



Dan DeLorenzo, OCHA, 2011

South Sudan

2012

Consolidated Appeal





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	CRS	Humedica	MENTOR	TGH
ACF	CWS	IA	MERLIN	UMCOR
ACTED	DanChurchAid	ILO	Muslim Aid	UNAIDS
ADRA	DDG	IMC	NCA	UNDP
Africare	Diakonie Emerg. Aid	INTERMON	NPA	UNDSS
AMI-France	DRC	Internews	NRC	UNEP
ARC	EM-DH	INTERSOS	OCHA	UNESCO
ASB	FAO	IOM	OHCHR	UNFPA
ASI	FAR	IPHD	OXFAM	UN-HABITAT
AVSI	FHI	IR	PA	UNHCR
CARE	FinnChurchAid	IRC	PACT	UNICEF
CARITAS	FSD	IRD	PAI	UNIFEM
CEMIR International	GAA	IRIN	Plan	UNJLC
CESVI	GOAL	IRW	PMU-I	UNMAS
CFA	GTZ	Islamic Relief	Première Urgence	UNOPS
CHF	GVC	JOIN	RC/Germany	UNRWA
CHFI	Handicap International	JRS	RCO	VIS
CISV	HealthNet TPO	LWF	Samaritan's Purse	WFP
CMA	HELP	Malaria Consortium	Save the Children	WHO
CONCERN	HelpAge International	Malteser	SECADEV	World Concern
COOPI	HKI	Mercy Corps	Solidarités	World Relief
CORDAID	Horn Relief	MDA	SUDO	WV
COSV	HT	MDM	TEARFUND	ZOA
		MEDIAIR		

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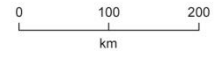
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.unocha.org/cap>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



- ★ National capital
- ⊙ First administrative level capital
- Populated place
- International boundary
- - - First administrative level boundary
- - - Undetermined boundary¹
- Abyei region²



1. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
 2. Final status of the Abyei area is not yet determined.

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UNMAS. **Date:** 26 September 2011.

Foreword

2011 has been a momentous year for South Sudan. It has been a privilege to stand with the South Sudanese people as they witnessed the birth of their new nation – from the decisive independence referendum in January, the end of the Comprehensive Peace Agreement period, to the country’s long-awaited entry into the community of nations on 9 July. The Republic of South Sudan has now started the long and challenging task of building a new state. The humanitarian community is committed to supporting the government and its people as they embark on this endeavour.

The 2012 Consolidated Appeal Process is the product of this collective commitment. It reflects the combined efforts of South Sudan’s humanitarian partners – the government’s humanitarian institutions, UN agencies, national and international non-governmental organizations, and the donor community. It provides a blueprint for ensuring that, over the coming year, we can save lives and support vulnerable communities as effectively and efficiently as possible.

South Sudan faces a number of humanitarian challenges as it looks to 2012. Clashes along and across the country’s new international border with Sudan have increased, forcing tens of thousands of people to flee southwards. Persistent rebel activity and military counter-operations pose a significant threat to the lives and livelihoods of civilians, while inter-communal violence has also surged in several locations. Insecurity and a rise in interference with aid operations by the armed forces have compounded humanitarian access.

Responding to the needs of over 350,000 South Sudanese returning from Sudan has been a major priority. Humanitarian partners have worked closely with the government to support returnees during their long journey home, providing essential assistance and protection *en route*, and life-sustaining support as households start rebuilding their lives. Periodic flooding, disease outbreaks and worrying food security trends have required sustained response. These complex threats demonstrate the high levels of vulnerability facing South Sudan’s communities.

There have been some significant achievements over the year. More than 70 separate emergency operations have been launched including five major operations in response to rapidly evolving humanitarian crises. Partners have intensified efforts to ensure vulnerable populations are able to access vital frontline services, delivering assistance across a vast territory and in the face of enormous logistical challenges. The government has continued to strengthen its coordination of the return process, in close partnership with UN and NGO actors. The strength of emergency planning and preparedness measures undertaken in 2010 has been vital to this success.

The 2012 Appeal builds on these achievements, outlining a framework for action to ensure partners are able to meet emergency needs and help protect at-risk civilians during the critical months ahead. We look forward to working with the Government of South Sudan and its people as we seek to deliver on these commitments over 2012.



Lise Grande
United Nations Resident and Humanitarian Coordinator

Preface

From the Government of South Sudan

There is a long history of partnership between the Government of South Sudan and its humanitarian partners. Many of the organisations that helped to develop this 2012 Consolidated Appeal have been working in South Sudan for years, providing medical assistance, helping the old and vulnerable, and providing food, water and protection to South Sudanese communities in their hour of crisis. This appeal reminds us of the diverse humanitarian actors that make up the aid operation and the breadth of experience they bring to their work. It is a great honour to renew our pledge to the South Sudanese people together again this year, on behalf of the new independent Republic of South Sudan.

Despite significant achievements since the signing of the Comprehensive Peace Agreement, we know that there are still challenges in our new nation. Violence and insecurity continue to inflict suffering on civilian populations and force thousands from their homes. Recurrent food insecurity, malnutrition and lack of access to health care affects the lives and wellbeing of our children. We also know that many of our humanitarian partners deliver life-saving assistance at great personal cost and in uncertain, insecure environments.

The 2012 Consolidated Appeal outlines how we will meet these urgent humanitarian challenges as we start to build our new country. I would like to express my deepest thanks to the people who contributed to this process and to the thousands of national and international staff who continue to devote their lives to supporting our vulnerable citizens. We look forward to their continued partnership and generosity to ensure we can together ease suffering and help save lives during the coming year.



The Hon Mr Joseph Lual Achuil
Minister, Humanitarian Affairs and Disaster Management

1. Executive Summary

Meeting emergency needs in the first year of statehood

2011 brought historic changes for the people of South Sudan. On 9 January, the country held its long-awaited referendum on independence, with the people voting overwhelmingly to secede from Sudan. The Republic of South Sudan was born on 9 July, becoming the world's 193rd country and marking the conclusion of the Comprehensive Peace Agreement (CPA) period that ended Sudan's protracted civil war.

Political tensions between South Sudan and Sudan have persisted in the post-independence period. South Sudan seceded with major CPA issues unresolved, including border demarcation, wealth-sharing, and the fate of the disputed territory of Abyei. North-south tensions have flared with fighting erupting in Abyei and Sudan's Southern Kordofan and Blue Nile states. Inside South Sudan, the government has taken important steps to accelerate the process of state-building. However, the effects of decades of civil war have continued to impede the pace of development, and government capacity to deliver basic services remains low.

South Sudan faced a number of pressing humanitarian challenges over the past year. Violence increased on several fronts, leading to the displacement of approximately 350,000 people from their homes. South Sudanese continued to return from Sudan in record numbers, requiring significant emergency support. Rising food insecurity, disease outbreaks and seasonal flooding continued to impact humanitarian conditions on the ground. An already difficult operating environment was compounded by the re-mining of road networks in conflict zones and continued interference in aid operations by military and other actors.

Relief partners together with the Government of South Sudan have identified several complex threats likely to shape humanitarian conditions over 2012. Insecurity has remained the biggest factor affecting the humanitarian situation, with conflict dynamics over coming months expected to generate continued displacement and to put civilians at risk. Responding to emergency needs among returnees will remain a key priority, as people continue to return to locations with virtually no social services or economic opportunities. The food security situation has become a serious concern as 2011 ends, with several factors contributing to 2012's anticipated food deficit. Health and nutrition partners report that the food security situation has already driven a rise in malnutrition in parts of South Sudan.

The 2012 Consolidated Appeal for South Sudan seeks US\$¹763 million to address these urgent humanitarian needs. The appeal covers requirements across nine emergency clusters, spanning emergency education, emergency telecommunications, food security and livelihoods, health, logistics, non-food items and emergency shelter, nutrition, protection, and water, sanitation and hygiene. It also covers inter-cluster emergency support to vulnerable returnees and overarching support to the humanitarian operation provided by coordination and common services. The humanitarian community in South Sudan expresses its gratitude to all donors for their support in 2011, when projects in the Sudan Work Plan relating to Southern Sudan received \$327 million by mid-November, which is 53% of the total requirements.

2012 Consolidated Appeal for South Sudan: Key parameters	
Duration:	12 months
Key milestones in 2011:	<ul style="list-style-type: none"> • January 2011: Southern Sudan Referendum • May 2011: Abyei displacement • July 2011: South Sudan Independence • June-August 2011: Conflict-related displacements from South Kordofan and Blue Nile • August 2011: Inter-communal violence with population displacement in Jonglei state
Highly vulnerable population	300,000 displaced; 250,000 returnees from Sudan; 110,000 returning to Abyei; 80,000 refugees; 1,200,000 indirectly affected in need of food assistance
Total funding request:	Funding request per beneficiary:
\$763 million	\$393

¹ All dollar signs in this document denote United States dollars. Funding for this plan should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

SITUATION OVERVIEW

South Sudan faces considerable humanitarian challenges. A legacy of civil war and chronic underdevelopment impact heavily on the ability of the new state to provide basic services and respond to humanitarian needs, rendering communities vulnerable to the effects of insecurity, displacement, returns, food shortages, outbreaks of disease and seasonal floods.

Most-affected groups: More than 325,000 people have been forced from their homes this year, including 110,000 people from Abyei. Nearly 350,000 people have returned from Sudan. One out of every three people is estimated to be food-insecure and malnutrition is estimated to impact around 230,000 children annually.

Most-affected areas: Insecurity has affected all 10 states, particularly Warrap, Unity and Jonglei which have registered the highest number of newly displaced in 2011. Food insecurity has reached crisis levels in Northern Bahr el Ghazal, Warrap, Unity and Jonglei. Most South Sudanese have returned to fragile border areas. Re-mining has occurred in Unity and parts of Jonglei, threatening civilians and causing severe restrictions to humanitarian operations.

Main drivers of the crisis: The legacies of conflict and endemic poverty have been exacerbated in 2011 by surges in localized violence – including tensions along the border, clashes between the South Sudan army and renegade militia and intensified inter-communal fighting – plus climatic conditions that have contributed to a worsening food security situation. Vulnerability also stems from natural threats such as drought and floods and disease outbreaks.

PEOPLE IN NEED 2012

Total population	8.26 million	(Census 2008)
People in need of food assistance	1.2 million	(FSL cluster)
Displaced population	300,000*	(OCHA)
Returnees	250,000*	(IOM)
Refugees inside South Sudan	40,000*	(UNHCR)
New refugee arrivals	40,000*	(UNHCR)

* Figures based on most likely scenario in CAP 2012

KEY FIGURES

- Number of children impacted by malnutrition: **230,000**
- Maternal mortality : **2,045 deaths per 100,000 live births**
- Newly displaced people compared to total pop.: **3.6%**
- Returnees since October 2010: **348,000**

(CAP 2012)

PRIORITY NEEDS

- Food Security and Livelihoods:** An estimated **36%** of the population will continue to be either severely or moderately food-insecure in 2012. The estimated cereal deficit is 390,000 MT.
- Health:** Access to health care remains inadequate. Fewer than half of all children living in 30 counties have received the DPT3 immunization, a proxy indicator for access to health care. The number of health workers at the village level is insufficient.
- WASH:** Just over half the population have access to improved sources of drinking water and only **20%** of people with access to improved sanitation. Water-borne diseases remain a significant threat to the health of South Sudanese.
- Nutrition:** National data from 2010 indicate alarming levels of acute malnutrition: GAM rates of **20.9%** and SAM rates of **7.6%**, with close to a third of South Sudanese children less than five years having stunted growth related to malnutrition.
- Protection:** Inter-communal fighting and rebel groups continue to threaten lives of civilians. There are reports of forced recruitment and GBV. Extensive re-mining in Unity and parts of Jonglei is threatening civilians and severely disrupting humanitarian operations.
- Education:** Net enrolment for primary school stands at **44.4%** with secondary education at **1.6%**

(CAP 2012, Sudan Household Health Survey, 2010 as cited in South Sudan)

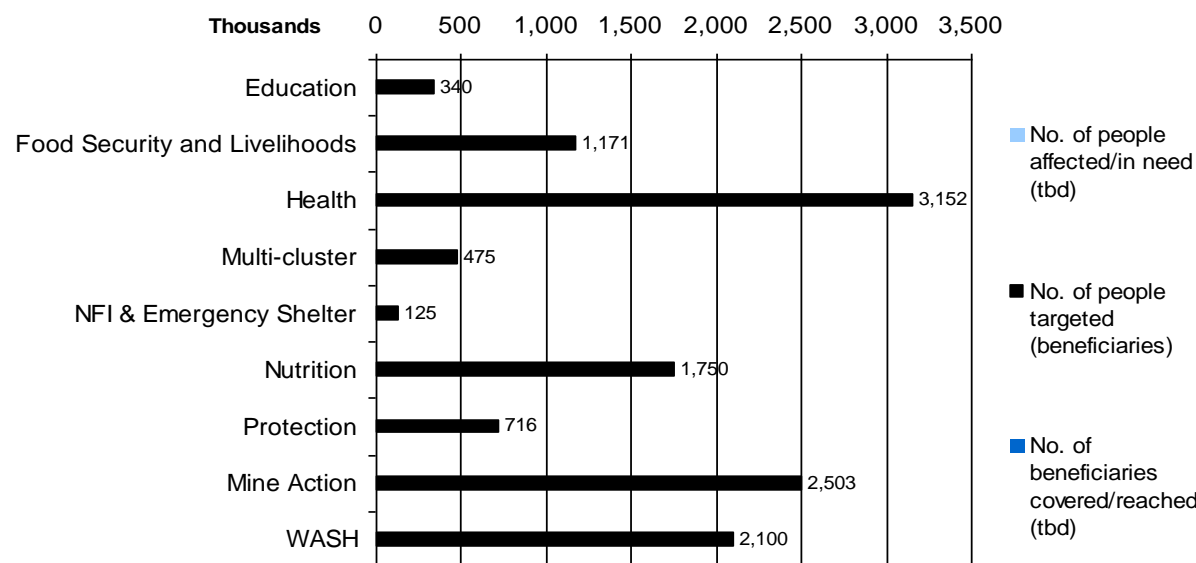
RESPONSE OVERVIEW

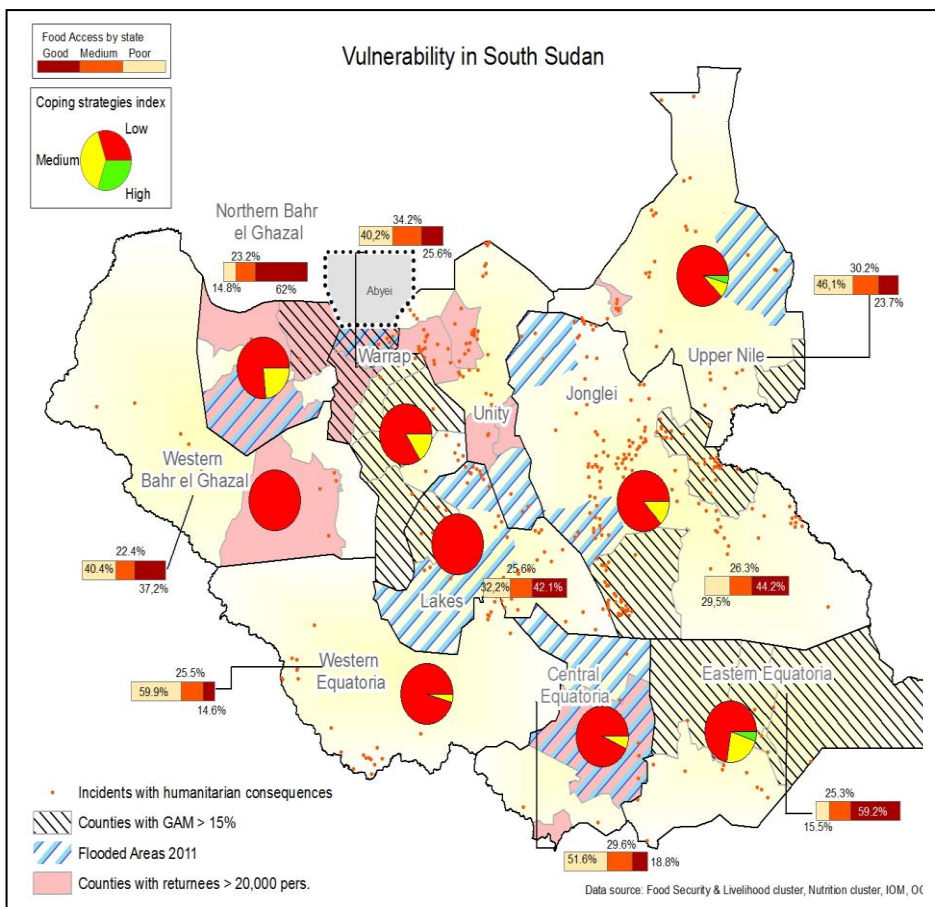
Achieved in 2011:

- Education:** ~32% out of 50,000 emergency-affected children had access to education in temporary learning spaces or rehabilitated schools
- Food Security and Livelihoods:** ~79% out of 1.5 million were reached by cluster with food assistance.
- Health:** ~90% of communicable disease outbreaks investigated and responded to within 72 hours of notification.
- Multi-Cluster:** ~65% out of 530,000 South Sudanese living in Sudan returned to their places of choice in South Sudan.
- NFI and ES:** ~73% of the reported displaced people and returnees have been assisted with NFI and ES materials
- Nutrition:** ~53.3% of 78,000 severely malnourished children between 6 and 59 months have been treated.
- Protection:** 50% of states have adequate post-rape treatment and post-exposure prophylaxis (PEP) kits. A total of 442 children released from armed forces and groups and assisted with reintegration services.
- Mine Action:** ~77% of 875 km of roads assessed and/or verified (clearance of landmines, explosives remnants of war).
- WASH:** ~47% of 1 million targeted people provided with access to an improved water source.
- Logistics:** ~11% of 660 km of roads improved.

(CAP 2012)

People in need, and targeted and reached - Planning figures 2012

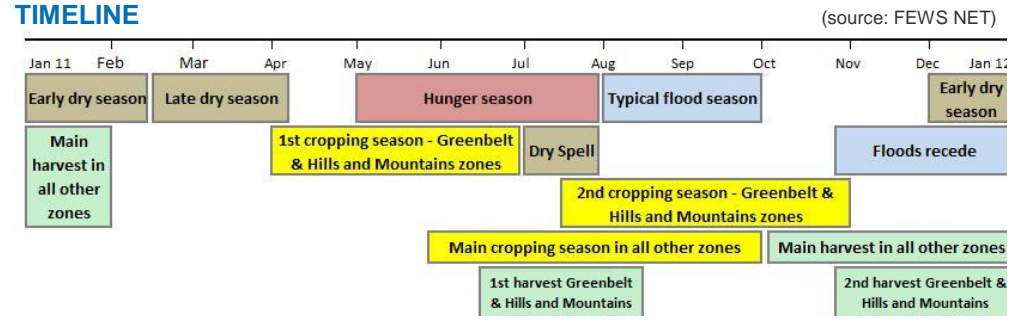




TREND ANALYSIS

- **Insecurity remains the biggest factor impacting the humanitarian situation**, with more than 420 conflict incidents from January to October 2011 that resulted in over 3,100 deaths and displacement of more than 325,000 people according to reports by local authorities and assessment teams.
- **Increased numbers of South Sudanese are returning home.** More than 348,000 people have returned since October 2010 to locations with virtually no social services or economic opportunities to support their reintegration. Returnees flow is expected to continue at a similar rate over 2012.
- **Food security has reached alarming levels.** An estimated 1.2 million people are expected to require food assistance in 2012 and 30% of children will be severely or moderately underweight. Food prices are increasing due to border blockages, leading to a lack of basic commodities in markets.
- **Malnutrition rates have increased in parts of the country** where communities have missed the planting season due to conflict and flood-related displacement. Pre-harvest surveys conducted in 2011 revealed that 11 counties across five states have alarming levels of global and acute malnutrition
- **The operating environment remains challenging**, due to access constraints stemming from conflict, insecurity, flooding and poor infrastructure impacting agencies' capacity to respond to emergency needs across sectors.

TIMELINE



OPERATIONAL CONSTRAINTS

- The humanitarian access and response are limited by the poor state of transport infrastructure and seasonal flooding and the interference with relief operations or restricted movement of humanitarian personnel, assets and supplies by state actors.
- Most of the clusters are faced with challenging data collection and information gaps caused by complex logistical constraints.
- The South Sudan CAP 2011 requirement is **54%** funded with several clusters remaining seriously underfunded, having received between **18% to 34%** of their requirements (Protection **20%**, Logistics **28%**, Mine Action **29%**). Health is at 48% and WASH 47%. (CAP 2011)

INFORMATION GAPS AND ASSESSMENT PLANNING

- Critical pieces of data, including mortality and morbidity rates, remain unavailable. Data on nutrition exist only in 25 of 79 counties where humanitarian partners have conducted pre-harvest SMART surveys and national education data do not track the impact of emergencies on the system.
- Clusters, working under the auspices of the Humanitarian Country Team (HCT), have devised strategies for improving needs assessments and analysis. Proxy indicators are being developed by the clusters and the HCT for use until national health and education information systems are able to produce top-level indicators.
- Despite the lack of reliable, comparable data in South Sudan, humanitarian partners have significant anecdotal information that indicates excess mortality and morbidity are caused by the complex threats facing communities in South Sudan. (CAP 2012)

INDICATORS

TOP LEVEL OUTCOME / HUMANITARIAN INDICATORS

Crude mortality rate	Not available
Infant mortality	102 per 1,000 live births
<5 mortality rate	135 per 1,000 live births
<5 Global acute malnutrition	20.9%
<5 Severe acute malnutrition	7.6%

REFERENCE INDICATORS

Population	8,260,490
Population under age 18	51%
Life expectancy (F)	42
Life expectancy (M)	42
Literacy rate in %	27%
HDI Rank (of 169)	N/A (154 Sudan)
Rural population	83%
Urban population	17%
Average household size	7

(Source: SSDP)

Additional basic humanitarian and development indicators for South Sudan

		Most recent data	Previous data	Trend
Economic status	Gross domestic product per capita	3,564 Sudanese pounds (SDG) (3,651 South Sudanese pounds/SSP, =\$1,546) ²	N/A	N/A
	Percentage of population living on less than \$1 per day	51% ³	90% ⁴	↑
	Consumer price index increases September 2010 to September 2011 ⁵	61.5%	N/A	N/A
Health	Maternal mortality	2,054/100,000 live births (one of highest in the world) ⁶	1700/100,000 live births ⁷	↓
	Life expectancy (m/f)	42/42 ⁸	N/A	N/A
	Number of community midwives deployed within the health care system	45 ⁹	N/A	N/A
	Measles: proportion of children 12-23 months fully immunized	20.6% ¹⁰	N/A	N/A
	Number of cases of <i>kala azar</i>	7,827 (at September 2011) ¹¹	9,695 ¹²	Expect no change
Food Security	Percentage of households according to food consumption score ¹³	Poor (<21): 12% Borderline (21-34): 29% Acceptable (35+): 59%	N/A	N/A
	Cereal deficit (projected)	390,000 MTs ¹⁴	291,000 MTs ¹⁵	↓
	Proportion of arable land cultivated	4% ¹⁶	N/A	N/A
	Proportion of severely food-insecure households	11% ¹⁷	10% ¹⁸	↓
	Proportion of moderately food-insecure households	33% ¹⁹	26% ²⁰	↓

² South Sudan National Bureau of Statistics, <http://ssnbs.org/>. Sudanese Pound (SDG) and \$ figures provided on the site but SSP equivalent provided is based on UN Operational Rate of Exchange on 15 September 2011.

³ National Baseline Household Survey 2009.

⁴ Towards the Baseline: Best Estimates of Social Indicators for Southern Sudan, 2004.

⁵ South Sudan National Bureau of Statistics, <http://ssnbs.org/>.

⁶ Sudan Household Health Survey 2006.

⁷ Towards the Baseline: Best Estimates of Social Indicators for Southern Sudan, 2004.

⁸ Ibid.

⁹ Ministry of Health Mapping 2009-10.

¹⁰ Source: South Sudan Development Plan 2011-2013, p. 91. (Note: the Health Cluster believes that a different methodology will yield a more accurate figure.)

¹¹ Health Cluster data, 2011.

¹² Health Cluster data, 2010.

¹³ WFP South Sudan, October 2011.

¹⁴ Rapid Crop Assessment, August 2011.

¹⁵ Rapid Crop Assessment, August 2010.

¹⁶ Annual Needs and Livelihoods Analysis Report, South Sudan, January 2011.

¹⁷ World Food Programme WFP, October 2011.

¹⁸ Annual Needs and Livelihoods Analysis Report, South Sudan, January 2011.

¹⁹ World Food Programme, October 2011.

²⁰ Annual Needs and Livelihoods Analysis Report, South Sudan, January 2011.

1. Executive Summary

		Most recent data	Previous data	Trend
WASH	Proportion of population with access to an improved drinking water source (urban, rural)	57%, 67.7% ²¹	45% (33%, 47%) ²²	↑
	Number of litres potable water consumed per person per day in affected population	6	N/A	N/A
	Proportion of households using sanitary means of excreta disposal (rural, urban)	14.6% (36.8%, 9.3%) ²³	6.4% ²⁴	↑
Also:	Consumer price index increases September 2010 to September 2011 ²⁵			61.5%
	Gini coefficient on inequalities ²⁶			45.54

²¹ Southern Sudan Household Survey 2010 cited in South Sudan Development Plan 2011-2013.

²² National Baseline Household Survey 2009.

²³ Southern Sudan Household Survey 2010 cited in South Sudan Development Plan 2011-2013.

²⁴ Sudan Household Health Survey 2006.

²⁵ South Sudan National Bureau of Statistics, <http://ssnbs.org/>,

²⁶ The Gini coefficient measures the degree of inequality in the distribution of income. Data from National Baseline Household Survey 2009.

Table I. Requirements per cluster

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Cluster	Requirements (\$)
COORDINATION AND COMMON SERVICES	13,131,462
EDUCATION	37,781,378
EMERGENCY TELECOMMUNICATIONS	4,150,813
FOOD SECURITY AND LIVELIHOODS	193,824,974
HEALTH	101,899,772
LOGISTICS	52,764,584
MINE ACTION	49,553,108
MULTI-SECTOR (EMERGENCY RETURNS AND REFUGEES)	81,061,496
NFI AND EMERGENCY SHELTER	18,759,521
NUTRITION	74,176,857
PROTECTION	62,990,940
WATER, SANITATION AND HYGIENE	73,097,600
Grand Total	763,192,505

Table II. Requirements per priority level

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Priority	Requirements (\$)
HIGH PRIORITY	554,910,284
MEDIUM PRIORITY	94,150,857
LOW PRIORITY	114,131,364
Grand Total	763,192,505

Table III. Requirements per organization

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Appealing Organization	Requirements (\$)
ACF - USA	12,114,001
ACTED	2,350,000
ADRA	16,198,505
AMURT International	2,733,655
ARC	10,865,528
AWODA	698,652
BRAC	975,960
CARE International	2,128,221
Caritas Switzerland	2,654,967
CCM	1,491,000
CCOC	628,440
CCOSS	1,890,000
CDAS	760,000
CDoT	2,338,550
CESVI	790,711
Chr. Aid	1,180,000
CMA	983,814
CMD	500,900
CMMB	375,200
COSV	1,150,000
CRADA	2,540,000
CRS	12,813,588
CUAMM	600,000
CW	1,102,552
Danchurchaid	1,055,803
Danchurchaid / Danish De-mining Group	340,000
DDG	3,249,000
DEFROSS	500,000
DRC	2,891,832
DWHH	998,641
ECO	1,855,000
ERADA	112,000
FAO	23,142,000
FAR	1,045,810

South Sudan CAP 2012

Appealing Organization	Requirements (\$)
FH	977,809
GOAL	9,332,191
HCO	150,000
HDC	771,655
Horn Relief	875,000
IAS	5,795,637
IBIS	732,500
ICCO	210,260
IMC	1,476,194
INTERSOS	7,058,133
IOM	71,334,112
IRC	8,791,113
IRW	1,106,101
JDF	469,154
JEN	1,200,000
LCEDA	597,000
LHDS	365,000
LWF	936,000
Malaria Consortium	1,058,705
Malteser International	1,783,000
Mani Tese	795,000
MEDAIR	7,995,000
Mercy Corps	3,587,500
MERLIN	5,602,173
Mines Advisory Group	5,413,195
NCA	1,846,820
NHDF	3,702,000
NPA	7,100,000
NRC	5,920,000
NVPF	2,654,668
OCHA	9,405,393
OXFAM GB	5,187,843
PAH	1,496,482
PCO	3,308,000
PCPM	177,127
Plan	2,626,500
PRM	290,254
PSI	1,877,635
RAAH	394,685
RI	3,351,306

1. Executive Summary

Appealing Organization	Requirements (\$)
Samaritan's Purse	4,911,661
SC	22,946,898
Sign of Hope	243,000
SIMAS	1,312,175
Solidarités	2,134,027
SPEDP	2,670,000
SSCCA	575,000
SSUDA	611,000
SSWEN	447,700
SSYIM	60,000
Stromme Foundation	151,585
SUDRA	800,000
SWA	113,420
Switzerland RC	660,000
TEARFUND	9,088,687
THESO	4,317,264
UDA	800,000
UNDSS	350,000
UNFPA	1,010,000
UNHCR	84,103,620
UNICEF	62,498,656
UNIDO	310,000
UNKEA	1,190,480
UNMAS	31,746,000
UNYMPDA	290,000
VSF (Belgium)	635,000
VSF (Germany)	1,131,680
VSF (Switzerland)	851,460
WCDO	874,037
WCH	222,500
WFP	187,285,130
WHO	20,769,342
World Relief	1,331,851
WVS	13,944,857
Grand Total	763,192,505

2. 2011 in review

Estimated humanitarian requirements for South Sudan in 2011 totalled some \$620 million, 53% of which had been received by mid-November.²⁷ The majority of these funds were directed towards food security and livelihoods (FSL), health, common services and coordination (CSC), non-food items (NFIs) and emergency shelter (ES), nutrition, and water, sanitation and hygiene (WASH).²⁸ The humanitarian community continued to operate across the country's ten states. Humanitarian partners also responded to new emergencies during the year including the influx of displaced people from the Abyei area in May, high numbers of South Sudanese returnees from Sudan, high levels of insecurity-induced displacement, a deteriorating food security situation and outbreaks of measles, malaria and *kala azar*.

This section reviews humanitarian action in South Sudan during 2011. The first part outlines the trends and developments that defined the humanitarian context throughout the year. The second and third parts outline key achievements and lessons learnt at the strategic and cluster level. The final two parts review humanitarian funding mechanisms and the coordination structures in place to guide humanitarian operations.

2.1 Context

South Sudan's January 2011 referendum and preparations for secession on 9 July dominated the political landscape in the first half of 2011. The post-independence period ushered in a number of changes, including the appointment of a new government and the deployment of a new peacekeeping mission equipped with a strengthened Chapter VII mandate. A number of issues related to the Comprehensive Peace Agreement (CPA) are still pending, including border demarcation, agreement on wealth-sharing and agreement on the status of Abyei. The humanitarian situation also remained fragile, with increased insecurity, on-going displacement, underlying vulnerability and rising food security concerns generating high humanitarian needs throughout the year.

South Sudan has seceded from Sudan

While the referendum passed peacefully, relations between Sudan and South Sudan have been fragile. Despite mediation by the African Union, the interim period concluded without an agreement between the parties on major issues. The military takeover of the disputed Abyei area by Sudan Armed Forces (SAF) and the unilateral dissolution of the Abyei administration by the Government of Sudan (GoS) in late May 2011 marked one of the lowest points in relations between parties since the signing of the CPA. Prospects improved when Sudan and South Sudan agreed to the deployment of a new peacekeeping force for Abyei: United Nations Interim Security Force for Abyei (UNISFA) and a new mechanism for monitoring the restive border.²⁹ However, the eruption of fighting in Sudan's Southern Kordofan and Blue Nile states after independence has re-ignited tensions.

Instability along and near the Sudan-South Sudan border has continued to impact negatively on border communities and increased security risks for returnees making their way from Sudan. The *de facto* closure in May of the main North-South commercial traffic route further compounded hardship for populations along the border areas. The closure led to shortages and steep price spikes in fuel, food and other basic commodities.

State-building is now a major priority

Preparations for independence absorbed the bulk of political attention during the first half of 2011. The Government of South Sudan (GoSS) formed a new broad-based transitional administration in August 2011, tasked with developing a permanent constitution and organising national democratic

²⁷Financial Tracking Service, <http://fts.unocha.org/>, at 15 November 2011.

²⁸ Food Security and Livelihoods: 84%, Health: 48%, common services and coordination: 105%, WASH: 47%, Logistics: 28%, Nutrition: 60%, Education: 44%, Multi-Sector: 17%, Protection: 20%, NFI and Emergency Shelter: 77%, Mine Action: 29%.

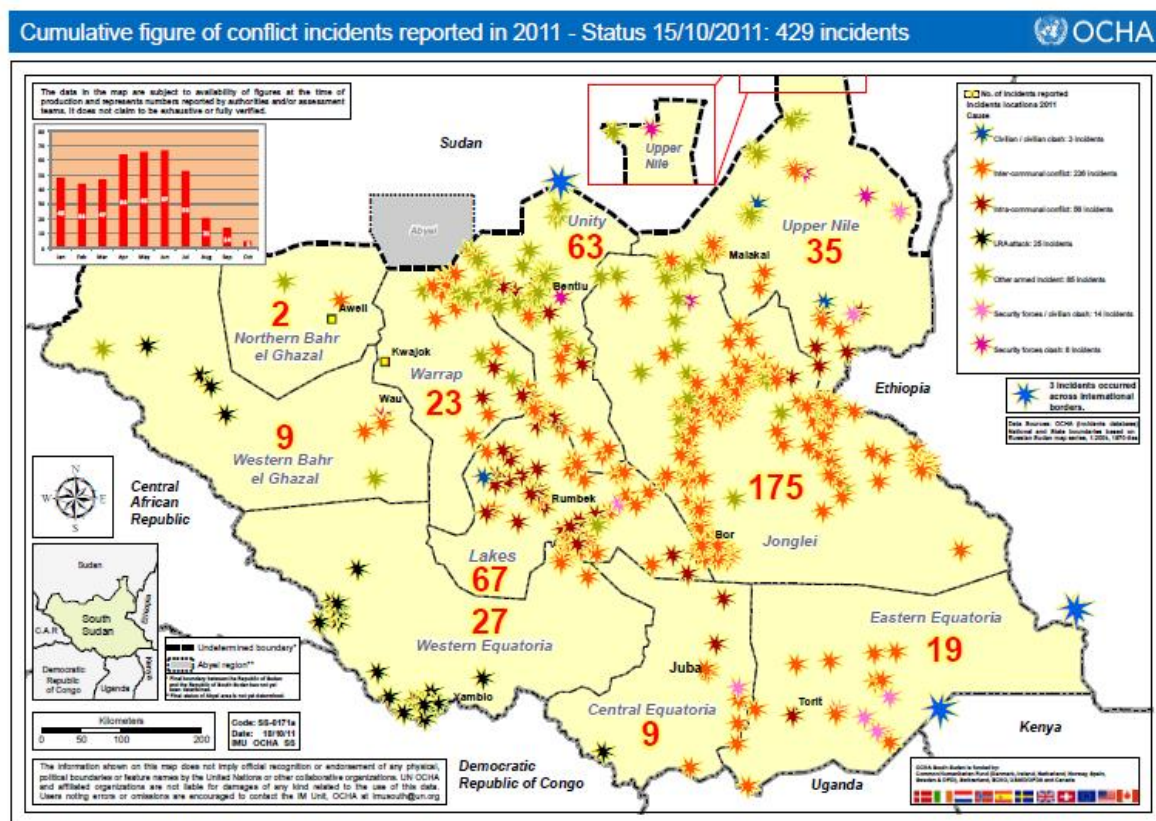
²⁹S/RES/1990 (2011), 27 June 2011.

elections. A Transitional Constitution was finalized to cover the interim period, articulating citizens' rights and core functions of various branches of government. In another important step forward, the Government of the Republic of South Sudan elaborated its first South Sudan Development Plan (SSDP) covering the period from July 2011 to July 2013. The plan outlines key objectives and activities in four pillars: economic growth, governance, social and humanitarian development, and security. The new administration also began work to create and systematize key state functions, including those related to visas and work permits, taxation and revenue collection and preparation of essential legislation.

Despite progress, a legacy of protracted civil war and marginalization will be difficult to overcome. With one of the largest capacity gaps on the continent, the government is estimating it will take years before it can begin direct provision of frontline services. In light of this, humanitarian organizations will continue to provide the bulk of basic services and support in underserved areas until new planning and funding mechanisms come in place under the auspices of the development plan.

Insecurity and violence are major factors

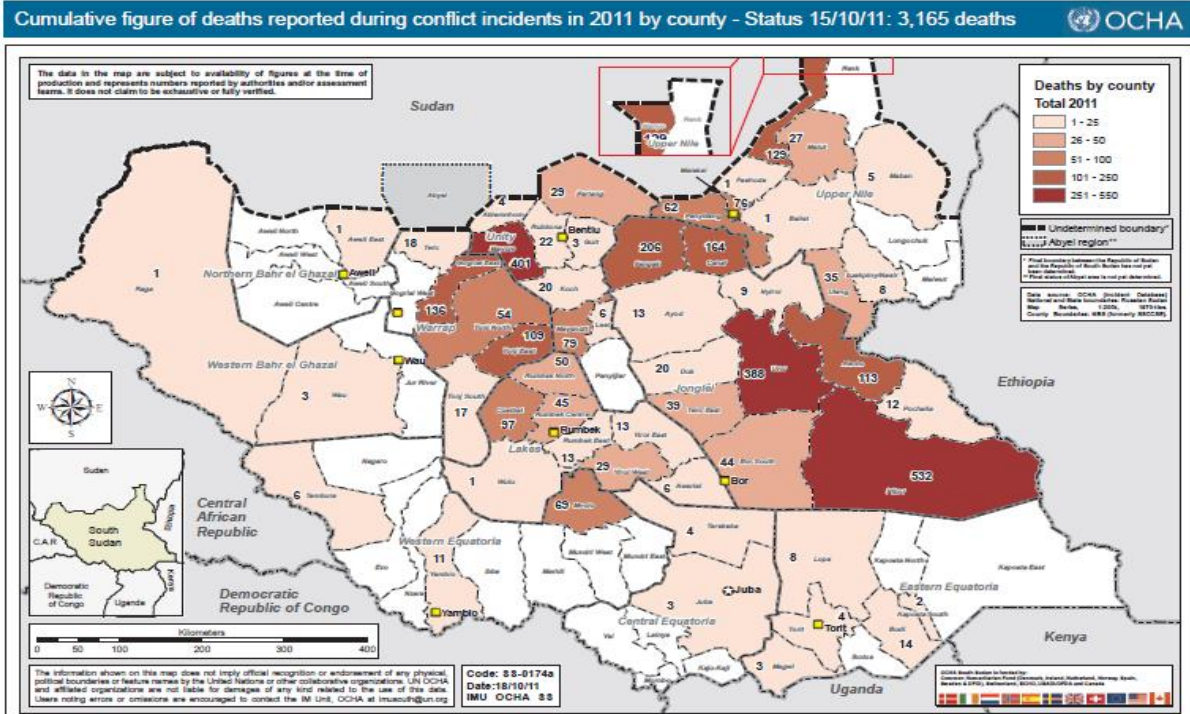
A more complex dynamic of insecurity and violence emerged in the wake of the referendum, driving displacement, disrupting livelihoods and agriculture, and increasing emergency needs. Activity by rebel militia groups escalated in the weeks after the referendum, with communities in Unity, northern Jonglei and Upper Nile states particularly affected by clashes with the Sudan People's Liberation Army (SPLA). In Unity State, extensive re-laying of landmines along transport networks generated significant protection risks for civilians and impeded the ability of humanitarians to reach populations in need. In May, the military takeover of the Abyei area by SAF troops triggered the displacement of over 110,000 people into South Sudan's Warrap State and nearby areas. The eruption of fighting in Sudan's Southern Kordofan and Blue Nile states caused further displacement into South Sudan, with at least 16,500 fleeing the violence into Unity, Upper Nile and elsewhere.³⁰ The map below shows cumulative figures of conflict incidents in South Sudan reported from January to mid-October 2011.



Inter-communal violence also continued to plague South Sudan in 2011, with seasonal and large-scale retributive attacks increasing in several locations. Fighting between the Lou Nuer and Murle

³⁰UNHCR data at mid-October 2011. Further unconfirmed figures in Blue Nile to be verified.

communities in Jonglei State spiked in April, June and August, leaving 848 people dead and 32,750 displaced in a deadly cycle of attacks. Violence by the Lord's Resistance Army (LRA) also continued, with 17 dead and 7,382 displaced in 20 attacks reportedly by the group in Western Equatoria and Western Bahr El Ghazal states. Reports from local authorities and assessment teams indicate that by mid-October, over 3,160 people had been killed in during the conflict incidents in the flashpoint states in South Sudan as shown in the map below.




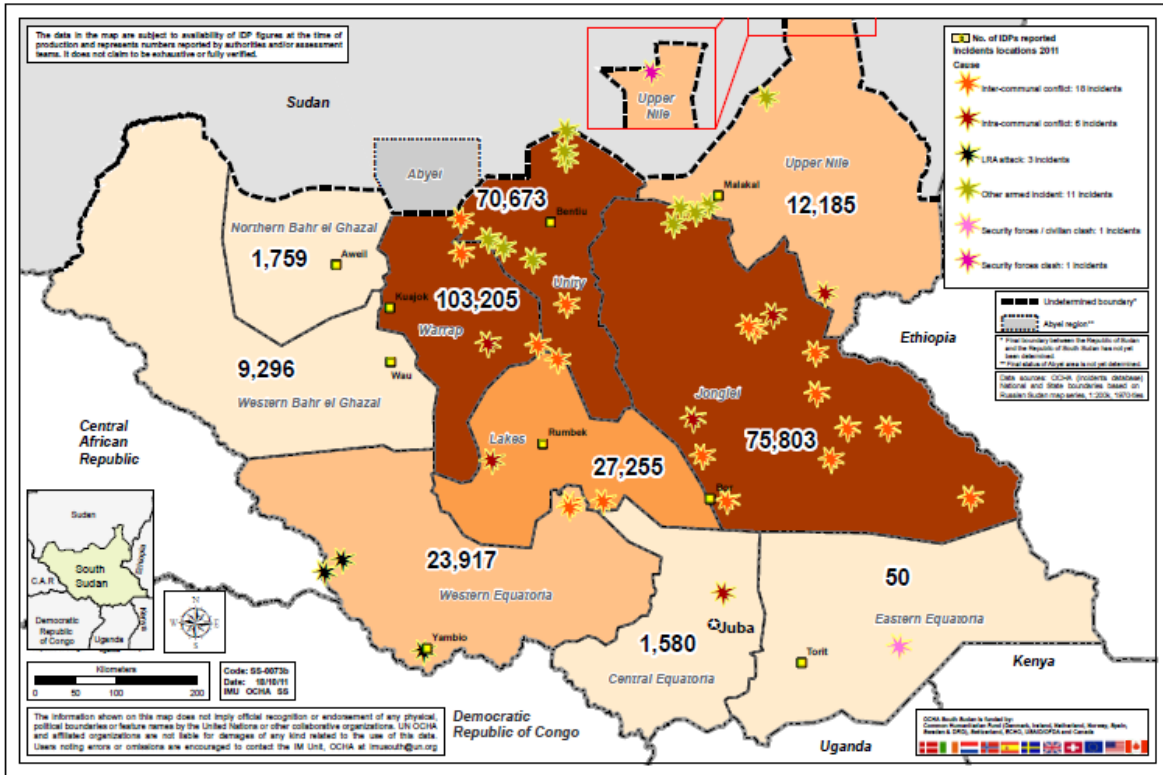
The rise in violence also created a number of serious protection concerns, including new displacements, gender-based violence (GBV), forced recruitment into the armed forces, destruction of property, arbitrary detention and physical risks linked to extensive re-mining. By mid-October, more than 325,700 had been internally displaced by conflict incidents since the start of the year, according to reports by local authorities and assessment teams. (See first map on next page.)


High numbers of South Sudanese are returning home

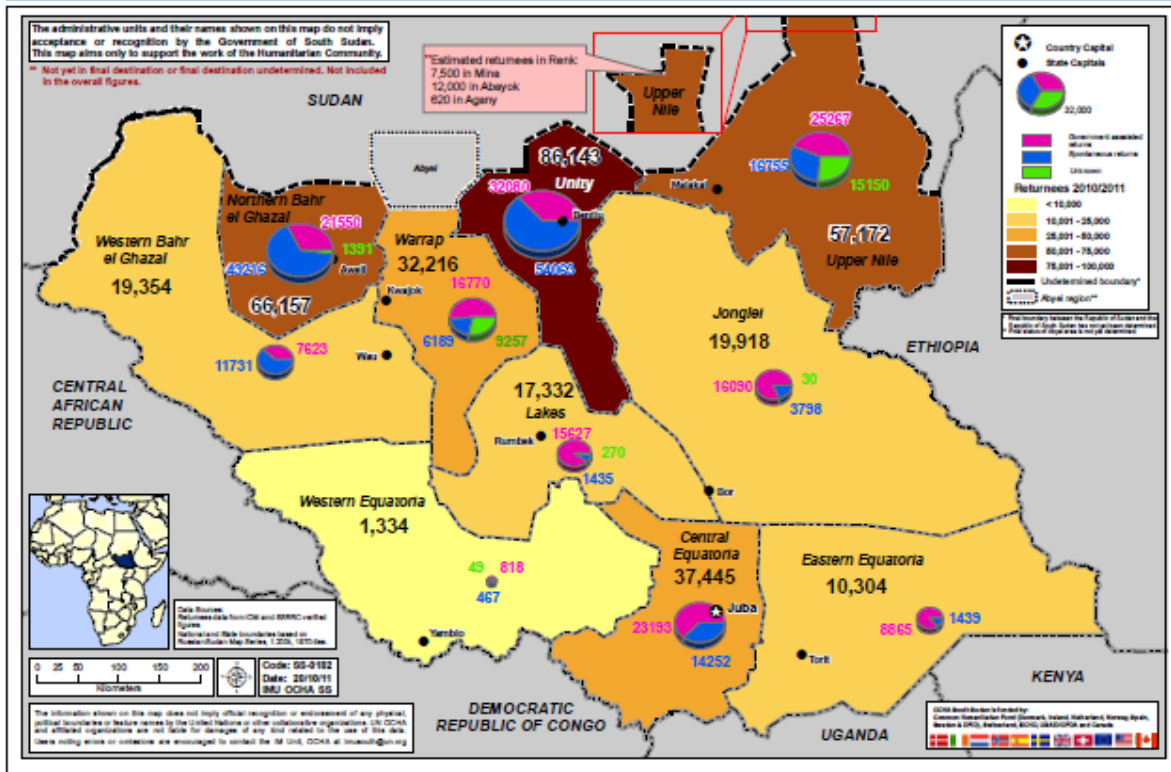
South Sudanese returned to South Sudan in record numbers in 2011, following the start of the Government's accelerated repatriation drive in late 2011. More than 347,300 southerners returned from Sudan between November 2010 and October 2011, with the pace of new arrivals increasing before the referendum and again around the independence period. Humanitarian partners have continued to support new arrivals with onward transport to final destinations, provision of critical supplies and services in transit, and with early reintegration assistance. (See second map on next page.)

The slow pace of land allocation for returnees in final destination sites for residential and agricultural purposes emerged as a critical problem during the year. Insecurity in Abyei, Southern Kordofan and other border areas also posed protection risks to returnee groups before crossing the Sudan-South Sudan border. By mid-year, Renk County in Upper Nile State remained the only fully open road corridor for new returnee arrivals, a situation that led to the build-up of approximately 20,000 people in Renk transit sites as of October 2011.

Cumulative figures of new conflict related displacement reported in 2011 - Status 15/10/11: 325,723 IDPs 



Cumulative No. of returnees, by type, arriving at final destination 30 Oct. 2010 - 18 Oct. 2011: 347,375 total returnees. 



Food insecurity and malnutrition has reached alarming levels

Concerns over the country’s fragile food security situation increased during the year. Despite initial projections for an improvement in food security in 2011 compared to 2010, a number of factors contributed to a reversal in initial analysis. Food security worsened due to the combination of low agricultural production, widespread insecurity, high numbers of displaced people and returnees, commercial blockages and sharp increases in the price of basic commodities. According to the FSL Cluster, food security deteriorated to crisis levels in five of South Sudan’s ten states by mid-year, including the border states of Northern Bahr el Ghazal, Warrap, Unity, Upper Nile states as well as Jonglei State. The June results of the Food Security Monitoring System indicated that 11% of households in South Sudan are severely food-insecure and 33% moderately food-insecure. Although the situation is expected to ease temporarily in November and December this year during the harvest, the cereal deficit is expected to double from this year in 2012.

The Nutrition Cluster has also reported that acute malnutrition rates in South Sudan continue to be of concern. Results from pre-harvest surveys conducted in 17 counties in revealed that 11 counties across five states have worrying levels of global acute and severe acute malnutrition (SAM).

Humanitarian space has contracted

The humanitarian operating environment in South Sudan remained extremely challenging in 2011. Up to 60% of South Sudan was inaccessible for parts of the year. The rise in violence in 2011 was also accompanied by a rise in interference in aid operations, primarily by military actors. By September, relief partners had recorded 97 incidents of interference in which SPLA or other state actors commandeered relief assets, occupied relief premises, physically assaulted staff or restricted the ability of aid agencies to access populations in need. Another 19 incidents were committed by unknown assailants. Interference with humanitarian operations imposed serious costs on the relief effort in early 2011 in terms of delays, lost funds, lost supplies and by impacting the safety and security of humanitarian personnel.

2.2 Achievement of 2011 strategic objectives and lessons learnt

The Humanitarian Country Team (HCT) in South Sudan identified eight strategic objectives to guide the humanitarian operation in South Sudan in 2011. With the South Sudan Consolidated Appeal (CAP) 2011 funded at only 53% of its total requirement, an assessment of progress and achievements against these objectives are outlined below:

Strategic Objective 1: Being ready to respond to any emergency by prepositioning pipelines, securing alternative supply routes, upgrading access routes, mobilizing early funding, mobilizing emergency response partners, strengthening humanitarian coordination structures, particularly at the state level, improving assessment methodologies, and advocating for an improved operating environment.		
Indicator	2011 Target	Achieved
Proportion of all pipeline supplies successfully prepositioned as planned	100%	100% All six core pipeline supplies were prepositioned in over 100 locations in the country.
Number of previously logistically inaccessible communities reached with emergency assistance.	25	25 communities reached in logistically inaccessible areas. The Logistics Cluster opened up access and supported to deliver cargo to all ten states, including Upper Nile and Unity states where new access was created.

Progress towards objective 1 and challenges:

Humanitarian partners took steps to ensure high levels of preparedness for the referendum and independence periods and anticipate humanitarian risks. Funding for preparedness activities was successfully mobilized well ahead of the January poll, enabling partners to undertake the unprecedented measure of pre-positioning emergency supplies in six core pipelines in over 100

locations across the country. The pre-positioning exercise ensured that partners were able to respond effectively to escalating humanitarian needs during the year, resulting from an upsurge in insecurity and high returnee flows. Supporting this work, the Logistics Cluster opened alternative fuel and supply sources for front-line humanitarian actors responding to the May 2011 Abyei crisis and influx of returnees in Renk County in Upper Nile. The rehabilitation of the Alek airstrip in Warrap State ensured continuation of emergency operations for Abyei displaced population during the rainy season. New access was also created to Upper Nile and Unity states.

Strategic Objective 2: Responding as quickly as possible to emergencies by rapidly assessing at-risk populations using standardized methodologies, drafting realistic action plans, mobilizing logistics support, synchronizing the delivery of core pipelines, deploying cluster teams at the state level and ensuring inter-cluster coordination at the Juba level.		
Indicator	2011 Target	Achieved
Average length of time between new incidents of displacement and the completion of an inter-agency assessment and the provision of assistance (where necessary)	<1 week to complete assessment <2 weeks to provide assistance	The average time span from assessments completion to assistance provision has varied between two – three weeks by cluster
Proportion of displaced or flood-affected women, girls, boys and men verified to need assistance that actually receive humanitarian assistance	100%	80% of the assessed and verified populations affected by floods received humanitarian assistance

Progress towards objective 2 and challenges

Despite resource gaps, humanitarian partners scaled up, launching more than 70 separate emergency operations and responding to five major crises over the year with timely and effective assistance to affected populations. This included rapid emergency assistance to tens of thousands of South Sudanese arriving from Sudan and the mobilization of a comprehensive cross-cluster emergency operation to assist 110,000 people displaced from Abyei, launched days after the crisis erupted. Relief partners also successfully worked to respond to communities displaced by widespread inter-communal violence, a deteriorated food security situation, and disease outbreaks including measles, malaria and *kala azar*. The deployment of dedicated cluster coordinators over late 2010 to early 2011 was a major catalyst for strengthened emergency response, facilitating quick and strategic mobilization of cluster partners at the central and state level. Partners in some clusters were able to achieve significant improvements to emergency response times, with the NFI and Emergency Shelter Cluster increasing average response from about three weeks in 2010, to two weeks in 2011. The development and application of standardized assessment methodology remains a priority for all humanitarian clusters.

Strategic Objective 3: Providing emergency assistance and protection to southerners returning from the north by identifying transit routes and establishing protection mechanisms along these, establishing reception centres south of the border, providing emergency and early reintegration support to returnees following their registration and providing returnees with information on reintegration opportunities.		
Indicator	2011 Target	Achieved
Proportion of returnees who are secondarily displaced in search of services	<20%	<1% estimated. As reported at the mid-year, some secondary displacements were caused by increased insecurity, particularly in Mayom County in, Unity State, and northern Jonglei State

Progress towards objective 3 and challenges

With more than 346,600 South Sudanese arriving home since October 2010, provision of emergency assistance and protection to returnees remained a core element of the humanitarian operation throughout 2011. Extensive pre-positioning of the six core pipelines enabled a timely and comprehensive response to returnees in transit and a comprehensive response to those arriving at their final destination where they were provided with a package of food assistance for three months up to end July as well as non-food and emergency shelter items and, dependant on the availability of agricultural land, a seeds and tools package. Following the end of the GoSS agreed three-month food package, new returnees continued to be provided with a one-month food re-insertion ration. Protection partners monitored returnee journeys through insecure areas in Abyei and Southern Kordofan, and worked closely with United Nations Mission in South Sudan (UNMISS) to ensure adequate security. A number of challenges emerged during the year. Many returnees arrived in locations where access to basic services and resources was already acutely low. Delays in the allocation of land for housing and agriculture impeded early reintegration and extended the need for emergency assistance in some areas. In spite of these challenges, the partners estimate that insecurity has been the main cause of some secondary displacements particularly in Unity and Jonglei states.

