

2018

# HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2018 —

DEC 2017

**SOUTH  
SUDAN**



PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS (US\$)

# HUMANITARIAN PARTNERS

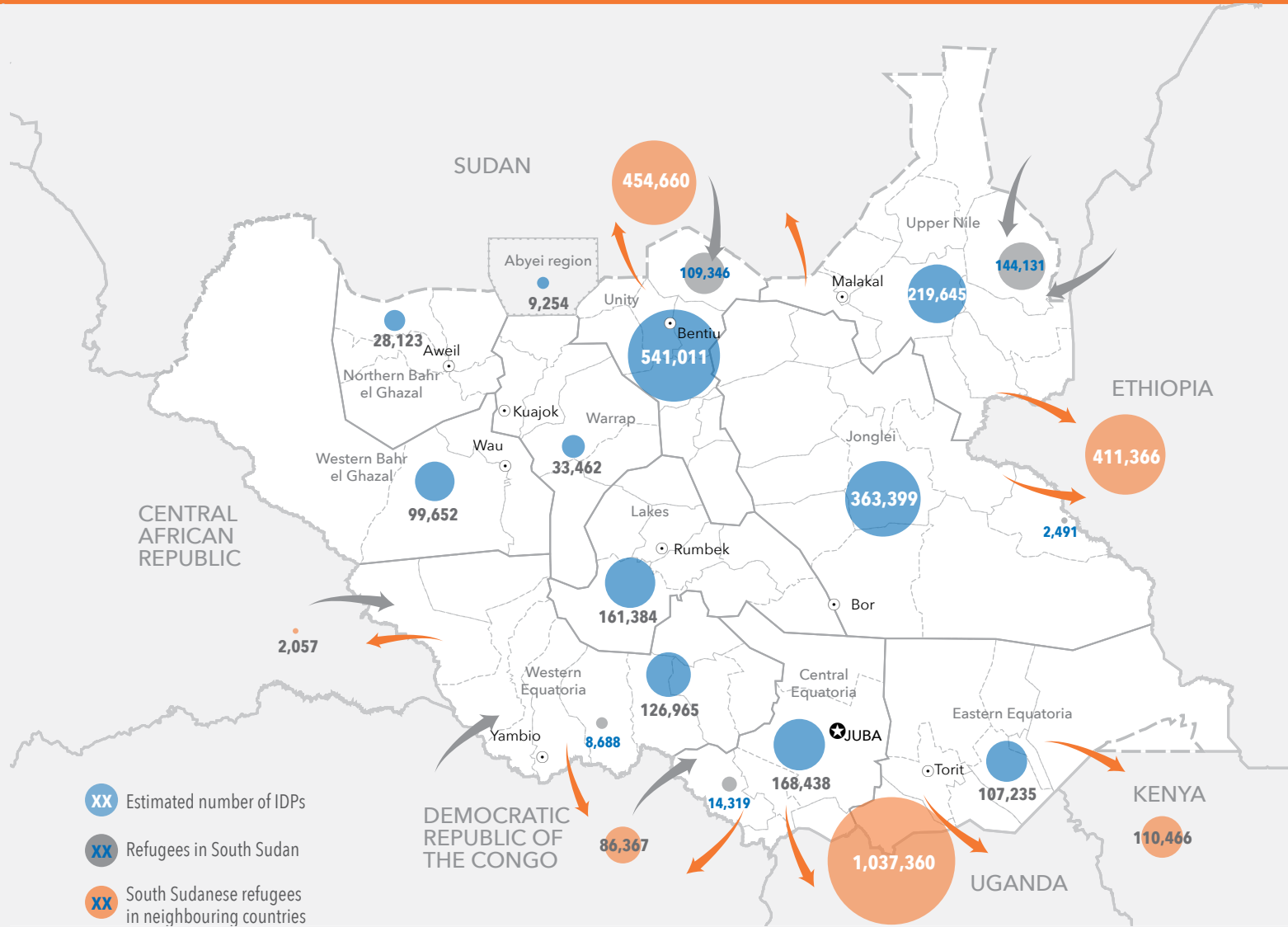
7.0M<sup>1</sup>

6.0M

1.72B

167

(11 UN, 61 INGOs, 95 NNGOs)



Source: OCHA and partners, Nov 2017

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 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 a joint process of strategic response planning.

