

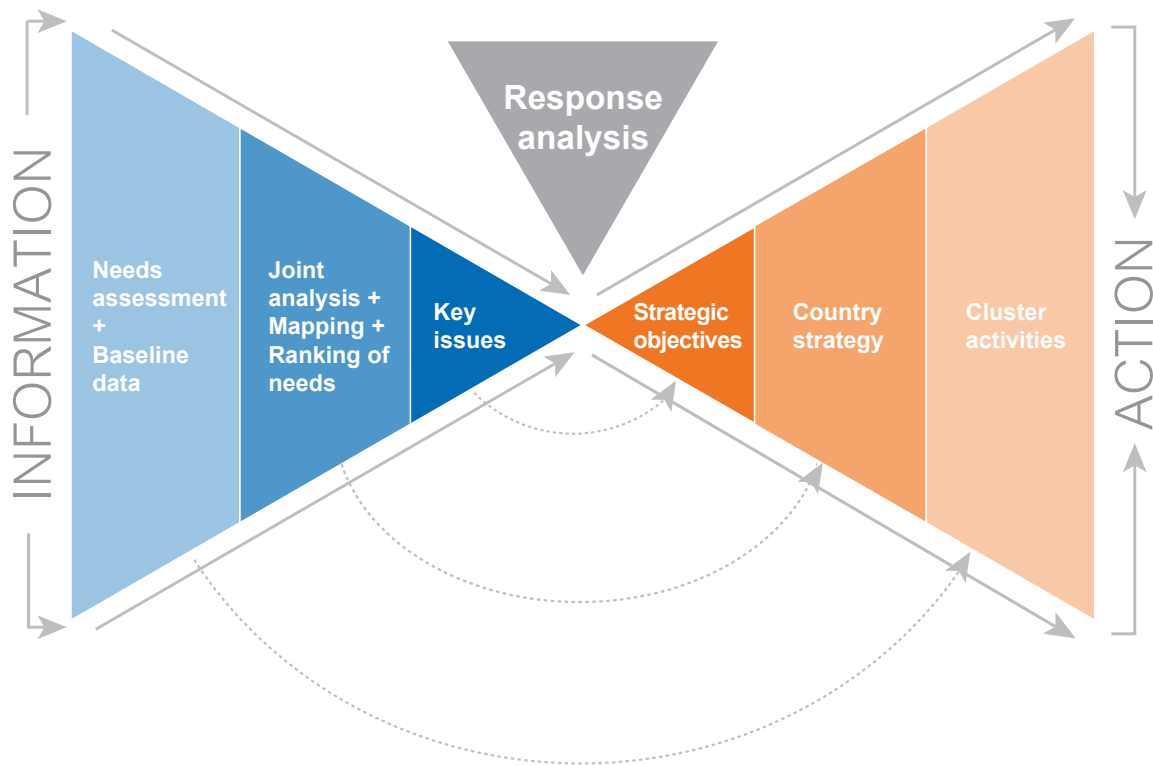


SOUTH SUDAN

Humanitarian Response Plan 2015



United Nations



SOUTH SUDAN 2015 HUMANITARIAN RESPONSE PLAN

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Cover photo: UNICEF/Pflanz
Design/layout: Karen Kelleher Carneiro

Produced by OCHA South Sudan
www.unocha.org/south-sudan/
1 December 2014

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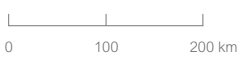
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REFERENCE MAP

States, state capitals and major settlements in South Sudan



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



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

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FOREWORD

Stay, protect and deliver

Almost a full year of conflict has devastated the lives of the majority of South Sudan's people, killed tens of thousands and ravaged key parts of the country. 2014 has been a year of violence, abuse and displacement which has forced almost two million people from their homes. The conflict has been brutal: killings, rape, destruction and the loss of livelihoods have left open wounds which will take much time to heal.

In 2014 we committed to saving lives, averting famine, and preventing the loss of a generation. Working together with the people of this country much has been achieved.

- South Sudan avoided a famine, yet 1.5 million people are severely food insecure even at the height of harvest season. As we enter 2015, the number will rise to 2.5 million with a further 3.9 million being 'merely' food insecure.
- We reached 3.5 million people – one million people in remote locations – with aid, but we must enhance our logistics to reach those whom we have yet to access.
- South Sudan overcame a cholera epidemic, but we must forge ahead with water and sanitation programmes to avoid the same threat all over again in the next rainy season.
- We vaccinated nearly 1 million children against measles and polio, but must continue doing so to prevent these diseases reaching their potential for death and destruction.
- We provided life-saving support to 100,000 people protected in UN bases, but we must continue to improve conditions for civilians there as well as for any new arrivals.
- We negotiated access by air and river, but require unhindered road access in the dry season to get aid to all in need and preposition relief before the next rains close roads.

While the conflict continues, indeed even if peace were around the corner, the level of need for emergency relief is so high that we are obliged to stay the course. We therefore recommit to: saving lives; protecting the rights of the most vulnerable people, including their freedom of movement which is essential for survival and livelihoods; and, supporting people in re-establishing their lives, including helping children wherever they are get back to school.

The commitment of both parties to the conflict to facilitate the work of aid agencies – including keeping safe aid workers, their property and relief – is welcome. The political and financial support of donors has been essential and much appreciated, and remains vital. But no amount of aid can bring sustainable peace or reconciliation. These lie in the hands of the leaders and people of the world's youngest country. In the meantime, non-governmental organisations and UN agencies taking part in this coordinated plan are committed to playing their part so that 2015 is not another year of endless tragedy for the people of South Sudan.



Toby Lanzer
Humanitarian Coordinator



AN OVERVIEW OF THE CRISIS

Peace is needed to end the suffering in South Sudan

- Life-threatening needs driven by the conflict are made worse by extreme poverty and some of the world's lowest levels of development indicators.
- Needs are most acute in areas with active hostilities or large numbers of people displaced.
- Chronic needs such as severe food insecurity, high rates of malnutrition, vulnerability to disease outbreaks and exposure to gender-based violence are also present in other parts of the country.

The conflict that began in December 2013 in South Sudan continues to affect the lives of millions of people. It has been marked by brutal violence against civilians and deepening suffering across the country. Insecurity and active hostilities constrain civilians' freedom of movement. The major humanitarian consequences are widespread displacement due to the violence; high rates of death, disease, and injuries, severe food insecurity and disrupted livelihoods, and a major malnutrition crisis.

Some 5.8 million people are estimated to be in some degree of food insecurity as of September 2014. This number is projected to increase to 6.4 million¹ during the first quarter of 2015. These numbers are based on the Integrated Phase Classification analysis conducted by a technical working group that includes the Government of The Republic of South Sudan.

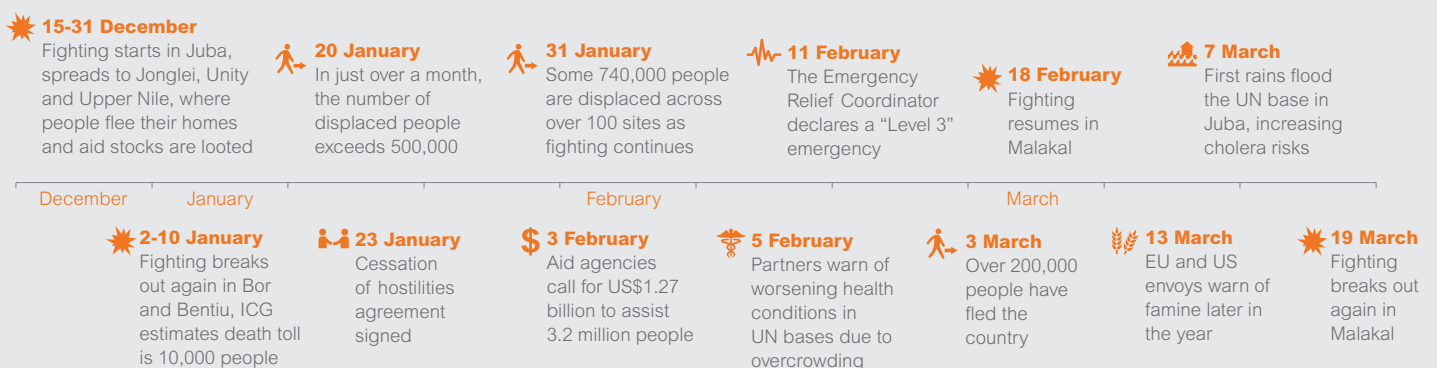
The people in need for the coming year include an anticipated 1.95 million internally displaced people² and a projected 293,000 refugees.³ In addition, around 270,000 more people will likely have sought refuge in neighbouring countries by the end of 2015, including those who left in 2014.⁴ Within South Sudan most acute needs are found in the three states that have seen the most active hostilities: Jonglei, Unity and Upper Nile.

The crisis has disrupted an already weak service delivery system, particularly in those three states most affected by conflict. Lakes State has witnessed persistent inter-communal fighting. Many of the 1,200 schools⁵ in Jonglei, Unity and Upper Nile are closed due to the conflict. Water supply in towns, including major hubs such as Bentiu and Malakal, is no longer functioning or accessible to civilians. An estimated 184 health facilities⁶ in the three conflict states have been either destroyed, are occupied, or are no longer functioning.

While political negotiations continue, and are needed to end the suffering, they are unlikely to yield rapid improvements on the ground. As of the writing of this document, the Cessation of Hostilities agreement in January, a recommitment to the Cessation in May, the intra-SPLM dialogue of 20 October, and the rededication to the January agreement on 9 November have yet to stop fighting on the ground. Even when fighting does stop, the humanitarian impact of what has already happened will continue to be felt throughout 2015 and beyond.

Despite seasonal food insecurity, South Sudanese communities are resilient and used to managing seasonal changes in food access and availability, and many people move in line with the

Crisis Timeline



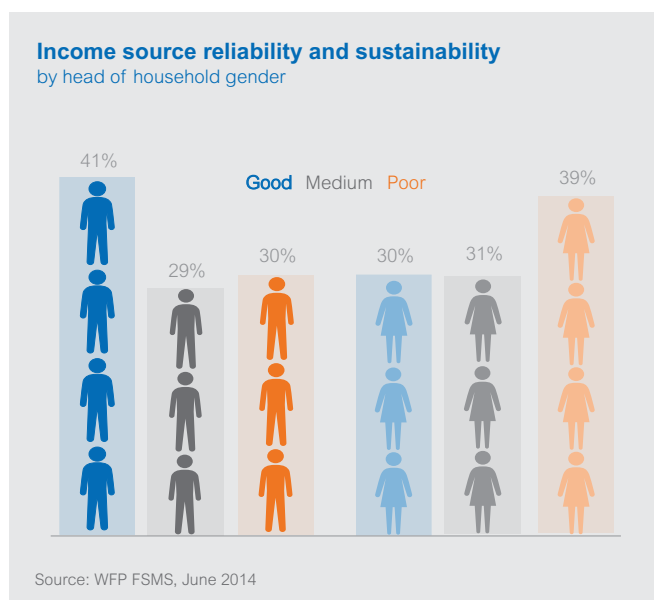
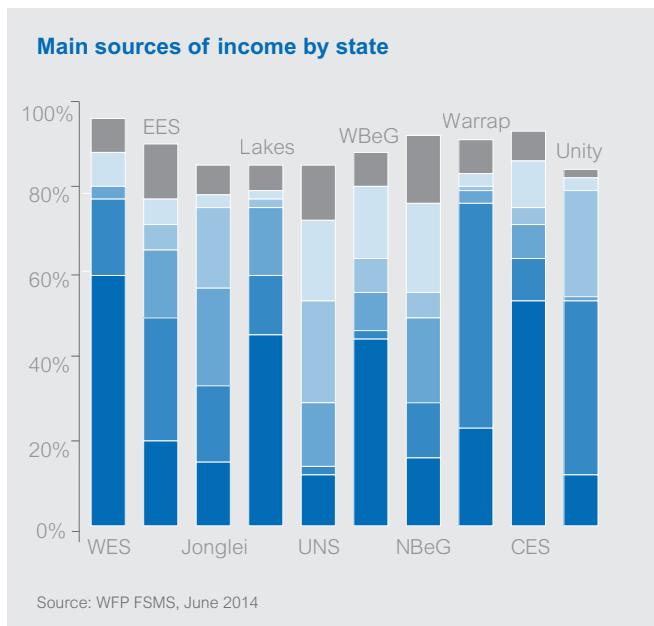
seasons. However, after nearly a year of conflict many people are uprooted from their homes – or are hosting displaced people themselves – and are under severe stress in terms of food access and availability, access to markets and livelihoods, basic services, and social mechanisms that they would otherwise rely on. Moreover, oil production and revenue, the backbone of the formal South Sudanese economy, has been disrupted by the crisis.

South Sudan was already fragile before the current crisis, and other parts of the country continue to be affected by food insecurity, disease outbreaks, malnutrition and other threats to lives, livelihoods and well-being. Central and Eastern Equatoria states, for example, have been heavily affected by an unprecedented cholera outbreak. Women, young boys and girls and elderly men and women are particularly vulnerable, as are people who have had to flee their homes due to the conflict.

Many South Sudanese rely on livestock and agriculture for their livelihoods. Those who have been displaced from their homes have been less able to plant or care for their animals. Most of those whose income sources are unreliable or unsustainable are women.

Infrastructure is severely underdeveloped. About 60 per cent of roads⁷ are impassable in the rainy season, which lasts about 5-6 months. In addition, basic services such as health, social welfare, water and sanitation, nutrition, and education, have low coverage. Further, explosive remnants of the conflict contaminate roads, towns, and agricultural areas.

An effective peace agreement and cessation of hostilities are an important first step to prevent the situation from deteriorating further. In times of peace, communities have well-established resilience mechanisms to cope with seasonal changes, such as maintaining different settlements for the dry and rainy seasons. Though largely exhausted by the conflict, these coping mechanisms – supported by aid programmes – would help communities begin to recover if people were able to use them sustainably. This could then provide a first step towards more durable solutions, including for people displaced by violence to return to their homes, rebuild their lives and care for their families. Rule of law and the justice system must be strengthened, including by addressing issues around loss of housing, land and property. Yet, peace remains elusive and, as a consequence, suffering continues unabated.



26 March Over one million people displaced within or outside South Sudan

14-17 April Hundreds die during a massacre in Bentiu and an attack on the UN base in Bor

28 April - 6 May Senior US and UN officials visit Juba to call for peace

29 April The HC calls for a 'Month of Tranquility', which is agreed by conflict parties on 5 May

9 May Salva Kiir and Riek Machar sign agreements to resolve the crisis

25 July UN Security Council calls food security situation "worst in the world"

31 July Cholera outbreak largely contained in Central Equatoria

August Flood conditions worsened, especially in Bentiu PoC site where living conditions were dire

6 August Aid workers killed in Maban County, Upper Nile State

September Integrated Food Security Phase Classification (IPC) noted food security "worse compared to a typical year at harvest time"

11 September Spike in kala-azar cases observed in Lankien, Jonglei State

8 October UN envoy on sexual violence warns rapes in South Sudan will "haunt generations to come"

30 October Hostilities reignite in Bentiu and Rubkona. Secretary-General condemns the resumption of hostilities

HUMANITARIAN DASHBOARD

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

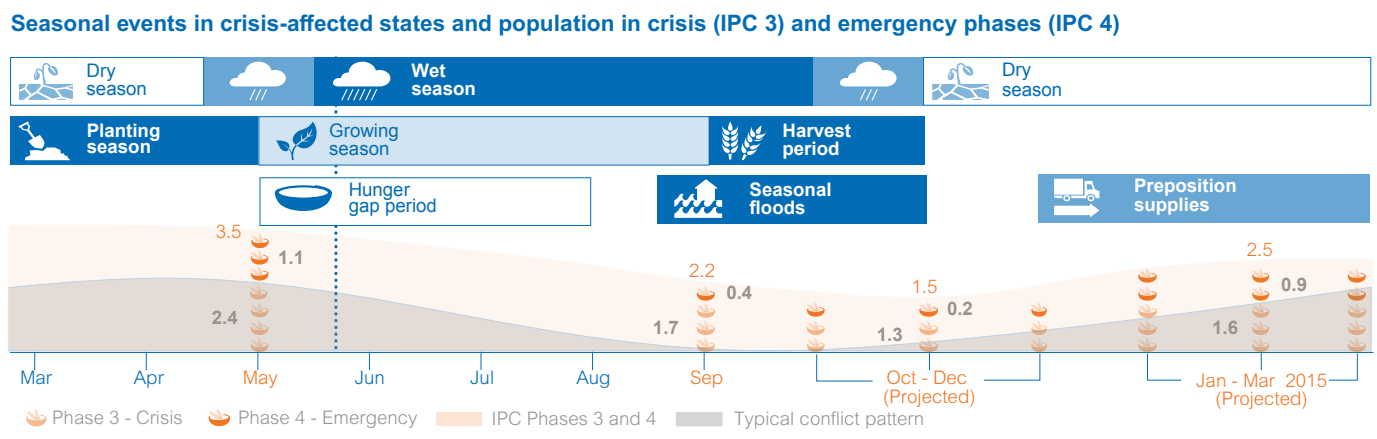
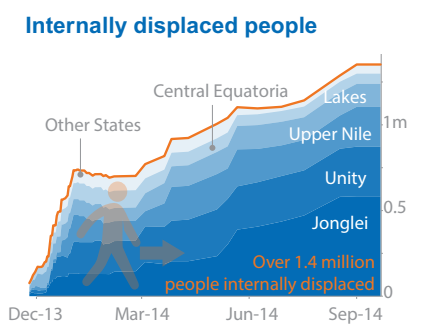
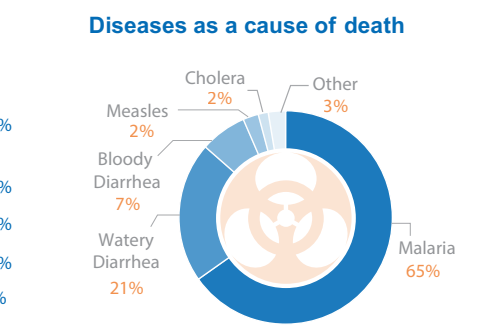
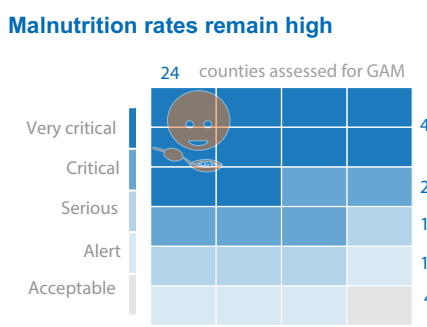
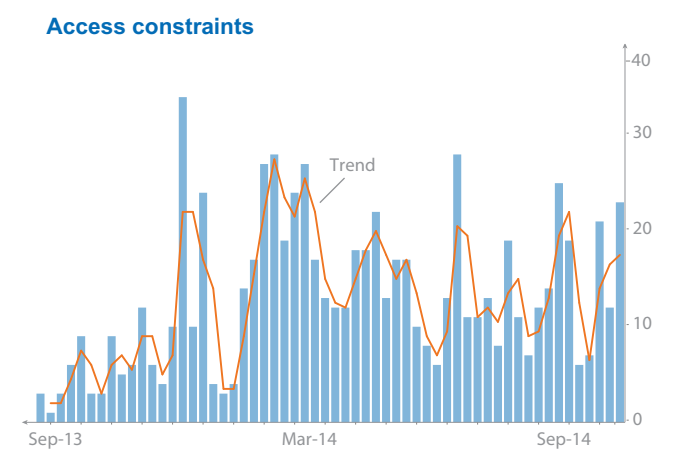
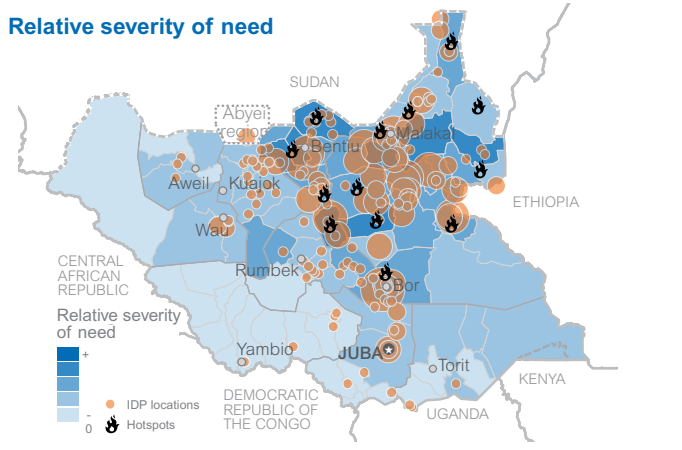
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Humanitarian needs

- Conflict affected civilians**
 some 1.9 million people were displaced by violence in 2014.
- High rates of death, injury and disease**
 with the conflict plunging an already weak public health infrastructure into crisis.
- Food insecurity and livelihoods**
 2.5 million people projected to be facing severe food insecurity between January and March 2015.
- Widespread malnutrition**
 an estimated 235,000 children suffering from severe acute malnutrition currently.

Planning figures for 2015

- 6.4m** people in need
- 1.95m** people displaced internally
- 0.29m** refugees in South Sudan
- 1.8bn** US\$ required for 2015
- 4.1m** people to be assisted

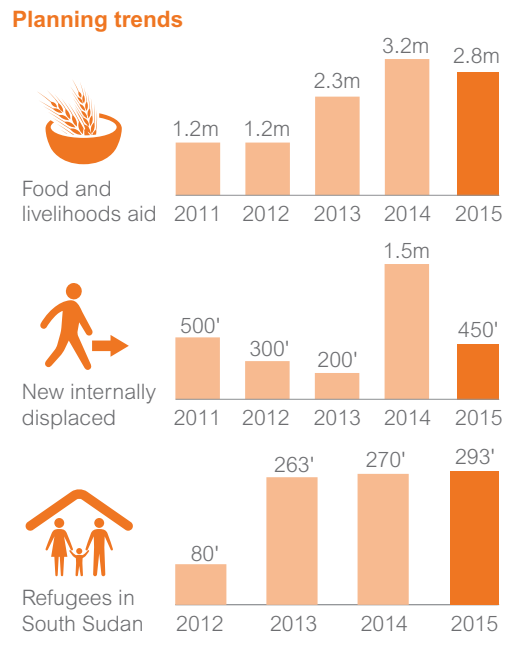
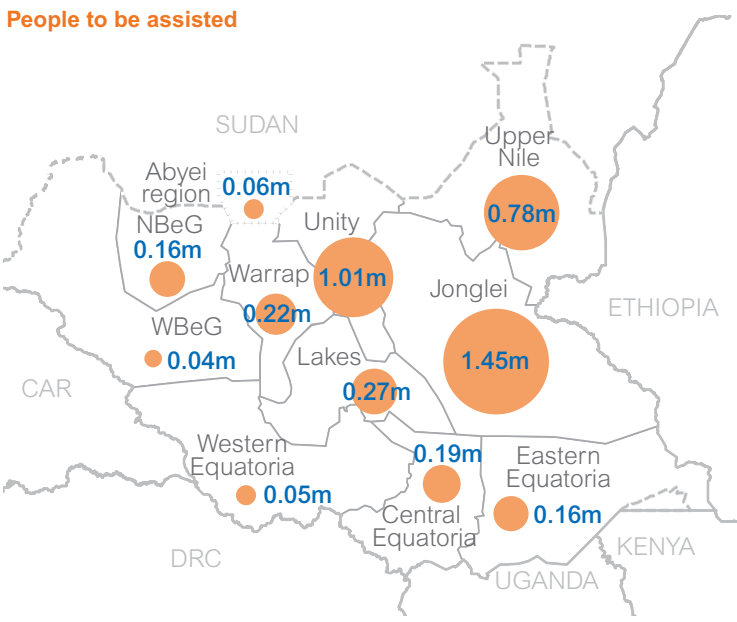


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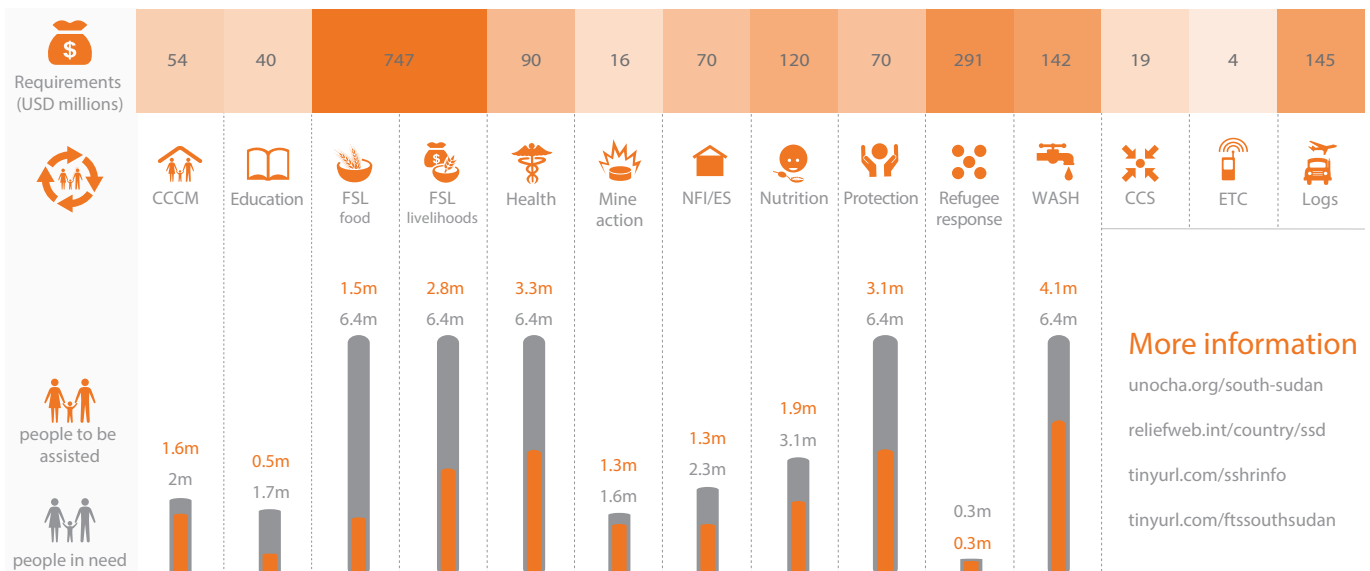
Strategic objectives

- Strategic objective 1**
 Save lives and alleviate suffering by providing multi-sector assistance to people in need
- Strategic objective 2**
 Protect the rights of the most vulnerable people, including their freedom of movement
- Strategic objective 3**
 Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods

6 key strategy elements



Funding requirements, people in need and to be assisted



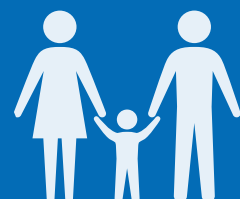


UNICEF/Pfanz

HUMANITARIAN NEEDS OVERVIEW

6.4 MILLION

People in need of
humanitarian assistance
in 2015*



*This number is based on those projected to be IPC categories 2, 3, and 4 in January - March 2015 as approved by the IPC technical working group that includes the Government of The Republic of South Sudan. Previous CAPs have used food insecurity as a proxy for overall humanitarian needs.

As in previous years, the humanitarian community consulted widely with senior government officials, line ministries, and local authorities and agreed on these key drivers of humanitarian need in South Sudan. The projected number of people in need is based on the government endorsed Integrated Phase Classification analysis of those projected to be at stressed, crisis, or emergency levels of food insecurity across the country in January to March 2015.



CONFLICT AFFECTED CIVILIANS

Some 1.9 million people were displaced by violence in 2014, over 470,000 of whom have fled to neighboring countries.



DEATH, INJURY AND DISEASE

High rates of death, injury, and disease with the conflict plunging an already weak public health infrastructure into crisis.



FOOD INSECURITY AND LIVELIHOODS

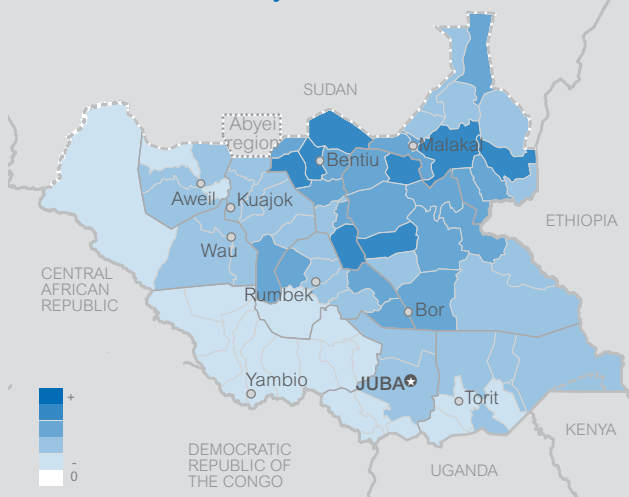
Severe food insecurity and disrupted livelihoods and markets, with 2.5 million people projected to be facing severe food insecurity between January and March 2015.



WIDESPREAD MALNUTRITION

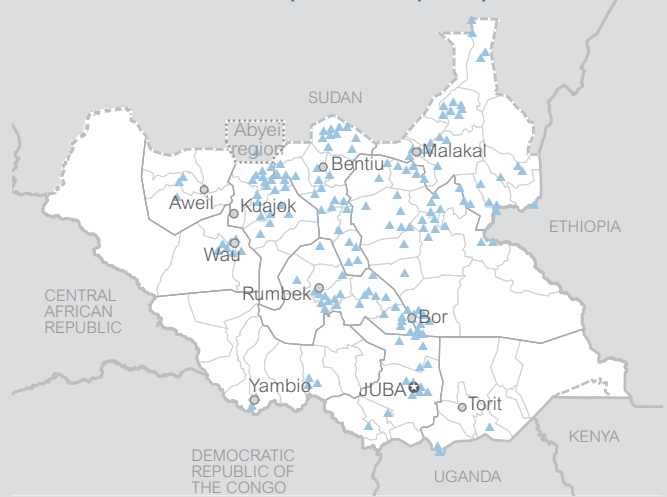
A major malnutrition crisis, with an estimated 235,000 children suffering from severe acute malnutrition currently.

Relative severity of need



Source: UNOCHA and humanitarian clusters, Sept 2014

Locations of displaced people



Source: UNOCHA and humanitarian partners, Sept 2014



1.9 million

internally displaced due to conflict and floods in 2015



6.4 million

projected to be food insecure January through March 2015

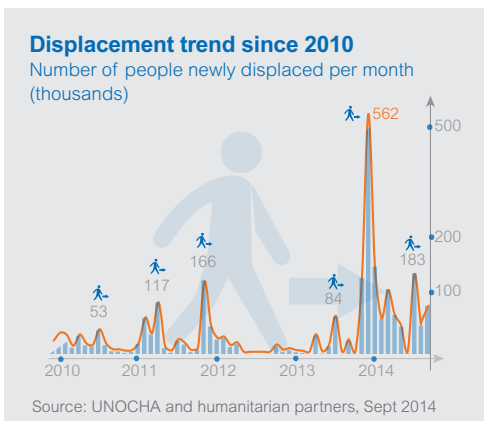
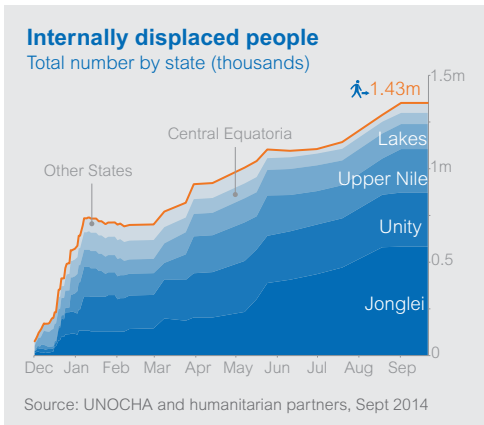


294,000

refugees in South Sudan expected throughout 2015

CONFLICT AFFECTED CIVILIANS

People displaced by violence need immediate support



Civilians have borne the brunt of the conflict in South Sudan. Tens of thousands of people have been killed or injured;⁸ many more have lost their homes and livelihoods. Since December 2013, some 1.9 million people have been displaced from their homes, 1.4 million inside the country, the rest as refugees to neighboring countries. The conflict also affects the 244,600 refugees currently inside South Sudan.

Over 100,000 people have sought refuge from attacks in Protection of Civilians (PoC) sites inside UN bases. Many have lived in the bases for months, fearful to return home or move on. Their ability to move freely is severely restricted – many are unable to even leave for short periods for fear of attack. Overcrowding and the breakdown of traditional social structures makes the sites hotbeds for abuse of women and girls, petty criminality, and, in some cases, tension among communities and against aid workers. The vast majority of displaced people are hosted by communities. While they have personal security, they have lost their livelihoods. Further, their reliance on their hosts’ over-stretched resources, including food and shelter, makes them vulnerable and threatens the viability of host community livelihoods.

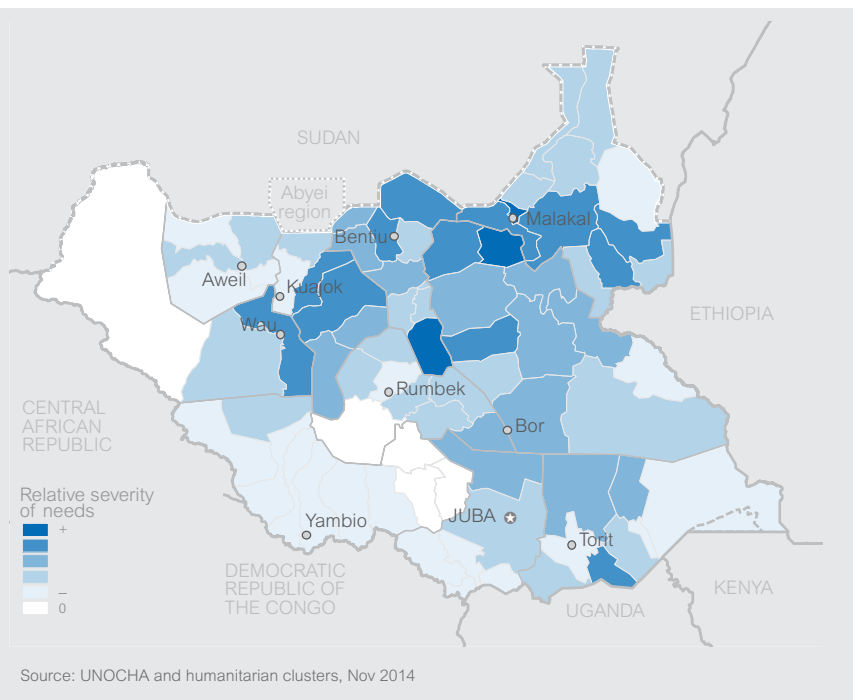
Women and girls are particularly vulnerable to sexual and gender-based violence; while many boys and young men have been forcibly conscripted into armed groups – or encouraged to join them in order to earn a livelihood. Access to justice is limited. Thousands of families have been separated, with children and elderly sometimes left alone and vulnerable. Some 6,000 separated or unaccompanied children were identified this year.

Active hostilities and insecurity constrains people’s freedom of movement, particularly in Unity State, making it difficult for them to safely access assistance, move to or stay in secure areas. Explosive remnants of war and land mines also pose imminent danger.









Relative severity of needs – conflict and displacement





- The map is based on the following indicators:
- Number of displaced people
 - Level of market disruption
 - Number of functioning health facilities/people
 - Number of occupied schools
 - Number of people per water source

Counties with the most severe needs are characterized by a lack of basic services coupled with high food insecurity and displaced population. Several areas close to frontlines, including Baliet, Canal and Panyajiar counties fall into this category. Some areas where there are few displaced people, such as Pibor, are mapped less severely affected in this analysis, though other needs may be high. As the indicators are proxies for consequences of conflict, some counties are assessed disproportionately as severe due to a lack of basic services that may not be directly related to the conflict, as, for example parts of Eastern Equatoria.



Underlying needs by cluster

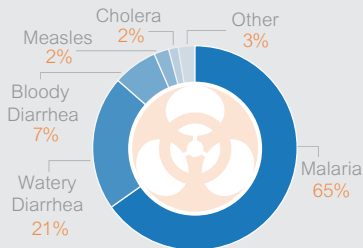
		Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
	Camp coordination and camp management Need for camp coordination and camp management	Jonglei, Lakes, Unity, Upper Nile, Warrap	Counties with highest concentration of displaced people	Conflict displaced; host communities	Rising numbers if conflict intensifies
	Education Lack of life skills, psychosocial support and protection	Jonglei, Lakes, Unity, Upper Nile	Counties with highest concentration of displaced	Early childhood; school-aged; and youth	Numbers multiply as more children become of school age
	Food security and livelihoods Lack of access to basic commodities	All States	Counties anticipated to be in IPC phase 4 and 3	Conflict-affected displaced people; host communities; elderly; children under 5; women-headed households; pregnant and lactating women (PLW)	Vastly increased needs in dry season
	Health Exposure to disease and injury; lack of access to health services	Jonglei, Unity, Upper Nile	Counties with highest concentration of displaced people	Conflict displaced; host communities	Continued needs over the year
	Mine Action Provision of safety/security; physical protection from land mines and explosive remnants of war; mine risk education.	Greater Upper Nile and Greater Equatoria regions	All counties in the states concerned	Conflict displaced, host communities, particularly men and boys	Increase expected in land mines and explosive remnants of war due to ongoing fighting
	Non-food items and emergency shelter Lack of shelter and household items to meet basic needs	Jonglei, Unity, Upper Nile, Lakes, E. Equatoria and W. Bahr el Ghazal	Counties with highest concentration of displaced	Conflict displaced; host communities	Rising numbers if conflict intensifies
	Nutrition Inadequate food intake; poor child care and feeding practices; disease; poor access to nutrition, health and WASH services	Jonglei, Unity, Upper Nile, N. Bahr el Ghazal, Warrap, Lakes, E. Equatoria and W. Bahr el Ghazal	Estimation of 29% of the total population of vulnerable states	Children under five; pregnant and lactating women (PLW); the elderly	Rising needs over the year
	Protection Physical protection; freedom of movement; GBV; child protection, land rights; rule of law, durable solutions and civil documentation	Central Equatoria, Jonglei, Lakes, Unity, Upper Nile, Warrap	Counties with highest concentration of displaced people and highest number of conflict-related incidents	Conflict-displaced, host communities, IDP returnees, and foreign nationals	Rising numbers if conflict intensifies, further geographical spread

		Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
	Protection: (Child protection) Safety/parental-community protection; quality and extensive psychosocial support, family tracing and reunification, demobilization and education; lack of dedicated adolescents programmes; lack of access to education and psychosocial support; insufficient protective measures	Central Equatoria, Jonglei, Lakes, Unity, Upper Nile	Counties with highest concentration of displaced people and highest number of conflict-related incidents	Girls' and boys' safety and wellbeing equally at risks, but facing different threats	Rising number of unaccompanied and separated children and children associated with armed forces and armed groups
	Protection: (Gender based violence) Safety/security; psychosocial support; clinical management of rape	Jonglei, Lakes, Unity, Upper Nile	Counties with highest concentration of displaced people and highest number of conflict-related incidents	Women and girls	Rising numbers of GBV incidents, but low reporting levels due to fear, stigma and impunity (GBVIMS)
	Refugees Need for international protection, life-saving assistance and essential services	Central Equatoria, Jonglei, Unity, Upper Nile, W. Equatoria	Maban, Pariang, Ezo, Yambio, Yei, Juba, Pochalla	All refugees, persons at risk of statelessness, and returnees	Steady arrivals expected
	Water, sanitation and hygiene Lack of access to clean drinking water and basic sanitation	Jonglei, Unity, Upper Nile, Warrap, Central Equatoria, W. Bahr el Ghazal, Lakes	Unity (all counties); Upper Nile (all counties except Manyo); Jonglei (all counties); Warrab (Twic, Gogrial East, Tonj East, Tonj North, Tonj South); CES (Juba, Yei, Kajo Keji); WBeG (Wau); Lakes (Rumbek North, Cueibet, Rumbek Centre, Yirol East, Yirol West and Aweril)	Conflict displaced; host communities	Continued needs over the year

DEATH, INJURY AND DISEASE

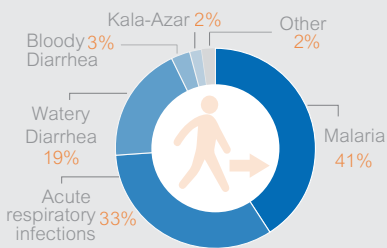
Conflict causes a broader and deeper public health emergency

Disease as a cause of death January-October 2014



Source: Ministry of Health, Oct 2014

Disease reported among displaced people January-October 2014



Source: Ministry of Health, Oct 2014

The conflict has plunged an already weak health system deeper into crisis. Before December 2013, South Sudan had the world’s highest maternal and child mortality rates. Since violence erupted, already severely insufficient primary health care services have been extensively disrupted. As of July 2014, only 41 per cent of health facilities in Unity were functioning, and 57 per cent in Upper Nile and 68 per cent in Jonglei. This limits preventive healthcare – including vaccination campaigns, malnutrition screenings and ante-natal care – and reduces health partners’ ability to monitor outbreaks. Routine vaccinations have nearly ceased in Jonglei, Unity, and Upper Nile, and support for people living with chronic illnesses, like HIV-AIDS, is broken down. Water and sanitation services have in many places been destroyed or become inaccessible due to fighting; or are overburdened by new demand.

Respiratory infection, acute watery diarrhea, cholera, malaria, malnutrition, and measles are the major disease threats. Poor sanitation and shelter, and overcrowding in displacement sites exposed more people to disease, with young children and the elderly particularly susceptible. Outbreaks of cholera and kala-azar have affected 6,100 and 4,100 people respectively as of October 2014.

Women and girls lack access to reproductive health care, as well as a appropriate health services for survivors of sexual and gender-based violence.

Though mortality rates are below emergency levels in displacement sites where health organizations are present, the people at highest risk are conflict-affected communities in remote areas lacking health facilities at all.

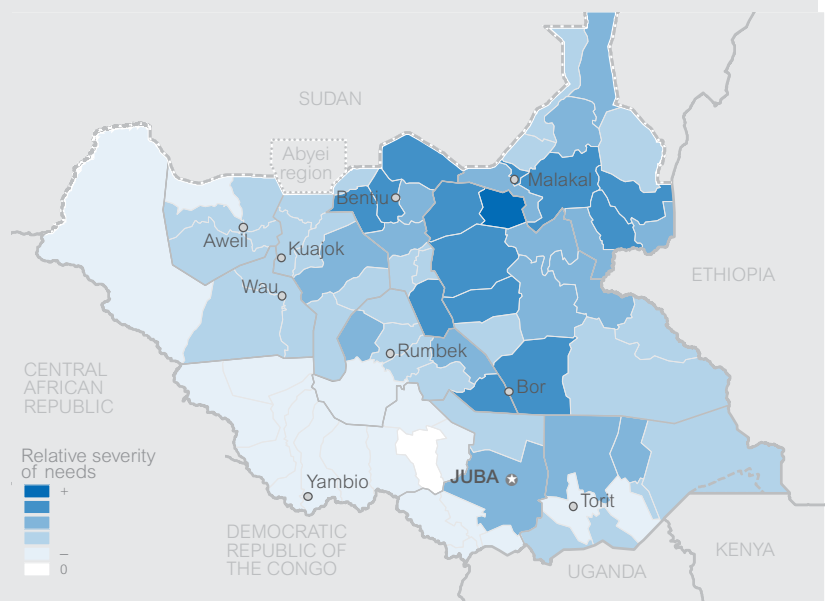
The health situation will continue to deteriorate in 2015 unless the security situation improves significantly.

Relative severity of needs – death, injury and disease

The map is based on the following indicators:









- Disease outbreaks
- Number of people per health facilities
- Number of displaced people
- Food security classification (IPC, Sept 2014)
- Number of people per water source

The drivers of health risk and vulnerability include low access to healthcare in combination with high food insecurity and poor access to clean drinking water. These factors are compounded by displacement in a number of areas. The most at risk counties are found in Jonglei, Unity and Upper Nile. To identify additional high-risk areas, recent disease outbreaks are used as a proxy for future risk, which identifies several counties in Lakes and Northern Bahr el Ghazal. These areas generally have low vaccination rates and little clean water. In Eastern Equatorial State, Kapoeta East in particular faces high risk due to lack of healthcare facilities.



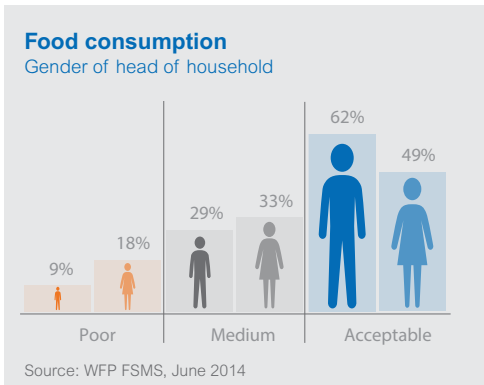
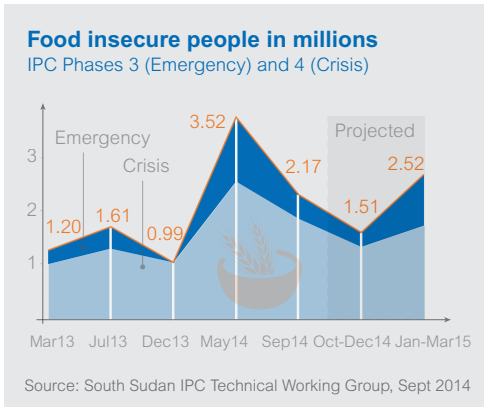
Source: UNOCHA and humanitarian clusters, Nov 2014

Underlying needs by cluster

		Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
	Health Access to quality emergency essential surgical and basic healthcare	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people; host communities (greater outside PoC sites); children under 5; injured	Constant need over 2015; will peak in middle of dry season and during flooding; may increase with returnees
	Health Access to preventative health care and immunization	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people, host communities, (greater outside PoC sites); children under 5, youth	Constant need over 2015; will peak in middle of dry season and during flooding
	Health Access to reproductive health services and emergency obstetric care	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Women of childbearing age; newborns	Constant need over 2015
	Health Access to preventative and support services for GBV, HIV, TB, rehabilitation	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people; host communities	Constant need over 2015; will peak in dry season due to expected increase in instability
	Health Access to mental health services, and psycho- social-support systems	Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Lakes, Warrap, W. Equatoria	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people; host communities; children, adolescents and youth	Constant need over 2015; expected to rise with increased violence and/or returnee influx
	Non-food items and emergency shelter Adequate and protective shelter that mitigates disease and injury due to exposure in hostile environments	Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, W. Equatoria	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people; very young; elderly; displaced people in settlements	Constant need over 2015
	Nutrition/FSL Access to essential nutrition (food, child care and practices), SAM/GAM surveillance and treatment	Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, W. Equatoria	Counties with: conflict; displaced people; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Displaced people; host communities (greater outside PoC sites); children under 5	Constant need over 2015; will peak in middle of dry season and during flooding
	Water, sanitation and hygiene Access to water for hygiene, sanitation and medical care; access to clean drinking water	Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, W. Equatoria	Panyijar, Leer, Akobo, Longochuck, Fashouda, Melut, Ulang, Maban, Renk, Manyo, Nasir	Displaced people; host communities; children under 5	Continued needs over the year, peak during dry season, floods and disease outbreaks

FOOD INSECURITY AND LIVELIHOODS

Fragile food security is exacerbated by the conflict



While South Sudanese communities historically have dealt with seasonal changes in resources, the months of conflict and displacement have devastated coping capacity. Between October and December 2014, at a time when food stocks are at the annual high following the main harvest, 1.5 million people are projected to remain severely food insecure and requiring urgent assistance. This is over 500,000 people more than at the same time in 2013, despite a major aid operation which helped prevent the situation from deteriorating further.

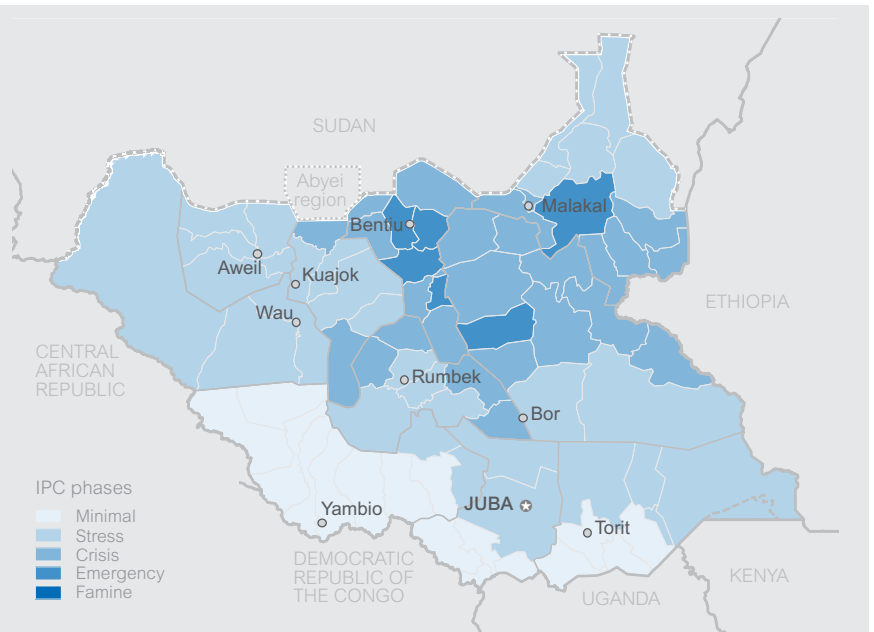
The situation is expected to worsen in the first quarter of 2015, with 2.5 million people facing severe food insecurity between January and March. This number is likely to increase further in the lean season from April to July, before people are able to harvest the year's first crops. However, the impact of continued conflict on livelihoods and access to markets could lead to an earlier start of the hunger gap in many parts of the country.

