



SOUTH SUDAN

Crisis Response Plan 2014



United Nations



2014 CRISIS RESPONSE PLAN FOR SOUTH SUDAN

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Please note that appeals are revised regularly. The latest version of this document is available on <http://unocha.org/cap>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.

Photo credit: UNICEF/Kate Holt

Produced by OCHA South Sudan
www.unocha.org/south-sudan/
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REFERENCE MAP

States, state capitals and major settlements in South Sudan



- Country Capital
- State Capitals
- Populated place
- Rivers
- Lakes
- Undetermined boundary*
- Abyei region**
- International boundaries
- State boundaries



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* Final boundary between the Republic of Sudan and the Republic of South Sudan not yet determined.
 ** Final status of Abyei region not yet determined.

CONTENTS

Preface	2
Foreword	3
Executive summary	5
Humanitarian dashboard.	6
HUMANITARIAN NEEDS OVERVIEW AND STRATEGIC RESPONSE PLAN	9
Humanitarian needs overview	10
Planning assumptions	17
Strategic objectives	18
Response strategy	20
Cross-cutting issues	25
Monitoring and reporting	26
CLUSTER RESPONSE PLANS	29
Camp coordination and camp management	30
Coordination and common services	34
Education	37
Emergency telecommunications	41
Food security and livelihoods	43
Health	47
Logistics	51
Mine action.	54
Multi-sector (refugees and returnees)	57
Non-food items and emergency shelter	61
Nutrition	65
Protection	70
Water, sanitation and hygiene	74
ANNEX	79
Financial requirements and funding 2014	80
Endnotes	99
Acronyms	101

PREFACE

From the Government of South Sudan

The crisis that has engulfed South Sudan since December 2013 has shocked us all. At a time when we had hoped to be able to turn our focus towards recovery, resilience and development, our country was plunged back into an emergency with massive humanitarian consequences.

As always, women, children and the elderly are hardest hit by violence. Many children have lost their parents, have witnessed things no child should ever have to, and have had their schooling disrupted. Elderly men and women – too weak to flee – find themselves alone.

Non-governmental organizations and UN agencies are playing a crucial role in responding to this crisis, reaching millions of people across vast areas with life-saving food, medical care, emergency shelter, water and other relief. Tools, seeds, and fishing gear help people to help themselves.

The Government of South Sudan is committed to doing everything in its power to support the aid effort. First and foremost, we seek an end to the violence. Further, we have put in place policies and mechanisms to fast-track procedures for staff and supplies to enter the country, and to resolve access issues in the field. We understand from our international and national partners that these steps are helping them reach more people in need.

The Government is also actively responding to the emergency, including to the cholera outbreak which was declared in May. Health and sanitation professionals are working around the clock to contain the disease in Juba and elsewhere.

Some parts of the country have been relatively unaffected by conflict. In these areas, the Government will do everything it can to protect livelihoods and boost agricultural production, to avoid more people falling into hunger and hardship.

My sincere hope is that peace will return soon to South Sudan and that our displaced brothers and sisters will return home. We can then turn our attention to restoring our communities, our towns and villages, and ensuring that we continue along the path to self-reliance.

The extraordinarily generous support given by the international community so far, and the reiteration of that support at the Oslo pledging conference in May, shows that the international community stands by our people in this hour of great need for our country. We value this support immensely, and will ensure that all efforts are combined to save lives now, avert a famine, and protect our people.



Hon. Dr. Riak Gai Kok
Acting Minister of Humanitarian Affairs
and Disaster Management

FOREWORD

A steadfast commitment in the face of crisis

Six terrible months have passed since fighting broke out in Juba in December 2013, and quickly spread across much of the country. Six months of fear and suffering for the people of South Sudan. Six months of sadness and frustration for all those who care about this young state's future.

The conflict has been brutal. People have been killed, raped and beaten; homes torched; livelihoods demolished. Fighting has wrenched apart communities that once lived together peacefully. Men, women and children have fled from their homes and sought refuge in the bush, inside UN bases, and in neighbouring countries.

With many communities unable to farm or tend properly to their cattle, the risk of famine looms large. In some particularly hard-to-reach areas of the country, people are already starving.

There are ways to turn this tide of suffering. The cessation of hostilities signed in Addis Ababa suggests that a peaceful solution to the conflict is within reach, if there is enough political will. All those with influence over this process must now take their responsibility to ensure that fighting ends. Encouragingly, the month of May was the least violent since the start of the crisis, allowing aid agencies to get seeds and tools to some communities, which may now get a harvest. Barge movements have started on the Nile, taking aid to food-insecure communities and displaced people. Support from the Governments of Ethiopia and Sudan in collaboration with the Government of South Sudan will allow relief supplies to reach more people.

These combined efforts have never been more needed. Even if the violence were to stop, great damage has already been done. In response, the aid operation is scaling up, and has already reached 1.9 million people.

The immediate goals of the aid operation are to save lives and prevent a famine. But we also have our sights set on the future. By vaccinating children, keeping schools open, and helping people cope with trauma, we strive to avert the loss of a generation of children and youth to this conflict, and help the country recover once fighting stops.

Since December, I have listened to many people whose lives have been shattered by the crisis. They keep telling me two things. First, they want peace. Second – until peace comes and they can resume their lives – they need help to survive.

The humanitarian community's commitment to deliver on this second request is steadfast and resolute. We have set clear priorities among the overwhelming needs; we have a strategy that works; and we are able to implement it. With the continued generosity and solidarity of donors around the world, we can help prevent more unnecessary death and despair. Every dollar counts and makes a difference to people's lives.



Toby Lanzer
Resident Humanitarian Coordinator



EXECUTIVE SUMMARY

A new strategic direction will focus on responding to emergencies and strengthening community resilience

HUMANITARIAN NEEDS

Humanitarian partners expect that the current crisis will affect more than one in two South Sudanese by December 2014.

- Over 7 million people are food insecure
- Nearly 4 million people face alarming food insecurity
- Up to 1.5 million people become internally displaced.
- 835,000 people seek refuge in neighbouring countries.

FUNDING REQUIREMENTS

Partners need \$1.8 billion in 2014 to save lives, prevent famine and avert the loss of a generation of South Sudanese children. Up to 4 million people will receive some form of assistance.

\$739 million have been secured as of 5 June 2014. \$1.1 billion are still needed for operations in 2014, and to pre-position some supplies for the first three months of 2015.

DAMAGE DONE

Even if the operation is fully funded and aid agencies have access to people in need, not all threats of hunger, malnutrition, disease, death, livelihood collapse or violations of basic rights will be addressed. The questions facing South Sudan are:

- How many will die of violence, hunger and disease;
- How dire will conditions be for those uprooted by conflict;
- How unsafe will life be;
- For how long will children be deprived of education; and
- To what lengths will people have to go to cope with the crisis?

KEY GOALS

Humanitarian partners will focus on three immediate goals:

- Save lives;
- Prevent famine; and
- Avert the loss of a generation.

RESPONSE STRATEGY

The humanitarian strategy for South Sudan has five elements:

- Coordinate – systematic assessment and analysis; rapid response; and strong advocacy.
- Prioritize – focus on priority sectors and locations to get people what they need most.
- Capitalize on seasons – pre-positioning for year-round operations and livelihoods so people can help themselves.
- Access – negotiate with parties to reach everyone in need by air, barge or road.
- Scale up – NGOs, UN agencies, UNMISS, authorities.

PLANNING FIGURES FOR 2014



7.3 million
people at risk



3.9 million
facing alarming levels of food insecurity



1.5 million
people displaced inside South Sudan



270,000
Sudanese refugees remain in South Sudan



1.8 billion
US\$ required to respond to the crisis (Jan-Dec 2014)
















1.06 billion
US\$ funding gap up to 31 December 2014



474
US\$ per per person

RESPONSE PLAN REQUIREMENTS

Cluster	Required	Mobilized	Gap
 Food security and livelihoods	\$866m	31% \$274m	\$592m
 Multi-sector refugee response	\$248m	27% \$66m	\$182m
 Water, sanitation and hygiene	\$127m	52% \$67m	\$60m
 Nutrition	\$131m	28% \$37m	\$94m
 Protection	\$79m	22% \$17m	\$62m
 Health	\$77m	52% \$40m	\$37m
 Logistics	\$79m	53% \$42m	\$37m
 Emergency shelter and non-food items	\$68m	32% \$22m	\$46m
 Camp coordination and management	\$63m	37% \$23m	\$40m
 Education	\$29m	30% \$9m	\$20m
 Mine action	\$17m	75% \$13m	\$4m
 Coordination and common services	\$13m	41% \$5m	\$8m
 Emergency telecommunications	\$4.5m	39% \$2m	\$2.5m

HUMANITARIAN DASHBOARD

Key planning figures, needs and funding indicators for the humanitarian response

PLANNING FIGURES FOR DEC '14



SITUATION OVERVIEW

The South Sudan crisis has deteriorated significantly. **Violence against civilians** has continued, including widespread attacks on women and girls and other gender-based violence. Food security experts warn that the risk of **famine** is high. Close to 1.4 million people have been **displaced** from their homes. Epidemics are a major concern, following a **cholera outbreak** in Juba. The crisis puts more than seven million people at risk. To help, we must **scale up** now.

KEY GOALS

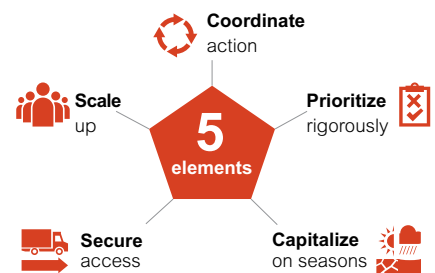
In South Sudan's current situation, **3 immediate goals** are to:

- 1 Save lives;
- 2 Prevent famine; and
- 3 Avert losing a generation.

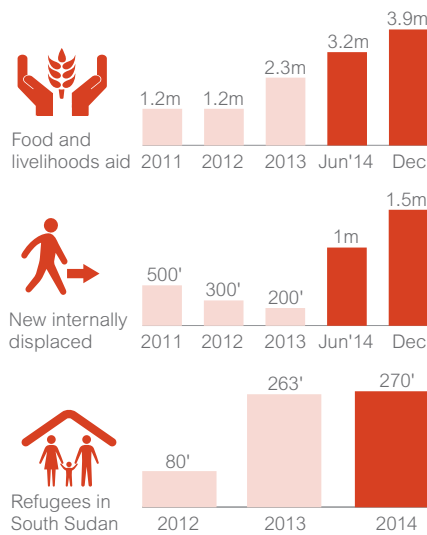
WHAT IF WE FAIL?

If we are not able to deliver aid, every second severely food insecure person will not get help against **hunger and starvation**. Up to 50,000 children could die from **malnutrition**. **Cholera** may not be contained. Tens of thousands could die from **other killers**, including measles, pneumonia, malaria and failed child births. Hundreds of thousands would not be able to rebuild their **shattered lives**.

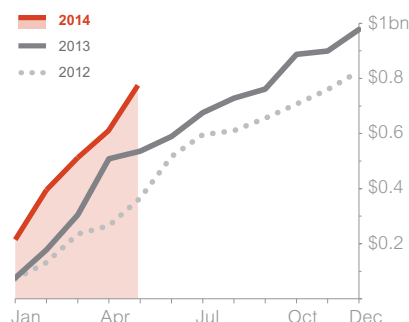
RESPONSE STRATEGY



LONG-TERM PLANNING TRENDS ^A



FUNDING TRENDS SINCE 2012 ^B



REQUIREMENTS TO DEC 2014^B

Cluster	Requirements	Gap
FSL	\$866m 31%	\$592m
MS refugee response	\$248m 27%	\$182m
WASH	\$127m 52%	\$60m
Nutrition	\$131m 28%	\$94m
Protection	\$79m 22%	\$62m
Health	\$77m 52%	\$37m
Logistics	\$79m 53%	\$37m
ES and NFI	\$68m 32%	\$46m
CCCM	\$63m 37%	\$40m
Education	\$29m 30%	\$20m
Mine action	\$17m 75%	\$4m
CCS	\$13m 41%	\$8m
ETC	\$4.5m 39%	\$2.5m

PEOPLE TARGETED AND REACHED^C

Clusters	Target by June	Reached
Food assistance	1.6m people	75%
Refugee response	250,000 refugees	94%
Water and sanitation	2.5m people	53%
Nutrition	821,000 children	9%
Protection	1.7m people	26%
Health	1.9m people	54%
Logistics	25,000 air PAX	54%
Shelter and NFI	400,000 people	107%
Camp mgmt.	650,000 IDPs	42%
Education	204,000 children	49%

MORE INFORMATION

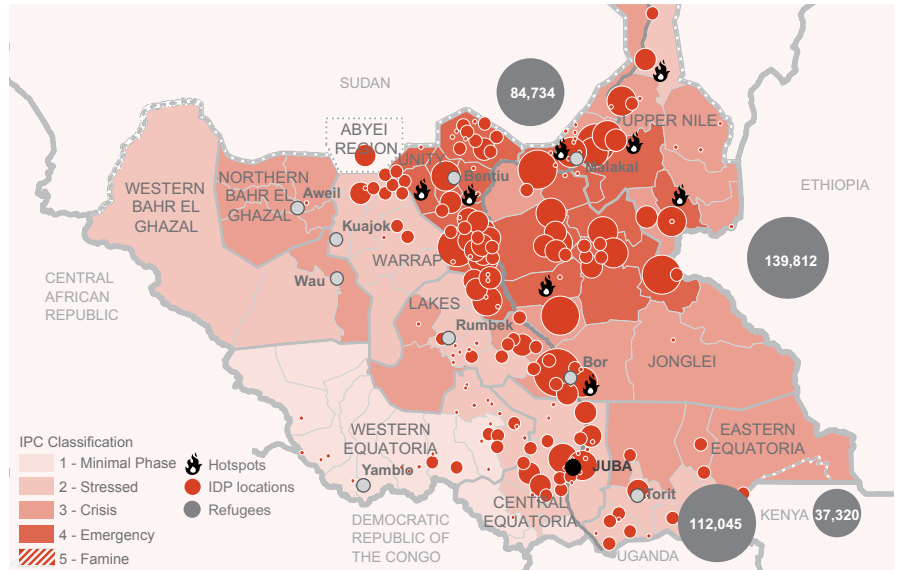
- www.unocha.org/south-sudan
- reliefweb.int/country/ssd
- southsudan.humanitarianresponse.info
- tinyurl.com/ftssouthsudan

Sources: (A) Consolidated Appeal 2011, Consolidated Appeal 2012, Crisis Response Plan Feb 2014. (B) fts.unocha.org (14 May), Clusters (14 May). (C) Clusters (14 May).

RESULTS HIGHLIGHTS JAN-JUNE 2014 ^C

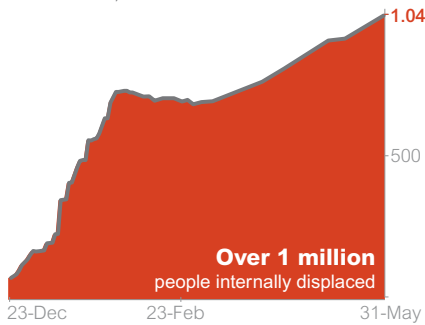
-  **Food/livelihoods:** 75% of 1.6m targeted people reached.
-  **Health:** 80% of communicable diseases responded to within 48hrs.
-  **Nutrition:** 63% of children under 5 years with severe acute malnutrition treated.
-  **WASH:** 82% of emergency-affected people provided with safe water.
-  **Logistics:** 54% of the targeted 25,000 passengers served by humanitarian air operations.
-  **Multi-sector:** 99% of 238,000 refugees assisted.

CONFLICT, FOOD INSECURITY AND DISPLACED PEOPLE ^D



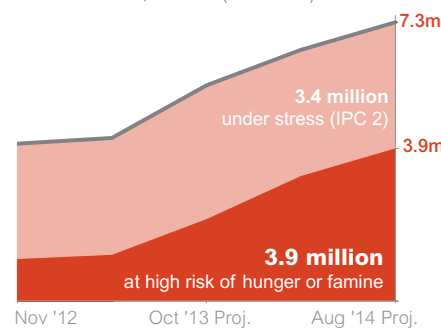
INTERNALLY DISPLACED PEOPLE ^E

In thousands, cumulative



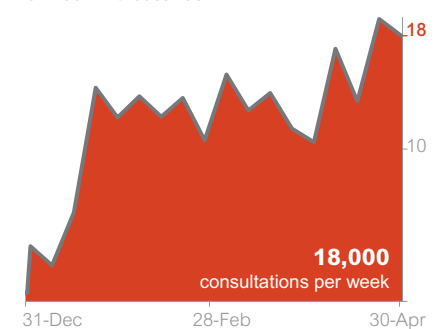
FOOD INSECURE PEOPLE ^F

In IPC Phases 2, 3 and 4 (in millions)



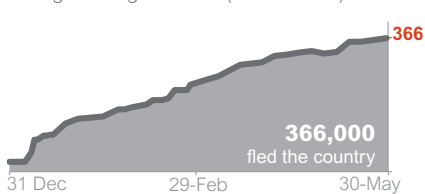
MEDICAL CONSULTATIONS IN IDP SITES ^G

Per week in thousands



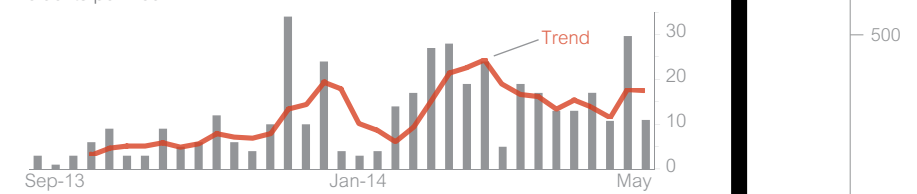
SOUTH SUDANESE REFUGEES ^H

In neighbouring countries (in thousands)



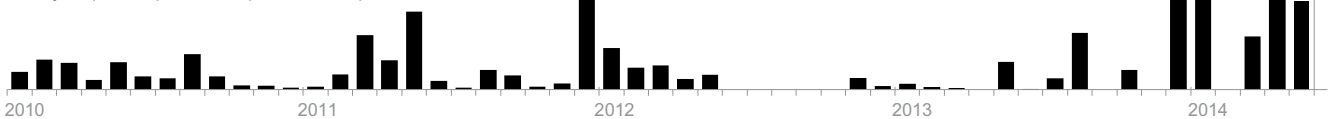
ACCESS CONSTRAINTS ^I

Incidents per week



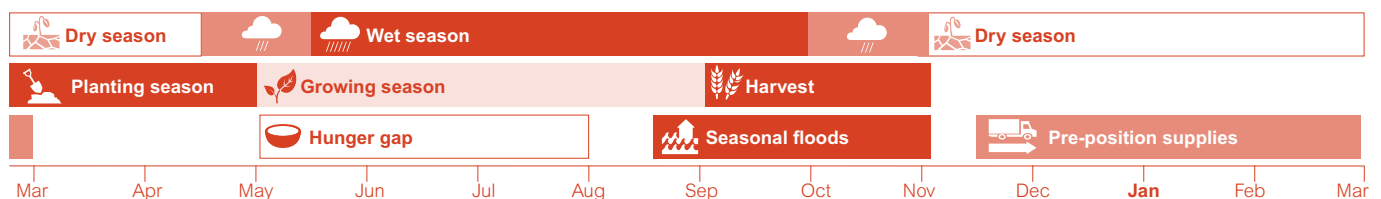
LONG TERM DISPLACEMENT TREND ^J

Newly displaced per month (in thousands)



KEY SEASONAL EVENTS

Calendar for northern uni-modal rainfall zones



Sources: (C) Clusters (10 May); (D) OCHA, UNHCR; (E) OCHA; (F) IPC Alert South Sudan May 2014; (G) Health Cluster (May 2014);(H) UNHCR (10 May 2014);(I) OCHA (May 2014);(J) OCHA;



UNICEF / Marianne Peru

STRATEGIC RESPONSE PLAN 2014

HUMANITARIAN NEEDS OVERVIEW

The crisis has generated a momentum of suffering that will continue beyond 2014

On 15 December 2013, violence broke out in South Sudan's capital Juba, quickly spreading to Jonglei, Unity and Upper Nile states. Fighting continued despite a 23 January agreement to cease hostilities. So far, nearly 1.4 million people have been forced from their homes and tens of thousands have been killed. An upsurge in ethnic targeting has created large potential for revenge attacks. Millions are at risk of death from violence, famine and disease.

On 9 May, in Addis Ababa, President Salva Kiir and Riek Machar signed a new agreement to resolve the crisis. Both parties committed to stop fighting and let humanitarian partners access people in need. The document also reiterated the call for a 'month of tranquility'. Though fighting has decreased since the new agreement, sporadic clashes continue, civilians carry on living in fear. Most are unable to resume their livelihoods.

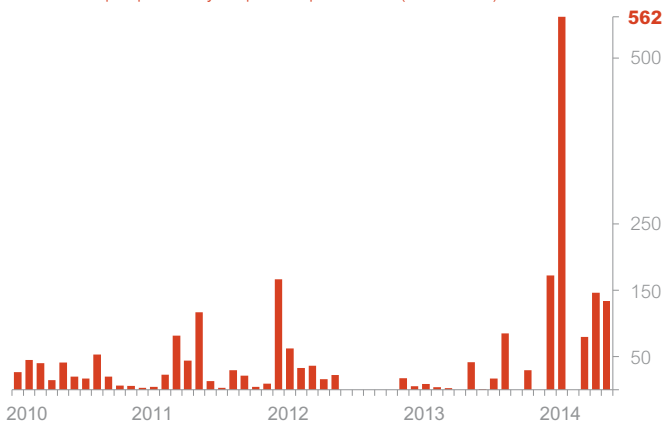
PRIORITY NEEDS

LARGE-SCALE VIOLENCE AGAINST CIVILIANS

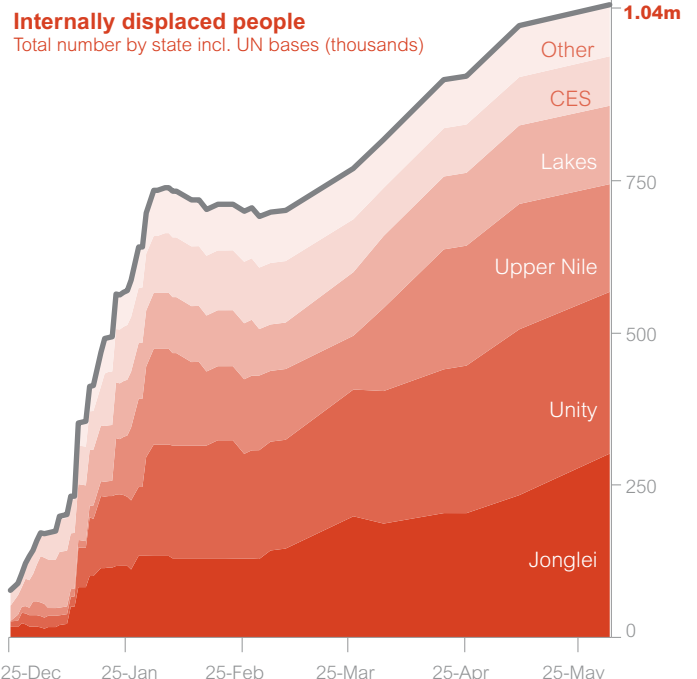
During the first six months of the crisis, violence and deliberate attacks on civilians were extreme. Wanton attacks have destroyed towns and settlements that had survived more than 30 years of civil war. Men, women and children have been killed and injured.

Long-term displacement trend since 2010

Number of people newly displaced per month (thousands)



Source: OCHA, May 2014



Source: OCHA, 31 May 2014

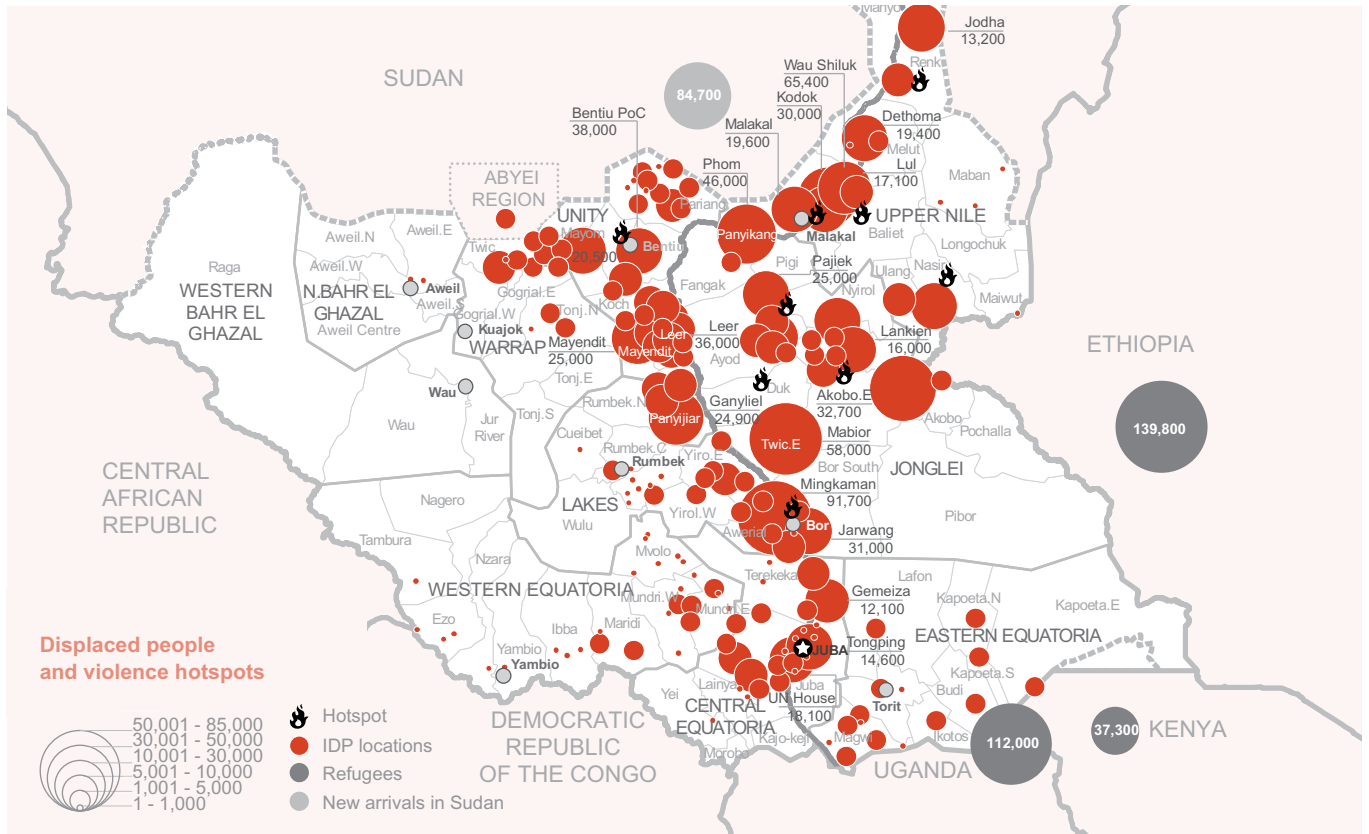
In many cases, people were targeted based on ethnicity or political affiliation. Medical facilities have been destroyed, patients raped and murdered in their beds.

In April, brutal attacks on the UN base in Bor and on a mosque, a hospital and a church in Bentiu left hundreds of civilians dead and many more wounded. In Bentiu, fighters also used radio to incite violence. An 8 May UN Human Rights report on South Sudan documented widespread sexual violence, perpetrated by armed groups in conflict areas. It also highlighted other alarming trends: the arming of previously demobilized groups, the proliferation of weapons, the recruitment of youth in military operations, an increase in landmine accidents, and the use of cluster munitions. It is estimated that more than 9,000 children have been recruited and used by armed forces during the conflict. Schools have been attacked and occupied by armed forces.

SOUTH SUDAN CRISIS TIMELINE

<p>17-22 December Fighting spreads to Jonglei, Unity and Upper Nile, where people flee their homes and aid stocks are looted</p>	<p>23 December Over 1,000 people are estimated to have been killed within the first 7 days</p>	<p>2 January Fighting breaks out again in Bor</p>	<p>10 January Renewed clashes in Bentiu</p>	<p>20 January In just over a month, the number of displaced people exceeds 500,000</p>	<p>31 January Some 740,000 people are displaced across over 100 sites as fighting continues</p>
<p>15 December Fighting breaks out in Juba</p>	<p>27 December 64,000 people seek refuge in UN bases in first 12 days of conflict</p>	<p>31 December Partners launch a Crisis Response Plan to assist up to 628,000 people</p>	<p>9 January ICG estimates that the death toll has risen to 10,000 people</p>	<p>11 January Up to 4,000 refugees arrive in Uganda every day</p>	<p>23 January Cessation of hostilities agreement signed</p>
<p>5 February Partners warn of worsening health conditions in UN bases due to overcrowding</p>					

Displacement and violence



Source: UNOCHA, UNMISS, UNHCR, SSRRC and humanitarian partners, 31 May 2014

CLOSE TO 1.4 MILLION PEOPLE DISPLACED

As of 31 May, violence and fear have forced some 1.4 million people from their homes. One million people are displaced within the country, and nearly 370,000 people have fled to Ethiopia, Kenya, Sudan and Uganda. Exposed, destitute and on the move, these people are at extreme risk of death, disease and suffering.

Inside South Sudan, displaced people are scattered across more than 160 locations, some of which have now hosted people for six months. The highest concentrations of displaced people are in Akobo and Fangak counties in Jonglei, Fashoda County in Upper Nile; Mayendit County in Unity; and Awerial in Lakes.

More than 95,000 people have fled to 8 UN bases, where they live in protection of civilians (PoC) sites. Some 38,000 people have made the UN base in Bentiu their temporary home, while the town

INTERNALLY DISPLACED

1.0 million

people internally displaced as of 31 May

REFUGEES

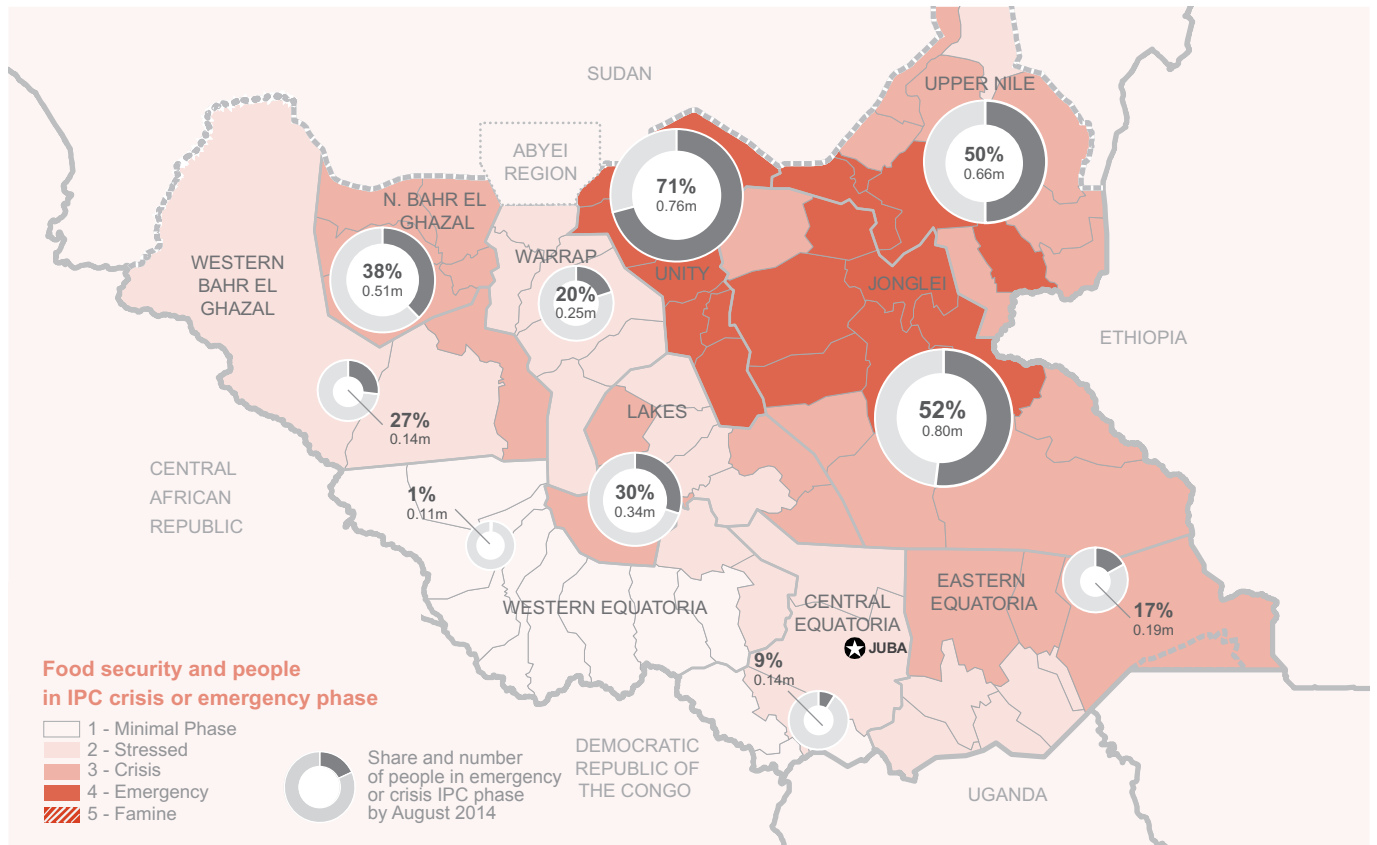
366,000

refugees in neighbouring countries as of 31 May

is deserted. Poverty, floods and food insecurity may also draw more people to the UN bases where up to 120,000 people could shelter by year end. The composition of these sites has fluctuated as towns have changed hands between the conflict parties. Violence between communities inside the sites could increase if the fighting outside continues.



Food security and hunger crisis



Source: IPC Report, May 2014

Displacement patterns are fluid. Shifting frontlines are forcing many people to flee several times. The influx of people overwhelms host communities, leading to tensions and further movements. Many of the displaced are from large towns, making them ill-equipped for survival in rural settings.

As many as 465,000 displaced people are in flood-prone zones, where they risk being cut-off from assistance as rains intensify. Some 100,000 people have for example settled along the Nile in Awerial, Lakes State. Tens of thousands of people have sought shelter on small islands to protect themselves from attacks, but are without access to basic services. Most other displaced people are scattered within rural areas with limited information on their whereabouts or living conditions. Scaling up the aid operation may inadvertently cause people to congregate in larger groups in distribution sites, which may bring additional risks.

FAMINE RISKS AND RISING MALNUTRITION

Violence and displacement have already had catastrophic effects on food security. The livelihoods of millions of people have been grossly disrupted: crops have not been planted, livestock are dislocated and traders have fled - and with them the lifeline of commodities for local economies. In 2013, South Sudan produced 900,000 tons of food. Production could now be reduced by a third,

FOOD INSECURITY

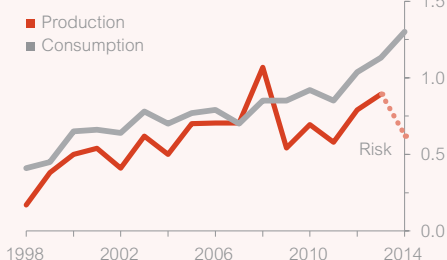
7.3 million
people food insecure by Aug 2014

HUNGER

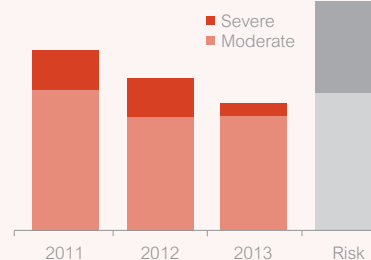
3.9 million
in food security crisis or emergency by Aug 2014

LONG-RUNNING FOOD INSECURITY WORSENERD BY CRISIS

Food production and requirements
Million tons

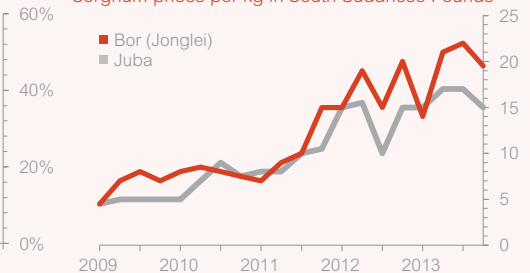


Food insecurity
Share of population by status



Staple food prices

Sorghum prices per kg in South Sudanese Pounds



Sources: FAO/WFP Crop and Food Supply Assessment Mission Reports 2010-14; IPC Alert South Sudan May 2014

making up to 7.3 million people food insecure. While the food crisis is widespread, famine has not yet been declared. Come early 2015, the risk will be extremely high, especially for people displaced in some parts of the country. In Leer County in Unity State, for example, aid workers recorded abnormally high rates of severe acute malnutrition in May, with 1,600 severely acutely malnourished children treated in a two-week period.

Projected food security status by August

Number of people per state and IPC for the period Jun-Aug 2014

State	1 Minimal	2 Stressed	3 Crisis	4 Emergency
Unity	126,000	187,000	404,000	359,000
Upper Nile	223,000	437,000	447,000	210,000
Jonglei	222,000	504,000	457,000	332,000
NBeG	344,000	490,000	317,000	194,000
WBeG	158,000	218,000	85,000	56,000
Lakes	448,000	358,000	297,000	43,000
Warrap	745,000	273,000	247,000	3,000
E. Equatoria	441,000	473,000	187,000	0
W. Equatoria	634,000	24,000	75,000	37,000
C. Equatoria	969,000	417,000	115,000	25,000
Total	4,310,000	3,381,000	2,631,000	1,259,000

By August, around 3.9 million people will face acute food insecurity, according to the Integrated Phase Classification carried out in May.¹ They have been struck by the combined losses of access and availability of food, livelihood collapse and attendant malnutrition, morbidity and mortality. Food security will deteriorate the most in Jonglei, Unity and Upper Nile states, where 50-85 per cent of the population are at acute risk. Already before the conflict, these states were the most food-insecure. They had the highest cereal deficits; were most dependent on markets for staple foods; and spent more of their income on food than others. Commercial imports are unlikely to penetrate deep enough into these conflict-affected regions to improve people’s situation. With many markets destroyed, and traders having lost all their assets, the infrastructure needed for people to provide for themselves is in ruins.

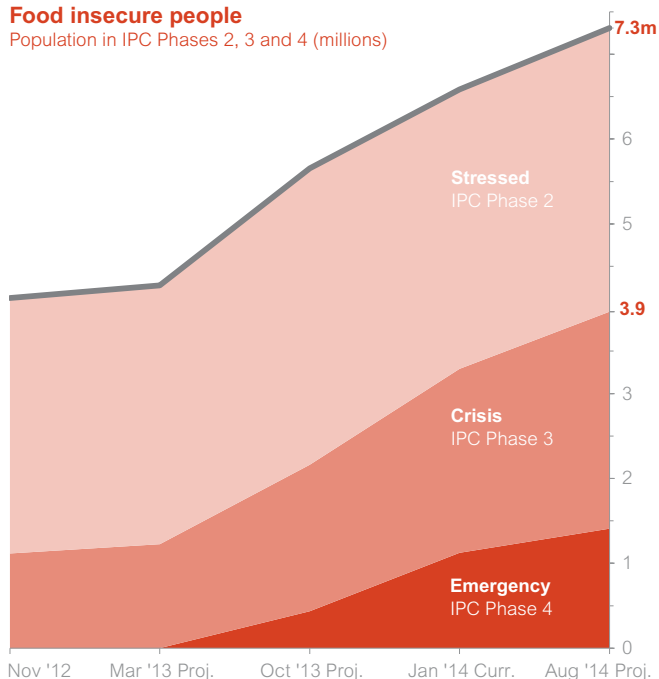
Food partners estimate that the lean season, which normally eases around the middle of the rainy season in August, will this year persist until the October harvest in the most insecure areas, where planting has been worst affected. While the harvest will

bring a brief respite in food insecurity, low crop yields mean the lean season will likely start again as early as January 2015. Addressing urgent needs between January and March 2015 will require timely donor contributions, pro-active procurement, mobilization of grains and seeds from surplus-producing states, and pre-positioning already in 2014.

The 2014 burden of acute malnutrition rates have soared, threatening the lives of tens of thousands of children. It is estimated that 910,400 children aged 6-59 months will suffer from severe and acute malnutrition in 2014. As many as 50,000 children may not survive unless they receive urgent treatment. The situation is most dire in Jonglei, Unity and Upper Nile states and in parts of Northern Bahr el Ghazal and Warrap states.

Food insecure people

Population in IPC Phases 2, 3 and 4 (millions)



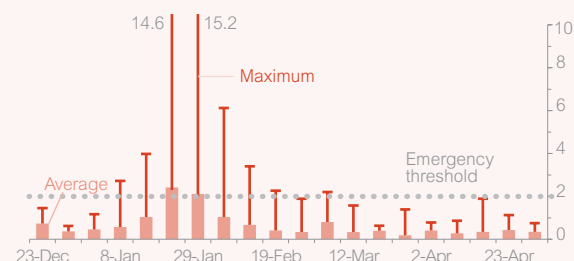
Source: IPC Alert South Sudan May 2014

DEATH, INJURIES AND DISEASE

The conflict has created a major public health crisis. Immediate health needs have shot up, and large-scale epidemic risks are emerging. By the end of May, humanitarian partners had treated over 7,000 people with gunshot and shrapnel wounds in areas they could access. However, the actual number of wounded is likely to be in the tens of thousands. Medical evacuation services

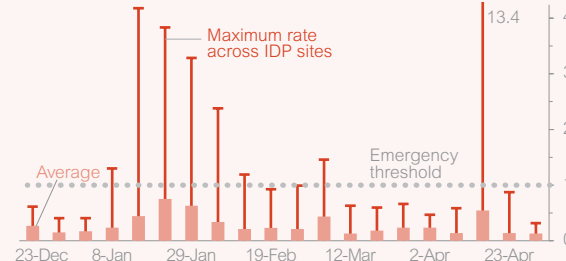
HIGH LEVELS OF DEATH AND DISEASE IN DISPLACEMENT SITES

Child crude mortality rate in IDP locations

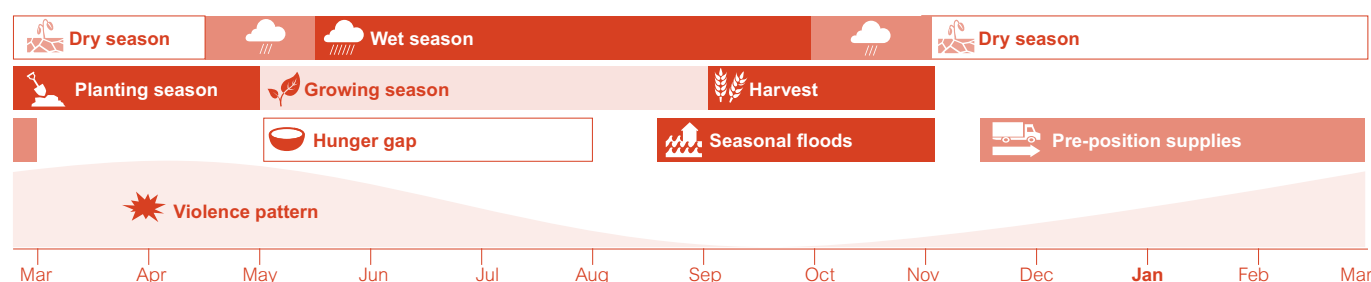


Source: WHO, May 2014

Crude mortality rate in major IDP sites (all ages)

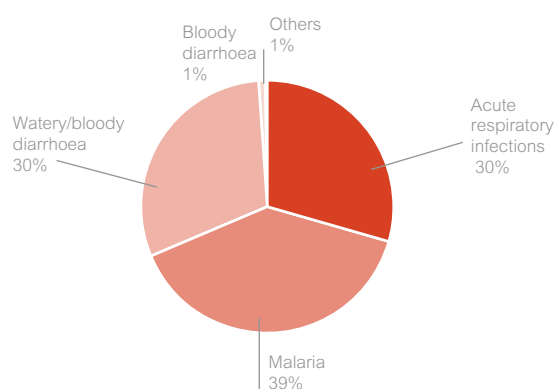


Seasonal events in crisis-affected states

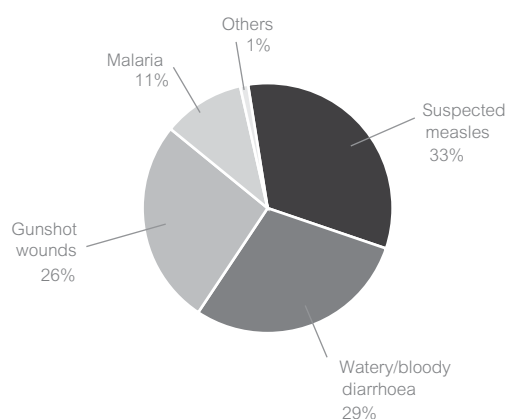


for trauma cases are severely challenged. While some 420 evacuations have already taken place, demand far outstrips capabilities. Equipment is being airlifted amid a shortage of emergency blood and laboratory supplies. There are also huge counselling and psychosocial needs given the scale and brutality of the conflict.

