

2017

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

7.5M

DEC 2016



**SOUTH
SUDAN**

INTERNALLY
DISPLACED PEOPLE

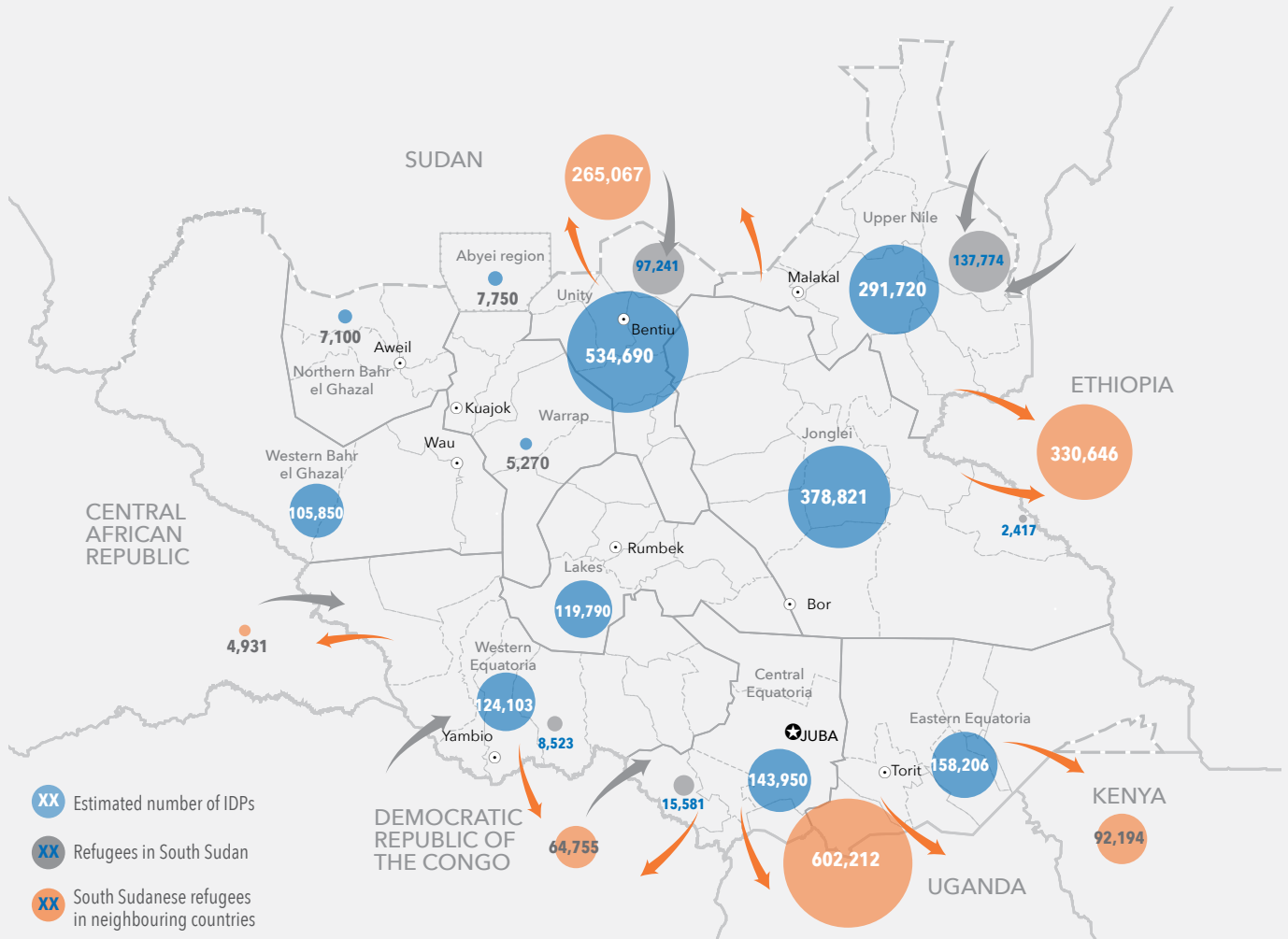
1.9M

REFUGEES FROM SOUTH SUDAN IN
NEIGHBOURING COUNTRIES

1.3M

REFUGEES IN SOUTH SUDAN

261,500



Source: OCHA and partners, Nov 2016

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

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

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

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

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HUMANITARIAN

NEEDS & KEY FIGURES

Over the past year, the humanitarian crisis in South Sudan has deepened and spread, affecting people in areas previously considered stable and exhausting the coping capacity of those already impacted. Three years on from the outbreak of conflict in December 2013, nearly 7.5 million people are in need of humanitarian assistance and protection across the country as a result of armed conflict, inter-communal violence, economic crisis, disease outbreaks and climatic shocks.

HUMANITARIAN NEEDS



New clashes have left one in four people uprooted. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced¹ (with 50 per cent estimated to be children²) and more than 1.2 million who have fled as refugees to neighbouring countries, bringing the total number of South Sudanese refugees in the region to more than 1.3 million.



Civilians face violations, including widespread sexual violence. Although there is no formal death toll for the South Sudan conflict, tens of thousands of people are estimated to have been killed since December 2013. One study of 24 communities in Unity found that nearly 8,000 people had been killed or drowned fleeing fighting over a one-year period during the conflict.³ Mortality has been exacerbated by conflict, acute malnutrition and disease, with 13 out of 44 counties surveyed in 2016 having crude death rates (CDR) above the emergency threshold of 1 death per 10,000 people per day. There continue to be reports of sexual violence, including rape and gang rape, committed by all parties to the conflict.



Hunger and malnutrition have reached historic levels. At the height of the lean season in July 2016, some 4.8 million people – more than one in every three people in South Sudan – were estimated to be severely food insecure. This number is expected to rise as high as five million in 2017. The food security situation is at the most compromised level since the crisis commenced in 2013- the combination of conflict, economic crisis and lack of adequate levels of agricultural production have eroded vulnerable households ability to cope. More than one million children under age 5 are estimated to be acutely malnourished, including more than 273,600 who are severely malnourished.



The economic crisis has escalated, leaving the urban poor increasingly desperate and destitute. The South Sudanese Pound (SSP) rapidly depreciated in 2016, reaching an all-time low of more than 100 SSP to 1 US Dollar in November 2016. The cost of living has risen exponentially, with the South Sudan annual Consumer Price Index (CPI) increasing by 835.7 per cent from October 2015 to October 2016, the highest year-on-year inflation rate in the world. Insecurity along main roads has diminished trade and trader's ability to access hard currency for imports. In September 2016, 51 per cent of households in Juba were food insecure, more than double the 2015 level of 23 per cent, and this number is expected to continue to increase.



Susceptibility to disease has risen after three years of conflict and crisis. More than 2 million cases of malaria were reported from January to November 2016; an increase compared to the same period in 2015. The cholera outbreak in 2016 caused more cases and spread to more locations than in 2015. There are rising cases of the deadly tropical disease kala-azar and more than twice the number of counties have been affected by measles outbreaks in 2016 (13) compared to 2015 (5).



The children of the world's youngest nation are at risk. More than 1.17 million children aged 3 to 18 years old have lost access to education due to conflict and displacement since December 2013. About 31 per cent of schools open have suffered at least one or more attacks by armed actors. This has overwhelmingly been the case in Greater Upper Nile, specifically in urban areas. Over 17,000 children are estimated to have been recruited by armed actors in South Sudan. Over 9,000 children were registered as unaccompanied, separated or missing at the time of writing. Anecdotal evidence indicates that child marriage is increasing due to conflict and economic pressures. An estimated one million children are believed to be in psychological distress.

TOTAL ESTIMATED POPULATION (52% MALE, 48% FEMALE; 72% BELOW THE AGE OF 30)

12M











NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

7.5M⁴



NUMBER OF PEOPLE IN NEED BY SECTOR (IN MILLIONS)

CLUSTER	IDPS	HOST COMMUNITIES	OTHERWISE AFFECTED	REFUGEES	SECTOR TOTAL
 CAMP COORDINATION AND CAMP MANAGEMENT	0.54	0.08	-	0.3	0.93
 EDUCATION	0.9	0.3	-	0.12	1.3
 EMERGENCY SHELTER & NFIS	1.5	0.1	0.03	0.3	1.9
 FOOD SECURITY AND LIVELIHOODS	1.9	1.5	1.5	0.3	5.2
 HEALTH	1.9	3.2	0.003	0.3	5.4
 NUTRITION	-	-	1.4	0.3	1.7
 PROTECTION	1.9	2.5	2.6	0.3	7.3
 WATER, SANITATION AND HYGIENE	1.9	1.5	1.4	0.3	5.1

IMPACTS OF MULTIPLE &

DEEPENING CRISES

Across South Sudan, nearly 7.5 million people are in need of humanitarian assistance and protection as a result of multiple and deepening crises, including conflict, inter-communal violence, economic decline, disease, and climatic shocks, which have led to displacement, distress, destitution and death.

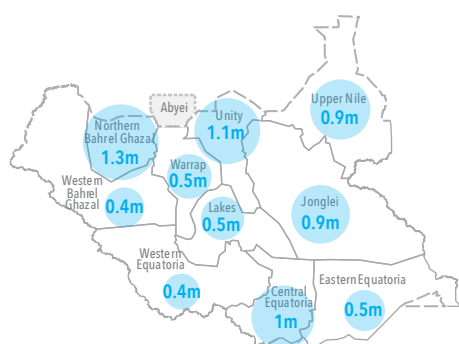
Over the course of 2016, the conflict in South Sudan spread beyond the Greater Upper Nile to new locations, including the Greater Equatoria region and Western Bahr el Ghazal. In the first half of the year, fighting – including violations against civilians - was reported in Wau town and surrounding areas in Western Bahr el Ghazal, Malakal in Upper Nile, Pibor in Jonglei, Mundri and Yambio in Western Equatoria, and Lobonok and Terekeka in Central Equatoria. In July 2016, clashes erupted in South Sudan’s capital city, Juba, sparking the escalation of conflict in multiple other locations in the latter half of the year, including in the Greater Equatoria region and Unity. In Central Equatoria, Yei became a major hotspot, with reports of violations against civilians by both parties, including killing, abduction, rape and restrictions on freedom of movement. In Unity, tens of thousands of people were again forced to flee far into the swamps and islands in search of safety when fighting broke out in and around Leer. Many of these people have now been displaced multiple times, having also survived the major offensive that took place in these areas from May to October 2015. In addition to armed conflict, communities are struggling with inter-communal violence, including as a result of cattle raiding. In Lakes, for example, at least 589 people were killed and some 484 people were injured from 1 January to 16 November 2016.

Violations against civilians continue to be widely reported.

Although there is no formal death toll for the South Sudan conflict, tens of thousands of people are estimated to have been killed. One study of 24 communities in Unity found that nearly 8,000 people had been killed or drowned fleeing fighting over a one-year period during the conflict.⁵ Sexual and gender-based violence has been used as a weapon of war and a reward for fighters. From January to September 2016, more than one in five cases of gender-based violence reported to humanitarian partners involved sexual violence, mainly perpetrated by armed actors.⁶ Throughout displacement, women and girls are at heightened risk of attack and exposed to significant levels of sexual violence, particularly when collecting firewood and food, even in close proximity to the Protection of Civilians (PoC) sites. Sexual and gender-based violence can have grave impacts on victims and survivors, including death, physical injury, disability, psychological trauma, unwanted pregnancy and social rejection, while child marriage can have severe consequences, including discontinuation of education, psychological distress, obstructed labour and obstetric fistula. The impact of such violence is further compounded by lack of access to appropriate health care, including clinical management of rape, as well as a lack of redress and access to justice.

PEOPLE IN NEED IN 2017

7.5M



“Our women are suffering because they are going out to collect firewood from faraway places, and while doing that they face risks of being raped.”

- a community member participating in a focus group discussion held in the Bentiu PoC to inform the HNO

Around one in four people in South Sudan have been forced to flee their homes, including more than 1.3 million people who have fled to neighbouring countries as refugees and nearly 1.9 million people who are internally displaced, the majority of whom are children. The number of people displaced by the conflict escalated dramatically following the eruption of conflict in Juba in July 2016. Thousands of people fled South Sudan every day to seek refuge in neighbouring countries. In October, an average of 3,500 South Sudanese crossed out of South Sudan daily predominantly to Uganda, Democratic Republic of the Congo (DRC) and Ethiopia, with smaller numbers to Sudan and Kenya. Over 85 per cent of the refugees arriving in neighbouring countries are women and children. The biggest outflow was into Uganda, with around 2,400 new arrivals each day in October, the majority of whom were fleeing from the Greater Equatoria region. Inside South Sudan, internal displacement also spiked. In Eastern Equatoria, internal displacement tripled from about 46,000 in August to about 158,000 in October, while in Central Equatoria, the number of internally displaced people (IDPs) more than doubled from July (71,000) to October (143,000). Elsewhere, civilians who had already been displaced multiple times were forced yet again to flee their homes, including in counties such as Leer, Koch, Mayendit and Rubkona in Unity. By December, some 212,000 IDPs had sought refuge in UN PoC sites, the highest number since the conflict began.