The high levels of food insecurity are driven by several factors stemming from or accelerated by the conflict. Due to violence and the resulting displacement, some people have planted less or been unable to care for their animals. Loss of assets, either as a direct result of conflict or due to depletion of household assets during the rainy season, or due to hosting displaced people, has dramatically reduced people's ability to cope with additional shocks.



Across the three conflict-affected states, markets in 23 locations are significantly disrupted - particularly important given the region's trade linkages to Sudan. Reduced market activity is reported in 10 other locations. The conflict has disrupted normal trade routes between states and with neighbouring countries, affecting the supply of goods and service into the conflict-affected areas.

Relative severity of needs – food and livelihoods insecurity

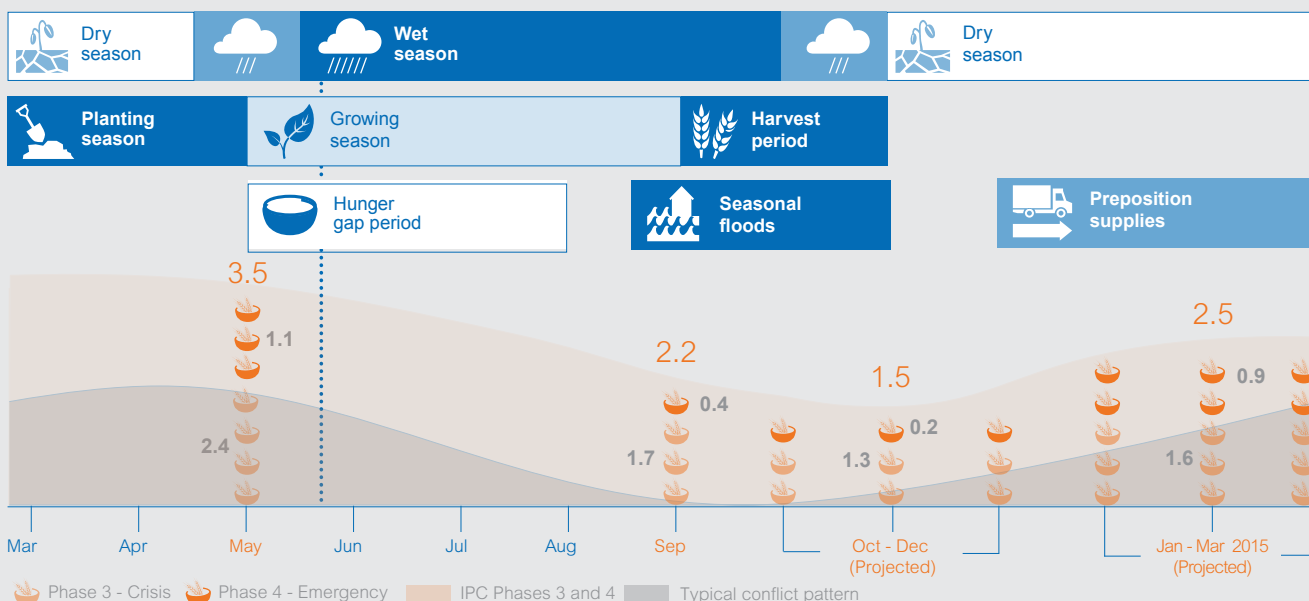
The map shows overall food insecurity based on several indicators, including mortality rates, malnutrition, Body Mass Index, food consumption and availability, coping strategies and changes in livelihoods. Counties are ranked on a scale from 1 (minimal food insecurity) to 4 (emergency). Phases 3 and 4 are categorized as severe food insecurity. Around two thirds of the people expected to face severe food insecurity in 2015 are in Jonglei, Unity and Upper Nile, with several counties in other states also in crisis. Severe food insecurity is characterized by hunger, lack of access to functioning markets, extreme vulnerability to shocks and resorting to extreme coping mechanisms. In counties where food security is stressed there may be pockets of people in severe food insecurity. These counties will be of concern to food and livelihoods partners.



Underlying needs by cluster

	Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
 <p>Food security and livelihoods Access to food; nutrition support; access to livelihood assets; access to markets</p>	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap	Panyijar, Leer, Mayendit, Koch, Guit, Rubkona, Mayom, Abelelnhom, Pariang, Aweil, East, Aweil North, Aweil West, Aweil South, Aweil Centre, Awerial, Tonj South, Twic East, Bor South, Duk, Akobo, Nyirol, Ayod, Fangkok, Canal Pigi, Manyo, Fashoda, Malakal, Panyikang, Bailet, Melut, Maban, Longocjuk, Maiwut, Luakpiny/Nasir, Ulang	Conflict-affected displaced people, host communities, women, elderly, children under 5 and PLW	Needs to increase with likelihood of continued fighting, cultivation/ harvest decrease may last up to only 3 months
 <p>Food security and livelihoods Borderline adequate food access with recurrent high risk; limited livelihood alternatives; weak market access</p>	Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Upper Nile, Warrap, W. Bahr el Ghazal	Twic, Gogriell East, Gogriell West, Tonj North, Tonj East, Wau, Jur River, Cuibet, Rumbek Centre, Rumbek North, Rumbek East, Yirol East, Yirol West, Wudu, Pbor, Pochhala, Juba, Lofon, Torit, Budi, Koporta South, Kapoeta East, Kapoeta North, Moundri East, Mvolo, Renk	Conflict-affected displaced people, host community, elderly and children under 5, women-headed households and PLW	Likelihood of continued fighting, IDP may increase, low harvest and food harvested may last up to 6 months

Seasonal events in crisis-affected states and population in crisis (IPC 3) and emergency phases (IPC 4)



Sources: FAO/WFP Crop and Food Supply Assessment Mission Reports 2010-14; South Sudan IPC Technical Working Group, Sept 2014

WIDESPREAD MALNUTRITION

Malnutrition is increasing while access to prevention and treatment are limited

Before the crisis, South Sudan had a chronically poor malnutrition situation. Seventeen of 21 counties assessed during the 2013 lean season had global acute malnutrition (GAM) rates above the emergency threshold of 15 per cent.

The conflict has worsened the situation: the number of children expected to suffer from severe acute malnutrition in 2014 more than doubled from 108,000 before the crisis to 235,000 in mid-2014. The malnutrition situation is classified as critical (GAM 15 to 29 per cent) or very critical (GAM above 30 per cent) in over half of the country. Children under 5, pregnant and lactating women and the elderly are at high risk.

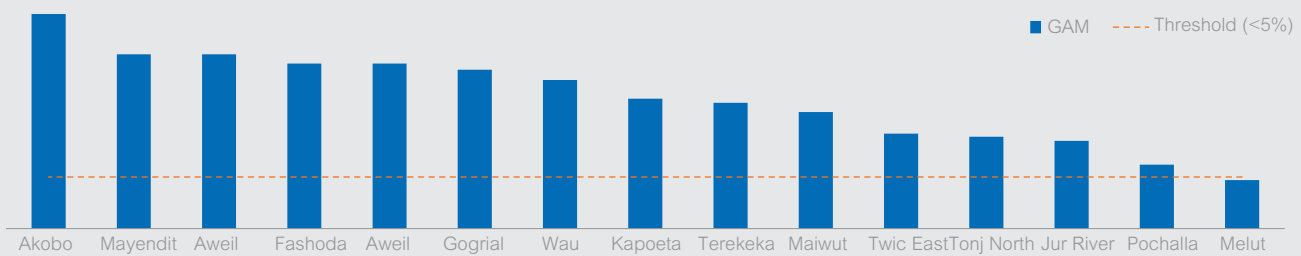
Poor food security, lack of access to clean water, improved sanitation and basic healthcare and increased prevalence of diseases exacerbate the situation. Infant and young child feeding practices

have been affected by traumatic experiences. An assessment in Leer in Unity State found that lactating women who had survived rape stopped breast-feeding their children. Children who have been malnourished as infants are at high risk of stunted growth and limited brain development.

The loss of health facilities and aid organizations providing nutrition services in rural areas significantly interrupted malnutrition prevention services. Before the crisis, there were more than 300 outpatient treatment centres across the country. By mid-2014, the number was down to 183. Access to other acute malnutrition treatment and prevention programmes has also been drastically reduced. Prevention and treatment programmes require a sustained presence on the ground, which continues to be constrained in many places by ongoing insecurity.

Malnutrition rates in South Sudan are among the worlds highest

Millennium Development Goal indicator for severely underweight children under 5 years in selected counties (per cent)



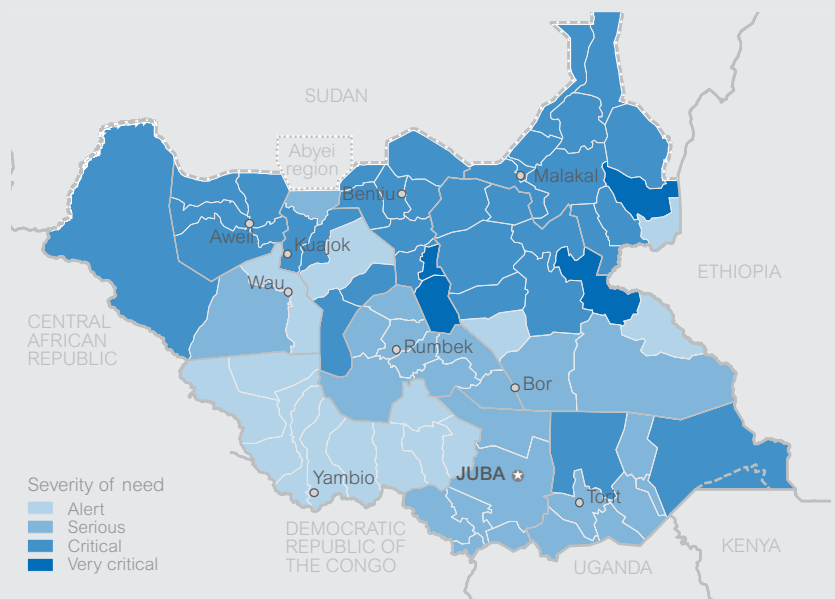
Source: Nutrition Cluster, Sept 2014

Relative severity of needs – widespread malnutrition

The map is based on the nutrition analysis in the Integrated Phase Classification, which categorizes the nutrition situation by county as:


- Alert; Serious; Critical; Very critical

Thirty-three of the 37 most vulnerable counties are located in Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, and Warrap states. Needs are most severe in Akobo, Leer, Panyijar and Longochuk counties due to conflict, displacement and disease outbreaks, coupled with reduced access to health and nutrition services, food, and safe water. Insecurity preventing sustained nutrition programmes contributes to the poor nutrition situation in the following counties: Abiemnhom, Ayod, Baliet, Canal/Pigi, Duk, Lukapiny/Nassir, Panyikang, Pariang, and Rubkona. Though not directly affected by the conflict, Northern Bahr el Ghazal and Warrap have rates of malnutrition above the emergency threshold due to poor food security situation, high morbidity and low access to basic services.



Source: Nutrition Cluster, Nov 2014

Underlying needs by cluster

	Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
 <p>Health Lack of access to basic, emergency and preventative health care facilities and services; drug supply depleted</p>	Jonglei; Lakes; Northern Bahr el Ghazal; Unity, Upper Nile	Counties with: conflict; displaced populations; low number of functional health facilities; IPC 3 or above; recent disease outbreak	Children under 5 (esp. with SAM); PLW; people with chronic diseases; women of childbearing age; newborns; injured; adolescents and youth	Constant need over 2015; will peak in middle of dry season and during flooding; may increase with returnees and instability in neighboring counties
 <p>Nutrition Inadequate food intake; poor child care and feeding practices; disease; poor access to nutrition, health and WASH services; SAM/GAM surveillance and treatment</p>	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile	Panyijar, Leer, Akobo, Longochuck, Fashouda, Melut, Ulang Maban, Renk, Manyo, Lukapiny/Nassir, Aweil North, West, Centre and South, Gogrial West, East, and Tonj East and South	Children under five; PLW; elderly	Expected increase in malnutrition rates, especially in middle of dry season and during flooding
 <p>Nutrition Sufficient access to: food, livelihood assets, markets, and humanitarian aid</p>	Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap	Panyijar, Leer, Mayendit, Koch, Guilt, Rubkona, Mayom, Abelelnhom, Pariang, Aweil, East, Aweil North, Aweil West, Aweil south, Aweil Centre, Awerial, Tonj South, Twic East, Bor South, Duk, Akobo, Nyirol, Ayod, Fangkok, Canal Pigi, Manyo, Fashoda, Malakal, Panyikang, Bailet, Melut, Maban, Longocjuk, Maiwut, Luakpiny/Nasir, Ulang	Conflict-affected displaced people, host communities, women, elderly, children under five; PLW	Likelihood of continued fighting; cultivation / harvest decrease may last up to 3 months only
 <p>Nutrition Prevailing insecurity; limited livelihood alternatives and access to markets</p>	Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Upper Nile, Warrap, W. Bahr el Ghazal	Twic, Gogrial East, Gogrial West, Tonj North, Tonj East, Wau, Jur River, Cuibet, Rumbek Centre, Rumbek North, Rumbek East, Yirol East, Yirol West, Wudu, Pibor, Pochalla, Juba, Lofon, Torit, Budi, Koporta South, Koparta East, Koparta North, Moundri East, Mvolo, Renk	Conflict-affected displaced people; host communities; female-headed households; elderly; children under 5; PLW	Likelihood of continued fighting, IDP may increase; low harvest and food harvested may last up to 6 months

		Vulnerable states	Vulnerable counties	Vulnerable groups	Expected trend in 2015
	<p>Protection</p> <p>Physical protection, freedom of movement, GBV, child protection, housing, land and property, durable solutions, civil documentation, insufficient protection measures</p>	Central Equatoria, Jonglei, Lakes, Unity, Upper Nile, Warrap	Counties with the highest concentration of displaced people and highest number of conflict-related incidents	Conflict-displaced, host communities, IDP returnees and foreign nationals	Rising numbers as conflict intensifies. Further geographical spread
	<p>Water, sanitation and hygiene</p> <p>Access to water for hygiene, sanitation and medical care; access to clean drinking water</p>	Jonglei, Unity, Upper Nile	Panyijar, Leer, Akobo, Longochuck, Fashoda, Melut, Ulangm Maban, Renk, Manyo, Lukapiny/Nasir	Displaced people; host communities; children under 5	Continued needs over the year; peak in dry season, floods and disease outbreaks

OPERATIONAL ENVIRONMENT

Response capacity, access constraints, and insecurity

Highlights

- Political negotiations continue but are unlikely to yield rapid improvements on the ground.
- National response capacity is limited - and diminishing.
- International capacity has scaled up, though field presence remains uneven in key parts of the country.
- Complex negotiations are required for humanitarian access to civilians in need.
- The logistical environment is very difficult with urgent need for infrastructure upgrades.
- Improvements in road access during the dry season risks being off-set by increasing insecurity and checkpoints.

National and local capacity

At the community level, South Sudanese have long managed seasonal changes in the availability of resources. However, months of conflict and displacement have eliminated many communities' coping capacity, disrupting food and livelihoods activities, markets, and driving people to where basic service delivery is low.

In addition, the crisis has disrupted the already weak service delivery system. In conflict-affected areas or locations with high concentrations of displaced people basic services are almost exclusively provided by humanitarian organizations. Efforts are needed to improve access and services in areas outside of government control particularly for activities that depend on payment of civil servants.

South Sudanese NGOs have been severely affected by the crisis. There are currently 110 national development or humanitarian NGOs registered with the NGO Forum. However, the operations of many of these organizations are limited by insecurity and other factors.

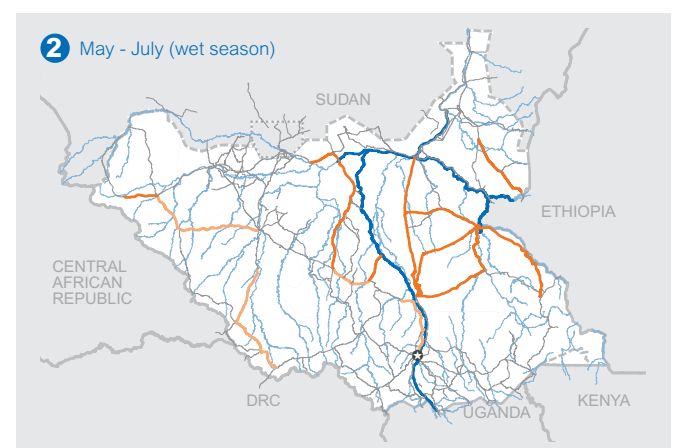
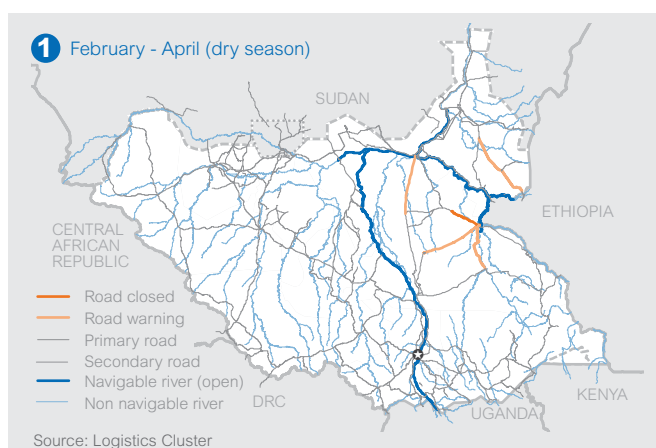
International capacity

In February 2014, a Level 3 Emergency Response was activated for South Sudan by the Emergency Relief Coordinator. Led by the Humanitarian Coordinator, the Humanitarian Country Team is composed of UN agencies, representatives of international and national NGOs, and donors, and is responsible for steering humanitarian action. Cluster teams are active in the country, and coordinate partners to deliver response.

Some 150 international NGOs are registered with the South Sudan NGO Forum. Operations were disrupted by the crisis, reducing presence in rural locations. Many INGOs lost national staff who were unable to work in certain locations, and significant turnover of international staff negatively impacted the capacity of agencies to respond effectively. Support will continue to be required for partners to re-establish presence or replace assets lost or looted during the crisis, as areas become accessible.

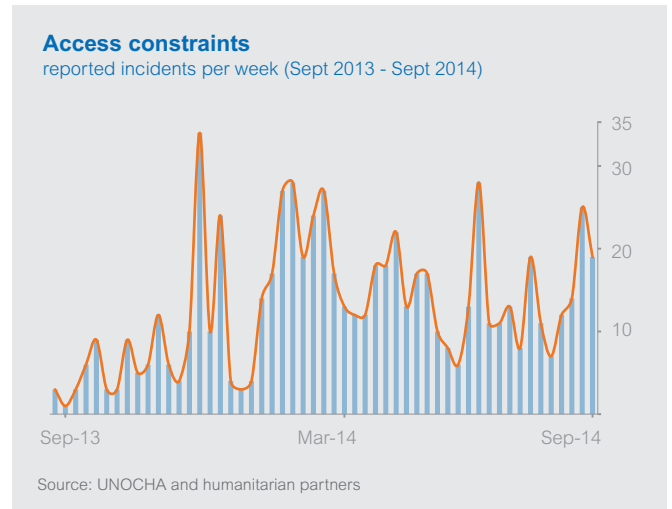
There is urgent need for infrastructure upgrades to lessen reliance on air assets and thus deliver aid more cost effectively.

Seasonal physical access constraints: roads more accessible in the dry season



Humanitarian access

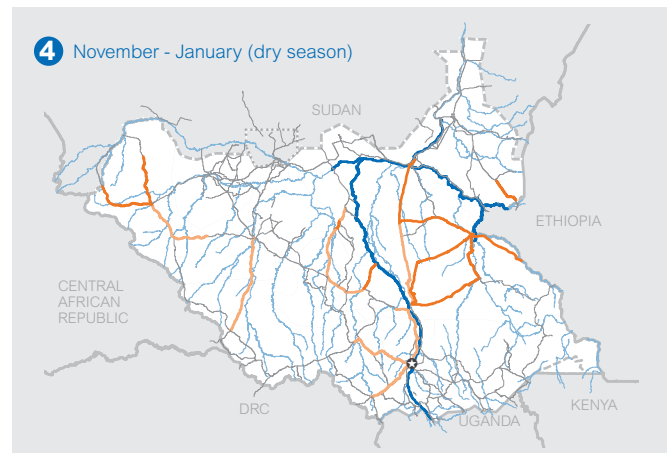
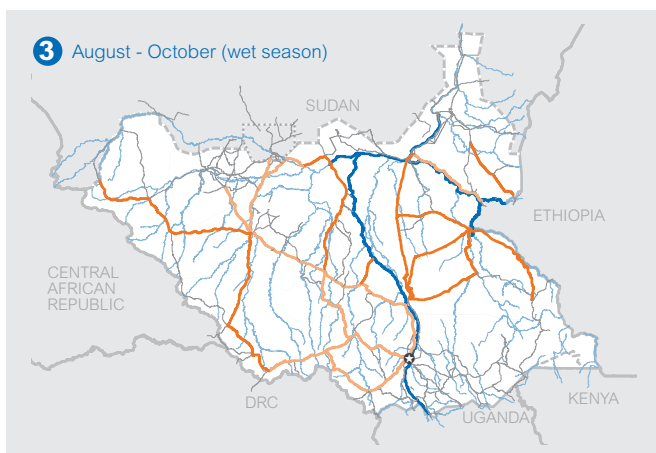
Mounting one of the largest aid operations has only been possible with consistent access to people in need, and this is a reflection of the will and policy of the authorities to facilitate it. However, in settings of active conflict, sometimes access is not possible or is hindered. The number and severity of humanitarian access incidents rose sharply at the start of the crisis in December 2013. November 2013 saw 15 reported incidents, but from 15 December to 31 January, there were 104 reported incidents. In the first eight months of 2014, 541 access incidents were reported to OCHA. This situation will likely persist if conflict continues, with key obstacles including active combat, looting of aid supplies, attacks on and harassment of aid workers, mines and unexploded ordnance, and bureaucratic impediments on road, river and air travel imposed by conflict parties. Aid agencies maintain regular contact with the parties to the conflict to manage access: despite the challenges NGOs and UN agencies reached 3.5 million people in need.



Organizational presence number of organizations per cluster

	Protection	Health	FSL	Education	NFI & ES	Nutrition	WASH	CCCM	Mine Action	ETC	Logistics	Total
Central Equatoria	36	18	8	6	10	2	8	5	5	4	2	70
Jonglei	20	11	12	11	7	10	9	4	2	2	3	57
Upper Nile	19	16	14	8	7	7	5	3	3	3	3	51
Lakes	18	15	4	4	9	5	3	3	4	3	3	44
Unity	15	17	7	6	9	8	4	5	2	4	3	46
Western Equatoria	10	9	3	3	2		2	2	2	1	1	29
Eastern Equatoria	10	6	7	3	4	2	1	3	4	2	2	27
Northern Bahr el Ghazal	10	5	10	4	3	5	4	1	1	1	1	33
Warrap	7	6	8	3	4	5	3	1		2	1	24
Western Bahr el Ghazal	6	4	3		2	2	1	1	3	1	3	22
Abyei	4	2	7	1	5		2				2	20

Source: Humanitarian clusters, Sept 2014





UNOCHA/Zocherman

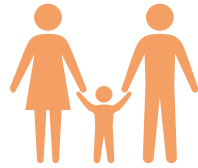
STRATEGIC RESPONSE PLAN

\$1.8 BILLION
total SRP requirements



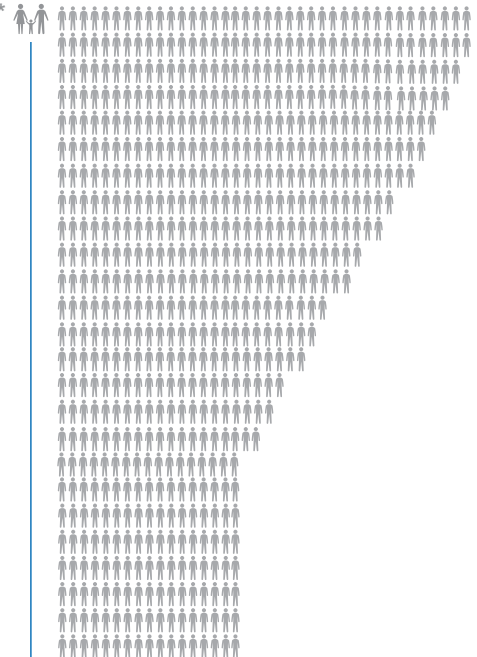
6.4 MILLION

People in need of humanitarian assistance based on the IPC survey

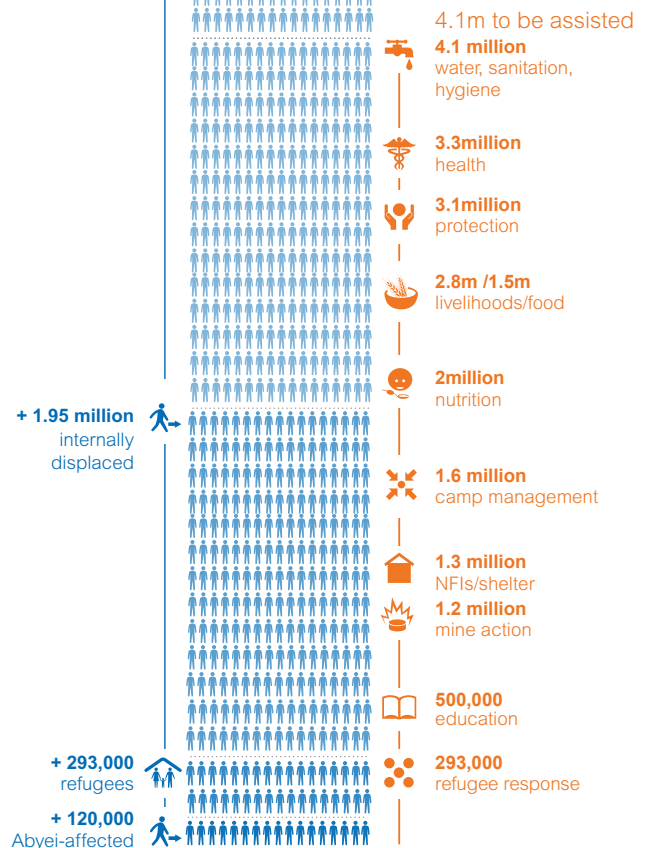
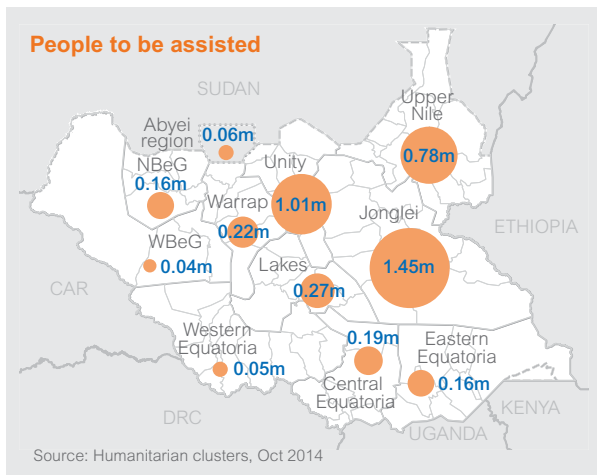
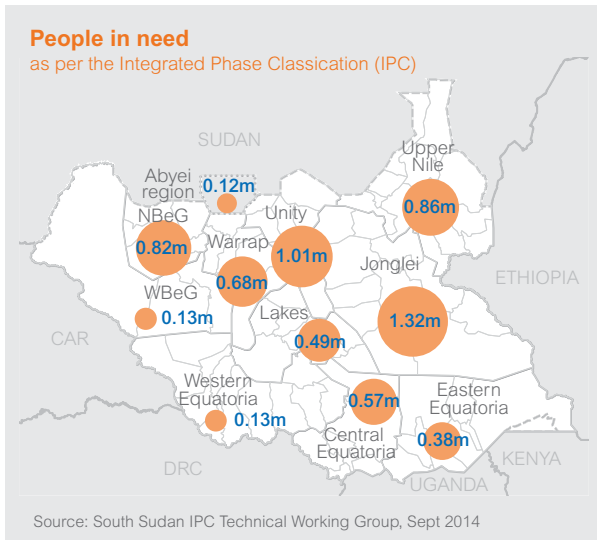
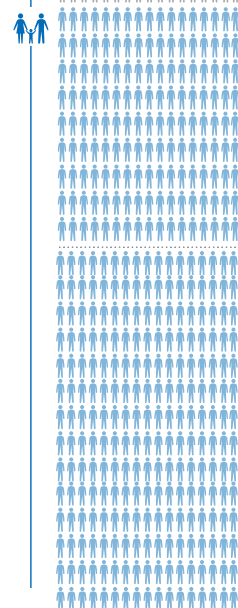


People in need and to be assisted

12m people* population estimate (Mid-year 2015)



6.4m people at risk of food insecurity



Three strategic objectives:

- Save lives and alleviate suffering.
- Protect the rights of the most vulnerable
- Improve self-reliance and coping capacities

* Estimate based on projection of people living in South Sudan in 2015, derived from census result of 2008 (8.26m). Source: WFP, National Bureau of Statistics of South Sudan.

STRATEGIC OBJECTIVES

Humanitarian objectives for 2015



Strategic objective 1

Save lives and alleviate suffering by providing multi-sector assistance to people in need



Strategic objective 2

Protect the rights of the most vulnerable people, including their freedom of movement



Strategic objective 3

Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods

PLANNING SCENARIOS

Most likely planning scenario for 2015

Political and security context

- Peace process continues, with engagement of regional stakeholders, but agreements may not effectively or immediately end hostilities.
- Violence, including against civilians, intensifies in the dry season as road mobility improves. Front lines continue to shift, triggering further heightened insecurity and new displacements.
- Travel restrictions increase, and become more complex.
- The impact of the conflict may spread, including by increasing militarization in Lakes State. and elsewhere.
- Small arms proliferate, including in areas not directly affected by the conflict. Land mines and unexploded ordnance threaten civilians and constrain movement.
- Children are prevented from learning, and youth from working, conscription of children and youth increases.
- Resource-related conflict, i.e. competition over pasture and water and cattle-raids, continues.

Economic and social context

- Markets in conflict-areas remain disrupted and markets in other areas are stressed.
- Oil production remains well below capacity, inflation rises and there is a lack of hard currency.
- The national budget continues to skew heavily towards the security and military sector with over 70 per cent of Government expenditure. Salary payments and cash transfers are delayed.
- Unemployment rises; family purchasing power declines as the value of local currency continues to depreciate.
- The ongoing conflict causes a decline in food and livestock production.
- The lack of resources and ongoing hostilities further deteriorate state-provided social services.
- Violence, displacement, and family separation increases trauma, causes fewer children to go to school; and heightens the prevalence of gender-based violence and HIV/AIDS.
- The conflict erodes traditional social networks.

Impact on humanitarian needs

- Life-threatening needs exist across the country, but are highest and most complex in areas directly affected by the conflict.
- Across the country, 6.4 million people need humanitarian assistance.
- This includes 1.95 million internally displaced people and 293,000 refugees hosted in South Sudan, as well as 120,000 people affected by violence in Abyei.
- Capacity to respond continues to be overstretched, requiring further prioritization of activities.

Planning figures for 2015



Funding requirements for 2015

Cluster	Required
Camp coordination and camp management	\$53.8 million
Coordination and common services	\$19 million
Education	\$40 million
Emergency telecommunications	\$3.8 million
Food security and livelihoods	\$746.6 million
Health	\$90 million
Logistics	\$145 million
Mine action	\$15.7 million
Non-food items and emergency shelter	\$70 million
Nutrition	\$120.3 million
Protection	\$70 million
Refugee response	\$291.1 million
Water, sanitation and hygiene	\$141.9 million

RESPONSE STRATEGY

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

Strategic objectives

1. Save lives and alleviate suffering.
2. Protect the rights of the most vulnerable.
3. Improve self-reliance and coping capacities.

Scope of the response

The response will address life-threatening needs in key parts of the country. Though priority will be given to areas and people directly affected by conflict where needs are generally most acute, major threats to people's lives and livelihoods – including acute malnutrition, disease outbreaks and severe food insecurity – will be addressed based on need. The Humanitarian Country Team has identified priority areas and the most vulnerable groups through the joint Humanitarian Needs Overview. Of the estimated 6.4 million people in need of some form of assistance (based on the IPC analysis of those in stressed, crisis, or emergency levels of food insecurity, produced by the IPC technical working group that includes the Government of The Republic of South Sudan) aid organizations will aim to reach the 4.1 million people in most acute need.

In light of the immense and chronic needs due to under-development across the country, aid organizations will focus on saving lives, protecting rights - particularly freedom of movement - and strengthening self-reliance and existing coping capacities. In areas of displacement, assistance will be provided to both displaced and host communities, in line with their respective needs, to prevent tensions within and between communities and promote calm and equitable access to key services. The response operation will be coordinated closely with relevant national and local authorities; humanitarian organizations operating outside the Response Plan, including the Red Cross movement; and with other protection stakeholders, including the UN peacekeeping mission (UNMISS).

Rationale

The three strategic objectives were identified in recognition of the acute and multi-faceted needs threatening the lives of millions of people across the country.

Objective 1 – to save lives and alleviate suffering by providing multi-sector assistance – aims to mitigate the threat of the key killers related to food insecurity, disease, and poor living conditions. One immediate goal is to avert a famine in 2015. This objective also encompasses efforts to improve the

quality and breadth of services provided to conflict-affected people, including by tackling needs inadequately addressed since the start of the crisis, such as emergency education, mental healthcare and psychosocial support.

Objective 2 – to protect the rights of the most vulnerable people – underscores the centrality of protection of civilians to the response. The crisis has been marked by brutal violence against civilians. Targeted killings, rape, abuse and constraints on people's right to move freely to seek safety and access assistance have been a recurrent feature of life in the areas directly struck by violence. Preventing further violence and abuse and establishing effective services for survivors is one of the top priorities of the response. In particular, aid organizations will intensify their focus on prevention and response to sexual and gender-based violence; protection of children and youth from forced conscription; removal of explosive remnants, including unexploded ordnance and land mines from the conflict; response to trauma through psychosocial support; and continued advocacy with conflict parties on the freedom of movement of civilians and aid workers, to enable people in need to access assistance safely. Though these activities will focus primarily on areas directly affected by conflict, child protection, prevention of gender-based violence and support to survivors will be provided wherever acute needs arise.

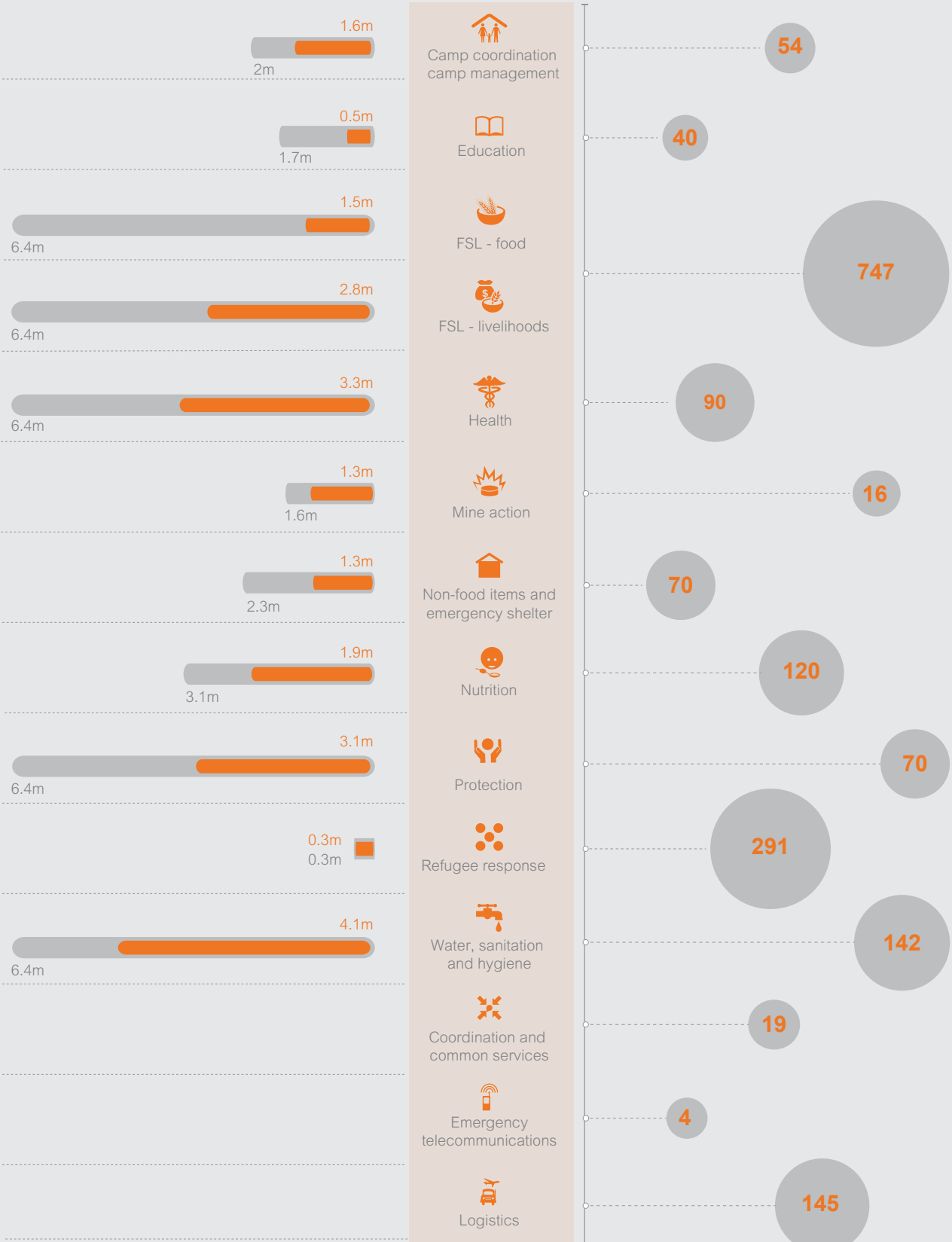
Key strategic elements



6.4m people in need
4.1m people to be assisted



\$1.8 billion requirements



Objective 3 – to improve the self-reliance and coping capacities of people in need

– reflects the humanitarian community's commitment to preventing more people from sliding into acute suffering. It also aims to restore the capacity of people whose lives have been shattered by violence to provide for themselves and ease the extent to which they rely on emergency relief. In addition to people whose lives are at immediate risk, activities supporting this objective will also address the needs of some of the people whose food security is stressed and at risk of deteriorating over the course of the year, by strengthening agriculture, livestock, and fisheries. Providing learning and skill building opportunities to adolescents and youth is a key part of rebuilding markets and increasing the self sufficiency of individuals and families.

How will the strategy be implemented?

To reach its strategic objectives in 2015, the humanitarian community has set six operational priorities:

1. Expand reach of assistance
2. Coordinate action
3. Make the most of the dry season
4. Stay and deliver
5. Advocate for humanitarian access
6. Monitor and adjust the response

Expand services

With the conflict in South Sudan entering its second year, a priority for aid agencies is to expand both the reach and scope of assistance provided to conflict-affected communities and other vulnerable people. This involves: scaling up field presence; ensuring the sustainability and predictability of assistance; broadening the package of aid provided to better respond to needs; and improving the quality of that aid.

Keeping in mind the difficult logistical environment, and the expense involved in transporting personnel and goods across long distances, a key tool to scale up field presence will be to establish operational centres in key locations in conflict-affected areas. These centres offer a point of information collection and sharing, common warehousing, transport and accommodation facilities for aid agencies wishing to restore or increase their presence in a remote area. More sustained presence will make aid more predictable, improve community engagement, and safeguard the impact of relief programmes that require a long-term presence, such as education, health, nutrition, and protection activities.

Three locations for operational centres have been identified for the first phase of this approach. Four more locations are under consideration for the second phase of the roll-out, planned for early 2015. The locations are chosen based on the acuteness of needs in the area, ease of access during the dry and rainy seasons; and a security analysis, including protection concerns for people in need. The use of funding tools such as the Common Humanitarian Fund and the Central Emergency Response Fund will continue to help NGOs restore or establish deep-field presence in these and other locations.

Rapid response operations were essential to expanding the relief operation in 2014 – and will continue as a complement to the work done in locations where aid agencies have a more sustained

presence. Mobile teams will focus on areas where the security situation does not allow aid organizations to set up longer-term activities; where displaced populations are on the move; where logistical constraints only allow for access by air; or where the capacity of aid organizations on the ground is not sufficient to respond to spikes in needs, for example disease outbreaks or new displacement.

Many people have now suffered the consequences of conflict and displacement for close to a year. As their situation becomes more protracted, the aid response needs to adapt. This includes: expanding services such as basic healthcare and follow-up services for victims of sexual violence; emergency education to keep children in school and protect them from forced recruitment and abuse; filling gaps in the response related to psychosocial support and mental health services; mainstreaming protection across the response and ensuring that vulnerable people – women, young children, elderly and the disabled – have effective access to immediate relief, livelihoods and basic services. Partners will also ensure that the basic tenet of do no harm is respected when aid is provided. Across sectors, partners will increase their focus on youth and adolescents, to address their specific needs and reduce the risk that they will become involved in the conflict.

Coordinate action

To make sure that the aid operation is effective and leverages all available resources to meet the most pressing needs, aid agencies will closely coordinate their response to acute needs.

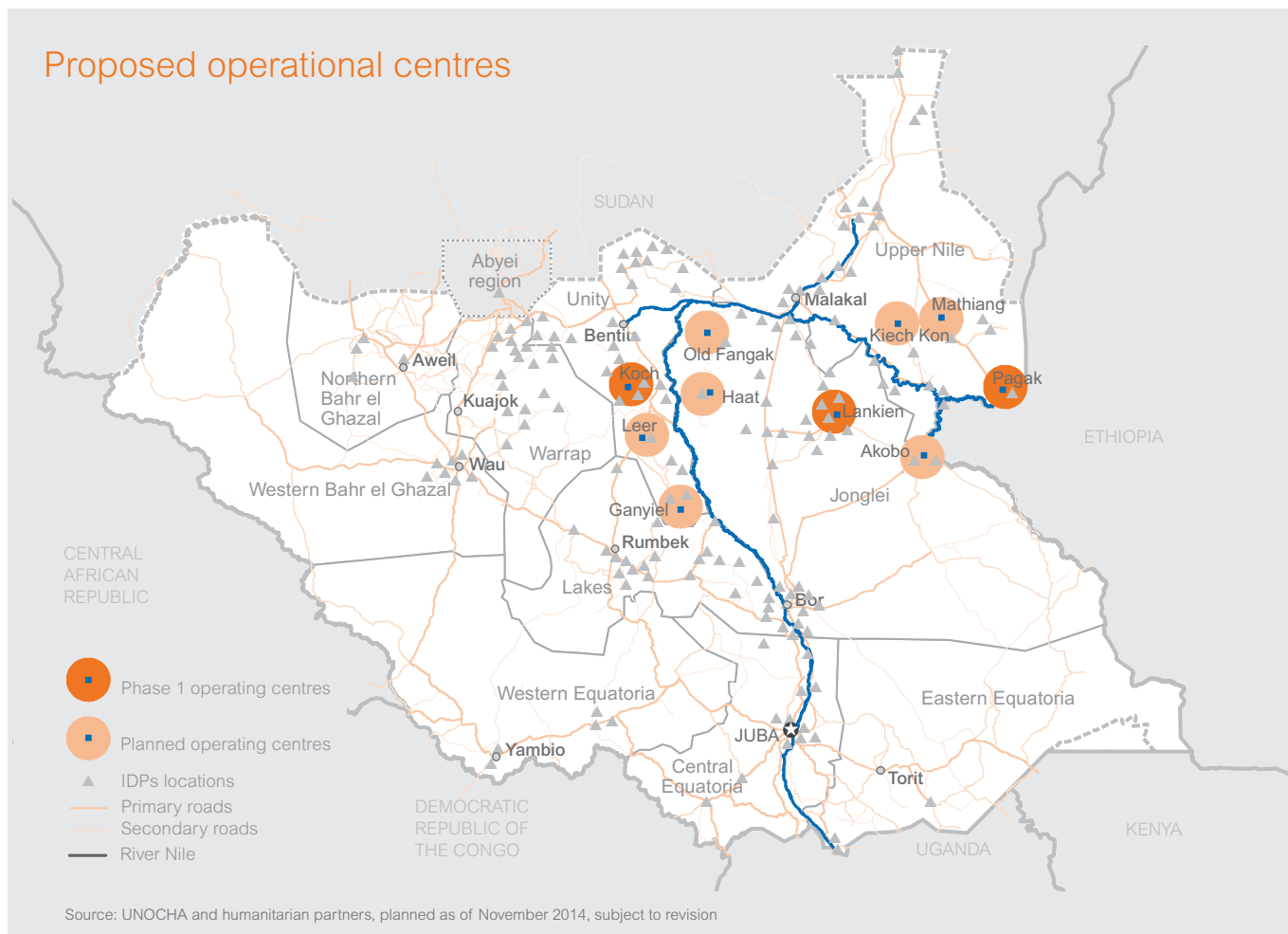
A key component of this is the continued collaboration with line ministries and local authorities. For example, the health cluster is co-located in the Ministry of Health working closely to ensure life-saving health programming is implemented. Likewise, the WASH, Education, and Child Protection partners work closely with their counterparts and in support of national policies.

The Humanitarian Country Team (HCT) will continue to give strategic direction for the aid operation, which will then be translated into operational priorities and decisions by the Inter-Cluster Working Group (ICWG). Implementation of rapid response operations, including setting locations for deployments of mobile teams taking into account rapidly changing logistical and security conditions, rests with the Operational Working Group, a subsidiary of the ICWG.

A priority for the coming year will be to decentralize coordination structures where possible, to ensure that decisions are taken closer to the people in need and by organizations already on the ground with the ability to respond. The operational centres will help achieve this by establishing sustained presence in the field, and allowing NGOs and UN agencies present in the area to respond to changing needs and notify the wider community of gaps in the response.

Make the most of the dry season

The dry season, when roads can again be used, affords the aid community the chance to reach more people in need, during the season itself and by pre-positioning aid in key locations before the next rainy season renders roads impassable.



To cut costs and secure a sustained supply of relief items throughout the year, aid agencies will look to pre-position relief items in strategic locations across the country, while also drawing lessons from the experience of 2014. Twenty-one pre-positioning locations in Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile and Western Bahr el Ghazal have been identified, where relief organizations will have access to joint warehousing facilities. Partners will also further explore possibilities of pre-positioning supplies in the Gambella region of Ethiopia, to serve border areas.

In late 2013 and early 2014, large amounts of pre-positioned goods were looted or destroyed as conflict broke out and spread. To mitigate such insecurity in the 2014-2015 dry season, when violence is expected to increase in line with seasonal patterns, aid organizations are working with UNMISS to pre-position supplies inside or near UN peacekeeping bases, and are basing the choice of pre-positioning locations on an analysis of projected conflict patterns.