Diseases reported among IDPs



Diseases as a cause of death



Source: MoH/WHO, May 2014

A cholera outbreak was declared on 15 May in Juba. Further outbreaks have since been confirmed in two other locations in Central Equatoria, and one location in Upper Nile State. As of 7 June, over 1,370 people have been affected and 30 killed by the disease, with more suspected cases in Central Equatoria, Jonglei, Lakes, Upper Nile and Warrap states being verified. Health agencies project that some 116,000 people across the country may be affected by the end of the year, putting immense pressure on health services. Cholera cases have been confirmed in the UN bases in Juba, and overcrowding and overstretched water and sanitation services mean the disease could escalate quickly in these sites.

Since January, several outbreaks of other communicable diseases have also been confirmed, including Hepatitis E and measles. These have primarily occurred in conflict-affected states or other areas with large numbers of displaced people. During the rainy season, diarrhoeal diseases, malaria and pneumonia will become major killers. Meningitis and measles cases will increase in the dry season at the end of the year.

In January and February, crude and under-five mortality rates were well above the emergency thresholds in several displacement sites. In key camps, health partners have brought the situation under control. However, many displaced people in hard-to-reach rural areas remain without help.

The conflict has decimated South Sudan's fragile health services. Over 30 health facilities have been destroyed or looted in Jonglei, Unity and Upper Nile states. Another 129 are closed or not functioning due to insecurity and the departure of partners. With damaged cold chain facilities and vaccines and withdrawal of staff, routine immunization has not been done. Emergency surgical and obstetrical care has been severely curtailed. Delays in paying staff in opposition-held areas, coupled with ethnic tensions, have crippled local services. These disruptions of essential health services have a particularly negative effect on children, pregnant women and the elderly.

VULNERABLE REFUGEES

Of the around 240,000 refugees living in South Sudan, the 210,000 who came from Sudan in 2013 and who are staying in camps in Unity and Upper Nile states are particularly vulnerable. In the coming months, many of them could face hunger and starvation as insecurity has made it difficult to transport food to refugee camps. The conflict has also reinforced concerns about the civilian character of the camps. Increasingly, refugees acquire arms for protection and armed groups solicit men to fight. Furthermore, competition over scarce resources has in some places caused tensions and fighting between refugees and the communities which host them.

TENSION HIGH IN ABYEI

The political stalemate in the contested region of Abyei has kept tensions high. Of the 105,000 displaced by the 2011 crisis in the area, 61,000 have returned home. Since December 2013, clashes between armed elements supported by South Sudan and Sudan have left more than 150 people dead. The crisis in South Sudan is adding to tensions by blocking off traditional migration routes into Unity State. With the complete absence of state services, Abyei residents rely on aid organizations for basic services.

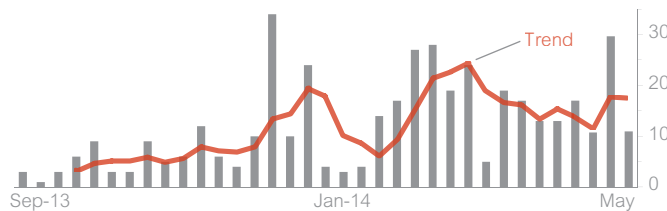
UNDERLYING DRIVERS OF NEEDS

MAJOR ACCESS CHALLENGES

Securing access to affected populations has been a major challenge, especially during the early months of the conflict. Obstacles have included active combat, looting of aid supplies, the killing and harassment of aid workers and bureaucratic impediments on road, river and air travel by both sides to the conflict. As of 31 May, at least 394 incidents have been reported since mid-December 2013. Five aid workers have been killed. Over 150 vehicles have been stolen or commandeered.

Many aid agencies relocated their staff from field locations when the conflict broke out. While agencies have since scaled up their capacity, staff numbers are in some cases still lower than before the crisis. Many local staff are unable to work in some locations given the risk that they will be targeted.

Access constraints
Reported incidents per week



Source: OCHA, May 2014

Accessing conflict areas requires complex negotiations and logistics. Partners need to secure assurances that aid workers can implement their programmes safely. The spread of displaced people complicates matters by requiring simultaneous responses in many locations. Road access is difficult, as illegal checkpoints delay or block aid delivery. Convoys are often searched repeatedly and only released against payment. Mines and unexploded ordnance also make road travel risky in areas with recent fighting. Flights depend on security assurances from conflict parties. Delays or refusal to grant these, coupled with active hostilities, has led to delays and cancellations of dozens of humanitarian flights.

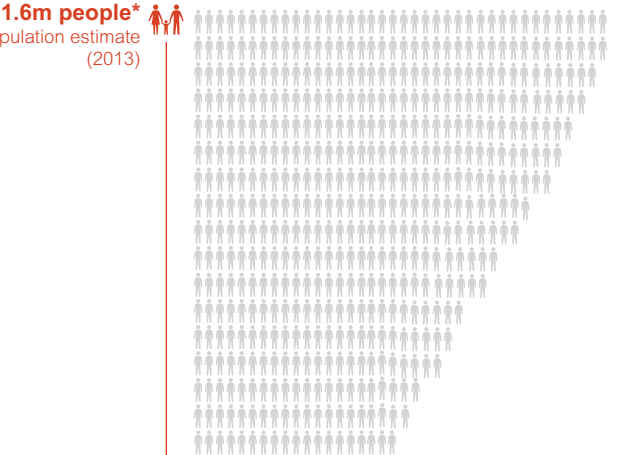
The reopening of the corridor into South Sudan from the Gambella region in Ethiopia in March 2014 was a welcome development, though insecurity on the South Sudan side of the border continues

FILLING INFORMATION GAPS

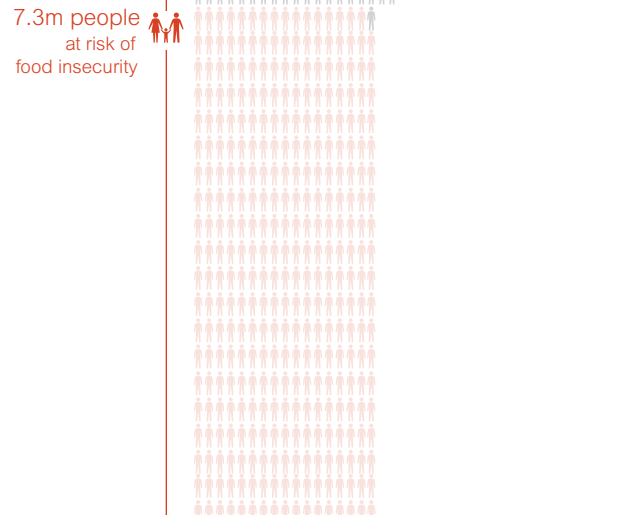
One challenge has been to gather accurate information on people's needs in conflict-affected states. The access and resources challenges that affected the overall response, also impacted on data collection. With many organizations relocating out of deep-field locations at the start of the crisis, information on, for example, nutrition and food insecurity in some of the areas worst affected by violence has been scant, especially in the first months of the response. The fast-changing context, including ongoing displacement, also rapidly outdated information. The humanitarian community has so far used "best available" information to prioritize the response. Clusters are now working actively to improve the evidence-base for the operation.

PEOPLE IN NEED AND TO BE ASSISTED

11.6m people* population estimate (2013)



7.3m people at risk of food insecurity



3.8m to be assisted

3.8 million water, sanitation, hygiene

3.3m / 2.4m livelihoods/food

3.1 million health/nutrition

+ 1.5 million newly displaced



1.2 million protection

1.1 million mine action

1 million shelter/NFIs

693,000 camp management

421,000 multisector

275,000 education

+ 270,000 refugees

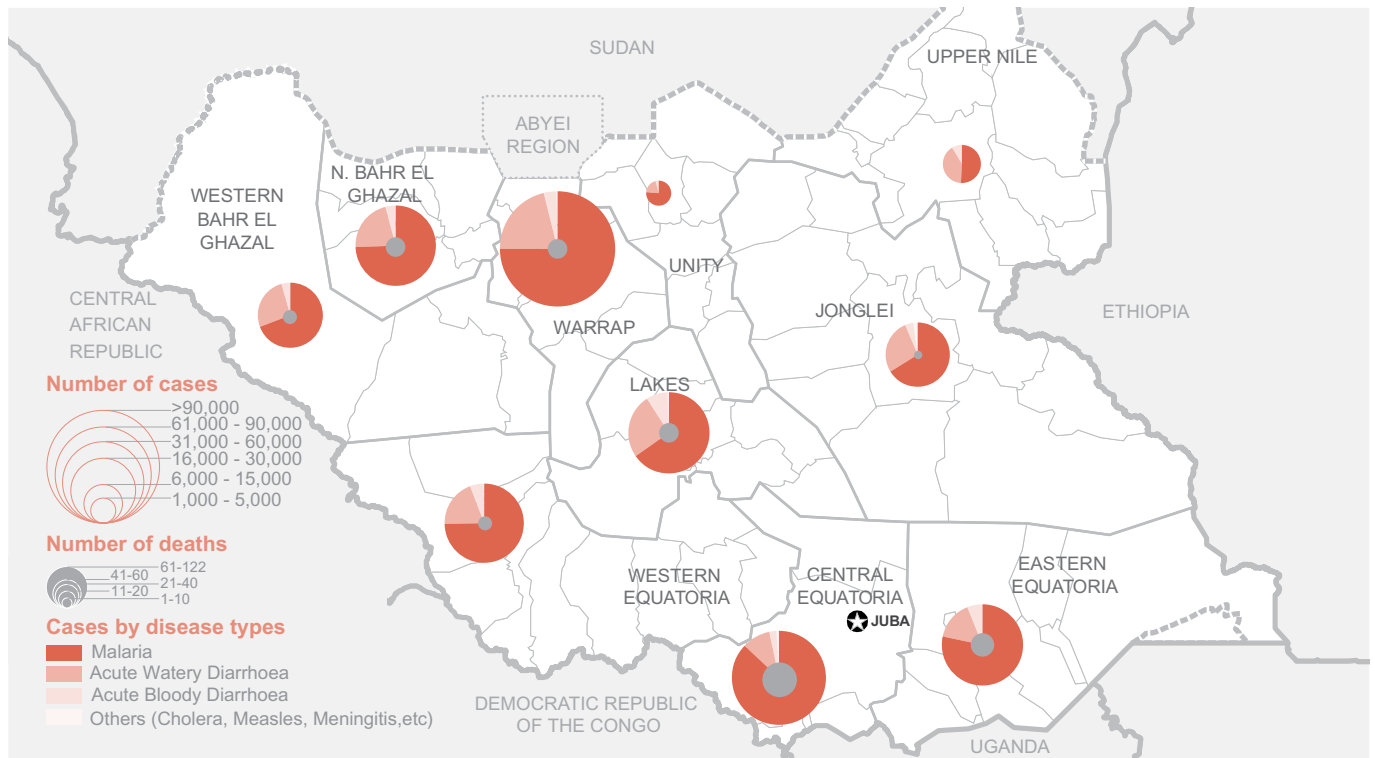


+ 120,000 Abyei-affected



* Estimate based on projection of people living in South Sudan in 2013, derived from census result of 2008 (8.26m), returnees since 2008 (1.96m) and population growth (2.052% annually, 1.07m total), the Abyei-conflict displaced (0.11m) and refugee population in December 2013 (0.23m).

Disease outbreaks by state



Source: WHO, MoH, May 2014

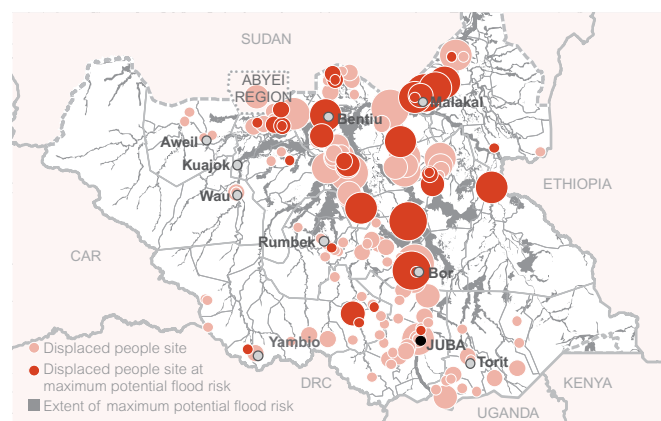
to pose problems. Partners are currently negotiating a similar corridor from Sudan, to transport relief supplies by road while this is still possible. As the rains intensify, air and river transport will become vital for saving lives. The recently negotiated barge movements from Juba to the north of the country are essential for moving large amounts of food supplies much cheaper than by air.

While more air assets have been made available, increasing reliance on air transport means even more will be needed. The capacity of Juba airport is already overstretched, and it will be a bottleneck as the operation continues to scale up. Additional air bases will open but may be attacked by administrative restrictions.

RAINS AND FLOODING

Seasonal flooding will put more lives at risk and complicate the aid operation. Hundreds of thousands have fled to areas that are

Displaced people in flood-prone areas



Source: Displaced population - OCHA, May 2014; Flood risk - Global risk data platform.

flood-prone. Flooding has already affected the PoC sites in Bor and Malakal, heightening the risk of cholera, respiratory infections, malaria and other epidemics. At the main PoC site in Juba, some 14,000 people need urgent relocation to higher ground. While displacement typically slows down during the rains, this year may be atypical. Fighting may either prevent people from leaving flood-prone areas or cause new displacement as people seek higher ground. Rains and flooding will also create major logistics challenges. By June, about 60 per cent of the country will be inaccessible by road.

LACK OF DEVELOPMENT AND SERVICES

Even before the crisis, South Sudan was one of the poorest countries in the world. Half of the population lived under the national poverty line of about \$17 per month.² One of the world's highest maternal mortality rates (2,054 per 100,000 live births) threatened the lives of 2.2 million women.³ One child in ten died before his or her fifth birthday.⁴ A young girl is more likely to die in childbirth than to learn how to read and write.

After decades of war and neglect and only two years of independence, the capacity of the state to improve the lives of its citizens was weak. Aid organizations have remained the main providers of basic services, though often building local capacity by working in close partnership with state institutions and national civil society.

The current conflict has aggravated these issues. Many of the schools, clinics, water points and markets that did exist before the conflict have been destroyed. Scarce public resources have been redirected towards military spending. A lack of funds and other constraints have even hampered much of the regular development work of state institutions – such as providing agricultural input to farmers – in states not directly affected by the conflict.

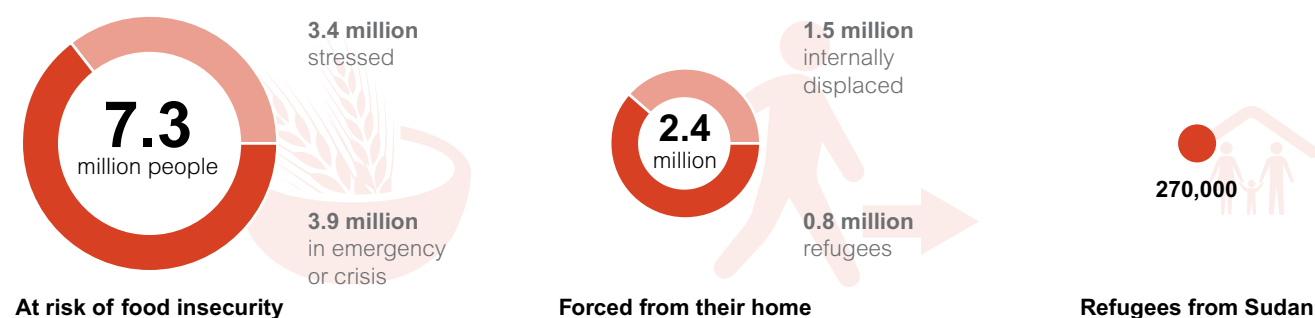
PLANNING ASSUMPTIONS

Most likely planning scenario until December 2014

MOST LIKELY SCENARIO UNTIL DECEMBER

	Political agreement between the Government and the opposition results in a cessation of hostilities (CoH), though sporadic violence continues in Jonglei, Unity and Upper Nile states.
	Violence against civilians continues (albeit of a lesser intensity if CoH holds) including direct attacks and abuses, destruction of property, sexual and gender-based violence, recruitment of children into armed groups and the arming of local communities.
	Displacement continues and becomes protracted. Multiple displacement due to violence and seasonal flooding occurs. Many people seeking shelter in UN bases remain there and dispersed groups of displaced people will consolidate in safer areas.
	Annual seasonal flooding compounds suffering for people displaced and increases vulnerability.
	Despite improvements, impediments to humanitarian action continue . Violence against aid workers impacts national staff deployment. The rainy season increases logistical access challenges. Some looting of aid supplies and commandeering of assets continue.
	The economic crisis continues with shattered markets in key urban and rural areas closed. Oil production is impaired and public revenue diverted from basic services to the security sector, increasing demands on humanitarians as front-line service providers.
	Food security deteriorates and acute malnutrition increases , with up to 7.3 million people at risk due to displacement and disruption of livelihoods, increasing excessive mortality.
	The risk of epidemics increases during the rainy season, in particular for cholera, measles and other communicable diseases in displacement sites and UN bases. Disease outbreaks cause excessive mortality rates to increase.
	More South Sudanese seek refuge in neighbouring countries with up to 835,000 people expected to leave the country by the end of 2014. South Sudan continues to host up to 270,000 refugees , predominantly from Sudan.

PLANNING FIGURES UNTIL DECEMBER



TRIGGERS FOR THE MOST-LIKELY SCENARIO



1	The cessation of hostilities agreement continues to be violated.
2	Insecurity continues and prevents displaced people from returning home.
3	Markets remain largely closed in towns due to violence, limiting access to basic commodities.
4	Rains occur at average levels, resulting in flooding at normal levels.
5	Access to people in need is possible, though challenging.

STRATEGIC OBJECTIVES

Objectives, targets and achievements as of April 2014






1

Provide a coordinated lifesaving response to immediate humanitarian needs of conflict-affected people.

	People provided with safe water based on SPHERE standards	Target 2.5m (June) 3.8m (by Dec)
	Achievement 1.36 m	
	People assisted with food and conditional or unconditional cash transfers	Target 1.6m (June) 2.4m (by Dec)
	Achievement 1.21 m	
	Emergency primary healthcare consultations	Target 1.2m (June) 1.3m (by Dec)
	285,400	
	Families given household items	Target 80,000 (June) 200,000 (by Dec)
	Achievement 68,200	
	People with severe acute malnutrition admitted for treatment	Target 30,900 (June) 176,300 (by Dec)
	19,300	

2

Provide protection to conflict-affected communities and ensure access to services.

	Protection monitoring / assessment missions undertaken	Target 100 (June) 200 (by Dec)
	Achievement 136	
	Children with access to safe spaces or associated with support networks of children, youth and women	Target 212,000 (June) 261,600 (by Dec)
	31,600	
	M ² of land cleared from mines and explosive remnants of war	Target 1.2m (June) 6m (by Dec)
	Achievement 4.7m	
	Children and adolescents with access to emergency education	Target 147,900 (June) 223,000 (by Dec)
	Achievement 99,300	
	Displacement sites regularly collecting demographic information disaggregated by sex and age (of all sites)	Target 100% (by Dec)
	Achievement 24%	

3

Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance.



Households assisted with livelihoods support

Target 450,000 (by Dec)

Achievement 170,000 (by May)

4

Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.



Passengers transported in humanitarian air operations

Target 25,000 (June) 72,000 (by Dec)

Achievement 13,600



Supplies for aid response in-country on time (of total supplies needed)

Target 100% (by Dec)

Achievement 73%



Data connectivity kits for inter-agency use installed in response locations

Target 8 (June) 13 (by Dec)

Achievement 8



Storage capacity made available to the humanitarian community^{NEW}

10,000m³ (by Dec)

RESPONSE STRATEGY

Coordinated action with resources prioritized to capitalize on the seasons, secure access and scale up

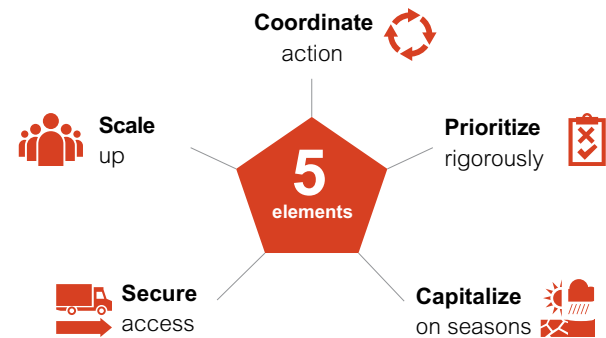
KEY GOALS

The strategic objectives for the crisis response in South Sudan are designed to achieve three key goals:

- 1 Save lives;**
- 2 Prevent famine;** and
- 3 Avert the loss** of a generation.

The humanitarian strategy revolves around five key elements. In all of these, aid agencies will focus on preventing the main causes of avoidable deaths: diseases, malnutrition, and violence.

Overview of key strategy elements



COORDINATING ACTION

SYSTEMATIC ASSESSMENT AND ANALYSIS

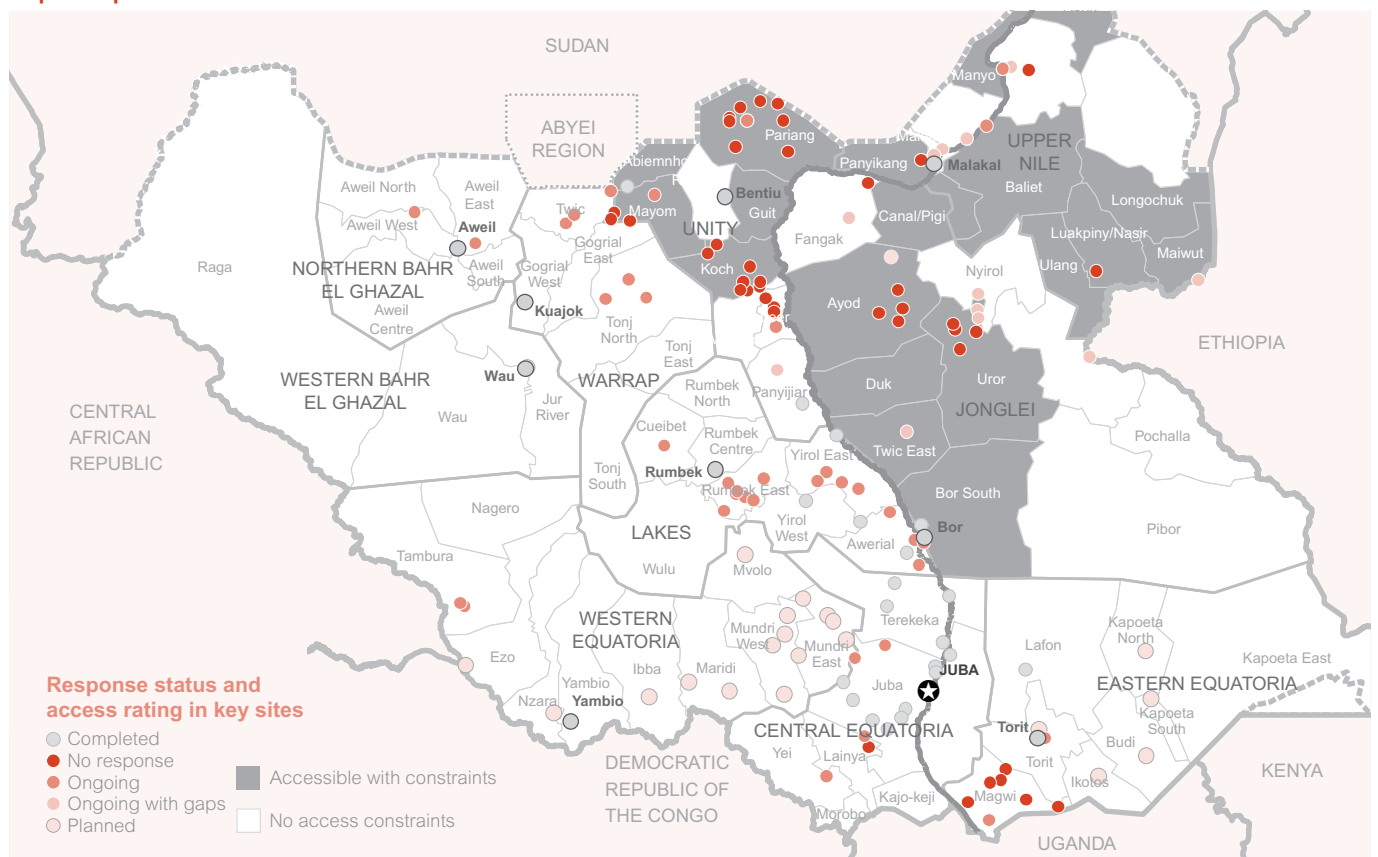
Partners use a number of assessment and analysis tools to ensure scarce resources are used most effectively and efficiently:

- Initial Rapid Needs Assessments (IRNAs) to determine priorities based on a common tool, supported by all sectors.⁵
- The Displacement Tracking Matrix (DTM) to track changes in displacement patterns and access to services.

- The Integrated Food Security Phase Classification (IPC) to assess the food security according to global standards three times a year (April, August and December).
- A Needs Severity Index (NSI) based on indicators such as food insecurity, levels of displacement, violence, flooding, and access to services to identify severe needs.

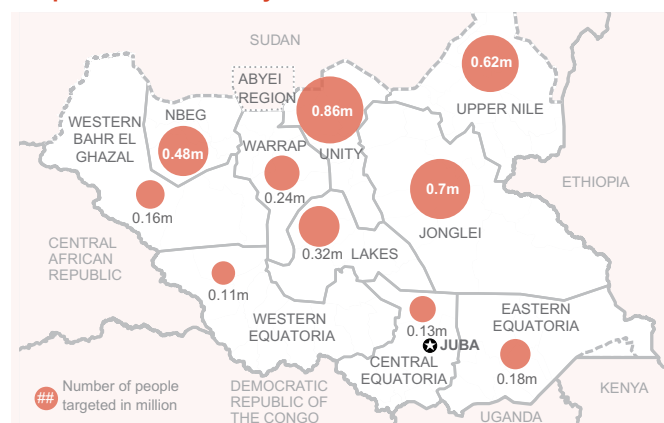
Findings from these tools inform the work of the Inter-Cluster Working Group and the Humanitarian Country Team. Partners

Rapid response locations to date



Source: OCHA and humanitarian agencies, May 2014

People to be assisted by state



Source: Humanitarian clusters, May 2014

also continuously monitor the impact of their response and the evolution of needs to adjust their response accordingly. Since the start of the crisis, aid agencies have done needs assessments in 126 of 160 displacement sites, many in very remote areas.

RAPID RESPONSE

Aid organizations have set up rapid response mechanisms (RRMs) to quickly assess needs and deliver a core package of lifesaving assistance in areas that do not require a permanent response, or where no partner is currently able to set up longer-term activities. The response is supported by common logistical assets, including UNHAS and the Logistics Cluster air fleet. Using these models, aid agencies have already assisted some 419,000 people in 26 of 41 hard-to-reach displacement sites. Response is ongoing to assist more than 700,000 people by the end of July, and more than one million people by the end of the year. The rapid response is implemented by several different mechanisms. In total, aid agencies have reached 1.9 million people by June.

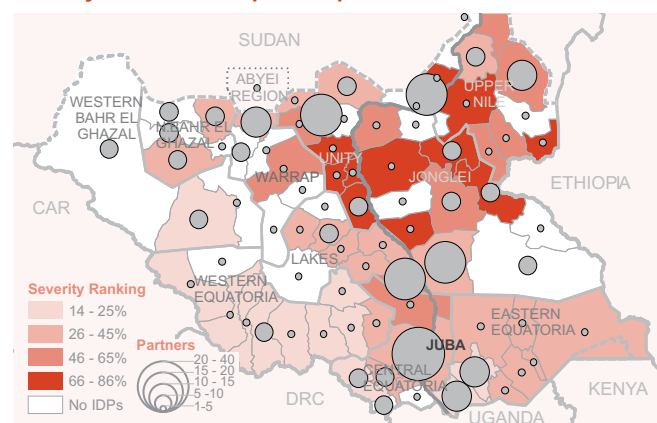
The Inter-Cluster Working Group provides guidance to responding agencies on geographical priorities. An operational group bringing together key cluster coordinators and relief organizations with the capacity to scale up to meet needs, has been set up to coordinate the details of the response and to ensure the different mechanisms are complementary. The added value of these rapid response mechanisms will be assessed to enhance the impact of humanitarian action in 2015. Pooled funding mechanisms have prioritized support to rapid response mechanisms to kick-start the scale-up of operations needed.

STRONG ADVOCACY

Several high-level visits have raised the profile of the crisis, helped bring political negotiations back on track, and highlighted reports of human rights abuses. Humanitarian partners continue to facilitate these visits. As agreed at the Oslo Pledging Conference on South Sudan on 19-20 May, humanitarian partners will focus on stronger monitoring, collection, analysis and reporting of access obstacles. This will help ensure that all parties are held accountable for addressing and removing such constraints.

In addition to political engagement, partners use social media to strengthen advocacy, disseminate reports more quickly, and improve coordination. All advocacy will be evidence-based.

Severity of needs and partner presence



Source: OCHA, May 2014

Agencies have boosted their capacity to collect data on issues such as disease outbreaks, food insecurity, malnutrition, and protection issues.

PRIORITIZING RESOURCES

PRIORITY SECTORS

To maximize the use of limited resources, aid agencies have prioritized the following sectors; emergency health care, food and livelihoods support; malnutrition prevention and treatment; protection services; distribution of shelter and household materials; and water and sanitation.

Scarce resources are prioritized to prevent the main causes of death: acute respiratory infections, diarrhoeal diseases including cholera, malaria, malnutrition, measles, maternal mortality and violence. In a situation of under-funding, responding to these killers will guide resource allocation, including pooled funding and use of collective transport and storage assets.

A focus on mitigating protection threats and ensuring people's rights are respected is mainstreamed across the response. Specifically, aid agencies ensure that assistance does not push or pull people to or from areas; that services address the specific needs of particularly vulnerable individuals; and that projects factor in threats to civilians and mitigate them. Partners will respond to the direct consequences of violence by supporting survivors of gender-based violence, providing psycho-social assistance; and protecting children.

Sector prioritization does not mean that other activities are not essential. Logistics, telecommunications and mine clearance are indispensable for getting relief to people and sustaining the operation. Likewise, emergency education will teach children life-saving skills, protect them from the conflict and recruitment into armed groups, occupy disengaged adolescents, heal the psycho-social effects of trauma, and contribute to peacebuilding. Camp coordination and management are vital for ensuring that people in displacement sites receive assistance and protection and that needs and gaps are continuously monitored and addressed.

PRIORITY LOCATIONS

Humanitarian partners plan to focus the response on a number of priority locations, based on findings from assessments and

PRIORITY ACTIVITIES	POTENTIAL KILLERS
 Food and livelihoods support	1 Acute respiratory infections
 Nutrition	2 Acute watery diarrhoea
 Health care	3 Malaria
 Water and sanitation	4 Malnutrition
 Shelter and household supplies	5 Measles
 Protection	6 Violence and trauma

displacement patterns. Most of these locations will be in Jonglei, Unity and Upper Nile states, where violence has been the most intense. Aweril County in Lakes State and Juba also have large concentrations of displaced people, and will continue to be among the priority locations. Northern Bahr el Ghazal and Warrap will be a prioritized by nutrition partners to manage acute malnutrition.

In the second half of the year, the humanitarian crisis is expected to deteriorate in Jonglei, Unity and Upper Nile, and possibly spread further into Lakes and Warrap states. These states will also experience increased inter and intra-communal conflicts due to the proliferation of weapons, the absence of law enforcement, and increased numbers of displaced people. Unity, and to a lesser extent Warrap, may be affected by conflicts in Sudan's South Kordofan State and by proxy dynamics involving non-state armed actors. Sporadic defections of armed forces may destabilize localized areas in Northern and Western Bahr-el-Ghazal. The impact of the crisis will continue to be felt in Central Equatoria and the north-eastern parts of Western Equatoria State.

CAPITALIZING ON THE SEASONS

Assertively adapting aid to South Sudan's seasons will improve the effectiveness of the humanitarian operation. Supplies need to be procured and pre-positioned in field hubs during the dry season between November 2014 and April 2015 to enable front-line service providers to work during the rainy season and to ensure that planting takes place in the first half of 2015. At the same time, investments during the agricultural season in non-affected states must be maximized to mitigate the loss of production elsewhere. **Successful pre-positioning in late 2014 will be key to preventing famine in 2015.**

During the first six months of the crisis, insecurity and looting of supplies severely affected the pre-positioning ahead of the rains. To make up for the setbacks suffered in 2014, aid agencies now rely on river barge movements, the Gambella road corridor from Ethiopia, a possible road corridor from Sudan, and air routes from Ethiopia and Sudan. While agreements are being forged with the relevant authorities, bureaucratic delays continue to affect this strategy of developing more routes to deliver supplies.

The scale of the aid operation and past delays have already necessitated air drops to deliver urgently needed assistance, for example in Upper Nile State to support the refugee response. With 60 per cent of the country inaccessible by road during the rains, reliance on planes and helicopters will increase. This has

significant cost implications. Moving one metric ton of food aid by river costs \$340. Transporting the same cargo by air costs \$2,500. More airport capacity will be needed as Juba Airport is severely congested. Additional air assets are also required.

SECURING ACCESS

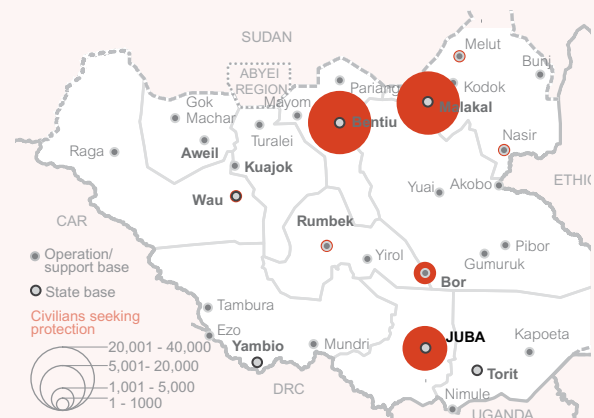
The humanitarian operation is underpinned by extensive negotiations with all parties to get access to people in need. The Humanitarian Country Team has endorsed some "key asks", including:

- Respect for international law and protection of civilians;
- Respect for the integrity of schools and medical services;
- Facilitation of humanitarian action;
- Desisting from attacks against aid workers;
- Prevention of looting of supplies and commandeering of assets;
- Cessation of recruitment of children into armed forces.

WORKING INSIDE UN BASES

Aid agencies are working closely with UNMISS to assist the 95,000 civilians seeking refuge in UN bases. UNMISS has provided physical protection to civilians since the start of the crisis; saving uncountable lives. The violent and protracted nature of the crisis has given rise to new and innovative modes of cooperation between peacekeepers and humanitarians. Areas of collaboration include camp administration and management, construction of infrastructure in PoC areas, site improvement and development to mitigate the impact of the rainy season and measures to improve safety and security for people living in the UN bases who face specific protection threats. At time of writing, indications are that large numbers of people will remain in the PoC areas in the coming months. There is therefore an urgent need to make them more functional and responsive to displaced people's needs and priorities and to ensure that people are kept safe from disease and have access to services.

Locations of UN peacekeeping bases



Source: UN Mission in South Sudan, May 2014

A liaison mechanism is in place to fast-track administrative processes for flights and other issues at Juba Airport. Access constraints are documented and shared with relevant authorities to make sure relief reaches people as quickly as possible. Aid agencies also advocate with national counterparts on important administrative issues, such as payment of health workers and teachers, including in opposition-held areas.

SCALING UP

The magnitude of the humanitarian crisis will require significant scale-up during the rest of 2014 and into 2015. To do so, the Humanitarian Country Team will empower organizations that have

capacity in-country, whether to provide rapid mobile responses or boost life-saving services in the priority hard-to-reach locations where partners have so far had limited presence, largely because of a lack of capacity. Bringing all hands on deck will maximize the capacity of community-based organizations, NGOs, UN agencies, UNMISS, and local and national authorities. The response in UN PoC sites has shown that new forms of collaboration are possible between humanitarians and the UN peacekeeping mission. These will be further exploited in areas outside the PoC sites. Support to national NGOs working in hard-to-reach areas is essential to promote sustainability and sow the seeds of reconciliation.

CHALLENGES AND LESSONS LEARNED IN THE FIRST HALF OF THE YEAR

Challenges:

- Insecurity and the movement of displaced people across vast areas in multiple locations necessitated increased resources for resolving logistics and access constraints, substantially increasing the cost of the response.
- A shortage of experienced partners in the first months of the conflict hampered operations for key clusters such as camp coordination and camp management, nutrition and protection.
- Non-payment of salaries for civil servants, including teachers and health workers, in conflict areas brought services to a halt.
- Delayed customs clearance, bureaucratic impediments, arbitrary taxes and ad-hoc check-points impacted cargo movements.
- Banking services collapsed restricting cash transfers, especially to opposition-held areas.
- Looting, damage and destruction of assets and infrastructure hampered aid organizations' capacity to deliver services and pre-position supplies.
- National staff deployments were curtailed by ethnic tensions and targeting.
- The collapse of markets in Jonglei, Upper Nile and Unity states constrained local procurement processes that could have facilitated early response.
- Poor or non-existent telecommunications infrastructure, coupled with vast areas of need significantly constrained logistical assets.
- Delayed and inadequate funding as compared to needs in the first four months impacted on the response. (Pledges at the Oslo conference on 20 May should help overcome much of this.

Lessons learned:

- Rapid response mechanisms have helped agencies scale-up response in hard-to-reach areas, despite the volatile security situation. A dedicated "mobile" capacity among all clusters (and within individual organizations and clusters) is required given the fluidity of the conflict and the many operational constraints.
- Collaboration and coordination with local authorities and partners on the ground, for example in Aweril County, has enhanced efficiency in the response.
- Joint programming that combines multi-sector emergency assistance and maximizes the use of limited logistical resources yields the greatest results in hard-to-reach areas.
- Negotiated access with all parties to the conflict and evidence-based advocacy has assisted in unblocking some access constraints.
- Timely funding for procurement and secure pre-positioning of supplies at the right time of the year, especially agricultural inputs and tools, is essential for an effective response.
- Effective use of pooled funding mechanisms enabled response to be kick-started in many areas.

FUNDING TO DATE

In line with the increase in overall needs, funding in the first half of 2014 was higher than in 2013 and 2012. Some donors responded quickly and generously to the crisis, providing over \$100 million in the first four weeks of fighting. However, by April, donor contributions remained largely on a par with 2013, providing insufficient funding to address the scale and scope of new needs on time.

At a donor conference in Oslo in May, 22 countries and inter-governmental organizations reaffirmed their commitment by pledging over \$600 million for the response (both within South Sudan as well as to support the refugee response in neighbouring countries). May also saw an increase in concrete contributions.

Though generous, the donor response has not benefited all aspects of the response equally. The delayed contributions for livelihoods activities had a particularly significant impact, by delaying partners in procuring seeds and tools ahead of the planting season. It remains crucial that donors keep the seasonal requirements of the operation in mind when making funding decisions.

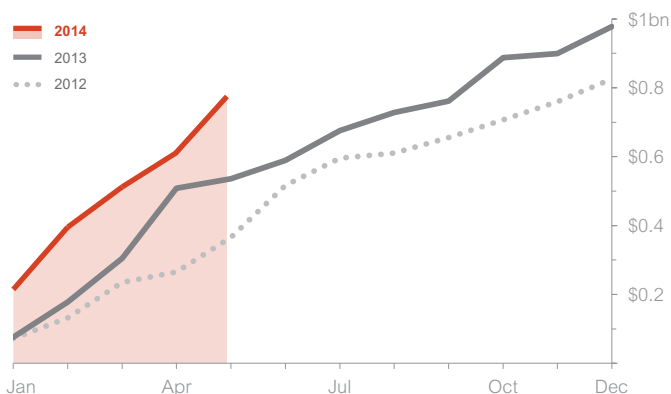
As of 5 June, the Crisis Response Plan was 41 per cent funded. Three sectors – nutrition, protection and the refugee response – were less than 30 per cent funded.

The cost of implementing the Crisis Response Plan in 2014 comes to \$1.8 billion. Of this, \$1.06 billion is still needed. The new requirements reflect funds needed for the second half of the year, bearing in mind the increased costs of logistics during the rainy season. The requirements also cover some crucial procurement and pre-positioning of supplies for use in 2015.

The South Sudan Common Humanitarian Fund (CHF) and the Central Emergency Response Fund (CERF) have played a major part in the response. The CHF has so far channeled \$62.6 million towards priority activities. A reserve allocation early in the year funded urgently needed livelihoods supplies, shelter materials and household items. At the time of writing, two more standard and reserve allocations totalling over \$74 million are underway. These will support the deployment of mobile teams to scale up activities in hard-to-reach areas, and boost the response across the board. The CERF has contributed over \$30 million so far this year, helping establish effective camp management and providing vital support to the health, logistics and nutrition sectors.

Funding trends since 2011

Cumulative contributions by month (\$ billion, incl. funding outside appeals)



Source: FTS, June 2014

PRIORITIZATION OF PROJECTS

In November 2013, aid agencies launched a three-year 2014-2016 Consolidated Appeal (CAP), focusing explicitly on building resilience, preparedness and national capacity. Only a few weeks later, violence had engulfed the country, forcing a complete change of direction for the humanitarian response.

