential pipeline infrastructure. This has caused a decline in crude oil production and export volumes, leading to reduced oil revenue and foreign currency availability, significantly impacting the national economy, which heavily relies on oil revenue. As of the end of February 2024, the exchange rate stood at 1,650 SSP/USD in the parallel market and 1,455 SSP/USD in official markets. Compared to January 2024, this represents an 11 to 18 per cent increase in official markets and a 61 to 74 per cent increase in parallel markets, respectively.

The accelerated depreciation of the local currency and daily exchange rate fluctuations have driven up staple food prices, exacerbating food insecurity among vulnerable households. Market assessments conducted in late February 2024 at Juba's Gudele and Konyokonyo markets revealed substantial price hikes attributed to the sharp increase in the exchange rate from 1350 to 1450 SSP/USD in the parallel market. For instance, the retail price of sorghum per Malwa (3.5kg) in Juba surged from 3,500 to 4,200 SSP, marking a 20 per cent increase between the second and third weeks of February 2024. Similarly, preliminary data from Aweil Centre and Rumbek Centre indicated price rises ranging from 18 to 24 per cent compared to January 2024. These economic challenges have resulted in decreased purchasing power and effective demand for essential commodities, including cereals, beans, and cooking oil, among households, particularly those with limited resources. Many poor households are resorting to daily small-scale purchases and are unable to meet their basic nutritional needs, necessitating increased humanitarian food assistance. This comes at a time when humanitarian funding is declining, further exacerbating the situation.

In February 2024, 33 incidents with direct impact to humanitarian access and service delivery were reported. UNICEF documented three critical security incidents through its AIMS platform. These included a Road Traffic Accident (RTA) involving a rickshaw colliding with the back of a UNICEF van, resulting in no harm to personnel. Additionally, there was a case of humanitarian diversion/theft of nutrition supplies, specifically six cartons of Ready-to-Use Therapeutic Food (RUTF) in Bhar Gel, Cueibet County, Lakes State leading to targeted beneficiaries being deprived of assistance. Another incident involved an ambush on a health worker in Patuatnoi, Duk county.

In the operational context, armed conflict was a prevalent issue. Hot spot areas for armed clashes included Akoka and Nassir counties in Upper Nile State, as well as certain parts of Unity State. Intercommunal violence continued to impact communities in Kapoeta, Eastern Equatoria State, while tensions over land and farmer-herder disputes persisted in the Equatoria region, particularly in Central Equatoria. Conflict in Abyei between the Ngok, Twic, and Nuer resulted in the death of two peacekeepers, population

displacement, abductions of women, and ongoing revenge cycles. This conflict limited movements along the Turalei-Abyei Road and disrupted humanitarian air operations at Agok airstrip, contributing to revenge killings.

Road ambushes remained a concern, with a commercial vehicle being ambushed in Rubkona county, Unity State, and several humanitarian convoys being targeted. Notably, on February 9, a humanitarian convoy was ambushed on the Bor-Pibor road outside Bor town, Jonglei State raising concerns for trade and humanitarian access to Greater Pibor Administrative Area (GPAA). Another convoy travelling from Abyei to Wau was ambushed on February 21 between Anthony and Nyindeng Ayuel in Twic County, Jonglei State resulting in robbery of mobile phones and cash. Overall, these security incidents in February 2024 significantly hampered implementation efforts as conflict and threat actors interfered with humanitarian interventions.interventions.

Throughout the reporting period, South Sudan has faced numerous disease outbreaks, notably Yellow Fever and Measles. UNICEF has played a pivotal role in the response efforts, focusing on vaccine distribution and extensive awareness campaigns. One of the primary interventions has been the Yellow Fever vaccination campaign, which was carried out across multiple counties in Western Equatoria State, reaching a total of 351,131 individuals. Concurrently, a measles outbreak has emerged in Western Equatoria State, adding strain to health authorities already grappling with the yellow fever outbreak. Cases have been reported across various regions, with fatalities documented in Abiemnom county, Unity State. In response to the escalating situation, UNICEF supported the nationwide polio vaccination campaign initiated by the government on February 27. However, there has been a notable surge in cases of Hepatitis E, B, and C, further challenging the capacity of the healthcare system, which is already overwhelmed and under-resourced. These multiple outbreaks underscore the urgent need for sustained support and resources to effectively mitigate the spread of infectious diseases and protect the health and well-being of the population.population.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



Women and children waiting for health consultation services at transit site in Renk, Upper Nile State.

In February 2024, UNICEF, in collaboration with its implementing partners operating in Jonglei, Upper Nile, Unity States, Pibor

Administrative Area (AA), and Ruweng Administrative Area (AA), extended critical healthcare services to the those in need of health care services. A total of 333,969 primary healthcare consultations were administered across 280 health facilities (HF) and 297 Bomas through the Boma Health Initiative (BHI) services. the healthcare interventions addressed prevalent morbidities, primarily malaria (31 per cent, diarrhea (14 per cent), pneumonia (10 per cent), and various communicable and non-communicable diseases (45 per cent). These consultations catered to the medical needs of 168,631 children under five years and 165,338 individuals aged five years and above. Of these services, 71,340 consultations were delivered under the BHI initiative, while 262,629 were facilitated through the Health Fund. Notably, the gender-disaggregated data revealed that 183,222 females and 150,747 males benefited from these healthcare provisions.

