

2019

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2019 —

DEC 2018

**SOUTH
SUDAN**



PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS (US\$)

NUMBER OF HUMANITARIAN PARTNERS

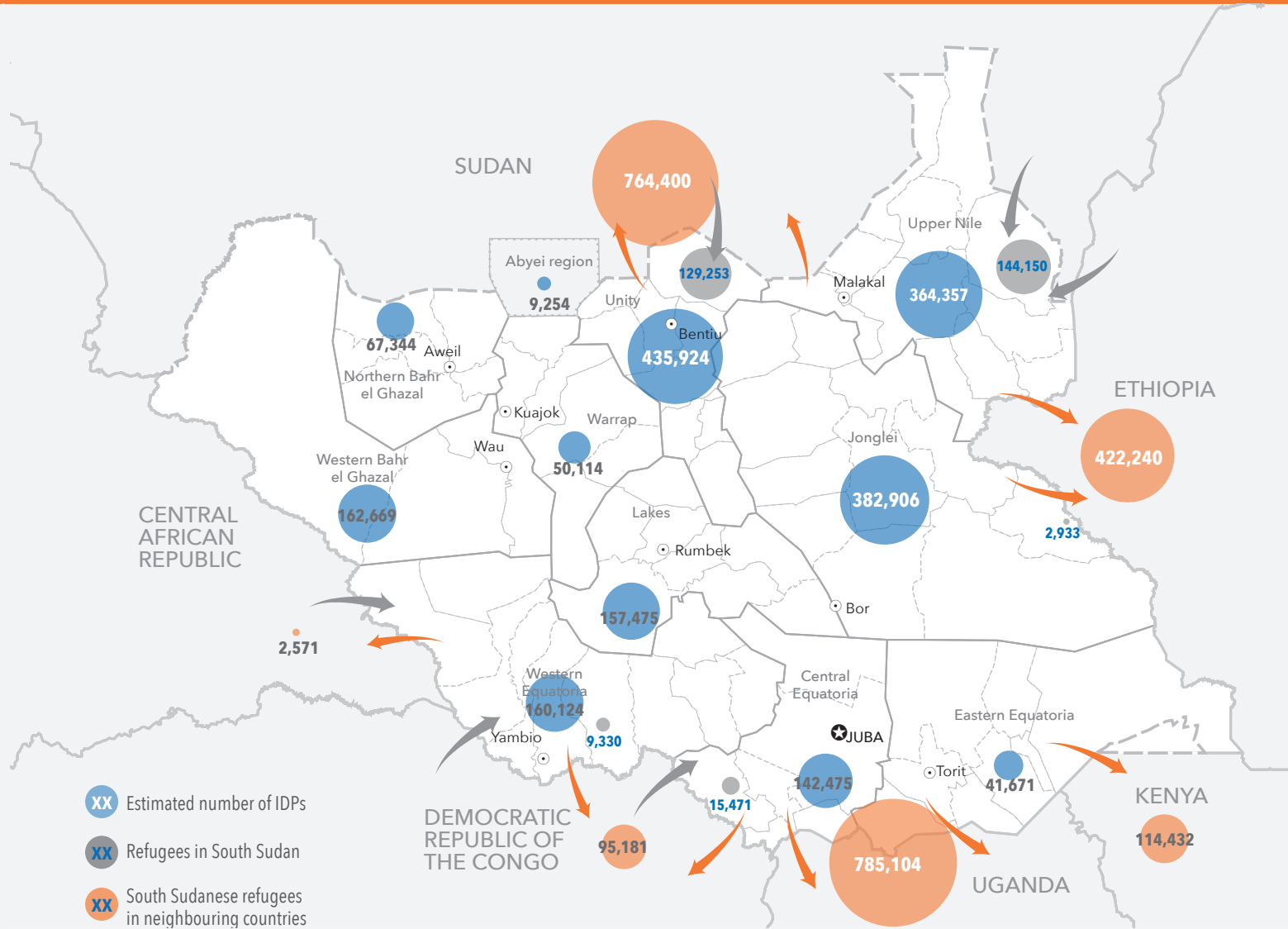
7.1M

5.7M

1.5B

183

(11 UN, 67 INGOs, 105 LNGOs)



Source: OCHA and partners, Oct 2018

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of the South Sudan Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The boundaries and names shown and the designations used on the South Sudan maps do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined.

Cover photo: WFP/Gabriela Vivacqua

TABLE OF CONTENTS

PART I: COUNTRY STRATEGY

Foreword by the Humanitarian Coordinator	2
The Humanitarian Response Plan at a Glance	3
Overview of the Crisis	4
Strategic Objectives	6
Response Strategy	7
Operational Capacity	15
Humanitarian Access	16
Response Monitoring	17
Summary of Needs, Targets and Requirements	18

PART II: OPERATIONAL RESPONSE PLANS

Camp Coordination and Camp Management	20
Education	21
Emergency Shelter and Non-Food Items	22
Food Security and Livelihoods	23
Health	24
Nutrition	25
Protection	26
Water, Sanitation and Hygiene	27
Coordination and Common Services	28
Logistics	29
Refugee Response Plan	30
Abyei Response Plan	31

PART III: ANNEX

Strategic Objectives, Indicators and Targets	33
Participating Organizations and Funding Requirements	34
End Notes	37
Guide to Giving	

FOREWORD BY

THE HUMANITARIAN COORDINATOR

The women, men and children of South Sudan are ready for peace. That is the message I heard repeatedly when I travelled across the country in 2018. This call intensified with the recent signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan. There is now great expectation that the agreement will pave a way towards a peaceful and prosperous country.

As we prepare to enter 2019, South Sudan remains in a serious humanitarian crisis due to the cumulative effects of years of conflict and violence against civilians, which have destroyed people's livelihoods and forced 4.2 million people to flee their homes – nearly 2 million inside and nearly 2.2 million outside the country. The number of people who require humanitarian or protection assistance in 2019 remains high at seven million – the same as in 2018. Women and children continue to be the most affected. Some 2.2 million children are out of school and nearly 600,000 pregnant and lactating women will be acutely malnourished in 2019. During the first three months of the year, every other person is projected to be severely food insecure.

The coming year may begin to generate greater confidence among displaced people to return home. The scale and flow of such movements remain difficult to project. The Humanitarian Country Team is assessing likely scenarios and will be ready to provide the required support.

The 2019 Humanitarian Response Plan is well prioritized to make the best use of available resources to reach the people identified in the Humanitarian Needs Overview as most in need. We have refined our targeting and built on lessons learned from previous years to further increase efficiencies wherever possible. The Humanitarian Country Team will prioritize integrated response efforts that tackle people's needs in priority areas holistically. This aims to keep affected communities at the centre of the response while maximizing synergies among humanitarian clusters for a more effective response. We plan to reduce reliance on air operations and increase the use of new tools like biometric registrations to carefully target assistance. As a result, the 2019 HRP is reduced in scope when compared to 2018, targeting 5.7 million people with an overall appeal of US\$1.5 billion.

The year 2019 will offer more opportunities for development actors to address underlying causes of need. There is a growing commitment by all partners to provide humanitarian assistance while also reducing vulnerabilities and building people's ability to cope. We will continue to work with all partners in the coming year to ensure that resilience and recovery programmes contribute to reducing the number of people in need of emergency relief.

The effective implementation of the plan will require a peaceful environment where humanitarian actors have consistent and unimpeded access and are not targeted by violence. I call on all the signatory parties to the peace agreement to stay the course to ensure its successful implementation. Committed local non-governmental organizations remain a central pillar of our response. Support from our donor partners, whose generosity in previous years is highly appreciated, will continue to be crucial in 2019.

The Humanitarian Response Plan is worth investing in. The humanitarian community in South Sudan has continued to innovate and improve its effectiveness. In 2018, we reached around 5 million people despite the challenges we faced. With the new year, we can achieve even more. And the people of South Sudan, full of hope and aspirations, deserve nothing less.



Alain Noudéhou
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives by providing timely and integrated multi-sector assistance and services to reduce acute needs among the most vulnerable women, men, girls and boys

STRATEGIC OBJECTIVE 2



Protect vulnerable women, men, girls and boys through provision of specialized and integrated services

STRATEGIC OBJECTIVE 3



Support at-risk communities to promote and sustain their resilience to acute shocks and chronic stresses

PEOPLE IN NEED



7.1M

PEOPLE TARGETED



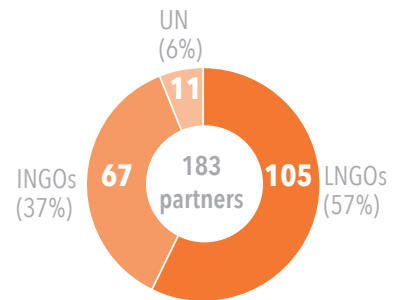
5.7M

REQUIREMENTS (US\$)



1.5B

NUMBER OF PARTNERS



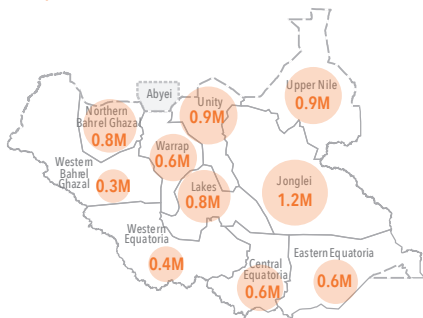
NUMBER OF PROJECTS



396

PEOPLE IN NEED

7.1M

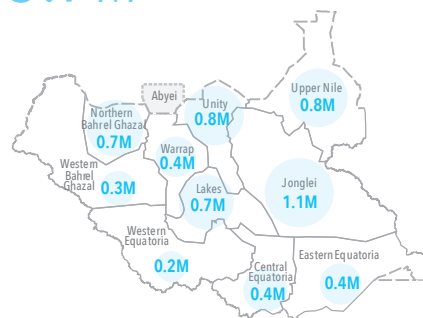


RESPONSE ENABLERS

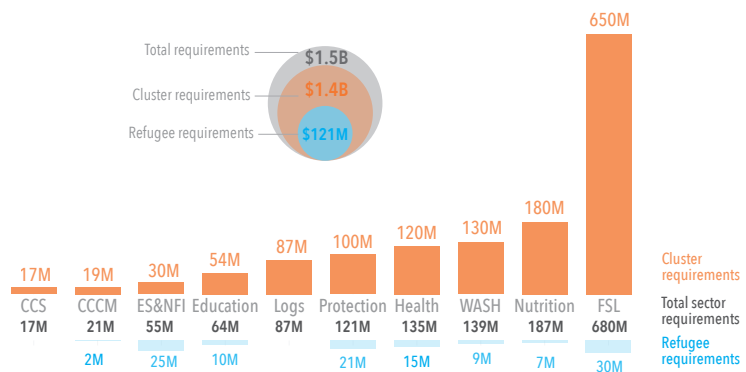


PEOPLE TARGETED

5.7M



FUNDING REQUIREMENTS PER SECTOR (US\$)



OVERVIEW OF

THE CRISIS

The recently revitalized peace process promises to offer new opportunities in 2019 for South Sudan’s women, men and children.¹ However, the cumulative effects of years of conflict, violence and destroyed livelihoods have left more than 7 million people or about two thirds of the population in dire need of some form of humanitarian assistance and protection in 2019 – the same proportion as in 2018. While the situation is no longer escalating at a rapid speed, the country remains in the grip of a serious humanitarian crisis.

A legacy of conflict, violence and abuse

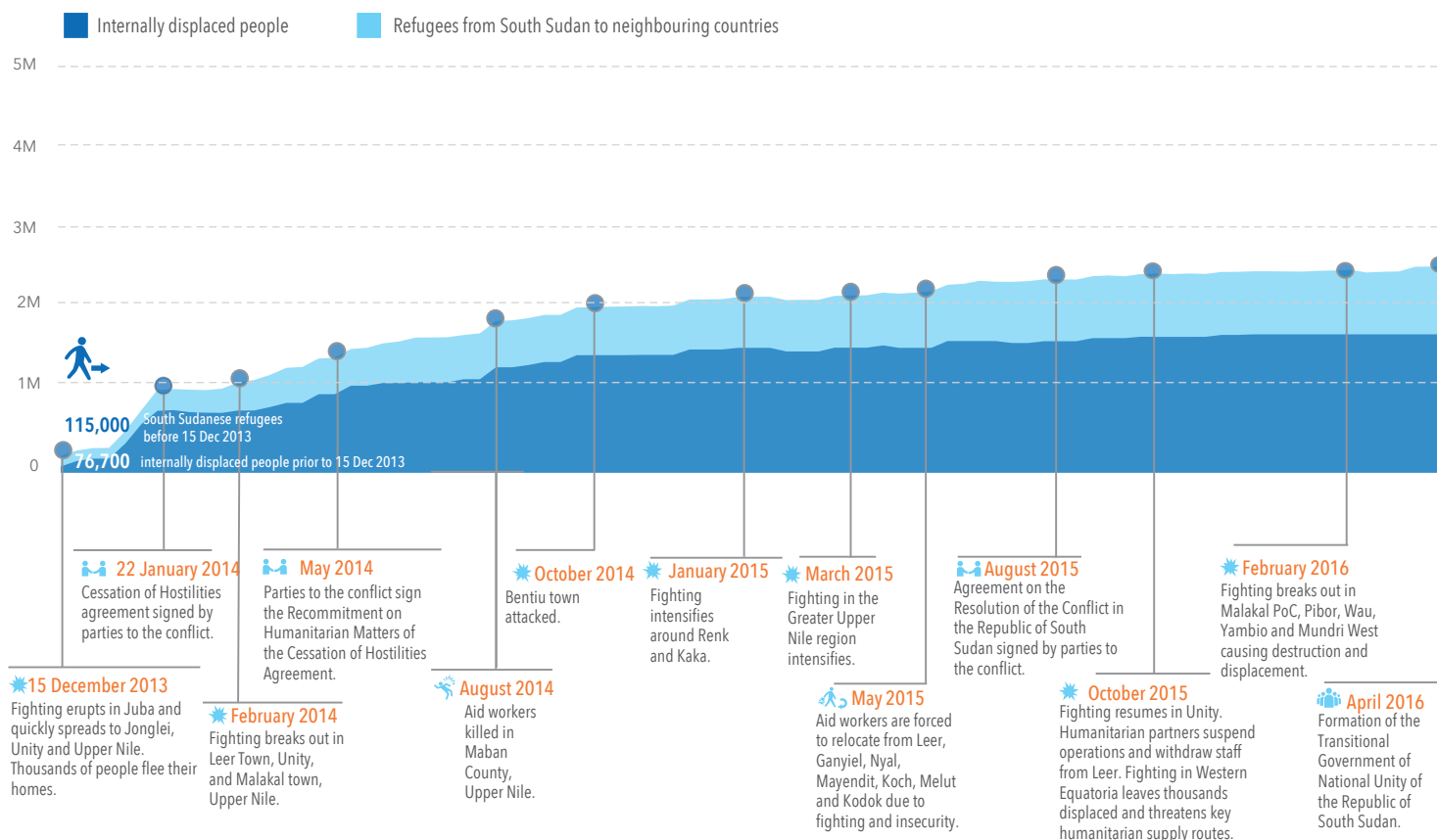
Five years of the most recent conflict has forced almost 4.2 million people to flee their homes in search of safety, nearly 2 million of them within and nearly 2.2 million outside the country.² While the intensity of conflict may have reduced recently, and clashes have been contained to certain regions, vulnerable people will continue to experience the impacts of the conflict through 2019. United Nations reports indicate that all parties to the conflict have repeatedly violated international humanitarian law and perpetrated serious

human rights abuses, including gang rape, abductions, sexual slavery of women and girls, and recruitment of children, both girls and boys.³ People affected by the conflict, including the 300,000 refugees in South Sudan, repeatedly identify security among their primary needs.