Strategic Objective 4: Maintaining front-line services by ensuring that front-line agencies and NGOs have sufficient funding and capacity to continue to provide basic health care, education and safe water services to millions of people in the south.		
Indicator	2011 Target	Achieved
Percentage coverage of DPT3 vaccine (baseline 43%)	50%	The data required to update this indicator have not been officially released by the MoH
Estimated number of people provided with access to an improved water source (based on adapted standard of 500 people/water source or 20L/person/day) ³¹	1,000,000	465,000 (47%) provided with wash and sanitation services based on adapted standard of 500 people/water source or 20L/person/day

Progress towards objective 4 and challenges

United Nations agencies and NGOs remained the main providers of the majority of front-line basic services including in provision of emergency education, health and WASH assistance in South Sudan, particularly in remote and conflict-prone areas. However, humanitarian organizations faced a number of challenges that impaired progress in service delivery—constraints on humanitarian access in insecure areas and the poor state of roads and landing strips. The temporary blockage on commercial traffic from the Sudan-South Sudan border also placed serious pressure on humanitarian organizations operating in northern parts of the country. Demand for emergency services increased in the context of the continuing flow of returnees and widespread displacement. Maintaining a safety net of health services in conflict-risk areas has been a particular challenge in Unity and Jonglei states, where insecurity and re-laying of landmines have restricted movement. WASH partners have faced similar constraints, coupled with a scarcity of essential raw materials for WASH operations including fuel, cement and other building materials following the closure of commercial corridors with Sudan from May 2011.

³¹ Standard is adapted from the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE standards) and agreed at cluster as 500 people per improved water source; where L/day measured, standard of 20 L safe water/person/day. Coverage figures of emergency-affected require use of South Sudan Water Information Clearing House (SSWICH) information on existing water sources. For each type of source (water points x 500 people) and water systems (capacity/20 L/day), the numerator = new + existing + previously repaired for emergency affected areas. Denominator = Estimated number of affected population in corresponding affected area (displaced, returnees, host) based on census data for affected payam or boma as relevant + estimates on displaced + returnees/payam or boma.

Strategic Objective 5: Helping households re-enter the productive cycle as quickly as possible by ensuring that seeds and tools and other livelihood inputs are delivered to populations as quickly as possible, helping to resolve land tenure issues, introducing and scaling-up innovative safety-nets to reduce food assistance in stable areas, and advocating for stabilization activities and programmes in counties receiving or producing the largest number of internally displaced.		
Indicator	2011 Target	Achieved
Percentage decrease of severely food-insecure households	33%	25% increase in severely food-insecure households reported. This has been mainly due to erratic rains that affected crops production, and the blockages of the Sudan – South Sudan border in May causing high food and other commodity prices.
Percentage decrease of total projected cereal deficit	25%	Late onset of rains and widespread drought during the season affected crop performance; a deficit of 30%-40% in grains is projected for 2012. In addition, conflict displacement and the high volume of returnees unable to plant (due to either lack of access to agricultural land or arriving after the cropping season) affected cultivation of crops and eroded livelihood assets of affected people, increasing vulnerability to food insecurity.

Progress towards objective 5 and challenges:

In 2011, 120,000 households, half of them returnees, received agricultural inputs including crop and vegetable seeds and hand tools, other livelihood support and veterinary services. Among returnees, delayed allocation of land for agricultural use was a major obstacle to re-entry into the productive cycle. Delays in boosting technical capacity and insufficient funding (the agriculture and livelihood component received 28% of its requirements for 2011) impeded achievement of some of the non-food aid objectives including the introduction and scaling-up of innovative safety nets. Despite these constraints, partners continued to monitor the food security situation through key assessments including the 2010-2011 Annual Needs and Livelihoods Assessment (ANLA), Crop and the Food Security Assessment Mission (CFSAM), Emergency Food Security Assessment (EFSA) for Returnees; the first and second phase of the Food Security Monitoring System; Livestock and fisheries production assessments and the rapid crop assessment in August. The results of these assessments were used to sharpen programming. With improved funding for food aid, the FSL Cluster was able to reach 90% of the most vulnerable displaced people, returnees and resident communities with food assistance.

Strategic Objective 6: Improving state level humanitarian coordination		
Indicator	2011 Target	Achieved
Proportion of clusters functioning in at least 50% of states	100%	60% The Clusters self-rated state-level functioning is: Education 60%, FSL 70%, Health 100%, Logistics 30%, NFI and ES 50%, Nutrition 60%, Protection 100%, and WASH 60%.
Proportion of emergency assessments that utilize the new multi-Cluster rapid assessment tool	100%	0% Tool undergoing further refining

Progress towards objective 6 and challenges:

Efforts to improve humanitarian coordination at the state level remained a key priority during 2011. The Office for the Coordination of Humanitarian Affairs (OCHA) opened a seventh state office, in Lakes State, in September 2011 and was finalizing plans to open an eighth in Eastern Equatoria State. Juba-based cluster coordinators continued to train and support the functioning of Clusters at the state level through technical training. By October, the majority of clusters had established state-level coordination structures to guide strategic and operational planning. Despite these positive results, state focal points continue to struggle to balance coordination functions with their project management work. Some clusters, for example, the WASH cluster, have experienced high turnover of the state focal points, affecting the coordination at state level

Strategic Objective 7: Strengthening protection by prioritizing efforts to reduce sexual and GBV, working to remove all children from barracks and prisons, and advocating for better physical protection of vulnerable communities, particularly in areas affected by LRA attacks and inter-tribal violence, and where forced disarmament is under way		
Indicator	2011 Target	Achieved
Percentage of people reached in flashpoint areas is higher than in 2010	80%	90% The cluster reached 100% of the target areas pre-positioning of core pipelines in over 100 locations in the country enable timely response to population in conflict flashpoint areas.
Percentage of people reporting sexual assault to a trained health care provider, police working in the special protection units, social workers and/or GBV case managers	25% of people of the reproductive age	17% of people of the reproductive age. Due to limited number of actors, only 13 of the 79 counties had access to services (defined as case management, psycho-social support and clinical management of rape) by end of September.

Progress towards objective 7 and challenges:

Efforts to strengthen protection within South Sudan continued during 2011. Activities targeting the Abyei displaced, returnees and other vulnerable groups included preventive advocacy, reunion of separated families, gender-based-violence referral mechanisms, individual support to the most vulnerable among displaced populations and deployment of psycho-social counsellors to affected communities. Protection partners have also provided reintegration services including health, education and livelihood support for 442 children released from armed forces. Over 3,400 children have received psycho-social services, mostly through the establishment of child-friendly spaces, including more than 2,600 children displaced from Abyei or stranded with their returning families in Renk, Upper Nile. Insecurity and poor road infrastructure during the rainy season have sometimes limited access to affected populations, including separated children or their families. The number of major protection actors in South Sudan also remains relatively small. Due to the limited number of GBV actors, only 13 out of 79 counties in South Sudan have basic GBV response services.

Strategic Objective 8: Advocating for an improved operating environment by strengthening humanitarian access monitoring and reporting capacities, launching an access technical working group, assisting HCT members to advocate on all levels using coordinated messages, reinforcing relations with United Nations Department of Safety and Security (UNDSS) to manage risks, and developing new ways of engaging with armed forces and groups in South Sudan (new)		
Indicator	2011 Target	Achieved
Steps taken by political and military leadership to secure an improved operating environment for humanitarian work (new at mid-year)	At least two steps taken by end year	The GoSS and three state government issued statements condemning interference and instructing state actors to halt harassment of humanitarian staff.

Progress towards objective 8 and challenges:

An eighth objective was added at the mid-year review to reflect the deterioration in the operating environment in South Sudan. A comprehensive humanitarian access monitoring and reporting system was rolled out at the start of the year, providing the basis for common analysis and messages adopted by HCT partners. Humanitarian partners undertook on-going advocacy with civil and military authorities to secure the safety and freedom of movement of humanitarian personnel, including in response to critical incidents. The GoSS and three state governments issued statements committing to stem incidents and instructing military staff to respect relief operations. Despite advocacy efforts, a number of factors meant that interference has continued at levels comparable to 2010, including a surge in rebel militia activity, SPLA counter-operations and persistent security sector reform challenges within the SPLA. Advocacy efforts also focused on improving humanitarian access to contentious border areas including to Abyei.

2.3 Summary of 2011 cluster targets, achievements and lessons learnt

The progress each sector or cluster made against its stated goal and priorities for 2011 is detailed below, along with main challenges and any lessons learnt. Objective, activity and indicator monitoring tables for each sector/cluster can be found in Annex IV. All figures represent data as of 15 November 2011, the latest data available, except where otherwise noted.

Common services and coordination

In 2011, the Common Services and Coordination (CSC) sector worked to facilitate coordinated and rapid humanitarian response to conflict-related and natural emergencies based on assessed needs. Sector partners defined three main objectives for 2011 activities: strengthen early warning systems and preparedness; manage common services on behalf of humanitarian partners; and reduce the time it takes to reach at-risk populations. Donors gave \$38.4 million to the Common Services and Coordination Sector in 2011, covering 105% of the sector's total requirements. In 2011 United Nations Humanitarian Air Service (UNHAS) transported 6,000 passengers a month to 45 scheduled locations in South Sudan. A total of 240 organizations were served in more than 300 flights a month. Main clients were international non-governmental organizations (NGOs) - 65%; UN agencies - 30%; donors, government and diplomatic organizations - 5%.

Achievements

The sector successfully strengthened preparedness for the referendum in January and independence in July. Support was given to all partners across the humanitarian coordination structure in South Sudan, including through cluster partners in the field and the capital. Relationships were maintained with the Relief and Rehabilitation Commission (RRC) and developed with the incoming Minister of Humanitarian Affairs and Disaster Management. The NGO Forum supported international NGOs (INGOs) and national NGOs (NNGOs) in South Sudan including through improved engagement with the Government, and the sector provided input to a draft bill on NGO affairs. UNDSS implemented a security management plan and contingency plan to manage security risk, and OCHA maintained a database on conflict incidents with a humanitarian impact, response, and humanitarian interference occurrence. Management of pooled funds, including the Common Humanitarian Fund (CHF) and Emergency Response Fund (ERF), involved allocation of some \$73 million to the most urgent and critical emergency interventions.

Challenges

Sector outcomes were below target to some extent as a result of under-funding. The change-over period from July to September, during which the Government caretaker ministers acted under presidential instructions to avoid making any major decisions, followed by a settling in of ministers appointed for the four-year transition term constrained progress on key advocacy points.

Lessons learnt

The deployment of dedicated cluster coordinators at the central level and the focal point system at state level has strengthened humanitarian coordination, particularly during emergencies. At the central level, the cluster leads have provided strategic direction and strengthened linkages with government counterparts. With 60% of the clusters functioning at state level, the clusters have reported improvement in coordination including monitoring and reporting on cluster activities. The presence of OCHA in six states currently has also strengthened the linkage with state authorities through the humanitarian state coordination teams.

The number of INGOs and NNGOs operating in South Sudan also increased in 2011, highlighting the need for even greater coordination in the coming year to monitor and track humanitarian operations and avoid duplications across clusters and states. The majority of NNGOs will however require support to build their capacity to undertake programme implementation. There will also be need for closer linkages with Government at both central and state level to build their capacity to manage humanitarian operations.

Education

The Education Cluster worked in 2011 to ensure continuity of education for children affected by emergencies in South Sudan. Cluster partners defined two main objectives for 2011 activities: to provide safe and protective learning spaces and essential teaching/learning materials for children in emergency-affected areas; and to increase children's access to life-saving knowledge, such as disaster-risk reduction, and psycho-social support. Donors gave \$17.4 million to the Education Cluster in 2011, covering 44% of the cluster's total requirements.

Achievements

Significant achievements in 2011 include the establishment of 177 temporary learning spaces, providing access to education for 15,948 children and youth. School feeding programmes have reached 389,353 children. Some 2,400 teachers in emergency-affected areas were trained in areas such as psycho-social support, English language, and sports and recreation, and training for protective learning environments was provided to 1,416 parents-teachers association members. The emergency education supplies pipeline functioned effectively, with distribution of 153 schools-in-a-box, 2,007 recreation kits, over 500,000 exercise books, 300,000 school bags, 12,500 textbooks and 5,409 blackboards. The Education Cluster strengthened emergency preparedness through roll-out of the cluster in all ten states, training of over 250 education actors, provision of a needs assessment tool package, a 4Ws (who, what, where and when) capacity mapping tool, a monthly emergency response reporting system, a regularly updated website, and support to the monitoring and reporting of Security Council Resolutions 1612 and 1998. Forty containers have been distributed to education partners to provide storage for repositioning emergency supplies.

Challenges

Insufficient presence and emergency-response capacity among education partners hampered swift response to emergencies, particularly in some of the most emergency-prone states and counties. The majority of education partners implement development programmes and their mandates do not always allow for a quick response in acute emergency situations. Humanitarian access constraints to some key areas, including northern Jonglei and the border with Upper Nile, as well as Unity and Agok, 45 kilometres (km) south of Abyei town, has meant education interventions have been slowed or completely halted. It has been challenging to establish education as a priority in humanitarian emergency response and funding gaps, including the lack of round two CHF provision for education, have meant that several agencies attempting to scale-up education in emergency operations in places like Warrap and Unity states were unable to do so due to lack of funds.

Lessons learnt

In response to the under-prioritization of education in humanitarian response, and the undersupply of education partners with emergency expertise, the cluster recognizes that it will have to shift approach, to mainstream education as part of a “basic package” of emergency response provided by humanitarian agencies, while advocating for education development partners to mainstream education in emergencies into their budgets and programmes. Drawing on the success of clusters such as WASH and Health, it is evident that flexible standby surge capacity must be available to improve the timeliness and coverage of emergency response. Already the value of training provided at national, state and county levels has had a beneficial impact on the capacity of education actors to respond to emergencies when they occur.

Food Security and Livelihoods

In 2011 the Food Security and Livelihoods (FSL) Cluster worked to provide life-saving food assistance to people affected by emergencies and food insecurity and to assist people to re-engage in and improve livelihoods. Cluster partners defined three main objectives for 2011 activities: to provide food assistance to vulnerable populations on the basis of assessed needs; to provide productive inputs (seeds, hand tools, fishing gears, tailored skill training) to households which need to re-enter the productive cycle; and to upgrade and maintain the cold chain facility for livestock vaccines, particularly in areas where needs are concentrated. Donors gave \$99 million to the Food Security and Livelihoods Cluster in 2011, amounting to 84% of the total requirements. Agriculture and livelihoods elements of the cluster required \$42.1 million and received \$17.8 million, which was 42% of the requirements, whereas food aid requirements of \$76.3 million received \$81.5 million, or 107% of the requirements.

Achievements

In 2011, some 1,183,370 people received food assistance and some 120,000 households received agricultural inputs such as crop and vegetable seeds and hand tools and other livelihood support, such as fishing gear and veterinary services. Cluster members published several key food security assessments, including the 2010-2011 ANLA, CFSAM, EFSA for returnees, the first and second phase of the Food Security Monitoring System, livestock and fisheries production assessments and an August 2011 Rapid Crop Assessment. The cluster contributed to the elaboration of the economic development pillar of the South Sudan Recovery and Development Plan, including assisting with the use of findings from reports on seed systems security, analysis of the socio-economic impact of animal diseases, and livestock marketing value chain analysis. The cluster system is now functional in seven of the ten states and state-level structures have drawn the participation of key food security stakeholders including top government personnel, international and national organization.

Challenges

Insufficient funding and delays in getting required technical expertise affected the level of progress made in supporting vulnerable households with productive inputs (seeds, hand tools, fishing gear and tailored skill training) to re-enter the productive cycle. The agriculture and livelihood component of the response plan received only 42% of the required funding. As a result about, 11 international NGOs significantly scaled back and/or closed the food security components within their programmes. Significantly affected states were Jonglei, Unity and Eastern Equatoria where over 11 partners closed the agriculture and livelihood components within their programmes due to insufficient funding. This meant a reduced coverage and support to vulnerable households in these locations.

Progress made in supporting vulnerable households re-enter the productive cycle through agriculture and livelihood programmes was also hampered by erratic rainfall and a prolonged dry spells at critical crop growing periods. This has led to replanting and further loss of household productivity among targeted beneficiaries. Significantly affected states were Lakes, Northern Bahr El Ghazal and Unity. As a result, the projected food security situation in these locations is poor, requiring close monitoring and emergency preparedness to respond to deteriorating food security status.

Lessons learnt

Effective targeting of beneficiaries with appropriate interventions: given the multiple challenges facing the population in South Sudan leading to food insecurity, vulnerability classification needs to be strengthened to ensure effective targeting of beneficiaries. For the greater part of the year, vulnerability has been classified as per returnees and/or internally displaced people (IDPs). However, resource poor resident households have been equally vulnerable and affected severely. The cluster has learnt to improve targeting by incorporating and/or focusing on viable resource poor households to reduce vulnerability to food insecurity.

Increased emphasis of livelihood programming within the response plan: the cluster focused on responding to emergencies as they break out. The cluster will need to strengthen livelihood response approach as a mechanism of abating impact of challenges (supply routes blockade, poor production, insecurity, rising prices, etc.) causing food insecurity that cannot be addressed by single response option. At the same time, the resettling pattern of returnees around urban centres requires more livelihood interventions.

Clear and harmonized baseline and monitoring system: in order to improve the monitoring of the impact and progress of activities, the cluster has identified a harmonized baseline and monitoring indicators as a major element to be improved given the variation in response options available to the various factors causing food insecurity.

Health

In 2011, the Health Cluster worked to maintain existing safety net activities and expand emergency response capability in conflict-affected areas and outbreak-prone regions. Cluster partners defined three main objectives for 2011 activities: to maintain the existing safety net by providing basic health packages and emergency referral services; to control the spread of communicable diseases; and to strengthen the capacity for response to emergencies including surgical interventions. Donors contributed \$39.5 million to the Health Cluster in 2011, covering 48% of the cluster's total CAP requirements.

Achievements

The Health Cluster performed well during the Abyei crisis. Partners responded to the influx of 110,000 people displaced around Agok and within Warrap State through the rapid mobilization of surge health capacity, gap analysis and dissemination of information from health assessments. This was done through the full participation of all partners including the Ministry of Health, State Ministry of Health, Abyei Area Secretariat for Health, NGOs, faith-based organizations (FBOs), cluster observers and UN agencies. The Health Cluster is now functioning in all ten states and maintains key linkages with cluster partners in nutrition, WASH and protection (gender-based violence) and with wider coordination mechanisms such as the NGO Health Forum and the Health and Nutrition Working Group comprising donors and Ministry of Health representatives. A basic package of health services was delivered in each state. The Health Cluster responded to an anthrax outbreak and three measles outbreaks in Unity, Warrap and Northern Bahr el Ghazal, also areas receiving large numbers of returnees. The *kala azar* outbreak in Jonglei and Upper Nile that started in 2009 continued into 2011. 90% of the over 4,000 cases were investigated and laboratory samples taken in 80% of cases.

Challenges

In normal times there are frequent shortages of drugs at health facility level in South Sudan and extremely low levels of skilled health personnel: in a population of 8.2 million, there are 220 doctors.³² It is extremely challenging to respond to emergencies when the existing health system is already deeply under-resourced. Access issues arising from conflict, floods and poor road infrastructure made it difficult for the cluster to reach some affected populations. This compounded challenges posed by continuing low access by individuals to functional health facilities and poor road infrastructure across South Sudan.³³ Maintaining a safety net of services in high conflict risk areas in Jonglei and Unity states was impeded by the temporary closure of health facilities for security reasons. Heavy re-mining prevented partners from accessing medical supplies stored in Bentiu, Unity State.

³²GoSS/WHO/AMREF (African Medical and Research Foundation) Survey, July 2006.

³³Health Facility Mapping, Ministry of Health, 2010.

Lessons learnt

A more concerted effort is needed to improve strategic and operational coordination across the clusters, particularly with WASH, Nutrition and Education clusters, and the government counterparts. Continuous support and mentoring is also required for government counterparts and Health Cluster focal points, particularly at the state level. Coordination of health activities involved engagement with several other coordination structures outside the cluster system including the Health Forum, Donor Working Group, Global Fund Country Coordination Mechanism and the Health and Nutrition Consultative Group, with which the cluster should continue to work closely with. Rapid mapping and information-sharing have been key to the success of gap analysis when a sudden emergency occurs, this should continue in 2012.

Logistics

The Logistics Cluster was established in 2010. Building on the work of the United Nations Joint Logistics Centre, it worked during its first year to expand access to vulnerable communities by assisting the humanitarian community deliver a timely and cost-effective response. Cluster partners defined three main objectives for 2011 activities: to coordinate and synchronize the delivery of core pipelines; to expand physical access of the population to basic service and markets; and to improve humanitarian access to remote areas through infrastructural improvements and rehabilitation. Donors gave \$25.7 million to the Logistics Cluster in 2011, covering 28% of the cluster's total requirements.

Achievements

A key success in 2011 was the establishment of common transport and warehousing systems, allowing some 40 humanitarian partners to consolidate carriage of over 1,475 metric tons of humanitarian supplies and storing prepositioned humanitarian assets in key locations across South Sudan over the year. These services proved invaluable during the humanitarian response to the Abyei crisis. During that time, the cluster also rapidly mobilized operations to rehabilitate the Alek airstrip, facilitating humanitarian air operations in the contested area. During the wet season, the cluster initiated a common barge service, allowing organizations to access otherwise cut-off areas. Additionally over 1,150 map products in hard and soft copy were distributed and core pipeline reports prepared throughout the year have provided essential data for supply forecasting for 2012.

Challenges

The greatest challenge has been the limited supply of commercial logistics operators in South Sudan, which has restricted options and in some cases delayed project completions. This is particularly the case in the construction industry, where there is both a shortage of contractors and raw materials in some areas. On-going access constraints caused by flooding, mines and outbreaks of violence continue to affect humanitarian operations whilst also limiting the expansion of commercial options in-country. Unclear and often changing customs regulations in the lead-up to and following independence have created a constantly changing working environment, causing both confusion and delays for cluster members.

Some of the main challenges for the common air transport service (UNHAS) in 2011 included bad condition of some runways in the deep field, which results in restricted take-off payload of the aircraft, and sometimes cancellation of the flights especially during the rainy season.

Lessons learnt

The wet season renders some poorly maintained roads inaccessible even to humanitarian contractors seeking to undertake repairs. Due to this, preparatory road repairs must be completed during the dry season to ensure emergency preparedness. Additionally, contractors can be pre-screened and standby retainers put in place for immediate mobilization during emergencies.

Multi-Sector

The Multi-Sector (Emergency Returns and Refugees) is a sector that was newly established in 2011, representing the work of the emergency returns programme and refugee programmes. It worked during its first year to assist formerly displaced people to return home or settle elsewhere and support host communities. Sector partners defined the two specific objectives for 2011 activities as: to support the voluntary, safe and dignified return of displaced people and refugees; and to support the early

reintegration of returnees into communities. Donors gave \$10.1 million to the Multi-Sector in 2011, covering 17% of the total requirements.

Achievements

From January to September 2011, the partners of the Emergency Return Sector assisted the safe return home to approximately 170,000 South Sudanese formerly displaced in Khartoum and 814 refugees from the neighbouring countries such as Uganda, Kenya, Egypt and Libya. Over 337,000 returnees have been supported with reintegration packages consisting of food, non-food items and emergency shelter and have access to transportation, protection, health and WASH services. An estimated 6,000 returnees are currently assisted while in transit to their places of final destination.

By mid-October, the Emergency Return Sector assisted the safe return home of over 337,000 returnees from Sudan who also received reinsertion packages consisting of food non-food and shelter items, health and WASH services covered by other clusters. This includes 170,000 South Sudanese formerly displaced in Khartoum who returned from January to September 2011. The partners also supported 814 returning refugees from the neighbouring countries such as Uganda, Kenya, Egypt and Libya. The returnees also benefited from access to transportation and protection assistance during their journey home. By end of October an estimated 6,000 returnees were being assisted while in transit to their places of final destination.

In 2011, the Office of the United Nations High Commissioner for Refugees (UNHCR) and partner agencies provided assistance to 27,567 refugees to ensure their basic needs were met and they continued to enjoy protection while in South Sudan, including protection from refoulement. As part of protection interventions, partners advocated for the need to establish a referral system for the survivors of sexual and gender-based violence (SGBV). By September 2011, six refugee settlements, representing almost 100% of total refugee locations, had an operational referral system for SGBV survivors. Similar assistance was put in place towards the end of the year for 15,000 people displaced from the Nuba Mountains, who sought asylum in South Sudan following the re-escalation of conflict in Southern Kordofan.

Challenges

The on-going conflicts in Abyei in South Sudan and Blue Nile and Southern Kordofan states in Sudan and the lack of road access due to poor road infrastructure during the rainy season, considerably reduced the number of spontaneous returns and inhibited onward transportation, resulting in a bottleneck of over 20,000 people in Renk, Upper Nile State. The lack of coordination between the government and humanitarian agencies and the amount of luggage carried by the returnees were primary reasons for bottlenecks in Renk.

Lessons learnt

It is essential to enhance and reinforce the coordination mechanism between the humanitarian partners in the Emergency Return Sectors of both the Republic of Sudan and South Sudan, but also between the Emergency Return Sectors and their respective government counterparts in both Sudan and South Sudan.

Non-food item and Emergency Shelter

The Non-Food Item (NFI) and Emergency Shelter (ES) Cluster worked in 2011 to provide people affected by conflict and disaster, returnees and other vulnerable groups with essential life-saving items as quickly as possible, based on assessed needs. Cluster partners defined three main objectives for 2011 activities: to improve preparedness; increase the efficiency of assistance delivery; and to strengthen field-level coordination. Donors gave \$11.7 million to the Non-Food Item and Emergency Shelter Cluster in 2011, covering 77% of the cluster's total requirements.

Achievements

By mid October, a total of 78,582 households (75% of reported displacement and returnee figures) had been assisted with NFI and ES materials. This included over 22,000 households who received NFI kits only and 2,000 households who received shelter material only during the Abyei crisis. The cluster was able to reach this level of achievement, including the response to large scale displacement and/or other simultaneous emergencies due to the prepositioning of sufficient stocks of NFI and emergency

shelter kits amounting to 15,000 stock of NFI full kits and an additional 30,000 loose items in all high risk areas in South Sudan except Bentiu in Unity State. For example cluster partners responded with NFI and emergency shelter distributions to 13,000 households within two weeks of the Abyei crisis erupting.

Challenges

Insecurity, poor road conditions and the lack of partners hindered cluster response. In Unity State the cluster experienced all the above constraints. For example, the single operational partner in Abiemnon County was unable to provide any response due to insecurity (land mines) and militia activities in the area, while in Pariang County in Jonglei State there was no operational partner.

Lessons learnt

Based on the experience from the first half of 2011, it is critical for the cluster to establish rapid response mobile teams to assist with assessment and distribution of NFIs where there is either no or limited partner capacity. As access to remote areas becomes very limited during the rainy season, pre-positioning of NFIs and securing of sufficient warehouse space is essential before the rains begin.

Nutrition

The Nutrition Cluster worked in 2011 to ensure the nutritional status of girls, boys and women was protected from the effects of humanitarian crises. Cluster partners defined four specific objectives for 2011 activities: to establish systems for assessing and monitoring the nutritional status in high risk areas; to manage severe and moderate acute malnutrition (MAM) among at-risk populations in accordance with global guidelines; to provide micronutrient supplements to at-risk populations; and to identify and train infant and young child feeding counsellors and support groups in high-risk areas. Donors gave \$20.7 million to the Nutrition Cluster in 2011, covering 60% of the cluster's total requirements.

Achievements

By the end of September the Nutrition Cluster had treated at least 42,000 children six-59 months of age for SAM reaching approximately 53.3% of the estimated 70,000 severely malnourished children. Some 164,700 children six-59 months of age were treated for MAM with targeted supplementary feeding. Some 132,500 children six-24 months of age and 40,129 pregnant and lactating women (PLW) in highly vulnerable areas were provided with blanket supplementary feeding programme (BSFP) as a preventative measure. Pipeline management of therapeutic supplies improved with no break in the pipeline, allowing for a timely and effective response to emergencies in Abyei and Upper Nile. The number of active operational partners increased significantly during the year, rising from 29 to 56. During this time the cluster became functional in seven states and coordination in the collection of malnutrition data through use of standardized monitoring and assessment of relief and transition survey methodology (SMART) and standardized nutrition rapid assessment was improved. Some 25 SMART pre-harvest surveys were conducted by NGOs in collaboration with the MoH, WASH and FSL clusters.

Challenges

Ensuring the right nutrition supplies are available in adequate quantities in places of emergency need has been the biggest challenge, especially as some supplies have a short shelf life. When access is constrained by conflict-related insecurity, seasonal flooding and/or re-mining activities, it can be expensive and logistically very difficult to move supplies from pre-positioned locations to where they are needed. Moreover, local populations resent movement of supplies from their area. Gaps in response also stem from the absence of operational partners in some geographical areas and the limited spectrum of services provided – some provide treatment for SAM but not MAM, or MAM but not SAM, and most provide little in the way of prevention and education. There are also gaps in the availability of qualified and experienced nutritionists and other primary health care staff.

Lessons learnt

It is better to store nutrition commodities at major hubs rather than at final distribution points. NGOs should make use of the common storage system provided by the Logistics Cluster. Buy-in from local agencies and active coordination by health departments at county level contributed to an effective

emergency response to the Abyei crisis and should be borne in mind for emergency preparedness going forward. If the cluster is to draw more upon traditional health agencies and local NGOs they will need capacity to provide broad spectrum nutrition response and to do that, they will need mentoring and training.

Protection

The Protection Cluster worked in 2011 to support the national authorities in South Sudan in ensuring the protection of populations at risk of gross human rights violations and to mitigate the effects of violence on particularly vulnerable people. Cluster partners defined three specific objectives for 2011 activities: to enhance increased physical security of people in border areas and in areas with high levels of violence; to provide assistance and support to survivors of GBV; and to reunify separated children with their families and remove all children associated with armed forces from barracks and reintegrate them with their families. Donors gave \$10.5 million to the Protection Cluster in 2011, covering 20% of the cluster's total requirements.

Achievements

In 2011 the Protection Cluster conducted over 40 rapid protection needs assessments and concerted responses were provided in conflict areas. During the Abyei crisis there was an intensive redeployment of protection actors from across South Sudan to Twic County of Warrap State. For returnees, the cluster prepared minimum standards for barge and train movements to reduce protection risks associated with such movements, and advocacy efforts focused on land allocation and access for returnees, particularly where there was tension in host communities with already over-stretched basic services. The GBV sub-cluster finalized and distributed GBV Prevention and Response Standard Operating Procedures (SOPs) in five states. SOPs for three states were being finalized at the end of October and workshops were planned to start the process in the remaining two states. The SOPs are operationalized through a six-month GBV leadership development programme to engage senior GBV response actors in each state.

The child protection sub-Cluster identified and registered 1,791 separated, unaccompanied, abducted or missing children in the period to August 2011. Over half of this caseload was placed under foster care/ community-based arrangements while family reunification efforts were undertaken. By the end of September reunification had been completed for some 181 children displaced from Abyei, had commenced for over 650 children displaced into Unity State from recent conflict in Southern Kordofan. Family tracing was also undertaken for 255 unaccompanied South Sudanese children arriving from Sudan. More than 3,400 children received psycho-social services and reintegration support was provided to 442 children released from armed forces and groups.

Challenges

The main challenge was the lack of protection actors on the ground, particularly in remote or under-developed areas. For example, due to the limited number of GBV actors only 13 of 79 counties in South Sudan have even basic GBV response services. Physical access to affected populations was also an issue, due to conflict-related insecurity and seasonal flooding. Provision of protection response to returnees was hampered by patchy coordination between actors in Sudan and South Sudan. Family reunification efforts were complicated by continuous population movement during the Abyei crisis.

Lessons learnt

The protection response can be improved through development of coordination between Sudan and South Sudan actors; enhanced data collection and analysis, and further systematising tracing procedures. It was recognized that on-going training is needed for child protection partners at national and state levels, and INGOs need to focus on providing GBV services rather than solely focusing on capacity-building of weak government systems.

Mine Action (A Protection Sub-Cluster)

The Mine Action sub-Cluster worked in 2011 to address the dangers that landmines and explosive remnants of war (ERW) pose to local communities. Sub-cluster partners defined three main objectives for 2011 activities: to facilitate free and safe movement for UN mission related and humanitarian

operations through clearance of landmines and ERW; to reduce the risk of injury from landmines and ERW and facilitate the integration of victims through targeted mine risk education and victims assistance interventions; and to strengthen and support the management and operational capacities of the national authorities and implementing partners to enable them to address the socio-economic impact of landmine and ERW contamination. Donors gave \$4.4 million to the Mine Action sub-Cluster in 2011, covering 29% of the sub-cluster's total requirements.

Achievements

In the first nine months of 2011 sub-cluster partners assessed, verified and cleared a total of 675 km of routes, provided mobility aids, prosthetics and income generating activities to 292 survivors and people with disabilities, and reached a total of 45,246 people with mine risk education. With the commencement of the 2011/2012 demining season on 1 October 2011, four more victim assistance (VA) projects' implementation got underway. A route survey and clearance team was also deployed to Unity State to address reports of re-mining in the area. The sub-Cluster worked closely with the South Sudan Demining Authority to build local capacity to address residual landmine/ERW threats.

Challenges

Progress on demining activities was hampered by access constraints created by conflict-related insecurity in Upper Nile, Jonglei and Unity, and muddy conditions making it difficult to operate mechanical demining assets. The sub Cluster also experienced difficulty obtaining force protection required to safely deploy a route survey and clearance team to Unity State.

Lessons learnt

Support from UNMISS and the humanitarian community proved to be critical in allowing for mine action teams to access areas of greatest urgency and importance throughout South Sudan. The importance of coordination and dialogue within the sub-cluster and with other humanitarian actors, including in relation to CHF funding applications, was reinforced.

WASH

The WASH Cluster worked in 2011 to increase access to safe water and improved sanitation and hygiene practices in South Sudan with an emphasis on emergency response. Cluster partners defined three specific objectives for 2011 activities: to increase access to safe water by any means; to ensure timely and equitable access to safe water, sanitation, and hygiene services for populations affected by emergencies; and to improve hygiene practices through hygiene promotion and improved access to and use of sanitation facilities. Donors gave \$33.7 million to the WASH Cluster in 2011, covering 47% of the total requirements.

Achievements

In 2011, WASH core pipeline materials valued in excess of \$10 million were pre-positioned with 14 WASH Cluster partners by United Nations Children's Fund (UNICEF) to support on-going emergency response. The WASH Cluster was commended for its rapid response to onset crises, including returnees, people displaced due to inter-communal conflict, and those displaced from border conflicts in Abyei, Southern Kordofan and Blue Nile. The cluster achieved significant direct engagement with government authorities to more closely coordinate on-going humanitarian WASH actions at the national level. Improvement was also recorded in intra-cluster coordination, through the introduction of a monthly reporting system covering all ten states for partner across the WASH Cluster. This achieved a 60% reporting compliance. The cluster reached about 47% of its targeted beneficiaries with improved water sources and trained over 4,000 WASH committee members.

Challenges

Response constraints were created by insecurity, weak road infrastructure, and a scarcity of essential raw materials for WASH operations, such as fuel, cement and other building materials, following closure of commercial corridors with Sudan from May 2011. Although direct engagement with government authorities at the national level improved, the government focal point designated to oversee the humanitarian WASH operations was weak and intra-cluster coordination also suffered

due to a high turnover rate of designated WASH state focal points and a need for continued increase in engagement and reporting by all WASH Cluster partners.

Lessons learnt

Actions carried out in 2011 demonstrated that core pipeline functions are critical to the success of the WASH Cluster. Improving response requires a level of investment proportional to the challenges faced, particularly in respect of stock needs assessment, pre-positioning, storage, logistics and end user monitoring. The importance of strengthening roles and clarifying responsibilities within the Government of South Sudan for humanitarian WASH activities was identified. It has been important to have a credible and trustworthy co-lead partner who can legitimately represent and act on behalf of all WASH NGO partners.

2.4 Review of humanitarian funding

Although the Humanitarian Work Plan for 2011 covered the whole of Sudan, the first separate South Sudan CAP was published during the mid-year review, in July 2011. It comprised a request for \$620 million to support 256 projects. By 15 November, \$327 million – or 53% – had been secured, as compared to 59% funding received at the same time in 2010. The Sudan CHF and the Central Emergency Response Fund (CERF) combined provided \$94 million or 15% of the requirements. The Mine Action (sub-Cluster), Multi-Sector, Logistics and Protection clusters received less than 30% of their requirements. UN agencies were 58% funded, having received \$255 million of the requested \$442 million, while NGOs were 40% funded, having received \$71 million of the requested \$178 million.

As shown in the table below, of the projects that received funding, projects categorized as high priority received 54% of required funding whereas projects categorized as medium priority received 33% of their requirements.

Priority	Number of projects	Requirements \$	Funding received \$	Proportion funded (%)
High	156	499,070,403	271,022,242	54
Medium	100	120,602,832	40,307,117	33
Not Specified	-	-	15,236,486	n/a
TOTAL	256	619,673,235	326,565,845	53

South Sudan project funding by prioritization category, as at 15 November 2011

Funding by cluster

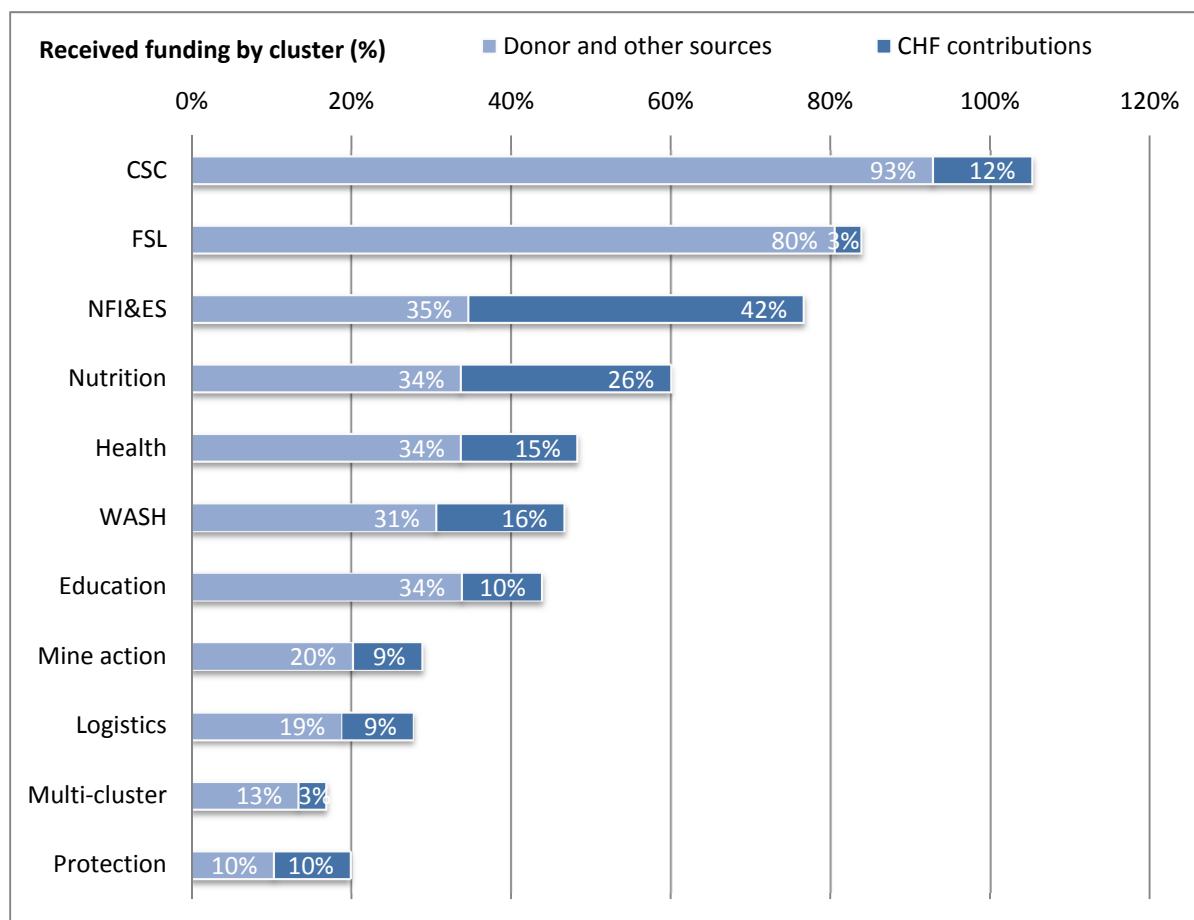
Four of the ten clusters were less than 30% funded. The most under-funded clusters were Protection (20%), Logistics (28%), and Multi-Sector which includes the Emergency Returns Sector (17%). The Health and WASH clusters were 48% and 47% funded respectively. Only the Nutrition, NFI&ES, and FSL clusters, and the Common Services and Coordination Sector were over 60% funded. However, within the FSL Cluster, the food assistance component is fully funded, while non-food assistance such as agriculture/farm input support, veterinary services, and fisheries received only 42% of funds required. In absolute terms, the FSL Cluster received \$99.2 million, the highest amount of funds followed by Health (\$39.5 million), Common Services and Coordination (\$38.4 million) and WASH (\$34 million). The chart and table overleaf below show a summary of funding requirements and funding status by cluster, as of 15 November 2011.

Sudan Common Humanitarian Fund

The Sudan CHF continued funding projects in South Sudan until the official secession of the South on 9 July 2011. Discussions are on-going to establish a CHF for South Sudan. The CHF and ERF

2. 2011 in review

allocated a total of \$72 million to projects in the CAP representing 22% of the funding secured. The CHF provided more than one-third of the secured funds in four clusters, namely Nutrition, NFI and Emergency Shelter, WASH, and Protection.



Cluster	Number of projects	Requirements (\$, million)	Total funding received (\$, million)	Proportion funded (%)	Sudan CHF funding to South Sudan Clusters, as percentage of Cluster requirement	Sudan CHF allocation for South Sudan, by Cluster (\$, million)
CSC	5	36.5	38.4	105%	12%	4.5
Education	21	39.6	17.1	43%	10%	4.0
FSL	36	118.4	99.2	84%	3%	4.0
Health	62	81.8	39.5	48%	15%	11.9
Logistics	9	92.9	25.7	28%	9%	8.3
Mine Action	10	15.1	4.4	29%	9%	1.3
Multi-Cluster	4	60.3	10.1	17%	3%	2.1
NFI and ES	15	15.2	11.7	77%	42%	6.4
Nutrition	22	34.5	20.7	60%	26%	9.1
Protection	29	52.9	10.5	20%	10%	5.1
WASH	43	72.4	33.7	47%	16%	11.6
Not specified			15.2			
Total	256	619.7	326.6	54%	11.2%	68.3

Summary of funding requirements and funding status, as of 15 November 2011

Central Emergency Response Fund

South Sudan was allocated a total of \$22.8 million from two rounds of CERF allocations, constituting about 7% of the secured funding against the South Sudan CAP. The first-round allocations in late July were through a rapid response grant of \$11.3 million to assist over 110,000 IDPs from Abyei. The grant was used to provide emergency assistance to people who fled from conflict in Abyei to the Agok area and into four other states of South Sudan. In early September, South Sudan received a grant of \$11.5 million from the CERF, which was used to address the emergency needs of the second wave of returnees to South Sudan starting late June.

2.5 Review of humanitarian coordination

With South Sudan reaching independence in July 2011 and the humanitarian situation likely to remain precarious, a key priority in 2011 was to streamline and further improve humanitarian coordination. There were two priorities: a) strengthening strategic coordination in Juba in order to build consensus on the humanitarian situation among the main humanitarian constituencies including the Government of South Sudan, donors, UN agencies and NGOs; and b) urgent strengthening of operational coordination at both the sector and state levels in order to improve humanitarian response. Partners have also worked during the past year to balance the continued need for relief operations at the strategic, operational and funding levels and the simultaneous need to link those to recovery and development oriented planning.

As a first step, the Humanitarian Country Team (HCT) Juba satellite, which was established in 2010, in July 2011 transitioned into a fully-fledged HCT in accordance with the Inter-Agency Standing Committee (IASC) Guidance for Humanitarian Country Teams.³⁴ The HCT is composed of the heads of UN agencies, non-governmental and international organizations and donors, with a number of humanitarian organizations participating as observers. The HCT provides strategic direction for the overall humanitarian operation in South Sudan, ensuring, where appropriate, linkages with recovery and development planning. The Humanitarian Coordination Forum continued to operate as the main interface between the GoSS Ministry of Humanitarian Affairs and Disaster Management, humanitarian agencies and donors.

The cluster system, which was activated in 2010, was further strengthened in 2011. An Emergency Returns Sector was established in November 2010 to coordinate policy and strategic responses for the on-going return of South Sudanese from Sudan. The Emergency Telecommunications Cluster was activated in September 2011 to provide improved operational support to the on-going humanitarian operation and to ensure preparedness for future acute crises.

Clusters continued to be led by two co-coordinators, with the UN agency and an NGO working in partnership. Most clusters active in 2011 benefited from dedicated cluster coordinators, with two also benefiting from dedicated information management support staff. Some national NGOs participated in the clusters, but this remains an area for further improvement in 2012. The pre-existing Inter-Sector Working Group serves to coordinate individual clusters.

Improvement in humanitarian coordination at the state level has been a critical priority in 2011. With a territory approximately the size of France, a highly vulnerable population with little ability to absorb shocks, and extreme logistical and climatic challenges, experience has shown that coordination in South Sudan must be done at the state level in order to be effective. Clusters have worked to strengthen coordination at the state level, through additional technical training of state-level cluster focal points, country-specific standard tools and guidance, and improved national-to-state information dissemination and management. Through the establishment of field offices in 2010, OCHA also provided significant support to the South Sudan Relief and Rehabilitation Commission at both the state and national levels to support them to lead during preparedness and emergency response.

³⁴ Guidance note endorsed by the 75th IASC Working Group on 18 November 2009.

3. Needs analysis

Decades of marginalization and war have left households with little ability to absorb shocks caused by displacement, poor harvests, flooding, drought, insecurity, illness, and other social and economic challenges. Over half the population lives below the poverty line and more than 90% are income-poor.³⁵ At least 35% of the population is food-insecure and requires assistance, even when harvests are good.³⁶ The country has one of the highest maternal mortality rates in the world (2,054 per 100,000 live births³⁷), putting the lives of more than 2.2 million women and girls of childbearing age in jeopardy. Fewer than half of South Sudanese children are enrolled in primary school³⁸ and only 64% of enrolled primary students were promoted to the next grade in 2009.³⁹ Women and girls are disproportionately subjected to violence by their families (over 60% of respondents), including physical, sexual, and psychological violence, and marriage that is either forced and/or too early for their physical development. These acts of violence are exacerbated during crises arising from displacement, return and inter-tribal conflict. Girls, boys and women are abducted for social and economic reasons. Girls and boys are recruited into the armed conflict while boys are more likely to be engaged in armed combat.⁴⁰

Against this backdrop, there are a number of factors affecting the humanitarian situation:

Insecurity remains the biggest factor impacting the humanitarian situation. Insecurity has affected each of South Sudan's ten states over 2011 generating large-scale displacement and putting civilians at serious risk. Violence during the year has been linked to the activities of armed militias, seasonal inter-communal cattle raiding, resettlement of returnees, competition for natural resources and tensions between South Sudan and Sudan. Some 430 conflict-incidents in 2011 to mid-October have resulted in more than 3,160 deaths (three times the number for all of 2010) and the displacement of more than 325,700 people according to reports by local authorities and assessment teams.⁴¹ Protection teams confirm high levels of violence against women and children, recruitment of minors, widespread relaying of landmines, sexual violence, the occupation and targeted destruction of schools, property and livelihoods.

South Sudanese continue to return home to locations with virtually no social services or economic opportunities to support their reintegration. The large-scale return of 347,375 South Sudanese from Sudan in the year since October 2010⁴² – often to communities that lack water, schools, health care and livelihood opportunities – has put enormous pressure on already over-stretched services in reception and final destinations areas. Land issues, including where returnees may settle and what rights they may have in relation to the land, are likely to increase, particularly where there is no consistent policy or implementation of relevant legislation. While some spontaneous returns have continued, the majority (approximately 70%) have been organized by the government.⁴³ Returnee flows are expected to continue at a similar rate, with an estimated 250,000 people expected to arrive in 2012 as per the most likely planning scenario. With conflict along returnee routes in Sudan's Transitional Areas, Renk County in Upper Nile State remains the only fully open corridor for new arrivals. Returnees to Aweil and Wau arrive by train from Khartoum while those to Renk arrive by bus. Around 20,000 returnees have arrived through the county between 28 June and 8 October.⁴⁴ With the flow of returnees and the amount of luggage they have brought along with them presently exceeding capacity for onward transport, a bottleneck has developed in several transit sites around Renk. To date, many families have been returned to South Sudan while the male heads of households

³⁵National Baseline Household Survey 2009.

³⁶Crop and Food Supply Assessment Mission to Southern Sudan, FAO and WFP, January 2011.

³⁷Southern Sudan Household Health Survey, 2006.

³⁸Education Statistics for Southern Sudan 2010.

³⁹Ibid

⁴⁰Protection Needs Assessment 2011 and Gender-Based Violence Survey 2009.

⁴¹OCHA South Sudan, data at 15 October 2011.

⁴²IOM South Sudan, data from 30 October 2010 to 18 October 2011.

⁴³IOM South Sudan.

⁴⁴IOM South Sudan.

have remained in Sudan, causing returning women and children to rely heavily on the support from extended family and the good will of their husband's family.

Widespread, recurrent acute food insecurity remains a primary cause of the fragile humanitarian situation in South Sudan. The Annual Needs and Livelihoods Analysis published in February 2011 estimated that 36% of the population – nearly three million people – will continue to be either severely or moderately food-insecure during 2011.⁴⁵ A rapid mid-season crop assessment conducted in August by Food and Agriculture Organization of the United Nations (FAO) and World Food Programme (WFP) indicated that in the best-case scenario, cereal production in 2011 will be 30% less than in 2010, bringing the cereal production deficit to 390,000 ton compared to the 290,000 ton deficit for 2011.⁴⁶ These deficits are compounded by the reduced flow of food and fuel from Sudan due to border blockades and the expected reduced sorghum production in Sudan in 2011.⁴⁷ It is estimated that approximately 150,000 tons of food will be needed in 2012. In August 2011, partners estimated 1.2 million people would require food assistance in 2012⁴⁸ and an estimated 30% of children will be severely or moderately underweight.⁴⁹ Inter-related issues have contributed to the worsening of food insecurity – high market demand for food due to returnees and net-food buying households, high commodity prices, high fuel and transport costs, livestock diseases, unpredictable security conditions and increased population displacement.⁵⁰

There are also concerns for communities that have missed the planting season due to violence and resulting displacement in pockets across South Sudan. Additionally, most returnees have finished their re-insertion package of three-month rations of food assistance, which was provided up to August as per the agreement with the transitional government. However, most of these families have not been able to plant this year's food crop due to arrival after the cropping season and/or lack of access to agricultural land. Health and nutrition partners report that the food security situation has already driven a rise in malnutrition rates in parts of South Sudan. Results from pre-harvest surveys conducted during the hunger season in 2011 revealed that 11 counties across five states have alarming levels of global acute malnutrition (GAM).⁵¹

The operating environment remains extremely challenging, impacting agencies' capacity to respond to emergency needs across sectors. South Sudan is a vast territory, with many communities living in remote and hard-to-access areas. The poor state of transport infrastructure and seasonal flooding render many areas impassable for parts of the year, increasing the cost of operations and the time required to deliver supplies. During 2011 humanitarian supplies have been looted, aid workers harassed, humanitarian premises occupied and restrictions imposed on humanitarians trying to reach communities in need. Despite commitments by the Government to stem abuses, the commandeering of humanitarian assets, attacks on humanitarian premises and supplies, and harassment of humanitarian personnel by the SPLA, state authorities and rebel militia groups have continued throughout the year.

Food and livelihood assistance, emergency health care, WASH, nutrition services, emergency education and robust protection interventions remain the priority humanitarian needs in South Sudan. Clusters, working under the auspices of the HCT have devised strategies for improving needs assessments and analysis. However, critical pieces of data, including mortality and morbidity rates, remain unavailable. Data on nutrition exist only in 25 of 79 counties where humanitarian partners have conducted pre-harvest SMART surveys⁵² and national education data does not track the impact of emergencies on the system. Proxy indicators are being developed by the clusters and the HCT for use until national health and education information systems are able to produce these top-level indicators.

⁴⁵ Annual Needs and Livelihoods Analysis (ANLA) January 2011.

⁴⁶ RSS/FAO/WFP Rapid Crop Assessment Report, 1-14 August, reported in September 2011. .

⁴⁷ Ibid.

⁴⁸ FEWS NET, South Sudan Food Security Outlook Update, August 2011.

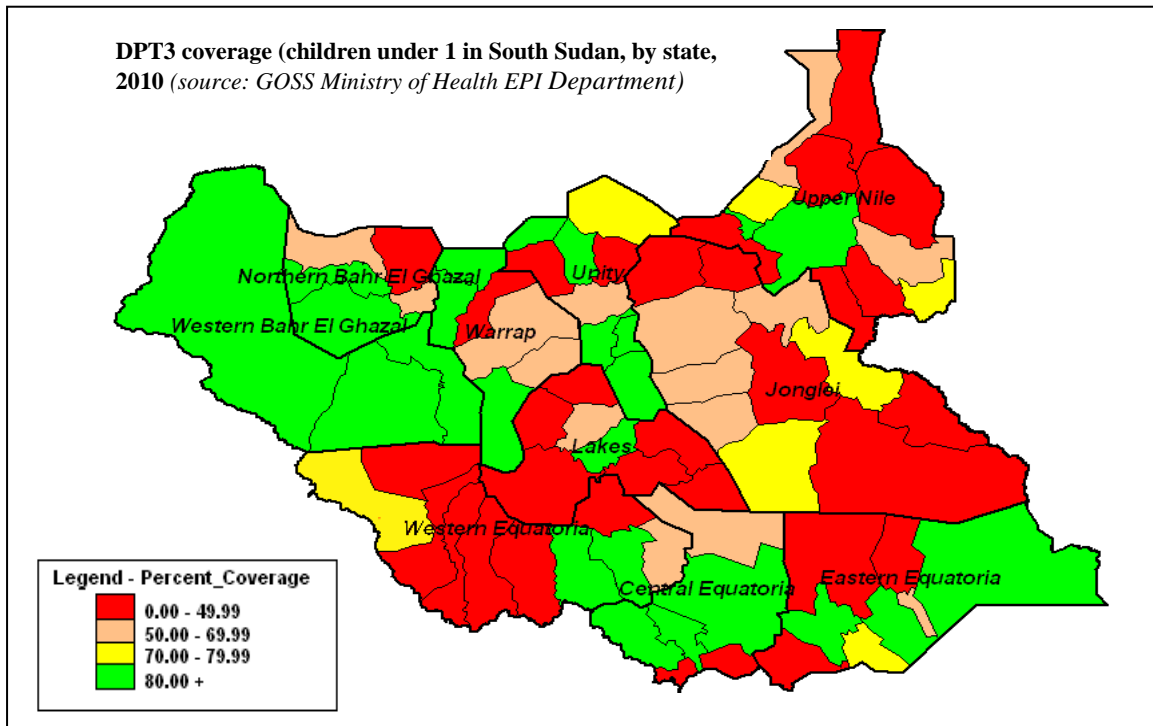
⁴⁹ South Sudan Development Plan 2011-2013.