When designing the initial Crisis Response Plan (CRP) in the first days of the crisis, the Humanitarian Country Team and the Inter-Cluster Working Group decided to “freeze” the Consolidated Appeal. In January, each cluster reviewed the projects originally included in the CAP, removing those which were not directly relevant to the emergency response. New projects to meet needs that had not been foreseen in the CAP – including for camp management and camp coordination – were added. New or established partners with the capacity to quickly scale up activities in conflict-affected areas were invited to join the plan or expand existing projects.

Extending their response plans until the end of the year, clusters have done a similar review. The aim has been to ensure that each project in the CRP directly addresses one of the three goals of the aid operation: to save lives; to prevent a famine; and to avert the loss of a generation of children to the conflict.

The clusters ensured that projects in the CRP adhered to clear guidance provided by the HCT and ICWG, namely that they focused on the three states of Jonglei, Unity and Upper Nile, or on conflict-affected counties of Central Equatoria (i.e. Juba PoC areas) and Lakes states. Other states could be included if they had high rates of displacement or a history of high malnutrition rates (e.g. Northern Bahr el Ghazal and Warrap). Non-conflict affected states were only included in so far as projects address acute (not chronic) needs, and ensure that livelihoods support and agricultural production is stimulated to boost the country's overall food production. The IPC data released in May informed the geographical prioritization at county level.

The Humanitarian Coordinator and OCHA critically reviewed the funding requirements of each project to ensure that they represent activities that can realistically be implemented between June and December 2014.

The CRP has 258 projects implemented by 112 organizations, compared to the 306 projects implemented by 128 partners in the CAP 2014-2016. This includes 12 UN agencies, 71 international NGOs, and 29 national NGOs. 30 new projects have been included in the revised CRP and 73 projects rejected or withdrawn reflecting the rigorous prioritization.

CROSS-CUTTING ISSUES

Mainstreaming age, environment, gender and HIV-AIDS concerns in the crisis response

GENDER

Even before the current conflict, South Sudan's women and girls were among the most vulnerable people in world. One in seven South Sudanese women dies in childbirth or pregnancy.⁶ Only 16 per cent of women are literate compared to 40 per cent of men.⁷ And over 40 per cent women report having experienced some form of violence.

A disturbing feature of the crisis has been the widespread and sexual and gender-based violence perpetrated primarily against women and girls, but also against some men and boys. This has included the use of rape and assaults committed by all parties to the conflict. Taking measures to prevent these abuses and providing medical and psychosocial services to survivors is a priority.

More broadly, a strong gender analysis of the crisis helps to understand the distinct needs and experiences of women, girls, boys and men and adapt the response accordingly. Women and girls are often left out of consultations with communities and in decision-making. Equally worrying, assistance cannot always address their most immediate needs, including for sanitation materials. Furthermore, women and girls can be placed at risk of further violence if gender and protection concerns are not considered when designing the response. On the other hand, young men left without education and vocational services are at increased risk of forced recruitment into armed forces, and of criminality, alcohol and drug abuse.

Humanitarian organizations are aware of these challenges, and seek to address them in all aspects of the response. Though the first months of the crisis were devoted to getting a basic package of services out to as many people as possible, partners are now reviewing the services provided to make sure they are adapted to the different needs of different groups.

HIV AND AIDS

The conflict has directly affected an estimated 40,000 people living with HIV. Attacks on health facilities and displacement have interrupted treatment and care for over 1,100 people who are now at risk of developing drug resistance and of dying. They urgently need renewed access to appropriate health services. Additionally, the disruption of services aiming to prevent mother-to-child transmission will increase the likelihood of HIV being transmitted to newborns. This also has adverse impact on affected mothers' health.

Conflict-affected communities are at risk of HIV infection due to unsafe sexual practices which increase in times of crisis, including transactional sex. Other risk factors include a lack of access to HIV prevention services and sexual exploitation or rape.

Health partners are addressing these challenges in their respective activities, though the destruction of hospitals in towns like Bentiu, Bor and Malakal have made the reestablishment of long-term services difficult. Nutrition agencies have also been engaged to ensure medical patients with HIV or AIDS receive appropriate nutritional supplements. Finally, protection and education partners include messages on HIV and AIDS in their respective community outreach work.

AGE

Age has been a major factor in people's exposure to need and hardship in this crisis. Children (including adolescents), youth, and elderly people are the most vulnerable to the risks caused by displacement. Some 3,800 children have been registered as separated from their families. This is likely a significant underestimate, as it only counts children sheltering in displacement sites where child protection agencies are present. Separated children are at particularly high risk of abuse, including recruitment into armed groups and sexual violence, and of psychosocial distress.

Many elderly people have also become separated from the younger members of their families in the violence. Too weak to flee, many elderly have become stranded, for example in PoC sites, while their families fled to rural areas. Without relatives to look after them, or ensure that they get access to common services, these elderly men and women are extremely vulnerable. They depend on the charity of other people in the sites for their survival, and on the ability of aid agencies to identify and assist them.

ENVIRONMENT

Even before the current crisis, environmental degradation was one of the drivers of conflict in parts of South Sudan, where competition over natural resources is high. Disputes between pastoralists, settled farmers and river basin users are common in most states of South Sudan. In addition, humanitarian activities are undertaken in the context of a vulnerable natural resource base, including forests. Crisis-affected communities, including displaced people and refugees, rely heavily on wood for their energy needs, causing large-scale degradation and loss in biodiversity.

The environmental degradation also has an impact on education. When environmental resources are scarce, children spend more time helping their families secure fuel wood and water, reducing their time in school. Collecting firewood is often the responsibility of women and girls, and the need to travel ever further to find it exposes them to sexual abuse, especially in the current conflict context.

MONITORING AND REPORTING

Clusters strengthening tools to measure the impact of their programmes on people's lives

CAMP COORDINATION AND MANAGEMENT

The cluster monitors and reports on living conditions in displacement sites using tools such as the 4Ws, site reports and the Resource Gap Mapping (RGM). The Displacement Tracking Matrix (DTM) collects data on displacement sites and profiles displaced communities to facilitate service delivery by other clusters. Information is collected by state focal points and other partners. The third round of the DTM has been rolled out and will be completed in June.

COORDINATION AND COMMON SERVICES

OCHA monitors the Programme Cycle Management (PCM) for humanitarian action, including results achieved. OCHA also collects and analyzes information on: i) violence and displacement, ii) needs assessments and response, and iii) access challenges. The monitoring and reporting framework in place for the Common Humanitarian Fund (CHF) supports CHF-funded organizations and the clusters in monitoring their projects. Monthly reporting provided by the core pipeline managers allows the humanitarian community to track the procurement and pre-positioning of key supplies. UNDSS tracks security incidents impacting on humanitarian action.

Taken together, these systems provide evidence on which the Humanitarian Country Team and the Inter-Cluster Working Group base their strategies and advocacy, including on access, allocation of resources through the CHF and the CERF, and contingency planning.

EDUCATION

Education partners monitor progress against the response plan, by i) a standard activities template; ii) a standard supplies template; iii) 5Ws (Who is doing What, Where, When and for Whom); and iv) monthly reporting. Activity templates collect weekly information on partners' achievements, including weekly and cumulative numbers of children and youth reached by different programmes. It also includes the distribution of education supplies by cluster members.

The 5W tool collects information on where education agencies are working, and what they are doing, down to the boma level. This tool also collects information on the condition of schools and temporary learning spaces, including information about occupation of schools by armed actors or displaced communities.

EMERGENCY TELECOMMUNICATIONS

Two mechanisms help monitor and report on ETC activities; i) a Security Telecommunications Record tracks attendance and participation in radio trainings, data on radio programming for UN agencies and NGOs, and radio room functionality, and ii) data connectivity is monitored through field missions for installation or maintenance of connectivity kits. Feedback from users is gathered through assessment missions and comprehensive bi-annual surveys. A user administration system for data connectivity has

been deployed in major sites which logs the number of users, bandwidth utilisation and availability of services.

FOOD SECURITY AND LIVELIHOODS

The cluster's monitoring and evaluation (M&E) framework is built around a list of shared indicators, which allows for simple aggregation of progress reports from partners. Using the 3W tool, input reports, project proposals and monthly project update reports, the framework covers vulnerability indicators and progress monitoring at output and outcome level. Cross-cutting issues such as capacity development, gender, nutrition and environment are monitored against indicators agreed with other clusters, including health, nutrition, protection and WASH. To strengthen this aspect of its work, the cluster has recruited an M&E Officer in 2013, who will directly follow up on the implementation of the framework.

HEALTH

Technical teams support front-line health providers in monitoring and reporting on service delivery in locations with fixed or facility-based services. The teams also offer training where needed. Rapid needs assessments help identify gaps and outstanding needs in areas where services are delivered by mobile or rapid response teams. The 3W tool complements these efforts.

Weekly activity reports are produced in displacement sites, to monitor morbidity, mortality, and risk of disease outbreaks. Collecting accurate and timely data from partners, especially on immunizations and integrated maternal, newborn and child health services is challenged. The cluster is working to fill these information gaps.

LOGISTICS

The Logistics Cluster continues to meet the User Group (UN agencies and NGOs) to discuss key needs and the strategy to meet them. The cluster has recently recruited additional staff members to ensure a field presence and conduct bilateral discussions with partners on logistics needs and bottle necks. Additionally, the annual Logistics Cluster survey will be circulated to partners towards the end of the year to gather feedback on the services offered. All service-related achievements are tracked through the Relief Item Tracking Application (RITA).

The UN Humanitarian Air Service continuously reviews its service, assets and staffing levels, to meet current and near-future demands. The Electronic Flight Management Application (EFMA) tracks achievements of the service.

MINE ACTION

The standards for all mine action operations, including monitoring, are outlined in the Government-endorsed National Technical Standards and Guidelines. UNMAS is responsible for tasking each mine action organization with operations, and for quality assuring all activities. Partners are required to report on a daily

or weekly basis to UNMAS's Information Management System for Mine Action, which captures data on clearance and risk education. The database also maintains data on all cleared sites and hazardous areas that remain to be cleared. Since 2013, the sub-cluster is piloting a system to enhance impact analysis, based on measurable data of the impact clearance activities have on local communities.

MULTI-SECTOR

Monitoring of progress in the refugee response is done based on information from field partners and UNHCR sub-offices, which provide monthly reports on key indicators of health, nutrition, water and sanitation among others. In the second half of the year, agencies will strengthen monitoring in relation to protection and education, especially monitoring of recruitment to armed groups (particularly of children), school enrolment and attendance, unaccompanied and separated children, and tracking and response to gender-based violence. Monitoring of movements of returnees and people displaced from Abyei is ongoing.

NFI AND SHELTER

Since the start of the crisis, the cluster has developed several new mechanisms to track and report on activities. This includes a national database on the response country-wide, which automatically generates graphs, tables and maps indicating and disaggregating areas and populations covered, and services implemented. These allow the cluster to monitor in real time who is doing what in which locations, and see where gaps persist. Partners provide activity information as distributions happen and continue to fill in the standard reporting formats developed in 2013 as a more comprehensive reporting method. The cluster tracks closely where there are information gaps to support partners in meeting reporting requirements. A separate database monitors the pipeline, tracking stock en route to South Sudan, at the national warehouse, pre-positioned in the field and released to partners for distribution.

A new rapid assessment observation tool that determines the level of shelter and NFI possession at the household level has been rolled out in several locations. Conducted bi-monthly, its results trigger a distribution where needed and indicate the continued utility of the emergency response items as the context, weather and needs change. Post-distribution monitoring will remain the primary method for evaluating individual activities, and for tracking the appropriateness of the response and its effectiveness.

NUTRITION

The cluster has defined common indicators to be routinely monitored by partners. Standard reporting tools are used to assess the progress and coverage of activities on a weekly basis, and to prioritize programmes. While the reporting rate has been low between January and April, due to access and staffing challenges, the cluster is working on modalities to ensure that previous months' reports are included in the cumulative achievements. To improve its coordination structures and identify bottlenecks, the cluster conducted a performance monitoring exercise. The

outcome has resulted in strategic changes in cluster management, for example The cluster is boosting the number of nutritional surveys to be done in order to improve its data analysis and to guide strategic decisions regarding the response.

PROTECTION

M&R activities during the first five months of the crisis have built on existing mechanisms. These included a dedicated CHF-funded M&R Specialist, who worked with both CHF and CAP/CRP partners. Cluster and sub-cluster coordinators and the M&R Specialist have conducted visits to hotspot areas and to protection projects funded through the CHF. The active participation of sub-cluster coordinators in reporting has also enabled the cluster to regularly collect information on the key areas covered by its response plan, while allowing for more thorough technical data analysis. In the second half of the year the cluster will work to also reinforce its presence in the states, with the aim of facilitating localized coordination, including project monitoring and reporting. The Gender-Based Violence and Child Protection sub-clusters both have additional M&R mechanisms. GBV agencies use specific indicators to monitor implementation and gaps in service provision. Child protection agencies have developed a "5W" tool.

The loss of the M&R specialist in early April and a lack of information management support is limiting the cluster's ability to proactively manage and share information. The CHF, which funds the M&R specialists, is looking to improve the administrative arrangements to restore this support to the cluster.

WATER, SANITATION AND HYGIENE

The cluster has monitored progress towards the CRP targets using a monthly reporting system based on a standard list of activities. Reporting templates allow partners to enter their achievements each month, while separating activities in 'emergency' contexts from those in 'recovery' contexts. The WASH Cluster coordination team receives, aggregates, provides quality assurance, and summarizes the data submitted. It also provides support to partners on the reporting requirements and processes. Reporting of progress towards CRP targets is combined with qualitative updates on the WASH context in a monthly summary report.

To supplement the reporting by partners, cluster focal points at state level and specific sites submit weekly response updates. These are consolidated into one weekly update, ensuring that progress and quality of response are monitored in a predictable manner. To reinforce monitoring at the sub-national level the cluster coordinators spend a significant amount of time in the field, giving partners guidance and technical support. To maintain these M&R mechanisms, the IM Officer and M&R Officer positions in the cluster need to be made permanent.

Monitoring of the core pipeline is done through: pipeline requests, approved by state focal points and UNICEF; cluster stock monthly reporting on use; and monthly core pipeline inventory reporting through UNICEF and partners.



UNICEF / Marianne Peru

CLUSTER RESPONSE PLANS

CAMP COORDINATION AND CAMP MANAGEMENT



CHANGES IN NEEDS

As displacement becomes protracted, the priority will be to expand and improve existing displacement sites, and establish new ones where needed.⁸ There is also a need to mitigate the impact of flooding due to heavy rains, by ensuring that sites are elevated and have proper drainage, to improve living conditions for displaced people and mitigate the spread of communicable diseases. It is anticipated that the number of large settlements will increase over time, as smaller groups of people consolidate in safer areas, including where aid is distributed. This will require a robust system to monitor and track population movements and identify needs for services provided by other clusters.

In the first half of the year, a key gap was identified in community mobilization and participation. It is particularly important to establish clear channels of communications with communities, to avoid inflated expectations and misunderstandings regarding the roles and responsibilities of humanitarian agencies. Equally key is to ensure communities are able to provide feedback to humanitarian actors and are able to make informed decisions. With the aid operation growing, partners also require humanitarian hubs in priority locations, which are established and managed by the CCCM Cluster.

PEOPLE IN NEED AND TO BE ASSISTED

The number of people in need and to be assisted has increased slightly. This is in line with the revised planning scenario, which forecasts that up to 1.5 million people may be internally displaced by the end of the year, including up to 120,000 people living in Protection of Civilian (PoC) areas in UN bases. The cluster plans to provide direct assistance to 650,000 of the internally displaced people, along with up to 40,000 host community members in Awerial County, Lakes State, and up to 3,000 foreign nationals stranded in PoC areas. Priority states are Jonglei, Unity and Upper Nile states, along with parts of Central Equatoria, Lakes and Warrap states. These priorities will be adjusted if necessary, depending on displacement trends.

CLUSTER SNAPSHOT

BASIC INFO

People in need	1.5 million
People to be assisted	693,000
People reached	271,050
Funds required	\$63 million
Funds per person	\$91
Projects	10
Cluster lead agency	International Organization for Migration (IOM) United Nation High Commission for Refugees (UNHCR) ACTED
Government partner	Relief and Rehabilitation Commission
Contact info	John McCue, IOM: cccmsouthsudan.coord@gmail.com Jovica Zaric, UNHCR: zaric@unhcr.org Emilie Poisson, ACTED: emilie.poisson@acted.org

STRATEGY TO RESPOND TO NEEDS

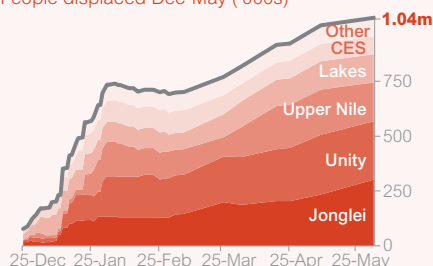
The cluster will prioritize expanding and improving existing PoC areas and settlement sites. The cluster will continue to improve coordination among partners delivering assistance in these sites, and support them in improving community mobilization and participation. The cluster will expand its activities to include identifying durable solutions for foreign nationals.

Displacement tracking and monitoring (DTM) will be a priority for the cluster's state focal points and site managers, who are already deployed in the cluster's priority areas. Information management

LARGE-SCALE DISPLACEMENT AND CROWDED CONDITIONS

Internal displacement by state

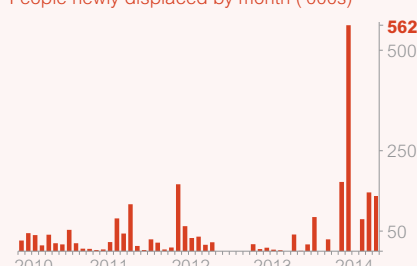
People displaced Dec-May ('000s)



Source: OCHA, May 2014

Long term displacement trend

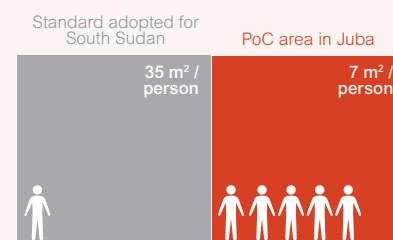
People newly displaced by month ('000s)



Source: OCHA, May 2014

Limited space in UN bases

Standard vs. actual space in UN Tamping base



Source: CCCM Cluster, May 2014

tools such as the DTM matrix and site reports will capture these changes and provide partners with up-to-date information on displacement figures and locations and on needs and gaps. CCCM partners will continue to facilitate registration of displaced people in all sites identified by the humanitarian community as priorities, and will update and verify the registration data as necessary. DTM will cover all current and new displacement sites identified by partners and will expand its coverage further based on identified needs.

A third priority is to expand the coverage of CCCM services. To reach areas outside PoC areas in UN bases, the cluster will engage organizations which are present in affected communities and willing and able to carry out CCCM activities. The cluster plans to be present in 20 sites outside of PoC areas, up from its current presence in 12 sites. The cluster will increase community mobilization and communication with displaced people to increase their participation in humanitarian activities and ensure that the aid operation is underpinned by strong outreach. One of the ongoing challenges for the cluster has been the lack of partners with the right skills and experience for CCCM. To overcome this, the cluster will strengthen its capacity building activities aimed at identifying and training new partners to implement CCCM activities.

Community engagement and participation is a top concern. Displaced women and men must participate actively in camp management activities to ensure that the assistance provided is relevant. Investing in community participation will improve the flow of information between humanitarian agencies and displaced communities. In coordination with the Health and WASH clusters, communities will be mobilized to participate in activities to raise awareness on, prevent and respond to communicable diseases (including vaccinations) and hygiene programmes. To achieve this, the cluster will deploy community mobilization support teams to strengthen communication at the state level, while also providing community mobilization support at the county and site level as needed. In the management of the sites, the cluster will work closely with other sectors in delivery of services in sites. In PoC areas, the collaboration with UNMISS in its role in protection of civilians and administering the sites inside UN bases will continue, in coordination with the Protection Cluster.

The CCCM Cluster will remain responsible for the set up and management of humanitarian hubs in priority areas identified by the humanitarian community. To date, hubs are in place in Bentiu, Bor, Malakal and Mingkaman, providing common workspace and accommodation for humanitarian organizations. The cluster will continue to work in close collaboration with hub management agencies which are responsible for carrying out daily maintenance, setting up common services if needed and securing permission for the use of land from UNMISS or state authorities, depending on the location. Should sufficient funding for the running and maintenance of the hubs not be secured, these services will be provided on a cost-recovery basis. The hubs may be upgraded to more permanent facilities if the need for humanitarian presence remains and the necessary funding is secured. Additional hubs will be established if and when the Inter-Cluster Working Group and other partners agree there is a need, and if sufficient resources can be mobilized.

The cluster will contribute primarily to Strategic Objectives 1 and 2 in the Crisis Response Plan.

Its specific objectives are to:

1. Establish camp coordination and camp management structures which facilitate the effective and targeted delivery and monitoring of services to people in displacement sites,⁹ providing durable solutions when possible;
2. Register and profile displaced people in all existing displacement sites to facilitate site management, and delivery of humanitarian services;
3. Ensure humanitarian partners, community leaders and other stakeholders involved in the response improve their knowledge of camp management concept and practices;
4. Establish humanitarian hubs in key displacement locations as determined by the ICWG;
5. Improve overall living conditions for displaced people by developing and expanding sites;
6. Provide durable solutions for stranded foreign nationals where possible.

Priority actions for the cluster will include to:

- Expand and improve the DTM;
- Build capacity of new partners and strengthen existing ones;
- Complete site improvements and expansion in the largest displacement sites;
- Improve existing humanitarian hubs and establish new ones as guided by the ICWG;
- Participate in the inter-agency rapid response mechanism;
- Assist movement of displaced foreign nationals who wish to return to their countries;
- Strengthen community mobilization, communication with people receiving assistance, and monitor and document the impact of these activities.
- Support relocation of displaced people to decongest PoC sites in Bentiu, Bor, Juba and Malakal.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

After being activated in December 2013, the cluster quickly established coordination structures at national and state levels to respond to the growing needs of displaced people. The coordination structure enabled the rapid establishment of a camp coordination and camp management systems in the affected states. Over 343,880 people were registered as displaced by May, and partners rolled out two rounds of the DTM, covering up to 41 sites with the third round currently ongoing. The cluster also moved forward on capacity-building, by conducting trainings at the national level and for partners in Central and Eastern Equatoria, Upper Nile, Jonglei, Warrap and Lakes states. Roll-out to other priority locations is ongoing.

Tracking displaced people and providing services in displacement sites



Source: IOM, May 2014

CHALLENGES AND LESSONS LEARNT

The fluidity of the displacement situation, ongoing insecurity and access constraints due to insecurity and logistics have posed considerable challenges in setting up the CCCM mechanisms needed outside PoC areas. A lack of partners willing and able to assume CCCM responsibilities also constrained the scale-up of the cluster’s work. Moreover, with the onset of the rainy season, the needs for site development and preparation in PoC areas have been far greater than previously anticipated, forcing the cluster to direct a considerable amount of resources towards the people in these sites. Moving forward the cluster needs to improve its capacity-building component to enable a more effective operationalization of the response and support partners in improving community mobilization and participation in displacement sites.

A lack of space in displacement sites, in particular in PoC areas, has made it difficult to meet international standards in terms of space and services. For example, while SPHERE standards call for each displaced person to be allocated 45m² (which also accounts for common services), displaced people in the UN Topping base in Juba have only 7m² per person at their disposal. The shortage of space has limited WASH and shelter services and posed challenges for important camp management issues, such as adequate drainage. The extension and improvement of displacement sites in the largest PoC areas and in Mingkaman, Awerial County, will address many of these concerns.

People to be assisted by location type

Location by category	People to be assisted
UNMISS PoC areas	780,000
Collective centres	120,000
Spontaneous settlements	20,000
Host community settings	510,000
Foreign nationals	3,000
Total	693,000

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Establish camp coordination and camp management structures which facilitate the effective and targeted delivery and monitoring of services to people in displacement sites, providing durable solutions when possible	All displacement sites have established CCCM mechanisms	Percentage of displacement sites requiring camp management with established CCCM mechanisms	100%	100%		100%
2 Register and profile displaced people in all displacement sites to facilitate site management, and delivery of humanitarian services	Registration and profiling of displaced people conducted in all displacement sites	Percentage of displacement sites regularly collecting demographic information disaggregated by sex and age	100%	24% ¹⁰		100%
	Percentage of displacement sites where displaced people have access to basic services		100%	24% ¹¹		100%
3 Ensure humanitarian partners, community leaders and other stakeholders involved in the response improve their knowledge of camp management concept and practices	All partners, community leaders and other stakeholders have basic knowledge of camp management concept and practices	Percentage of states targeted by the capacity-building initiative roll-out NEW	-	-	-	100%
4 Establish humanitarian hubs in key displacement locations as determined by the ICWG	Humanitarian hubs established and functional in key displacement locations identified by the ICWG	Percentage priority locations identified by the ICWG where humanitarian hubs are functional	100%	100%		100%
5 Improve overall living conditions for displaced people by developing and expanding sites	New site developed and old site improved and expanded according to SPHERE standards	Percentage of displacement sites with improved living conditions as a result of site improvement and expansion support NEW	-	-	-	Site development initiatives in 100% of identified locations
6 Provide durable solutions for stranded foreign nationals where possible.	Stranded foreign voluntarily nationals repatriated to home country	Number of stranded foreign nationals that benefit from voluntary repatriation NEW	-	-	-	3,000 foreign nationals

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

People in need			People to be assisted			People reached by 30 April		
Male	Female	Total	Male	Female	Total	Male	Female	Total
499,200	540,800	1,062,500	312,000	338,000	650,000	121,640	149,410	271,050

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

People in need			People to be assisted		
Male	Female	Total	Male	Female	Total
720,000	780,000	1,500,000	332,600	360,400	693,000

COORDINATION AND COMMON SERVICES



CHANGES IN NEEDS

Since the outbreak of conflict in mid-December 2013, at least nine of South Sudan's ten states have experienced fighting. By early June, around 1.4 million people had fled their homes, either within the country or across borders. These numbers are expected to rise further as sporadic clashes continue, and people are displaced several times to flooding, conflict or extreme poverty.

The aid operation has grown in response to the increase in violence and suffering. With people displaced across vast areas, aid agencies have reached over 120 displacement sites since December, alongside regular operations in areas less affected by violence. The scale and deepening complexity of the crisis creates major coordination challenges, including for prioritizing the response, avoiding gaps and duplication, and maximizing the impact of joint assets.

The conflict has aggravated access challenges for aid organizations. Data collected by OCHA since December 2013 suggests three main obstacles to reaching people in need: active hostilities, restrictions on air, river and road movement, and violence against humanitarian workers, assets or premises. In areas with active hostilities, conflict parties have shown little or no respect aid workers or assets. Movement of aid supplies has regularly been delayed or stopped by checkpoints and unexploded ordnance. Overcoming these and other access constraints require ongoing negotiations with all conflict parties.

The continuing crisis has also increased the demand for effective humanitarian financing through the South Sudan Common Humanitarian Fund, which has confirmed its status as a key source for rapid and flexible funds to meet immediate needs. The amount of funds channelled through the fund is set to be greater than in previous years.

ORGANIZATIONS SUPPORTED

Over 260 organizations have been supported so far in 2014. This includes 143 international and 78 national NGOs that are regis-

CLUSTER SNAPSHOT

BASIC INFO

Organizations in need	261
Org. targeted	261
Funds required	\$13 million
Funds per person	\$3
Projects	3
Cluster lead agency	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) South Sudan NGO Forum Secretariat
Government partner	Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management, and the Relief and Rehabilitation Commission (RRC)
Contact info	Cathy Howard, OCHA: howard1@un.org Lucia Goldsmith, NGO Forum: coordinator@southsudanngoforum.org

tered members of the NGO Forum; 20 UN agencies; and 20 non-governmental organizations, donors or members of the Red Cross/Red Crescent movement. The number of organisations supported is expected to remain the same up to the end of the year.

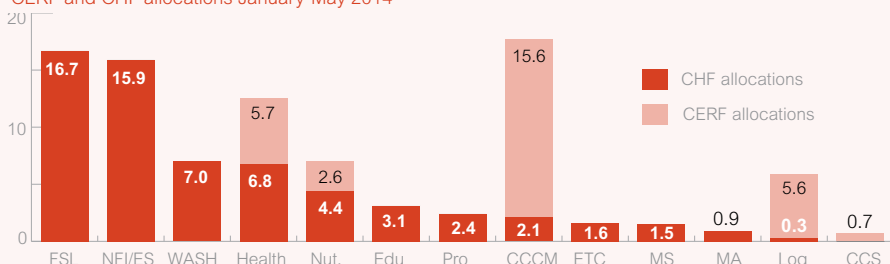
STRATEGY TO RESPOND TO NEEDS

The cluster will ensure robust and strategic coordination through the humanitarian architecture of the Humanitarian Country Team, the Inter-Cluster Working Group, and the clusters. Strong coordination will help ensure that assistance reaches people in need as quickly as possible, and is provided based on assessed needs and in line with humanitarian principles. Wherever needed, coordination mechanisms will be adjusted to respond to changes in

STRONG COORDINATION KEY TO RESPONSE

Pooled funds major funding channel for aid operation

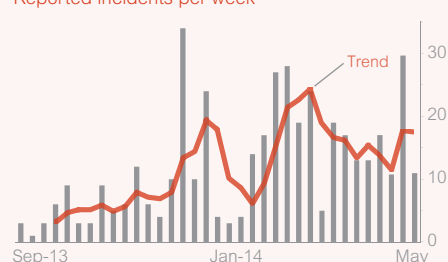
CERF and CHF allocations January-May 2014



Source: OCHA, May 2014

Access constraints

Reported incidents per week



the context. The Camp Coordination and Camp Management (CCCM) Cluster was activated immediately after the outbreak of violence and an inter-cluster operational working group has been established to operationalize rapid response in hard-to-reach areas. The cluster will also provide reliable and up-to-date information and analysis on trends relating to needs and assistance related to the crisis.

To facilitate the response, the cluster will also coordinate humanitarian financing. The South Sudan Common Humanitarian Fund (CHF) will ensure that pooled funding is directed towards shared priorities.

Finally, the cluster will facilitate access for humanitarian partners. A strong evidence base will underpin advocacy with all parties. The UN Department of Safety and Security will continue to contribute to an enabling operating environment for NGOs and UN agencies.

As a service cluster, the CCS Cluster will contribute to all strategic objectives in the Crisis Response Plan, but primarily to Strategic Objective 1.

Its specific objectives are to:

1. Strengthen coordination to support delivery of humanitarian aid;
2. Support contingency planning, emergency preparedness and rapid response; and
3. Facilitate safe, secure and timely access to people in need.

The priority activities are to:

- Ensure robust and strategic coordination among humanitarian organizations;
- Support and coordinate the scale-up of the response in conflict-affected states by; 1) supporting mobile teams providing assistance for time-bound periods in hard-to-reach areas; and 2) supporting the establishment or strengthening of ongoing presence for sustained response in remote locations;
- Organize inter-agency rapid needs assessments (IRNA); coordinate needs analysis; and promote innovative ways of providing assistance;
- Support the establishment of coordination hubs in deep-field locations;
- Provide timely and reliable information and analysis on trends relating to humanitarian assistance;
- Strengthen NGOs' access to critical information; support networking between NGOs; and encourage the development of common positions;
- Support mainstreaming of gender, environment, HIV/AIDS, and conflict-sensitive approaches in the response;

- Coordinate humanitarian financing; mobilize resources for the CRP; and advocate timely contributions in line with seasonal requirements;
- Facilitate access for humanitarian partners through negotiations with state institutions and all armed groups;
- Strengthen security analysis and information-sharing on threats and risks for all partners;
- Support an RRC and Humanitarian Coordination Office at Juba airport as a one-stop-shop to deal with issues related to immigration, customs clearance, flight movements, and national security issues impacting on the humanitarian response.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

Though challenging, aid agencies have been able to reach and work in conflict-affected states – including near frontlines – thanks to a strategy of negotiated access, led by the Humanitarian Coordinator and operationalised by OCHA and partners. This has enabled a multi-sector response reaching over 1.4 million people since the start of the crisis. Over 419,000 people in hard-to-reach areas have been assisted since the launch of a collective rapid response mechanism in mid-March.



Support to the NGO community in the form of advocacy on access constraints, resource mobilization and support in scaling up and staying and delivering has gained momentum after delays early in the year due to high levels of insecurity. UNDSS has provided valuable support to aid agencies by creating a mechanism to analyse Security Risk Assessments robustly but quickly, with a major positive impact on response times. The mobilization of IRNAs and the design of a tool to rank locations by severity of needs allowed clusters to prioritize the response based on evidence.

The Common Humanitarian Fund has been a key enabler for the response. Following the outbreak of the crisis, the first round standard allocation for 2014 (which had already been prepared in early December 2013) was reprogrammed in early January to meet emerging needs. So far in 2014, \$62.6 million has been channelled through the CHF, including a reserve allocation of \$20 million to the Food Security and Livelihoods and the NFI and Emergency Shelter clusters. Two CERF allocations totalling \$30.3 million supported camp management, health, nutrition, vaccination, and non-food items and emergency shelter, humanitarian field security support and logistics in the first months of the response.

CHALLENGES AND LESSONS LEARNED

The operating environment for partners continued to be difficult with 316 access incidents reported between mid-December and the end of April 2014 (compared to 289 reported incidents for the whole of 2013). A number of strategies in relation to access were used including high-level advocacy by the Humanitarian Coordinator and OCHA. Under-reporting, or delays in reporting on access issues continued and partners need to report more consistently and promptly on access challenges to enable the HC and OCHA to assist in overcoming them.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target	
1 Strengthen coordination to support delivery of humanitarian aid	Humanitarian coordination system functioning at national and state level	Number of functional coordination mechanisms in place at national and state level		Achieved in all conflict-affected states and those impacted by the conflict through displacement		Coordination mechanism functional in all 10 ¹² states and boosted in conflict-affected states, and Juba.	
	Consolidated humanitarian funding mechanism strengthened NEW	Percentage of CRP funded	80%	-	-	80%	
2 Support contingency planning, emergency preparedness and rapid response	Pre-positioning of core pipeline supplies in Juba, state and deep field hubs ensured	Percentage of supplies prepositioned on time over overall target	100%	Range from 58% (food) to 99% for vaccines. As of end mid-May only four of the nine pipelines (education, NFIs, nutrition, and vaccines) had over 75% of supplies in place in Juba These figures do not reflect pre-positioning at state or deep-field level which has been significantly delayed due to insecurity, looting, and delayed funding		75%	
	Regular access reports produced and disseminated to relevant stakeholders NEW	Monthly access reports/products produced	12	-	-	-	12 (minimum)
3 Facilitate safe, secure and timely access to people in need	Security Risk Assessments (SRA) carried out to enable access in response to humanitarian requests NEW	Percentage of SRAs carried out following request	100%	-	-	100%	
	Timely inter-agency rapid needs assessments (IRNAs) of reported humanitarian incidents carried out	Percentage of humanitarian incidents assessed by OCHA/ partners within one week of incident report (by an IRNA)	100%	Assessments and some form of response were carried out to more than 80% of IDPs within PoCs and other significant and accessible displaced persons concentration sites such as Minkaman, Lakes State. The timeliness of assessing and responding to displaced people in hard-to-reach areas has been challenged due to insecurity and logistical constraints		75%	
	Response time between IRNA and response improved NEW	Percentage of responses initiated within one week of receiving the IRNA report	-	-	-	-	75%
	Analysis (and information products) to the humanitarian leadership and partners to develop a shared situational analysis and prioritisation of action NEW	Agreed set of key information products produced per reporting schedule (dashboard, snapshot, 3Ws, sitreps etc.)	-	-	-	-	12 (monthly for some products) 52 (weekly for some products)

EDUCATION



CHANGES IN NEEDS

The cluster estimates an increase in needs in the second half of the year, as the ongoing conflict continues to displace people and prevents children and young people from accessing education services. Some 57 per cent of children and adolescents in South Sudan currently do not attend school. The percentage is much higher in the conflict-affected states. The conflict has worsened children’s access to education further. Based on partners’ reports and a recent survey carried out by the cluster, it is estimated that only 5-10 per cent of around 1,130 primary schools (attended by 482,460 children and adolescents in Jonglei, Unity and Upper Nile states) are functioning.¹³ Another 95 schools are occupied by armed forces and displaced communities. In hard to reach areas of conflict-affected states, the national authorities have been largely unable pay teacher salaries and support the re-establishment of services. This situation is likely to persist in the remainder of the year. Themselves affected by the crisis, many publically employed teachers have left conflict-affected areas or taken up casual labour opportunities instead of working as teachers.

As a result of the lack of education services, many children and disengaged young people - particularly in the Protection of Civilian (PoC) areas and other displacement sites – are at risk of turning to alcohol, looting, and other unproductive activities. Children and adolescents who are not in school or see returning to school as an option are also at a higher risk of being recruited by armed actors. Furthermore, most of these children and youth have experienced trauma and extreme stress, and require psychosocial support.

Since the start of the crisis, parents, adolescents and children alike have expressed the importance of accessing education. This has been a factor in people crossing borders to seek schools in refugee camps. As a protective tool, education in emergencies can be life-saving, and enhance the impact of other sector responses.

CLUSTER SNAPSHOT

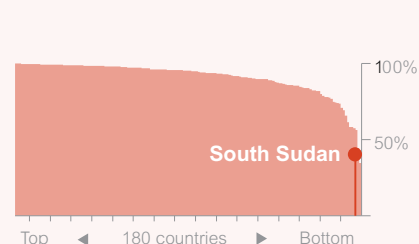
BASIC INFO	
People in need	993,300
People to be assisted	275,200
People reached	101,900
Funds required	\$29.3 million
Funds per person	\$98
Projects	26
Cluster lead agency	United Nations Children's Fund (UNICEF), Save the Children International
Government partner	Ministry of Education, Science & Technology (MoEST)
Contact info	Ticiana Garcia-Tapia, UNICEF: tgarciatapia@unicef.org Hollyn Hammond, Save the Children: southsudan.educationcluster@savethechildren.org

PEOPLE AFFECTED AND TO BE ASSISTED

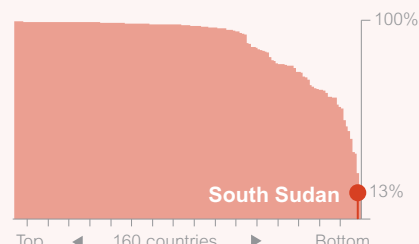
The cluster will aim to assist 28 per cent of all the people estimated to need education services. This comes to over 275,000 people. This is based on the capacity of cluster partners on the ground, access to funding, access to conflict areas, and the impact of insecurity on partners’ ability to have medium-term activities. The cluster will primarily assist people who have been displaced and their host communities in affected areas of Jonglei, Unity and Upper Nile states, along with sites with high numbers of displaced people in Awerial County, Lakes State and Juba. In addition, the cluster has taken into account needs in states neighbouring conflict areas and flood-prone locations. Partners will also continue their work with returnee and Abyei-affected communities across the country.

AT THE BOTTOM OF ALL CLASSES EVEN BEFORE THE CRISIS

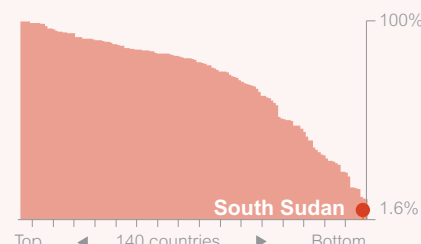
Few children in primary school
Net primary enrolment rate



Few young women literate
Women's literacy (15-24 yrs)



Almost no children in secondary school
Net secondary enrolment rate



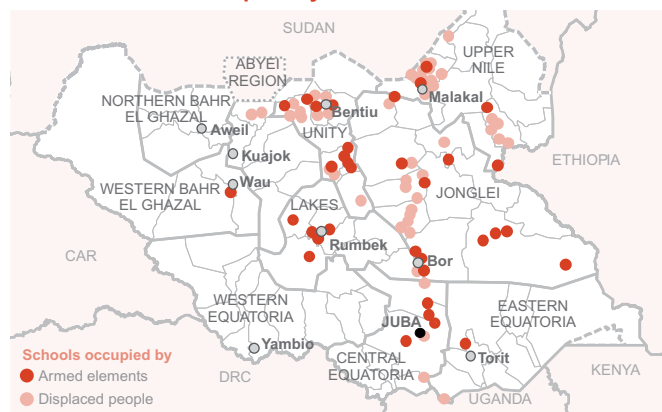
Source: South Sudan Household Health Survey (2010)

STRATEGY TO RESPOND TO NEEDS

The Education Cluster is focusing its efforts on the goal of averting the loss of a generation of children and youth to the conflict. Cluster partners, including state and county education authorities, will establish or lightly rehabilitate protective and inclusive emergency learning spaces for children, including pre-schoolers and adolescents. This will help provide children with a sense of stability and hope for the future. These learning spaces will provide psychosocial support and lifesaving messages to strengthen critical survival skills and coping mechanisms, and serve as an entry point for the provision of other essential support by other clusters.

The response will be scaled up in un-served areas in Jonglei, Unity and Upper Nile – determined according to population and need – and an increased focus on early childhood development (ECD) and activities for adolescents. The latter will include accelerated learning programmes for overage learners and study groups for those wishing to take the leaving examination for primary school or secondary school examinations, and vocational training. Where space for temporary learning spaces is not available in PoC areas, emergency education will be mobile or take place in shared spaces with other activities.

Over 70 schools occupied by armed elements



Source: Education Cluster, May 2014

In addition to teaching the emergency life skills and psychosocial support curriculum, cluster partners will also conduct awareness-raising activities on key lifesaving messages to the wider population, including on: cholera prevention; WASH; child protection; child marriage; girls' education; education of children with disabilities; GBV; HIV/AIDS; peacebuilding; mine awareness; and anti-recruitment.

Emergency teaching and learning materials will be distributed and pre-positioned with partners in priority states. Emergency training on life skills and psychosocial support curriculum will be conducted for teachers, PTA members and other education staff able to support activities in displacement sites. Furthermore, education partners will build on links with countrywide educational development projects to bring capitation grants to schools and communities affected by displacement and insecurity.

Education agencies will also advocate with key stakeholders on the vacation of school premises by both armed and un-armed occupants, and on the prevention of the use of such facilities for

purposes that are not educational. Finally, partners will increase collaboration with providers of other priority frontline services, including child protection, health and WASH. The cluster will push to implement the April 2014 guidelines for payment of emergency education facilitators. These guidelines were drafted and endorsed by the cluster and the national Ministry of Education to standardize regulations for payment of incentives (not salaries) of facilitators (i.e. teachers who had not been paid by the Government). It states that partners can provide incentives for teachers who have not received their Government salary in three or more months and who are working to implement emergency education services. In addition, the cluster will continue to work with the Ministry of Education to ensure payment committees are deployed to pay Government payroll teachers in all states.

The cluster will contribute primarily to Strategic Objective 2 in the Crisis Response Plan.

Its specific objectives are to:

1. In partnership with communities and local authorities, establish or rehabilitate inclusive, safe and protective emergency learning spaces for children and young people affected by or highly vulnerable to emergencies;
2. Provide children and adolescents with basic learning supplies necessary for safe, inclusive, protective and quality education, including recreation, life skills and psychosocial support.
3. Provide children, adolescents and communities with life-skills, psychosocial support and basic literacy and numeracy instruction through emergency training for education actors and spreading life-saving messages in areas affected by or highly vulnerable to emergencies.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

Though the education response was severely impacted by the evacuation of many partners and the loss of key staff from conflict-areas at the start of the crisis, the cluster did note some important achievements in the first months of 2014. These include: an increase in the number of partners implementing Education in Emergencies activities; improved coordination at the national and state levels; increased participation in inter-agency assessment; rapid response in several affected areas accessible to partners, including PoC areas; and increased cooperation with the Protection Cluster and other clusters working in PoC areas.