Children, the elderly, people with disabilities and people living with HIV/AIDS have been particularly vulnerable during displacement. More than 17,000 children, primarily boys, have been recruited and are being used by armed actors, including 1,300 children recruited in 2016. There are high levels of family separation, with over 9,000 separated, unaccompanied and missing children registered by humanitarian partners as at November 2016, and the actual number expected to be much higher. Many families report having had to abandon young children, aged and infirm family members when fleeing fighting. Violence and displacement in the Greater Equatoria region have affected populations with the highest prevalence rates of HIV/AIDS in South Sudan, cutting many off from their life-sustaining treatment. Despite the best efforts of humanitarians, conditions in the PoC sites continue to be below minimum humanitarian standards, and people seeking safety in the sites continue to face restrictions on their ability to move freely. At least 1,000 people with disabilities have been registered in camp- or camp-like settings, and it is estimated that some 200,000 to 250,000 people with disabilities are displaced overall.⁷

Over the course of 2016, the protective environment for refugees inside South Sudan deteriorated. All refugees are hosted in the conflict-affected states of Greater Upper Nile and Greater Equatoria. Ezo camp in Western Equatoria was formally closed in February 2016 due to insecurity, and humanitarian access to Lasu camp in Central Equatoria has become extremely difficult due to deteriorating security in the area since July 2016. Most refugees left the camp seeking safety in the bush and a number of Congolese refugees have

returned to DRC under duress. Meanwhile, in 2016, some 10,000 refugees arrived into South Sudan from South Kordofan in Sudan. The number of refugees hosted in South Sudan - from Sudan, DRC, Ethiopia and the Central African Republic (CAR) - in need of international protection and multi-sectorial humanitarian assistance was 263,000 in November 2016. It is estimated that, by the end of 2017, the refugee population will rise to more than 302,800 due both ongoing new arrivals - projected to be around 15,000 - and natural growth.

Three years of war have taken a major psychological toll on the population. An estimated 1 million children are believed to be in psychosocial distress, and a 2016 report by Amnesty International found that IDPs described experiencing a range of symptoms commonly associated with mental health disorders such as post-traumatic stress disorder (PTSD) and depression.⁸ This aligns with a study completed in July 2015 which found that 41 per cent of respondents showed symptoms of PTSD.⁹ The World Health Organization (WHO) estimates that in situations of armed conflict and other emergencies, the proportion of the population suffering from mild or moderate mental disorders rises from approximately 10 per cent to 15-20 per cent.¹⁰ In a live discussion on Kapoeta Sangaita FM to feed into the HNO, several community members highlighted the need for counselling and mental health care for the full recovery of the local population and meaningful peace-building to take place. There are only two psychiatrists, one psychiatric nurse, 30 psychologists and 20 community mental health workers in all of South Sudan, meaning that the country has only one mental health professional for every 220,000 people, less than half of the recommended minimum (one per 100,000 people).¹¹

“The first priority that I need is food. Let food first reach the population because when you’re satisfied, you can think well. You can even think of taking children to school or to the hospital. But when I am hungry, I will not even think about education or health of the children but I will only be thinking of when I will eat. That is why I need food to be the first priority.”

- a community member participating in the Kapoeta Sangaita FM live discussion for the HNO

In 2017, food security in South Sudan is likely to deteriorate even further, with an unprecedented number of people facing severe food insecurity and thousands of people at risk of famine in conflict-affected areas where access to markets has been compromised and in areas hardest hit by

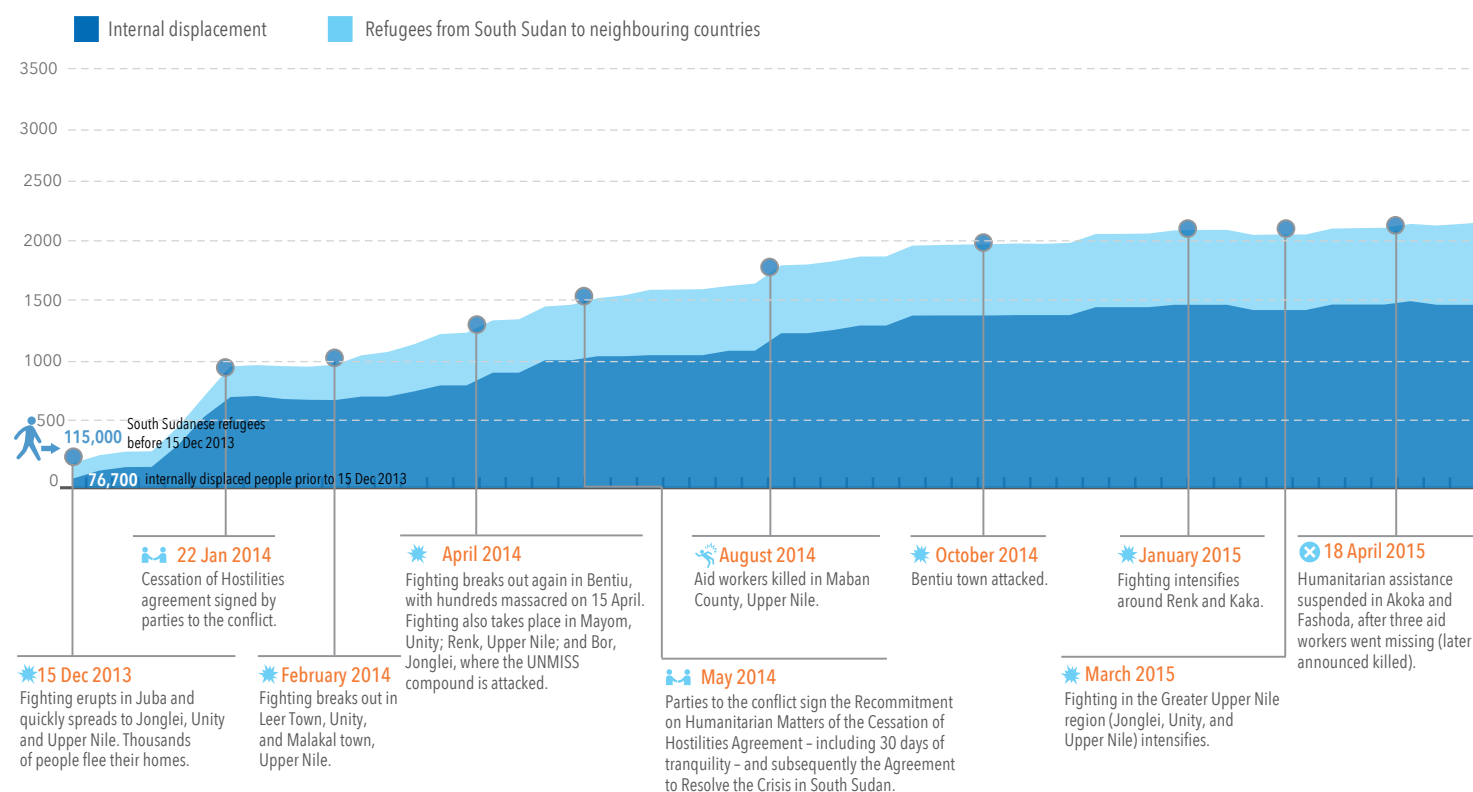
the economic crisis. At the height of the lean season in July 2016, some 4.8 million people – more than one in three people in South Sudan – were estimated to be severely food insecure. This number is projected to rise as high as five million in 2017 due to the impact of the spreading conflict, deepening economic crisis and climatic events in several regions in 2016. Even following seasonal harvests in 2016, partners estimated that some 3.7 million people were food insecure in October – representing an increase of one million people compared to the same period last year – and food security experts warned that the benefits of the harvest would be short-lived.¹² The coping mechanisms of vulnerable households have been totally eroded and there is a risk of severe food security consequences if the cereal deficit is not met in the coming months- particularly through the lean season of 2017.

About 50 per cent of all harvests have been lost in areas affected by violence, and many farmers have been unable to plant or harvest due to insecurity and restrictions on freedom of movement. The Greater Equatoria region, which is responsible for over half of the country’s net cereal production and the only surplus producing area, was severely impacted by violence in the latter half of 2016, preventing many households from accessing farms for first season harvests and second season cultivation.¹³ A cereal deficit of more than 50 per cent was reported in 2016 and is likely to increase in 2017. In Northern Bahr el Ghazal, assessment findings show that farmers produced less in 2016 than in 2015, with some areas being hard-hit by flooding and dry spells, in addition to the

economic crisis, market failure and the loss or depletion of livelihood assets.¹⁴ The conflict has also impacted markets and trade flow, particularly in Northern Bahr el Ghazal, Warrap and across the Equatorias. In Unity, there are no functioning markets in Koch, Mayendit or Leer. Livestock have been looted, killed and exposed to increased risk of disease, including due to irregular migration routes taken by cattle herders as a result of the conflict. Women and the elderly continue to be particularly impacted by the increasing food shortage, as households are prioritizing food for children. Women are shouldering the burden of foraging for wild foods that are increasingly depleted, forcing them to travel longer and arduous distances by foot, and exposing them to the risk of attacks or sexual violence. The loss of protein sources more rapidly affects women, who are more vulnerable to Vitamin A deficiency.

More than one million children under age 5 and some 339,000 pregnant and lactating women are now estimated to be acutely malnourished,¹⁵ with rates continuing to rise due to conflict, displacement, food insecurity, disease, and lack of access to clean water and good sanitation. SMART surveys carried out during or after the lean season in 2016 showed a significant deterioration in the nutrition situation in many areas compared to 2015. Thirty-two out of 44 SMART surveys carried out in 2016 found global acute malnutrition (GAM) rates above the emergency threshold of 15 per cent. Of these, 13 found a GAM prevalence by weight-for-height (WHZ) of more than 25 per cent. The GAM rate was above the catastrophe threshold in Gogrial West County in Warrap

INTERNAL AND EXTERNAL DISPLACEMENT IN SOUTH SUDAN (IN THOUSANDS)



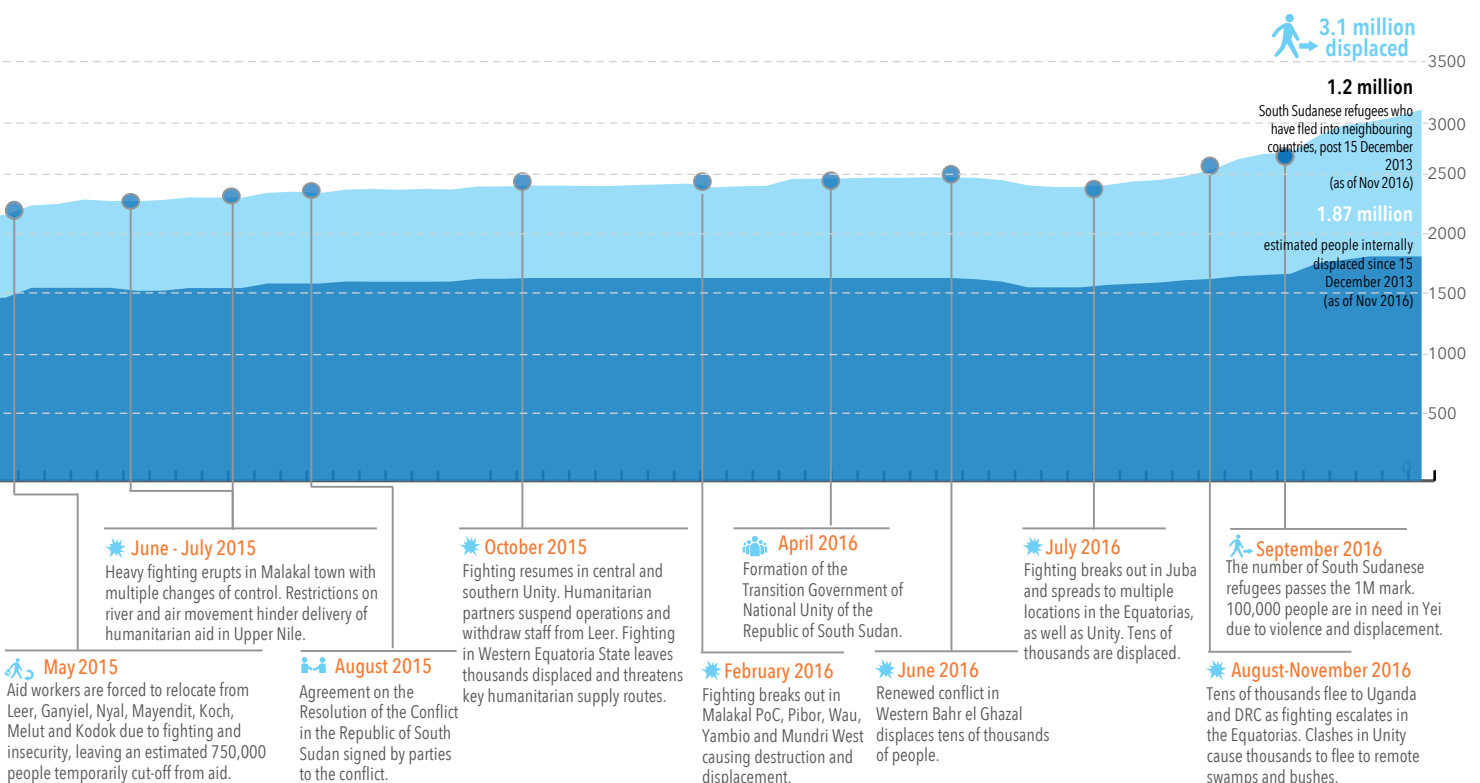
and Renk County in Upper Nile, (>30 per cent), and just beneath it in Abiemnhom and Rubkona in Unity (29.2 per cent GAM). Children suffering from severe acute malnutrition are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die. As the South Sudan crisis enters its fourth year, an increasing number of children are at high risk of chronic malnutrition (two years or more), which leads to irreversible cognitive impairments. The conflict has severely disrupted families' access to animal milk, which is a major source of nutrition for children in cattle-keeping and agro-pastoralist parts of the country.¹⁶ The need for milk for children was highlighted by participants in focus group discussions for the HNO in the Bor, Juba, Malakal and Bentiu PoC sites.