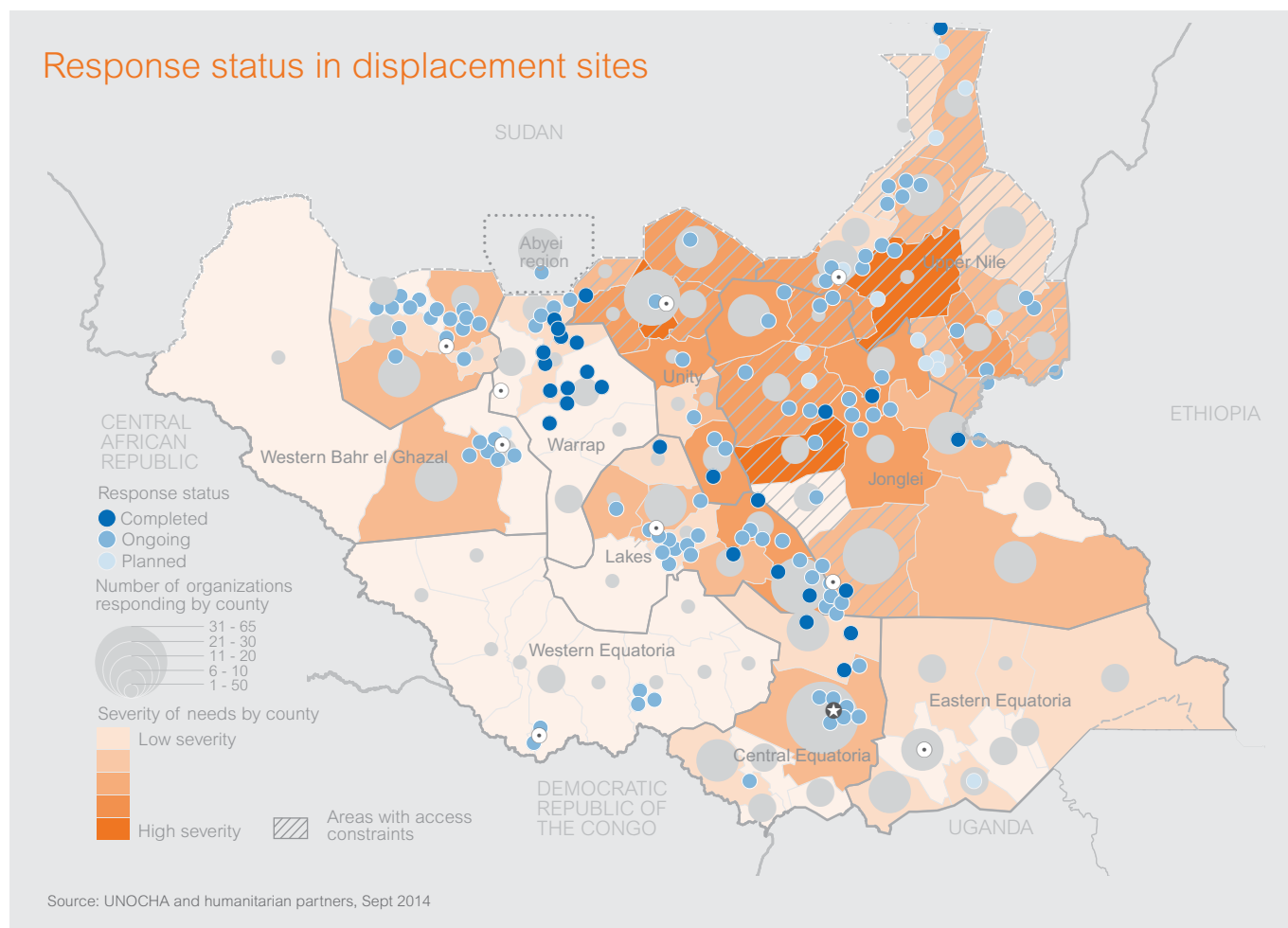
Aid agencies will also make the most of the dry season by seeking resources to do emergency repairs to airstrips, roads, and ports which are essential for the aid operation. Plans include the repair of close to 2,500 kilometres of road, 12 airstrips, and upgrading of port facilities. This will be closely coordinated with UNMISS and key partners in South Sudan such as China, which also carries out infrastructure projects.

Stay and deliver

The humanitarian community's ability to address the life-threatening needs generated by conflict will depend on its ability to stay and deliver assistance in highly volatile and contested areas affected by active hostilities. In 2015, the aid community will seek to strengthen its capacity to manage security risks, both through common services provided by the UN security system, and within individual organizations. Capacity for rapid and flexible security assessments as the context changes, primarily by UNDSS, will be key to the ongoing response and to help humanitarian workers reach more people.

Advocate for humanitarian access

More sustained presence in the field will require more field-level access negotiations, and day-to-day engagement with conflict parties carried out by organizations in deep-field locations with the support of OCHA's access team. Negotiations will be based on the Ground Rules developed by the HCT in 2014, which reaffirm basic principles of unimpeded, safe and timely delivery of humanitarian assistance, and safety of civilians seeking assistance. Based on existing obligations under international humanitarian law, these rules aim to secure commitment to the free and safe movement of civilians seeking assistance, and access of humanitarian partners to people in need.



Field level negotiations will be complemented by continued advocacy with conflict parties and other stakeholders on respect for humanitarian action by HCT members. Humanitarian organizations will use complementary high-level advocacy mechanisms to resolve access challenges as they arise, including any eventual restrictions on road travel. High-level advocacy will also include the use of cross-border corridors to deliver assistance. Initiatives such as the Government's "access desk" at Juba airport set up to facilitate bureaucratic process for aid organizations will continue to be supported.

Monitor and adjust the response

The humanitarian community will work to deploy resources where they are needed most. As in 2014, needs in 2015 are expected to outstrip financial, human and logistical resources available to the aid community.

To direct resources where they are most urgently needed, aid organizations will use several evidence-based tools to assess need.

Mechanisms for joint assessments and information sharing are already in place. Inter-agency rapid needs assessment teams (IRNA) are deployed to verify reports of humanitarian need, where existing field presence is limited.

The overall analysis of needs in the country, including the four drivers identified in the Humanitarian Needs Overview, will be updated every six months to help the HCT address changes in the

context and adjust the response accordingly. Major inter-agency analysis exercises, such as the Integrated Food Security Phase Classification, will take place regularly during the year, to contribute to the aid community's a shared analysis on response decisions.

The needs analysis will be strengthened by an increased emphasis on displacement tracking to understand population movements. This will be complemented by analysis of conflict dynamics drawing on the resources of individual agencies, OCHA and UN mission.

Overall prioritization will be done based on the drivers identified in the Humanitarian Needs Overview, tracking drivers that contribute most to mortality. Joint programmes to address these specific issues will be given top priority. Geographic prioritization will be guided by the combined analysis of the four key drivers in each affected county. This process will identify counties and states where needs produced by violence, disease, food insecurity and malnutrition overlap to significantly increase people's vulnerability.

Based on these tools, rapid response operations, including the use of common assets, will be prioritised twice monthly. This will include assessing newly emerging crises against longer-standing needs when identifying locations for deployment of mobile teams.

Allocations from the Common Humanitarian Fund and the Central Emergency Response Fund will be informed by the outcomes of these shared prioritization tools.

Cross-cutting issues



Environment

In times of crisis, the relationship between humans and the environment becomes more precarious as people fight for survival in contexts where livelihoods have been destroyed, where disease is rife, where mass displacement has taken place and where fundamental natural resources are in short supply.

Some humanitarian activities have a negative impact on the environment. The main concerns are: destruction of livelihoods and deforestation for fire wood; over-drilling of water; overgrazing of land; exploitation of fishing resources; and failure to meet waste management standards leading to environmental contamination of land, water and air. The scarcity of resources aggravated by displacement, poses security and protection risks.

Displaced people and refugees who lack access to fuel for cooking, particularly women and children, are exposed to multiple risks to their safety and health. The time spent securing fuel for the household, takes time away from educational, social, and other activities that are crucial to their well-being. Furthermore, competition over scarce natural resources can cause considerable tension among communities.

There is an immediate need to mainstream environmental considerations in humanitarian preparedness and response. An “Environmental Marker” is in place, to help guide the allocation of resources to projects which effectively incorporate sound environmental practices. Incorporating environmental concerns in the early phases of humanitarian projects has multiple benefits and provide the potential to address underlying environmental issues, improve communities’ health and safety, protect livelihoods by safeguarding resources upon which they depend, and slow trends that may lead to longer term issues such as desertification, soil erosion, and pollution – all of which negatively impact resilience.



Gender

Gender disparities are evident in key poverty indicators, including a female illiteracy rate as high as 85 per cent. Lack of education, poor access to health services, and early marriages result in extremely high rates of infant mortality (102 per 1,000 live births) and the highest maternal mortality rates in the world (2,054 per 100,000 live births). Sexual and gender based violence continues to be widespread, with long-term effects on communities.

With this context in mind, humanitarian programming must integrate gender dimensions to adequately address the needs of different groups and avoid inadvertently increasing existing discrepancies. A key priority is to include strong gender analysis in all needs assessments. This can be done through community consultations including representatives of all different groups within any given community. A second priority is collection of sex and age disaggregated data. This remains a gap in South Sudan, which makes it difficult to develop and get results from gender-sensitive programmes.

To help aid organizations design their response to the crisis, a “gender marker” tool has been used. This helps clusters evaluate and prioritize projects which are likely to deliver services with equal benefits for men, women, boys and girls, based on their distinct needs and vulnerabilities.



HIV-AIDS

The outbreak of the current conflict has had a devastating impact on an already struggling HIV response. The majority of people living with HIV and AIDS in the conflict-affected states who were receiving anti-retroviral treatment before December 2013 saw their treatment interrupted. Medical facilities offering HIV services were closed or destroyed. Community-based support networks dissolved as people were displaced. UNAIDS estimates that 25,000 people with HIV or AIDS have been directly affected by the crisis and are in need of treatment, care and support services.

The crisis has also increased the risk of infection. Displaced people near front lines or living in camps are at heightened risk. Destitution, boredom and precarious living conditions lead to risky sexual behaviours such as transactional sex, casual sex, sexual exploitation and abuse. Coupled with low knowledge about HIV prevention and low access to HIV prevention commodities, there is a high risk that HIV infections will increase among displaced people.

In 2014, partners have been able to secure provision of a baseline of HIV services in some displacement sites – notably Bentiu, Juba, Malakal, Mingkaman and Nimule. Activities focused on providing information to influence behaviour change, voluntary counselling and testing services, prevention of mother-to-child transmission services and referral for treatment. The 2015 response offers the humanitarian community a collective opportunity to mainstream HIV throughout its activities. The work of the camp management, education, health, nutrition and protection clusters will be particularly important.



Accountability to and communication with affected communities

Communicating with affected communities supports humanitarian organizations' accountability to those affected by the crisis. Mainstreaming and strengthening accountability to affected people (AAP),⁹ and communicating with communities (CWC) throughout the humanitarian programme cycle, are priorities in 2015.

A CWC working group was formed in 2014 to improve coordination between partners and serve as a platform for new initiatives. In addition, partners were asked to capture information on their existing accountability mechanisms as part of the project development. The information therein will be used to identify opportunities for capacity building. External resources will also be identified to support the clusters in:

Strengthening community engagement that already exists in needs assessment tools. Assessments such as the inter-agency rapid needs assessments (IRNAs), the Displacement Tracking Matrix (DTM), the food security monitoring systems (FSMS), emergency food security assessments, and nutrition surveys already include significant community engagement. Ensuring this information is utilized effectively is a priority.

Strengthening feedback mechanisms that are already part of cluster programming. Such tools are already used by the CCCM, Education, Health, Nutrition, Refugees (Multisector), and Mine action clusters. Where the mechanisms are not yet in place, the clusters will be encouraged to share good practices and lessons learnt especially on ensuring beneficiary views from all groups are heard and incorporated in the future programme design.

Mobilizing community ownership of services through existing structures including:

- Parent-teacher associations (Education)
- Mother's support groups (Nutrition)
- Community health workers (Health)
- Protection networks
- Community liaison (Mine action)
- Management and maintenance of water points (WASH), site planning and design (CCCM)

Monitoring the response

The aid community has committed to stronger monitoring of the response in 2015, including as part of Inter-agency rapid needs assessments.

The HCT will track the response against key indicators for each strategic objective (see next page). This will give an overall picture of the progress against targets, and help the HCT analyze the progress made, identify the gaps and adjust the response to the changing context. Progress will also be monitored on the basis of the Humanitarian Needs Overview.

The HCT will issue three periodic monitoring reports around: April 2015, September 2015 and January 2016.

At the operational level, clusters will monitor their own output indicators, in accordance with their respective monitoring strategies (these are outlined on each cluster plan in the pages that follow). Intersectoral monitoring will be encouraged and, while recognizing the difficulty of collecting data in South Sudan, further efforts to improve data collection and analysis will be explored.

Strategic objectives and indicators

Strategic objective 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need

Indicators (disaggregated by age and gender as relevant)	Baseline	Target
1. Food consumption score (FCS) of targeted population remains above 21 threshold	88% (FSMS - July-Aug 14)	88%
2. Number of functional health facilities in conflict-affected and other vulnerable states	241 (as of Sept 2014)	425
3. Percentage of boys and girls aged 0-59 months with SAM aged 6-59 months with MAM admitted for treatment recovered	72% (SAM) 68% (MAM)	75% (SAM) 75% (MAM)
4. Number of emergency-affected populations have timely access to safe and sufficient quantity of water for drinking, cooking, and personal and domestic hygiene (15 L/p/day)	3,500,000 (as of Sept 2014)	4,100,000
5. Percentage of people surveyed reporting that shelter and/or NFI provision addressed their life saving needs	n/a	75%

Strategic objective 2: Protect the rights of the most vulnerable people, including their freedom of movement

Indicators (disaggregated by age and gender as relevant)	Baseline	Target
1. Percentage of sites reached with protection package and services, including engaging with communities to reduce tensions and exposure to violence	30%	60%
2. Number of children and adolescents who received critical child protection services	155,000	340,295
3. Number of health units with at least one service provider trained on Clinical Management of Rape (CMR) and equipped with the necessary drugs and equipment in five key priority states	1 health unit in each of the 10 targeted countries in the 5 priority states	1 health unit in each of the 33 targeted countries in the 5 priority states
4. Number of people who have benefited from protection mainstreaming presence at registration, distribution, and actions (data disaggregated by gender and type of service)	1 million	1.5 million

Strategic objective 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods

Indicators (disaggregated by age and gender as relevant)	Baseline (as of Sept 2014)	Target
1. Number of children and young people accessing non-formal education, including Alternative Education Systems (AES)	n/a	61,000
2. Number and percentage of boys and girls 6-59 months enrolled in Blanket Supplementary Feeding Programme	344,172	522,412
3. Percentage of targeted vulnerable households having increased food production	n/a	80%
4. Percentage of households among persons of concern (refugee, returnees and host communities) having access to livelihood and self-sustaining opportunities	5%	15%



UNICEF/Nesbitt

CLUSTER RESPONSE PLANS





CAMP COORDINATION AND CAMP MANAGEMENT

- 

1.9 million
people in need
male: 936,000
female: 1,014,000
- 

1.5 million
people to be assisted
male: 762,100
female: 825,600
- 

\$53.8 million
funds required
- 

\$34
funds per person
- 

11
projects
- 

Cluster lead agency
International Organization for Migration (IOM)
United Nation High Commission for Refugees (UNHCR), ACTED
- 

Government partners
Relief and Rehabilitation Commission
- 

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Needs analysis

Out of some 1.4 million people displaced within the country by the conflict by October 2014, about one million are living in host communities and some 100,000 are living in Protection of Civilians (PoC) sites within UNMISS bases in Juba, Malakal, Bor, and Bentiu. Some parts of the PoC sites are extremely congested and experience dire conditions due to flooding due to the rainy season.

There are gaps in knowledge about the situation and needs of those living outside PoC sites and camp-like settings.

The number of people living in the PoC sites is projected to increase to over 140,000 in 2015, there is an urgent need to upgrade and expand the existing sites and improve the living conditions and mitigate against flooding by constructing access roads, drainage systems, and site elevation. Common work-spaces and accomodation need improvement.

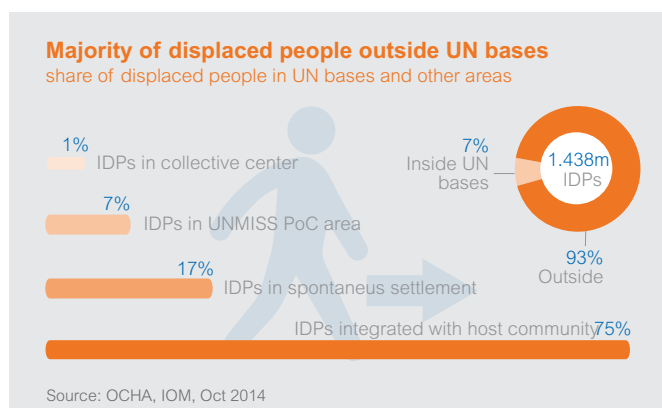
Outside the PoC sites there is need for regular up-to-date and accurate information on the number and locations of people displaced by the conflict. It is therefore essential that displacement tracking continues and expands in order to support response more effectively. Finally, there is a need to increase response capacity in camp management among partners.

People affected and to be assisted

The cluster plans to provide direct assistance to 500,600 people living in camps and camp-like settings. At the same time, the cluster will closely monitor the situation of the nearly one million displaced people living with host communities across the country.

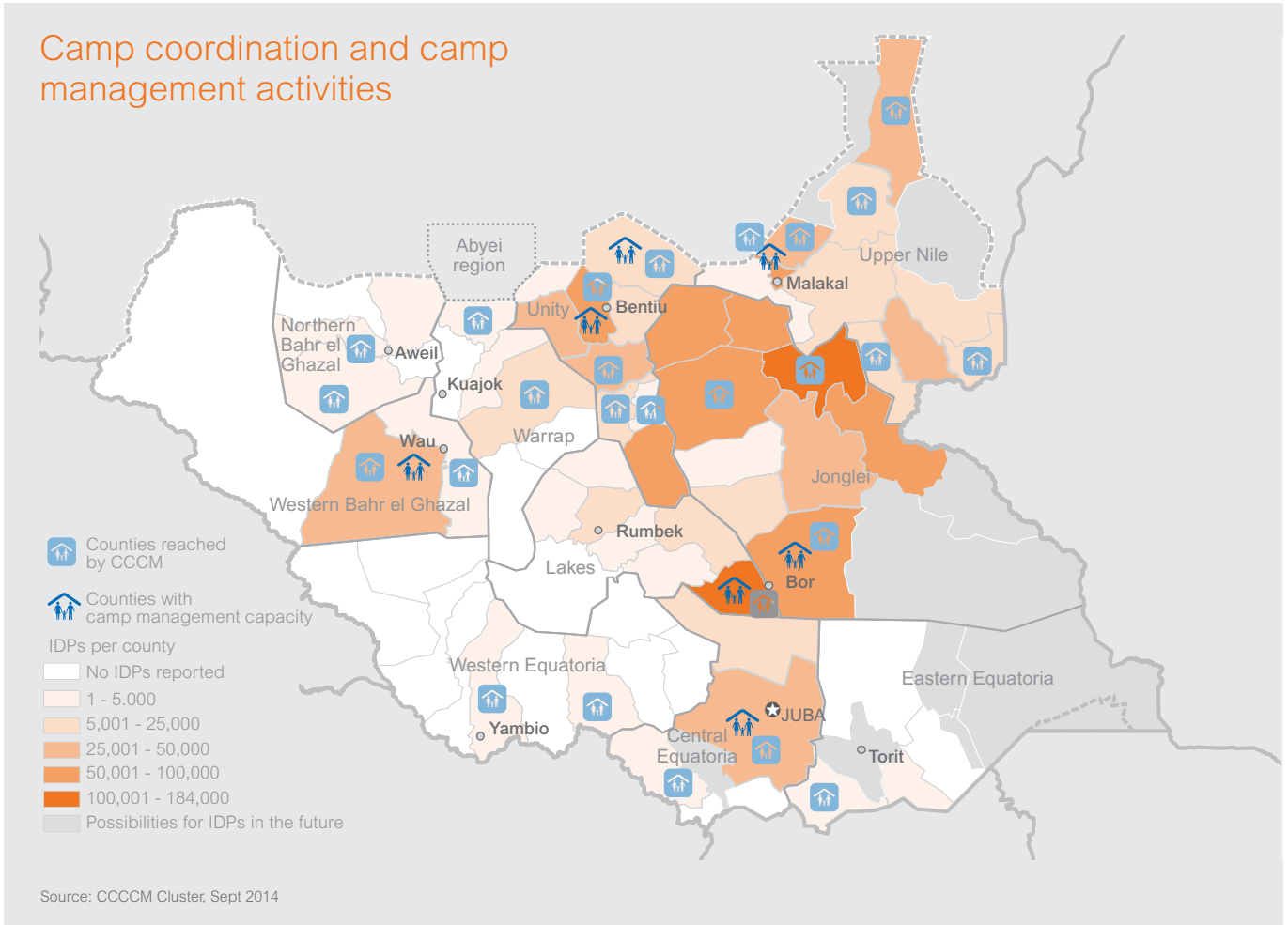
Priority states are Jonglei, Unity, Upper Nile, Lakes and parts of Central Equatoria, Eastern Equatoria, and Warrap. Counties in Upper Nile, Jonglei, Unity, and Lakes are projected to be the most affected by further displacement in 2015.

These priorities will be adjusted if necessary, depending on displacement trends. Below is a summary of the people be assisted by type of settlement site:



Type of settlement	Estimated for 2015
Population in PoC sites	135,900
Population in spontaneous settlements	328,600
Collective Centres	36,100
Other location types (75%)	1,087,100
Total	1,587,700

Camp coordination and camp management activities



The cluster will contribute primarily to strategic objectives 1 and 2 of the Strategic Response Plan.

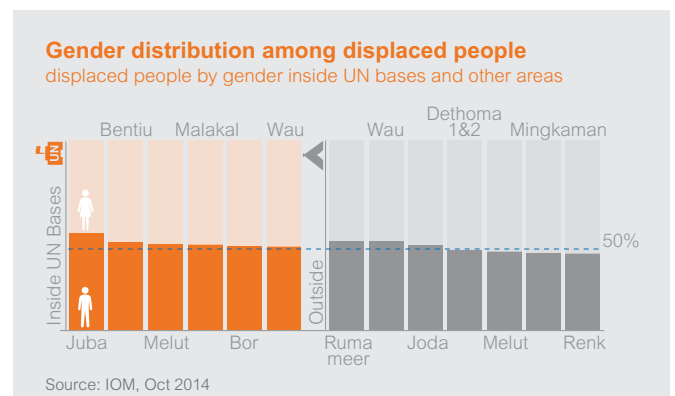
Its specific objectives are to ensure that:

1. Camp coordination and camp management structures are in place and expanded inside and outside the PoC sites to facilitate the effective and targeted delivery and monitoring of services, improve living conditions of displaced people in displacement sites, and provide durable solutions when possible.
2. Displacement Tracking Matrix (DTM), registration and profiling carried out in displacement sites, as needed, to facilitate site management, and the delivery of immediate humanitarian services and emergency response in displacement sites.
3. Humanitarian partners, community leaders and other stakeholders involved in the humanitarian response have improved knowledge of camp management concepts and practices.

Outside PoC sites and major settlements, the cluster will prioritize the expansion of camp coordination structures to facilitate the monitoring of displacement and service delivery. A lack of up-to-date and accurate information has been an impediment. State focal points will cover all counties where internal displacement is reported or likely to occur, based on conflict and displacement trends. The cluster will strengthen capacity building activities, partnering with different agencies to implement CCCC activities.

A CCCC Rapid Response Team will ensure quick deployment of staff to areas where new displacement is reported.

Within the existing PoC sites and camp-like settings, the cluster will prioritise expansion and, working with partners to ensure living conditions meet minimum emergency humanitarian standards, notably regarding space (30 square meters per individual in PoC sites). Existing leadership mechanisms will be strengthened through outreach activities. The cluster will also strengthen gender sensitive leadership structures, complaints/referral mechanisms and traditional camp management practices. In all sites, including camp-like settings outside the PoC sites, community mobilization and communication with communities will be strengthened and



mainstreamed. The cluster will maintain and expand humanitarian hubs in priority locations. This includes identifying organizations to manage the hubs on a cost recovery basis where necessary, and negotiating for other services and land with UNMISS or local authorities depending on the location.

The cluster will strengthen information tools including the Displacement Tracking Matrix, (DTM). The DTM will cover all existing displacement sites identified by partners and will expand its coverage through rapid response mechanisms, where a DTM monitor will join targeted assessment missions to monitor the changing situation. Coverage will also be increased by the presence of county focal points.

Along with DTM, registration of displaced persons will be prioritized in order to collect a reliable overview of the displaced population living sites with CCCM structures. Regular updates and verifications will also be conducted to enable planning and monitoring of assistances for displaced people.

The cluster will continue to improve coordination among partners, community leadership, and other stakeholders to support service delivery within PoC sites and engage with communities to improve community mobilization and participation. The cluster will strengthen capacity building activities and engage with organizations outside the PoC sites able to support on CCCM activities.

Where possible, the cluster will work to strengthen self-management mechanisms by operationalizing displaced person community centres focused on outreach and supporting representative leadership structures. Capacity building activities for partners and displaced communities including on roles and responsibilities, protection, mental health and psychosocial support will be

rolled-out at the national, state, county and site level, with a focus on priority states.

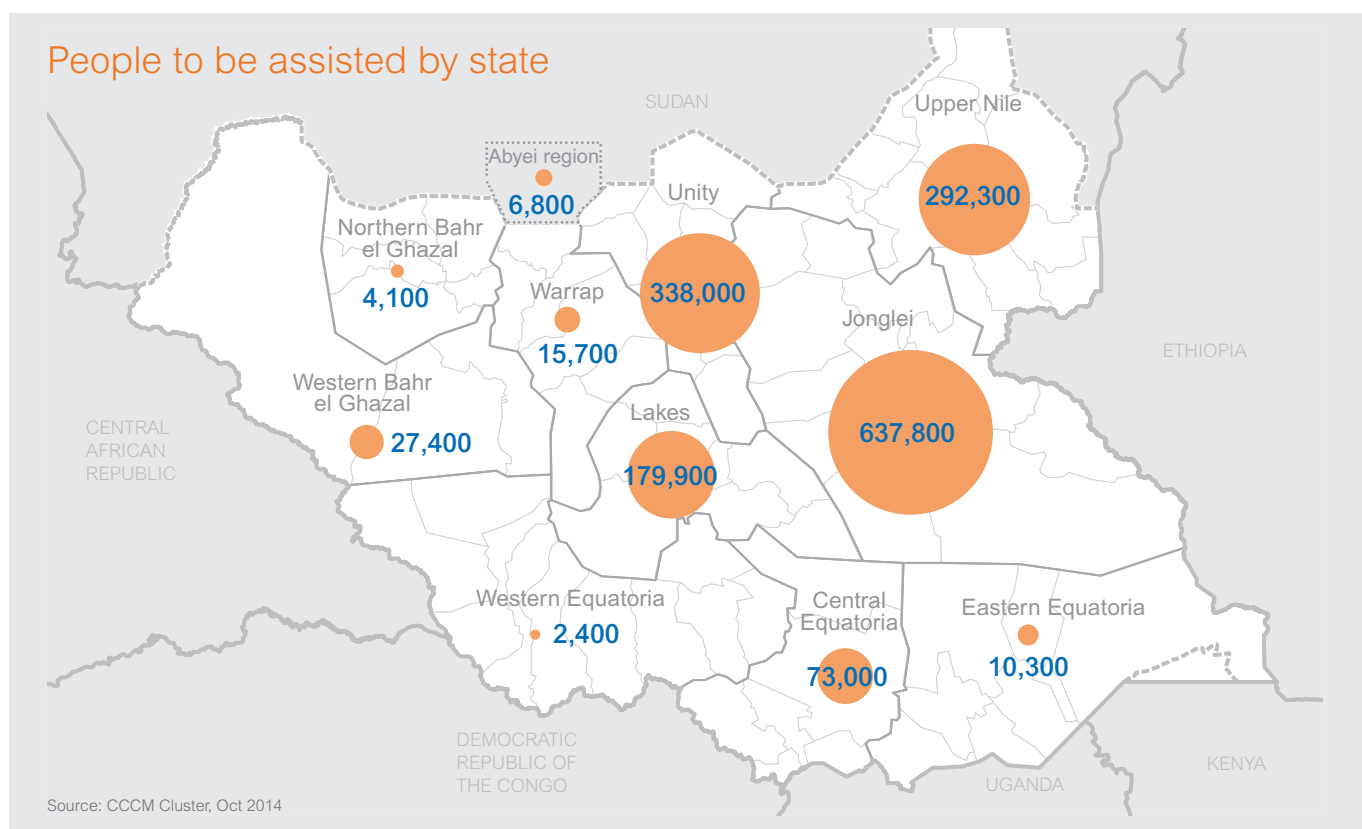
Links with other clusters and partners

The cluster will collaborate closely with the GBV sub-cluster, actively partnering with them in particularly through the DTM tool, and operationally through a site management checklist.

The cluster will work closely with the protection cluster to ensure the protection of the displaced populations living in the sites. In addition, the experience of 2014 has shown the need of a close collaboration with the WASH cluster. The PoC sites have been a challenging environment due to high congestion, the lack of drainage system and their vulnerability to flooding and require a close collaboration between WASH and CCCM partners. To ensure an integrated approach, the cluster will closely collaborate with the NFI-Shelter cluster and health cluster to ensure appropriate service provision.

The cluster will actively participate in the new Communication with Communities working group set up by OCHA in order to improve and expand the dialogue between the affected people and the the humanitarian community to improve the design and delivery of assistance. The cluster will coordinate its CwC activities with others members and ensure that CwC tools relevant to CCCM activities are developed in the South Sudanese context.

Finally, the cluster will coordinate with the Government of the Republic of South Sudan's (GRSS) Relief and Rehabilitation Commission (RRC), as the de-facto camp administrators in the areas controlled by the government or the relevant authorities in areas controlled by the opposition, on opportunities for transitional and durable solutions when circumstance allows.



Cluster objectives, activities, indicators and targets

Cluster objective 1: Camp coordination and camp management structures in place and expanded inside and outside of the PoC sites to facilitate the effective and targeted delivery and monitoring of services, improve living conditions to displaced people in displacement sites, and provide durable solutions when possible		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target
1. Percentage of displacement sites with established CCCM mechanisms		63%	100%
Activities	Output indicators	Baseline	Target
Expansion of cluster coverage outside the UNMISS PoC sites to improve cluster coordination across all areas affected by displacement	Number of counties covered with CCCM coordination structure	26	59
Strengthen camp coordination and camp management structures	Percentage of displaced people sites and PoC areas with functional Camp Management mechanisms	100%	100%
Improve overall living conditions for displaced people by developing and expanding sites	Number of Displaced people with improved living conditions as a result of site improvement and site development	0	60,000
Strengthen community mobilization and communication with communities	Percentage of IDP sites where CwC activities are being implemented	50%	100%
Establish and support humanitarian hubs in key displacement locations as determined by the ICWG	Number of mobile humanitarian hubs deployed and functional	3	6
	Number of PoC sites with a functional humanitarian hub	4	4
Provide durable solutions for stranded foreign nationals where possible	Number of foreign nationals within displaced people sites identified and referred	300	3,000
Cluster objective 2: Displacement Tracking Matrix, registration and profiling carried out in displacement sites, as needed, to facilitate site management, and the delivery of immediate humanitarian services and emergency response in displacement sites		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target
1. Percentage of PoCs, collective centers and spontaneous settlements covered by DTM		93%	100%
2. Percentage of counties with IDPs living in host communities covered by DTM		10%	75%
Activities	Output indicators	Baseline	Target
Conduct IDP registration and verification to update the IDP registry in PoC sites, collective centres and spontaneous settlements	Percentage of displacement sites regularly collecting demographic information disaggregated by sex and age	30%	100%
Roll-out DTM assessment in PoC sites, collective centres, spontaneous settlements, host communities and hard to reach areas	Percentage of targeted counties covered by DTM		75%
	Number of DTM reports and site profiles published		
	Number of IRNAs in which CCCM participated	8	24
Cluster objective 3: Humanitarian partners, community leaders and other stakeholders involved in the humanitarian response have improved knowledge of camp management concepts and practices		Cluster objective supports SRP Strategic objective: 2	
Indicators		Baseline	Target
1. Percentage of respondents among CCCM stakeholders demonstrating increased knowledge and interest in CCCM concept and best practices		n/a	75%
Activities	Output indicators	Baseline	Target
Ensure humanitarian partners, community leaders and other stakeholders involved in the response improve their knowledge of camp management concept and practices	Percentage of IDP sites reached by the CCCM capacity building roll-out	60%	100%
Strengthen the integration of IDP community into the capacity building activities	Percentage of displaced people reached through community sessions	0	50%



COORDINATION AND COMMON SERVICES

- 
261
 organizations
- 
261
 organizations participating
- 
\$19 million
 funds required
- 
3
 projects
- 
Cluster lead agency
 United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
 South Sudan NGO Forum Secretariat
- 
Government partners
 Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management, and the Relief and Rehabilitation Commission (RRC)
- 
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Needs Analysis

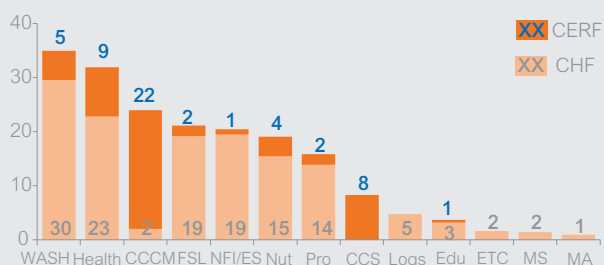
OCHA is responsible for bringing together humanitarian actors to ensure a coherent principled response to emergencies. Through this, OCHA's aim is to save lives and alleviate suffering of some 4.1 million people in acute need through effective and principled humanitarian action. The conflict has caused great humanitarian need while challenging the capacity of national and international organizations to respond due to insecurity, poor infrastructure and other access challenges.

Cluster response strategy

The humanitarian community is led by the Humanitarian Coordinator (HC) who focus on strategic guidance to humanitarian action, advocacy for humanitarian principles and resource mobilization. OCHA will facilitate the implementation of the humanitarian response plan, engaging with authorities and humanitarian partners at the sub national level principally. OCHA working closely with the Humanitarian Country Team, will ensure principled, coherent, predictable and effective response that is accountable to the affected people.

The Humanitarian Country Team (HCT) is composed of cluster lead agencies, NGOs and donors with ICRC having a standing invitation and OCHA providing secretariat services. The HCT is the core of the coordination system, providing strategic guidance to the operation overall and engaging to mobilize political and financial support. It will serve as a strategic, policy-level and decision-making forum that guides principled humanitarian action, ensures coherence between humanitarian action and development cooperation, fosters constructive working relations amongst entities of the international community, including with the United Nations peacekeeping mission, and between the aid operation and the Government of the Republic of South Sudan and other local authorities, where appropriate, operate in support of, and in coordination with, national, state and local authorities, taking into account the conflict dynamics in the country.

Pooled funds major funding channel for aid operation
 CERF and CHF allocations in 2014



Source: UNOCHA, Oct 2014

The Inter-cluster Working Group (ICWG), chaired by OCHA, is responsible for day-to-day humanitarian operations and is a subsidiary body of the HCT and promotes synergy, efficiency and maximum impact for the response through inter-cluster coherence, and advises the HCT on operational priorities, concerns and gaps in the humanitarian operation and formulates inter-cluster plans and proposals for decision by the HCT. The ICWG will be responsible for informing strategic decision-making of the HC/HCT and support service delivery, advocacy, strengthening Accountability to Affected People and monitoring and reporting. It is composed of cluster leads and co-leads, who are NGOs, and includes a representative of the NGO Forum, a body of over 250 INGOs and NNGOs. OCHA will support the ICWG in implementing the Humanitarian Programming Cycle.

The significant increase in demand for humanitarian agencies to access areas affected by humanitarian crisis and spreading conflict has led to an increased need to conduct ad-hoc security risk assessments (SRAs) to support access negotiations and take advantage of windows of opportunity to deliver critical humanitarian assistance. The humanitarian security team will support the implementation of the humanitarian response plan with a focus on security risk assessments (SRAs), briefings and advisories facilitated by a dedicated aircraft to permit the flexible deployment of security personnel to conduct SRAs, and to provide rapid security support and response, including relocations and medical evacuations.

In 2015, OCHA will, in partnership with humanitarian organizations, strengthen the coordination of humanitarian assistance at the sub-national level. The L3 was extended given the anticipated deteriorating food security situation during the dry season, with the number of people in extreme food insecurity expected to increase to 2.5 million by January 2015, the need to increased attention on protection of civilians, and the high likelihood of escalation in conflict in the dry season mobility.

Recognising that the state structure in crisis affected areas is limited by frontlines and ability to reach beyond UNMISS bases located at the states' capital level, a priority for the coming year

will be to decentralize coordination structures where necessary, to ensure that decisions are taken closer to the people in need and by organizations already on the ground with the ability to respond. For example, a light coordination structure will be established in operational centres. Operational centres are locations situated in areas where there is a significant number of people in need so more specific, targeted and integrated response can be provided and better community relations built strengthening accountability to affected people. Operational centres should be accessed by road (in the dry season, air or river and allow for outreach to surrounding areas). Warehouses will be established to pre-position supplies and regular air support provided to the operational centres and to facilitate access to surrounding areas, should it be necessary. Coordination support will be offered to needs assessment, response, monitoring and reporting.

Rapid response operations will continue to complement the work done in locations where aid agencies have a more sustained presence. Mobile teams will focus on areas where the security situation does not allow aid organizations to set up longer-term activities; where displaced populations are on the move; where logistical constraints only allow for access by air; or where the capacity of aid organizations on the ground is not sufficient to respond to spikes in needs, for example disease outbreaks or new displacement.

Cluster objectives, activities, indicators and targets

Cluster objective 1: Reinforced operational field support to humanitarian leaders		Cluster objective supports SRP Strategic objective: 1, 2, 3	
Indicators		Baseline (2013)	Target
1. Level of satisfaction with OCHA country office support to humanitarian leaders		90%	90%
2. Percentage of humanitarian partners satisfied with OCHA country office facilitation of inter-cluster coordination		82%	85%
Activities	Output indicators	Baseline	Target
Humanitarian decision making is based on a common situational awareness	Percentage of humanitarian leaders satisfied with OCHA analytical support to decision making	n/a	90%
Pooled funds are utilized strategically, predictably and in a timely manner to support humanitarian action	Percentage of pooled fund disbursement to priorities outlined in country specific allocation strategy	83%	85%
Inter-cluster/sector consultations with affected communities prior to finalization of the strategic response plan	Consultations with affected communities	6	All affected states
OCHA country office core information management products	Average quality score	7.3/10 quality 7.4/10 relevance	8/10 for quality and relevance

Cluster Objective 2: Improved information sharing and coordination on issues affecting NGO operations in South Sudan	Cluster objective supports SRP Strategic objective: 1, 2, 3	
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Indicators	Baseline	Target
1. Percentage of NGO respondents satisfied with the NGO Forum secretariat services	n/a	75%

Activities	Output indicators	Baseline	Target
Facilitation of NGO coordination meetings	Meeting minutes	Monthly	12
Joint NGO advocacy initiatives, including position / discussion papers	Joint papers/ policy documents; regular Policy Working Group meetings		10
Dissemination of information on the changing security conditions in South Sudan	Daily security updates; weekly security working group meetings	Daily	Daily

Cluster Objective 3: Ensuring safety, security and well-being of the humanitarian community operating in insecure and hazardous environment in South Sudan and enabling their operations effectively	Cluster objective supports SRP Strategic objective: 1, 2, 3	
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Indicators	Baseline	Target
1. Number of security risk assessments carried out per year in support of humanitarian operations	140	150
2. Percentage of medical relocations or evacuations carried out per year (based on requests)	100%	100%

Activities	Output indicators	Baseline	Target
Security assessments	Number of security risk assessments		90%
Relocations or medical evacuations conducted against requested	Number of relocations or medical evacuations conducted as requested		100%
Incidents responded to against the total reported	Incidents responded to against the total reported		90%
Humanitarian personnel transported for urgent humanitarian mission in response to emergency security situation	Number of humanitarian personnel transported for urgent humanitarian mission in response to emergency security situation		90%



EDUCATION



1.7 million

people in need

male: 900,800

female: 831,500



519,700

people to be assisted

male: 270,200

female: 249,400



\$40 million

funds required



\$77

funds per person



34

projects



Cluster lead agency

United Nations Children's Fund (UNICEF)

Save the Children International



Government partners

Ministry of Education, Science & Technology (MoEST)



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Needs analysis

Since the conflict, at least 1.7 million children and adolescents are in need of emergency education, including some 400,000 who have dropped out of school. Many of them are unable to access learning due to displacement, while others are out of school due to the impact of conflict on their communities or are living in host communities where education resources are non-existent or overstretched.

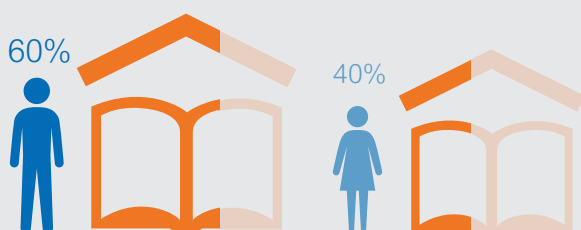
Even before the conflict, the literacy rate in Jonglei state was 15 per cent. Countrywide, secondary school enrollment rate is less than 2 per cent. A South Sudanese girl was more likely to die in child-birth than to complete her primary school education. The meagre resources available go toward primary-school aged children, leaving adolescents and young people particularly vulnerable.

About 70 per cent 1,200 schools in Jonglei, Unity and Upper Nile have been closed since the onset of the crisis. For example, in Duk County, Jonglei, all 20 primary schools are closed, leaving an estimated 10,000 children out of school and 160 teachers without a job. Many schools are no longer safe havens as they have been damaged or destroyed by fighting. In Leer county alone, 15 out of 36 schools were burned and remain unusable. Since the conflict erupted, at least 91 schools have been occupied by armed groups or used as shelters by the displaced. Access has been especially difficult in Guit, Mayom, Koch, Maiwut, Nasir and Duk counties, where up to 330,000 children are without emergency education programmes.

Education needs are also great within displacement sites. Up to 25,000 children reside in Bentiu PoC site, and less than 4,000 have been able to access to emergency education. Those who remain out of school are particularly susceptible to dangerous labor practices, recruitment into armed groups and other negative coping mechanisms such as crime, substance abuse and perpetuating gender based violence."

Teachers are the most important element in ensuring access and quality for emergency education and they too, are in need. Many teachers have been displaced from their homes and forced to seek alternative livelihoods due to school closures and the lack of payment. Previously trained professionals have sought jobs with more reliable or higher payment. The overall effect of this is a lower quantity and caliber of teachers available in the three states. Most teachers in both the government-held and opposition-held areas have been unpaid since November 2013, thus reducing the incentive to come back to the profession when schools re-open. Teachers located in opposition-held areas will not be paid by the government in the foreseeable future and those in the PoC sites may not either. More than 5,200 teachers are necessary to reach the 519,700 students to be assisted by the education cluster in 2015.

Primary and secondary school enrollment by sex



Source: South Sudan Ministry of Education, Sept 2014

Children and adolescents who remain outside education are susceptible to dangerous labor practices, recruitment into armed groups and other negative coping mechanisms such as joining gangs and militia) crime, substance abuse and gender based violence. Education spaces also offer an opportunity to provide positive psychosocial support to children who have been through traumatic experiences. Attending school creates a sense of normality and routine for children, crucial for coping with the effects of exposure to conflict and displacement.

Communities and the humanitarian community worry about the increasing radicalization of young people, particularly in PoCs where idle and disengaged youth are forming gangs and militia, such as in Bentiu. Joining armed groups is perceived by many children and young people as the only option for becoming a leader in their community, especially where there is no opportunity to pursue livelihoods or advance through education. Schools serve as platforms for other actions such as child protection, health, nutrition and WASH. With schools currently closed, access to these services is limited.

People affected and to be assisted

The cluster will target boys and girls of school-going age, including pre-school children, adolescents and young people; as well as parents, teachers, and relevant community members. Priority areas are the three conflict-affected states. This includes the PoC sites, with a particular focus on Bentiu PoC.

Cluster strategy

The cluster will contribute to all three objectives of the strategic response plan, and will work to:

1. Ensure uninterrupted access to critical, multi-sector, and quality learning in protective spaces for conflict-affected children.
2. Protect learners and learning spaces by supporting teacher trainings in psychosocial support and life skills and supporting the vacancy of occupied schools.
3. Enable conflict-affected children to pursue healthy, productive lives through age and gender appropriate alternatives to recruitment, child labor, and other exploitation.

The overall aim of the education cluster is to ensure the continuation of learning for children and young people, and facilitate the return to school for those who have had to leave school as a result of the conflict or have been unable to access any learning services due to displacement, insecurity and violence. Education cluster partners will respond particularly in those areas where the Ministry of Education is unable to ensure education services. In 2015, the education cluster will target 519,672 children in the most conflict-affected communities, including children displaced by the conflict. While the construction and rehabilitation of learning spaces is critical, the teacher is key to the education response. This will require advocacy for the payment of teachers in government-controlled areas, and the development of an alternative strategy for compensating teachers in non-government controlled areas and PoC sites. It will also require ongoing teacher training and incentives.

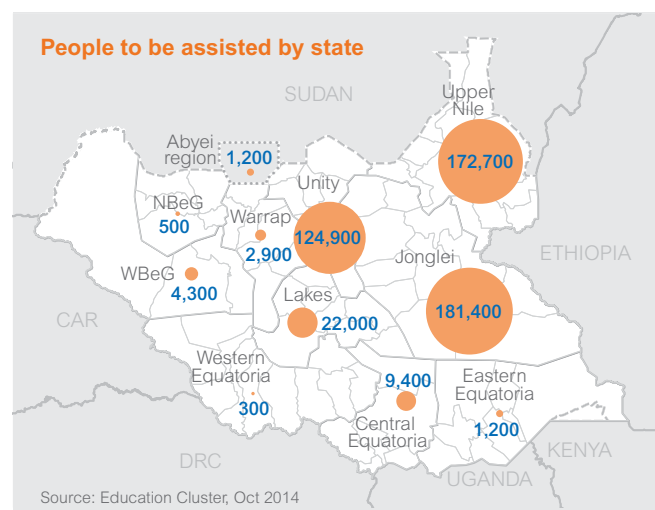
In all priority locations, the education partners will aim to train teachers in Education in Emergencies, the South Sudan Teacher Code of Conduct for Emergency Situations, and Life Skills and Psychosocial Support using a curriculum developed for South Sudan by UNESCO and the Ministry of Education.

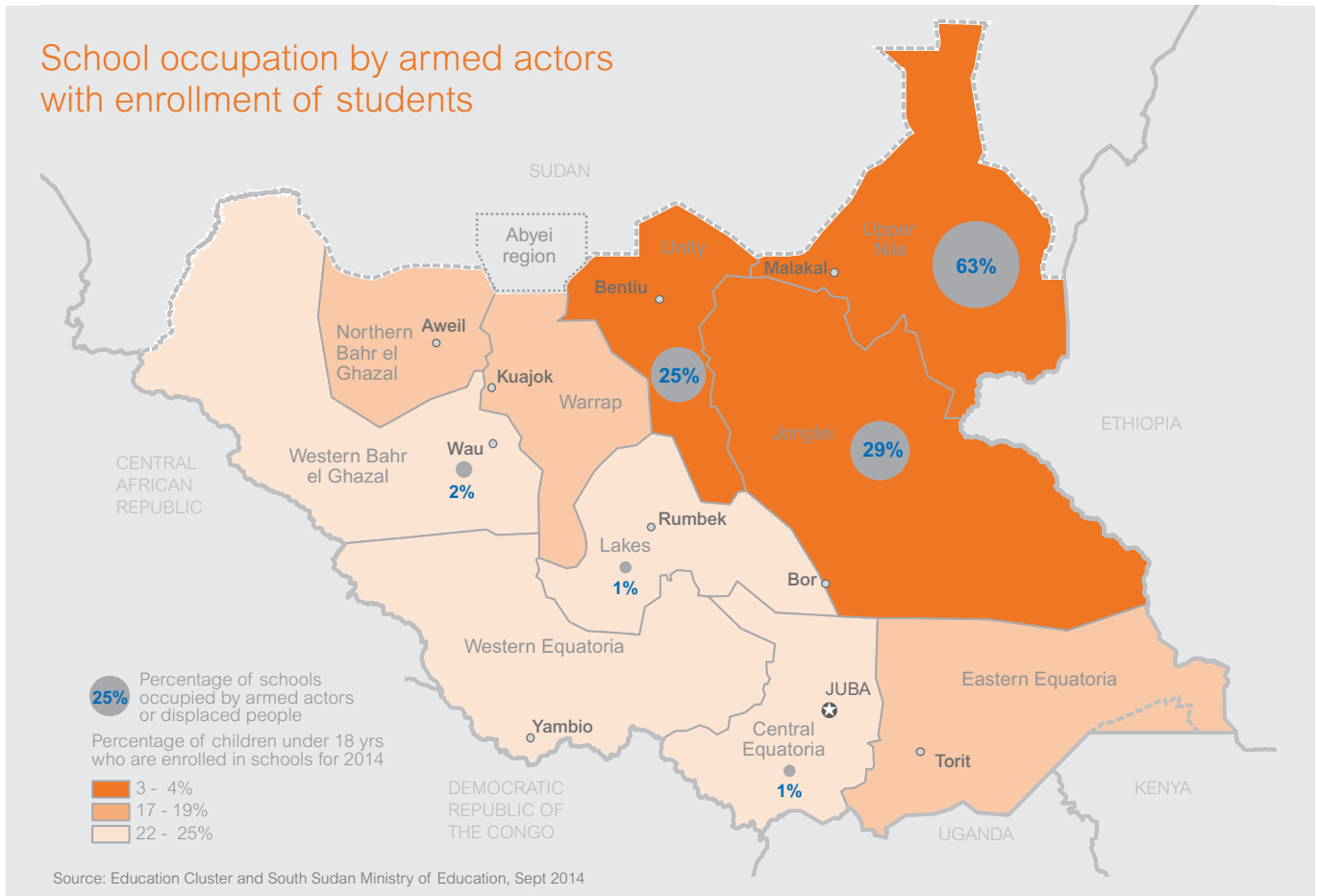
Education partners will renew focus on adolescents and young people, providing opportunities to access accelerated learning programmes and vocational training in order to combat the increasing radicalization of youth, and their recruitment into armed groups and criminal gangs while also mitigating child marriage and sexual exploitation.

In order to strengthen and scale up the current approach, the education cluster will strengthen integration with other sectors, and continue to build government, national, and international partner capacity through trainings. Finally, the cluster will work to make learning opportunities more mobile, by equipping teachers and community members with skills through training and supply provision.