⁵⁰ Annual Needs and Livelihoods Analysis (ANLA) January 2011

⁵¹ Nutrition cluster pre-harvest surveys 2011.

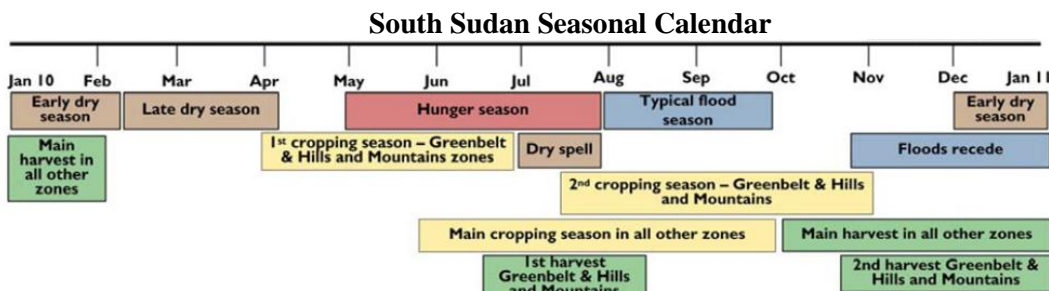
⁵² Nutrition Cluster pre-harvest surveys 2011.

3. Needs analysis



Despite the lack of reliable, comparable data in South Sudan, humanitarian partners have significant anecdotal information that indicates excess mortality and morbidity is caused by the complex threats faced by communities in South Sudan. With just over half the population having access to improved sources of drinking water⁵³ and only 20% of people with access to improved sanitation,⁵⁴ water-borne diseases remain a significant threat to the health of South Sudanese. Access to health care⁵⁵ remains highly inadequate: fewer than half of all children living in 30 counties have received the DPT3 immunization (see figure above), a good proxy indicator for access to health care. Access to education is also extremely challenging for the majority of children in South Sudan, with net enrolment for primary school standing at 44.4% (37.2% girls and 62.8% boys) and secondary education a shocking 1.6% (1.3% girls and 1.8% boys).⁵⁶ On-going high levels of violence have further undermined the health and dignity of communities, as health clinics and schools are often looted, damaged or destroyed during clashes.

Threat and vulnerability in South Sudan change with the season. During the dry season, there is usually an increase in inter-communal conflict. In addition, the annual pastoral migrations begin and the “hunger period” – the time of the year when families run out of food before the next harvest is ready – also commences (South Sudan Seasonal calendar below). The rainy season also impacts on the humanitarian situation. If rains are late or erratic, inter-communal violence often increases as communities search for pasture. Early or heavy rains tend to subdue violence, but also bring seasonal flooding.



Source: FEWS NET

⁵³ National Baseline Household Survey, 2009.

⁵⁴ National Baseline Household Survey, 2009 as cited in the South Sudan Development plan 2011-2013.

⁵⁵ Ministry of Health Expanded Programme on Immunization (EPI) data.

⁵⁶ Education Statistics for Southern Sudan, 2010.

4. The 2012 Common Humanitarian Action Plan (CHAP)

The CHAP is the outcome of an intensive planning process involving all humanitarian partners in South Sudan, including the Government of South Sudan, donors, UN agencies, NGOs and international organizations. CHAP 2012, outlined in this section, details the socio-political context for the humanitarian situation in South Sudan, planning scenarios for 2012, and overall strategic objectives for the humanitarian operation in 2012. This is followed by detailed cluster-specific response plans.

4.1 Changes in the context

South Sudan's secession from Sudan on 9 July closed a major chapter in the country's history, marking the end of the interim period created by the 2005 CPA. Despite impressive achievements during the past six years, South Sudan faces a number of pressing challenges as it embarks on the daunting task of building a new state. An impasse on outstanding CPA benchmarks continues to limit prospects for stability along the new international border with Sudan. Meanwhile, high levels of insecurity and a fragile food security situation impact negatively on humanitarian conditions for millions of vulnerable South Sudanese. Improving the still difficult humanitarian operating environment remains another key concern for humanitarian partners.

Political tensions have continued in the post-independence period

High levels of tension between South Sudan and its new northern neighbour Sudan have persisted in the post-CPA period and will probably continue into 2012, with significant implications for the new state. A long-term solution to the disputed Abyei area remained elusive as the year came to a close, despite the deployment of the new UNISFA peacekeeping mission and a June 2011 agreement providing for demilitarization of the area and appointment of a new Abyei administration. As of October 2011, key benchmarks had yet to be fulfilled and the situation in Abyei remained volatile, with concerns focused particularly on the annual pastoralist migration. As negotiations proceed, relief partners continue to urge parties to prioritize agreement for safe and secure humanitarian access to the area.

Despite a late September 2011 joint border monitoring agreement, demilitarization of the shared Sudan-South Sudan border also faces a number of complicating factors. Challenges to implementation are significant, including potential spill over effects of fighting in Sudan's Southern Kordofan and Blue Nile states, persistent rebel militia activity near border hotspots, and continued disagreement about the location of the international boundary in at least five key areas. With peace talks expected to continue in 2012 under the auspices of the African Union, the parties face major questions including on Abyei, border demarcation, oil-wealth sharing and debt management. The citizenship status of the estimated one million southerners residing in Sudan also remains unresolved.

The Government of South Sudan faces a number of internal political challenges as it seeks to strengthen the new state. A new national government has been formed to lead the country during the first years of independence. However, opposition parties have demanded a larger role in decision making, voicing concerns over the transitional constitution drafting process and the pace of social reform. Popular expectations for rapid improvements in socio-economic conditions are high and risk turning to frustration if reform challenges persist.

Developing state institutions and capacity are major priorities

South Sudan has inherited massive structural challenges, including a public infrastructure system decimated by two decades of civil war and acute gaps in basic service delivery. A long history of marginalization has left the country with one of the biggest capacity gaps in Africa. Rule of law is

weak at every level. The justice system remains skeletal, particularly outside state capitals. Public infrastructure is acutely underdeveloped. All of these factors limit the ability of the government to meet critical service needs, address chronic levels of vulnerability and support communities with little resilience to natural disasters or socio-economic shocks.

Important steps have been taken to prepare for statehood. The first SSDP, completed in mid-2011, sets out an ambitious two-year framework for strengthening government core functions and service delivery. The Ministry of Humanitarian Affairs and Disaster Management has continued to work closely with humanitarian partners to coordinate the aid operation. Nonetheless, the Government's ability to provide basic social services remains weak. An imbalance in state budget allocations – which in 2011 meant just 14% of state funds were ring-fenced for health, education and social services – also continues to limit the government's ability to deliver frontline services. In this context, humanitarian organizations are certain to remain the chief and in some areas the only provider of health, education, nutrition, water and sanitation services in South Sudan during 2012.

The economic climate is volatile

The new republic has entered statehood in a vulnerable economic position. The Government has limited foreign currency reserves and remains heavily dependent on oil revenue, which represents more than 95% of the government budget.⁵⁷ The bulk of spending continues to be channelled to the payroll for state employees, the police and the SPLA, leaving few resources for investment in social services.⁵⁸ Underscoring vulnerability, restrictions on key trade routes running from Sudan into South Sudan have caused acute shortages in basic food, fuel and commodities in several areas. Border insecurity and border blockages have continued to depress the flow of basic goods into the south. Coupled with lack of state regulation, prices in markets have soared in several border areas, increasing food security risks for millions of South Sudanese.

Developments in 2011 increased concerns over South Sudan's economic viability, as the introduction of the new South Sudan pound (SSP) raised fears of a potential "currency war" with Sudan. The country faces several inflationary pressures as it looks to 2012, including uncontrolled price setting by traders, food shortages and potential further blockages on commercial trade. Although investor interest has increased, particularly in the agricultural sector, insecurity and concerns over the stability of the currency may continue to slow foreign investment in the immediate term, particularly outside the capital.

The new state faces multiple security threats

Insecurity has continued to have the biggest impact on the humanitarian situation in South Sudan. Activity by rebel militia groups has persisted in the post-independence period, with amnesties issued by the South Sudan President Salva Kiir in January and July 2011 meeting with partial success. At least five armed groups remained active across the country at end 2011, with Unity, Jonglei and Upper Nile states particularly affected. Inter-communal violence has continued. The re-emergence of the cyclical retributive attacks seen in 2009 is particularly worrying. Other security challenges include a potential resumption of insecurity in Abyei, continued spill over from fighting in Sudan's Southern Kordofan and Blue Nile states and the continued presence of the Lord's Resistance Army in Western Equatoria and Western Bahr el Ghazal states.

The capacity of the state to manage social tensions remains weak and the national army continues to face massive security sector reform challenges. The widespread availability of small arms and light weapons is another key exacerbating factor. Civilian disarmament drives resumed again in late 2011 in Lakes, Unity, Warrap, increasing hopes for improved stability but also raising concerns about potential associated human rights violations.

⁵⁷ Southern Sudan Centre for Census, Statistics and Evaluation, *Statistical Yearbook for Southern Sudan (2010)*,

⁵⁸In 2010 only 2% of the Government of the Republic of South Sudan expenditure was on social and humanitarian affairs, 4% on health and 7% on education: Southern Sudan Centre for Census, Statistics and Evaluation, *Statistical Yearbook for Southern Sudan (2010)*, ⁵⁸ Southern Sudan Centre for Census, Statistics and Evaluation, *Statistical Yearbook for Southern Sudan (2010)*,

⁵⁸In 2010 only 2% of the Government of the Republic of South Sudan expenditure was on social and humanitarian affairs, 4% on health and 7% on education: Southern Sudan Centre for Census, Statistics and Evaluation, *Statistical Yearbook for Southern Sudan (2010)*,

Food insecurity risks are of increasing concern

Recent assessments confirm that South Sudan’s cereal deficit is likely to double in 2012. The Annual Needs and Livelihoods Analysis published in February 2011 estimated that 36% of the population – nearly three million people – would continue to be either severely or moderately food-insecure during 2011.⁵⁹ A rapid mid-season crop assessment conducted by FAO and WFP indicated that in the best case scenario, cereal production in 2011 will be 30% less than in 2010, bringing the cereal production deficit to 400,000 metric tons compared to the 290,000 metric tons deficit for 2011.⁶⁰ It can be expected that factors compounding the food insecurity situation in 2011 will continue: high market demand for food due to returnees and net-food buying households, high commodity prices, high fuel and transport costs, livestock diseases, unpredictable security conditions and increased population displacement.

Humanitarian access is a key priority

Securing an improvement in the difficult operating environment in South Sudan is a key priority for humanitarian partners in 2012. Fresh re-mining of transport networks and active hostilities has impeded the ability of relief works to reach communities in need during the previous year. The increase in the harassment of humanitarian personnel and looting of premises and supplies, particularly by the military, is a particular concern. Although the Ministry of Humanitarian Affairs and Disaster Management and state authorities have condemned violations and issued commitments to stem infringements, little progress has been achieved in actualising these statements.

4.2 Scenarios

The Government of the Republic of South Sudan, UN agencies, donors, non-governmental and international organizations participated in workshops to develop the humanitarian planning scenarios for 2012. Partners identified a number of factors likely to impact humanitarian conditions during the next year and agreed that the humanitarian situation will almost certainly be characterized by high levels of insecurity resulting in displacement and chronic vulnerability among communities.

MOST LIKELY SCENARIO

Tensions with neighbouring Sudan and inside of South Sudan result in violence and displacement. Peace talks between Sudan and South Sudan continue without a clear blueprint for a lasting solution. Abyei, Southern Kordofan and Blue Nile remain flashpoints creating new displacement southward, disrupted cross-border trade and reduced humanitarian access to border populations. The GoSS works to strengthen basic policy and legal frameworks but internal disagreements hamper performance. SPLA discipline remains too weak to avert the destabilizing effect of rebel militia activity and inter-communal fighting.

Seasonal inter-communal violence continues to plague the country, fuelled by national political dynamics, uneven disarmament and by significant rule of law and governance gaps. The LRA continues attacks on a similar scale to 2011.

Triggers for the most likely scenario

- South Sudan dialogue with Sudan continues fitfully
- Governments agree on conditions for return of displaced people from Abyei
- Dialogue on resolving inter-communal issues continues with mixed results
- Reintegration of rebel militias continues with mixed results
- Conflict continues in Southern Kordofan and Blue Nile, driving displacement into South Sudan
- Parts of the border between Sudan and South Sudan re-open for trade with some improvement in market conditions
- Uncertainty continues over the status of South Sudanese in Sudan
- Disarmament campaigns continue with intermittent success

⁵⁹Annual Needs and Livelihoods Analysis (ANLA) 2011.

⁶⁰ RSS/FAO/WFP Rapid Crop Assessment Report, 1-14 August, September 2011.

Government capacity to deliver basic services remains low, while a volatile economic climate exacerbates existing socio-economic strains. Security priorities continue to dominate government spending, leaving little space for addressing long term social needs. An unstable economic situation marked by high inflation, low crop production, limited private investment and continuing heavy reliance on oil revenues combines with unmet expectations to breed social discontent. Tensions between host and returnee communities also intensifies amid persisting disputes over land ownership and access to services.

The humanitarian situation continues to be characterized by widespread vulnerability to food insecurity and pockets of acute humanitarian need. As a result of a variable 2011 harvest, intermittent blockages on commercial trade from Sudan, high commodity and fuel prices, large returnee flows, conflict-related displacement and seasonal flooding, over a third of the population experiences food insecurity. Abyei residents displaced to Warrap State begin to return home, but require considerable assistance and face risks of new displacement.

Caseload for Most-Likely Scenario

Internally displaced	Returnees	Refugees	Indirectly affected and others requiring assistance
Some 300,000 or more people displaced by inter-communal, rebel-militia group violence, and LRA attacks	<ul style="list-style-type: none"> • 250,000 South Sudanese returning from Sudan • 110,000 displaced returning to Abyei 	<ul style="list-style-type: none"> • 80,000 • (40,000 current refugees and 40,000 new arrivals) 	Approximately 1.2 million requiring food assistance ⁶¹

BEST-CASE SCENARIO

Moderate but steady progress is made on resolving security issues, political grievances, and establishing governance structures. Some progress is made in the dialogue between South Sudan and Sudan on border demarcation and oil arrangements. Rebel militia groups are successfully integrated into the SPLA, LRA activity decreases, disarmament campaigns proceed peacefully and dialogue is commenced to resolve social and political grievances underlying inter-communal and other internal insecurity. Although government budgets are strained, key laws and policies are passed and initial implementation takes place.

The economy starts to stabilize, stimulating market activity and allowing for limited but important progress on the establishment of basic services. Progress is made on the

outstanding issues between South Sudan and Sudan. There is an easing of fuel and food prices, a slowing of inflation, and improvement in food production. Infrastructure remains poor but sufficient progress on basic service delivery is made to assuage most social discontent.

With small but meaningful improvements in political, physical, and economic security, humanitarian needs decrease slightly. Despite recurring flooding and disease outbreaks, improvements in food security are achieved, with favourable weather, improved security, and a stabilizing economic situation stimulating food production and trade. Although physical access issues

Triggers for the best-case scenario

- South Sudan dialogue with Sudan continues successfully
- Inclusive government policies are passed and implemented
- Dialogue on resolving inter-communal issues continues successfully
- Successful reintegration of rebel militia groups occurs
- Conflict subsides in Southern Kordofan and Blue Nile
- Trade corridors between South Sudan and Sudan open fully improving market conditions
- South Sudanese are not pushed to leave Sudan
- GoSS and SPLA work to improve access issues

⁶¹This is an early and approximate estimation, which will be further confirmed by the forthcoming completion of the Annual Needs and Livelihoods Analysis (ANLA).

resulting from poor infrastructure continue, this is offset by an improved security situation. Mechanisms for providing aid assistance by donors are established, easing the current pressure on relief aid as the main source of funding for social services.

Caseload for Best-Case Scenario

Internally displaced	Returnees	Refugees	Indirectly affected and others requiring assistance
Up to 100,000 people displaced by residual but reduced tribal conflicts and LRA attacks	100,000 southern IDPs returning from the north	70,000 (40,000 current refugees and 30,000 new arrivals)	Approximately 600,000 people requiring some food assistance

WORST-CASE SCENARIO

A sharp deterioration in the security situation and generalized civil unrest results from a breakdown in dialogue with Sudan and political manipulation of inter-communal grievances. South Sudan and Sudan fail to resolve outstanding issues including border demarcation and oil arrangements. There is a hardening of negotiating positions and an eruption of conflict in contentious border areas. Further insecurity results from the worsening of inter-communal violence, failure to integrate rebel militia groups into the SPLA, and increased LRA activity. Disarmament exercises are considered biased and government efforts to consolidate political freedoms are side-lined. Law and policy development stalls due to in-fighting and preoccupation with security concerns, while SPLA forces act largely without a command and control structure.

- Triggers for the worst-case scenario**
- Dialogue between South Sudan and Sudan breaks down
 - Reintegration of rebel militia groups fails
 - Conflict intensifies in Southern Kordofan and Blue Nile, driving increased displacement into South Sudan
 - South Sudanese in Sudan are persecuted
 - The border between South Sudan and Sudan remains closed for trade
 - Humanitarian space is tightened through regulatory frameworks
 - Local government and military commanders increasingly act autonomously

Severe economic strain leads to widespread social tension. Border closures between South Sudan and Sudan close off key commercial corridors, causing price hikes, fuel shortages and inflation. Large numbers of South Sudanese flee from Sudan, putting immense strain on local coping capacities. Tensions are heightened between returnees and local communities and land allocation proceeds inequitably.

Humanitarian capacity is severely stretched as a result of increased needs, widespread insecurity and impediments to access. Massive displacement from increased inter-communal and cross-border conflict is coupled with a large and sudden influx of returnees and refugees from Sudan into insecure and inaccessible areas. Insecurity prevents cropping and increased food insecurity results in increased incidence of severe and moderate malnutrition as well as and disease. Humanitarian space shrinks due to the combination of insecurity, logistical constraints, re-mining activities and interference in humanitarian operations by security forces, militias, criminal groups, and other belligerents.

Caseload for Worst-Case Scenario

Internally displaced	Returnees	Refugees	Indirectly affected and others requiring assistance
<ul style="list-style-type: none"> 500,000 people displaced near the border states 500,000 people fleeing armed conflicts, inter-tribal violence and flooding 	500,000 South Sudanese internally displaced returning <i>en masse</i> from Sudan	<ul style="list-style-type: none"> 100,000 displaced by fighting in Southern Kordofan 20,000 from Blue Nile 20,000 from Darfur 40,000 current refugees 60,000 South Sudanese flee neighbouring countries 	<ul style="list-style-type: none"> Up to one million people residing in host communities Approximately 2.5 million requiring food assistance

4.3 The humanitarian strategy

The strategy is to ensure that humanitarian partners respond to emergencies as they arise over 2012 in a timely and effective manner. The focus will be on response to acute crises, although there will be accommodation in the CAP for the provision of frontline services, targeted towards areas and groups facing the greatest risk and with the greatest needs. Attention will also be given to strengthening coordination at national and state level between humanitarian partners, donors and government, and agreeing on an exit strategy for humanitarian partners. There will also be more detailed need analysis leading to improved design and assessment of projects, including the incorporation of gender and age considerations.

Humanitarian organizations in South Sudan have agreed to focus on five over-arching strategic priorities in 2012. Recognising that primary responsibility for meeting humanitarian needs and protecting the civilian population rests with the Government of South Sudan, humanitarian partners will concentrate on:

- **Responding to emergencies as quickly as possible** by conducting multi-agency need assessments, prepositioning pipelines, securing alternative supply routes, upgrading access routes, mapping at-risk populations and response capacity, mobilizing emergency logistics support, and synchronizing the delivery of core pipelines and monitoring for quality service delivery.
- **Reducing food insecurity** by significantly improving the use of innovative delivery modalities (safety nets).
- **Maintaining front-line services** such as health, nutrition, WASH, food security and emergency education in “hotspot areas” until other delivery, regulatory and funding mechanisms are in place.
- **Ramping up support for returnees** by providing timely transport and life-saving, cost-effective services during transit by a commitment to coordinate and advocate with the Government and partners to develop a clear strategy to activate reintegration plans.
- **Strengthening protection** for at-risk populations by helping to address grave human rights violations, reunify children separated from their families, release children from association with armed groups and reduce and respond to gender-based violence.

In support of the five over-arching strategic objectives, the humanitarian community has also agreed on the following two operational objectives:

- **Reducing costs and improving the operational environment** by monitoring interference, advocating with state and military authorities at central, state and county levels, establishing an access working group and developing new ways of engaging with armed groups.
- **Improving coordination** by allocating funding for cluster coordination, building the capacity of authorities to coordinate emergencies and, when conditions are ready, linking humanitarian coordination groups with new development structures coming on line.

Through the cluster system, all humanitarian partners will be involved in a general effort to improve the design, monitoring and evaluation of humanitarian programmes by using simple field-tested indicators, disaggregated by gender, to regularly measure results. A concerted effort will be made to ensure a reasonable percentage of projects in each cluster are physically monitored. In addition, each cluster partner will submit a monthly monitoring report to their cluster.

4.4 Strategic objectives and indicators for humanitarian action in 2012

Strategic Objective	Indicator(s)	Target	Monitoring method
S.O. 1: Responding to emergencies as quickly as possible by conducting multi-agency need assessments, pre-positioning pipelines, securing alternative supply routes, upgrading access routes, mapping at-risk populations and response capacity, mobilizing emergency logistics support, and synchronizing the delivery of core pipelines and monitoring for quality service delivery.	Percentage of identified transport bottlenecks resolved	75%	Logistics Cluster monthly report
	Percentage pre-positioning completed	80%	NFI and Emergency Shelter Cluster monthly report
	Percentage of issues involving government counterparts successfully resolved	80%	Logistics Cluster reports
S.O. 2: Reducing food insecurity by significantly improving the use of innovative delivery modalities safety nets	Number of people receiving food and non-food assistance.	1.2 million	FSL Cluster reports
	Percentage of reduction in food insecurity	20%	FSL Cluster reports
	Percentage of animals in targeted areas vaccinated	70%	FSL Cluster reports
S.O. 3: Maintaining front-line services in "hotspot areas" until other delivery, regulatory and funding mechanisms are in place.	Antenatal client IPT 2nd dose	400,411	Health Cluster monthly reports
	Number of acutely malnourished boys and girls treated in line with SPHERE Standards	83,000 SAM 150,000 MAM	Nutrition surveys and partners reports
	Number of IDPs, refugees and returnees provided with access to an improved water sources	1,000,000	WASH Cluster reports
	Number of IDPs, refugees and returnees provided with access to hygienic latrines (disaggregated by gender), or supplied with basic hygiene kits	1,000,000	

4. The 2012 Common Humanitarian Action Plan (CHAP)

Strategic Objective	Indicator(s)	Target	Monitoring method
S.O. 4: Ramping up support for returnees by providing timely transport and life-saving, cost-effective services during transit by providing basic reinsertion packages.	Number of returnees registered in South Sudan in 2012	250,000	IOM returnee tracking reports
	Return framework developed and approved by GoS/SS	Return process managed according to return framework	ERS reports
	Number of stranded returnees who receive onward transport assistance	100,000	ERS reports
S.O. 5: Strengthening protection for at-risk populations by helping to monitor grave human rights violations, reunify children separated from their families, release children from association with armed groups and reduce and respond to GBV.	Number of joint protection assessment missions carried out	40 (4 per state)	Protection Cluster reports
	Percentage of population of six priority states of South Sudan with access to multi-sectoral response services (psycho-social, health, justice, security)	50%	GBV sub-Cluster reports
	Number of identified and registered children reunited with their families or alternative care arrangements assured	2,400	Child-protection sub-Cluster reports
	Number of hazardous areas including DAs, suspected hazardous areas and minefields released to local communities	200	Mine Action Cluster survey reports
Operational Objective	Indicator(s)	Target	Monitoring method
O.O. 1: Reducing costs and improving the operational environment by monitoring interference, advocating with state and military authorities at central, state and county levels, establishing an access working group and developing new ways of engaging with armed groups.	Percentage of issues involving government counterparts successfully resolved	80%	OCHA reports
	Functional access working group established at Juba level		OCHA reports
O.O. 2: Improving coordination by allocating funding for Cluster coordination, building the capacity of authorities to coordinate emergencies and, when conditions are ready, linking humanitarian	Number of Government counterpart staff receiving technical training for emergency response	558	IOM/UNICEF/ NGO Secretariat reports
	Establishment of a Government situation room and information hub in Juba	Fully functional	IOM report

4.5 Criteria for selection and prioritization of projects

Each cluster UN coordinator and NGO co-coordinator is obliged to defend their cluster strategy to an advisory panel composed of the Humanitarian Coordinator for South Sudan, two donors, two NGO representatives and two UN agency heads. On the basis of comments from the panel, strategies have been adjusted as necessary, and then approved. Each cluster has shared the approved strategy with cluster partners to guide development of project sheets. Steps have also been taken to avoid overlap of project submissions by different agencies and to assure complementarity, as well as to avoid requests for funding of the same operational response by multiple agencies.

Projects proposed for inclusion in the 2012 CAP are based on standardized criteria identified and agreed by the Inter-Sector Working Group and OCHA. Projects have undergone two levels of review before being approved for inclusion. During the first review, clusters have analysed all proposed projects to determine if they meet the six minimum requirements (see below). The requirement that projects demonstrate a direct contribution to the emergency humanitarian operation in South Sudan remains in effect for 2012. In addition, it has been agreed by the HCT that projects providing frontline services will be accepted into the CAP, while aid mechanisms for transition and development funding for South Sudan are being established. Projects that support longer-term development goals are not being considered. If projects meet the minimum requirements, they have been submitted to a second level of review. A peer review panel comprising cluster members have scored each project against three standardized review criteria, plus one cluster/sector-specific criterion which reflects the cluster or sector's priorities, and the gender marker.

First-level Review: Minimum Requirements: Projects are required to meet all of the criteria below to be eligible for inclusion in the 2012 CAP:

- All required fields on the project sheet are completed.
- The project sheet is free of technical errors. (No budget errors, the relation from objectives to activities to outcomes to budget is clear and logical).
- The project contributes directly to the cluster's objectives.
- The project is based on documented needs (evidence-based).
- The organization participates in existing coordination mechanisms.
- The organization has the capacity to implement the proposed actions.

Second-level Review: Prioritization: All projects that pass the first review have been analysed by the cluster/sector peer review panels using the following criteria, and assigned a score from zero to five for each criterion:

- The project targets the most vulnerable populations based on documented needs.
- The project targets under-served geographical areas.
- The project budget and timeline are feasible and realistic.
- The project meets one sector-specific criterion listed in the table below:

Cluster	Cluster-specific criteria
CSC	NA
Education	<ul style="list-style-type: none"> • In line with the Education Cluster Objectives • Includes plans for surge capacity or education in emergencies dedicated staff • Includes plans to lead the Cluster at County, State or National levels • Includes mention of the INEE Minimum Standards and Monitoring • Includes plans for inter-cluster work (e.g. WASH, Health, Protection) or cross-cutting issues (disability, age, gender, HIV, etc)
Emergency Telecommunications	NA
FSL	<ul style="list-style-type: none"> • Participation in the cluster coordination and project in line with cluster objectives and strategy • Sustainability and Linking Relief, Recovery and Development
Health	Participation in cluster coordination and project is in line with cluster objectives
Logistics	NA
Mine Action	Project targets areas with highest levels of landmine/ERW threats
NFIs and ES	Contributions to the cluster (monthly reports, attendance in monthly meeting, participation in assessment/distribution as cluster partner, post-distribution monitoring) and gender
Multi-sector (Emergency Returns and Refugees)	NA
Nutrition	The organization should have an appropriate range of nutrition intervention taking into consideration the capacity of the organization and the need and active participation in the cluster
Protection	<ul style="list-style-type: none"> • Focus on key areas: areas of high return, return 'bottleneck' areas, conflict-affected states, and other flashpoint locations • Focus on key concerns: returns process, citizenship issues, civilian protection, family separation, child demobilization, GBV issues
WASH	The organization's emergency response capacity or plan, and participation in cluster coordination

Gender Marker

During the cluster peer review panel process, each project was coded a gender marker. This process, which is part of a broader effort to mainstream gender considerations into the humanitarian operation, aims to ensure that the special needs of women, men, girls and boys are considered at every stage of project development, implementation and review. The IASC Gender Marker is a tool that codes whether or not a humanitarian project is designed well enough to ensure that women, girls, boys and men will benefit equitably from the assistance or that it will advance gender equality in another way. The scoring codes reflect the degree to which the project design incorporates gender considerations into needs, assessments and outcomes; and whether the project aims to assist both genders equitably or target specific barriers to gender equality. Therefore the projects may score 0 (indicating that gender is either not mentioned or mentioned only in the outcomes); 1 (indicating that gender is mentioned in either needs, assessments and/or outcomes but not consistently across all 3, consequently only contributing to gender equality in a limited way); 2a (indicating that gender considerations appear in the needs, activities and outcomes, where gender is mainstreamed into service provision thereby promoting gender equality); or 2b (indicating that gender considerations appear in the needs, activities and outcomes and the project undertakes actions to address identified barriers to gender equality).

Cluster	Gender Code				Total number of projects by Cluster
	0	1	2a	2b	
CSC	2	1	1	0	4
Education	0	10	15	1	26
Emergency Telecommunications	0	1	0	0	1
FSL	2	20	34	3	59
Health	1	16	28	1	46
Logistics	4	0	0	0	4
Mine Action	0	4	5	0	9
Multi-sector (Emergency Returns and Refugees)	1	1	1	0	3
NFIs and Emergency Shelter	0	0	11	0	11
Nutrition	0	16	11	0	27
Protection	2	11	18	9	40
WASH	1	11	29	0	41
TOTAL	14	91	154	12	271

4.6 Cluster/sector response plans

4.6.1 Common Services and Coordination

Summary of sector response plan

Cluster lead agency	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Co-lead	NGO SECRETARIAT
Cluster member organizations	MoHADM, RRC, OCHA, UNDSS, NGO Secretariat, IOM, RCSO, UNHAS, UNICEF
Number of projects	4
Cluster objectives	<ul style="list-style-type: none"> To improve coordination, facilitating effective emergency preparedness, humanitarian response and increased responsibility of the government in humanitarian action. To provide quality information to humanitarian actors in South Sudan to ensure interventions are evidence-based. To facilitate safe and timely access to populations in need.
Number of beneficiaries	342 NGOs (155 international and 187 national non-governmental and faith based organizations), 21 UN agencies and international organizations operating in South Sudan.
Funds required	\$13,131,462
Funds required per priority level	High: \$13,131,462
Contact information	Thomas Onsare Nyambane - nyambanet@un.org

Requirements and aims

The 2012 estimated requirements for CSC Sector – facilitated by OCHA and the NGO Secretariat, in partnership with the GoSS Ministry of Humanitarian Affairs and Disaster Management – are \$13 million. The purpose of the sector is to mobilize and coordinate timely and appropriate humanitarian assistance in response to assessed needs. The key priorities for the sector in 2012 are to improve coordination, facilitating effective emergency preparedness, and humanitarian response and increased responsibility of the government in humanitarian action; to provide quality information to humanitarian actors in South Sudan to ensure interventions are evidence-based; and to facilitate safe and timely access to populations in need.

Needs analysis

The humanitarian consequences of continuing border conflicts, inter-communal violence, and localized conflicts involving rebel militia groups, LRA attacks, refugee and returnee influxes, chronic flooding, disease outbreaks, and high food insecurity demonstrate the need for preparedness and coordinated humanitarian response. Over 325,700 people were displaced in 2011 due to conflicts according to reports by local authorities and assessment teams and similar levels of displacement are expected in 2012. Some 348,000 people returned to South Sudan from Sudan between October 2010 and mid-October 2011, and similar returnee flows are expected in 2012. Robust coordination mechanisms are therefore necessary at the national and state levels, where the majority of operational decisions are made by some 155 international NGOs, 187 national NGOs, and 21 UN agencies/international organizations working in South Sudan. These must also include government partners where appropriate and technical support provided to them so they can eventually fully replace external humanitarian support.

It is critical to identify gaps in areas of the humanitarian response and advocate for them to be filled. To identify gaps and better inform the prioritization and execution of emergency response, timely and accurate information on humanitarian needs is of the utmost importance. Standardized information collection tools are also required to ensure comparability of data for the purpose of analysis. A strong evidence base must also underpin advocacy with relevant government authorities on humanitarian access and appropriate security and safety services. This is particularly important given the significant

increase in incidents of both conflict and humanitarian interference in 2011, totalling some 430 conflict incidents and 97 incidents of interference, which is expected to continue in 2012.⁶² Humanitarian access in South Sudan is also impeded by insecurity, the presence of landmines and unexploded ordnance (UXO), poor road conditions, and seasonal flooding. There is therefore need for continuous analysis and up-to-date security information and extensive air and river transport to facilitate humanitarian response (see 4.6.6, Logistics).

Approach

The CSC supports three of the seven humanitarian priorities set forth for 2012, including responding to emergencies as quickly as possible, reducing costs and improving the operational environment, and improving coordination. This is done by facilitating emergency preparedness and response, providing quality information to humanitarian actors to inform their response, facilitating safe and timely access to populations in need and supporting the improvement of the government humanitarian coordination structures.

The sector will facilitate emergency preparedness and response of the humanitarian operation by strengthening coordination support to the HCT, Humanitarian Coordination Forum (HCF), ISWG, clusters, and the sector working groups through regular and timely analysis and reporting on the humanitarian situation. The sector supports humanitarian actors by facilitating contingency planning, assessments, analysis and response, to ensure their efforts are complementary and based on quality information and analysis. The NGO Secretariat has a particular role in supporting national NGOs to build their capacity and become more involved in the humanitarian architecture. Technical support is also crucial in improving the ability of government partners to eventually fully take over from external actors in humanitarian response. Through the HCT and the HCF, the sector will assist with coordination between humanitarian actors and development actors as new funding modalities come on line in 2012. Improving the quality and timeliness of needs assessments through increasing the technical capacity of partners, enhancing existing assessment tools, and providing leadership on humanitarian assessments where required continues to be a core goal of the sector.

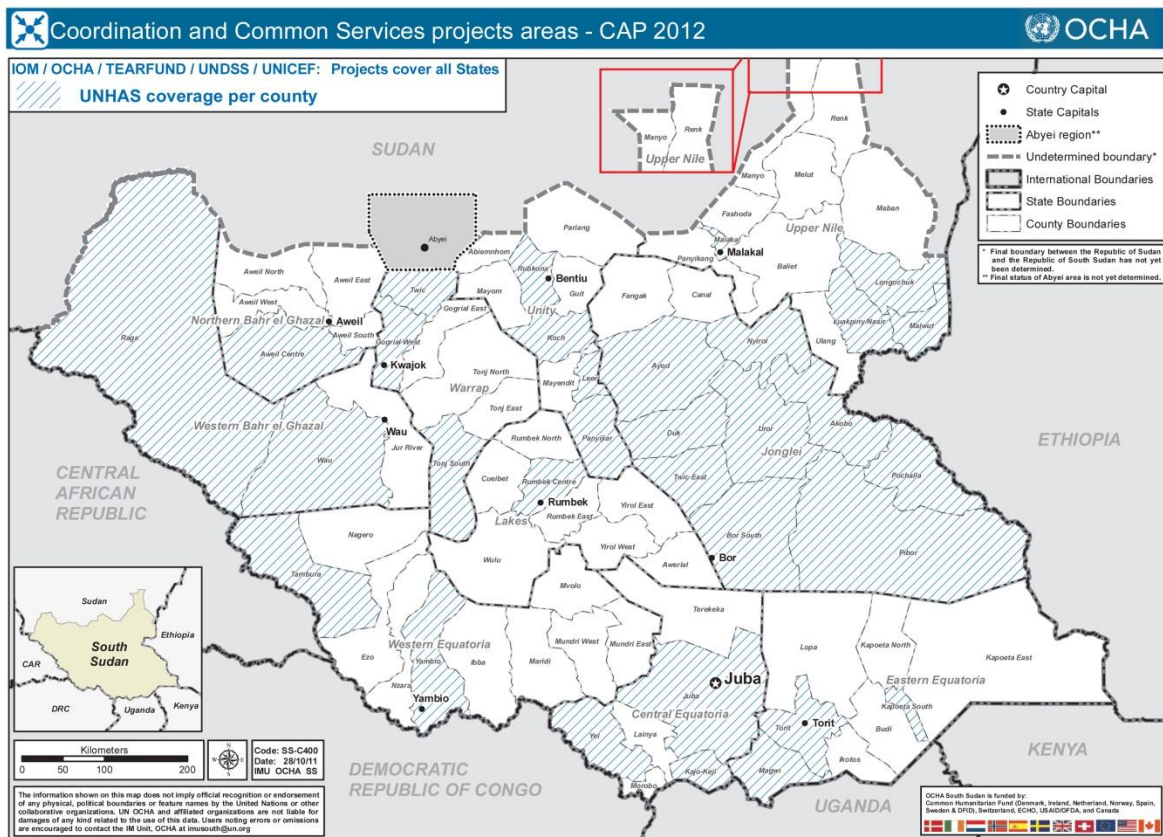
For providing quality information to humanitarian actors, the sector will focus on information management, including the collection, mapping, analysis and dissemination of reliable data to ensure all humanitarian actors are aware of developments in the humanitarian situation. This includes timely and reliable information on emerging humanitarian issues as well as on security and access constraints.

The sector will also lead on negotiating humanitarian access with the government or military and arrange transport or force protection with UNMISS where humanitarian access is hampered by insecurity. Also, to facilitate safe and timely access to populations in need, guidance will be provided to humanitarian partners on how to mitigate and manage access and security constraints for both their safety and those they are assisting. A database will be maintained on humanitarian interference, from which key advocacy messages will be determined and an access working group also convened.

To promote emergency preparedness and response by the Government, relevant counterparts in the Ministry of Humanitarian Affairs and Disaster Management, and RRC will be trained. This must include technical capacity such as database management and analysis, provision of technical equipment, a situation room and information hub. The sector will encourage government counterparts to put forward both male and female national staff for training.

⁶²OCHA 2011 Incident Database: Cumulative figure of conflict incidents reported in 2011 - Status 31/08/2011.

4. The 2012 Common Humanitarian Action Plan (CHAP)



Caseload

The primary target is the 342 NGOs (155 international and 187 national non-governmental and faith-based organizations), 21 UN agencies and international organizations operating in South Sudan. The table below shows distribution of NGOs across the ten states.

State	NGO Presence		
	INGO	NNGO	Total
Central Equatoria	16	122	138
Eastern Equatoria	19	14	33
Western Equatoria	13	23	36
Lakes	15	17	32
Jonglei	26	55	81
Upper Nile	29	28	57
Unity	13	51	64
Warrap	12	8	20
Western Bahr el Ghazal	16	32	48
Northern Bahr el Ghazal	18	41	59

Monitoring matrix: objectives, activities and outcomes indicators

Sector Purpose		Outcome Indicator	Target
To mobilize and coordinate timely and appropriate humanitarian assistance in response to assessed needs		Percentage of humanitarian partners reporting “satisfactory” support	75%
Sector Objectives	Supporting Activities	Indicator	Target
1. Facilitate effective emergency preparedness and humanitarian response	<ul style="list-style-type: none"> • Support humanitarian coordination mechanisms including HCT, HCF, ISWG, and cluster system at the state level • Increase resource mobilization and advocacy, and support strategic use of humanitarian pooled funds • Provide training, mentoring, protocols and procedures to government counterparts • Promote use of standardized inter-cluster assessments 	<ul style="list-style-type: none"> • Number of functional humanitarian coordination mechanisms holding scheduled meetings at central and state level • Number of RRC and MHADM staff trained 	<ul style="list-style-type: none"> • 80% of meetings occur on agreed schedule • 558 (138 MHADM and 420 RRC)
2. Provide quality information to humanitarian actors in South Sudan to ensure interventions are evidence-based	<ul style="list-style-type: none"> • Provide timely information and analysis tools, including regular reports and maps • Conduct regular planning and review exercises • Update county profiles/indicators 	<ul style="list-style-type: none"> • Number of maps distributed • Number of humanitarian bulletins published 	<ul style="list-style-type: none"> • 20,000 • 52
3. Facilitate safe and timely access to populations in need	<ul style="list-style-type: none"> • Provide relevant and timely security and independent advice, information and training to humanitarian actors on security issues • Negotiate secure access to underserved areas for assessments and other interventions • Advocate with the Government regarding action to reduce humanitarian access interference incidents 	<ul style="list-style-type: none"> • Number of security briefings and reports circulated • Percentage success in obtaining access to underserved areas • Reports on analysis of humanitarian access constraints 	<ul style="list-style-type: none"> • 200 • 80 • 4

4.6.2 Education

Summary of Cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	SAVE THE CHILDREN
Cluster member organizations	AMURT, ADRA, BRAC South Sudan, Caritas Switzerland, CCOSS and SPEDP, CDAS, Chr.Aid, CRS, Food for the Hungry, Hold the Child, IBIS, INTERSOS, Mercy Corps, Nile Hope for Development, Norwegian Refugee Council, Peace Corps Organization, Plan International, Samaritan's Purse International Relief, SSUDA, Stromme Foundation, UNHCR, Upper Nile Youth Mobilization for Peace and Development, War Child Holland, World Vision Sudan
Number of projects	26
Cluster objectives	<ul style="list-style-type: none"> • Provide protective temporary learning spaces in emergencies. • Supply emergency teaching and learning materials to ensure continuity of education. • Deliver life-saving messages and psycho-social support to emergency-affected children and youth.
Number of beneficiaries	339,755 children and youth (201,712 male, 138,043 female)
Funds required	\$37,781,378
Funds required per priority level	High: \$31,812,826 Medium: \$4,233,585 Low: \$1,734,967
Contact information	Marian Hodgkin - edclusterjuba@gmail.com Jess Shaver - dep.edclusterjuba@gmail.com

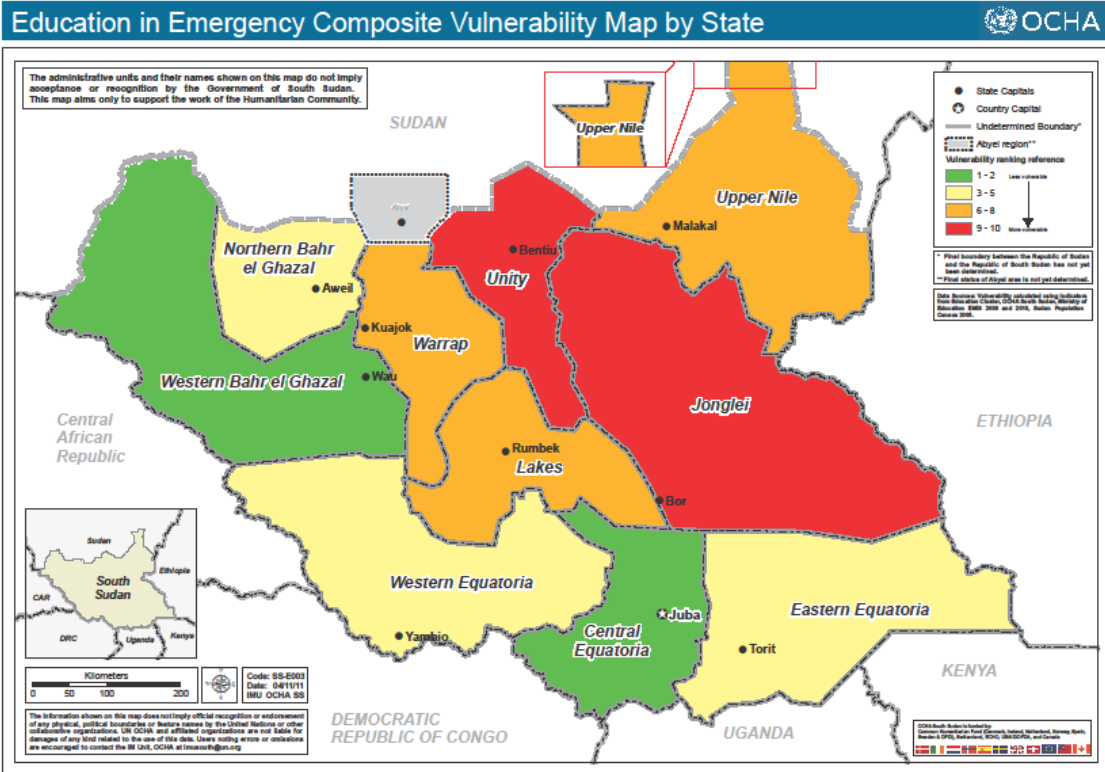
Requirements and aims

The 2012 estimated requirements for the Education Cluster, which is facilitated by UNICEF and Save the Children (SC) in partnership with the GoSS Ministry of Education, are \$37.8 million. The purpose of the cluster is to ensure that children and youth have access to life-saving education in acute emergencies. The key objectives for the cluster in 2012 are to provide protective temporary learning spaces in emergencies; supply emergency teaching and learning materials to ensure continuity of education; and deliver life-saving messages and psycho-social support to emergency-affected children and youth.

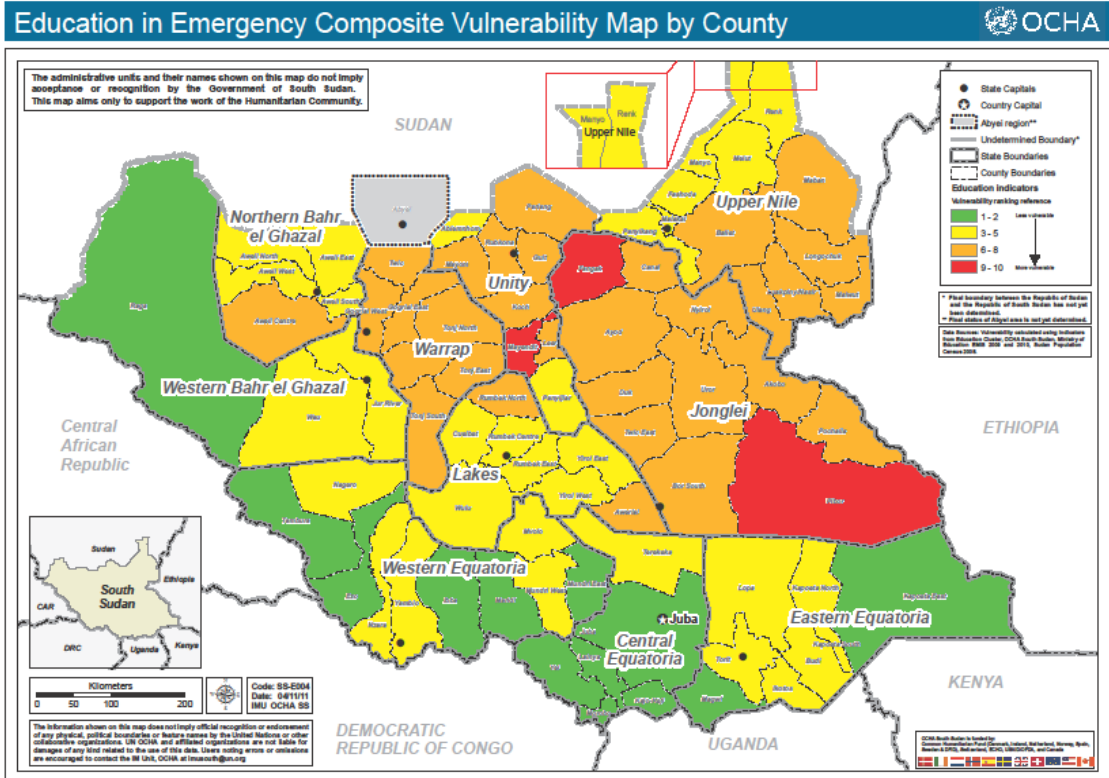
Needs analysis

The provision of safe learning spaces is an essential protection measure in emergency situations, giving children and youth a safe space in the midst of heightened risks of injury, exploitation and abuse seen during conflict and displacement. The Education Cluster has identified key places of vulnerability using its vulnerability index, an innovative tool developed using weighted emergency data (such as conflict incidents, flooding incidents, returnee levels, deaths and displacement data) and education specific data (such as gross enrolment rates, gender disparity in enrolment, ratio of pupils to teachers, classrooms and text books, and WASH availability). States experiencing greater vulnerability and in need of targeted focus due to higher levels of conflict-related deaths, displacement, destroyed or occupied schools and materials, are shown on the map overleaf.⁶³

⁶³Based on 2009, 2010 and 2011 data sets from the Ministry of Education Management Information Systems (EMIS) and OCHA.



While this shows that Jonglei and Unity states are most vulnerable, the county analysis in the map below 2 reveals that no state is free from counties significantly vulnerable to emergencies.



The emergency education context in South Sudan is complicated by extremely high pre-emergency educational needs; a by-product of decades of civil war. In 2010 net enrolment in primary school was

4. The 2012 Common Humanitarian Action Plan (CHAP)

44% (37% girls and 51% boys) and secondary school was just 1.6% (1.3% girls and 1.8% boys).⁶⁴ There is a significant shortage of learning spaces across the country; the national pupil to permanent and semi-permanent classroom ratio is 134:2,⁶⁵ and the states with highest prevalence of emergencies have extreme shortages of dedicated learning spaces: 75.9% of children in Jonglei and 80.4% in Unity do not have access to permanent or semi-permanent learning spaces.⁶⁶ Children in several counties most affected by instability and returnees also have the highest rates of school children without access to water and latrines.⁶⁷

Emergency teaching and learning materials are needed in schools affected by destruction and looting, and for emergency-affected children in temporary learning spaces. Occupied schools typically had facilities and furniture damaged and teaching and learning materials destroyed or looted. Additionally in Unity State, rebel militia looted pre-positioned learning materials of three payams (Riah, Ruadhyiboul and Mankien) in Mayom County, intended for use by 10,500 learners.⁶⁸

Children affected by emergencies need psycho-social support and emergency relevant life skills such as landmine awareness that teachers in South Sudan presently lack capacity to provide. Over 60% of teachers have completed only primary school themselves, and only 45% have had teacher training of any kind.⁶⁹ There is a critical need for emergency-specific training of hired and volunteer teachers and, given the common incidence of gender-based violence within and around school, need for training in critical protection principles and psycho-social support practices.⁷⁰ There is also a need to respond to significant gender disparity in access to emergency education, as girls are less likely to attend protective temporary learning spaces and there are fewer female teachers being trained as part of emergency response programming.⁷¹ Children with disabilities are rarely accounted for in emergency programming and there is very little data presently available relating to this part of the school-aged population.

Approach

The strategy for acute emergency response centres on ensuring children and youth have access to safe learning spaces, emergency education supplies and life-saving messages and psycho-social support. The Education Cluster will prioritize situations of displacement and stranded returnees that extend beyond three weeks in duration and areas that experience violent conflict and recurrent natural disasters. Activities will focus on states that are most vulnerable to emergencies (Jonglei, Unity, Warrap, Upper Nile, Lakes) as well as those counties (in Northern Bahr El Ghazal, Eastern Equatoria, Western Equatoria, Central Equatoria and Western Bahr El Ghazal) that are disproportionately affected by them, whilst remaining sufficiently flexible to respond to emergencies in other areas as they arise. The focus will be on basic education, particularly pre-primary and primary-aged children and vulnerable youth, with an emphasis not only on making sure affected learners are able to access education but also ensuring that minimum standards of delivery are met.

Temporary learning spaces will include both the provision of school tents and support for the construction of sustainable locally built structures. Continued work will be done with the WASH Cluster to provide adequate water, latrine and hygiene facilities in temporary learning spaces and schools affected by emergencies. Emergency teaching and learning materials will be supplied to replace lost or destroyed materials through management of a core “education in emergencies” pipeline with an increased emphasis on county-level pre-positioning to improve the time taken to distribute education supplies to affected communities.

⁶⁴ Education Statistics for Southern Sudan, 2010.

⁶⁵ Ibid.

⁶⁶ Education Cluster Vulnerability Index, Indicator 15, derived from EMIS 2010 data.

⁶⁷ Education Cluster Vulnerability Index, Indicators 10 and 11, derived from EMIS 2010 data.

⁶⁸ UNICEF Core Pipeline Incident Report, 25 May 2011.

⁶⁹ Education Statistics for Southern Sudan, 2010.

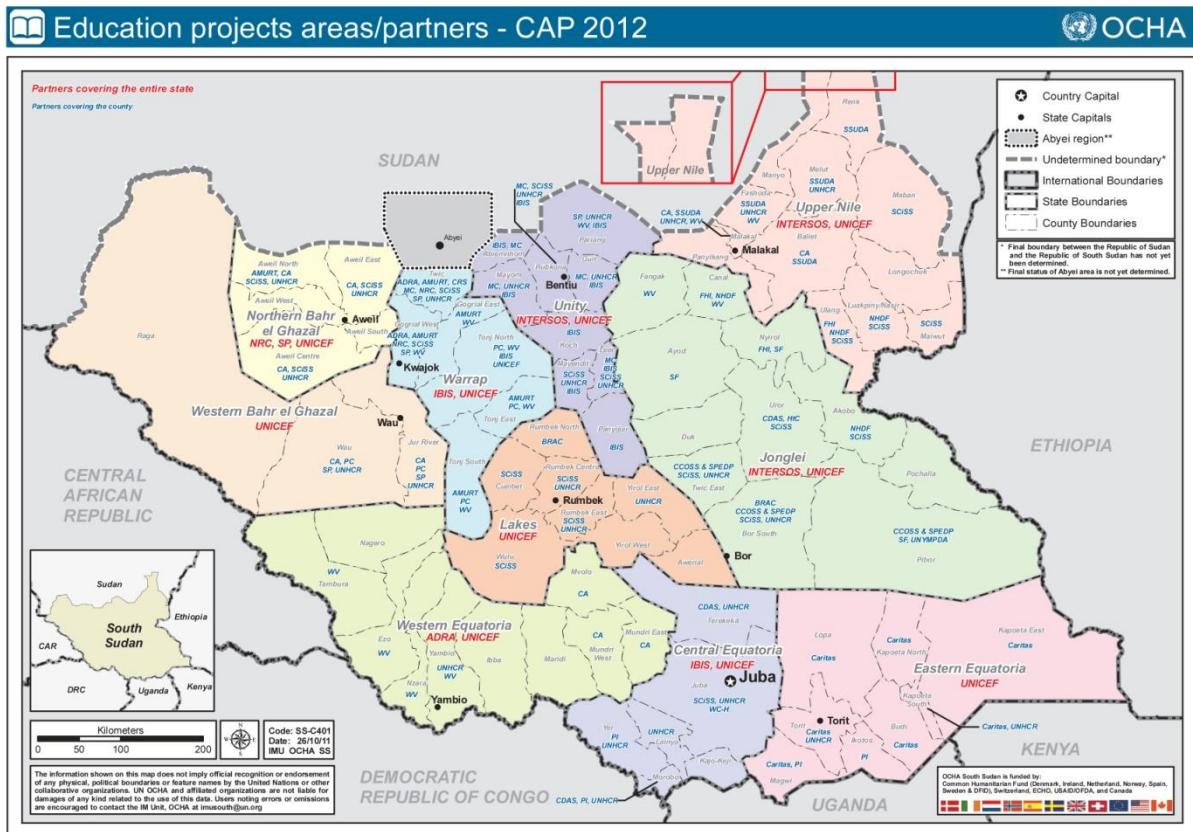
⁷⁰ Protection Cluster Needs Assessments 2011– Analysis carried out by Gender Based Violence Sub Cluster, June 2011.