In an effort to mitigate the transmission of Malaria, 12,340 mosquito nets were distributed to children and pregnant women, alongside the continued provision of medical supplies to bolster the capabilities of supported health facilities.

A total of 63,767 people (9,364 girls, 11,264 boys, 25,417 women and 17,722 men) affected by health emergencies were reached with primary health care services. Moreover, UNICEF maintained its support for the response to the Sudan Crisis throughout February 2024. A total of 7,295 curative consultations were conducted in transit/refugee camps located in Renk, Bentiu, and Bulukat. Individuals presenting severe illnesses were promptly referred to the nearest health facilities for further management. Additionally, 584 children received Measles vaccinations and other essential antigens, enhancing their immunity against preventable diseases.

On February 28, 2024, the State Ministry of Health (SMOH) declared a Hepatitis E Virus (HEV) outbreak in Twic, Warrap State, following a positive test result from one of the samples sent to the National Public Health Laboratory (NPHL) in Juba on February 26th. The county health team initiated an active case search and commenced community awareness campaigns to combat the spread of HEV.

By the end of February 2024, a total of 81 cases of Yellow Fever were reported across six counties in Western Equatoria since the start of the outbreak at the end of 2023. The Yellow Fever campaign reached 351,131 individuals, representing 86.3 per cent of the targeted population.

The country has also experienced an increase in reported Measles cases with 429 suspected Measle cases recorded in eight counties, including 103 lab-confirmed (25.1 per cent) cases and four fatalities, resulting in a case fatality rate of 0.97 per cent from January to February 2024. Despite the absence of a Measles outbreak response campaign in February 2024, routine vaccination efforts reached a total of 41,595 children (21,341 girls and 20,254 boys). Preparatory activities were undertaken for the national Oral Polio Vaccine (nOPV) campaign, focusing on vaccine accountability, monitoring staff deployment, and training. The nationwide campaign was officially launched on February 27, 2024, spanning four days, with ongoing data entry for vaccinated children across the target locations.

Nutrition

UNICEF, in partnership with its nutrition implementing counterparts, continued its essential nutrition interventions, encompassing the screening and treatment of severe wasting, as well as the promotion of optimal Maternal, Infant, and Young Child Nutrition (MIYCN) practices nationwide.

Prevention of all forms of malnutrition in South Sudan continue to be among the most important interventions within UNICEF's efforts to improve nutrition status and lifesaving initiatives. In February 2024, a total of 634,373 children (327,299 girls and 307,074 boys) underwent screening for acute malnutrition. Among them, 24,100 children (12,742 girls and 11,358 boys) with severe acute malnutrition were admitted for treatment, a notable increase from the 21,946 cases treated in January 2024. Performance metrics aligned with Sphere standards, demonstrating a cured rate of 96.3 per cent, mortality rate of 0.3 per cent, and a defaulter rate of 2.1 per cent. In the Pibor Administrative Area of Jonglei State, various Water, Sanitation, and Hygiene (WASH) Non-Food Items (NFIs) were distributed to 397 children, comprising 705 buckets with lids and taps, 570 buckets with lids but no taps for water storage, 1,172 sets of dignity kits, and 86 cartons of laundry soap, allocated to all nutrition cases admitted with severe acute malnutrition (SAM).

Regarding the prevention of malnutrition, 117,544 pregnant and lactating mothers (including 34,531 pregnant women, 33,540 lactating women with infants under 6 months, and 49,473 lactating women with children aged 6-24 months) benefited from counseling sessions on optimal MIYCN practices. This cumulative figure brings the total to 210,083 pregnant and lactating mothers who received counseling sessions since January 2024.

The small-scale initiative to integrate social protection and nutrition-specific interventions, initiated in August 2023 in Aweil East County of Northern Bahr El Ghazal, continued with the distribution of the second quarter cash transfer to 1,623 pregnant and lactating mothers in February 2024. This innovative approach aims to enhance access to quality foods for young children. Each of the 1,623 beneficiaries received 130,750 South Sudanese Pounds (approximately US\$123) for a three-month period.

With support from the logistic cluster, the UNICEF nutrition section prepositioned 19,506 cartons of Ready-to-Use Therapeutic Food (RUTF) and 334 cartons of therapeutic milk in Unity, Jonglei, Western Bar El Ghazal, Central Equatoria States, and the Pibor Administrative Area, as part of dry season prepositioning efforts ahead of the rainy season.

In a collaborative effort, despite limited funding resources, UNICEF continued its efforts to expand and bolster nutrition programs across all states and counties receiving returnees and refugees amidst the ongoing Sudan crisis-induced displacement.