While the underlying strategy of the education cluster is a community based approach to Education in Emergencies, partners also recognize the importance of a flexible and diversified approach, depending on the context:

- The need for compensation of teachers will require a different approach in PoC sites, government- and opposition-controlled areas through cooperation with the MoEST, donors and development education partners.
- For people facing multiple displacements and the consequent access related challenges, partners will aim at equipping moving populations with the tools and the knowledge to continue learning in their communities. This will be accomplished through mobile and non-formal education approaches and trainings.
- Specifically in PoC and settlement sites, peer-to-peer learning models will be used to overcome space and access constraints, to engage adolescents and youth as mentors/volunteer teachers, and to establish teacher-to-teacher support systems, including psychosocial support for the teachers, who are also deeply impacted by the emergency. Education activities will take place in shared spaces such as child-friendly spaces, community gathering locations like churches, under trees, and in shifts at temporary learning structures.





- In conflict-affected areas where schools require rebuilding or where armed elements or displaced people are occupying schools, emergency education will take place in safe locations identified by the community, such as under a tree, in a church or in a common location alongside other humanitarian services.
- For all activities targeting children who are displaced, it is essential to use a do no harm approach by supporting both displaced people and host communities so that assistance mitigates possible tensions between both groups while strengthening solidarity. For this reason, the cluster will target the same number of host community learners as displaced community learners. Teachers will be recruited from both the communities.
- In counties that are particularly difficult to access, new national and international partners have been identified through the education cluster project prioritization for specific locations. Assuming improved humanitarian access, local partners will be best positioned to provide EIE programmes.
- Integration with rapid response mechanisms will further improve access with initial mobilization of learners, provision of temporary learning tents, supplies, and rapid training of teachers. Where possible, the cluster will identify NGOs who can continue the groundwork laid by these missions so that communities remain supported.
- To identify and respond to children's emergency and chronic needs, teachers will be trained in referral mechanisms and assistance pathways for child protection, health and nutrition.

Links with other clusters and partners

The cluster will work with the child protection sub-cluster to document grave violations, training of teachers in referral pathways, and with the WASH cluster to ensure gender sensitive water and sanitation facilities in schools, hygiene promotion, cholera/ebola prevention messaging. Nutrition partners will be trained in Early Childhood Development to ensure essential stimulation and cognitive development can take place alongside feeding actions, advocacy for sending children to school will be passed through mother support groups and nutrition messaging through PTAs. Teachers will be trained in referral pathways for malnourished children. Learning spaces will provide a platform for health activities such as vaccination, deworming, and other actions. The Education Cluster has signed an agreement with the DFID-funded Girls' Education South Sudan (GESS) long-term development project which is implementing in all counties of all states. Cluster partners will link all schools with the programme so they may qualify for school capitation grants and cash transfers for girls, enhancing the long-term sustainability of EIE actions and the recovery of education in the conflict-affected states.

Cluster objectives, activities, indicators and targets

Cluster objective 1: Ensure uninterrupted access to critical and quality learning that is inclusive of lifeskills in protective spaces for conflict-affected children and young people		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of children accessing education in emergencies (through accessing temporary learning space construction or rehabilitated classrooms)		56,505	163,299
Activities	Output indicators	Baseline	Target
TLS construction	Number of children benefiting from TLS construction	42,651	123,261
Classroom rehabilitation	Number of children benefiting from rehabilitated classrooms	13,854	40,038
Training of teachers in life skills education	Number of teachers trained in life skills education	774	2,237
Distribution of learning supplies	Number of children benefiting from learning supplies	72,848	210,531
Distribution of ECD supplies	Number of children benefiting from ECD supplies	10,549	30,487
Cluster objective 2: Ensure protection of learners and learning spaces so as to generate positive psychosocial impact for children, young people, teachers and families		Cluster objective supports SRP Strategic objective: 2	
Indicators		Baseline	Target
1. Number of teachers trained in the provision of psychosocial support		487	1,407
Activities	Output indicators	Baseline	Target
Training of teachers in provision of psychosocial support	Number of teachers trained in the provision of psychosocial support	487	1,407
Training of teachers in referral mechanisms for protection, nutrition, health	Number of teacher trained in referral mechanisms for protection, nutrition, health	n/a	1,407
Training of PTA	Number of PTA members trained	1,318	3,809
Advocacy for vacation of schools	Percentage of schools vacated by armed groups and IDPs	n/a	100%
Cluster objective 3: Enable conflict-affected children and young people to pursue healthy, productive lives through age and gender appropriate alternatives to recruitment, child labor and exploitation		Cluster objective supports SRP Strategic objective: 2	
Indicators		Baseline	Target
1. Number of children and young people accessing non-formal education, including Alternative Education Systems (AES)		n/a	61,000
Activities	Output indicators	Baseline	Target
Accelerated Learning Programmes (ALP)	Number of children and young people accessing Accelerated Learning Programmes	n/a	9,500
Other Alternative Education System (AES) formal learning programmes	Number of children and young people accessing AES formal learning programmes	n/a	9,500
Vocational training	Number of children and young people accessing Vocational training	n/a	2,000
Non-formal learning (remedial/catch-up/exam preparation, peace building education, life skills and other forms)	Number of children and young people accessing other non-formal learning programmes	n/a	40,000



EMERGENCY TELECOMMUNICATIONS

- 
150
 organizations in need
- 
150
 organizations targeted
- 
\$3.8 million
 funds required
- 
1
 project
- 
Cluster lead agency
 World Food Programme (WFP)
- 
Government partners
 Ministry of Telecommunication and Postal Services
- 
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Needs analysis

South Sudan has very limited basic information and communication technology infrastructure. Only 1 per cent of the population has access to electricity, and mobile phone coverage is not available in many parts of the country, including much of the crisis-affected states where a large number of humanitarian partners are operating. To ensure safety and security for staff and enable coordination of service delivery, humanitarian partners require independent and secure voice and data connectivity that includes the provision of emergency data connectivity, enhanced security telecommunications services, and provision of help desk services on the ground for the humanitarian community that includes the tools to track and measure the performance of the services. There is also need for coordination services to identify gaps and design services that meet ICT needs of humanitarian partners. In addition, there is a need to transition from emergency connectivity to more permanent, reliable data connectivity services that leverage agencies' existing infrastructure.

Organizations served and priority geographic areas

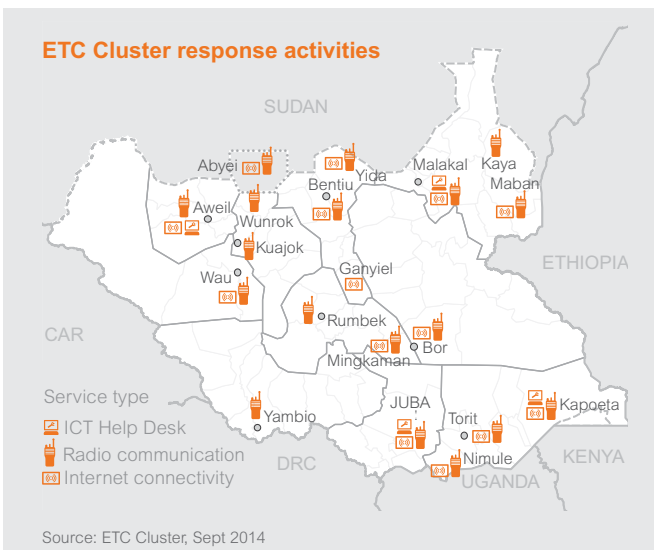
The cluster will continue to provide data connectivity and telecommunications to humanitarian organizations on the ground, reinforcing its presence in the most crisis affected areas with focus on the three states with the most acute needs (Jonglei, Unity and Upper Nile). In addition the cluster will work in 2015 to expand its services to cover new areas identified by the ICWG such as the six operating centres. The cluster will maintain and strengthen its services in the PoC sites and IDP settlement sites.

Cluster strategy

The cluster will contribute primarily to Strategic objectives 1 and 3 of the Strategic Response Plan.

Its specific objectives are to:

1. Deliver common emergency ICT services to enable humanitarian partners to provide life-saving assistance to populations in need;
2. Provide a structured and effective response to the ICT needs of the Humanitarian Community through the implementation of standardized tools and methodologies and capacity-building of humanitarian partners;
3. Leveraging on existing ICT infrastructure to provide self-reliant and sustainable connectivity services at competitive cost to partners in post conflict areas



To maximize limited resources, priority will be given to locations with presence of more than three humanitarian organizations with more than 20 staff on the ground. The cluster will introduce new standardized systems and procedures such as a centralized help desk services in locations where ETC services are available. The cluster will implement the infrastructure required to introduce digital radios with value-added security features such as GPS tracking, text messaging and direct dialing with the possibility of integrating with UNMISS radio network. The cluster will also leverage existing infrastructure to provide self-reliant data connectivity services through a cost sharing modality.

The cluster will conduct periodic needs assessments to ensure that the services provided are meeting the needs of humanitarian partners. Services will be relocated between locations based on need.

There is a growing need for additional features including GPS tracking, text messaging, individual calls and encryption. The additional security features are present in the new radio models (Digital Radios). To be able to use these enhanced security features, the Cluster will start migrating the radio infrastructure in Juba and one crisis-affected state capital (to be determined).

Links with other clusters and partners

ETC will provide services to other cluster to enable them to communicate effectively in the delivery of vital services. The cluster will partner with other clusters in order to deliver services, especially in the sharing of space, power and custodianship of equipment.

Cluster objectives, activities, indicators and targets

Cluster objective 1: Deliver common emergency ICT services to enable humanitarian partners to provide life-saving assistance to populations in need		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of humanitarian agencies benefitting from data connectivity services for critical communications in crisis affected areas		120 humanitarian agencies	150 humanitarian agencies
2. Number of operating centres in crisis affected areas equipped with security telecommunications networks		1	6
3. Percentage of security communications equipment used by humanitarians programmed and functional within the humanitarian network		90%	100%
Activities	Output indicators	Baseline	Target
Provide emergency data connectivity services to the humanitarian community in ROSS including the operation centres	Number of humanitarian organization provide with data connectivity service in all sites, including operating centre	120	150
	Number of operating centres provided with data connectivity services	1	6
Provide reliable security telecommunication network independent of public infrastructure with coverage in the crisis affected areas including operation centres	Security communication exists at operating centres as per the UNMOSS requirements	n/a	Made available in 6 operations centres
	All radios of humanitarians are programmed for use in the common network	90%	100%

Cluster objective 2: Provide a structured and effective response to the ICT needs of the humanitarian community through the implementation of standardized tools and methodologies and capacity-building of humanitarian partners

Cluster objective supports SRP Strategic objective: 3

Indicators	Baseline	Target
1. Number of centralized help desk software installed to support ETC requests from partners	0	1
2. Number of staff trained on ICT support and emergency management	44	95
3. Percentage of customer satisfied with ETC services	80%	80%

Activities	Output indicators	Baseline	Target
Implement help desk system to be able to respond to requests from partners and track their status in a timely manner	Standard help desk software is installed	n/a	Help desk service available
	Number of staff trained on help desk to log and resolve requests from partners	n/a	5
Provide technical and managerial training to IT staff of the humanitarian community	Number of staff trained	44	95
	Percentage of national staff trained out of total staff trained	n/a	50%
Provide user training to radios users	Number of users attended radio training	617	1,420
Implement digital radio network using the ETC digital radio standard in order to provide additional security communication services such as text messaging, one-to-one calls, seamless roaming and GPS tracking	Number of state capitals deployed / migrated to digital radio network	n/a	2

Cluster Objective 3: Leveraging on existing ICT infrastructure to provide self-reliant and sustainable connectivity services at competitive cost to partners in post conflict areas

Cluster objective supports SRP Strategic objective: 3

Indicators	Baseline	Target
1. Number of sites to be provided with data connectivity services on cost recovery basis	1	5
2. Number of states capitals with COMCENs operational 24/7	7	10

Activities	Output indicators	Baseline	Target
Provide data connectivity services to humanitarian partners in 5 state capitals	Number of sites to be provided with data connectivity services on cost recovery basis	1	5
Re-establish and maintain interagency telecommunications infrastructure and services in state capitals	Number of states capitals with COMCENs operational 24/7	7	10



FOOD SECURITY AND LIVELIHOODS



6.4 million

people in need

male: 3,127,100

female: 3,254,800



1.6 million

people to be assisted (food)

male: 787,200

female: 819,400



2.8 million

people to be assisted (livelihood inputs)

male: 1,388,000

female: 1,445,000



1.7 million

people to be assisted (livelihood assets)

male: 812,600

female: 845,800



\$746.6 million

funds required



\$264

funds per person



64

projects



Cluster lead agency

Food and Agriculture Organization (FAO)
United Nations World Food Programme (WFP)
Mercy Corps



Government partners

Relief and Rehabilitation Commission (RRC),
Ministry of Agriculture, Forestry, Tourism and
Animal Resources, Cooperatives and Rural
Development, Food Security Technical
Secretariat, Food Security Council



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Needs analysis

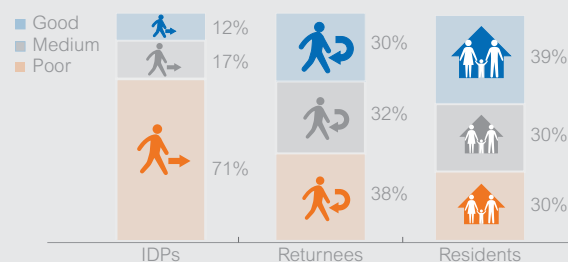
An estimated 78 per cent of South Sudan's rural population relies on agriculture for their livelihoods, including crop production, live-stock, forestry, fisheries and farming. Poor investment in natural resources and livelihood infrastructure contribute to the country's chronic food insecurity, characterized by a national production deficit of nearly two thirds. In addition, the ongoing conflict, seasonal flooding, and poor physical infrastructure and financial systems are underlying causes of food insecurity in the country.

According to the September 2014 Integrated Phase Classification exercise, the food security situation across the country improved from September to December, a trend expected to continue through December 2014, particularly in areas not heavily affected by the conflict. The situation, however, is worse compared to a typical year at harvest time. The IPC forecasts that 1.5 million people would remain in crisis (1.26 million) and emergency (0.24 million) levels of food insecurity until December 2014.

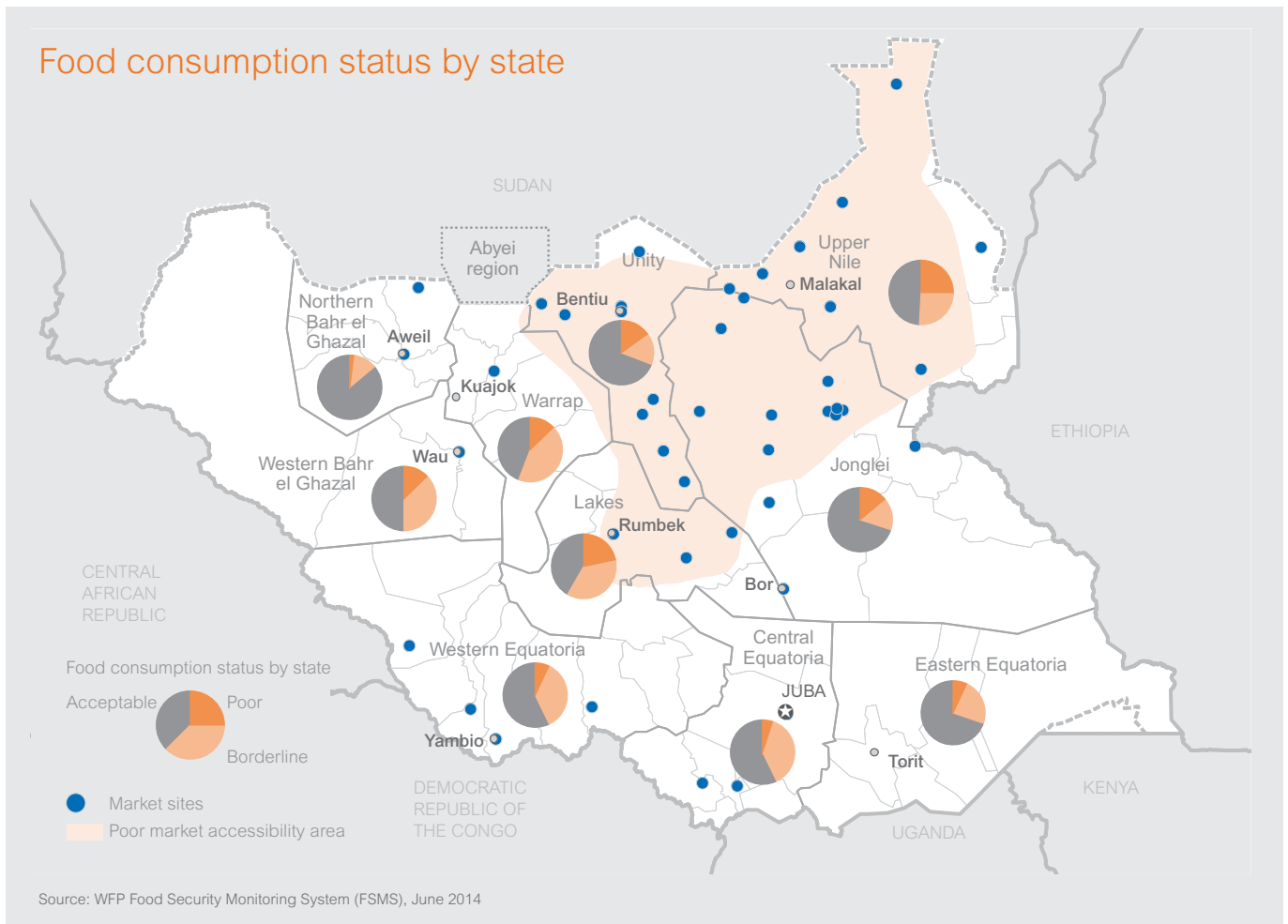
Global Acute Malnutrition (GAM) rates are above emergency thresholds in some areas, a situation attributed to food insecurity, illness, poor dietary and feeding habits, and poor access to basic services. The outlook for the first quarter of 2015 is even more worrisome with an estimated 2.5 million people expected to be either in crisis (1.63 million) or emergency (0.89 million) phases.

The conflict has disrupted markets across the country, but more so in the three most affected states of Jonglei, Upper Nile and Unity with sharp price increases, dwindling stocks, and traders having largely abandoned the markets. Trade routes have been affected due to attacks on traders, arbitrary taxation and market distortions leading to traders pulling out of some areas. The prevailing livelihood situation is expected to continue into the lean season of 2015 and the likelihood of continued fighting, decreased cultivation and harvest, pest attacks, floods, dry spells and looting is high.

Income source reliability and sustainability
by residential status



Source: WFP Food Security Monitoring System (FSMS), June 2014



Given the context, the cluster has identified priority needs to ensure improved access to food, nutrition support, provide livelihood inputs, construct and rehabilitate access to livelihood assets, and improve access to markets and humanitarian access. These exist in all states across the country; however, they are more prevalent in conflict-affected areas (Jonglei, Upper Nile, Unity, Warrap and Lakes).

People affected and to be assisted

Vulnerable people are those living in conflict-affected, hard-to-reach areas, displaced, including those living in the PoC sites, host communities (in IPC phases 3 & 4) and the returning people who had been initially displaced/migrated for survival. The cluster aims to assist people according to their needs as well as the kind of support to be delivered based on the IPC analysis:

- 1.6 million people in the IPC emergency phase to be assisted to improve their access to food. This includes population in Emergency phase across the country, Crisis phase in Jonglei, Unity and Upper Nile, and a portion of those in Crisis phase in conflict-affected states, and the population in Abyei.
- 2.8 million people supported with livelihood support aiming at providing inputs for households. This includes all those in the Emergency phase across the country, Crisis phase in conflict-affected states of Jonglei, Unity and Upper Nile, a portion of those in Crisis phase and a percentage of those in stressed phase.

- 1.6 million people (812,616 males and 845,784 females) to be assisted with livelihoods assets support activities. This includes all the people classified under the Crisis phase, a percentage of those in Stressed phase plus all emergency caseload in Central Equatoria, Lakes and Northern Bahr Ghazal states.

Cluster response strategy

The response strategy will contribute primarily to Strategic objectives 1 and 3 of the Strategic Response Plan. Its specific objectives are to:

1. Ensure continued and regular access to food for the vulnerable population.
2. Protect and rehabilitate livelihoods for the vulnerable people at risk of hunger and malnutrition.
3. Rehabilitate community livelihoods assets during the lean season.

Need is seasonal in South Sudan and the cluster strategy recognizes this. For example, under objective 1, activities will be implemented throughout the year, meaning that vulnerable households will receive food rations on a monthly basis throughout the year. Activities under the second and third objectives will be implemented according to seasonal appropriateness, alongside support to livestock health and production.

The cluster’s strategy focuses principally on the following areas:

1. Provision of food assistance mainly through general food distribution. For the safety and protection of beneficiaries, the cluster will ensure that food distributions are safe and dignified. In parallel, the cluster will explore the appropriateness for market-based assistance where possible.
2. Provision of livelihoods inputs support to address hunger, malnutrition and threats to livelihood systems. This includes timely provision of appropriate varieties of assorted crop seeds, tools and storage facilities; support to animal health and production through mass livestock vaccination and veterinary support (including cold chains) for the treatment of livestock diseases; enhancing marketing opportunities for at risk livestock-dependent communities; and support to fisheries and aquaculture activities for communities living along the rivers and dependent on fisheries for their livelihood.
3. Investing in human capital formation and promoting alternative livelihood strategies by supporting the creation and rehabilitation of community livelihood assets during the lean season. This includes creation and rehabilitation of community roads, dykes, and canals. A key aim is to ensure that women have equal access/control over assets created and prioritize activities with greater participation of women as well as those which directly benefit women and promote their well-being.

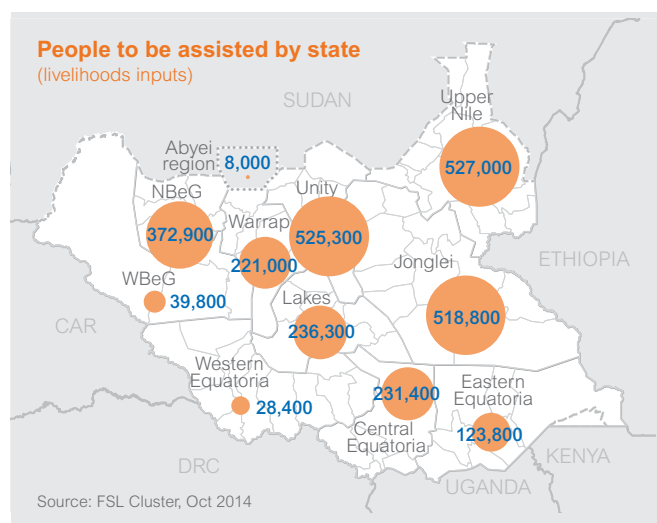
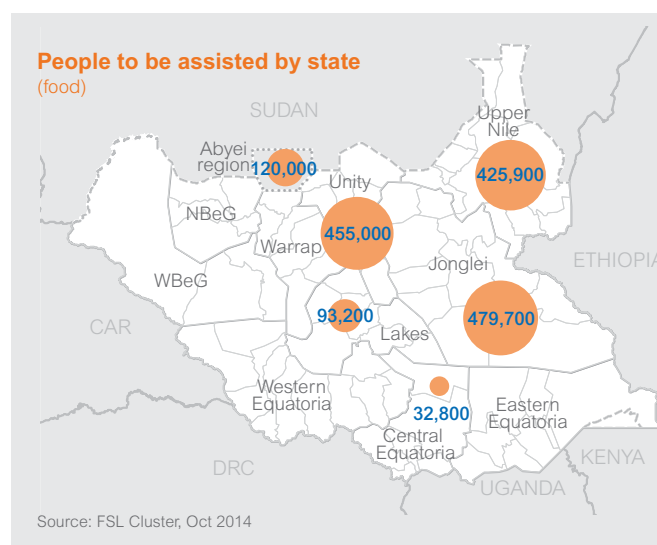
Other components of the cluster’s strategy include:

4. Explore feasibility of voucher based programmes where markets are viable. Voucher based programmes, if properly explored, can contribute to resuscitating agricultural markets, and improve incomes and food availability across the country.
5. Liaison between partners and pipeline managers in order to enhance timely procurement and delivery of humanitarian items.
6. Provide a platform for coordination and information sharing through cluster meetings. A technical working group will continue to provide technical support on the design and implementation of the cluster’s activities. The four technical working groups will continue to provide technical guidelines in support of the cluster’s activities. The cluster will work to improve collaboration with government ministries while enhancing their capacity to take a lead in decision making.
7. Although the cluster is prioritizing the severely affected states of Jonglei, Unity, Upper Nile, and Warrap, Northern Bahr Ghazal and the Lakes States, it is important that support aimed at improving food production in non-conflict states are not disrupted as it could significantly contribute to aggregate food deficit, increase future vulnerability and caseload for food assistance and emergency livelihoods support. The cluster’s activities will therefore target displaced people host communities, returning populations who had been displaced; communities with livelihood links with conflict-affected states and vulnerable groups.

Links with other clusters and partners

The following linkages exist and will be explored with other clusters:

- Gender Based Violence - proper support towards women and girls to reduce intra-family conflict and misunderstandings; Nutrition – increased incomes and food production to contribute to protection and nourishments.
- Mine action – the mine action cluster can assist in supporting clearing land of mines so that the affected population who have received seeds.
- WASH, FSL and nutrition clusters – by working together, these clusters can contribute to better health, nutrition and food security through improving access to clean water, sanitation, and introducing nutritious foods.



Cluster objectives, activities, indicators and targets

Cluster objective 1: Ensure continued and regular access to food for the vulnerable population		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Food consumption score (FCS) of targeted population remains above 21 threshold		88% ¹⁰	88%
Activities	Output indicators	Baseline	Target
Distribution of food aid with a special focus on women, elders, PLW's and children.	Number of people assisted with food and conditional/unconditional cash transfers	1.2 million ¹¹	1.8 million

Cluster objective 2: Protect and rehabilitate livelihoods for the vulnerable population at risk of hunger and malnutrition		Cluster objective supports SRP Strategic objective: 3	
Indicators		Baseline	Target
1. Percentage of targeted vulnerable households having increased food production		75%	80%
Activities	Output indicators	Baseline	Target
Distribution of appropriate livelihoods inputs	Number of people benefiting from livelihoods inputs	3.1 million	2.8 million

Cluster objective 3: Rehabilitate community livelihoods assets during the lean season.		Cluster objective supports SRP Strategic objective: 3	
Indicators		Baseline	Target
1. Number of communities benefitting from livelihood assets constructed/rehabilitated		400	450
Activities	Output indicators	Baseline	Target
Rehabilitation of community assets with a special focus on assets and activities directly benefitting women and other vulnerable groups	Number of communities benefitting from assets construction/rehabilitation	n/a	1.6 million
	Number of community assets rehabilitated	n/a	n/a



6.4 million people in need
 male: 3,251,300
 female: 3,123,800

3.4 million people to be assisted
 male: 1,712,600
 female: 1,645,500

\$90 million funds required

\$27 funds per person

36 projects

Cluster lead agency
 World Health Organization (WHO)
 International Medical Corps

Government partners
 Ministry of Health

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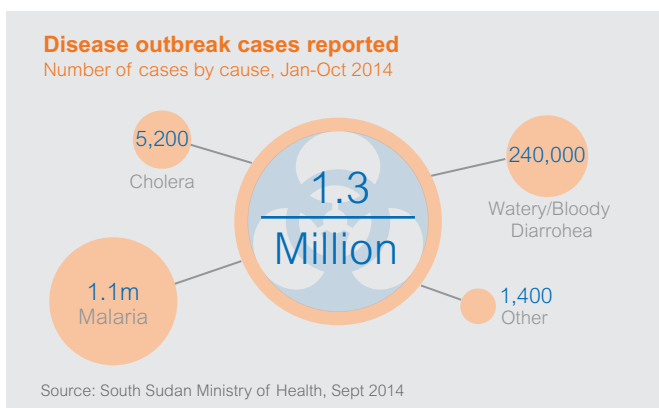
Needs analysis

The conflict in South Sudan has caused a major public health crisis disrupting essential primary and secondary health care services. As of July 2014 only 41% of health facilities in Unity State were functioning, compared to 57% in Upper Nile and 68% in Jonglei. Overall, 184 of 425 health facilities in conflict-affected states are not functioning.¹²

Vaccination, malnutrition screening and antenatal care have all been disrupted. Surgery and referral services are limited or non-existent, as are services to manage HIV, TB and mental health. Frequent ruptures in drug supplies and a lack of qualified health workers further aggravate the situation.

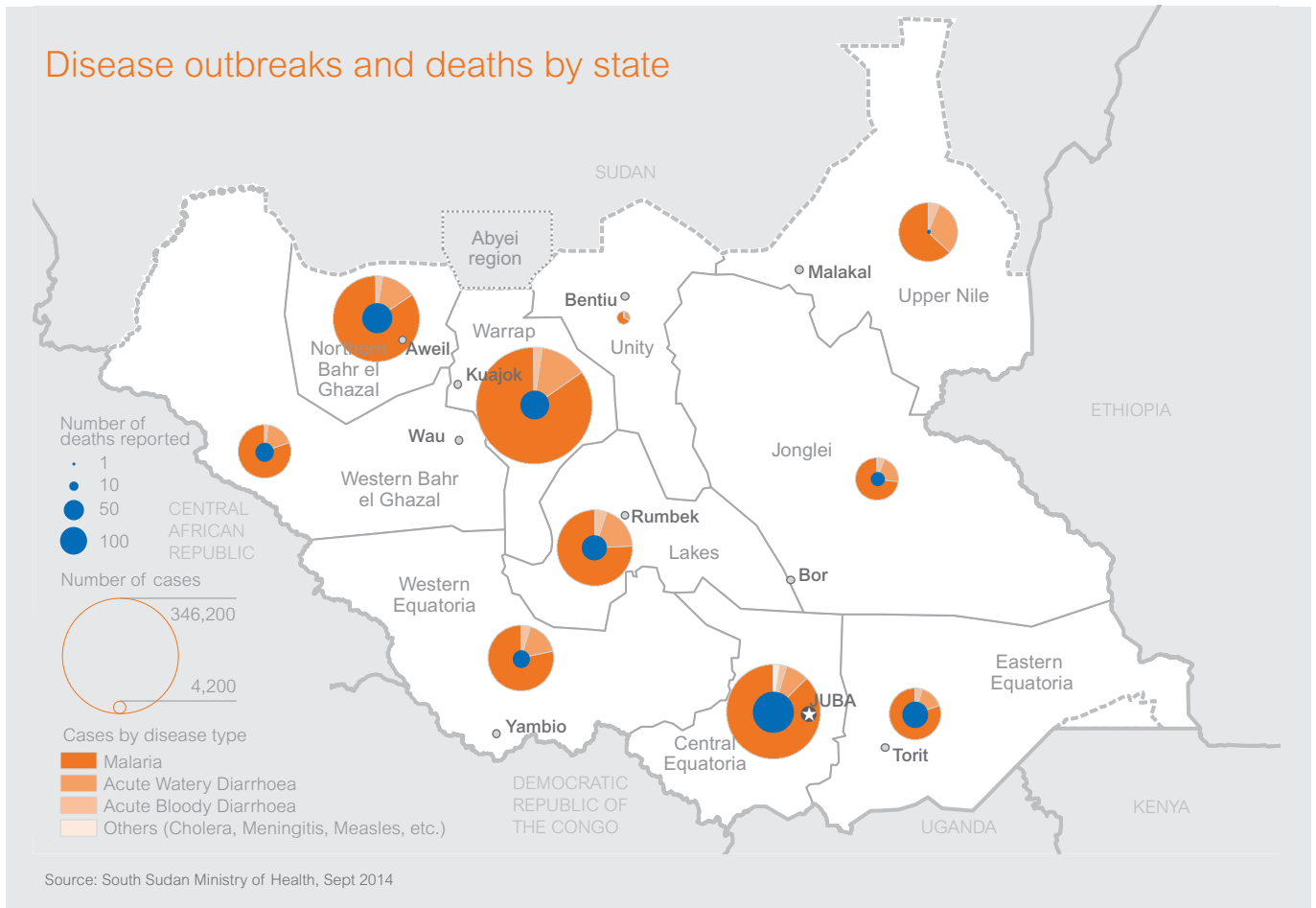
Trauma cases due to gunshot wounds have been reported since the beginning of the crisis. From 15 December 2013 until the end of September 2014, over 7,100 people have been treated for gunshot wounds across 40 facilities and an additional 422 have been evacuated from various locations to appropriate facilities for surgical attention. The cluster estimates over 18,000 wounded will access health services in 2015.

Communicable diseases are a concern throughout the country due to poor sanitation, shortage of water, crowded living conditions – especially in displacement sites - malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable. The situation is compounded by gaps in the disease surveillance (EWARN) coverage and low routine vaccine coverage (26% DPT 3 coverage according to official estimates). Outbreaks of cholera and kala-azar have affected some 6,100 and 4,100 people respectively as of October 2014. The pattern is likely to continue in 2015. Other common threats to people’s health include acute respiratory infections, acute watery diarrhea, malaria, malnutrition and measles. The country is in the meningitis belt of Africa, the dry season may see outbreaks of meningococcal meningitis. Malaria remains a major concern throughout the country, with a spike in recent months in the western parts of the country.



Reproductive health services coverage is low, including in displacement sites. Even before the crisis, the maternal mortality ratio was estimated to be 2,054 deaths per 100,000 live births, one of the highest in the world. There are gaps in the availability of emergency obstetrical and neonatal care. The 2013 Emergency Obstetric and Neonatal Care (Emonc) assessment found that only 24 Emonc facilities are functional out of the targeted 109 in the country. Only 15 per cent of deliveries are attended by a skilled birth attendant.

Reports show that sexual and gender-based violence and exploitation have increased since the start of the crisis. There is a lack of appropriate health services for survivors, especially outside major displacement sites.



People affected and to be assisted

In 2015 the cluster will target 3,358,076 people (1,645,457 females and 1,712,619 males) with health services. This includes 1,950,000 who are internally displaced. It also includes approximately 839,519 women of reproductive age group, 1,578,296 children under 15 years of age to be assisted with routine and emergency vaccination campaigns and 705,196 children under five who will be assisted with vitamin A supplementation and de-worming.

In addition to the three conflict-affected states of Jonglei, Unity and Upper Nile, the cluster will target most vulnerable counties in the other seven states based on the presence of displaced persons due to the crisis, status of basic services, vulnerability to disease outbreaks and food insecurity.

The cluster will also target other areas with low health coverage, high malnutrition, or severe food insecurity as well as counties absorbing high numbers of displaced people. States in this category include Western and Northern Bahr El Ghazal, Warrap, Lakes and Eastern Equatoria.

Cluster strategy

The response strategy will contribute primarily to Strategic objectives 1 and 2 of the Strategic Response Plan. Its specific objectives are to:

1. Improve access to, and responsiveness of, essential and emergency health care, including emergency obstetric care services.
2. Enhance existing systems to prevent, detect and respond to disease outbreaks.
3. Improve availability, access and demand for Gender Based Violence (GBV) and Mental Health and Psycho-Social Support (MHPSS) services targeting highly vulnerable people

The goal of the cluster is to reduce excess morbidity and mortality in vulnerable states by providing essential and emergency health services to the most affected communities.

This will be done through:

- Support of existing health services and the delivery of the basic health service package with community engagement.
- Restoration of non-functional or damaged health facilities to revive functionality, as security permits.

- Ensure logistical support to refer emergency cases to appropriate levels of care.
- Strengthen service delivery to areas outside PoC sites.
- Strengthen communicable disease control and response to prevalent disease.
- Address specific needs of the highly vulnerable groups including those affected by gender based violence, mental health and psychosocial services, HIV and the elderly.
- Monitor mortality causes and address them through evidence based assistance.

The cluster will continue to address communicable diseases through investigations of outbreaks, vaccination campaigns and strengthening preparedness capacity at all levels in the affected states. Support with outbreak investigations supplies, mapping of high risk areas and training of key providers will continue.

The cluster will also support health partners with emergency medical supplies for both routine patient care and continued response to the emergency situation and outbreak threats.

The cluster will support coordination and monitoring at all levels with a particular focus on the conflict-affected states. Focal points will be placed in each operational centre to support this coordination. Advocacy with donors and partnership with international and national NGOs and capacity building of local stakeholders,

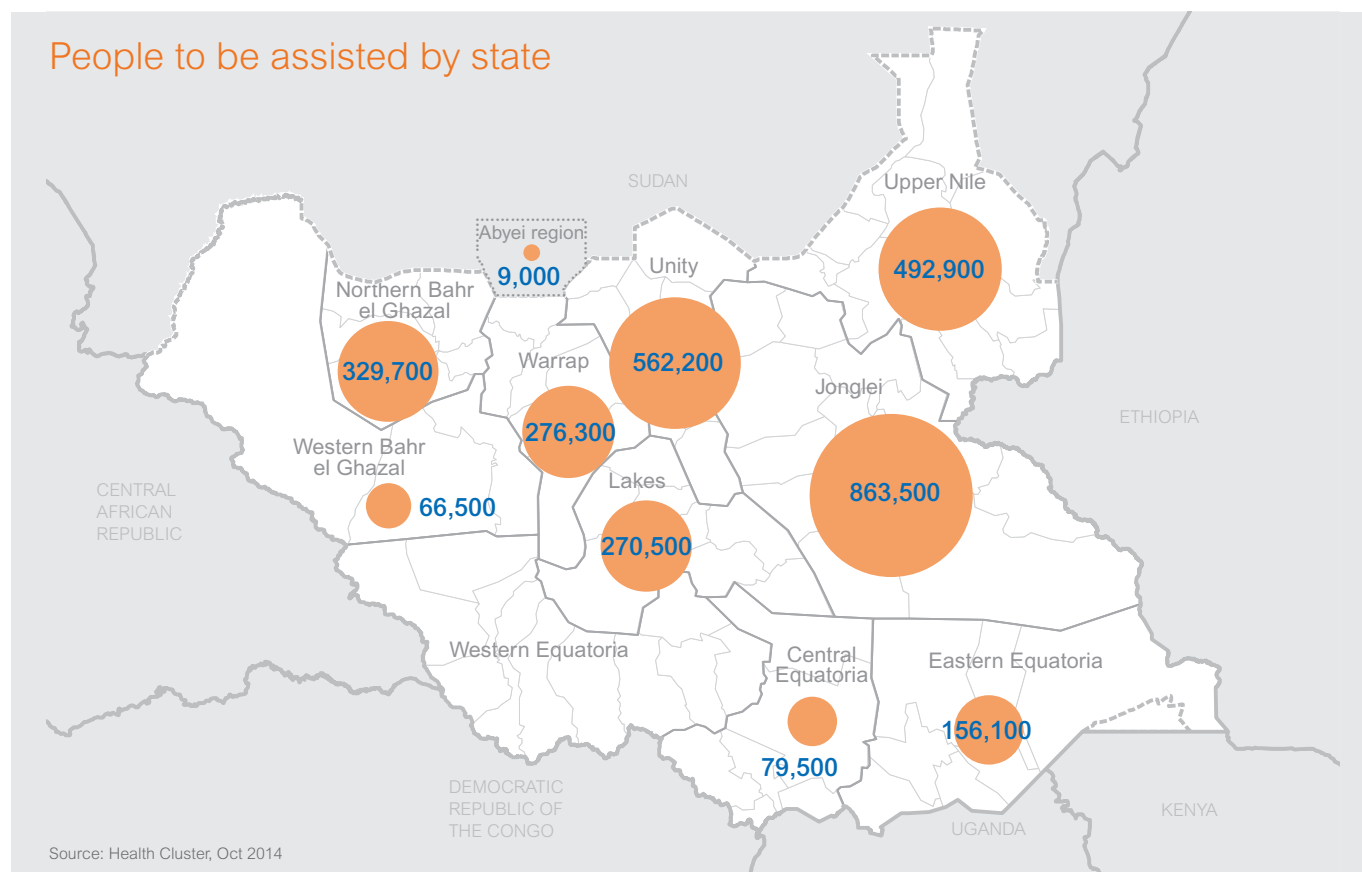
including CBOs, national NGOs, community volunteers, and leaders, will be pursued to support this strategy.

Health cluster will support training for partners in emergency response, trauma management, EmONC, and disease outbreak control.

The cluster will work to include women in planning the health response; at the community level, women will be engaged in consultations, participatory appraisals and communication campaigns on the importance of vaccination; the health vulnerabilities for men, women, boys and girls will be identified and analyzed to inform appropriate responses based on needs; disaggregation of data by sex and age will continue to be highlighted so as to monitor equity of service delivery.

Links with other clusters and partners

The cluster will work with the WASH cluster to control communicable disease outbreaks such as cholera and hepatitis outbreaks; CCCM on community mobilization and dissemination of health education messages and distribution of Vitamin A supplementation and deworming; Education on dissemination of health information in schools; nutrition cluster in screening and referring children with malnutrition will continue, and the GBV sub-cluster for referral pathways for survivors identified at health facilities. All partners including MSF and ICRC will continue to play a critical role in emergency health care.



Cluster objectives, activities, indicators and targets

Cluster objective 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of functional health facilities in conflict-affected and other vulnerable states		241	425
2. Percentage of births attended by skilled birth attendants in conflict-affected and other vulnerable states		15%	20%
Activities	Output indicators	Baseline	Target¹³
Provide essential basic health care	Number of outpatient consultations in conflict-affected and other vulnerable states	1,239,696	1,590,358
	Number of functional health facilities in conflict-affected and other vulnerable states	241	425
Provide essential preventative care	Number of children with 3 doses of pentavalent vaccine	n/a	134,423 ¹⁴
Establish Emergency Obstetrics and Newborn Care (EmONC) centres	Number of EmONC centres established	24	35
Procure and preposition emergency drugs	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	n/a	1,800,000
Strengthen key surgical facilities to handle trauma	Number of key facilities able to perform surgery	7	10
Engage community with appropriate health education and promotion messages	Number of people reached with health education and promotion messages	n/a	750,000
Cluster objective 2: Enhance existing systems to prevent, detect and respond to disease outbreaks		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Proportion of communicable disease alerts verified and responded to within 48 hrs		80%	90%
2. Number of under 5 children who have received measles vaccinations in emergency or returnee situation		363,105 ¹⁵	705,196 ¹⁶
Activities	Output indicators	Baseline	Target¹⁷
Investigate and respond to disease outbreaks	Percentage of communicable disease alerts verified and responded to within 48 hours	80%	90%
Procurement and pre-positioning of outbreak investigation and response materials	Number of states with outbreak investigation materials prepositioned	4	10
Train outbreak surveillance and emergency response teams	Number of staff trained	n/a	1,200
Conduct immunization of children against vaccine preventable diseases	Number of children under 5 received measles vaccinations in emergency or returnee situation	363,105	705,196
Engage communities with appropriate targeted health education and promotion messages before and during disease outbreaks	Number of people reached by health education and promotion before and during outbreaks	120,000	360,000
Cluster objective 3: Improve availability, access and demand for Gender Based Violence (GBV) and Mental Health and Psycho-Social Support (MHPSS) services targeting highly vulnerable people		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target¹⁸
1. Number of health facilities providing basic package of gender based violence services in IDP setting		0	10 ¹⁹
2. Number of health personnel trained in community based mental health and psycho-social support in IDP setting		n/a	50
Activities	Output indicators	Baseline	Target
Clinical management of rape	Number of facilities providing basic GBV package	0	10 ²⁰
Provide HIV services in emergency	Number of health facilities in IDP sites providing comprehensive HIV/AIDS services	2	6
Train key health personnel on community based mental health and psycho-social support (MHPSS)	Number of health personnel trained in community based MHPSS in IDP settings	0	50



LOGISTICS

- 
75
 organizations in need
- 
75
 organizations targeted
- 
\$145 million
 funds required
- 
4
 projects
- 
Cluster lead agency
 World Food Programme (WFP)
- 
Government partners
 n/a
- 
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Needs analysis

South Sudan is one of the most logistically challenging operating environments in the world. Poor infrastructure impacts the humanitarian response, particularly during the rainy season when over 60% of the country is inaccessible by road due to the poor road conditions and key response locations are almost completely cut off.

Ongoing insecurity and active violence affect most of this weak road network, isolating communities and people in need, rendering the provision of humanitarian assistance even more difficult and increasing the demand for air transport, which in 2014 has led to a substantial cost increase for the response.

During the 2014 dry season, commercial road vehicles were subject to widespread and arbitrary checkpoints, illegal taxation, and harassment. These could continue in 2015, and, in addition, airport congestion, delayed customs clearance, bureaucratic impediments and taxes could also continue to impact the movement of cargo. The movement of barges that became operational in August 2014 remains limited.

Effective pre-positioning of humanitarian supplies by road during the 2015 dry season will depend on strong security analysis and collaboration with UNMISS including for protection of storage facilities in key locations. However, if hostilities continue, the humanitarian community's ability to pre-position by road will be limited, and will necessitate continuation of large-scale air operations. Warehousing support will also be needed, as will pipeline forecasts to ensure forward planning in the supply chain.

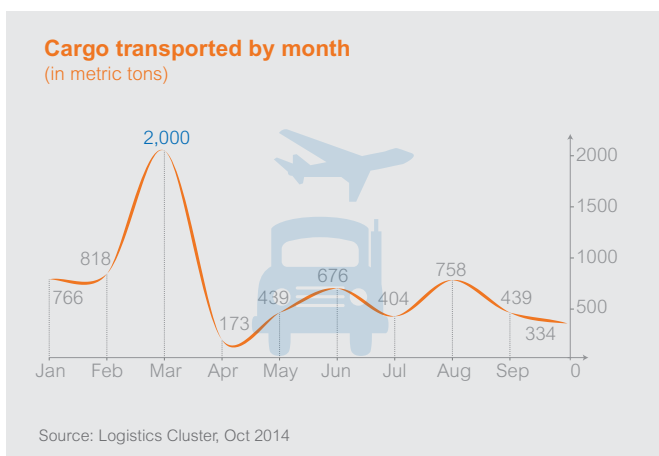
Organizations to be targeted and priority geographic areas

The cluster will support operations throughout the country but priority will be given to those locations prioritized by the HCT and ICWG, based on which the cluster will consolidate cargo and task appropriate assets. Coordination and Information Management services will be available to all states in South Sudan while logistics services (transport and warehousing) will be mostly limited to the conflict-affected states of Upper Nile, Unity, and Jonglei. The cluster will also support the operational centres in addition to the rapid response mechanism.

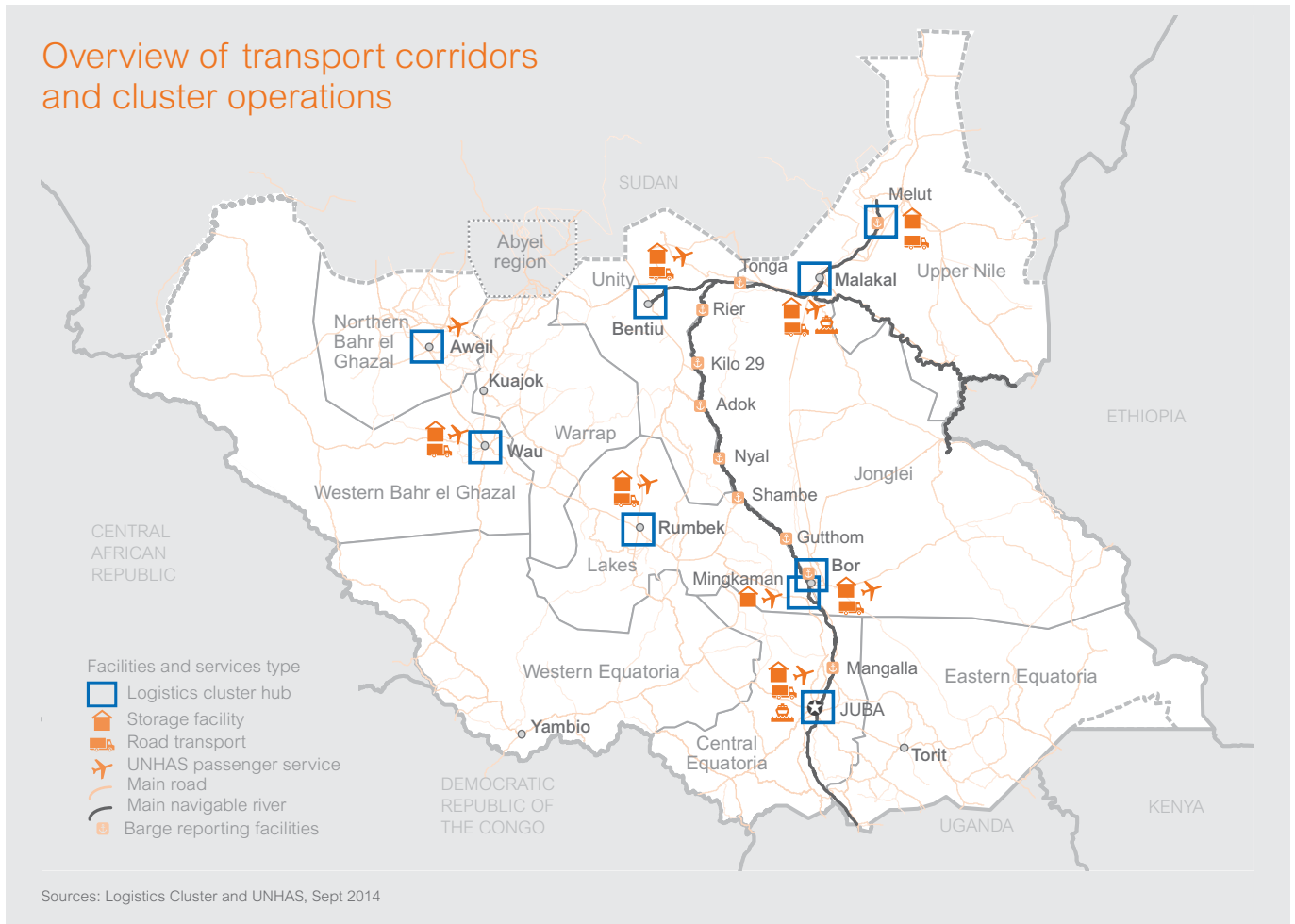
Cluster response strategy

The cluster strategy will contribute primarily to Strategic objectives 1 and 3 of the Strategic Response Plan. Its specific objectives are to:

1. Provide logistics coordination, support, and advisory services to the humanitarian community carrying out the emergency response.