⁷¹ See <http://tinyurl.com/67cpg7u> for summary of online consultation results and notes from state and national level consultative meetings.

The cluster will also concentrate on delivery of life-saving messages and psycho-social support, working closely with government to impart the necessary skills and knowledge to teachers of emergency-affected children and youth. Training will include how to create and maintain a safe learning environment in an emergency situation, how to teach children self-protective skills such as basic hygiene and landmine awareness, and how to provide psycho-social support in a gender responsive manner.

The cluster will also seek to develop and apply technical standards, tools and systems to improve the standard of emergency programming and strengthen data collection, analysis and use. This will include work with development partners to ensure that development programmes mainstream risk reduction and emergency preparedness to build long term resilience. Capacity-building will continue, supplemented by the formation of surge response teams who can rapidly access and support prompt implementation of response plans as emergencies occur.

Finally, the Education Cluster will continue to address key cross-cutting issues and strengthen inter-cluster collaboration. There will be particular attention paid to the development of gender and disability responsive education in emergencies programmes. The Education Cluster will also work closely with Child Protection, WASH, Health and Nutrition clusters to promote protective learning spaces and schools as central locations for community outreach by other sectors.



Cluster caseload by state

The expected caseload for the Education Cluster in 2012 is 339,755 children and youth (201,712 male, 138,043 female). This includes the school-aged populations of displaced people and returnee communities as well as percentage of the host or local communities in particularly vulnerable areas of the country.

2012 caseload estimates by state			
State	Cluster caseload ⁷²		
	Female ⁷³	Male	Total
Central Equatoria	8,657	8,657	17,314
Eastern Equatoria	6,796	8,490	15,286
Western Equatoria	9,871	10,252	20,123
Lakes	11,751	21,103	32,818
Jonglei	28,529	37,512	66,041
Upper Nile	19,123	21,628	40,751
Unity	18,371	28,890	47,261
Warrap	22,417	44,380	66,797
Western Bahr el Ghazal	2,633	3,971	6,604
Northern Bahr el Ghazal	9,931	16,829	26,760
Total caseload	138,043	201,712	339,755
Caseload by vulnerability ⁷⁴			
IDPs	36,560	53,440	90,000
Returnees	30,466	44,534	75,000
Host/local communities ⁷⁵	70,989	103,766	174,755
Total caseload	138,043	201,712	339,755

⁷² Distribution by State based on returnee, IDP and refugee distribution in 2011 combined with a percentage of the general school aged population (32% of the South Sudanese population is aged 5-18). The percentage of general population varies per State, based on the Education Cluster Vulnerability Index ranking of each individual State.

⁷³ The disaggregate figures are calculated using state specific 2010 EMIS gender disparity data, and reduced by 5%, as a target for improvement. Where disparity was less than 5%, adjustment was made to achieve gender parity.

⁷⁴ Nearest value calculated based on proportional estimates for 2012.

⁷⁵ Total host community calculated on an individual state level: percentage of the school age population, depending on the state ranking on the Vulnerability Index: Less Vulnerable States = 2% (Central Equatoria State, Western Bahr el Ghazal); Somewhat Vulnerable = 5% (Eastern Equatoria State, Western Equatoria State, Northern Bahr el Ghazal); Very Vulnerable = 8% (Lakes, Warrap, Upper Nile); Extremely Vulnerable = 10% (Unity, Jonglei).

Monitoring matrix: objectives, activities and outcomes and indicators

Sector Purpose		Outcome Indicator	Target
Children and youth have access to life-saving education in acute emergencies		Percentage of school-aged emergency-affected children and youth (M/F) attending learning spaces	70%
Sector Objectives	Supporting Activities	Indicator	Target
1. Increase access to protective temporary learning spaces in emergencies	<ul style="list-style-type: none"> Establish or rehabilitate safe and protective learning spaces for boys and girls Provide learning opportunities for emergency-affected children and youth across ten states Construct safe water sources and separate sanitation facilities for boys and girls Provide school feeding programmes Provide a safe and protective environment for children and youth within temporary learning spaces 	<ul style="list-style-type: none"> Percentage of required temporary learning spaces available to emergency-affected children and youth Percentage of children and youth (M/F) reporting feeling safe and protected in emergency-affected learning environments Percentage of emergency-affected learning spaces provided with gender segregated latrines 	<ul style="list-style-type: none"> 70% required spaces⁷⁶ 80% positive response to safe and protective environment as expressed by children and youth⁷⁷ 50% affected spaces
2. Supply emergency teaching and learning materials to ensure continuity of education	<ul style="list-style-type: none"> Procure and reposition emergency teaching and learning materials at state and country level Distribute essential teaching and learning materials to emergency-affected schools and communities 	<ul style="list-style-type: none"> Percentage of essential school supplies and recreation materials distributed to emergency-affected children, youth and teachers: <ul style="list-style-type: none"> School-in-a-box Recreation kits Textbooks Blackboards 	<ul style="list-style-type: none"> 70% of school-in-a-box required⁷⁸ 70% of recreation kits required⁷⁹ 60% of textbooks required⁸⁰ 90% of blackboards required⁸¹
3. Deliver life-saving messages and psycho-social support to emergency-affected children and youth	<ul style="list-style-type: none"> Conduct rapid training or orientation of teachers and PTAs in emergency-related life skills and psycho-social support Trained teachers are supported to implement the training once an emergency occurs 	<ul style="list-style-type: none"> Percentage of teachers in emergency-affected areas trained on life skills and psycho-social support Percentage of trained teachers who use training materials and apply psycho-social and lifesaving principles in their teaching in emergency-affected learning spaces⁸² 	<ul style="list-style-type: none"> 70% required teachers⁸³ 60% of trained teachers

⁷⁶ Total number of spaces needed based on estimates of emergency affected children based on a 100:1 ratio, taking into account double-shifting.

⁷⁷ Conduct focus groups at a selected number of TLS sites – no. children saying 'yes' to safety over number of children asked question.

⁷⁸ Calculate total number of required supply based on estimate of caseload with a ratio of 1:80.

⁷⁹ Calculate total number of required supply based on estimate of caseload with a ratio of 1:80.

⁸⁰ Calculate total number of required supply based on estimate of caseload with a ratio of 1:5.

⁸¹ Calculate total number of required supply based on estimate of caseload with a ratio of 1:100.

⁸² Measured through targeted monitoring of trained teachers using questionnaires and classroom observation.

⁸³ Total number of required trained teachers based on estimate of caseload with a ratio of 1:100.

4.6.3 Emergency Telecommunications

Summary of Cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Maintain and provide radio communications independent from public infrastructure with coverage in the ten operational areas (state capitals). • Be ready to respond to emergencies by establishing inter-agency telecommunications infrastructure and services in new sites as needed. • Provide standardized ICT platforms, training and procedures to avoid duplication and ensure cost effective services.
Number of beneficiaries	342 NGOs (155 international and 187 national non-governmental and faith based organizations), 25 UN agencies and international organizations operating in South Sudan
Funds required	\$4,150,813
Funds required per priority level	High: 4,150,813
Contact information	Arthur Sawmadal - Arthur.Sawmadal@wfp.org

Requirements and aims

The 2012 estimated requirements for the new Emergency Telecommunications Cluster, facilitated by WFP in partnership with the GoSS Ministry of Telecommunications, are \$4.1 million. The purpose of the cluster is to provide emergency security telecommunications; communications centres (COMCEN) and IT-services that will allow United Nations agencies, NGOs and the Government of South Sudan to better coordinate assessment, rescue and relief operations independent from public infrastructure. The key priorities for the cluster in 2012 are to maintain and provide radio communications independent from public infrastructure with coverage in the ten operational areas (state capitals); be ready to respond to emergencies by establishing inter-agency telecommunications infrastructure and services in new sites as needed; and provide standardized ICT platforms, training and procedures to avoid duplication and ensure cost effective services.

Needs analysis

South Sudan has essentially no public telecommunications infrastructure and relies on a mobile phone network providing coverage limited in most part to Juba and some state capitals. There are five commercial providers (Zain, MTN, VivaCell, GemTel and Sudani), two of which carry 90% of the traffic and are overstretching their current capacity.⁸⁴ Even a relatively small storm can cause mobile network interruptions.⁸⁵ A United States Agency for International Development (USAID) report published in August 2011 indicated that there may be imminent failure in the mobile network and some commercial two-way satellite ground station providers (VSAT) used by NGOs.⁸⁶ Obtaining reliable internet access is also extremely difficult due to a lack of reliable local internet service providers and a lack of IT and telecommunication companies with capacity to provide data connectivity services satisfying standard reliability requirements.⁸⁷ Data connectivity services using local commercial VSAT providers are also unreliable.⁸⁸

Telecommunications access in the field during emergencies is critical not only for a coordinated humanitarian response but also for the safety and security of humanitarian personnel. In South Sudan a combination of conflict risk and locations rendered remote by poor infrastructure mean that field missions need to be closely monitored and tracked for the safety and security of humanitarian staff.

⁸⁴ USAid, Situational Overview of ICT Structure in South Sudan, August 2011.

⁸⁵ Cluster partners, Cluster discussions and meetings.

⁸⁶ USAid, Situational Overview of ICT Structure in South Sudan, August 2011.

⁸⁷ Cluster partners, Email and Cluster discussions and meetings.

⁸⁸ Cluster partners, Email and Cluster discussions and meetings.

Presently humanitarian operations rely on radio communications and, as difficulties experienced in the response to the Abyei crisis in May 2011 demonstrated, even these need significant attention.

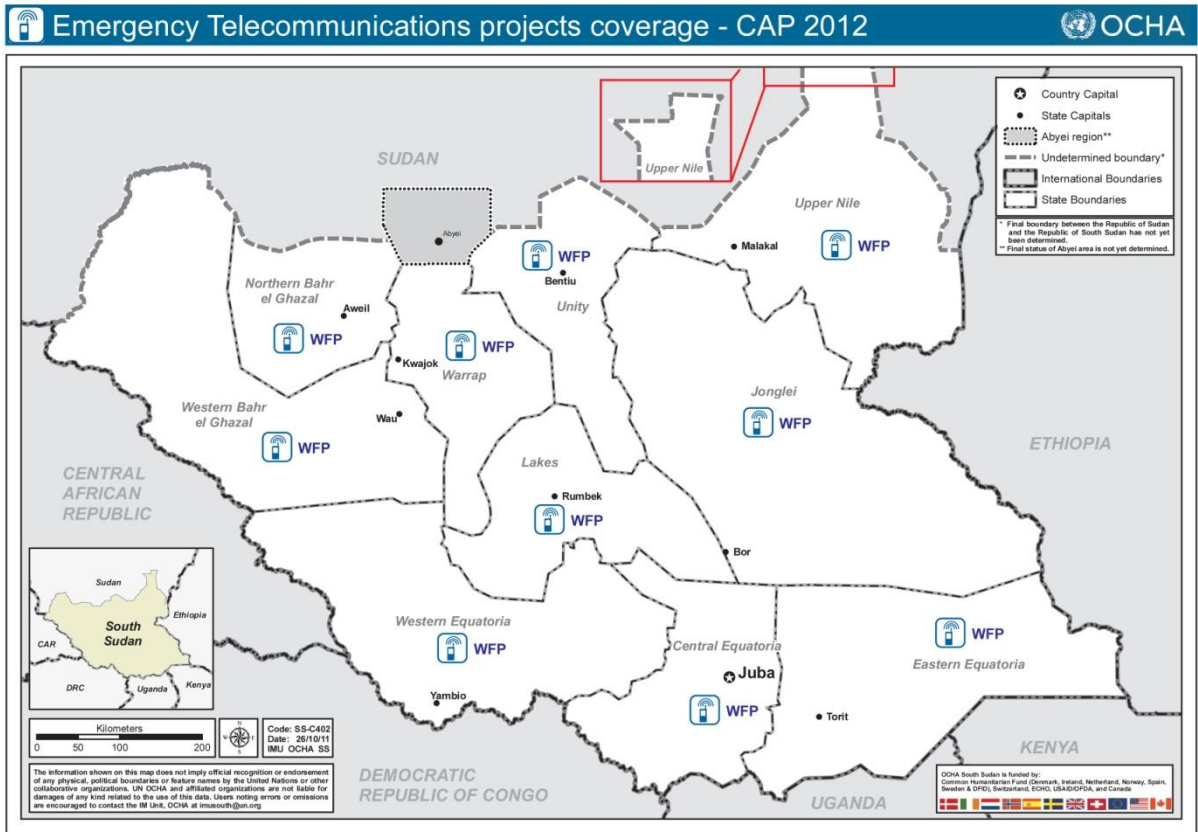
Currently all humanitarian partners use a VHF and HF security communications network provided by WFP, UNHCR and UNDSS. Existing radio rooms in nine state locations (Juba, Torit, Yambio, Malakal, Wau, Bentiu, Bor, Aweil, and Rumbek) serve more than 4,000 humanitarian workers. In 2011, a heavy technical and financial involvement on the part of the cluster was required as a result of the lack of local qualified and experienced IT and telecommunication specialists able to support and maintain the deployed data and communications system. Regular coordination with the Ministry of Telecommunication and Postal Services was necessary to ensure that allocated UN and NGO frequencies were not re-issued and reprogramming of HF and VHF radios were properly coordinated and implemented. Increased user demand stretched capacity in Unity, Upper Nile, Warrap and Northern Bahr el Ghazal and it became evident that additional communication channels would be required to reduce congestion. It also became apparent that humanitarian partners could, with appropriate training, take additional measures in the field to make more optimal use of existing telecommunications availability.

Approach

The approach is to improve coverage and effectiveness in existing operational areas, to prepare kits for rapid establishment of three new operational areas in places where emergencies arise and existing capacity is insufficient, and to develop a unified, standardized system for emergency telecommunications with humanitarian actors trained to use it effectively.

Existing humanitarian security telecommunications in each of ten operational areas (in which at least two UN agencies operate) aligning with each state capital (Juba, Torit, Yambio, Malakal, Wau, Bentiu, Bor, Aweil, Kuajok and Rumbek) will be expanded through ensuring at least two repeater channels are operational in each location, deploying additional VHF repeaters to reduce congestion, equipping radio rooms, providing technical support and advice, and training both male and female South Sudanese as radio operators. Taking into account scenario planning for the 2012 humanitarian operation and known high conflict risk areas, emergency preparedness and response capacity will be strengthened through the establishment of three new operational areas which will provide data services, security telecommunications and backup power. Frequency licenses will be obtained from the Ministry of Telecommunication and Postal Services for UN agencies and NGOs use, and countrywide frequency and call sign allocation will be coordinated and managed.

To provide an equipped and functioning common inter-agency telecommunications services, it will be necessary to pre-position essential telecommunication and data connectivity equipment in key locations of the country to minimize response time. Procedures across operational areas will need to be standardized and humanitarian staff trained. Agency-specific radio rooms compliant with Minimum Operating Security Standards (MOSS) requirements will therefore not be needed, and only a limited number of technical staff will be needed to maintain the system. This will reduce the cost of telecommunications to individual agencies which will from 2013 return to paying contributions for services and maintenance on a cost recovery basis. Additionally, while separate systems are required to be maintained, linkages will be maintained with UNMISS, to share information and back up support.



Caseload

The primary target is the 342 NGOs (155 international and 187 national non-governmental and faith-based organizations), 25 UN agencies and international organizations operating in South Sudan. The table below shows distribution of NGOs across the ten states.

State	NGO Presence		
	INGO	NNGO	Total
Central Equatoria	16	122	138
Eastern Equatoria	19	14	33
Western Equatoria	13	23	36
Lakes	15	17	32
Jonglei	26	55	81
Upper Nile	29	28	57
Unity	13	51	64
Warrap	12	8	20
Western Bahr el Ghazal	16	32	48
Northern Bahr el Ghazal	18	41	59
Total	177	391	568

Monitoring matrix: objectives, activities and outcome indicators

Cluster purpose		Outcome indicator	Target
Provide emergency security telecommunications, communications centre (COMCEN) and IT services that will allow UN agencies, NGOs and the GoSS to better coordinate assessment, rescue and relief operations independent from public infrastructure		Coordinated, timely and efficient emergency telecommunications response under the cluster approach	40% of user agencies surveyed indicating efficient and timely response and services
Cluster objectives	Supporting activities	Indicator	Target
1. Maintain and provide radio communications independent from public infrastructure with coverage in the ten operational areas (state capitals)	<ul style="list-style-type: none"> • Ensure minimum equipment and trained radio operators in 24/7 radio rooms • Ensure minimum equipment and trained radio operators in 24/7 radio rooms • Expand coverage of the VHF radio-network • Provide a minimum two operational repeater channels (one UN and one NGO) in each operational area • Deploy additional VHF repeaters in operational areas experiencing congestion at peak periods • Monitor staff movement, emergency communications channels and daily radio checks by communications centre as per UN MOSS requirement 	Percentage of operational areas covered by 24 hours a day by seven days a week radio rooms and security telecommunications systems	90%
2. Be ready to respond to emergencies by establishing telecommunications infrastructure and services new sites as needed	<ul style="list-style-type: none"> • Establish a contingency plan and strategically preposition stock for three new emergencies • As emergencies arise, establish data services, security telecommunications and backup power for UN agencies and NGOs connected to ETC data network 	Percentage of users reporting delivery of the service as “satisfactory” and within “satisfactory” timeframe.	80%
3. Provide standardized ICT platforms, training and procedures to avoid duplication and ensure cost effective services	<ul style="list-style-type: none"> • Provide HF/VHF radio training by qualified radio trainer to all UN agencies and NGOs staff • Liaise with the Ministry of Telecommunications in provision of VSAT, HF and VHF frequencies to UN agencies • Implement new South Sudan HF and VHF call sign and selcall system • Share long term agreement of equipment and services with ETC partners 	Number of UN and NGO staff members both male and female trained on ETC services usage	<ul style="list-style-type: none"> • 400 UN and NGO staff trained • 85% of requests submitted license received • Ten operational areas fully covered

4.6.4 Food Security and Livelihoods (FSL)

Summary of Cluster response plan

Cluster lead agency	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS and WORLD FOOD PROGRAMME
Co-leads	DANISH REFUGEE COUNCIL and VETERINAIRES SANS FRONTIERES- BELGIUM
Cluster member organizations	ACF-US; CAFOD; Caritas; CMD; CRS; Dan Church Aid; DRC; FAO; WFP; Intermon; NPA; NRC; UNHCR; UDA, VSF-Belgium; VSF-Swiss; VSF-Germany; WVI; AMURT; AWODA; BRAC; CARE; IOM; IRD; PAH; RI; SC, Tear Fund; ZOA; Mercy Corps; Islamic Relief Worldwide; Ministry of Agriculture and Forestry and Ministry of Animal Resources and Fisheries
Number of projects	59
Cluster objectives	<ul style="list-style-type: none"> • Improve food availability through food assistance and support for household food production. • Increase capacity of households to feed themselves by boosting income generation. • Improve livestock health and contain disease outbreaks to protect livelihood assets and food security of agro-pastoral households. • Strengthen the disaster risk reduction /disaster risk management approach and gender disaggregated analysis and planning.
Number of beneficiaries	1,170,431
Funds required	\$193,824,974
Funds required per priority level	High: \$159,111,876 Medium: \$10,072,480 Low: \$24,640,618
Contact information	Mtendere Mphatso - mtendere.mphatso@fao.org Andrew Odera - andrew.oder@wfp.org Michael Oyat - Michael.oyat@fao.org

Requirements and aims

The 2012 estimated requirements for the FSL Cluster – facilitated by the FAO, WFP, Danish Refugee Council (DRC) and VSF-Belgium in partnership with the GoSS Ministry of Agriculture and Forestry and Ministry of Animal Resources and Fisheries – are \$193.8 million. The purpose of the cluster is to respond to food security emergencies and strengthen livelihoods of rural and peri-urban populations affected by conflict and natural disasters in South Sudan. Key priorities for the cluster in 2012 are to improve food availability through food assistance and support for household food production; increase capacity of households to feed themselves by boosting income generation; improve livestock health and contain disease outbreaks to protect livelihood assets and food security of agro-pastoral households; and strengthen disaster risk reduction/disaster risk management approach and gender disaggregated analysis and planning.

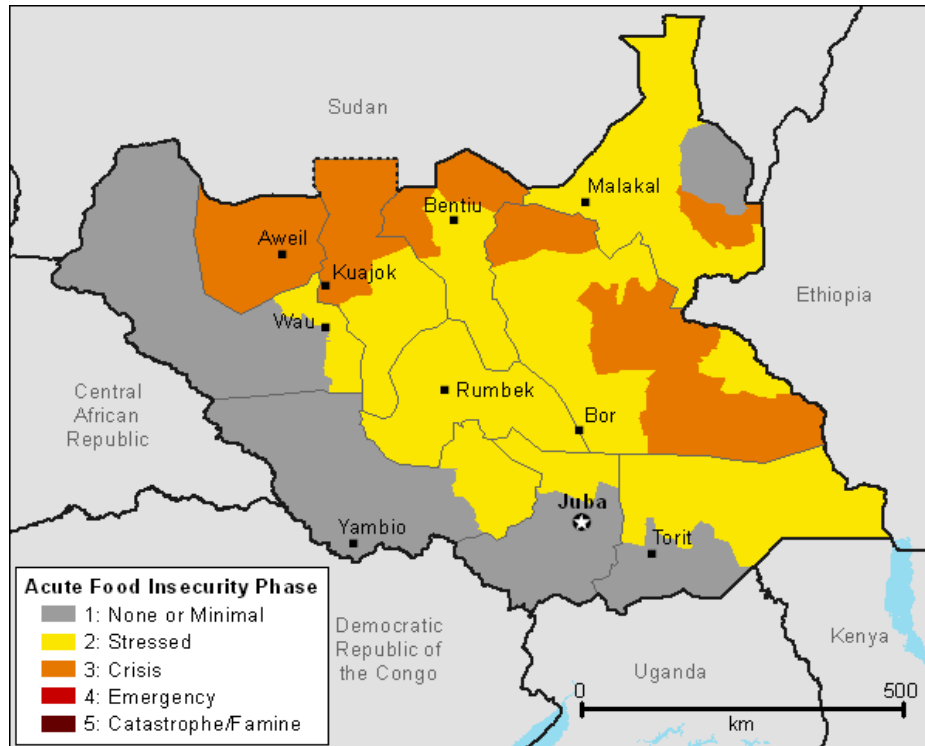
Needs analysis

Food insecurity is expected to affect four in ten South Sudanese in 2012, with 10% of the population being severely food-insecure and 30% moderately so.⁸⁹ Areas of greatest need are shown in Map one below. Food insecurity stems from agricultural under-production, limited market availability, prohibitive prices, livestock disease, insecurity and displacement, and increased food requirements with the return of some 346,000 South Sudanese.

In 2011 household food production was affected by conflict-related insecurity, large-scale displacement and erratic weather conditions. A rapid crop assessment in August warned of a 2012 cereal deficit (mainly sorghum, millet and maize) of at least 390,000 ton, approximately a third of national cereal requirements. Households with some capacity to purchase food to fill gaps were

⁸⁹Food Security Monitoring System (FSMS) Report for the period June – August 2011

Food Insecurity in South Sudan in 2011



affected by deteriorating market conditions. The blocking in May 2011 of supply corridors from Sudan reduced the supply of consumables causing price hikes, and high fuel costs and poor road access impeded a market response towards alternative sources of supply. Even if commercial corridors with Sudan reopen in 2012, predicted cereal production in Sudan will be 20%⁹⁰ lower, and heightened food prices in 2012 can be expected to remain beyond the purchasing power of many South Sudanese households. Food assistance is needed to provide a hunger safety net for those in seasonal distress or facing a return to rural areas with limited resources.

To reduce the numbers of households on the brink of food insecurity and augment their ability to cope with future emergencies, there is a need to strengthen and expand livelihood activities. While farming inputs were provided to over 300,000 vulnerable conflict-affected and returnee households in 2011, to support them to re-enter the agricultural production cycle, outcomes were hampered by limited improvement in seed quality, post-harvest food storage improvements, farmer-to-market linkages, and conflict displacing farmers away from their fields. Livestock was affected by a number of contagious diseases such as anthrax. An outbreak of east coast fever in cattle spread from Central and Eastern Equatoria to Jonglei and Lakes, threatening over 700,000 heads of cattle and the households who depend on milk and meat sales. The capacity to control disease outbreaks is hampered by difficulties in maintaining cold chain integrity in the storage and transportation of vaccines, coupled with a lack of trained veterinary personnel.

Approach

In 2012 the FSL Cluster will focus on an integrated food security and livelihood response, targeting areas of highest food insecurity and vulnerability to food security deterioration through improved monitoring and analysis at the state level using standard baselines and ensuring data is disaggregated by gender and vulnerability factors. Unconditional food assistance will be provided to extremely vulnerable households only, specifically those without able bodied members or a high dependency ratio especially those chronically ill, disabled, elderly, severely malnourished members and special groups such as households headed by women and children. Otherwise food assistance will be conditional and tied to transitional work modalities associated with creation of productive community assets (roads, embankments and water points), improved agricultural productivity (irrigation and flood

⁹⁰Rapid Crop Assessment (RCA) Report (September 2011)

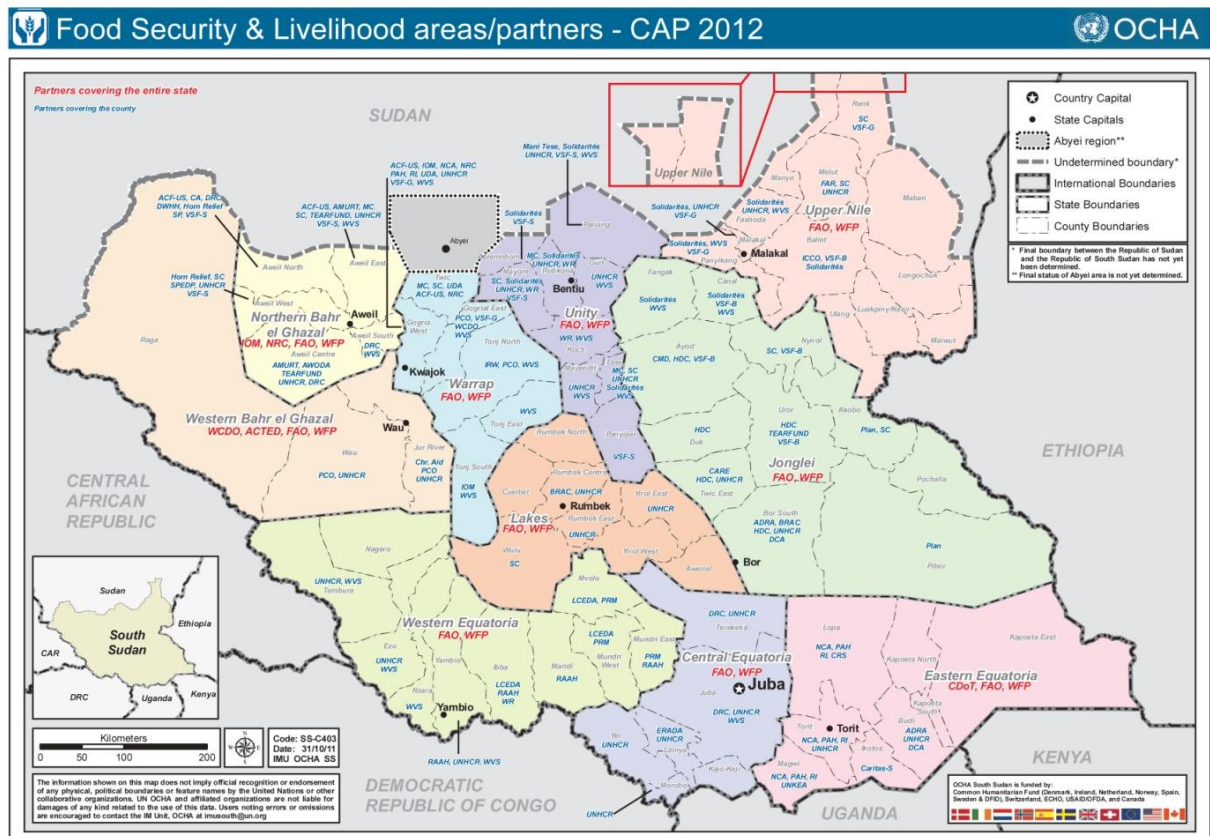
4. The 2012 Common Humanitarian Action Plan (CHAP)

control structures) and human capital development (food for training). The FSL Cluster will preposition supplies during the dry period in November 2011 – February 2012 to ensure supplies are available in accessible areas during the rainy season.

Livelihood activities will target ways to improve and diversify agricultural production, improve livestock health, expand fish farming, and boost household incomes through business ventures. In relation to agricultural production, farming households will be supported in cultivation practices that will improve productivity with existing cereal crops (such as sorghum) and increase use of short season and drought tolerant crops (such as sweet potato and cassava). Seed distribution will be limited to returnee and displaced populations with secure access to arable land, and community mobilization programmes such as farm-level micro-credit will be encouraged. To reduce reliance on cereal production and safeguard nutrition, households will be encouraged to diversify their diet by consumption of livestock products, fish, fruit and vegetables.

To improve livestock health and contain disease outbreaks, the cluster will implement an animal vaccination strategy and increase livestock disease surveillance to cover more diseases and to cover the remaining five states not currently covered, collaborating closely with the Ministry of Animal Resources and Fisheries. National NGOs and State Ministry of Animal Resources and Fisheries will be provided with training to delivery veterinary services and undertake livestock disease surveillance and monitoring. Efforts will be made to maintain and upgrade the cold chain system to ensure safe storage and transportation of vaccines to vaccination locations throughout South Sudan. The cluster will also work towards the establishment of clear fishery regulations, and promote sustainable fishing practices. Quick impact initiatives to boost household income will be short-term group-based start-up business projects with low training requirements. These will be tied to food security needs, for example sustainable fish farming projects, small animal production, food processing and projects to establish supply chains for food and productive assets such as seeds, tools and livestock from areas of surplus within South Sudan and from neighbouring countries.

To ensure a coordinated response the FSL Cluster will coordinate closely with other clusters including Nutrition, Health and WASH.



Cluster caseload by state

The overall caseload based on the most likely scenario for 2012 will be 1.2 million, as follows.

State	Male	Female	Total
Central Equatoria	25,460	23,500	48,960
Eastern Equatoria	81,100	74,860	155,960
Jonglei	108,560	100,210	208,770
Lakes	47,990	44,300	92,290
Northern	36,810	33,980	70,790
Unity	36,100	33,330	69,430
Upper Nile	74,290	68,570	142,860
Warrap	128,530	118,640	247,170
Western Bahr El Ghazal	37,550	34,651	72,201
Western Equatoria	34,260	38,240	72,500
Total	610,650	570,281	1,180,931
Local communities	311,512	290,919	602,431
Returnees	130,000	120,000	250,000
Internally displaced	164,435	153,565	318,000
Total	605,947	564,484	1,170,431

Monitoring matrix: objectives, activities and outcome indicators

Cluster purpose		Outcome indicator	Target
To respond to food security emergencies and strengthen livelihoods of rural and peri-urban populations affected by conflict, and natural disasters in South Sudan		Percentage reduction in severely food-insecure households	20% (from 10% to 5% of households)
Cluster objectives	Supporting activities	Indicator	Target
1. Improve food availability through food assistance and support for household food production	<ul style="list-style-type: none"> Providing food assistance to vulnerable households Provision of farm level household support to food production Support to food processing and diet diversification 	<ul style="list-style-type: none"> Number of people assisted with: <ul style="list-style-type: none"> Food assistance Farm level support Food processing and diet diversification Percentage decrease in level of food insecurity among beneficiary households Percentage reduction in the household expenditures on food 	<ul style="list-style-type: none"> 1.2 million people assisted 20% reduction in food insecurity 20% reduction in household expenditures on staples
2. Increase capacity of households to feed themselves by boosting income generation	<ul style="list-style-type: none"> Quick impact project support to establish/re-establish livelihoods targeted to women, men and children for both urban and rural vulnerable Emergency market support ensuring farmer to market linkages Reduce crop and livestock reliance by supporting sustainable fishing and fisheries practices and processing 	<ul style="list-style-type: none"> Percentage improvement in beneficiary household income meeting the cost of standard food basket Number of households supported with interventions 	<ul style="list-style-type: none"> 20% 50,000 households

4. The 2012 Common Humanitarian Action Plan (CHAP)

<p>3. Improve livestock health and contain disease outbreaks to protect livelihood assets and food security of agro-pastoral households</p>	<ul style="list-style-type: none"> • Provision of essential veterinary supplies (vaccines, drugs and equipment) for response to livestock diseases • Expand surveillance for livestock disease outbreaks • Expand use of livestock for food by building capacity for hygienic processing of meat and dairy products 	<ul style="list-style-type: none"> • Percentage decreased in number and type of reported livestock disease outbreaks • Number of animals vaccinated • Number of people trained in animal products hygiene and processing 	<ul style="list-style-type: none"> • 30% decrease in disease outbreaks • 70% of animals in targeted areas vaccinated • Current outbreaks contained in affected states
<p>4. Strengthen disaster risk reduction /disaster risk management approach and gender disaggregated analysis and planning</p>	<ul style="list-style-type: none"> • Mainstreaming DRR/DRM in partners' projects/programme; • Sharing of gender disaggregated information management and analysis of the food security situation • Improve FS monitoring and reporting at the state level • Capacity-building of cluster partners at state-level in standard baselines and monitoring • Increase effectiveness of sectoral and inter-sectoral coordination mechanisms specifically on addressing malnutrition and protection issues • Increase resource mobilization and advocacy • Improved gender analysis of impacts food security and livelihood activities 	<ul style="list-style-type: none"> • Number of partners' projects/programme mainstreaming DRR/DRM and gender disaggregated reporting. 	<ul style="list-style-type: none"> • 85% of Cluster partners reporting satisfactory cluster coordination • Quarterly reporting by all states available

4.6.5 Health

Summary of Cluster response plan

Cluster lead agency	WORLD HEALTH ORGANIZATION
Co-lead	MALARIA CONSORTIUM
Cluster member organizations	Ministry of Health, State Ministries of Health, SC, Medair, Healthnet TPO, IMC, IMA, MERLIN, WVI, CCM, CRADA, ADRA, Concern, IRC, COSV, GOAL, ACROSS, ARC, BRAC, CARE, CDoT, CRS, ECS, EPC, John Dau Foundation, International HIV/AIDS Alliance, Intrahealth, IOM, IRD, Kimu Charitable society, World Relief, WHO, UNICEF, UNFPA, SC, Swiss Red Cross, Tearfund, THESO, UNHCR, UNKEA, Sign of Hope, RI, Malaria Consortium, MSI, Netherlands Red Cross, NCA, MGH, OVCI, Polish Centre for International Aid
Number of projects	46
Cluster objectives	<ul style="list-style-type: none"> • Maintain existing health service delivery providing basic health packages and emergency referral services. • Strengthen emergency preparedness and trauma management. • Respond to health related emergencies including controlling the spread of communicable diseases.
Number of beneficiaries	3,152,461 (Male 1,551,585; Female 1,600,876)
Funds required	\$101,899,772
Funds required per priority level	High: \$63,421,912 Medium: \$12,547,730 Low: \$25,930,130
Contact information	Eba Pasha - epasha@hotmail.com Mo Ali - sshealthcoordination@gmail.com

Requirements and aims

The estimated requirements for the 2012 Health Cluster, facilitated by World Health Organization (WHO) in collaboration with the GoSS Ministry of Health (MoH), are \$102 million. The aim is to ensure the continuation of basic services in high risk locations and for vulnerable populations, as well as providing emergency preparedness and response across the country. High priority states for essential basic services are Upper Nile, Jonglei, Unity, Warrap and Northern Bahr El Ghazal. The Health Cluster anticipates a transition of funding sources which will allow basic health support to be provided outside of future humanitarian appeals. In 2012 therefore the Health Cluster will continue to support a broad range of services, as well as ensure there is no disruption of health service provision during the transition period in an already fragile health system.

Health Needs

Communicable diseases such as diarrhoea, malaria and pneumonia remain the greatest causes of mortality and morbidity. Infant and under-five (U5) mortality rates are higher than regional averages at 84 per 1,000 and 135 deaths per 1,000 respectively.⁹¹ South Sudan has one of the highest rates of maternal mortality in the world at 2,054 deaths per 100,000⁹² with just 14.7% of births attended by skilled health personnel. Less than half of the functional health facilities are situated within a five km radius of populations⁹³ resulting in low utilization rates, an equivalent of one consultation per five people per year among rural and dispersed populations (Sphere standards recommend one consultation per person per year).⁹⁴ The following table demonstrates the proportion of health facilities with adequate health services, personnel, medicines and capacity for diagnosis and treatment of children U5 years of age.⁹⁵

⁹¹ South Sudan Development Plan 2011-2013. .

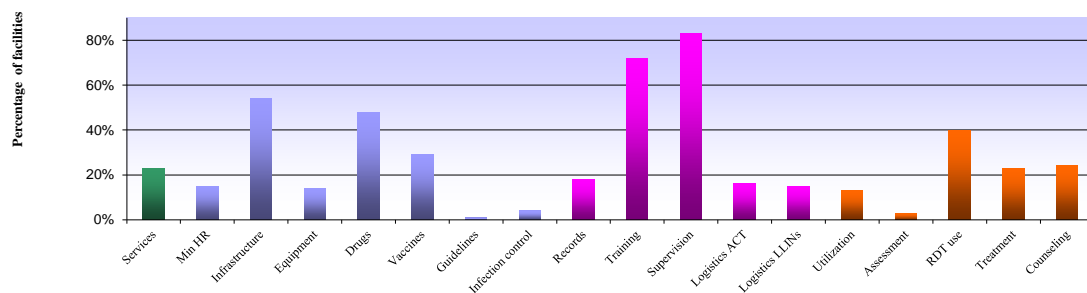
⁹² South Sudan Household Survey 2006.

⁹³ Health Facility Mapping Ministry of Health 2010.

⁹⁴ The utilization rate is 0.2 consultations per person per year: MoH MandE Department /LATH (2011), South Sudan Household Survey 2010, and Government of South Sudan Development Plan 2011-2013.

⁹⁵ HFA, MoH MandE Department/LATH (2011). Abbreviations; RDT Rapid Diagnosis Test, ACT Artemisinin-based Combination Treatment, LLIN Long Lasting Insecticide Nets

4. The 2012 Common Humanitarian Action Plan (CHAP)



The proportion of health facilities in South Sudan with different indicators required for the diagnosis and treatment of children U5, 2011

Funding and the Year of Transition

Government health expenditure has reduced over the past five years from 7.9% of government budget in 2006 to 4.2% in 2010.⁹⁶ Total public health expenditure per capita is estimated to be \$10,⁹⁷ well below the global target of \$34.⁹⁸ Off-budget support from international partners fell from \$215 million in 2009 to \$169 million in 2010.⁹⁹ Medicines are supplied through a centralized system administered by the Ministry of Health, with standard kits being supplied to various health facilities. Despite some improvements in distribution in 2011, stock-outs continued to be reported, especially where there were outbreaks of diseases such as malaria.¹⁰⁰

In addition key health financing mechanisms are coming to an end in 2012 with a change in the modality of funding structures. Donors are moving toward long-term funding models operating at state level that are expected to begin at the end of 2012. During the transition period it is important to ensure that health service provision continues, particularly in areas of instability, geographically underserved areas and for vulnerable populations.

Emergencies

In 2011, epidemic-prone diseases such as measles, acute watery diarrhoea (AWD) and *kala azar*, coupled with high concentrations of vulnerable populations such as internally displaced people and returnees, placed a significant strain on an already weak system. The outbreak of diseases such as measles, despite the extensive measles vaccination campaigns prior to and during 2011, is linked to high levels of returning South Sudanese with unexpectedly low health immunization coverage. Three quarters of the 600 suspected measles cases with 39 deaths occurred in places where high numbers of returnees had settled.¹⁰¹ The correlation was particularly strong in high density return areas in Unity, Warrap and Northern Bahr el Ghazal and there is a clear need to address the health status of returnees, particularly as a further quarter of a million people are expected to return in 2012.

There is a need to address access to populations with key health concerns. In 2011, access to these populations was hampered by floods and conflict incidents. For example Old Fangak has over 90% of cases of *kala azar*, but it is located in northern Jonglei State, which experienced over 100 conflict incidents in 2011 alone.¹⁰² Through a concerted multi-sectoral humanitarian effort over 15,000 people have so far been diagnosed and treated for *kala azar* since the outbreak began in 2009, yet as many as 45% of cases and 91% of deaths are feared to be going undetected in part due to access difficulties.¹⁰³

Approach

Until South Sudan's primary and secondary health care systems have adequate capacity and reach, the aim of the Health Cluster will be to provide a minimum package of targeted health support and emergency response.

⁹⁶Ministry of Finance and Economic Planning, Southern Sudan 2010.

⁹⁷Ministry of Health Health Sector Development Plan 2011 to 2015 (unpublished).

⁹⁸*Macroeconomics and Health: the way forward in the Africa Regions*, The Commission of Macroeconomic and Health, WHO June 2003.

⁹⁹Donor Book, GoSS/MFEP, 2009/2010.

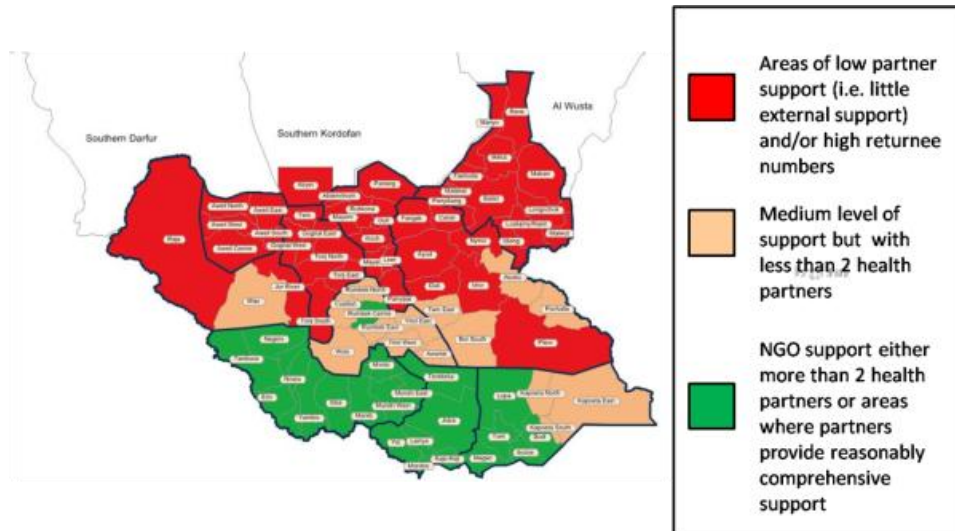
¹⁰⁰South Sudan Health Cluster Meeting September 2011.

¹⁰¹Ministry of Health EPI data August 2011.

¹⁰²OCHA incident mapping and updates 15 October 2011.

¹⁰³Integrated Kala Azar Strategy for South Sudan June 2011.

Basic service delivery will be provided in areas identified as having the greatest need, including border states, areas in which disease outbreaks occur, and areas with high levels of displaced people and returnees. The high priority states include Upper Nile, Jonglei, Unity, Warrap and Northern Bahr El Ghazal. Emergency preparedness and response coverage is still critical for all states. The cluster will give close attention to the challenging state of Unity, which has both significant health needs and significant challenges in access.



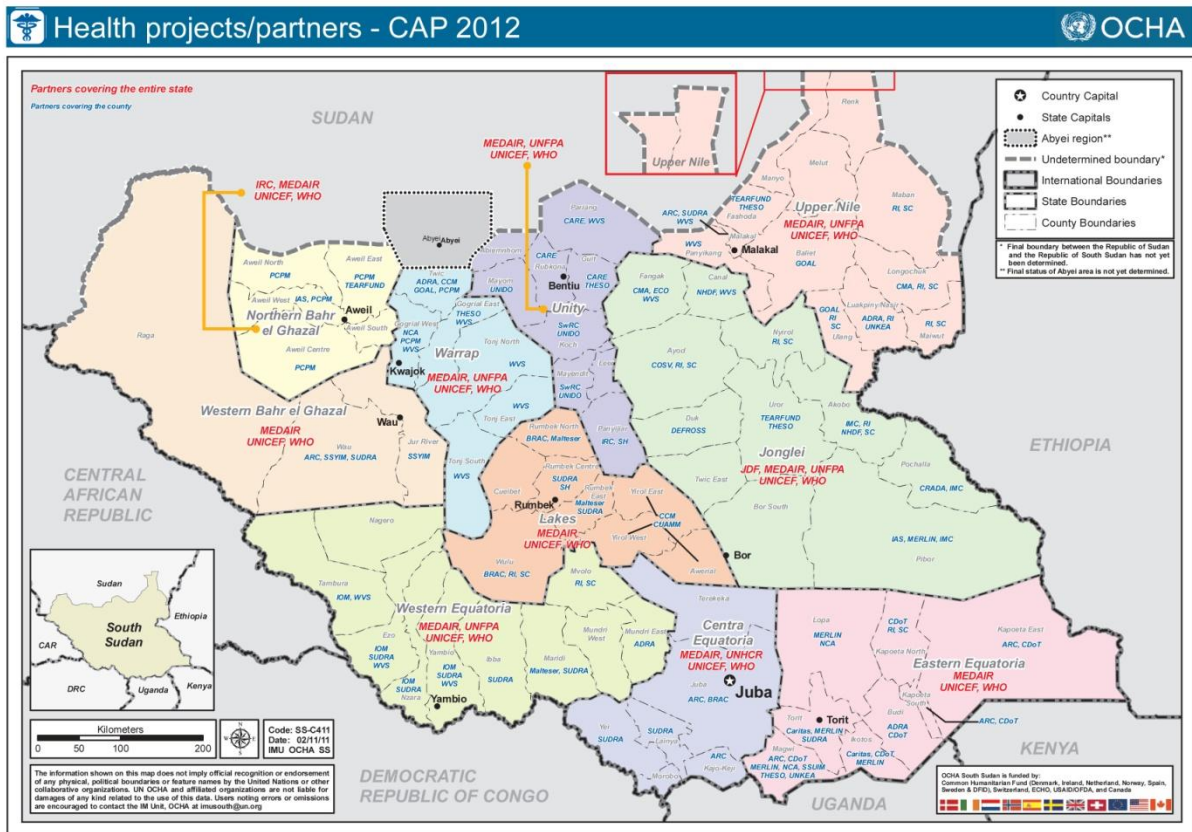
Categorization of counties by level of support by health partners

In 2012 the cluster will provide a safety net to ensure the continued provision of basic health packages as well as support for emergency referral systems. This includes community case management, health promotion, and surveillance, and primary health care (PHC) services focusing on primary health care units (PHCUs) and primary health care centres (PHCCs). Priority will be given to the most vulnerable groups, particularly returnees, displaced people and host community women and children, which are part of the caseload. The focus for service delivery will be essential health care, including maternal, neonatal and child health, clinical management of rape services and HIV/AIDS counselling and the procurement of essential medicines according to Ministry of Health guidelines.

In preparedness for humanitarian emergencies, equipment and medical supplies will be pre-positioned so that when an emergency occurs, partners have access to sufficient provisions accessible for the immediate response. Emergency health kits, diarrhoeal disease and trauma kits, vaccines and other supplies will be pre-positioned in all states with buffer stocks and maintained centrally. Emergency preparedness strengthening will also include preparation for needs surrounding potential mass casualty events, and will include training on first aid, trauma management, the minimum initial service package (MISP) in reproductive health (RH), public health and HIV/AIDS in emergencies.

In order to respond to health related emergencies including the control and spread of communicable diseases, the cluster will ensure that the disease surveillance and early warning alert and response networks (EWARN) is strengthened, potential outbreaks are investigated by a rapid response team, and that an appropriate response is promptly mobilised. The Health Cluster will also strengthen the response to humanitarian emergencies by integrating adequate MISP and HIV/AIDS activities. Emergency community-based activities (including health promotion, outreach, oral rehydration therapy corners); mobile health clinics and mobile immunization teams; and trauma care services will be supported. The Health Cluster will also provide essential medical supplies for continued medical response and to control disease outbreaks. Essential basic rehabilitation of disaster-related damage to health facilities will also be supported.

4. The 2012 Common Humanitarian Action Plan (CHAP)



Cluster caseload by state

The cluster caseload is classified by priority states using the county classifications shown in the map above. The caseload calculations are based on a projected population that includes: the National Bureau of Statistics 2012 population estimate; existing returnee numbers per state; projected 2012 returnees, and displaced populations. The cluster will provide services for 40% of the projected population in the high priority states including all pregnant women and children U5 years of age. For the low priority states, pregnant women and children U5 years of age will be the priority. For all states, the official MoH population percentages have been used (4% for the pregnant population and 15.8% for children U5 years of age).

Criteria	State	Male	Female	Total
High-priority states: 40% of the projected population	Upper Nile	251,481	232,136	483,617
	Jonglei	324,423	299,467	623,889
	Unity	140,386	129,587	269,973
	Warrap	277,764	256,398	534,162
	Northern Bahr El Ghazal	211,138	194,896	406,034
	Sub-total	1,205,191	1,112,484	2,317,675
Low-priority states: children U5 (15.8%) and pregnant women (4%)	Western Bahr El Ghazal	33,677	47,482	81,159
	Lakes	61,108	86,158	147,266
	Western Equatoria	58,632	82,667	141,299
	Central Equatoria	107,318	151,311	258,629
	Eastern Equatoria	85,659	120,774	206,433
	Sub-total	346,394	488,392	834,786
	Total	1,551,585	1,600,876	3,152,461

Monitoring matrix: objectives, activities and outcome indicators

Several baseline studies have been carried out across the country, including the Community Lot Quality Assurance Sampling (LQAS) and the South Sudan Household Survey. Once the results are released, the health sector will have a better understanding of the baseline for South Sudan.

The cluster recognizes that the MoH systems to monitor the monthly progress are still under development. Hence a limited number of basic health service indicators, based on data that is currently collected, have been chosen for inclusion in this year's matrix. These are in line with both MoH and donor indicators. It is envisaged that the country health management information system (HMIS) will be rolled out by the end of 2012: this will enable improved indicators to be included in future appeals.

Cluster purpose		Outcome Indicator	Target
Ensure continuation of basic services in high risk locations and vulnerable populations, as well as emergency preparedness and response across the country		Number of consultations (M/F)	3,152,461 (male 1,551,585 female 1,600,876)
Cluster objectives	Supporting activities	Indicator	Target
1. Maintain existing health service delivery providing basic health packages and emergency referral services	<ul style="list-style-type: none"> • Provide a BPHS including RH, HIV/AIDS and child survival packages • Provide essential drugs, medical supplies, basic medical equipment, RH and expanded programme on immunization (EPI) supplies • Strengthen services provided by medical personnel on management of common morbidities and RH 	<ul style="list-style-type: none"> • antenatal client receiving IPT 2nd dose • Number of <5 consultations (M/F) 	<ul style="list-style-type: none"> • 400,411 • 1,581,624 • Male 822,445 • Female 759,180
2. Strengthen emergency preparedness including trauma management	<ul style="list-style-type: none"> • Pre-position essential medical supplies including medical and surgical kits for referral hospitals, and vaccines • Ensure key health facilities and staff are prepared for emergencies including trauma and obstetric interventions 	<ul style="list-style-type: none"> • Percentage of states with pre-positioned emergency drug supplies • Percentage of key referral hospitals able to perform basic life-saving emergency care 	<ul style="list-style-type: none"> • 100% • 90%
3. Respond to health related emergencies, including control of the spread of communicable diseases	<ul style="list-style-type: none"> • Assess and respond to potential disease outbreaks and other health emergencies • Strengthen health partners skills for EWARD and case management of epidemic-prone diseases 	<ul style="list-style-type: none"> • Percentage of outbreaks investigated in 48 hours • Number of measles vaccinations given to U5 in emergency settings 	<ul style="list-style-type: none"> • 90% • 45,125¹⁰⁴

¹⁰⁴ This is the minimum target using MoH EPI estimates of 19% for 6 to 59 months

4.6.6 Logistics

Summary of Cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster member organizations	UNOPS, IOM, UNICEF, OCHA, UNHCR, SC, Oxfam, DDG/DRC, NRC, COSV, MSF, GOAL, AMURT, ACFM, MSI, MEDAIR International, PSI, Health International, IMA World Health, INTERSOS, CRS
Number of projects	4
Cluster objectives	<ul style="list-style-type: none"> Expand physical access for humanitarian organizations into crisis areas. Provide common logistics services in order to support emergency humanitarian operations.
Number of beneficiaries	Humanitarian community
Funds required	\$52,764,584
Funds required per priority level	High: \$52,014,584 Medium: \$750,000
Contact information	southsudan.logs@logcluster.org

Requirements and aims

The 2012 estimated requirements for the Logistics Cluster, which is facilitated by WFP, are \$52.8 million. The aim of the cluster is to provide essential logistical support functions to the humanitarian community in order to facilitate a timely and cost-effective emergency response. The key priorities for the cluster in 2012 are to expand physical access for humanitarian organizations into crisis areas, and to provide common logistics services to support emergency humanitarian operations.

Needs analysis

Delivery of humanitarian supplies in South Sudan poses significant logistical challenges to the humanitarian community; large quantities must be moved over vast distances in a country with one of the most complex, difficult and costly operating environments in the world. The effect of poor or seasonally-affected infrastructure networks that work against community self-reliance and the delivery of humanitarian services cannot be overemphasized and since independence, increasing tensions and insecurity along the border between South Sudan and Sudan have only further hampered movement of relief items through traditional north-south corridors previously utilized by humanitarian organizations.

The estimated road network in South Sudan is approximately 12,500 km of gravel or earth roads. This is equivalent to just 7% of neighbouring Kenya’s 177,000 km road network. Of this already under-developed network, less than half of South Sudan’s road network is accessible year-round due to rains, mine presence and damage to key bridges and culverts.

Only 33% of airfields across the country are able to maintain some degree of regular service; the remaining 94 airfields suffer from inadequate infrastructure, improper maintenance, poor security and weak support services.

Of the state-owned and private ports located along the White Nile and its tributaries, the majority can be found in various states of disrepair and suffering from access issues caused by a lack of proper dredging. Since independence, increasing tensions and insecurity along the border between South Sudan and their major trade-partner, Sudan, have only further hampered movement of supplies – both humanitarian and commercial including fuel – through traditional north-south corridors.

During decades of instability, South Sudan has failed to attract a wealth of private investors. Commercial transport options in South Sudan are often limited not only due to unreliable and insufficient numbers of private companies but also a shortage of vehicle maintenance services. Commercial warehousing options throughout the country are difficult to find and security issues remain for any humanitarian organization pitching their own mobile warehouse with looting a reoccurring threat to operations in the field.