In February, 2,222 children aged 6-59 months were screened in Renk and Malakal Transitional Centers (TCs), with 18 SAM children identified and enrolled for treatment in the Outpatient Therapeutic Program (OTP) at Renk Transit Site. Additionally, 952 mothers and caregivers of children aged 0-59 months received key messages on Infant and Young Child Feeding (IYCF)/MIYCN optimal care practices, encompassing exclusive breastfeeding for 0-6 months and appropriate complementary feeding practices from 6-23 months, alongside hygiene messages.

In Unity State, 97 children under five underwent screening for acute malnutrition, with four SAM cases identified and referred to nutrition facilities for further management.

Widespread insecurity in various parts of the country continue to pose challenges and impacting the continuous flow of program implementation and efforts hence decreasing the quality of life of

children in target areas. The lack of sufficient handpumps within some nutrition facilities hindered the establishment of Demonstration kitchen gardens and decreased access to water for health facility consumption.

Child protection, GBViE and PSEA



Children playing in child friendly spaces, Renk, Upper Nile State

In February, the Child Protection (CP) section remained committed to preventing abuse, exploitation, and violence against the children of South Sudan. This objective was advanced through the concerted efforts of our partners, who responded to child protection needs nationwide while also raising awareness among relevant stakeholders on CP and Gender-Based Violence (GBV) issues. As a result of these efforts, separated children were successfully reunited with their families, and returnees and refugees benefitted from essential CP services and communities/host communities gained valuable knowledge on CP/GBV services, as well as unexploded explosive ordinances. These efforts continue to ensure the protection of children and vulnerable populations from harmful practices and exploitations and ensure any incidences are reported timely through appropriate channels and intervention is delivered on time.

During this period, 9,036 children (4,077 girls and 4,959 boys, including 52 children with disabilities) and 792 adults (453 women and 339 men, (including 10 persons with disabilities)) received mental health and psychosocial support (MHPSS) in child-friendly spaces, schools, and within the community. Additionally, 97 children (10 girls and 87 boys) accessed psycho-social support (PSS) available in youth and adolescent centers.

A total of 11,396 individuals (3,268 girls, 1,208 boys, 5,632 women, and 1,288 men), including 334 persons with disabilities (98 children and 236 adults), were reached with information and services aimed at mitigating, preventing, and responding to GBV. Notably, six new individuals (1 girl and 5 women) received information on safe reporting of sexual exploitation and abuse and utilized these channels to report exploitation by humanitarian personnel.

Furthermore, 117 children (56 girls and 61 boys, including 6 with disabilities) were newly registered and provided with comprehensive case management services (including identification and registration, comprehensive assessment, case plan, implementation, follow-up, and case closure) based on their personal vulnerability criteria. Through collaborative efforts between our partners' social workers and section staff, six boys and nine girls were successfully reunified with their primary caregivers.

To mitigate the risk of exposure and injury from unexploded explosive ordinances, our partners conducted awareness-raising

campaigns in communities and schools in several risk areas. 1,091 individuals (393 girls, 503 boys, 114 women and 81 men), including 35 persons with disabilities (20 children and 15 adults) received specific training on explosive ordinances.

Throughout the month of February, the Child Protection section conducted field visits and workshops to better support and improve the capacity of our partners. In Wau through the Child Protection Area of Responsibility (CPAoR) and National Ministry of Gender, Child and Social Welfare, a workshop on CP Information Management System (CPIMS+) and case management was held. The GBV team conducted a four-day training of data collectors for the Communities Care Program that seeks to prevent sexual violence through changing harmful social norms. Reaffirming its commitment towards amplifying the voices of children affected by armed conflict (CAAC), the section joined UNMISS, National Disarmament, Demobilization and Reintegration Commission (NDDRC) and other key stakeholders in celebrating Red Hand Day, a campaign against the recruitment and use of children in situations of armed conflict.

Despite these achievements, the section encountered challenges in program implementation. Inadequate supplies hindered program delivery, with delays observed in areas such as Malakal. Additionally, the influx of returnees and refugees due to the Sudan crisis posed challenges, with some individuals having high expectations and high demands of service needs. Moreover, the changing security situation in parts of Abyei, Warrap, and Western Bahr el Ghazal States affected our partners' ability to reach children with protection needs in a timely manner.

Water, sanitation and hygiene

In February 2024, UNICEF, in partnership with its implementing partners delivered vital life-saving interventions. In addition to ongoing efforts across the country, UNICEF and its WASH partners extended essential services to South Sudanese returnees and refugees in Renk, Malakal, in Upper Nile State; Unity, Northern and Western Bahr El Ghazal States, and the Pibor Administrative Area.