Overview of transport corridors and cluster operations



2. Provide logistics, cargo and passenger air services to the humanitarian community to address the needs of the affected population.
3. Provision of infrastructure works to ensure the humanitarian community is able to access affected people.

Working closely with UNHAS for technical implementation, the logistics cluster will facilitate the delivery of humanitarian assistance to affected people by augmenting the capacities of the wider humanitarian community through logistics information management, coordination support, and common services. Additionally, a fleet of passenger aircraft will be maintained to enable humanitarian personnel to reach field locations to carry out their programmes. In order to ensure the humanitarian community has access to affected people, provision of critical infrastructure works. Works carried out will be prioritized by the ICWG.

Logistics cluster coordination and information management

The logistics cluster will facilitate weekly cluster meetings at the national level in Juba, and will add two additional operational hubs in major response areas identified by the humanitarian community. These hubs will host sub-clusters where cargo will be received and dispatched, coordination meetings can be held.

The logistics cluster will provide information management services with the aim of supporting operational decision making. These services will include the following:

- Rapid dissemination of logistics information and guidance related to customs and tax exemption.
- Consolidate information on the overall logistics situation identifying logistics gaps and bottlenecks.
- Provision of logistics infrastructure Geographic Information Systems/mapping tools and products.
- The Relief Item Tracking Application (RITA) will be utilized to monitor/plan/track cargo movements.
- Provide updated information on operational data and share with partners via a purpose built mailing list and website (<http://logcluster.org/ops/ssd11a>).

In-land road transport services

The logistics cluster will facilitate the delivery of supplies by road, however the transport services offered by an external entity (humanitarian partner, commercial transport provider, etc.) and will be on a cost recovery basis. Shunting services, where the common transport fleet is located, will remain free-to-user. The cluster will provide information to organizations regarding avail-

able transport operators and coordinate humanitarian convoys, where applicable.

River transport services

River transport has been accessible as of August 2014. The logistics cluster will continue to coordinate barge movements using the Nile from Juba to Malakal/Melut (Upper Nile State). Currently, the market to rent boats/barges is limited. To avoid competition for assets among humanitarian partners, the logistics cluster will consolidate all barge cargo requests. Until the river transport market further develops, these services will be provided at no cost.

Airlift services

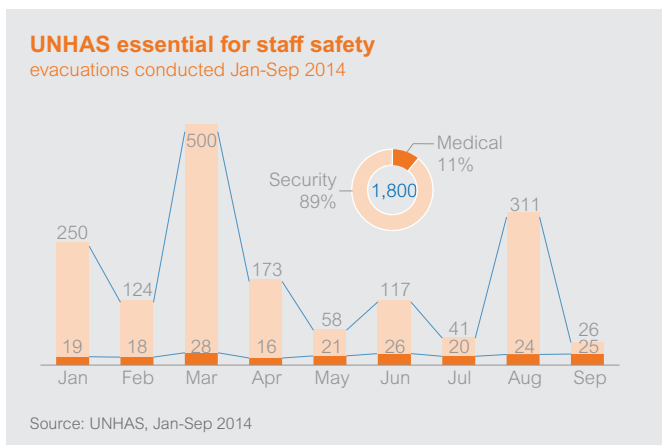
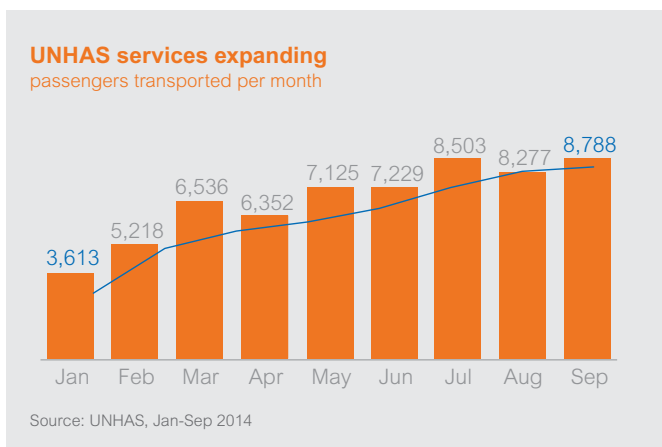
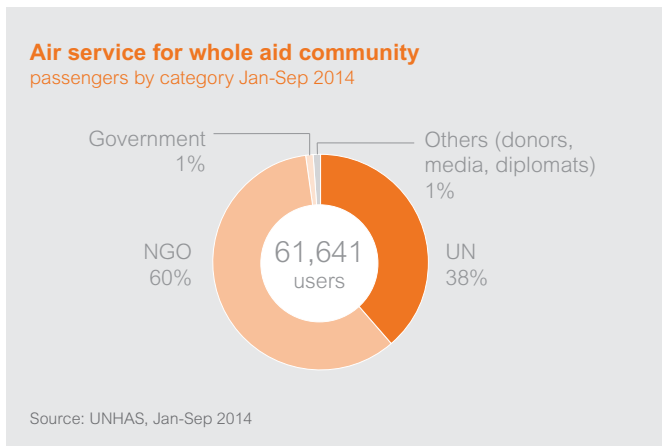
Based on experience from 2014, and as a contingency plan should pre-positioning by road not be possible due to conflict, the logistics cluster will plan to provide common airlift services (free-to-user) to the humanitarian community. Working through WFP Aviation, air assets will be mobilized based on the delivery needs of the humanitarian community. The needs will be formulated by the pipeline forecasts provided by partner organizations to the logistics cluster. The cluster will work with partners to ensure the timely submission of the forward planning pipeline to indicate their cargo airlift needs. Due to the uncertainty in security and the expectation that the deteriorated road infrastructure will continue to limit road transport, airlifts will be free-to-user for the in-country fleet as a last resort option to ensure the humanitarian community has access to key response locations. Specialized aircrafts brought in-country for the transportation of specific items (i.e. prefabricated units/items) will be on a cost recovery basis.

Storage capacity

The humanitarian community has identified the need for common storage facilities, as there is a significant warehousing gap. The logistics cluster will continue to provide storage capacity to humanitarian partners (free-to-user). The common storage provision is an essential activity, as it will allow for an increased level of coordination and effective and efficient tasking of assets. The use of common storage facilities will avoid competition for scarce resources. Due to the emergency nature of the current situation and limited storage capacity in country, storage capacity will be provided to partners for a limited amount of time to allow many users to access these services. The logistics cluster has already artners with other humanitarian organizations for the management of the common warehouses in certain locations. Mobile Storage Units (MSUs) can be made available for purchase/loan to individual organizations and a stock will be maintained for quick field deployment. The logistics cluster will work with the humanitarian community to support their planning in terms of pre-positioning during the dry season.

Logistics cluster partners

The logistics cluster will be responsible for the coordination and tasking of a range of common services offered by humanitarian organizations working as partners to the logistics cluster. These services include: emergency spot repairs, infrastructure rehabilitation, common trucking services, common storage, air transport services.



Cluster objectives, activities, indicators and targets

Cluster objective 1: Provide logistics coordination, support, and advisory services to the humanitarian community carrying out the emergency response		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of organizations utilizing logistics and coordination services		75	80

Activities	Output indicators	Baseline	Target
Coordination, support, and advisory services	Number of information products shared with partners	150	200
	Number of coordination meetings held per month	4	5

Cluster objective 2: Provide logistics, cargo and passenger air services to the humanitarian community to support operations and provide access to the targeted population		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of passengers served by UNHAS per month		6,500	8,500
2. Amount of common storage space made available to the logistics cluster partners in key locations		3,500cm ³	10,000cm ³


Activities	Output indicators	Baseline	Target
Provision of common transport services (road, air, river)	Number of SRFs executed per month	100	100
Increase in storage capacity	Amount of storage space made available (volume/cbm)	3,500cbm	10,000cbm


Cluster objective 3: Provision of infrastructure works to ensure the humanitarian community is able to access affected people		Cluster objective supports SRP Strategic objective: 3	
Indicators		Baseline	Target
1. Percentage of basic infrastructure works completed leading to increased humanitarian access		n/a	90%


Activities	Output indicators	Baseline	Target
Airstrip construction/rehabilitation	Number of airstrips constructed/rehabilitated	n/a	12
Road rehabilitation/ maintenance	Number of roads rehabilitated/maintained	n/a	10
Construction of operating centres	Number of operating centres functioning	n/a	6
Pre-positioning sites	Number of pre-positioning sites ground preparations sites completed	n/a	22





MINE ACTION


- 


1.6 million
people in need
male: 837,200
female: 782,200
- 


1.3 million
people to be assisted
male: 650,900
female: 612,500
- 

\$15.7 million
funds required
- 

\$12
funds per person
- 

7
projects
- 

Cluster lead agency
United Nations Mine Action Service (UNMAS),
Mines Advisory Group
- 

Government partners
National Mine Action Authority (NMAA)
- 

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Needs analysis

The ongoing conflict has created new risks of explosive hazards particularly in the three conflict-affected states of Unity, Upper Nile and Jonglei, including unexploded cluster bombs, and reports of anti-tank land mines and unexploded ordnance (UXO). In Unity, five vehicles struck anti-tank land mines on roads near Bentiu between January and June 2014, while cluster bombs have been found on the Juba-Bor road. Individual unexploded ordnance (UXOs) such as mortars, rockets and hand-grenades and other explosive hazards litter areas and roads where fighting occurred. Stockpiled ordinances have been abandoned in community areas, including markets and schools. Some 174 hazards areas, including battle areas and unexploded ordnance areas are known to exist in the three states as of October 2014.

Explosive hazards are also a direct threat to the safe delivery of humanitarian aid, with explosive remnants restricting movement on contaminated roads, and along airstrips in areas where fighting has occurred.

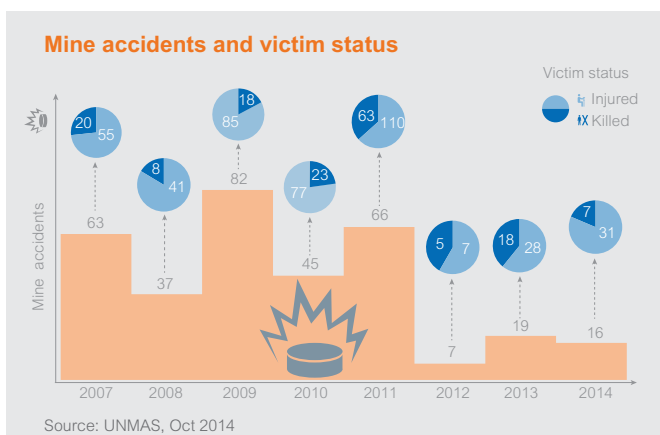
To date, the cluster has cleared seven airstrips and will continue to do so in 2015. Explosive remnants of war have also been found in premises belonging to aid agencies, at distribution sites, and warehouses, as well as within PoC sites. The cluster has, to date, cleared more than 20 locations where humanitarian partners are working to deliver humanitarian assistance, and will continue to work to ensure a safe operational environment for the humanitarian response.

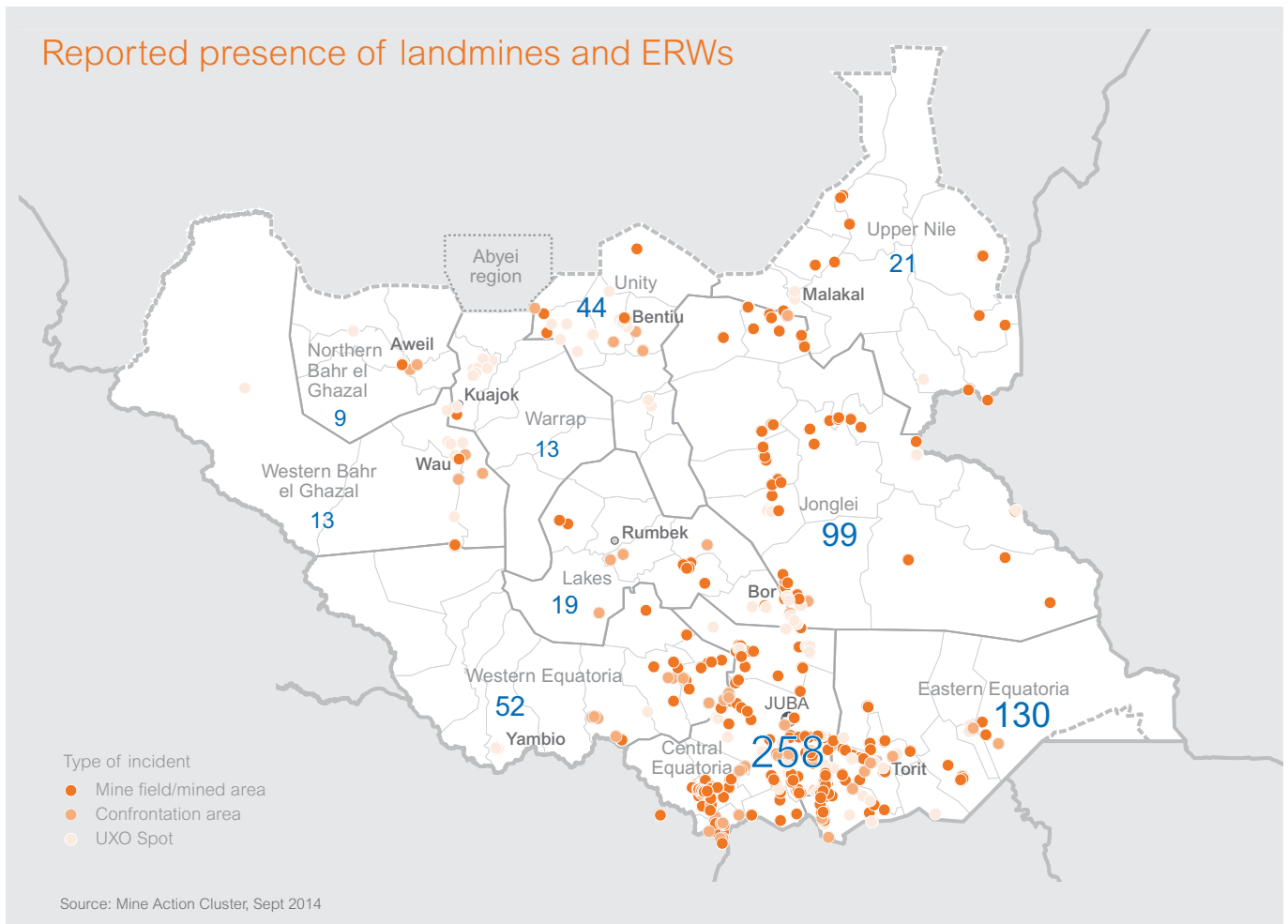
Elsewhere in the country the risks of explosive hazards from previous conflicts remain, with some 494 hazardous areas recorded in the non-conflict-affected states. In Northern Bahr el Ghazal and Lakes where conflict spill over is likely, surveys have recorded 24 hazardous areas. Overall the number of hazardous areas is expected to be much greater than what is currently recorded and surveys will be conducted if security improves.

Cluster response plan

The response strategy will contribute primarily to Strategic objectives 1 and 2 of the Strategic Response Plan. Its specific objectives are to:

1. Enable life-saving humanitarian operations through survey and clearance of explosive remnants of war (ERW) including land mines.
2. Contribute to the protection and free and safe movement of civilians.
3. Number of recorded incidents of persons injured or killed by Explosive Remnants of War





Internally displaced people in PoC sites and other displacement sites, communities hosting displaced people, refugees and aid workers are direct beneficiaries of mine clearance activities.

Priority will be given to the conflict-affected states where active fighting could continue in 2015. Mine clearance activities will also continue in states not directly affected by conflict including the Equatorias, Warrap, Northern and Western Bahr el Ghazal and Lakes where the legacy of contamination from previous conflicts remain, and at the same time there is also risk for new contamination from spill over of the current conflict. In the Equatorias, surveys have located 494 hazardous areas with large amounts of unexploded ordnance, including land mines, remaining to be cleared.

Cluster response strategy

The sub-cluster will respond through clearance and surveying suspected or known contaminated areas to protect civilians and humanitarian workers in conflict-affected areas. This will include emergency survey and clearance of roads and areas where aid agencies operate. It will also include data collection and mapping of new hazards and accidents and checking all land allocated for facilities such as displacement sites, airstrips and helicopter landing sites, and main road corridors.

Common facilities such as markets will also be surveyed and cleared where risks are identified.

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

The sub-cluster will be coordinated out of Juba, with permanently staffed sub-offices in Malakal and Bentiu, and a part time office in Bor. The cluster will maintain a surge capacity to deploy to conflict-affected areas based on need. The cluster will also maintain a presence in Wau to increase response in Lakes and Northern and Western Bahr El Ghazal.

Links with other clusters and partners

The sub cluster enables the work of humanitarian partners through the clearance and removal of physical threats caused by land mines and UXO. The cluster will work with education colleagues and others to support mine risk education in displacement sites.

Cluster objectives, activities, indicators and targets

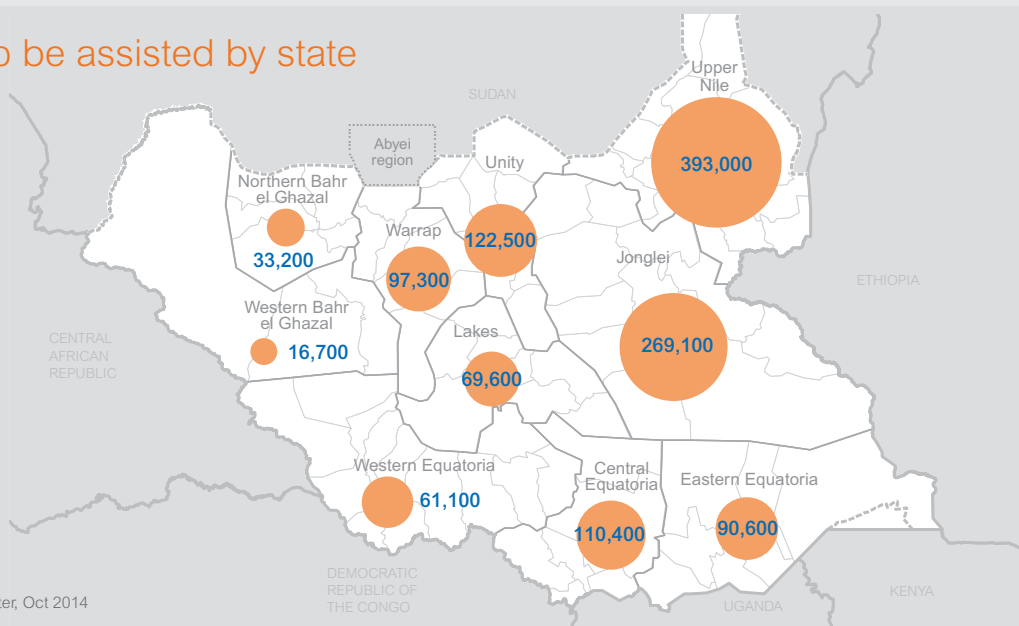
Cluster objective 1: Enable life-saving humanitarian operations through survey and clearance of explosive remnants of war (ERW) including land mines		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target
1. Tonnage of aid delivered by the logistics cluster to airstrips where mine-action survey/clearance has occurred		1,468 mt	1,500 mt
2. Number of locations where aid agencies work where mine action has completed survey/clearance activities		22	30

Activities	Output indicators	Baseline²¹	Target
Verification, clearance and survey of roads	Number of km of suspected contaminated roads verified, cleared and surveyed	840 km	800 km
Survey/clearance of airstrips and helicopter landing sites (HLS)	Number of airstrips surveyed/cleared	7 airstrips surveyed	10 airstrips surveyed
Survey/clearance of locations where humanitarian partners operate, including warehouses, compounds, distribution sites, and schools	Number of locations where humanitarian agencies operate surveyed/cleared	22 locations where humanitarian agencies operate surveyed/cleared	30 locations where humanitarian agencies operate surveyed/cleared

Cluster objective 2: Contribute to the protection and free and safe movement of civilians		Cluster objective supports SRP Strategic objective: 2	
Indicators		Baseline	Target²²
1. Number of recorded incidents of persons injured or killed by Explosive Remnants of War per month		3 persons per month	0 persons per month

Activities	Output indicators	Baseline	Target
Explosive ordnance disposal spot tasks	Number of items of unexploded ordnance (UXO) cleared	100 per month	100 per month
Non-technical and technical surveys completed	Number of non-technical and technical surveys completed	25 per month	25 per month
Provision of mine risk education	Number of individuals reached through mine risk education	3,000 per month	3,000 per month
Release land through clearance, BAC and other activities (not including non-technical survey)	Amount of land measured in m ² squared released in cleared	100,000 m ² per month	100,000 m ² per month

People to be assisted by state



Source: Health Cluster, Oct 2014



NON-FOOD ITEMS AND EMERGENCY SHELTER



2.3 million
people in need

male: 1,116,000
female: 1,209,000



1.3 million
people to be assisted

male: 624,000
female: 676,000



\$70 million
funds required



\$54
funds per person



16
projects



Cluster lead agency

International Organization for Migration (IOM),
World Vision International (WVI)



Government partners

Ministry of Gender, Child, Social Welfare,
Humanitarian Affairs and Disaster Management;
Relief and Rehabilitation Commission



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Schelda Jean Baptiste: schelda_jean_baptiste@wvi.org

Needs analysis

Displacement is likely to increase in 2015, and the need for basic assistance will persist in the areas already affected by conflict, becoming more acute as the situation becomes more protracted. The cluster also assumes secondary and tertiary displacement will occur – some of the communities who were displaced during 2014 may be displaced again in the three most affected states – in addition to new displacement within and to areas outside the most affected states, such as Warrap and Northern Bahr el Ghazal.

In this context of continuous and multiple displacements, the capacity of host communities to absorb displaced populations and support their needs is likely to be further stretched, increasing the need for humanitarian organizations to respond with life-saving household items and adequate shelter solutions.

People affected and to be assisted

The cluster will aim to assist 1.3 million people in acute need of shelter materials and basic household items. The bulk of the services will focus on the three most conflict-affected states of Jonglei, Upper Nile and Unity, though will also target people in need of shelter and non-food items in parts of Lakes, Warrap and Northern Bahr el Ghazal, and in other states where displaced populations may flee if conflict spreads west across the country.

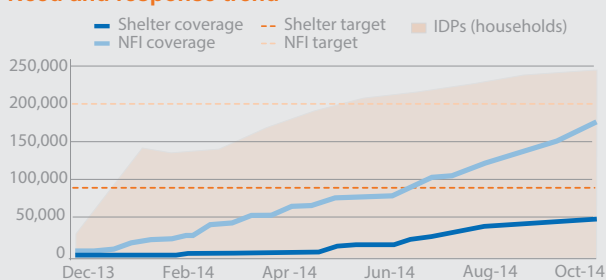
Cluster response strategy

The response strategy will contribute primarily to Strategic objectives 1, 2 and 3 of the Strategic Response Plan. Its specific objectives are to ensure:

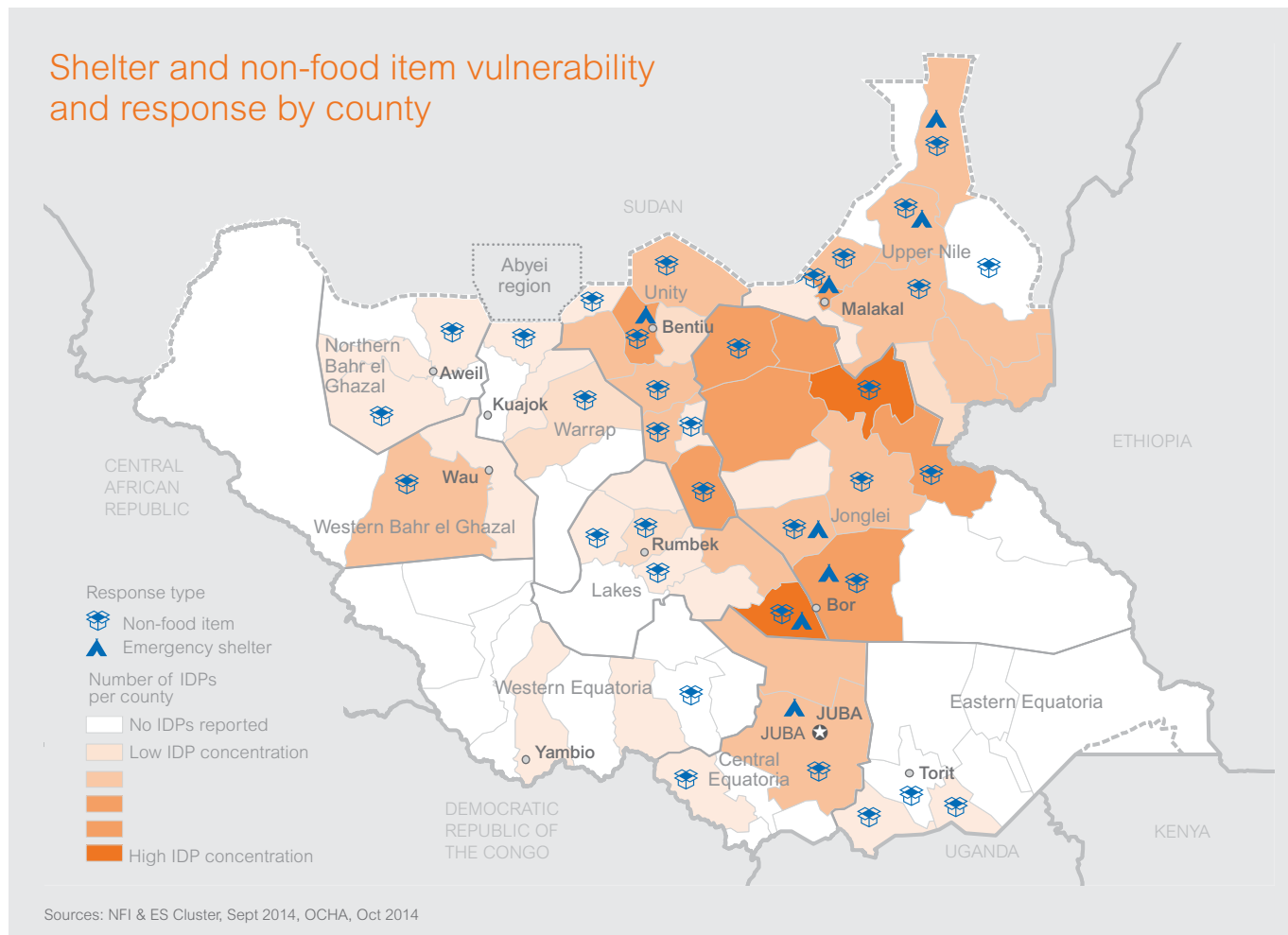
1. Coordinated delivery of needs-based lifesaving non-food items and emergency shelter assistance for conflict-affected people, with a focus on the most vulnerable
2. Provision of locally appropriate and sustainable emergency shelter solutions where possible for conflict-affected people
3. Efficient procurement, transportation, pre-positioning and storage of shelter and NFI to ensure swift delivery to those in need.

The cluster will ensure sufficient supply and transport for response and pre-positioning of standard packages of emergency shelter and NFIs. The common emergency shelter and NFI pipeline, managed by IOM with contributions of supplies from UNHCR, will procure, transport, and store stocks in hubs, including in warehouses belonging to partners in strategic locations for both immediate response and prepositioning. For hard-to-reach areas, where storage and transport capacity is limited, Juba and Rumbek will continue to be used as key logistics hubs. The cluster

Need and response trend



Source: NFI and ES Cluster, June 2014



will also consider pre-positioning in the greater Bahr el Ghazal and Equatoria regions in preparation for potential escalation and new displacement patterns.

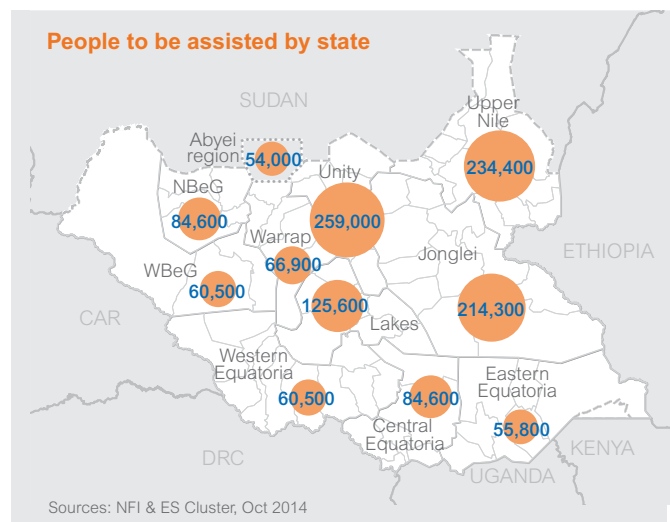
The cluster will prioritize the movement of cargo by road and barge during the dry season with a strong emphasis on pre-positioning where possible. While the cluster will continue to develop its own ability for airlift, it will remain reliant on the logistics cluster in hard to reach locations and during the rainy season.

The cluster has developed a lite kit that is intended to meet the most acute needs of populations in unstable areas with high levels of population mobility. The kit is designed to be light enough to transport by air as well as carried by beneficiaries in case of secondary displacement, and can be adjusted to respond to specific, assessed needs.

The cluster will programme for shelter maintenance and repair or reinforcements in all of the concentrated sites (i.e. PoC sites and spontaneous settlements), focusing on locally sustainable solutions where available and taking into account protection concerns and ongoing site development. All shelter support will be accompanied by consistent on-site shelter monitoring and maintenance, which will include awareness raising on the proper use of materials for longevity, and where needed, construction support and training.

Given the cyclical and thus predictable nature of floods in the country, communities and Partners will be encouraged to focus on disaster risk reduction and management strategies in flood areas.

Mobile response teams will be strengthened to respond flexibly in coordination with other sectors and operational partners to fill gaps in the response where there is no presence on the ground or additional support is required. State and field level coordination will also be strengthened by establishing field/county level coordination structures where necessary, and linked to the development of the operational centres where possible. Shelter and



NFI technical capacity will be built through dedicated leadership and skilled staff, and the application of locally appropriate technical standards.

The cluster will increase engagement with national NGOs where appropriate, in order to expand coverage for emergency response, and to explore appropriate, innovative local shelter and NFI support. This will involve development of local partnerships, identifying NNGOs and CBOs with the ability to deliver, shelter and NFI within their communities. The cluster will provide technical support and capacity-building where required and advocate for funding on behalf of these partners.

Links with other clusters and partners

The cluster will maintain its engagement with the CCCM cluster in site planning in the PoC sites and spontaneous settlement areas. It will also work closely with the WASH Cluster to coordinate kit packages, and continue to consult with the Protection Cluster and its partners in the field on specific issues related to protection.

The cluster will consult FSL on sustainable solutions for cooking fuel for displaced populations, and continue to plan support in close coordination with non-SRP partners such as ICRC, IFRC, and MSF.

Content of NFI/Emergency shelter kits

	NFI	Emergency shelter	Reinforcement shelter kit
Standard For stable areas accessible by road/river	1 plastic sheet 2 blankets 2 mosquito nets 2 sleeping mats 2 buckets 1 kitchen set 2 bars of soap (800gm) 2 kangas 1 plastic sack	2 plastic sheets 6 wooden poles 20 bamboo poles 30m nylon rope 5 bundles rubber binding rope 36 sandbags 1 hoe per 10 households	2 bundles bamboo poles (20pcs) 500 grams of 2.5" nails 5 bundles rubber rope 6 wooden poles (the shelter should have 12 poles in total) (1 plastic sheet if necessary for the context)
Light For unstable areas or areas accessible by air only	1 plastic sheet 2 blankets 2 sleeping mats 1 kitchen set per two households 1 mosquito net	2 plastic sheets 30m nylon rope 6 pegs 1 hoe per 10 households	

Cluster objectives, activities, indicators and targets

Cluster objective 1: Coordinated delivery of needs-based lifesaving non-food items and emergency shelter assistance for conflict-affected people, with a focus on the most vulnerable		Cluster objective supports SRP Strategic objective: 1, 2, 3	
Indicators		Baseline	Target
1. Number of people in need served with NFI		860,860	1,040,056 52% female 48% male
2. Number of people in need served with emergency shelter		288,145	390,000 52% female 48% male
3. Percentage of people surveyed reporting that shelter and/or NFI provision addressed their life saving needs		n/a	75%

Activities	Output indicators	Baseline ²³	Target
Conduct needs assessments and verifications to identify individuals in need of life saving assistance	Number of needs assessments conducted	n/a	250
	Percentage of needs assessments conducted that were inter-agency	n/a	At least 50% of total needs assessments conducted

Activities	Output indicators	Baseline ²³	Target
Conduct coordinated and effective distributions of NFI to people in need	Number of NFI distributions conducted	n/a	200
	Percentage of distributions conducted that were interagency	n/a	At least 50% of total distributions conducted
	Total direct beneficiaries – number of people provided NFI support	n/a	1,040,000 52% female 48% male
Conduct coordinated and effective distributions of emergency shelter to people in need	Number of shelter distributions conducted	n/a	60
	Percentage of shelter distributions conducted that were inter-agency	n/a	At least 50% of total distributions conducted
	Total direct beneficiaries – number of people provided with shelter support	n/a	390,000 52% female 48% male
Conduct post distribution monitoring	Number of post distribution monitoring exercises conducted	11	15

Cluster objective 2: Provision of locally appropriate and sustainable emergency shelter solutions where possible for conflict-affected people

**Cluster objective supports
SRP Strategic objective: 1, 2, 3**

Indicators	Baseline	Target
1. Number of community volunteers/beneficiaries trained in robust and sustainable shelter designs and construction methods	n/a	20% of total beneficiaries reached with shelter assistance
2. Percentage of people surveyed reporting that the materials and/or design of their shelters are appropriate	n/a	75%

Activities	Output indicators	Baseline	Target
Conduct needs assessments and verifications to identify individuals in need	Number of needs assessments conducted	n/a	250
	Percentage of needs assessments conducted that were inter-agency	n/a	at least 50% of total needs assessments conducted
Provide shelter reinforcements	Number of households that receive shelter reinforcement kits	n/a	46,500
Implement redesigns and/or distributions of robust, sustainable, and/or locally available materials	Number of households that receive re-designs, distributions of robust, sustainable and/or locally available materials	n/a	10% of beneficiary households reached with shelter
Conduct post distribution monitoring	Number of post distribution monitoring exercises conducted	11	15

Cluster objective 3: Efficient procurement, transportation, pre-positioning and storage of shelter and NFI to ensure swift delivery to those in need.

**Cluster objective supports
SRP Strategic objective: 1**

Indicators	Baseline	Target
1. Number of NFI/ES kits procured	210,000	286,000
2. Tonnes of NFI/ES kits transported to field locations	4,742 mt	6,797 mt

Activities	Output indicators	Baseline	Target
Procurement of NFI/ES kits	Number of NFI kits procured	n/a	208,000
	Number of emergency shelter kits procured	n/a	78,000
	Average time between procurement order and delivery in country	n/a	120 days
Transport of NFI/ES kits to field locations	Tonnage of NFI/ES kits transported	4,559 mt	6,797 mt
Pre-positioning and storage of NFI/ES kits in field warehouses including operational centres.	Number of locations where items were prepositioned	n/a	12



NUTRITION



3.1 million

people in need

male: 1,081,900

female: 2,060,600



1.9 million

people to be assisted

male: 811,400

female: 1,124,900



\$120.3 million

funds required



\$62

funds per person



36

projects



Cluster lead agency

United Nations Children's Fund (UNICEF)
Action Against Hunger (ACF) USA



Government partners

Ministry of Health



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Needs analysis

Before the crisis, under-nutrition was already prevalent among boys and girls under-five and pregnant and lactating women. Outside the areas directly affected by conflict, Global Acute Malnutrition (GAM) prevalence exceeds the emergency threshold of 15% in counties in Warrap and Northern Bahr Ghazal. This is mainly due to suboptimal infant and young child feeding practices, chronic food insecurity, increased seasonal incidence of diseases of malaria and diarrhea, access constraints to health and nutrition services, and poor water, hygiene and sanitation services.

Moreover, the current conflict has increased under-nutrition while limiting response capacity. Food security has deteriorated and the prevalence of preventable infectious disease due to unsafe and insufficient water supply and limited healthcare access. Displacement has increased individual vulnerability, and more than 150 health facilities were destroyed or closed due to insecurity and lack of human resources and supplies. Service delivery sites decreased from 300 before the conflict to 183 by mid-2014. Acute malnutrition appeared in counties in conflict-affected states where it had not been present before, with GAM prevalence above 30% in Panyijar, Longochuk, Akobo and Leer counties. Projected severe acute malnutrition (SAM) rates doubled from 108,000 country-wide before the crisis to 235,000 and moderate acute malnutrition (MAM) increased from 123,400 to 444,800 by mid-2014.

During the dry season, with a likely escalation in conflict - the nutrition situation is expected to further deteriorate.

People affected and to be assisted

In 2015, the cluster partners estimate that around 3.1 million people throughout the country will be in need of nutrition support, of whom the cluster will aim to support 1.9 million.

The cluster will target populations most vulnerable to acute malnutrition and micronutrient deficiencies. These are: children under five years (boys and girls), pregnant and lactating women, older people and other vulnerable groups (conflict and non-conflict-affected) as well as displaced people in PoC sites, and spontaneous and collective settlements.

The nutrition cluster response plan will cover all states. It will however prioritise the states and counties with the highest global acute malnutrition (GAM) rates coupled with aggravating factors of poor food security situation, high mortality rates and disease outbreaks.

Cluster response strategy

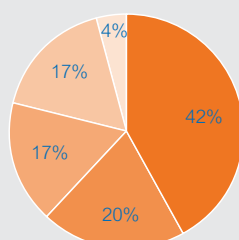
The response strategy will contribute to Strategic Objectives 1, 2 and 3 of the Strategic Response Plan. The cluster's specific objectives are to:

Malnutrition rates remain high

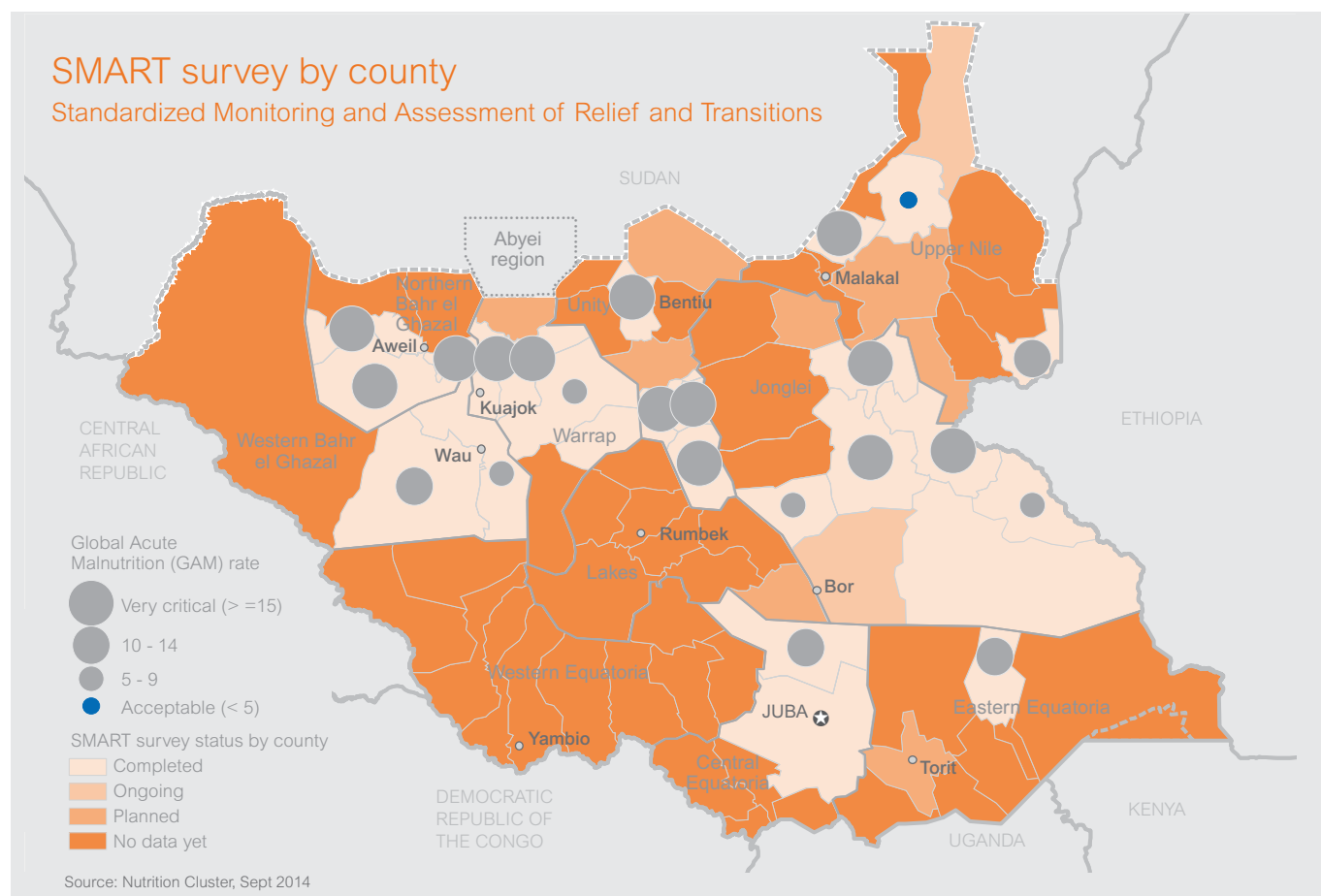
Global acute malnutrition rates in assessed counties²⁴

24 counties assessed for GAM

Very critical
Critical
Serious
Alert
Acceptable



Source: Nutrition Cluster, Sept 2014



1. Deliver quality life-saving management of acute malnutrition for at least 60 per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups
2. Increase access to integrated programmes preventing under-nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups
3. Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response.

The cluster will manage existing acute malnutrition by: optimizing community outreach and referrals, strengthening existing service provision, building nutrition technical capacity, and strengthening supply chain management and support. Community outreach is a critical mechanism for early detection and referral, and this will be strengthened especially in displacement sites.

Preventing under-nutrition is equally critical. To do this, infant and young child feeding programming will be expanded, particularly in displacement sites, alongside blanket supplementary feeding programmes. The latter will be implemented in the three conflict-affected states throughout the year, as well as in Warrap, Northern Bahr El Ghazal, and Protection of Civilians sites during the lean season. Micronutrient supplementation and deworming for vulnerable people – young children and older people – will be enhanced in the same areas.

Finally, the cluster will work to enhance needs analysis of the nutrition situation in country by improving surveillance as well as monitoring and analysis: this will be accomplished by increasing the coverage of nutrition surveys and strengthening reporting lines at local and state levels.

The cluster will coordinate with the rapid response support mechanism to enhance delivery in hard to reach areas.

Links with other clusters and partners

The cluster will continue working closely with and supporting the Department of Nutrition of the Ministry of Health of South Sudan (MoH), that is responsible for overall initiation, organization, coordination and implementation of all nutrition activities in South Sudan. The cluster will aim to enhance cross-sector integration and collaboration with WASH, health, food security, protection and education clusters to address determinants of malnutrition. Integrating and mainstreaming of communication on health, WASH, food security and nutrition into programming. Cluster partners will be encouraged to coordinate in the field with partners in other sectors to enhance operational coverage and linkages, and to expand multi-sectoral programming to areas with high burden of acute malnutrition. The cluster will strengthen its collaboration with other partners for information sharing were all nutrition partners are encouraged to use the cluster's data collection and reporting tools.

Cluster objectives, activities, indicators and targets

Cluster objective 1: Deliver quality lifesaving management of acute malnutrition for at least 60 per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups

**Cluster objective supports
SRP Strategic objective: 1, 2**

Indicators	Baseline	Target
1. Global acute malnutrition (GAM) in conflict affected states and other vulnerable states reduced to pre-crisis level	Varies per county from 6.8 to 34.1% (pre-harvest 2014)	Varies per county from 6.8 to 34.1% (pre-harvest 2014)
2. Percentage of boys and girls aged 0-59 months with SAM and with MAM admitted for treatment recovered	72% (SAM) 68% (MAM)	75% (for each SAM and MAM- SPHERE standards)

Activities	Output indicators	Baseline	Target
Optimise community outreach and referrals for CMAM services	Number of boys and girls 6-59 months and PLW screened for acute malnutrition in a community	Boys: 475,408 Girls: 484,322 PLW: 195,457	Boys: 757,338 Girls: 788,249 PLW: 280,354
	Percentage of boys and girls 6-59 months, PLW identified with acute malnutrition referred for treatment	SAM: 36.6% MAM: 23.54% PLW: 21.3%	SAM: 60% MAM: 60% PLW: 30%
Strengthen existing CMAM service provision and expand coverage of CMAM services	Number and proportion of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment	65,148 (36.96%)	Total: 131,321 (60%) Boys: 64,347 (60%) Girls: 66,973 (60%)
	Number and proportion of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment	98,851 (23.54%)	Total: 298,277 (60%) Boys: 146,156 (60%) Girls: 152,121 (60%)
	Number and proportion of PLW with acute malnutrition newly admitted for treatment	24,279 (21.48%)	36,484 (60%)
Build technical capacity in CMAM	Number of healthcare workers trained in CMAM according to minimum cluster requirements	0	100
Strengthening existing CMAM supply chain pipeline management and logistical support	Number of months with more than 30% buffer stock of RUTF and RUSF at national level	n/a	12
	Average number of days per partner per month with RUTF and RUSF stock-outs	n/a	7 days

Cluster objective 2: Increase access to integrated programmes preventing under-nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups

**Cluster objective supports
SRP Strategic objective: 2, 3**

Indicators	Baseline	Target
1. Percentage of boys and girls aged 0-6 months fed exclusively with breast milk	38.95% ²⁵	44%
2. Number and percentage of boys and girls 6-59 months and PLW enrolled in BSFP	Children: 344,172 PLW: 17,554	Children: 522,412 Boys: 255,982 Girls: 266,430 PLW: 30,000

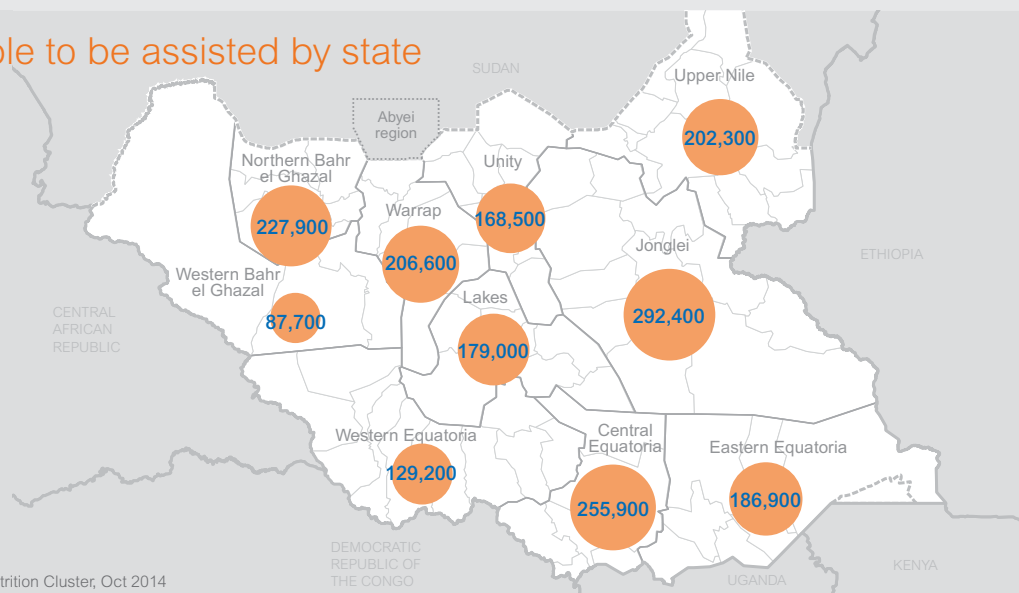
Activities	Output indicators	Baseline	Target
Strengthen implementation of IYCF programming, particularly in displaced people sites (PoC, spontaneous and collective settlements)	Number and percentage of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF counselling	171,882 (15.5%)	280,354 (30%)
Optimise BSFP delivery	Number and percentage of boys and girls aged 6-59 months and PLW enrolled in blanket supplementary feeding programme	Children: Boys & girls U5 124,172 (32.68%) PLW: 28,948 (6.6%)	Children: 522,412 (50%) (Boys: 255,982 Girls: 266,430) PLW: 30,000

Activities	Output indicators	Baseline	Target
Enhance micronutrient supplementation and deworming of boys and girls aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	Number and percentage of children 6-59 months reached with vitamin A supplementation	244,824 (1.1%)	Total: 1,655,986 (75%) Boys: 811,433 Girls: 844,552
	Number and percentage of children 12-59 months dewormed	98,719 (2.3%)	Total: 1,119,506 (60%) Boys: 583,838 Girls: 607,668
	Number and percentage of boys and girls 6-24 months reached with micronutrient powders	33,302 (1.7%)	Total: 245,310 (30%) Boys: 120,202 Girls: 125,108
	Number and percentage of PLW women reached with iron-folic acid or micronutrient supplementation	11,137 (5% of target)	46,726 (5%)

Cluster objective 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response		Cluster objective supports SRP Strategic objective: 1, 2, 3	
Indicators		Baseline	Target
1. Quality information on nutritional status of boys and girls aged 6-59 months, PLW and older people is available for decision making		Children – Yes PLW and older people - No	Yes
2. Percentage of recommendations from the cluster performance monitoring exercises implemented		63%	80%

Activities	Output indicators	Baseline	Target
Nutritional surveillance enhanced by nutrition partners	Number of counties with nutrition surveys conducted	25	30
	Number of states where three rounds of FSNMS that includes information on nutritional status of children 6-59 and PLW is included	10 (2 rounds)	10 (3 rounds)
	Number of partners' staff trained in nutrition surveys	39 (up to October 2014)	80
Monitoring and analysis of nutrition situation improved	Percentage of monthly reports from partners submitted within the set deadline	<60%	90%
	Number of cluster monthly bulletins produced	3	4
Coordination at state and national level improved	Number of CPM exercises conducted at national and state level	1 at national level	1 at national level 5 at state level
	Percentage of recommendations from the CPM exercises implemented	62.7%	80%

People to be assisted by state



Source: Nutrition Cluster, Oct 2014



PROTECTION



6.4 million

people in need

male: 3,254,800

female: 3,127,100



3.3 million

people to be assisted

male: 1,535,370

female: 1,595,500



\$70 million

funds required



\$22

funds per person



30

projects



Cluster lead agency

United Nation High Commission for Refugees (UNHCR), Norwegian Refugee Council (NRC)



Government partners

Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management



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Needs analysis

Violence and other abuses have continued largely unabated since the conflict began, spreading to areas previously considered less affected. Tens of thousands have been killed or injured, many hundreds of thousands have lost their houses, property, and livelihoods. People are exposed to severe human rights violations – and there is a lack of accountability and absence of a functioning justice system. More people are seeking safety in PoC sites, spontaneous settlements, and in neighbouring countries. But many more people are living in sites offering little personal protection or basic services.