Insufficient basic services

The conflict and associated economic decline have eroded the Government’s ability to provide consistent basic services to its people. Currently, one primary health centre serves

TIMELINE OF CRISIS KEY EVENTS



an average of 50,000 people.⁴ Only 40 per cent of nutrition treatment centres have access to safe water,⁵ a gap that puts more vulnerable people, particularly women, boys and girls, at risk of malnutrition and disease. Only about one in five childbirths involves a skilled health care worker⁶ and the maternal mortality ratio is estimated at 789 per 100,000 live births.⁷ Every third school has been damaged, destroyed, occupied or closed since 2013,⁸ and more than 70 per cent of children who should be attending classes are not receiving an education.⁹

Destroyed livelihoods and eroded coping capacity

Years of conflict, displacement and underdevelopment have limited people's livelihood opportunities, marginalized women's formal employment opportunities, and weakened families' ability to cope with the protracted crisis and sudden shocks, like the death of a wage earner or loss of cattle.¹⁰ The livelihoods of 80 per cent of people are based on agricultural and pastoralist activities.¹¹ Farmers, who are mostly women,¹² and their families have been displaced from their fertile lands. Annual cereal production has reduced by 25 per cent from 2014 to 2017, leaving nearly 500,000 metric tons deficit for 2018.¹³ Over 80 per cent of the population lives below the absolute poverty line¹⁴ and half the population will be severely food insecure between January and March 2019,¹⁵ similar to the same period in 2018. The number of people in Integrated Food Security Phase Classification (IPC) Phase 5 is expected to nearly double from the same period in 2018.¹⁶

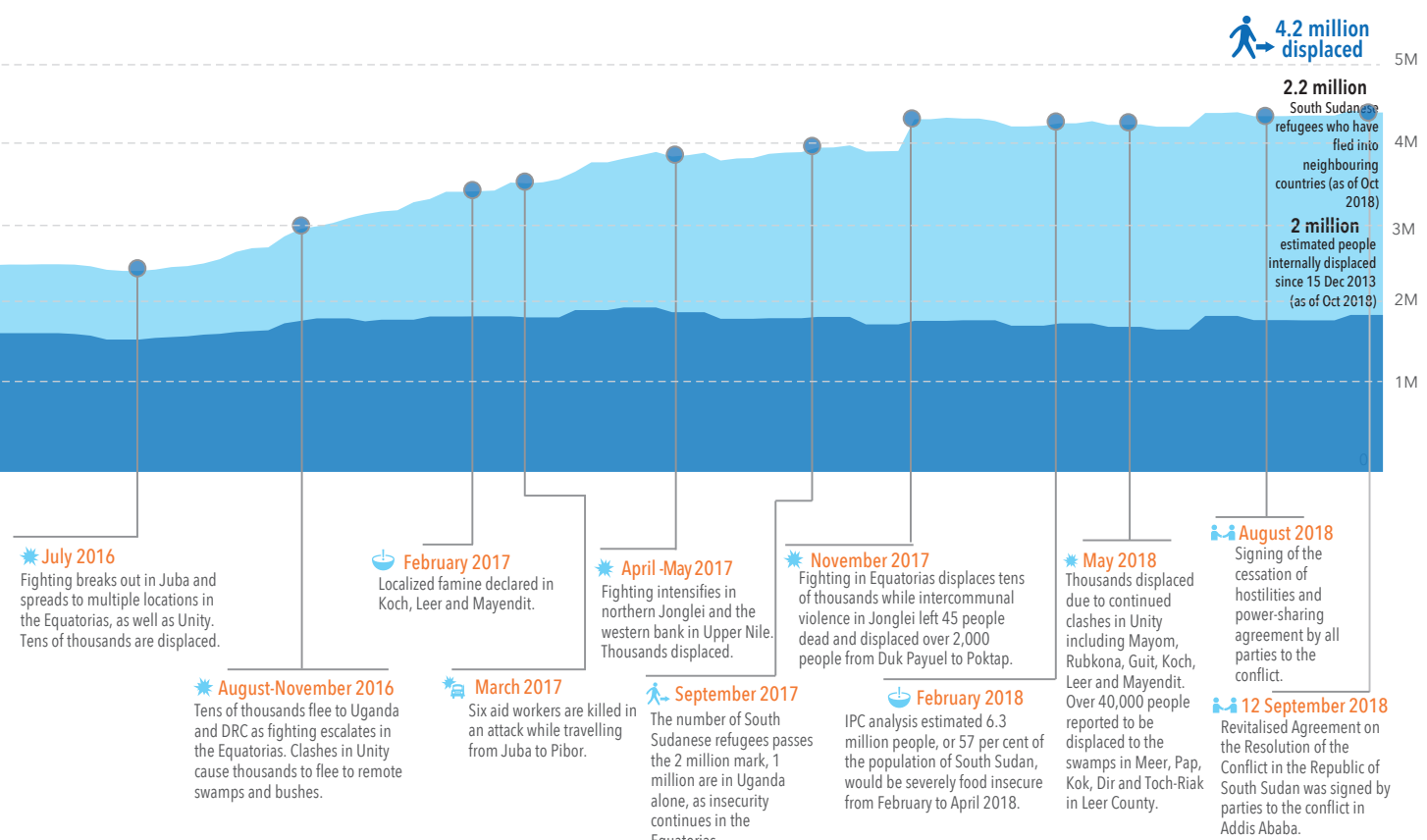
Limited access to assistance and protection

About 1.5 million people live in areas facing high levels of access constraints – places where armed hostilities, violence against aid workers and assets, and other access impediments render humanitarian activities severely restricted, or in some cases impossible.¹⁷ In 2018, violence against humanitarian personnel and assets consistently accounted for over half of all reported incidents. More than 500 aid workers were relocated due to insecurity, disrupting the provision of life-saving assistance and protection services to people in need for prolonged periods. Communities' inability to access lifesaving support risks pushing women, men and children deeper into crisis. Many of the hardest to reach areas in Unity, Upper Nile and Western Bahr el Ghazal have alarming rates of food insecurity, malnutrition, and sexual and gender-based violence.



For a comprehensive analysis of humanitarian needs in South Sudan, see the 2019 South Sudan Humanitarian Needs Overview:

<https://bit.ly/2TTKoPQ>



STRATEGIC

OBJECTIVES

In 2019, humanitarian partners will aim to deliver life-saving assistance and protection to address the most acute needs of 5.7 million people, out of an estimated 7.1 million people in need. The response will be guided by assessed needs, identified in the Humanitarian Needs Overview, and three Strategic Objectives, agreed by the Humanitarian Country Team. All activities will promote the safety, dignity and equitable access to principled and timely humanitarian assistance and protection to affected women, men, girls, boys, older persons and people with disabilities.



1

Save lives by providing timely and integrated multi-sector assistance and services to reduce acute needs among the most vulnerable women, men, girls and boys.

The humanitarian imperative to save lives, alleviate suffering and uphold dignity in areas of most severe need will continue to drive the humanitarian response in 2019. Humanitarian partners across sectors will strengthen the integration of their services to yield maximum positive outcomes for people in need. To improve communities' safe and timely access to conflict-sensitive assistance, aid organizations will employ a combination of static and mobile, as well as cash and in-kind response modalities.



2

Protect vulnerable women, men, girls and boys through provision of specialized and integrated services.

Protection of civilians will remain central to the humanitarian response, in line with people's needs and the HCT's recently revised Protection Strategy. Through specialized and joint, integrated services, all humanitarian actors will advocate for and respond to the protection needs of conflict-affected people with due regard to international norms and standards, and reduce the protection risks faced by most vulnerable groups, including women at risk. The humanitarian community will contribute to the System-Wide Approach to the Protection of Civilians alongside the United Nations Mission in South Sudan and other relevant partners.



3

Support at-risk communities to promote and sustain their resilience to acute shocks and chronic stresses.

Acknowledging that years of conflict have eroded public services and people's resilience, humanitarian partners will complement services provided by authorities and development partners to support people's resilience and tackle underlying causes of vulnerability. This will be done through linkages with the United Nations Cooperation Framework and the progressive operationalization of the New Way of Working.¹⁸ The coordinated response will support at-risk communities' ability to cope with acute shocks, like violent clashes and disease outbreaks, as well as chronic conditions, from deep-seated poverty to gender inequality.

RESPONSE

STRATEGY

2019 planning assumptions

Overall context

As outlined in the Humanitarian Response Plan (HNO), South Sudan is expected to remain in the grip of a serious humanitarian crisis in 2019 due to the cumulative effects of years of conflict, violence and destroyed livelihoods. This has left the people of South Sudan in a highly vulnerable state, with women and children most affected. While the implementation of the revitalized peace agreement is expected to offer new opportunities to improve aid provision and reduce vulnerability, impacts will vary by location and population group,¹⁹ and take time to materialize, particularly for improvements in the economic situation, availability of Government-provided basic services, and a reduction of pressures placed on communities hosting displaced populations and people seeking durable solutions.

Food insecurity

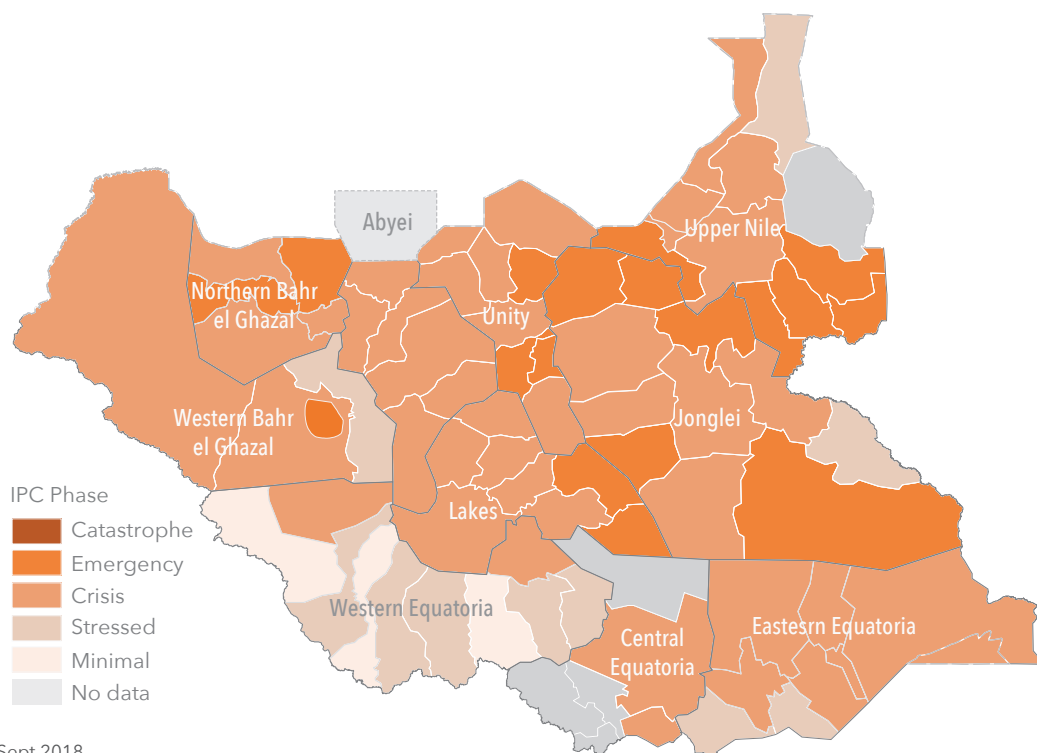
Extreme levels of food insecurity and high rates of malnutrition are expected to persist in many areas affected by protracted conflict and impediments to humanitarian access, which are

abundant across many of the areas with highest food security levels. Half the population will be severely food insecure between January and March 2019,²⁰ similar to the same period in 2018, while the number of people in IPC Phase 5 is expected to nearly double from the same period in 2018.²¹

Displacement, returns and other durable solutions

The response plan assumes that in the short term, displacement will remain both a driver and a result of vulnerability. The United Nations Country Team is actively exploring likely scenarios for refugees' and internally displaced people's (IDP) response to the revitalized peace process and the accelerated momentum gained through the October 2018 national peace celebrations. Between November 2017 and October 2018, some 126,000 refugees were reported to have returned to South Sudan, of which nearly 16,000 had been verified.²² The majority returned from Uganda and Ethiopia. Further household-level analysis will be conducted through early 2019 in countries of asylum to gauge the nearly 2.2 million refugees' intentions to return from the region to South Sudan – including potential timeframe, volume and destinations for return – and the nearly 2 million IDPs' intentions regarding returns or relocations from their current

IPC CLASSIFICATION FOR JANUARY – MARCH 2019



Source: IPC TWG, Sept 2018

places of displacement, or integration in new communities, particularly in urban settings.

Initially, people who have been displaced may return temporarily or seasonally to farm; to evaluate their options regarding housing, land and property and access to livelihoods, services and support available; and to assess their confidence in safety and security. Some of the early returns may not be sustainable due to insecurity and unmet assistance and protection needs, particularly related to housing, land and property. Some 87 per cent of the verified refugee returnees were unable to access their places of origin, with their houses either destroyed or occupied.²³ In a recent study on IDPs, displaced people cited general improvement of the security situation in areas of return – particularly against gender-based violence for women – and assurances from Government on safety, as the most prominent pre-conditions for return, followed by access to work, school, and critical infrastructure in areas of return.²⁴ Displaced persons seeking solutions are likely to continue to have immediate, temporary humanitarian needs, such as shelter and food, that will need to be addressed to support the longer-term process of achieving durable solutions.

Disease

Epidemic-prone diseases, such as measles, meningitis and hepatitis E, are expected to persist and possibly spread into new areas. South Sudan is classified by the World Health Organization as at “very high risk” for Ebola Virus Disease (EVD), given the outbreak in the neighbouring Democratic Republic of the Congo (DRC). The Government and aid organizations have actively increased preparedness measures, focusing on the South Sudanese states bordering the DRC and Uganda. While EVD is not included in the HRP, the HCT is ready to adjust the plan beyond preparedness measures, as needed.

Humanitarian access

The signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) can be expected to positively affect humanitarian access, if it leads to a cessation of hostilities and if the parties’ commitments related to humanitarian assistance and reconstruction are adhered to. While there is considerable hope that commitments will be honoured, the operational environment is unlikely to improve significantly in the immediate period. Humanitarian actors

will likely continue to face obstacles to securing consistent and principled access to all people in need, and vice versa, at least in the short term.

Response scope

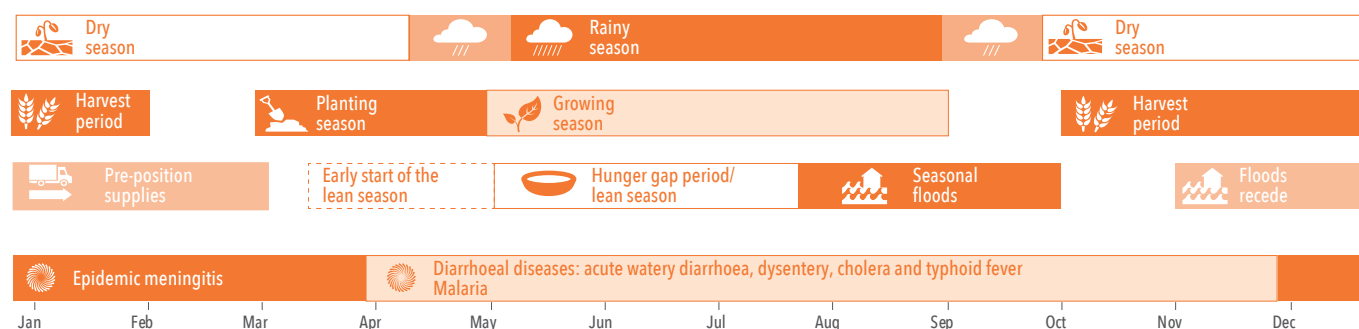
The Humanitarian Response Plan (HRP) targets 80 per cent of the most vulnerable women, men, boys and girls in need. To make the best use of limited humanitarian resources and to ensure the people identified as most in need can be reached, the response boundaries have been drawn to focus on lifesaving assistance and protection services and selected activities that promote people’s coping capacities. Response to lower level needs such as minimal and stressed food insecurity (IPC Phase 1 and 2) has been excluded. Of the total 396 projects in the HRP, 379 relate to Strategic Objective 1, lifesaving assistance. The response scope and the reduction of some 300,000 people in the overall population targeted compared to 2018 – even with the sustained high needs – is also informed by the work done by the Government, development actors, and ongoing operational coordination and collaboration with humanitarian partners outside the HRP, such as the Red Cross Movement and Médecins Sans Frontières, as described in more detail below.

In line with the integrated and gender-sensitive needs analysis presented in the 2019 HNO, humanitarian partners aim to support IDPs, host communities, people seeking durable solutions and individuals who are most vulnerable to sudden shocks and chronic stresses. Temporally, key seasonal events presented in the calendar below will guide the emphasis of the response, including the impact of the rainy season on disease outbreaks and the lean and harvest seasons on food security. Geographically, the response covers every county in South Sudan, access conditions and operational footprint permitting.

Response priorities

Based on the analysis of people’s intersectoral needs in the HNO, the key response priorities for 2019 are: a collective response to food insecurity in areas of most severe need; linking the response to durable solutions where people can achieve some stability; and the centrality of gender-sensitive protection in all programming, which includes actions on prevention of sexual exploitation and abuse, gender-based violence and accountability to affected people. The

CALENDAR OF KEY SEASONAL EVENTS



Inter-Cluster Working Group (ICWG) will regularly follow up with clusters on the implementation of these priority criteria in operational planning and update the HCT on any corrective action required. The HCT will undertake its next prioritization exercise in early 2019 to review the evolving context and assess the impact of the growing emphasis on integrated response. In addition to the collective priorities, each cluster has ranked the criticality of their 2019 activities based on the severity of need, according to four scenarios of funding availability. The results of this exercise are presented on page 13 and 14.