These achievements will underpin an expansion of programmes in the second half of the year. According to reports from partners, 11 per cent of children and adolescents reached are in PoC areas.

CHALLENGES AND LESSONS LEARNED


Emergency education services have been de-prioritized by the Humanitarian Country Team in the first months of the crisis, with other sectors considered to be of more immediate importance for the initial response. This severely affected the cluster's access to common logistics assets for transportation of supplies and their participation in inter-agency rapid assessments. Many education partners lacked resources to respond on a large scale throughout the affected areas, especially in January and February. The current security situation has prevented agencies from establishing longer-term presence in key areas. The Ministry of

Education's inability to pay teachers in opposition-held areas has also presented new operational challenges, with many teachers opting to take on casual labour opportunities instead of teaching, to provide for themselves.

In several PoC areas, where large numbers of displaced people are crowded into very limited spaces, there has been no room for temporary learning spaces. Some 95 schools have been occupied by armed forces or displaced communities, and are therefore not available for students.

National counterparts, in particular the national and state-level Ministry of Education, must be closely involved in the response to resolve issues such as teacher payments and facilitation of exams. The cluster must continue to educate and advocate on the importance of education in emergencies and to strengthen cooperation with other sectors. In particular, increased collaboration with child protection organizations and the Protection Cluster at large can help leverage common resources, advocacy messages and increase availability of services to children and young people.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Target	Achieved - 30 April	Revised target
1 In partnership with communities and local authorities, establish or rehabilitate inclusive, safe and protective emergency learning spaces for children and young people affected by or highly vulnerable to emergencies	Safe and protective emergency learning spaces are available for children and young adults in priority areas	Number of emergency learning spaces established or rehabilitated where Emergency Education services are provided	2,019	301	 2,720
2 Provide children and adolescents with basic learning supplies necessary for safe, inclusive, protective and quality education, including recreation, life skills and psychosocial support	Supplies for safe, inclusive, protective and quality education, including recreation, life skills and psychosocial support are available.	Number of pre-school children (aged 3-6) accessing play and early learning including supplies NEW	-	-	- 48,962 Boys: 25,461 Girls: 23,502
3 Provide children, adolescents and communities with life-skills, psychosocial support and basic literacy and numeracy instruction through emergency training for education actors and spreading life-saving messages in areas affected by or highly vulnerable to emergencies.	Safe and protective emergency learning spaces are available for children and young adults in priority areas	Number of girls, boys and adolescents accessing inclusive, safe and protective emergency learning spaces and supplies	147,916 children Boys: 76,916 Girls: 71,000	99,291 children Boys: 56,528 Girls: 42,763	 223,048 children Boys: 115,985 Girls: 107,063
	Trained education actors, teachers and community members available to deliver emergency life-skills, psychosocial support, ECD and basic literacy and numeracy instruction for children, adolescents and communities in emergency response areas	Number of teachers in the emergency response areas trained in life skills, psychosocial support and ECD to deliver Emergency Education	2,219 education actors Male: 1,479 Female: 740	2,684 education actors Male: 1,688 Female: 996	 4,212 education actors Male: 2,874 Female: 1,338
		Number of education actors and community members in the emergency response areas trained to support Emergency Education NEW	-	-	- 997 people Male: 598 Female: 399
		Number of children and adults who benefit from on-going awareness campaigns on Emergency Education, lifesaving messages and peace building activities	200,000 children Boys: 100,000 Girls: 100,000 100,000 adults Male: 50,000 Female: 50,000	32,707 children and adults Male: 16,849 Female: 15,858	 260,000 Boys: 130,000 Girls: 130,000 adults Male: 65,000 Female: 65,000

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

Category	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Refugees ¹⁴	56,100	51,800	107,900	28,100	25,900	54,000	11,500	15,400	26,900
IDPs	85,900	78,000	163,900	42,800	39,200	82,000	17,600	23,400	41,000
Returnees	10,600	9,700	20,300	5,300	4,800	10,100	2,200	2,900	5,100
Abyei-affected	25,500	23,200	48,700	12,700	11,600	24,300	5,200	6,900	12,100
Affected community	58,800	53,400	112,200	17,600	16,100	33,700	7,200	9,600	16,800
Total	236,900	216,100	453,000	106,500	97,600	204,100	43,700	84,200	101,900

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	29,200	27,000	56,200	8,100	7,500	15,600
Internally displaced persons	324,500	299,500	624,000	89,900	83,000	172,900
Returnees	4,800	4,500	9,300	1,350	1,250	2,600
Refugees	62,100	57,300	119,400	17,200	15,800	33,000
Affected communities	95,900	88,500	184,400	26,600	24,500	51,100
Total	516,500	476,800	993,300	143,150	132,050	275,200

EMERGENCY TELECOMMUNICATIONS



CHANGES IN NEEDS

As the aid operation continues to grow, and activities are scaled up in remote areas, the cluster anticipates that partners will require additional equipment for provision of data connectivity and other communications services.

ORGANIZATIONS SUPPORTED

The cluster aims to provide effective security telecommunications and data connectivity to 180 organizations. This represents a 50 per cent increase in the number of organizations targeted, which can be explained by the expected increase in the presence of humanitarian partners in the field as the aid response scales up. The organizations supported include international and national NGOs and UN agencies.

STRATEGY TO RESPOND

The cluster will continue to maintain data connectivity and security telecommunications coverage in the conflict-affected Jonglei Unity, and Upper Nile states. Additionally, data connectivity will be provided in new sites as per partner requests and after assessments have identified specific needs. Abiemnhom, Ganyel, Leer, Mayendit, Mayom, Nassir, and New and Old Fangak are all possible sites for future deployments. As Wau, Western Bahr el Ghazal, could also be affected by the conflict, contingency arrangements will be made for adequate services there.

The cluster will contribute to Strategic Objective 4 in the Crisis Response Plan.

Its specific objectives are to:

1. Provide sustainable telecommunications security, data and voice communication services through pooling, optimization, and coordination of existing resources;
2. Deploy experienced technical teams to establish and maintain the installed systems; and
3. Provide data connectivity, basic security telecommunications and ensure their 24/7 continuity in terms of electrical power.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

Since the onset of violence in December 2013, the ETC Cluster has gradually scaled up its presence, particularly in Jonglei, Unity and Upper Nile. Provision of VHF connectivity and radio rooms has allowed humanitarian organizations to deliver much needed life-saving assistance. Additional internet connectivity kits have been installed in Bentiu, Bor, Juba, Malakal, Mingkaman and Nimule, contributing to the coordination capacity of NGOs and UN agencies. Radio coverage was expanded to Mingkaman, Nimule and Torit and restored in heavily conflict-affected Bentiu and Bor. The cluster also facilitated permanent capacity building through radio trainings for humanitarian organizations, training 154 aid workers since the beginning of 2014. Finally, the cluster provided security

CLUSTER SNAPSHOT

BASIC INFO

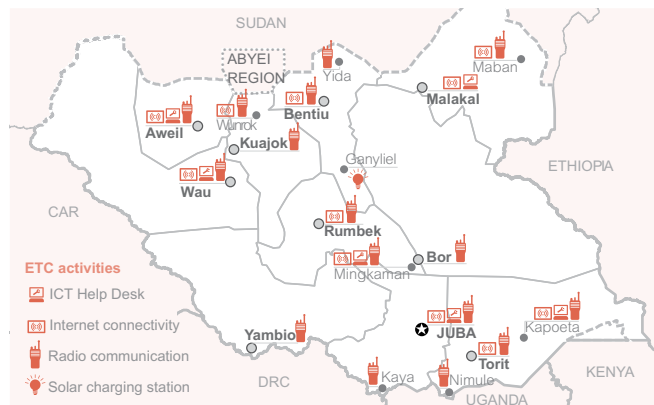
	Organizations in need	180
	Org. targeted	180
	Funds required	\$5 million
	Funds per person	\$1
	Projects	1
	Cluster lead agency	World Food Programme (WFP)
	Government partner	Ministry of Telecommunication and Postal Services
	Contact info	Deepak Shah, WFP: deepak.shah@wfp.org

telecommunications and data connectivity services for 117 out of 120 targeted organizations (98 per cent), providing coverage in 7 out of 8 targeted emergency areas.

CHALLENGES AND LESSONS LEARNED

Procurement delays posed major challenges, with some stock diverted to neighbouring countries due to the conflict in South Sudan. Slow customs clearance and associated bureaucratic procedures further exacerbated the problem. The ETC response is highly dependent on the field presence of humanitarian organizations which can change suddenly due to the volatile security situation and dynamic character of the emergency. The evacuation of most staff from the three state capitals of Bentiu, Bor and Malakal, resulted in the security telecommunications radio rooms in these locations being unmanned. The problem has not

Emergency telecommunication sites





Source: ETC Cluster, May 2014

yet been resolved, but UNMISS, UNDSS and WFP are working together to re-establish radio rooms in these three locations and foresee that the services will be restored by the end of June 2014.

Lightweight quick deployment kits can help to mitigate the problem of restrictive weight limits for air cargo, which is often an issue in areas not accessible by road due to insecurity or flooding.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Target	Achieved - 30 April		Revised target
1 Provide sustainable telecommunications security, data and voice communication services through pooling, optimization, and coordination of existing resources	All emergency areas covered with sustainable telecommunications security, data and voice communication services	Percentage of emergency areas covered	80%	88%		80%
2 Deploy experienced technical teams to establish and maintain the installed systems	Connectivity kits installed and maintained in response locations	Number of data connectivity kits positioned in response locations	8	8		13
3 Provide data connectivity, basic security telecommunications and ensure their 24/7 continuity in terms of electrical power	ETC services functional 24/7 in all response locations and managed by staff on site	Number of UN and NGO staff members trained on ETC services usage NEW	-	-	-	350

FOOD SECURITY AND LIVELIHOODS



CHANGES IN NEEDS

According to the Integrated Phase Classification (IPC) conducted in May 2014, 3.9 million people are projected to be severely food insecure by August 2014, with 2.6 million people in the crisis phase (Phase 3) and 1.3 million in the emergency phase (Phase 4). The projected scenario depicts a deteriorating food security situation, caused by several interlinked negative factors. These include: armed conflict and displacement; poor food consumption and diet diversification among most of the population; poor productivity, especially in key livelihood sectors such as agriculture and livestock; and high levels of livestock mortality coupled with increased animal disease outbreaks. The ongoing violence has also affected the already poor performance of commodity markets across the country. Jonglei, Unity and Upper Nile are the three most affected states, with 50 per cent of the population in Upper Nile classified as being in IPC phase 3 and 4, compared with 52 per cent in Jonglei and 71 per cent in Unity. The risk of famine will be re-assessed in the August IPC. Increasing access to food and productive inputs for people affected by the conflict is vital to addressing malnutrition, disease and destitution.

Food insecurity is also high in Lakes, Northern Bahr el Ghazal, Warrap and Western Bahr el Ghazal states. Furthermore, to mitigate a worsening in the country's aggregate food deficit and increased future vulnerability, it is critical that food production in the states not directly affected by conflict is not disrupted.

The crisis has had a particular deleterious effect on women, children and the elderly. Large-scale military mobilization has rendered many households reliant on those left behind to do the heavy work of preparing fields for cultivation, finding pasture, water and protection for livestock, or engaging in new relationships of reciprocity and exchange - such as between women with fishing equipment and fishermen with canoes.

PEOPLE AFFECTED AND TO BE ASSISTED

The cluster has used the IPC classification as the base for determining how many people it aims to assist, with a focus on covering

CLUSTER SNAPSHOT

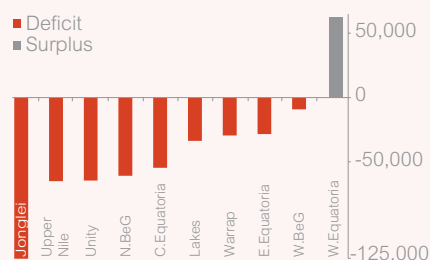
BASIC INFO	
People in need	4.3 million
People targeted	2.4m ppl (food)
	550,000 hhs (livelihoods)
People reached (May)	1.2m people (food/cash transfers)
	83,100 households (livelihoods)
Funds required	\$866 million
Funds per person	\$262
Projects	41
Cluster lead agencies	Food and Agriculture Organisation (FAO) United Nations World Food Programme (WFP) Mercy Corps (<i>cluster co-coordinator</i>)
Government partner	Relief and Rehabilitation Commission (RRC), Ministry of Agriculture, Forestry, Tourism and Animal Resources, Cooperatives and Rural Development, Food Security Technical Secretariat, Food Security Council

* (IPC projected figures by August, Phase 3 and 4)
 ** (This figure also includes Abyei and refugees)
 *** (This figure includes a small pre-positioning caseload for the beginning of the 2015 planting season)

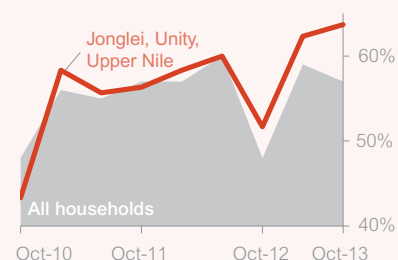
people in phases 3 and 4. In addition, some families in phase 2 ("stressed" food security) in less affected areas will be supported to protect their vulnerable food production capacity, and to enhance their access to food, for example through vouchers. The targets for improved access to food also include people affected by violence in Abyei in 2011 and refugees from neighbouring countries sheltering in South Sudan.¹⁵

LOW PRODUCTION INCREASES PRESSURE ON HOUSEHOLDS

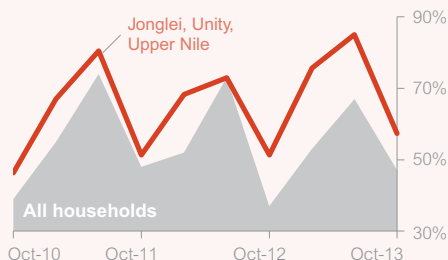
Too little food produced in 9 of 10 states
Food production by state



Families spend most income on food
Share of household income spent on food

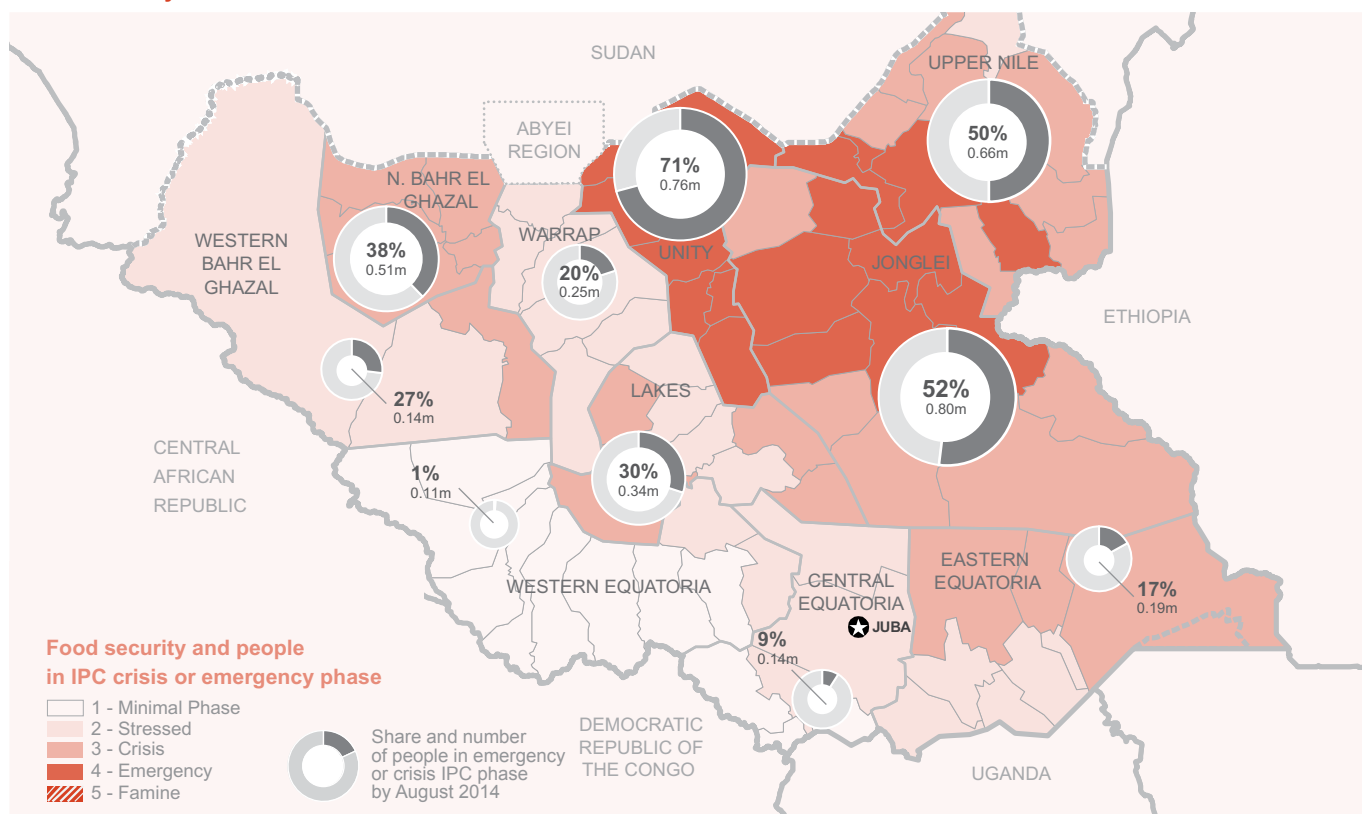


Increasing dependence on markets
Households depending on markets for food



Source: FAO/WFP Crop and Food Supply Assessment Mission Reports 2010-14

Food insecurity worst in conflict-affected states



Source: IPC Report, May 2014

Some 550,000 families in Central Equatoria, Eastern Equatoria, Jonglei, Unity, Lakes, Northern Bahr Gazal, Upper Nile, Warrap, and Western Bahr Gazal will be supported with portable emergency livelihood kits (e.g. early maturing crop seeds, vegetable seeds, agricultural tools and fishing gear), livestock disease protection and outbreak prevention (animal disease treatment, vaccination kits to community animal health workers and enhancing the cold chain capacity to store vaccines).

STRATEGY TO RESPOND TO NEEDS

The FSL Cluster plan to improve access to food assistance for 2.4 million people will include general food distributions for people affected by the conflict and market-based programmes where feasible. Cluster partners are also contributing to ongoing efforts

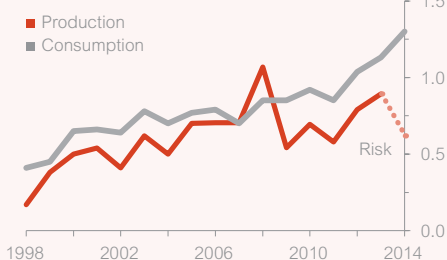
to mitigate potential conflict between communities by assisting both displaced and host communities, and by reducing the risks of animal diseases - a frequent cause of localized conflict.

FSL partners will ensure that vulnerable people have immediate access to food, fishing equipment, and vegetable and crop seeds and tools. Wherever possible, basic training and vouchers will be given to vulnerable families to purchase farming inputs, animal health services, and food. To mitigate disease risks and reduce mortality among livestock, the cluster will expand efforts to: 1) support community-based animal health workers, 2) supply kits to prevent and control outbreaks of diseases, and 3) re-establish and enhance the vaccine cold chain system. Lastly, partners will support flood recession agriculture, which is important for providing food sources in the transition from the wet to the dry season.

LONG-TERM FOOD INSECURITY TRENDS

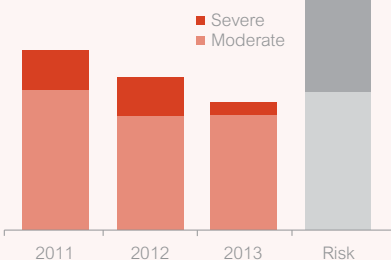
Food production and requirements

Million tons



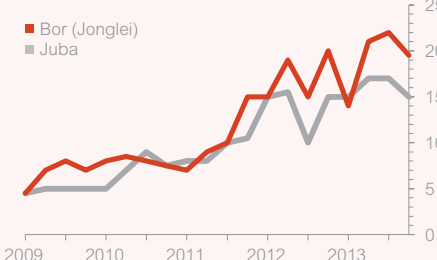
Food insecurity

Share of population by status



Staple food prices

Sorghum prices per kg in South Sudanese Pounds



Sources: FAO/WFP Crop and Food Supply Assessment Mission Reports 2010-14; IPC Alert South Sudan May 2014

Timely stock procurement, safe storage, and transport capacity are pre-conditions for an effective response. The cluster partners will focus on working with communities residing in rural payams and counties, especially communities that are either directly affected by the conflict or those that are hosting large numbers of internally displaced persons. Furthermore, the cluster will provide technical and operational support through national and area coordinators for monitoring needs and response and related information management. This will help address challenges faced by partners and facilitate links with other clusters.

The cluster will contribute to Strategic Objectives 1 and 3 in the Crisis Response Plan.

Its specific objectives are to:

1. Ensure access to food for the population in the IPC emergency phase and a portion of those in the crisis phase;
2. Support food production of the population in the IPC crisis phase and a portion of the population in emergency and stressed phases, while improving access to nutritious foods (fish, vegetables, milk) and overall food availability.

Priority actions will include:

- Improving access to food for other food-insecure people, including refugees and displaced people in areas not directly affected by violence;
- Delivering vouchers to increase access to food and livelihood supplies and services;
- Providing tools and crop and vegetable seeds in line with the seasonal calendar and taking into account locally available seeds;
- Providing fishing gear to riverine communities, both displaced and host communities;
- Reducing the threat to food and nutrition security posed by livestock disease;
- Supporting food production across the country; and
- Advocating to prevent sexual and gender-based violence in relation to food security and livelihoods assistance.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

Working with UNICEF and other partners, FAO and WFP implemented a joint mobile rapid registration and response mechanism that ensured coordinated delivery of life-saving assistance, which also protected people's livelihoods by ensuring access to seeds, tools and fishing equipment, thereby preventing people from turning to negative coping mechanism, such as depleting their assets. This approach has enabled emergency response activities to take place in a coordinated and complementary manner, taking the safety, dignity and integrity of crisis-affected communities into account. Partners also expanded in-situ operations to provide "emergency livelihood kits" for fishing, crop and vegetable production by food-insecure families, and essential veterinary drugs to community animal health workers.

CHALLENGES AND LESSONS LEARNED

The cost of services has risen sharply since the outbreak of the conflict. In particular the price of locally contracted transport and cargo handling services has increased. Since the crisis started, vehicles for hire have been scarce. When available, rates were exorbitant, stretching operational costs beyond partners' planning projections. The banks that provided safe financial transfer services to field operations in conflict-affected states were destroyed in the violence, making it difficult to run operations. Making things more complicated, bulk cash transfers by project staff, especially to opposition-held areas, have been tightly restricted. This has limited the efficiency of cash-intensive activities and other operations.

Procurement of agricultural inputs (crop and vegetable seeds, fishing kits, and veterinary support kits) was done as soon as funds were made available at the end of March. The initial limited and delayed donor response for food assistance meant that partners were limited in the number of people and quantity of food assistance that could be provided. This has impacted the ability of cluster partners to achieve their targets.

Insecurity and active hostilities constrained the initial response. Furthermore, the first three months of the crisis response were characterized by an uneven presence of partners in the field causing additional challenges in reaching affected communities. Infrastructure damage and looting of assets in the three conflict-affected states directly reduced operational capacity. Some 4,570 metric tonnes of food were looted across the three states. FAO's warehouses were also looted, with more than \$672,000 worth of pre-positioned inputs and assets stolen.

The dynamic nature of the conflict means that the people and livestock to be assisted are continuously on the move. This makes it difficult to plan and implement programmes, especially ones which require sustained interaction with communities to be successful. The unusual patterns of livestock migrations expose livestock to new diseases and raise risks of conflict with both settled and other livestock-dependent communities.

One significant consequence of the conflict from a food security perspective is the collapse of once vibrant local markets. These markets used to support field-level operations. Their absence constrains local procurement processes, and forces partners to rely on sourcing commodities from abroad. This increases costs and the risk of delays.

In the remainder of the year, partners plan to increase the support offered to local authorities and community animal health workers to prevent livestock disease and mortality. Promoting joint programming that combines emergency agriculture input distribution with food and multi-sector emergency assistance is also a priority, particularly for combatting alarming rates of malnutrition.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Target	Achieved - 30 April	Revised target
1 Ensure access to food for the population in the IPC Emergency Phase and a portion of those in the Crisis Phase	Food and conditional/unconditional cash transfer provided for the population in the IPC Emergency Phase and a portion of those in the Crisis Phase	Number of people assisted with food and conditional/unconditional cash transfer	1,600,000 people	1,214,056*	2.4 million ¹⁶
2 Support food production of the population in the IPC Crisis phase and a portion of the population in Emergency and Stressed phases, while improving access to nutritious foods (fish, vegetables, milk) and overall food availability	Emergency livelihoods support provided for of the population in IPC Emergency and Stressed phases, and overall food availability and access to nutritious foods (fish, vegetables, milk) improved.	Number of households assisted with emergency livelihoods support	550,000 households	83,056 households have been assisted, a portion with full kits**	550,000 households ¹⁷

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

People in need			People to be assisted			People reached by 30 April		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1,776,000	1,924,000	3,700,000	1,736,000	1,664,000	3,200,000	582,800	631,300	1,214,100

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted with improved access to food			People to be assisted with livelihood support			
	Male	Female	Total	Male	Female	Total	Male	Female	Total individuals	Total households
Affected population (includes IDPs and host communities)	1,906,400	1,984,300	3,890,700	1,004,300	1,045,300	2,049,600	1,617,600	1,683,700	3,301,300	550,200
Abyei-affected	58,800	61,200	120,000	58,800	61,200	120,000	-	-	-	-
Refugees	132,300	137,700	270,000	115,150	119,850	235,000	-	-	-	-
Total	2,097,500	2,183,200	4,280,700	1,178,250	1,226,350	2,404,600	1,617,600	1,683,700	3,301,300	550,200

HEALTH



CHANGES IN NEEDS

Insecurity, displacement, and destruction or closure of health facilities have worsened already poor access to essential primary healthcare services and to secondary facilities for surgical treatment. Many health workers have fled from areas affected by conflict. Over 30 health facilities have reportedly been destroyed or looted since the beginning of the crisis; another 127 are either closed or in limited operation. Three major referral hospitals – in Bentiu, Bor and Malakal – are not operational. There is a huge gap in provision of life-saving surgery, especially in county and other hospitals in the conflict-affected states.

Seasonal outbreaks of communicable diseases remain a serious concern. Displaced people, particularly in Protection of Civilians (PoC) areas, face a high risk of contracting communicable diseases due to overcrowding, poor sanitation, shortage of water, malnutrition, poor immunity and low immunization coverage. Young children, pregnant women and the elderly are the most vulnerable. Health partners are particularly concerned about the heightened risk of cholera, measles, meningitis and other epidemic-prone diseases. Measles outbreaks have been confirmed in several displacement sites, and could spread to host communities. Cholera broke out in Juba in May, and has far affected 1371 people with 30 deaths as of 7 June. Cases have also been confirmed in Kajo-Keji in Central Equatoria, and other suspected cases have been recorded in Jonglei, Lakes, Upper Nile and Warrap states. Malaria is endemic, with displaced people particularly vulnerable due to the lack of proper shelters, low mosquito net coverage, and limited access to diagnosis and treatment.

The crisis has caused a major disruption in the national medicine supply chain, including supplies to treat trauma, provide obstetric care, vaccinate children and manage infectious diseases and chronic conditions. Supplies for primary healthcare are limited and the Ministry of Health is anticipating a stock-out of all essential drugs at the health facilities as the next shipment of regular medical supplies to primary healthcare facilities and hospitals has faced significant delays. An estimated 40,000 people living with HIV are affected by the crisis. Some 25,000 of these have

CLUSTER SNAPSHOT

BASIC INFO	
People in need	5.8m
People to be assisted	3.1 million
People reached	1 million
Funds required	\$77 million
Funds per person	\$25
Projects	33
Cluster lead agencies	World Health Organisation (WHO) International Medical Corps
Government partner	Ministry of Health
Contact info	Dr Julius Wekesa, WHO: julius.wekesa@gmail.com Dr. Ruth Goehle, IMC: sshealthclusterlead@gmail.com

been displaced, and have limited access to antiretroviral therapy, drugs to treat opportunistic infections, and monitoring.

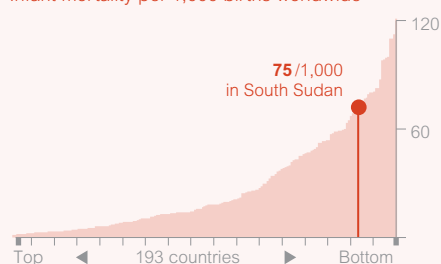
Among the estimated four million people at risk of alarming food insecurity, there is a high risk of decreased immunity; particularly for children with severe acute malnutrition.

PEOPLE AFFECTED AND TO BE ASSISTED

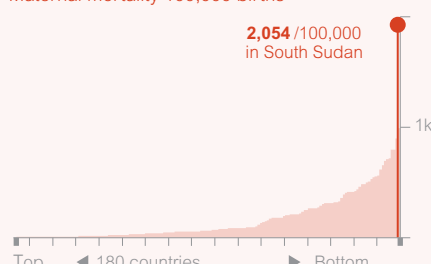
The cluster aims to ensure that vulnerable communities have access to essential health services. The cluster will therefore aim to assist about 70 per cent of all displaced people in the country, and 45 per cent of the people in IPC phases 3 (crisis) and 4 (emergency).

HEALTH SITUATION AMONG WORST IN THE WORLD BEFORE THE CRISIS

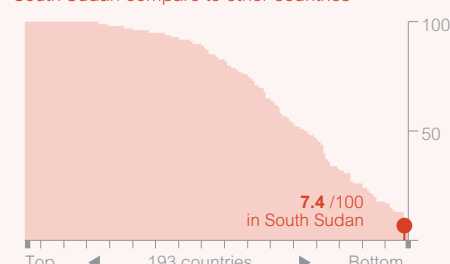
Infant mortality among world's highest
Infant mortality per 1,000 births worldwide



Maternal mortality top in the world
Maternal mortality 100,000 births

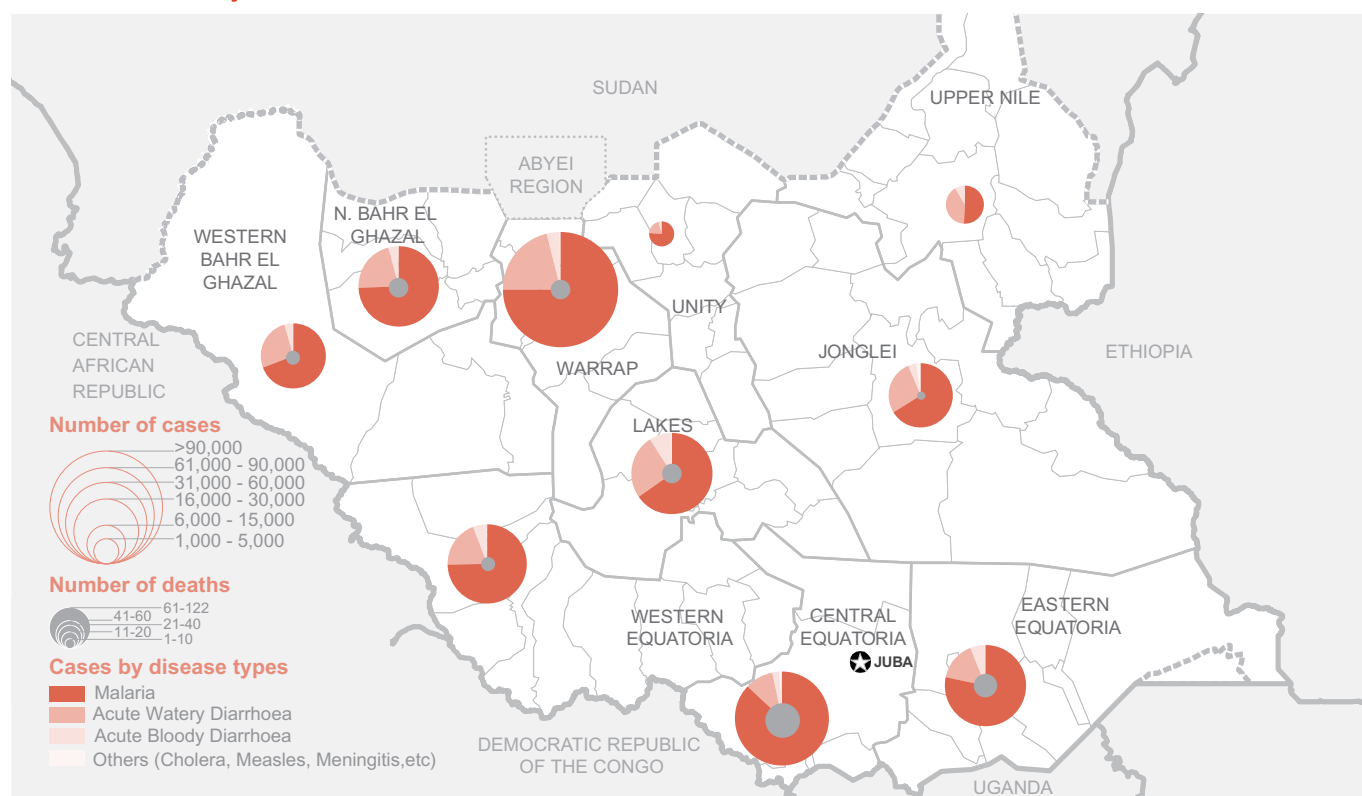


Access to improved sanitation facilities
South Sudan compare to other countries



Source: Global statistics - MDG Progress Report 2012, UN Statistics Division, South Sudan figures: SHHS (2010)

Disease outbreaks by state



Source: WHO, MoH, May 2014

STRATEGY TO RESPOND TO NEEDS

The Health Cluster will address the priorities identified by:

- Supporting existing health services and the delivery of the basic health service package and minimal initial service package (MISP);
- Supporting non-functional or damaged health facilities to become functional again, security permitting;
- Strengthening service delivery to areas outside PoC sites, and in hard-to-reach areas, including through rapid response mechanisms.

A key priority is to support the Ministry of Health in reopening and providing medical supplies to the secondary facilities in Bentiu, Bor and Malakal. Where facilities remain out of operation, mobile clinics will be conducted. As the Government begins its budget

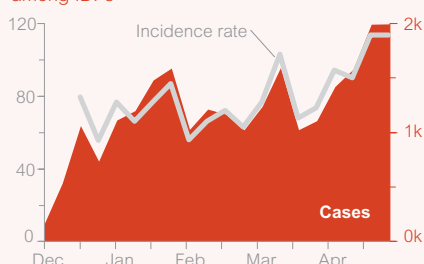
planning in June, health partners will advocate that the funding needed to repair, reopen and resupply the damaged facilities be included as a top priority.

With the rainy season increasing the risk of outbreaks, more efforts will be invested in communicable disease control. There will be close collaboration with the WASH Cluster to ensure adequate measures are in place to prevent and respond to cholera. Health agencies will also work with the CCCM Cluster to mobilize community participation in disease prevention.

Cluster coordinators will be deployed to support partners in Jonglei, Lakes, Unity and Upper Nile states. These will be responsible for monitoring, reporting and responding to outbreaks, by activating the appropriate task force, health education campaigns and vaccination campaigns.

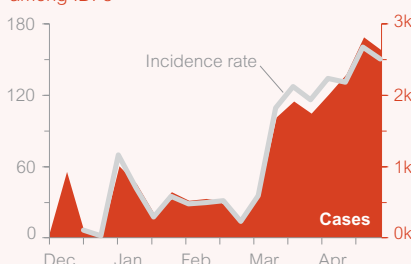
DISEASE OUTBREAKS

Acute watery diarrhoea among IDPs



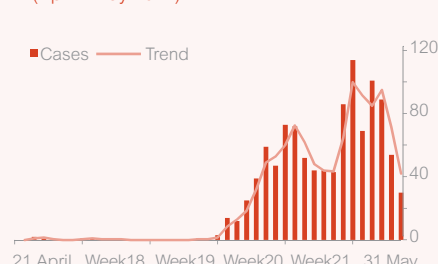
Source: WHO, May 2014

Acute respiratory infections among IDPs



Source: WHO, May 2014

Cholera outbreak trend (April - May 2014)



Source: WHO, June 2014

Responding to the heightened risk of HIV/AIDS and restoring treatment for people living with the disease will be a priority. Partners will support mental health and psychosocial services, and the cluster will develop a strategy for medium and long term programmes in these areas.

The cluster contributes to Strategic Objectives 1 and 2 of the Crisis Response Plan.

Its specific objectives are to:

1. Provide emergency primary healthcare services and the minimal initial service package (MISP) for vulnerable people with limited or no access to health services;
2. Provide emergency response capacity for surgeries, including emergency obstetric care; and
3. Respond to health-related emergencies, including prevention and control of communicable diseases.

Priority actions are to:

- Provide emergency health services and referrals for critically injured patients;
- Restore essential primary and secondary health services for trauma, complicated obstetrics, control of infectious diseases and continuity of treatment for chronic conditions;
- Provide the essential package of reproductive health services in affected communities;
- Procure, store and distribute life-saving and essential medicines and supplies;
- Strengthen the early warning surveillance and response system for outbreak-prone diseases;
- Vaccinate children against measles (and polio) with vitamin A supplementation and de-worming;
- Screen, refer and care for children with medical complications of severe acute malnutrition;
- Provide vector control and personal protection (mosquito nets) against malaria;
- Control infection in healthcare facilities, including safe transfusion and medical waste management;
- Provide public communication on health and hygiene promotion and disease prevention and control;
- Provide services for emergency mental health and psychosocial care;
- Ensure minimum human resource capacity for emergency response healthcare delivery.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

The pipelines associated with the cluster have been able to ensure that partners have access to emergency health and trauma kits, emergency reproductive health kits and mosquito nets. Up to 858,600 children have been protected with measles vaccination, 362,500 have received Vitamin A supplementation and 234,360 de-worming. The cholera vaccination campaign reached displaced people in five locations, protecting more than 74,000 people. Health partners continue to provide emergency responses in displacement sites camps and have joined rapid response assessments to areas that have been cut off from routine supervision.

CHALLENGES AND LESSONS LEARNED

The cluster faced several challenges in the first half of the year which diminished the cluster's response capacity and greatly affected the level of response. These included:

- access difficulties;
- loss of assets by partners and health facilities;
- shortage of skilled staff for responding to the crisis;
- lack of payment of salaries for Government health workers;
- lack of secondary healthcare in the affected states; and
- destruction and looting of health facilities.

Replenishment of drugs and supplies has had to be done more frequently than anticipated due to insecurity and the lack of secure warehousing. The Government's capacity to provide basic health services remains limited, meaning humanitarian organizations have to take on more and more service delivery.

Mobile surgical teams and teams with their own air assets are crucial for the response. Having NGO partners dedicated to mobile emergency response will be key in scaling up services, especially in hard-to-reach areas. People in these areas can be reached by innovative strategies, such as rapid response mechanisms, customized minimum packages of life-saving activities adapted to local contexts, and engagement of community members who can be mobilized and trained to provide simple services.

Demands from regular programs and commitments to national authorities – such as national vaccination campaigns – need to be fulfilled while responding to the emergency.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Provide emergency primary health care services and the (MISP) for vulnerable people with limited or no access to health services	Vulnerable people with limited or no access to health services receive emergency primary health care and MISP including antenatal services, deliveries and postnatal care, drug and medical supplies	Number of consultations for outpatient and inpatient care	1,172,000	285,389		1,326,058 consultations
		Percentage of key health facilities provided with regular supply of emergency drugs and medical supplies	90%	80%		100%
2 Provide emergency response capacity for surgeries, including emergency obstetric care	Basic surgical equipment and trauma kits and surge and surgical capacity provided to key referral hospitals	Percentage of key referral hospitals able to perform emergency surgery NEW	-	-	-	90%
3 Respond to health-related emergencies, including prevention and control of communicable diseases	New disease outbreaks investigated and responded to within 48 hours	Percentage of disease outbreaks with detection & response within 48 hours	90%	80%		90%
		Number of health workers trained on communicable disease control and outbreak response NEW	-	-	-	1200
	Children under 5 vaccinated against vaccine preventable diseases and provided with Vitamin A and de-worming tablets	Number of children under 5 vaccinated against vaccine preventable diseases and provided with Vitamin A and de-worming tablets	858,600	262,060		Measles: 1,260,000 Polio: 1,316,000 Vitamin A: 532,000 Deworming: 476,000
	Long-lasting mosquito nets distributed to IDP households	Number of IDP households receiving mosquito nets NEW	-	-	-	233,000

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

Category	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Host community	1,632,000	1,568,000	3,200,000	718,100	689,900	1,408,000	356,600	386,300	742,900
Displaced persons	510,000	490,000	1,000,000	255,000	245,000	500,000	134,800	146,000	280,800
Total	2,142,000	2,058,000	4,200,000	973,100	934,900	1,908,000	491,400	532,300	1,023,700

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	61,200	58,800	120,000	27,500	26,500	54,000
Internally displaced persons	765,000	735,000	1,500,000	510,000	490,000	1,000,000
Returnees	10,200	9,800	20,000	10,200	9,800	20,000
Refugees	138,500	131,500	270,000	138,500	131,500	270,000
Affected communities	1,972,200	1,894,900	3,867,100	929,900	799,300	1,729,200
Total	2,947,100	2,830,000	5,777,100	1,616,100	1,457,100	3,073,200

LOGISTICS



CHANGES IN NEEDS

The conflict which has wracked South Sudan has significantly impeded transport of supplies and staff by road and river. In some areas, movement has stopped completely due to insecurity, leaving humanitarians with limited options to deliver life-saving relief to people affected. In many cases, partners have had to rely on expensive air assets to carry out their work.

The complex operating environment presents further challenges in terms of delivering large quantities of humanitarian aid. Poor infrastructure, limited logistics assets currently in country, and the onset of the rainy season all create logistical obstacles for the humanitarian response. In the three states of Jonglei, Unity and Upper Nile, the combination of ongoing conflict, extremely poor infrastructure, and constantly moving populations, has resulted in the majority of these areas to only be accessible by air.

The cluster anticipates that partners' needs for logistical support will increase in the second half of the year, as the aid operation continues to scale up and rains and insecurity limit the range of commercial options available for transport.

ORGANIZATIONS SUPPORTED

The number of organizations seeking support with logistics coordination and transport services from the Logistics Cluster remains unchanged.