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

Cover photo: FAO/ Albert González Farran. Ganyiel (Panyijiar County), May 2017.

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**FOREWORD BY**

# THE HUMANITARIAN COORDINATOR

When I arrived in South Sudan in September 2017, I witnessed the humanitarian response in full force. Localized famine had been stopped in Mayendit and Leer. The country's longest-ever cholera outbreak was being contained. Partners were coming together regularly to prioritize resources in a principled manner according to the most urgent needs.

Yet, the humanitarian crisis was only deepening, despite a concerted response to the humanitarian needs across the country. The peace process has yet to result in any meaningful end to the violence, and the fact remains that until the fighting stops, development can take root and basic services are restored, humanitarian needs will continue to grow. I therefore urge all relevant national, regional and international actors to do all in their power to achieve durable peace in South Sudan.

The outlook for 2018 is dire. The number of people in need of assistance inside South Sudan stands at 7 million, or well over half the population. This figure does not include the 2 million people who are now refugees in neighbouring countries. Of the 7 million people, approximately 5.7 million will need food and livelihoods support. By late 2017, the number of people on the verge of famine had nearly doubled compared to the previous year.

The most vulnerable South Sudanese continue to bear the brunt of the conflict and economic decline. In the context of growing food insecurity, malnutrition principally impacts children and pregnant and lactating women. Non-functional health facilities and the shortage of skilled health workers result in an increase in maternal mortality and the spread of preventable diseases among children. Moreover, refugees living in South Sudan are not only impacted by their own plight, but also by the conflict and need in communities generously hosting them.

The humanitarian community remains committed to meet people's life-saving needs. Due to the enormity of the challenge, the response must be carefully prioritized and targeted. We will increase the use of cash-based programming in our work, to promote dignity and choice of affected people. We will promote partnerships among international and national organizations to further localize the response where appropriate, recognizing that nearly 100 national non-governmental organizations (NGOs) are on the front line of delivering the Humanitarian Response Plan, alongside the United Nations and international NGOs. Thousands of South Sudanese aid workers form the backbone of the response in the country, risking their own lives while saving the lives of others.

Ensuring consistent and unhindered access is essential to effectively provide timely assistance to the people in need. I therefore welcome President Salva Kiir's recent order of free movement of humanitarian supplies and personnel, and look forward to seeing it effectively implemented throughout the entire country.

Where possible, we will collaborate with relevant partners to support at-risk communities to sustain their capacity to cope with significant threats. In doing so, humanitarians will contribute to the broader efforts to build people's resilience at the local level.

With generous donor support, humanitarian partners reached more than 5 million people in 2017 with assistance and protection. In 2018, we plan to reach even more. This Humanitarian Response Plan is a robust and strictly prioritized strategy. It can be achieved. I thank our existing donors for their continued support to the response, and appeal to those who consider supporting us for the first time to do so.



**Alain Noudéhou**  
Humanitarian Coordinator for South Sudan

## THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE

### STRATEGIC OBJECTIVE 1



Save lives by providing timely and integrated multisector assistance to reduce acute needs

### STRATEGIC OBJECTIVE 2



Reinforce protection and promote access to basic services for the most vulnerable people

### STRATEGIC OBJECTIVE 3



Support at-risk communities to sustain their capacity to cope with significant threats

### PEOPLE IN NEED



7M

### PEOPLE TARGETED



6M

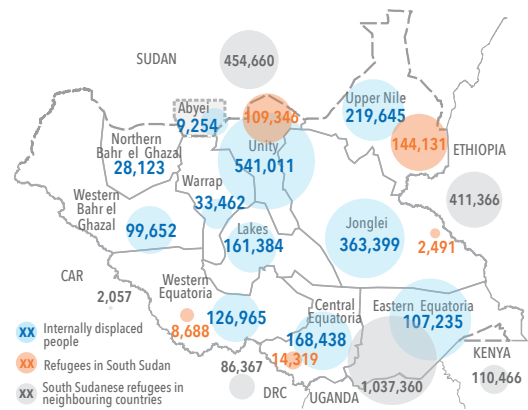
### REQUIREMENTS (US\$)