The HCT will advocate with existing and potential donors to enable the selected response priorities receive adequate funding. In addition, the South Sudan Humanitarian Fund's Advisory Board uses allocation-specific prioritization criteria to address most severe needs in selected locations.

Engagement with Government

Humanitarian partners engage with the Government at the strategic level through the Humanitarian High-Level Oversight Committee, chaired by the Minister of Cabinet Affairs, and primarily through the Humanitarian Coordination Forum, co-chaired by the Minister for Humanitarian Affairs and the Humanitarian Coordinator. At the operational level, humanitarians work with the Ministry of Humanitarian Affairs and Disaster Management, the Relief and Rehabilitation Commission, the Commission for Refugee Affairs, relevant line ministries and local authorities. The Ministry of Humanitarian Affairs and Disaster Management has a Strategic Plan for 2018-2020 and the Government launched in 2018 a National Framework for Return, Reintegration and Relocation of Displaced Persons. The Ministry is also working on enactment of a national legislation on internal displacement covering all phases of displacement, with technical support of the HCT.

While these frameworks and partnerships offer opportunities for increased Government ownership of humanitarian and development programming and service provision over time, the Government's capacity remains limited due to fiscal and other constraints. For example, NGOs currently provide approximately 80 per cent of all healthcare services in the country and in recent years, Overseas Development Assistance has more than doubled the Government's spending.²⁵

Synergies with development to support crisis-affected people

The 2019 HRP coincides with the launch of the United Nations Cooperation Framework with South Sudan for 2019-2021 (UNCF). The UNCF outlines multi-year outcomes across four thematic areas,²⁶ reflecting the National Development Strategy and the Sustainable Development Goals. During 2019, the United Nations Country Team (UNCT) and the HCT will undertake joint analysis and review the interventions and results outlined in the two frameworks to strengthen synergies for the effective delivery of aid and support to crisis-affected people and communities.

Given the protracted crisis in South Sudan, several sectors are already coordinated across development and humanitarian programming. For example, minimum WASH interventions in institutions, such as health facilities and schools, are mapped and complement development projects for urban water; interventions and funding provided for Education in Emergencies is leveraged to complement resources to build local capacity provided under the Global Partnership for Education; emergency health support complements programming supported by the Health Pooled Fund; and the Partnership for Recovery and Resilience is pursued in more stable locations to further strengthen local governance, livelihoods and service delivery systems, and enhance long-term coping mechanisms of vulnerable populations, including those currently receiving humanitarian assistance.

The New Way of Working, a key outcome of the 2016 World Humanitarian Summit, is gradually being operationalized in South Sudan. The HCT and UNCT have identified addressing food insecurity and gender-based violence (GBV) as the collective multi-year outcomes for humanitarian and development actors, based on the convergence of these areas between the HRP and UNCF. The two teams will refine their plans through 2019 for maximum impact on people in need.

Coordination with UN Mission in South Sudan

Protection of civilians is the first pillar of the UNMISS mandate.²⁷ The HCT coordinates closely with the Mission, including through the strategic UNMISS-Humanitarian Task Team and related operational working group, which address issues of shared concern, such as humanitarian assistance and protection of civilians within and outside the PoC sites located on UNMISS bases. UNMISS and humanitarian partners are represented in national and local level Solutions Working Groups to ensure a coordinated and coherent approach to durable solutions for displaced people, in accordance with IASC guidance and relevant HCT policies.²⁸ Recent areas of collaboration include work around the PoC sites in Bentiu, Bor, Juba and Wau. Humanitarians also work alongside UNMISS within the framework of the System-Wide Approach to the Protection of Civilians²⁹ in advancing state responsibility to protect the civilian population, fostering a positive protection environment, and assisting survivors of violations and abuses. Further, UNMISS is mandated to create conditions conducive to the delivery of humanitarian assistance,³⁰ which can entail the use of force protection to support humanitarian activities – as a last resort and in line with established international guidelines. Engagement in 2019 will focus on reaching affected women, men and children with assistance and protection equitably and aligning resources to be used where they are needed most.

Static and mobile response to reach people across the country

To ensure people's timely and safe access to assistance and protection, the humanitarian response will employ a combination of static and mobile response modalities. While

the overall focus will be on static response, mobile and rapid response teams, including the inter-agency Integrated Rapid Response Mechanism, will cover new or unmet needs in hard-to-reach areas and people in areas without field presence. The teams operate either from the capital or from sub-offices. The work of the mobile teams will be prioritized on a bi-weekly basis by relevant clusters in the ICWG, while plans will be made in the Operational Working Group to carry it out in a coordinated way across the community of partners.

Prevention of and response to sexual exploitation and abuse

Addressing sexual exploitation and abuse is a priority for the humanitarian community and an area of shared accountability in the most recent HCT Compact. All 2019 HRP projects considered implementation of PSEA during the response. The inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force, which includes UN and NGO partners, has a costed four-year PSEA strategy. It focuses on SEA risk identification and mitigation; prevention; complaint reporting and response; enforcement and compliance; and victim assistance. The Task Force’s annual workplan prioritizes risk assessments, awareness raising and support to community-based complaints mechanisms, currently activated in 12 locations across the country. A Seven-Point Leadership Action Plan championed by the Humanitarian Coordinator augments work of the Task Force by mobilizing leadership support to PSEA.

Response enablers

1. Put affected communities at the centre of humanitarian response

In 2019, humanitarian organizations will increase community participation in humanitarian decision making in a way that is

representative of affected people’s needs and the distinct risks related to gender, age and diversity. Through the inter-agency Communication and Community Engagement Working Group, humanitarians will review existing approaches, such as town hall meetings where affected women, men and children can ask questions from humanitarian organizations and the dialogue is broadcast on the radio. The working group will support clusters in mainstreaming best practices in community engagement, utilizing bi-weekly community feedback reports produced through 2018 as a baseline from which to measure progress in 2019. The support will include the development of common platforms, coordinated analysis, planning and monitoring. Following discussions in the ICWG and HCT in 2018 on strengthening community engagement to manage tensions with respect to service provision, hiring practices, casual labour rates and security issues, the working group will in 2019 prioritize providing technical guidance and information such as stakeholder mapping, analysis of local power structures at community level, gender and age analysis, staff training, and support to integration and harmonization between organizational approaches.

2. Support increased involvement of local responders

Based on commitments made at the World Humanitarian Summit on localization of aid and recognizing the existing capacity and potential of South Sudanese NGOs in humanitarian action, efforts will be made to increase their involvement across the response. Beyond sub-granting, international aid organizations will support local organizations through trainings, mentorship and regular capacity assessment to identify and leverage local partners’ comparative advantages, such as their in-depth contextual knowledge, including of gender dynamics. South Sudanese partners with sufficient staff capacity, policies and operational experience will be encouraged to take up leadership roles in

RESPONSE ENABLERS



humanitarian clusters or their technical working and advisory groups. This includes intentional effort to support women-led and women-focused organizations. Efforts will also be made through the ICWG and HCT to support local responders to deal with pressures from authorities that could compromise humanitarian principles. Local partners will be supported in their resource mobilization. The South Sudan Humanitarian Fund has, in line with the Grand Bargain commitments and its allocation strategy, increased direct funding to local non-governmental organizations (LNGOs) from 7 per cent in 2013 to at least 40 per cent – or more than \$20 million – in 2018.

3. Enable effective humanitarian response and advocacy through protection

The protection of affected and at-risk women, men, girls and boys will inform all humanitarian decision-making and response. Through collective protection and gender risk analysis, aid organizations will ensure that humanitarian activities do not exacerbate risks or reinforce patterns of violations or gender inequality. In line with the HCT Protection Strategy and the System-Wide Approach to the Protection of Civilians, partners will contribute to protective outcomes by providing specialized and integrated programmes. All clusters will identify protection champions to promote protection mainstreaming, age-gender-diversity and conflict-sensitivity in their response. Humanitarians will advocate with all parties to the conflict on their responsibilities and obligations under international humanitarian and human rights law, including normative standards on protection from discrimination. Principled engagement will be fostered with local communities and authorities, UNMISS, development actors and donors to develop a collective approach to protection in South Sudan, including durable solutions.

4. Use evidence and innovative approaches to prioritize response to needs with efficient use of limited resources

To maximize the use of limited resources and reach women, men and children in need, the response will be informed by an evidence-based, regular prioritization of needs. This will be strengthened through bi-weekly context analysis exercises led by the Needs Analysis Working Group, tasked by the ICWG to identify geographic focus areas, hotspots and blind spots, categories of people in need disaggregated by age, gender and diversity, and resources required to respond effectively to differentiated needs. The use of resources will be guided by the expressed views of affected communities and information from coordinated joint assessments, including the IPC. Needs-based targeting of aid will also be improved by using innovative tools, such as biometric registration of displaced and host communities. This will lead to savings and more cost-effective planning and resource allocation by enhancing the understanding of humanitarian needs and reducing multiple registration of people in need.

5. Promote an enabling operational environment that minimizes access constraints

Access constraints in South Sudan encompass a wide range of dimensions that include security, physical, seasonal,

operational and bureaucratic impediments.³¹ While some of these issues can be resolved by humanitarian organizations individually, a more collective and strategic approach will benefit all. The Access Working Group will continue to identify key impediments to service delivery and develop appropriate responses and strategies for the HCT. This may entail more decentralized modes of operating or an evidence-based advocacy strategy aimed at interlocutors who can bring about the required change – be that relevant authorities, community leaders, influential regional actors, or members of the Security Council, building on advances in targeted advocacy made in 2018.

6. Integrate services across sectors to contribute to more than one outcome in areas of acute vulnerability

In 2019, the HCT will prioritize integrated multi-sectoral responses with the aim of delivering more people-centered assistance, increasing the collective impacts of the humanitarian response beyond one sector, and gaining efficiencies. Partners will build on lessons learned from recent years' efforts to mitigate the risk of famine, where clusters have come together to develop an integrated package of mutually reinforcing services across Food Security and Livelihoods (FSL), Nutrition, Water, Sanitation and Hygiene (WASH), Health and Protection Clusters. The sectoral response plans presented in Part II outline each cluster's approach to integration. The ICWG will facilitate integration efforts and support multi-sector approaches.

7. Leverage potential for cash transfer programming

Cash Transfer Programming (CTP) continues to be an expanding response modality in South Sudan and one that is welcomed by people affected by the crisis. In a recent survey, more than 90 per cent of people stated their preference of cash over in-kind food assistance, noting that cash offers them greater choice and broader options regarding their lives, and is also easier to save and transport during displacement.³²

Cluster	2019 HRP requirements for Cash Transfer Programming (in US\$)
Camp Coordination and Camp Management	\$82,000
Education	\$366,000
Food Security and Livelihoods	\$105,074,000
Health	\$821,000
Emergency Shelter and NFIs	\$7,781,000
Nutrition	\$1,385,000
Protection	\$1,885,000
Water, Sanitation and Hygiene	\$1,654,000
Coordination and Common Services	\$345,000
Refugee Response	\$3,623,000
Total	\$123,000,000

In 2018, nearly 60 partners reached more than 1.6 million people with CTP, primarily under the FSL Cluster where more than half of cluster partners successfully used cash and vouchers, and through the Emergency Shelter and Non-Food Items (ES/NFI) Cluster where every fifth partner used cash.

In 2019, at least 82 humanitarian organizations across all clusters apart from Logistics will use CTP, including through multi-purpose and conditional cash. The FSL Cluster remains the largest CTP actor, targeting approximately 1.4 million people in IPC Phase 3, 4 and 5 counties with CTP, followed by the ES/NFI Cluster which will target some 180,000 people with cash during the year. The refugee response will also use CTP. HRP partners are seeking \$123 million for CTP, or some 8 per cent of total 2019 requirements.

The inter-agency Cash Working Group, with backstopping from the Cash and Markets Standby Capacity Project,

will continue to provide technical support to clusters and strengthen coordination and coherent approaches among existing and emerging CTP actors, with the aim of eventually mainstreaming CTP across the humanitarian response both geographically and programmatically. To this end, the working group will undertake feasibility assessments, collect evidence and gender-sensitive analysis of CTP modalities used in South Sudan, and share good practices from comparable contexts to inform piloting of new tools. The group will also prioritize market monitoring, protection and gender analysis, research on financial infrastructure and financial service providers, CTP information management and monitoring through 5Ws, and guidance on targeting and community-based participatory planning. This set of actions will help further defining an evidence-based CTP response modality fit for South Sudan.³³

Spotlight on integration: A minimum package of interventions for famine risk mitigation

Since the malnutrition and food insecurity crisis in Northern Bahr El Ghazal in late 2016, the humanitarian community has intensified its efforts to support severely food insecure and malnourished people through an integrated minimum package of services.³⁴ This minimum package of FSL, health, nutrition and WASH support was further refined in the prevention of and response to the localized famine in Unity in early 2017 and optimized during the 2018 humanitarian response, with gradual involvement of protection programming and in particular response to GBV. It includes collectively agreed support at household, community and facility level, ranging from malnutrition treatment to emergency food assistance and safe protection referrals, and from household water treatment to infection prevention and control.

The rationale for the integrated package stems from the recognition that people's malnutrition is driven by a convergence of factors—including poor access to public health and WASH services, poor access to and availability of food due to dysfunctional markets and reduced farm production, and poor infant and young child feeding practices on food utilization—as well as social norms and behaviours that discriminate against gender or age. Similarly, infectious diseases can spread in food emergencies if people do not have sufficient access to health services, emergency nutrition support and clean water. Recognizing that malnutrition and severe food insecurity has been primarily driven by conflict in South Sudan, the highest priority areas for the integrated package for famine risk mitigation frequently converge with areas of severe protection needs, especially for vulnerable categories including children and women

head of households, older persons and people with disabilities.









It is not feasible, nor required, to provide the integrated package for famine risk mitigation across the country. As exemplified in the HNO, people's needs converge to different extents across geographic areas. The five clusters' (FSL, Nutrition, WASH, Health and Protection) footprints also vary across the country. The clusters will prioritize the provision of the integrated package based on geographical convergence of the following multi-sector indicators:

1. Malaria/cholera/measles outbreak
2. Counties with emergency or catastrophic levels of food insecurity (IPC Phase 4 and 5)
3. Counties with Global Acute Malnutrition above 15 per cent (used also as proxy for WASH requirements, since WASH services are suboptimal throughout the country)
4. Counties with most severe protection needs
5. Combinations of the above criteria

The implementation of the integrated package in high priority locations will be monitored throughout the year. For example, partners will monitor the number of Outpatient Therapeutic Programmes and Targeted Supplementary Feeding Programmes which are integrated with FSL programming or with integrated WASH services and the number of health facilities that have safe water supply. An integrated package will ensure management of co-existing illnesses of malnourished children and ensure the referral of medically complicated children to stabilization centres.