"I am worried about the milk for my child. It's what forces me to sell my sorghum."

- feedback provided by a community member on humanitarian services in Bor PoC site

South Sudan's economic crisis has escalated, compounding the plight of the country's urban poor. In 2016, South Sudan's economy faced multiple major shocks, including the eruption of conflict in Juba, and the drop in international oil

prices (which decreased from 49.79 USD/barrel in June to 46.06 USD/barrel in November 2016). This triggered a severe fiscal and economic crisis, leading to "sky rocketing prices", according to the World Bank.¹⁷ The South Sudan annual Consumer Price Index (CPI) increased by 835.7 per cent from October 2015 to October 2016,¹⁸ the world's highest year-on-year inflation rate. The exchange rate for the South Sudanese Pound (SSP) to the US Dollar has rapidly depreciated, halving between June (46 SSP/USD) and November (>100 SSP/USD) 2016. The prices of staple foods, such as sorghum, maize and beans, are at record highs, with the price of sorghum in Juba 596 per cent higher in October 2016 compared to October 2015 and 1,177 per cent above the five-year average. The purchasing power of households across the country has been eroded, particularly in the market-reliant Greater Bahr el-Ghazal region. By September 2016, 51 per cent of households in Juba were food insecure, up from 23 per cent at the same time in 2015, and by October 2016, the World Bank estimated that some 66 per cent of South Sudan's population was living in poverty.¹⁹ Reports indicate that people are increasingly resorting to negative coping mechanisms, including child labour and child marriage. In Eastern Equatoria, child marriages are reported to have increased in late 2016 as families receive a bride price in exchange for their daughter.²⁰ Intimate partner violence, which often rises during conflict and economic decline, accounts for 48 per cent of the incidents of gender-based violence reported to humanitarian partners.²¹



With the spread of conflict and the deepening of the economic crisis, civilian infrastructure has been damaged, destroyed and shut down in an increasing number of locations. Throughout the conflict, humanitarian compounds and supplies have been attacked and looted, including in Juba, Leer, Nhiladiu, Malakal, Mundri and Pibor in 2016. From 1 January to 28 November 2016, there were 64 reported incidents of looting of humanitarian facilities and assets across 32 counties. Only 43 per cent of the country's health facilities (595 out of 1,384) have remained functional, providing extremely minimal services in the face of a chronic lack of essential medicines, limited funding and high operational costs. Some 190 health facilities have been directly affected by conflict, with 106 closed and at least 29 looted or destroyed since December 2013. Education infrastructure has also been dramatically impacted by violence. It is estimated that more than 1.17 million children have lost access to education due to conflict and displacement. A representative survey undertaken in November 2016 found that around 25 per cent of primary schools in South Sudan are closed, primarily due to insecurity and displacement of teachers and students. The survey also found widespread attacks against schools. Some 31 per cent of open schools had been subjected to at least one attack since December 2013, with schools in the Greater Upper Nile most affected. Almost 16 per cent of the open schools had been hit by bullets, and around 10 per cent had seen occupation of classrooms by armed actors. Over 34 per cent of the open schools reported having endured theft or looting at least one time since December 2013.

The conflict has littered vast swathes of land, access routes and buildings with unexploded ordnance that threaten the safety of individuals, communities and humanitarian actors. In nearly 71 per cent of counties (56 out of 79), extensive routes are known to be contaminated by explosive remnants of war, rendering over 300 schools and 30 clinics unsafe for use. Approximately 170 new hazards are found each month.

Civilians' homes, crops and assets have been targeted, destroyed, damaged and looted during the fighting. In Leer, civilians have reported that, in addition to stealing cattle, destroying tools and crops, and permanently damaging civilian infrastructure, attackers systematically cut down or burned mango trees to remove any natural source of food or livelihood.²² In and around Wau town, some 1,500 houses were reportedly looted or burned between December 2015 and March 2016.²³

"I want organizations to help the local residents to open the schools for the children of the vulnerable people because some of the children are now on the streets and they will not have good future if they aren't taken to school."

- a community member speaking with Mayardit FM in Turalei, Warrap, during the HNO consultations

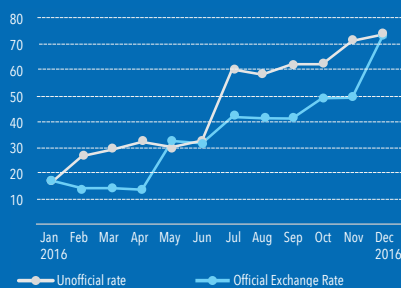
Access to safe water remains a challenge, and water-borne diseases have spread due to displacement. It is estimated that only seven per cent of South Sudanese people have access to improved sanitation and only 41 per cent have access to safe water. As the conflict spread to new areas in 2016, access to safe water and sanitation was impacted. Boreholes were damaged or made dysfunctional due to lack of repairs. Across 16 locations assessed through Initial Rapid Needs Assessments (IRNAs) in 2016, only 42 per cent of hand pumps (69 out of 161) were functional at the time of the IRNA.²⁴ In locations where no hand pump was functioning, people reported using streams or ponds as their main

DISPLACEMENT

1 out of **4** people has been forced to flee their homes

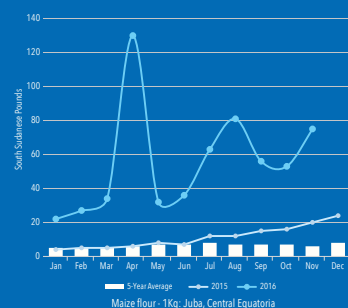


EXCHANGE RATE DEVALUATION



Source: Climis

INCREASE OF PRICES FOR STAPLE FOODS



Source: <http://www.climis-southsudan.org>

water source, including in Bangolo (Mundri West), Lozoh (Mundri East) and most locations in Yambio and Gangura payams. Lack of access to safe water and sanitation both pose protection risks for women, with the search to find a safe place to defecate and the trek to collect water leaving women exposed to the threat of violence. For the third year in a row, the Government declared a cholera epidemic in 2016 and, as of 1 December, more than 3,100 cholera cases, including 44 deaths, had been reported across nine counties. Communities along the River Nile have been worst affected and account for 91 per cent of reported cholera cases in 2016.

“People are suffering. During the dry season some villages do not have enough hand pumps and that forced some residents to drink from the river. This unclean water brings disease to the people.”

- a community member speaking with Mayardit FM in Turalei, Warrap, during the HNO consultations

Three years of conflict, displacement and economic decline have made the population more susceptible to communicable diseases. From 1 January to 13 November 2016, more than 2 million cases of malaria were reported in health facilities, including more than 476 deaths. Since the beginning of 2016, 1,851 suspected measles cases including at least 19 deaths (Case Fatality Rate 1.03 per cent) have been reported, with 13 counties confirming outbreaks - Lakes (Yirol West), Northern Bahr el Ghazal (Aweil Central, Aweil North, Aweil West), Western Bahr el Ghazal (Wau), Unity (Leer, Mayendit, Mayom, Rubokna), Warrap (Gogril West, Twic), Upper Nile (Malakal PoC) and Central Equatoria (Juba PoC 3, Mangaten) – in addition to the disputed Abyei Area.

There have been more than 3,600 cases of the deadly tropical disease kala-azar, including 88 deaths (CFR 2.4 per cent). These figures represent only the number of cases and deaths reported at health facilities. With health facility reporting rates below 50 per cent, the real prevalence of disease and level of morbidity are likely to be significantly higher. Conflict, displacement and lack of access have frustrated efforts to ensure vaccination coverage with the disruption of routine immunization. While there have been improvements over the past year, only 11 out of South Sudan’s 79 counties have the requisite minimum 80 per cent measles vaccination coverage and 26 have less than 20 per cent coverage. An estimated 648,000 children under age 5 are at risk of contracting measles across the country.

Access to information regarding the situation and the humanitarian response remains a major need. At least 42 per cent of the population in South Sudan report not being able to access/use any media type inside the home or elsewhere.²⁵ Radio and word of mouth remain the most common methods of communication, with word of mouth continuing to be the most trusted source of information. In consultations for the preparation of the HNO, community members indicated that they still often do not feel like they receive the information that they need to take decisions as well as to inform the humanitarian response. In the Malakal PoC and Malakal town, 20 per cent of people consulted in focus group discussions for the HNO highlighted information as a priority need (a higher percentage than any other need).

“I cannot imagine life in the PoC without information about what is going on in the PoC. Nile FM helped me to know what NGOs are doing.”

- a community member speaking in a listening group in Malakal PoC during the HNO consultations

EDUCATION

More than **1.17** million children have lost access to education



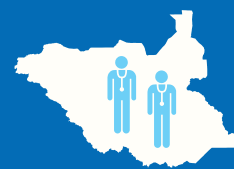
FOOD INSECURITY

4 out of **10** people are expected to be severely food insecure



HEALTH

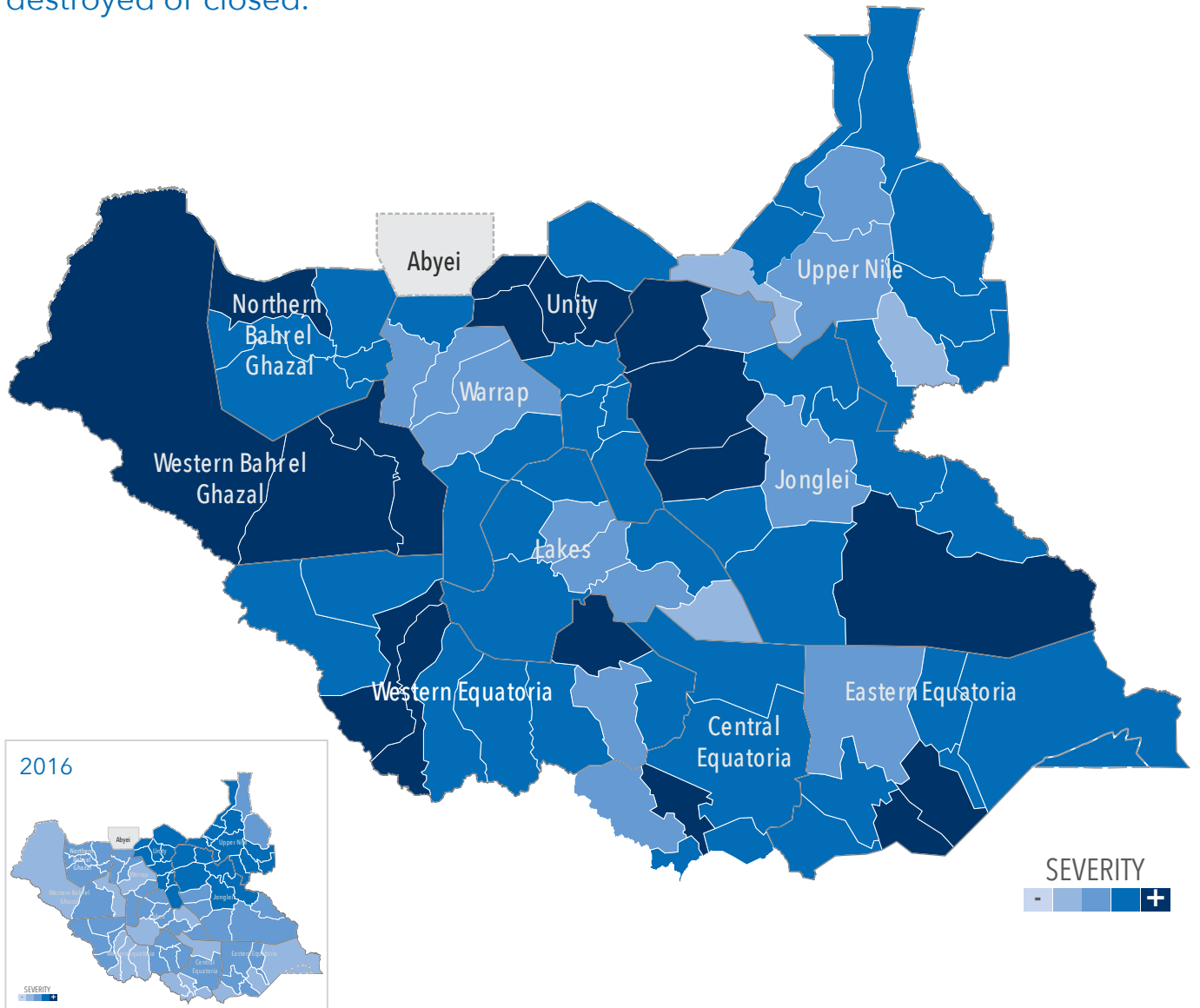
2 practicing psychiatrists in all of South Sudan



SEVERITY OF

NEED

This map compares the severity of humanitarian needs in each county taking into account a variety of indicators, including: the number of displaced people, food insecurity and malnutrition rates, number of explosive hazards, number of violent incidents and casualties, number of children separated from their families, disease outbreaks, vaccination coverage, and number of schools destroyed or closed.
