1.7B

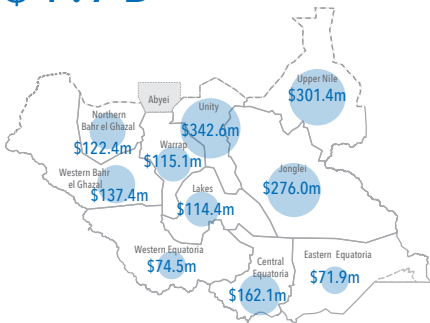
### DISPLACEMENT

IDPs: 1.9M Refugees in South Sudan: 280K South Sudanese Refugees: 2.1M



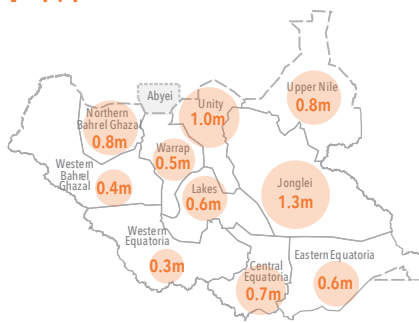
### FUNDING REQUIREMENTS PER STATE (US\$)

\$1.7B



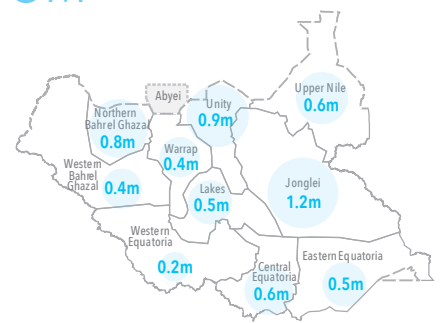
### PEOPLE IN NEED

7M



### PEOPLE TARGETED

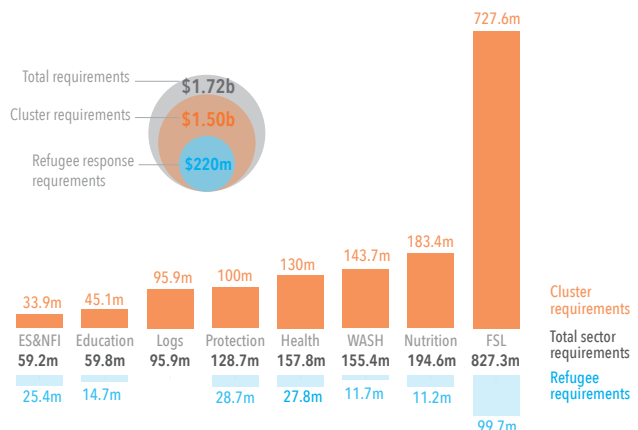
6M



### NUMBER OF PARTNERS



### FUNDING REQUIREMENTS PER SECTOR (US\$)



### NUMBER OF PROJECTS



## OVERVIEW OF THE CRISIS

As the conflict in South Sudan enters its fifth year in 2018, the humanitarian crisis has continued to intensify and expand due to the compounding effects of widespread violence and the deteriorating economic situation.