SECTORAL PRIORITIZATION

For full table, please see: <https://bit.ly/2FMbncV>

Cluster	 1-25% funding Top priority activities	 26-50% funding Additional priority activities	 51-75% funding Additional priority activities	 76-100% funding Additional priority activities
	<ul style="list-style-type: none"> Support site management Conduct basic Communication with Communities (CwC) Conduct basic training Monitor, assess and advocate 	<ul style="list-style-type: none"> Conduct site care and maintenance Support information management 	<ul style="list-style-type: none"> Support site development, community-based CCCM in other camp-like settings Extend CwC and training 	<ul style="list-style-type: none"> Extend community-based CCCM in other camp-like settings
	<ul style="list-style-type: none"> Reopen occupied and/or closed schools Promote basic cognitive development and school feeding Build emergency life-saving skills Procure 50% of Education in Emergencies pipeline supplies 	<ul style="list-style-type: none"> Conduct light rehabilitation Provide WASH in schools Promote cognitive development Support life-saving skills and disease preventive messaging Provide school meals Procure additional 50% of pipeline 	<ul style="list-style-type: none"> Conduct basic rehabilitation and additional temporary learning spaces Promote cognitive development Support life-saving skills and messaging Provide school meals WASH in schools, including disease preventive messaging 	<ul style="list-style-type: none"> Conduct basic rehabilitation and additional temporary learning spaces Promote cognitive development Life-saving skills and messaging School meals WASH in schools, including disease preventive messaging Youth engagement (coordination with other sectors)
	<ul style="list-style-type: none"> Provide access to life-saving ES/NFIs Procure pipeline supplies for essential ES/NFIs Mainstream community engagement, GBV, Housing, Land and Property (HLP), and conflict sensitive approaches 	<ul style="list-style-type: none"> Maintain shelters for IDPs inside Protection of Civilians sites and camp-like settings Upgrade shelters Replenish essential ES/NFIs Mainstream community engagement, GBV, HLP and conflict-sensitive approaches 	<ul style="list-style-type: none"> Maintain Pipeline system for in-kind provision Engage the community in a way that stimulates active participation Upgrade shelters Monitor quality service provision Mainstream GBV, HLP and conflict sensitive approaches 	<ul style="list-style-type: none"> Provide cash-based interventions for emergency shelter and NFIs Provide access to transitional shelter and essential non-food items
	<ul style="list-style-type: none"> Undertake general food distribution or unconditional cash/voucher transfers in IPC 4 and 5 areas, with blanket supplementary feeding for children under 5 (U5) Distribute fishing and rapid response livelihood kits Procure 25% of emergency food and livelihoods pipeline 	<ul style="list-style-type: none"> Implement food and nutrition assistance for most at-risk IPC phase 3 areas Provide conditional assistance in the form of cash/vouchers or food Protect livelihoods through main season seeds and tool and dry season fish and vegetable kit distribution in IPC Phase 4 and 5 Support market functionality, implement emergency livestock interventions and distribute vegetable main season cereal crop kits in IPC 4 and 5 Procure additional 25% of emergency food & livelihoods pipeline 	<ul style="list-style-type: none"> Implement food and nutrition assistance to targeted vulnerable population in IPC Phase 3 Protect livelihoods through main season seeds & tool and dry season fish & vegetable kit distribution in IPC Phase 3 Extend support for market functionality Implement emergency livestock interventions and distribute vegetable main season cereal crop kits in IPC Phase 3 Procure additional 25% of emergency food and livelihoods pipeline 	<ul style="list-style-type: none"> Implement activities to help sustain community coping mechanisms and build resilience Extend protection of livelihood support to include capacity building, seed multiplication sites and other diversification actions Procure additional 25% of emergency food and livelihoods pipeline
	<ul style="list-style-type: none"> Implement essential primary healthcare emergency clinical packages targeting the most vulnerable displaced populations Immunize the most vulnerable displaced groups (children U5, pregnant and lactating women (PLW)) Implement outbreak investigation and response Procure 30% of emergency health pipeline Mainstream accountability to affected people 	<ul style="list-style-type: none"> Expand essential primary healthcare emergency services to 20 locations, to include HIV/AIDS/ TB care and reproductive health services (including SGBV) Implement integrated response for severe acute malnutrition (SAM) with medical complications Implement integrated response for epidemic prone communicable diseases including diarrheal, vector, Viral Hemorrhagic diseases with WASH/Nutrition/FSL Emergency health protection for people with disabilities Procure 25% of emergency health pipeline 	<ul style="list-style-type: none"> Referrals for comprehensive emergency obstetric and newborn care Minor trauma and surgery Scale up TB/HIV/AIDS/disability care Scale up integrated response to SAM with medical complications Procure 25% of emergency health pipeline 	<ul style="list-style-type: none"> Scale up all priority activities Procure 20% of emergency health pipeline

	<ul style="list-style-type: none"> · Manage SAM and moderate acute malnutrition (MAM) for children U5 in counties with GAM ≥ 20%, with population in IPC 5 and experiencing active conflict · Infant and Young Child Nutrition counseling at nutrition sites. 	<ul style="list-style-type: none"> · Manage SAM and MAM for children under 5 in counties >15% - 19% · Conduct Infant and Young Child Nutrition counseling at nutrition sites and community · Manage MAM among pregnant and lactating women (PLW) in 12 counties with GAM >20% · SMART surveys in some of the locations · Implementation of minimum integrated response packages from Health, WASH, FSL GBW/Protection and Education 	<ul style="list-style-type: none"> · Manage MAM among all PLW in all remaining 66 counties of the country · Monitor nutrition situation using multiple strategies 	<ul style="list-style-type: none"> · Provide blanket supplementary feeding among U5 and PLW in 54 selected counties
	<ul style="list-style-type: none"> · Implement the following Tier 1 & 2 activities in Tier 1 locations & implement Tier 1 activities in Tier 2 locations: · Tier 1 Activities: mobile and static protection assessment and monitoring; protection by presence and protective accompaniment; comprehensive case management; psychosocial support (PSS); safe referrals, including information dissemination on available services; women and girls friendly spaces programming; legal awareness, assistance and counseling for survivors and HL, including training police and justice authorities; Individual Protection Assistance; survey and clearance of explosive hazards · Tier 2 Activities: protection awareness raising and prevention messaging; community-based protection preparedness and risk mitigation; IGA and livelihood for protective purposes for persons of concern; mine risk education 	<ul style="list-style-type: none"> · Implement Tier 1 activities in Tier 3 locations, Tier 3 activities in Tier 1 locations, Tier 2 activities in Tier 2 Locations Tier 3 activities: Housing, land and property programming; peacebuilding and peaceful coexistence; community-based initiatives for durable solutions programming 	<ul style="list-style-type: none"> · Implement Tier 3 activities in Tier 2 locations, and Tier 2 activities in Tier 3 locations 	<ul style="list-style-type: none"> · Implement Tier 3 activities in Tier 3 locations
	<ul style="list-style-type: none"> · Implement frontline WASH response amongst PoC sites and newly displaced population in 9 most vulnerable counties · Fund 25% of the emergency preparedness and response and mobile response activity · Procure 30% of WASH pipeline and preposition cholera WASH supplies for WASH, Health and Nutrition · Fund 25% of UNICEF activities through Programme Cooperation Agreements (PCAs) 	<ul style="list-style-type: none"> · Implement frontline WASH mobile response in additional 11 priority counties with acute malnutrition and newly displaced populations, 50% of the EP and R/mobile response activities · Procure additional 30% of core pipeline · Fund additional 25% of UNICEF activities through PCAs 	<ul style="list-style-type: none"> · Implement frontline WASH response in 19 additional priority counties based on exposure to conflict, acute malnutrition and AWD · Procure 20% of core pipeline · Fund additional 25% of UNICEF activities through PCAs 	<ul style="list-style-type: none"> · Implement WASH response in remaining counties · Procure remaining 20% of pipeline · Fund final 25% of UNICEF activities through PCAs
	<ul style="list-style-type: none"> · Ensure dedicated UNDSS support for humanitarian operations · Coordinate prioritised humanitarian response and conduct access negotiations · Undertake critical needs assessments · Conduct priority CwC activities 	<ul style="list-style-type: none"> · Reinforce NGO coordination · Sustain dedicated UNDSS support for humanitarian operations · Sustain coordination of prioritised humanitarian response and conduct access negotiations · Scale up needs assessments · Scale up CwC activities 	<ul style="list-style-type: none"> · Sustain dedicated UNDSS support for humanitarian operations · Implement strategic coordination initiatives 	<ul style="list-style-type: none"> · Sustain dedicated UNDSS support for humanitarian operations · Implement all outstanding coordination activities
	<ul style="list-style-type: none"> · Deliver 1,521mt · Transport 700 UNHAS passengers · Transport 14mt UNHAS light cargo 	<ul style="list-style-type: none"> · Deliver 3,042mt · Transport 1,500 UNHAS passengers · Transport 26mt UNHAS light cargo 	<ul style="list-style-type: none"> · Deliver 4,562mt · Transport 3,300 UNHAS passengers · Transport 75mt UNHAS light cargo 	<ul style="list-style-type: none"> · Deliver 6,082mt · Transport 4,500-6,000 UNHAS passengers · Transport 80-100mt UNHAS light cargo

OPERATIONAL

CAPACITY

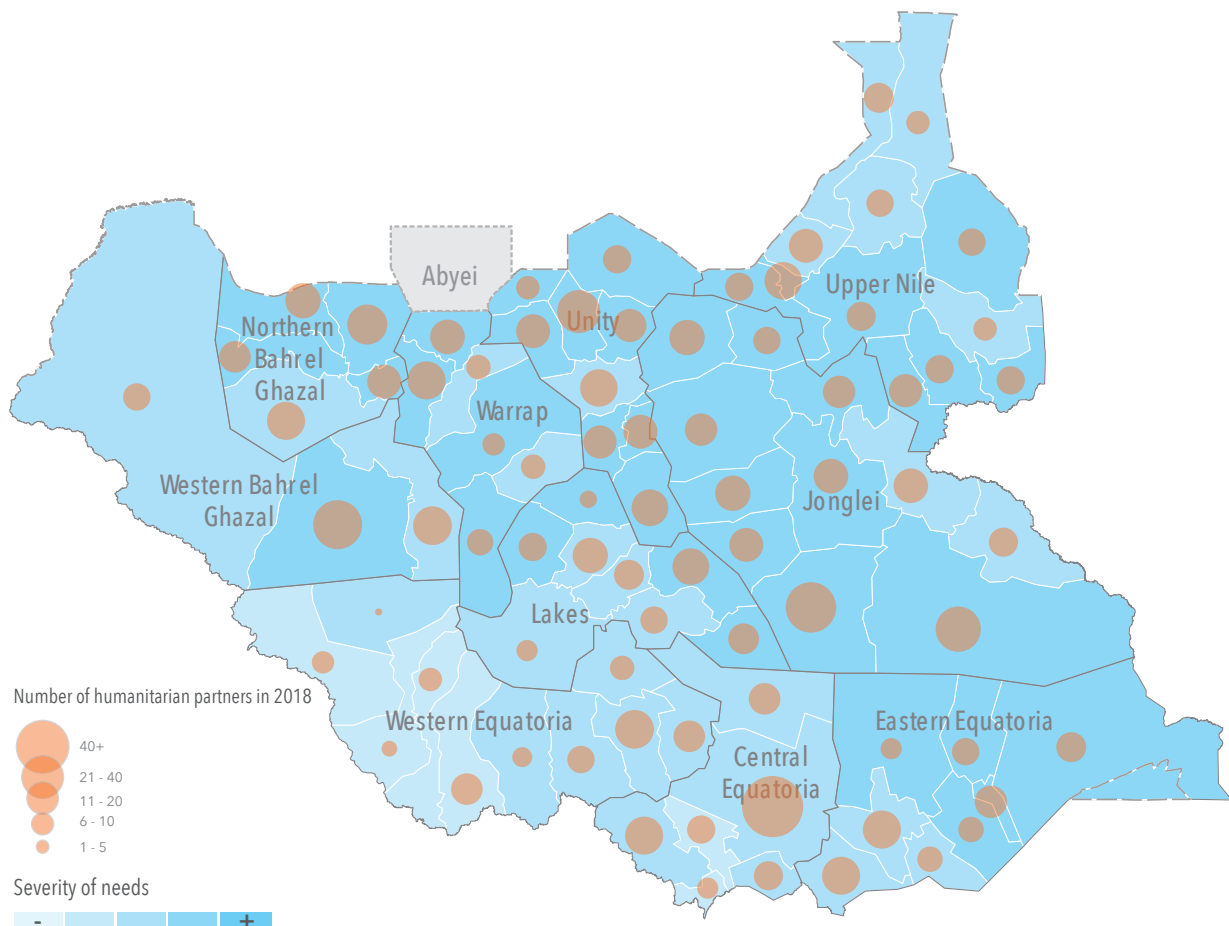
In 2019, a total of 183 humanitarian organizations will implement projects under the Humanitarian Response Plan, of which nearly 60 per cent are local.

Some 105 local NGOs, 67 international NGOs and 11 United Nations entities have included projects in the response plan. More than 150 additional organizations are operating emergency programmes in South Sudan outside the HRP, including partners such as the Red Cross Movement, with whom HRP actors collaborate and coordinate closely. The number of active partners increased across all clusters during 2018. This included an increase in the number of women-led organizations. Continuing the trend from previous years and in line with World Humanitarian Summit commitments,

the response will promote meaningful partnerships between South Sudanese and international humanitarian actors.³⁵

As portrayed by the map below, humanitarian partners are present in every county. Further efforts will be made in 2019 to ensure sufficient operational capacity to respond to people's needs in remote and hard-to-reach areas. To this end, the HCT will consider new operational models, including setting up operational centres in key locations.

SEVERITY OF NEEDS AND OPERATIONAL PRESENCE



Source: OCHA and humanitarian partners

OPERATIONAL RESPONSE TO

HUMANITARIAN ACCESS

In 2019, the humanitarian community will seek to prioritize and address those access constraints that have the greatest impact on a rapid, consistent and principled response to people's needs.

The signing of the R-ARCSS may offer humanitarians a more enabling operating environment in 2019, after considerable challenges throughout 2018 in their ability to reach affected people with consistent and principled assistance and protection. Acknowledging that constrained access exacerbates humanitarian needs, the humanitarian community will take a more strategic approach to access in 2019, while remaining flexible in consideration of the fluid operational context. This will include continued focus on sustaining and expanding humanitarian access and creating an administrative and operational environment more conducive to principled humanitarian action. Beyond enhancing security risk mitigation measures, humanitarians will continue to pursue greater community sensitization and acceptance, situational awareness, and negotiations with relevant authorities and actors.

The inter-agency Access Working Group will continue to develop strategies and recommendations for the ICWG and

HCT to enable the most vulnerable communities' access to the assistance and protection they need. Collective efforts, supported by OCHA, will include joint monitoring and context analysis, development of common positions and policies to encourage a systematic and coordinated approach among partners, support to advocacy initiatives at all levels, and capacity building of partners to respond to access impediments.

Where impediments exist at the local level, OCHA and access-focused partners will lead efforts to resolve them through necessary support to negotiations with key interlocutors by operational agencies – building on the comparative advantages of diverse humanitarian partners and engagement with a broader range of actors, such as community and faith-based groups. 2019 will also see continued high-level field visits that emphasize principled and sustained humanitarian assistance.

HUMANITARIAN ACCESS CONSTRAINTS

AID WORKERS KILLED

15

AID WORKERS DETAINED

115

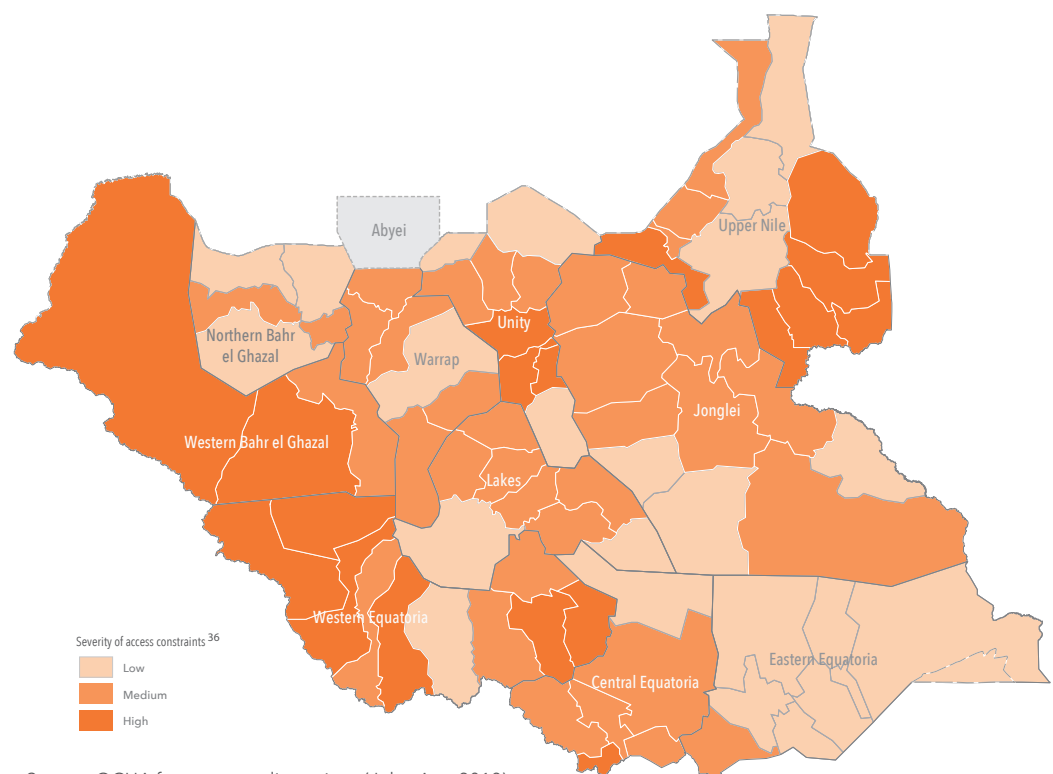
AID WORKERS RELOCATED

564

PEOPLE IN HIGH ACCESS CONSTRAINT AREAS

1.5M

(Jan - Nov 2018)



RESPONSE

MONITORING

Humanitarian partners will build on continued efforts to regularly monitor and analyse the situation and ongoing response. In 2018, this incorporated more robust collective efforts to track the needs of crisis-affected people on a biweekly and quarterly basis and to tailor the response to reach the most vulnerable people in areas of greatest need.