STRATEGY TO RESPOND TO NEEDS

The Logistics Cluster will continue to provide free cargo transport services to the three most conflict-affected states (Jonglei, Unity and Upper Nile). All barge movements, refugee-related response transport, and transport in the remaining seven states will be provided on a cost recovery basis. All these services are intended to complement partners' own logistics capacity, and fill critical gaps. The Logistics Cluster will work closely with partners, including IOM and UNOPS, to further strengthen warehousing capacity around the country. The UN Humanitarian Air Service (UNHAS) will add two aircraft to its current fleet of 11 planes and

CLUSTER SNAPSHOT

BASIC INFO

- Organizations in need: 75
- Org. targeted: 75
- Org. reached: 75
- Funds required: \$79 million
- Funds per person: \$20
- Projects: 4
- Cluster lead agencies: World Food Programme (WFP)
- Government partner: n/a
- Contact info: Fiona Lithgow, WFP: fiona.lithgow@wfp.org

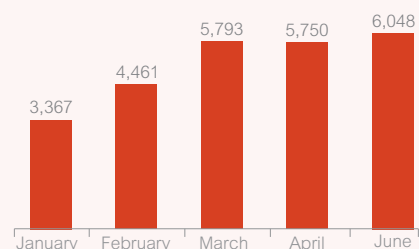
helicopters, based on the needs communicated by the humanitarian community.

The cluster currently has a fleet of 13 trucks in Bentiu, Bor, Juba, Malakal, Melut, Pariang, Rumbek and Wau, which are being used for the shunting of cargo to and from warehouses, airstrips and distribution sites. Once the roads begin to dry, these assets will support the pre-positioning exercise for 2015.

With regards to warehousing, the cluster has revised its strategy and will significantly increase the storage capacity of the humanitarian community. It will provide additional facilities in emergency response locations for short-term storage and pre-positioning of life-saving supplies. The Logistics Cluster will procure an additional 20 mobile storage units (MSUs), which will be:

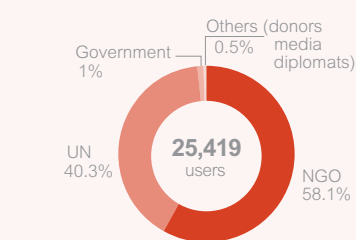
HUMANITARIAN AIR SERVICE VITAL FOR OPERATIONS

UNHAS services expanding
Passengers transported per month



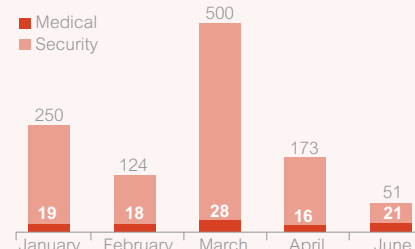
Source: UNHAS, Jan-May 2014

Air service for whole aid community
Passengers by category since Jan 2014



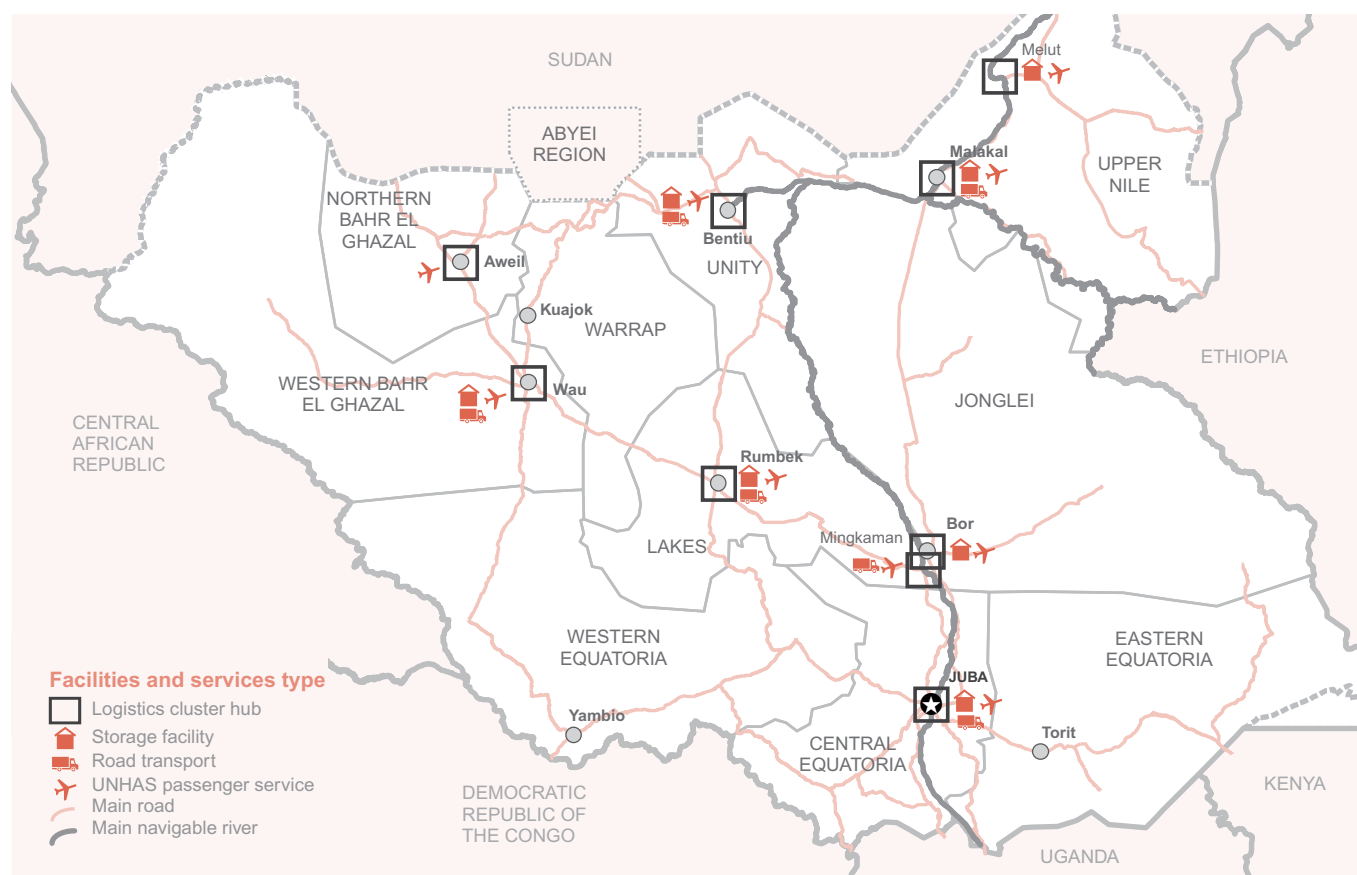
Source: UNHAS, Jan-May 2014

UNHAS essential for staff safety
Evacuations conducted Jan-May 2014



Source: UNHAS, Jan-May 2014

Overview of transport corridors and cluster capabilities



Source: Logistics Cluster and UNHAS, May 2014

- Erected in key response locations;
- Loaned to partners in need of warehousing support; and
- Maintained in stock in Juba for quick field deployment when necessary.

MSUs will be installed in key locations, such as Bentiu, Bor, Juba, Malakal, Melut, Mingkaman, Rumbek and Wau. UNOPS will be in charge of site preparation, MSU set-up, drainage, and fencing. They will also ensure access to the MSUs.

To ensure that services meet the needs of partners, the cluster will continue to conduct weekly coordination meetings and will meet the UNHAS User Group regularly to discuss emerging needs. The cluster will also produce information products on logistics, including on road conditions, for the humanitarian community.

As a service cluster, the cluster will contribute to all strategic objectives in the Crisis Response Plan but primarily Strategic Objective 4. Its specific objectives are to:

1. Provide complimentary air, road and river transport services to humanitarian partners to facilitate response to emergency needs;
2. Provide an increased amount of storage space to the humanitarian community.
3. Provide logistic coordination, support and advisory services to the humanitarian community carrying out the emergency response;

4. Support physical humanitarian access through assessments and repair of key access routes, airstrips and helipads as requested by the humanitarian community.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

The Logistics Cluster achieved 94 per cent of its target for services provided to partners, as measured by the number of requests responded to. The cluster had received and addressed 376 requests as of 9 May. Key achievements included maintenance of the Juba-Mingkaman road, upgrading displacement sites in Mingkaman, and construction of the Mingkaman helipad. The humanitarian air fleet was increased from 7 to 11 aircraft between January and March. The flight schedule was amended twice to adjust the service to new demands and three new locations were added in order to facilitate the crisis response.

CHALLENGES AND LESSONS LEARNED

Poor infrastructure, vast distances, insecurity, seasonal flooding, and fuel shortages continue to hamper the operations of the cluster. Logistics assets within the country are also limited, which sometimes creates competition between humanitarian partners. A rigorous and enforced prioritization of relief supplies based on a shared analysis of needs and geographical areas has now been developed to overcome this. In some areas, for example on the road between Juba and Mingkaman, insecurity delayed infrastructure assessments. Since the start of the crisis, insecurity has left many areas unreachable for several days or weeks at a time, which has sometimes limited the cluster's ability to deliver urgently needed supplies to those locations. The rainy season,

which has already started and will last until the end of November, will only increase these access challenges.

So far in 2014, transport of supplies by barge on the Nile has not been possible. Clearance has now been received, and the Logistics Cluster will work to maximize the use of boats and barges as the river is a cost-efficient way to transport large quantities of cargo.

The Logistics Cluster continues to face challenges in receiving information from other clusters and partners on their transport and warehousing needs. Given the scale of the crisis, there is an ongoing need to strengthen the coordination within and between the relevant clusters in this area. Lack of coordination has an impact on the use of collective assets. For example, UNHAS has many times been approached to support the needs and objectives of individual organizations, rather than of the humanitarian

community as a whole. The cluster is working closely with the Inter-Cluster Working Group to set priorities in line with a communal plan for maximising the use of its assets.

ORGANIZATIONS TO BE SUPPORTED

Location by category	Organizations to be supported
UN agencies	8
INGOs	56
NNGOs	7
Other (Donor & Government)	4
Total	75

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Provide complimentary air, road and river transport services to humanitarian partners to facilitate response to emergency needs	Emergency response facilitated through provision of air, road and river transport services for transportation of supplies and passengers	Number of passengers served;	25,000	13,621		75,000
		Metric tonnes of light cargo transported	30mt	97.6 mt		300 mt
		Number of medivacs conducted	100%	100% (58 medevacs)		100%
		Number of relocated passengers due to insecurity	As required	872 relocated passengers		As required
2 Provide an increased amount of storage space to the humanitarian community	Warehousing and storage facilities provided in key emergency areas	Number of organizations utilizing warehousing and storage facilities	35	35		35
		Amount of storage capacity made available to the humanitarian community (volume) NEW	-	-	-	10,000 m3
3 Provide logistics coordination, support and advisory services to the humanitarian community	Coordinated logistics and advisory service available to the humanitarian community	Number of requests for logistic services (warehousing and transport)	400 requests	376 requests		800 requests
		Number of organizations utilizing transport/warehouse services and coordination services	75	75		75
		Number of coordination meetings held	20	22		42
		Number of bulletins, maps and other logistical information produced and shared	50	125		275
4 Support physical humanitarian access through assessments and repair of key access routes, airstrips and helipads as requested by the humanitarian community	Humanitarian community are able to access key locations by road and air throughout the year	Number of road and airstrip assessment requests received and conducted NEW	-	-	-	10 assessment requests anticipated / planned
		Number of emergency road repair tasks requests received and undertaken NEW	-	-	-	5 emergency road repair tasks to be completed

MINE ACTION



CHANGES IN NEEDS

With parties to the conflict utilizing heavy weapons and munitions, explosive remnants of war, including landmines, are increasingly being found in areas where fighting has occurred. New threats, including cluster munitions, rockets, grenades and mortar rounds, have been identified since the start of hostilities. In Unity State, landmine accidents have increased with three confirmed incidents of vehicles hitting anti-tank landmines on key access roads around Bentiu. For mine action partners, the key priority is to clear and survey explosive remnants of war (ERW) in conflict areas to allow safe humanitarian access and provide risk education to those living in high risk areas. During the remainder of the year, the need for mine action will depend on the severity, duration and location of the conflict. In addition to ERW caused by the current crisis, there still remains a large amount of legacy explosive remnants of war from the Sudan civil war. Clearing these hazards remains a priority.

PEOPLE IN NEED AND TO BE ASSISTED

The number of people in need and to be assisted has been compiled using the Mine Action Sub-Cluster's current contamination information data. Efforts have been made to reduce double-counting of people who may have been reached through multiple mine action activities.

STRATEGY TO RESPOND TO NEEDS

The sub-cluster will do emergency survey and clearance of roads and areas where aid agencies are operating, to remove unexploded ordnance (UXO) and facilitate access. This includes collecting data and mapping of new hazards and accidents, and checking land allocated for facilities such as displacement sites, helicopter landing sites, and corridor roads.

Mine action agencies will also survey and clear roads and areas of UXO to assist local communities, especially in areas where heavy artillery fighting and destruction of ammunition stockpiles has created contamination of explosive remnants of war (ERW). This includes clearing markets, roads, areas with high population density, arterial routes, and other locations where civilians may

CLUSTER SNAPSHOT

BASIC INFO

People in need	3.8 million
People to be assisted	1.1 million
People reached	278,700
Funds required	\$17 million
Funds per person	\$15
Projects	7
Cluster lead agencies	United Nations Mine Action Service (UNMAS), Handicap International
Government partner	National Mine Action Authority (NMAA)
Contact info	Sasha Logie, UNMAS: sasha.logie@unmas.org Lucia Morera, HI: director@hi-sudan.org

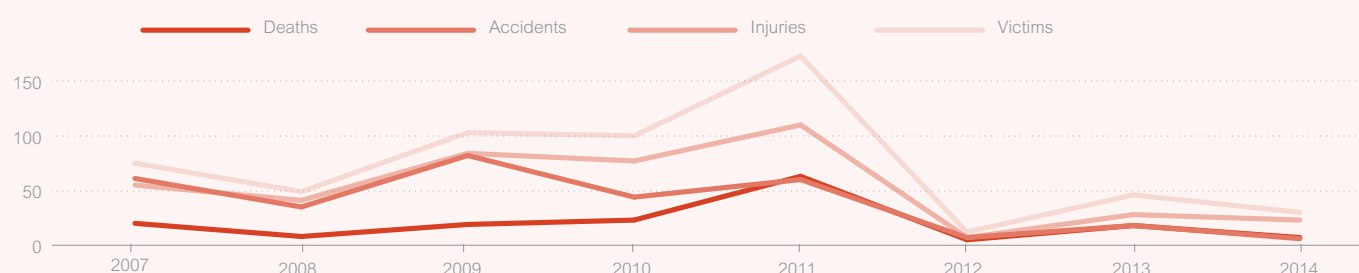
be at risk. Mine risk education and awareness training will be conducted for people living in high-risk areas and for humanitarian workers operating in contaminated areas.

Mine action is seeking to increase teams on standby to conduct route assessment and verification in case of credible risk of anti-vehicle landmines on roads. Logistics support bases will be maintained in Bentiu, Bor, Juba, Malakal and Yei to enable mine action partners to operate safely and respond quickly to reports of UXO.

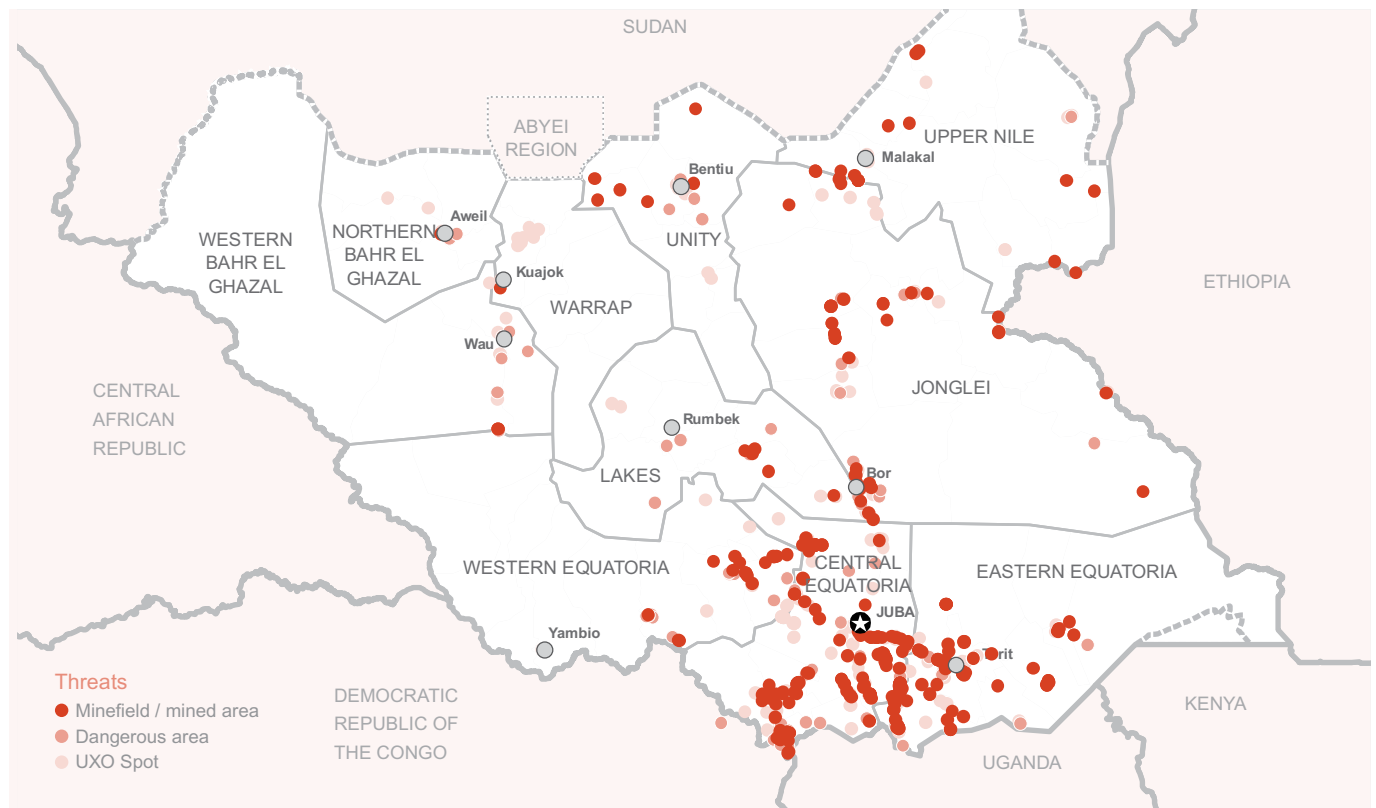
As a service cluster, the cluster will contribute to all Strategic Objectives in the Crisis Response Plan. The specific objectives are to:

MINES AND EXPLOSIVE REMNANTS OF WAR

Trends in accidents, deaths and injuries related to mines and ERW



Reported areas with landmines and ERW



Source: UNMAS, May 2014

1. Facilitate safe movement for civilians and humanitarian actors by clearing landmines and explosive remnants of war (ERW); and
2. Reduce the risk of injury from landmines and ERW through mine risk education.

KEY ACHIEVEMENTS TOWARDS OBJECTIVES

In the first four months of the year, mine action agencies removed and destroyed nearly 2,900 items of unexploded ordnance across South Sudan. Over 90 hazardous areas were cleared in Bentiu and Bor alone. The response has included clearance of hazards within or in the vicinity of UNMISS bases and PoC areas, including in Bentiu and Malakal. The sub-cluster has also cleared UNMISS PoC site expansion areas in Bentiu, Bor, Juba and Malakal.

Deminers and explosive detection dogs have helped improve security within PoC areas, supporting UN Police and UNDSS to search and seize contraband items, including explosives and weapons. Roads suspected of being mined have been surveyed and the Bentiu and Malakal airstrips have been cleared following heavy fighting in each location. To support humanitarian operations, mine action agencies have cleared towns, airstrips, roads, displacement sites and humanitarian compounds, and provided safer passage to aid distribution areas.

CHALLENGES AND LESSONS LEARNED

As for other clusters, access is the main challenge for mine action. Explosive remnants of war (ERW) are located in conflict areas where access is challenged as long as fighting continues and conflict parties are present in the area. While mine action agencies have accessed major towns, access outside UNMISS bases and on roads further away from state capitals has been restricted.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Facilitate safe movement for civilians and humanitarian actors by clearing landmines and explosive remnants of war (ERW)	Civilians have free and secure access to affected population and humanitarian services	Number of kilometres of routes suspected of being mined surveyed, cleared and/or verified	360 kilometres	239 kilometres		500 kilometres
		Number of m2 of land cleared	1.2 million m ²	4.7 million m ²		6 million m ²
2 Reduce the risk of injury from landmines and ERW through mine risk education	Mine risk education conducted among target community with high risk of landmines and ERW	Number of individuals reached through mine risk education	50,000 persons	29,663 persons		75,000 persons

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

State	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Central Equatoria	332,500	324,600	657,100	199,500	194,800	394,300	115,000	100,100	215,100
Jonglei	578,600	564,800	1,143,400	347,100	338,900	686,000	25,200	22,800	48,000
Unity	427,200	417,100	844,300	256,300	250,300	506,600	8,100	7,500	15,600
Upper Nile	177,800	173,600	351,400	106,700	104,100	210,800	-	-	-
Total	1,516,100	1,480,100	2,996,200	909,600	888,100	1,797,700	148,300	130,400	278,700

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Central Equatoria	347,200	311,700	658,900	104,200	93,500	197,700
Eastern Equatoria	224,200	215,400	439,600	67,300	64,600	131,900
Jonglei	438,400	372,700	811,100	131,500	111,800	243,300
Lakes	154,300	143,500	297,800	46,300	43,000	89,300
Northern Bahr El Ghazal	174,100	187,300	361,400	52,200	56,200	108,400
Unity State	140,600	134,200	274,800	42,200	40,300	82,500
Upper Nile	225,100	188,900	414,000	67,500	56,700	124,200
Warrap	69,800	75,800	145,600	21,000	22,700	43,700
Western Bahr El Ghazal	88,800	77,800	166,600	26,600	23,400	50,000
Western Equatoria	115,600	108,400	224,000	34,700	32,500	67,200
Total	1,978,100	1,815,700	3,793,800	593,500	544,700	1,138,200

MULTI-SECTOR



CHANGES IN NEEDS

Constraints on humanitarian and protection activities since the start of the crisis have set back the implementation of longer-term and more sustainable programming for refugees and returnees, and have caused needs to increase across all sectors. After improving refugees' living conditions and managing to bring indicators below emergency thresholds across the country in 2013, the crisis has now forced aid agencies to prioritize life-saving and essential services, with a particular emphasis on food and nutrition. Escalating tensions between refugees and host communities over increasingly scarce resources have also underscored the importance of addressing the needs of host communities alongside those of refugees.

In the first quarter of 2014, insecurity and logistical constraints hampered delivery of food and other essential items, in particular to refugee camps in Upper Nile. In April, food rations in Upper Nile provided only 702 kcal per person and day, falling far short of the minimum standard of 2,100 kcal per person and day. Global acute malnutrition rates rose sharply in Maban in March and April, exceeding 10 per cent in all four camps.

The visible presence of arms in and around refugee settlements in Unity and Upper Nile is indicative of the deteriorating environment for protection of civilians. This is compounded by continued impunity for abuses, and the absence of a functioning justice system. Protection partners indicate that refugees are increasingly reluctant to report protection issues due to fear and harassment of those who do come forward. There are high numbers of unaccompanied and separated minors and in some camps the level of school attendance is low. The camps have seen numerous incidents of violence between refugees and members of the host community, including clashes.

The overall number of returnees to South Sudan is anticipated to be significantly smaller than in 2013. Some 6,000 returnees are anticipated to arrive in Abyei over the course of the year. Multi-sector partners will maintain existing mechanisms to monitor these movements.

CLUSTER SNAPSHOT

BASIC INFO	
People in need	427,000
People to be assisted	427,000
People reached	235,800
Funds required	\$248m
Funds per person	\$589
Projects	20
Sector lead agencies	United Nations Refugee Agency (UNHCR), Danish Refugee Council, International Organization for Migration (IOM)
Government partner	Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management; Relief and Rehabilitation Commission; Ministry of Interior; South Sudan Commission for Refugee Affairs
Contact info	Marina Aksakalova, UNHCR: aksakalm@unhcr.org Heather Blackwell, DRC: drc.ssudan@drc.dk John McCue, IOM: jmccue@iom.int

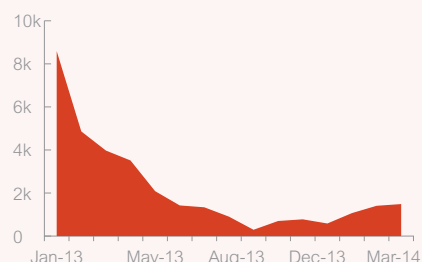
Multi-sector partners are considering the possibility of supporting displaced people who wish to return home. However, given the level of violence and food insecurity that persists in many of these home areas, facilitated returns are not currently seen as a viable or secure option. In addition, the rainy season will hamper plans to support returns in many parts of the country. This issue will be reassessed in the coming months.

PEOPLE IN NEED AND TO BE ASSISTED

The refugee response will continue to aim to reach the entire refugee population in South Sudan. The revised annual caseload has been

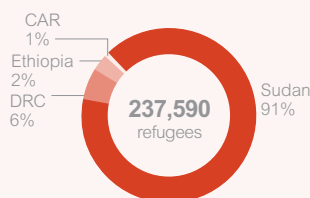
SLOWING REFUGEE AND RETURNEE ARRIVALS

Trend of Sudanese refugee arrivals in South Sudan (thousands)



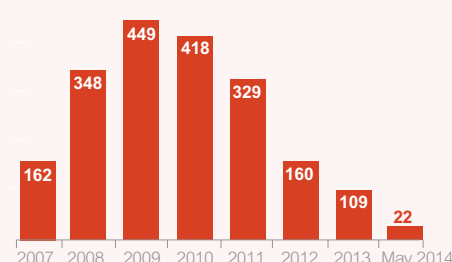
Source: UNHCR, April 2014

Most refugees in-country from Sudan
Refugees by country of origins



Source: UNHCR, April 2014

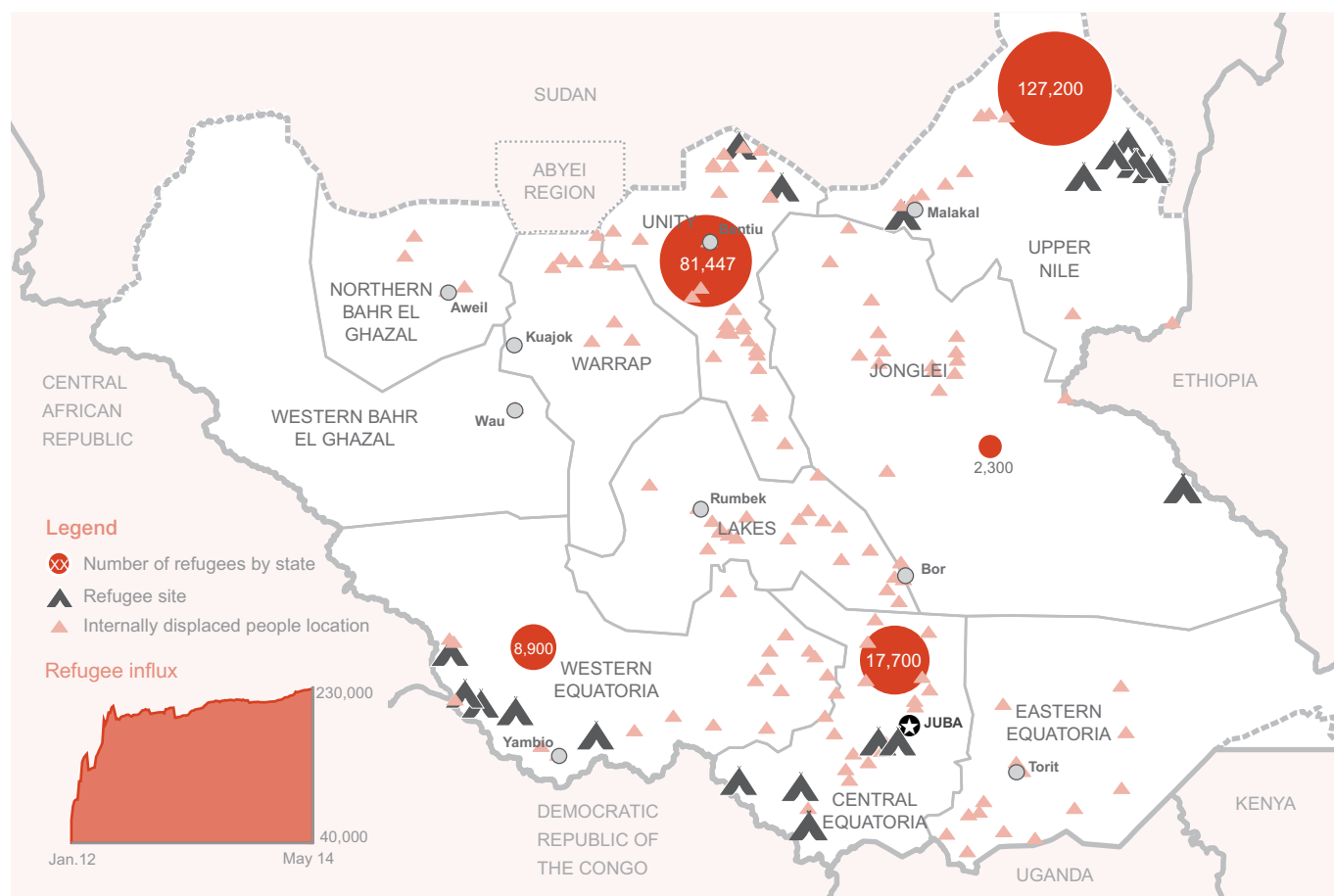
Returnee arrivals drop sharply
New returnees by year 2007-2014 (thousands)



Source: IOM, May 2014

Refugees primarily living in conflict-affected areas

Refugee population, location of camps, and displacement sites



Source: UNHCR, May 2014

calculated based on population projections taking into account anticipated new arrivals and natural increase of the refugee population. Agencies supporting returnees will focus only on returnees who are stranded in South Sudan and require emergency transport assistance. So far, around 600 people in those circumstances have been assisted, and partners estimate another 400-500 may need similar support in the second half of the year.

STRATEGY TO RESPOND TO NEEDS

Multi-sector partners will prioritize life-saving and essential services to refugees, to reduce the risk of sliding into a humanitarian crisis. Food and nutrition assistance will be top priorities, along with health and WASH services. Partners will also reinforce protection monitoring, prevention and response to sexual and gender-based violence, child protection and capacity building of police and security personnel on protection issues.

While prioritizing critical needs, humanitarian actors will aim to support household resilience whenever possible, including through livelihoods, food security and education programmes. The response to the needs of host communities will be reinforced, and complemented by activities promoting peaceful coexistence between refugees and host communities. These efforts aim to minimize the risk that refugees are pushed by insecurity or hardship to leave the camps, potentially into situations of higher risk. Multi-sector partners will increase their ability to maintain critical

services in the face of the rapidly shifting context. This will include rationalizing resources and ensuring involvement and ownership by refugee communities in maintaining services, such as food distributions, healthcare, and water and sanitation services.

The cluster will contribute to Strategic Objectives 1 and 2 in the Crisis Response Plan. Its specific objectives are to:

1. Ensure that refugees and host communities have access to life-saving assistance in established settlements;
2. Provide protection and assistance to refugees and asylum-seekers; and
3. Ensure that stranded returnees continue to have access to life-saving assistance.

Priority actions are to:

- Ensure continued general food distributions, meeting the minimum calorific requirements of 2100kcal per person per day;
- Provide seeds and tools for subsistence agriculture activities to bolster food security;
- Continue nutrition programmes to meet the particular needs of children under 5 and pregnant and lactating women;

- Ensure uninterrupted provision of primary health services;
- Ensure availability of water and continuation of sanitation and hygiene promotion activities;
- Reinforce protection monitoring, SGBV prevention and response, child protection programmes (particularly with regard to education and protection from forced recruitment) and capacity building of police and security personnel;
- Extend activities promoting peaceful coexistence between refugees and host communities.
- Continue to monitor the conditions and needs on the ground with focus on the population movements to and from Abyei;
- Continue to monitor returnee movements in country;
- Provide emergency onward transportation assistance for stranded returnees.

KEY ACHIEVEMENTS AGAINST OBJECTIVES

Despite serious obstacles, partners managed to largely maintain essential services, by rationalizing available resources. Crude mortality rates in refugee camps remained below emergency thresholds, and water availability and latrine coverage were above SPHERE standards. Food and household items needed for the remainder of the year have been largely pre-positioned in Unity State, and household items and shelter materials, albeit limited, are in place in Upper Nile. Primary healthcare services have been maintained in all refugee camps, with average crude mortality rates ranging from 0.4 to 0.23 (compared to 0.17 before the crisis) and under-5 mortality rates between 0 and 0.62 (compared to 0.28 before the crisis). Over 4,000 transitional shelters were constructed for refugees ahead of the rainy season.

Humanitarian assistance to returnees and the population displaced from Abyei has been maintained at a minimal level in the first four months of 2014, though some members of these communities have been included in the overall response by aid

agencies to people affected by the conflict. Multi-sector partners are monitoring the situation for returnees and the Abyei-displaced and can, if needed, scale up assistance. Basic services were provided at way stations hosting people displaced by the conflict, including returnees.




CHALLENGES AND LESSONS LEARNED

Insecurity and access constraints posed major operational challenges, diverting time and substantial resources to addressing logistical and access issues and increasing the cost of maintaining basic services. In Upper Nile, roads became impassable due to insecurity and other obstacles, which led to critical food shortages. This caused the nutrition status of refugees to deteriorate. The food scarcity undermined the household economies of both refugees and host communities, fuelling tensions between the two. This, together with erosion of the civilian character of refugee settlements and camps, a general proliferation of arms and increasing lawlessness, contributed to a deteriorating protection environment. Due to insecurity, humanitarian actors were also not able to reach 2,341 Ethiopian refugees in Pochalla, Jonglei State.

New programming challenges arose from this difficult context, including addressing issues regarding recruitment of child soldiers, forced recruitment and increased incidents of sexual and gender-based violence. Constraints on movements of national staff within the country reversed progress on efforts to decentralize programming and build local capacity, and increased staffing costs. These and other expanded costs exacerbate an already precarious funding situation, with current resources insufficient to maintain basic services even until June.

Lessons learned included the importance of continued communication with beneficiaries, particularly regarding disruptions to essential services, and the need to improve contingency planning. Prior investment in sustainable infrastructure and refugee ownership of services enabled essential water services to continue uninterrupted during the initial crisis.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Ensure that refugees and host communities have access to life-saving assistance and protection in established settlements.	Basic services, protection and sustainable assistance provided to refugees in established settlements	Number of refugees in established settlements accessing basic services and sustainable assistance	236,000 refugees	235,249		270,000
	Global acute malnutrition rate maintained below emergency levels	Rate of global acute malnutrition among refugees	<10%	2.8-17.6% ¹⁸		<10%
2 Ensure that stranded returnees continue to have access to life-saving assistance.	Humanitarian services maintained for a targeted stranded returnee population and people affected by violence in Abyei	Number of stranded returnee population and people affected by violence in Abyei receiving life-saving assistance	14,000 people assisted	600 returnees assisted		7,000 ¹⁹

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Refugees	113,300	122,700	236,000	113,300	122,700	236,000	115,400	119,800	235,200
Returnees	4,800	5,200	10,000	4,800	5,200	10,000	300	300	600
Abyei-affected	1,900	2,100	4,000	1,900	2,100	4,000	-	-	-
Total	120,000	130,000	250,000	120,000	130,000	250,000	115,700	120,100	235,800

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	2,900	3,100	6,000	2,940	3,060	6,000
Internally displaced persons	-	-	-	-	-	-
Returnees	500	500	1,000	490	510	1,000
Refugees	138,500	131,500	270,000	138,520	131,480	270,000
Affected communities	72,000	78,000	150,000	72,000	78,000	150,000
Total	213,950	213,050	427,000	213,950	213,050	427,000

NON-FOOD ITEMS AND EMERGENCY SHELTER



CHANGES IN NEEDS

Continued violence and displacement has increased the need for emergency NFI and shelter support. People who have fled their homes with few or no belongings require basic items to prepare food, protect themselves from the harsh environment, maintain basic sanitation, and shield themselves from diseases.

One consequence of the ongoing conflict has been widespread destruction of residential structures in affected areas. Already by February 2014, close to 11,000 homes had been destroyed in Bentiu, Bor, Leer, Malakal, Mayom and Rubkona.²⁰ Housing, land and property issues are of serious concern, with clear patterns of occupation of abandoned houses and ownership and tenure issues compounded by the violence.²¹ This will become a major issue if and when people chose to return to their homes. Conflict has also been accompanied by high levels of looting of household items.

The cluster will prepare for ongoing, new and renewed displacement whether caused by hostilities or severe flooding. Need for shelter and NFI remains extremely high among displaced people, though needs differ between sites.²² In some locations, displaced people have been able to secure minimal materials; in others, this is much more difficult due to protection concerns, insecurity, or scarce resources.

As the rainy season has begun, meeting shelter needs is urgent, especially in remote areas where the resources of host communities are overwhelmed and displaced people have had long and arduous journeys.²³ In the PoC areas and Awerial County, many informal shelters are inadequate to weather the rainy season. Massive changes in the population of different sites have in some cases generated additional urgent need as numbers swell. Implementation of shelter upgrading in these sites has been delayed by slow site development (with the exception of extensions inside the UN House peacekeeping base in Juba). In Bor, cooking fuel has emerged as an urgent need as market access has been completely blocked. This issue is likely to arise in other sites as well.

CLUSTER SNAPSHOT

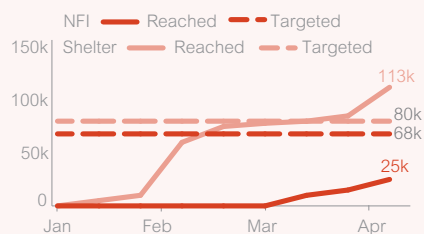
BASIC INFO	
People in need	1.9 million
People to be assisted	1 million
People reached	429,600
Funds required	\$68 million
Funds per person	\$68
Projects	14
Cluster lead agencies	International Organization for Migration (IOM), World Vision International (WVI)
Government partner	Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management; Relief and Rehabilitation Commission
Contact info	Margo Baars, IOM: mbaars@iom.int Erisa Yzeiraj, World Vision: erisa_yzeiraj@wvi.org

PEOPLE IN NEED AND TO BE ASSISTED

Based on the current displacement patterns and known displacement areas that have not yet been reached, the cluster will aim to assist people displaced by violence. The largest amount of resources will be directed towards Jonglei, Unity and Upper Nile states, with support also provided to smaller numbers of displaced people in Central Equatoria, Eastern Equatoria, Lakes, Northern Bahr el Ghazal,²⁴ Warrap (including the Abyei operation) and Western Bahr el Ghazal. This will be revised if the context changes significantly, and the strategy ensures sufficient opera-

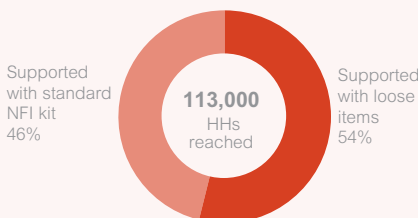
EMERGENCY SHELTER AND NFI RESPONSE TRENDS

Delivery of shelter and NFI since January
NFI and emergency shelter kits delivered by month



Source: Shelter and NFI cluster, May 2014

Large-scale NFI support
NFI delivery by type



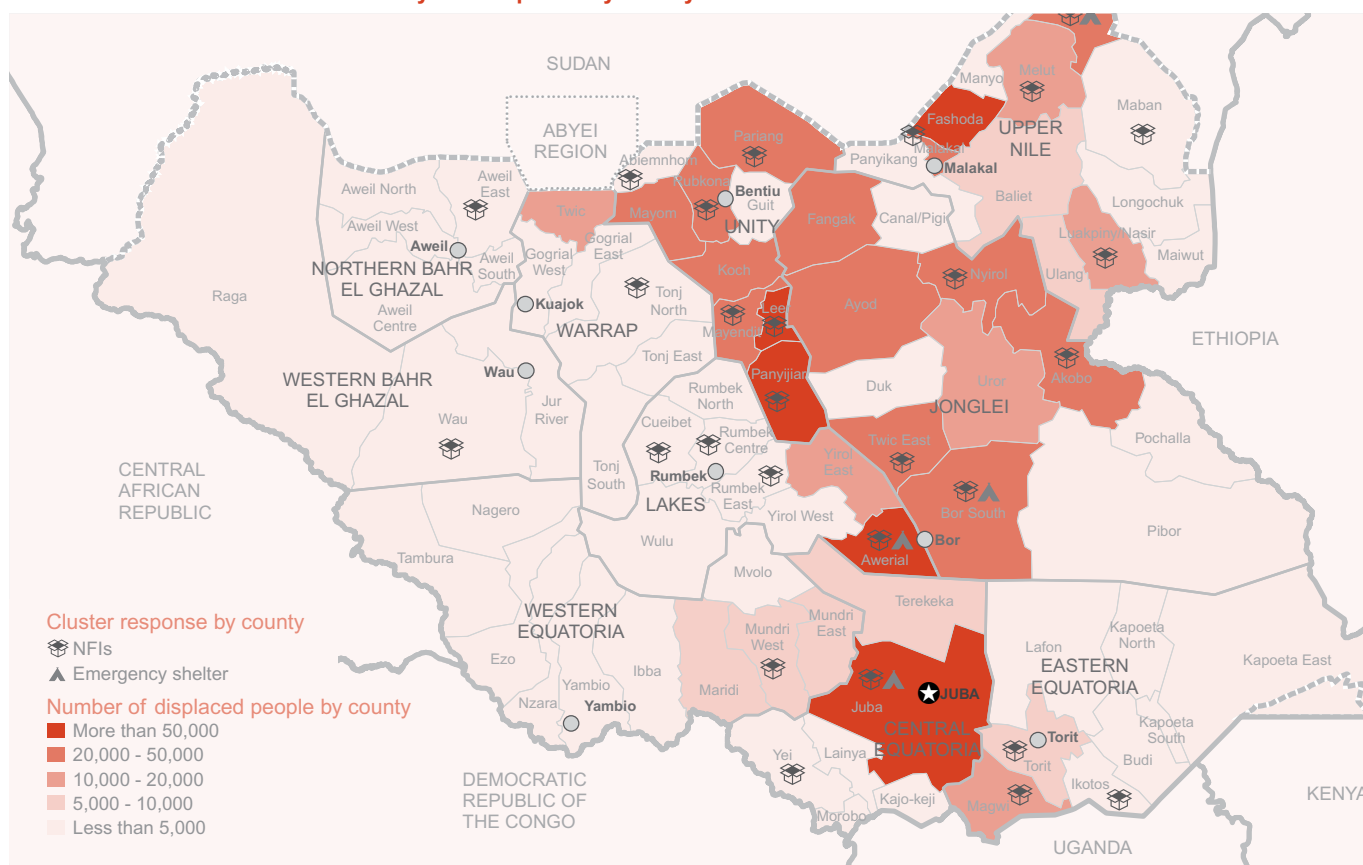
Source: Shelter and NFI cluster, May 2014

More limited shelter response
Shelter kits response since January



Source: Shelter and NFI cluster, May 2014

Shelter and non-food item vulnerability and response by county



Source: Displaced population - OCHA; Cluster response - ES and NFI Cluster, May 2014

tional flexibility to accommodate this. Returnees, other conflict-affected communities and people affected by severe flooding will also be assisted.