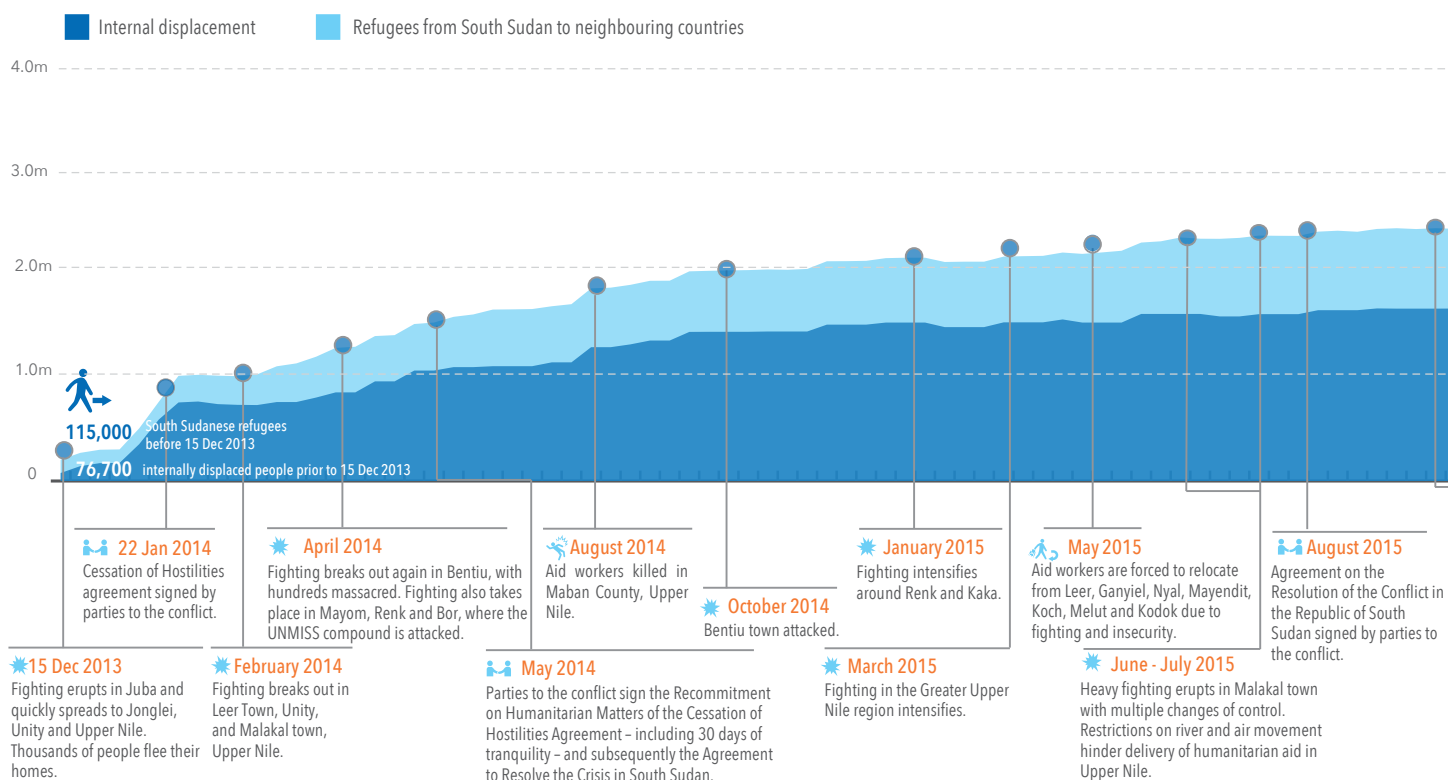
**Ongoing fighting and surges of violence in new areas have forced people to flee their homes, many of them multiple times.** The number of people uprooted since the start of the conflict in 2013 has reached more than 4 million, including 1.9 million internally displaced people (IDPs), with up to 85 per cent estimated to be children<sup>2</sup> and women.<sup>3</sup> More than 2 million people have departed to neighbouring countries—up 1.3 million since the violence in July 2016. One million people, largely from the Equatorias, have fled southward to Uganda alone.

**Violence and rights violations continue unchecked and have become a persistent reality for civilians.** Internally displaced people's access to services has eroded with insecurity and economic decline. Rape and other types of gender-based

violence (GBV) are pervasive but go largely unreported—the 1,324 cases reported in the first half of 2017 represent just a fraction of the aggressions faced mostly by women and girls, in a situation where undertaking daily survival tasks, such as collecting firewood and water, places them under threat. Particularly vulnerable groups such as children, people with disabilities and older people, suffer the most intense consequences of sustained displacement, violence and lack of access to services.

**Continued economic decline has undermined people's access to basic resources.** The cost of living has continued to escalate markedly. The effects are particularly acute in urban areas, with inflation reaching 183 per cent in Juba year on year.<sup>4</sup> The South Sudanese pound (SSP) continued to

### TIMELINE OF EVENTS, INTERNAL AND EXTERNAL DISPLACEMENT IN SOUTH SUDAN



depreciate to lower-than-ever values of more than 130 SSP to 1 US dollar in October 2017. Fuel shortages have constrained activity and led to theft and insecurity, while long gaps and inconsistency in salary payments to public sector employees have impacted the provision of health-care and education services and the rule of law.