For details see: <http://bit.ly/2i9Rizl>
















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



















BREAKDOWN OF





















PEOPLE IN NEED

NUMBER OF PEOPLE IN NEED BY SECTOR

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
GREATER BAHR EL GHAZAL									
LAKES									
 AWERIAL	115.2	6.2	56.9	123.6	72.6	8.6	79.4	123.8	123.8
 CUEIBET	-	18.9	2.2	36.5	61	16.7	0.5	28.6	61
 RUMBEC C.	-	25.5	9.4	52.6	83.8	18.4	3.6	32.2	83.8
 RUMBEC E.	-	20.1	14.9	39.2	71.5	17.8	12.5	36.7	71.5
 RUMBEC N.	-	5.8	6.6	10.8	23	3.8	6.2	4.4	23
 WULU	-	7.8	12.2	5.4	33.4	6.9	10.6	12.3	33.4
 YIROLE E.	-	12.9	4.4	16.2	41.8	11.4	193.8	19.4	41.8
 YIROLE W.	-	17.2	15.3	21.6	68.6	18.5	288.7	36.5	68.6
NORTHERN BAHR EL GHAZAL									
 AWEIL C.	2.1	3.1	4.2	106.7	39.2	22.7	2.1	80.9	106.7
 AWEIL E.	-	15.6	-	516.1	184.3	112.6	-	270.4	516.1
 AWEIL N.	-	7.9	-	235.8	93.1	49.7	-	116.5	235.8
 AWEIL S.	-	4.3	-	124.8	50.4	26.3	-	59.4	124.8
 AWEIL W.	5	8.7	11.1	296.6	108.4	63.2	5	138.7	296.6

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
WARRAP									
 GOGRIAL E.	-	15.8	-	54.6	49.5	11	-	36	54.6
 GOGRIAL W.	-	35.6	10.2	146.2	114.9	24.5	3.3	103.2	146.2
 TONJ E.	-	14.7	-	37.5	46.1	19.6	-	33.9	46.1
 TONJ N.	-	23.2	-	56.4	72.5	25.4	-	26.7	72.5
 TONJ S.	-	12.1	-	28.3	37.8	67.3	112.4	26	67.3
 TWIC	-	38	9.4	124	120.3	21.5	1.9	61.3	124
WESTERN BAHR EL GHAZAL									
 JUR RIVER	-	10.8	-	127.4	68.7	22.3	-	37.9	127.4
 RAGA	-	4.7	21	72.3	52.1	17.6	89	49.1	72.3
 WAU	78.7	12.7	95.5	215.4	151.9	49.4	277.7	236.1	236.1
GREATER EQUATORIA									
CENTRAL EQUATORIA									
 JUBA	65.2	36.1	64.3	487.5	224.4	57.2	572.4	236.4	487.5
 KAJO-KEJI	-	17.8	10.4	40.4	92.4	12.1	9.7	3.1	92.4
 LAINYA	-	9.6	9.4	141.0	57.0	6.6	7.1	64.2	141
 MOROBO	-	12.6	-	29.3	62.1	8.6	-	2.0	62.1
 TEREKEKA	-	11.8	8.8	27.3	66.9	8.1	5.6	44.2	66.9
 YEI	-	17.5	9.8	52.2	144.7	11.9	274.8	55.6	144.7

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
EASTERN EQUATORIA									
 BUDI	-	8.7	-	8.6	39.2	11.9	-	46.8	46.8
 IKOTOS	-	9.8	9.2	57.6	50.6	13.4	7.3	29.4	57.6
 KAPOETA E.	-	14.3	-	66.4	64.5	19.5	-	24.0	66.4
 KAPOETA N.	-	8.9	-	31.4	40.4	9.2	-	11.7	40.4
 KAPOETA S.	-	7.0	-	24.4	31.7	7.0	-	9.2	31.7
 LAFON	-	10.1	-	34.9	49.9	13.8	-	76.6	76.6
 MAGWI	6.0	15.5	34.1	34.1	100.2	21.2	242.7	83.8	100.2
 TORIT	-	10.7	7.9	30.1	53.2	14.6	148.3	72.5	72.5
WESTERN EQUATORIA									
 EZO	10.2	26	10.1	26.5	54.8	14.7	116	40.3	54.8
 IBBA	-	8.9	-	-	16.1	2.1	-	1.8	16.1
 MARIDI	-	18.7	8.2	-	39.4	4.5	110.8	9.8	39.4
 MUNDRI E.	-	11	25.5	7.5	20.1	2.6	73.9	21.8	25.5
 MUNDRI W.	-	10	28	5.6	42.5	2.4	63.4	31.7	42.5
 MVOLO	-	11.1	-	7.8	20.7	2.6	-	2.4	20.7
 NAGERO	-	2.9	-	3	5.4	0.7	-	0.8	5.4
 NZARA	-	13.7	-	-	24.6	3.3	-	2.4	24.6
 TAMBURA	-	13.4	-	-	36.5	3.2	44.4	18.5	36.5
 YAMBIO	-	34.7	16.7	28.4	90	8.3	202.7	33.7	90

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
GREATER UPPER NILE									
JONGLEI									
 AKOBO	-	22.2	34	17.3	118.4	21.4	167.3	117.8	118.4
 AYOD	-	22	38.6	32.1	63.6	19.8	181.3	69.8	69.8
 BOR SOUTH	19.8	36.8	12.9	41.9	97.1	33.1	304.6	115.3	115.3
 CANAL/PIGI	-	15.6	34.1	14.9	76.9	14	138.2	68.5	76.9
 DUK	-	15.2	26.7	26.8	54.5	13.4	118.8	47.3	54.5
 FANGAK	76.2	20.5	49.5	23.8	99.6	18.4	188.4	118.3	118.3
 NYIROL	-	17.5	27.1	25.9	56	14.5	132.5	62.3	62.3
 PIBOR	-	22	26.3	32.1	61	19.8	200.9	26.3	61
 POCHALLA	3	12	15	13	33	13	14	14	33
 TWIC EAST	-	16	4.6	21.7	61.8	19.3	129.4	45.4	61.8
 UROR	-	26.3	67.2	25.9	87.3	31	246.9	57.4	87.3
UNITY									
 ABIEMNHOM	-	3	10.8	3.6	15.4	4.5	30.2	16.8	16.8
 GUIT	5.4	6	5.5	21.2	15.1	7.1	41.5	34.9	34.9
 KOCH	-	16.9	46.6	104	90.9	20.1	158.2	105.3	105.3
 LEER	-	14.5	64.3	89.8	105.6	13	177.2	144	144
 MAYENDIT	-	10.1	37.9	69.7	78.4	12.7	113.4	83.6	83.6
 MAYOM	-	22.5	59.6	93.7	94.1	33.5	217.5	163.8	163.8
 PANYIJAR	-	9.5	56.3	67.4	70.8	9.7	136.6	105.9	105.9
 PARIANG	115	67	140	172.2	147	135	250	167	172.2
 RUBKONA	182	26.1	185.4	139.6	132.6	39.6	297.2	251.1	251.1





















COUNTY	 CCM (IN '000)	 EDUCATION (IN '000)	 ES & NFI (IN '000)	 FSL (IN '000)	 HEALTH (IN '000)	 NUTRITION (IN '000)	 PROTECTION (IN '000)	 WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
UPPER NILE									
 BALIET	-	6.8	12.7	56.4	29.1	7.3	60.2	26.1	56.4
 FASHODA	-	4.4	37.4	2.1	50.5	5.1	74.9	54.4	54.4
 LONGOCHUK	-	8.8	9.6	10.2	37.9	14.1	7.1	28.5	37.9
 LUAKPINY/ NASIR	-	2.6	55.4	4.7	128.4	36.5	250.8	98.5	128.4
 MABAN	157.4	6.4	168.7	166.1	157.4	163.6	217.1	217.2	217.2
 MAIWUT	-	10.5	2.7	5.8	38.5	15.9	106.7	39.6	39.6
 MALAKAL	57.5	15.4	5.7	17.1	77.5	19.3	171.9	93.9	171
 MANYO	-	6.6	-	32.2	21.9	7.6	-	15.8	32.2
 MELUT	27.5	6	2.1	11.4	39.1	6.2	72.5	37.1	39.1
 PANYIKANG	-	5.8	11.5	21.8	2.5	6.2	51.7	22.8	2.5
 RENK	-	18.4	18.2	15.7	70.8	37.6	16.5	63.3	70.8
 ULANG.	-	11.1	16.2	18.8	4.9	17.2	16.1	35.5	4.9
TOTAL	0.93M	1.3M	1.9M	5.2M	5.4M	1.7M	7.3M	5.1M	7.5M



Photo: UNICEF/Kate Holt. Thanyang, March 2016

ANNEX I: SECTORAL NEEDS

INFORMATION BY SECTOR

-  Camp Coordination and Camp Management
-  Education
-  Emergency Shelter and NFIs
-  Food Security and Livelihoods
-  Health
-  Nutrition
-  Protection
-  Water, Sanitation and Hygiene
-  Information and Infrastructure

ANNEX II: METHODOLOGY AND INFORMATION GAPS

CAMP COORDINATION AND CAMP MANAGEMENT

OVERVIEW



An estimated 630,600 individuals will require direct Camp Coordination and Camp Management (CCCM) Cluster services in 2017.

This includes nearly 400,000 internally displaced people (IDPs) living in camps or camp-like settings, including 212,000 in UNMISS Protection of Civilians (PoC) sites, more than 159,700 in informal settlements, and more than 28,100 in collective centres. In addition, more than 82,400 host community individuals and 148,600 IDPs residing in areas nearby camp and camp-like settings are in need of CCCM services, particularly to ensure information-flow between populations inside and outside the camps. An estimated 302,800 refugees will be in need of CCCM services by the end of 2017.

AFFECTED PEOPLE

Displaced people in camps and camp-like settings are in greatest need of CCCM services. Women and girls continue to be particularly vulnerable and face the risk of sexual violence both inside displacement sites and when collecting fuel or food in surrounding areas. At the beginning of 2016, the majority of displaced people in camp and camp-like settings were located in the Greater Upper Nile. However, following conflict in Wau in Western Bahr el Ghazal and Juba in Central Equatoria over the course of the year, the number of people in camp and camp-like settings in these areas increased.