STRATEGY TO RESPOND TO NEEDS

The cluster will focus on delivering life-saving NFI and emergency shelter materials to conflict-displaced people. Partners will ensure sufficient supply and transport of standard packages of emergency shelter and NFI for response and pre-positioning. The common emergency shelter and NFI pipeline, managed by IOM with contribution of supplies from UNHCR, will procure, transport and store stock in hubs, and will transport stock to partner ware-

houses for immediate response or storage in field locations. For the worst affected states, where deep-field storage and transport capacity is limited, Juba and Rumbek will be the key logistics hubs. The cluster will also pre-position supplies in the greater Bahr el Ghazal and Equatoria regions in preparedness for potential escalation and new displacement patterns.

Given increased reliance on air access with the coming rains and continued insecurity, the cluster will bolster its ability to airlift materials, but expects to rely on the Logistics Cluster for areas that can only be reached by helicopter – around 60 per cent of all response locations. Given the cost of air transport, light kits

Content of NFI/Shelter kits

	NFI	Emergency shelter
Standard For stable areas accessible by road/river ²⁵	1 plastic sheet 2 blankets 2 mosquito nets 2 sleeping mats 2 buckets 1 kitchen set 2 bars of soap (800gm) 2 kangas 1 plastic sack	2 plastic sheets 6 wooden poles 20 bamboo poles 30m nylon rope Rubber binding rope 36 sandbags 1 hoe per 10 HH
Light For unstable areas or areas accessible by air only	1 plastic sheet 2 blankets 2 sleeping mats 1 kitchen set per two households 1 mosquito net	2 plastic sheets 30m nylon rope 6 pegs 1 hoe per 10 households

designed for airlift or for unstable areas with highly mobile populations will be delivered. These kits have been developed by the cluster to include the most essential, life-saving items.

Strengthened mobile response teams based in Juba will cover displacement sites where no partner is on the ground, and provide surge capacity for partners in the field where necessary. The response will be alert to gender dynamics, including by continuing to count households on the basis of wives/mothers, rather than husbands/fathers. The cluster will attempt to address the needs of large families and extremely vulnerable individuals with additional services or material support and may also include mechanisms to mitigate risks of GBV by including items such as lanterns, whistles, and torches.

The cluster will improve the quality of assessment and targeting. Partners have piloted a systematic monitoring tool for concentrated sites, to better understand needs and guide response. The cluster will also develop a 'good enough' guide for each stage of the response cycle in acute emergency and provide technical support to partners on assessment, verification, targeting and distribution, and post-distribution monitoring.

The cluster will continue to strengthen state and field level coordination, and to secure dedicated and skilled staff for shelter/NFI programming and delivery. This will include establishing field/county level coordination structures where and when necessary. While surge has been a critical element of the operation so far, longer term experienced and qualified staff will be encouraged wherever possible.

The cluster will develop further technical capacity, through enhanced leadership and recognition of locally appropriate solutions. The cluster will retain and strengthen its technical support capacity, including site planners.

The cluster will support severely flood-affected people with a basic NFI kit in cases of severe flooding, which generates widespread displacement. Where flood displacement coincides with conflict displacement, people with assets already depleted will be more vulnerable, and the cluster will therefore prioritize these groups.

In concentrated sites, the cluster will deliver fuel efficient cooking stoves and/or cooking fuel where market access is completely blocked by conflict or protection concerns. Local market dynamics and environmental hazards will be taken into serious consideration for all proposed solutions.

The cluster will program for shelter maintenance in the concentrated sites. Partners are already prepared to deliver shelter upgrades in the concentrated sites, once site preparations and extensions are ready. Beyond this, the cluster will prepare for consistent on-site shelter monitoring and maintenance.

The cluster will support shelter needs in return and transition where needed and appropriate, including for people returning to destroyed or damaged homes in relatively stable areas with the expressed intention to stay; and for longer-term settlement in relocation sites in support of people who have fled to areas of origin or ethnic affiliation.

The cluster will develop links to early recovery and livelihoods. In South Sudan, cash transfer programming (CTP), including cash, vouchers, and cash for work, has been piloted but not thus far embraced. In the latter half of 2014, the cluster will explore possible links with local livelihoods as an alternative or supplement to in-kind provision of materials, where this can be more cost effective and supportive of local economies.

The cluster will increase engagement with national NGOs where appropriate, in order to expand coverage for emergency response, and to explore appropriate, innovative local shelter and NFI activities.

The cluster contributes to Strategic Objectives 1 and 2 in the Crisis Response Plan. Its specific objectives are:

1. Ensure sufficient supply, transport and prepositioning of standard packages of emergency shelter and NFI;
2. Ensure timely, targeted, and accountable delivery of basic NFI and emergency shelter materials in acute emergency (including assessment, distribution and post-distribution monitoring);
3. Deliver locally appropriate emergency and transitional shelter solutions (including site planning, construction support and shelter maintenance where appropriate).

KEY ACHIEVEMENTS AGAINST OBJECTIVES

In terms of frontline services, the cluster has reached 429,560 people (85,912 households) with essential NFI, across 60 locations. Some 87,000 of these people, residing in nine sites, also received additional shelter material. When partners outside the Crisis Response Plan are also considered, the NFI achievement increases to 101,374 households supported with NFI. This reflects a response rate of over 5,200 families reached per week. Almost half of the NFI distributions have been of loose items rather than full kits, enabling in-country stock to go further. All NFI distributions include a plastic sheet, the most basic of shelter support.

The common pipeline has served 18 partners, transporting 2,667 tonnes of stock to 43 locations since the start of the crisis. Strategic pre-positioning before the crisis has enabled rapid response in more locations. Approximately 50,000 kits have been procured through the pipeline since December 2013, with UNHCR contributing additional stock from regional stockpiles, and significant in-kind donations from donors.

CHALLENGES AND LESSONS LEARNED

Shelter delivery has been significantly lower than NFI delivery for several reasons. This includes delays in site development in the concentrated sites in PoC areas and Awerial, where 18,100 shelters are funded and pending on-site delivery. Security constraints have also impacted shelter delivery, either by restricting access altogether or by making it an inappropriate form of support for highly mobile people. Logistics delays have severely impacted the operation. Finally, funding constraints have resulted in supply and staffing limitations.

Coordination challenges have included sharing accurate, thorough and timely information; striking the right balance between field and Juba level, especially in states where there are areas under Government and under opposition-control.

In terms of operations, the need for air-based logistics for both stock and personnel in hard-to-reach locations has been the key operational challenge, leading to delays of up to a month. Supply issues have also been faced, with delays in stock reaching the country linked to customs and delays in funding. The key human resource challenge has been high staff turnover, i.e. to secure enough of the right people in the right places for long enough.

Key lessons learned include that:

- Flexibility is key. Mobile teams of experienced staff, and the ability to transport teams and stock rapidly to new locations are essential (not detracting from the need, wherever possible, for partners to maintain commitment to ongoing quality programming in-situ).

- Competence and commitment is essential. While international surge has been a critical element of the operation so far, longer term experienced staff should be secured wherever possible.
- Effective planning and communication is critical to make the response more efficient. This applies between clusters, pipeline, field teams, and service providers (e.g. UNHAS and the Logistics Cluster).
- Timely funding for procurement ensures that supply chains remain operational. Delivery lags of up to 5 months remain common despite efforts to speed delivery.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Ensure sufficient supply, transport and pre-positioning of standard packages of emergency shelter and NFI	Shelter and NFI supplies procured and transported to people in need	Number of NFI/emergency shelter kits procured and transported NEW	-	-	-	200,000 NFI kits 90,000 emergency shelter kits
2 Ensure timely, targeted, and accountable delivery of basic NFI and emergency shelter materials in acute emergency (including assessment, distribution and post-distribution monitoring)	Basic NFI and emergency shelter materials distributed according to assessed needs and results of impact monitoring	Number of households receiving NFI kits	80,000 households (i.e. 400,000 people)	85,912 households (i.e. 429,560 people)		200,000 households
		Number of households receiving emergency shelter materials	68,000 households (i.e. 340,000 people)	17,507 households (i.e. 87,535 people)		90,000 households
3 Deliver locally appropriate emergency and transitional shelter solutions (including site planning, construction support and shelter maintenance where appropriate)	Emergency and transitional shelter provided according to locally appropriate solutions	Number of households in need in need supported with transitional or emergency shelter NEW	-	-	-	500

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

People in need			People to be assisted			People reached by 30 April		
Male	Female	Total	Male	Female	Total	Male	Female	Total
336,000	364,000	700,000	192,000	208,000	400,000	223,400	206,200	429,600

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	57,600	62,400	120,000 ²⁶	26,400	28,600	55,000
Internally displaced persons	662,400	717,600	1,380,000 ²⁷	304,800	330,200	635,000 ²⁸
Returnees	4,800	5,200	10,000 ²⁹	4,800	5,200	10,000 ³⁰
Affected communities	189,600	205,400	395,000 ³¹	144,000	156,000	300,000 ³²
Total	914,400	990,600	1,905,000	480,000	520,000	1,000,000

NUTRITION



CHANGES IN NEED

Before the crisis, under-nutrition was already extremely prevalent among boys and girls under-five and pregnant and lactating women in South Sudan. Levels of global acute malnutrition (GAM) ranged from 5.4 per cent in Wulu County, Lakes State to 36 per cent in Gogrial East County in Warrap. In the months since the start of the crisis, aggravating factors for malnutrition have become more prevalent. Food and livelihoods agencies estimate most displaced people face “crisis levels” of food insecurity, and ongoing violence and displacement continues to worsen people’s nutritional status.³³

Nutritional status is compromised where people are exposed to high levels of infection due to unsafe and insufficient water supply, limited access to basic healthcare, poor food security and inadequate sanitation. Since the crisis a number of safe water sources have been destroyed in conflict-affected areas, reducing the already low coverage of adequate water sources. In the past months, basic health care services have also been severely disrupted with an estimated 60 per cent of health facilities closed in areas affected by the conflict. Disease, compromised immune function and acute malnutrition can be a deadly combination for vulnerable people, particularly young children. In addition, child-care practices can be disrupted by the conflict, with a negative impact on infant and young child feeding practices.

The prevalence of acute malnutrition has seasonal variations in South Sudan. It is highest during the lean season before the harvest (from March to May in some areas, or until August in others). The rainy season which begins in April in South Sudan also increases the incidence of malaria and diarrhoea, particularly among young children creating a double burden of vulnerability. The rainy season also brings logistical constraints to the implementation of nutrition activities, hampering communication and the transport of nutrition supplies.

Through analysis of historical malnutrition trends, combined with recent data from food security analysis, nutrition rapid assess-

CLUSTER SNAPSHOT

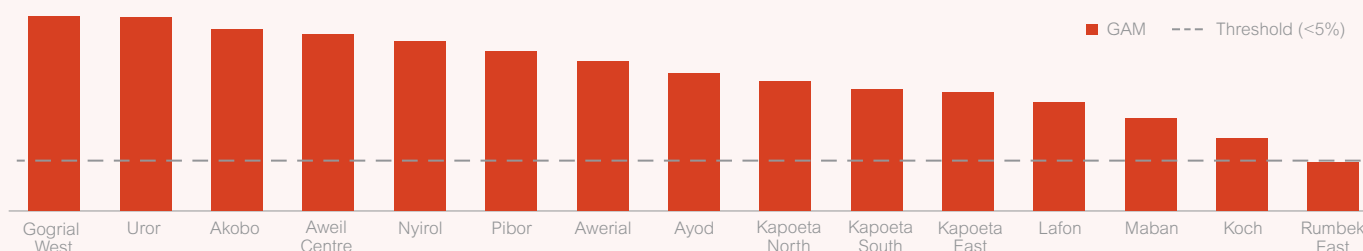
BASIC INFO	
People in need	3.6 million
People to be assisted	3.1 million
People reached	71,000
Funds required	\$131 million
Funds per person	\$42
Projects	26
Cluster lead agencies	United Nations Children's Fund (UNICEF) Action Against Hunger (ACF) USA
Government partner	Ministry of Health
Contact info	Angeline Grant, UNICEF: agrant@unicef.org Kirathi Mungai, ACF: nutritioncc.ss@gmail.com

ments, malnutrition screenings and disease outbreak information, the cluster estimates that the nutrition situation is particularly grave in Jonglei, Unity and Upper Nile states. Making matters worse, nutrition programmes in these states were largely suspended when violence broke out, due to insecurity, stock-outs and looting of supplies. The nutrition situation is also estimated to be serious in the PoC area in Bentiu and in Leer in Unity State, with other counties also at risk. Northern Bahr el Ghazal and Warrap have historically high rates of malnutrition during the lean season and it is anticipated that these will remain high or increase in 2014. If the response in priority states is not scaled-up, it is estimated that approximately 49,500 children aged 6-59 months will die due to acute malnutrition in 2014.³⁴

ALARMING RATES OF MALNUTRITION

High rates of malnutrition in many counties

Global acute malnutrition among children screened



Source: Nutrition Cluster, May 2014

PEOPLE IN NEED AND PEOPLE TO BE ASSISTED

The cluster anticipates a significant rise in the number of cases of acute malnutrition, and resulting increased mortality in 2014, compared to previous years. In line with SPHERE standards, the cluster aims to assist 75 per cent of all people with severe acute malnutrition. The cluster will aim to assist 60 per cent of people with moderate acute malnutrition. Rapid SMART surveys are planned in the three conflict-affected states in June 2014 and again in August/September 2014. The data from these surveys could possibly result in a change of the estimated figures of SAM and MAM cases reflected below.

STRATEGY TO RESPOND TO NEEDS

The anticipated increased in needs in 2014 is reflected in the revised number of people to be assisted across different categories. Nutrition partners now plan to assist 176,283 children with SAM, 420,000 children with MAM, and 113,100 malnourished pregnant and lactating women. The previous plan covering the period from January to June 2014, targeted 30,891 children with SAM, 61,692 children with MAM children and 39,093 malnourished pregnant and lactating women.

In addition, 380,000 children aged 6-59 months and 284,700 pregnant and lactating women will be targeted by blanket supplementary feeding activities in 2014. In total, based on the experience of the first half of the year in terms of partner capacity and access, the cluster plans to deliver life-saving support, e.g. treatment of moderate and severe acute malnutrition, to over 596,000 people by December 2014.

Rapid action is needed to scale-up management of acute malnutrition while putting in place activities that will prevent a severe deterioration in the nutritional status of young children and pregnant and lactating women. The cluster will focus its efforts in Jonglei, Unity and Upper Nile, along with conflict-impacted counties of Aweril, Lakes State and Juba (PoC areas). Northern Bahr el Ghazal and Warrap states will also be prioritized given their historically high levels of acute malnutrition.

The cluster contributes to Strategic Objective 1 of the Crisis Response of Plan. Its specific objectives are to:

- Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups;

- Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people;
- Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the response.

The nutrition cluster has put forward the following new operational priorities to help scale up the response:

1. Adopt a rapid response mechanism for “light” nutrition assessments to rapidly determine the severity of situations and the need to respond, coordinated through the Nutrition Cluster;
2. Adopt rapid response nutrition programming through a coordinated multi-organization approach based on rapid nutrition assessment results and common activation criteria;³⁵
3. Enhance integration of SAM and MAM programming in priority locations;
4. Consider alternative treatment approaches for children suffering from acute malnutrition to increase coverage;
5. Ensure uninterrupted nutrition supplies through the pipeline to anticipate stock-outs and mobilize resources appropriately with sufficient pre-positioning;
6. Reinforce remote support to local health authorities/facilities and local NGOs in areas where no international organizations are present and access is an issue; and
7. Ensure close monitoring of the nutrition situation and response, along with effective nutrition coordination.

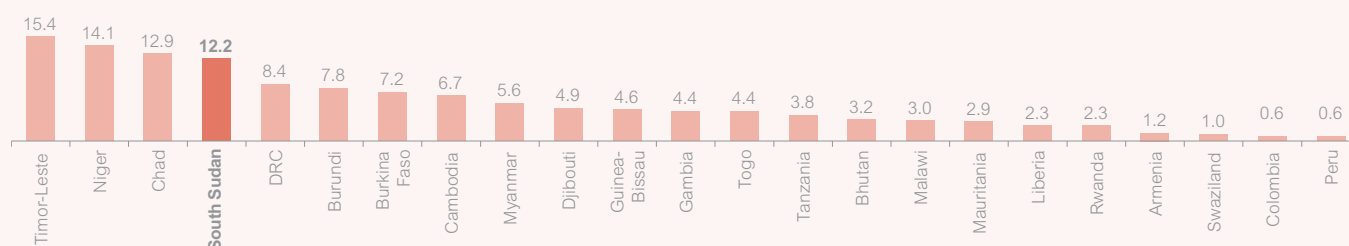
Nutrition partners will aim to integrate WASH and nutrition programming. They will also enhance cross-sector collaboration with health and protection partners, to broaden the reach of services. Finally, the cluster will enhance cross-sector programming with food security and livelihoods agencies, to address underlying causes of malnutrition by targeting nutrition beneficiaries with sustainable livelihood activities.

In terms of the integration of gender into nutrition programming, nutrition cluster partners will: (i) ensure regular analysis and utilisation of sex-disaggregated data, (ii) ensure mothers and fathers are equally targeted by nutrition sensitization activities (iii) endeavour to respect gender equality in training and capacity-building. Nutrition agencies will also work to ensure that nutrition

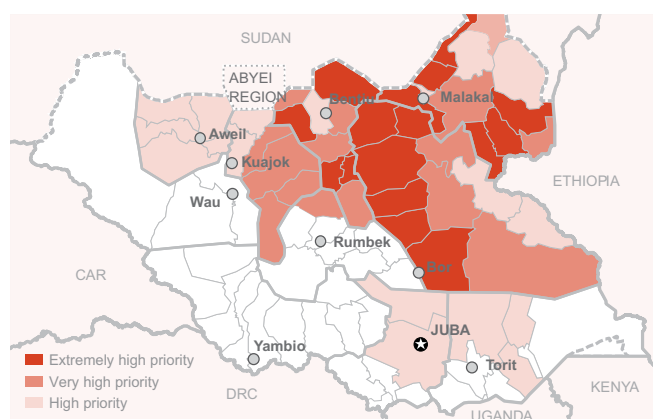
NUTRITION SITUATION AMONG THE WORST IN THE WORLD

Malnutrition rates in South Sudan are among the worlds highest

MDG indicator for severely underweight children under 5 years in selected countries (%)



Priority counties for the nutrition response



Source: Nutrition Cluster, May 2014

treatment and prevention activities can serve as an entry point for HIV sensitization and referral. Close collaboration will be sought with the health cluster to ensure that all individuals affected by acute malnutrition who are HIV positive have access to the necessary medical and psychosocial care and support.

The nutrition cluster will advocate for increased integration of accountability mechanisms to affected populations into its nutrition programming, striving to ensure involvement of caregivers in the planning and implementation of activities. Similarly, feedback will be sought from those who were assisted to improve service delivery. The cluster will develop adapted and harmonised guidance and tools on this theme to monitor and analyse the integration of accountability to affected populations and its impact on programme decision-making, capacity development and preparedness.

KEY ACHIEVEMENTS AGAINST OBJECTIVES

In the first four months of 2014, 19,342 children with severe acute malnutrition were detected and treated. The cure and defaulted rates for the first quarter of 2014 were 65 and 30 per cent respectively, which is below SPHERE standards.³⁶ The death rate for the same period was at 1 per cent. Over 43,200 cartons of ready-to-use-therapeutic food (RUTF) were delivered to partners providing services to children with severe acute malnutrition. This is sufficient to treat over 43,000 children over a period of six to eight weeks. Cluster partners also reached some 18,670 children with MAM treatment.

Through the rapid response missions which started in April 2014, more than 16,000 children aged 6-59 months have been screened in six locations. Of these, some 1,000 children were identified to have severe acute malnutrition. Provisions have been made for these children to receive ready-to-use therapeutic food and routine medication.

CHALLENGES AND LESSONS LEARNED

The funding available to the cluster lead agency was largely for the procurement of supplies. Very limited resources were available to provide to partners to cover the operational costs of scaling up their response. Logistical constraints, including looting of commodities and partners' assets, and a lack of security clearance to various field locations has delayed the response. Availability of fuel in field locations has hampered partners' movement.

Partners' capacity and a response strategy have been lacking, as most of the cluster members did not have sufficient technical and human capacity to offer a comprehensive nutrition package to people in need. Capacity-building needs have now been identified. Cluster lead discussions have ensured that WFP and UNICEF as the managers for the food and nutrition pipelines contract the same partner in any given location to manage both severe and moderate cases of malnutrition.

Reporting of achievements by partners has been delayed. Indeed, the overall achievement in terms of people reached with services is expected to be much higher than what has been reported to date.

In the first months of the crisis, the cluster struggled to collate credible data on the nutrition situation in conflict-affected states. This hampered adequate prioritization and planning as well as resource mobilization by the cluster and its partners. This has since been rectified with an agreement to conduct quarterly representative assessments to improve availability of credible data for decision-making.

Nutrition programmes are specific in nature and require an extended contact time for the beneficiaries to be discharged as cured. The nature of the conflict has limited the contact time with beneficiaries hence the high default rate.

Supplies have been a problem leading to programme disruption and a failure to reach targets for MAM management. Several measures have been put in place to address this including airlifting supplies and improved forecasting to anticipate future supply needs.

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

Category	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
SAM (3-4%)	20,100	18,500	38,600	16,100	14,800	30,900	9,700	9,600	19,300
MAM (8-11%)	64,200	59,200	123,400	32,100	29,600	61,700	9,400	9,300	18,700
BSFP (6-59 months)	650,200	600,200	1,250,400	325,100	300,100	625,200	5,400	5,300	10,700
PLW (TSFP)	-	78,200	78,200	-	39,100	39,100	-	6,800	6,800
PLW BSFP	-	128,400	128,400	-	64,200	64,200	-	15,500	15,500
Total	734,500	884,500	1,619,000	373,300	447,800	821,100	24,400	46,500	71,000

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Children 6-59 months*	1,078,000	1,122,000	2,200,000	970,200	1,009,800	1,980,000
Pregnant and lactating women** (PLW)	-	1,389,500	1,389,500	-	1,111,600	1,111,600
Total	1,078,000	2,511,500	3,589,500	970,200	2,121,400	3,091,600

* 1,980,000 children 6-59 months are targeted for Vitamin A supplementation. Within this overall target population, the targets for: 1) treatment of severe acute malnutrition is 176,283 children (75% of children in need); 2) treatment of moderate acute malnutrition is 420,000 children (62% of children in need); 3) blanket supplementary feeding is 380,000 children (23% of children in need).

**1,111,600 people are targeted for infant and young child feeding (IYCF-E) interventions. Within this overall target population, the targets for preventive nutrition activities among pregnant and lactating women are: 1) 113,100 women with moderate acute malnutrition receiving treatment (72% of all in need); 2) 437,516 women receiving blanket supplementary feeding (65% of women in need).

ORIGINAL CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Target	Achieved - 30 April	
1 Ensure access to programmes that manage acute malnutrition for children and pregnant and lactating women	Severe acute malnutrition in children under five years old managed	30,891 boys and girls 0-59 months	19,342 boys and girls 0-59 months	
	Moderate acute malnutrition among children, pregnant and lactating women managed	61,692 boys and girls 6-59 months	18,668 boys and girls 6-59 months	
		39,093 PLW	6,816 PLW	
2 Ensure access to programmes that prevent malnutrition through promotion and support of optimal infant and young child feeding practices and control of micronutrient deficiencies	Malnutrition among 6-59 months old children, pregnant and lactating women prevented (BSFP)	625,178 boys and girls	10,651 boys and girls 6-59 months	
		64,224 PLW	15,492 PLW	

REVISED CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Revised target
1 Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups	Treatment provided for SAM and MAM in children under 5 years and pregnant and PLW	Number and percentage of SAM cases admitted for treatment	176,283 (75%) Male: 91,667 Female: 84,616
		Percentage of SAM admissions recovered: target > 75%	75%
		Number and percentage of MAM cases admitted for treatment	420,000 (62%) Male: 201,400; Female: 218,400
		Percentage of MAM admissions recovered: target > 75%	75%
		Number and percentage of PLW admitted to TSFP	113,100 (72%)
2 Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people	Appropriate infant and young child feeding protected, supported and promoted	Number and percentage of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E programmes	1,111,617 (80%)
		Micronutrient supplementation provided to children under 5 years and PLW and other vulnerable groups	1,771,640 (90%)
	Number and percentage of children reached by de-worming treatment (12-59 months)	1,980,069 (90%) Male: 970,234 Female: 1,009,835	
	Number and percentage of PLW reached by MNT supplementation	218,758 (50%)	
	Number and percentage of children aged 6-59 months reached with micronutrient powders ³⁷	320,347 (16%)	
	Number and percentage of children aged 6-59 months reached with blanket supplementary feeding	380,000 (23%) Male: 187,600 Female: 182,400	
	Number and percentage of PLW reached with blanket supplementary feeding	284,700 (65%)	
3 Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the response	Emergency assessments and response teams supported	Number of SMART surveys conducted in priority states and counties	47
	Management and analysis of nutrition information improved	Monthly nutrition partner reporting rate (%)	100%
	Cluster coordination meetings and technical working groups convened at state and national level	Number of cluster coordination meetings held at national and state level	24 national level 60 sub-national level
		Number of cluster coordination trainings conducted at national and state level	1 at national level 3 at sub-national level
	Management and analysis of nutrition information improved	Percentage of CPM report recommendations implemented	80%
		Number of cluster monthly bulletins produced	9

PROTECTION



CHANGES IN NEEDS

As the crisis has deepened and the number of people displaced has increased, along with all other groups affected by the conflict. Violence continues and shows indications of spreading to areas previously considered less impacted, such as Northern and Western Bahr el Ghazal and Warrap states. Wherever there has been fighting, it has been characterized by brutal violence against civilians, including killings, rape, assaults and destruction of property. The impact of peace talks remains unclear and it is likely that the situation will become protracted.

The number of people seeking physical protection in UN bases has increased in recent months, in particular in Bentiu, Unity State. So has the number of people displaced outside UN bases – the vast majority of the displaced population. Many are in areas without any form of physical protection or law enforcement. Protection risks including, but not limited to, violence and abuses, sexual and gender-based violence, and separation of children from their families, family/child separation, are likely to increase as a result of the displacement.

People in PoC areas are particularly vulnerable to abuses when they leave the base. Numerous cases have been reported of women and girls being raped or abused when collecting firewood or going to the market, and of men being killed when moving in towns. Increased tension between different groups in PoC areas inside UN bases is posing new and serious protection concerns.

All around the country, children and elderly have been separated from their families when fleeing the violence. Given the constraints on humanitarian operations to date, many have not yet received protection support. For example, only 11 per cent of children identified as needing family tracing and reunification support have so far been reunited with their relatives.

With conditions for safe return still not in place in many areas, displacement is becoming protracted. Many people have now been displaced for half a year. This brings with it a range of protection concerns, including by breaking down safety networks

CLUSTER SNAPSHOT

BASIC INFO

- People in need: 5.6 million
- People to be assisted: 1.2 million
- People reached: 429,800
- Funds required: \$79 million
- Funds per person: \$66
- Projects: 28
- Cluster lead agencies: United Nations Refugee Agency (UNHCR) Norwegian Refugee Council (NRC)
- Government partner: Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management;
- Contact info: Joan Allison, UNHCR: allison@unhcr.org Lisa Monaghan, NRC: lisa.monaghan@nrc.org

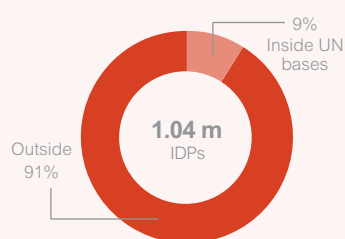
and family structures; increasing the level of violence in communities, aggravated by frustration and hardship; and leaving people with ongoing and untreated trauma. Secondary occupation of the homes of displaced people is also a concern.

PEOPLE IN NEED AND TO BE ASSISTED

The cluster estimates that over 5.6 million people need protection services, given the scale of the crisis and its wide-spread impact on communities. This includes the total number of people in IPC phase 3 and 4, and all the people projected to be displaced by December. It also includes Abyei-affected and returnees. The cluster aims to assist 22 per cent of these people.³⁸

Majority of IDPs outside UN bases

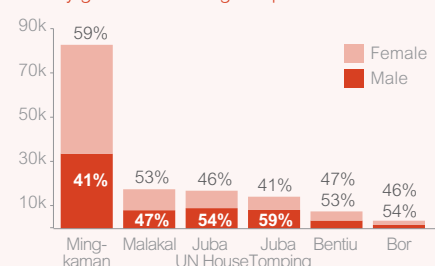
Share of IDPs in UN bases and other areas



Source: OCHA, IOM, May 2014

Equal gender distribution among IDPs

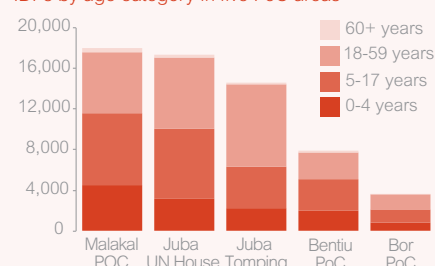
IDPs by gender in five large displacement sites



Source: IOM, May 2014

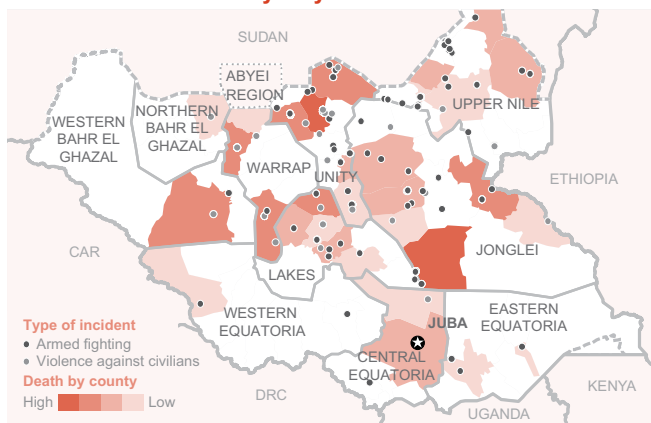
High share of children among displaced

IDPs by age category in five PoC areas



Source: IOM, May 2014

Violent incidents January-May 2014



Source: Armed Conflict Location and Event Dataset (ACLED), Jan - May 2014

RESPONSE STRATEGY

The cluster will focus on protection monitoring, advocacy and response services, to mitigate the effects of the rise in violence on displaced people, host communities and returnees. Protection agencies will also enhance the protection of children, adolescents, women and other particularly vulnerable groups, with an emphasis on preventing family separation. This will entail identifying separated, unaccompanied or missing children, tracing and reunifying families, and strengthening alternative care systems. The cluster will provide child and gender-sensitive prevention and response services to survivors of gender-based violence, and support children's psychosocial wellbeing through community-based activities. For reintegration of children who have been in contact with armed forces, partners will provide community-based assistance, which targets all vulnerable children to avoid stigmatization.

The main change in the strategy of the Protection Cluster will be the implementation of a new rapid response operational model, which is designed to reach areas where the cluster does not have a presence, and assist people who continue to move in response to the conflict. The cluster will increase the number of protection staff and the frequency of joint missions with other humanitarian agencies. During these missions, protection staff will implement both protection mainstreaming and stand-alone protection activities. These rapid response activities will be done while continuing to make protection mainstreaming operational across the response.

To make programmes more effective, the cluster has established a system of prioritization which identifies lead operational agencies for general protection, child protection and gender-based violence in key states at country level and in neighbouring countries to facilitate cross-border activities. Protection mainstreaming across different clusters and advocacy will remain top priorities, including informing coordination with UNMISS in the protection of civilians activities. In general, outreach to international actors will remain essential in the coming months, to highlight key protection issues and encourage appropriate response from humanitarian, political and military actors. Within its general work to mitigate protection risks, the cluster will support partners who address less visible issues, such as linkages between protection and education, needs of elderly and disabled people, and issues around secondary displacement and housing, land and property threats.

The cluster contributes to Strategic Objective 2 of the Crisis Response of Plan. Its specific objectives are to:

1. Scale up protection monitoring, advocacy and response (including rapid assessment and response mechanisms) to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants;
2. Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing, reunification and/or alternative care, as access permits;
3. Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV; and
4. Promote psychosocial well-being of children and GBV survivors through a community-based approach.

Priority actions for the cluster include:

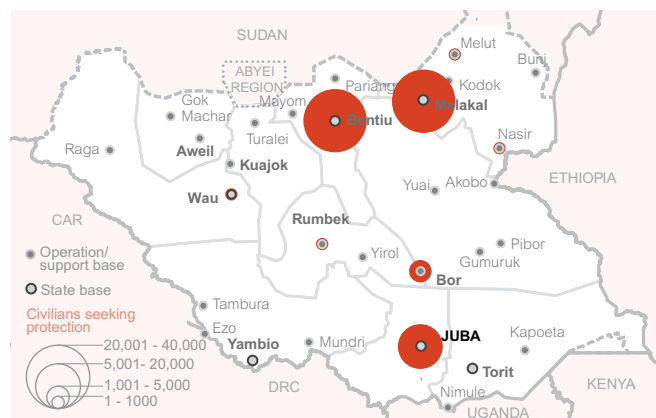
- Establishing and enhancing mobile protection teams;
- Increasing community awareness and outreach;
- Deploying roving protection coordination and support capacity;
- Increasing advocacy and reporting on protection, GBV and child protection issues;
- Increasing emphasis on protection mainstreaming with other clusters to enhance the overall response;
- Increasing GBV technical support in hot-spot areas;
- Establishing GBV multi-sector services (medical, psychosocial, safety/security and case management), including in "one stop" centres that may reduce stigma and increase access to services;
- Scaling up inter-state family tracing and reunification and coordinating cross-border family tracing and reunification with ICRC, UNHCR and other child protection actors in the region;
- Expanding community-based psychosocial support services for displaced and otherwise conflict-affected communities;
- Initiating participation by youth and adolescents in child protection and skills-for-life activities, in collaboration with education agencies;
- Providing community-based reintegration assistance to all vulnerable children, including those formerly associated with armed forces.

KEY ACHIEVEMENTS AGAINST OBJECTIVES

In the first half of 2014, the cluster, including the Child Protection and GBV sub-clusters, met or exceeded many of their targets. The picture, however, is two-fold. While the cluster's role in protection mainstreaming, analysis and advocacy has been well received, results for implementation of actual protection services have been limited due to a lack of funding.

Peacekeeping presence

Location of UNMISS bases, troops and police



Source: UNMISS, May 2014

Since the start of the crisis, protection assessment and monitoring missions have accessed hard-to-reach areas, supporting the response and the situational awareness and advocacy. The emphasis placed on protection mainstreaming and sensitization work has increased the overall awareness of partners of operational protection concerns. While difficult to quantify, protection advocacy has also played a role in increasing awareness of and response to protection issues among donors, diplomats, the humanitarian community and UNMISS, inside and outside South Sudan.

Despite various constraints, GBV agencies achieved their target of setting up seven referral pathways. Child protection agencies exceeded by almost double its target for establishing FTR systems, and developed a range of tools and guidance to ensure the quality of activities. Programmes are monitored with an innovative “5W”³⁹ tool and deployed a state-level “roving” coordination capacity.

CHALLENGES AND LESSONS LEARNED

In addition to funding constraints, key challenges faced by protection partners have included the sheer scale of the displacement crisis, which have far exceeded expectations and stretched organizations’ capacity to respond. Ongoing insecurity and access constraints have created major bottlenecks for programme implementation. Obtaining security clearances for staff travel and pre-positioning of critical emergency supplies has been difficult, either due to decisions by local authorities or aid agencies’ own security regulations.

A limited number of implementing partners and staff in Jonglei, Unity and Upper Nile states also constrained programme implementation and monitoring. The ongoing conflict has meant that partners are constantly catching up, trying to respond to emerging and rapidly shifting needs. This has been complicated by funding issues and the agility of funding streams. The donor community (including both bilateral donors and UN agencies) have on many occasions opted to fund activities inside PoC areas at the expense of viable projects in urban areas. This has skewed the use of available resources and created avoidable gaps.

As aid agencies have worked hard to scale up the response, much of the increase in capacity has been through surge deployments. While surge staff are much appreciated, the short-term nature of most such deployments has an impact on the continuity and sustainability of operations. Longer-term staff are key to an effective response.

Given the ongoing and fluid nature of the conflict and the many operational constraints, a main lesson learned is the importance of dedicated rapid response capacity within and among all clusters. Protection mainstreaming has also proved useful in mitigating protection concerns across different areas of the response, and in maximizing scarce protection resources.

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

Categories	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Internally displaced persons	490,000	510,000	1,000,000	245,000	255,000	500,000	200,300	208,500	408,800
Returnees	4,900	5,100	10,000	4,900	5,100	10,000	-	-	-
Abyei-affected ⁴⁰	60,000	62,500	122,500	30,600	31,900	62,500	2,900	3,100	6,000*
Broader community	1,057,900	1,101,100	2,159,000	529,200	550,800	1,080,000	7,350	7,650	15,000 ⁴¹
Total	1,612,800	1,678,700	3,291,500	809,700	842,800	1,652,500	210,550	219,250	429,800

* new displaced arrivals

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	58,800	61,200	120,000	58,800	61,200	120,000
Internally displaced persons	735,000	765,000	1,500,000	294,000	306,000	600,000
Returnees	9,800	10,200	20,000	9,800	10,200	20,000
Affected communities	1,960,000	2,040,000	4,000,000	242,550	252,450	495,000
Total	2,763,600	2,876,400	5,640,000	605,150	629,850	1,235,000

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Scale up protection monitoring, advocacy and response (including rapid assessment/ response mechanisms) to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants	Physical and other protection concerns for IDPs, host communities and migrants are addressed based on assessed needs and joint advocacy and information initiatives with other stakeholders	No of field protection monitoring and/or assessment missions in all affected undertaken	100	115 ⁴²		200
		Number of joint advocacy and information initiatives undertaken with other stakeholders	8	21 ⁴³		35
2 Enhance protection of children, adolescents and other vulnerable groups affected by crisis (incl. children associated with armed forces and armed groups) with an emphasis on identification of separated, unaccompanied or missing children and family tracing, reunification and/or alternative care, as access permits	Appropriate Family Tracing Referral (FTR) systems and services are available to support identification, registration and reunification or provision of protective interim alternate care arrangements for separated, unaccompanied or missing children	Number of FTR services and systems established and functional	7	14 FTR systems ⁴⁴		At least 15 FTR systems
		Number of children reunified and/or receiving alternative care NEW	-	-	-	5,000 children
3 Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV	Child and gender-sensitive preventive and response services providing GBV case identification, survivor-centres response, and referral mechanisms including to safe and secure essential health and case management services available to survivors of GBV in priority target areas	Number of locations with referral pathways developed and disseminated to the IDPs in priority areas	10	7 ⁴⁵		At least 15 referral pathways with associated services established and/or maintained
4 Promote psychosocial well-being of children and GBV survivors through community-based support	Psychosocial well-being of children, persons at risk of GBV and GBV survivors promoted through access to safe spaces and by association with networks of children, youth and women	Number of children and persons at risk of GBV and/or survivors with access to safe spaces and other community-based psychosocial support NEW	-	-	-	Up to 261,500 children Up to 400,000 persons at risk of GBV and/or survivors

WATER, SANITATION AND HYGIENE



CHANGES IN NEEDS

Since the outbreak of conflict in December 2013, the level of humanitarian need has drastically increased, with greater numbers of affected populations seeking shelter in Protection of Civilian sites (PoCs), and open sites in rural areas. In many displacement sites there is an increasing threat of infectious disease outbreaks, especially of water borne disease, given crowded conditions and the onset of the rainy season.

In May, a cholera outbreak was declared in Juba. This triggered a major WASH response, with partners deploying community workers to raise awareness about the disease and the importance of hygiene, and working closely with national authorities and health partners to ensure clean water supply to the town in general, and health facilities in particular. With confirmed and suspected cholera cases in other parts of the country it is clear that this is a country-wide risk. Tackling it requires a strengthened WASH response in all conflict-affected areas, especially where displaced people have gathered in large numbers and live in poor conditions.

The increasing likelihood of a nutritional and hunger crisis among displaced people and other acutely vulnerable groups is a major concern. Without adequate WASH services, these groups are extremely vulnerable to illness.

PEOPLE IN NEED AND TO BE ASSISTED

The figures for people in need and to be assisted are aligned with food insecurity figures. The figure for people in need corresponds to the number in IPC phases 2 to 4 (stressed, crisis and emergency). People to be assisted correlates with people in IPC phase 3 (crisis) and 4 (emergency). Displaced people and returnees are not included in the overall caseload because they are a sub-group of the affected community category. Emergency assistance in the states of Jonglei, Unity and Upper Nile will be prioritized along with the conflict-impacted counties of Awerial (Lakes) and Juba (Central Equatoria).

CLUSTER SNAPSHOT

BASIC INFO

People in need	5.9m
People to be assisted	3.8 million
People reached	1.4 million
Funds required	\$127 million
Funds per person	\$33
Projects	45
Cluster lead agencies	United Nations Children's Fund (UNICEF) Medair
Government partner	Ministry of Water Resources and Irrigation
Contact info	Jesse Pleger: washclusterjuba@gmail.com Oliver Wright: washclusterjuba-ngo@medair.org

STRATEGY TO RESPOND TO NEEDS

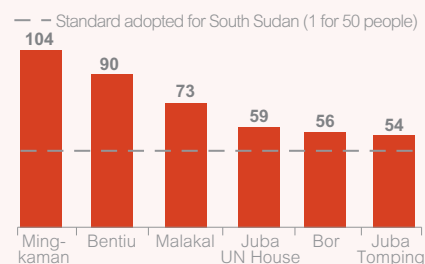
WASH partners will continue to scale up emergency WASH services across the country, reaching nearly four million crisis-affected people. Increased priority will be given to ensuring:

- Continued emergency WASH services in all temporary relocation sites in Juba County, Bor South County, Rubkona County, Awerial County, and Malakal County; ensuring that SPHERE standards are met and WASH infrastructure is adapted to endure the rainy season (for example by elevating and lining latrines);
- Increased emergency preparedness and response activities

LITTLE WATER AND ALMOST NO SANITATION

Number of latrines per 50 people

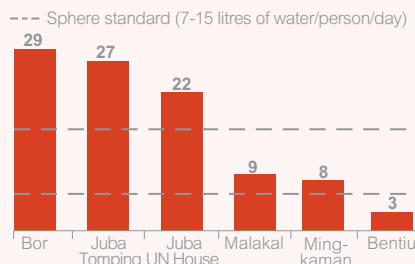
in main IDP locations



Source: WASH Cluster, May 2014

Water availability

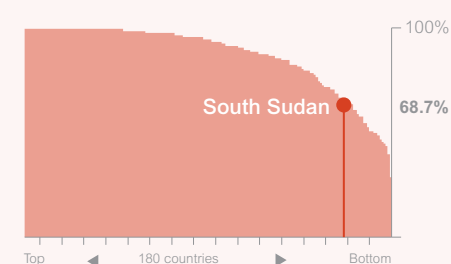
in main IDP locations



Source: WASH Cluster, May 2014

Access to drinking water near the bottom

Access to improved water sources



Source: United Nations MDG Progress Report, 2012

across the country focused on addressing the threat of cholera outbreaks, and the spread of other infectious diseases, particularly the threat of water borne diseases during the rainy season;

- Increased mobile, rapid response (resulting in one-off assistance or ongoing assistance depending on need) focused on reaching displaced populations in hard-to-reach rural locations, especially in Jonglei, Unity and Upper Nile.