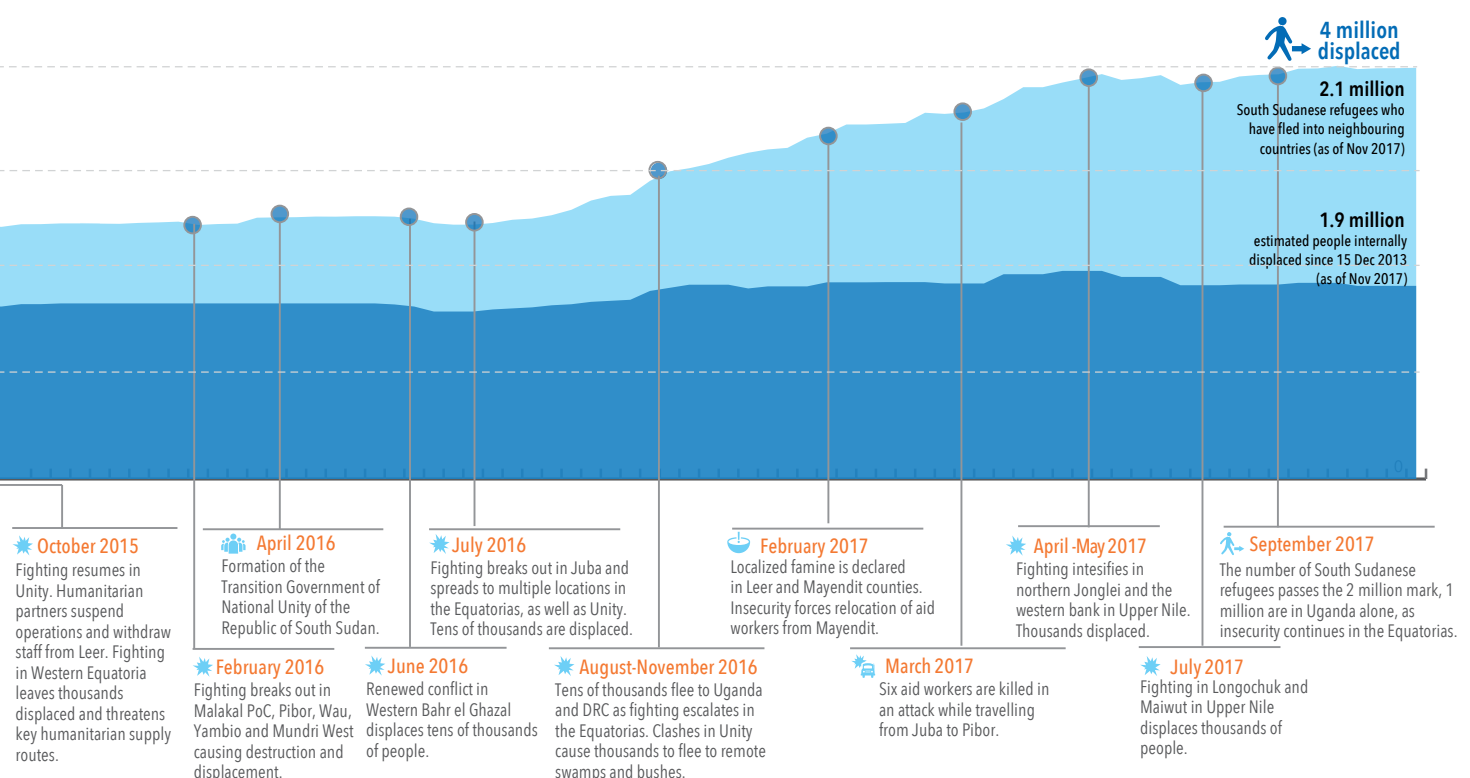
**Hunger and malnutrition have escalated on an unrelenting course, with about 1.1 million children under age 5 estimated to be acutely malnourished and in need of life-saving services.** Although localized famine was stopped in 2017, severe food insecurity continued to increase for the fifth consecutive year and a record-high 6 million people were severely food insecure in September. Post-harvest gains in October-December were expected to reduce the number to 4.8 million, though pockets of populations are in humanitarian catastrophe status in Eastern Equatoria, Jonglei and Western Bahr el Ghazal, according to the Integrated Food Security Phase Classification (IPC). Insecurity and related displacement have undermined already compromised agricultural production, destroying the livelihoods of farmers and herders and causing food shortages. Severe food insecurity is expected to rise again to 5.1 million people in early 2018 and deteriorate further in the lean season, with the worst-case scenario of a return to famine in multiple locations across the country.