The Protection cluster's core concern is the threat the conflict poses to freedom of movement. Whether people have fled their homes or find themselves entrapped in displacement sites due to fear, their right to move freely is impacted. As the conflict continues, the range of threats continues to multiply: food insecurity and the breakdown of family linkages and social structures leads to frustration and, at worst, trauma.

Displacement separates families, with 6,000 separated or unaccompanied children identified in 2014 alone. Children are at risk of recruitment in armed forces and groups, or other forms of exploitation and also abuse.

Medical and psychosocial support is needed to respond to sexual violence. With basic service delivery so low in many of the most affected locations, the support of other clusters is needed if the needs of the most vulnerable are to be met.

Given the negative coping mechanisms and intra-communal violence that characterize the conflict, community-based psychosocial support and mental healthcare are needed.

People in need and to be assisted

In complex emergency the categories of vulnerabilities and needs are constantly shifting. The Protection cluster will therefore seek to ensure that all vulnerable groups (especially children, girls and women, the disabled and elderly and in some cases young boys or men) are protected from violence, abuse and exploitation. The Protection cluster will improve collection of disaggregated age and gender data to improve analysis of these groups in order to improve actions. The 2015 response will have particular focus on groups that have been excluded from the response and from communities themselves: the elderly, persons with disabilities, youth, persons at risk of sexual violence, and children.

The Protection cluster will prioritize conflict-affected states, and areas where there are high numbers of displaced people, including:

GBV inside UN PoC sites

gender-age occurrence

GBVs	Age Groups			
	12-19	20-35	36-55	>55
Assault/Beatings				
Sexual harassment				—
Rape			—	—

Source: UN Women, July 2014

- Central Equatoria – Juba, Yei, and Terekeka,
- Eastern Equatoria – Torit and Nimule
- Jonglei – Fangak, Duk, Twic East, Pibor, Akobo, Bor South, Ayod, Nyriol, and Urur
- Upper Nile – Maiwut, Longochuk, Maban, Malakal, Melut, Baliel, Fashoda, Renk, Ulang, Panyikang, Manyo and Luakpiny/Nasir
- Unity – Rubkona, Abiemnhom, Pariang, Leer, Mayendit, Guit, Nihaldu
- Lakes – Cueibet, Rumbek North, Rumbek East, Yirol East, Awerial, Yirol West)
- Warrap, Northern Bahr El Ghazal and Abyei conflict-affected areas

3. Ensure vulnerable people affected by violence have the skills, opportunities and positive coping strategies required to return and reintegrate into their communities in safety and dignity

The cluster will focus on protection monitoring, advocacy, and response, as well as strengthening community based mechanisms for identifying and responding to protection concerns. The cluster will support the Protection cluster policy group and the Humanitarian Country Team strategic framework on protection in order to yield tangible protection results.

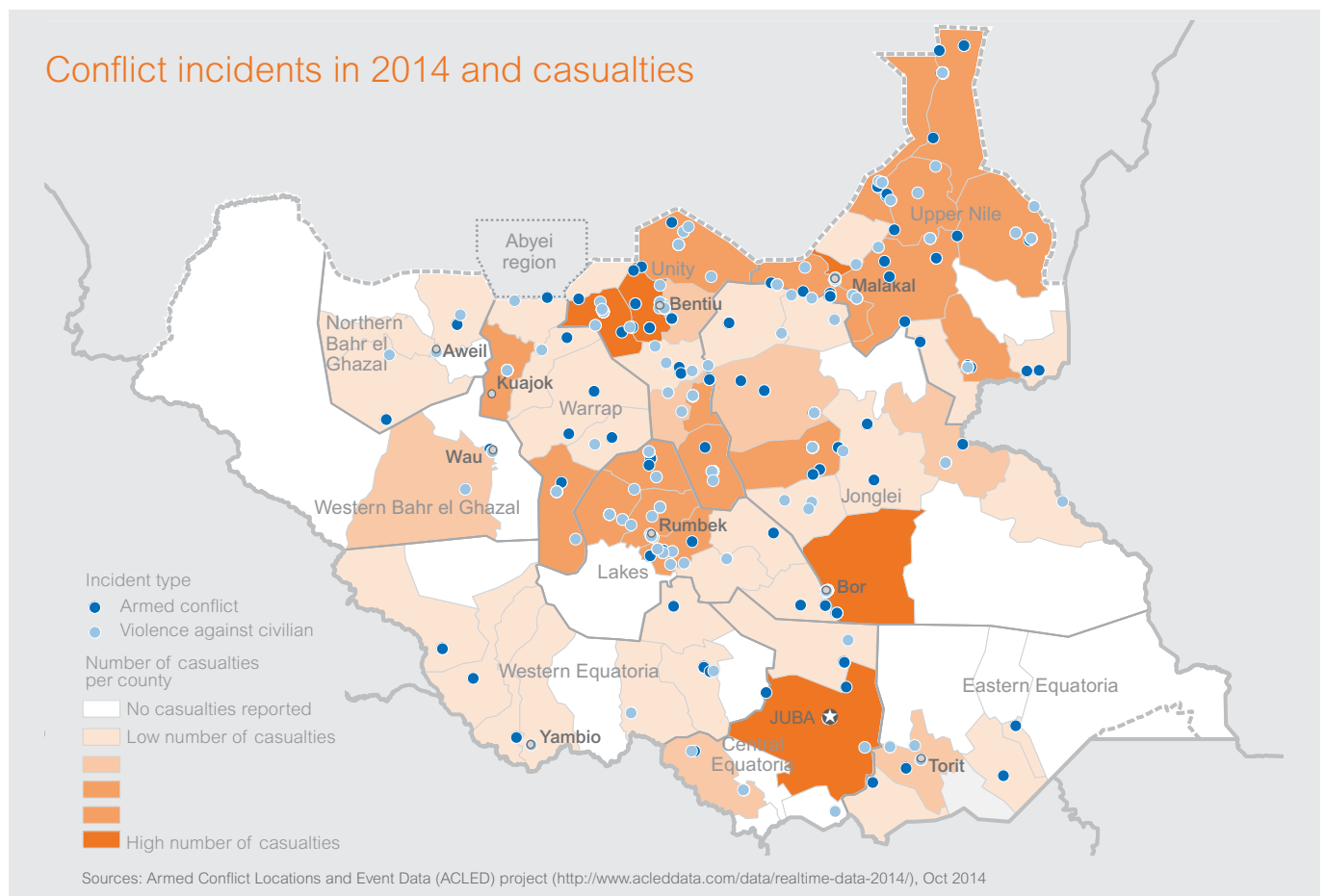
Improving contextual awareness of the conflict in order to facilitate prevention, through of risk, and vulnerability as well as engagement with operational actors to design programs that reduce risk and exposure, promote early warning and coordinate response to protection threats. The cluster will have more structured engagement with and support for vulnerable groups. There will be particular focus on strengthening services and activities within the Protection of Civilian (PoC) sites, as well as, in parallel, supporting mobile partners who work outside these sites to expand presence. Mobile teams will include specialists with training on child protection, gender-based violence who can quickly assess relevant concerns on site. At a minimum, the rapid response team member will train health care workers to deliver clinical management of rape

Mainstreaming protection concerns throughout the humanitarian response, and maintaining flexibility to respond to changes in conflict dynamics and the situation, will be facilitated by the maintenance of a protection focal point in key locations to support operational actors.

Cluster response strategy

The cluster contributes to Strategic Objectives 1, 2, and 3 of the Strategic Response Plan. Its specific objectives are to ensure:

1. IDPs and conflict-affected populations facing protection risks and threats are provided with timely protection response and prevention services
2. Protection needs of the most vulnerable IDPs and conflict-affected people are identified through effective protection monitoring, reporting and response, including promoting safe movement and durable solutions



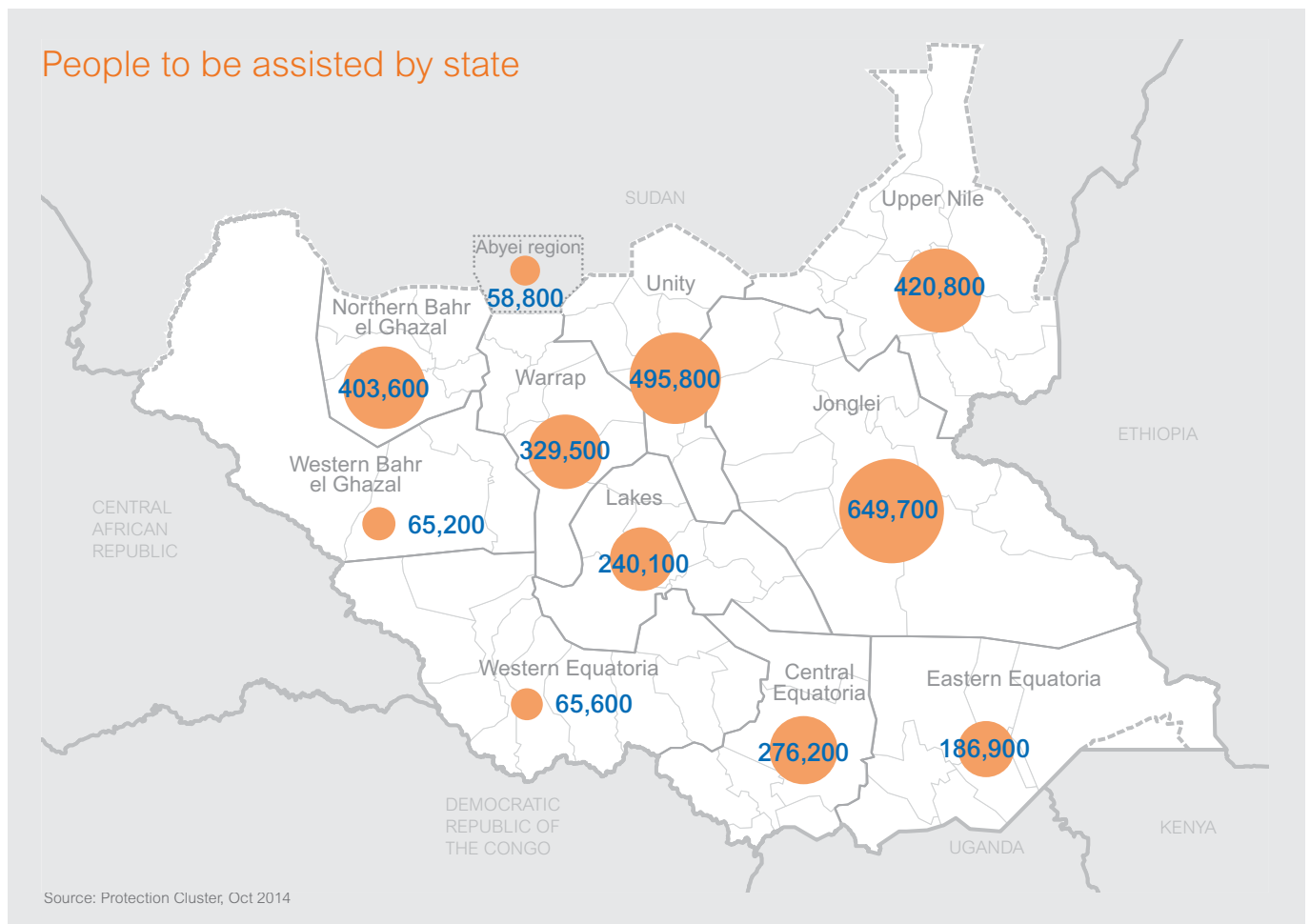
The cluster will build on lessons learned in 2014 to ensure vulnerable groups at risk of, or who have experienced violence, abuse, or exploitation are provided with services and support required to restore their rights. This will be accomplished by building on existing actions in project sites to maintain and support capacity, scaling up programmes in new areas, and actively promoting a multi-sectoral response by ensuring that all clusters adopt minimum protection standards, and strengthening community strategies for reducing, mitigating, and preventing violence.

To build the sustainability of the response, the cluster will strengthen community based protection that work to mitigate violence, identify problems, and respond to needs. To do this, the cluster will increase community awareness and outreach to support monitoring, advocacy, and reporting on protection;

scale up inter-state family tracing and reunification for vulnerable children as well as identification and support activities for child survivors of grave rights violations, and community messaging.

Links with other clusters and actors

The cluster will work to mainstream protection across all clusters. People who have suffered or are at risk of violence or exploitation require also require support across sectors. Case management supports access to critical services including livelihoods, health, and education in addition to the protective services provided by the cluster. Further, integrated psychosocial support for vulnerable children, adolescents, GBV survivors, and youth is conducted alongside relevant sectors, and protection monitoring, analysis, and mainstreaming is a continuous linkage with other clusters.



Cluster objectives, activities, indicators and targets

Cluster objective 1: IDPs and conflict-affected people facing protection risks and threats are provided with timely protection response and prevention services		Cluster objective supports SRP Strategic objective: 1, 2, 3	
Indicators		Baseline	Target
1. Percentage of sites ²⁶ reached with protection package and services, ²⁷ including engaging with communities to reduce tensions and exposure to violence		30%	60%
2. Number of children and adolescents who have received critical child protection services (data disaggregated by sex, age and type of service)		155,000	340,295
3. Number of health units with at least one service provider trained on clinical management of rape (CMR) and equipped with the necessary drugs and equipment		1 health unit in each of the 10 targeted counties in the 5 priority states	1 health unit in each of the 33 targeted counties in the 5 priority states

Activities	Output indicators	Baseline	Target
Increase in number of partners and teams providing gender and vulnerability support through Rapid Response Mechanism (RRM)	Number of specialist teams able to provide gender and vulnerability support in the RRM	4 specialist teams	10 specialist teams
Strengthen the capacity of local NGOs and CBOs to provide community-based psycho-social support (PSS) services	Number of NGOs and CBOs providing PSS at a community level monitored	40%	60%
Undertake community outreach activities, (including youth engagement)	Number of sites with dedicated youth programming	0	5
Undertake community dispute resolution and community safety exercises	Number of locations with community dispute/ community safety oriented programmes	15	15
Establish and consolidate a case management system and referral pathway in each state/county	Percentage of targeted communities with a functioning referral system for children at community level	0	100%
Undertake family tracing and reunification (FTR) in line with minimum standards.	Percentage of children separated from their caregivers Percentage of registered unaccompanied and/ or separated children who are reunited with their caregivers or in appropriate long term alternative care	6,000 (no per cent baseline)	90%
Provide psychosocial support in the most critical conflict-affected areas.	Estimated percentage of affected population reached with mental health or psychosocial support services Percentage of persons identified in need of assistance receiving PSS services	155,000	340,295
Train parents/caregivers to provide care for their children to reduce risk of separation and violence	Number of caregivers of conflict-affected children reached with CP support services (data disaggregated by sex, age, type of support service provided)	70,000	240,000
Facilitate the release of children associated with armed forces and groups, to communities in a dignified manner	Percentage of registered children separated from armed forces or groups	0	100% of released children
Train health care providers in CMR (target female health care providers where possible)	Percentage of community based health workers trained in CMR and PSS support for GBV survivors	0	CES – 3 counties Jonglei – 8 counties Upper Nile – 13 counties Unity – 5 Counties Lakes – 4 Counties

Cluster objective 2: Protection needs of the most vulnerable IDPs and conflict-affected people are identified through effective protection monitoring, reporting and response, including promoting safe movement and durable solutions

Cluster objective supports SRP Strategic objective: 1, 2, 3

Indicators	Baseline	Target
1. Number of protection monitoring reports and analyses released by the Protection Cluster/partners to inform the overall humanitarian response	25	25
2. Number of partners ²⁸ staff reporting on grave child rights violations through the UNSCR 1612 monitoring and reporting mechanism	140	240
3. Number of people who have benefited from protection mainstreaming presence at registration, distribution and actions (data disaggregated by sex, age, type of beneficiary targeted and services provided)	1 million	1.5 million
4. Number of partners capturing case data using the GBV Information Management System (GBVIMS)	5 partners	5 new partners

Activities	Output indicators	Baseline	Target
Prepare reports and undertake joint advocacy initiatives to address protection issues, promote early warning and coordinated response to protection threats	Number of reports and advocacy initiatives undertaken	25	25 NEW
Conduct baseline profiling and protection analysis for identified IDP caseloads inside and outside POC sites for planning of durable solutions, monitoring and evaluation	Durable solutions strategy developed and agreed among all relevant stakeholders and implemented and monitored	n/a	Strategy agreed and implemented
Continue to conduct monitoring and reporting mechanism of grave child rights violations	Number of Partners staff trained to conduct monitoring and reporting mechanisms of grave child rights violation	n/a	n/a
Develop and implement minimum standards for protection across clusters	Number of MOUs/SOPs/guidelines developed (in partnership with non-protection partners)	5	5 NEW
Partners trained on the GBV IMS	Number of monthly reports submitted by partners	7 per month	15 per month

Cluster Objective 3: Ensure vulnerable people affected by violence have the skills, opportunities and positive coping strategies required to return and reintegrate into their communities in safety and dignity

Cluster objective supports SRP Strategic Objective: 1, 2, 3

Indicators	Baseline	Target
1. Percentage of vulnerable persons assisted to access civil status documentation (data are disaggregated by sex, age, type and location)	n/a	30%
2. Percentage of vulnerable persons participating in livelihood programmes	n/a	30%

Activities	Output indicators	Baseline	Target
Assist vulnerable people to access civil status documentation	Number of personal/HLP documents protected, replaced or issued	n/a	60%
	Number of civil/individual documents issued/ supported to be issued (by type)	n/a	60%
Involve vulnerable populations in the re-establishment and diversification of livelihood programmes	Percentage of older people, people with disabilities, female headed households and vulnerable adolescents provided with livelihood assistance	n/a	30%
Engage with development actors and other relevant stakeholders to increase resources for livelihood activities	Percentage of development and other actors prioritising livelihood opportunities for vulnerable people	30%	50%



WATER, SANITATION AND HYGIENE

6.4 million people in need
male: 3,328,000
female: 3,072,000

4.1 million people to be assisted
male: 2,132,000
female: 1,968,000

\$141.9 million funds required

\$35 funds per person

50 projects

Cluster lead agency
United Nations Children's Fund (UNICEF)
Medair

Government partners
Ministry of Water Resources and Irrigation

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Needs analysis

Displacement will continue to be significant in 2015 and a projected 1.95 million internally displaced people, in addition to 293,600 refugees inside the country, will increase pressure on limited WASH infrastructure and services in rural areas and in already highly congested displacement sites. The cluster plans to target some 4.1 million people - please note that the baseline of 3.5 million people are in need of ongoing support.

Many displaced people are in remote rural locations. These communities had limited or no basic services before the crisis began. As the conflict continues, host communities remain vulnerable with limited coping abilities to withstand the shocks.

In PoC sites and large settlements, basic services are available but will be under additional pressure due to continued new displacement in 2015. In both settings, but especially in settlements, the lack of safe drinking water, inadequate waste disposal and poor hygiene practices leave a large portion of the population at risk of preventable water-borne diseases. With a major cholera outbreak in 2014, there is an increased risk of a potential outbreak next year. Existing WASH infrastructure in population hubs – including cities like Juba and Torit - does not have the capacity to provide adequate services.

Inadequate WASH support contributes not only to disease outbreak, but also to increased malnutrition. Lack of improved sanitation and limited knowledge of hygiene practices specifically for those under two years of age contributes to stunting, with long-term, and frequently permanent, effects on cognitive development.

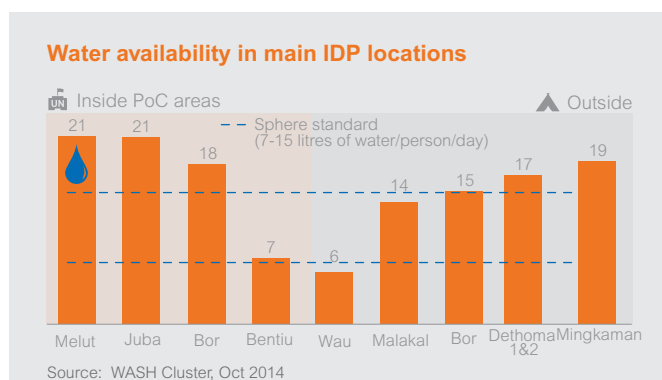
People in need and to be assisted

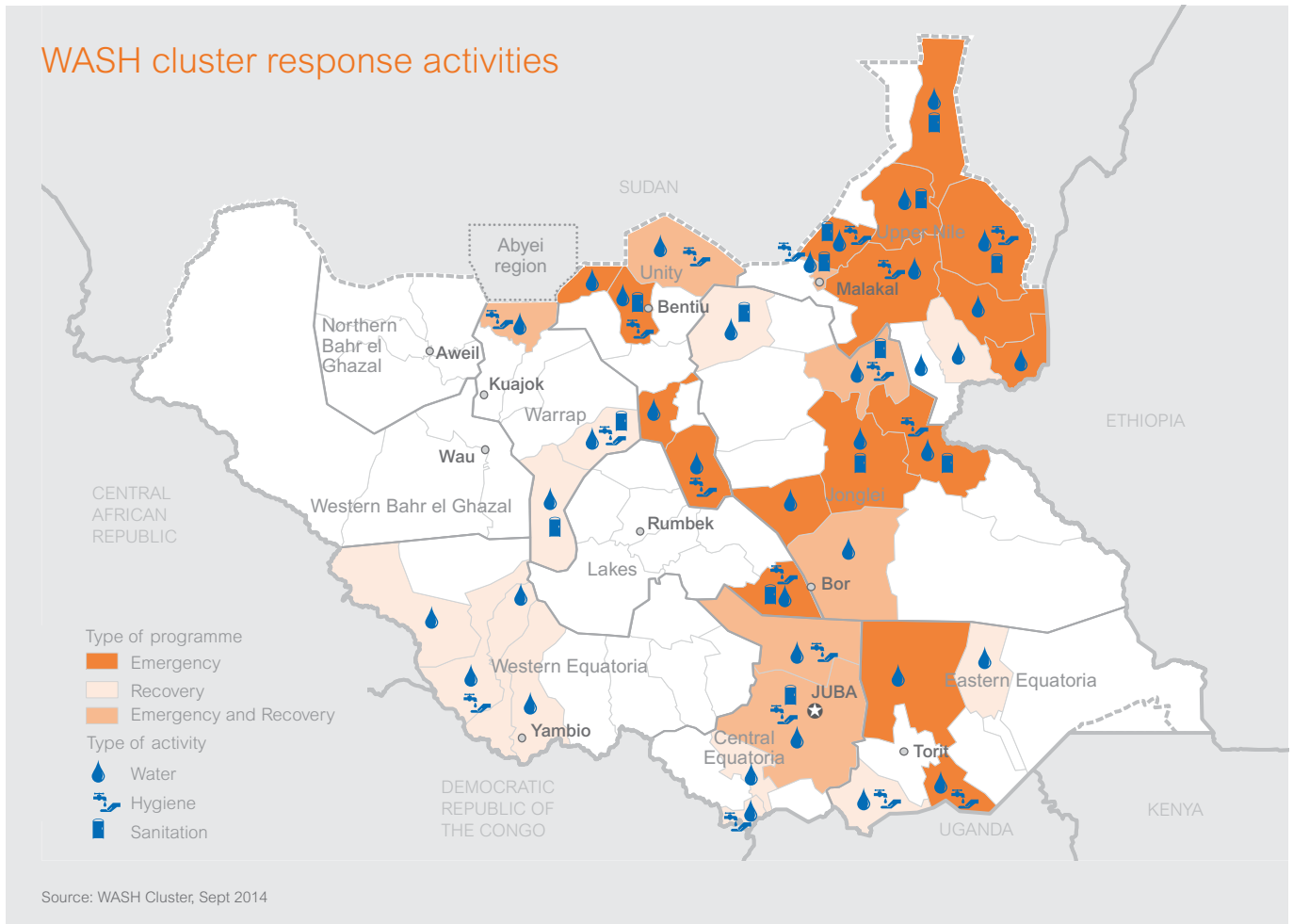
Priority groups to be assisted by the WASH cluster conflict-affected people, people at risk of water-borne disease, and people facing food insecurity and/or poor nutrition. Some of these categories may overlap.

Conflict affected people

The WASH cluster will target conflict-affected displaced and vulnerable host communities, with continued support to those in PoC sites and large settlements, as well as in remote rural locations. Beneficiaries will include people who remain displaced from 2014, and who experience secondary, tertiary, or further displacement.

States (counties): Unity (all counties); Upper Nile (All counties except Manyo); Jonglei (all counties); Warrab (Twic, Gogrial East, Tonj East, Tonj North, Tonj South); CES (Juba, Yei, Kajo Keji); WB&G (Wau); Lakes (Rumbek North, Cueibet, Rumbek Centre, Yirol East, Yirol West and Awerial)





People at high risk of disease outbreak

The WASH cluster will target beneficiaries who are most at risk of a disease outbreak, notably children under 5 years of age. As well, displaced populations, with limited access to safe water and improved sanitation, are at an increased risk for disease outbreaks. The WASH cluster will continue to focus on preparedness and response to Hepatitis E, kalazar, cholera, hemorrhagic fever such as Ebola and Marburg, and other water-related disease outbreaks in high risk locations.

States (counties): Eastern Equatoria (all counties); Upper Nile (Malakal, Baliet, Nasir, Longochuk); Unity (Rubkona, Pariang, Mayom, Panyijar); Jonglei (Canal, Fangak, Ayod, Duk, Bor South, Twic East); Lakes (Awerial); CES (Juba, Yei, Kajo Keji, Lainya); WES (Yambio).

People suffering from food insecurity or malnutrition

The current crisis and resulting food insecurity will continue to affect the nutritional status of children under 5 years of age, pregnant and lactating women, and acutely malnourished adults. WASH programmes will target food insecure populations in counties identified with IPC levels 3 and 4, and 5, should famine occur, and counties with critical (15-30%) and very critical (>30%) GAM rates.

States (counties): Unity (all counties); Upper Nile (all counties except Maiwut); Northern Bahr el Ghazal (all counties); Jonglei (Akobo, Uror, Duk, Ayod, Canal, Fangak, Nyirol); Warrap (Gogrial East, Gogrial West, Tonj South); EES (Lafon, Kapoeta East); WBeG (Raja).

Four counties—Leer, Panyijar, Longochuk, and Akobo—are in the very critical classification with over 30% GAM rates. These counties will be prioritized for WASH programmes, to complement the work of nutrition partners.

States (counties): Unity (all counties); Upper Nile (all counties except Renk); Jonglei (all counties except Pibor and Pochalla); Northern Bahr el Ghazal (all counties); Lakes (Awerial); Warrap (Tonj South); CES (Juba PoC sites).

Cluster response strategy

The cluster strategy mainly addresses strategic objective number 1. The clusters specific objectives are:

1. Affected people are ensured with safe, equitable, and sustainable access to sufficient quantity of water for drinking, cooking, and personal and domestic hygiene (15 l/p/day).
2. Affected people have access to safe, sanitary, and hygienic living environment through provision of sanitation services that are secure, sanitary, user-friendly and gender-appropriate.
3. Affected people have access to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.

The WASH cluster core pipeline will provide robust quantities of emergency supplies. Diversification of the pipeline will continue, with UNICEF continuing as pipeline manager and procuring 75% of supplies. This provides security in terms of stock availability in-country and improves WASH partners' access to critical emergency supplies. The WASH cluster will work with NFI/ES, Logistics and other clusters to ensure adequate supplies are pre-positioned in the field to respond to new displacement and potential disease outbreaks through the 2015 rainy season. Pre-positioning will support response in the event of disease outbreak and in areas of high malnutrition.

Given conflict and displacement trends, with shifting front lines producing secondary and tertiary displacement, necessitates flexibility in the WASH response. The WASH Cluster response will utilize unique strategies relevant to the given context, depending on the location of needs—inside POCs; settlement sites; remote, rural areas; or urban areas with disease outbreak. WASH partners will continue to scale up sustained presence and response on the ground where access allows. Emergency Preparedness and Response (EPnR) teams will be utilized for rapid deployment to meet emergency needs.

In PoC sites and settlements, semi-permanent systems will be used to ensure durable programmes and adequate WASH provision through the rainy season. Furthermore, contingency planning will be done to ensure adequate supplies and capacity are in place at the PoC sites, should further displacement occur. The PoC site strategy for 2015 will continue to remain adaptable to meet the needs of those inside; continued advocacy is needed for flexible funding that can meet WASH needs as the situation evolves.

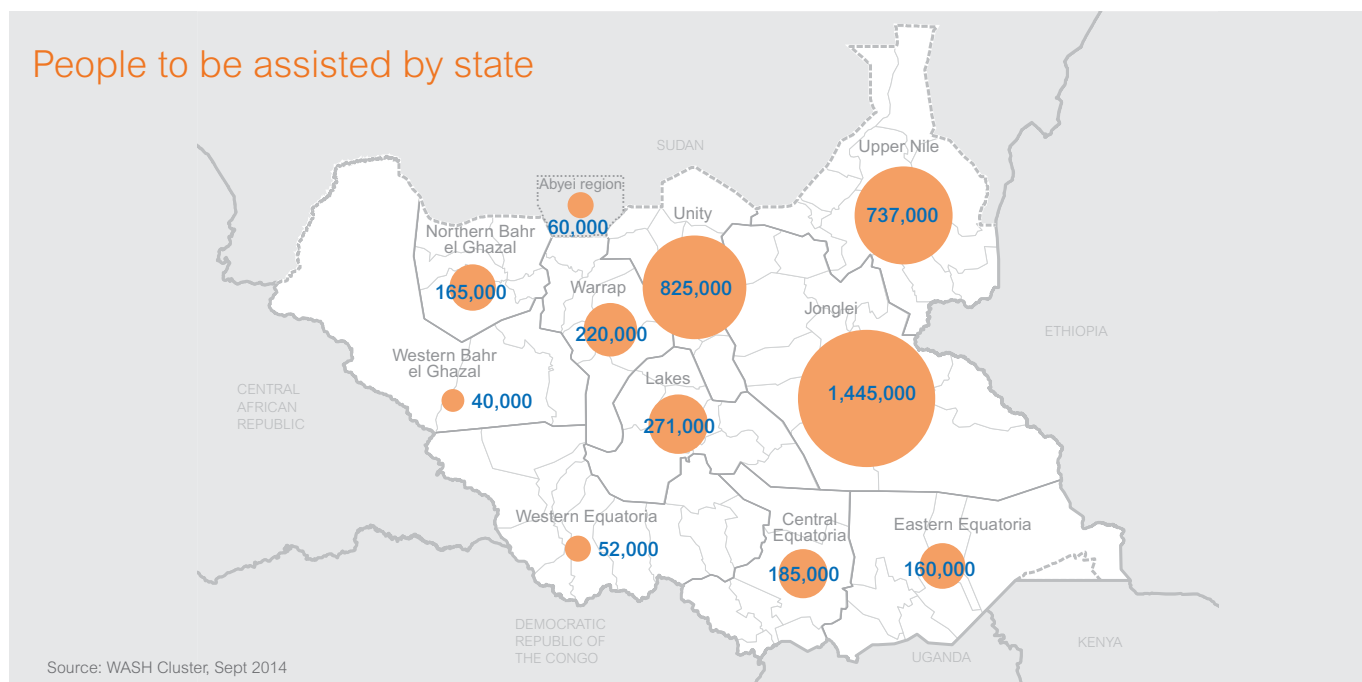
WASH partners will expand into remote, rural locations to reach populations in need. Emergency Preparedness and Response teams will be utilized for rapid deployment to meet emergency needs. The teams will work to meet immediate needs; once these needs are met, they will handover to partners on ground which

can provide on-going response. This will help to re-establish WASH presence in remote, rural areas, strengthening the overall response. The WASH cluster developed cholera and Ebola preparedness and response plans, in coordination with the health partners, to integrate into programme planning throughout 2015. Pre-positioning of WASH core pipeline supplies at state level, including non-crisis states, will support emergency WASH response to disease outbreak.

WASH cluster sub-national coordination will ensure effective, efficient response. The South Sudan WASH cluster has been recognized for a strong sub-national coordination structure, including NGO State Focal Points (SFPs), UNICEF WASH Specialist/Officers, and representatives from governing line ministries, where possible. WASH cluster staff with high technical capacity and experience in conflict zones will be recruited.

Links with other clusters

The WASH cluster will ensure a strategic approach to pre-positioning of core pipeline supplies that is integrated with the NFI/ES and logistics cluster. As well, the WASH cluster will link with the nutrition, education, and health clusters in identifying chronically vulnerable communities in which WASH service provision can be improved in nutrition and health clinics and schools. The WASH cluster will work with the education cluster to utilize learning spaces as a platform for hygiene message dissemination. The WASH cluster, with the protection cluster, continues to provide guidance to partners on how to mitigate against gender-based violence; with increased vulnerability around latrines guidance notes have been developed for partners to ensure minimum safety and privacy requirements are incorporated into latrine construction. To ensure efficiency, and avoid duplication, the WASH cluster will continue to link with other key implementing WASH actors which are observers in the cluster system, but provide valuable life-saving aid within South Sudan.



Cluster objectives, activities, indicators and targets

Cluster objective 1: Affected people are ensured with safe, equitable, and sustainable access to sufficient quantity of water for drinking, cooking, and personal and domestic hygiene (15 L/p/day)		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of emergency-affected people with timely access to safe water for drinking, cooking, and personal and domestic hygiene (based upon SPHERE figures of 15 L/p/day)		3,500,000	4,100,000
Activities	Output indicators	Baseline	Target
Provide emergency water supply to IDP and host populations in PoC sites and designated settlements	Number of people accessing safe water (based on standard SPHERE figures)	3,000,000	3,500,000
Provide safe and adequate water supply to communities at-risk of malnutrition crisis or disease outbreak	Number of people accessing safe water (based on standard SPHERE figures)	500,000	600,000
Provide safe and adequate water supply at institutional facilities—schools, health clinics, nutrition centres	Number of water points/systems constructed or rehabilitated at institutional facilities—schools, health clinics, nutrition centres	n/a	150
Cluster objective 2: Affected people have access to safe, sanitary, and hygienic living environment through provision of sanitation services that are secure, sanitary, user-friendly and gender-appropriate		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of emergency-affected people with access to sanitation services (latrines, bathing shelters, handwashing stations, solid waste collection and disposal, and wastewater collection and disposal) in POCs and designated settlements		1,250,000	1,700,000
2. Number of people with access to safe and adequate sanitation services (latrines, handwashing stations) in communities at-risk of malnutrition crisis or disease outbreak		150,000	200,000
Activities	Output indicators	Baseline	Target
Provide sanitation services (latrines, bathing shelters, handwashing stations, solid waste collection and disposal, and wastewater collection and disposal) to IDP and host populations in PoC sites and designated settlements	Number of people accessing gender-appropriate and safe sanitation (at or above emergency sphere standard ratio)	1,100,000	1,500,000
Provide safe and adequate sanitation services (latrines, handwashing stations) to communities at-risk of malnutrition crisis or disease outbreak	Number of people accessing gender-appropriate and safe sanitation (at or above emergency sphere standard ratio)	150,000	200,000
Provide safe and adequate sanitation services (latrines, handwashing stations) at institutional facilities—schools, health clinics, nutrition centres	Number of latrines constructed or rehabilitated in institutional facilities—schools, health clinics, nutrition centres	1,150	1,500
Cluster objective 3: Affected people have access to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.		Cluster objective supports SRP Strategic objective: 1	
Indicators		Baseline	Target
1. Number of people directly benefitting from hygiene promotion activities ²⁹		305,000	385,000
Activities	Output indicators	Baseline	Target
Provide hygiene promotion activities and WASH NFIs to IDP and host populations in PoC sites and designated settlements	Number of hygiene kit beneficiaries plus people trained as hygiene promoters in emergency-affected populations in PoC sites and designated settlements	305,000	375,000
Provide hygiene promotion activities and WASH NFIs to communities at-risk of malnutrition crisis or disease outbreak	Number of hygiene kit beneficiaries plus people trained as hygiene promoters in communities at-risk of malnutrition crisis or disease outbreak	n/a	10,000
Provide hygiene promotion activities and WASH NFIs at institutional facilities—schools, health clinics, nutrition centres	Number of hygiene campaigns conducted in schools	n/a	250



REFUGEE RESPONSE



294,000
people in need
male: 149,000
female: 145,000



294,000
people to be assisted
male: 149,000
female: 145,000



\$291.1 million
funds required



\$992
funds per person



11
projects



Cluster lead agency
United Nations High Commission for Refugees (UNHCR)



Government partners
Ministry of Interior / Commission for Refugee Affairs, Directorate of Nationality, Passports and Immigration, Ministry of Education, Ministry of Health



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Needs analysis

South Sudan passed the Refugee Act in 2012 and established the Commissioner for Refugee Affairs in 2013. As of 01 October, the country hosted approximately 244,600 refugees (projected to rise to 293,600 in 2015) who are in need of protection and basic services. The current crisis has mostly impacted the nearly 215,000 Sudanese refugees in Unity and Upper Nile who depend on humanitarian assistance. Insecurity and seasonal factors hamper regular access to these populations and disrupt the timely delivery of critical aid supplies. Furthermore, the increased presence of armed elements in and around refugee camps and settlements adds to the challenge of maintaining their civilian and humanitarian character, heightening protection risks. Refugees' relations with their host communities have suffered at times due to food insecurity and resource scarcity.

People affected and to be assisted

As of 1 October, 2014, South Sudan hosted 244,600 refugees: 222,900 Sudanese mainly in Unity and Upper Nile States, while 15,000 DR Congolese, 4,800 Ethiopians and 1,900 from the Central African Republic are mainly in Western and Central Equatoria states. Most refugees from DRC and CAR have been displaced for over a decade, while the great majority of Sudanese refugees have been displaced since 2011. The pace of new arrivals slowed down over the year and is anticipated to remain moderate in 2015, barring any sudden upsurge in fighting in border areas. The most current refugee numbers are available at data.unhcr.org/SouthSudan/regional.php.

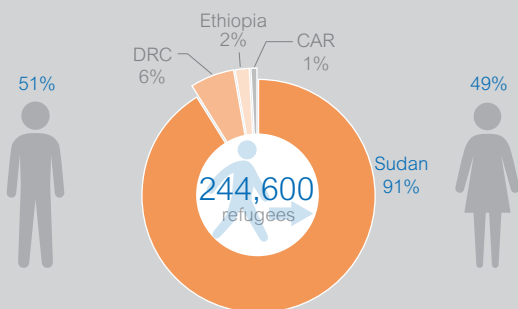
Refugee response strategy

The response strategy will contribute primarily to Strategic Objectives 1, 2 and 3 of the Strategic Response Plan. Its specific objectives are to:

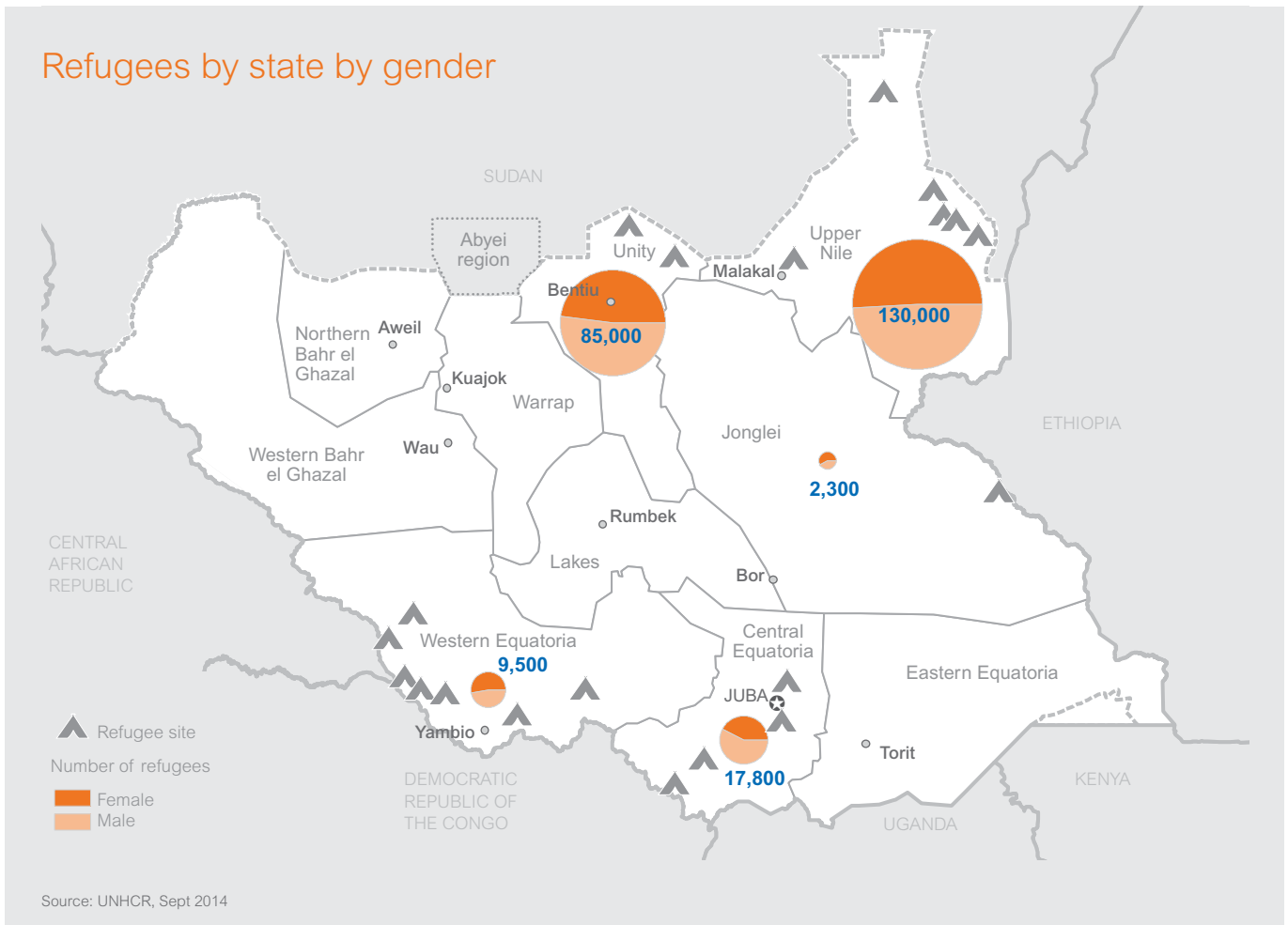
1. Provide protection, basic services and sustainable assistance to refugees and asylum-seekers in South Sudan.
2. Improve self-reliance and coping capacities of refugees, returnees and host-communities.
3. Strengthen the capacity of national stakeholders.

The Refugee Response Plan for 2015 aims to address the protection and assistance needs of refugees in South Sudan. These needs include life-saving support and essential services in the form of food rations, medical assistance, provision of clean water, sanitation, shelter, education and camp management. There will be special emphasis on response to

Refugees by country of origin



Source: UNHCR, Oct 2014

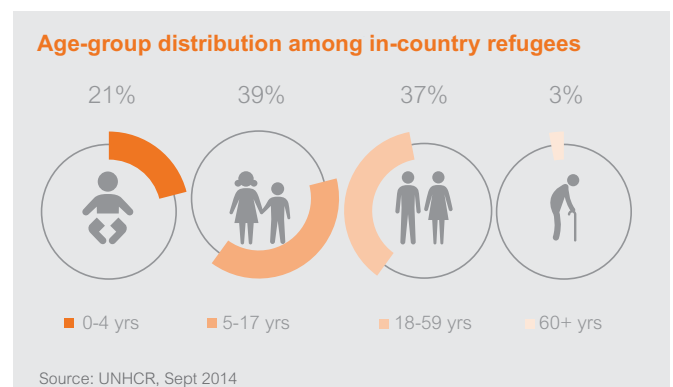


and prevention of gender-based violence and increased physical security in and around camps. This includes the upgrading of camp facilities and services. Support to host communities, who are usually outnumbered by refugees in their area, will also form part of the refugee response plan through investments in social infrastructures such as healthcare and educational facilities, as well as water points accessible to the host communities. Finally, the refugee response also includes a livelihood component designed to enable refugees to be more self-reliant, a prospect that can be enhanced by fostering more peaceful co-existence between refugees and the host communities.

The refugee response will also address the humanitarian needs of South Sudanese refugees, should they return home from exile in neighbouring countries. However, at present, a large-scale return of South Sudanese refugees is not anticipated in 2015.

Under this context, the refugee response plan aims to enhance protection for refugees and asylum seekers, through engagement of multi-sector agencies and in cooperation with relevant authorities both at the national and state levels. A particular focus will be placed on child protection, prevention of and response to SGBV and engagement with youth and other refugee communities to encourage active participation in the delivery of services as well as protection activities that require community involvement. In addition, strategies will be in place to maintain life-saving

activities and essential services, working to prevent/minimize the possible disruption of services due to the volatile security environment. Upgrading facilities, improving sustainability of infrastructures, implementing self-reliance activities and community empowerment will be part of these strategies. The success of these programmes will require more investment in social cohesion and peaceful co-existence with refugees' host communities and strengthening the capacities of local authorities and the Commission for Refugee Affairs, with whom the refugee response will be closely coordinated. The refugee response also work with other line ministries such as the Ministry of Gender, Child and Social Welfare and the Ministry of Education.