The cluster will continue to prioritize emergency life-saving activities. A focus on infectious disease outbreak, including prevention, preparedness and response activities, is justified by the risks caused by overcrowding and flooding in many locations. A scaled-up response is critical if a nutritional crisis materializes. Without WASH services, populations weakened by displacement and lack of access to food are extremely vulnerable to illness and disease.

Since the start of the crisis, partners have been able to deploy mobile rapid response teams and have scaled up thanks to organizations with high capacity and experienced staff taking on responsibility for key sites. Mobile NGO-led teams have deployed rapidly to new displacement sites. UNICEF's Rapid Response Mechanism has added to this effort, increasing the cluster's ability to access people in hard-to-reach areas with a basic package of emergency WASH supplies. These different forms of rapid response activities will continue, and will seek to meet immediate needs while fostering increased ongoing presence of humanitarian actors in remote locations.

Additionally, new cholera preparedness and response activities have and will be implemented, for example provision of WASH related contingency stocks for Cholera Treatment Centres, re-packaging of hygiene promotion strategies, and WASH emergency response to cholera outbreaks.

A more thorough prioritization of the WASH response in terms of locations and activities is required in light of the huge need to prevent illness among extremely vulnerable people. Ensuring emergency WASH supplies reach malnourished people will allow highly vulnerable groups to protect themselves from fatal illness. Targeted hygiene campaigns, as well as improvement to water and sanitation infrastructure, could prevent the spread of cholera. Continued adapting of infrastructure within existing sites will prevent the devastating effect of contaminated water points and flooded or collapsed latrines. All of these activities are essential and must be prioritized in areas of greatest need. With an even larger affected population in acutely vulnerable conditions, it is essential that emergency WASH programming in key locations takes priority over more recovery-oriented effort in areas directly and indirectly affected by the crisis.

KEY ACHIEVEMENTS AGAINST OBJECTIVES

WASH partners are on track to achieve basic water and sanitation targets by June, having reached 82 per cent of the total target by May, by assisting some 1.36 million people. Additional work is needed to meet targets suggested by SHERE key indicators and guidance notes. On top of the drive to achieve SPHERE standards for emergency WASH in established sites, partners continue pushing to reach new locations where large numbers displaced people have not yet received assistance, such as Koch and Leer in Unity State.

At the start of the year, much of the focus was on PoC areas, while partners were scaling up their capacity, and the core pipeline was restocked. However, from mid-February WASH agencies strengthened response across affected areas, gaining access to key locations. In addition, in this timeframe, key partners were able to build up their capacity not only in the scale of their response, but also in terms of technical emergency programming and security management ability.

Weekly analysis of the WASH response indicates that in many locations global emergency standards for water supply and sanitation coverage are still not being met due to very challenging operating conditions. This is particularly the case in PoC areas, where space for latrines and water delivery is limited. However, survival needs (three litres of water per person and day) and first phase emergency needs (seven litres) have been achieved across all locations where WASH agencies are present.

CHALLENGES AND LESSONS LEARNED

Initially, physical access due to insecurity made it hard to respond rapidly to needs. Unpredictable access since the start of the crisis has continued to stall scale-up of emergency WASH service provision in some locations.

Operations were delayed by constraints in getting supplies to partners on time (due in part to looting of large stockpiles); major security constraints on road and river transport; and delays in bringing stock into the country as a result of funding shortages and customs delays.

Recruiting and retaining qualified staff, with suitable technical and emergency programming skills and security management capacity, remains difficult. Coordination capacity since the start of the crisis has not been at full strength, with key positions absent and staffing low or on a short-term basis.

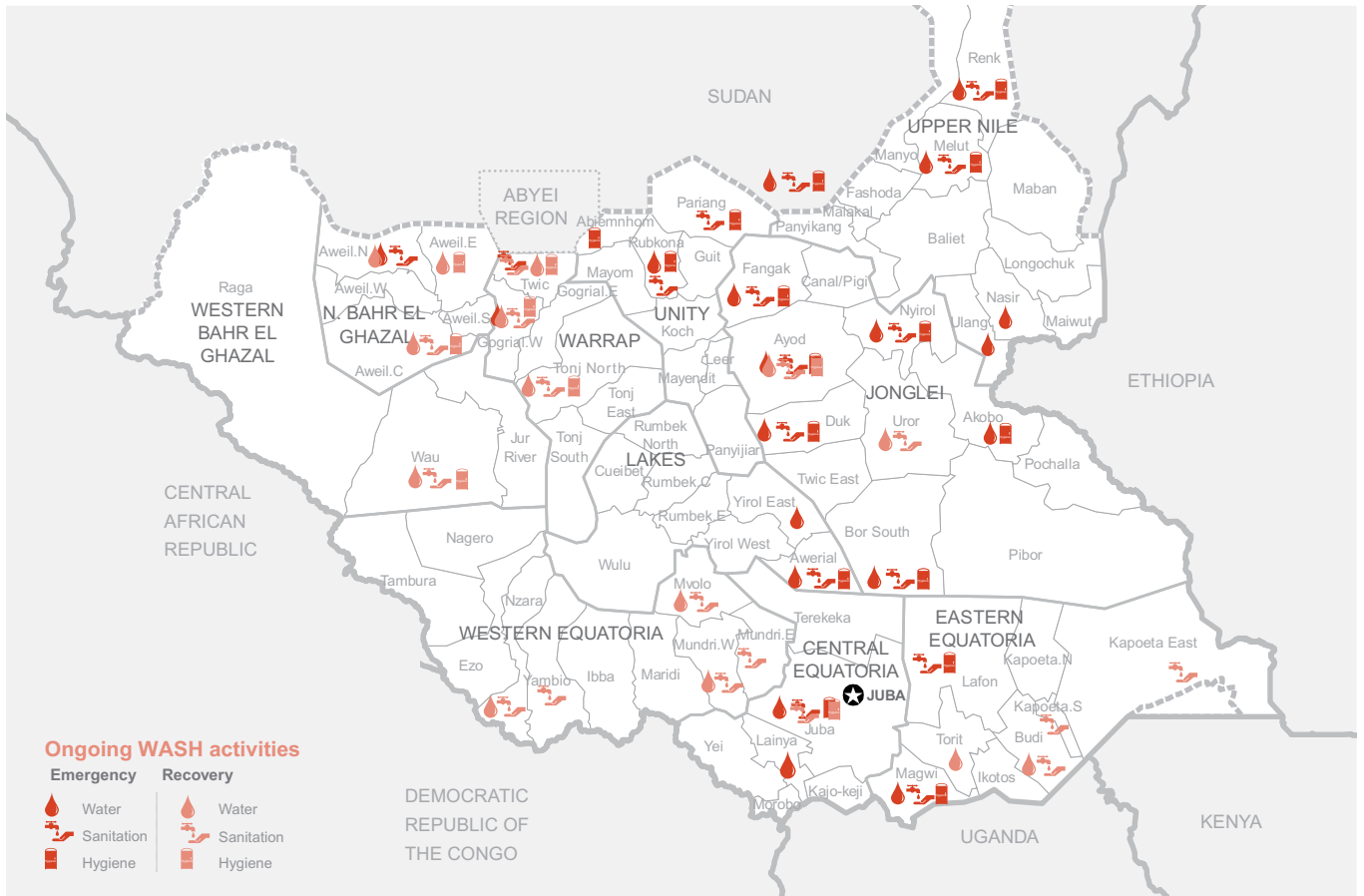
Within displacement sites, in particular the PoC sites, physical space has been a major constraint to ensuring adequate WASH coverage. Sanitation coverage has been particularly constrained by lack of space for latrines. Extremely poor soil conditions make it difficult to build durable infrastructure, particularly latrines. Drainage is complicated by flat terrain and few natural drainage corridors.

A necessary focus on trying to scale up WASH coverage in current sites has made it difficult to implement new activities. In particular, adapting and upgrading WASH infrastructure ahead of the rainy season has been delayed.

Key lessons learned include that:

- Increased and timely funding will be essential for continued maintenance, scale-up and improvement of WASH services in crisis-affected states. A robust pipeline of supplies, strategically pre-positioned at sub-national levels, will continue to be essential for ongoing emergency service provision and new activities.
- Logistical challenges that prevent timely scale up and adequate WASH coverage must continue to be mitigated by close coordination with other clusters (especially logistics and camp management) and effective cooperation with UNMISS.

WASH activities by county



Source: WASH Cluster, April 2014

- Roving positions and cluster capacity for field support is essential, and allows transfer of lessons learned and best practice across the response.
- Funded partners with experience, flexibility and the ability to scale up and adapt quickly will continue to be essential for ongoing emergency WASH assistance, and to ensure continuity of skills and capacity once emergency response teams and global surge staff leave.
- Without some level of investment in recovery WASH activities, chronically vulnerable communities risk becoming acutely vulnerable in the coming months and into 2015.

CLUSTER OBJECTIVES, TARGETS AND ACHIEVEMENTS

Objective	Output	Indicator	Original target	Achieved - 30 April		Revised target
1 Provide emergency water and sanitation, and promote good hygiene among displaced populations	Displaced people access clean water through one-off support or on-going emergency service provision, as appropriate (based on standard SPHERE figures of 7-15 L/p/day, within 500m of residence)	Number of IDPs accessing safe water (based on standard SPHERE figures)	1,655,000	1,362,033		1,000,000
	Displaced people access an improved sanitation facility through one-off support or on-going emergency service provision (based on standard SPHERE figures estimating 1 latrine per 50 people)	Number of IDPs accessing an improved sanitation facility (based on standard SPHERE figures)	550,000	542,533		750,000
	Hygiene promotion training and/or a hygiene kit is provided to displaced populations	No. of IDPs receiving hygiene promotion training and/or using a basic hygiene kit NEW	-	-	-	200,000
2 Ensure provision of safe water supply and improved sanitation, and promote good hygiene within host communities and other acutely vulnerable communities	Host communities and other acutely vulnerable communities provided with safe water (based on standard SPHERE figures of 7-15 L/p/day, within 500m of residence)	No. of chronically vulnerable people accessing safe water (based on standard SPHERE figures)	825,000	211,450		2,790,000
	Host communities and other acutely vulnerable communities are provided with an improved sanitation facility	No. of people provided with an improved sanitation facility (based on standard SPHERE figures) NEW	-	-	-	200,000
	Hygiene promotion training is provided to host communities and other acutely vulnerable communities	No. of people receiving hygiene promotion training NEW	-	-	-	7,000

ORIGINAL CRP PEOPLE IN NEED, TO BE ASSISTED AND REACHED BY APRIL

Categories	People in need			People to be assisted			People reached by 30 April		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Chronically vulnerable communities	858,000	792,000	1,650,000	429,000	396,000	825,000	110,000	101,500	211,500
IPC-Acute (minus 1.65M in chronically vulnerable)	234,000	216,000	450,000	-	-	-	-	-	-
IDPs	480,000	520,000	1,000,000	240,000	260,000	500,000	260,000	240,000	500,000
Returnees	13,000	12,000	25,000	13,000	12,000	25,000	13,000	12,000	25,000
Abyei-affected	31,200	28,800	60,000	31,200	28,800	60,000	13,000	12,000	25,000
Host communities	524,200	560,800	1,085,000	276,200	293,800	570,000	143,000	132,000	275,000
IPC-Emergency	267,800	247,200	515,000	267,800	247,200	515,000	135,900	125,400	261,300
Refugees (supplies only)	70,200	64,800	135,000	70,200	64,800	135,000	46,800	43,200	90,000
Total	2,478,400	2,441,600	4,920,000	1,327,400	1,302,600	2,630,000	721,700	666,100	1,387,800

REVISED NUMBER OF PEOPLE IN NEED AND TO BE ASSISTED

Category	People in need			People to be assisted		
	Male	Female	Total	Male	Female	Total
Abyei-affected	62,400	57,600	120,000	52,000	48,000	100,000
Internally displaced persons	780,000	720,000	1,500,000	520,000	480,000	1,000,000
Returnees	10,400	9,600	20,000	10,400	9,600	20,000
Refugees	140,400	129,600	270,000	140,400	129,600	270,000
Affected communities	2,083,600	1,923,400	4,007,000	1,248,000	1,152,000	2,400,000
Total	3,076,800	2,840,200	5,917,000	1,970,800	1,819,200	3,790,000



ANNEXES

REQUIREMENTS AND FUNDING 2014

By cluster, organization and project details

REQUIREMENTS BY CLUSTER

Cluster	Number of Projects	\$ Requirements
Food Security and Livelihoods	40	866,000,000
Multi Sector	20	247,936,970
Nutrition	26	131,000,000
Water, Sanitation and Hygiene	45	127,000,000
Logistics	4	79,000,000
Protection	28	79,000,000
Health	34	77,000,000
NFI and Emergency Shelter	14	68,000,000
Camp Coordination and Management	10	63,000,000
Education	26	29,327,520
Mine Action	7	17,000,000
Coordination and Common Services	3	13,000,000
Emergency Telecommunications	1	4,488,934
Total	258	1,801,753,424

FUNDING PER CLUSTER

Cluster	\$ Original requirements (\$)	\$ Revised requirements	\$ Funding	% Covered
Mine Action	31,957,794	17,000,000	12,672,740	75%
Logistics	33,690,878	79,000,000	42,148,422	53%
Water, Sanitation and Hygiene	81,830,775	127,000,000	66,645,678	52%
Health	87,275,251	77,000,000	40,204,148	52%
Coordination and Common Services	17,043,019	13,000,000	5,318,855	41%
Emergency Telecommunications	2,954,026	4,488,934	1,739,438	39%
Camp Coordination and Management	-	63,000,000	23,386,693	37%
NFI and Emergency Shelter	19,585,271	68,000,000	22,048,634	32%
Food Security and Livelihoods	390,770,766	866,000,000	274,492,360	32%
Education	28,151,312	29,327,520	8,634,803	29%
Nutrition	79,069,966	131,000,000	36,726,547	28%
Multi Sector	272,687,098	247,936,970	66,187,668	27%
Protection	57,478,274	79,000,000	17,346,796	22%
Un allocated CHF & Fees	-	-	14,361,536	-
Unspecified	-	-	107,198,831	-
Total	1,102,494,430	1,801,753,424	739,113,149	41%

REQUIREMENTS BY GENDER MARKER

Cluster	2b	2a	1	0	N/A	Total
Food Security and Livelihoods	197,820	196,558,160	668,313,457	930,563	-	866,000,000
Multi Sector	-	209,929,567	34,538,586	3,468,817	-	247,936,970
Nutrition	-	8,500,000	65,081,046	57,418,954	-	131,000,000
Water, Sanitation and Hygiene	-	86,598,229	13,401,771	150,000	26,850,000	127,000,000
Logistics	-	-	32,223,631	-	46,776,369	79,000,000
Protection	13,163,684	64,426,316	1,410,000	-	-	79,000,000
Health	-	38,402,444	36,062,255	2,150,000	385,301	77,000,000
NFI and Emergency Shelter	-	59,718,709	8,281,291	-	-	68,000,000
Camp Coordination and Management	6,651,654	56,348,346	-	-	-	63,000,000
Education	-	29,202,520	125,000	-	-	29,327,520
Mine Action	-	16,891,696	108,304	-	-	17,000,000
Coordination and Common Services	-	-	9,939,346	1,694,000	1,366,654	13,000,000
Emergency Telecommunications	-	-	-	-	4,488,934	4,488,934
Total	20,013,158	765,975,987	870,084,687	65,812,334	79,867,258	1,801,753,424

FUNDING PER GENDER MARKER

Cluster	2b	2a	1	0	N/A	Total
Food Security and Livelihoods	-	220,219,815	53,744,092	528,453	-	274,492,360
Water, Sanitation and Hygiene	-	54,237,505	2,841,049	-	9,567,124	66,645,678
Multi Sector	-	58,086,746	5,869,953	2,230,969	-	66,187,668
Logistics	-	-	10,956,839	-	31,191,583	42,148,422
Health	-	17,823,211	19,286,002	3,094,935	-	40,204,148
Nutrition	-	2,636,245	15,709,250	18,381,052	-	36,726,547
Camp Coordination and Management	853,342	22,533,351	-	-	-	23,386,693
NFI and Emergency Shelter	-	18,712,426	3,336,208	-	-	22,048,634
Protection	5,688,090	11,212,458	446,248	-	-	17,346,796
Mine Action	-	12,613,806	58,934	-	-	12,672,740
Education	-	8,634,803	-	-	-	8,634,803
Coordination and Common Services	-	-	4,391,089	706,037	221,729	5,318,855
Emergency Telecommunications	-	-	-	-	1,739,438	1,739,438
Un allocated CHF & Fees	-	-	-	-	-	14,361,536
Unspecified (IOM, UNICEF, WFP)	-	-	-	-	-	107,198,831
Total	6,541,432	426,710,366	116,639,664	24,941,446	42,719,874	739,113,149

REQUIREMENTS AND FUNDING PER ORGANIZATION

Organization	\$ Original requirements	\$ Revised requirements	\$ Funding	%	Organization	\$ Original requirements	\$ Revised requirements	\$ Funding	%
AAR Japan	700,000	350,000	-	0%	HCO	2,319,700	1,390,000	93,875	7%
ACF - USA	8,267,755	8,400,000	4,247,010	51%	HeRY	412,950	150,000	-	0%
ACROSS	-	385,301	-	0%	HI	541,911	862,715	-	0%
ACT/DCA	5,166,004	3,851,823	2,143,115	56%	HLSS	3,369,230	1,799,615	150,000	8%
ACT/FCA	1,108,000	750,000	1,094,391	146%	Hoffnungszeichen - Sign of Hope e.V	1,509,769	100,800	-	0%
ACT/LWF	-	1,438,993	-	0%	IAS	2,554,200	3,320,000	1,225,115	37%
ACTED	5,768,295	16,898,975	8,280,553	49%	IBIS	226,350	399,200	443,267	111%
ADRA	1,298,000	890,000	176,206	20%	IMA	-	205,000	205,000	100%
AET	-	920,000	-	0%	IMC UK	10,532,797	7,787,756	5,048,421	65%
AHA	2,700,500	1,350,250	-	0%	IN	-	1,000,000	-	0%
AMREF	-	725,000	-	0%	Intermon Oxfam	4,350,000	7,034,000	6,409,710	91%
ARARD	42,600	100,000	42,588	43%	INTERSOS	3,391,725	4,753,717	1,479,598	31%
ARC	4,744,147	1,241,076	1,458,000	117%	IOM	53,870,448	97,184,049	42,165,068	43%
ARD	577,800	433,350	-	0%	IRC	22,080,274	16,830,983	13,062,819	78%
ASMP	139,000	104,250	35,000	34%	IRW	918,600	250,000	220,000	88%
AVSI	715,580	360,820	100,000	28%	JDF	-	400,000	-	0%
AWODA	412,340	163,170	-	0%	JEN	-	500,000	-	0%
C&D	685,060	580,000	-	0%	KHI	1,799,921	800,000	-	0%
CADA	200,000	1,000,000	-	0%	LCED	423,500	324,500	391,162	121%
CARE International	14,440,610	11,710,156	14,721,115	126%	LDA	471,565	347,360	144,733	42%
Caritas CCR	117,650	88,237	98,495	112%	MAG	7,504,097	2,845,108	1,791,741	63%
Caritas Torit	521,628	60,727	-	0%	MAGNA	626,459	295,000	98,495	33%
CASS	-	150,000	-	0%	ManiTese	1,068,789	255,000	-	0%
CCM	2,295,741	1,824,952	555,369	30%	MEDAIR	13,673,441	15,229,492	8,800,812	58%
CCOC	277,227	230,940	486,349	211%	Mercy Corps	4,000,000	6,311,212	970,000	15%
CESVI	3,526,481	603,500	218,401	36%	MI	2,323,652	259,878	-	0%
CINA	66,000	49,500	-	0%	Mulrany International	2,299,840	1,051,920	-	0%
CMA	3,340,476	418,857	225,000	54%	NGO FORUM	1,366,654	1,366,654	221,729	16%
CMD	1,350,000	2,190,000	833,254	38%	Nile Hope	4,911,440	4,759,160	625,907	13%
COSV	1,437,551	1,586,423	677,599	43%	NPA	8,648,582	6,673,374	4,816,447	72%
CRS	1,440,870	3,581,982	3,105,199	87%	NPP	4,550,000	6,989,625	750,000	11%
CUAMM	1,180,090	1,228,424	-	0%	NRC	12,693,842	16,918,403	6,937,927	41%
CW	2,344,756	6,810,070	3,515,616	52%	NRDC	-	414,147	-	0%
DDG	2,320,272	2,063,760	1,618,737	78%	OCHA	10,779,501	9,939,346	4,391,089	44%
DRC	404,000	7,446,388	1,641,928	22%	OSIL	216,608	108,304	58,934	54%
DWHH	639,862	401,216	200,736	50%	OVCII	-	130,100	-	0%
FAO	28,337,400	109,668,900	44,610,675	41%	OXFAM GB	7,254,218	18,250,000	8,467,728	46%
FLDA	197,820	197,820	-	0%	Pact Inc	-	3,000,000	-	0%
GOAL	14,617,619	9,164,620	7,423,230	81%	PAH	3,787,000	2,800,000	-	0%

Organization	\$ Original requirements	\$ Revised requirements	\$ Funding	%
PCO	1,520,000	1,431,135	702,132	49%
PIN	443,836	684,380	405,701	59%
Plan	1,724,150	3,492,702	308,261	9%
RI	3,915,658	2,978,318	209,137	7%
RUWASSA	250,000	187,500	-	0%
Samaritan's Purse	9,293,500	8,882,549	4,702,212	53%
SC	6,978,636	12,328,903	2,619,901	21%
SCA	628,926	141,291	-	0%
SMC	1,300,000	650,000	-	0%
Solidarites	5,065,240	7,300,000	12,393,230	170%
SPEDP	1,200,000	1,450,000	490,000	34%
SSS	-	125,000	-	0%
SSUDA	791,800	260,000	-	0%
SUFEM	184,668	138,501	-	0%
TdH-L	-	700,000	-	0%
TEARFUND	4,993,907	3,594,652	2,882,585	80%
THESO	2,696,950	967,450	100,000	10%
UNDP for UNDSS	1,119,500	1,694,000	706,037	42%
UNFPA	3,635,960	11,009,357	3,633,729	33%
UNHCR	230,067,933	269,837,231	49,907,296	18%
UNICEF	74,176,450	136,201,710	36,018,161	26%
UNIDO	2,365,351	1,815,000	-	0%
UNKEA	2,445,523	1,824,843	391,513	21%
UNMAS	12,131,321	8,458,225	6,494,695	77%
UNOPS	8,161,920	7,411,041	-	0%
VSF (Belgium)	1,600,000	2,200,000	778,000	35%
VSF (Switzerland)	1,100,000	1,131,250	617,727	55%
WCDO	-	900,000	-	0%
WFP	398,105,439	836,636,146	270,613,373	32%
WHO	11,373,550	14,500,000	8,050,995	56%
Windle Trust	-	225,000	-	0%
World Relief	1,923,328	2,240,000	-	0%
WV South Sudan	6,547,027	16,610,000	8,440,939	51%
ZOA Refugee Care	895,660	1,291,342	609,015	47%
Unspecified			121,560,367	
Total	1,102,494,430	1,801,753,424	739,113,149	41%

DONOR CONTRIBUTIONS TO CAP 2014

Donor	\$ Funding	% of total	\$ Uncommitted pledges
United States	339,670,660	46.0%	0
United Kingdom	73,405,176	9.9%	0
European Commission	48,271,863	6.5%	0
Various (details not yet provided)	37,002,520	5.0%	0
Canada	31,093,820	4.2%	0
Central Emergency Response Fund (CERF)	30,247,970	4.1%	0
Denmark	25,113,938	3.4%	0
Japan	19,679,523	2.7%	1,500,000
Sweden	19,435,391	2.6%	770,600
Private (individuals & organisations)	16,417,474	2.2%	0
Allocation of unearmarked funds by UN agencies	15,154,669	2.1%	0
Netherlands	15,425,208	2.1%	0
Norway	15,116,666	2.0%	0
Carry-over (donors not specified)	13,559,971	1.8%	0
Germany	7,892,088	1.1%	0
Australia	7,264,119	1.0%	0
Switzerland	6,883,703	0.9%	0
Finland	4,526,813	0.6%	0
Ireland	2,978,416	0.4%	0
Belgium	2,392,125	0.3%	0
Spain	1,448,497	0.2%	0
Luxembourg	1,367,106	0.2%	0
France	1,289,077	0.2%	0
Others	1,465,183	0.2%	0
Italy	1,011,173	0.1%	0
Korea, Republic of	1,000,000	0.1%	0
Total	739,113,149	100.0%	2,270,600

DONOR CONTRIBUTIONS (CAP 2014 + OTHERS)

Donor	\$ Funding	% of total	\$ Uncommitted pledges
United States	399,777,759	45.1%	97,080,451
United Kingdom	85,082,845	9.6%	101,010,101
European Commission	82,232,650	9.3%	55,325,035
Denmark	38,327,685	4.3%	0
Various (details not yet provided)	37,587,520	4.2%	0
Canada	31,093,820	3.5%	0
Central Emergency Response Fund	30,247,970	3.4%	0
Sweden	28,798,295	3.2%	770,654
Japan	20,009,323	2.3%	18,200,000
Norway	18,416,996	2.1%	31,500,000
Private (individuals & organisations)	17,765,538	2.0%	0
Allocation of unearmarked funds by UN agencies	15,761,737	1.8%	0
Netherlands	15,425,208	1.7%	0
Carry-over (donors not specified)	13,559,971	1.5%	0
Germany	13,551,042	1.5%	3,708,938
Switzerland	10,871,234	1.2%	5,096,263
Australia	7,264,119	0.8%	2,411,874
Finland	6,578,797	0.7%	5,532,503
Ireland	2,978,416	0.3%	2,570,534
Belgium	2,392,125	0.3%	0
France	1,702,870	0.2%	0
Italy	1,669,258	0.2%	4,840,941
Luxembourg	1,640,343	0.2%	2,074,689
Spain	1,482,418	0.2%	1,798,064
Korea, Republic of	1,000,000	0.1%	1,333,333
Austria	965,161	0.1%	0
World Bank	750,061	0.1%	0
Czech Republic	296,990	0.0%	0
Liechtenstein	112,360	0.0%	0
Hungary	37,969	0.0%	0
Holy See	5,000	0.0%	0
Egypt	0	0.0%	2,000,000
Estonia	0	0.0%	276,625
Qatar	0	0.0%	10,000,000
Total	887,385,480	100%	345,530,005

CAMP COORDINATION AND CAMP MANAGEMENT



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	ACTED	Camp management and basic services provision for IDPS settlements across South Sudan	8,678,544	SSD-14/CSS/65114/R	Multiple Locations
High	DRC	IDP Camp Coordination and Site Management Services for Unity and Upper Nile States	1,829,314	SSD-14/CSS/67320/R	Multiple Locations
High	IOM	Assistance to Foreign Nationals Stranded in South Sudan	4,655,000	SSD-14/CSS/69589/R	Central Equatoria
High	IOM	Improving overall conditions in IDP sites through site improvement and expansion and establishment of humanitarian hubs	9,989,075	SSD-14/CSS/69588/R	Central Equatoria
High	IOM	IOM-CCCM Rapid Response Initiative in South Sudan	6,137,318	SSD-14/CSS/65079/R	Multiple Locations
High	IOM	Republic of South Sudan, Camp Coordination and Camp Management Cluster Coordination	6,905,269	SSD-14/CSS/65078/R	Multiple Locations
High	NRC	CCCM Capacity Building in South Sudan	618,089	SSD-14/CSS/69609/R	Multiple Locations
High	UNHCR	Republic of South Sudan, Camp Coordination and Camp Management Cluster Coordination and Operational support	23,270,051	SSD-14/CSS/69534/R	Multiple Locations
Medium	HLSS	Strengthened delivery of humanitarian assistance and protection services for IDPs through efficient and effective IDP site coordination and management with full participation of women, girls, boys and men from both the displaced and host communities in Eastern Equatoria state, south Sudan	750,000	SSD-14/CSS/67321/R	Eastern Equatoria
Medium	PIN	CCCM Services at IDP Sites in Juba (non-POC)	167,340	SSD-14/CSS/67323/R	Central Equatoria
Total			63,000,000		

COORDINATION AND COMMON SERVICES



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	NGO FORUM	South Sudan NGO Forum Secretariat	1,366,654	SSD-14/CSS/60604/R	Multiple Locations
High	OCHA	Strengthening Humanitarian Coordination and Common Services in South Sudan	9,939,346	SSD-14/CSS/60114/R	Multiple Locations
High	UNDP for UNDSS	Security Support to Humanitarian organisations operating in South Sudan	1,694,000	SSD-14/CSS/60274/R	Multiple Locations
Total			14,239,687		

EDUCATION



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	UNICEF	Provision of integrated Education in Emergencies package to ensure access to lifesaving inclusive and quality education for conflict-affected children and adolescents in South Sudan	10,319,775	SSD-14/E/60061/R	Multiple Locations
High	ACT/FCA	Education in Emergencies Reponse and Resilience Building in South Sudan	750,000	SSD-14/E/60117/R	Multiple Locations
High	ADRA	Education in Emergency for IDPs and Host Communities in Warrap, Western Equatoria and Upper Nile	890,000	SSD-14/E/60118/R	Multiple Locations

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	AET	Engaging and protecting 2800 adolescents through English interactive radio instruction, increasing income opportunities, ensuring gender sensitivity and promoting peace	415,236	SSD-14/E/69322/R	Multiple Locations
High	AET	Providing over 3000 at-risk children and adolescents, from host and displaced communities in and around Bor, access to child-friendly and quality alternative, primary and secondary education	504,764	SSD-14/E/69336/R	Multiple Locations
High	AVSI	CREP Crisis Response Education Plan in Juba and Cueibet Counties	100,000	SSD-14/E/60066/R	Multiple Locations
High	C&D	Increasing and improving access to inclusive and quality Basic education for IDPs and returnees in greater Bor Counties (Bor, Twic East and Duk) of Jonglei State, South Sudan	580,000	SSD-14/E/69465/R	Jonglei
High	CADA	Improving Provision of Quality Basic Education Services for girls and boys in Jonglei State of Southern Sudan	700,000	SSD-14/E/60724/R	Jonglei
High	CMD	Provide protective temporary learning spaces, emergency teaching and learning materials and deliver lifesaving psycho - social support to IDPs, returnees and host communities in Ayod, Duk and Nyirol Counties of Jonglei State	390,000	SSD-14/E/60129/R	Jonglei
High	COSV	Enhancing safety, inclusiveness, protection, and quality of basic education among children and youth in the vulnerable communities of Ayod County (Jonglei State)	181,000	SSD-14/E/60359/R	Jonglei
High	HCO	Continued access to education in emergency affected counties of Jonglei state	340,000	SSD-14/E/60116/R	Jonglei
High	IBIS	Education in Emergency for Children and Youth Affected by Conflicts	399,200	SSD-14/E/60694/R	Central Equatoria
High	INTERSOS	Provision of Education in Emergency services for children and young people affected by emergencies in Jonglei State, Unity State, Upper Nile State and Central Equatoria States	890,916	SSD-14/E/60421/R	Multiple Locations
High	Mani Tese	Building resilience and providing Education in Emergency to IDPs and host communities' vulnerable girls and boys in Unity and Eastern Equatoria States	255,000	SSD-14/E/60172/R	Multiple Locations
High	Mercy Corps	Provision of Educational Services to Pupils in Emergency and Disaster Affected Populations (PESPE)	1,551,212	SSD-14/E/60642/R	Multiple Locations
High	Nile Hope	Responding to Education in Emergencies needs in key vulnerable counties of Jonglei, and Upper Nile States through inclusive activities	580,000	SSD-14/E/60195/R	Multiple Locations
High	NRC	Education for Children and Youth Affected by Acute Emergencies in South Sudan	4,690,135	SSD-14/E/60222/R	Multiple Locations
High	PCO	Emergency Life Saving, inclusive and Quality Education for the acutely vulnerable host Communities and IDPs in Warrap, Unity and WBeG states	470,000	SSD-14/E/60606/R	Warrap
High	SSUDA	Provision of Life-saving Education in acute Emergency in Upper Nile State	260,000	SSD-14/E/60259/R	Upper Nile
High	UNICEF	Providing access to life-saving, inclusive and quality education for children and youth affected by or highly vulnerable to acute emergencies in South Sudan.	2,047,320	SSD-14/E/60067/R	Multiple Locations
High	UNIDO	Ensure access to life saving and emergency teaching, learning and recreational materials to children, youths and teachers affected by acute conflict emergencies in Unity State.	330,000	SSD-14/E/60148/R	Unity
High	UNKEA	Increase access to life saving education for emergency affected boys, girls & youths from returnees, IDPs and host communities	340,000	SSD-14/E/60079/R	Upper Nile
High	World Relief	Education in Emergencies for Vulnerable Children in Unity State	460,000	SSD-14/E/60216/R	Unity
High	WTI	Meeting Emergency Educational Needs in Unity State	225,000	SSD-14/E/69472/R	Unity
Medium	SC	Safe, Protective and Quality Education for emergency affected girls and boys from Returnees, IDP and host communities in South Sudan	1,532,962	SSD-14/E/60679/R	Multiple Locations
Medium	SSS	Peacebuilding using a mobile Teacher Training team and young people from IDP camps and regions with large numbers of IDP's	125,000	SSD-14/E/69139/R	Multiple Locations
Total			29,327,520		

EMERGENCY TELECOMMUNICATIONS



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	WFP	Provision of Emergency Data Connectivity and Security Telecommunications to the Humanitarian Community in the Republic of South Sudan	4,488,934	SSD-14/ER/60731/R	Multiple Locations
Total			4,488,934		

FOOD SECURITY AND LIVELIHOODS



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	FAO	FAO Emergency Livelihood Response Programme	108,000,200	SSD-14/F/61183/R	Multiple Locations
High-Immediate	WFP	Emergency Operation in Response to Conflict in South Sudan	533,281,887	SSD-14/F/69194/R	Multiple Locations
High-Immediate	WFP	Food and Nutrition Assistance for Relief and Recovery, Supporting Transition and Enhancing Capabilities to Ensure Sustainable Hunger Solutions	170,613,197	SSD-14/F/60503/R	Multiple Locations
High	ACF - USA	Ensuring immediate access to food and preventing collapse of livelihoods of the most vulnerable severely food insecure families in Northern Bahr El Ghazal, Warrap and Abyei Administrative Area (AAA).	2,600,000	SSD-14/F/60958/R	Multiple Locations
High	ACT/DCA	Expanded South Sudan Integrated Rehabilitation and Recovery (E-SSIRAR) project, Phase V	2,117,220	SSD-14/F/60509/R	Multiple Locations
High	ACTED	Strengthening food security and livelihood resilience through diversification of livelihood options and system, improvement of practices, and protection of assets for agriculture, pastoralists and fisheries communities in South Sudan	2,241,142	SSD-14/F/60742/R	Multiple Locations
High	ARD	Enhancing sustainable food security through capacity and assets building, livelihoods diversification and economic empowerment for resilience building environmental conservation among rural communities within the 3 Greater Kapoeta Counties of Eastern Equatoria State	433,350	SSD-14/F/60656/R	Eastern Equatoria
High	AVSI	Response to the food security crisis in Cueibet County, Lakes State.	260,820	SSD-14/F/69520/R	Lakes
High	CARE International	Improved access to and availability of food to strengthen food security and livelihoods for IDPs and Host Communities in Unity, Upper Nile and Jonglei States.	3,680,719	SSD-14/F/61208/R	Multiple Locations
High	Caritas CCR	Ensuring food security of pastoralists through the farm animals infection inspection	88,237	SSD-14/F/60825/R	Eastern Equatoria
High	Caritas Torit	Ensuring food security of pastoralists through the farm animals infection inspection	60,727	SSD-14/F/60825/R	Eastern Equatoria
High	CESVI	Building community resilience through support on food security and livelihoods	603,500	SSD-14/F/60549/R	Multiple Locations
High	CMD	Enhanced food production, increased microfinance and livelihoods opportunities of resource poor and at-risk households by diversifying and expanding the food-crop production systems to cushion against annual shocks causing chronic food insecurity.	418,857	SSD-14/F/60866/R	Multiple Locations
High	CMD	Food security and livelihoods support to emergency affected IDPs, returnees and vulnerable host communities in Ayod, Duk and Nyirol Counties of Jonglei State	950,000	SSD-14/F/60398/R	Jonglei
High	CRS	Increasing Food Security for IDPs in Kapoeta, Eastern Equatoria State	117,054	SSD-14/F/60902/R	Eastern Equatoria
High	CW	Food Assistance for IDPs in Juba and Vulnerable Communities in NBeG, and Food Security and Livelihoods diversification for Returnees, IDPs and Host Communities in NBeG and Unity States.	1,845,834	SSD-14/F/60397/R	Multiple Locations
High	DWHH	Food Security and Livelihood Support for Vulnerable Women in Unity State and Northern Bahr el Ghazal State	401,216	SSD-14/F/60449/R	Unity

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	FAO	Strengthening Food Security and Livelihood Cluster Coordination in response to the Humanitarian Situation in South Sudan	1,668,700	SSD-14/F/60699/R	Multiple Locations
High	FLDA	Improve food & livelihoods security of IDP, vulnerable returnees & host communities in Aweil Centre, Northern Bahr El Ghazal	197,820	SSD-14/F/60786/R	Northern Bahr El Ghazal
High	GOAL	Fostering improved food security, diversified livelihoods options and resilience for crisis affected communities in Agok and Twic Counties, Warrap State and Ulang County, Upper Nile State.	1,639,405	SSD-14/F/60518/R	Multiple Locations
High	Intermon Oxfam	Response to shocks and resiliency building of vulnerable communities affected by food security and livelihoods related crises in Warrap, Lakes and Jonglei States	2,284,000	SSD-14/F/61131/R	Multiple Locations
High	LDA	Enabling vulnerable communities in Longechuk and Maiwut sustain and preserve their livelihoods using their land and appropriate tools and technologies	195,008	SSD-14/F/60688/R	Upper Nile
High	Mercy Corps	Improved agricultural livelihoods and provision of safety nets for vulnerable at risk households in the Abyei Administrative Area (AAA), Unity, Warrap and Northern Bahr el Ghazal (NBeG)	2,000,000	SSD-14/F/60638/R	Multiple Locations
High	NH	Strengthening Livelihood capacities for vulnerable populations in Jonglei and Upper Nile States to withstand the attendant shocks	1,127,500	SSD-14/F/60662/R	Multiple Locations
High	NPA	Provide essential relief assistance and emergency response to affected populations experiencing acute food insecurity and livelihood stress as a result of the on-going hostilities	5,523,374	SSD-14/F/60878/R	Multiple Locations
High	NRC	Food Security and Livelihoods support to people displaced and affected by conflict and the 2013 floods in Jonglei, Warrap, Lakes and Northern Bahr el Ghazal States of South Sudan	2,953,489	SSD-14/F/60710/R	Multiple Locations
High	NRDC	Food security & livelihood support to conflict affected IDPs & vulnerable host community households in Makal & Fashoda counties	414,147	SSD-14/F/68927/R	Upper Nile
High	OXFAM GB	Sustainable life saving Food Security and Livelihoods support for vulnerable and displaced communities in South Sudan	5,000,000	SSD-14/F/60834/R	Multiple Locations
High	PCO	Food security and livelihoods support programme for acutely vulnerable IDPs and conflict or floods affected host communities in CES, Warrap and Upper Nile states of South Sudan	961,135	SSD-14/F/60687/R	Central Equatoria
High	PIN	Safeguarding livelihoods via livestock health services and fishery in Northern Bahr el Ghazal	324,440	SSD-14/F/60380/R	Northern Bahr El Ghazal
High	Plan	Contribute to improved food security of conflict affected IDPs and vulnerable host communities in Jonglei, Lakes and Eastern Equatoria States through provision of farming and fishing inputs	580,000	SSD-14/F/60431/R	Multiple Locations
High	Relief International	Promote livelihood restoration and increase purchasing power of IDP and host communities in Maban County, Upper Nile State.	1,028,318	SSD-14/F/60538/R	Upper Nile
High	Samaritan's Purse	Food Security and Livelihoods Support to Vulnerable Returnees, IDPs and Host Communities in the Greater Bahr El Ghazal Region, Unity and Abyei	685,200	SSD-14/F/60435/R	Multiple Locations
High	SC	To support livelihoods of the population in the IPC Crisis and Emergency phases and boost their production to improve general availability of food and livestock products in Nyiroi and Akobo Counties in Jonglei state	1,083,673	SSD-14/F/69434/R	Jonglei
High	SPEDP	Food Security and Livelihoods Emergency Support Project for Returnees, IDPS and Host Communities in NBGS, Central & Eastern Equatoria States	1,450,000	SSD-14/F/60529/R	Multiple Locations
High	TEARFUND	Strengthening resilience to shocks among vulnerable communities in conflict and disaster affected areas through improved food security and livelihoods.	394,652	SSD-14/F/60789/R	Multiple Locations
High	UNKEA	Promoting the concept and practices of sustainable agriculture in crop production in Upper Nile State	200,000	SSD-14/F/60408/R	Upper Nile
High	VSF (Belgium)	Livestock Emergency Support Project	2,200,000	SSD-14/F/60559/R	Multiple Locations
High	VSF (Switzerland)	Protecting and (Re)building Livestock Assets for Food Security and Resilience of Agropastoralists	1,000,000	SSD-14/F/60693/R	Multiple Locations

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	WCDO	South Sudan Crisis Response in Food Security	900,000	SSD-14/F/68902/R	Multiple Locations
High	WFP	Strengthening Food Security and Livelihood Cluster Coordination in response to the Humanitarian Situation in South Sudan	723,257	SSD-14/F/60699/R	Multiple Locations
High	WV South Sudan	Improve access to food for populations in emergencies and strengthen livelihoods for communities in crises in Upper Nile, Jonglei Unity and Warrap States	2,710,000	SSD-14/F/60759/R	Multiple Locations
High	ZOA Refugee Care	Pibor and Akobo County Emergency Food Security & Livelihood Response, targeting 22,400 vulnerable people in Jonglei state, South Sudan	1,041,922	SSD-14/F/61007/R	Multiple Locations
Total			866,000,000		