**Conflict and economic crisis have taken a toll on health.** Disease outbreaks have lasted longer than ever and reached previously unaffected areas, weakening already vulnerable

people's ability to cope with multiple shocks. In 2017, South Sudan has seen the longest-running cholera outbreak in its history, which began in June 2016 and is expected to continue into 2018. Destruction of health-care facilities, attacks on health workers, and shortages of drugs and skilled professionals mean access to health care is increasingly sparse. Preventable diseases like measles spread unchecked, and cases of kala-azar and meningitis are on the rise. With only 22 per cent of health facilities fully operational, the absence of services means that cases of emergency obstetric care, as well as tuberculosis, HIV/AIDS and mental health issues go largely untreated, causing increased morbidity and mortality.




**Children continue to suffer the brunt of conflict and economic pressures.** The situation for children has deteriorated over 2017, with continued incidents of recruitment, abuse, exploitation and other grave violations amounting to have directly affected about 100,000 children since the beginning of the conflict. More than 19,000 children are estimated to have been recruited by armed actors, up from 17,000 in 2016. More than 16,000 unaccompanied, separated or missing children have been registered in South Sudan since December 2013. Destruction of schools and the departure of teachers from many affected areas severely impact access to education, with 2 million children out of school—more than ever.

**Refugees seeking protection in South Sudan face threats to their safety and well-being as they settle in conditions which perpetuate their vulnerability.** At the end of 2017, some 279,000 refugees were being hosted in South Sudan,



a number which is expected to reach 304,560 in 2018. Most refugees came because of the ongoing fighting in South Kordofan and Blue Nile states in Sudan and settled mainly in Unity and Upper Nile, while a smaller number from the Central African Republic, Democratic Republic of the Congo and Ethiopia have been displaced on a protracted basis in Central and Western Equatoria. Continued clashes in conflict-affected areas leave refugees subject to attacks, and drive them to areas where their access to food, basic resources and livelihood options are limited.

KEY THREATS

-  Armed conflict and violence
-  Economic crisis
-  Food insecurity

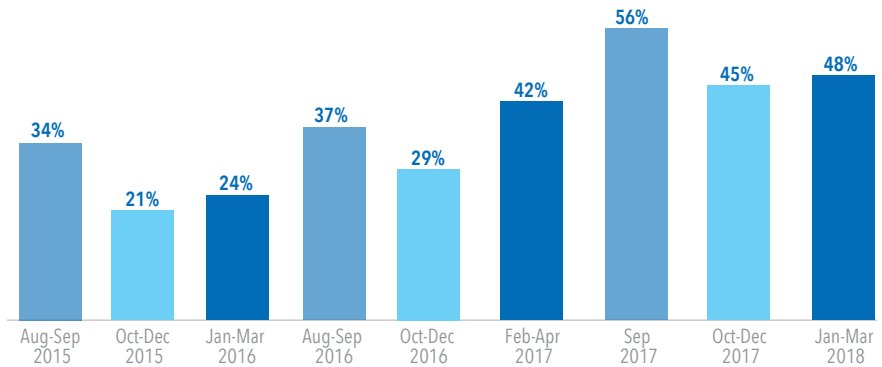
For further information see the full South Sudan Humanitarian Needs Overview here: <http://bit.ly/2ntV1wC>