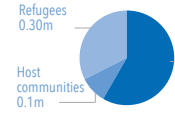
HUMANITARIAN NEEDS AND DRIVERS

As of the end of 2016, nearly 400,000 people are living in camp or camp-like settings, with a further 1.4 million displaced outside camps. Renewed conflict in 2016 caused new displacement, generating an influx into existing sites, and requiring the creation of new camps and collective centres – including in locations previously not hosting mass displacement sites. Fighting in June and July in Wau and Juba resulted in thousands of people seeking physical protection

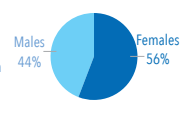
NO. OF PEOPLE IN NEED

933,427

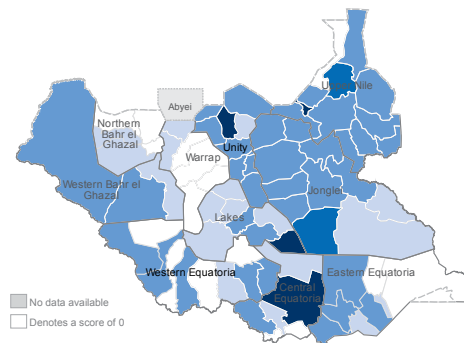
BY STATUS



BY SEX



SEVERITY MAP

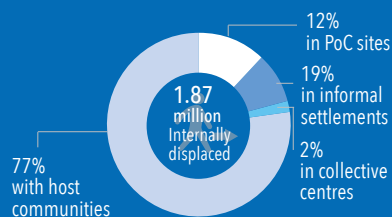


Sources: CCCM, IOM/DTM

in UNMISS bases, and church and NGO compounds. A new protected site and five collective centres were established in Wau in 2016, jointly hosting over 42,000 IDPs.

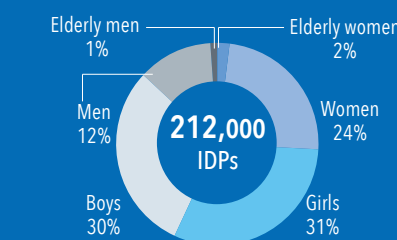
Despite efforts in the first half of 2016 to support IDPs' choices to undertake safe, dignified, voluntary and informed return, resettlement or reintegration, returns slowed following the upswing in fighting in the latter half of the year. By December, some 212,000 were sheltering in PoC sites – an increase of 20,000 over the same period in 2015. IDPs continue to state security as the primary driver of their decision to remain inside the PoCs. Despite investments to upgrade and maintain the sites, overcrowding continues to be of significant health, security and protection concern. The population in the Wau protective site lives in less than 5.5m² space per person – one sixth of the SPHERE standard. Overcrowding poses stress and mental health concerns for the population and increases protection risks, particularly for women and girls.

IDP POPULATION BY SITE TYPE



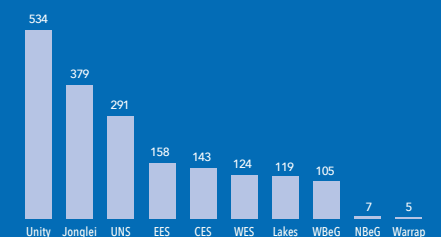
Source: IOM/CCCM, Nov 2016

IDPS IN PROTECTION OF CIVILIAN SITES



Source: IOM/DTM, Dec 2016


IDP POPULATION ('000)



Source: OCHA, IOM, UNHCR and REACH, Nov 2016

EDUCATION

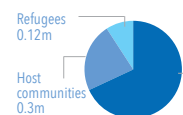
OVERVIEW

 Since conflict erupted in December 2013, some 1.17 million²⁶ children aged 3 to 18 years have lost access to education. The Primary Net Enrolment rate is now 43.5 per cent, due to conflict, displacement, lack of trained teachers, inadequate supplies, and disruption of education services fuelled by the economic crisis. In addition, some 124,100 refugee children in South Sudan will be in need of education assistance in 2017.

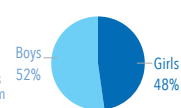
NO. OF PEOPLE IN NEED

1.3M

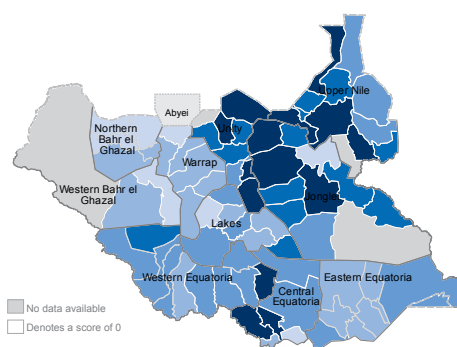
BY STATUS



BY SEX



SEVERITY MAP



Source: Education Cluster

AFFECTED PEOPLE

South Sudanese school-aged children (3 to 18 years old) have been endangered and had their education disrupted by conflict and displacement. Adolescent boys and young men are particularly vulnerable to recruitment by armed actors. At the same time, adolescent girls are at increasing risk of early and forced marriage, as well as sexual abuse and exploitation, due to the escalating economic crisis. Reported incidents of possible sexual slavery more than tripled during July 2016, while reported incidents of forced marriages doubled.²⁷ While risks to disruption of children's education were highest in Greater Upper Nile at the beginning of 2016, over the course of the year risks increased in Greater Equatoria and Greater Bahr el Ghazal, where conflict escalated and the economic crisis hit hard.

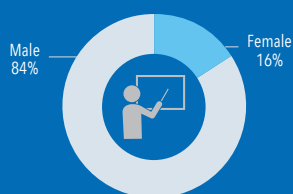
HUMANITARIAN NEEDS & DRIVERS

Some 1.17 million children have lost access to education due to the crisis in South Sudan. School-aged children represent more than 47.75 per cent of the displaced population. Education infrastructure has also been dramatically impacted by violence. A representative survey undertaken in November 2016 found that around 25 per cent of primary schools in South Sudan are closed, primarily due to insecurity and displacement of teachers and students. The survey also found widespread attacks against schools. Some 31 per cent of open schools had been subjected to at least one attack since

December 2013, with schools in the Greater Upper Nile most affected. Almost 16 per cent of the open schools had been hit by bullets, and around 10 per cent had seen occupation of classrooms by armed actors. Over 34 per cent of the open schools reported having endured theft or looting at least one time since December 2013.

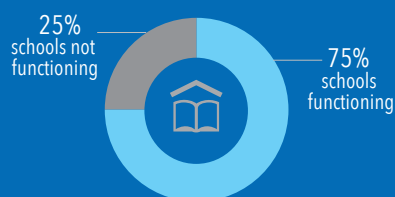
This interruption of education will have immediate, medium and long term consequences for the stability and development of South Sudan, as children who are not in school will lack the structure and stimulation for healthy cognitive and psychosocial development. Furthermore, the education crisis increases the risk that more out-of-school adolescents will be recruited by armed actors. Children, parents and the communities consider education a critical priority.

TEACHERS BY GENDER



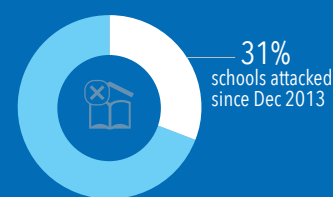
Source: Education Cluster, Dec 2016

FUNCTIONING SCHOOLS



Source: Education Cluster, Dec 2016

SCHOOLS ATTACKED



Source: Education Cluster, Nov 2016

EMERGENCY SHELTER AND NFIS

OVERVIEW



There are now nearly 1.9 million IDPs in South Sudan, many of whom have been displaced multiple times. An estimated 1.6 million people will be in need of some sort of emergency shelter and/or non-food item (NFI) support in 2017. This includes the vast majority of IDPs living in PoCs and spontaneous settlements – around 250,000 people – who will require new shelters or reinforcement of existing infrastructure, and at least 1.15 million IDPs outside PoCs who will require NFIs. In addition, some 302,800 refugees are expected to need shelter and NFIs in 2017.

AFFECTED PEOPLE

The displaced – particularly those whose homes have been destroyed, damaged or looted - are most in need of emergency shelter and NFIs. Although the conflict continues to shift and evolve, IDPs in Unity, Western Bahr el Ghazal and Greater Equatoria are currently most in need. Of the displaced, women and children remain especially vulnerable both due to their roles in society and the protection risks inherent in being without shelter or social support networks. A small number of host community members are also in need of assistance as they have used their own limited resources to provide for the displaced.

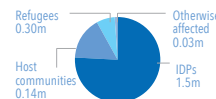
HUMANITARIAN NEEDS & DRIVERS

Forced displacement remains a defining feature of the South Sudan crisis. Many people have been displaced multiple times, including in locations such as Leer, Koch and Mayendit in Unity, where people who fled fighting during the major offensive in 2015 were forced to again flee for safety during clashes in 2016. Others, particularly in the Equatorias, were displaced for the first time since the conflict began over the course of 2016. At the same time, people who have sought shelter in the PoC sites are unlikely to leave given the continued insecurity in their places of origin and eruption of fighting in new locations.

NO. OF PEOPLE IN NEED

1.9M

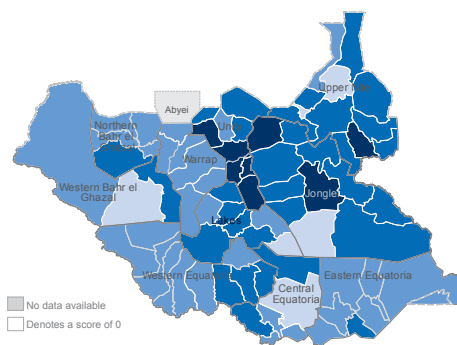
BY STATUS



BY SEX



SEVERITY MAP



Source: Shelter and NFIs Cluster

Targeting of civilians' homes, crops and assets has been common during the fighting. In Leer, civilians have reported that attackers have stolen cattle, destroyed tools and crops, and permanently damaged civilian infrastructure.²⁸ Based on research carried out with key informants with knowledge of the situation in some 232 villages in the Greater Equatoria region and 278 villages in Unity, 50 to 100 per cent of homes are reported to have been damaged or destroyed in some 32 villages in Greater Equatoria and 110 villages in Unity.²⁹ Civilians are often forced to flee with nothing but the clothes on the backs, leaving behind vital household items like blankets, mats and mosquito nets. Looting of homes is reported when fighting takes places.

Emergency shelter and NFI assistance is critical to ensuring the health, safety and dignity of South Sudan's most conflict-affected populations.

MOST URGENTLY NEEDED NFIS

plastic sheeting, sleeping mats, kitchen sets, mosquito nets



INTERNALLY DISPLACED PEOPLE

9 out of 10 IDPs are outside PoCs



FOOD SECURITY AND LIVELIHOODS

OVERVIEW



In 2017, food security in South Sudan is likely to deteriorate to unprecedented levels, with thousands of people at risk of famine. At the height of the lean season in July 2016, some 4.8 million people – more than one in every three people in South Sudan – were estimated to be severely food insecure. In the last quarter of 2016 and following the harvest, partners estimated that some 3.7 million people were food insecure - representing an increase of one million people compared to the same period in 2015 – and food security experts warned that the benefits of the harvest would be short-lived.³⁰ It is projected that more than five million people will be in urgent need of food security and livelihoods support during the lean season in 2017. This includes some 302,800 refugees in South Sudan.

AFFECTED PEOPLE

Conflict-affected and displaced households are facing alarming food consumption gaps. This includes new caseloads in the Greater Equatoria region –South Sudan’s breadbasket- that have been cut-off from planting and harvesting their crops due to conflict in 2016. In addition, the rapidly escalating economic crisis has increased food insecurity, particularly for populations who depend on markets as a food resource such as in Northern Bahr el Ghazal and other urban areas. Female-headed households are significantly more likely to be food insecure and to have a malnourished child than male-headed households.³¹

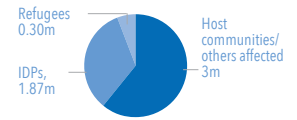
HUMANITARIAN NEEDS & DRIVERS

As the humanitarian crisis in South Sudan has deepened and expanded, food insecurity has risen to unprecedented levels due to a combination of conflict, insecurity, low cereal production, severe economic crisis, and the exhaustion of coping capacities after three years of crisis. These multiple and interlocking threats have caused a decline

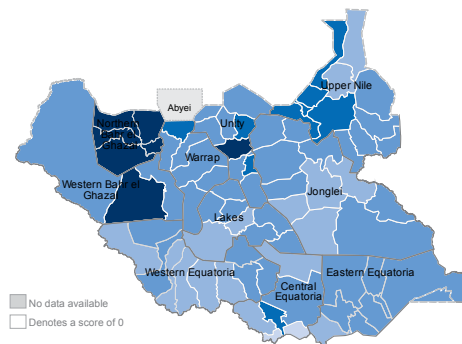
NO. OF PEOPLE IN NEED

5.2M

BY STATUS



SEVERITY MAP

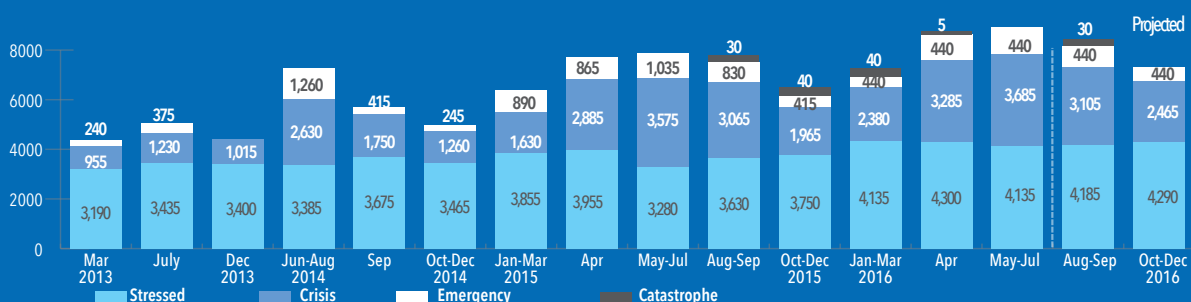


Sources: FSL Cluster

in purchasing power, reduced trade flows, decreasing agricultural production and expanding insecurity, making the food security situation highly precarious. Negative coping strategies have been adopted by the majority of the population, particularly reducing the number of meals consumed (89 per cent), reducing adult consumption (74 per cent), relying on wild food (70 per cent) and spending a day without food (58 per cent).³²

Livelihoods have been decimated by the crisis. About 50 per cent of all harvests have been lost in areas affected by violence, and many farmers have been unable to plant or harvest due to insecurity and restrictions on freedom of movement. A cereal deficit of some 50 per cent was reported in 2016 and is likely to increase in 2017. Livestock have been looted, killed and exposed to increased risk of disease, including due to irregular migration routes taken by cattle herders as a result of the conflict.