Humanitarian access in South Sudan is also impeded by insecurity, the presence of landmines and UXO, poor road conditions, and seasonal flooding, highlighting the need for air transport services as the only means of reaching populations in need. In 2011 UNHAS operated by WFP transported 6,000 passengers a month to 45 scheduled locations in South Sudan. A total of 240 organizations were served in more than 300 flights a month (half of the flights serving more than one location per routing). Main clients were INGOs - 65%; UN agencies - 30%; donors, government and diplomatic organizations - 5%.

Approach

Ensuring that there is sufficient capacity to deliver humanitarian relief items throughout the year and in all weather conditions is crucial to maintain functional pipelines as well as provide programming flexibility to organizations within the current emergency context. As such, there is an urgent need to expand the humanitarian community's current logistical capacity.

Logistical infrastructure bottlenecks that routinely hamper humanitarian efforts in South Sudan will be addressed by the cluster through emergency spot repair of key access roads, bridges, airfields, and ports as necessary in order to open corridors to communities and markets and provide cluster members with increased emergency programming flexibility. These emergency spot repairs will be carried out in partnership with high performing partners.

To address marketplace shortfalls of suitable transport and warehousing, the Logistics Cluster will provide a number of common services in partnership with key cluster members. The Logistics Cluster will increase warehouse capacity for the storage of humanitarian relief items; erecting mobile storage units (MSU) in key locations across the country to accommodate the volume of relief items required for the increasing number of returnees and displaced people. Mobile storage unit sites will be determined based on locations with two or more cluster members requesting warehousing. In partnership with WFP, space within these MSUs will be offered to cluster members on a free-of-charge basis. Use of the service is governed by a set of stringent rules to provide increased security and protection to cluster members and each location has an allocated warehouse manager, arranged in partnership with WFP, *Action Contre la Faim* (Action Against Hunger/ACF), NRC/ Norwegian Church Aid (NCA) and *Médecins Sans Frontières-Espagne* (Doctors Without Borders-Spain/MSF-E).

In partnership with International Organization for Migration (IOM), the Logistics Cluster will augment transport capacity, providing a consolidation service for cluster members to move humanitarian supplies into difficult-to-reach areas. Common trucking services using vehicles provided by IOM will assist organizations to move supplies to end-users in the field, while the common river services will assist organizations move at least 2,000 tons of humanitarian cargo northwards along the White Nile and some of its tributaries, made possible through the contracting of private vessels for humanitarian use. Each of the common services above will be offered to Logistics Cluster members on a free-of-charge basis.

With dedicated information management and Geographic Information System (GIS) officers based in Juba, the Logistics Cluster will provide a coordinated platform for the sharing of logistics information including regular meetings, maps, customs updates and service snapshots. For easy access, a purpose-built website will also be regularly updated with all information (www.logcluster.org). In light of South Sudan's newly attained independence, the Logistics Cluster will also conduct a review of the inter-agency logistics capacity assessment (LCA) in order to provide organizations with the most up-to-date information on any new procedures, government bodies, key contacts, suppliers and other changes that may affect humanitarian operations.

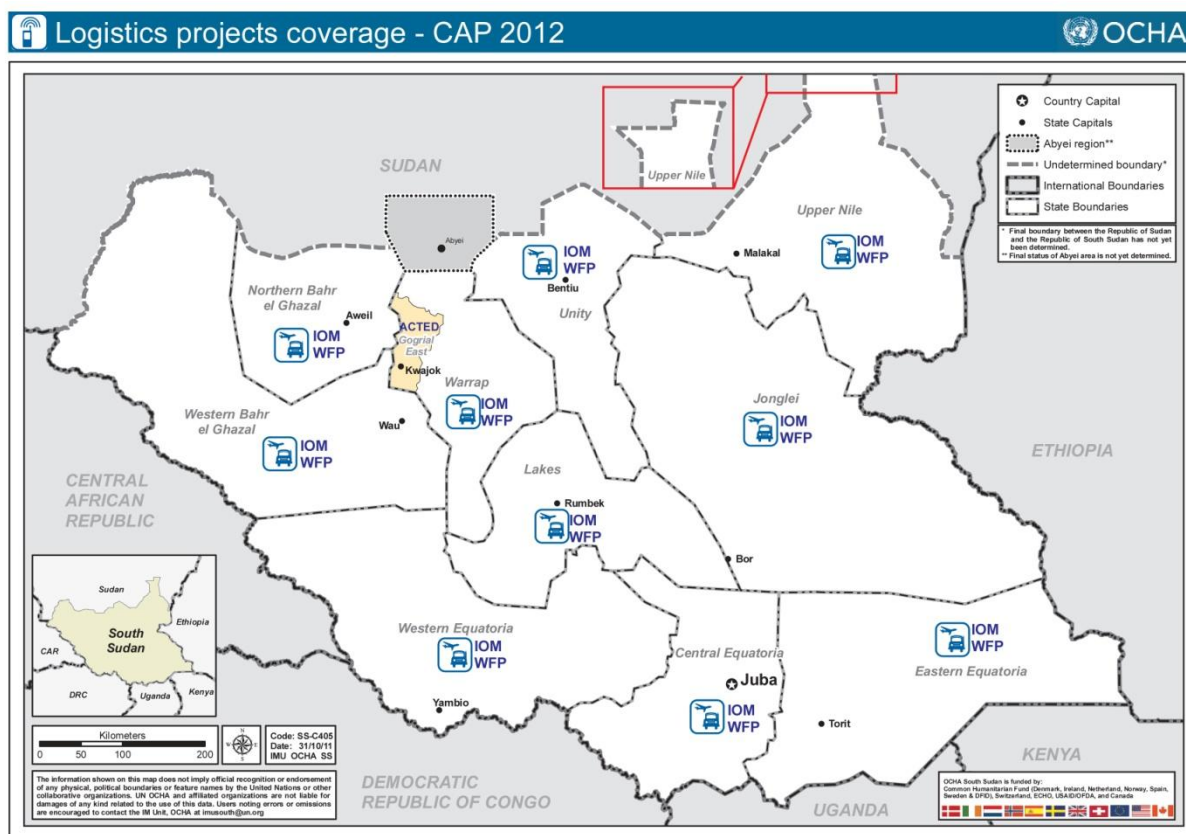
Common air transport service provided WFP UNHAS will help ensure timely delivery of humanitarian assistance, particularly to areas inaccessible by road due to insecurity, UXO, or poor road conditions. The air transport service will be used for emergency evacuation of staff from the field in circumstances of conflict or medical evacuation, as well as ensure timely delivery of humanitarian assistance, particularly to areas inaccessible by road. In 2012 UNHAS plans to increase the number of locations served up to 55 from 45 in 2011, depending on the needs of the humanitarian community. UNHAS will review the existing fleet in order to optimize the use of the air services

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based on the operational situation. Customer service will be improved by implementation of on-line booking and automated sending of tickets with the help of the new Electronic Flight Management Application (EFMA).

Cluster caseload by state

The Logistics Cluster does not deal with specific caseloads but provides a supporting capability for all humanitarian partners to respond in a timely manner. The cluster will adjust its activities as necessary, taking its cues from the Inter-Sector Working Group and Logistics Cluster members. Undoubtedly the actions of the Logistics Cluster in freeing up constraints and making roads accessible has flow on benefits to commercial operators bringing supplies to market, and to local populations who would otherwise be inaccessible.



Monitoring matrix: objectives, activities and outcomes indicators

Cluster purpose		Outcome indicator	Target
To provide essential logistical support functions to the humanitarian community in order to facilitate a timely and cost-effective emergency response		Percentage of access, transport and warehousing requests successfully met	80%
Cluster objectives	Supporting activities	Indicator	Target
1. Expand physical access for humanitarian organizations into crisis areas	<ul style="list-style-type: none"> Rehabilitation and/or maintenance of transportation networks including roads, bridges, airstrips and ports as identified by HCT 	<ul style="list-style-type: none"> Percentage of identified transport bottlenecks solved 	<ul style="list-style-type: none"> 75%
2. Provide common logistics services in order to support emergency humanitarian	<ul style="list-style-type: none"> Provision of common services including road transport, river transport and mobile warehousing to open pipelines into crisis areas and provide mechanism for prepositioning 	<ul style="list-style-type: none"> Percentage of common service requests successfully fulfilled Number of information management products 	<ul style="list-style-type: none"> 100% 52

<p>operations</p>	<p>of emergencies supplies including fuel</p> <ul style="list-style-type: none"> • Provision of air transport to priority areas inaccessible by land • Provide relevant logistics information including maps and other information management products to the humanitarian community • Provide online sharing platform for the exchange of logistics information • Coordinate with government counterparts as necessary on issues related to logistics activities • Assess and monitor existing and new supply corridors into South Sudan from neighbouring countries • Host regular Logistics Cluster meetings for the sharing and of information • Update the inter-agency Logistics Capacity Assessment for South Sudan 	<p>published</p> <ul style="list-style-type: none"> • Percentage increase of website visits from 2011 • Number of locations served by UNHAS 	<ul style="list-style-type: none"> • 10% • 60
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4.6.7 Multi-sector (Emergency Returns and Refugees)

Summary of sector response plan

Sector Co-Leads	INTERNATIONAL ORGANIZATION FOR MIGRATION and UNITED NATIONS OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	IOM, UNHCR, WFP, UNICEF, WHO, Cluster coordinators (WASH, Health, Food, Protection, Logistics, NFI and ES), and NGO Forum
Number of projects	3
Sector objectives	<ul style="list-style-type: none"> • Support the voluntary, safe and dignified return of South Sudanese from Sudan, refugees from asylum countries and Abyei displaced population in South and provide onward transportation assistance to those who are unable to transport themselves. • Provide protection and assistance to refugees and asylum seekers in South Sudan.
Number of beneficiaries	475,000 (250,000 returnees, 35,000 refugees outside Sudan, 110,000 Abyei displaced and 80,000 new refugees)
Funds required	\$81,061,496
Funds required per priority level	High: \$81,061,496
Contact information	Fabien Sambussy - fsambussy@iom.int Mireille Girard - girard@unhcr.org

Requirements and aims

The 2012 estimated requirements for the Multi-Sector are \$81 million. The Emergency Returns Sector (ERS), which focuses on humanitarian response for returnees, is facilitated by IOM and UNHCR, in partnership with the GoSS Ministry of Humanitarian Affairs and Disaster Management. Separately, assistance to refugees is coordinated by UNHCR in partnership with the Ministry of Interior. The purpose of the sector is to assist returnees and refugees, particularly those who are vulnerable and stranded, and strengthen the capacity of state actors to protect and assist returnees, refugees and the Abyei displaced population. The key priorities for the sector in 2012 are to facilitate the voluntary, safe and dignified return of South Sudanese from Sudan, refugees from asylum countries and Abyei displaced population in South Sudan, provide onward transportation assistance to those who are unable to transport themselves, and provide protection and assistance to refugees and asylum seekers in South Sudan.

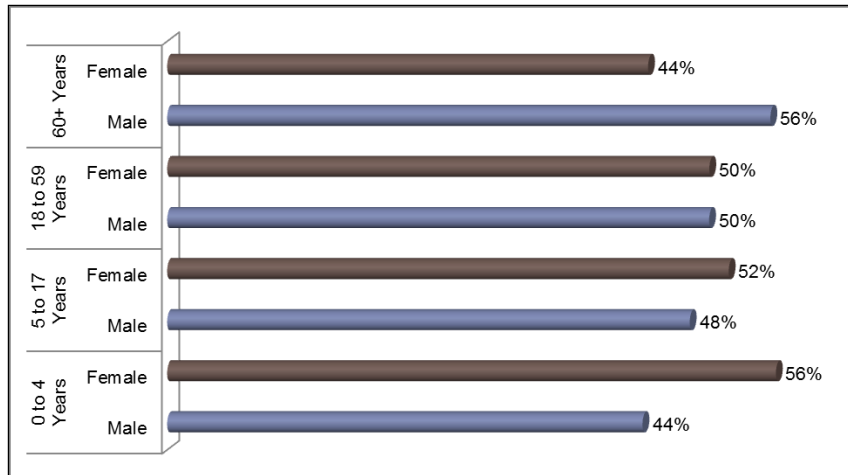
Needs analysis

It is expected that a quarter of a million South Sudanese will return to South Sudan in 2012, a rate similar to that of 2011. The nine-month moratorium in which South Sudanese may either make arrangements for departure from Sudan or regularize their residency status in Sudan expires in April 2012, and is likely to create a peak in returnee flows. The moratorium could also be shortened or extended by the Government of Sudan without notice, and therefore the partners need to be prepared for unpredictable returnee flows in 2012. Additionally, some of the returnees in 2011 remain in transit due to the interruption of road access to many areas during the rainy season, the lack of river transport, insecurity in final destinations or along transit routes, and high transport costs partly due to the disproportionate amount of belongings some returnees have brought with them. Another key challenge with the operation in 2011 has been a lack of coordination between government and partners in Sudan and South Sudan, making it difficult to predict and plan for returnee inflows. At mid-October 2011, some 20,000 returnees remained stranded in Renk, the border town of Upper Nile, awaiting assistance with onward transportation.¹⁰⁵

The states with the largest concentrations of returnees in South Sudan are Unity, Northern Bahr el Ghazal, Upper Nile, Central Equatoria and Warrap. Four of these are in the north of the country where basic services are very limited and the capacity of host communities to cope with further returnee flows is over-stretched.

¹⁰⁵IOM/RRC database.

The displaced population from Abyei has indicated that three conditions are likely necessary for mass return: substantial deployment of peacekeepers, withdrawal of armed forces, and the demining of the areas of return. While two of these conditions remain unmet, limited returns are already taking place and are expected to continue as the situation stabilizes. It is likely that, as long as violence does not flare up, return will expand. Although a large number of returnees in 2010 and 2011 have been women and children, large numbers of men are expected to return in 2012, whose livelihood needs may result in a secondary movement of previously returned family members towards urban centres. The graph below shows the composition of returnees disaggregated by age and gender.¹⁰⁶



Percentage of returnees disaggregated by age and gender, October 2010 to September 2011

Disaggregated data by vulnerability indicated that in 2011 a total of 4% of returnees, some 18,935 people were registered as vulnerable and in need of tailored support. This included pregnant and lactating women, separated children and unaccompanied minors, older people without family support, the disabled and chronically ill.¹⁰⁷

Other needs for the Multi-Sector chapter in 2012 relate to assistance to existing refugee populations in South Sudan, refugees returning to South Sudan and new refugee influxes into South Sudan. The existing caseload of 29,000 refugees from the Democratic Republic of Congo (DRC), Central African Republic (CAR) and Ethiopia are expected to remain in South Sudan throughout 2012, while more refugees may flee from DRC and CAR as a result of attacks by the Lord’s Resistance Army (LRA) or regional armed operations against the LRA. The majority of the refugees are likely to be women and children, separated families and in some cases survivors of GBV requiring specific attention and support. In 2011, there was a sizeable influx of refugees (15,000 by end September 2011¹⁰⁸) from Southern Kordofan and Blue Nile states of Sudan due to fighting in those areas. These numbers are expected to increase in 2012 in the absence of a political settlement. New influxes may also occur from South Darfur into South Sudan. Of the 95,000 South Sudanese refugees remaining in neighbouring countries including Kenya, Uganda, Egypt, and Ethiopia, some 35,000 may opt to return to South Sudan. The return of refugees also represents a strain on existing basic services in areas of destination, mainly in the Equatorias, Jonglei and Upper Nile states

Approach

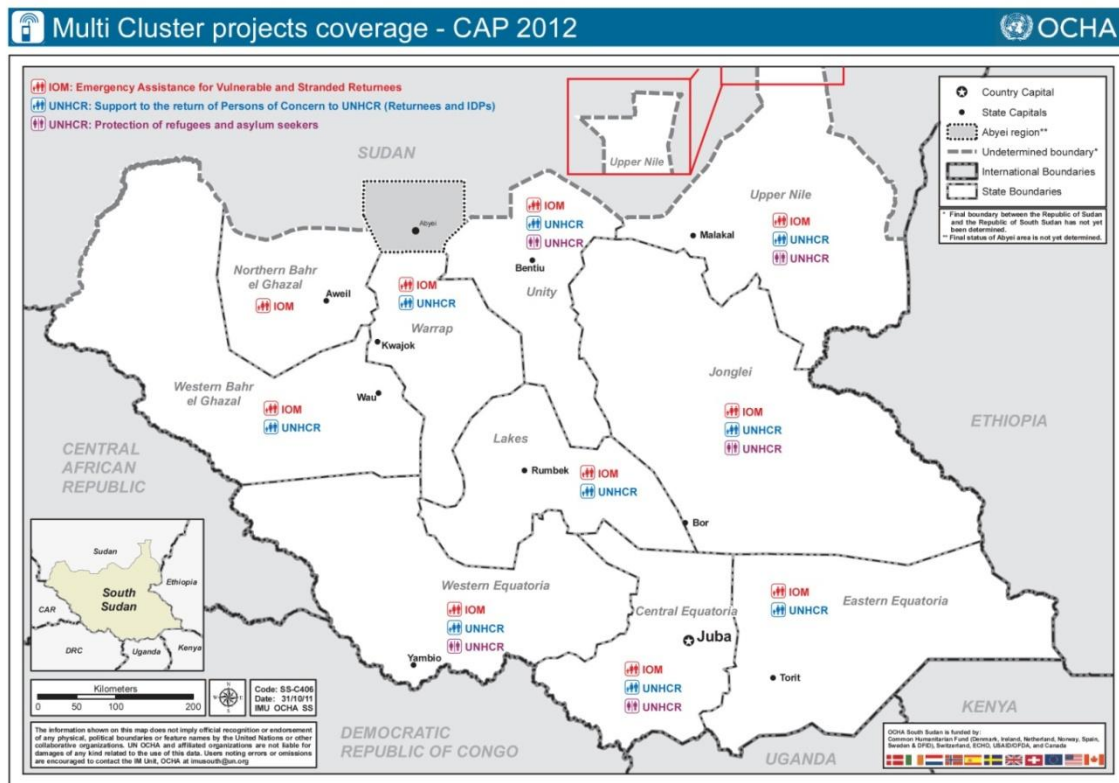
The strategy under this multi-sector response encompasses returnees, refugees and the population displaced from Abyei since May 2011. In relation to returnees, the ERS will work to enhance the efficiency of return movements through increased joint programming between Sudan/South Sudan, and UN/Government, resulting in a unified returns system with clearly defined roles for all partners. This will be achieved through the establishment of a return framework involving all parties. From the beginning of 2012, the ERS will focus on clearing bottlenecks at transit sites where returnees have

¹⁰⁶IOM Tracking and Monitoring System.
¹⁰⁷IOM tracking system/UNHCR Sudan registration.
¹⁰⁸UNHCR Sudan registration database.

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gathered during the rainy season. The dry season will allow for a resumption of road access and will therefore considerably enhance the capacity of the international community to support stranded returnees with onward transport assistance (OTA). Priority will be given to the states with largest numbers of returns, namely Unity State, Northern Bahr el Ghazal, and Upper Nile. The ERS will also adjust the response should more border crossing points be agreed upon between Sudan and South Sudan, which would affect the pattern of returnee flows. The ERS will also maintain systems for identifying and assisting spontaneous and government assisted returnees, particularly supporting the most vulnerable and stranded returnees through protection monitoring and provision of assistance en-route, in places of transit and at final destination. This will be coordinated with the relevant clusters, notably in the area of transport, transit, registration, and protection monitoring. Additional way stations may be established on a needs basis, and mobile assistance and protection teams will provide assistance to vulnerable returnees located outside way stations. The ERS will provide support to government partners at all levels, but particularly in the management of returning populations including in-transit populations in urban, or peri-urban, settings. This will include training and other capacity support. The ERS will coordinate with agencies operating in Warrap State and Abyei, and the HCT in Khartoum to prepare for and facilitate the voluntary return of Abyei displaced population to their homes or places of intended destination in Abyei when the conditions become conducive to return.

UNHCR will coordinate the provision of assistance to the return of South Sudanese refugees wishing to repatriate to their country in 2012. Assistance will include transport, initial assistance, cash grants, and protection monitoring during movements and upon return. “Go and See” or “Come and Tell” visits will be conducted between asylum countries and the country of origin as required, taking into consideration the needs of the most vulnerable. Refugees arriving or staying in South Sudan will receive state and international protection as well as multi-sectoral assistance. Led by UNHCR, partners will liaise with local and central authorities to secure self-reliance opportunities for refugees in the medium term. Agencies will pay a specific attention to the differentiated protection and assistance needs of various age and gender groups among the refugee and returnee communities as well as people with specific needs such as disabled individuals or chronically ill people. Assistance will also be made available to needy individuals in surrounding communities to ensure peaceful coexistence between refugee and non-refugee communities.



Sector caseload

The ERS will monitor an expected 250,000 returnees in 2012, of which 100,000 people will be assisted by onward transport assistance. Up to 35,000 of the remaining 95,000 South Sudanese refugees could return home in 2012 and require transport, protection and assistance upon arrival. Up to 110,000 former Abyei residents may opt to return home in 2012, 20,000 of which are expected to require direct transport assistance. Some 80,000 refugees from neighbouring countries are expected to require protection in South Sudan in 2012.

State	Children U5 years	Men	Women	Total
Central Equatoria	5,482	14,186	12,580	32,248
Eastern Equatoria	2,157	5,583	4,951	12,691
Lakes	3,967	10,266	9,104	23,337
Northern Bahr el Ghazal	7,803	20,191	17,905	45,899
Unity	7,447	19,271	17,089	43,807
Warrap	2,255	5,836	5,176	13,267
Western Bahr el Ghazal	3,371	8,722	7,735	19,828
Western Equatoria	119	308	273	700
Jonglei	3,706	9,589	8,503	21,798
Upper Nile	6,193	16,023	14,209	36,425
Returnees total	42,500	109,975	97,525	250,000
Returned Refugees				35,000
Refugees from neighbouring countries				80,000
Abyei displaced residents				110,000
Total				475,000

Monitoring Matrix: objectives, activities and outcome indicators

Sector purpose		Outcome Indicator	Target
Assist returnees and refugees, particularly those who are vulnerable and stranded, and strengthen the capacity of State actors to protect and assist returnees, refugees and the Abyei displaced population		Number of returnees, refugees and Abyei displaced people assisted	• 475,000
Sector objectives	Supporting activities	Indicator	Target
1. Support the voluntary, safe and dignified return of South Sudanese from Sudan, refugees from asylum countries and Abyei displaced population in South Sudan, and provide onward transportation assistance to those who are unable to transport themselves	<ul style="list-style-type: none"> Support refugees returning from asylum countries and organized returns for returnees from Sudan Support vulnerable Abyei residents to return home Establish a return framework in partnership GoSS/GoS/UN, and North/South Provide Government training and support for returns preparation and management 	<ul style="list-style-type: none"> Number of people assisted to return Voluntary repatriation framework activated Number of Government staff receiving training 	<ul style="list-style-type: none"> 395,000 (250,000 returnees, 35,000 refugees, 110,000 displaced Abyei residents) 500 trained

4. The 2012 Common Humanitarian Action Plan (CHAP)

	<ul style="list-style-type: none"> • Transport services established for stranded returnees, returning refugees and Abyei most vulnerable. • Purchase a barge for more cost effective transport of returnees • Staffing/equipping of transit and reception areas • En route assistance (medical, food, wash, protection) 	<ul style="list-style-type: none"> • Number of returnees, refugees and displaced people receiving transport assistance 	<ul style="list-style-type: none"> • 155,000 (35,000 refugees, 100,000 returnees and 20,000 displaced Abyei residents)
2. Provide protection and assistance to refugees and asylum seekers in South Sudan	<ul style="list-style-type: none"> • Multi-sector emergency assistance in refugees in established settlements • Policy advocacy and direct operational involvement including issuance of ID documents and registration 	<ul style="list-style-type: none"> • Incidence of refoulement • Percentage of refugees adequately protected 	<ul style="list-style-type: none"> • None • 100%

4.6.8 Non-Food Items and Emergency Shelter

Summary of Cluster response plan

Cluster lead agency	INTERNATIONAL ORGANIZATION FOR MIGRATION
Co-lead	WORLD VISION INTERNATIONAL
Cluster member organizations	CRS, DCA, IOM, IRW, INTERSOS, LWF, MEDAIR, NCA, OXFAM-GB, SC, UNHCR, UNICEF, WVI
Number of projects	11
Cluster objectives	<ul style="list-style-type: none"> • Preposition sufficient NFIs and ES materials in key locations throughout South Sudan. • Distribute a basic package of NFIs and ES materials. • Strengthen Cluster emergency preparedness and response.
Number of beneficiaries	125,000
Funds required	\$18,759,521
Funds required per priority level	High: \$8,932,582 Medium: \$513,600 Low: \$9,313,339
Contact information	Fabien Sambussy - fsambussy@iom.int

Requirements and aims

The 2012 estimated requirements for the NFI and ES Cluster – facilitated by the IOM and World Vision (WV), in partnership with the GoSS Ministry of Humanitarian Affairs and Disaster Management – are approximately \$18.8 million. The purpose of the Cluster is to ensure timely provision of life saving NFIs and ES items to displaced people, returnees, and vulnerable host community members. The key priorities for the cluster in 2012 are to preposition sufficient NFIs and ES in key locations throughout South Sudan before rainy season, distribute a basic package of NFI and ES materials, and strengthen cluster emergency preparedness and response.

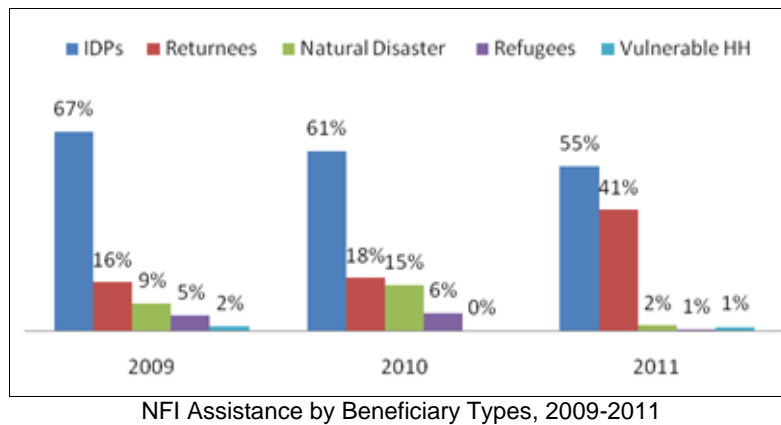
Needs analysis

Emergencies created by conflict incidents and natural disasters take away what little South Sudanese have by way of shelter and household items. Families commonly live in “tukuls”, mud hut houses made from local sticks and grasses, which are unable to withstand flooding. Internally displaced people enter local communities already stretched to the limit and depend on humanitarian provision of NFI and ES materials. Most families lost at least one male member of the family during the war and today, two out of five households in South Sudan are female headed households.¹⁰⁹ These households are more vulnerable and highly susceptible to shocks because they do not have access to assets and labour. Additionally, while some returnees arrive with significant amounts of luggage, others arrive with virtually nothing. Returnee and displaced households cannot be sustained without basic shelter and essential household items such as water containers and cooking pots.

Vulnerable beneficiary groups for NFI and ES materials are likely to remain unchanged in 2012, as new returnee flows continue at 2011 levels and the underlying causes of displacement from conflicts and natural disaster continue. On average over the past three years, 60% of total assisted households were displaced by conflict, 26% were returnees, and 8% were households affected by natural disasters, with general assistance to vulnerable households comprising the remaining 1%. The graph below shows NFI assistance from 2009-2011.

¹⁰⁹Duany, JA and Duany, W. War and Women in the Sudan: Role Change and Adjustment to New Responsibilities (2001) 8(2) Northeast African Studies 63.

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By September 2011, the cluster had provided NFI and ES materials to 73,974 households, representing 80% of total reported households in need. The 20% of targeted groups that were not reached in 2011 partly resulted from logistical constraints during the rainy season which makes remote communities unreachable for half of the year. This figure would have been higher if the need to pre-position NFI and ES items ahead of the rainy season had not been identified in 2010 and implemented successfully in 2011. Pre-positioned supplies were stored in a main hub in Juba plus smaller hubs in high areas; a total of 23 warehouses in ten states enabled movement of 15,000 full kits and 30,000 loose items kits to assist up to 50,000 households. Security is another key constraint, with secure accessible areas being fully met and high risk states such as Jonglei and Unity being met by 31% and 27% respectively.¹¹⁰ Where security concerns cause partners on the ground to evacuate, the neediest beneficiaries cannot be reached.

Approach

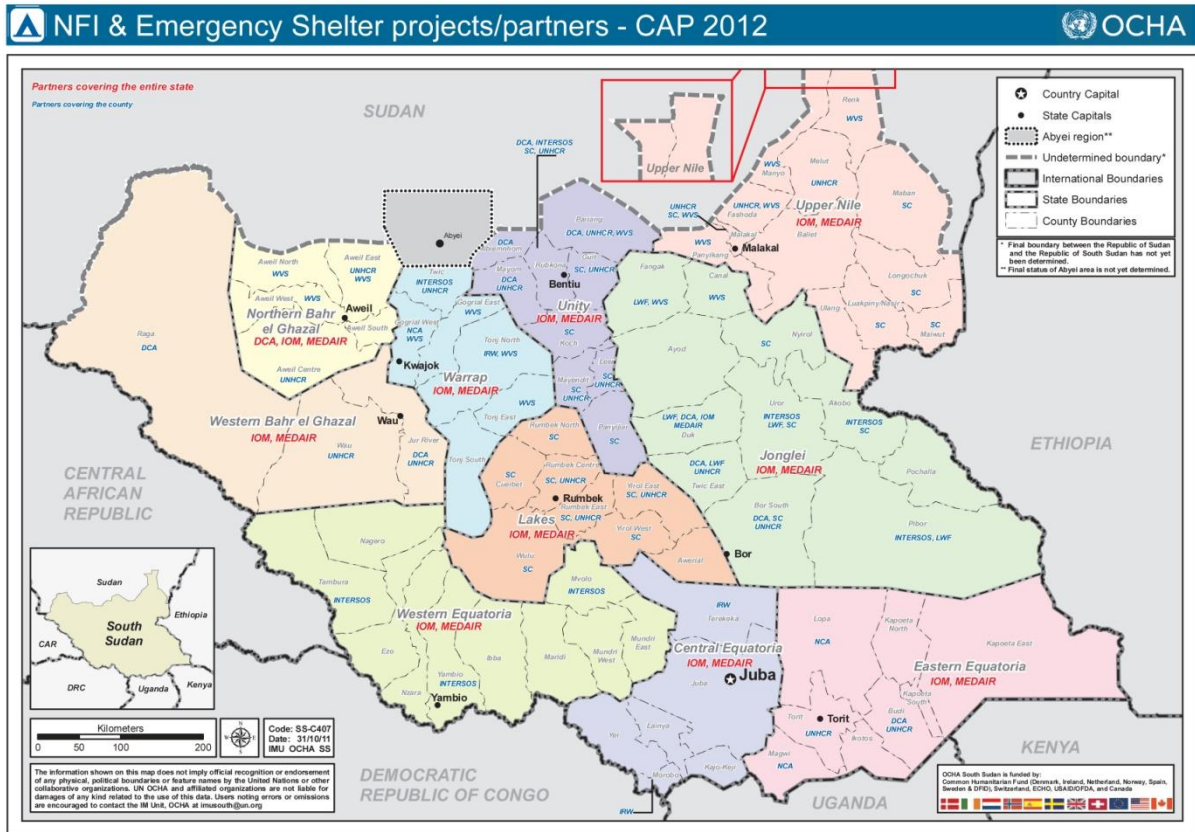
The NFI and ES Cluster's key focus in 2012 is ensuring sufficient quantities of NFI and ES materials are pre-positioned in strategic locations based on patterns of need, ensuring those pre-positioned items can be moved in a timely manner to where they are needed most, and reaching more beneficiaries in less accessible areas. Particular attention will be given to states with reduced response coverage in 2011, and vulnerable groups including female-headed households.

As in 2011, the manager of the NFI core pipeline will procure, organize transport and pre-position NFIs and ES materials in main hubs and the cluster partners will store these items in their warehouses and field hubs. Additionally, in 2012 the cluster will increase the capacity of the field warehouses in high-risk states before the rainy season. The cluster will also focus on providing needed NFI and ES items to populations that have been displaced for protracted periods of time, including those displaced from the Abyei crisis, stranded returnees, and returnees who are unable to easily reintegrate at their points of final destination.

To date, basic shelter materials have been provided. Plastic sheeting is easy for all householders to erect, including females and the elderly. Shelter programming must avoid creating tension by placing displaced people in a preferential position. However, a shelter expert was contracted in the latter part of 2011 to provide advice on the most appropriate shelter materials to be used, and to advise on differentiation of shelter provisions for vulnerable groups.

To improve the efficiency of assistance and reduce response times, the cluster will train partners in UN agencies, NGOs, and the government counterpart RRC. Post-distribution monitoring will also be used to evaluate the appropriateness and effectiveness of the response, and identify areas in need of further training or variation in response programming. A final focus area of the cluster strategy is to strengthen cluster emergency preparedness and response through training national partners in assessing need for NFI and ES, distributing NFIs based on needs assessments, conducting post-distribution monitoring and ensuring close coordination between cluster partners.

¹¹⁰ OCHA figures for end of August include Jonglei (Uror displaced figures). The Cluster partners have been assisting the IDPs however due to reporting period; the assistance was not reflected in the Cluster total figure.



Cluster caseload by state

The NFI and ES Cluster will respond to a total of 125,000 household of displaced people (affected by conflict and natural disaster), returnees, and vulnerable host community members with NFIs and ES items and emergency shelter materials. For NFI provision, the cluster will target 100,000 households (48.5% displaced 39% returnees, 7.5% natural disaster and 5% host communities). In addition to life-saving NFI and ES provision, the cluster also plans to provide emergency temporary/transitional shelter to 25,000 households (63% displaced, 28% returnees, 6% natural disaster, 3% host communities). Based on experience, not all displaced people and returnees require NFI assistance. The cluster aims to assist 100,000 households (72% of total) with the NFIs and ES items in 2012.

State	NFI beneficiaries		Emergency Shelter	
	2012 Estimated caseload (households)	Percentage	2012 Estimated caseload (Households)	Percentage
Central Equatoria	3,500	3.5%	1,500	6%
Eastern Equatoria	1,500	2%	350	1%
Jonglei	20,500	20%	3,000	12%
Lakes	7,500	8%	2,000	8%
Northern Bahr el Ghazal	11,000	11%	4,000	16%
Unity	14,500	14%	2,800	11%
Upper Nile	13,000	13%	3,000	12%
Warrap	21,000	21%	3,800	15%
Western Bahr el Ghazal	4,000	4%	3,000	12%
Western Equatoria	3,500	3.5%	1,550	6%
Total	100,000	100%	25,000	100%

Monitoring matrix: Objectives, Activities and Outcome indicators

Cluster Purpose		Outcome Indicator	Target
Timely provision of life saving NFIs and ES items to displaced people, returnees, and vulnerable host community members		Number of targeted households assisted with NFIs and ES items	100,000 households
Cluster objectives	Supporting activities	Indicator	Target
1. Preposition sufficient NFIs and ES materials in key locations throughout South Sudan	Procure, transport, and preposition in hubs and field hubs	Number of NFI kits procured, transported and stored in partner's warehouses	100,000 kits
2. Distribute a basic package of NFI and ES materials	<ul style="list-style-type: none"> Identify and target vulnerable households (esp. female headed household) for the distribution of NFI/ES(caseload below 1,000 HHs) Distribute NFIs/ES kits based on results from accurate needs assessments 	<ul style="list-style-type: none"> Number of NFI kits distributed Percentage of female headed household beneficiaries receiving NFIs and ES items. Percentage of distributions based on needs assessments 	<ul style="list-style-type: none"> 100,000 NFI kits distributed 25,000 shelter kits distributed 100% of affected female headed households receive NFI/ES kits 100% of the distributions are based on needs assessments
3. Strengthen cluster emergency preparedness and response	<ul style="list-style-type: none"> Advocate for increase the number of implementing partners in high-risk states Convene cluster coordination meetings at state and national levels Train partners on how to better measure need for NFI assistance during emergencies Conduct post-distribution monitoring 	<ul style="list-style-type: none"> Reduction in time required to respond to emergencies Number of post-distribution monitoring conducted 	<ul style="list-style-type: none"> 20% Ten PDM conducted

4.6.9 Nutrition

Summary of Cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	ACTION CONTRE LA FAIM
Cluster member organizations	AAA, ACF, Across, ADRA, ARC, BRAC, CARE, CCM, CC-SS, CDOR, CDOT, CDOW, CMA, Concern WW, COSV, COUM, CRADA, Diakonie, ECO, GOAL, IMC, John Dau Foundation, LDA, Malaria Consortium, Masterseed, Medair, Merlin, MoH/SMoH, MSF-B, MSF-CH, MSF-E, MSF-F, MSF-H, NCDA, NHDF, NPA, OVCI, PCOS, RI, SP, SCC, Save the Children, Sign of Hope, SIM, SSUDA, Tearfund, THESO, UNICEF, UNKEA, URDOS, WCDO, WERD, WFP, World Relief, WVI
Number of projects	27
Cluster objectives	<ul style="list-style-type: none"> • Provide services for treatment of acute malnutrition in children U5 years, pregnant and lactating women (PLW) and other vulnerable groups. • Provide services for prevention of under nutrition in children U5 years and PLW. • Strengthen nutrition emergency preparedness, needs assessment and response capacity.
Number of beneficiaries	1.75 million
Funds required	\$74,176,857
Funds required per priority level	High: \$55,980,799 Medium: \$16,339,158 Low: \$1,856,900
Contact information	Vivienne Forsythe - vforsythe@unicef.org

Requirements and aims

The 2012 estimated requirements for the Nutrition Cluster, facilitated by UNICEF and ACF, and in partnership with the GoSS Ministry of Health are \$74.2 million. The purpose of the cluster is to ensure provision of emergency nutrition services in eight priority states in South Sudan and focusing on high risk underserved communities and in areas where there is food insecurity, and/or high numbers of internally displaced people and returnees. The key priorities for the cluster in 2012 are to provide services for treatment of acute malnutrition in children U5 years of age, pregnant and lactating women and other vulnerable groups; provide services for prevention of under nutrition in children U5 years of age and pregnant and lactating women; and strengthen nutrition emergency preparedness, needs assessment and response capacity.

Needs analysis

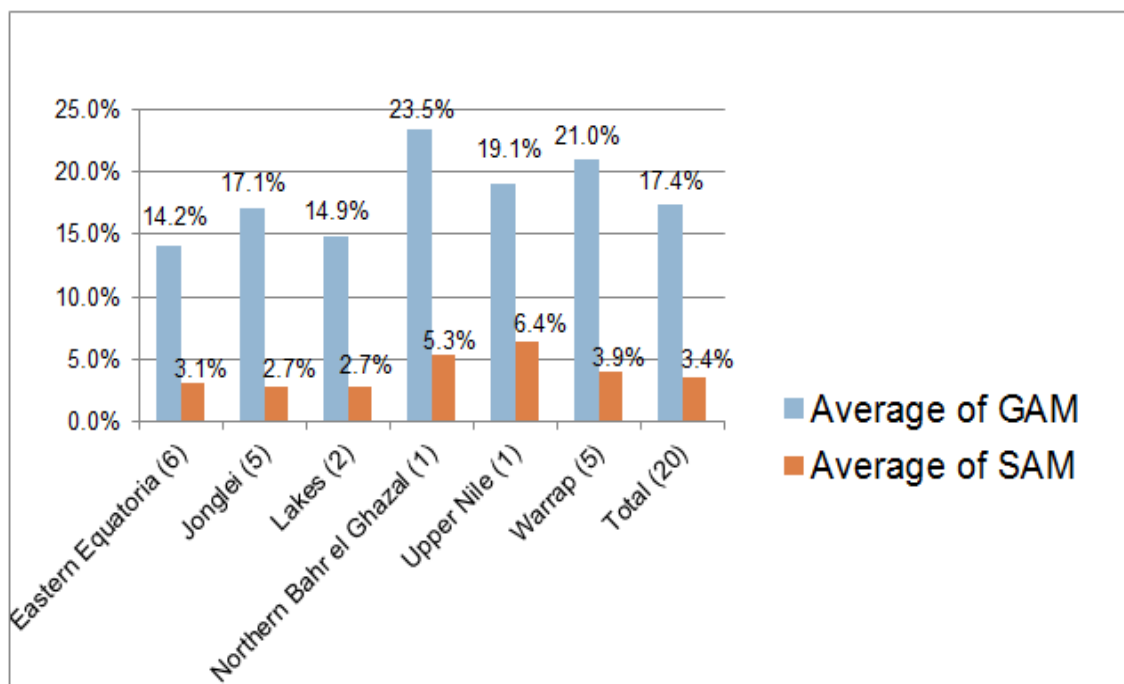
Acute malnutrition levels of South Sudanese children U5 years of age exceed WHO emergency thresholds, calling for intervention. Key nutrition indicators are GAM, which at a rate of ten-14% of children U5 years of age is classified as “serious”, while 15% or more is classified as “critical”; and SAM, with rates in children U5 years of age exceeding 2% being of significant concern. Extensive nationwide data is not available. However, there are sufficient individual surveys to establish the seriousness of acute malnutrition in South Sudan. In an analysis of 89 surveys mainly conducted by NGOs in the period 2005 to 2008, acute malnutrition rates in South Sudan averaged 19% for GAM and 2% for SAM.¹¹¹ These rates have not improved in the three years since and national data from 2010 indicated GAM rates of 20.9% and SAM rates of 7.6%, with close to a third of South Sudanese children U5 years of age having stunted growth related to malnutrition.¹¹² The most recent 2011 data drawn from 20 pre-harvest surveys conducted in April/May 2011 in Warrap, Northern Bahr el Ghazal,

¹¹¹ FANTA 2 USAID, December 2010, Situational Analysis of Nutrition in South Sudan based on June 2009 Assessment. Another review, of 265 surveys carried out over a 10-year period, showed almost all surveys reporting malnutrition levels above the 10% threshold reflection of a serious nutrition crisis and more notably, the majority reported GAM levels above the 15% emergency threshold: CRED, Health Data in Civil Conflicts South Sudan Under Scrutiny, July 2011, Annex 2.

¹¹² Sudan Household Health Survey, 2010 as cited in South Sudan Development Plan 2011-2013.

4. The 2012 Common Humanitarian Action Plan (CHAP)

Jonglei, Upper Nile, Eastern Equatoria and Lakes states show average GAM rates of 17.4% and average SAM rates of 3.4% in children U5 years of age¹¹³ as shown in the graph below:



Results of pre-harvest surveys conducted in five states in April/May 2011

A comparison of data from eight counties in 2010 and 2011 revealed no significant change in acute malnutrition rates, although improvement was apparent in two of the counties, presumably due to the greater availability of health and nutrition services, it deteriorated in four counties, presumably due to large influxes of returnees.¹¹⁴ This data demonstrates persisting emergency levels of malnutrition in South Sudan. The main factors that contribute to acute malnutrition in South Sudan are food insecurity, disease, lack of access to primary health care, clean water and sanitation, seasonality and poor infant feeding practices. Acute malnutrition peaks during the pre-harvest season and hunger gap period between April and June. Only 45% of children are exclusively breast fed to six months of age as recommended by WHO.¹¹⁵ Complementary feeding practices for children six to eight months (combination of breast feeding and semi solids) are also poor at 21%.¹¹⁶ Common childhood illnesses in South Sudan, including malaria, acute respiratory infections and diarrhoeal diseases, contribute to acute malnutrition. Half the children with acute malnutrition in the 89 surveys discussed above had diarrhoea in the 30 days prior.¹¹⁷ Differences in GAM and SAM rates between boys and girls have been reported and need further investigation.

Approach

In 2012, the Nutrition Cluster will make concerted effort to stem emergency levels of malnutrition across South Sudan, targeting underserved areas of need, areas with severe food insecurity, and young children amongst populations of returning South Sudanese and the displaced. There will be continued promotion of community-based management of acute malnutrition (CMAM), which focuses on community detection of acute malnutrition and outpatient supplementary and therapeutic treatment with referral to inpatient services for cases with medical complications.

¹¹³ Results from 20 Nutrition Cluster Pre-Harvest SMART (Standardized Monitoring and Assessment of Relief and Transitions) Surveys, 2011.

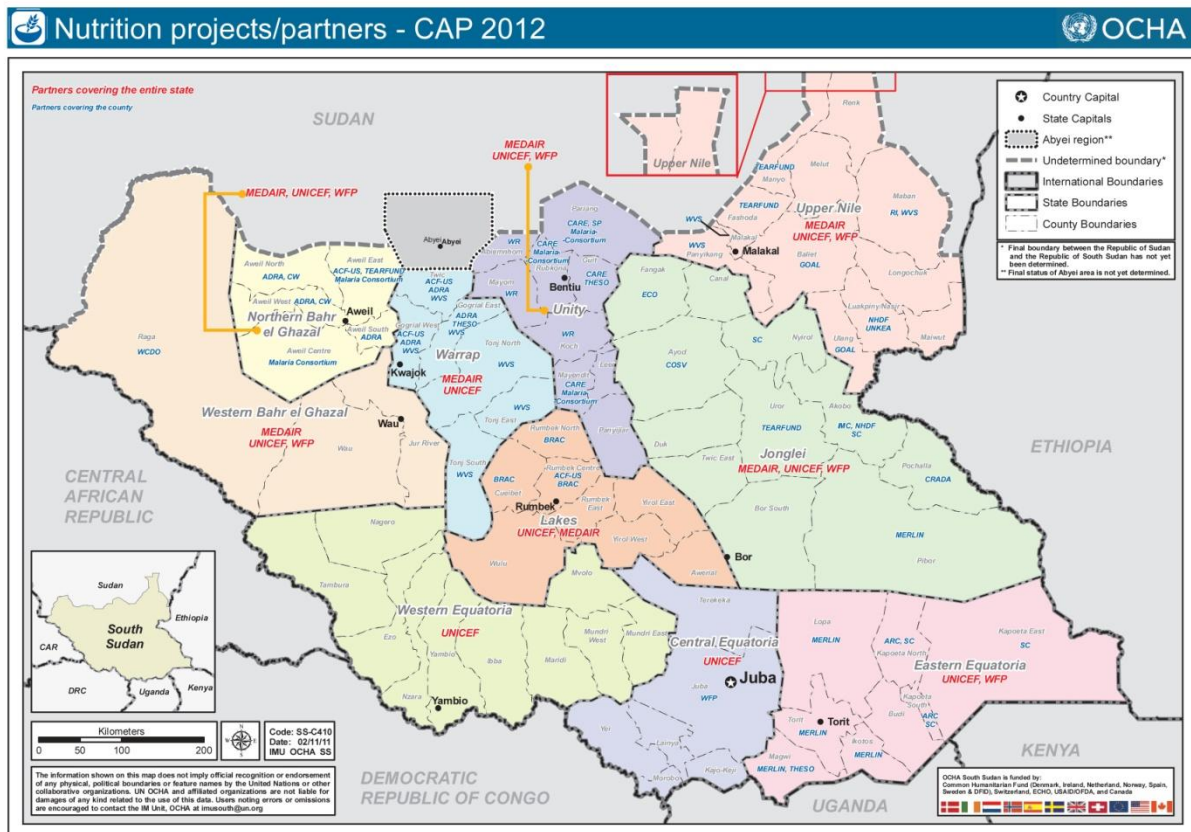
¹¹⁴ Nutrition Cluster SMART Surveys Pre-Harvest 2010 and 2011.

¹¹⁵ South Sudan Households Survey 2010 as cited in South Sudan Development Plan 2011-2013.

¹¹⁶ South Sudan Household Survey 2010 as cited in South Sudan Development Plan 2011-2013.

¹¹⁷ FANTA 2 USAID, December 2010, Situational Analysis of Nutrition in South Sudan based on June 2009 Assessment.

The nutrition supply management chain will be strengthened. Common warehousing provided by the Logistics Cluster will be used for pre-positioning of nutrition supplies and there will be close collaboration with the supply departments of UNICEF and WFP to determine the location, volume and composition of supplies to be pre-positioned. Supply utilization reports will be used to mobilize replenishment of stocks, taking into account lead times for distribution including wet season access constraints. Pre- and post-harvest SMART surveys will be conducted; streamlined monthly and emergency reporting tools will be used, with data analysis being used for timely targeted programme interventions. Emphasis will be placed on ensuring partners collect and use reliable data, disaggregated by location, gender and vulnerable grouping. Comprehensive mapping of emergency response capacity will be carried out with state and county level MoH and NGO partners, and partner agencies with identified expertise will be supported to offer surge response. Those identified under-capacity at national, state and operational levels will be supported with technical guidance, mentoring and training. Particular attention will be placed on building national capacity including MoH and local NGOs, CBOs and FBOs. Visits to priority states and counties will be conducted to monitor emergency nutrition response. Increased focus will be placed on the preventative aspect of emergency nutrition, encompassing a range of activities such as home based fortification through use of multi micronutrient sprinkles for children U5 years of age and pregnant and lactating woman, seasonal blanket supplementary feeding in the most vulnerable areas, ensuring quality infant and young child feeding practices are provided by operational health workers, and raising awareness of optimal nutritional practices through mother support groups and other CBOs. Efforts will be made to ensure nutrition partners in the field can provide a linked up emergency response, covering supplementary, therapeutic and preventative interventions.



Cluster caseload by state

The total universe of need for nutrition services (preventive and promotive) in 2012 is up to 2,500,000 people for emergency nutrition prevention and treatment services (see above by state). This includes the following caseloads of 1,745,547 children U5 years of age and 742,507 pregnant and lactating women for preventative services (health promotion and vitamin supplementation), 118,567 children

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six-59 months for treatment of SAM and 399,449 children six-59 months for treatment of MAM as broken down in the table below.

Total caseload estimates for 2012										
	Prevention				Treatment (based on SMART surveys and other food security and vulnerability assessments)					
	Population zero-59 months			PLW	Treatment of SAM six-59 months			Treatment of MAM six-59 months		
	Male	Female	Total		Male	Female	Total	Female	Total	Total
Central Equatoria	105,699	97,339	203,037	91,706	3,092	2,847	5,939	19,501	17,959	37,460
Eastern Equatoria	81,286	73,888	155,173	73,175	5,853	5,320	11,172	18,838	17,123	35,961
Western Equatoria	59,775	54,826	114,601	56,725	1,748	1,604	3,352	8,339	7,648	15,987
Lakes	76,352	69,832	146,184	64,033	4,295	3,928	8,223	15,461	14,141	29,602
Jonglei	149,244	119,175	268,419	117,931	10,746	8,581	19,326	40,967	32,713	73,681
Upper Nile	102,931	85,114	188,045	80,781	8,801	7,277	16,078	24,781	20,491	45,272
Unity	77,860	70,594	148,455	55,416	7,533	6,830	14,363	21,198	19,219	40,417
Warrap	115,697	110,368	226,065	88,838	9,892	9,436	19,329	32,019	30,544	62,564
Western Bahr el Ghazal	86,123	81,742	167,864	60,167	4,457	4,230	8,687	13,952	13,242	27,194
Northern Bahr el Ghazal	34,996	32,289	67,285	29,734	2,992	2,761	5,753	9,685	8,936	18,621
Subtotal	891,705	797,443	1,689,147	718,507	59,408	52,814	112,222	204,741	182,018	386,759
Returnees	29,272	27,128	56,400	24,000	3,293	3,053	6,345	6,585	6,105	12,690
Total Caseload	920,977	824,571	1,745,547	742,507	62,700	55,866	118,567	211,326	188,123	399,449

Monitoring Matrix: objectives, activities and outcome indicator

Cluster Purpose		Outcome indicator	Target
Ensure provision of emergency nutrition services in priority states in South Sudan <i>and</i> focusing on high risk underserved communities and in areas where there is food insecurity, and/or high numbers of internally displaced people and returnees		Percentage of acutely malnourished boys and girls treated in therapeutic and supplementary feeding programmes	80% coverage
Cluster Objective	Supporting Activities	Indicator	Target
1. Provide services for treatment of acute malnutrition in children U5 years, PandLW and other vulnerable groups	<ul style="list-style-type: none"> Treatment for severe and MAM in children U5 years, PandLW and other vulnerable groups Training of health workers in treatment of SAM and MAM in line with national guidelines 	<ul style="list-style-type: none"> Number of acutely malnourished boys and girls treated in line with Sphere Standards Number of health workers trained in SAM and MAM protocols 	<ul style="list-style-type: none"> 83,000 SAM 150,000 MAM 1,400
2. Provide services for prevention of under nutrition in children U5 years and PandLW	<ul style="list-style-type: none"> Provide micronutrient supplementation to children U5 and PandLW Provide supplementary foods to boys and girls aged six-36 months and PandW Protect, promote and support appropriate infant and young child feeding Train health workers, MSGs and CBOs in IYCF 	<ul style="list-style-type: none"> Number of PLW receiving micronutrient supplementation Number of boys and girls six-36 months and PLW provided with supplementary product during seasonal hunger period in priority states 	<ul style="list-style-type: none"> 300,000 200,000 six-36mth 100,000 PLW 5,000

		<ul style="list-style-type: none"> • Number of health workers, lead mothers of MSGs and CBOs trained in IYCF 	
3. Strengthen Nutrition emergency preparedness and response capacity	<ul style="list-style-type: none"> • Convene cluster coordination meetings at state and national levels and convene TWGs • Improve management and analysis of nutrition information • Promote active inter-cluster collaboration with FS, WASH and Health • Training of nutrition partners in all aspects of emergency response 	<ul style="list-style-type: none"> • Number of states holding regular meetings • Timely submission and analysis of assessment and monthly reports and nutrition surveys • Number of joint initiatives undertaken • Number of partners trained on emergency preparedness and emergency response 	<ul style="list-style-type: none"> • Eight • 80% • Four • 20

4.6.10 Protection

Summary of Cluster response plan

Cluster lead agency	OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Co-lead	NORWEGIAN REFUGEE COUNCIL
Cluster member organizations	ARC, INTERSOS, IRC, SC, UNICEF, GADET-Pentagon, UNFPA, WVI, NRC, UNHCR, IOM
Number of projects	40
Cluster objectives	<ul style="list-style-type: none"> • Monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population. • Provide support to survivors of GBV and improve prevention in six priority States (Northern Bahr el Ghazal, Warrap, Upper Nile, Jonglei, Western Equatoria and Unity). • Reunify separated, unaccompanied and abducted children with their families; release children and youth from armed forces and groups; and provide psycho-social services to emergency-affected children.
Number of beneficiaries	715,773 (Child Protection 70,000 children; displaced people; 304,405; returnees: 341,368)
Funds required	\$62,990,940
Funds required per priority level	High: \$33,828,234 Medium: \$10,125,894 Low: \$19,036,812
Contact information	Hy Shelow - shelow@unhcr.org Gregory Norton - icla-pm@sudan.nrc.no

Requirements and aims

The 2012 estimated requirements for the Protection Cluster, which is facilitated by UNHCR and the Norwegian Refugee Council (NRC) in partnership with the GoSS Ministry of Gender, Child and Social Welfare, are \$62.9 million. The purpose of the cluster is to mitigate the effects of grave violations on the civilian population by way of targeted and coordinated interventions with particular reference to vulnerable groups. The key priorities for the cluster in 2012 are to monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population; provide support to survivors of gender-based violence and improve prevention in six priority states (Northern Bahr el Ghazal, Warrap, Upper Nile, Jonglei, Western Equatoria and Unity); and reunify separated, unaccompanied and abducted children with their families, release children and youth from armed forces and groups, and provide psycho-social services to emergency-affected children.