Monitoring framework

In 2019, monitoring efforts within the Humanitarian Programme Cycle will incorporate needs analysis and response tracking, to articulate collectively across sectors how the situation has changed for affected women, men and children. Periodic reviews will be undertaken to gauge progress made against the targets set for key indicators toward each HRP strategic objective and highlight where integrated response has made an impact. Periodic monitoring exercises will be timed to inform the HCT's collective re-assessment of the response, following the first and third quarters of the year. These points in time will allow the HCT to observe possible evolution on larger-scale trends, related to returns or other solutions being sought by displaced people, disease outbreaks, and food security and nutrition needs.

Given the operational demands on partners to undertake continuous assessment, prioritization and adjustments to delivery, the reporting related to periodic monitoring will be kept light, leveraging existing monthly and quarterly data collection efforts for either existing OCHA products or other demands. Periodic monitoring will be based on existing cluster and information management capacity, supported by the inter-agency Information Management Working Group to strengthen sex and age disaggregation of data.

An ICWG consultative group will support the monitoring and tracking process, coordinated by OCHA on behalf of the HCT. The group will re-assess the approach at the end of 2019 to maintain focus on the above monitoring priorities.

The framework will run in parallel and speak to UNCF monitoring, connecting at key shared points, such the indicators used to monitor the collective outcomes articulated in the New Way of Working.

Monitoring reports and products









Clusters will monitor on a monthly basis the primary indicator(s) they select as proxies to reflect progress in the overall cluster response against the HRP targets, detailed in the Annex. These are, mostly, output indicators of numbers of people accessing a specific type of assistance or service. These results, along with the number and type of partners participating in the cluster response, will be reported either in Humanitarian Dashboards of monthly response, or contribute to periodic monitoring products, according to the indicative calendar below.

In April, the clusters will contribute to a periodic review of the collective response, organized by the HRP strategic objectives. This will include a renewed assessment of needs, following the quarterly exercise by the Needs Analysis Working Group, and incorporating the results of the biannual IPC analysis. The analysis in the periodic review will draw from a set of indicators under each strategic objective to capture the impacts of the response achieved during the dry season, usually from January to March-April, which facilitates delivery by road and river. This exercise will be renewed at the end of the third quarter to inform the next HNO and a concise monitoring report. Needs analysis and response monitoring will be used to inform the South Sudan Humanitarian Fund allocations, which focus on HRP partners.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Humanitarian Needs Overview										X		
Humanitarian Response Plan											X	
Humanitarian Dashboard	X		X		X	X	X	X	X		X	X
HRP Year in Review		X										
Periodic Monitoring Review				X						X		
SSHF Standard Allocation	X					X						
SSHF Annual Report			X									









SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

CLUSTER	PEOPLE IN NEED			PEOPLE TARGETED			REQUIREMENTS (US\$)		
	South Sudanese	Refugees	Total	South Sudanese	Refugees	Total	South Sudanese	Refugees	Total
 CAMP COORDINATION AND CAMP MANAGEMENT	1.4M	0.3M	1.7M	0.9M	0.3M	1.2M	18.8M	2.3M	21.1M
 EDUCATION	2.8M	0.16M	2.9M	0.8M	0.16M	0.9M	53.9M	10.5M	64.4M
 EMERGENCY SHELTER & NON-FOOD ITEMS	1.7M	0.3M	2.0M	1.0M	0.3M	1.3M	30.1M	25.3M	55.4M
 FOOD SECURITY AND LIVELIHOODS	5.8M	0.3M	6.1M	5.1M	0.3M	5.4M	650.0M	30.1M	680.1M
 HEALTH	3.6M	0.3M	3.9M	1.8M	0.3M	2.1M	120.0M	15.3M	135.3M
 NUTRITION	1.5M	0.3M	1.8M	1.0M	0.3M	1.3M	180.0M	7.0M	187.0M
 PROTECTION	5.7M	0.3M	6.0M	3.3M	0.3M	3.6M	100.0M	21.0M	121.0M
 WATER, SANITATION AND HYGIENE	5.7M	0.3M	6.0M	3.0M	0.3M	3.3M	129.6M	9.4M	139.0M
TOTAL	6.8M	0.3M	7.1M	5.4M	0.3M	5.7M	1.4B	121M	1.5B

PART II: OPERATIONAL RESPONSE PLANS

Note: Sectoral financial requirements for refugees, and the number of refugees in need of and targeted for assistance, are integrated in the figures of people in need, people targeted and sector requirements under each sector sidebar, while the breakdowns are shown in the table at the bottom of each sector page. For full details regarding the refugee response, please refer to the Refugee Response Plan, which outlines the refugee response strategy and aggregates all financial requirements for the refugee response.

-  Camp Coordination and Camp Management
-  Education
-  Emergency Shelter and Non-Food Items
-  Food Security and Livelihoods
-  Health
-  Nutrition
-  Protection
-  Water, Sanitation and Hygiene

-  Coordination and Common Services
-  Logistics

-  Refugee Response Plan
-  Abyei Response Plan



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

PEOPLE IN NEED



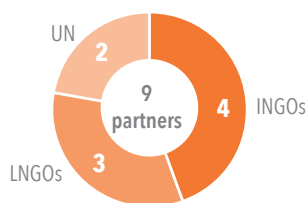
PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Ensure displaced populations' equal and needs-based access to improved quality services.
RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Engage and respond to vulnerable populations with priority on addressing protection gaps and building resilience.
RELATES TO SO2

CLUSTER OBJECTIVE 3

3 Promote relevant community participation and ensure local ownership of site management.
RELATES TO SO3

CLUSTER OBJECTIVE 4

4 Prioritize new and unreached displaced populations.
RELATES TO SO1, SO2 & SO3

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Strategy and key changes from 2018

The cluster aims to ensure displaced people's equitable access to services in camps and camp-like settings and their self-reliance to avoid excess dependency on humanitarian assistance. Compared to 2018, the cluster will expand its activities further into camp-like settings, where the core intention of CCCM actors will be to strengthen accountable, community-led governance mechanisms. In addition to continued work in existing sites, the cluster will remain flexible to deploy mobile teams for emergency situations or in long-standing camp-like settings, based on people's needs. The cluster will stand ready to provide temporary support to displaced people searching for durable solutions, while facing challenges related to housing, land and property.

Targeting and prioritization

By the end of September 2018, the cluster had reached 52 per cent of the approximately 826,000 South Sudanese targeted.³⁷ In 2019, CCCM sector actors aim to support some 855,000 South Sudanese and some 300,000 refugees. The reduction in the cluster target is explained by a more comprehensive review of IDP numbers and partner capacity to respond. The cluster will prioritize the most vulnerable displaced people in PoC sites, collective centres, spontaneous and informal settlements, and other camp-like settings. The participation of women and people with special needs will be promoted in site governance structures. Informed by severity analysis and response capacity, the main geographic areas of work are Unity, Upper Nile, Western Bahr el Ghazal, Jonglei, Lakes and Central Equatoria. Programmatically, the cluster will

prioritize coordination of assistance at site level; integration of participatory and community-based approaches into camp management activities; and local ownership of site management, particularly in camp-like settings.

Integration

By its nature, the cluster focuses on ensuring quality service provision to displaced populations across sectors in camps and camp-like settings. The cluster will support integrated services in these contexts by further strengthening already existing information management systems and intention surveys, therefore further enhancing programme coordination. CCCM partners will work with the Protection Cluster on safe referrals and GBV mainstreaming, including supporting PSEA, and strengthen engagement with clusters including WASH and ES/NFI actors.

Quality programming

The cluster facilitates humanitarian organizations' communication and feedback loops with affected communities to ensure dignified and needs-based services in camps and camp-like settings and links to the CCE working group to promote accountability to affected people. CCCM partners are permanent members of local and national Solutions Working Groups, with a focus on ensuring quality community engagement and related information management. The cluster works to strengthen communities' capacity to self-manage displacement sites and rebuild their lives, with the intention of reducing reliance on humanitarian support, creating linkages with government service provision, and preparing conditions for longer-term development interventions.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	1.4M	-	-	1.7M	53%	61 35 4
PEOPLE TARGETED	0.3M	0.9M	-	-	1.2M	53%	61 35 4
FINANCIAL REQUIREMENTS	\$2.3M		\$18.8M		\$21.1M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)



PEOPLE IN NEED

2.9M

PEOPLE TARGETED

916k

SECTOR REQUIREMENTS (US\$)

64M

CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Increase access to inclusive and protective lifesaving education (formal and non-formal) for children and youth affected by emergencies.

RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Improve the quality of education to ensure continuity of relevant education services for children and youth in emergencies.

RELATES TO SO2

CLUSTER OBJECTIVE 3

3 Strengthen the response capacity of communities and education actors to mitigate the impact of emergencies on children and youth.

RELATES TO SO3

EDUCATION

Strategy and key changes from 2018

In 2019, the education response aims to ensure that children and youth (3-18 years) have access to quality formal and non-formal education and that girls and boys already in school are retained. Recognizing that South Sudan has one of the highest rates of out-of-school children in the world, the cluster will prioritize new enrolments and retention in 2019. By providing access to safe learning spaces, children can benefit from key life-saving and life-sustaining activities such as psychosocial support, WASH education, and school meals. Education partners will strengthen education personnel's and governance bodies' capacities through training. The cluster aims to build resilience through cognitive and social development of children and youth.

Targeting and prioritization

By the end of September 2018, the cluster had reached 95 per cent of the approximately 674,000 South Sudanese children targeted, of whom 41 per cent are girls and 59 per cent boys.³⁸ In 2019, education sector actors aim to target 876,000 South Sudanese and some 160,000 refugees. Some 97 per cent of them are children and youth and 3 per cent education personnel. The cluster response will prioritize areas with limited or no schools, significant IDP presence and acute food needs. While the response will be primarily static, the cluster will remain flexible to accommodate new emergencies or population movements through provision of temporary learning spaces. Conflict-affected areas will be prioritized for life skills and basic vocational training opportunities for

youth and adolescents.³⁹ Girls' enrolment will be promoted.

Integration

Education partners will collaborate with Child Protection and GBV Sub-Clusters to roll out psychosocial support training to promote student well-being in instances where children and teachers have been victims of trauma, GBV and psychosocial stress due to recent emergencies or chronic crisis. WASH and Education Clusters will work to connect schools with safe water points, construct secure and gender-appropriate toilets and handwashing facilities, and increase hygiene promotion. The Education Cluster will prioritize school meals in food insecure locations to address hunger and cognitive under-development, with the support of the FSL Cluster. Education partners will support Nutrition and Health objectives by using schools to screen children under age 5 for malnutrition and disease.

Quality programming

The cluster will broaden its engagement and coordination with development partners, such as the Global Partnership for Education and Girls Education South Sudan, in 2019 to identify transition points from humanitarian to development programming. National ownership and sustainability of education interventions will be considered through the Education Cluster's investments in local capacity building and increasing engagement of local NGOs. School management committees and parent-teacher associations will facilitate communication with communities and appropriateness of the education response.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, older person*
PEOPLE IN NEED	0.16M	0.9M	1.9M	-	2.9M	49%	97 3 -
PEOPLE TARGETED	0.16M	0.6M	0.2M	-	0.9M	42%	97 3 -
FINANCIAL REQUIREMENTS	\$10.5M		\$53.9M		\$64.4M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

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PEOPLE IN NEED



PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Improve access to safe, appropriate emergency shelter and life-saving NFIs to newly displaced or vulnerable populations in secondary displacement.

RELATES TO SO1 & SO2

CLUSTER OBJECTIVE 2

2 Improve the living conditions of highly vulnerable IDPs in protracted displacement, returnees and host communities unable to meet their ES/NFI needs.

RELATES TO SO1 & SO2

CLUSTER OBJECTIVE 3

3 Support most vulnerable returnees, host communities and IDPs in secondary displacement rebuild lives through shelter and NFI solutions.

RELATES TO SO3

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EMERGENCY SHELTER AND NON-FOOD ITEMS

Strategy and key changes from 2018

The ES/NFI Cluster aims to ensure that IDPs, returnees and vulnerable host communities can live in safety and dignity through access to household services and support. Strengthening communities' self-reliance and positive coping mechanisms will remain key. Compared to 2018, the cluster expects to support an increasing number of vulnerable returnees in 2019. Through increased cash transfer programming, the cluster will shift its emphasis from the provision of ES/NFIs to ensuring vulnerable people's access to support.

Targeting and prioritization

By the end of September 2018, the cluster had reached 70 per cent of the approximately 969,000 South Sudanese targeted.⁴⁰ In 2019, ES/NFI sector actors aim to support 1 million South Sudanese and some 300,000 refugees. The cluster will target vulnerable people unable to support themselves with life-saving shelter and NFI, prioritizing newly displaced IDPs. ES/NFI partners will use evidence-based displacement trends to target specific locations along displacement routes, reducing multiple distributions to the same individuals. The cluster will pilot and determine the feasibility of the use of biometric data in 2019, in collaboration with the Displacement Tracking Matrix. In stable market locations, the cluster will conduct resilience interventions only. In locations receiving returnees, the cluster will work with the new Housing, Land and Property Sub-Cluster to analyze the security of tenure before providing shelter services. The Protection Cluster will lead the ES/NFI response in parts of the country that hold small caseloads of vulnerable people left behind during population displacements,

typically in heavily militarized areas.

Integration

The ES/NFI Cluster leads an integrated survival kit response in hard-to-access locations, prioritizing counties in IPC Phase 4 and 5. The multi-sector kit includes health, hygiene, nutrition, protection and ES/NFI services and is facilitated by the Logistics Cluster. For example, through kitchen sets, the ES/NFI Cluster works to reduce food insecurity and improve hygiene conditions, while the provision of blankets aims to reduce pneumonia. ES/NFI projects on community engagement will contribute to improved education and peacebuilding.

Quality programming

The cluster piloted a new Accountability to Affected People tool for assistance and response in 2018. In 2019, it will build on the lessons learned to support standardized community-led complaints and feedback mechanisms, skills training, and leadership committees, with due inclusion of marginalized and physically vulnerable groups. Conflict and gender sensitive programming and the principle of 'do no harm' are mainstreamed throughout ES/NFI support, particularly regarding GBV, HIV and housing, land and property issues. With the ambition of preparing communities for longer-term shelter solutions, the cluster will implement CTP and skills training, while also coordinating with development partners to avoid overlap and ensure appropriate transition of support. Shelter rehabilitation through restricted vouchers and unrestricted cash will drive down the cluster's financial requirements over time.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	1.2M	0.1M	0.4M	2M	52%	57 41 2
PEOPLE TARGETED	0.3M	0.9M	0.07M	0.02M	1.3M	52%	57 41 2
FINANCIAL REQUIREMENTS	\$25.3M		\$30.1M		\$55.4M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)



PEOPLE IN NEED



PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Provide unconditional food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations.

RELATES TO S01

CLUSTER OBJECTIVE 2

2 Enhance emergency food production through complementary vegetable and crop seeds and fishing and livestock support.

RELATES TO S01

CLUSTER OBJECTIVE 3

3 Provide transitional emergency food assistance to strengthen coping capacities and reduce reliance on general food distributions.

RELATES TO S01

CLUSTER OBJECTIVE 4

4 Reduce dependency on food and agricultural input to support and strengthen households' ability to absorb shocks.

RELATES TO S03

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FOOD SECURITY AND LIVELIHOODS

Strategy and key changes from 2018

The cluster aims to prevent famine and build households' coping capacities by providing life-sustaining and life-saving food, livelihoods and livestock assistance, increasing food production, and building productive assets for more sustainable livelihoods. While unconditional food will be provided in areas at highest risk of famine, the cluster will in general shift towards transitional food and cash assistance compared to 2018, with the aim of supporting households' and communities' self-reliance and restoring community assets. Building on the progress made in 2018, the cluster will continue to increase river transport in areas previously served by air.

Targeting and prioritization

By the end of September 2018, the cluster had reached 84 per cent of the 5.2 million South Sudanese targeted.⁴¹ In 2019, FSL sector actors aim to support 5.1 million South Sudanese and some 300,000 refugees. The cluster will use the IPC classification to prioritize the allocation of limited resources. It will target all people in IPC Phase 4 and 5 counties with unconditional food or cash assistance throughout the year and with seasonal livelihood and livestock support. Between 80 and 85 per cent of people in IPC Phase 3 counties will receive transitional food and cash support between April and September and complementary livelihood assistance during both the main farming and lean seasons. The cluster will also target IDPs living in PoC sites.