IPC TREND 2013 - 2016 (IN '000)



Source: IPC TWG, Set 2016

HEALTH

OVERVIEW



More than five million people in South Sudan are in need of humanitarian healthcare services. After three years of conflict, the population is highly susceptible to disease. Most health facilities are not functioning and those that are provide minimal services due to drug and staff shortages. Communicable diseases have spread in 2016, including cholera which has reached new locations along the River Nile, and there is a growing number of war wounded. Some 302,800 refugees will also require health assistance in 2017.

AFFECTED PEOPLE

Displaced people face the most complex challenges in accessing health care; particularly those who have fled to remote locations. Children under age 5 are particularly vulnerable to disease, including due to the low level of routine immunization and their already weakened state. Women face serious health risks throughout their life cycle. Survivors of gender-based violence have inadequate access to services and women have inadequate access to skilled personnel during pregnancy and childbirth. As the conflict has spread and the economic crisis has deepened, people with HIV/AIDS or TB have become cut-off from life-saving treatment, particularly in the Greater Equatoria region.

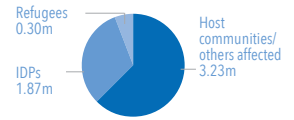
HUMANITARIAN NEEDS & DRIVERS

The conflict has taken a major toll on people's ability to access healthcare, which was exacerbated following the eruption of fighting in Juba in July and the spread of conflict to new locations in the latter half of the year. At least one in ten health facilities have been affected by the conflict, including being targeted, destroyed, damaged and occupied. It is estimated that a maximum of 43 per cent of the country's 1,384 health facilities have remained operational. Even those that are open are providing only an extremely minimal range of services constrained by a chronic lack of essential medicines, limit-

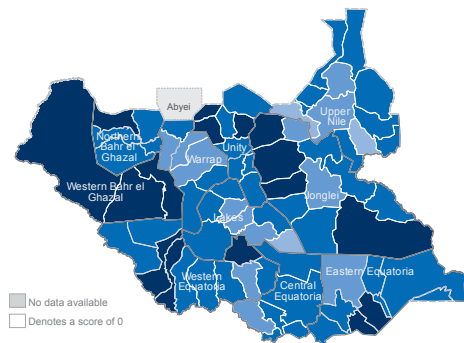
NO. OF PEOPLE IN NEED

5.4M

BY STATUS



SEVERITY MAP

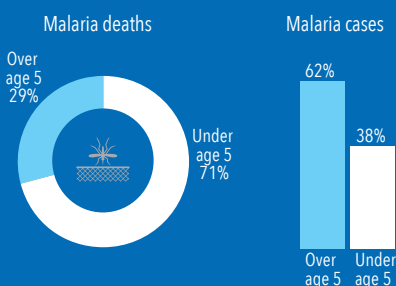


Source: Health Cluster

ed funding and high operational costs. Some 80 per cent of health care services in South Sudan are managed by NGOs, with continuity of services reliant upon funding. A vital development project that funded healthcare in Jonglei and Upper Nile was placed on hold as a result of the conflict in July, with major consequences for healthcare provision across large swathes of territory.

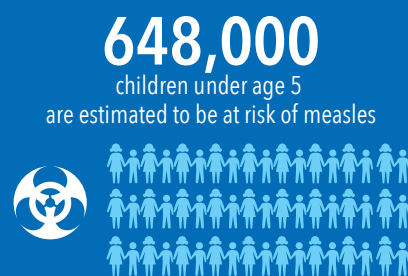
South Sudan faces highly endemic communicable diseases, with persistent outbreaks of cholera, measles, malaria, hepatitis E and kala-azar affecting large parts of the country due to poor living conditions, poor sanitation and overcrowding. Malaria, diarrhoea and pneumonia are the top reasons of outpatient consultations. The coverage for all vaccine preventable diseases remains below 50 per cent, and is less than 20 per cent in Unity, Jonglei and Upper Nile. In 2016, 648,000 children under age 5 are estimated to be at risk of measles.

MALARIA CASES BY AGE

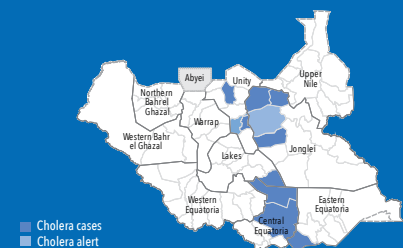


Source: Health Cluster, Dec 2016

CHILDREN AT RISK OF MEASLES



CHOLERA OUTBREAKS



Source: MoH/WHO, Dec 2016

NUTRITION

OVERVIEW



The nutrition crisis in South Sudan continues to escalate. More than one million children under age 5 and over 339,000 pregnant and lactating women are estimated to be acutely malnourished and in need of life-saving nutrition services. In 2016, nearly 73 per cent (32 out of 44) of the SMART surveys conducted reported global acute malnutrition (GAM) levels above the emergency threshold of 15 per cent. Of these, 13 found a GAM prevalence by Weight-for-Height (WHZ) of more than 25 per cent. The GAM rate was above the catastrophe threshold in Gogrial West in Warrap and Renk in Upper Nile (>30 per cent), and just beneath it in Abiemnhom and Rubkona in Unity (29.2 per cent GAM). In addition, some 302,800 refugees are expected to need nutritional assistance in 2017.

AFFECTED PEOPLE

Acute malnutrition most affects children under age 5 and women, as well as other vulnerable groups including the elderly and HIV/AIDS and TB patients. The Greater Upper Nile region, Northern Bahr el Ghazal and Warrap continue to face the highest rates of malnutrition. However, malnutrition is also rising in additional areas, particularly in Western Bahr el Ghazal and the Equatorias.

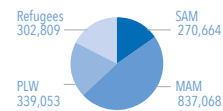
HUMANITARIAN NEEDS & DRIVERS

South Sudan faces a chronic nutrition crisis driven by a number of inter-related factors, including: rising food insecurity; high morbidity rates; limited access to safe water and sanitation; and declining availability of health services. The level of acute malnutrition has risen significantly in 2016, with the Food Security and Nutrition Monitoring System (FSNMS) round 18 in July 2016 finding an overall GAM rate of 17.9 per cent, compared to 13 per cent in November/December 2015.³³ Acute malnutrition among children under age 5 is at unprecedented levels. The GAM level is now above the

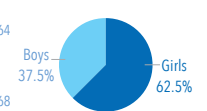
NO. OF PEOPLE IN NEED

1.7M

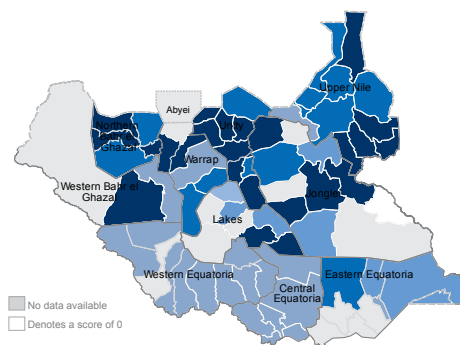
BY STATUS



BY SEX



SEVERITY MAP

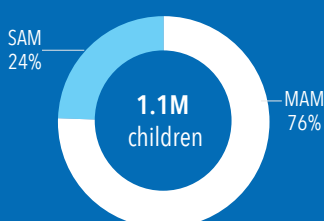


Source: Nutrition cluster

emergency threshold in seven out of ten states.³⁴ In Northern Bahr el Ghazal, the nutrition situation was catastrophic, with GAM and SAM of 33 per cent and 10 per cent respectively, indicating a consistent deterioration of the nutrition situation over the last three years. In Western Bahr el Ghazal, the GAM rate jumped from 12.1 per cent in July 2015 to 20.6 per cent in June 2016. Conflict, threats and attacks against aid workers, and economic decline have severely impacted the provision of life-saving nutrition services.

Children suffering from severe acute malnutrition are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities.

MALNUTRITION CHILDREN UNDER 5



Source: Nutrition cluster, Oct 2016

PLW MALNUTRITION

1 out of 4 pregnant or lactating mothers is malnourished



CHILD MALNUTRITION

1 out of 3 children under age 5 is malnourished



PROTECTION

OVERVIEW



South Sudan is first and foremost a protection crisis. Since 2013, the population has been exposed to repeated deliberate attacks on civilians and other violations of international humanitarian and human rights law, including forced recruitment of children and deliberate destruction of civilian infrastructure. Government soldiers, opposition militia, armed groups and criminals all act with complete disregard for the rule of law. While some IDPs have found relative refuge in PoC sites, they represent a small proportion of the population affected by the crisis. Even those who have reached the PoC sites face risks: women and girls continue to be exposed to sexual violence inside the PoC sites and when they attempt to gather firewood and food outside, IDPs experience psychosocial distress as a result of violence, displacement, confinement in PoC sites, and real and potential attacks on the PoC sites and their communities. Despite attempts by humanitarians, services in the PoC sites do not meet minimum humanitarian standards. In addition, some 302,800 refugees will need protection in 2017.

AFFECTED PEOPLE

All segments of the population are exposed to protection risks. Women and girls have been disproportionately affected by gender-based violence, with uniformed soldiers often reported to be the perpetrators. Men and boys face high risks of forced recruitment, as well as the threat of being detained or killed if they are perceived to be of fighting age. Elderly and disabled persons are often unable to flee in advance of fighting, and face increased challenges in accessing services. Without a safe environment, children are particularly vulnerable to abuse, neglect, recruitment and psychological trauma.

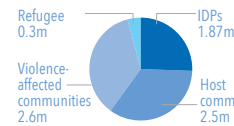
HUMANITARIAN NEEDS & DRIVERS

The eruption of fighting in Juba in July 2016 highlighted the fragility of the protection environment in South Sudan. The outbreak of violence plunged civilians back into a state of uncertainty, and further compounded their already desperate

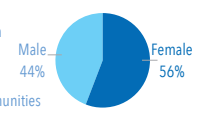
NO. OF PEOPLE IN NEED

7.3M

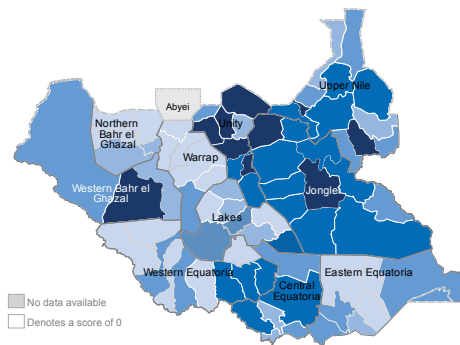
BY STATUS



BY SEX



SEVERITY MAP



Source: Protection Cluster

protection needs. Both parties to the conflict have been accused of violations of international humanitarian law and grave human rights violations, including killing, abduction, rape and restrictions on freedom of movement. The Malakal PoC was attacked in February 2016, the Juba PoC sites were exposed to armed conflict in July, killing over 60 people, and the Wau settlement sites and UN protected area are reportedly regularly entered by government forces who arbitrarily arrest and detain civilians. Impunity reigns with no accountability mechanism in place to help end the violence. Sexual and gender-based violence is endemic, and urgent action is needed to prevent these incidents and provide timely and holistic support to survivors. Forced recruitment continues to be a common practice, necessitating a comprehensive approach to identifying, releasing and reintegrating children associated with armed groups. Over 1 million children are believed to be in need of psychosocial support. Fifty-six counties and extensive routes are contaminated by explosive remnants of war. Such hazards currently render over 300 schools and 30 clinics unsafe for use.