Priority needs

In 2011, human rights concerns in South Sudan were highlighted in an expert report to the UN Human Rights Council¹¹⁸ which concluded that physical safety is severely compromised by deliberate attacks on civilians, forced recruitment, the presence and activities of rebel militia groups, the proliferation of small arms, the presence of ERW and re-mining activities. In 2011, conflict incidents accounted for the most concerning protection issues: by mid-October 2011 some 430 conflict-incidents resulted in 3,165 deaths and the large scale displacement of over 325,700 people.¹¹⁹ However, in a fledgling country shifting from a long-term civil war context to implementation of the rule of law, large gaps exist for many basic legal protections.

South Sudan currently faces considerable child protection needs, including the demobilization of some 1,500 child soldiers¹²⁰ and family tracing for children separated during conflict incidents and during return from Sudan. In the first eight months of 2011 child protection agencies registered some 1,400 conflict-separated children and a further 300 unaccompanied South Sudanese children returning from Sudan.¹²¹ During inter-communal conflict in Jonglei in June and August, some 350 children were

¹¹⁸ *Report of the Independent Expert on the Situation of Human Rights in the Sudan*, Mohamed Chande Othman, UN Doc A/HRC/18/40, 22 August 2011.

¹¹⁹ OCHA incident database, at 15 October 2011.

¹²⁰ The national DDR strategy estimates that 1,500 children are associated with the SPLA:.

¹²¹ Protection partner reports.

abducted or separated from their families.¹²² Prevalence of these child protection issues are likely to rise in 2012, particularly in border areas with the Democratic Republic of Congo and CAR, where rebel militia group recruit both boys for fighting and girls for domestic and marital duties. Additionally, approximately three quarters of rapid needs assessments carried out in 2011 by cluster partners across all ten states documented community concerns about high levels of violence against women and girls,¹²³ and the lack of support services for survivors has been previously documented.¹²⁴ This includes widespread domestic violence, sexual abuse of children, sexual assault by military actors, and a systematic requirement for girls to leave school and marry at 14-15 years of age.¹²⁵

Significant flows of South Sudanese returning in 2011 gave rise to further protection issues, where returnees face risk of robbery, assault, rape and family separation. Returnees from 2011 and 2012 alike can be expected to face legal and physical security issues as they attempt to reintegrate in an insecure environment with a chronic shortage of skilled law enforcement personnel and weak and unevenly applied legal frameworks.¹²⁶ Nascent issues relating to land, including where returnees may settle and what rights they may have in relation to the land, are set to increase, particularly where there is no consistent policy or implementation of relevant legislation.

Approach

Cluster partners will focus on key areas where populations are most at risk, including areas of high return, conflict-affected states, and other flashpoint locations. The cluster will stand ready to provide protection response to a potential mass influx of returnees in April 2012, if South Sudanese wishing to remain in Sudan are unable to resolve their residency status before the end of the nine-month moratorium or if the nine-month period is reduced. The cluster will conduct rapid needs assessments throughout the ten states of South Sudan, adding to data collected in 36 rapid needs assessments conducted since October 2010. Focus will be placed on security and physical safety, gender-based violence, land issues, child protection and re-mining. The sub-cluster will continue the roll out an information management system which records reported incidents of gender-based violence.

Advocacy efforts will be directed towards citizenship, residency rights and the potential for statelessness due to discriminatory implementation of the new nationality laws in the Sudan and South Sudan. Cluster partners will collaborate on public information campaigns and counselling and assistance to enable vulnerable groups to access relevant civil documentation. Focus will also be placed on interventions to address loss or disruption of property and land rights and lack of education and employment opportunities. Training on land law will be provided to officials and community leaders involved in land allocation and land management. Efforts will be made to improve public information and advice for returnees on land issues, to provide support for access to protection mechanisms such as the development of the special protection units at police facilities, and to provide psycho-social support and counselling.

The cluster will also work closely with other clusters to ensure a joint initiative on cross-cutting human rights issues such as access to education, alternative livelihood strategies and the empowerment of women. Child protection partners will focus on tracing and reunification of separated and abducted children, and releasing children and youth from armed forces and groups and assisting them to reintegrate into their families and communities by providing them with access to basic services, improved livelihood and psycho-social care will be crucial.

¹²² *Humanitarian Brief: Inter communal conflict between the Murle and Lou Nuer in Jonglei*, updated 25 August 2011, OCHA.

¹²³ South Sudan Protection Cluster Cluster Rapid Needs Assessment Data Analysis, June 2011. . See also Amnesty International, *South Sudan: A Human Rights Agenda* (June 2011) and USAID 2010 *Situational Overview, Sudan Comparison of Key Findings: 2003-2010 Gender Assessment*.

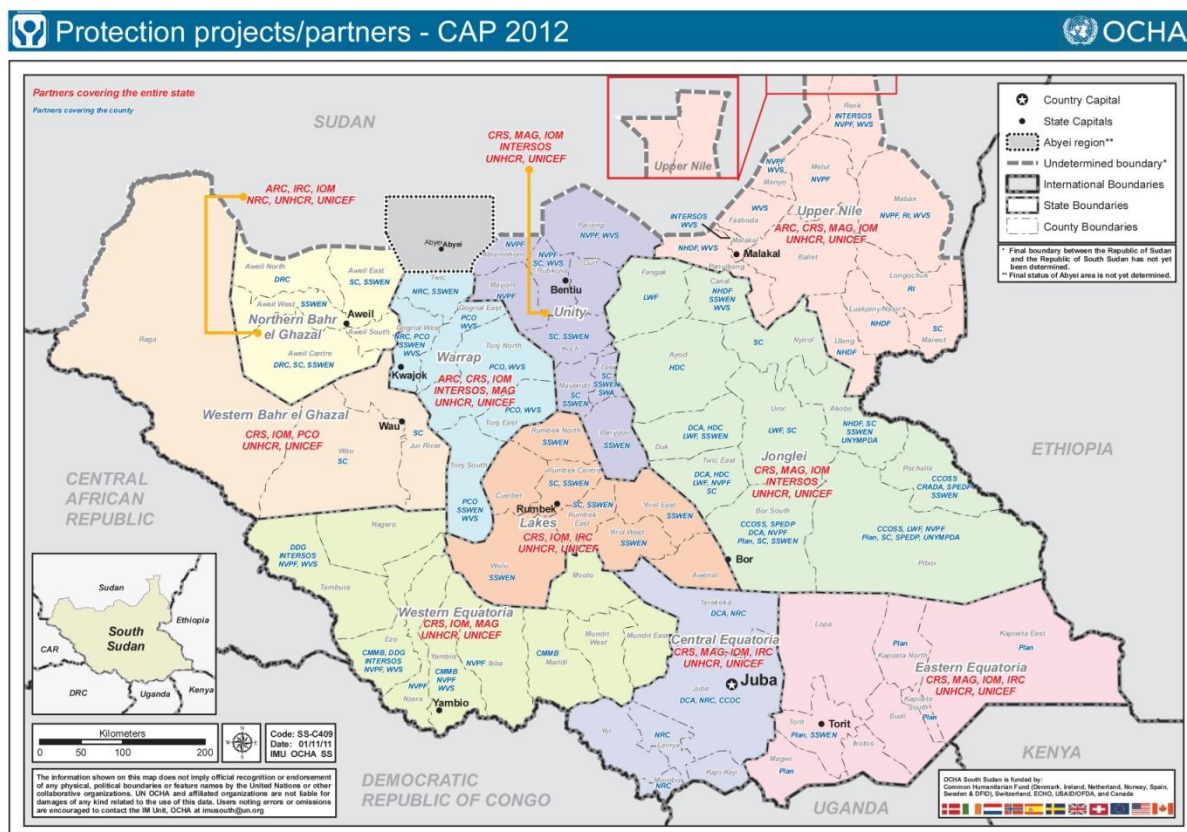
¹²⁴ See eg, *Gender-Based Violence in Southern Sudan: Justice For Women Long Overdue*, A Study for the Enough Project by the Allard K. Lowenstein International Human Rights Clinic at Yale Law School, January 2011.

¹²⁵ *Report of the Independent Expert on the Situation of Human Rights in the Sudan*, Mohamed Chande Othman, UN Doc A/HRC/18/40, 22 August 2011; and South Sudan Protection Cluster Cluster Rapid Needs Assessment Data Analysis, June 2011.

¹²⁶ UNMIS Rule of Law Fact Sheet 01/06/201; *Report of the Independent Expert on the Situation of Human Rights in the Sudan*, Mohamed Chande Othman, UN Doc A/HRC/18/40, 22 August 2011.

4. The 2012 Common Humanitarian Action Plan (CHAP)

Similar focus will be directed towards increasing the capacity of communities to prevent and address conflict drivers and to contribute to the creation of a more protective environment. This will include conflict sensitivity, advocacy to address causes of conflict in priority areas of greatest risk and promote the use of community protection strategies including early warning systems for addressing protection threats. As the primary responsibility for protection resides with the state authorities, protection partners will endeavour to enhance the capacity of officials in international, regional and national human rights, humanitarian and refugee protection regimes, rights of displaced people, the rights of women and of children and other relevant areas, through training and advocacy.



Cluster caseload by state

Given the nature of protection activities, it is difficult to be specific in estimating the likely caseload of the cluster in 2012. However, as noted above, the returns process and internal displacement remain major areas for the cluster and so the figures given below (which reflect return and displacement during 2011) provide some indication of possible needs and the likely location of caseloads.

State	Sector caseload			
	IDPs	Returns	Children	Total
Central Equatoria	1,580	35,969	5,000	42,549
Eastern Equatoria	50	9,930	5,000	14,980
Western Equatoria	9,296	1,223	5,000	15,519
Lakes	27,255	17,332	5,000	49,587
Jonglei	75,803	19,812	10,000	105,615
Upper Nile	12,185	56,251	10,000	78,436
Unity	49,355	83,851	10,000	143,206
Warrap	103,205	31,866	10,000	145,071
Western Bahr el Ghazal	9,926	19,006	5,000	33,932
Northern Bahr el Ghazal	1,759	66,128	5,000	72,887
Sub-total, acutely vulnerable	290,414	341,368	70,000	701,782

Monitoring Matrix: Objectives, Activities and Outcome Indicators

Cluster purpose		Outcome indicator	Target
To mitigate the effects of grave violations on the civilian population by way of targeted and coordinated interventions with particular reference to vulnerable groups		Number of policies/practices/procedures modified in accordance with protection principles	Six
Cluster objectives	Supporting activities	Indicator	Target
1. Monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population.	<ul style="list-style-type: none"> Conduct protection assessments of affected and at-risk populations Provide protection advice and assistance in humanitarian emergencies Undertake interventions with authorities to prevent violence and promote accountability and legal remedies for harm done Advocate to prevent and address causes of conflict in priority areas of greatest risk Promote the use of community protection strategies including early warning systems 	<ul style="list-style-type: none"> Number of joint protection assessment missions carried out Number of major interventions relating grave violations identified, including through assessments. 	<ul style="list-style-type: none"> 40 40
2. Provide support to survivors of GBV and improve prevention in six priority States (Northern Bahr el Ghazal, Warrap, Upper Nile, Jonglei, Western Equatoria and Unity)	<ul style="list-style-type: none"> Improve health sector practice through finalization of Clinical Management of Rape Survivors (CMR) Guidelines and roll out and review effectiveness of Special Protection Unit (SPU) operations and develop an appropriate process for the involvement of police Undertake a national behaviour change campaign on sexual violence and forced and early marriage Equip key actors in South Sudan to launch and support rapid, effective response to GBV in crisis-affected settings 	<ul style="list-style-type: none"> Percentage of population of six priority states of South Sudan with access to multi-sectoral response services (psycho-social, health, justice, security) 	50%
3. Reunite separated, unaccompanied and abducted children with their families; release children and youth from armed forces and groups; provide psycho-social services to emergency-affected children	<ul style="list-style-type: none"> Separated, unaccompanied and abducted children are identified, registered and reunited after successful tracing of their families Children and youth associated with armed forces and groups are identified, released and assisted to be reintegrated into their families and communities Children affected by emergencies receive psycho-social support and services 	Number of identified and registered children reunited with their families or alternative care arrangements assured	2,400

4.6.11 Mine Action (a protection sub-Cluster)

Summary of sub-Cluster response plan

Sub-Cluster lead agency	UNITED NATIONS MINE ACTION SERVICE
Cluster member organizations	UNMAS, UNICEF, UNOPS, SSDA, Ministry of Education, Ministry of Gender, Child and Social Welfare, FSD, Mines Advisory Group (MAG), Norwegian People's AID (NPA), G4S Ordnance Management, DDG, Handicap International (HI), MECHEM, MineTech International (MTI), Operation Save Innocent Lives (OSIL), SIMAS, SEM, ESAD, CWEP, OVCI – Usratuna, Nile Assistance for the Disabled (NAD), Unity Cultural and Development Centre (UCDC), OLAVS, South Sudan Disabled People Association (SSDPA), Sudanese Disabled Rehabilitation and Development Agency (SDRDA)
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> • Facilitate free and safe movement for humanitarian operations through clearance of landmines and ERW. • Reduce the risk of injury from landmines and ERW and facilitate the reintegration of landmine victims and people with disabilities (PWD) through targeted MRE and VA interventions. • Strengthen and support the management and operational capacities of the national mine action counterparts and implementing partners to deal with emergency aspects of landmine and ERW contamination in South Sudan.
Number of beneficiaries	2,503,308
Funds required	\$49,553,108
Funds required per priority level	High: \$25,760,933 Medium: \$23,512,175 Low: \$280,000
Contact information	Sarah Holland - sarahh@sudan-map.org

Requirements and aims

The 2012 estimated requirements for the Mine Action Sub-Cluster – facilitated by the UN Mine Action Coordination Centre – South Sudan (UNMACC, formerly the UN Mine Action Office), in partnership with SSDA of the Government of South Sudan – are \$49.5 million. The purpose of the sub-cluster is to reduce the threat and impact of landmines and ERW. The key priorities for the sub-cluster in 2012 are to facilitate free and safe movement for humanitarian operations through clearance of landmines and ERW; to reduce the risk of injury from landmines and ERW and facilitate the reintegration of landmine victims and people with disabilities through targeted mine risk education (MRE) and victim assistance interventions; and to strengthen and support the management and operational capacities of the national mine action counterparts and implementing partners to deal with emergency aspects of landmine and ERW contamination in South Sudan.

Needs analysis

Landmines were an integral part of the Second Sudanese civil war, with all parties to the conflict using significant quantities of mines to defend their positions and to disrupt the movement and operations of their enemies. Records of where mines were laid were rarely kept and what records have been located tend to be inaccurate. Therefore, defining the true extent of landmine and ERW contamination throughout South Sudan has been challenging. A Landmine Impact Survey conducted from 2006 to 2009 indicated that landmine/ERW contamination was present, to varying degrees, in all ten states of South Sudan.¹²⁷ As demining and MRE teams have continued to discover new hazards during the course of their activities, the true extent of landmine/ERW contamination continues to evolve.

As of September 2011, approximately 108 people were killed or injured by landmines and ERW, however due to under reporting the true figure is most likely higher. Returnee and displaced people moving across South Sudan are also placed at risk as they are often unaware of the dangers of

¹²⁷Landmine Impact Survey, 2010.

landmine and ERW contamination in the areas through which they travel. In addition to loss of life, the real and perceived threat of landmines further constrains the movement of humanitarian actors and assets, thereby hampering humanitarian emergency assessment and response, and increasing reliance on expensive air movements.

According to UN data, the over 800 hazards including minefields, dangerous areas (DA) and suspected hazardous areas will require mitigating action over the next six years to address all high and medium threats throughout South Sudan, should funding and contamination levels remain constant. Although much has been accomplished by the Mine Action Sub-Cluster in reducing the threat and impact of landmines and ERW, re-mining activities of rebel militia groups operating in Upper Nile, Unity and Jonglei states has posed an additional threat and resulted in loss of life and blocked humanitarian actors from providing lifesaving interventions such as the provision of food and medicine to at-risk populations. Three quarters of returnees in 2011 are located in these three states along with Greater Bahr el Ghazal and Warrap.

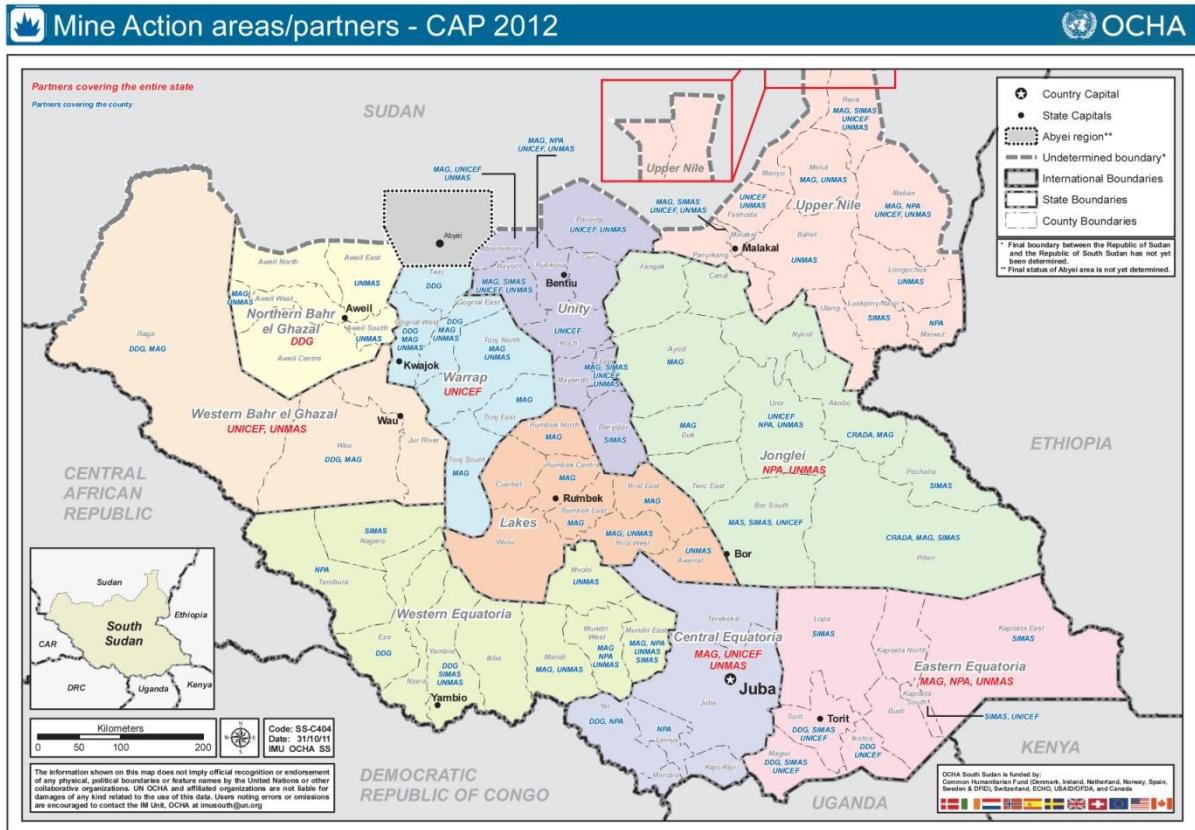
Approach

In 2012 the Mine Action sub-Cluster will continue to use a multi-pronged approach including survey and clearance of routes and hazardous areas, MRE, victim assistance and strengthening national mine action capacity in areas with high internally displaced people and returnee rates along with high levels of landmine/ERW contamination. In 2012 over 1,000 km of routes will be opened and approximately 200 hazardous areas addressed through de-mining activities, benefitting an estimated 2.5 million people throughout South Sudan. Additional demining and MRE teams will be deployed in Unity, Upper Nile and Jonglei states, particularly where there has been recent use of landmines and recent mine accident casualties. Mobile explosive ordnance disposal (EOD) teams, with the capacity to respond quickly to new or immediate threats, will also be deployed whenever necessary. Integrated mine clearance capacities composed of manual deminers, mine detection dogs and demining machines, with the ability to address multiple threats simultaneously along with manual and EOD teams will also be deployed. Mine action programming will take into account the different ways in which men, women, boys and girls are vulnerable to landmine/ERW threats based on their mobility patterns and roles in society.

Efforts will be made to reduce the incidence of death and injury from landmines and ERW², using MRE and community liaison teams to provide MRE in communities recently affected by these threats, including programmes to train teachers in MRE to school children. MRE will also be targeted to displaced people and returnees, reaching a total of 150,000 beneficiaries. The response will also target the re-integration of landmine victims and people with disabilities, with victim assistance interventions reaching 600 people. This will include the provision of physical and orthopaedic therapy, psychological care for survivors, and income generating activities. Data will also be collected from community members where interventions are being implemented in order to identify other threats and to better assess the direct and physical impact of landmine/ERW contamination in South Sudan.

The capacities of national mine action counterparts will continue to be strengthened in order to further address landmine/ERW threats. Capacity development will entail the provision of at least 50 on-the-job training sessions for SSDA staff members in the areas of Information Management System for Mine Action (IMSMA) database management, operations and quality assurance, MRE, VA, and advocacy. Wherever possible, national staff (including women and ex-combatants) will be employed to undertake de-mining activities. The sub-cluster will work closely with the Government on a plan for independent national clearance and response capacity encompassing not only the SSDA but also the SPLA and police. Creation of national clearance capacities within the army and the police will serve to strengthen and expand coverage and reduce the response times to addressing urgent mine threats reported by the local population and humanitarian actors. Support will also be provided to the Government to ratify the Anti-Personnel Mine Ban Convention (Ottawa Treaty), the Convention on Cluster Munitions and the Convention on the Rights of People with Disabilities.

4. The 2012 Common Humanitarian Action Plan (CHAP)



Cluster caseload by state

The estimated caseload for the Mine Action sub-Cluster in 2012 is around 2.5 million people (56% men, 44% women) with a majority benefitting from survey and clearance and mine risk education and community liaison activities.

State	Sector caseload		
	Female	Male	Total
Central Equatoria	536,619	599,589	1,136,208
Eastern Equatoria	120,009	207,914	327,923
Western Equatoria	83,573	176,553	260,126
Lakes	25,394	27,577	52,971
Jonglei	144,877	201,562	346,439
Upper Nile	81,825	97,240	179,065
Unity	22,174	23,379	45,553
Warrap	30,016	29,100	59,116
Western Bahr el Ghazal	16,700	20,552	37,252
Northern Bahr el Ghazal	29,438	29,217	58,655
Total caseload			2,503,308
Caseload Vulnerability			
IDPs, Most Likely Scenario		26,814	
Returnees, Most Likely Scenario		59,242	
Host Communities, Most Likely Scenario		2,417,252	
Total Caseload		2,503,308	

Monitoring: Objectives, Activities, and Outcome indicators

Cluster purpose		Outcome Indicator	Target
Reduce the threat and impact of landmines and ERW		Decrease in the number of civilian accidents caused by mines and ERW	50%
Cluster objectives	Supporting Activities	Indicator	Target
1. Facilitate free and safe movement for humanitarian operations through clearance of landmines and ERW	<ul style="list-style-type: none"> • Conduct route survey, verification and clearance • Conduct landmine and ERW survey and clearance of known and suspected hazardous areas 	<ul style="list-style-type: none"> • Number of km of roads surveyed, cleared and verified • Number of hazardous areas including DAs, suspected hazardous areas and minefields released to local communities 	<ul style="list-style-type: none"> • 1,050 • 200
2. Reduce the risk of injury from landmines and ERW and facilitate the reintegration of landmine victims and people with disabilities through targeted MRE and VA interventions	<ul style="list-style-type: none"> • Provide MRE to at-risk populations including displaced people and returnees • Train peer-to-peer educators within youth groups and various associations • Incorporation of MRE into the school curriculum through teacher training • Provide landmine safety training to UN and NGO staff members (landmine safety project) • Implementation of VA projects including income generating activities and business skills training • Data collection on landmine victims 	<ul style="list-style-type: none"> • Number of individuals reached through MRE including at-risk populations, UN and NGO staff members and teachers • Number of individuals reached through VA interventions 	<ul style="list-style-type: none"> • 150,000 • 600
3. Strengthen and support the management and operational capacities of the national mine action counterparts and implementing partners to deal with emergency aspects of landmine and ERW contamination in South Sudan	<ul style="list-style-type: none"> • Provision of on-the-job trainings to SSSA and local NGO staff members • Development of a plan to build national clearance and response capacities • Build capacity of SSSA offices to manage a demining task cycle from issue to archive with minimal international staff member intervention 	<ul style="list-style-type: none"> • Number of on-the-job trainings provided • Number of tasks managed by SSSA staff with minimal international staff member intervention 	<ul style="list-style-type: none"> • 50 • Four

4.6.12 WASH

Summary of Cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	MEDAIR
Cluster member organizations	ACF-USA, ACTED, AMURT, ARC, AWODA, CARE, CCOSS and SPEDP, CESVI, CMD, CRADA, CRS, DCA, ECO, FAR, Goal, Horn Relief, IAS, INTERSOS, IOM, IRW, JEN, LHDS, Medair, Mercy Corps, NCA, NHDF, Oxfam-GB, PAH, PCO, Plan International, PSI, RI, Solidarites International, SP, SSCCA, Tearfund, THESO, UNHCR, Unicef, World Vision Sudan
Number of projects	41
Cluster objectives	<ul style="list-style-type: none"> • Increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies. • Strengthen acutely vulnerable communities to withstand emergency WASH crises. • Facilitate behaviour change in hygiene and sanitation practices in acutely vulnerable communities.
Number of beneficiaries	2.1 million
Funds required	\$73,097,600
Funds required per priority level	High: \$25,702,767 Medium: \$16,056,235 Low: \$31,338,598
Contact information	Douglas Graham, Cluster Coordinator - dgraham@unicef.org Jesse Pleger, Cluster Co-Lead - watsan-southsudan@medair.org

Requirements and aims

The 2012 estimated requirement for the WASH Cluster, facilitated by UNICEF and Medair, in partnership with the GoSS Ministry of Water Resources and Irrigation (MWRI) is \$73 million. The purpose of the cluster is to increase access to safe water and improved sanitation and hygiene practices among emergency-affected and acutely vulnerable communities in South Sudan. The key priorities for the cluster in 2012 are to increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies, strengthen acutely vulnerable communities to withstand emergency WASH crises, and facilitate behaviour change in hygiene and sanitation practices in acutely vulnerable communities.

Needs analysis

Access to clean water and sanitation facilities in South Sudan is limited. Recent data indicates that only half of the population use an improved water source and only 10.5% treat water in order to ensure potability and minimize waterborne diseases. Less than a fifth of the population have adequate sanitation facilities and two-thirds have no access to sanitation facilities at all.¹²⁸ At least 26% of existing water points in South Sudan are non-functional.¹²⁹ The number of people per water point in many counties ranges from 1,000 to 6,000,¹³⁰ and the average time to collect water is 45 minutes,¹³¹ with reports of some communities travelling hours. Distribution of the burden for the collection of household water is 87% for adult women compared to 4% for adult men, and 5% for girls compared to 0.4% for boys.¹³² In most counties, less than half of primary schools have access to safe water and sanitary latrines.¹³³ Due to poor access to safe water and sanitation facilities and poor hygiene practices, the population in South Sudan faces a persistent risk of preventable water-related diseases such as AWD, guinea worm (98% of global cases being in South Sudan), and *kala azar* (12,000 cases

128Sudan Household Health Survey 2010 (SHHS), Abridged Summary.

129 SHAP 2010.

130 SHAP 2010.

131Sudan Household Health Survey 2006.

132Sudan Household Health Survey 2006.

133 South Sudan SHAP 2010.

reported since 2009).¹³⁴ Most communities in South Sudan live with extremely low WASH standards and limited WASH infrastructure and capacity, and therefore have no cushion to absorb displacement from conflict and natural disaster.

At present the majority of WASH needs in South Sudan are met by humanitarian partners whose focus is on emergency needs. Key constraints to effective response include inaccessibility of target locations due to conflict and poor road access, and limited storage capacity at the county level to pre-position assets near areas of highest potential humanitarian need. Seasonal flooding contaminates water sources and displaces large numbers of South Sudanese into communities that have inadequate facilities. New displacements, refugee influxes and increased number of returning South Sudanese, will significantly increase the demand for WASH services and the potential for water-related diseases such as cholera.

Approach

In 2012 the WASH Cluster will focus on strengthening system-wide preparedness and technical capacity to respond to humanitarian emergencies. WASH materials will be strategically pre-positioned ahead of the rainy season, and partners will respond to displaced people and host communities in emergencies through rehabilitation of water systems, construction of emergency surface water treatment systems, gender-separated latrines, distribution of hygiene kits, and hygiene promotion activities. Host communities will be addressed in emergency response, in order to mitigate tension caused by unequal provision of services. The WASH Cluster will continue to include and work with national NGOs as equal partners.

To reinforce the existing WASH safety net, basic service delivery will focus on acutely vulnerable communities. Separate sanitation and hygiene strategies will be designed to address the needs of women and men, boys and girls. To maximize outcomes, the WASH Cluster will collaborate closely with related clusters including education, health, nutrition and protection, and will liaise with the FSL Cluster in relation to the provision of WASH facilities in areas of severe food insecurity. A community-led total sanitation approach to hygiene and sanitation will be used to trigger communities into initiating sanitation and hygiene solutions themselves. This involves the use of village water and sanitation committees who will manage and maintain existing facilities and take some control of WASH planning and implementation. Active participation of women on the committees will be ensured so that the needs and rights of women are taken into account. The approach will also be sensitive to community dynamics, particularly in rural areas where conflict-related to competition for water resources can be mitigated through WASH provision.

Cluster caseload by state

The expected caseload for the WASH Cluster in 2012 is 2.1 million people, broken down as follows:

- Priority one: an estimated 1,000,000 returnees, internally displaced people and host communities affected by emergencies will be assisted;
- Priority two: an estimated 1,100,000 acutely vulnerable people will be assisted through rehabilitation of existing water schemes, development of new water sources, and increased maintenance capacity at local level; and
- Priority Three: an estimated 600,000 acutely vulnerable (which are included in the priority two figure) with no access to sanitation facilities, will be assisted through sanitation interventions and hygiene promotion. The breakdown of the total caseload by state and gender is shown in the table overleaf.

¹³⁴ "Integrated Strategy for Kala-azar (Visceral Leishmaniasis) Prevention and Control in Southern Sudan", March 2011.

Monitoring matrix: objectives, activities and outcome indicators

Cluster purpose		Outcome indicator	Target
Increase access to safe water and improved sanitation and hygiene practices among emergency-affected and acutely vulnerable communities in South Sudan		Proportion of population using an improved water source	60% (10% improvement)
Cluster objectives	Supporting activities	Indicator	Target
1. Increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies	<ul style="list-style-type: none"> • Upgrading existing water points into water yards • Construction of emergency surface water treatment systems • Rehabilitation of existing water supply systems • Construction of emergency latrines • Distribution of basic hygiene kits • Procure and pre-position WASH emergency supplies • Coordinate and manage the WASH core pipeline 	<ul style="list-style-type: none"> • Number of IDPs, refugees and returnees provided with access to an improved water source • Number of displaced and returnees provided with access to hygienic latrines (disaggregated by gender), or supplied with basic hygiene kit 	<ul style="list-style-type: none"> • 1,000,000 • 1,000,000
2. Strengthen acutely vulnerable communities to withstand emergency WASH crises	<ul style="list-style-type: none"> • Upgrading existing water point into water yards • Provision of new water supply systems • Rehabilitation of existing water supply systems • Build capacity of community-based organisations, to operate systems effectively with women constituting 60% of the water management committee 	<ul style="list-style-type: none"> • Number of people provided with access to an improved water source • Amount of time spent collect water each day 	<ul style="list-style-type: none"> • 1,100,000 • < 30 min
3. Facilitate behaviour change in hygiene and sanitation practices in acutely vulnerable communities	<ul style="list-style-type: none"> • Rehabilitation of existing sanitation facilities • Provide new sanitation facilities in target locations/schools/health centres with separate units for males and females • Support community-led total sanitation type approaches in order to scale-up sanitation provision 	<ul style="list-style-type: none"> • Number of people accessing toilets and washing facilities • Percentage of target population able to cite the three key hand-washing times and with soap present in the household 	<ul style="list-style-type: none"> • 600,000 • 60%

Cluster Monitoring Plan

Monitoring and reporting progress against cluster objectives and activities in the CAP in 2012 will be done both at the state and national levels. Currently all the clusters have functioning coordination mechanisms in all ten states through the state focal point system, some of whom are NGO partners. This will be strengthened to support monthly monitoring and reporting on cluster activities at the state level. The clusters will also continue to conduct monthly and fortnightly meetings at both state and national level to plan, monitor and coordinate their activities. At the national level, reporting by partners will complement the reports received from the state level focal points. In addition, assessments and surveys will also be conducted, including the rapid needs assessment surveys by the Protection Cluster, the quarterly food security monitoring system and the CFSAM by the FSL Cluster, and the pre- and post-harvest SMART surveys by the Nutrition Cluster. In addition to the cluster assessments and surveys, government information systems such as the health management information system and the education management information system, will be additional sources of information. Emphasis will be placed on collection of data disaggregated by gender.

In January 2011, OCHA launched a monthly cluster reporting system, through which the clusters are submitting monthly reports to OCHA. The reporting track progress against objectives and activities in the CAP and this will be continued in 2012.

4.7 Logical framework of humanitarian action plan

Strategic Objective	Key indicators with targets	Corresponding Cluster objectives	
1. Responding to emergencies as quickly as possible by conducting multi-agency need assessments, pre-positioning pipelines, securing alternative supply routes, upgrading access routes, mapping at-risk populations and response capacity, mobilizing emergency logistics support, and synchronizing the delivery of core pipelines and monitoring for quality service delivery	<ul style="list-style-type: none"> 75% of identified transport bottlenecks resolved 80% prepositioning completed 100% decrease in number of areas restricted to humanitarian partners 	Logistics	To expand physical access for humanitarian organizations into crisis areas
		NFI and ES	Preposition sufficient NFIs and ES materials in key locations throughout South Sudan
		CSC	To facilitate safe access to populations in need
2. Reducing food insecurity by significantly improving the use of innovative delivery modalities safety nets	<ul style="list-style-type: none"> 1.2 million people receiving food and non-food assistance with food and 20% reduction in food insecurity 70% animals in targeted areas vaccinated 	FSL	To improve household food availability to save lives and protect livelihoods in emergencies and reduce food insecurity
		FSL	To improve livestock health and contain disease outbreaks to protect livelihood assets and food security of agro-pastoral households
3. Maintaining front-line services in “hotspot areas” until other delivery, regulatory and funding mechanisms are in place	<ul style="list-style-type: none"> 400,411 Antenatal client IPT2 2nd dose 83,000 severely acutely malnourished boys and girls treated in line with Sphere Standards 	Health	To maintain the existing safety net by providing basic health packages and emergency referral services
		Nutrition	Provide services for treatment of acute malnutrition in children U5 years, PandLW and other vulnerable groups

	<ul style="list-style-type: none"> • 1,000,000 internally displaced people, refugees and returnees provided with access to an improved water source • 1,000,000 internally displaced people, refugees and returnees provided with access to hygienic latrines disaggregated by gender or supplied with basic hygiene kits 	WASH	Increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies
4. Ramping up support for returnees by providing timely transport and life-saving, cost-effective services during transit and at final destination points and by providing basic re-insertion packages	<ul style="list-style-type: none"> • 250,000 returnees registered in South Sudan in 2012 • Return framework with GoS/GoSS approved • 100,000 stranded returnees who receive onward transport assistance 	Multi-Sector	To set up a return framework to support voluntary, safe and dignified return of South Sudanese from Sudan, refugees from asylum countries and Abyei displaced population in South Sudan
		Multi-Sector	To provide protection and adequate material assistance to refugees in South Sudan
		Multi-Sector	To provide transportation/ infrastructure for onward transport assistance
5. Strengthening protection for at-risk populations by helping to monitor grave human rights violations, reunify children separated from their families, release children from association with armed groups and reduce and respond to GBV	<ul style="list-style-type: none"> • 40 joint protection assessment missions carried out • 50% of population of six priority states of South Sudan with access to multi-sectoral response services (psycho-social, health, justice, security) 	Protection	To monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population
		GBV	To provide assistance and support to survivors of GBV and improve prevention in six priority States (Northern Bahr el Ghazal, Warrap, Upper Nile, Jonglei, Western Equatoria and Unity);

4. The 2012 Common Humanitarian Action Plan (CHAP)

	<ul style="list-style-type: none"> The estimated 2,400 separated, unaccompanied and abducted children are reunified or placed in family based care arrangement 1,500 children and youth are identified, released and reintegrated. 	Child Protection	To reunify separated, unaccompanied and abducted children with their families; release children and youth from armed forces and groups; and provide psycho-social services to emergency-affected children
	200 hazardous areas including DAs, suspected hazardous areas and minefields released to local communities	Mine Action	Facilitate free and safe movement for humanitarian operations through clearance of landmines and ERW

Operational Objective	Key indicators with targets	Corresponding Cluster objectives	
1. Reducing costs and improving the operational environment by monitoring interference, advocating with state and military authorities at central, state and county levels, establishing an access working group and developing new ways of engaging with armed groups	<ul style="list-style-type: none"> 80% of issues involving government counterparts successfully resolved Functional access working group established at Juba level 	CSC	To facilitate safe access to populations in need
			To facilitate effective emergency preparedness and integrated humanitarian response
2. Improving coordination by allocating funding for Cluster coordination, building the capacity of authorities to coordinate emergencies and, when conditions are ready, linking humanitarian coordination groups with new development structures coming on line	<ul style="list-style-type: none"> 558 staff (420 from RRC and 138 from MHADM) trained Complete and functional situation and information in Juba 	CSC	To facilitate effective emergency preparedness and integrated humanitarian response
		CSC	

4.8 Cross-cutting issues

The integration of the cross cutting issues such as gender, environment and HIV/AIDS across the clusters in 2011 was constrained partly due to lack of skilled capacity. However, with the increased number of dedicated cluster coordinators now on board, the South Sudan 2012 CAP will continue to pursue efforts to the integrate cross-cutting issues across all clusters activities. For gender, the IASC GenCap Advisor for South Sudan has continued to work closely with all the clusters to support the mainstreaming of gender into project design and encourage design of projects that target specific barriers to gender equality. The Gender Marker has also been applied to all projects during the peer review for all the 2012 CAP projects.

4.9 Roles and responsibilities

The Government of the South Sudan Ministry of Humanitarian Affairs and Disaster Management (MHADM) is the main counterpart for humanitarian agencies at the national level. The Humanitarian Coordination Forum operates as the main interface between the MHADM, humanitarian organizations and humanitarian donors and is co-chaired by the Minister for Humanitarian Affairs and Disaster Management and Humanitarian Coordinator for South Sudan. Its purpose is to analyse the root causes of humanitarian situation, develops strategic policy and identify joint priorities for action. At the state level, OCHA co-chairs the State Humanitarian Coordination Forums with the SSRRC in seven states where OCHA currently has presence.

The Humanitarian Country Team (HCT) provides strategic direction to the humanitarian operation in South Sudan. The membership of HCT includes the heads of UN agencies, NGOs and international organizations and donors. MSF and ICRC participate in the HCT as observers. The HCT holds regular scheduled meetings chaired by the Humanitarian Coordinator at the national level and provides guidance on policy and advocacy issues, ensuring linkages with recovery and development as appropriate.

The participation of donors in both the HCT and the HCF ensures a continuous and strategic dialogue on the humanitarian situation and response. This includes prioritization of funding for on-going and emerging emergencies, policy guidance and advocacy with the government on issues that directly impact on the humanitarian operating environment.

At the operational level, discussions in the Inter-Sector Working Group and cluster meetings are used to set the agenda for the HCT and HCF through continuous assessment, analysis and reporting on the humanitarian situation. Cluster membership (see table below) includes national and international organizations operating in South Sudan. Government line ministries are also key partners in the cluster system and work closely with the clusters to provide guidance on among other things, policies on sector operations.

Relevant governmental institution	Cluster/Sector lead	Cluster/Sector members and other humanitarian stakeholders
CSC		
Ministry of Humanitarian Affairs and Disaster Management (MHADM) and South Sudan RRC	UN OCHA	MoHADM, RRC, OCHA, UNDSS, NGO Secretariat, IOM, RCSO, UNHAS, UNICEF
Education		
Ministry of Education,	UNICEF	UNHCR, WFP, UNESCO, IOM, AED, AMURT, Caritas, Chr.Aid, Creative Associates, CRS, Episcopal Church of Sudan, Finn Church Aid, FHI, Hold the Child, Humane Development Council, IBIS, INTERSOS, , MercyCorps, NHDF, NCA, NRC, OMIED, Peace Corps Organization, Plan International, RI, Right to Play, SAID, SP, SC. SNV, South Sudan Disabled Person Association, SSUDA, Stromme Foundation, Turath Organization for Human Development, UNYMPDA, War Child Holland, Windle Trust International, World Relief, World Vision
Emergency Telecommunications		
Ministry of Telecommunication and Postal Services	WFP	WFP
FSL		
Ministry of Agriculture and Forestry and	FAO and WFP	ACF USA; ACTED; ADRA; AMURT; AWODA; BRAC; CARE South Sudan; Caritas Switzerland/Luxembourg;

4. The 2012 Common Humanitarian Action Plan (CHAP)

Relevant governmental institution	Cluster/Sector lead	Cluster/Sector members and other humanitarian stakeholders
Ministry of Animal Resources and Fisheries		CDoT; CRS; Chr.Aid; CMD; DCA; DRC; Deutsche Welthungerhilfe e.V.; ERADA; FAR; FAO; HR; HDC; ICCO; IOM; IRW; LCED; Mani Tese; Mercy Corps; NCA; NRC; PCO-SOUTH SUDAN; PI; PHA; PRP; RI; RAAH; SP; SC; Solidarités; SPEDP/GIRDP; Tearfund; UDA; UNHCR; UNKEA; VSF-B; VSF-S; VSF-G; WCDO; WFP; WR South Sudan; WVI
Health		
MoH, State Ministries of Health	WHO	SC, Medair, Healthnet TPO, IMC, IMA, MERLIN, WVI, CCM, CRADA, ADRA, CONCERN, IRC, COSV, GOAL, ACRASS, ARC, BRAC, CARE, CDoT, CRS, ECS, EPC, JDF, International HIV/AIDS Alliance, Intrahealth, IOM, IRD, KCS, WR, WHO, UNICEF, UNFPA, SRC, Tearfund, THESO, UNHCR, UNKEA, SOH, RI, MC, MSI, Netherlands RC, NCA, MGH, OVCI, PCPM
Logistics		
Ministry of Information, Ministry of Road, Transport and Bridges for information-sharing only	WFP	UNOPS, IOM, UNICEF, OCHA, UNHCR, SC, OXFAM, DDG/DRC, NRC, COSV, MSF, GOAL, AMURT, ACFM, MSI, MEDAIR International, PSI, HI, IMA World Health, INTERSOS, CRS
Mine Action		
SSDA, MoE, Ministry of Gender, Child and Social Welfare	UMAS	UNICEF, UNOPS, FSD, MAG, NPA, G4S Ordnance Management, DDG, HI, MECHEM, MTI, OSIL, SIMAS, SEM, ESAD, CWEP, OVCI – Usratuna, NAD, UCDC, OLAVS, SSDPA, SDRDA
Multi-Sector (Emergency Returns and Refugees)		
Ministry of Gender, Child and Social Welfare, RRC	IOM and UNHCR	IOM, UNHCR, WFP, UNICEF, WHO, Cluster coordinators (WASH, Health, Food, Protection, Logistics, NFI and ES, and NGO Forum)
NFIs and ES		
	IOM	CRS, DCA, IRW, INTERSOS, LWF, MEDAIR, NCA, Oxfam-GB, SC UNHCR, UNICEF, WVI
Nutrition		
MoH, State Ministries of Health	UNICEF	AAA, ACF, Across, ADRA, ARC, BRAC, CARE, CCM, CC-SS, CDOR, CDOT, CDOW, CMA, Concern WW, COSV, COUM, CRADA, DEA, ECS, GOAL, IMC, JDF, LDA, MC, Masterseed, Medair, MERLIN, MSF-B, MSF-CH, MSF-E, MSF-F, MSF-H, NCDA, NHDF, NPA, OVCI, PCOS, RI, SP, SCC, SC, SOH, SIM, SSUDA, Tearfund, THESO, UNKEA, URDOS, WCDO, WERD, WFP, WR, WVI
Protection		
Ministry of Gender, Child and Social Welfare, RRC	UNHCR	ARC, INTERSOS, IRC, SC, UNICEF, GADET-Pentagon, UNFPA, WVI, NRC, UNHCR
WASH		
MWRI, MoH, State Ministry of Physical Infrastructure	UNICEF	ACF, ACTED, Alaska Sudan Medical Project, AMURT, ARC, AWODA, CAFOD, CARE, CARITAS, CESVI, CRADA, CRS, DCA, DRC, Goal, IAS, Intermon OXFAM, INTERSOS, IOM, IRW, Medair, MWRI, MoH, NCA, NHDF, Oxfam-GB, Pact, PHA, PCO, PWJ, PSI, RI, SP, Solidarites, Tearfund, UNHCR, UNICEF, WVI, ZOA

5. Conclusion

The 2012 Consolidated Appeal for South Sudan is the country's first full appeal as an independent state. Drawing on the expertise of nearly 400 humanitarian partners, it provides a blueprint for responding to emergency needs and preventing a humanitarian downturn during the first year of statehood.

Events over 2011 have underlined the complex threats facing South Sudanese. The eruption of fighting in Abyei, Southern Kordofan and Blue Nile has forced thousands of citizens across the border southwards, often into insecure locations where access to vital life-saving services is extremely low. Inter-communal violence, clashes between rebel groups and national forces, and further attacks by the LRA continue to affect large numbers of South Sudanese, disrupting agriculture and livelihoods, destroying property, and generating serious protection concerns.

Food insecurity is expected to affect four of every ten South Sudanese people in 2012, a situation that will increase already worrying malnutrition levels. Improving food availability, strengthening and expanding livelihood activities and improving livestock health have been identified as critical priorities for 2012. Health, nutrition, and water and sanitation needs remain significant across the country, with national and international humanitarian partners continuing to provide the bulk of basic services across the country. Access to emergency education is an important feature of the 2012 appeal, reflecting risks facing South Sudanese children in the context of recurrent violence and natural disasters. The approach outlined in the appeal centres on provision of protective learning spaces for conflict-affected children and youths and ensuring that, as far as possible, education activities can continue during crisis. The underlying vulnerability of communities in South Sudan means that capacity to cope with the effects of shortage, disease and other shocks remains low.

Cutting across humanitarian priorities are the significant logistical difficulties facing the relief operation. Strengthening emergency logistics, telecommunications, and coordination capacity will have a decisive impact on agencies' ability to deliver timely and effective relief over the coming year.

Humanitarian planning for 2012 has continued to emphasize links between relief and development progress, whilst remaining alert to the risks of prematurely drawing down emergency assistance until alternative mechanisms are in place. A sustainable approach to humanitarian assistance provision beyond 2012 requires building the capacity of local and national actors in emergency operations. Over coming months, humanitarian partners will continue to work closely with the Government of South Sudan ensure strong coordination, information sharing and knowledge transfer. The appeal includes targeted actions to accelerate institutional development among government relief agencies in the months ahead.

South Sudan faces multiple challenges as it embarks on the task of building a new state and assisting its people recover from decades of civil war. A firm commitment is needed by the international community to meet persistent humanitarian risks and avert threats to civilians during the critical year ahead.