Integration

The food security, livelihoods and nutrition pipelines are closely integrated through a high-level agreement among the three respective lead agencies. The FSL Cluster works in an integrated manner with Health, WASH, Nutrition and, increasingly, Protection Clusters on a famine risk mitigation minimum package of services, building on the successful experiences from 2017 and 2018. The cluster participates in inter-sectoral rapid response mechanisms to support people in hard-to-reach locations. Some FSL actors implement integrated multi-sector interventions either as part of consortiums or individually with funding and expertise across multiple sectors.

Quality programming

The cluster has systematically increased its accountability to affected people. For example, almost all food distribution sites operate through a Project Management Committee that facilitates feedback and complaint mechanisms. FSL programming is informed by conflict sensitive analysis to ensure that assistance does not exacerbate tensions between different social and ethnic groups, and that GBV and child protection risks are mitigated during food distributions. The FSL Cluster promotes cash transfer programming in South Sudan, including the use of multi-purpose and conditional cash and vouchers. It also coordinates its services closely with development actors, including the World Bank's social safety net programme.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	1.9M	3.7M	0.2M	6.1M	49%	53 44 3
PEOPLE TARGETED	0.3M	1.9M	3.0M	0.2M	5.4M	49%	53 44 3
FINANCIAL REQUIREMENTS	\$30.1M	\$650.0M			\$680.1M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



HEALTH

PEOPLE IN NEED



PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Improve access and scale-up responsiveness to integrated essential healthcare needs of vulnerable populations.
RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Prevent, detect and respond to epidemic-prone disease outbreaks.
RELATES TO SO1

CLUSTER OBJECTIVE 3

3 Increase access to essential clinical health services among vulnerable populations.
RELATES TO SO2

CLUSTER OBJECTIVE 4

4 Improve resilience among vulnerable populations by increasing access to mental health and psychosocial support services.
RELATES TO SO3

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Strategy and key changes from 2018

The cluster will provide lifesaving emergency healthcare access to vulnerable populations, focusing on major causes of morbidity and mortality. Health partners aim to increase the predictability and functionality of health services by supporting primary health care facilities and hospitals and establishing mobile clinics. The cluster aims to prevent, detect and respond to epidemic-prone diseases, and to increase resilience among vulnerable populations through greater use of mental health and psychosocial support services. Health partners will further integrate their services with FSL, Nutrition, Protection and WASH Clusters.

Targeting and prioritization

By the end of September 2018, the cluster had reached 83 per cent of the 2.1 million South Sudanese targeted.⁴² In 2019, health sector actors aim to support 1.8 million South Sudanese and some 300,000 refugees. The cluster will target IDPs in PoC sites and host communities, refugees, and vulnerable members of host communities. Most vulnerable people in the country include GBV survivors, severely malnourished children with medical complications and people with noncommunicable diseases. Health partners will adjust the response according to outbreaks and seasonal upsurges in epidemic-prone diseases, such as measles, meningitis and hepatitis E, and to the rainy season's impact on malaria and diarrheal diseases, like cholera and typhoid. Emergency clinical packages will be prioritized throughout the year, informed by periodic vulnerability and risk assessments.

Integration

The Health Cluster will provide a minimum package of integrated services with FSL, Nutrition, Protection and WASH Clusters, targeting high priority locations with the most severe needs. To prevent the spread of diseases, WASH support will be increasingly integrated at health and nutrition facilities, including water supply, quality testing and monitoring. The Health Cluster will build nutrition actors' capacity to screen and refer severely malnourished children with medical complications, such as malaria. Health and protection partners will undertake joint responses and mapping of services to address intersectoral needs, such as GBV, and to overcome barriers to accessing health care for GBV survivors. This will involve the GBV Sub-Cluster sensitizing health care workers on survivor-centred approaches and referral pathways.

Quality programming

The cluster will strengthen its linkages with health actors focused on longer-term interventions. Humanitarian and development partners will conduct joint mapping of health services and quarterly joint assessments of health support provided. The cluster will coordinate closely with health services operated outside of the HRP, such as those funded by the Health Pooled Fund or delivered by organizations such as ICRC and MSE, and advocate for development funding to increase readiness for unforeseen health emergencies. Health partners will continue to emphasize accountability to affected people, conducting community consultations to identify priority needs and adjust health responses based on people's experience.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	-	-	3.6M	3.9M	50%	47 x x
PEOPLE TARGETED	0.3M	-	-	1.8M	2.1M	50%	47 x x
FINANCIAL REQUIREMENTS	\$15.3M		\$120.1M		\$135.4M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

PEOPLE IN NEED



PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Deliver life-saving management of acute malnutrition for the most vulnerable and at-risk U5 children and pregnant and lactating women.
RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Prevent under-nutrition by increasing access to maternal, infant and young child nutrition interventions.
RELATES TO SO1

CLUSTER OBJECTIVE 3

3 Increase access to integrated nutrition, health, WASH, FSL and protection interventions.
RELATES TO SO2

CLUSTER OBJECTIVE 4

4 Enhance nutrition situation monitoring, analysis and utilization of nutrition information for early warning and decision making.
RELATES TO SO3

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NUTRITION

Strategy and key changes from 2018

Nutrition partners' primary goal is to prevent and treat malnutrition and undernutrition and promote good health among vulnerable groups. In 2019, the cluster will scale up integrated services among Nutrition, FSL, Health and WASH Clusters at nutrition and health facilities to address interrelated and under-lying causes of malnutrition, such as food insecurity, suboptimal childcare and feeding practices, and lack of safe water and sanitation. Compared to 2018, nutrition partners will increase the volume of prevention activities and build on the successes of community-based management of acute malnutrition.

Targeting and prioritization

By the end of September 2018, the cluster had reached 68 per cent of the 1.1 million South Sudanese targeted. In 2019, nutrition sector actors aim to support 1 million South Sudanese and some 300,000 refugees, a lower number due to a lower burden and tighter prioritization. The cluster response will prioritize life-saving treatment services targeting children under five years and pregnant and lactating women, in compliance with relevant national guidelines. These are the most vulnerable groups to malnutrition due to their increased biological and physiological needs. Geographically, the response will prioritize areas of high malnutrition, food insecurity (IPC Phase 4 and 5), conflict and internal displacement. The cluster will expand its blanket supplementary feeding programme in the Greater Equatorias to halt the deepening of the malnutrition crisis in the region.

Integration

Nutrition sites will act as hubs for integrated programming. Health partners will test and treat malaria among the severely acute malnourished children being treated at the sites, while WASH partners will provide NFI kits to severely malnourished children's families. Early childhood development stimulation activities will be integrated at stabilization centres and nutrition sites. In collaboration with FSL partners, nutrition partners will establish kitchen gardens at nutrition sites to demonstrate recommended feeding practices. Nutrition services will be considered as potential entry points for GBV victims looking for assistance, with nutrition staff trained on GBV referral pathways. The Protection Cluster will perform safety audits and assessments of nutrition sites.

Quality programming

To further localize the response, the cluster will strengthen the Ministry of Health's capacity on nutrition interventions and train local NGOs on the new national guidelines on community-based management of malnutrition and maternal, infant, and young child nutrition. The cluster will employ a gender-sensitive approach to mitigate any obstacles compromising women and girls' ability to receive nutrition support. Women's participation will be encouraged in programme design and feedback mechanisms. The cluster will collaborate with existing and planned development interventions on nutrition, such as those funded by the World Bank and Health Pooled Fund. Digital beneficiary management will be piloted in parts of the country to improve targeting and information management.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					Sector total
	Refugees	SAM U5 children	MAM U5 children	MAM PLW	MAM elderly	
PEOPLE IN NEED	0.3M	0.3M	0.6M	0.6M	0.004M	1.8M
PEOPLE TARGETED	0.3M	0.2M	0.5M	0.3M	0.002M	1.3M
FINANCIAL REQUIREMENTS	\$7.0M			\$180.0M		\$187.0M





PEOPLE IN NEED



PEOPLE TARGETED



SECTOR REQUIREMENTS (US\$)



CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Provide lifesaving assistance to address priority protection needs for the most vulnerable women, men, girls and boys in hard-to-reach and priority areas.

RELATES TO SO2

CLUSTER OBJECTIVE 2

2 Prevent, mitigate and respond to protection risks through enhanced preparedness and resilience.

RELATES TO SO2 & SO3

CLUSTER OBJECTIVE 3

3 Enable durable solutions for IDPs and other affected populations.

RELATES TO SO2 & SO3

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PROTECTION

Strategy and key changes from 2018

The Protection Cluster and its Sub-Clusters on Child Protection, GBV, Mine Action, and Housing, Land and Property will continue to focus in 2019 on preventing, mitigating and responding to protection risks to the civilian population, including through life-saving response in hard-to-reach areas, risk mitigation, preparedness and resilience strengthening. While continuing to support conflict-affected and displaced people, the cluster will introduce new activities to support gender and age appropriate, safe and sustainable returns, relocations and local integration.⁴³ These include work on HLP issues, particularly for women and child-headed households; community resilience building; local conflict mitigation and peaceful coexistence; youth-related programming; demobilization and reintegration programming for children associated with armed forces and armed groups; and income-generating activities in collaboration with livelihood partners.

Targeting and prioritization

By the end of September 2018, the cluster had reached 34 per cent of the 3.7 million South Sudanese targeted.⁴⁴ In 2019, protection sector actors aim to target 3.3 million South Sudanese and some 300,000 refugees. The clear majority of the target population are women and children. The cluster's focus will remain on Unity, Upper Nile, Jonglei, Western and Northern Bahr el Ghazal, and the Equatorias. Within these areas, protection partners will prioritize locations with most severe needs, including through mobile teams, with three tiers of priority programming and activities defined by each sub-cluster: life-saving activities;⁴⁵ individual and community preparedness and resilience strengthening

activities;⁴⁶ and activities related to durable solutions.⁴⁷ The cluster and sub-clusters will ensure that affected women, men, boys and girls receive psychosocial support and safe referral services.

Integration

The cluster will contribute to joint famine risk mitigation efforts through strengthened protection analysis and mainstreaming of gender and protection in collaboration with FSL, Nutrition, Health, Education, and WASH Clusters, particularly to support extremely vulnerable and at-risk categories such as older persons, people with disabilities, women and child headed households, and vulnerable children. The cluster will increasingly integrate targeted livelihood activities into GBV, child protection and durable solutions programming to enhance the protective environment. Protection partners will continue to support other sectors in mainstreaming protection, increasing gender and age disaggregation, conducting conflict and gender sensitive analysis, and implementing safe and appropriate referrals to services.

Quality programming

The cluster will explore opportunities for cash-based interventions to gain efficiencies, with the aim of supporting durable solutions, vulnerable children and their families, and women's empowerment. To inform and link with longer-term programming, humanitarian protection actors will strengthen communities and individuals' preparedness and resilience. In line with the HCT Protection Strategy, the cluster will support the implementation of the principles of centrality of protection in guiding the overall humanitarian response and decision-making at strategic and operational levels.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected ⁴⁸		% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	2M	1.3M	2.5M	6.0M	56%	61 37 2
PEOPLE TARGETED	0.3M	1.3M	0.6M	1.4M	3.6M	56%	61 37 2
FINANCIAL REQUIREMENTS	\$21.0M		\$99.8M		\$120.8M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

PEOPLE IN NEED


6.0M

PEOPLE TARGETED


3.3M

SECTOR REQUIREMENTS (US\$)


139M

CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Provide timely, equitable access to safe water, sanitation and hygiene for IDPs, host communities and returnees.

RELATES TO S01

CLUSTER OBJECTIVE 2

2 Mitigate WASH-related gender-based violence.

RELATES TO S02

CLUSTER OBJECTIVE 3

3 Integrate WASH in nutrition response through famine prevention minimum package.

RELATES TO S02 & S03

CLUSTER OBJECTIVE 3

4 Integrate WASH in health response to control outbreaks at wider community level.

RELATES TO S01, S02 & S03

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WATER, SANITATION AND HYGIENE



Strategy and key changes from 2018

The cluster strategy focuses on timely and appropriate access to WASH services for IDPs and host communities and specific WASH interventions for GBV mitigation, famine risk mitigation, and WASH-related disease risk reduction for outbreak control. Compared to 2018, when the cluster emphasized a sectoral approach, the cluster strategy in 2019 is characterized by significant attention to integration across sectors – as reflected in the WASH Cluster Objectives. Considering the anticipated levels of population movements, the cluster will continue to support displaced people and new returnees through the WASH rapid response mechanism.

Targeting and prioritization

By the end of September 2018, the cluster had reached 34 per cent of the 3.3 million South Sudanese targeted.⁴⁹ In 2019, WASH sector actors aim to target 3 million South Sudanese and some 300,000 refugees. Geographically, the cluster will prioritize hygiene provision in areas identified through severity mapping as having high Global Acute Malnutrition rates, high risk of famine and high vulnerability to outbreaks, such as cholera or Ebola. Key geographic areas include Canal/Pigi, Awerial, Fangak, Pibor, Yirol East, Panyijiar, Ikotos, Kapoeta South Rubkona, Luakpiny/Nasir and Maiwut. WASH response focusing on GBV mitigation will be prioritized in counties experiencing conflict and displacement, informed by the WASH for GBV mitigation matrix.

Integration

The cluster aims to integrate WASH services with several other sectors through 2019. It will

alleviate nutrition crises through its WASH in Nutrition programming, for example by providing safe drinking water and hygiene kits at nutrition centers. Collaborating with the FSL Cluster, WASH partners will consider water supply for small livestock and promote appropriate hygiene practices. The cluster will enhance disease outbreak preparedness, response and risk reduction by integrating WASH support with health interventions, including through a tailored WASH minimum package of interventions. Integration with CCCM will service new and previously unreached displaced populations by improving needs-based and protection-sensitive access to WASH services for IDPs and GBV mitigation. In schools, education and WASH partners will collaborate to provide safe water points and structural construction guidance for gender-appropriate toilets and handwashing facilities, and train girls and boys as 'handwashing ambassadors.'

Quality programming

The WASH Cluster will work with development partners to ensure complementarity between emergency and longer-term responses by deploying a minimum WASH package of interventions in institutions, such as nutritional and health facilities and schools, as well as in urban settings with a focus on mitigating outbreaks and preventing transmissions. The cluster will work with affected communities on programme design and use a checklist of minimum requirements on accountability to affected people. The response will ensure safe water access for all through gender and age appropriate measures and gendered risk assessments.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, older person*
PEOPLE IN NEED	0.3M	2M	3.8M	-	6.0M	49%	59 39 2
PEOPLE TARGETED	0.3M	2M	1.1M	-	3.4M	49%	59 39 2
FINANCIAL REQUIREMENTS	\$9.4M		\$129.6M		\$139.0M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

ORGANIZATIONS TARGETED


183

REQUIREMENTS (US\$)


17M

CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Ensure effective, principled and well-coordinated humanitarian action.

RELATES TO S01

CLUSTER OBJECTIVE 2

2 Ensure operations through enhanced safety and security of humanitarian personnel.

RELATES TO S01 & S02

CLUSTER OBJECTIVE 3

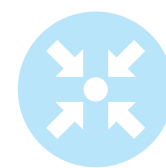
3 Improve programme quality through strengthened accountability to affected people.

RELATES TO S02 & S03

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COORDINATION AND COMMON SERVICES



Strategy and key changes from 2018

In a context of limited resources, sustained high humanitarian needs and fluid population dynamics, strategic and operational coordination at national and sub-national levels remains essential for an efficient and effective response. The bi-weekly needs analysis and prioritization exercises in support of ICWG decision-making, combined with quarterly country-wide context analyses, will continue to play a key role in informing multi-sector responses. The collection, analysis and dissemination of information on the evolving needs of affected populations remains critical to enable targeted provision of humanitarian response and adequate resource allocation in the locations where rigorous evidence-based analysis determines it is most needed.

CCS actors will support data collection and analysis using agreed standard tools and methodologies, seeking to establish a better overall understanding of population numbers, locations and needs. This will include monitoring and tracking population movements as well as multi-sectoral needs analysis through joint and coordinated assessments. It is expected that returns will warrant greater attention in 2019, including monitoring flows and understanding intentions and pre-conditions for return. Biometric registration will also continue to provide evidence for targeted assistance and accountable service provision to people in need.

Coordination actors will prioritize the participation of affected women, men and children across the humanitarian response, with particular consideration of gender. Partners will strengthen and harmonize organizational approaches to community engagement, strengthen and establish feedback mechanisms where there are gaps, and build staff capacity to support communication with communities and enhance humanitarian organizations' ability to respond to identified needs.