MINES, UXO, ERW

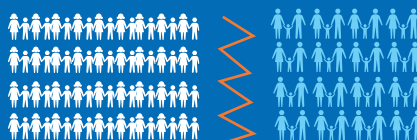
More than **5** new hazards are discovered each day



Source: UNMAS

SEPARATED CHILDREN

9,000 children have been separated from their families



CHILD SOLDIERS

17,000 children are currently associated with armed forces or armed groups



WATER, SANITATION AND HYGIENE

OVERVIEW



Nearly 4.8 million of the most vulnerable South Sudanese are in need of support to access safe water and basic sanitation facilities. It is estimated that only 41 per cent of the population have access to safe water.³⁵ As the conflict spread to new areas in 2016, boreholes were damaged or made dysfunctional due to lack of repairs. For the third year in a row, a cholera epidemic was declared in 2016. Access to safe water in urban areas has diminished as a result of rapidly rising prices due to inflation. Some 302,800 refugees will also need WASH services in 2017.

AFFECTED PEOPLE

IDPs outside PoC sites and in areas that have remained largely inaccessible due to the conflict – particularly in Unity and Upper Nile - have the highest WASH needs. In the PoCs, people are living in overcrowded conditions and require ongoing WASH assistance to prevent further outbreaks of water-borne and water-related disease. There are also people in urban areas who are vulnerable to outbreaks due to lack of access to safe water, including due to rising prices. Flood plain areas along the River Nile remain at high risk of water-borne and water-related disease. Lack of access to safe water and sanitation pose specific protection risks for women. The search to find a safe place to defecate and the trek to collect water expose women to the threat of violence.

HUMANITARIAN NEEDS & DRIVERS

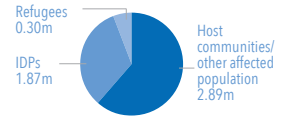
The conflict in South Sudan has compounded the WASH needs of an already vulnerable population. It is estimated that only 7 per cent of the population have access to improved sanitation, while 74 per cent of the population practices open defecation (50 per cent in urban areas and 79 per cent in rural areas).

The main drivers of vulnerabilities related to WASH are closely linked to the conflict. In conflict-affected areas existing WASH services outside PoC sites are inadequate

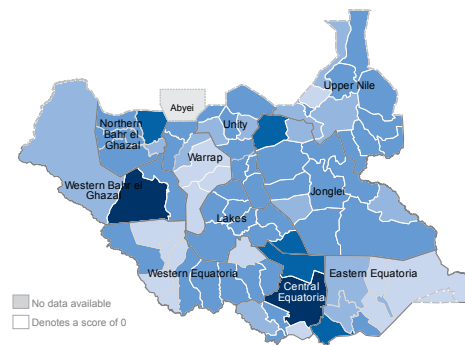
NO. OF PEOPLE IN NEED

5.1M

BY STATUS



SEVERITY MAP



Source: WASH Cluster

to address the needs of IDPs and host communities and have been further overstretched by new arrivals. WASH infrastructure has been deliberately targeted by armed actors during the conflict. In surveys, it was reported that in 113 out of 296 villages covered in the Greater Equatoria region, and in 192 out of 424 villages covered in Unity, there were no functioning boreholes.³⁶ In locations where no hand pump was functioning, people reported using streams or ponds as their main water source.

The lack of WASH investment in urban areas has resulted in a worsening public health crisis leading to yearly cholera outbreaks, including in the capital city, Juba. Water-borne disease have spread due to displacement and overcrowding. Over the past year, there has been a dramatic rise in the cost of safe water for urban residents. High malnutrition rates are also strongly linked to poor WASH conditions.

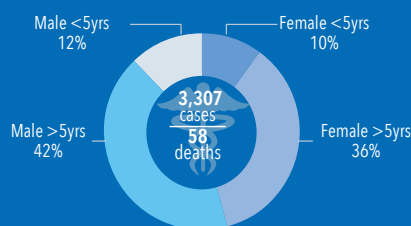
FUNCTIONAL HAND PUMPS

69 out of **161**
hand pumps assessed in 16 locations
were functional



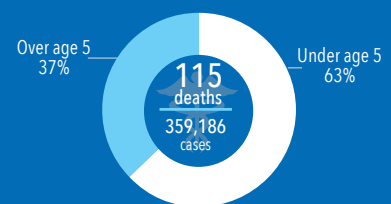
Source: IRNA reports, 2016³⁷

CHOLERA CASES BY AGE & SEX



Source: MoH/WHO, Dec 2016

DIARRHEA FATALITIES BY AGE



Source: MoH/WHO, Dec 2016

INFORMATION AND INFRASTRUCTURE

OVERVIEW

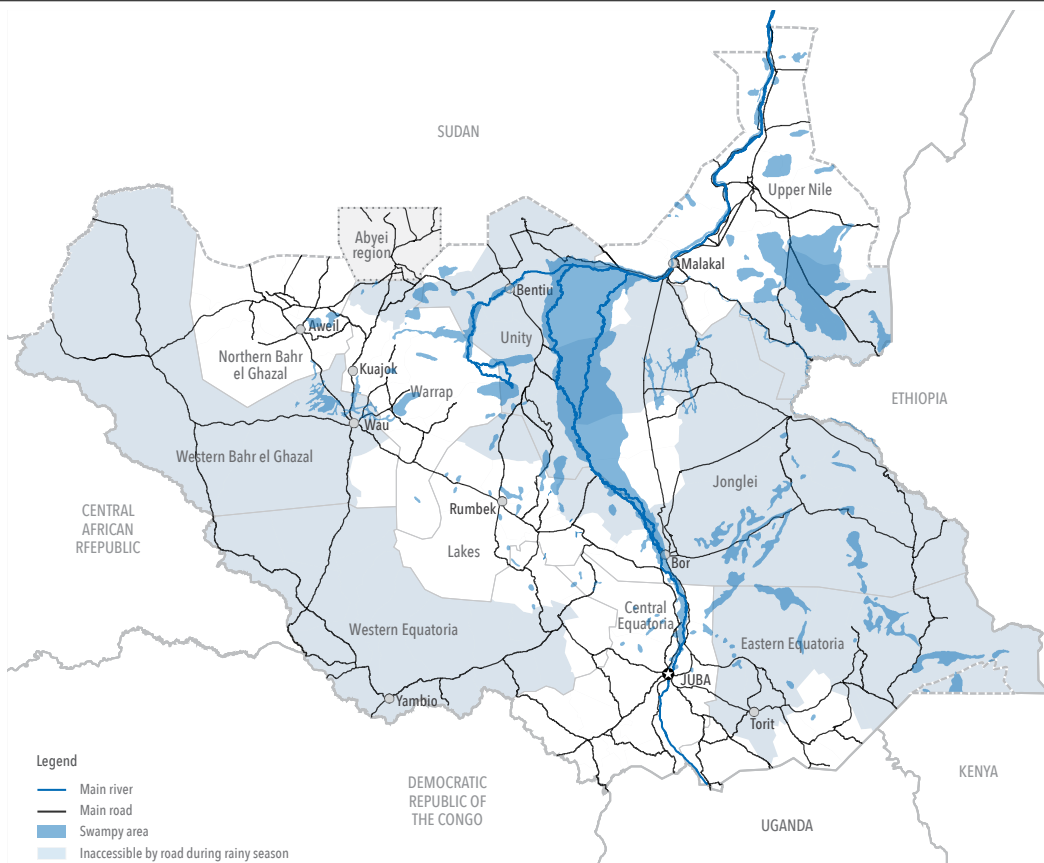
South Sudan remains one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures. The severely under-developed and under-maintained roads have continued to deteriorate over the past year. Some 60 per cent of the country becomes inaccessible by road during the rainy season, which usually lasts from June to December. In a country of approximately 650,000 km², there is only one sealed international road, the 192km stretch between Juba-Nimule on the Ugandan border. The majority of river ports are in poor condition, resulting in significant delays with loading and offloading. Many ports do not have the heavy equipment required to offload heavy/bulky items. At the same time, insecurity and conflict continue to impede the ability to move along key road routes. Major supply routes through the Western corridor, which have historically been more stable, are now affected by fighting and physical access constraints.

The underdeveloped infrastructure, lack of road maintenance, long rainy season, and disruption of key road routes due to

conflict have left the humanitarian community with limited options to deliver life-saving cargo to people in dire need around the country, particularly in hard-to-reach areas. Pre-positioning in deep field locations continues to be minimal for many organizations due to insecurity and the risk of having supplies looted. Many humanitarian organizations therefore rely extensively on air operations to deliver their programmes, the cost of which can be up to eight times more than if the supplies could be transported by road.

Access to media across South Sudan remains limited, with at least 42 per cent of the population reporting that they do not have access to any media type inside the home or elsewhere.³⁸ The most accessed media are radio (52 per cent) and mobile phones (40 per cent). However, traditional, face-to-face methods of information-sharing remain more trusted than mass communications. The spread of conflict to new locations has made communicating with communities even more challenging, with telecommunications and radio infrastructure vandalized, destroyed and disrupted, including due to shortages of fuel.

ROADS SITUATION



Source: Logistics cluster, Nov 2016

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

METHODOLOGY AND INFORMATION GAPS

The challenge of providing concrete data in South Sudan is well known. The last census of the area was conducted in 2008 and all population data since that time has been based on projections. While these projections may have been partially reliable prior to the conflict, the degree of displacement and mortality during the conflict has made it immensely difficult to track the number of people in any given location. Another challenge generated by the absence of accurate baseline data is the scarcity of sex and age disaggregated data.

Over the past year, substantial progress has been made in reviewing and revising displacement data, including through the biometric registration of more than 120,600 people, registration of nearly 53,800 people by other means, and the establishment of a monthly meeting with participation by IOM, OCHA, CCCM and Protection partners to review displacement data across all counties and update figures with the best available estimates. However, more remains to be done in estimating the number of people remaining in each county in the country following the massive refugee outflow in the latter half of 2016.

For this Humanitarian Needs Overview, partners utilised existing population projections, alongside available information regarding displacement, including the counties of origin of people who have fled the country as refugees and those who have arrived at PoC sites, in order to attempt to determine the number of people in need across the country. It is recognised that there is a wide margin of possible error in these calculations. However, they are the best available at this time.

The number of people in need for each sector was determined on the basis of the following calculations:

CCCM: The number of people in need was calculated by adding the number of people in camp and camp-like settings to an estimated IDP and host community population in areas immediately surrounding these sites.

Education: The number of people in need was calculated by using two indicators for which data was collected during the second term of the school year: 1) net enrolment rate; and 2) closure of schools in Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, Western Bahr el Ghazal and Western Equatoria.

Emergency Shelter/Non-Food Items: The number of people in need was calculated by reviewing all 2015 and 2016 assessments done by Emergency Shelter/NFI partners, calculating the average percentage of people in need identified by these assessments, and projecting it to the current affected population. The Cluster determined that 100 per cent of the population in PoCs, 88 per cent of the population outside of PoCs, 2 per cent of the host community, 1.5 per cent of returnees and 0.2 per cent of the population affected by natural disasters will be in need of ES/NFI assistance for 2017.

Food Security and Livelihoods: Trends in the Integrated Phase Classification (IPC) data from 2013-2016 were used to project the number of people who will be food insecure during the lean season in 2017.

Health: It is estimated that at least 44 per cent of the population do not have access to health care services in South Sudan. The number of people in need of emergency health assistance was therefore calculated by taking 44 per cent of the number of IDPs in host communities and in informal settlements, and adding the full number of IDPs in PoC sites.

Nutrition: The nutrition caseload was estimated using existing and latest global guidance on severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) caseloads among children under age 5 and pregnant and lactating women (PLW). The following elements were used in estimating the caseload : a) under-five population was taken as 19 per cent of the total population in a county; b) county specific SAM and MAM prevalence; and c) correction factor³⁹ of 2.6 for both SAM and MAM caseloads, summarized in the following equation: burden/cases= under-five population x prevalence x 2.6. Prior to 2017, a correction factor of 1.5 was used in estimating MAM caseloads. However, this was revised to 2.6 by the Global Nutrition Cluster (GNC) over the course of 2016. As a result, the under-five MAM caseload has increased considerably compared to previous years (2015 and 2016). The PLW caseload was estimated using the same elements and equation except that PLW population was estimated at 8 per cent and a correction factor of 1.5 was applied as per GNC guidance. The prevalence of SAM and MAM among under-five children were taken from county level SMART surveys conducted in 2016. In counties without SMART surveys, state-level Food Security and Nutrition Monitoring System (FSNMS) Round 18 results were extrapolated at county level for the purpose of estimating caseload and targets.

Protection: The Protection Cluster made the following assumptions when calculating people in need:

- The entire IDP caseload (nearly 1.9 million) is in need of some form of protection
- Vulnerable and at-risk members of host communities (approx. 75 per cent of the total population) in locations where IDPs constitute more than 15 per cent of the population are in need of support, particularly to avoid creating tensions between the IDP and host community populations
- People in counties that are heavily affected by violence (>40 casualties or >10 conflicts, as identified by ACLED) or where there has been a new deterioration are in need of protection

In addition, there are some counties that require specific, targeted interventions:

- Counties that have a high number of unaccompanied and separated children (>100) are in need family tracing and reunification (FTR)
- Counties with high levels of incidents of grave violations of children's rights are in need of protection
- Counties with high levels of mine/UXO contamination (>5 hazards) are in need of protection through survey and clearance activities

The result was the identification of 7.02 million South Sudanese people across 58 counties who are in need of humanitarian protection.