To ensure that beneficiaries have access to safe and clean water for drinking and domestic purposes, UNICEF, through its WASH partners, continued to serve the needs of people through operating and maintaining seven Surface Water Treatment (SWAT) systems. Furthermore, UNICEF rehabilitated 22 hand pumps, and three water yards. These initiatives collectively served 75,327 individuals (18,832 girls, 17,325 boys, 21,092 women and 18,078 men) from internally displaced persons (IDP) sites in Malakal and transit sites in Renk, Upper Nile, as well as Pibor in Jonglei State and Twic in Warrap State. The provision of water for day-to-day use has greatly enhanced people's well-being by reducing the risks of waterborne diseases and easing the burden of long-distance travel in search for safe water. This particularly reduces the potential risk of women and girls being exposed to gender-related issues/violence as well as protection of young children.

Sanitation services were also prioritized to mitigate diseases associated with poor sanitation. In this reporting month, 17,191 individuals (4,298 girls, 3,954 boys, 4,813 women and 4,126 men) gained access to appropriate sanitation services through biweekly desludging of 108 stances of emergency pit latrines in transit centers of Malakal and Renk, Upper Nile State, alongside the construction of four latrine blocks with two stances each at nutrition/health facilities in Pibor, Jonglei State, and Aweil, Northern Bahr-EI Ghazal States. These facilities have notably reduced open defecation, particularly at transit centers, and consequently decreased the prevalence of diarrheal diseases among children and other diseases related to poor sanitation.

Moreover, through the core pipeline and during emergency response

during the month, critical emergency WASH supplies and WASH Emergency Kits (composed of buckets, aqua tabs, PuR sachets, filter cloth and soap) were distributed to a total of 140,733 individuals (35,183 girls, 32,369 boys, 39,405 women and 33,776 men) in Malakal and Renk in Upper Nile State, Bentiu, Rubkona, and Rotriak in Unity State, Aweil in Northern Bahr-EI Ghazal State and Pibor in Jonglei State. The supplies were prepositioned as part of the WASH core pipeline. UNICEF and its partners continued to support WASH cluster coordination mechanisms at the state level, working closely with the International Organization for Migration (IOM) to ensure coordinated service provision among partners without duplication of efforts.

UNICEF also ensured the provision and use of safe and appropriate WASH facilities and hygiene services to children in learning and safe spaces. A total of 49,620 children (25,896 girls and 23,724 boys) benefitted from these services in schools, child-friendly spaces, and nutrition sites in IDP camps in Malakal, Bentiu/ Rubkona in Unity and Upper Nile State respectively as well as in communities of Pibor in Greater Pibor Administrative Area and Twic in Warrap State.

Community awareness efforts are pivotal in promoting proper hygiene behaviors and use of available sanitation goods and services. In February, through the use of trained hygiene promoters, UNICEF reached 17,637 individuals (4,409 girls, 4,057 boys, 4,938 women and 4,233 men) with key hygiene promotion messages, focusing on cholera mitigation measures, Household water treatment, safe water handling, critical time of hand washing with soap, proper use of latrines and safe excreta disposal, safe hygiene and sanitation on prevention of Hepatitis E in Rubkona and Rotriak in Unity State and Malakal IDPs and at the Transit Site in Renk, Upper Nile State. These initiatives aimed at enhancing general household and community hygiene behaviors to promote reduction of WASH related illnesses especially those affecting children.

Communal conflicts in Abyei, Pibor, and Greater Bahr El Ghazal cause a hindrance in activity implementation and further delaying lifesaving interventions to affected populations. Other factors such as flooding during the rainy season can potentially slow down project implementation especially in Upper Nile and Unity States during to access constraints especially for road access. UNICEF is keenly looking into contingency measures such as pre-planning and prepositioning of supplies during the dry season to mitigate the impacts on activity implementation affected by reduced access during the rainy season.

Education



Children in a classroom, Upper Nile State

The official commencement of the new academic year nationwide occurred on February 5th, 2024, in accordance with the ministerial circular. While most schools adhered to the directives promptly, certain regions, notably in Abyei Administrative Area, encountered delays due to security concerns. Notably, in Fangak and Pigi counties of Jonglei State, where UNICEF supports education in emergency situations, a total of 2,122 (including 870 females) and 1,225 (including 541 females) students enrolled, respectively. Analysis indicates a slight uptick in enrollment compared to the previous year, affirming the high demand for education in crisis-affected areas.

Throughout February, UNICEF, in collaboration with War Child Holland, facilitated basic English literacy and numeracy classes benefiting 2,226 returnees (including 1,174 females) in the Renk and Malakal transit sites, in Upper Nile State before their relocation/departure to final destinations. Additionally, in Renk, 1,280 refugees (including 705 females) also participated in these sessions. To-date, War Child Holland has reported a total of 1,468 returnee learners (including 733 females) who enrolled in host community-supported schools in Malakal and Renk.

To address the issue of out-of-school children and to increase enrollment, community social mobilization efforts, in conjunction with the County Education Office and partners in Morobo, conducted back-to-learning (BTL) campaigns and radio talk-shows to create awareness on the importance of children education among community member most especially towards parent. These initiatives reached a total of 1,570 (including 851 females) parents and community members with BTL messaging encouraging parents to prioritize their children's education by sending both boys and girls to school.