Security risk analysis provided by CCS partners will remain critical through 2019, against the backdrop of the evolving political landscape and a history of violence against civilians, including aid workers. In 2019, a common approach to providing assistance in hard-to-reach areas will be promoted,

informed by security risk assessments.

This will include strengthening 'deep field' coordination mechanisms and facilitating operational hubs for sustained humanitarian presence. Advocacy with authorities at all levels for an enabling environment will also be prioritized with attention to issues affecting local responders who face the greatest pressure.

Targeting and prioritization

In 2018, CCS actors provided coordination and common services to 167 organizations. In 2019, they aim to support 183 organizations, including 105 LINGOs, 67 INGOs and 11 United Nations entities. CCS partners will promote equal opportunities for local responders to deliver assistance, including access to funding and participation in leadership of coordination structures.

Integration

CCS partners will play a key role in further integrating the humanitarian response across sectors for the greatest impact on people's lives. This will entail robust information management and integrated needs analysis, including through the Needs Analysis Working Group and building on lessons learned from coordinating the 2017-2018 famine risk mitigation minimum package of services by FSL, Health, Nutrition, Protection and WASH Clusters. Partners will also support linkages with development actors and resilience programming, where feasible, including through the UNCF.

Quality programming

CCS partners will promote quality programming through enhanced needs analysis and information sharing. Coordination partners will facilitate quarterly monitoring of the HRP strategic objectives at the end of the first and third quarter of the year, based on a monitoring plan agreed by the ICWG. Information and analysis on people's needs will be disaggregated by sex and age to better understand the specific needs of women, men, girls and boys and ensure that humanitarian activities do not expose them to greater risks. CCS partners will prioritize and promote protection from sexual exploitation and abuse.

ORGANIZATIONS TARGETED


290

REQUIREMENTS (US\$)


87M

CLUSTER PARTNERS



CLUSTER OBJECTIVE 1

1 Provide logistics coordination, support and technical advisory services to the humanitarian community.

RELATES TO S01

CLUSTER OBJECTIVE 2

2 Enhance access to beneficiaries and project implementation sites through safe, effective and efficient passenger air service.

RELATES TO S01

CLUSTER OBJECTIVE 3

3 Provide infrastructure works to ensure the humanitarian community is able to access affected populations.

RELATES TO S01

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LOGISTICS



Strategy and key changes from 2018

The Logistics Cluster will drive a more efficient, integrated and cost-efficient logistics response on behalf of the humanitarian community. This will ensure that a robust supply chain delivery exists on behalf of all humanitarian partners to the most vulnerable people. The United Nations Humanitarian Air Service (UNHAS) will provide timely services to humanitarian agencies, in turn facilitating assistance and services to reduce acute needs among the most vulnerable women, men and children. The cluster's maintenance of priority delivery infrastructures, such as airstrips, roads or ports, is key to enable access to remote areas, especially during wet season, improving capacity of the humanitarian community to meet the emerging needs in a timely manner. It will also increase preparedness activities from 2018, including mapping and contingency planning.

Targeting and prioritization

In 2018, logistics actors supported more than the 270 organizations initially targeted. In 2019, they aim to support 290 organizations across the UN, INGOs and LNGOs, including those outside the HRP. The logistics response will be guided by ICWG-set priorities. A focus will be placed on dry season planning and the use of Logistics Cluster coordinated road convoys to maximize pre-positioning at strategic locations using the cheapest transport modality available. Following on from the expansion of river use in 2018, the cluster with the support of World Food Programme (WFP) will make use of smaller boats to enable a more regular supply chain. International Organization for Migration will enable movement of supplies through its Common Transport Service (CTS) in key locations throughout the country. In areas inaccessible by road or river, the cluster will maintain a combination of a fixed-wing aircraft and helicopters to fit demands. UNHAS will

provide air services to 55 destinations on its regular schedule. The cluster will identify and task infrastructure improvements to airstrips and roads. All cluster partners have staff based in strategic locations around the country, allowing sufficient access to hard-to-reach areas and enabling efficient use of aircraft to meet urgent demands.

Integration

In 2019, the Logistics Cluster will continue to work closely with all sectors and participate in the ICWG and Operational Working Group where it has the lead on operational planning and logistics coordination, including for integrated multi-sectoral responses. Through engagement with relevant sector coordinators and partners, the Cluster will drive for efficiencies by looking at new or improved transport modalities, including the potential to expand river routes. UNHAS will work with the ICWG to coordinate multi-sector rapid response missions and special flights to reach people in need. IOM will continue to manage the CTS project and support 'Beyond' responses⁵⁰ where needed. The United Nations Office for Project Services, based on recommendations by the Logistics Cluster, will be focused on improving airstrips in isolated areas and, through its work with key stakeholders such as UNMISS and WFP, will work to keep supply roads open and passable throughout the year.

Quality programming

The cluster will continue to drive the humanitarian community's efforts to identify efficiencies and make savings, while ensuring a dignified and evidence-based response to people's most severe needs. Through its capacity development initiatives, the Logistics Cluster will strengthen its link with the wider humanitarian community, including local partners who will remain active in areas eventually vacated by emergency actors.



REFUGEE RESPONSE PLAN

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



PARTNERS



OBJECTIVE 1

1 Provide refugees and asylum-seekers and the most vulnerable people among them with adequate access to safety, life-saving assistance and basic services.

RELATES TO S01

OBJECTIVE 2

2 Ensure that refugees and asylum-seekers have access to effective protection.

RELATES TO S02

OBJECTIVE 3

3 Enhance and expand extremely vulnerable refugees' and host communities' resilience and coping capacities.

RELATES TO S03

Strategy and key changes from 2018

In 2019, the refugee response strategy focuses on five key areas: ensuring access to territory, reception, registration, status determination and documentation with Government; maintaining the humanitarian and civilian character of asylum; promoting peaceful co-existence with host communities; addressing needs of children with a focus on access to education, women at risk, GBV survivors and persons with specific needs; and promoting access to justice. Building on from 2018 and in line with Government policy, support for internal relocation of refugees based on serious protection grounds will continue.⁵¹

Targeting and prioritization

By the end of September 2018, the refugee response had reached 100 per cent of the nearly 300,000 refugees residing and targeted in South Sudan. In 2019, the response will aim to support some 338,000 refugee women, men and children. Over 99 per cent of the refugees live in camps and settlements in 21 locations across Central Equatoria, Jonglei, Unity, Upper Nile and Western Equatoria, while 1 per cent lives in urban locations, primarily Juba. Of the total refugee population supported, 82 per cent are women and children. Lifesaving activities and core protection interventions, including for registration, documentation and GBV, will be prioritized with the resources available, besides shelter improvement and education activities. The requirements of persons of specific needs will be mainstreamed throughout the response.

Integration

The refugee response is highly integrated to support both refugees and host communities with a diverse set of humanitarian support across food and livelihoods, nutrition, health, shelter, WASH and education sectors. Host communities and refugees share basic services such as education, water and health, and integrated support to host communities remains a key priority in 2019. Promotion of peaceful coexistence will be integrated into various sectorial interventions.

Quality programming

Partners will continue to improve the quality of services provided to refugees to ensure compliance with international standards, including on shelter, health, food, education and WASH. The protection environment will be enhanced through the engagement of refugee and host communities with joint activities, such as peace talks, agricultural fairs, sports activities and cultural events. The refugee response will progressively expand and systematize the use of CTP to provide greater dignity of choice to refugees and improve efficiency and effectiveness in the realization of protection and solutions. The response will adopt a sustainable and environmentally sensitive approach and promote self-reliance and resilience of refugees and host communities through livelihood programmes.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATE		BY AGE & SEX			SUMMARY		
	Refugees		Age	% Female	% Male	% Total	% female	% children adult, Older person*
CENTRAL EQUATORIA	17K		0-4	10.0	10.0	20.0	53%	62 36
JONGLEI	2K		5-11	13.0	13.0	26.0		
UNITY	146K		12-17	8.0	8.0	16.0		
UPPER NILE	162K		18-59	21.0	15.0	36.0		
WESTERN EQUATORIA	14K		60+	1.0	1.0	2.0		
TOTAL	338K		TOTAL	53.0	47.0	100.0		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

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PEOPLE IN NEED



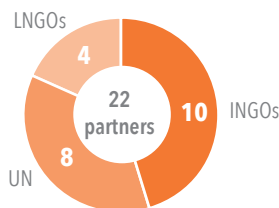
128k

PEOPLE TARGETED



128k

PARTNERS



OBJECTIVE 1

1 Save lives by providing timely and integrated multi-sector assistance and services to the most vulnerable populations.

OBJECTIVE 2

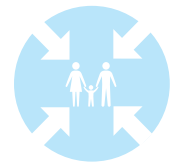
2 Decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional and recovery activities.

OBJECTIVE 3

3 Increase resilience among communities ensuring sustainability through capacity building activities.

CONTACT

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ABYEI RESPONSE PLAN ⁵²

Summary of needs

Some 182,000 people require humanitarian assistance in the disputed Abyei Area due to the presence of armed elements, continued inter-communal violence, presence of explosive remnants of war, population movement, natural disaster, poor infrastructure and the absence of public institutions and government services. This includes some 87,000 Ngok Dinka communities and returnees; some 15,000 Ngok Dinka displaced within Abyei; some 9,000 people from Unity and Warrap in Abyei; some 34,000 Misseriya in north of Abyei; and some 37,000 Misseriya seasonal migrants who had entered the area in October 2018 and will migrate back in June and July 2019.

Response strategy and targeting

Humanitarian partners in Abyei will work to increase the resilience of affected agro-

pastoralist and nomadic communities through tailored approaches based on people's specific needs and vulnerabilities. The response will target the entire 182,000 people in need in the Abyei Area. The main objective of humanitarian programming in the Abyei Area is to save lives through integrated multi-sectoral programmes in an approach of decreasing dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional/recovery activities and increase resilience among communities ensuring sustainability through capacity building activities. The multi-sectoral approach includes but is not limited to protection, health, nutrition, food security and livelihoods, WASH, education and shelter activities, ensuring a strong community-based and peacebuilding approach.

KEY ACTIVITIES

1 Maintain humanitarian life-saving services and increase their sustainability by adopting participatory approaches and building community-based management capacity, e.g. water management committees, youth and women unions and peace clubs.

2 Contribute to the reduction in morbidity and mortality with increased access to quality health care interventions through primary health care interventions and community case management approaches.

3 Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.

4 Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities in the Abyei Area.

5 Provide access to primary education and training, including support to all students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrolment and retention of

girls in school.

6 Establish veterinary services and revitalize the community-based animal health workers network for pastoralist nomadic populations by adopting a "follow on approach" throughout migration, and increase access to appropriate animal drugs and vaccines at village level for sedentary populations.

7 Strengthen protection by working with all stakeholders, including local institutions and United Nations Interim Security Force for Abyei/United Nations Police, to reduce protection risks, sexual and gender-based violence and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide women and child protection services, reduce risk of death and injury from landmines and explosive remnants of war through mine risk education, and engage with all actors to advocate for a better protective environment for civilians.

8 Improve communities' resilience through livelihoods and food security activities, developing community assets, and improving technical expertise, for example agricultural, animal husbandry and fishery practices and

community-based natural resource management.

9 Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels, and improve monitoring impediments and civil-military coordination.

10 Maintain readiness, and update the Abyei inter-agency contingency preparedness plans to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stock in Abyei, including emergency shelter and non-food item kits.

11 Monitor, track and profile displacement and return in Abyei and identify the most populations for assistance across all humanitarian sectors.

12 Strengthen conflict resolution and peace building skills of youth and women in Abyei to contribute to decisions and peaceful coexistence of their communities.



Photo: United Nations/Albert González Farran

PART III: ANNEX



Strategic Objectives, Indicators and Targets

Participating Organizations and Funding Requirements

End Notes

Guide to Giving

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



Strategic Objective 1: Save lives by providing timely and integrated multi-sector assistance and services to reduce acute needs among the most vulnerable women, men, girls and boys

INDICATOR	IN NEED	BASELINE	TARGET	MONITORED BY
Number of people receiving food assistance	5,500,000	TBD	3,730,000	FSL Cluster
Number of households receiving agricultural inputs/vegetable and fishing kits		TBD	833,000	FSL Cluster
Number of children admitted for SAM treatment discharged with WASH/hygiene kit from functional Outpatient Therapeutic Programme/Stabilization Centre	225,719	TBD	112,860	WASH and Nutrition Clusters
Number of outpatient department consultations	2,272,700	TBD	1,272,711	Health Cluster
Number of people supported through the provision of emergency shelter	109,457	TBD	59,461	ES/NFI Cluster
Number of children aged 6-59 months with SAM admitted for treatment	259,732 (132,463 M 127,268 F)	TBD	220,680 (112,547 M 108,133 F)	Nutrition Cluster
Percentage of people reached in hard to reach areas		TBD	TBD	Clusters and OCHA
Percentage of people reached in areas of most severe need		TBD	TBD	Clusters and OCHA
Number of people reached by rapid response teams		TBD	TBD	Clusters and OCHA
Number of counties implementing the minimum package of interventions for famine risk mitigation		TBD	TBD	Clusters and OCHA



Strategic Objective 2: Protect vulnerable women, men, girls and boys through provision of specialized and integrated services

INDICATOR	IN NEED	BASELINE	TARGET	MONITORED BY
Number of SGBV survivors receiving clinical management of rape services	81,167	TBD	1,500	Protection Cluster
Number of women and girls with safe water access in secure location agreed after a GBV risk analysis through focus group discussions with women and girls, conducted by female staff	3,681,953	TBD	1,813,000	WASH and Protection Clusters
Number of teachers, community members (School Management Committee/Parent Teacher Association) and education authorities receiving and trained on psycho-social support	42,902	TBD	10,000	Education Cluster
Number of women, men, girls and boys benefiting from comprehensive GBV case management services		TBD	30,000	Protection Cluster
Number of boys and girls at high protection risk receiving critical life-saving child protection services		TBD	30,000	Protection Cluster



Strategic Objective 3: Support at-risk communities to promote and sustain their resilience to acute shocks and chronic stresses

INDICATOR	IN NEED	BASELINE	TARGET	MONITORED BY
Number of people assisted through cash transfer programming		TBD	1,600,000	Clusters and Cash Working Group
Number of people benefiting from targeted and specialized assistance on HLP issues supporting durable solutions		TBD	100,000	Protection Cluster
Number of animals treated and vaccinated		TBD	8,000,000	FSL Cluster
Number of community education committee members and local education officials trained in school management, monitoring and record keeping		TBD	833,000	Education Cluster
Percentage of training participants that illustrate an improved level of knowledge following training on camp management and humanitarian response		TBD	80	CCCM Cluster

All cluster objectives and indicators: <https://bit.ly/2FOXlr8>

PARTICIPATING ORGANIZATIONS AND FUNDING REQUIREMENTS

Organizations	Requirements (US\$)
ACT Alliance / DanChurchAid (ACT/DCA)	5,681,066
ACT Alliance / Finn Church Aid (ACT/FCA)	585,000
ACT Alliance / Lutheran World Federation (ACT/LWF)	713,662
ACT Alliance / Norwegian Church Aid (ACT/NCA)	972,500
ACT Alliance / United Methodist Committee on Relief (ACT/UMCOR)	500,000
Action Africa Help-International (AAHI)	668,128
Action Against Hunger (AAH)	7,150,000
Action for Development (AFOD)	1,782,750
Actions for Rapid Development - Africa (ARD - Africa)	92,820
Active Youth Agency (AYA)	480,000
Advance Africa Initiative (ADAFIN)	100,000
Africa Development Aid (ADA)	490,000
African Humanitarian Corps (AHC)	290,000
African Relief and Development Foundation (ARDF)	230,000
Afro-Canadian Evangelical Mission (ACEM)	919,000
Agency for Technical Cooperation and Development (ACTED)	6,092,960
Aid Support Community Organization (ASCO)	1,150,000
American Refugee Committee (ARC)	3,166,202
Andre Foods South Sudan (AFSS)	380,000
Apt Succor Organization (ASO)	70,000
Assistance Mission Africa (AMA)	200,000
Association of Christian Resource Organizations Serving Sudan (ACROSS)	250,000
Associazione Volontari per il Servizio Internazionale (AVSI)	2,689,420
Basic Education Development Network (BEDN)	130,000
Care for Children and Old Age in South Sudan (CCOSS)	1,146,300
CARE International (CARE)	6,840,669
Caritas Switzerland	465,732
Catholic Medical Missions Board (CMMB)	750,334
Catholic Organisation for Relief and Development Aid (CORDAID)	1,400,335
Catholic Relief Services (CRS)	8,665,884
Centre for Emergency and Development Support (CEDS)	300,000