WASH: The methodology used to identify the most vulnerable is based on the conflict affected, natural disasters, outbreaks, food insecurity and acute malnutrition in the country, as follows:

- Conflict affected population in the country (IDPs in and outside POCs) = 1,87million
- Flood prone data (counted only high risk areas) = 200,871
- FSL data: Emergency and Catastrophe = 676,000

- Disease outbreaks: 60 per cent of people at risk of cholera in 2016 = 661,056
- Nutrition: All counties with GAM rate equal to or greater than 10 are in need for WASH Services = 1,354,438
- Conflict affected (IDPs) + High Risk of (Flood Prone) + Emergency of (FSL) + risk of disease + GAM rate $\geq 10 = 4,769,620$ (4.77 million)

Overall: The overall number of people in need was calculated by reviewing the number of people in need by sector by county and selecting the highest sectoral number in order to reduce duplication. The refugee caseload was then added to the total for each sector. Protection figures were excluded from the calculations given that they include both direct and indirect needs.

In 2016, InterNews and OCHA worked in partnership to enable the largest possible number of affected people to interact with the HNO and HRP processes. Through its regular media work with communities, Internews was able to reach over 400,000 IDPs across five states where humanitarian aid is provided as part of the consultations, including through 79 listening groups, as well as live call-in programmes on community radio stations over a two-week period.

HNO COMMUNITY CONSULTATIONS

BOR POC	UN HOUSE POC 1 AND 3	BENTIU POC	MALAKAL POC
2001 IDPs	39,380 IDPs	101,350 IDPs	33,028 IDPs
5 Listening Groups of 10 people each	20 Listening Groups of 10 people each	34 Listening Groups of 10 people each	20 Listening Groups of 10 people each

COUNTY	RADIO STATION	PROJECT TYPE	BROADCASTING	BENEFICIARIES
Malakal	Nile FM	Community Radio Station	7 days a week, 13 hours a day, 25/35 km broadcast range	Around 150,000 in the PoC, Malakal Town, Wau Shilluk and surrounding villages
Mingkaman	Mingkaman FM	Community Radio Station	7 days a week, 11 hours a day, 25/35 km broadcast range	Estimated around 250,000
Turalei	Mayandit FM	Community Radio Station	7 days a week, 13 hours a day, 25/35 km broadcast range	Estimated around 200,000
Kapoeta	Sangaita FM	Community Radio Station	7 days a week, 11 hours a day, 25/35 km broadcast range	Estimated around 200,000
Malualkon	Nhomlaau FM	Community Radio Station	7 days a week, 11 hours a day, 25/35 km broadcast range	Estimated around 200,000

The amount of available data improved in 2017, including through: improvements in assessment methodology for the Initial Rapid Needs Assessment; better cross-referencing and complementarity between different data collection efforts (including Biometric Registration, Village Assessment Survey, Area of Knowledge data and IRNAs); expanded collection of Crude Death Rate data through the SMART surveys led by the Nutrition Cluster; and sector-specific surveys carried out

at cluster-level, such as the Education Cluster's assessment of school functionality in November 2016. However, there continue to be gaps in the humanitarian community's knowledge regarding the needs across the country. Humanitarian partners continue to work to further refine population and displacement estimates in order to better determine the location and number of people in need.

END NOTES

- 1 Due to the fluid situation, the number of internally displaced people (IDP) continue to fluctuate. At the beginning of November 2016, the number of IDPs was 1.87 million.
- 2 Throughout this document, the term “children” is used to describe those under 18 years of age, in accordance with international legal standards.
- 3 http://reliefweb.int/sites/reliefweb.int/files/resources/160202_Crisis%20impacts%20on%20households%20in%20Unity%20State_SS.pdf
- 4 Calculated by taking the highest number of people in need by cluster at county level in order to reach a combined total.
- 5 http://reliefweb.int/sites/reliefweb.int/files/resources/160202_Crisis%20impacts%20on%20households%20in%20Unity%20State_SS.pdf
- 6 Gender Based Violence Information Management System (GBVIMS) data: From January to September 2016, 2,068 GBV cases were reported to GBV service providers, of which 429 (21 per cent) involved sexual violence.
- 7 <https://www.light-for-the-world.org/crisis-south-sudan-persons-disabilities-excluded-humanitarian-response-efforts>
- 8 Amnesty International (2016), “Our Hearts Have Gone Dark”: The Mental Health Impact of South Sudan’s Conflict. Available online at: <https://www.amnesty.org/en/latest/news/2016/07/south-sudan-devastating-impact-of-war-on-mental-health-must-be-addressed/>
- 9 UNDP (2015) Perception Survey on Truth, Justice, Reconciliation and Healing in South Sudan.
- 10 WHO (2013), Building Back Better: Sustainable Health Care after Emergencies, p. 17, available at: http://apps.who.int/iris/bitstream/10665/85377/1/9789241564571_eng.pdf
- 11 WHO (2016) WHO Scales-up Mental Health and Psychosocial Support in South Sudan, 27 November 2016. Available online at: <http://www.afro.who.int/en/ssd/news/item/9218-who-scales-up-mental-health-and-psychosocial-support-in-south-sudan.html>
- 12 FEWSNET (2016) South Sudan: Food Security Outlook: Extreme Levels of Food Insecurity Expected by May 2017, available online at: <http://www.fews.net/east-africa/south-sudan/food-security-outlook/october-2016>.
- 13 FEWSNET (2016) – In northern areas, including Greater Upper Nile and Greater Bahr el Ghazal, there is one June to September rainy season followed by an October to January harvest. In Greater Equatoria, there is a rainy season from April to June, followed by a June/July harvest, and a rainy season from August to November, followed by a November/December harvest.
- 14 FAO (2016) South Sudan: Escalating Food Crisis in 2017. Available online at: <http://www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/450940/>
- 15 In previous years, a correction factor of 1.5 was used to estimate the Moderate Acute Malnutrition caseload amongst children under age 5. However, the recommended correction factor has been revised to 2.6 by the Global Nutrition Cluster (GNC) and is now used globally. This resulted in a large increase in the estimated acute malnutrition caseload in South Sudan for 2017.
- 16 Sadler, K et al (2009) Milk Matters: A Literature Review of Pastoralist Nutrition and Programming Responses, p. 12. Available at: http://www.fao.org/fileadmin/user_upload/drought/docs/Tufts%20Feinstein%20Ethiopia%20Milk%20Matters-A%20Literature%20Review%20of%20Pastoralist%20Nutrition%20and%20Programming%20Responses.pdf
- 17 World Bank (2016) Giving voice to the poor: Adding a human touch to poverty data in South Sudan. Available at http://blogs.worldbank.org/voices/giving-voice-poor-adding-human-touch-poverty-data-south-sudan?CID=POV_TT_Poverty_EN_EXT
- 18 National Bureau of Statistics (2016) Consumer Price Index for South Sudan: October 2016. Available at: <http://www.ssnbs.org/cpi/2016/11/16/consumer-price-index-for-south-sudan-october-2016.html>
- 19 World Bank (2016) Giving voice to the poor see note 14.
- 20 CARE (2016) Inequality and injustice: the deteriorating situation for women and girls in South Sudan’s war. A progressive Gender Analysis: 2013-2016, at p.13 http://reliefweb.int/sites/reliefweb.int/files/resources/CARE_Inequality-and-injustice_South-Sudan-progressive-gender-analysis_Dec-2016.pdf
- 21 South Sudan Protection Trend Report: April-September 2016.
- 22 South Sudan Protection Trend Report: April-September 2016 at p.2. Available online at: http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_protection_trends_report_april_sep2016_10112016.pdf
- 23 Inter-Agency Rapid Needs Assessment (IRNA) South Sudan – Wau (21-22 March 2016). Available online at: <http://reliefweb.int/report/south-sudan/inter-agency-rapid-needs-assessment-report-wau-21-22-march-2016> data.

- 24 The 16 locations assessed through IRNAs were in Mundri East and West, Gangura and Yambio counties in Western Equatoria, and Wau and Jur River counties in Western Bahr el Ghazal.
- 25 BBC Media Action (2016) South Sudan Media Landscape: Research Summary.
- 26 The number of people in need has been calculated by using two indicators (net enrolment rate and closure of schools in Jonglei, Northern Bahr el-Ghazal, Unity, Upper Nile, Western Bahr el-Ghazal and Western Equatoria) for which data was collected during the second term of the school year.
- 27 South Sudan Protection Trend Report: April-September 2016 at p.12. Available online at: http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_protection_trends_report_april_sep2016_10112016.pdf
- 28 South Sudan Protection Trend Report: April-September 2016 at p.2. Available online at: http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_protection_trends_report_april_sep2016_10112016.pdf
- 29 REACH. Data available upon request.
- 30 FEWSNET (2016) South Sudan: Food Security Outlook: Extreme Levels of Food Insecurity Expected by May 2017, available online at: <http://www.fews.net/east-africa/south-sudan/food-security-outlook/october-2016>.
- 31 WFP (2016) South Sudan Food Security and Nutrition Monitoring Report (FSNMS) – Round 18, July 2016, p.10. Available online at: <http://reliefweb.int/report/south-sudan/wfp-south-sudan-food-security-and-nutrition-monitoring-report-fsnms-round-18-july>
- 32 FSNMS p. 16 Annex 2 “Main Coping Mechanisms”
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- 36 REACH data.
- 37 The 16 locations assessed through IRNAs were in Mundri East and West, Gangura and Yambio counties in Western Equatoria, and Wau and Jur River counties in Western Bahr el Ghazal.
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- 39 The correction factor is a composite of incidence rate and duration of SAM and MAM.

ACRONYMS

A			
ACLED	Armed Conflict Location & Event Data Project	HH	households
AIDS	Acquired Immune Deficiency Syndrome	HIV	Human Immunodeficiency Virus
AWD	Acute Watery Diarrhoea	HNO	Humanitarian Needs Overview
		HRP	Humanitarian Response Plan
B		I	
BSFP	blanket supplementary feeding programme	ICF	Interim Cooperation Framework
		ICWG	Inter Cluster Working Group
C		IDP	internally displaced person
CAR	Central Africa Republic	INGO	International non-governmental organization
CBO	community-based organization	IOM	International Organization for Migration
CCCM	Camp Coordination and Camp Management (Cluster)	IPC	Integrated Food Security Phase Classification
CCS	Coordination and Common Services (cluster)	IRNA	inter-agency rapid needs assessment
CDR	crude death rate	IT	Information technology
CERF	Central Emergency Response Fund	IYCF	infant and young child feeding
CHF	Common Humanitarian Fund		
CPI	Consumer Price Index	M	
CwC	Communication with Communities	MAM	moderate acute malnutrition
		MoH	Ministry of Health
		MUAC	mid-upper arm circumference
D			
DRC	Democratic Republic of Congo	N	
DTM	displacement tracking matrix	NFI	non-food item
		NGO	non-governmental organization
E		NNGO	National non-governmental organization
EiE	Education in Emergency	O	
ERW	explosive remnants of war	OCHA	Office for the Coordination of Humanitarian Affairs
ES	emergency shelter		
ETC	Emergency Telecommunications (Cluster)	OTP	out-patient therapeutic programme
F		P	
FAO	Food and Agriculture Organization	PIN	People in Need
FSL	Food Security and Livelihoods (Cluster)	PLW	pregnant and lactating women
FSNMS	Food security and nutrition monitoring system	PMTCT	prevention of mother to child transmission
FTS	Financial Tracking Service	PoC	Protection of Civilians
FTR	Family Tracing and Reunification	PTSD	post-traumatic stress disorder
G		R	
GAM	global acute malnutrition	RRC	Relief and Rehabilitation Commission
GBV	gender-based violence	RRM	rapid response mechanism
GFD	general food distributions		
GNC	Global Nutrition Cluster		
H			
HC	Humanitarian Coordinator		
HCT	Humanitarian Country Team		

S

SAM	severe acute malnutrition
SGBV	sexual and gender-based violence
SMART	Standardized Monitoring and Assessment of Relief and Transition
SSP	South Sudanese pound

T

TB	tuberculosis
TSFP	therapeutic feeding programme
TWG	technical working group

U

UASC	unaccompanied or separated children
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	UN Mine Action Services
UNMISS	United Nations Mission in South Sudan
USD	United States Dollar
UXO	unexploded ordnances

W

WASH	Water, Sanitation and Hygiene (Cluster)
WFP	World Food Programme
WHO	World Health Organization
WHZ	Weight-for-Height



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