DISPLACEMENT



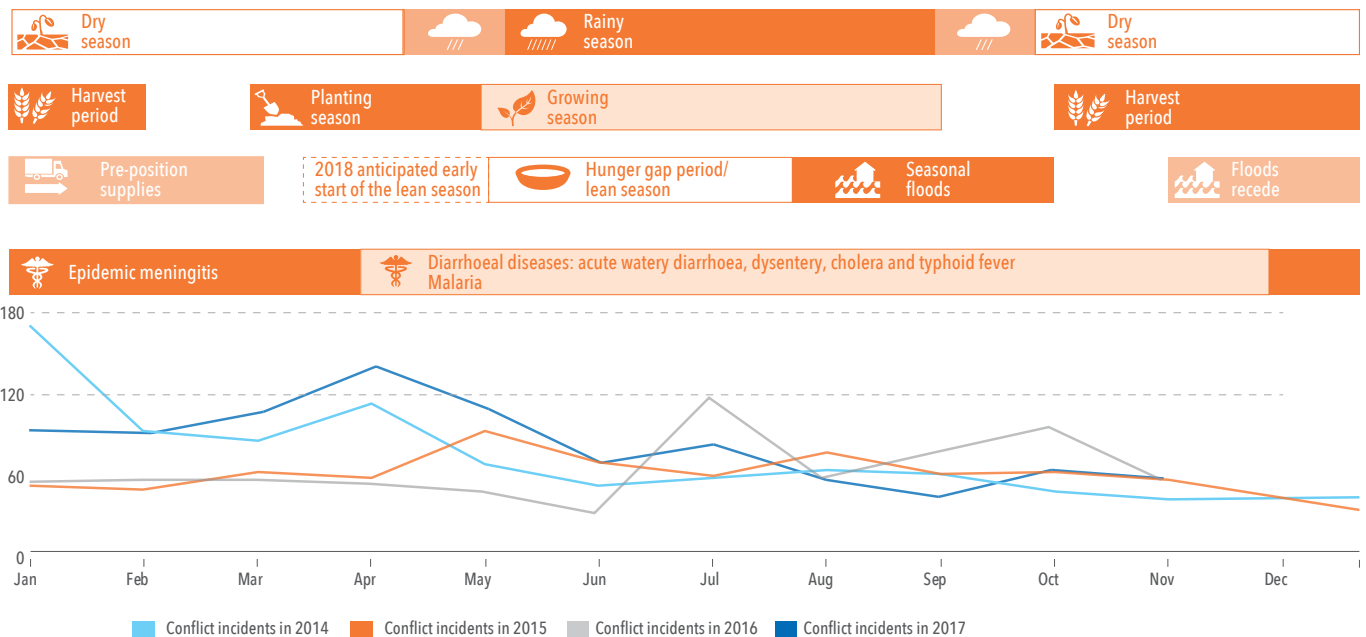
Source: OCHA, UNHCR and partners

SEVERE FOOD INSECURITY TREND (% OF TOTAL POPULATION)



Source: IPC TWG

CALENDAR OF KEY SEASONAL EVENTS AND CONFLICT INCIDENTS



Source: ACLED and humanitarian partners



## STRATEGIC

## OBJECTIVES

Guided by three strategic objectives, humanitarian partners aim to meet the most critical needs of 6 million people, out of an estimated 7 million in need of protection and assistance across the country.

The 2018 Humanitarian Response Plan (HRP) was developed against the backdrop of deepening humanitarian needs and an increasingly challenging and costly operational environment. The plan is the result of careful prioritization and evidence-based decision-making by humanitarian partners, written in complement to the United Nations Country Team (UNCT) Interim Cooperation Framework (ICF), which includes a greater emphasis on resilience-building and strengthening basic services. The three strategic objectives of the 2018 HRP do not represent a major departure from those that guided the response in 2017, given that the main humanitarian

concerns remain largely the same. The response will continue to be driven by the humanitarian imperative to save lives and alleviate suffering, an emphasis on the centrality of protection, and a necessity to sustain communities' coping capacity in the face of major threats. Humanitarian actors will remain committed to ensuring principled humanitarian action in the restrictive operational context. In tandem with the efforts captured in the HRP, humanitarian partners will continue to urge relevant authorities to uphold their responsibilities and dedicate resources for humanitarian protection and assistance.



## 1 Save lives by providing timely and integrated multisector assistance to reduce acute humanitarian needs among the most vulnerable people

The first strategic objective stems from the humanitarian imperative to save lives, alleviate suffering and uphold people's dignity in areas of most need. Guided by the humanitarian principles, it stresses affected communities' ability to safely access humanitarian assistance and protection that is based on people's evolving needs. Humanitarian partners commit to integrated, conflict-sensitive programming and to doing no harm, including through accountability to affected people.



## 2 Reinforce protection and promote access to basic services for the displaced and other vulnerable people

The second strategic objective emphasizes the centrality of protection of civilians to the humanitarian response. It highlights the role of humanitarian partners in advocating to prevent further violence; calling on all parties to uphold their responsibilities under international humanitarian and human rights law; responding to survivors' needs in a dignified manner; and reducing the protection risks faced by different vulnerable groups identified through an age-gender-diversity perspective among displaced populations and host communities to both avoid to causing harm and implement integrated response. It also urges partners to promote displaced and other vulnerable people's access to basic services.