Furthermore, UNICEF supported the training of 42 Early Childhood Education (ECE) caregivers/facilitators in Torit County, focusing on enhancing the quality of teaching and accelerating learning. The caregivers obtained expertise encompassing child development and growth, pedagogical strategies for diverse learning styles, assessment techniques aligned with the updated Early Childhood Education (ECE) curriculum, principles of health and nutrition, and effective approaches to fostering language development during the formative years.

Similarly, in Guit County of Unity State, UNICEF, in partnership with UNIDOR, trained 42 primary teachers (3 females), equipping them with essential pedagogical skills, teaching techniques, lessons planning and overall roles and responsibilities. UNICEF's

implementing partner, War Child Holland, successfully conducted a comprehensive two-week training program for four facilitators. This training focused on enhancing their capacity to deliver basic English literacy and numeracy education in Renk and Malakal counties within Upper Nile State. The curriculum covered specialized instruction for multi-grade learners, emphasizing fundamental aspects of English literacy acquisition and phonics instruction tailored to the educational needs of the children. Additionally, within Gogrial West and Gogrial East counties of Warrap State, UNICEF, alongside implementing partner TADO, oriented 50 teachers (20 females) on mobilization of out of school children. The orientation also covered an aspect of basic pedagogy including preparation of schemes of work, lesson plans and teaching methodology.

In collaboration with UNIDOR, UNICEF conducted a training session on roles and responsibilities for 23 individuals, including 7 females, who serve as members of School Management Committees (SMCs) and Parents-Teachers Associations (PTAs) in two supported schools located in Guit County, Unity State. Similarly, in Central Equatoria State, UNICEF organized a training program for 84 participants, including 18 females, comprising SMCs and PTAs. This training focused on their respective roles and responsibilities, with a particular emphasis on mobilizing children to return to school and leveraging local community resources for school development initiatives. The training sessions were held across four supported schools - Kimba, Yugufe, Rodoba, and Panyume primary schools in Morobo County.

Furthermore, in Northern Bahr El Ghazal, UNICEF collaborated with the Confident Women Network to provide orientation to 28 PTA members, including 16 females, regarding the mobilization of out-of-school children. The orientation covered the core duties and obligations of PTA members in facilitating the mobilization of out of school children. Additionally, Rural Development Action Aid organized a training session for 18 PTA/SMC members (10 females), in Raja County, Western Bahr El Ghazal State. This training encompassed various aspects, including roles, responsibilities, and effective school management practices, along with strategies for mobilizing out-of-school children to re-engage with education.

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

In February 2024, a comprehensive outreach effort was undertaken by a total of 1,633 Integrated Community Mobiliser Networks (ICMNs), engaging in interpersonal communication (IPC) activities that effectively reached 45,260 households and 271,680 individuals (comprising 143,991 females and 127,689 males) across 10 states. Additionally, a series of systematic sensitization sessions and orientations targeting community stakeholders, religious leaders, and chiefs were conducted, including 187 community sensitization meetings and 58 advocacy meetings, engaging over 1,374 stakeholders on risk communication and community engagement (RCCE) activities related to polio, measles, acute watery diarrhea, meningitis, and yellow fever. Furthermore, a crisis communication capacity-building training session was conducted, involving 40 government actors and partners.

Notably, Malakal County of Upper Nile State (Renk) observed a surge in Acute Watery Diarrhea (AWD) and malnutrition cases, prompting intensified social mobilization and community engagement efforts. Community sensitization meetings were organized and conducted at the Payam level by UNICEF-supported ICMNs, focusing on raising awareness and promoting handwashing, the use of Oral Rehydration Solution (ORS) and Zinc, and safe drinking water practices, reaching 304 households and 2,014 individuals (1,736 females and 278 males).

As part of the response to the polio outbreak, the Social and Behavior Change (SBC) team deployed 5,210 community mobilizers,

supported Communication Officers and four implementing partners, for coordinating and implementing round one of the National Polio Vaccination Campaign social mobilization activities across the ten states and three administrative areas. These activities encompassed the launch of the National Polio Vaccination Campaign on the 27th of February bringing over 500 participants including implementing partners, officials from the National Ministry of Health, youth and women's groups and caregivers training of trainers. Other activities included, development of social mobilization plans, and dissemination of multimedia communication products in English and ten local languages via multiple channels, including 30 community radio stations, reaching an estimated audience of over 2 million listeners. These efforts resulted in the vaccination of 3,165,264 children under five years (1,632,568 girls and 1,532,696 boys), achieving a remarkable vaccination coverage rate of 105 per cent.

In response to the Yellow Fever outbreak in Western Equatoria, a total of 374 community mobilizers disseminated vital yellow fever prevention and control messages in high-risk areas. Additionally, three radio stations in Juba and Yambio broadcasted a weekly cycle of jingles and talk-shows in Zande and Arabic languages, delivering yellow fever prevention messages. Furthermore, with the launch of the yellow fever vaccination campaign in high-risk counties of Yambia, Nzara and Tombura, a behavioral and social driver (BeSD) rapid assessment was conducted to understand community perceptions on the yellow fever vaccine. Findings informed the yellow fever communication plan and multimedia communication materials which reached 406,699 people (52 per cent females) with Yellow Fever prevention key messages including vaccination. The RCCE activities contributed to achieving 89 per cent vaccination coverage rate.