Annex I: List of projects

Table IV. List of projects (grouped by cluster/sector)

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
COORDINATION AND COMMON SERVICES					
SSD-12/CSS/45608/119	Strengthening Humanitarian Coordination and Advocacy in South Sudan	OCHA	9,405,393	HIGH	NATIONAL
SSD-12/CSS/45899/5157	NGO Secretariat Coordination in South Sudan	TEARFUND	1,114,799	HIGH	NATIONAL
SSD-12/CSS/45913/5139	Security Support to UN and Implementing Partners Operating in South Sudan	UNDSS	350,000	HIGH	NATIONAL
SSD-12/CSS/46583/124	Capacity building initiative for the Government of South Sudan's Ministry of Humanitarian Affairs and Disaster Management (MHADM) and Relief and Rehabilitation Commission (RRC).	UNICEF	540,500	HIGH	NATIONAL
SSD-12/CSS/46583/298	Capacity building initiative for the Government of South Sudan's Ministry of Humanitarian Affairs and Disaster Management (MHADM) and Relief and Rehabilitation Commission (RRC).	IOM	1,616,770	HIGH	NATIONAL
SSD-12/CSS/46583/5157	Capacity building initiative for the Government of South Sudan's Ministry of Humanitarian Affairs and Disaster Management (MHADM) and Relief and Rehabilitation Commission (RRC).	TEARFUND	104,000	HIGH	NATIONAL
Sub total for COORDINATION AND COMMON SERVICES			13,131,462		
EDUCATION					
SSD-12/E/46058/6579	Education in Emergency for IDPs in Warrap and Western Equatoria	ADRA	1,330,088	HIGH	NATIONAL
SSD-12/E/46059/7981	Emergency Education Support for girls and vulnerable groups project – Warrap and Northern Bahr el Ghazal.	AMURT International	749,000	MEDIUM	NATIONAL
SSD-12/E/46061/6422	Continuing Education for emergency affected children and youth	BRAC	197,200	HIGH	NATIONAL
SSD-12/E/46062/5059	Basic Education Emergency Support in South Sudan	Chr. Aid	680,000	MEDIUM	NATIONAL
SSD-12/E/46065/8769	Emergency Support to Education in Eastern Equatoria State	Caritas Switzerland	974,967	LOW	EASTERN EQUATORIA
SSD-12/E/46066/14922	Access to life-saving education in Jonglei State	SPEDP	555,000	MEDIUM	JONGLEI
SSD-12/E/46066/14924	Access to life-saving education in Jonglei State	CCOSS	730,000	MEDIUM	JONGLEI
SSD-12/E/46068/14957	Emergency Education in Jonglei and Central Equatoria: provision of temporary learning spaces; training on life-saving messages and psycho-social support	CDAS	760,000	LOW	NATIONAL

South Sudan CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/E/46070/5146	Improved learning environment in schools serving the displaced population in the Agok area.	CRS	361,886	HIGH	WARRAP
SSD-12/E/46071/8497	Education in Emergency for Piji, Nyirol and Ulang Counties	FH	977,809	HIGH	JONGLEI
SSD-12/E/46072/14923	Integrated emergency response for education in Jonglei State	HCO	150,000	MEDIUM	JONGLEI
SSD-12/E/46073/6723	Education for Children affected by emergency (Mobile Response Unit; Unity & Warap State and Emergency Preparedness and Coordination; Central Equatoria)	IBIS	732,500	HIGH	NATIONAL
SSD-12/E/46074/5660	Education for all in acute emergencies in Jonglei, Unity, Upper Nile States, Southern Sudan	INTERSOS	1,291,000	HIGH	NATIONAL
SSD-12/E/46075/5162	Provision of safe formal learning environments for conflict affected populations	Mercy Corps	1,237,500	HIGH	NATIONAL
SSD-12/E/46076/8452	Addressing Education in Emergencies needs in Akobo and Pigi Counties in Jonglei State and Ulang and Nasir Counties in Upper Nile State.	NHDF	970,000	HIGH	NATIONAL
SSD-12/E/46078/5834	Alternative Education for children and youth affected by emergencies in South Sudan	NRC	100,000	HIGH	NATIONAL
SSD-12/E/46079/13010	Emergency Life Saving Education Project for Stranded Returnees, IDPs and Refugees in Warrap and Western Bahr El Gazal States of South Sudan	PCO	916,000	HIGH	NATIONAL
SSD-12/E/46080/5524	Education in Emergency support for children and youth in Eastern and Central Equatoria States.	Plan	805,500	MEDIUM	NATIONAL
SSD-12/E/46084/6079	Ensuring the provision of education for children affected by emergencies	SC	3,203,353	HIGH	NATIONAL
SSD-12/E/46085/6116	Education in Emergencies for Refugees-Displaced People in Unity State and Greater Bahr el Ghazal	Samaritan's Purse	341,000	HIGH	NATIONAL
SSD-12/E/46089/7210	Provision of educational support to emergency-affected children and youth in Jonglei State	Stromme Foundation	151,585	MEDIUM	JONGLEI
SSD-12/E/46090/120	Increase access to the protective learning spaces and deliver life-saving messages to stranded returnees, refugees, IDPs and host communities affected by conflict and flood or other emergency.	UNHCR	1,864,200	HIGH	NATIONAL
SSD-12/E/46093/124	Providing coordinated and timely lifesaving education for emergency-affected girls and boys through an efficient emergency education core pipeline, establishing protective learning spaces and delivery of emergency life skills and psycho-social support	UNICEF	16,258,064	HIGH	NATIONAL
SSD-12/E/46095/6750	Protective education and psycho-social support through a Temporary Learning Space for children and young people in transit	WCH	222,500	MEDIUM	CENTRAL EQUATORIA
SSD-12/E/46098/8435	Educational support for children and youth affected by acute emergencies	WVS	1,421,226	HIGH	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/E/46101/14935	Promoting access to protective learning for children and youths during emergencies in Pibor county, Jonglei State.	UNYMPDA	190,000	MEDIUM	JONGLEI
SSD-12/E/46466/15049	Access to life-saving education in acute emergencies for girls and boys in Upper Nile State	SSUDA	611,000	HIGH	UPPER NILE
Sub total for EDUCATION			37,781,378		
EMERGENCY TELECOMMUNICATIONS					
SSD-12/CSS/46580/561	Provision of security telecommunications to the humanitarian community	WFP	4,150,813	HIGH	NATIONAL
Sub total for EMERGENCY TELECOMMUNICATIONS			4,150,813		
FOOD SECURITY AND LIVELIHOODS					
SSD-12/A/46141/8434	Improve food security and sustainable livelihoods for pastoralist and agro pastoralist by improving livestock health, diversifying income sources, and strengthening disease surveillance in the Eastern Equatoria State.	CDoT	300,000	MEDIUM	EASTERN EQUATORIA
SSD-12/A/46142/123	Enhancing food security of returnees, IDPs and vulnerables host communities through the provision of appropriate production inputs, technologies and services	FAO	15,542,000	HIGH	NATIONAL
SSD-12/A/46143/5157	Agricultural support to returnees and vulnerable households to reduce food in security and protect livelihoods in natural disaster and conflict affected areas.	TEARFUND	1,178,445	MEDIUM	NATIONAL
SSD-12/A/46144/5527	Food Security and Livelihoods Development	NCA	215,070	MEDIUM	CENTRAL EQUATORIA
SSD-12/A/46147/561	Food assistance to vulnerable populations affected by conflict and natural disasters	WFP	114,596,068	HIGH	NATIONAL
SSD-12/A/46149/120	Food Security and Livelihood Support for Returnees, IDPs and Host Communities.	UNHCR	9,918,065	LOW	NATIONAL
SSD-12/A/46162/14572	Integrated Agricultural Development and Livelihood Program to benefit farmers Magwi County	UNKEA	196,500	HIGH	EASTERN EQUATORIA
SSD-12/A/46164/5834	Food Security & Livelihood Recovery in South Sudan	NRC	3,000,000	HIGH	NATIONAL
SSD-12/A/46165/123	Enhancing income security of returnees, IDPs, women, demobilized ex-combatants through support to market-oriented agricultural production and processing	FAO	6,100,000	HIGH	NATIONAL
SSD-12/A/46170/8435	Food Security and Livelihood Restoration of vulnerable Households in South Sudan in Emergency Affected Areas	WVS	1,500,000	HIGH	NATIONAL
SSD-12/A/46172/5110	Protecting Livestock Assets to Improve Food Security and Livelihoods for Vulnerable Agro-Pastoral Communities	VSF (Switzerland)	550,560	HIGH	NATIONAL
SSD-12/A/46173/8434	Improving Household Food security of Returnees living in Urban and rural areas through diversification of household incomes sources.	CDoT	150,000	LOW	EASTERN EQUATORIA

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/A/46176/14005	Improving households food security & reducing malnutrition through diversified food production, preservation and utilization	ACF - USA	3,300,001	HIGH	NATIONAL
SSD-12/A/46177/13010	Emergency food security and livelihoods support programme for stranded returnees and conflict affected IDPs in Warrap and WEBG States.	PCO	800,000	LOW	NATIONAL
SSD-12/A/46181/5825	Relieving Food Shortages while Diversifying Diets and Strengthening Livelihood Opportunities	FAR	387,810	HIGH	UPPER NILE
SSD-12/A/46183/5110	Supporting farm level food production for vulnerable Households	VSF (Switzerland)	300,900	MEDIUM	NORTHERN BAHR EL GHAZAL
SSD-12/A/46185/6344	Enhancing Food Production and Seeds Multiplication in Malual-Chat, Bor Town	PAH	235,400	MEDIUM	NATIONAL
SSD-12/A/46195/5587	Livestock asset protection and livelihood support program for vulnerable agro-pastoral households in Upper Nile State	VSF (Germany)	675,900	MEDIUM	UPPER NILE
SSD-12/A/46198/14945	Women's Empowerment and Educational Centre	CMD	220,100	LOW	JONGLEI
SSD-12/A/46206/14927	Improving Food Security and Livelihoods conditions through Community capacity building in Bor Twic East Duk Ayod and Uror	HDC	366,000	LOW	JONGLEI
SSD-12/A/46238/5146	Community recovery for sustainable food security through crop diversification in Eastern Equatoria state	CRS	200,200	MEDIUM	EASTERN EQUATORIA
SSD-12/A/46252/6706	Livelihood support to returnees and vulnerable host community in Northern Bahr el Ghazal State	Horn Relief	402,500	MEDIUM	NORTHERN BAHR EL GHAZAL
SSD-12/A/46254/7998	Productive Asset Recovery and Institutional Strengthening (PARIS)	WCDO	310,528	LOW	WARRAP
SSD-12/A/46259/5328	Supporting environmentally sound food security and livelihoods for returnees and residents of Budi County.	Danchurchaid	350,000	HIGH	EASTERN EQUATORIA
SSD-12/A/46272/5328	Support to fishing enterprises in Bor County.	Danchurchaid	215,833	HIGH	JONGLEI
SSD-12/A/46279/5181	Increasing Productivity Among Vulnerable Households in Underserved areas of NBEG & CES	DRC	834,600	LOW	CENTRAL EQUATORIA
SSD-12/A/46287/298	Community gardens to improve food security for the most vulnerable returnees	IOM	2,340,625	MEDIUM	NATIONAL
SSD-12/A/46288/5181	Livelihood Re-Establishment for Returnee and Vulnerable Households in Urban and Peri-urban Areas	DRC	969,420	HIGH	CENTRAL EQUATORIA
SSD-12/A/46295/6579	Returnee Reintegration and Livelihood Enhancement in Jonglei and EE	ADRA	1,067,192	MEDIUM	NATIONAL
SSD-12/A/46300/6971	Emergency and Sustainable Livelihood Support Project for Upper Nile (ESLS)	RI	996,106	MEDIUM	NATIONAL
SSD-12/A/46301/5181	Promoting Farmer - Market linkages between areas of food surplus and areas of deficit and to assist vulnerable households to access it through conditional cash transfers.	DRC	662,812	LOW	CENTRAL EQUATORIA

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/A/46316/8058	Enhancing resilience of the vulnerable IDPs, returnees and other groups affected by conflict in Tonj North County through improved crop production techniques and support to community based agribusiness	IRW	286,850	HIGH	WARRAP
SSD-12/A/46317/15059	Emergency Livelihood improvement Intervention and sustainability development - Lainya County	ERADA	112,000	LOW	CENTRAL EQUATORIA
SSD-12/A/46322/7981	To Improve and sustain the living standards of the farming communities including those headed by women by assuring their Food security through Crop and Agricultural support in Northern Bahr el Ghazal state.	AMURT International	700,905	HIGH	NORTHERN BAHR EL GHAZAL
SSD-12/A/46346/8905	Improving food security and livelihood of conflict-affected communities in WES	LCEDA	597,000	LOW	WESTERN EQUATORIA
SSD-12/A/46355/13021	Strengthening the capacity of the communities in Northern Bahr el Ghazal towards self-reliance in terms of food production, protecting livelihood, and reducing food security, through interventions in farming and capacity building components.	AWODA	316,360	HIGH	NORTHERN BAHR EL GHAZAL
SSD-12/A/46359/5633	Improvement of food security and livelihoods in rural and urban areas	Solidarités	1,000,000	LOW	NATIONAL
SSD-12/A/46360/7026	Improving food availability and enhancing livelihoods of vulnerable communities of Pariang County	Mani Tese	795,000	LOW	UNITY
SSD-12/A/46370/6422	Improved animal health for household food security and income	BRAC	200,000	LOW	NATIONAL
SSD-12/A/46377/6116	Food Security and Livelihoods Support to Vulnerable Communities in Aweil North County of Northern Bahr el Ghazal State.	Samaritan's Purse	367,500	MEDIUM	NORTHERN BAHR EL GHAZAL
SSD-12/A/46394/5162	Rehabilitating and Enhancing Sustainable Livelihoods	Mercy Corps	1,800,000	HIGH	NATIONAL
SSD-12/A/46399/5059	Food Security Support for Returnees in Bahr El Ghazal	Chr. Aid	500,000	LOW	NATIONAL
SSD-12/A/46402/6458	Emergency food support to vulnerable households through provision of food, production and diet diversification assistance	ACTED	950,000	HIGH	WESTERN BAHR EL GHAZAL
SSD-12/A/46403/5926	Strengthening Emergency Food Security and Livelihoods in Unity and Western Equatoria States of South Sudan	World Relief	931,851	LOW	NATIONAL
SSD-12/A/46404/8769	Emergency livelihood support for communities in Eastern Equatoria	Caritas Switzerland	1,300,000	LOW	EASTERN EQUATORIA
SSD-12/A/46417/5654	Reintegration and Recovery support for Returnees, IDPs and Host communities whose livestock based livelihoods are at risk in Upper Nile and Jonglei states.	VSF (Belgium)	635,000	HIGH	NATIONAL
SSD-12/A/46429/5587	Livelihood protection and Recovery Program for returnees and vulnerable population in Warrab state.	VSF (Germany)	455,780	LOW	WARRAP
SSD-12/A/46447/13017	Food Security and Livelihoods Project	PRM	290,254	LOW	WESTERN EQUATORIA
SSD-12/A/46448/14925	Enhanced food security for the returnees, Internally displaced and host Communities in Warrap State	UDA	800,000	LOW	WARRAP

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/A/46460/14943	Enhancing the Food production capacity of returnees, IDPs and host families in Western Equatoria State to achieve sustainable food security.	RAAH	394,685	MEDIUM	WESTERN BAHR EL GHAZAL
SSD-12/A/46462/6079	Emergency Food Security and Livelihoods Support Project for Pastoral and Agro-Pastoral Households in South Sudan	SC	5,920,569	HIGH	NATIONAL
SSD-12/A/46520/123	Food Security and Livelihood Cluster Coordination Mechanism for Effective Emergency Planning and Response	FAO	1,500,000	HIGH	NATIONAL
SSD-12/A/46529/5524	Support to reintegration of IDPs, returnees, and vulnerable groups in Jonglei State through provision of farming inputs to restore livelihoods	Plan	294,000	HIGH	JONGLEI
SSD-12/A/46535/5006	Food Security and Livelihood Support for IDPs, Returnees, and Host Communities in Aweil North County, Northern Bahr el Ghazal	DWHH	998,641	MEDIUM	NORTHERN BAHR EL GHAZAL
SSD-12/A/46543/7577	Agriculture Development Program Baliet and Akoka Counties in Upper Nile State	ICCO	210,260	LOW	UPPER NILE
SSD-12/A/46545/14922	Sustainable food security to save lives and protect livelihoods in emergencies and reduce food insecurity among the returnees in Aweil West County – Northern Bahr el Ghazal State Project	SPEDP	1,230,000	LOW	NORTHERN BAHR EL GHAZAL
SSD-12/A/46549/5645	Improving Food Security and Livelihoods of Vulnerable Returnees, IDPs and Host Communities in Twic East County, Jonglei State.	CARE International	399,316	MEDIUM	JONGLEI
SSD-12/F/46152/8435	Life-saving Emergency Food Security & Nutrition Assistance for Vulnerable Populations in South Sudan	WVS	2,763,619	LOW	NATIONAL
SSD-12/F/46292/7998	Food for Life	WCDO	192,749	LOW	WESTERN BAHR EL GHAZAL
Sub total for FOOD SECURITY AND LIVELIHOODS			193,824,974		
HEALTH					
SSD-12/H/46134/6579	Primary Health Care Capacity Building Project	ADRA	1,718,900	LOW	NATIONAL
SSD-12/H/46135/6579	Primary Health Care Support Project for Upper Nile and Eastern Equatoria	ADRA	1,204,624	LOW	NATIONAL
SSD-12/H/46136/8769	Reducing the negative impact of malaria and diarrheal diseases on livelihoods in endemic areas of Eastern Equatoria State.	Caritas Switzerland	380,000	LOW	NATIONAL
SSD-12/H/46138/5586	Increasing access to and quality of health services across seven counties of South Sudan.	ARC	5,167,544	MEDIUM	NATIONAL
SSD-12/H/46139/6422	Health education and awareness building among marginalized communities for improved maternal and child health	BRAC	143,292	LOW	NATIONAL
SSD-12/H/46148/5645	Unity State Emergency PHC Project	CARE International	681,392	HIGH	NATIONAL
SSD-12/H/46151/6703	Risk reduction of health emergencies and expansion of frontline health services to local and neglected population in Twic County (Warrap State)	CCM	791,000	HIGH	WARRAP

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/H/46155/6703	Enhancing response to health emergencies and improving essential health service delivery and referral in Greater Yirol (Lakes State)	CCM	700,000	MEDIUM	LAKES
SSD-12/H/46155/6931	Enhancing response to health emergencies and improving essential health service delivery and referral in Greater Yirol (Lakes State)	CUAMM	600,000	MEDIUM	LAKES
SSD-12/H/46167/8434	Maintaining access to Basic Health Care Package for Returnees and Vulnerable Communities of Eastern Equatoria State.	CDoT	1,888,550	LOW	EASTERN EQUATORIA
SSD-12/H/46180/6088	Provision of gender-sensitive basic health services, health education, emergency referral and capacity development assistance in remote communities of Jonglei and Upper Nile States, South Sudan.	CMA	983,814	HIGH	NATIONAL
SSD-12/H/46187/5572	Support to basic health services in Ayod county	COSV	900,000	MEDIUM	JONGLEI
SSD-12/H/46189/5582	Preventative, Curative and Emergency Health Services in Northern Bahr El Ghazal and Jonglei States	IAS	873,917	MEDIUM	NATIONAL
SSD-12/H/46199/8918	Strengthening the provision of Pochalla basic health services	CRADA	850,000	HIGH	JONGLEI
SSD-12/H/46201/8452	Continued Improvement of the Standard of Basic Primary Health Care Service Delivery in Pigi and Akobo Counties	NHDF	980,000	MEDIUM	JONGLEI
SSD-12/H/46209/15051	Emergency Health programme in Old fangak county Jonglei state	ECO	900,000	LOW	JONGLEI
SSD-12/H/46211/1171	Implementing the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies	UNFPA	1,010,000	LOW	NATIONAL
SSD-12/H/46215/5160	Strengthening basic and emergency health services in west Akobo County, Jonglei state	IMC	500,000	LOW	JONGLEI
SSD-12/H/46223/5160	Provision of Maternal and Child Care in Pochalla County	IMC	500,000	LOW	JONGLEI
SSD-12/H/46227/13215	Enabling provision of 24 hour emergency health services in Northern Bahr El-Ghazal and Warrap states by installing solar lighting at the health facilities	PCPM	177,127	MEDIUM	NATIONAL
SSD-12/H/46230/120	Provision of Health services to Returnees, IDPs and Host Community	UNHCR	5,140,054	LOW	NATIONAL
SSD-12/H/46232/7790	Provision of Integrated Primary Health Care for vulnerable populations in Twic County, Warrap State; Agok, Abyei Administrative Area; Ulang and Baliet Counties in Upper Nile State	GOAL	7,703,958	HIGH	NATIONAL
SSD-12/H/46248/6971	Ensuring Emergency Primary Health Care in Mabaan County (EEPHC)	RI	507,401	HIGH	NATIONAL
SSD-12/H/46249/5179	Basic and Emergency Primary Health Care Services in Northern Bahr el Ghazal and Unity States	IRC	4,323,518	HIGH	NATIONAL
SSD-12/H/46251/122	Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions	WHO	3,707,550	HIGH	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/H/46251/124	Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions	UNICEF	7,845,000	HIGH	NATIONAL
SSD-12/H/46270/13060	Duk County Continued Health Service Provision and Emergency Response Capacity	JDF	469,154	LOW	JONGLEI
SSD-12/H/46271/124	Delivery of minimum response package of child health services to all newly displaced and vulnerable populations in South Sudan	UNICEF	3,095,000	LOW	NATIONAL
SSD-12/H/46274/6754	Providing Quality Primary Health Care in Panyjar County (Unity State) and Rumbek Center in Mathangai Payam (Lake State)	Sign of Hope	243,000	LOW	NATIONAL
SSD-12/H/46280/8435	Improving Basic Health Services and Outreach in Emergency Affected Areas in South Sudan	WVS	1,834,412	MEDIUM	NATIONAL
SSD-12/H/46285/7560	Provision of Basic Health Services in Rumbek North and Rumbek East Counties, Lakes State, and Maridi County, Western Equatoria	Malteser International	1,783,000	LOW	NATIONAL
SSD-12/H/46302/14572	Provision of basic Primary Health Care Services to the vulnerable returnees, IDPs and host communities of Nasir & Magwi Counties	UNKEA	522,780	LOW	UPPER NILE
SSD-12/H/46303/5480	Community Based Health and Emergency Preparedness Project in Mayendit and Koch Counties/ Unity State	Switzerland RC	660,000	HIGH	UNITY
SSD-12/H/46305/5095	Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan	MEDAIR	3,690,000	HIGH	NATIONAL
SSD-12/H/46328/5195	Provision and expansion of community, primary and referral healthcare services in selected Counties of Eastern Equatoria and Jonglei states	MERLIN	4,417,098	HIGH	NATIONAL
SSD-12/H/46336/122	Enhancing emergency preparedness and response, health cluster coordination at national, state and county level	WHO	3,413,300	HIGH	NATIONAL
SSD-12/H/46345/5527	Support to the Provision of Basic Health Services in Warrap and Eastern Equatoria States	NCA	1,004,730	MEDIUM	NATIONAL
SSD-12/H/46357/15058	HIV/AIDS Prevention, Education, Awareness, Campaign, Care Programme and Life Skills	SSYIM	60,000	LOW	NATIONAL
SSD-12/H/46367/122	Strengthen epidemic preparedness and response capacity in high risk areas in South Sudan	WHO	11,594,627	HIGH	NATIONAL
SSD-12/H/46374/14571	Provision of basic health care services and improving emergency response capacity.	SUDRA	800,000	LOW	NATIONAL
SSD-12/H/46375/122	Strengthen the delivery of HIV/AIDS care and treatment and blood safety services	WHO	1,188,770	LOW	NATIONAL
SSD-12/H/46378/122	Enhancing surgical and mass casualty management capacities of hospitals in South Sudan.	WHO	865,095	HIGH	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/H/46379/5157	Tearfund's Provision of Life Saving Primary Health Care Services to Highly Vulnerable and Underserved Populations	TEARFUND	3,271,512	HIGH	NATIONAL
SSD-12/H/46388/14826	Emergency Primary health care services in Mayendit, Koch and Mayom Counties in Unity State.	UNIDO	310,000	MEDIUM	UNITY
SSD-12/H/46391/13035	Maintaining existing provision of Basic Package of Health Services controlling communicable diseases and strengthening Emergency response capacity of Counties Health Department in Unity, Warrap, Upper Nile, Jonglei, and Eastern Equatoria States.	THESO	2,586,964	LOW	NATIONAL
SSD-12/H/46467/298	Provision of primary health care services in WES	IOM	1,296,042	LOW	WESTERN EQUATORIA
SSD-12/H/47047/6079	Basic Service Provision for Health and Emergency Preparedness and Response	SC	8,116,647	HIGH	NATIONAL
SSD-12/H/47091/15066	Primary healthcare provision in Duk county, Jonglei state	DEFROSS	500,000	LOW	JONGLEI
Sub total for HEALTH			101,899,772		
LOGISTICS					
SSD-12/CSS/45928/561	United Nations Humanitarian Air Service, SO 200341 UNHAS, South Sudan	WFP	43,839,087	HIGH	NATIONAL
SSD-12/CSS/46051/561	Logistics Cluster Operations in South Sudan	WFP	1,539,642	HIGH	NATIONAL
SSD-12/CSS/46053/298	Humanitarian common logistic services in the Republic of South Sudan	IOM	6,635,855	HIGH	NATIONAL
SSD-12/CSS/46054/6458	Emergency spot repairs to trunk roads in Warrap state	ACTED	750,000	MEDIUM	WARRAP
Sub total for LOGISTICS			52,764,584		
MINE ACTION					
SSD-12/MA/46060/5182	Community-driven Mine Action in support of returnees, IDPs and refugees	DDG	2,820,000	HIGH	NATIONAL
SSD-12/MA/46087/7118	SIMAS National Capacity Building and ERW Clearance	SIMAS	1,312,175	MEDIUM	NATIONAL
SSD-12/MA/46096/5746	Integrated Humanitarian Mine Action supporting peace, stability and, humanitarian and development access in South Sudan	Mines Advisory Group	5,095,195	HIGH	NATIONAL
SSD-12/MA/46100/5125	Land Release and Clearance in Greater Equatoria and Greater Upper Nile Regions, and Capacity Building of SSMAA.	NPA	7,100,000	HIGH	NATIONAL
SSD-12/MA/46103/124	Protecting boys and girls in South Sudan from injuries related to landmines and other explosive remnants of war.	UNICEF	1,199,738	HIGH	NATIONAL
SSD-12/MA/46104/8918	Mine Risk Education for the Safe Re-Integration of Returnees in Akobo and Pibor County, Jonglei State	CRADA	280,000	LOW	JONGLEI
SSD-12/MA/46107/5116	Humanitarian Mine Action Coordination and Capacity Development throughout South Sudan	UNMAS	8,880,000	HIGH	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/MA/46111/5116	Empowering At-Risk Populations, Landmine/ERW Accident Survivors and People with Disabilities through Mine Risk Education and Victim Assistance Interventions	UNMAS	666,000	HIGH	NATIONAL
SSD-12/MA/46112/5116	Landmine and Explosive Remnants of War (ERW) Survey and Clearance Operations throughout South Sudan	UNMAS	22,200,000	MEDIUM	NATIONAL
Sub total for MINE ACTION			49,553,108		
MULTI-SECTOR (EMERGENCY RETURNS AND REFUGEES)					
SSD-12/MS/46192/298	Emergency Assistance for Vulnerable and Stranded Returnees in South Sudan	IOM	45,903,000	HIGH	NATIONAL
SSD-12/MS/46222/120	Support to the return of People of Concern to UNHCR (Returnees and IDPs)	UNHCR	18,184,985	HIGH	NATIONAL
SSD-12/MS/46418/120	Protection of refugees and asylum seekers in South Sudan	UNHCR	16,973,511	HIGH	NATIONAL
Sub total for MULTI-SECTOR (EMERGENCY RETURNS AND REFUGEES)			81,061,496		
NFI AND EMERGENCY SHELTER					
SSD-12/S-NF/46154/298	Provision of Emergency NFIs and ES materials to IDPs, returnees, and Host community members	IOM	6,075,000	HIGH	NATIONAL
SSD-12/S-NF/46159/5660	Prepositioning and management of emergency NFIs & ES in Western Equatoria, Jonglei, Unity and Warrab States.	INTERSOS	513,600	MEDIUM	NATIONAL
SSD-12/S-NF/46168/298	Coordination of NFIs & ES Cluster in South Sudan	IOM	350,000	HIGH	NATIONAL
SSD-12/S-NF/46184/5095	Emergency assistance to most vulnerable returnees, IDPs and host community members in South Sudan through the timely provision of NFIs and emergency shelter.	MEDAIR	674,000	HIGH	NATIONAL
SSD-12/S-NF/46194/8058	Responding to NFI need of Displaced Communities in Central Equatoria and Warrap State.	IRW	200,000	LOW	CENTRAL EQUATORIA
SSD-12/S-NF/46234/5502	Responding to immediate needs to save lives in the face of conflict and human displacement sustainably	LWF	136,000	LOW	JONGLEI
SSD-12/S-NF/46257/8435	NFI Emergency Response and Coordination for IDPs, Returnees and Vulnerable Host Communities	WVS	885,000	HIGH	NATIONAL
SSD-12/S-NF/46275/5328	Emergency Preparedness and Response in the Republic of South Sudan (RoSS)	Danchurchaid	200,000	LOW	NATIONAL
SSD-12/S-NF/46284/5527	NCA Non Food Items (NFIs) and Emergency Preparedness and Response Eastern Equatoria and Warrap States	NCA	144,450	LOW	NATIONAL
SSD-12/S-NF/46308/6079	Distribution of non food items and emergency shelters to people affected by emergencies in South Sudan	SC	948,582	HIGH	NATIONAL
SSD-12/S-NF/46354/120	Provision of Emergency Support for Shelters and Non Food Items to the Most Vulnerable IDPs and Returnees in the Ten (10) States of South Sudan.	UNHCR	8,632,889	LOW	NATIONAL
Sub total for NFI AND EMERGENCY SHELTER			18,759,521		

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
NUTRITION					
SSD-12/H/46153/5157	Tearfund's Provision of Life Saving Services to Highly Vulnerable Populations suffering from Malnutrition	TEARFUND	422,850	HIGH	NATIONAL
SSD-12/H/46161/14005	Treatment and Prevention of Acute Malnutrition in Warrap and Northern Bahr el Ghazal and capacity building in Lakes States	ACF - USA	4,814,000	HIGH	NATIONAL
SSD-12/H/46169/7790	Improving nutritional status of children and pregnant and lactating women through treatment and empowerment of communities in Twic County and Agok, Warrap State and Baliet and Ulang Counties in Upper Nile State	GOAL	469,902	HIGH	NATIONAL
SSD-12/H/46178/6579	South Sudan, Health Nutrition and Empowerment (SSHINE) Project	ADRA	10,877,701	MEDIUM	NATIONAL
SSD-12/H/46179/13035	Provision of Integrated nutrition services to high risks underserved and marginalised food-insecured communities in Unity, Warrap, and Eastern Equatoria States	THESO	656,900	LOW	NATIONAL
SSD-12/H/46182/5160	Mitigating Malnutrition in Akobo County, Jonglei state	IMC	476,194	HIGH	JONGLEI
SSD-12/H/46186/124	Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan	UNICEF	8,882,000	HIGH	NATIONAL
SSD-12/H/46193/5586	Addressing Malnutrition in Children under 5 and Pregnant and Lactating Women in Kapoeta South and East Counties	ARC	1,100,945	MEDIUM	EASTERN EQUATORIA
SSD-12/H/46200/7607	Addressing emergency nutrition needs of vulnerable groups through community based structures	Malaria Consortium	1,058,705	MEDIUM	NATIONAL
SSD-12/H/46207/124	Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties	UNICEF	8,792,366	HIGH	NATIONAL
SSD-12/H/46210/6422	Nutritional support to children, and pregnant and lactating women in Lakes state	BRAC	435,468	MEDIUM	LAKES
SSD-12/H/46231/8498	Integrated Nutrition interventions for children under five years and P&LW in Aweil West and North Counties in NBeG State of South Sudan	CW	1,102,552	HIGH	NORTHERN BAHR EL GHAZAL
SSD-12/H/46240/5095	Reponse to nutrition emergencies across South Sudan with focused nutrition capacity development in selected states	MEDAIR	675,000	HIGH	NATIONAL
SSD-12/H/46242/14572	Improving the health and nutrition status of children under 5 years and mothers of returnees, IDPs, Host Community and refugee in Nasir County	UNKEA	471,200	MEDIUM	UPPER NILE
SSD-12/H/46250/5572	Response to the Malnutrition Conditions of Vulnerable Groups of Women, PLW, Men, Boys and Girls U5 and Elderly in the Ayod County	COSV	250,000	MEDIUM	JONGLEI
SSD-12/H/46260/7998	Raja Nutritional Support Project	WCDO	370,760	MEDIUM	WESTERN BAHR EL GHAZAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/H/46262/8918	Treatment of Severe and Moderate Acute Malnutrition in emergency of children below 5 years to returnees, refugees, IDPs and residents of Pochalla County, Jonglei State	CRADA	600,000	MEDIUM	JONGLEI
SSD-12/H/46263/5195	Provision and expansion of nutrition services in selected Counties of Eastern Equatoria and Jonglei States	MERLIN	1,185,075	HIGH	NATIONAL
SSD-12/H/46277/5926	Community-based nutrition in complex humanitarian emergency project South Sudan in Unity State	World Relief	400,000	MEDIUM	UNITY
SSD-12/H/46283/8452	Providing Emergency Nutrition Services in Pigi & Akobo Counties (Jonglei State) and Nasir County (Upper Nile State) with Emphasis on Returnees, IDPs & High Risk Underserved Populations	NHDF	670,000	LOW	NATIONAL
SSD-12/H/46297/6971	Integrated Emergency Nutrition Response in Mabaan, Upper Nile (IENR)	RI	438,379	MEDIUM	UPPER NILE
SSD-12/H/46304/8435	Emergency Response to Malnutrition Among Returnees, IDPs and Vulnerable Host Communities in South Sudan	WVS	1,860,400	HIGH	NATIONAL
SSD-12/H/46325/15051	Emergency Nutrition services provision in Old Fangak county Jonglei state	ECO	530,000	LOW	JONGLEI
SSD-12/H/46329/6116	Emergency Nutrition Program for Vulnerable Refugees and Displaced People in Pariang County, Unity State	Samaritan's Purse	336,000	MEDIUM	UNITY
SSD-12/H/46369/561	Food Assistance for Treatment and Prevention in children under 5 years, pregnant and lactating women and other vulnerable groups in priority areas of South Sudan	WFP	23,159,520	HIGH	NATIONAL
SSD-12/H/46400/5645	Unity State Emergency Nutrition Project	CARE International	400,649	HIGH	UNITY
SSD-12/H/46415/6079	Emergency nutrition support to boys and girls under 5 and women in Akobo, Nyirol and Kapoeta North counties, South Sudan	SC	3,740,291	HIGH	NATIONAL
Sub total for NUTRITION			74,176,857		
PROTECTION					
SSD-12/P-HR-RL/45960/14927	Provision of Family Tracing Registration Reunification and Psycho-Social services to Children affected by emergencies in Ayod Duk and Twic East Counties of Jonglei State.	HDC	405,655	HIGH	JONGLEI
SSD-12/P-HR-RL/45966/8915	Provision of a drop-in center for Separated, Unaccompanied and Vulnerable Children.	CCOC	628,440	LOW	CENTRAL EQUATORIA
SSD-12/P-HR-RL/45980/14922	Support to vulnerable children such as abdcuted, separated, unaccompanied minors in Jonglei State	SPEDP	330,000	LOW	JONGLEI
SSD-12/P-HR-RL/45980/14924	Support to vulnerable children such as abdcuted, separated, unaccompanied minors in Jonglei State	CCOSS	430,000	LOW	JONGLEI

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/P-HR-RL/45983/8918	Care and psychological support to victimized children in post-conflict in Jonglei state	CRADA	330,000	MEDIUM	JONGLEI
SSD-12/P-HR-RL/45987/5586	Provide assistance and support to survivors of gender-based violence and improve prevention in the priority States of NBeG, Warrap and Upper Nile	ARC	2,569,191	MEDIUM	NORTHERN BAHR EL GHAZAL
SSD-12/P-HR-RL/45991/5660	Peacebuilding in Emergency Programme for South Sudan	INTERSOS	1,164,000	HIGH	NATIONAL
SSD-12/P-HR-RL/45994/5146	Activating Church and community peacebuilding capacities to prevent and address conflicts in Greater Upper Nile	CRS	1,503,350	HIGH	NATIONAL
SSD-12/P-HR-RL/45996/5146	Community protection and conflict prevention through the Jonglei Peace Village	CRS	513,600	HIGH	JONGLEI
SSD-12/P-HR-RL/45999/5328	Stability enhancing and conflict transformation in Jonglei and Central Equatoria	Danchurchaid	289,970	LOW	NATIONAL
SSD-12/P-HR-RL/46000/5182	Enhancing community safety and protection in LRA-affected areas	DDG	429,000	MEDIUM	WESTERN EQUATORIA
SSD-12/P-HR-RL/46001/5181	Community-based protection - Working with the customary to enhance access to justice for vulnerable groups	DRC	425,000	LOW	NORTHERN BAHR EL GHAZAL
SSD-12/P-HR-RL/46002/5660	Prevention and Response to Gender-Based Violence in Bor and Pibor urban areas, Jonglei State	INTERSOS	422,000	LOW	JONGLEI
SSD-12/P-HR-RL/46003/5660	Strengthening the protection of vulnerable children affected by the emergency and fleeing from South Kordofan to Unity State	INTERSOS	463,000	HIGH	UNITY
SSD-12/P-HR-RL/46004/5660	Strengthening the protection of the IDPs, returnees and host communities in Upper Nile, Warrap, Jonglei and Western Equatoria states	INTERSOS	952,000	LOW	NATIONAL
SSD-12/P-HR-RL/46005/5660	Strengthening the protection of vulnerable and conflict-affected children in Bor and Pibor towns, Jonglei State	INTERSOS	404,000	HIGH	JONGLEI
SSD-12/P-HR-RL/46007/298	Strengthening Human Security and Reintegration in Western Bahr el Ghazal State	IOM	651,846	LOW	WESTERN BAHR EL GHAZAL
SSD-12/P-HR-RL/46030/298	Tracking of returnees and internally displaced people (IDPs) in South Sudan	IOM	1,200,000	MEDIUM	NATIONAL
SSD-12/P-HR-RL/46031/5179	Emergency Protection Monitoring and Training for Durable Solutions	IRC	2,649,003	LOW	NATIONAL
SSD-12/P-HR-RL/46033/5502	Peace and dignity in the face of ethnic violence	LWF	800,000	HIGH	JONGLEI
SSD-12/P-HR-RL/46036/5179	Strengthening protection and GBV response in the Republic of South Sudan	IRC	1,818,592	LOW	NATIONAL
SSD-12/P-HR-RL/46038/5746	Small Arms and Light Weapons Risk Education and Community Policing supporting areas affected by armed conflict in South Sudan	Mines Advisory Group	318,000	HIGH	NATIONAL
SSD-12/P-HR-RL/46039/8452	Scaling up assistance and support to survivors of GBV in Jonglei and Upper Nile States to improve prevention.	NHDF	427,000	MEDIUM	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/P-HR-RL/46047/13025	Prevention and response to gender-based violence in conflict-affected communities of Western Equatoria state	CMMB	375,200	HIGH	WESTERN EQUATORIA
SSD-12/P-HR-RL/46212/5834	Information, Counselling and Legal Assistance (ICLA) to Returnees, IDPs and Conflict Impacted Host Communities in South Sudan	NRC	2,820,000	MEDIUM	NATIONAL
SSD-12/P-HR-RL/46221/5524	Addressing inter communal conflict through child protection and youth rehabilitation in Jonglei and Eastern Equatoria states	Plan	975,000	LOW	NATIONAL
SSD-12/P-HR-RL/46225/8049	Reducing violence and improving security for vulnerable communities along the North/South Sudan border	NVPF	1,188,965	HIGH	NATIONAL
SSD-12/P-HR-RL/46235/8435	Enhanced Protection of Children Affected by Emergencies and Conflict in Unity, Upper Nile, Jonglei, Warrap and Western Equatoria States	WVS	1,015,200	HIGH	NATIONAL
SSD-12/P-HR-RL/46247/6971	Integrated Protection Solutions (IPS) for Upper Nile Returnees	RI	701,192	HIGH	UPPER NILE
SSD-12/P-HR-RL/46264/6079	Protecting children affected by conflict, displacement and other emergencies in South Sudan	SC	1,017,456	HIGH	NATIONAL
SSD-12/P-HR-RL/46294/8435	Enhancement of Community Peace and Protection Systems to Address Emergency Inter-tribal conflict in South Sudan	WVS	885,000	MEDIUM	NATIONAL
SSD-12/P-HR-RL/46306/124	Protection of boys and girls affected by conflict and other emergencies in South Sudan	UNICEF	5,154,599	HIGH	NATIONAL
SSD-12/P-HR-RL/46318/124	GBV Prevention and responses for girls, boys and women in the six priority states of South Sudan (Unity, Upper Nile, Warrap, Jonglei, NBeG, and WEQ)	UNICEF	742,289	LOW	NATIONAL
SSD-12/P-HR-RL/46326/14920	Reduction of Gender-Based Violence	SSWEN	447,700	LOW	NATIONAL
SSD-12/P-HR-RL/46362/14935	Building capacity of local communities to respond to displacement and humanitarian emergencies on women and children.	UNYMPDA	100,000	LOW	JONGLEI
SSD-12/P-HR-RL/46372/120	Protection monitoring and assistance to IDPs and returnees in South Sudan	UNHCR	15,415,227	HIGH	NATIONAL
SSD-12/P-HR-RL/46385/13010	Emergency Protection Project for 500 girls, 500 boys, 300 women and 200 men amongst stranded returnees, IDPs and Refugees in Warrap and WeBG States of South Sudan	PCO	542,000	LOW	NATIONAL
SSD-12/P-HR-RL/46427/120	Prevention of Statelessness and Protection of Stateless Individuals in the Republic of South Sudan	UNHCR	3,388,790	HIGH	NATIONAL
SSD-12/P-HR-RL/46538/5146	Establishing South Sudan's Conflict Early Warning and Early Response System (CEWERS)	CRS	7,519,552	LOW	NATIONAL
SSD-12/P-HR-RL/46542/13098	Mobilizing community Actors to Promote Human Rights and Peace Mitigation	SWA	113,420	LOW	UNITY
SSD-12/P-HR-RL/46571/8049	Improving child protection and preventing incidences of GBV in conflict-affected areas of border states and Western Equatoria	NVPF	1,465,703	MEDIUM	NATIONAL

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
Sub total for PROTECTION			62,990,940		
WATER, SANITATION AND HYGIENE					
SSD-12/WS/46174/5586	Increasing Access to Safe Water and Improved Sanitation for Returnees and Conflict Affected Communities in Upper Nile and Eastern Equatoria States	ARC	2,027,848	MEDIUM	NATIONAL
SSD-12/WS/46188/15051	Emergency WASH Service for Returnees, IDPs and Vulnerable Host communities in Maban, Fangak and Uror Counties	ECO	425,000	LOW	UPPER NILE
SSD-12/WS/46190/13021	Improving households sanitation and hygiene among settled returnees of Northern Bahr el Ghazal	AWODA	382,292	LOW	NORTHERN BAHR EL GHAZAL
SSD-12/WS/46218/14922	Improve Access to clean water and sanitation by vulnerable population in Jonglei State	SPEDEP	555,000	LOW	JONGLEI
SSD-12/WS/46218/14924	Improve Access to clean water and sanitation by vulnerable population in Jonglei State	CCOSS	730,000	LOW	JONGLEI
SSD-12/WS/46237/8918	To promote access to safe water and improved sanitation and hygiene practices to the vulnerable, conflict, and disaster affected communities in Pochalla county	CRADA	480,000	LOW	JONGLEI
SSD-12/WS/46246/5825	WASH Support for Returnees in Transit Through Renk	FAR	658,000	MEDIUM	UPPER NILE
SSD-12/WS/46261/5128	WASH Emergency for IDP/ Returnee Settlement in Aweil North County, North Bahr el Ghazal	CESVI	790,711	LOW	NORTHERN BAHR EL GHAZAL
SSD-12/WS/46267/6706	Emergency water and sanitation project for returnees and vulnerable residents in Northern Bahr El Ghazal State	Horn Relief	472,500	LOW	NORTHERN BAHR EL GHAZAL
SSD-12/WS/46273/5146	Water and Sanitation Project for Returnees, IDPs and host communities in Wuro County- Jonglei State	CRS	1,500,000	LOW	JONGLEI
SSD-12/WS/46276/5527	Humanitarian/Emergency Response to Water and Sanitation Needs of Returnees and IDPs in Warrap State	NCA	482,570	MEDIUM	WARRAP
SSD-12/WS/46278/14945	Ayod Safe Drinking Water Systems and Sanitation Project	CMD	280,800	LOW	JONGLEI
SSD-12/WS/46286/5524	Respond and increase access to safe water, sanitation and hygiene to vulnerable IDPs, returnees and host communities affected by multiple emergencies in Jonglei State	Plan	552,000	LOW	JONGLEI
SSD-12/WS/46290/5582	South Sudan Humanitarian Integrated Water and Sanitation Project in Emergency and Disaster Prone Areas	IAS	4,921,720	LOW	NATIONAL
SSD-12/WS/46291/5645	Unity State Emergency WASH Response for Returnees, Refugees and IDP's (USEWRRRI)	CARE International	646,864	HIGH	UNITY
SSD-12/WS/46293/5146	Water and Sanitation Project for Guinea Worm Endemic areas in Kapoeta East County.	CRS	1,215,000	LOW	EASTERN EQUATORIA

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/WS/46299/6310	South Sudan WASH BCC and Social Marketing Programs in Central Equatoria, Western Equatoria, Western Bahr el Ghazal, Northern Bahr el Ghazal and Upper Nile	PSI	1,877,635	LOW	NATIONAL
SSD-12/WS/46309/5095	WASH Provision in Emergency and Relief in South Sudan	MEDAIR	2,956,000	HIGH	NATIONAL
SSD-12/WS/46313/8452	Support WASH Emergencies Response Among Vulnerable Communities in Jonglei and Upper Nile States	NHDF	655,000	MEDIUM	NATIONAL
SSD-12/WS/46314/5660	WASH services to populations affected by emergencies in Western Equatoria, Unity and Upper Nile	INTERSOS	1,848,533	HIGH	NATIONAL
SSD-12/WS/46321/6971	WASH Emergency Response Project in Upper Nile (WERP)	RI	708,228	LOW	UPPER NILE
SSD-12/WS/46332/13184	Providing timely and equitable WASH emergency services among vulnerable communities in Koch and Leer Counties, Unity State.	LHDS	365,000	LOW	NATIONAL
SSD-12/WS/46333/5120	Oxfam GB South Sudan - Emergency Preparedness & Reponse WASH Programme	OXFAM GB	5,187,843	MEDIUM	NATIONAL
SSD-12/WS/46335/6116	WASH Services Provision and Emergency Response in Northern Bahr-el-Ghazal and Unity States	Samaritan's Purse	3,867,161	HIGH	NATIONAL
SSD-12/WS/46342/298	Provision of safe water, adequate sanitation and hygiene promotion to vulnerable people in areas impacted by high levels of returns and emergency wash supplies to affected population by emergencies in South Sudan	IOM	5,264,974	MEDIUM	NATIONAL
SSD-12/WS/46349/6344	WASH Emergency Preparedness and Response in South Sudan	PAH	1,261,082	HIGH	JONGLEI
SSD-12/WS/46350/14952	Provision of community friendly WASH services for conflict-affected communities and Returnees in Urur	SSCCA	575,000	LOW	JONGLEI
SSD-12/WS/46356/5667	Improve access to safe water, sanitation and hygiene promotion for returnees, IDPs and resident communities affected by conflict in Bor and Duk Counties.	Danchurchaid / Danish De-mining Group	340,000	LOW	JONGLEI
SSD-12/WS/46363/8458	Improvement of Water, Sanitation and Hygiene around schools for vulnerable pupils and women in conflict affected returnees area in South Sudan	JEN	1,200,000	LOW	NATIONAL
SSD-12/WS/46364/13010	Emergency Life Saving Water, Sanitation and Hygiene Promotion project for 30,000 most vulnerable men, women, girls and boys, including those with disabilities; amongst stranded returnees, IDPs and refugees living in Warrap and WBeG States of South Sudan.	PCO	1,050,000	LOW	NATIONAL
SSD-12/WS/46373/8058	Provision of essential WASH services to the vulnerable communities of Tonj North, Juba and Terekeka Couties	IRW	619,251	LOW	NATIONAL
SSD-12/WS/46376/5157	Basic water supply, sanitation and hygiene services for returnees and the vulnerable communities prone to conflict and natural disasters in South Sudan	TEARFUND	2,997,081	LOW	NATIONAL

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SSD-12/WS/46390/13035	Improve access to basic water and sanitation services for better health	THESO	1,073,400	LOW	NATIONAL
SSD-12/WS/46396/120	Provision of emergency WASH facilities to vulnerable Returnees, IDPs and Host Community in South Sudan.	UNHCR	4,585,899	LOW	NATIONAL
SSD-12/WS/46405/6458	Support to vulnerable, emergency-affected populations in accessing water and sanitation and in improving hygiene practices.	ACTED	650,000	LOW	WARRAP
SSD-12/WS/46407/14005	Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population.	ACF - USA	4,000,000	HIGH	NATIONAL
SSD-12/WS/46411/5162	Improving Water & Sanitation Access for IDPs, Returnees & Vulnerable Host Community Affected by Conflict	Mercy Corps	550,000	LOW	NATIONAL
SSD-12/WS/46412/8435	Emergency WASH Project for Conflict Affected and Returnee Populations of South Sudan	WVS	1,780,000	MEDIUM	NATIONAL
SSD-12/WS/46420/7981	Empowering community-led hygiene and sanitation emergency response initiatives in NBEG and Warrap States	AMURT International	1,283,750	LOW	NATIONAL
SSD-12/WS/46424/5633	Critical Water supply, Sanitation, hygiene promotion interventions and EP&R for vulnerable and conflict affected populations in South Sudan.	Solidarités	1,134,027	HIGH	NATIONAL
SSD-12/WS/46425/7790	Improved access to potable water sources and sanitation facilities and improved health and hygiene practices through education in vulnerable populations in Twic County and Agok, Warrap State and Ulang and Baliet Counties, Upper Nile State	GOAL	1,158,331	LOW	NATIONAL
SSD-12/WS/46469/124	Emergency WASH Preparedness, Response and Coordination in South Sudan	UNICEF	9,989,100	HIGH	NATIONAL
Sub total for WATER, SANITATION AND HYGIENE			73,097,600		
Grand Total			763,192,505		

Table V. Requirements per location

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Location	Requirements (\$)
NATIONAL	697,376,021
CENTRAL EQUATORIA	3,844,842
EASTERN EQUATORIA	7,676,162
JONGLEI	22,130,128
LAKES	1,735,468
NORTHERN BAHR EL GHAZAL	10,059,052
UNITY	4,124,933
UPPER NILE	5,809,749
WARRAP	4,888,614
WESTERN BAHR EL GHAZAL	2,560,040
WESTERN EQUATORIA	2,987,496
Grand Total	763,192,505

Table VI. Requirements by gender marker score

Consolidated Appeal for the Republic of South Sudan 2012 as of 15 November 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by appealing organizations.

Gender Marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	10,786,775
2a - The project is designed to contribute significantly to gender equality	464,716,343
1 - The project is designed to contribute in some limited way to gender equality	176,374,234
0 - No signs that gender issues were considered in project design	111,315,153
Grand Total	763,192,505

Annex II: Needs assessment reference list

Existing and planned assessments, and identification of gaps in assessment information

EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS				
Cluster/ sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
Education	National	Lead agency: GoSS Min. of Education, UNICEF and SC All partners	2010	EMIS
Education	National	All partners	2011	Education Cluster Vulnerability Index 2011
Education	Affected areas	All partners		Education Cluster Occupied Schools Monitoring Database
Education	n/a	n/a	n/a	Education Cluster CAP 2012 Online Survey Results
Education	Northern Bahr El Gazal, WES, Upper Nile, Jonglei, Warrap, Western Bahr El Gazal, Lakes, Eastern Equatoria	Education, UNICEF and SC	2011	Education Cluster CAP 2012 Consultative Meetings)
Education	n/a	n/a	n/a	Education Cluster 2011 Emergency Response Reporting Database
Education	n/a	n/a	n/a	Various State Education Cluster Needs Assessments and Response Plans (available on the South Sudan Education Cluster Website)
Health	All states	MoH Lead	2012	HMIS (Planned rollout in 2012)
Health	All states	MoH Lead	2011	Health Facility Mapping MoH 2010
Health	All states	MoH Lead	Released end of 2011	Community LQAS
Health	All states	MoH Lead	Release date imminent	South Sudan Household Survey 2010
Health	Jonglei and Upper Nile	MoH Lea	2011	Quantified Evaluation
Logistics	National	Logistics Cluster Members	On-going throughout 2010	NA NB: The Cluster continuous received feedback on needs during Cluster meetings
Mine Action	Upper Nile State – Malakal and Nasser (Landmine victims)	United Nations Mine Action Office (UNMAO)* – SSDPA	Jan – Apr 2010	Data collection on landmine and ERW accidents and victims
Mine Action	Juba – Landmine victims	SSDA	2010	Landmine and ERW victims in Juba
Multi Cluster	National	UNHCR/IOM	2011	Rapid Needs Assessment (RNA)
Multi Cluster	National	WFP/UNHCR/IOM	2011	JAM with WFP, Village assessments (IOM and UNHCR)
NFI	National	IOM/Cluster partners	2011	Needs assessment Post-distribution monitoring assessment
Nutrition	Entire South Sudan	MoH and SSCCSE	Survey 2010, report April 2011	Pre-harvest Nutrition Surveys 2010
Nutrition	County wide surveys in 13 counties	ACF, CONCERN, GOAL, SC, Tearfund, WV	February-July 2010	Southern Sudan Household Survey 2010
Nutrition	County wide	CARE, COSV,	October-	Post-harvest Nutrition Surveys 2010

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	surveys in 11 counties	GOAL, JDF, MERLIN, SC, State MoH, Tearfund	December 2010	
Nutrition	County wide surveys in 26 counties	ACF, BRAC, CRADA, GOAL, MERLIN, SP, SC, State MoH, Tearfund, WV	February-June 2011	Pre-harvest Nutrition Surveys 2011
Nutrition	Vulnerable groups (IDPs, returnees, disaster-affected populations, host communities). Locations include Upper Nile, Warrap, Northern Bahr el Ghazal, Jonglei, Unity	Includes ACF, CARE, Medair, MSF, SP, UNICEF	All year	Rapid Needs Assessments
Protection	National	UNHCR	2011	Rapid Needs Assessments (RNA)
WASH	Central Equatoria: Lainya, Yei, Juba: Returnees and Host	Plan Int.	01-04-11	Rapid Need Assessment of Returnees and their Communities in Lainya, Yei and Juba, South Sudan
WASH	Eastern Equatoria: Lapo/ Lafon County	Dept. Rural Water, SNV,	17-03-11	Rapid Emergency Assessment Report on Fire incident in Haba Village LongiroPayamLafon/Lopa County
WASH	Jonglei: Bor County	PACT, UNICEF	11-01-10	Rapid Emergency Assessment Report
WASH	Unity: Guit Returnees and Host	Oxfam-GB	16-02-11	Rapid Inter agency Returnee Assessment in Korebone- Guit County
WASH	Unity: Mayom	Solidarites	08-06-11	Rapid Emergency Assessment Report
WASH	Unity: Pariang Refugees and Returnees	Samaritans Purse	05-08-11	Report of Assessment Team Mission To Yida Camp And Buram County
WASH	Unity: Pariang Refugees and Returnees	Samaritans Purse	11-08-11	WASH Cluster Emergency Assessment
WASH	Unity: Pariang Refugees and Returnees	Medair	04-10-11	Summary Report - WASH Intervention: Yida, Pariang County, Unity State
WASH	Upper Nile: Longuchok Returnees and Host	Oxfam-GB	28-02-11	Longechuk Returnees Assessment Emergency Preparedness and Response programme
WASH	Upper Nile: Renk Returnees and Host	Oxfam-GB	10-08-11	Oxfam-GB EPandR South Sudan Returnee Rapid Assessment

CURRENT GAPS IN INFORMATION

Cluster/ sector	Geographic areas and population groups targeted	Title/ Subject
Education	Displaced, stranded returnees and other conflict and disaster affected children, youth and teachers in Unity, Jonglei, Upper Nile, Warrap, Lakes.	Assessing the impact of emergencies on the education system and determining needs for protective temporary learning spaces, emergency school supplies and lifesaving messages and psycho-social support
Health	Country wide	Health Facility Services Mapping (HeRAMS or simpler form)
Logistics	National	Road Access Constraints
Mine Action	Unity and Jonglei States	Data collection on victims and accidents in Unity and Jonglei states
Mine Action	South Sudan	KAP (Knowledge, Attitudes and Practice) (baseline and evaluative) surveys on MRE and

Annex II: Needs assessment reference list

		its impact
Nutrition	Unity, parts of Jonglei, Western Bahr el Ghazal, Western Equatoria, Central Equatoria, parts of Lakes, parts of Upper Nile.	Nutritional status and IYCF practices of IDPs, returnees, refugees, and host communities.
WASH	Specific counties with high water stress: Budi, Ikotos, Kapoeta South, Magwi, Akobo, Nyirol, Pochalla, Urur, Rumbek North, Koch, Leer, Rubkona, Maiwut, Melut, Nasir, Ulang, Twic, Ezo, Ibba, Nzara;	High water stress without an assessment in 2011.
WASH	Regions with critical issues: Flooding (N Jonglei, Northern Bahr El Gazal, Upper Nile); Guinea Worm (S Warrab, Eastern Equatoria)	Critical areas due to water-related issues.