Objectives, activities, indicators and targets

Cluster objective 1: Provide protection, basic services and sustainable assistance to refugees and asylum-seekers in South Sudan		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target
1. Percentage of refugees having access to protection and basic services		100%	100%
Activities	Output indicators	Baseline	Target
Protection			
Undertake registration and documentation of refugees and asylum seekers	Percentage of refugees registered on an individual basis	100%	100%
Strengthen the provision of multisectoral GBV response	Percentage of known GBV survivors receiving multisectoral response services	60%	100%
Strengthen child protection interventions and services, including identification, documentation, and care arrangements for unaccompanied and separated children	Percentage of unaccompanied and separated children for whom a best interest process has been conducted	80%	100%
Facilitate voluntary repatriation of refugees.	Percentage of refugees with intention to return who have returned voluntarily	100%	100%
Education			
Provide early child / primarily / secondary education and lifelong learning opportunities to refugee children and youth in a safe and protective environment	Percentage of primary school-aged (5 -11 yrs.) children enrolled in primary education	45%	75%
	Pupil-classroom ratio in primary education	100	50
	Gender parity index in primary education	0.85	≥1
Health			
Provide basic/primary health care services (IPD/OPD) in the camps and facilitate medical referral to central hospitals. Upgrade health facilities and services, including training of health workers	Crude mortality rate (per 1000 population/month)	< 0.1	< 0.1
	Under 5 mortality rate (per 1000 population/month)	< 0.5	< 0.5
	Percentage of measles vaccination coverage	80%	100%
Nutrition			
Provide supplementary food and drugs and carry out nutrition training to prevent or manage MAM and SAM among children and pregnant and lactating women.	Severe Acute Malnutrition	<2%	<2%
	GAM Acute Malnutrition	<10%	<10%
Water, sanitation and hygiene			
Provide access to clean water and sanitation facility; through maintenance and upgrading of water distribution systems, strengthening community water/latrine management, hygiene promotion, provision of basic sanitation & hygiene items to households	Number of litres of water per person per day	20	20
	Percentage of households with latrine	30%	80%
	Percentage of women of reproductive age regularly provided with personal hygiene kit	100%	100%
Camp management and camp coordination			
Undertake coordination of delivery of services in the camps, while maintenance and upgrading camp infrastructure and facilitate camp administration	Percentage of refugee camps and settlements with established camp management mechanisms	100%	100%
Promote increased engagement and ownership of refugees/refugee community in overall camp management and maintenance	Percentage of female among people of concern participating in leadership/camp management structures	40%	50%
Non-Food Items and emergency shelter			
Improve physical security and living conditions of most vulnerable refugees with the provision of transitional / semi-permanent shelters and basic domestic items	Percentage of persons of concern living in decent dwelling	20%	50%
	Percentage of households who are in need of basic domestic items received assistance	90%	100%

Cluster objective 2: Improve self-reliance and coping capacities of refugees, returnees and host-communities		Cluster objective supports SRP Strategic objective: 1, 2	
Indicators		Baseline	Target
1. Percentage of households among persons of concern having access to livelihood and self-sustaining opportunities		5%	15%
Activities	Output indicators	Baseline	Target
Provide or facilitate access to skill training and livelihood activities, enabling persons of concern to improve their subsistence and begin or resume income generating activities leading to self-reliance	Number of households engaged in livelihood activities, including agricultural production	15,000	43,000
Promote peaceful-coexistence between refugee and host community communities through quick impact projects and by strengthening structural dialogues among relevant stakeholders	Percentage of persons targeted for peaceful-coexistence projects that from host communities	50%	50%

Cluster objective 3: Strengthening capacity of national stakeholders		Cluster objective supports SRP Strategic objective: 1, 2, 3	
Indicators		Baseline	Target
1. Percentage of refugee locations in which joint assessments, monitoring, and/or follow-up actions were conducted with relevant national institutions /agencies		90%	100%
Activities	Output indicators	Baseline	Target
Provide capacity development support to the national authorities and non-governmental organizations through joint activities	Number of assessments and monitoring conducted with the participation of national institutions / agencies in refugee camps/settlements	10	30
Provide training for national institutions/agencies on refugee related matters to strengthen their capacities and broaden engagement in refugee response	Number of staff from relevant national institutions/ agencies participated in training/workshops	50	100

Refugees in South Sudan 2015 projection

Age group	Total number of refugees by age group			Percentage of refugees by age group		
	Male	Female	Total	Male	Female	Total
0-4	31,908	31,355	63,263	11%	11%	22%
5-11	36,646	36,836	73,482	12%	13%	25%
12-17	20,552	20,394	40,946	7%	7%	14%
18-59	55,547	52,560	108,107	19%	18%	37%
60+	4,185	3,617	7,802	1%	1%	3%
Total	148,838	144,762	293,600	51%	49%	100%



UNICEF/Pianz

ANNEX

ABYEI RESPONSE PLAN



126,800
people in need



61,000
returnees



20,000
displaced in Abyei



24,000
displaced outside Abyei



15,000
Misseriya in the
North of Abyei



6,800
people from Unity State
(South Sudan)

Overall context analysis and key humanitarian issues

The escalation of inter-community conflicts in Abyei and the absence of public institutions have resulted in significant humanitarian needs. Approximately 126,800 people are currently considered to be in need of humanitarian assistance in the contested region of Abyei. This includes internally displaced people, returnees, vulnerable people from the Misseriya community, 6,800 people from Unity State, South Sudan, displaced to Abyei and people displaced from Abyei in 2011 currently live in Warrap State, South Sudan.

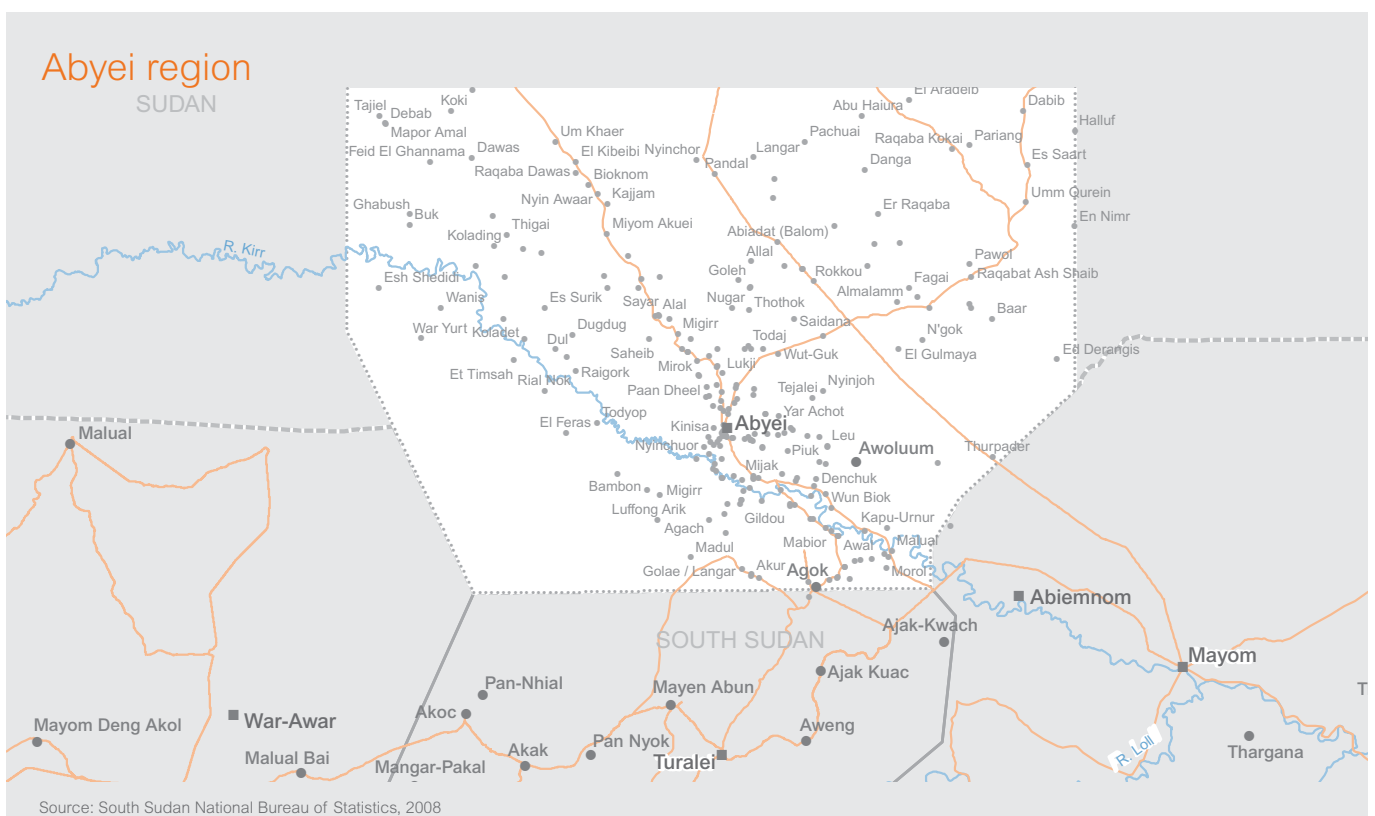
The May 2011 crisis is considered to have an estimated 105,000 Ngok Dinka. An estimated 35,000 returned to their areas of origin within the following weeks, mainly in and around Agok, including areas along the river Kiir/Bahr el Arab. Return movement during 2012, 2013 and 2014 dry seasons has been relatively slow but constant. While monitoring efforts continue, limited local administration counterparts, fluid movement of people, as well as complexities on the ground make it difficult to give an exact number of returnees to Abyei. Based on WFP food assistance figures as of Nov 2014, approximately 81,000 persons (Ngok Dinka) receive food assistance in Abyei Area, including in Agok and in populated areas South and North of the River Kiir/Bahr El Arab. Another 15,000 resident Misseriyas are targeted by WFP assistance in the northern part of Abyei.

Strategic overview of envisaged humanitarian assistance in 2015

The main objective of Abyei humanitarian programming is to decrease dependency on humanitarian assistance among displaced people, returnees and host communities, and direct transitional and recovery programming towards sustainability through improved food security, agricultural and pastoralist livelihoods support among resident and nomadic populations, protection, health and nutrition, WASH, education and shelter activities, and by ensuring that social service delivery has a strong community based approach.

UN and partners in Abyei propose to work with affected agro-pastoralist and nomadic communities with tailored approaches based on their specific needs and vulnerabilities to increase resilience. To this end, the following priorities are identified:

1. Reducing dependency of food assistance by progressively introducing modalities that develop community assets and support improved agricultural, animal husbandry and fishery practices leading to sustainably increasing, family based production of nutritious food for home consumption and marketing.
2. Establishing veterinary services and revitalize the community based animal health workers network for pastoralist nomadic populations by adopting a “follow on approach” from the place where the migration begins, throughout the migration area; and for sedentary populations by increasing availability and access to appropriate animal drugs and vaccines at village level through cost recovery system.
3. Maintaining the functionality of life saving social services and increasing their sustainability by adopting participatory approaches, and building community based management capacity.
4. Ensuring response to the critical social services needs of the nomadic population by adopting intervention modalities successfully tested for nomadic and pastoralist communities including for health and education.
5. Prevention of malnutrition in children under five and pregnant and lactating women via treatment of severe and moderate acute malnutrition.
6. Provision of access to safe drinking water and adequate hygiene and sanitation in areas of displacement and return.
7. Provision of emergency education supplies and training to support returning students and teachers; establishment of temporary learning spaces and rehabilitate destroyed schools.
8. Strengthening protection by working with all the stakeholders, including local authorities and UNISFA/UNPOL to reduce protection risks, as well as physical violence and displacement; by implementing comprehensive protection responses, with a focus on people with specific vulnerabilities. Provision of child protection services to vulnerable returnee children and monitoring and assessment of children at risk of abuse; reduction of risk of death and injury from landmines / mine risk education. Protection organisations will engage with all actors including UN, NGOs, CBOs, formal and informal entities and community actors to advocate and reinforce the need for a better protective environment for the civilian population.
9. Maintaining readiness to respond to emergencies as quickly as possible by securing support from Sudan and South Sudan according to available supply routes and by securing a minimum amount of prepositioned stock in Abyei, as per provisions of global contingency planning guidelines.
10. Improving humanitarian operational environment by monitoring interference, advocating with authorities at national and local level and by improving civil military coordination with UNISFA.
11. Applying durable solutions framework by monitoring, tracking and profiling the displacement and return in Abyei, and by providing basic reinsertion package to those in their final destinations.
12. Developing the capacity of the communities including of the “interim” civil service by adopting a “primary administrative level” approach that responds to the community needs through a designated NGO as entry point for coordination and response in collaboration with authorities and local communities.



Source: South Sudan National Bureau of Statistics, 2008

2014 ACHIEVEMENTS

The year of ongoing conflict has been challenging, not only for the people of South Sudan but also for the aid organizations working to assist them.

Even before December, the country was home to one of the world's largest aid operations. When violence erupted in December 2013, NGO and UN agency offices and supplies were ransacked and looted; staff was attacked and intimidated. Organizations had to evacuate their personnel from some of the most dangerous places.

Throughout 2014, the operation was recovering, with aid agencies working to reestablish their presence across the country, especially in the three states worst affected by violence. However, humanitarian organizations were able to expand their operations and achieve clear results by adopting flexible, innovative approaches to a challenging environment.

This expansion was made possible by donor commitments totaling some US \$1.2 billion as of 15 November - representing over 70 per cent of the funding appeal for the calendar year.

An expanding operation

By the end of 2014, there were over 150 organizations present across the country. Since January, some 3.5 million people received humanitarian assistance of some kind. In addition to operations in vulnerable communities, aid agencies had delivered assistance to 109 different sites where displaced people were living.

Rapid response operations and mobile response teams, geared to address the most urgent needs of people affected by conflict, had reached nearly one million people since March 2014. People displaced by conflict are spread across 35 hard-to-reach locations in Jonglei, Unity and Upper Nile, where the situation did not yet allow a more steady presence. These operations are carried out by different organizations with the capacity to act quickly and flexibly to provide multi-sector assistance to address life-threatening shortages of food, clean water, sanitation and shelter; provide emergency health care and malnutrition treatment; control disease outbreaks; and address urgent protection concerns. Operations are closely coordinated to ensure that gaps are filled quickly, and limited resources used efficiently.

Clear results achieved across different sectors

Despite the challenging context, the aid operation has had a clear impact on people's lives.

A major food and livelihoods response has helped pull nearly two million people back from the brink of famine, though the situation remains fragile and the outlook after the harvest season deeply concerning. Similarly, concerted efforts by health, water, sanitation and hygiene partners have brought a cholera outbreak that threatened the lives and health of tens of thousands under control, but support must continue to ensure health, sanitation, and other vital services continue to be provided to those who need them most.

Other major achievements of the aid operation in 2014 include:

- 3.5 million people reached with clean water
- 2.3 million people reached with food assistance and nearly 1.5 million reached with livelihoods support
- Over 622,400 children vaccinated against polio
- 524,900 people reached by nutrition programmes
- 445,000 people reached with camp management services
- Over 187,500 children benefiting from emergency education.
- Over 77,000 women accessed ante-natal care services
- Over 9,500 explosive remnants removed and destroyed

Aid organizations have taken extraordinary measures to reach people most in need, such as airdrops of relief supplies and the rapid response operations in hard-to-reach areas. In addition, the security situation has fostered new modes of collaboration between humanitarians and other organizations. Around 100,000 people continue to seek refuge in PoCs sites inside UN bases, including some 28,000 people in Juba and an estimated 47,000 people in Bentiu. In these sites, aid agencies have coordinated closely with the UN peacekeeping missions to provide assistance and protection.

Funding

Recognizing the high level of need in South Sudan, donors supported the 2014 Crisis Response Plan with nearly US \$1.3 billion in funding, 71 per cent funded of total funding requested*, making it one of the highest funded humanitarian appeals this year.

Of this funding, \$134.6 million (11 per cent) was through the Common Humanitarian Fund, a country based pooled fund that provides timely and predictable funding to respond to needs. In addition, \$39.1 million (3 per cent) was through the Central Emergency Response Fund (CERF), the global pooled fund.

*As of 14 November 2014

2014 FUNDING

FUNDING PER CLUSTER

Cluster	\$ Original requirements	\$ Revised requirements	\$ Funding	% Covered
Logistics	33,690,878	79,000,000	82,719,356	105%
Mine Action	31,957,794	17,000,000	15,045,752	89%
Health	86,900,451	77,000,000	64,515,102	84%
Coordination and Common Services	16,292,841	13,000,000	10,146,971	78%
Water, Sanitation and Hygiene	81,830,775	127,000,000	97,196,953	77%
Food Security and Livelihoods	390,770,766	866,000,000	595,003,402	69%
Camp Coordination and Management	-	63,000,000	42,337,195	67%
Nutrition	79,069,966	131,000,000	74,186,445	57%
NFI and Emergency Shelter	19,585,271	68,000,000	36,662,225	54%
Protection	57,478,274	79,000,000	40,083,247	51%
Education	28,151,312	29,327,520	11,313,817	39%
Emergency Telecommunications	2,954,026	4,488,934	1,739,438	39%
Multi Sector (Refugees)	272,687,098	247,936,970	82,588,025	33%
Unallocated CHF & Fees			11,350,119	
Unspecified			107,027,359	
Total	1,101,369,452	1,801,753,424	1,271,915,406	71%

FUNDING PER GENDER MARKER

Cluster	2b	2a	1	0	n/a	\$ Funding
Camp Coordination and Management	853,342	41,483,853	-	-	-	42,337,195
Coordination and Common Services	-	-	9,219,205	706,037	221,729	10,146,971
Education	-	11,313,817	-	-	-	11,313,817
Emergency Telecommunications	-	-	-	-	1,739,438	1,739,438
Food Security and Livelihoods	-	515,703,472	78,387,205	912,725	-	595,003,402
Health	-	24,911,574	36,508,593	3,094,935	-	64,515,102
Logistics	-	-	36,348,043	-	46,371,313	82,719,356
Mine Action	-	14,986,818	58,934	-	-	15,045,752
Multi Sector (Refugees)	-	64,519,467	15,087,497	2,981,061	-	82,588,025
NFI and Emergency Shelter	-	32,318,930	4,343,295	-	-	36,662,225
Nutrition	-	12,109,446	30,445,936	31,631,063	-	74,186,445
Protection	7,529,945	31,972,054	581,248	-	-	40,083,247
Water, Sanitation and Hygiene	-	77,562,161	5,675,724	-	13,959,068	97,196,953
Unallocated CHF & Fees						11,350,119
Unspecified (UNICEF, IOM, WFP, UNHCR)						107,027,359
Total	8,383,287	826,881,592	216,655,680	39,325,821	62,291,548	1,271,915,406

All figures as of 14 Nov 2014. For up-to-date funding information visit fts.unocha.org

DONOR CONTRIBUTIONS TO CRP 2014

Donor	\$ Funding	% of total
United States	583,519,292	45.9%
United Kingdom	157,948,252	12.4%
European Commission	114,160,990	9.0%
Various (details not yet provided)	53,410,514	4.2%
Norway	45,805,334	3.6%
Canada	43,422,571	3.4%
Central Emergency Response Fund (CERF)	39,746,880	3.1%
Japan	29,767,963	2.3%
Denmark	27,403,445	2.2%
Germany	27,055,567	2.1%
Private (individuals & organisations)	25,231,581	2.0%
Sweden	23,735,732	1.9%
Allocation of unearmarked funds by UN agencies	23,240,086	1.8%
Netherlands	16,278,143	1.3%
Australia	14,344,527	1.1%
Switzerland	8,619,809	0.7%
Ireland	7,206,126	0.6%
Finland	6,135,442	0.5%
South Sudan	5,000,000	0.4%
Carry-over (donors not specified)	3,769,230	0.3%
Italy	3,669,426	0.3%
Belgium	3,327,954	0.3%
Luxembourg	2,693,690	0.2%
Spain	2,059,910	0.2%
France	1,367,077	0.1%
Others	2,995,865	0.2%
Grand Total USD:	1,271,915,406	100.0%

DONOR CONTRIBUTIONS (CRP 2014 + OTHERS)

Donor	\$ Funding	% of total
United States	623,964,611	41.7%
United Kingdom	178,209,875	11.9%
European Commission	167,834,274	11.2%
Norway	70,240,075	4.7%
Various (details not yet provided)	54,046,640	3.6%
Canada	49,917,623	3.3%
Germany	45,264,128	3.0%
Denmark	41,888,473	2.8%
Central Emergency Response Fund (CERF)	39,746,880	2.7%
Sweden	38,874,763	2.6%
Japan	34,984,746	2.3%
Private (individuals & organisations)	28,083,118	1.9%
Allocation of unearmarked funds by UN agencies	23,547,154	1.6%
Netherlands	16,278,143	1.1%
Switzerland	15,178,958	1.0%
Australia	14,344,527	1.0%
Finland	12,704,667	0.8%
Ireland	7,923,993	0.5%
Italy	5,686,207	0.4%
South Sudan	5,000,000	0.3%
Spain	3,928,071	0.3%
Carry-over (donors not specified)	3,769,230	0.3%
Luxembourg	3,710,805	0.2%
Belgium	3,327,954	0.2%
France	2,596,087	0.2%
Austria	1,155,637	0.1%
Korea, Republic of	1,000,000	0.1%
World Bank	880,144	0.1%
Czech Republic	301,053	0.0%
Estonia	170,868	0.0%
Liechtenstein	112,360	0.0%
Iceland	104,158	0.0%
Hungary	40,309	0.0%
Holy See	5,000	0.0%
Grand Total USD:	1,494,820,531	100.0%

CHF CONTRIBUTIONS IN 2014

United Kingdom	\$73m
Sweden	\$30m
Norway	\$10m
Netherlands	\$9.5m
Denmark	\$8.3m
Australia	\$7.0m
Ireland	\$4.0m
Belgium	\$3.3m
Germany	\$1.0m

All figures as of 14 Nov 2014. For up-to-date funding information visit fts.unocha.org

FINANCIAL REQUIREMENTS 2015

Financial requirements by cluster and organization

REQUIREMENTS BY CLUSTER

Cluster	Number of Projects	\$ Requirements	Percentage
Food Security and Livelihoods	64	746,554,161	41%
Refugees	11	291,121,831	16%
Logistics	4	145,000,000	8%
Water, Sanitation and Hygiene	50	141,875,686	8%
Nutrition	36	120,348,178	7%
Health	36	90,000,000	5%
Protection	30	70,000,000	4%
Non Food Items and Emergency Shelter	16	70,000,000	4%
Camp Coordination and Management	11	53,760,659	3%
Education	33	39,915,308	2%
Coordination and Common Services	3	18,997,175	1%
Mine Action	7	15,726,156	1%
Emergency Telecommunications	1	3,770,000	0%
Total	302	1,807,069,154	100%

REQUIREMENTS BY PRIORITY

Cluster	High Intermediate	High	Medium	Low	Total
Camp Coordination and Management	-	52,781,059	979,600	-	53,760,659
Coordination and Common Services	-	18,997,175	-	-	18,997,175
Education	2,125,000	31,248,385	6,541,923	-	39,915,308
Emergency Telecommunications	-	3,770,000	-	-	3,770,000
Food Security and Livelihoods	518,053,988	149,663,183	68,841,289	9,995,701	746,554,161
Health	33,545,000	53,955,000	2,500,000	-	90,000,000
Logistics	-	145,000,000	-	-	145,000,000
Mine Action	-	9,820,310	1,946,427	3,959,419	15,726,156
Multi Sector	-	290,286,831	835,000	-	291,121,831
Non Food Items and Emergency Shelter	41,648,165	10,388,331	17,369,504	594,000	70,000,000
Nutrition	52,928,368	64,500,110	2,470,000	449,700	120,348,178
Protection	-	64,849,261	5,150,739	-	70,000,000
Water, Sanitation and Hygiene	29,900,000	109,897,610	2,078,076	-	141,875,686
Total	678,200,521	1,005,157,255	108,712,558	14,998,820	1,807,069,154

REQUIREMENTS BY ORGANIZATION

Organization	\$ Requirements	Organization	\$ Requirements	Organization	\$ Requirements
ACF-USA	7,278,000	FCDI	931,957	RUDI	400,000
ACT/CA	306,151	FH	1,281,005	RUWASSA	250,000
ACT/DCA	5,434,438	FLDA	273,989	SAADO	715,320
ACT/LWF	5,211,400	FYF	480,000	SALF	1,410,364
ACTED	22,806,652	GOAL	14,919,817	Samaritan's Purse	13,019,238
ADCORD	391,440	HCO	916,000	SC	14,331,000
AET	309,516	HELP e.V	200,000	SCA	150,000
AFOD	837,011	HelpAge International	1,771,614	Sign of Hope	330,076
AHA	4,790,402	HeRY	638,520	SMC	700,000
AHANI	1,050,000	HI	1,113,130	Solidarités	13,032,970
ARC	1,076,190	HLSS	2,100,000	SPEDP	3,482,970
ARD	822,094	IAS	2,000,000	SSGID	150,000
ARUDA	281,700	IBIS	579,010	SSOPO	304,600
ASCD	583,105	IMC UK	2,949,664	SSUDA	150,000
ASMP	200,000	Intermon Oxfam	8,885,737	TdH-L	743,938
AVSI	1,112,173	Internews	675,000	TEARFUND	5,142,274
AWODA	300,000	INTEROS	6,553,250	THESO	1,450,000
C&D	1,452,301	IOM	93,315,430	UN Women	945,773
CAD	624,382	IPCS	90,000	UNDSS	2,770,000
CADA	662,000	IRC	20,310,359	UNESCO	943,550
CAFOD	951,225	IRW	1,013,400	UNFPA	13,339,500
CARE International	10,601,667	IsraAID	248,350	UNHCR	238,715,848
Caritas CCR	87,100	JAM International	916,547	UNICEF	124,654,833
CASI	404,126	KHI	850,000	UNIDO	2,136,692
CASS	150,000	LCED	393,000	UNKEA	3,764,975
CCM	1,700,000	MAG	1,946,427	UNMAS	5,683,399
CCOC	900,400	MEDAIR	14,907,628	UNOPS	50,370,160
CCOSS	150,000	Mercy Corps	9,810,587	VSF (Germany)	699,932
CDSS	271,510	MI	500,000	VSF (Switzerland)	922,850
CESVI	423,118	Mulrany International	800,000	WAO	403,770
CINA	392,400	NGO FORUM	1,485,000	WCDO	425,367
CMA	875,000	Nile Hope	4,992,020	WFP	774,665,594
CMD	3,892,550	NPA	2,088,854	WHO	16,760,000
CORDAID	1,410,699	NPP	6,580,000	WR	1,644,800
COSV	1,226,075	NRC	12,848,285	WTI	342,267
CRADA	100,000	OCHA	14,742,175	WV South Sudan	24,399,819
CRS	4,889,801	OSIL	280,360	ZOA	1,907,770
CUAMM	875,000	OXFAM GB	15,095,941	Total	1,807,069,154
CW	10,863,159	Pact Inc.	2,500,000		
DDG	912,000	PAH	3,762,078		
DORD	296,000	PCO	1,320,410		
DRC	27,687,198	PIN	795,750		
DWHH	1,704,285	Plan	6,539,223		
FAO	89,243,924	RCDI	487,341		
FAR	628,675	RI	4,756,780		

CAMP COORDINATION AND CAMP MANAGEMENT



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	AFOD	Improving delivery of humanitarian services and protection of IDPs through efficient and effective multi-sectoral response at the county-level to assist and protect populations residing in displacement sites and to advocate for durable solutions with full participation of women, girls, boys and men from IDPs in Terekeka County	470,800	SSD-15/CSS/72599	Central Equatoria
High	AHA	Effective service delivery through improved camp management and camp coordination for IDPs in Pariang and Abiemnhom counties – Unity State, South Sudan	2,051,362	SSD-15/CSS/72891	Unity
High	ACTED	Camp management and camp coordination to ensure basic service provision for IDP settlements across South Sudan	7,681,644	SSD-15/CSS/72497	Multiple Locations
High	DRC	IDP Camp coordination and site management service for Unity and Upper Nile states	5,631,548	SSD-15/CSS/72682	Multiple Locations
High	HLSS	Scaling up delivery of humanitarian and protection services to IDPs through efficient and effective IDP site coordination and management with full participation of women, girls, boys and men from both the displaced and host communities in Eastern Equatoria State, South Sudan	750,000	SSD-15/CSS/72977	Eastern Equatoria
High	IOM	Republic of South Sudan camp coordination and camp management (CCCM) cluster coordination	5,617,500	SSD-15/CSS/72412	Multiple Locations
High	IOM	Improving conditions in IDP sites through site development and expansion, upgrading of humanitarian hubs and assistance to stranded foreign nationals	13,382,455	SSD-15/CSS/72414	Multiple Locations
High	PIN	IDP camp/site management and coordination in Mahad PS, Lologo and Don Bosco in Juba Town and other areas in CES	195,750	SSD-15/CSS/72372	Central Equatoria
High	UNHCR	Co-leading of the CCCM cluster, expansion of CCCM structures outside PoCs and conducting capacity building of humanitarian partners, community leaders and stakeholders on CCCM concepts and practices in Unity, Lakes, Central Equatoria, Upper Nile and Jonglei	17,000,000	SSD-15/CSS/73642	Multiple Locations
Medium	Internews	Supporting communities to have better access to information and a stronger voice in the response, through the Internews Humanitarian Information Service (HIS) emergency pop-up radio stations and recorded audio tools. And supporting clusters and partners to have a 'Community Centered Communications with Communities' (CWC) approach to improve impact and accountability	675,000	SSD-15/CSS/72452	Multiple Locations
Medium	SSOPO	Camp coordination and camp management cluster; county focal point multi-sectoral response activities for internally displaced persons and host communities in Pigi/Canal County - Jonglei State	304,600	SSD-15/CSS/72664	Jonglei
Total			53,760,659		

COORDINATION AND COMMON SERVICES



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	NGO FORUM	South Sudan NGO forum	1,485,000	SSD-15/CSS/73265	Multiple Locations
High	OCHA	Strengthening humanitarian coordination and common services in South Sudan	14,742,175	SSD-15/CSS/73606	Multiple Locations
High	UNDSS	Security support to UN and implementing partners operating in South Sudan	2,770,000	SSD-15/CSS/73173	Multiple Locations
Total			18,997,175		

EDUCATION



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	UNICEF	Education core pipeline supplies provision and management for timely emergency preparedness and response in South Sudan	2,125,000	SSD-15/E/73124	Multiple Locations
High	ACT/LWF	Education in emergency support to IDP and host community children in Jonglei to create zones	480,000	SSD-15/E/72655	Jonglei
High	ADCORD	Provision of quality education (ALP/ECD) programme for conflict affected children and youth in Pibor and Pochalla Counties, Jonglei State	391,440	SSD-15/E/72442	Jonglei
High	AET	The Adolescent Learning Center (ALC) will provide a temporary learning space that meets the educational needs of adolescents and at-risk youth in Bor South and Awerial County	309,516	SSD-15/E/72728	Jonglei
High	AVSI	CREEN (Comprehensive Response Emergency in Education and Nutrition, Cueibet County)	347,115	SSD-15/E/72367	Lakes
High	CMD	Education in emergencies for conflict affected IDPs, returnees and vulnerable host communities in Jonglei and Upper Nile States	500,000	SSD-15/E/72482	Multiple Locations
High	C&D	Inclusive education in emergency support project for children and youth affected by the crisis in greater Bor counties (Duk and Twic East)	708,750	SSD-15/E/72422	Jonglei
High	COSV	Enhancing inclusiveness and intersector collaboration in improving access to quality education among children and youths so that they may have live with dignity in the crisis affected areas of Ayod County, Jonglei State	441,075	SSD-15/E/72404	Jonglei
High	CADA	Provision of quality education services to affected IDPs and host communities in Jonglei and Upper Nile State	512,000	SSD-15/E/72727	Jonglei
High	CAD	Delivering safe and quality education to 11,929 school going children (6,467 boys and 5,462 girls) and alternative formal learning to 3,124 out of school youth (1,724 boys and 1,400 girls) affected by conflict in Pigi County, Jonglei State	474,382	SSD-15/E/72562	Jonglei
High	FYF	Improvement of education quality provision project in Upper Nile State	480,000	SSD-15/E/72774	Upper Nile
High	HCO	Continued access to education in emergency affected counties of Jonglei State	416,000	SSD-15/E/72598	Jonglei
High	IBIS	Education in emergency for children, adolescents and young people affected by conflict residing in and out of Juba's POCs, Central Equatoria State	579,010	SSD-15/E/72440	Central Equatoria
High	INTERSOS	Provision of education in emergency for conflict-affected children and young people in Jonglei State, Unity State, Upper Nile State and Central Equatoria State	2,531,250	SSD-15/E/72523	Multiple Locations
High	Mercy Corps	Provision of educational services to pupils in emergencies and disaster affected populations in Unity State	1,352,000	SSD-15/E/72988	Unity
High	Nile Hope	Gender-sensitive emergency and protective response for sustained, healthy productive lives, quality learning and psychosocial support among the conflict-affected children and young people, teachers and families	478,800	SSD-15/E/72583	Multiple Locations
High	NRC	Education for children and youth affected by the conflict and hard to reach areas in South Sudan	2,880,000	SSD-15/E/72396	Multiple Locations
High	PCO	Emergency life-saving, inclusive and quality education for conflict and or floods affected IDPs and acutely vulnerable host communities in Warrap and Unity states of South Sudan	437,750	SSD-15/E/72823	Multiple Locations
High	SC	Education cannot wait: Ensuring life-saving and quality learning in a safe and protective environment for conflict-affected children and adolescents in Jonglei State and Awerial County	4,000,000	SSD-15/E/72617	Multiple Locations
High	UNICEF	Back to learning in South Sudan: Ensuring conflict-affected children and adolescents have access to quality basic education and life skills training	10,408,813	SSD-15/E/73110	Multiple Locations
High	UNIDO	Increasing basic, accessible, equitable and protective quality education to the most emergency affected young children & youth in Unity State	561,692	SSD-15/E/72532	Unity
High	UNKEA	Increase access to life-saving education for emergency affected boys, girls and adolescents from IDPs and host communities	821,725	SSD-15/E/72584	Upper Nile
High	WTI	Strengthening educators' teaching capacity in child-friendly learning spaces in emergency project (SETCCLSEP)	342,267	SSD-15/E/72945	Unity

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	WR	Provision of equitable, inclusive education and ECD for children and young people affected by conflict	294,800	SSD-15/E/72753	Unity
High	WV South Sudan	Emergency education for conflict affected children and adolescents (boys and girls) in Upper Nile, Unity and Jonglei states	1,500,000	SSD-15/E/72853	Multiple Locations
Medium	ASCCA	Providing access to life-saving, inclusive and quality education for children, youth IDPs and vulnerable host communities affected by conflicts in Warrap and Unity states	250,000	SSD-15/E/72469	Multiple Locations
Medium	DORD	Providing access to life saving, inclusive and quality education for children youths affected by or highly vulnerable to emergencies in Urur County of Jonglei State	148,000	SSD-15/E/72387	Jonglei
Medium	IRC	Youth education program through psychosocial support and life skills development in Juba	520,243	SSD-15/E/72850	Central Equatoria
Medium	Plan	Creating access to primary education and ECD for children affected by the conflict in Akobo, Pibor and Awerial counties of Jonglei and Lakes states	422,880	SSD-15/E/72654	Multiple Locations
Medium	SPEDP	Access to life-saving quality education in safe and secure learning environment for children and young people affected by emergency in Jonglei State project	300,000	SSD-15/E/72752	Jonglei
Medium	UNESCO	Providing children and youth in emergency with lifesaving and sustaining skills, psychosocial support, literacy and technical skills	943,550	SSD-15/E/72878	Multiple Locations
Medium	UN Women	Education in literacy and numeracy for displaced youth and adolescent population in PoCs and spontaneous settlement sites and their host communities	207,250	SSD-15/E/72558	Multiple Locations
Medium	WFP	Food and nutrition assistance for relief and recovery, supporting transition and enhancing capabilities to ensure sustainable hunger solutions	3,750,000	SSD-15/E/72524	Multiple Locations
Total			39,915,308		

EMERGENCY TELECOMMUNICATIONS



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	WFP	Provision of life saving emergency ICT services to the humanitarian community in South Sudan to enable them to provide assistance to the people in need	3,770,000	SSD-15/ER/72519	Multiple Locations
Total			3,770,000		

FOOD SECURITY AND LIVELIHOODS



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	FAO	FAO emergency livelihood response programme	87,796,500	SSD-15/F/72610	Multiple Locations
High-Immediate	WFP	WFP emergency operation in response to the food security and nutrition crisis from the conflict in South Sudan	430,257,488	SSD-15/F/72479	Multiple Locations
High	CAFOD	Phase II response: Emergency food security and livelihoods rehabilitation for male and female IDP, returnee and host communities in Upper Nile State	951,225	SSD-15/F/72492	Upper Nile
High	CRS	Increasing food security to IDPs, returnees and host communities in Jonglei State, Lakes State, Upper Nile State and Abyei/Agok administrative area	873,983	SSD-15/F/72748	Multiple Locations
High	CMD	Food security and livelihood support to IDPs, returnees and vulnerable host communities in Jonglei, Upper Nile and Unity states	1,892,550	SSD-15/F/72483	Multiple Locations
High	FCDI	Protect and rehabilitate livelihoods for the most vulnerable in Panyikang County, Upper Nile State, Fangak and Pigi counties, Jonglei State	931,957	SSD-15/F/72943	Multiple Locations
High	FAO	Strengthening food security and livelihood cluster coordination for effective humanitarian response in South Sudan and Abyei	1,447,424	SSD-15/F/72660	Multiple Locations
High	FH	Food security and livelihoods support to vulnerable IDPs and host communities affected by conflict in Jonglei and Upper Nile states	581,005	SSD-15/F/72877	Multiple Locations
High	JAM Intl	Integrated food assistance, livelihoods and nutritional response project to highly food insecure (IPC emergency and crisis phases) households in Unity and Jonglei States.	616,547	SSD-15/F/72548	Multiple Locations
High	Mercy Corps	Strengthening food security and livelihood cluster coordination for effective humanitarian response in South Sudan and Abyei	128,587	SSD-15/F/72660	Multiple Locations
High	NPA	Enhancing food security and livelihoods resilience of IDPs and vulnerable crisis affected communities in South Sudan	858,354	SSD-15/F/72451	Multiple Locations
High	OXFAM GB	Rapid response to emergency food security and livelihoods needs in Greater Upper Nile, Lakes and Warrap	1,795,941	SSD-15/F/72641	Multiple Locations
High	WFP	WFP protracted relief food and nutrition assistance for relief and recovery, supporting transition and enhancing capabilities to ensure sustainable hunger solutions	125,968,242	SSD-15/F/72480	Multiple Locations
High	WFP	Strengthening food security and livelihood cluster coordination for effective humanitarian response in South Sudan and Abyei	1,368,549	SSD-15/F/72660	Multiple Locations
High	WV South Sudan	Improved access to food for crisis affected populations in emergencies and strengthen livelihoods for communities in Upper Nile, Unity, Jonglei, Warrap, Northern Bahr el Ghazal, Juba and Western Equatoria	12,248,819	SSD-15/F/72638	Multiple Locations
Medium	IRW	Supporting improved food security and diversified livelihoods options among crisis affected communities in Terekeka, Tonj North and South and Bor South counties and Akobo, CES state, Warrap and Jonglei states	563,400	SSD-15/F/72501	Multiple Locations
Medium	WCDO	Sustainable agriculture production and livelihood enhancement project (SAPLE)	425,367	SSD-15/F/72991	Warrap
Medium	ACT/CA	Addressing acute food insecurity in Leer and Mayendit counties, Unity State through vouchers (in coordination with cash and markets working group) and livelihoods support	306,151	SSD-15/F/72875	Unity
Medium	ACT/DCA	South Sudan integrated relief and recovery (SSIR&R) project	1,297,527	SSD-15/F/72609	Jonglei
Medium	ARD	Improve sustainable rural livelihoods and food security through improved drought tolerant crops productivity, marketing and support for community initiatives within greater Kapoeta counties of Eastern Equatoria	822,094	SSD-15/F/72552	Eastern Equatoria
Medium	ACTED	Strengthening food security and livelihood through diversification of livelihood options and system, improvement of practices, and protection of assets for agriculture, pastoralists and fisheries communities in CES, Lakes, Jonglei, Warrap and WBeG	5,624,988	SSD-15/F/72499	Multiple Locations
Medium	ARUDA	Emergency food security and livelihood response to conflict affected populations in Koch County, Unity State, South Sudan	281,700	SSD-15/F/72545	Unity

Priority	Agency	Project title	\$ Requirement	Project code	Location
Medium	C&D	Improving food security and access to nutritious foods for vulnerable communities in Duk and Twic East Counties of Jonglei State	743,551	SSD-15/F/72448	Jonglei
Medium	CASI	Enhance crop production as an alternative livelihood among women and youth for peace building within, Twic East, Duk and Bor	404,126	SSD-15/F/72781	Jonglei
Medium	DRC	Livelihoods provisioning and protection for IDPs in Malakal, Melut, Bentiu and Northern Bahr el Ghazal	9,817,184	SSD-15/F/72710	Multiple Locations
Medium	DWHH	Food and livelihood assistance to IDPs and host communities affected by the conflict in Unity State	788,760	SSD-15/F/72635	Unity
Medium	FAR	Addressing acute food insecurity in Melut and Baliet/Akoka Counties, Upper Nile State	628,675	SSD-15/F/73007	Upper Nile
Medium	GOAL	Increase availability of food sources and access to diversified livelihood options to mitigate against the adoption of negative coping strategies by IDP, host and returnee communities directly and indirectly affected by conflict and insecurity in Agok (Abyei administrative area), Twic County (Warrap State), Baliet, Longochuk, Maiwut, Melut and Ulang counties (Upper Nile State), and Juba County (Central Equatoria State)	2,019,917	SSD-15/F/72894	Multiple Locations
Medium	HeRY	Ensuring the immediate provision of animal health services, protection of Livestock assets and livelihoods for vulnerable agro-pastoral communities in Aweil South, Nasir, Waiwut and Longchuk counties through building their resilience in food production and diversification of livelihoods	638,520	SSD-15/F/72605	Multiple Locations
Medium	Intermon Oxfam	Emergency response and recovery to the South Sudan food security crisis, targeting the vulnerable IDPs, host and returnee communities in conflict-affected areas in Jonglei (Twic East, South Bor and Duk) and Lakes (Awerial - Mingkaman)	4,385,737	SSD-15/F/72846	Multiple Locations
Medium	IRC	Supporting the protection and rehabilitation of vulnerable host community, IDPs, and pastoral households production assets in Koch, Panyijiar (Unity), Aweil East and South counties (Northern Barh el Ghazal through provision of production inputs	1,440,544	SSD-15/F/72633	Multiple Locations
Medium	Mercy Corps	Improved food security and livelihoods and resilience among emergency affected population in Warrap, Abyei area and Unity State	5,630,000	SSD-15/F/72763	Multiple Locations
Medium	Nile Hope	Responding to food security and livelihood emergencies in key vulnerable counties of Jonglei, Upper Nile, Lakes and Central Equatoria states	920,220	SSD-15/F/72522	Multiple Locations
Medium	NRC	Conflict affected and displaced people are supported to be food secure and more resilient against shocks	3,610,455	SSD-15/F/72845	Multiple Locations
Medium	PCO	Emergency life-saving food security and livelihoods support programme for the most vulnerable; IDPs and victims of conflict in Jonglei and Central Equatoria State (Juba PoC 1, 2 and 3)	882,660	SSD-15/F/72813	Multiple Locations
Medium	Plan	Creating access to food and livelihoods for vulnerable households and communities in Jonglei, Lakes, Eastern Equatoria and Central Equatoria states	4,012,403	SSD-15/F/72495	Multiple Locations
Medium	RI	Provision, enhancing availability of essential crops, livestock and support, protection and rehabilitate livelihoods of the most vulnerable people in Boma County Jonglei State	469,510	SSD-15/F/72910	Jonglei
Medium	RI	Provision, enhancing availability of essential crops, livestock and support, protection and rehabilitate livelihoods of the most vulnerable people in Aweil South and Aweil center counties Northern Bahr el Gazal State	939,020	SSD-15/F/72913	Northern Bahr El Ghazal
Medium	RI	Provision, enhancing availability of essential crops, livestock and support, protection and rehabilitate livelihoods of the most vulnerable people in Maban, Longochuk and Maiwut counties of Upper Nile State	1,408,530	SSD-15/F/72914	Upper Nile
Medium	RCDI	Improved food security and livelihood support to IDPs, returnees and vulnerable host communities in Leer, Guit, Koch and Panyijiar counties of Unity State	487,341	SSD-15/F/72768	Unity
Medium	Samaritan's Purse	Food security and livelihoods support to conflict affected and vulnerable communities in Northern Bahr El Ghazal and Unity states	1,150,149	SSD-15/F/72594	Multiple Locations

Priority	Agency	Project title	\$ Requirement	Project code	Location
Medium	SC	To protect children and their families affected by conflict and food insecurity in Jonglei State from malnutrition, illness and abuse. To ensure that children and their families are able to meet their minimum food needs without resorting to negative coping strategies	4,800,000	SSD-15/F/72652	Jonglei
Medium	SAADO	Strengthening food security and livelihood through diversification of livelihoods, improvement and protection of assets for agriculture, pastoralists and fisheries in Jonglei and Lakes states	597,551	SSD-15/F/72457	Multiple Locations
Medium	Solidarités	Cash transfers to meet basic food needs of conflict-affected populations in Upper Nile State	3,032,970	SSD-15/F/72681	Upper Nile
Medium	SALF	Improve food security and livelihood support for vulnerable communities living in Fangak and Pigi counties through provision of seeds, agricultural tools and farmer training	1,010,364	SSD-15/F/72656	Jonglei
Medium	SPEDP	Food security and livelihoods emergency project for Jonglei and Northern Bahr el Ghazal states	3,032,970	SSD-15/F/72622	Multiple Locations
Medium	TEARFUND	Emergency and early recovery food response to critical malnutrition	1,968,833	SSD-15/F/72585	Northern Bahr El Ghazal
Medium	UNKEA	Strengthen the capacity of the affected community on sustainable Agricultural productions, post-harvest handling, and storage and improve their skills on agri-business in Nasir, Ulang and Longechuk counties, Upper Nile State	1,643,250	SSD-15/F/72581	Upper Nile
Medium	VSF (Germany)	Emergency livestock protection response in Upper Nile and Jonglei states	699,932	SSD-15/F/72852	Multiple Locations
Medium	VSF (Switzerland)	Improving food security and livelihoods of vulnerable conflict affected agro-pastoralists communities in Unity State	610,350	SSD-15/F/72498	Unity
Medium	WAO	Promoting food security and livelihoods to protect and rehabilitate livelihoods for the vulnerable population at risk of hunger and malnutrition in Panyinkang and Baliet (Akokat) counties in Upper Nile State by December 2015	403,770	SSD-15/F/72509	Upper Nile
Medium	ZOA	Jonglei food security and livelihood emergency response, targeting 21,000 vulnerable IDPs, host-community members and returnees for sustained food security and viable basic livelihoods all year round in 2015 in Akobo, Pibor and Bor counties	1,342,770	SSD-15/F/72516	Jonglei
Low	ACF-USA	Protecting livelihoods and enhancing access to food of nutritionally vulnerable, food insecure and conflict affected populations in Warrap, Northern Bahr el Ghazal and Jonglei States	1,878,000	SSD-15/F/73045	Multiple Locations
Low	AFOD	Improved food security for vulnerable host populations and IDPs in Budi, Ikotos and Torit in Eastern Equatoria State	366,211	SSD-15/F/72478	Eastern Equatoria
Low	AVSI	Food for all - food security crisis response in South Sudan, Cueibet County, Lakes State	365,358	SSD-15/F/72511	Lakes
Low	ASCDA	Increase access to food security and improved livelihood support to IDPs, vulnerable host communities and returnees in Northern Bahr el-Ghazal and Warrap states	183,105	SSD-15/F/72505	Multiple Locations
Low	Caritas CCR	Ensuring food security of pastoralists through the reduced occurrence of diseases through vaccination and medical treatment of livestock and implementation of veterinary assistance administration through community workers within 4 payams: Katodori, Mogos, Natinga and Narus in Kapoeta East County	87,100	SSD-15/F/73135	Eastern Equatoria
Low	CORDAID	Integrated emergency food security, livelihood and agricultural interventions for disasters affected and most vulnerable IDPs and host communities in Eastern Equatoria State, Kapoeta East and Ikotos counties	860,699	SSD-15/F/72458	Eastern Equatoria
Low	CDSS	Sustainable food security and livelihoods, animal health and disaster risk reduction initiatives in Budy County, Eastern Equatoria State of South Sudan	271,510	SSD-15/F/72563	Eastern Equatoria
Low	CW	Improve food security and diversify livelihoods for IDPs, returnees and other vulnerable populations in Juba and Northern Bahr el Ghazal	2,192,231	SSD-15/F/73016	Multiple Locations

Priority	Agency	Project title	\$ Requirement	Project code	Location
Low	CESVI	Improving the food security in Northern Bahr el Ghazal through support of livelihoods and reconstruction of the assets	423,118	SSD-15/F/72504	Northern Bahr El Ghazal
Low	DWHH	Strengthening of livelihoods to build resilience of conflict affected populations at risk of malnutrition in Northern Bahr el Ghazal	915,525	SSD-15/F/72537	Northern Bahr El Ghazal
Low	FLDA	Improved food security and livelihoods, income generation activities for IDPS, returnees and vulnerable host communities of Northern Bahr el Ghazal State and Warrap State	273,989	SSD-15/F/72474	Multiple Locations
Low	HelpAge Intl	Emergency food security and livelihoods response to older women and men currently in crisis and emergency in Akobo East, Jonglei State	1,073,014	SSD-15/F/72566	Jonglei
Low	TdH-L	Providing regular access to food, protect and rehabilitate livelihoods for the extreme hardship cases among the conflict-affected IDP communities at the UN House Protection of Civilians (PoC) sites in Juba, Central Equatoria State	367,318	SSD-15/F/72663	Central Equatoria
Low	UN Women	Income generation and vocational skills support for targeted vulnerable women, adolescent girls and youth (male and female) in POCs, spontaneous IDP settlements and host communities	738,523	SSD-15/F/72934	Multiple Locations
Total			746,554,161		