In Twic County, Warrap State, and Abyei, 109 community mobilizers were deployed to disseminate integrated RCCE messages on measles, cholera, and meningitis following reports of cases within the locations. This initiative reached 120 households and 1,469 individuals. Additionally, 4 radio talk shows were conducted through Mayardit FM in Twic and Nyapagok FM in Tonj East with an estimated coverage of 12,783 listeners. This was in efforts to continue facilitation of community engagement and awareness raising.

A total of 3,907 calls (from 1,725 females and 2,182 males) were received through the SBC section-supported community feedback mechanism (toll free 2222, with inquiries spanning various topics including Cholera, Polio, Measles, Yellow Fever, and education.

Despite these achievements, the section faced challenges, including security concerns affecting the delivery of RCCE activities in Jur River, Abyei and Jonglei. Persistent negative socio-cultural norms continue to impact positive adoption of behavior changes such as handwashing, infant and young child feeding practices. The SBC section and implementing partners are working towards more innovative way of engaging communities and understanding deeper causes of lack of or hindered social and behavioral changes.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2024, UNICEF co-leads the Education Cluster and Child Protection Area of Responsibility (AoR) with Save the Children and the Universal Network for Knowledge and Empowerment Agency (UNKEA) for Education and Save the Children for the CPAoR. UNICEF is leading the Nutrition Cluster and co-coordinated with the International Medical Corps (IMC), Action Against Hunger (ACF), and the World Food Programme (WFP); additionally, UNICEF leads the WASH Cluster and co-coordinated with the Norwegian Refugee Council (NRC).

The WASH Cluster conducted routine review and approval of 15 requests of WASH core pipeline items requested by partners for ongoing responses, especially the response to Sudan influx and emerged alerts. A total of 456,841 people (76,124HH) which includes women, girls, men, and boys received WASH kits during emergency responses. The clusters continued to deliver services to the returnees, IDPs and host communities affected by disasters including those in transit sites for the Sudan Crisis response.

The WASH Cluster continued to chair essential coordination meetings to discuss emergencies, partners progress within the Rapid Response Team (RRT), scale up priorities and opportunities, challenges, gaps, and way forward. These meetings bring together NNGOs, INGOs and UN agencies working in the areas of WASH and WASH related activities in South Sudan. On February 29, a monthly WASH Cluster coordination meeting was convened, attracting participation from 58 partners, including 15 NNGOs, 21 INGOs, and 1 UN agency. The meeting agenda aimed to apprise WASH partners of upcoming cluster events, ongoing emergency responses (such as the Hepatitis E Virus outbreak in Fangak, Yambio, and the influx of refugees/returnees from Sudan), and other pertinent cluster activities.

In alignment with the WASH cluster strategy to integrate with Nutrition initiatives, a joint field visit was conducted by the roving WASH cluster coordinator and the Nutrition cluster roving coordinator to Aweil in northern Bahr el Ghazal State. The visit aimed to bolster responses to the increasing number of returnees and refugees, as well as address threats of IPC affected locations. Findings from the visit underscored the urgent need to enhance water supply capacity in the refugee camp in Wed Wiel and elevate hygiene and sanitation standards to meet sphere standards of the cluster. Furthermore, significant sanitation gaps were identified, contributing to widespread open defecation practices. Additionally, the cluster coordinator visited Bentiu to provide support for scaling up efforts and offer guidelines and recommendations for sustainable service delivery in long-standing IDP and POC sites.

During the period under review, as co-cluster lead for the Education Cluster, UNICEF continued to provide a platform for coordinating humanitarian response, specifically, during the Abyei conflict. The Education Cluster actively participated in intersectoral rapid needs assessment which revealed that approximately 8,104 school going children had been affected with school disruption. Overall, during the month of February, Cluster partners collectively reached 34,864 (13,649 girls) children with formal and non-formal education including early learning, while 1,011 children received individual learning materials.

Through the Child Protection Area of Responsibility, UNICEF as co-lead participated in field missions to Maban, Renk and Rumbek providing continued support at national and sub-national levels. UNICEF in collaboration with the Minister of Gender, Child and Social Welfare (MGCSW) and Save the Children (SCI) launched the CPIMS+ for Case Management capacity building program and conducted trainings to partners in GBeG and Abyei. The Protection Cluster, in close coordination with OCHA, developed and deployed the 2024 5W data collection and KOBO tool designed to gather protection intervention data for advocacy and coordination purposes.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In a continuing effort to highlight the endeavors of UNICEF, particularly in South Sudan, the Communications and Advocacy Section disseminated media articles through various platforms, including UNICEF's official website and social media channel. The

principal objective is to emphasize the requirements of children and women in South Sudan, while also pinpointing areas requiring intervention and showcasing the achievements of UNICEF's interventions during emergency crisis and other development initiatives in line with the CCCs.