PLANNED NEEDS ASSESSMENTS

Cluster/ sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Title/ Subject	Funding needed (amount)	To be funded by
Education	Nationwide	MoE with support from UNICEF	January – April	Education Management Information Systems National Survey	Funding secured	GoSS Min of Education
Education	Displaced, stranded returnees, and other conflict and disaster affected children, youth and teachers in all states in South Sudan	GoSS Min. Of Education, UNICEF, Save the Children and all partners	All year	State Education Cluster Rapid Needs Assessments	Included in project sheets	Funding not yet secured
Logistics	National	WFP	Ad hoc	Logistics Cluster Meetings	\$0	n/a
Health	All areas Maternal Health	MoH, WHO, UNICEF, UNFPA	TBC	EmNOC and CEmNOC	TBC	TBC
Health		Health Cluster	TBC	Health Facility Services Mapping	15,000 \$	TBC
Health	All areas Maternal Health	MoH, WHO, UNICEF, UNFPA	TBC	EmNOC and CEmNOC	TBC	TBC
		Health Cluster	TBC	Health Facility Services Mapping	15,000 \$	TBC
Mine Action	South Sudan – people at risk from landmines and ERW (communities, IDPs, Returnees, Refugees)	UNICEF, UNMACC – possible partners are MRE Working Group members	ASAP in 2012	KAP survey on MRE messages and activities and their impact on population at risk	TBC	TBC
Mine Action	Unity State	UNMACC	2011-2012	Landmines and ERW accidents and victims	30,000 \$	AUSAid

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				data collection		
Mine Action	Jonglei State	UNMACC	2012	Landmines and ERW accidents and victims data collection	50,000 \$	TBC
Nutrition	Lopa, Torit, Kapoeta East, Kapoeta South, Kapoeta North, Akobo, Pibor, Pigi, Twic East, Uror, Aweil North, Aweil Centre, Aweil North, Mayendit, Malakal, Renk, Fashoda, Nasir, Gogrial East, Tonj East, Tonj North, Tonj South	CARE, CONCERN, IMC, MC, MERLIN, NHDF, SC, State MoH, Tearfund, WV	October-December 2011	Nutritional status of children (post-harvest 2011 SMART surveys)	Included in project proposals	No funding secured
Nutrition	County wide surveys in Warrap, Northern Bahr el Ghazal, Lakes, Unity, Jonglei, Abyei, Upper Nile, Eastern Equatoria, and possibly other underserved counties in Western Bahr el Ghazal, Western Equatoria, and Central Equatoria.	ACF, BRAC, CARE, CONCERN, COSV, CRADA, GOAL (MICS surveys), IMC, MC, MERLIN, Relief Int., SC, State MoH, Tearfund, UNICEF, WR, WV	March-April 2012 (pre-harvest) and October-November 2012 (post-harvest)	Nutritional status of children (pre-harvest 2012 and post-harvest 2012 SMART surveys)	Included in project proposals	No funding secured
Nutrition	Vulnerable groups (IDPs, returnees, disaster-affected populations, host communities) across the country	ACF, BRAC, CARE, MC, Medair, MERLIN, SC, SP, Tearfund, THESO, UNICEF, WV	All year	Rapid Needs Assessments	Included in project proposals	No funding secured
Nutrition	Twic, Gogrial West, Aweil East	ACF	TBC	Knowledge, Attitude and Practices (KAP) surveys	Included in project proposal	No funding secured
Nutrition	Twic, Gogrial West, Aweil East	ACF	TBC	Programme coverage surveys	Included in project proposal	No funding secured
Nutrition	Aweil Centre, Aweil West, Pariang, Rubkona, Mayendit	MC	TBC	Nutritional causal analysis to determine the key underlying factors of malnutrition	Included in project proposal	No funding secured
Nutrition	Lopa, Torit, Kapoeta East, Kapoeta South, Kapoeta North, Akobo, Pibor, Pigi, Twic East, Uror, Aweil North,	CARE, CONCERN, IMC, MC, MERLIN, NHDF, SC, State MoH, Tearfund,	October-December 2011	Nutritional status of children (post-harvest 2011 SMART	Included in project proposals	No funding secured

Annex II: Needs assessment reference list

	Aweil Centre, Aweil North, Mayendit, Malakal, Renk, Fashoda, Nasir, Gogrial East, Tonj East, Tonj North, Tonj South	WV		surveys)		
WASH	Flooding: Jonglei Upper Nile, Norther Bahr El Gazal	TB	TBD	WASH needs in chronically flood-prone areas	TB	Individual agencies
WASH	IDPs: Twic, Warrab	TBD	TBD	WASH needs amidst IDPs in a sustained displacement	TBD	Individual agencies
WASH	Guinea Worm: Kapoeta (Eastern Equatoria State) East, South (Warrab)	TBD	TBD	WASH needs amidst Guinea Worm-endemic regions	TBD	Individual agencies

Annex III: Strategic priorities achievements 2011

2011 Strategic Priority	Number	2011 Indicator	2011 Target	Data Source	Agency Responsible to Monitor	Achievement
1. Being ready to respond to any emergency by prepositioning pipelines, securing alternative supply routes, upgrading access routes, mobilizing early funding, mobilizing emergency response partners, strengthening humanitarian coordination structures, particularly at the state level, improving assessment methodologies, and advocating for an improved operating environment.	1	Proportion of all pipeline supplies successfully prepositioned as planned	100%	Pipeline managing agencies; UNJLC	Logistics Cluster	100% All six core pipeline supplies were prepositioned in over 100 locations in the country.
	2	Number of previously logistically inaccessible vulnerable communities reached with emergency assistance	25	Reports from NGOs, UN agencies and Clusters	Logistics Cluster and OCHA	25 communities reached in logistically inaccessible areas. The Logistics Cluster opened up access and supported to deliver cargo to all ten states, including Upper Nile and Unity States where new access was created.
	3	Average length of time between new incidents of displacement and the completion of an inter-agency assessment and the provision of assistance (where necessary)	<1 week to complete assessment <2 weeks to provide assistance	Reports from NGOs, UN agencies and clusters	OCHA	The average time span from assessments completion to assistance provision has varied by cluster between two – three weeks
2. Responding as quickly as possible to emergencies by rapidly assessing at-risk populations using standardized methodologies, drafting realistic action plans, mobilizing logistics support, synchronizing the delivery of core pipelines, deploying cluster teams at the state level and ensuring inter-cluster coordination at the Juba level.	4	Proportion of displaced or flood-affected women, girls, boys and men verified to need assistance that actually receive humanitarian assistance	100%	Reports from NGOs, UN agencies and clusters	OCHA	80% of the assessed and verified populations affected by floods received humanitarian assistance
	5	Proportion of returnees who are secondarily displaced by the search for services	< 20%	IOM tracking reports, UNHCR/ IOM/IRC return area monitoring reports	OCHA, IOM and UNHCR	<1% estimated As indicated at mid-year, some secondary displacements were caused by increased insecurity, particularly in Mayom County in, Unity State, and Northern Jonglei State

Annex III: Strategic priorities achievements 2011

2011 Strategic Priority	Number	2011 Indicator	2011 Target	Data Source	Agency Responsible to Monitor	Achievement
3. Providing emergency assistance and protection to southerners returning from the north by identifying transit routes and establishing protection mechanisms along these, establishing reception centres south of the border, providing emergency and early reintegration support to returnees following their registration and providing returnees with information on reintegration opportunities.	6	Percentage of coverage of DPT 3 vaccine (<i>baseline 43%</i>)	60%	HMIS	WHO, with SSMoH	The data required to update this indicator has not been officially released by the MoH.
4. Maintaining the existing safety-net of basic services by ensuring that front-line agencies and NGOs have sufficient funding and capacity to continue to provide basic health care, education and safe water services to millions of people in the south.	7	Estimated number of people provided with access to an improved water source (based on adapted standard of 500 people/water source or 20/L/person/day) ¹³⁵	1,000,000	NGO and UN partner reports	UNICEF, Med Air	465,000 (47%) provided with wash and sanitation services based on adapted standard of 500 people/water source or 20L/person/day
5: Helping households re-enter the productive cycle as quickly as possible by ensuring that seeds and tools and other livelihood inputs are delivered to populations as quickly as possible, helping to resolve land tenure issues, introducing and scaling-up innovative safety-nets to reduce food assistance in stable areas, and advocating for stabilization activities and programmes in counties receiving or producing the largest number of internally displaced people.	8	Percentage decrease of severely food-insecure households	33%	Food security Monitoring System, Crop and Food Survey Assessment Mission	WFP, FAO, MARF	25% increase in severely food-insecure households reported. This has been mainly due to erratic rains that affected crops production, the blockages of the Sudan – South Sudan border in May resulting in high food and other commodity prices.
	9	Percentage decrease of total projected cereal deficit	25%	Food security Monitoring System, Crop and Food Survey Assessment Mission	WFP, FAO, MARF	Late onset of rains and widespread drought during the season affected crop performance; a

¹³⁵ Standard is adapted from SPHERE and agreed at Cluster as 500 people per improved water source; where L/day measured, standard of 20 L safe water/person/day. Coverage figures of emergency affected require use of SSWICH on existing water sources. For each type of source (water points x 500 people) and water systems (capacity/20 L/day), the numerator = new + existing + previously repaired for emergency affected areas. Denominator = Estimated number of affected population in corresponding affected area (displaced, returnees, host) based on census data for affected payam or boma as relevant + estimates on displaced + returnees/payam or boma.

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2011 Strategic Priority	Number	2011 Indicator	2011 Target	Data Source	Agency Responsible to Monitor	Achievement
						deficit of 30% – 40% in grains is projected for 2012. In addition, conflict displacement and the high volume of returnees unable to plant due to either lack of access to agricultural land or arriving after the cropping season, affected cultivation of crops and eroded livelihood assets of affected people, increasing vulnerability to food insecurity.
6: Improving state level humanitarian coordination	10	Proportion of clusters functioning in at least 50% of states	100%	OCHA, cluster lead agencies	OCHA, cluster lead agencies reports	60% The clusters self-rated state-level functioning is: Education 60%, FSL 70%, Health 100%, Logistics 30%, NFI and ES 50%, Nutrition 60%, Protection 100%, and WASH 60%.
	11	Proportion of emergency assessments that utilize the new multi-cluster rapid assessment tool	100%	OCHA	Cluster reports	0% Tool undergoing further refining
7: Strengthening protection by prioritizing efforts to reduce sexual and GBV, working to remove all children from barracks and prisons, and advocating for better physical protection of vulnerable communities, particularly in areas affected by LRA attacks and inter-tribal violence, and where forced disarmament is under way	12	Percentage of people reached in flashpoint areas is higher than in 2010	80%	OCHA	OCHA	90% The cluster reached 100% of the target areas pre-positioning of core pipelines in over 100 locations in the country enable timely response to population in conflict flashpoint areas.
	13	Number of individuals (disaggregated by sex and age) reporting sexual assault to a trained health	4,500 girls, 156 boys, 7,800 women and 225 men	GBV Sub Cluster	GBV Sub Cluster	17% of people of the reproductive age. By September, only 13 of the 79 counties have

Annex III: Strategic priorities achievements 2011

2011 Strategic Priority	Number	2011 Indicator	2011 Target	Data Source	Agency Responsible to Monitor	Achievement
		care provider, police working in the special protection units, social workers and/or GBV case managers	(25% of person age ten-49 years)			access to services defined as case management, psycho-social support and clinical management of rape
8: Advocating for an improved operating environment by strengthening humanitarian access monitoring and reporting capacities, launching an access technical working group, assisting HCT members to advocate on all levels using coordinated messages, reinforcing relations with UNDSS to manage risks, and developing new ways of engaging with armed forces and groups in South Sudan (<i>new</i>)	14	Steps taken by political and military leadership to secure an improved operating environment for humanitarian work (<i>new</i>)	At least two steps taken by end year	OCHA/HCT/HCF meeting minutes	OCHA	The GoSS and three state government issued statements condemning interference and instructing to state actors to halt harassment of humanitarian staff.

Annex IV: Cluster achievements 2011

CSC

Sector Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Facilitate effective emergency preparedness integrated humanitarian response	Average time to respond to assessed needs Level of funding for the 2011 HWP	Less than two weeks 65%	OCHA launched database to track response times in June 2010; performance against indicator to be reported at end year Humanitarian work plan is 34% funded, lower than 2010 (42%). CHF contributed 19% of the secured funding	OCHA launched database to track response times in June 2010; performance against indicator to be reported at end year Humanitarian work plan is 42% funded with \$259 million, lower than 2010 (59%). CHF contributed 25% of the secured funding. Regular HCT (biweekly), ISWG (biweekly), HCF(monthly) and EPandR task force (weekly) meetings were facilitated
2. Provide quality information to humanitarian actors in southern Sudan to ensure interventions are evidence-based	Percentage decrease in data gaps in county profiling exercise from 2010 to 2011 Number of maps distributed	20% decrease 20,000	County profiling exercise not yet re-conducted 5,000 maps were printed and distributed to humanitarian actors NGO forum provided information and policy analysis regularly, including meeting updates, Security Sit Reps, policy briefing papers, a security phone tree, and re-locatable staff planning	County profiling exercise not yet re-conducted 5,000 maps were printed and distributed to humanitarian actors NGO forum provided information and policy analysis regularly, including meeting updates, Security Sit Reps, policy briefing papers, a security phone tree, and re-locatable staff planning
3. Facilitate safe access to populations in need	Percentage decrease in number of areas restricted to humanitarian partners Quarterly analysis of new access constraints	100% Two reports on humanitarian access	Areas restricted increased due to rise in insecurity. DSS supported the safety and security of staff through regular information sharing and the training of 400 (93 females) UN	Areas restricted increased due to rise in insecurity DSS supported the safety and security of staff through regular information sharing and the training of 2,972 (1,129 females)

Annex IV: Cluster achievements 2011

			agency and NGOs staff on Safe and Secure Approaches in Field Environments (SSAFE), 4x4 driving and first aid at work	UN agency and NGOs staff on Safe and Secure Approaches in Field Environments and other trainings, 4x4 driving and first aid at work. Eight medical evacuations and five relocations were conducted Three analysis reports on access constraints were produced covering first three quarters of 2011.
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Education

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Increase access to protective learning spaces for children and youth affected by emergencies	Number of emergency-affected children accessing education in temporary learning spaces or rehabilitated schools (<i>new</i>) ¹³⁶	50,000	6,019	16,048
		50,000	<i>To be reported at end year</i>	2,915
		50,000	7,750	10,420
	Number of emergency-affected learners provided with water source at school (<i>new</i>)	375,000	122,195	389,353
	Number of emergency-affected learners provided with gender-specific latrines at school (<i>new</i>)			
	Number of emergency-affected learners accessing food for education (<i>new</i>)			
2. Train teachers and PTA members to ensure provision of quality and relevant education,	Number of teachers trained (<i>new</i>) ¹³⁷	4,500	1,917	2,404
	Number of PTA members trained (<i>new</i>)	4,500	1,265	1,416

¹³⁶ This indicator corresponds to the Global IASC Education Cluster Needs Assessment Indicators E2 and E3.

¹³⁷ This indicator corresponds to the Global IASC Education Cluster Needs Assessment Indicators E5 and E8.

including emergency-related life skills and psycho-social support				
3. Provide essential teaching and learning materials to children, youth and teachers affected by emergencies	Number of emergency-affected children, youth and teachers provided with or benefiting from the following essential school supplies and recreation materials: ¹³⁸ Teacher kits Student kits School in a box Recreation kits School tents Exercise books Textbooks Blackboards Schoolbags	4,500 20,000 (1:80) 1,000 (1:80) 2,000 (1:50) 500 700,000 (1:1) 20,000 (1:5) 10,000 (1:40) 700,000 (1:1)	895 11,981 59 92 35 516,950 12,500 5,322 315,910	1,038 10,807 9,060 16,050 117 8,400 12,500 20,453 10,226

FSL

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Reduce acute food insecurity among vulnerable populations of women, children, elderly and men by providing life-saving food assistance	Number of households receiving food aid Percentage of assessed households that receive food aid	<ul style="list-style-type: none"> 1.5 million vulnerable residents, returnees, IDPs and refugees 100% 	<ul style="list-style-type: none"> 928,237 people supported (based on actual for January-May and projections for June) 77% of assessed population 	<ul style="list-style-type: none"> 1, 183, 370 people supported with food assistance (as of August, 2011) 79% of assessed populations
2. Help at-risk populations, including internally displaced people and returnees, re-enter the production cycle by providing livelihood inputs	Percentage of returnees provided with reintegration package Number of households receiving production inputs Number of functional cold chain facilities Number of surveillance conducted	<ul style="list-style-type: none"> 100% 900,000 most at risk people 30 Two surveillance in East Coast Fever-affected areas 	<ul style="list-style-type: none"> 50% of households receiving production inputs were returnees 120,000 households, or approximately 700,000 people 25 cold chain facilities installed and operational Two surveillance activities done 	<ul style="list-style-type: none"> 50% of households receiving production inputs were returnees. Majority came mid-season 165, 000 households or approximately 907, 000 people 25 cold chain facilities installed and operational (September 2011) Two surveillance activities done
3. Help at-risk communities and/or	Number of people accessed during	<ul style="list-style-type: none"> 60,000 	Activities not yet conducted due to	Activities not conducted due to

¹³⁸ This indicator corresponds to the Global IASC Education Cluster Needs Assessment Indicator E6.

Annex IV: Cluster achievements 2011

small holders producers mitigate disaster risks, principally flooding	assessments Number of people provided with livelihoods transfers	<ul style="list-style-type: none"> 60,000 	insufficient funding and technical support	insufficient funding and technical support
4. Strengthen cluster coordination and joint assessments to support needs-based intervention	Percentage of states with functioning Cluster coordination	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 70% of the states have functioning cluster coordination structures. Seven states functioning: Central Equatoria; Eastern Equatoria; Warrap; Northern Bah el Ghazal; Upper Nile; Jonglei; Unity 	<ul style="list-style-type: none"> 70% of the states have functioning cluster coordination structures. Seven states functioning: Central Equatoria; Eastern Equatoria; Warrap; Northern Bah el Ghazal; Upper Nile; Jonglei; Unity

Health

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Maintain the existing safety net by providing basic health packages and emergency referral services	<ul style="list-style-type: none"> Number of outpatient department attendees at health facilities DPT3 coverage for southern Sudan 	<ul style="list-style-type: none"> 1,817,308 (female: 943,206; male: 874,102) 50% 	<ul style="list-style-type: none"> To be reported at end year 40% 	<ul style="list-style-type: none"> To be reported in the first quarter of 2012 71% Administrative data
2. Control the spread of communicable diseases	<ul style="list-style-type: none"> percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification Percentage of laboratory results for all collected specimens from suspected cases available within seven days of collection 	<ul style="list-style-type: none"> 90% 90% 	<ul style="list-style-type: none"> 90% 90% 	<ul style="list-style-type: none"> 90% 80%
3. Strengthen the capacity for response to emergencies including surgical interventions	<ul style="list-style-type: none"> Percentage of key referral hospitals able to undertake emergency surgeries percentage of PHCCs providing basic EmNOC services 	<ul style="list-style-type: none"> 80% 60% 	<ul style="list-style-type: none"> 70% No information at mid-year 	<ul style="list-style-type: none"> 70% No information in September

Logistics

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Coordinate and synchronize the core pipelines	Number of pipeline reports given to HCT	24 reports, issued twice monthly	16 core pipelines reports have been submitted to the HCT in Juba	21 core pipeline reports have been submitted to the HCT in Juba
2. Expand physical access to basic services and markets by constructing, rehabilitating and maintaining transportation networks and improve humanitarian access to remote areas by constructing, rehabilitating and maintaining key air strips	<ul style="list-style-type: none"> Number of km of road improved Number of bridges repaired Number of airstrips rehabilitated 	<ul style="list-style-type: none"> 660 km One bridge of 24 metres Three airstrips 	<ul style="list-style-type: none"> The Rumbek-Yirol road project was completed Three airstrips currently under repair and due to be completed by August. Emergency Repairs of an additional two airstrips will be completed by September 	<ul style="list-style-type: none"> 70 km of road repairs completed Alek airstrip completed (UNMISS / UNOPS bilateral project) Pagak airstrip completed Rubkona airstrip in progress Four infrastructure assessments completed including 1200 km of roads, 745 km of river, three ports, five bridges and culverts and seven airstrips
3. Implement common logistics services, including common surface transport, air transport and warehousing and mobilize surge capacity if required	<ul style="list-style-type: none"> Proportion of requested common supplies and services provided Capacity and funding mobilized 	<ul style="list-style-type: none"> 100% 100% of funding needed 	<ul style="list-style-type: none"> Nine storage tents in four states Five national staff and two international staff have been recruited 	<ul style="list-style-type: none"> Nine storage tents in five states 100% staff requirements met; four international staff assigned to the cluster along with two national staff members. Six TDY staff also joined the Cluster for one month.
4. Provide logistics information to support coordination and contingency planning	Inter-Agency LCA conducted and disseminated	Inter-agency LCA conducted and disseminated	LCA was finalized. It will be updated by August 2011	<ul style="list-style-type: none"> Inter-agency LCA finalized for Sudan (Southern Section). New LCA for South Sudan currently under revision in light of government and customs changes following independence 1150 maps distributed (hard and soft copy) 15 organizations provided with GPS training Ten GPS units

Annex IV: Cluster achievements 2011

				loaned to organizations <ul style="list-style-type: none"> 69 organizations and government offices visited
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Multi-Sector

Sector Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Support the voluntary, safe and dignified return of internally displaced people and refugees	Number of displaced people returned to their places of choice in Sudan, disaggregated by age and sex	530,000	127,893 displaced South Sudanese returning from Sudan and 507 returning from neighbouring countries since 1 January	343,403 displaced South Sudanese returning from Sudan and 814 returning from neighbouring countries since 1 January
2. Support the early reintegration of returnees into communities	Number of returnees reintegrated into communities	530,000	127,893 returning from Sudan and 507 returning from neighbouring countries provided with food, NFI and ES, health, water and sanitation and other assistance.	343,403 returning from Sudan and 814 returning from neighbouring countries provided with food, NFI and ES, health, water and sanitation and other assistance.
3. Provide protection and multi-sector assistance to refugees	<ul style="list-style-type: none"> Number of refolement of refugees Percentage of refugee locations with GBV referral in place 	<ul style="list-style-type: none"> Zero refugee 100% 	<ul style="list-style-type: none"> No refolement recorded 80% 	<ul style="list-style-type: none"> No refolement recorded 100%

NFIs and ES

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Preposition sufficient NFIs in key locations throughout southern Sudan in timely manner	percentage of pipeline that is prepositioned and available in field hubs (new)	95%	<ul style="list-style-type: none"> 90% 	<ul style="list-style-type: none"> 95%
2. Improve the delivery of NFI and ES assistance beneficiaries	Average number of weeks required to respond to emergencies percentage reduction in number of assessments that need to be repeated percentage of responses involving kit distribution	< 2 weeks 30% 70%	<ul style="list-style-type: none"> 35% improvement (14 days to nine days) NFI Cluster has conducted 13 NFI specific assessments out of 51 IA assessments 18% Kit 	<ul style="list-style-type: none"> As per mid-year As per mid-year 25% full kit and 75% loose items

	against loose item distribution (new)		distribution and 82% loose items.	
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Nutrition

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Provide access to therapeutic and supplementary services for management of acute malnutrition in children U5	<ul style="list-style-type: none"> Percentage of acutely malnourished boys and girls treated in therapeutic and supplementary feeding programmes (SFPs) in line with SPHERE Standards. 	<ul style="list-style-type: none"> 80% of boys and girls U5 with SAM 50% of boys and girls U5 with MAM 	<ul style="list-style-type: none"> 23.2% 19.1% 	<ul style="list-style-type: none"> 53.3% (41,574 children) 61.2% (164,694 children)
2. Provide access to services for prevention of acute malnutrition in children and women (<i>refocused</i>)	<ul style="list-style-type: none"> Percentage of girls and boys six-59 months supplemented with Vitamin A twice/yearly * Percentage of boys and girls six-24 months provided with ready-to-use food (RUF) during seasonal hunger period in the seven priority states Percentage of pregnant and lactating women supplemented with fortified blended food in the seven priority states Percentage of pregnant and lactating women receiving information on good IYCF practices 	<ul style="list-style-type: none"> 90% 70% 25% 60% 	<ul style="list-style-type: none"> 74% 58.4% (BSFP) 8.6% 2.8% 	<ul style="list-style-type: none"> 74% in first half 2011 (second half 2011 still on-going) 58.4% (132,507 children) (still on-going) 8.6% (40,129 PLW) (still on-going) Not available
3. Strengthen Nutrition Cluster coordination and response	<ul style="list-style-type: none"> Percentage of priority states in which monthly coordination meetings are held Percentage of quality nutrition assessments conducted in seven priority states twice/yearly Number of nutrition surveys conducted in counties where surveys have not been conducted before 	<ul style="list-style-type: none"> 100% 60% of county nutrition surveys conducted Five 	<ul style="list-style-type: none"> 30% 28.6% <i>To be reported on at end year</i> 	<ul style="list-style-type: none"> 86% (six out of seven priority states) 41.7% in first half 2011 (25 counties) (second half 2011 still on-going) Ten (in first half 2011)

Protection

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
1. Enhance physical security of people in border areas and in areas with high levels of violence	<ul style="list-style-type: none"> percentage of people in conflict-affected areas and areas with high levels of violence that can be reached percentage of conflict-affected people in border areas and areas with high levels of violence that receive protection services, including prevention and response to GBV Number of advocacy interventions carried out on basis of reports 	<ul style="list-style-type: none"> 80% 20% 8% 	<ul style="list-style-type: none"> 50% 40% 6% 	<ul style="list-style-type: none"> 60% 50% 7%
2. Provide assistance and support to survivors of GBV and improve prevention	<ul style="list-style-type: none"> Number of individuals (disaggregated by sex and age) reporting sexual assault percentage increase in the number of people, including survivors of GBV, having access to services percentage of states with adequate post-rape treatment and post-exposure prophylaxis (PEP) kits Number of states with an established community-based safe network for survivors Number of states the SPU is able to provide appropriate services to survivors Number of SOPs contextualized Number of monthly and quarterly trend and incident analysis reports produced, based on the GBV IMS 	<ul style="list-style-type: none"> 25% of people of reproductive age 25% 100 All All All 12 monthly reports and four quarterly trend analysis reports 	<ul style="list-style-type: none"> 17% people of reproductive age (13 counties) with access to services (defined as case management, psycho-social support and CMR services) 50% of states currently with adequate post-rape treatment and PEP kits One state (SPUs are functional in Yei and Juba only) SOPs have been contextualized in five States GBVIMS data collected in Jonglei and Western Equatoria.. No monthly or quarterly reports generated. 	<ul style="list-style-type: none"> 17% people of reproductive age (13 counties) with access to services (defined as case management, psycho-social support and CMR services) 50% of states currently with adequate post-rape treatment and PEP kits One state (SPUs are functional in Yei and Juba only) SOPs have been contextualized in five States GBVIMS data collected in Jonglei, WEQ, Wau, Malakal, Magwi, Aweil. Monthly reports generated since July in Wau and Magwi.

<p>3. Reunify separated and abducted children with their families and remove all children associated with armed forces and reintegrate them with their families</p>	<ul style="list-style-type: none"> percentage of identified children reunited with their families or alternative care arrangements percentage of identified children demobilized and reintegrated 	<ul style="list-style-type: none"> 100% 100% 	<ul style="list-style-type: none"> 80% 65% 	<ul style="list-style-type: none"> 20% 52%
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Mine Action (sub-Cluster to Protection Cluster)

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
<p>1. To facilitate free and safe movement for humanitarian operations through clearance of landmines and ERW</p>	<ul style="list-style-type: none"> Number of km of roads assessed and/or verified Number of dangerous areas (DAs) released to local communities 	<ul style="list-style-type: none"> 875 km of roads 140 DAs 	<ul style="list-style-type: none"> 624.5 km of routes assessed and cleared <i>To be reported at end year</i> 	<ul style="list-style-type: none"> 825 km of routes assessed and cleared 529 DAs
<p>2. To reduce the risk of injury from landmines and ERW and facilitate the reintegration of victims through targeted MRE and VA interventions</p>	<ul style="list-style-type: none"> Number of at risk individuals reached through MRE, VA interventions and landmine safety project 	<ul style="list-style-type: none"> 180,500 people for MRE 600 VA beneficiaries 	<ul style="list-style-type: none"> 11,657 people for MRE 169 VA beneficiaries 	<ul style="list-style-type: none"> 89,806 MRE beneficiaries* 230 VA beneficiaries
<p>3. To strengthen and support the management and operational capacities of the national authorities and implementing partners to enable them to address the socio-economic impact of landmine and ERW contamination in Sudan</p>	<ul style="list-style-type: none"> Number of field placements and on-the-job trainings conducted as part of planning and quality management for mine action 	<ul style="list-style-type: none"> 35 	<ul style="list-style-type: none"> Eight 	<ul style="list-style-type: none"> 15 field placements and on-the-job trainings**

*Actual beneficiary figures are higher. At the date of submission, IMSMA staff members were continuing to input data.

**Figures were lower than anticipated due to the lack of availability of SSSA staff as they were involved in Independence Day festivities and experiences constant shortages of electricity in their offices.

Nutrition

Cluster Objectives	Indicator	Target	Achieved as of mid-year	Achieved as of September 2011
4. Provide access to therapeutic and supplementary services for management of acute malnutrition in children U5	<ul style="list-style-type: none"> Percentage of acutely malnourished boys and girls treated in therapeutic and SFPs in line with SPHERE Standards. 	<ul style="list-style-type: none"> 80% of boys and girls U5 with SAM 50% of boys and girls U5 with MAM 	<ul style="list-style-type: none"> 23.2% 19.1% 	<ul style="list-style-type: none"> 53.3% (41,574 children) 61.2% (164,694 children)
5. Provide access to services for prevention of acute malnutrition in children and women (<i>refocused</i>)	<ul style="list-style-type: none"> Percentage of girls and boys six-59 months supplemented with Vitamin A twice/yearly * Percentage of boys and girls six-24 months provided with RUF during seasonal hunger period in the seven priority states Percentage of pregnant and lactating women supplemented with fortified blended food in the seven priority states Percentage of pregnant and lactating women receiving information on good IYCF practices 	<ul style="list-style-type: none"> 90% 70% 25% 60% 	<ul style="list-style-type: none"> 74% 58.4% (BSFP) 8.6% 2.8% 	<ul style="list-style-type: none"> 74% in first half 2011 (second half 2011 still on-going) 58.4% (132,507 children) (still on-going) 8.6% (40,129 PLW) (still on-going) Not available
6. Strengthen Nutrition Cluster coordination and response	<ul style="list-style-type: none"> Percentage of priority states in which monthly coordination meetings are held Percentage of quality nutrition assessments conducted in seven priority states twice/yearly Number of 	<ul style="list-style-type: none"> 100% 60% of county nutrition surveys conducted Five 	<ul style="list-style-type: none"> 30% 28.6% <i>To be reported on at end year</i> 	<ul style="list-style-type: none"> 86% (six out of seven priority states) 41.7% in first half 2011 (25 counties) (second half 2011 still on-going) Ten (in first half 2011)

	nutrition surveys conducted in counties where surveys have not been conducted before			
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WASH

Cluster Objectives	Indicator ¹³⁹	Target	Achieved as of mid-year	Achieved as of August 2011
1. Provide access to safe water for one million people through rehabilitation of existing water schemes, development of new water sources, and increase maintenance capacity at local level	<ul style="list-style-type: none"> Estimated number of people provided with access to an improved water source (based on SPHERE indicators of 500 people/hand pump or 15/L/person/day) Number of trained water technicians at community level, disaggregated by gender Number of water management committee members trained, disaggregated by gender 	<ul style="list-style-type: none"> 1,000,000 2,000 mechanics caretakers, 25% of which are women 4,000 WASH Committee members, 60% of which are women 	<ul style="list-style-type: none"> 269,552 196 mechanics trained 3,657 WASH Committee members trained 	<ul style="list-style-type: none"> 465,072 432 mechanics trained 4,270 WASH Committee members trained
2. Support up to one million internally displaced people and returnees through pre-positioning and distribution of WASH supplies, strengthening of response coordination systems, and emergency WASH interventions	<ul style="list-style-type: none"> Estimated number of internally displaced people and returnees provided with access to an improved water source, hygienic latrines (disaggregated by gender), or supplied with basic hygiene kit 	<ul style="list-style-type: none"> 1,000,000 Target: zero 	<ul style="list-style-type: none"> 433,904 emergency-affected people provided with access to improved water source 	<ul style="list-style-type: none"> 436,972 emergency-affected people provided with access to improved water source

¹³⁹ The WASH Cluster indicators used in 2011 were formulated in consultation with external monitoring and evaluation experts. The Cluster will review these indicators again during the development of the 2012 CAP, with the assistance of global experts, to consider if IASC Global WASH Cluster indicators can be used.

Annex IV: Cluster achievements 2011

	<ul style="list-style-type: none"> • Number of AWD cases reported in the first 90 days of an emergency response 			
3. Increase access to improved sanitation facilities for 200,000 men, women, and children	<ul style="list-style-type: none"> • Number of people accessing toilets and washing facilities that are culturally appropriate, secure, sanitary, and user friendly, disaggregated by gender 	<ul style="list-style-type: none"> • 200,000 	<ul style="list-style-type: none"> • 17,383 people accessing improved sanitation facilities 	<ul style="list-style-type: none"> • 78,505 people accessing improved sanitation facilities
4. Reach one million men, women, and children with key hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage	<ul style="list-style-type: none"> • Number of people—men, women, and children—reached with key hygiene messages • Percentage of adults/school children recalling three key hygiene messages (MOV-Statistical Survey e.g. MICS compared to baseline in Southern Sudan Household Health Survey /SSHHS) 	<ul style="list-style-type: none"> • 1,000,000 • 80% 	<ul style="list-style-type: none"> • 179,492 people reached with key hygiene messages 	<ul style="list-style-type: none"> • 308,881 people reached with key hygiene messages

Annex V: Donor response to the 2011 appeal

Table VII. Requirements and funding per cluster

Consolidated Appeal for the Republic of South Sudan 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Cluster	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)		(\$)
	A	B	C	D	E=C+D	B-E	E/B	F
COORDINATION AND COMMON SERVICES	3,530,055	36,507,283	7,441,460	30,970,404	38,411,864	(1,904,581)	105%	-
EDUCATION	26,982,675	39,570,939	1,224,064	15,838,525	17,062,589	22,508,350	43%	-
FOOD SECURITY AND LIVELIHOODS	40,889,172	118,376,343	9,621,011	89,591,417	99,212,428	19,163,915	84%	1,430,615
HEALTH	81,841,148	81,822,543	-	39,492,881	39,492,881	42,329,662	48%	-
LOGISTICS	22,417,604	92,933,095	-	25,747,081	25,747,081	67,186,014	28%	-
MINE ACTION	13,426,072	15,161,072	-	4,367,447	4,367,447	10,793,625	29%	-
MULTI-CLUSTER	32,555,479	60,273,510	-	10,147,311	10,147,311	50,126,199	17%	-
NFI AND EMERGENCY SHELTER	8,243,527	15,261,064	-	11,690,128	11,690,128	3,570,936	77%	-
NUTRITION	24,842,804	34,466,692	914,510	19,741,998	20,656,508	13,810,184	60%	-
PROTECTION	45,624,151	52,939,237	-	10,490,471	10,490,471	42,448,766	20%	-
WATER, SANITATION AND HYGIENE	65,071,352	72,361,457	-	33,724,918	33,724,918	38,636,539	47%	-
CLUSTER NOT YET SPECIFIED	-	-	-	15,236,486	15,236,486	n/a	n/a	-
Grand Total	365,424,039	619,673,235	19,201,045	307,364,800	326,565,845	293,107,390	53%	1,430,615

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VIII. Requirements and funding per organization

Consolidated Appeal for the Republic of South Sudan 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	E/B	(\$)
	A	B	C	D	E=C+D	B-E		F
ACF - USA	6,575,073	6,575,073	-	2,440,000	2,440,000	4,135,073	37%	-
ACROSS	25,000	25,000	-	-	-	25,000	0%	-
ACTED	1,620,867	1,620,867	-	1,620,050	1,620,050	817	100%	-
ADRA	1,912,539	1,111,864	-	495,600	495,600	616,264	45%	-
AMURT International	888,841	1,276,397	-	530,000	530,000	746,397	42%	-
ARC	3,409,811	3,374,107	-	3,375,629	3,375,629	(1,522)	100%	-
ASMP	880,000	880,000	-	-	-	880,000	0%	-
AVSI	435,000	435,000	-	-	-	435,000	0%	-
AWODA	635,000	475,000	-	276,000	276,000	199,000	58%	-
BRAC	1,142,463	1,142,463	-	248,026	248,026	894,437	22%	-
CAFOD	933,146	933,146	-	627,350	627,350	305,796	67%	-
Care Sudan	3,310,956	3,310,956	-	682,006	682,006	2,628,950	21%	-
CARITAS	250,000	250,000	-	250,000	250,000	-	100%	-
Caritas Switzerland	1,300,000	1,300,000	-	-	-	1,300,000	0%	-
CCM	805,308	805,308	-	637,009	637,009	168,299	79%	-
CCOC	-	269,000	-	-	-	269,000	0%	-
CDoT	2,221,855	2,221,855	-	733,665	733,665	1,488,190	33%	-
CESVI	975,000	1,390,000	-	-	-	1,390,000	0%	-
CHF	-	-	*	-	-	-	n/a	-
Chr. Aid	450,000	450,000	-	400,300	400,300	49,700	89%	-
CMA	1,300,000	1,300,000	-	900,000	900,000	400,000	69%	-
CMMB	-	239,183	-	-	-	239,183	0%	-
COSV	755,000	798,000	-	825,083	825,083	(27,083)	100%	-
CRADA	2,100,000	2,100,000	-	700,000	700,000	1,400,000	33%	-
CRS	2,792,991	3,012,182	-	2,034,099	2,034,099	978,083	68%	-
CW	-	477,000	-	410,914	410,914	66,086	86%	-
Danchurchaid	1,701,633	1,807,403	-	912,251	912,251	895,152	50%	-
DDG	3,746,000	3,746,000	-	247,843	247,843	3,498,157	7%	-
DRC	745,421	1,179,849	-	1,179,849	1,179,849	-	100%	-
ECS Rumbek	28,370	28,370	-	-	-	28,370	0%	-
EPC Sudan	175,000	175,000	-	-	-	175,000	0%	-
ERF (OCHA)	-	-	-	353,988	353,988	n/a	n/a	-
FAO	15,878,300	15,878,300	-	7,059,492	7,059,492	8,818,808	44%	-
GADGET - Pentagon	390,000	390,000	-	-	-	390,000	0%	-
GOAL	874,999	1,266,028	-	1,266,028	1,266,028	-	100%	-

South Sudan CAP 2012

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)		(\$)
	A	B	C	D	E=C+D	B-E	E/B	F
HI	997,406	997,406	-	-	-	997,406	0%	-
IAS	4,185,000	4,185,000	-	123,300	123,300	4,061,700	3%	-
IBIS	1,777,837	1,777,837	-	1,105,490	1,105,490	672,347	62%	-
IMC UK	1,094,083	1,094,083	-	1,094,083	1,094,083	-	100%	-
IN	4,299,992	4,299,992	-	-	-	4,299,992	0%	-
Intermon Oxfam	5,930,756	5,930,756	-	740,741	740,741	5,190,015	12%	-
International HIV/AIDS Alliance	660,500	660,500	-	-	-	660,500	0%	-
INTERSOS	2,694,153	3,694,153	-	655,231	655,231	3,038,922	18%	-
Intrahealth	299,510	299,510	-	-	-	299,510	0%	-
IOM	13,392,040	35,083,510	-	20,913,489	20,913,489	14,170,021	60%	-
IRC	5,117,535	4,514,482	-	3,040,492	3,040,492	1,473,990	67%	-
IRD	2,103,990	2,103,990	-	1,370,709	1,370,709	733,281	65%	-
IRW	859,270	870,120	-	286,000	286,000	584,120	33%	-
JDF	271,097	271,097	-	-	-	271,097	0%	-
KCS	774,434	774,434	-	-	-	774,434	0%	-
LCEDA	58,650	58,650	-	-	-	58,650	0%	-
LHDS	582,000	582,000	-	-	-	582,000	0%	-
Malaria Consortium	3,369,430	3,369,430	-	822,160	822,160	2,547,270	24%	-
Malteser International	1,783,000	1,783,000	-	-	-	1,783,000	0%	-
MDM France	800,000	800,000	-	-	-	800,000	0%	-
MEDAIR	8,149,932	8,361,203	-	6,354,647	6,354,647	2,006,556	76%	-
Mercy Corps	-	740,999	-	943,746	943,746	(202,747)	100%	-
MERLIN	3,658,780	3,658,780	-	3,609,451	3,609,451	49,329	99%	-
MGH	529,410	529,410	-	-	-	529,410	0%	-
Mines Advisory Group	510,000	1,610,000	-	452,157	452,157	1,157,843	28%	-
MSI	1,279,495	1,279,495	-	-	-	1,279,495	0%	-
NCA	2,840,000	2,840,000	-	196,320	196,320	2,643,680	7%	-
Netherlands RC	914,000	914,000	-	-	-	914,000	0%	-
NHDF	2,083,000	2,726,000	-	533,018	533,018	2,192,982	20%	-
NPA	9,234,594	9,234,594	-	4,364,967	4,364,967	4,869,627	47%	-
NPP	-	319,825	-	-	-	319,825	0%	-
NRC	9,429,682	9,429,682	-	1,300,000	1,300,000	8,129,682	14%	-
OCHA	-	4,729,884	-	5,372,970	5,372,970	(643,086)	100%	-
OVCII	592,295	592,295	-	-	-	592,295	0%	-
OXFAM GB	4,996,454	4,996,454	-	3,123,949	3,123,949	1,872,505	63%	-
Pact Inc.	-	3,134,178	-	3,134,178	3,134,178	-	100%	-
PAH	2,107,540	2,107,540	-	-	-	2,107,540	0%	-
PCO	1,671,028	1,671,028	-	198,432	198,432	1,472,596	12%	-
PCPM	323,606	323,606	-	77,266	77,266	246,340	24%	-
PSI	-	2,949,471	-	-	-	2,949,471	0%	-
PWJ	480,000	480,000	-	-	-	480,000	0%	-

Annex V: Donor response to the 2011 appeal

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)		(\$)
	A	B	C	D	E=C+D	B-E	E/B	F
RI	1,930,585	1,930,585	-	1,926,803	1,926,803	3,782	100%	-
Samaritan's Purse	1,809,150	1,809,150	-	1,888,648	1,888,648	(79,498)	100%	-
SBHC	-	275,000	-	-	-	275,000	0%	-
SC	4,800,570	5,226,570	-	4,287,340	4,287,340	939,230	82%	-
Sign of Hope	212,500	212,500	-	62,500	62,500	150,000	29%	-
SIMAS	987,072	987,072	-	-	-	987,072	0%	-
Solidarités	480,000	480,000	-	480,000	480,000	-	100%	-
SSLS	471,100	471,100	-	-	-	471,100	0%	-
SUDRA	778,600	778,600	-	325,000	325,000	453,600	42%	-
Switzerland RC	1,060,000	1,060,000	-	-	-	1,060,000	0%	-
TEARFUND	9,239,770	9,239,770	-	2,828,774	2,828,774	6,410,996	31%	-
THESO	1,677,947	1,677,947	-	400,000	400,000	1,277,947	24%	-
UNDSS	850,000	850,000	-	849,377	849,377	623	100%	-
UNESCO	813,010	813,010	-	-	-	813,010	0%	-
UNFPA	3,732,431	4,989,505	-	1,276,348	1,276,348	3,713,157	26%	-
UNHCR	68,841,085	83,184,116	-	22,042,635	22,042,635	61,141,481	26%	-
UNICEF	57,519,187	59,727,312	-	32,306,766	32,306,766	27,420,546	54%	-
UNIDO	-	377,532	-	170,210	170,210	207,322	45%	-
UNKEA	198,999	389,967	-	80,933	80,933	309,034	21%	-
UNMAS	2,291,000	2,926,000	-	2,642,480	2,642,480	283,520	90%	-
UNOPS	20,880,000	35,880,000	-	10,895,294	10,895,294	24,984,706	30%	-
VSF (Belgium)	820,000	820,000	-	820,000	820,000	-	100%	-
VSF (Germany)	1,420,000	1,420,000	-	-	-	1,420,000	0%	-
VSF (Switzerland)	465,196	465,196	-	300,000	300,000	165,196	64%	-
WFP	643,697	181,214,280	19,201,045	122,842,200	142,043,245	39,171,035	78%	1,430,615
WHO	16,682,285	16,682,285	-	9,245,200	9,245,200	7,437,085	55%	-
Windle Trust	1,575,410	1,575,410	-	-	-	1,575,410	0%	-
World Relief	805,953	805,953	-	805,953	805,953	-	100%	-
WVS	5,354,158	6,407,368	-	2,544,628	2,544,628	3,862,740	40%	-
ZOA Refugee Care	975,262	975,262	-	-	-	975,262	0%	-
Grand Total	365,424,039	619,673,235	19,201,045	307,364,800	326,565,845	293,107,390	53%	1,430,615

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

*The South Sudan CHF had access to \$68,033,021 from the Sudan CHF, and allocated all of that to specific organizations and projects in the CAP. Those allocations are reflected in the column of funding per organization. On Tables IX and XI, it is reflected as "carry-over."

Table IX. Total funding per donor (to projects listed in the Appeal)

Consolidated Appeal for the Republic of South Sudan 2011 as of 15 November 2011 http://fts.unocha.org			
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	101,079,798	30%	-
Carry-over (donors not specified)	92,234,066	28%	-
European Commission	36,166,981	11%	-
Central Emergency Response Fund (CERF)	22,766,954	7%	-
Various (details not yet provided)	24,052,072	7%	-
Japan	19,519,606	6%	-
Denmark	6,381,699	2%	-
Germany	4,523,829	1%	-
Canada	4,312,973	1%	-
Spain	3,555,302	1%	-
France	2,574,169	1%	-
Sweden	2,142,900	1%	-
Switzerland	2,108,599	1%	1,430,615
Italy	1,348,230	0%	-
Norway	1,035,426	0%	-
Korea, Republic of	900,000	0%	-
New Zealand	786,100	0%	-
Finland	707,215	0%	-
Ireland	488,102	0%	-
Poland	360,924	0%	-
Belgium	250,000	0%	-
Private (individuals & organisations)	204,808	0%	-
Estonia	190,880	0%	-
Grand Total	326,565,845	100%	1,430,615

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table X. Non-Appeal funding per sector

Other humanitarian funding to the Republic of South Sudan 2011 as of 15 November 2011 http://fts.unocha.org			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
AGRICULTURE	4,333,663	4%	-
COORDINATION AND SUPPORT SERVICES	4,029,344	4%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	1,402,099	1%	-
FOOD	562,674	1%	-
HEALTH	18,213,071	18%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	334,758	0%	-
SHELTER AND NON-FOOD ITEMS	1,475,364	1%	-
WATER AND SANITATION	12,025,040	12%	-
SECTOR NOT YET SPECIFIED	61,243,871	59%	-
Grand Total	103,619,884	100%	-

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XI. Total humanitarian funding per donor (Appeal plus other)

Republic of South Sudan 2011 as of 15 November 2011 http://fts.unocha.org			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	158,840,656	36%	-
Carry-over (donors not specified)	92,234,066	21%	-
European Commission	60,140,010	14%	-
Various (details not yet provided)	24,052,072	6%	-
Central Emergency Response Fund (CERF)	22,766,954	5%	-
Japan	19,519,606	4%	-
Germany	10,347,624	2%	-
Switzerland	8,936,965	2%	-
Denmark	8,281,327	2%	-
Canada	6,606,551	2%	-
Spain	3,555,302	1%	-
Sweden	2,681,754	1%	-
France	2,574,169	1%	1,430,615
Norway	1,708,575	0%	-
Ireland	1,463,885	0%	-
Italy	1,348,230	0%	-
Belgium	1,298,235	0%	-
Korea, Republic of	900,000	0%	-
New Zealand	786,100	0%	-
Finland	707,215	0%	-
Poland	360,924	0%	-
Czech Republic	232,486	0%	-
Private (individuals & organisations)	204,808	0%	-
Estonia	190,880	0%	-
Luxembourg	121,602	0%	-
Grand Total	430,185,729	100%	1,430,615

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Annex VI: Acronyms and abbreviations

AAHI	Action Africa Help-International
AAR	Association for Aid and Relief
ACAD	Abyei Community Action for Development
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACF-USA	<i>Action Contre la Faim</i> (Action Against Hunger-United States of America)
ACORD	Agency for Cooperation and Research in Development
ACROSS	Association of Christian Resource Organizations Serving Sudan
ACT Alliance	Action by Churches Together
ACTED	Agency for Technical Cooperation and Development
ADRA	Adventist Development and Relief Agency
AED	Academy for Educational Development
AHA	Africa Humanitarian Action
AMURT	International Ananda Marga Universal Relief Team
ANLA	Annual Needs and Livelihoods Assessment
ARC	American Refugee Committee
ASMP	Alaska Sudan Medical Project
AVR	assisted voluntary return
AVSI	<i>Associazione Volontari per il Servizio Internazionale</i> (Association of Volunteers in International Service)
AWD	acute watery diarrhoea
AWODA	Aweil Window of Opportunities and Development Agency
BMDP	Bangladeshi Military Demining Platoon
BoSS	Bank of South Sudan
BPHS	basic package of health services
BRAC	Bangladesh Rural Advancement Committee
BSFB	blanket supplementary feeding programme
CAFOD	Catholic Agency for Overseas Development
CAP	consolidated appeal <i>or</i> consolidated appeal process
CAR	Central African Republic
CARE	Cooperative for Assistance and Relief Everywhere
CBHC	community-based health care
CBO	community-based organisation
CCM	<i>Comitato Collaborazione Medica</i> (Medical Collaboration Committee)
CCOC	Confident Children out of Conflict
CCOSS	Care for Children and Old Age in South Sudan
CDAS	Christian Development Action Sudan
CDF	Child Development Foundation
CDoT	Catholic Diocese of Torit
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)
CFR	case fatality rate
CFSAM	Crop and Food Security Assessment Mission
CHAP	Common Humanitarian Action Plan
CHF	Common Humanitarian Fund
Chr. Aid	Christian Aid
CIDA	Canadian International Development Agency
CMA	Christian Mission Aid
CMD	Christian Mission for Development
CMMB	Catholic Medical Mission Board
CMR	crude mortality rate
CONCERN	Concern Worldwide
COSV	<i>Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario</i> (Coordinating Committee for International Voluntary Service)
CPA	Comprehensive Peace Agreement
CPI	consumer price index
CRADA	Christian Recovery and Development Agency
CRS	Catholic Relief Services

CSC	Common Services and Coordination
CWEP	Christian Women Empowerment Program
CWS	Common Warehousing Services
DA	dangerous areas
DCA	Danish Church Aid
DDG	Danish Demining Group
DDR	disarmament, demobilization and reintegration
DEA	Diakonie Emergency Aid
DRC	Danish Refugee Council
DRC	Democratic Republic of the Congo
ECO	Environmental Concern Organization
ECS	Episcopal Church of Sudan (part of the Anglican Communion)
EFSA	Emergency Food Security Assessment
EMIS	Educational Management Information System
EmNOC	emergency neonatal and obstetric care
EMOP	emergency operation
EOD	explosive ordnance disposal
EPC	Evangelical Presbyterian Church
EPI	expanded programme on immunization
ERADA	Equatoria Rehabilitation and Development Association
ERF	Emergency Response Fund
ERW	explosive remnants of war
ES	emergency shelter
ESAD	Equatoria State Association of Disabled
EWARN	early warning and response network
FAO	Food and Agriculture Organization of the United Nations
FAR	Fellowship for African Relief
FH	Food for the Hungry
FSD	Swiss Foundation for Mine Action
FSL	food security and livelihoods
FTS	Financial Tracking Service
GADET-Pentagon	Generation Agency for Development and Transformation-Pentagon
GAM	global acute malnutrition
GBV	gender-based violence
GDP	gross domestic product
GIS	Geographic Information System
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Agency for International Cooperation)
GoS	Government of Sudan
GoSS	Government of South Sudan
HAC	Humanitarian Aid Commission
HC	Humanitarian Coordinator
HCF	Humanitarian Coordination Forum
HCT	Humanitarian Country Team
HDC	Human Development Council
HDI	Human Development Index
HealthNet TPO	HealthNet International Transcultural Psycho-social Organization
HI	Handicap International
HI	Health International
HIV/AIDS	human immuno-deficiency syndrome/acquired immuno-deficiency syndrome
HR	Horn Relief
IAS	International Aid Services
IASC	Inter-Agency Standing Committee
IBIS	Education for Development (Danish member-based development organisation)
ICCO	Interchurch Organization for Development Cooperation
IDP	internally displaced person

Annex VI: Acronyms and abbreviations

IEC	information, education and communication
IMA	Interchurch Medical Assistance
IMC-UK	International Medical Corps - United Kingdom
INGO	international non-governmental organization
Intermon OXFAM	Oxfam-Spain
INTERSOS	<i>Organizzazione Umanitaria per l'Emergenza</i> (Emergency Humanitarian Organization)
Intrahealth	IntraHealth International
IOM	International Organization for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
IRW	Islamic Relief Worldwide
ISWG	Inter-sector Working Group
JDF	John Dau Foundation
JEN	Japan Emergency NGOs
KCS	Kimu Charitable Society
LCA	logistics capacity assessment
LCED	Lacha Community and Economic Development
LCEDA	Loudon County Economic Development Agency
LHDS	Liech Holistic Development Service
LRA	Lord's Resistance Army
LWF	Lutheran World Federation
MAG	Mines Advisory Group
MAM	moderate acute malnutrition
MC	Malaria Consortium
MDM-F	<i>Médecins du Monde-France</i> (Doctors of the World-France)
MERLIN	Medical Emergency Relief International
MGH	Massachusetts General Hospital
MISP	minimum initial service package
MoAF	Ministry of Agriculture and Forestry
MoE	Ministry of Education
MoH	Ministry of Health
MoHADM	Ministry of Humanitarian Affairs and Disaster Management
MRE	mine risk education
MSI	Marie Stopes International
MSF	<i>Médecins Sans Frontières</i> (Doctors Without Borders)
MSF-B	<i>Médecins Sans Frontières-Belgique</i> (Doctors Without Borders-Belgium)
MSF-CH	<i>Médecins Sans Frontières-Suisse</i> (Doctors Without Borders-Switzerland)
MSF-E	<i>Médecins Sans Frontières-Espagne</i> (Doctors Without Borders-Spain)
MSF-F	<i>Médecins Sans Frontières-France</i> (Doctors Without Borders-France)
MSF-H	<i>Médecins Sans Frontières-Hollande</i> (Doctors Without Borders-Holland)
MT	metric ton
MTI	Mine Tech International
MTT	multi-tasking team
MWRI	Ministry of Water Resources and Irrigation
MYR	mid-year review
NAD	Nile Assistance for the Disabled
NAPO	National Authorities for Prosthesis and Orthotics
NBHS	National Baseline Household Survey
NCA	Norwegian Church Aid
Netherlands RC	Netherlands Red Cross
NFI	non-food item
NGO	non-governmental organization
NHDF	Nile Hope Development Forum
NNGO	national non-governmental organization
NPA	Norwegian People's Aid
NRC	Norwegian Refugee Council

OCHA	Office for the Coordination of Humanitarian Affairs
OSIL	Operation Save Innocent Lives
OVCI	<i>Organismo Di Volontariato Per La Cooperazione Internazionale</i> (Volunteer Organization for International Cooperation)
OXFAM	Oxford Committee for Famine Relief
Oxfam-GB	Oxford Committee for Famine Relief-Great Britain
PAH	Polish Humanitarian Action
PCO	Peace Corps Organization
PCPM	Polish Centre for International Aid
PEP	post-exposure prophylaxis
PHC	primary health care
PHCC	primary health care centre
PHCU	primary health care unit
PI	Plan International
PROSMEC	Promote Sustainable Mechanism for Community-Based Protection Network
PRP	Poverty Reduction Programme
PSI	Population Services International
PTA	parents-teachers association
PWJ	Peace Winds Japan
RAAH	Rural Action Against Hunger
RCSO	Resident Coordinator's Support Office
RH	reproductive health
RI	Relief International
RMG	rebel militia group
RoSS	Republic of South Sudan
RRC	Relief and Rehabilitation Commission
RRR	return, reintegration, recovery
RUF	ready-to-use food
SAF	Sudan Armed Forces
SAM	severe acute malnutrition
SC	Save the Children
SDG	Sudanese pound
SDRDA	Sudanese Disabled Rehabilitation and Development Agency
SEM	Sudan Evangelical Mission
SF	Stromme Foundation
SFP	supplementary feeding programmes
SHAP	State Humanitarian Action Planning Process
SIM	security in mobility
SIMAS	Sudan Integrated Mine Action Service
SMoH	Sudanese Ministry of Health
SNV	Netherlands Development Organization
Solidarités	<i>Solidarités international</i>
SOH	Sign of Hope
SP	Samaritan's Purse
SPEDP	Sudan Peace and Education Development Programme
SPLA	Sudan People's Liberation Army
SPLM	Sudan People's Liberation Movement
SRC	Swiss Red Cross
SSCCA	South Sudan Christian Community Agency
SSCCSE	South Sudan Centre for Census, Statistics and Evaluation
SSDA	South Sudan Demining Authority
SSDP	South Sudan Development Plan
SSDPA	South Sudan Disabled People Association
SSP	South Sudan pound
SMART	standardized monitoring and assessment of relief and transition
SSHHS	South Sudan Household Health Survey
SSUDA	South Sudan United Democratic Alliance
SUDRA	Sudanese Relief and Development Agency
SSWICH	South Sudan Water Information Clearing House

Annex VI: Acronyms and abbreviations

THESO	The Health Support Organization
UCDC	Unity Cultural and Development Centre
UDA	United Development Agency
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations Office of the High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nile Initiative and Development Organisation
UNIFEM	United Nations Development Fund for Women
UNISFA	United Nations Interim Security Force for Abyei
UNJLC	United Nations Joint Logistics Centre
UNKEA	Upper Nile <i>Kala azar</i> Eradication Association
UNMAO	United Nations Mine Action Office
UNMAS	United Nations Mine Action Service
UNMIS	United Nations Mission in Sudan
UNMISS	United Nations Mission in South Sudan
UNOPS	United Nations Operation for Project Services
UNSC	United Nations Security Council
UNYMPD	Upper Nile Youth Mobilization for Peace and Development
USAID	United States Agency for International Development
UXO	unexploded ordnance
VA	victim assistance
VSF	<i>Vétérinaires sans frontières</i> (Veterinarians without Borders)
WASH	water, sanitation and hygiene
WC-H	War Child-Holland
WCDO	World Concern Development Organization
WFP	World Food Programme
WHO	World Health Organization
WR	World Relief
WV	World Vision
WVI	World Vision International
WVS	World Vision Sudan
WVS	Worldwide Veterinary Service
ZOA	ZOA Refugee Care

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