HEALTH



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	UNFPA	Maintaining and scaling up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan	5,484,195	SSD-14/H/60451/R	Multiple Locations
High-Immediate	UNICEF	Support to emergency and routine immunization interventions through vaccine provision, strengthening of cold chain systems and capacity building to prevent outbreaks of Vaccine Preventable Diseases in South Sudan.	18,999,050	SSD-14/H/60339/R	Multiple Locations
High-Immediate	WHO	Support and provision of quality life-saving health services among vulnerable groups, including emergency surgical care, health-related emergencies and response to communicable disease outbreaks	14,500,000	SSD-14/H/60573/R	Multiple Locations
High	ACROSS	Delivery of emergency health care services for the Internally Displaced Persons (IDPs) in Katigri, Wonduruba, Dolo and Kuda Payam and Yei, Central Equatoria State	385,301	SSD-14/H/67342/R	Central Equatoria
High	AMREF	Emergency integrated primary health care response in Kaya Payam Of Morobo and Jemeza, Rijong And Tali Payams Of Terekeka County	725,000	SSD-14/H/67344/R	Central Equatoria
High	CCM	Ensuring health emergencies preparedness, response and expansion of basic health services to local communities, returnees and displaced population in Twic County (Warrap State)	599,863	SSD-14/H/60618/R	Warrap
High	CCM	Strengthen the capacities of the CHDs in the provision of routine and emergency Primary Health Care services for host communities and IDPs (main focus on vulnerable women in childbearing age, newborns and children under 5), and surge the capacities of communities and local authorities to respond to health-related emergencies in Awerial and Yirol East (Lakes State) and Tonj East and Tonj South (Warrap State) Counties.	370,089	SSD-14/H/60629/R	Multiple Locations
High	COSV	Community-Based Mental Health Care in Juba IDP camps and conflict-affected areas	130,100	SSD-14/H/68969/R	Central Equatoria
High	COSV	Enhancing emergency primary health care services among the vulnerable communities of Ayod County (Jonglei State)	705,423	SSD-14/H/60382/R	Jonglei
High	CUAMM	Strengthen the capacities of the CHDs in the provision of routine and emergency Primary Health Care services for host communities and IDPs (main focus on vulnerable women in childbearing age, newborns and children under 5), and surge the capacities of communities and local authorities to respond to health-related emergencies in Awerial and Yirol East (Lakes State) and Tonj East and Tonj South (Warrap State) Counties.	130,000	SSD-14/H/60629/R	Multiple Locations
High	GOAL	Provision of Integrated Primary Health Care services for vulnerable populations and strengthened health emergency response capacity in Agok and Twic Counties, Warrap State and Baliet, Melut and Ulang Counties, Upper Nile State.	4,025,215	SSD-14/H/60212/R	Multiple Locations

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	HLSS	Improving access & response to Emergency Primary Health Care & Surgical Services for women, young boys and girls from most vulnerable communities during complex emergencies and Post Conflict situations in Lakes, Eastern Equatoria and Jonglei .	457,115	SSD-14/H/60304/R	Multiple Locations
High	IMC UK	Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital	250,000	SSD-14/H/59890/R	Western Bahr El Ghazal
High	IMC UK	Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital	2,150,000	SSD-14/H/59892/R	Jonglei
High	IOM	Sustaining Life-saving Primary Health Care Services and respond to epidemics for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Unity, and Jonglei states	2,700,000	SSD-14/H/60554/R	Multiple Locations
High	IRC	Basic and Emergency Primary Healthcare Services in Northern Bahr el Ghazal, Lakes, Jonglei and Unity States	4,622,921	SSD-14/H/60761/R	Multiple Locations
High	Magna	Strengthening and Sustaining Life- Saving Primary Health Care Services for Vulnerable IDPs, and Affected Host Communities in Selected Areas of, Terekeka, Central Equatoria.	295,000	SSD-14/H/60412/R	Central Equatoria
High	MEDAIR	Emergency preparedness and response to acute and protracted health related emergencies in South Sudan	3,000,000	SSD-14/H/60439/R	Multiple Locations
High	Mulrany International	Provision of basic primary healthcare, emergency referral and health system strengthening assistance for underserved in Mayom Counties in Unity State, South Sudan.	701,920	SSD-14/H/60081/R	Unity
High	Nile Hope	Emergency health services provision to the vulnerable communities living in Akobo and Canal (Pigi) in Jonglei state, and Leer county in unity state	749,220	SSD-14/H/60202/R	Multiple Locations
High	RI	Support basic health services in Maban county	750,000	SSD-14/H/60404/R	Upper Nile
High	THESO	Provision of emergency integrated primary health care services targeting IDPs, returnees and host community affected by current conflict.	597,300	SSD-14/H/60204/R	Multiple Locations
High	UNFPA	Ensuring Care and Dignity through provision of Life Saving Reproductive Health Services for South Sudanese Women and Girls	1,223,993	SSD-14/H/68983/R	Central Equatoria
High	UNICEF	Strengthening the delivering of the Minimum Maternal and Child Health Care Package, including the provision of Intergrated Community Case Managment and Integrated Management of Early Childhood illness and focused Antenatal Care, in an efficient, equitable and sustainable manner for the reduction of morbidity and mortality among IDPs, Returnees, Refugees and host population.	4,585,623	SSD-14/H/60427/R	Multiple Locations
High	UNIDO	Improving on the provision of Primary Health care Services and Outreach in Emergencies for host community and vulnerable groups in Mayendit county of Unity State of South Sudan	435,000	SSD-14/H/60158/R	Unity
Medium	CARE International	Unity and Jonglei Emergency PHC Project	1,353,605	SSD-14/H/60098/R	Multiple Locations
Medium	CUAMM	Enhancing emergency Primary Health Care services and improving referral system in Rumbek North County through the strengthening of CHD capacity and the involvement of the communities	253,424	SSD-14/H/60378/R	Lakes
Medium	Sign of Hope	Improvement of the Basic Health Situation of the Population in Rumbek and Panyijiar County (Nyal), South Sudan	100,800	SSD-14/H/60698/R	Multiple Locations
Medium	IMA	Rehabilitation and refurbishing of Bor Hospital operating room	205,000	SSD-14/H/67345/R	Jonglei
Medium	IMC UK	Emergency health assistance for conflict affected and displaced populations in South Sudan	2,700,000	SSD-14/H/67346/R	Multiple Locations
Medium	MI	Emergency Control of Malaria and other Major Vector Borne Diseases (VBDs) among IDPs, Returnees, and Vulnerable Host Communities in Conflict and Flood Affected Areas of Warrap and Upper Nile States.	600,000	SSD-14/H/59852/R	Multiple Locations
Medium	SMC	Improve Health Status of the communities in Bor and Duk counties. Provide effective and equitable healthcare that is accessible to the most vulnerable group of the rural communities.	650,000	SSD-14/H/60962/R	Jonglei

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
Medium	UNKEA	Provision of basic Primary Health Care Services to the vulnerable Returnees, IDPs and host community	384,843	SSD-14/H/60062/R	Upper Nile
Medium	World Relief	Integrated Primary Health Care Services and Capacity Building Project.	580,000	SSD-14/H/60500/R	Unity
Medium	WV South Sudan	Emergency Health Response to returnees, IDPs, and Vulnerable Communities in Warrap State	1,600,000	SSD-14/H/60744/R	Warrap
Total			77,000,000		

LOGISTICS



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	IOM	Humanitarian Common Logistics Services in South Sudan	3,927,716	SSD-14/CSS/60655/R	Multiple Locations
High	UNOPS	Emergency Response Unit (ERU)	4,562,367	SSD-14/CSS/60363/R	Multiple Locations
High	WFP	Logistics Cluster Common Services in Support of the Humanitarian Community in South Sudan	27,661,264	SSD-14/CSS/60224/R	Multiple Locations
High	WFP	Provision of Humanitarian Air Services in South Sudan	42,848,653	SSD-14/CSS/60226/R	Multiple Locations
Total			79,000,000		

MINE ACTION



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	ACT/DCA	Humanitarian Mine Action in Support of Development and Humanitarian Activities in South Sudan	1,734,603	SSD-14/MA/59934/R	Multiple Locations
High	DDG	Enhancing physical security through community-based humanitarian mine action and weapons and stockpile management.	2,063,760	SSD-14/MA/60673/R	Multiple Locations
High	MAG	Improving human security and humanitarian access and contributing to community empowerment by reducing the threat from landmines and ERW in South Sudan	2,845,108	SSD-14/MA/60591/R	Multiple Locations
High	NPA	Humanitarian Disarmament - Emergency Response Land release (BAC and EOD) in South Sudan	1,150,000	SSD-14/MA/60119/R	Multiple Locations
High	OSIL	Mine Risk Education (MRE) on the dangers posed by explosive remnants of war (ERW) and Hazard Areas (HA) marking in Jonglei and Central Equatoria states	108,304	SSD-14/MA/60494/R	Multiple Locations
High	UNICEF	Protecting boys and girls in South Sudan from injuries related to landmines and other explosive remnants of war.	640,000	SSD-14/MA/60579/R	Multiple Locations
High	UNMAS	Emergency Landmine and Explosive Remnants of War (ERW) Survey and Clearance Operations.	8,458,225	SSD-14/MA/60318/R	Multiple Locations
Total			17,000,000		

MULTI-SECTOR (EMERGENCY REFUGEES AND RETURNEES)



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	IOM	Emergency Humanitarian Assistance to Sudanese Refugees	11,350,000	SSD-14/MS/60762/R	Upper Nile
High	IOM	Emergency transport assistance to vulnerable and stranded South Sudanese returnees	1,316,908	SSD-14/MS/60782/R	Multiple Locations
High	IOM	Tracking and Monitoring of Returnees, IDPs and other vulnerable, mobile populations in South Sudan	1,300,000	SSD-14/MS/60747/R	Central Equatoria
High	IRC	Provision of Gender-Based Violence, Health, WASH and Protection Services to Refugees in Unity and Central Equatoria States, South Sudan	2,605,016	SSD-14/MS/60760/R	Multiple Locations
High	MEDAIR	Multi-sector assistance to refugees in Yusuf Batil Camp through the provision of health, nutrition, water, sanitation and hygiene services	6,138,248	SSD-14/MS/60696/R	Upper Nile
High	SC	Resilience building of refugee and host community children and youth through equitable access to quality education and protection services	4,390,868	SSD-14/MS/61019/R	Upper Nile
High	UNHCR	Ensuring Capacity Building and Protection of Refugees and Asylum Seekers in South Sudan	191,894,678	SSD-14/MS/60349/R	Multiple Locations
High	UNHCR	Protection and reintegration of returnees through community based interventions in the areas of return.	9,633,605	SSD-14/MS/60345/R	Multiple Locations
High	UNOPS	Road maintenance to provide humanitarian community with transportation access to refugees in Unity State	2,848,674	SSD-14/MS/69070/R	Unity
Medium	ACT/LWF	Protection and Humanitarian Assistance for Refugees with focus on Children and Young People in Maban, Ajuong Thok and Host communities in Upper Nile and Unity States	1,243,993	SSD-14/MS/68904/R	Multiple Locations
Medium	ACTED	Ensuring overall camp sustainability through integrated camp management support: improved livelihoods, WASH and shelter services, environmental protection and mainstreaming active protection for refugees in South Sudan	2,981,061	SSD-14/MS/60718/R	Upper Nile
Medium	AHA	"Comprehensive Primary Healthcare and Nutrition Services for Refugees in Ajuong Thok Settlement and surrounding community, Pariyang County".	1,350,250	SSD-14/MS/60627/R	Unity
Medium	CARE International	Emergency and Humanitarian Assistance to refugees and host communities around refugee camps in Unity State, South Sudan.	1,388,433	SSD-14/MS/60837/R	Unity
Medium	DRC	Protection and Assistance to Refugees in Upper Nile State	1,962,248	SSD-14/MS/68930/R	Multiple Locations
Medium	HI	Inclusion of persons with disability in refugee emergency responses to the South Sudan crisis	112,715	SSD-14/MS/60092/R	Multiple Locations
Medium	IMC UK	Sexual Reproductive Health and STI/HIV/AIDS Care and Prevention in Maban	487,756	SSD-14/MS/59891/R	Upper Nile
Medium	MI	Emergency Control of Malaria and other Major Vector Borne Diseases (VBD) among Refugees in Conflict and Flood Affected Areas of Unity and Upper Nile States	259,878	SSD-14/MS/59856/R	Upper Nile
Medium	OXFAM GB	Supporting access to water and sanitation for refugees in Maban County, Upper Nile State	1,100,000	SSD-14/MS/60644/R	Upper Nile
Medium	Samaritan's Purse	Provision of emergency WASH and nutrition services for refugees living in Pariang County, and Secondary Health Services in Maban County	2,897,349	SSD-14/MS/60713/R	Multiple Locations
Medium	UNICEF	Provision of emergency WaSH, Health, Nutrition, Education and Child Protection services to refugee communities in Upper Nile and Unity States	2,675,290	SSD-14/MS/61147/R	Multiple Locations
Total			247,936,970		

NON-FOOD ITEMS AND EMERGENCY SHELTER



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	IOM	Provision of Emergency NFIs and Shelter to IDPs, returnees, and host communities in South Sudan	37,496,387	SSD-14/S-NF/60850/R	Multiple Locations
High	CW	Provision of Emergency Shelter and NFIs to the conflict affected populations in Juba (CES) and Unity State, South Sudan.	1,764,236	SSD-14/S-NF/67335/R	Unity
High	DRC	Integrated Emergency Response and Emergency Preparedness for IDPs, Returnees and Host Communities	2,244,826	SSD-14/S-NF/60915/R	Multiple Locations
High	IOM	Republic of South Sudan Shelter and NFI Cluster Coordination	1,441,376	SSD-14/S-NF/60858/R	Multiple Locations
High	MEDAIR	Emergency assistance to most vulnerable IDPs, returnees and host community members through the timely provision of NFIs and emergency shelter.	1,091,244	SSD-14/S-NF/60924/R	Multiple Locations
High	NRC	Emergency Shelter and NFIs for IDPs in Warrap, Lakes state central equatorial and Jonglei States	5,142,500	SSD-14/S-NF/60795/R	Multiple Locations
High	Plan	Strengthening NFI/Shelter cluster coordination in Lakes State and emergency NFI/Shelter to vulnerable persons displaced by conflict	197,290	SSD-14/S-NF/67312/R	Multiple Locations
High	UNHCR	Emergency Shelter and NFIs for IDPs affected by the crisis in South Sudan	13,149,912	SSD-14/S-NF/67353/R	Multiple Locations
High	WV South Sudan	NFI Emergency Response and Coordination for IDPs, Returnees and Vulnerable Host communities affected by conflict and natural disasters.	1,200,000	SSD-14/S-NF/60952/R	Multiple Locations
Medium	ACT/LWF	Basic NFIs and emergency shelter distribution to displaced populations in Twic East and Duk Counties, Jonglei.	195,000	SSD-14/S-NF/67337/R	Jonglei
Medium	CRS	Response to IDPs in Lakes and Jonglei States	1,864,928	SSD-14/S-NF/67336/R	Multiple Locations
Medium	INTERSOS	Preposition and Distribution of Life-Saving Non-Food Items and Shelter materials for most vulnerable South Sudanese, based on Assessed Needs	1,537,801	SSD-14/S-NF/60920/R	Multiple Locations
Medium	LCED	Provision of emergency shelter and NFI for conflict and flood affected IDPs and most vulnerable host communities as well as enhance capacity of emergency responses team in, Juba, Yirol West and Mundri Counties	324,500	SSD-14/S-NF/60877/R	Multiple Locations
Medium	Mercy Corps	Provision of emergency shelter solutions and essential non-food items to emergency-affected persons in Unity State	350,000	SSD-14/S-NF/67338/R	Unity
Total			68,000,000		

NUTRITION



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	UNICEF	Lifesaving nutrition intervention in South Sudan	43,700,000	SSD-14/H/60303/R	Multiple Locations
High	ACF - USA	Assessment, treatment and prevention of severe and moderate acute malnutrition in South Sudan	3,600,000	SSD-14/H/60974/R	Multiple Locations
High	CARE International	CARE Emergency Nutrition Project in Unity and Jonglei States	800,000	SSD-14/H/60102/R	Multiple Locations
High	CCM	Support the CHD in preventing and managing Acute Malnutrition among most vulnerable populations (boys and girls U5 and Pregnant and Lactating Women) of local and displaced communities in Awerial and Yirol East (Lakes) and Tonj East and Tonj South (Warrap) counties, through the integrated community-based approach at both health facility and camp level (IDP, POC).	1,100,000	SSD-14/H/60632/R	Multiple Locations
High	COSV	Improving the nutrition status of the most vulnerable and hard to reach groups (children < 5, PLWs and KA, TB and HIV AIDS) in Ayod County	700,000	SSD-14/H/60379/R	Jonglei

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	CW	Integrated nutrition interventions for malnourished children and women in South Sudan	2,000,000	SSD-14/H/60331/R	Multiple Locations
High	GOAL	Improving the nutritional status of children aged 6-59 months and pregnant and lactating women through treatment and empowerment of host and IDP communities in Agok and Twic Counties, Warrap State and conflict affected populations in Baliet, Melut and Ulang Counties, Upper Nile State	1,900,000	SSD-14/H/60424/R	Multiple Locations
High	HCO	Provision of integrated lifesaving nutrition services in Jonglei	900,000	SSD-14/H/60288/R	Jonglei
High	IMC	Community based nutrition interventions to Jonglei and Upper Nile State	2,200,000	SSD-14/H/60684/R	Multiple Locations
High	IRC	Emergency Nutrition Response in Aweil South and Aweil East Counties, Northern Bahr el Ghazal State and Panyjar County, Unity State	731,046	SSD-14/H/60780/R	Multiple Locations
High	MEDAIR	Provision of emergency nutrition services to vulnerable communities in South Sudan	1,600,000	SSD-14/H/60434/R	Multiple Locations
High	Mulrany International	Scaling up implementation of High Impact Nutrition Interventions to prevent and manage Acute Malnutrition in Raja county,WBeG state.	350,000	SSD-14/H/60221/R	Western Bahr El Ghazal
High	NH	Emergency Nutrition services provision to children Under 5 and other vulnerable population in Fangak, Akobo and Pigi counties of Jonglei state and Leer county of Unity state	1,000,000	SSD-14/H/60448/R	Multiple Locations
High	Plan	Provision of Emergency Nutrition services and strengthening local capacity to timely response to emergency to reduce the burden of Acute Malnutrition in Lakes State.	1,200,000	SSD-14/H/60306/R	Multiple Locations
High	Relief International	Provision, strengthening and expansion of community based nutrition services in Maban and Longchuk county	700,000	SSD-14/H/60265/R	Upper Nile
High	SC	Integrated community based nutrition response for internally displaced, conflict affected and vulnerable host communities in South Sudan	3,000,000	SSD-14/H/60743/R	Central Equatoria
High	TEARFUND	Integrated response to life-threatening malnutrition in Urur County Jonglei, South Sudan	1,600,000	SSD-14/H/60572/R	Jonglei
High	UNIDO	Nutrition support for under five children, P&LW and other vulnerable groups including host community in Mayendit and Leer counties of Unity state	800,000	SSD-14/H/60159/R	Unity
High	UNKEA	Provision of Community Nutrition services to returnees, IDPs and host community in Nasir County; Upper Nile State	700,000	SSD-14/H/60068/R	Upper Nile
High	WFP	Food Assistance for Treatment and Prevention of under-nutrition in children aged less than 5 years and pregnant and lactating women.	57,018,954	SSD-14/H/60519/R	Multiple Locations
High	World Relief	Community Based Nutrition Support in Complex Emergency Project	1,200,000	SSD-14/H/60499/R	Unity
High	WV South Sudan	Emergency Response to Malnutrition for Vulnerable Children, Pregnant and Lactating Women, and at risk population in Warrap State, Unity, Upper Nile and Northern Bahr el Ghazal	2,100,000	SSD-14/H/60749/R	Multiple Locations
Medium	CADA	Respond to the nutrition emergency through integrated management of acute malnutrition in Jonglei County	300,000	SSD-14/H/69551/R	Jonglei
Medium	CUAMM	Support to the CHD in preventing and treating Acute Malnutrition in Under 5, Pregnant and Lactating Women and other vulnerable groups in order to reduce morbidity and mortality in Yirol West County and in ensuring Greater Yirol effective referral system	600,000	SSD-14/H/69537/R	Lakes
Medium	KHI	Emergency Response for the Treatment and Prevention of Acute Malnutrition among Boys and Girls under five, PLW and Building Community Resilience in Jonglei State	800,000	SSD-14/H/60051/R	Jonglei
Medium	JDF	Nutrition response for Internally Displaced People and other vulnerable lactating/ anaemic mothers, children in need with specific focus on children 7 months and 5 years in Duk County.	400,000	SSD-14/H/69576/R	Jonglei
Total			131,000,000		

PROTECTION



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	ARARD	Provision of th Pyschosocial support service to the children affced by emmergencies and Conflict in Twic County, Turalei, Warrap State.	100,000	SSD-14/P-HR-RL/60598/R	Warrap
High	ARC	Promoting Protective Environments for Vulnerable Populations through Community-Based, Multi-Sectoral, and Survivor-Centered Gender-based Violence Prevention and Response Interventions	1,241,076	SSD-14/P-HR-RL/60093/R	Multiple Locations
High	CARE International	Protection, prevention and response to Gender Based Violence in Jonglei, Upper Nile and Unity States	1,790,000	SSD-14/P-HR-RL/60417/R	Multiple Locations
High	CCOC	Support to Survivors of Sexual Gender Based Violence and Children in Conflict/Emergency.	230,940	SSD-14/P-HR-RL/60491/R	Central Equatoria
High	CINA	Access to life-saving protection services to displaced children in Bor County	49,500	SSD-14/P-HR-RL/60485/R	Jonglei
High	CW	Protecting and promoting the rights of the most vulnerable South Sudanese IDPs in Central Equatoria and Unity States	200,000	SSD-14/P-HR-RL/67310/R	Unity
High	DRC	Emergency Protection Response for IDPs in Upper Nile and Unity States	1,410,000	SSD-14/P-HR-RL/67352/R	Multiple Locations
High	HCO	Emergency child protection and child centered resilience building in Jonglei	150,000	SSD-14/P-HR-RL/60575/R	Jonglei
High	HI	Promoting equal access to Emergency services and inclusive protection mechanisms for persons with disability and vulnerable persons in disabling situations in South Sudan crisis response	750,000	SSD-14/P-HR-RL/69577/R	Multiple Locations
High	HLSS	Protection of IDPs, Returnees and Host communities through increased access to emergency medical services for GBV survivors and accelerated prevention and responses to GBV during emergencies in Lakes and Eastern Equatoria State.	442,500	SSD-14/P-HR-RL/60161/R	Multiple Locations
High	IN	Information Saves Lives: Amplifying Humanitarian Response through Community Radio	1,000,000	SSD-14/P-HR-RL/69603/R	Multiple Locations
High	INTERSOS	Strengthening protection of vulnerable and conflict affected women, men and children in Central Equatoria and Jonglei States	1,725,000	SSD-14/P-HR-RL/60428/R	Multiple Locations
High	IOM	Psychosocial support to conflict-affected populations living in UNMISS Protection of Civilian sites in South Sudan	665,000	SSD-14/P-HR-RL/69578/R	Central Equatoria
High	IRC	Strengthening community protection and improving child protection and gender-based violence (GBV) prevention and response services in humanitarian settings in South Sudan	4,672,000	SSD-14/P-HR-RL/60764/R	Multiple Locations
High	NH	Increasing access to services, and provide psychosocial support to GBV survivors and children affected by the emergency in Central Equatoria, Jonglei, and Upper Nile States	562,440	SSD-14/P-HR-RL/60340/R	Multiple Locations
High	NPP	Reducing Violence and Increasing the Safety and Security of Civilians in South Sudan	6,989,625	SSD-14/P-HR-RL/61020/R	Multiple Locations
High	NRC	Information, Counselling & Legal Assistance (ICLA) & Protection Cluster Coordination in Warrap, Lakes & CE	2,567,610	SSD-14/P-HR-RL/60413/R	Multiple Locations
High	Plan	Provision of Psycho social support to boys and girls affected by crisis in Awerial County	1,015,412	SSD-14/P-HR-RL/69571/R	Lakes
High	SC	Emergency child protection services and support to children affected by conflict, violence, displacement and other emergencies in South Sudan	2,321,400	SSD-14/P-HR-RL/60738/R	Multiple Locations
High	TdH-L	Provision of Psychosocial Support, and Protection from Exploitation, for conflict affected and displaced children, adolescents and their families in Central Equatoria State.	700,000	SSD-14/P-HR-RL/69593/R	Central Equatoria
High	THESO	Provision of protection, Care and support and safety space to IDPs, and provision of emergency GBV services to Women and girls reducing the incidence of GBV in identified counties of Warrap state.	120,150	SSD-14/P-HR-RL/60208/R	Warrap
High	UNFPA	Strengthened quality and ethical multi-sectoral GBV prevention, response, monitoring and coordination in South Sudan	4,301,169	SSD-14/P-HR-RL/60269/R	Multiple Locations

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	UNHCR	Protection of IDPs, returnees, host communities and at-risk populations and prevention of Statelessness in the Republic of South Sudan	31,888,985	SSD-14/P-HR-RL/60233/R	Multiple Locations
High	UNICEF	Prevention of GBV and building child sensitive GBV response services in South Sudan.	2,506,939	SSD-14/P-HR-RL/60553/R	Multiple Locations
High	UNICEF	Protecting boys and girls affected by conflict and other emergencies in South Sudan	9,227,713	SSD-14/P-HR-RL/60583/R	Multiple Locations
High	VSF (Switzerland)	Increasing protection and building resilience in boys and girls, adolescents and families affected by conflict	131,250	SSD-14/P-HR-RL/60261/R	Unity
High	WV South Sudan	Protection of children and youth (boys and girls) affected by emergencies through resilience building of host and displaced communities in Warrap, Upper Nile Jonglei and Unity States.	2,100,000	SSD-14/P-HR-RL/60755/R	Multiple Locations
Medium	SCA	Child Protection and psychosocial support to returnee and vulnerable children	141,291	SSD-14/P-HR-RL/60605/R	Central Equatoria
Total			79,000,000		

WATER, SANITATION AND HYGIENE



Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High-Immediate	UNICEF	Strengthened Humanitarian Supplies Core Pipeline for Emergency WASH Preparedness and Response in South Sudan	21,300,000	SSD-14/WS/61042/R	Multiple Locations
High	ACF - USA	Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute WASH needs of populations in NBeG, Warrap and Abyei	2,200,000	SSD-14/WS/60960/R	Multiple Locations
High	ACTED	Improved WASH situation in South Sudan through strengthening of water and sanitation facilities, facilitation of sanitation and hygiene best practices, and building sustainable operation and maintenance as well as community resilience	2,998,228	SSD-14/WS/60726/R	Multiple Locations
High	ASMP	Fangak County Water & Hygiene Project	104,250	SSD-14/WS/60851/R	Jonglei
High	CARE International	WASH Emergency response to Vulnerable Host and IDPs communities in Unity, Upper Nile and Jonglei State	2,697,399	SSD-14/WS/60635/R	Multiple Locations
High	CMD	Provide timely and equitable WASH services to emergency affected IDPs, returnees and acutely vulnerable host communities to withstand WASH crises in Ayod, Duk and Nyiro Counties of Jonglei State	850,000	SSD-14/WS/60682/R	Jonglei
High	CRS	Increasing emergency water supply, sanitation and hygiene promotion preparedness and response for the most vulnerable population (IDPs and host communities) in Lakes, Jonglei, Upper Nile States and Abyei/Agok areas.	1,600,000	SSD-14/WS/61049/R	Multiple Locations
High	CW	Emergency WASH services for conflict affected populations in South Sudan	1,000,000	SSD-14/WS/67354/R	Unity
High	Intermon Oxfam	Strengthening of emergency response and resilience for vulnerable communities in South Sudan through a WASH intervention in Warrap, Lakes and Jonglei States	4,750,000	SSD-14/WS/60883/R	Multiple Locations
High	INTERSOS	WASH services to populations affected by emergencies in CES, Unity, Jonglei, Warrap (Abyei) and Western Equatoria	600,000	SSD-14/WS/60980/R	Multiple Locations
High	IOM	Procurement and management of Core Pipeline WASH emergency supplies to support Emergency Water Sanitation and Hygiene (WASH) response in South Sudan	4,300,000	SSD-14/WS/69582/R	Central Equatoria
High	IOM	Provision of emergency WASH assistance for vulnerable populations in South Sudan	5,000,000	SSD-14/WS/60735/R	Multiple Locations
High	IRC	Emergency water, sanitation and Hygiene(WASH) and cholera preparedness and response for IDPs, Disaster affected and vulnerable communities in South Sudan	4,200,000	SSD-14/WS/60754/R	Multiple Locations
High	MEDAIR	Access to safe water and improved sanitation and hygiene practices for emergency affected and chronically vulnerable communities	3,400,000	SSD-14/WS/60680/R	Multiple Locations

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
High	Mercy Corps	Emergency Water, Sanitation and Hygiene Assistance to communities affected by conflict	2,410,000	SSD-14/WS/69574/R	Unity
High	NRC	People affected by displacement in Jonglei, Lakes, Upper Nile, Unity and Warrap have reduced risk of exposure to WASH related diseases	946,580	SSD-14/WS/60740/R	Multiple Locations
High	OXFAM GB	Emergency WASH support for vulnerable and displaced communities in South Sudan	10,900,000	SSD-14/WS/60820/R	Multiple Locations
High	OXFAM GB	Procurement and management of Core Pipeline WASH emergency supplies to support Emergency Water Sanitation and Hygiene (WASH) response in South Sudan	1,250,000	SSD-14/WS/69728/R	Central Equatoria
High	PIN	Emergency WASH assistance to IDPs in Juba (non-POC)	192,600	SSD-14/WS/69651/R	Central Equatoria
High	Plan	Improving access to water, sanitation and hygiene for people of humanitarian concern in Akobo county, Jonglei state, South Sudan	500,000	SSD-14/WS/67350/R	Jonglei
High	Samaritan's Purse	Emergency WASH services provision in the Greater Bahr El Ghazal Region, Eastern Equatoria, Lakes, Unity and Abyei	5,300,000	SSD-14/WS/60769/R	Multiple Locations
High	Solidarités	WASH assistance for conflict affected populations in the Republic of South Sudan	7,300,000	SSD-14/WS/60823/R	Multiple Locations
High	TEARFUND	Increasing access to safe water and improving sanitation and hygiene practices among vulnerable communities.	1,600,000	SSD-14/WS/60794/R	Multiple Locations
High	WV South Sudan	Emergency WASH Project for Conflict Affected and Chronically Vulnerable Communities in South Sudan	6,900,000	SSD-14/WS/60967/R	Multiple Locations
High	ZOA Refugee Care	Emergency Life-saving Water & Sanitation Project, targeting 31,500 extremely vulnerable people and IDPs in Akobo and Pibor counties, Jonglei state	249,420	SSD-14/WS/61032/R	Multiple Locations
High	PAH	WASH and Emergency Response in most vulnerable communities of Jonglei State, South Sudan	2,800,000	SSD-14/WS/61064/R	Jonglei
High	CASS	WASH emergency Preparedness and Response to IDPs, Returnees and vulnerable host community of Central Equatoria, Terekeka County.	150,000	SSD-14/WS/68751/R	Central Equatoria
High	Pact Inc.	WASH Support to Vulnerable Conflict Affected People in Bor, Akobo, Nyirol, and Urur in Jonglei, South Sudan	3,000,000	SSD-14/WS/69550/R	Jonglei
High	UNICEF	Strengthened Coping Mechanisms and Capacity in Emergency WASH Preparedness, Response and Coordination in South Sudan	19,600,000	SSD-14/WS/61038/R	Multiple Locations
Medium	AAR Japan	Improving access to safe water, basic sanitation and hygiene services in sustainable manner for IDPs and for the host communities in Eastern Equatoria State, South Sudan	350,000	SSD-14/WS/60811/R	Eastern Equatoria
Medium	AWODA	Emergency WASH Support for IDPs affected by politico-military situation from Unity, Bor and Upper Nile to Lakes and Warrap State	163,170	SSD-14/WS/60570/R	Multiple Locations
Medium	GOAL	Emergency WASH preparedness and response through improved access to potable water sources, increased knowledge on and capacity for water purification, provision of emergency sanitation facilities, promotion of hygiene seeking behaviour and prepositioning of stocks at host and IDP communities at Agok and Twic Counties, Warrap State and Baliet, Melut and Ulang Counties in Upper Nile State.	1,600,000	SSD-14/WS/60835/R	Multiple Locations
Medium	HLSS	Improved access to safe water, sustainable basic sanitation and hygiene practices among IDPs/Returnees/Host communities mostly women and children in most vulnerable and severely underserved counties in Lakes and Eastern Equatoria	150,000	SSD-14/WS/60796/R	Multiple Locations
Medium	IAS	Life saving WASH services for crisis affected and acutely vulnerable communities in Jonglei and Northern Bahr El Ghazal	3,320,000	SSD-14/WS/60826/R	Multiple Locations
Medium	IRW	Improvement of WASH infrastructure and scaling up of Emergency assistance for IDPs, returnees and disaster Affected Communities in Warrap and Central Equatorial states of South Sudan;	250,000	SSD-14/WS/60978/R	Warrap
Medium	LDA	Provision of Improved Water and Sanitation Services for the Health of Host Communities and Returnees and Longechuk and Maiwut	152,352	SSD-14/WS/60951/R	Upper Nile

Priority	Agency	Project title	\$ Revised requirements	Project code	Location
Medium	NH	Provision of Emergency Water, Sanitation and Hygiene Support for communities affected by conflicts and Natural Disasters in Jonglei State (Akobo, Canal, Fangak) and Upper Nile (Ulang and Nasir) and Central Equatoria (Juba) states	740,000	SSD-14/WS/60719/R	Multiple Locations
Medium	RI	Strengthening Accessibility of Safe Water, Sanitation and Hygiene in Renk and Melut Counties (SASWASH)	500,000	SSD-14/WS/60787/R	Upper Nile
Medium	RUWASSA	WASH project to relief distressed women and children in conflict affected communities in Lakes State	187,500	SSD-14/WS/60998/R	Lakes
Medium	SUFEM	Community Improve Access to Water and Environmental Sanitation	138,501	SSD-14/WS/60912/R	Central Equatoria
Medium	THESO	Provision of emergency Water, Sanitation and Hygiene services to 45000 vulnerable populations including victims of armed conflicts, disaster emergency to improve the public health resilience in emergencies in Gogrial East, Tonj North in Warrap and in UN-House POCs CE State.	250,000	SSD-14/WS/60859/R	Multiple Locations
Medium	UNIDO	Addressing chronic and acute Water, Hygiene and Sanitation needs to vulnerable and disasters affected population of Unity and Upper Nile state	250,000	SSD-14/WS/60862/R	Unity
Medium	UNKEA	Accelerated WASH Project (AWASHP)	200,000	SSD-14/WS/60620/R	Upper Nile
Medium	HeRY	Improving the delivery of WASH services to the adversely affected population of Panjar County in Unity state	150,000	SSD-14/WS/69331/R	Northern Bahr El Ghazal
Medium	JEN	Resilience of communities through WASH-related activities in Yei River County	500,000	SSD-14/WS/69360/R	Central Equatoria
Total			127,000,000		

ENDNOTES

HUMANITARIAN NEEDS OVERVIEW

1. This represents people projected to be in Phase 3 (Crisis) and Phase 4 (Emergency) by August, according to the Integrated Phase Classification done in May 2014. Phase 5 of the IPC represents famine conditions.
2. South Sudan is among the world's 15 poorest countries. Source: <https://cia.gov/library/publications/the-world-factbook/fields.2046.html>
3. South Sudan Household Health Survey (2010)
4. World Bank, 2012

RESPONSE STRATEGY

5. While IRNAs gather basic information on new crisis-affected areas, more specific tools are used by each cluster to inform programming in protracted situations.

CROSS-CUTTING ISSUES

6. South Sudan Household Survey, 2010
7. South Sudan Statistical Yearbook 2011

CLUSTER RESPONSE PLANS

Camp coordination and camp management

8. The CCCM Cluster does not advocate for displacement sites and is the provider of last resort. However, in situations where it is absolutely necessary to create such sites, the cluster will establish a CCCM structure and advocate for durable solutions.
9. UNMISS POC areas, spontaneous sites and collective sites.
10. Note: 40 sites reached by DTM, according to DTM all 40 sites have some kind of access to services. 40/169 = 24%
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Coordination and common services

12. Western, Eastern and Central Equatoria states are supported through OCHA Juba and Western Bahr Gazal state is supported from the OCHA sub office in Lakes state

Education

13. Numbers of schools and students taken from EMIS 2013 numbers.
14. Provision of supplies only. Provision of services falls under the multi-sector refugee response.

Food security and livelihoods

15. Refugees will be provided with food supplies only. Other services fall under the multi-sector response plan.
16. This figure includes Abyei and refugees
17. This figure included a small pre-positioning caseload for the beginning of the 2015 planting season

Multi-sector

18. While the April GAM rate was 2.8% in Yida and 4.8% in Ajuong Thok (Unity) where food assistance has been consistently provided, it was as high as 17.6% in Doro, 12% in Yusuf Batil and 11% in Gendrassa and Kaya camps (Upper Nile) where delivery of food assistance has been hampered.
19. 1,000 returnees and 6,000 Abyei-affected.

Non-food items and emergency shelter

20. UNOSAT 11 January – 2 February 2014.
21. REACH Rapid Shelter Sector Assessment, UN House and UNMISS Tongping, January 2014
22. Shelter Cluster assessments: Bentiu POC; UN House (Concern February, March 2014); Mingkaman (IOM/NRC April 2014)
23. Shelter Cluster assessments: Ganyel (Concern April 2014)
24. 24% Unity; 20% Jonglei; 20% Upper Nile; 10% Lakes; 7% Warrap (includes Abyei); 7% Central Equatoria; 3% Western Bahr el Ghazal; 3% Western Equatoria; 3% Northern Bahr el Ghazal; 3% Eastern Equatoria. Note this is based largely on current displacement patterns and known displacement areas that have not yet been reached. Significant changes in context will require revision. The strategy focuses on operational flexibility to enable this.

25. This may also include areas accessible by large cargo planes, such as Malakal.
26. Assumed to be included in internally displaced persons.
27. 100% of conflict displaced (1,500,000) assumed to be in some form of NFI and/or shelter need given rising vulnerability.
28. Target of 45% of people in need based on capacity and access limitations.
29. IOM estimates 20,000 returnees in total over 2014; assumed 50% in need of shelter and/or NFI assistance.
30. Returnees in need assumed to be accessible and concentrated in relatively stable areas, so 100% coverage of people in need assumed.
31. Includes flood affected (245,000) and communities hosting conflict IDPs (150,000, assumed target 10% of number of displaced).
32. Assumed that 60% flood-affected will be reached due to access and capacity constraints. Communities hosting conflict IDPs are included at 150,000, assumed 10% of number of displaced. Host communities will be included where IDP numbers overwhelm host, or where a convincing case can be made on the basis of conflict mitigation.

Nutrition

33. IPC, May 2014
34. Reference to World Health Organization; UNICEF; WFP; UN System Standing Committee on Nutrition 2007, "Community-based Management of Severe Acute Malnutrition", where on page 2, a table indicates that data from longitudinal studies have observed that mortality of children with severe acute malnutrition varied between 10 and 21%.
35. Based on two modalities: (i) a UNICEF mobile team comprised of health, nutrition (and other sectors) specialists are deployed to areas identified by WFP for general food distribution (GFD) and during the GFD, nutrition rapid training are conducted, nutrition rapid assessment done (MUAC screening, referral, IYCF rapid assessment) and nutrition services provided; (b) An INGO-led RRM-Nutrition is deployed in areas of needs within and beyond the sites identified by WFP for GFD, to conduct nutrition assessment and start up the provision of emergency nutrition services for an initial period of three months until a suitable partner is identified and ready to take over.

Protection

36. The relevant SPHERE standards are: proportion of discharges from therapeutic care who have died is less than 10 per cent; proportion of discharges who have recovered is greater than 75 per cent and the defaulter rate is less than 15 per cent.
37. In Eastern Equatoria, Northern Bahr-el-Ghazal and all the PoC areas.
38. Beneficiary figures cluster-wide are calculated as follows: where partners for all three components (general protection, child protection and GBV) are present in an area we assume services are available for 100% of the displaced population; where only one and two of the three components are available we assume services are available to 25% and 50% of the displaced population, respectively. For mobile response and "protection clinics" (for protection guidance in project development across clusters), we assume 15% of the overall beneficiary population benefit from protection mainstreaming and use this as a benchmark for "broader population".
39. The three "W" stand for who, what where, when and for whom.
40. This figure is from the CAP 2014-2016 and has not been revised, It doesn't include any new displacements out of/into Abyei
41. Note that this number does not include large populations reached through community radio, media outreach, development of policy documents and advocacy activities.
42. Field protection monitoring and/or assessment missions conducted by general protection, child protection and GBV cluster members in Unity, Upper Nile, Jonglei, Abyei, Lakes, Warrap, CES, EES, NBeG and WBeG.
43. advocacy/information initiatives, including: Biometric Guidance; CCCM Protection FAQs; Bentiu Statement; Bor Statement; Experts Panel Input; GPC All Briefing; twice weekly GBV Radio Spots; Criminality in PoC guidance; Protection Trends Analysis; 2 Child Soldier Statements; Protection Incidents advocacy document (UNMISS perimeter, UN House) ; 8 Diplomatic/Donor briefings (in/out of country); "Encampment" Guidance note to HCT; and regular situational updates from the Cluster and Sub-clusters.
44. Family Tracing and Referral systems are established in 13 locations; 3,501 unaccompanied and separated children have been identified and registered. Out of this 268 children have been reunified and 1000 children have received interim care and foster care placements. Over 5910 family members have received messages on prevention of family separation
45. in Bentiu, Aweril, UN House PoC, Topping PoC, Malakal PoC, Bor PoC and Juba town

ACRONYMS

A			
ACTED	Agency for Technical Corporation and Development	MNT	medical nutrition therapy
ANC	antenatal care	MoEST	Ministry of Education, Science and Technology
ARRM	area rapid response mechanism	MSU	mobile storage unit
B		MUAC	mid upper arm circumference
BSFP	blanket supplementary feeding	N	
C		NFI	non food item
CCCM	Camp coordination and camp management (Cluster)	NGO	Nongovernmental organization
CERF	Central Emergency Response Fund	NNGO	National nongovernmental organisation
CHF	Common Humanitarian Fund	O	
CoH	Cessation of Hostilities (Agreement)	OCHA	Office for the Coordination of Humanitarian Affairs
CRP	Crisis Response Plan	OTP	out-patient therapeutic programme
D		P	
DTM	displacement tracking matrix	PLW	pregnant lactating women
E		PMTCT	prevention of mother to child transmission
ECD	Early Childhood Development	PoC	Protection of Civilians
EiE	Education in Emergency	PTA	parent teacher association
EMoC	emergency obstetric care	R	
ERW	explosive remnants of war	RRC	Relief and Rehabilitation Commission
ETC	Emergency Telecommunications (Cluster)	RRM	rapid response mechanism
F		RUTF	ready to use therapeutic foods
FAO	Food and Agriculture Organisation	S	
FSL	food security and livelihood	SAM	severe acute malnutrition
FTR	family tracking and reunion	SMART	Standardized Monitoring and Assessment of Relief and Transition
G		SRA	security risk assessment
GBV	gender based violence	T	
GFD	general food distributions	TSFP	therapeutic feeding programme
H		U	
HC	Humanitarian Coordinator	UN	United Nations
HCT	Humanitarian Country Team	UNDSS	United Nations Department for Safety and Security
HH	households	UNHAS	United Nations Humanitarian Air Service
HIV	Human immunodeficiency virus	UNHCR	United Nations High Commissioner for Refugees
I		UNICEF	United Nations Children's Fund
ICWG	Inter Cluster Working Group	UNMISS	United Nations Mission in South Sudan
IDP	internally displaced person	UNOPS	United Nations Office for Project Services
INGO	International nongovernmental organisation	UXO	unexploded ordnances
IOM	International Office for Migration	V	
IPC	Integrated Food Security Phase Classification	VHF	very high frequency
IRNA	inter agency rapid needs assessment	W	
IYCF-E	infant and young child feeding in emergencies	WASH	Water, sanitation and hygiene
L		WFP	World Food Programme
LLIN	long lasting insecticidal netsn	WHO	World Health Organisation
M			
MAM	moderate acute malnutrition		
MISP	minimal initial service package		