UNICEF documented the food insecurity and vulnerability faced by women and children in South Sudan. Highlighting the cash transfer pilot project funded by Foreign, Commonwealth & Development Office (FCDO) and implemented by Action Against Hunger (ACF), women from 17 villages in Aweil have received cash assistance in line with existing nutrition programmes.

Through poignant human impact narratives, the documentation acknowledged poverty as a significant precursor to malnutrition. These narratives underscored the manifold benefits of cash transfer programs, which empower recipients to procure nutritious food for themselves and their children, while also facilitating potential investments in income-generating activities. Such initiatives hold promise for breaking the cycle of malnutrition within families through enhanced food diversity. Additionally, the documentation highlighted ancillary benefits, including improved access to healthcare services by alleviating transportation and related expenses.

Advocating for the expansion and scaling up of cash assistance programs, the story emphasized the potential for mothers to attain greater self-sufficiency, thereby enhancing the nutritional well-being of their children and the broader family and community.

In the heart of South Sudan, where communities thrive amidst challenges, UNICEF is weaving a tale of empowerment and resilience. In Aweil East, a group of dedicated individuals, known as community nutrition volunteers, are stepping up to bridge the gap in access to vital nutrition services. With UNICEF's guidance and support from implementing partners, these volunteers undergo rigorous training, equipping them with the knowledge and skills needed to serve their communities effectively. What makes this narrative truly captivating is the emphasis on localization. UNICEF recognizes the importance of tailoring interventions to suit the unique needs and circumstances of each community. From bustling villages to remote settlements, these volunteers adapt their approach, respecting local customs, traditions, and resources. They draw upon a wealth of indigenous knowledge, uncovering hidden treasures in the form of diverse nutritional food items. Through their unwavering dedication and grassroots efforts, these community nutrition volunteers are not just providing services—they're sowing the seeds of self-sufficiency and empowerment. And with each success story, they're painting a brighter future for generations to come.

Through its Facebook page UNICEF highlighted the efforts in making sure that no barrier stands between a child and access to life-saving vaccines. through the support of Embassy of Canada to South Sudan, motorcycles were handed over to Greater Bahr-el-Ghazal region to strengthen the front-line work force and immunization services. Advocacy against the number one killer disease in South Sudan – MALARIA – was highlighted on the same platform through documenting the distribution of treated mosquito nets across the country with the support of various partners.

Furthermore, UNICEF's social media channels extensively documented ongoing advocacy efforts aimed at eradicating child marriage. Special emphasis was placed on UNICEF's involvement in Red Hand Day, exemplified through the creation of a powerful short film based on real-life events within the country.

- Cash transfers improve livelihoods for children and mothers in Aweil East
<https://www.unicef.org/southsudan/stories/cash-transfers-improve-livelihoods-children-and-mothers-aweil-east>

- Community nutrition volunteers lead prevention initiatives to tackle malnutrition in South Sudan
<https://www.unicef.org/southsudan/stories/community-nutrition-volunteers-lead-prevention-initiatives-tackle-malnutrition-south-sudan>
- Distribution of mosquito nets to help fight malaria
<https://www.facebook.com/unicefsouthsudan/posts/pfbid02wShiFpeqRJ3TVJtbZTzMiLG4U4eghnLob74iyQ6anB7EYxb7yyHy8tucJVFGigpRI>
- Short film published on Red Hand Day on child marriage in South Sudan
<https://fb.watch/r5675oeYAa/>

HAC APPEALS AND SITREPS

- South Sudan Appeals
<https://www.unicef.org/appeals/south-sudan>
- South Sudan Situation Reports
<https://www.unicef.org/appeals/south-sudan/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 22 APRIL, 2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

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 ⁸	454,963 ⁹	81,928		-	-	
Pregnant women and children provided with insecticide-treated nets in malaria-endemic areas	Total	3.1 million ¹⁰	832,393 ¹¹	111,969		-	-	
People affected by health emergencies reached with primary health care services	Total	3.6 million ¹²	720,000 ¹³	122,266		-	-	
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	484,502 ¹⁴	397,292 ^{15,16}	46,046		397,292	46,220	
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	1.6 million ¹⁷	1.8 million ¹⁸	164,716		1.6 million	164,716	
Children 6-59 months receiving vitamin A supplementation	Total	2.3 million ¹⁹	2.8 million ²⁰	-		2.3 million	-	
Children aged 5 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	58,543 ²¹	58,543 ²²	-		58,543	-	
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	3.2 million ²³	82,500 ²⁴	17,044		252,619	9,866 ²⁵	
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	7 million ²⁶	100,000 ²⁷	21,016		-	-	
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	9 million ²⁸	1 million ²⁹	66		-	-	
Children who have received individual case management	Total	402,775 ³⁰	4,950 ³¹	403		60,416	4,278	
Education								
Children accessing formal or non-formal education, including early learning	Total	2 million ³²	574,088 ³³	2,622		748,800	34,863	
Teachers received training on EiE and child centered teaching	Total	40,718 ³⁴	5,741 ³⁵	62		6,403	663	
Children receiving individual learning materials	Total	2 million ³⁶	574,088 ^{37,38}	200		30,500 ³⁹	1,011	

Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	5.6 million ⁴⁰	700,000 ⁴¹	118,681	▲ 11%	2.6 million	269,906	▲ 5%
People accessing safe, gender sensitive sanitation	Total	5.6 million ⁴²	223,000 ⁴³	22,291	▲ 8%	2.6 million	120,606	▲ 2%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	3 million ⁴⁴	1.4 million ⁴⁵	67,606	▲ 4%	-	-	-
People reached with critical WASH supplies	Total	5.6 million ⁴⁶	1.4 million ⁴⁷	164,733	▲ 10%	1.6 million	702,602	▲ 40%
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 ⁴⁸	2.6 million ⁴⁹	517,478	▲ 11%	-	-	-
People engaged in reflective dialogue through community platforms	Total	1.5 million ⁵⁰	1 million ⁵¹	163,704	▲ 11%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	1.5 million ⁵²	250,000 ⁵³	7,544	▲ 2%	-	-	-
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	6,400 ⁵⁴	-	0%	-	-	-

*Progress in the reporting period February 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements ⁵⁵	Funding available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)^{56,57}	8,156,369	-	1,172,104	6,984,265	86%
Nutrition⁵⁸	116,854,933	-	15,228,258	101,626,675	87%
Child protection, GBViE and PSEA⁵⁹	14,114,223	303,295	4,660,389	9,150,539	65%
Education⁶⁰	42,838,436	-	441,512	42,396,924	99%
Water, sanitation and hygiene⁶¹	60,455,154	2,074,746	3,440,336	54,940,072	91%
Cross-sectoral (HCT, SBC, RCCE and AAP)⁶²	9,584,148	322,900	821,610	8,439,638	88%
Total	252,003,263	2,700,941	25,764,209	223,538,113	89%

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ENDNOTES

1. Humanitarian Needs and Response Plan, 2024
2. Humanitarian Needs and Response Plan, 2024
3. Humanitarian Needs and Response Plan, 2024
4. Children 6-59 months
5. Humanitarian Needs and Response Plan, 2024
6. Widespread Emergency (IPC Phase 4) likely at the peak of the lean season report
7. 14 cases involved violence against humanitarian staff, assets and personnel, six incidents related to active hostilities and five incidents involved operational interferences. <https://www.unocha.org/publications/report/south-sudan/south-sudan-humanitarian-access-snapshot-february-2024>
8. 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.
9. 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).
10. 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
11. 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.
12. 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.
13. Includes new public health emergencies (hepatitis E virus, cholera) and new displacements (floods, conflict, refugees) outside of regular health systems support.
14. Calculated based on the population of children and prevalence of severe acute malnutrition in South Sudan.
15. 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)
16. Tentative target pending 2024 revised HAC approval
17. 2024 HNRP - Nutrition cluster defined need
18. The target is subject to change when the August 2023 Food Security and Nutrition Monitoring Report is made available in October 2023.
19. 2024 HNRP - Nutrition cluster defined need
20. Estimated number of children aged 6–59 months according to the total population, 2024 mortality rate.
21. 2024 HNRP - Nutrition cluster defined need
22. Tentative target pending 2024 revised HAC approval
23. 2024 HNRP - CPAoR cluster defined need
24. 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.
25. February Cluster results pending
26. Per cent calculation of women (24 per cent) girls and boys (54 per cent) from total population in need
27. 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.
28. 2024 HRNP - total population in need
29. 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.
30. 2024 HNRP - CPAoR cluster defined need
31. 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.
32. 2024 HNRP - Education cluster defined need
33. 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.
34. 2024 HNRP - Education cluster defined need
35. 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.
36. 2024 HNRP - Children in Need
37. The target is children aged 3–17 years and includes 86,000 children with disabilities.
38. Individual children served with individual learning materials
39. Includes 250 ECD kits and every kit equals 50 children) for 450 learning kits serves 40 children)
40. 2024 HNRP - WASH cluster defined need
41. 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.
42. 2024 HNRP - WASH cluster defined need
43. 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.
44. total children in need, which makes up 54 per cent of the population in need of WASH services
45. It is estimated that all children in the learning and safe spaces will have access to WASH services, including hygiene promotion.
46. 2024 HNRP - WASH cluster defined need
47. 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.
48. 2024 HNRP total population in need
49. 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.
50. Number of households considering total population in need
51. 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.
52. Number of households considering total population in need
53. 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.
54. 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.
55. Tentative new ceiling budget pending 2024 revised HAC approval
56. 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.
57. 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).
58. 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.
59. 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.
60. 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.
61. 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.
62. 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.