HEALTH



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	UNFPA	Ensuring availability of life saving reproductive health commodities and supplies to provide reproductive health (RH) services for IDPs, returnees, refugees and other vulnerable populations in South Sudan	8,250,000	SSD-15/H/72944	Jonglei
High-Immediate	UNICEF	Support emergency and routine immunization interventions through vaccine provision, strengthening of cold chain systems, capacity building and implementation of immunization services to prevent outbreaks of vaccine preventable diseases in South Sudan	12,650,000	SSD-15/H/72955	Multiple Locations
High-Immediate	WHO	Delivery of essential life-saving health care services (communicable disease control, life-saving surgery and other health-related emergencies) to the populations of humanitarian concern in South Sudan	12,645,000	SSD-15/H/73136	Multiple Locations
High	AHA	Scaling up Health Interventions for IDPs and host communities through mobile health clinic and capacity building in Pariang and Abiemnhom counties, Unity State - South Sudan	650,000	SSD-15/H/72982	Unity
High	CARE Intl	Emergency health response to vulnerable populations and host communities in 5 counties (Rubkona, Guit, Mayom, Abiemnom and Pariang) in Unity, Uror and Twic East in Jonglei State - South Sudan	4,500,000	SSD-15/H/72879	Multiple Locations
High	CMA	Strengthening the capacity of primary health care facilities to deliver essential and emergency services in Fangak and Nyirol counties of Jonglei State	875,000	SSD-15/H/73114	Jonglei
High	CUAMM	Enhancing access to and utilization of quality preventive and curative services in Yirol West, Rumbek North and Cuibet counties in Lakes State	875,000	SSD-15/H/73133	Lakes
High	CCM	To reduce morbidity and mortality of children U5 (boys and girls), P&LW, older people and vulnerable groups (including IDPs), by improving access to essential and emergency primary health care services (including EmONC), EWARN and preparedness to prevent, detect and respond to disease outbreak in 4 counties of Warrap and Lakes states	750,000	SSD-15/H/72784	Multiple Locations
High	CCM	Improve access to essential medical care (including emergency obstetric services) and preparedness to prevent, detect and respond to disease outbreak among local communities, returnees and displaced population in Twic County (Warrap State)	600,000	SSD-15/H/72787	Warrap
High	COSV	Enhancing emergency primary health care services among the vulnerable displaced communities of Ayod County (Jonglei State)	400,000	SSD-15/H/72897	Jonglei

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	GOAL	The provision of integrated primary health care services and emergency response to IDP, host and returnee communities that have been directly and indirectly affected by the current crisis in Agok and Twic Counties, Warrap State and Akoka, Baliet, Maiwut, Melut and Ulang counties in Upper Nile State, South Sudan	9,500,000	SSD-15/H/73107	Multiple Locations
High	HLSS	Accelerating access to essential and emergency health services to women, girls, boys and men in affected and vulnerable communities in Lakes and Eastern Equatoria in order to reduce excess morbidity and mortality	850,000	SSD-15/H/72974	Multiple Locations
High	IMC UK	Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital	865,000	SSD-15/H/73001	Jonglei
High	IMC UK	Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan	1,500,000	SSD-15/H/73002	Multiple Locations
High	IOM	Sustaining life-saving primary health care services and provision of rapid response and psychosocial support for vulnerable IDPs, returnees and affected host communities in Upper Nile, Unity, Jonglei states	5,200,000	SSD-15/H/72864	Multiple Locations
High	IRC	Delivery of primary and reproductive health services in South Sudan	5,550,000	SSD-15/H/72952	Multiple Locations
High	MEDAIR	Emergency response to acute and chronic complex health emergencies and increased access to health care to vulnerable population in South Sudan	3,275,000	SSD-15/H/72901	Multiple Locations
High	MI	Emergency Control of malaria and other major vector borne diseases amongst IDP, returnees and host population in Unity and Warrap states	500,000	SSD-15/H/73174	Upper Nile
High	Mulrany Intl	Provision of basic primary healthcare, emergency referral and health system strengthening assistance for underserved in Riak, Ruathnyibol and Wangbour, Kuerobona payams, Mayom County in Unity State, South Sudan	500,000	SSD-15/H/72902	Unity
High	Nile Hope	Provision of emergency and gender-sensitive high-impact health services in hard-to-reach, underserved and conflict affected IDPs and vulnerable communities in Akobo, Pigi and Fangak counties of Jonglei state, and Leer County in Unity state.	1,150,000	SSD-15/H/72953	Multiple Locations
High	RI	Provision of life-saving emergency health care and expansion of basic PHC services in Longochuk and Maban County in Upper Nile State	650,000	SSD-15/H/73004	Upper Nile
High	Sign of Hope	Improve health situation of conflict affected displaced community and vulnerable host community in Nyal, Unity State by providing primary health care services	200,000	SSD-15/H/73111	Unity
High	SMC	Improve health status of the communities internally displaced in Bor, Duk and Awerial counties of Jonglei and Lake states.	700,000	SSD-15/H/73237	Multiple Locations
High	THESO	Provision of essential primary health services to IDPs, returnees and host communities in fives (3) counties of old Fangak, Guit, Gogrial East IDPs conflict affected Counties of Jonglei, Unity and Warrap states in South Sudan	1,000,000	SSD-15/H/72941	Multiple Locations
High	UNICEF	Provision of critical life-saving maternal, neonatal and child health care interventions including prevention of mother to child transmission of HIV, to children under-five and pregnant and lactating women in emergency affected areas, targeting IDPs and host communities	5,000,000	SSD-15/H/72318	Multiple Locations
High	UNFPA	Ensuring care and dignity through provision of life-saving reproductive health services for women and girls in South Sudan	1,500,000	SSD-15/H/72949	Multiple Locations
High	UNIDO	Improve quality of comprehensive emergency primary healthcare services and Increase access through health facility and community-based service provision	600,000	SSD-15/H/72929	Unity
High	UNKEA	Provision of Integrated emergency primary health care services to affected IDPs, host community and returnees by conflict in Nasir County, Upper Nile State	750,000	SSD-15/H/72908	Upper Nile
High	WHO	Responding to the health related emergencies in the affected populations in South Sudan	4,115,000	SSD-15/H/73137	Multiple Locations
High	WR	Integrated primary health care services and capacity building project	900,000	SSD-15/H/73042	Unity

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	WV South Sudan	World Vision South Sudan emergency health assistance project	1,000,000	SSD-15/H/72954	Multiple Locations
Medium	AHANI	Provision of emergency basic package of health services and community child survival initiatives in Upper Nile State (Fashoda County)	500,000	SSD-15/H/72871	Upper Nile
Medium	CORDAID	To provide access to and deliver emergency and essential health care to population affected by conflict in Panyikang and Nasir County	350,000	SSD-15/H/73164	Upper Nile
Medium	KHI	Provision and expansion of life-saving primary healthcare services among vulnerable populations including women, children under five and building community resilience in Pibor County of Jonglei State	500,000	SSD-15/H/72697	Jonglei
Medium	RUDI	Provision of basic primary health services to the vulnerable IDPs and host communities in Bor and Twic East County	400,000	SSD-15/H/72966	Jonglei
Medium	SC	Reduce excess morbidity and mortality through provision of lifesaving health services to vulnerable populations in Lakes, Eastern Equatoria and Jonglei states	750,000	SSD-15/H/72922	Multiple Locations
Total			90,000,000		

LOGISTICS



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	IOM	Humanitarian common logistics services in the Republic of South Sudan	4,806,440	SSD-15/CSS/72409	Multiple Locations
High	UNOPS	Enabling emergency humanitarian access and response	50,370,160	SSD-15/CSS/72243	Multiple Locations
High	WFP	Provision of humanitarian air service in the Republic of South Sudan (2015)	54,961,715	SSD-15/CSS/72559	Multiple Locations
High	WFP	Logistics cluster activities in support of the humanitarian community in South Sudan	34,861,685	SSD-15/CSS/72587	Multiple Locations
Total			145,000,000		

MINE ACTION



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	ACT/DCA	Risk reduction mine action and associated activities in conflict-affected South Sudan	4,136,911	SSD-15/MA/72425	Multiple Locations
High	UNMAS	Emergency landmine and explosive remnants of war (ERW) survey and clearance operations	5,683,399	SSD-15/MA/72415	Multiple Locations
Medium	MAG	Mine action response to save lives, contribute to community empowerment, and ensure safe humanitarian access by reducing the threat from landmines and ERW in South Sudan	1,946,427	SSD-15/MA/72424	Multiple Locations
Low	DDG	Reduce the risk of Injuries from ERWs and enable safe access through humanitarian mine action	912,000	SSD-15/MA/72423	Multiple Locations
Low	NPA	Humanitarian disarmament - emergency response land release (BAC and EOD) in South Sudan	1,230,500	SSD-15/MA/72420	Multiple Locations
Low	OSIL	Land mines and explosive remnants of war awareness to reduce death and injuries in Jonglei and Lakes states	280,360	SSD-15/MA/72436	Multiple Locations
Low	UNICEF	Protecting boys, girls and their families from the impact of landmines and explosive remnants of war (ERW)	1,536,559	SSD-15/MA/72427	Multiple Locations
Total			15,726,156		

NON-FOOD ITEMS AND EMERGENCY SHELTER



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	IOM	Provision of emergency NFIs and shelter to conflict-affected people in South Sudan	41,648,165	SSD-15/S-NF/73065	Multiple Locations
High	ACT/LWF	Strengthened capacity for emergency response to severely conflict affected populations in Jonglei and Unity that demonstrate acute lifesaving needs are provided with shelter materials or basic household items	517,000	SSD-15/S-NF/72300	Multiple Locations
High	CW	Provision of robust emergency shelters, NFI materials and technical support to 8,000 families in Bentiu, Rubkona County and NFI kits and shelter reinforcement kits to 2,600 families in Juba	5,396,331	SSD-15/S-NF/73129	Unity
High	IOM	Republic of South Sudan NFI and emergency shelter cluster coordination	1,653,000	SSD-15/S-NF/73068	Multiple Locations
High	LCED	Provision of NFIs and emergency shelter in Mundri West and East, UN House	393,000	SSD-15/S-NF/73061	Multiple Locations
High	MEDAIR	Emergency assistance to the most vulnerable in affected communities across South Sudan, through the timely and adequate provision of NFIs and emergency shelter	1,263,000	SSD-15/S-NF/72981	Multiple Locations
High	WV South Sudan	Emergency shelter and Non-Food Item Response to vulnerable people affected by conflict in South Sudan	1,166,000	SSD-15/S-NF/72996	Multiple Locations
Medium	CRS	Response to IDPs in Lakes State, Jonglei State and Agok/Abyei administrative area	1,045,504	SSD-15/S-NF/73126	Multiple Locations
Medium	DRC	Integrated emergency response and emergency preparedness for IDPs and host communities	994,000	SSD-15/S-NF/73100	Multiple Locations
Medium	INTERSOS	Coordinated preposition and distribution of life-saving non-food items and shelter materials for most vulnerable conflict-affected population in Jonglei, Unity and Central Equatoria states, based on assessed needs	1,166,000	SSD-15/S-NF/72527	Multiple Locations
Medium	NRC	Strengthening the humanitarian response capacity by delivering needs-based lifesaving NFIs and emergency shelter to the most vulnerable conflict-affected people in South Sudan, including those in remote and hard to reach areas	4,063,000	SSD-15/S-NF/73060	Multiple Locations
Medium	Plan	Creating access to NFIs and emergency shelter as a life-saving response to the most vulnerable households in Lakes State	580,000	SSD-15/S-NF/73010	Lakes
Medium	PAH	Provision of NFIs and emergency shelter to the most vulnerable conflict and displacement affected population	793,000	SSD-15/S-NF/73070	Jonglei
Medium	SC	Emergency NFI assistance for conflict-affected people in Jonglei and Lakes states	531,000	SSD-15/S-NF/72621	Jonglei
Medium	UNHCR	NFIs and emergency shelter for IDPs affected by the crisis in South Sudan	8,197,000	SSD-15/S-NF/72515	Multiple Locations
Low	ACTED	Emergency response on basic NFIs and shelter to the conflict-affected populations in South Sudan	594,000	SSD-15/S-NF/73015	Multiple Locations
Total			70,000,000		

NUTRITION



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	UNICEF	Nutrition core pipeline supplies provision and management for timely emergency preparedness and response in South Sudan	14,808,515	SSD-15/H/72967	Multiple Locations
High-Immediate	WFP	Emergency operation in response to the nutrition crisis in the conflict affected states of South Sudan	38,119,853	SSD-15/H/72421	Multiple Locations
High	ACF-USA	Provide quality integrated management of acute malnutrition services and strengthen existing capacity building, surveillance system and rapid nutrition emergency response for children under in conflict and no- conflict affected populations in Jonglei (Panyagar County), NBeG (Aweil East County), Warrap State (Gogrial West County) and other cluster priority areas (West County)	3,200,000	SSD-15/H/73041	Multiple Locations
High	CARE Intl	Emergency nutrition response to vulnerable populations and host communities in 5 counties (Rubkona, Guit, Mayom, Abiemnom and Pariang) of Unity State, South Sudan	1,600,000	SSD-15/H/72859	Unity
High	CRS	Reducing malnutrition of pregnant/lactating women and children under 5 in Jonglei State	749,993	SSD-15/H/72973	Jonglei
High	CCM	Scaling-up of an expanded integrated intervention on nutrition, health, sanitation and hygiene among most vulnerable populations (boys and girls U5 and pregnant and lactating Women) of local and displaced communities in Awerial and Yirol East (Lakes) and Tonj East and Tonj South (Warrap) counties	350,000	SSD-15/H/72312	Multiple Locations
High	COSV	Improving the nutritional status of children under 5 years and pregnant and lactating women through treatment and empowerment of communities in hard to reach areas of Ayod County	385,000	SSD-15/H/72963	Jonglei
High	CW	Improved nutrition interventions for the treatment of acute malnutrition in Northern Bahr el Ghazal States	1,698,485	SSD-15/H/73018	Multiple Locations
High	GOAL	Provision of treatment to children aged 6-59 months and pregnant and lactating women diagnosed with moderate acute malnutrition (MAM) or severe acute malnutrition (SAM) and provision of tools for prevention of malnutrition in children aged 6-59 month and pregnant and lactating women in Agok (Abyei Administrative Area), Twic (Warrap state), and Baliet, Longochuk, Maiwut, Melut, and Ulang (Upper Nile state)	1,900,000	SSD-15/H/73049	Multiple Locations
High	HCO	Provision of integrated lifesaving nutrition services in Jonglei	500,000	SSD-15/H/72904	Jonglei
High	IMC UK	Promotion of preventive and lifesaving nutrition interventions in Upper Nile, Jonglei, Central Equatoria and Lakes states of South Sudan	584,664	SSD-15/H/73003	Multiple Locations
High	IRC	Emergency integrated nutrition interventions for the vulnerable populations of Northern Bahr El Ghazal (NBG) and Unity states, South Sudan	1,800,000	SSD-15/H/73024	Multiple Locations
High	KHI	Emergency response for the treatment and prevention of acute malnutrition among Boys and Girls under five, PLW and building community resilience in Pibor county of Jonglei State	350,000	SSD-15/H/72685	Jonglei
High	MEDAIR	Provision of emergency and integrated nutrition services to vulnerable communities in Renk County and throughout South Sudan according to needs	2,400,000	SSD-15/H/72978	Multiple Locations
High	Nile Hope	Provision of emergency and lifesaving nutrition service to under 5 children, pregnant and lactating women, IDPs and other vulnerable groups in insecure and hard to reach communities in Pigi, Fangak and Akobo Counties of Jonglei State and Leer county of Unity State	800,000	SSD-15/H/72969	Multiple Locations
High	Plan	Provision of quality Emergency Nutrition services and strengthening local capacity in timely response in Pibor and Awerial counties	750,000	SSD-15/H/73035	Multiple Locations
High	RI	Provision, strengthening and expansion of life saving community and facility based nutrition services in Longochuk and Maban counties in Upper Nile State	744,720	SSD-15/H/73006	Upper Nile
High	Samaritan's Purse	Prevention and management of malnutrition in vulnerable IDPs and host communities in five payams of Mayendit County and two payams of Pariang County, Unity State	398,089	SSD-15/H/73021	Unity
High	SC	Strengthen and enhanced coverage of nutrition services with a focus on local capacity building, quality service provision and increased surveillance in the conflict and vulnerable populations in South Sudan	3,000,000	SSD-15/H/73098	Multiple Locations

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	TEARFUND	Integrated response to life threatening malnutrition in Uror and Twic East counties in Jonglei, South Sudan	1,000,000	SSD-15/H/73038	Multiple Locations
High	UNICEF	Scaling up life saving nutrition interventions in South Sudan	19,398,752	SSD-15/H/72970	Multiple Locations
High	UNIDO	Treatment and management of acute malnutrition in vulnerable IDPs and host communities in Mayendit and Leer Counties, Unity State	400,000	SSD-15/H/72534	Unity
High	UNKEA	Provision of community nutrition services to IDPs and host community in Nasir County, Upper Nile State	350,000	SSD-15/H/72915	Upper Nile
High	WFP	Nutrition assistance for relief and recovery supporting transition and enhancing capabilities of vulnerable and conflict affected populations	19,490,407	SSD-15/H/72477	Multiple Locations
High	WR	Community based nutrition support for 8,118 beneficiaries in Koch County	450,000	SSD-15/H/73039	Unity
High	WV South Sudan	Emergency response to malnutrition in 65,450 children under five, 19,776 pregnant and lactating women and 2,750 men and other groups in Warrap, Unity, Upper Nile, Jonglei and Northern Bahr el Ghazal States of South Sudan	2,200,000	SSD-15/H/73034	Multiple Locations
Medium	AHANI	To Increase access to quality and effective treatment of severe and moderate acute malnutrition among children under five, pregnant and lactating women; improved practices and care relating to nutrition among vulnerable households; and capacitating the county level staff through management and monitoring of community based management of acute malnutrition (CMAM) in Fashoda and Malakal counties in Upper Nile State	550,000	SSD-15/H/72948	Upper Nile
Medium	AVSI	Integrated approach to child physical and physiological development through growth promotion, management of acute malnutrition and community nutrition education in Ikotos County, EES	200,000	SSD-15/H/73025	Eastern Equatoria
Medium	FH	Emergency CMAM program for conflict affected vulnerable IDPs and host communities in Jonglei State through provision, strengthening and expansion of community based nutrition services in Fangak County	400,000	SSD-15/H/73011	Jonglei
Medium	HelpAge Intl	Nutrition intervention for older women and men in Akobo East, Jonglei State	420,000	SSD-15/H/73108	Jonglei
Medium	JAM Intl	Integrated nutrition services for vulnerable population in Nyirol County of Jonglei State	300,000	SSD-15/H/73048	Jonglei
Medium	Mulrany Intl	Provision of emergency nutrition services for the most vulnerable populations (boys and girls under five and pregnant and lactating women), in Mayom County, Unity State	300,000	SSD-15/H/72715	Unity
Medium	THESO	Nutrition emergency response programme for IDPs and host communities in Gogrial East County of Warrap State	300,000	SSD-15/H/72956	Warrap
Low	AVSI	Improve the access to nutritional service for children under 5 and pregnant, lactated women in communities of Malou Pec payam, Cuiwet, Lakes	199,700	SSD-15/H/73036	Lakes
Low	CRADA	Emergency support to supplementary feeding for moderately malnourished children under five and pregnant/nursing women in Ayod and Pochalla counties	100,000	SSD-15/H/72995	Jonglei
Low	SSGID	Provision of integrated emergency nutrition service in Duk County of Jonglei State	150,000	SSD-15/H/72975	Jonglei
Total			120,348,178		

PROTECTION



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	CINA	Access to life-saving protection and reintegration services to IDP and conflict-affected children and adolescents in Jonglei and Lakes states	392,400	SSD-15/P-HR-RL/72629	Jonglei
High	CCOC	Protection and provision of case management and services to most vulnerable children and women affected by the conflict in South Sudan	900,400	SSD-15/P-HR-RL/72668	Central Equatoria
High	DRC	Emergency protection and gender-based violence response for IDPs in Upper Nile and Unity states	1,400,000	SSD-15/P-HR-RL/72892	Multiple Locations
High	HI	Enabling access of persons with disabilities and persons in disabling situations to Emergency responses and protection mechanisms through direct service delivery and extended field-based support to communities and humanitarian partners across sectors in South Sudan conflict-affected areas	1,113,130	SSD-15/P-HR-RL/72756	Multiple Locations
High	HLSS	Accelerating access to quality emergency medical services, psychosocial support and GBV prevention and responses for survivors and affected communities among IDPs and host communities in areas of acute need in Lakes and EEQ	500,000	SSD-15/P-HR-RL/72979	Multiple Locations
High	IOM	Enhancing the psychosocial well-being of internally displaced persons and conflict-affected populations	449,250	SSD-15/P-HR-RL/72882	Multiple Locations
High	IRC	Strengthening protection, GBV and child protection response and prevention services in humanitarian settings in South Sudan	5,583,000	SSD-15/P-HR-RL/72816	Multiple Locations
High	INTERSOS	Strengthening protection of vulnerable and conflict affected women, men, boys and girls in Jonglei, Unity and Upper Nile states	2,156,000	SSD-15/P-HR-RL/72747	Multiple Locations
High	Nile Hope	Improving timely access, availability and utilization of multi-sectoral services to GBV survivors, vulnerable women, girls, men and boys in emergency to strengthen coping mechanisms and live a dignified life in Upper Nile, Unity and Jonglei states	893,000	SSD-15/P-HR-RL/72675	Multiple Locations
High	NPP	Reducing violence and mitigating risk for civilians affected by violent conflict in South Sudan	6,580,000	SSD-15/P-HR-RL/72507	Multiple Locations
High	SC	Protecting the future of South Sudan - Save the Children child protection in emergencies	1,250,000	SSD-15/P-HR-RL/72918	Multiple Locations
High	SALF	Support to GBV survivors and response to protection needs of conflict affected population in Fangak and Pigi counties of Jonglei State	400,000	SSD-15/P-HR-RL/72907	Jonglei
High	TdH-L	Enhance child protection and psychosocial support for conflict-affected children, adolescents and their families in Juba, Central Equatoria State	376,620	SSD-15/P-HR-RL/72725	Central Equatoria
High	UNICEF	Protecting boys and girls affected by conflict and other emergencies in South Sudan	11,827,194	SSD-15/P-HR-RL/72802	Multiple Locations
High	UNICEF	Strengthening GBV prevention and response services in South Sudan	2,000,000	SSD-15/P-HR-RL/72807	Multiple Locations
High	UNHCR	Prevention and protection of internally displaced persons, returnees, host communities, persons at risk of statelessness and other vulnerable communities affected by the humanitarian emergency and conflict in South Sudan	24,751,267	SSD-15/P-HR-RL/72798	Multiple Locations
High	UNFPA	Dignity and care for women and girls at risk of GBV in South Sudan	3,589,500	SSD-15/P-HR-RL/72809	Multiple Locations
High	UNIDO	Provision of integrated child protection and GBV programming to vulnerable IDPs in 5 counties in Unity State	375,000	SSD-15/P-HR-RL/72580	Unity
High	VSF (Switzerland)	Enhancing protection of conflict affected children in worst forms of child labor in Unity State	312,500	SSD-15/P-HR-RL/72731	Unity
Medium	ARC	Promoting protective environments for vulnerable populations through community-based, multi-sectoral, and survivor-centered gender-based violence prevention and response interventions in NBEG and Warrap states	1,076,190	SSD-15/P-HR-RL/73177	Multiple Locations

Priority	Agency	Project title	\$ Requirement	Project code	Location
Medium	CARE Intl	Protection monitoring, risk reduction, prevention and response in Upper Nile and Jonglei states of South Sudan	595,000	SSD-15/P-HR-RL/72642	Multiple Locations
Medium	HelpAge Intl	Providing protection for the most vulnerable older women and men in Akobo East (Jonglei State) and Fashoda and Manyo (Upper Nile State) in PoCs and host communities	278,600	SSD-15/P-HR-RL/72837	Multiple Locations
Medium	IPCS	Promoting peaceful community based return and reintegration of children affected by conflict and children without appropriate care into their communities	90,000	SSD-15/P-HR-RL/73052	Central Equatoria
Medium	IsraAID	Ensuring that GBV survivors and their communities who live in the IDP settlements outside the UN POCs and in the host communities in Central Equatoria State have access to and receive a set of vital and comprehensive services, and are prevented from further harm (GBV sub-cluster)	248,350	SSD-15/P-HR-RL/72803	Central Equatoria
Medium	NRC	Community-based protection and information, counselling and legal assistance (ICLA)	1,194,830	SSD-15/P-HR-RL/72924	Multiple Locations
Medium	Plan	Provision of psychosocial support to children and adolescents and their parents affected by crisis in Lakes State, Awerial County	175,000	SSD-15/P-HR-RL/72788	Lakes
Medium	RI	Preventing and responding to gender-based violence in Maban, logochuk and Maiwut counties of Upper Nile State	245,000	SSD-15/P-HR-RL/72716	Upper Nile
Medium	SAADO	Prevention and response to gender based violence among men, women, boys and girls in the affected communities in Jonglei and Lakes states	117,769	SSD-15/P-HR-RL/72640	Multiple Locations
Medium	SCA	Addressing protection risks, threats and equipping vulnerable boys, girls, women and elderly men in IDPs, PoCs and host communities in Juba, Central Equatoria State with diversified livelihood opportunities	150,000	SSD-15/P-HR-RL/72872	Central Equatoria
Medium	WV South Sudan	Protection of vulnerable children and youths affected by violence in Upper Nile, Unity, Jonglei and Warrap States	980,000	SSD-15/P-HR-RL/72925	Multiple Locations
Total			70,000,000		

REFUGEE RESPONSE



Priority	Agency	Project title	\$ Requirement	Project code	Location
High	ACT/LWF	Education and child protection (ECP) programme in Upper Nile and Unity	4,214,400	SSD-15/MS/72303	Multiple Locations
High	AHA	Comprehensive primary healthcare and nutrition services in Ajoung Thok refugees settlement – Pariang County /Unity State	2,089,040	SSD-15/MS/72723	Unity
High	ACTED	Ensuring overall camp sustainability through integrated camp management support: improved livelihoods, WASH and shelter services, environmental protection and mainstreaming active protection for refugees in South Sudan	5,906,918	SSD-15/MS/72639	Upper Nile
High	DRC	Protection and Assistance to Refugees in Upper Nile and Unity State	9,844,466	SSD-15/MS/72718	Multiple Locations
High	IOM	Provision of WASH assistance to Sudanese refugees in Doro camp, Maban County, Upper Nile State, South Sudan	4,300,000	SSD-15/MS/72634	Upper Nile
High	IRC	Provision of gender-based violence, health, WASH, livelihoods and protection services to refugees in Unity and Central Equatoria States, South Sudan	2,431,040	SSD-15/MS/72735	Multiple Locations
High	MEDAIR	Multi sector assistance to refugees in Yusuf Batil camp through the provision of health, nutrition, water, sanitation and hygiene services	4,844,731	SSD-15/MS/72676	Upper Nile
High	Samaritan's Purse	Provision of emergency WASH, nutrition, and secondary healthcare services for refugees living in Pariang and Maban counties	5,771,000	SSD-15/MS/72637	Multiple Locations
High	UNHCR	Protection of and assistance for refugees and asylum seekers in South Sudan	188,767,581	SSD-15/MS/73187	Multiple Locations
High	WFP	Providing emergency food assistance and nutritional support to approximately 154,000 refugees	62,117,655	SSD-15/MS/73455	Multiple Locations
Medium	WV South Sudan	Humanitarian Assistance To DRC and CAR refugees in Western Equatoria (protection and mixed solutions)	835,000	SSD-15/MS/72729	Western Equatoria
Total			291,121,831		

WATER, SANITATION AND HYGIENE



Priority	Agency	Project title	\$ Requirement	Project code	Location
High-Immediate	IOM	Procurement, prepositioning, and management of core pipeline WASH emergency supplies to support the enhancement of the WASH sector's preparedness and response in South Sudan.	4,300,000	SSD-15/WS/72662	Multiple Locations
High-Immediate	UNICEF	WASH core pipeline supplies provision and management for timely emergency preparedness and response in South Sudan	25,600,000	SSD-15/WS/72749	Multiple Locations
High	ACF-USA	Reducing morbidity and prevention of malnutrition in South Sudan by addressing chronic and acute water, hygiene and sanitation needs of the population	2,200,000	SSD-15/WS/73101	Multiple Locations
High	ACTED	Improved WASH situation in South Sudan through strengthening of water and sanitation facilities, facilitation of sanitation and hygiene best practices, and building sustainable operation and maintenance as well as community resilience	2,999,102	SSD-15/WS/72626	Multiple Locations
High	ASCDA	Provide lifesaving WASH services to crisis affected IDPs, returnees and acutely vulnerable host communities in Aweil Centre and Aweil North counties in Northern Bahr el-Ghazal State	150,000	SSD-15/WS/72556	Northern Bahr El Ghazal
High	AWODA	Emergency WASH support for 90,000 conflict affected IDPs and host community vulnerable to heightened risk of diseases outbreaks, IPC levels and critical GAM in Aweril Lake State and Northern Bahr El Ghazal State	300,000	SSD-15/WS/72665	Multiple Locations
High	CARE Intl	Integrated WASH emergency response (IWER) to internally displaced and conflict-affected communities in Unity, Upper Nile and Jonglei states	3,906,667	SSD-15/WS/72618	Multiple Locations

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	CORDAID	Emergency WASH response for most vulnerable internally displaced persons and host communities in Leer County-Unity State	200,000	SSD-15/WS/72794	Unity
High	CRS	Jonglei and Awerial emergency WASH for IDPS, returnees and host communities.	2,220,321	SSD-15/WS/72570	Multiple Locations
High	CMD	Emergency WASH support to conflict affected and vulnerable host communities in Jonglei, Unity and Upper Nile States	1,500,000	SSD-15/WS/72432	Multiple Locations
High	CADA	Provision of access to safe drinking water, hygiene promotion and increased household sanitation awareness in Fangak, Juba and Pigi counties	150,000	SSD-15/WS/72695	Jonglei
High	CAD	Ensuring safe, equitable and sustainable access to sufficient clean water, safe and appropriate sanitation facilities, hygiene promotion, and delivery of hygiene supplies for 11,650 IDPs and host communities affected by conflict in Pigi County, Jonglei State	150,000	SSD-15/WS/72573	Jonglei
High	CW	Emergency WASH services for disaster affected populations in Unity State, South Sudan	1,576,112	SSD-15/WS/72572	Unity
High	FH	WASH recovery and emergency intervention for conflict affected communities in South Sudan	300,000	SSD-15/WS/72650	Multiple Locations
High	GOAL	Emergency WASH preparedness and response to communities affected directly or indirectly by conflict in Upper Nile and Warrap states.	1,499,900	SSD-15/WS/73055	Multiple Locations
High	HELP e.V	Emergency water, sanitation and hygiene support for the IDP's in Minkaman and host community in Awerial, Yirol East and West counties of Lakes State, South Sudan	200,000	SSD-15/WS/72849	Lakes
High	Intermon Oxfam	Emergency WASH preparedness and response for conflict and disease outbreak affected or in risk vulnerable population in Jonglei and Lakes states	4,500,000	SSD-15/WS/72810	Multiple Locations
High	IAS	South Sudan humanitarian WASH Intervention	2,000,000	SSD-15/WS/72930	Multiple Locations
High	IOM	Provision of emergency WASH assistance for emergency affected populations in South Sudan	11,958,620	SSD-15/WS/72658	Multiple Locations
High	IRC	Emergency WASH preparedness and responses for IDPs and emergency affected populations in South Sudan	2,985,532	SSD-15/WS/72926	Multiple Locations
High	IRW	Increase timely and equitable supply of safe potable water, sanitation services and hygiene behavior change among targeted crisis and disaster affected vulnerable populations of South Sudan	450,000	SSD-15/WS/72692	Multiple Locations
High	MEDAIR	Access to safe water and improved sanitation and hygiene practices for emergency affected and chronically vulnerable communities	3,124,897	SSD-15/WS/72679	Multiple Locations
High	Mercy Corps	Improved water, sanitation and hygiene among conflict affected displaced households in Unity State	2,700,000	SSD-15/WS/72989	Unity
High	Nile Hope	Provision of emergency safe water supply, sanitation and hygiene services for IDPs, returnees and other vulnerable groups (women, boys, girls and men) affected by conflicts and natural disasters in Canal, Akobo, Fangak, Leer, Koch, Ulang and Nasir Counties of Upper Nile, Jonglei and Unity states by end of December 2015	750,000	SSD-15/WS/72808	Multiple Locations
High	NRC	Water, sanitation and hygiene assistance to the conflict-affected and vulnerable population in South Sudan	1,100,000	SSD-15/WS/72993	Multiple Locations
High	OXFAM GB	Emergency WASH preparedness and response support for conflict/disaster-affected populations affected by disease outbreaks or displacement in South Sudan	9,000,000	SSD-15/WS/72968	Multiple Locations
High	OXFAM GB	Procurement and management of core pipeline WASH emergency supplies to support Emergency water, sanitation and hygiene (WASH) response in South Sudan	4,300,000	SSD-15/WS/72983	Multiple Locations
High	Pact Inc.	WASH support to conflict affected and people at risk of malnutrition and disease outbreaks in Akobo, Nyirol and Uror Counties in Jonglei State, South Sudan	2,500,000	SSD-15/WS/72646	Jonglei

Priority	Agency	Project title	\$ Requirement	Project code	Location
High	PIN	Emergency WASH assistance to IDPs in Central Equatoria State (non-PoC) and WASH assistance in schools	600,000	SSD-15/WS/72611	Central Equatoria
High	Plan	Creating access to water, sanitation and hygiene to internally displaced persons, and vulnerable host communities in Akobo County, Jonglei State, South Sudan	598,940	SSD-15/WS/72643	Jonglei
High	PAH	Provision of life-saving WASH and WASH emergency preparedness and response services in the most vulnerable communities affected by displacement and in risk of water borne diseases outbreaks	2,969,078	SSD-15/WS/72616	Multiple Locations
High	RUWASSA	Emergency water, sanitation and hygiene (WASH) to conflict (IDP's and host community) and outbreak prone communities in Awerial and Kajo-keji counties	250,000	SSD-15/WS/73191	Central Equatoria
High	Samaritan's Purse	Emergency WASH services provision in the Greater Bahr El Ghazal Region, Unity and Warrap states	5,700,000	SSD-15/WS/72797	Multiple Locations
High	Solidarités	WASH assistance for internally displaced people in South Sudan	10,000,000	SSD-15/WS/72766	Multiple Locations
High	TEARFUND	Emergency WASH Support to basic water supply and sanitation infrastructure with hygiene promotion in Northern Bahr el Ghazal and Jonglei states	2,173,441	SSD-15/WS/72631	Multiple Locations
High	THESO	Scaling up emergency WASH promotion activities among 35000 vulnerable populations including victims of armed conflicts, disaster emergency to improve the public health resilience in emergencies in Juba UN-House PoC1, Gogrial East County in Warrap and Guit counties in Unity State	150,000	SSD-15/WS/72994	Multiple Locations
High	UNICEF	Emergency water supply, sanitation and hygiene interventions for IDPs in and outside the POCs and vulnerable host communities in South Sudan	19,300,000	SSD-15/WS/72764	Multiple Locations
High	UNIDO	Addressing acute water, sanitation and hygiene needs of vulnerable and disaster affected population of Leer, Mayendit, Panyijiar and Koch Counties, Southern Unity State	200,000	SSD-15/WS/72854	Unity
High	UNKEA	Response to the WASH emergency need for the affected populations in two counties	200,000	SSD-15/WS/72711	Upper Nile
High	WV South Sudan	Emergency WASH for conflict affected and acutely vulnerable communities in Jonglei, Upper Nile and Warrap states	4,470,000	SSD-15/WS/72767	Multiple Locations
High	ZOA	Jonglei emergency water, hygiene and sanitation project, targeting 16,000 acutely vulnerable returnees, IDPs and host community members in Akobo, Bor and Pibor counties	565,000	SSD-15/WS/72736	Jonglei
Medium	ASMP	Fangak County WASH scale-up project	200,000	SSD-15/WS/72667	Jonglei
Medium	CCOSS	Provision safe clean water and good hygiene promotion in emergency	150,000	SSD-15/WS/72761	Jonglei
Medium	CASS	WASH emergency Preparedness and response to IDPs, returnees and vulnerable host community of Central Equatoria State	150,000	SSD-15/WS/72567	Central Equatoria
Medium	DORD	Emergency WASH intervention in Uror and Nyirol counties of Jonglei State	148,000	SSD-15/WS/72645	Jonglei
Medium	INTERSOS	Provision to increased access safe and adequate water supply, proper sanitation and improvement of hygiene behaviors in Western Equatoria, Central Equatoria (Juba Tongping PoC) and Jonglei State	700,000	SSD-15/WS/72528	Multiple Locations
Medium	RI	Strengthening accessibility of safe water, improved sanitation facilities and good hygiene practices in Longichuk Country (SASWASH)	300,000	SSD-15/WS/72707	Upper Nile
Medium	Sign of Hope	Improved access to safe water for vulnerable IDP communities and host population in Panyijiar County, Unity State	130,076	SSD-15/WS/72702	Unity
Medium	SSUDA	Increasing access to safe water and improving sanitation and hygiene practices among IDPs and Host Communities in Upper Nile State	150,000	SSD-15/WS/72591	Upper Nile
Medium	SPEDP	Emergency WASH response in Northern Bahr El Ghazal State	150,000	SSD-15/WS/72799	Northern Bahr El Ghazal
Total			141,875,686		

ENDNOTES

AN OVERVIEW OF THE CRISIS

1. South Sudan: Integrated Food Security Phase Classification - Full Report, September 2014. <http://bit.ly/1zCktL9>
2. Strategic Response Plan 2015
3. UNHCR
4. UNHCR
5. Education cluster, Humanitarian Needs Overview 2015
6. Health cluster, Humanitarian Needs Overview 2015
7. Logistics cluster, Humanitarian Needs Overview 2015

HUMANITARIAN NEEDS OVERVIEW

8. There is no official figure for how many people have been killed or injured since conflict broke out in December 2013. However, already in January 2014, the International Crisis Group estimated that over 10,000 people had been killed in the fighting.

CROSS-CUTTING ISSUES

9. As part of the IASC commitment in 2012

CLUSTER RESPONSE PLANS

Food security and livelihoods

10. Information provided by WFP on the FSMS July August 2014 update.
11. Number of people reached during the month of September 2014 with activities aiming at improving access to food to affected populations

Health

12. Health cluster 3W matrix August 2014, Health Cluster facility mapping September 2014. Sudan Household Health Survey 2006, Health cluster 3W matrix August 2014, Health Cluster facility mapping September 2014
13. Targets for activities 3 and 4 are cumulative from 2014 baseline
14. There are no baselines for activities 2 and 5 as these are new activities
15. As of end of September, collected through IDSR and DHIS.
16. New target for 2015, i.e., does not include the figure for 2015
17. New targets for 2015 for activities 2-4; there is no baseline data for activity 3
18. New targets for activities 1 and 2
19. No baseline as no facility is currently able to provide basic package for GBV services
20. One facility for each of the 10 states

Mine action

21. Baselines based on 2014 data
22. Targets for activities 3 and 4 are cumulative from 2014 baseline

Non-food items and emergency shelter

23. Achievements in 2014 are as of 30 October

Nutrition

24. Chart showing the results of SMART surveys conducted in the following 24 counties of eight states: Central Equatoria (Terekeka); Eastern Equatoria (Kapoeta North); Jonglei (Akobo East and West, Nyrol, Pochalla, Twic East, Uror); Northern Bahr El-Ghazal (Aweil Center, North, South and West); Unity (Leer, Mayendit, Panyijar, Bentiu PoC); Upper Nile (Melut, Maiwut, Fashoda); Warrap (Gogrial East and West, Tonj North); Western Bahr El-Ghazal (Jur River, Wau)
25. Baseline figure based on SMART surveys due to lack of national surveys

Protection

26. Conflict-affected settlements, POCs, 10 strategic operating bases and other hard to reach areas targeted by partners
27. PC to define what constitutes a full protection service and package
28. If situation deteriorates in other areas then the PC will focus on other areas as well

WASH

29. 'Direct beneficiaries' of hygiene promotion activities includes beneficiaries from a WASH NFI and/or were trained as a hygiene promoter

ACRONYMS

A

AAR Japan	Association for Aid and Relief Japan
ACF-USA	Action against Hunger
ACTED	Agency for Technical Corporation and Development
ADRA	Adventist Development and Relief Agency
AET	Africa Educational Trust
AIDS	acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ANC	antenatal care
ARC	American Refugee Council
ARRM	area rapid response mechanism
ASMP	Alaska Sudan Medical Project
AVSI	Association of Volunteers in International Service
AWODA	Aweil Window of Opportunities Development Association

B

BSFP	blanket supplementary feeding programme
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C

C&D	Church and Development
CADA	California Association of Directors of Activities
CAFOD	Catholic Agency for Overseas Development
CAR	Central Africa Republic
CARE Int	Cooperative for Assistance and Relief Everywhere
CASS	Canadian Aid for South Sudan
CCCM	Camp coordination and camp management (Cluster)
CCM	Comitato Collaborazione Medica
CCOC	Confident Children Out of Conflict
CCR	Centre for Conflict Resolution
CDOT	Catholic Diocese of Torit
CDSS	Community Development Support Services
CERF	Central Emergency Response Fund
CESVI	Cooperazione e Sviluppo
CHF	Common Humanitarian Fund
CMA	Christian Mission Aid
CMAM	community management of acute malnutrition
CMD	Christian Mission for Development
CoH	Cessation of Hostilities (Agreement)
COSV	Coordinamento delle Organizzazione per il Servizio Volontario
CRADA	Christian Recovery and Development Agency
CRP	Crisis Response Plan
CRS	Catholic Relief Services
CUAMM	Doctors with Africa
CW	Concern Worldwide
CwC	Communication with communities

D

DCA	Danish Church Aid
DDG	Danish Demining Group
DHC	Deputy Humanitarian Coordinator
DORD	Dak Organisation for Recovery and Development
DRC	Danish Refugee Council

DRC	Democratic Republic of Congo
DTM	displacement tracking matrix
DWHH	Deutsche Welthungerhilfe e. V. (German Agro Action)

E

ECD	Early Childhood Development
EiE	Education in Emergency
EMoC	emergency obstetric care
ERW	explosive remnants of war
ETC	Emergency Telecommunications (Cluster)

F

FAR	Fellowship for African Relief
FAO	Food and Agriculture Organisation
FCA	Finn Church Aid
FCDI	Fangak Community Development Initiatives
FH	Food for the Hungry
FLDA	Farmer's Life Development Agency
FSL	food security and livelihood
FTR	family tracking and reunion

G

GAM	global acute malnutrition
GBV	gender based violence
GDP	gross domestic products
GFD	general food distributions
GRSS	Government of the Republic of South Sudan

H

HARD	Hope Agency for Relief and Development
HC	Humanitarian Coordinator
HCO	Hold the Child Organisation
HCT	Humanitarian Country Team
HDC	Human Development Council
HH	households
HI	Handicap International
HIV	Human immunodeficiency virus
HLSS	Health Link South Sudan

I

IAS	International Aid Services
IBIS	Education for Development
ICRC	International Committee of the Red Cross
ICT	Information communication technology
ICWG	Inter Cluster Working Group
IDP	internally displaced person
IMA	Interchurch Medical Assistance
IMC UK	International Medical Corps
INGO	International nongovernmental organisation
INTER SOS	
IOM	International Office for Migration
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IRNA	inter agency rapid needs assessment
IRW	Islamic Relief Worldwide
IYCF-E	infant and young child feeding in emergencies

J

JAM Int. Joint Aid Management
 JDF John Dau Foundation
 JEN Japan Emergency NGO

K

KHI Kissito Healthcare International

L

LCED Lacha Community and Economic Development
 LDA Lead Development Agency
 LLIN long lasting insecticidal nets
 LWF Lutheran World Federation

M

MAG Mine Advisory Group
 MAGNA Magna Children at Risk
 MAM moderate acute malnutrition
 MISP minimal initial service package
 MNT medical nutrition therapy
 MoEST Ministry of Education, Science and Technology
 MoU memorandum of understanding
 MSU mobile storage unit
 MUAC mid upper arm circumference

N

NFI non-food item
 NGO Nongovernmental organization
 NNGO National nongovernmental organisation
 NPA Norwegian People's Aid
 NRC Norwegian Refugee Council
 NRDC National Relief and Development Corps

O

OAU Organisation of African Union
 OCHA Office for the Coordination of Humanitarian Affairs
 OSIL Operation Save Innocent Lives
 OTP out-patient therapeutic programme
 OVCI Organismo di Volontario par la Cooperazione Internazionale
 OXFAM GB Oxford Committee for Famine Relief

P

PAH Polish Humanitarian Action
 PCO Peace Corps Organisation
 PIN People in Need
 PLF Pilot Light Foundation
 PLW pregnant lactating women
 PMTCT prevention of mother to child transmission
 PoC Protection of Civilians
 PTA parent teacher association

R

RI Relief International
 RRC Relief and Rehabilitation Commission
 RRM rapid response mechanism
 RUTF ready to use therapeutic foods
 RUWASSA Rural Water Supply and Sanitation Agency

S

SAADO Smile Again Africa Development Organisation
 SALF Standard Action Liaison Focus
 SAM severe acute malnutrition
 SC Save the Children
 SCA Street Children Aid
 SGBV sexual gender based violence
 SGSO Saudi Geophysical Consulting Office
 SMART Standardized Monitoring and Assessment of Relief and Transition
 SMC Sudan Medical Care
 SOP Standard operating procedure
 SPEDP Sudan Peace and Education Development Programme
 SRA security risk assessment
 SRF special flight requests
 SRP Strategic Response Plan
 SSGID South Sudan Grassroots Initiatives for Development
 SSIDO South Sudan Integrated Development Organisation
 SSS Solidarity for South Sudan
 SSUDA South Sudan Development Agency
 SUFEM Sudanese Fellowship Mission

T

TdH Terre des homme Foundation
 THESO The Health Support Organisation
 TLS temporary learning centers
 TSFP therapeutic feeding programme

U

UN United Nations
 UNAIDS United Nations Joint Programme on HIV/AIDS
 UNDP United Nations Development Programme
 UNDSS United Nations Department for Safety and Security
 UNESCO United Nations Educational, Scientific and Cultural Organization
 UNFPA United Nations Population Fund
 UNHAS United Nations Humanitarian Air Service
 UNHCR United Nations High Commissioner for Refugees
 UNICEF United Nations Children's Fund
 UNIDO Upper Nile Initiative and Development Organization
 UNKEA Upper Nile Kalaazar Eradication Association
 UNMAS UN Mine action Services
 UNMISS United Nations Mission in South Sudan
 UNOPS United Nations Office for Project Services
 UXO unexploded ordnances

V

VHF very high frequency
 VSF Veterinaires Sans Frontieres

W

WAO Women Advancement Organisation
 WASH Water, sanitation and hygiene (Cluster)
 WCDP Women Child Development Project
 WFP World Food Programme
 WHO World Health Organisation
 WTI Windle Trust International
 WVI World Vision International

GUIDE TO GIVING

Key ways of contributing to the crisis response in South Sudan



CRP

CLUSTERS AND PROJECTS IN THE STRATEGIC RESPONSE PLAN

The plan comprises the humanitarian programmes of NGOs and UN agencies. If you wish to sponsor a specific project or organization, visit bit.ly/1Ed5RTT for detailed information on all partners and projects. We urge donors to make cash donations. If you can only consider in-kind contributions, please contact demuyser-boucher@un.org

CHF

COMMON HUMANITARIAN FUND SOUTH SUDAN

The Common Humanitarian Fund (CHF) for South Sudan was set up in 2012. It is an in-country **pooled fund** that supports the allocation and disbursement of joint donor resources on the ground to meet the most critical needs. Since 2012, more than \$300 million have been disbursed through the CHF South Sudan.

The CHF has allocated over \$134.5 million since December. In 2014, Australia, Belgium, Denmark, Germany, Ireland, the Netherlands, Norway, Sweden and the United Kingdom have contributed. New contributions are essential. Visit tinyurl.com/k4659pt to contribute directly.

CERF

CENTRAL EMERGENCY RESPONSE FUND

The Central Emergency Response Fund (CERF) is a global pooled fund which saves lives by providing rapid resources. It can be used to boost support for critically underfunded emergencies. In order to maintain the CERF's readiness to respond rapidly and its flexibility for meeting gaps, contributions to the fund cannot be tied to a particular country.

So far this year, South Sudan has met all the requirements for CERF grants and \$33.7 million from the Fund have already been directed to programmes improving health, nutrition, logistics, security and camp management. CERF funding was also disbursed to address needs of South Sudanese refugees and host communities in Uganda (\$6.9 million); Sudan (\$6.5 million); Ethiopia (\$6 million) and Kenya (\$4.6 million).

Information about how Member States, private organizations and individuals can contribute towards the CERF can be found at unocha.org/cerf/our-donors/how-donate

FTS

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA records all humanitarian contributions (cash, private, bilateral, multilateral, in-kind) through its Financial Tracking Service (FTS). It aims to give all donors due credit and visibility for their generosity, and to show the running total of current funding and resource gaps for each emergency. For the sake of accurate reporting, we ask you to take a moment to register your contributions: either with an email to fts@un.org, or through the online contribution report form at fts.unocha.org. Updates on funding for South Sudan can found at bit.ly/1Ed5RTT



United Nations

www.unocha.org/south-sudan/
<http://southsudan.humanitarianresponse.info/>
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