Organizations	Requirements (US\$)
Charity Mission Corps (CMC)	250,000
Children Aid South Sudan (CASS)	1,011,859
Children Charity Organization (CCO)	100,000
Christian Mission Aid (CMA)	1,700,000
Christian Mission for Development (CMD)	4,868,877
Christian Recovery and Development Agency (CRADA)	2,271,004
Coalition for Humanity South Sudan (CH)	1,460,335
Collegio Universitario Aspirante e Medici Missionari (CUAMM)	3,145,026
Community Action Organization (CAO)	800,000
Community Agriculture and Skills Initiative (CASI)	180,000
Community Aid for Fisheries and Agriculture Development (CAFAD)	800,000
Community Aid for Relief and Development (CARD)	600,000
Community Development Support Services (CDSS)	300,000
Community Health and Development Organization (CHADO)	1,190,335
Community In Need Aid (CINA)	1,300,000
Community Initiative for Development Organization (CIDO)	2,003,835
Community Initiative for Sustainable Development Agency (CISDA)	300,000
Community Organization for Emergency and Rehabilitation (COER)	450,000
Concern Worldwide (CW)	7,341,653
Confident Children out of Conflict (CCOC)	100,000
Crisis Resilience Initiative (CRI)	100,000
Danish Refugee Council (DRC)	13,290,645
Deutsche Welthungerhilfe e.V. German Agro Action (DWHH)	3,800,000
Dorcas Aid International (DAI)	2,740,000
Equatoria Rehabilitation and Development Association (ERADA)	150,000
Food & Agriculture Organization of the United Nations (FAO)	70,000,000
Food Agriculture and Disaster Management (FADM)	200,000
Food for the Hungry (FH)	3,000,000
Global Relief and Development Organization (GRADO)	240,000

Organizations	Requirements (US\$)
GOAL	5,551,644
Grassroot Empowerment and Development Organization (GREDO)	350,000
Grassroots Relief and Development Agency (GREDA)	650,000
Great Commission Operation Mercy (GCOM)	100,000
Green Belt Initiative (GBI)	945,000
Handicap International / Humanity & Inclusion (HI)	4,771,575
Health Action Aid (HAA)	610,000
Healthcare Foundation Organization (HFO)	600,335
HealthLink South Sudan (HLSS)	4,359,604
Help - Hilfe zur Selbsthilfe e.V. (HELP e.V.)	2,495,600
Help a Child International (HaC)	100,000
Help Restore Youth South Sudan (HeRY)	300,000
Hold the Child Organisation (HCO)	1,407,334
Hope for Children and Women Foundation (HCAWFO)	950,335
Hope Restoration South Sudan (HRSS)	649,989
Humane Aid for Community Organization (HACO)	650,000
Humanitarian Aid for Change and Transformation (HACT)	750,000
Humanitarian Aid for Development (HAD)	300,000
Humanitarian and Development Consortium (HDC)	300,000
Humanity Empowerment and Leadership Promotion Organization (HELPO)	300,000
Impact Health Organization (IHO)	2,100,335
Initiative for Peace Communication Association (IPCA)	100,000
International Aid Services (IAS)	400,000
International Medical Corps (IMC)	5,664,935
International Organization for Migration (IOM)	58,386,102
International Rescue Committee (IRC)	6,213,119
Internews (IN)	2,251,341
INTERSOS Humanitarian Aid Organization (INTERSOS)	4,880,000
Islamic Relief Worldwide (IRW)	4,659,589
IsraAID	1,240,000
Jesuit Refugee Service (JRS)	845,063
Johanniter Unfallhilfe e.V. (JUH)	250,000
John Dau Foundation (JDF)	1,050,335

Organizations	Requirements (US\$)
Joint Aid Management International (JAM International)	4,000,000
Lacha Community and Economic Development (LCED)	1,040,000
LiveWell South Sudan (LiveWell)	2,751,171
MAGNA Medical and Nutrition Global Aid (MAGNA)	475,000
MEDAIR	12,328,152
Medicair - South Sudan (Medicair)	746,203
Medical and Nutrition Global Aid (MAGNA)	600,335
Medicos del Mundo Spain (MDM)	1,326,614
Mercy Corps	2,949,424
Mines Advisory Group (MAG)	1,293,467
Mobile Humanitarian Agency (MHA)	294,128
Mobile Theatre Team (MTT)	349,999
Mother and Children Development Aid (MaCDA)	596,321
Nile Hope	10,746,129
Nile Sustainable Development Organization (NSDO)	450,000
Nonviolent Peaceforce (NPP)	5,014,454
Norwegian People's Aid (NPA)	500,000
Norwegian Refugee Council (NRC)	10,237,684
Nurture South Sudan (NuSS)	281,800
Office for the Coordination of Humanitarian Affairs (OCHA)	8,915,000
Organization for Peace, Relief and Development (OPRD)	432,000
Organization for Peoples' Empowerment and Needs (OPEN)	644,420
OXFAM GB	8,500,000
Peace Corps Organization (PCO)	942,250
Peace Winds Japan (PWJ)	1,400,000
Pilgrims of Hope (POH)	180,000
Plan International (Plan)	3,248,784
Polish Humanitarian Action (PAH)	8,409,900
Première Urgence Internationale (PUI)	2,846,715
REACH Initiative (REACH)	2,300,000
Real Medicine Foundation (RMF)	600,000
Relief Corps Organization (RCO)	300,000
Relief International (RI)	8,848,439
Rural Community Action for Peace and Development (RUCAPD)	800,000

Organizations	Requirements (US\$)
Rural Health Services (RHS)	800,335
Rural Water and Sanitation Support Agency (RUWASSA)	957,000
Rural Women for Development South Sudan (RWDSS)	200,000
Samaritan's Purse	1900000
Save Lives Initiative South Sudan (SLI - SS)	510,000
Save the Children (SC)	10,574,501
Smile Again Africa Development Organization (SAADO)	1,691,000
Solidarités International (SI)	3,590,000
South Sudan Development Agency (SSUDA)	740,000
South Sudan Grassroot Initiative for Development (SSGID)	300,000
South Sudan Health Association (SSUHA)	163,580
South Sudan Law Society (SSLS)	1,000,000
South Sudan Older People's Organization (SSOPO)	100,000
Stichting ZOA (SZOA)	2,490,000
Stop Poverty Communal Initiative (SPOCI)	550,000
Stretching Hands to Africa (SHAO)	250,000
Sudan Evangelical Mission (SEM)	100,000
Sudan Medical Care (SMC)	1,767,032
Support for Peace and Education Development Program (SPEDP)	4,375,609
Support the Empowerment of Women and their Rights for Development (STEWARWOMEN)	350,000
Sustainable Children Aid (SCA)	100,000
TARGET Association (TARGET)	137,000
TEARFUND	7,557,500
Terre des Hommes - Lausanne (TdH - L)	1,164,314
The Health Support Organization (THESO)	2,234,323
The Mentor Initiative (Mentor)	1,618,409
The Rescue Initiative South Sudan (TRI-SS)	984,129
The Rescue Mission (TERM)	390,000
Titi Foundation (TF)	745,022

Organizations	Requirements (US\$)
Touch Africa Development Organization (TADO)	1,172,335
Trust Action Youth Association (TAYA)	280,000
Trust Organization for Community Aid Agency (TOCAA)	600,335
United Nations Children's Fund (UNICEF)	163,134,641
United Nations Department of Safety and Security (UNDSS)	345,000
United Nations High Commissioner for Refugees (UNHCR)	143,937,963
United Nations Mine Action Service (UNMAS)	3,575,002
United Nations Office for Project Services (UNOPS)	4,000,000
United Nations Population Fund (UNFPA)	18,306,024
United Networks for Health (UNH)	600,335
Universal Intervention and Development Organization (UNIDO)	6,095,760
Universal Network for Child Defence Rights (UNCDR)	100,000
Universal Network for Knowledge and Empowerment Agency (UNKEA)	6,234,961
Vétérinaires sans Frontières - VSF (Germany)	350,000
Vétérinaires sans Frontières - VSF (Switzerland)	1,250,000
Volunteer Organization for the International Co-operation la Nostra Famiglia (OVCI la Nostra Famiglia)	703,403
War Child Canada (WCC)	1,488,125
War Child Holland (WCH)	800,000
Widows and Orphans Charitable Organization (WOCO)	100,000
Women Advancement Organization (WAO)	100,000
Women Aid Vision (WAV)	450,000
World Food Programme (WFP)	659,773,327
World Health Organization (WHO)	23,422,559
World Relief	3,746,402
World Vision South Sudan (WV South Sudan)	22,938,463
GRAND TOTAL	1,507,421,344

For the full list of projects in the 2019 HRP, please see:

<https://fts.unocha.org/appeals/713/projects>

END NOTES

- 1 Throughout the document, the term children refers to girls and boys between 3 and 18 years of age, unless otherwise specified.
- 2 The number of South Sudanese refugees in the region as of October 2018 was revised by UNHCR from 2.47 million to 2.18 million, based on a recent verification exercise conducted in Uganda.
- 3 OHCHR and UNMISS, *Indiscriminate Attacks Against Civilians in Southern Unity*, April-May 2018; OHCHR and UNMISS, *Violations and Abuses Against Civilians in Gbudue and Tambura States (Western Equatoria)*, April-August 2018.
- 4 South Sudan Health Policy Document.
- 5 Nutrition Cluster, *Rapid coverage and gap analysis of WASH services in nutrition sites*, June 2018.
- 6 National Bureau of Statistics, Ministry of Health, 2012. Cited in WHO, *Global Health Observatory data repository*, Births attended by skilled health personnel.
- 7 WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality 1995-2015*, November 2015.
- 8 UNICEF, *3 in 4 children born in South Sudan since independence have known nothing but war*, July 2018.
- 9 UNESCO et al, *Global Initiative on Out of School Children, South Sudan Country Study*, May 2018.
- 10 REACH, *“Now the Forest is Blocked”: Shocks and Access to Food*, March 2018.
- 11 UNEP and South Sudan Ministry of Environment, *South Sudan First State of Environment and Outlook Report*, 2018.
- 12 Women do nearly 98 per cent of agricultural work in South Sudan. While not owning the land or necessarily benefiting from the income produced, women play a significant role in agricultural labour and food security.
- 13 FAO, 2018.
- 14 World Bank, *Global Poverty Working Group*, 2016. Poverty line defined as \$1.99 per day.
- 15 Integrated Food Security Phase Classification, *Analysis Report on South Sudan: September 2018 and Projections for October-December 2018 and January-March 2019*.
- 16 From 20,000 in January-March 2018 to 36,000 in January-March 2019.
- 17 In the South Sudan Humanitarian Access Severity Overview (OCHA, September 2018), ‘high access constraint’ is defined as follows: Significant access constraints present. Access is extremely difficult or impossible. Armed groups, checkpoints, bureaucratic or other access impediments are present and actively restrict humanitarian activities. Operations in these areas are often severely restricted or impossible. Even with adequate resources, partners would be unable to reach more than a minority of targeted people in need.
- 18 The concept of the New Way of Working, which emerged from the Secretary-General’s 2016 report for the World Humanitarian Summit, defines collective outcomes as “concrete and measurable results that humanitarian, development and other relevant actors want to achieve jointly over a period of 3-5 years to reduce people’s needs, risks and vulnerabilities and increase their resilience. As such, collective outcomes neither refer purely to life-saving humanitarian action nor longer-term development outcomes. Instead, the focus is on collective outcomes at the point where humanitarian and development action meet. [...] Based on joint situational analysis, these outcomes act as the target which all relevant actors work towards [...] based on their comparative advantages”. OCHA, 2018, *Collective Outcomes: Operationalizing the New Way of Working*.
- 19 Gender inequality runs risk of getting further entrenched post-conflict, as men scramble for power or reclaim territory.
- 20 Integrated Food Security Phase Classification, *Analysis Report on South Sudan: September 2018 and Projections for October-December 2018 and January-March 2019*.
- 21 From 20,000 in January-March 2018 to 36,000 in January-March 2019.
- 22 UNHCR, *External Update on South Sudan Spontaneous Refugee Returnees*, October 2018.
- 23 Ibid.
- 24 DTM Malakal Combined Assessment, February 2018.
- 25 UNICEF, *National Budget Brief for Republic of South Sudan, Fiscal Year 2017/18*.
- 26 Building peace and strengthening governance; Improving food security and recovering local economies; Strengthening social services; and Empowering women and youth.
- 27 United Nations Security Council resolution 2406 (2018).
- 28 IASC *Guidance on Centrality of Protection and Framework for Durable Solutions*; HCT *Guidance on Solutions-Based Approach to Displaced Populations in South Sudan*, endorsed in October 2017 and its *Operational Guidance Note on Returns and Relocations in South Sudan from early 2018*.
- 29 There are four components to the system-wide approach: 1) advance state responsibility to protect the civilian population, 2) foster a positive protection environment, 3) assist survivors of violations and abuses, and 4) provide physical protection.
- 30 The other two pillars of the mandate are monitoring and investigating human rights and supporting the implementation of the agreement and the peace process.
- 31 See the 2019 HNO for further detail on access constraints and the 2019 HRP’s chapter on Humanitarian Access for information on operational responses to improve access.

- 32 Humanitarian Exchange, Number 68, January 2017, Cash in conflict: cash programming in South Sudan.
- 33 In 2019, the CWG plans to also lay the foundation for the following longer-term objectives: 1) Increase the routine use of cash alongside other tools, including in-kind assistance, service delivery (such as health and nutrition) and vouchers; 2) Explore new delivery models which can be scaled up while identifying best practices and mitigating risks in each context; 3) Build an evidence base to assess the costs, benefits, impacts and risks of cash, including on protection, relative to in-kind assistance, service delivery interventions and vouchers; 4) Collaborate, share information and develop standards and guidelines for cash programming; and 5) Ensure that coordination, delivery and monitoring and evaluation mechanisms are systematically put in place for CTP.
- 34 This has since advanced into a Joint Programming Initiative for Resilience and Development to build resilience in crisis-prone communities suffering from food insecurity, malnutrition, livelihood disruptions, unemployment and depletion of coping mechanisms.
- 35 For further detail, see Response strategy: Response enablers: Support increased involvement of local responders.
- 36 For definitions, see OCHA, South Sudan Humanitarian Access Severity Overview, September 2018.
- 37 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 38 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 39 While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15- 24 years for statistical purposes without prejudice to other definitions by Member States. Report of the Advisory Committee for the International Youth Year (A/36/215 annex.
- 40 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 41 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 42 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 43 New protection needs are anticipated in 2019, with the prospects of stability increasing the potential number of people, including a significant proportion of women or child-headed households, searching for durable solutions to their displacement.
- 44 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September. The number of direct beneficiaries reached is limited in representation of the impact of the Protection Cluster activities because partners tend to report at the end of an intervention. Priority interventions such as family tracing and reunification and provision of life-saving assistance in hard-to-reach conflict affected areas are higher cost per beneficiary, and many priority protection interventions have few or no direct beneficiaries, including protection assessments, clearance of explosive hazards and establishing community-based protection mechanisms.
- 45 Such as case management activities for GBV survivors, CAAFAGA, and unaccompanied and separated children.
- 46 With a focus on livelihood activities as a protection mechanism, community-based and youth-targeted programming.
- 47 With a focus on housing, land and property, and resilience
- 48 This population includes conflict-affected persons and IDPs pursuing durable solutions through return, relocation and local integration.
- 49 Per the latest Humanitarian Dashboard released in November 2018, which contains people reached as of 30 September.
- 50 Humanitarian partners and UNMISS have location-specific strategies, for example around Bentiu, to increase protection and assistance in local communities.
- 51 In 2018, South Sudan President Salva Kiir signed the accession instrument to the 1951 Convention on the Status of Refugees and its 1967 Protocol after it was ratified by the Transitional National Legislative Assembly. This is seen as a reiteration of the Government's commitment to assuming more responsibility to protect refugees and asylum-seekers in the country.
- 52 The final status of Abyei region has not yet been determined. Humanitarian partners operate in the area from both Sudan and South Sudan. Costs for operations in the region are included under the relevant partners' projects in the 2018 HRP for South Sudan and the multi-year HRP for Sudan. The funding requirement represents the total aggregated requirements for the response in Abyei but will not be tracked separately in the Financial Tracking System. Funding levels will instead be tracked against relevant projects in the South Sudan and Sudan HRPs.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit:

www.humanitarianresponse.info/en/operations/south-sudan

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH SOUTH SUDAN HUMANITARIAN FUND



The South Sudan Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the South Sudan Humanitarian Fund by visiting the website: <http://www.unocha.org/country/south-sudan/humanitarian-fund-overview>

For information on how to make a contribution, please contact:

ochasshf@un.org

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org



REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>



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