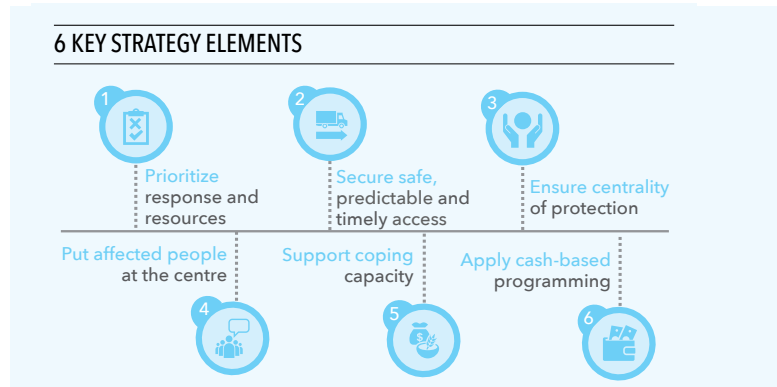
## 3 Support at-risk communities to sustain their capacity to cope with significant threats

The third strategic objective aims to support communities to prepare for and cope with recurrent shocks and stresses caused by the multiple drivers of the humanitarian crisis. Recognizing the complementary services provided by authorities and development partners, humanitarians will focus on actions that enhance at risk-communities' positive coping mechanisms. They will also encourage relevant partners to support people's resilience, and establish or restore basic services, particularly through the UNCT Interim Cooperation Framework.

## RESPONSE

## STRATEGY

In order to successfully implement the Humanitarian Response Plan, humanitarian partners will:



## 1 Prioritize the response and available resources

The response plan is strictly prioritized to ensure the most effective and needs-based use of resources in a context where humanitarian needs may outweigh available funding. While the plan is realistic and designed to be fully funded, clusters will be able to prioritize activities and geographic locations based on different levels of resources available. Consideration will be given, for example, to the extent to which an activity supports the overarching strategic objectives, the severity of needs it will address, and the degree of vulnerability and risk of the target population. The availability of pipelines, common services and other enabling factors will also be considered.

## 2 Secure safe, predictable and timely humanitarian access

Humanitarian partners will continue to advocate for and negotiate humanitarian access at all levels from deep field to international arenas, coordinating efforts where appropriate. Advocacy with armed actors will be based on humanitarian principles and affected people's right to receive life-sustaining support. Humanitarian actors will share information about access constraints transparently, with due consideration of risk, and mitigate risks faced by vulnerable people in accessing assistance and protection, including through safety and risk assessments, conflict-sensitive programming and programme criticality. They will also pre-position assets and supplies when possible; deepen collaboration with local actors to better meet people's needs while also increasing respect for humanitarian workers and assets; and implement the Saving Lives Together framework, including NGOs under the United Nations security umbrella.

## 3 Ensure the centrality of protection in advocacy and response

All humanitarian partners will contribute toward an improved protection environment. This will be done through both targeted and integrated programmes, protection mainstreaming across sectors, and promoting an age-gender-diversity sensitive response. In line with the Inter-Agency Standing Committee (IASC) policy on the centrality of protection, the Humanitarian Country Team (HCT) will refocus

its protection strategy to effectively lead proactive engagement and prioritization of protection issues, and ensure, through protection risk analysis, that humanitarian field responses cause no harm. Humanitarians will advocate with parties to the conflict on their responsibilities and obligations under international humanitarian and human rights law, and engage with influential regional and international actors to complement these efforts. Principled engagement with the United Nations Mission in South Sudan (UNMISS) will be further strengthened in view of the mission's protection of civilians mandate.

## 4 Put affected people at the centre and promote accountability to them

All partners will ensure that affected people are the central drivers of humanitarian efforts, following one of the main outcomes of the World Humanitarian Summit. Humanitarians will continue to improve two-way communication with communities, reaching beyond established leadership structures to engage with the most marginalized and affected people. Guided by the IASC commitments on accountability to affected populations, humanitarian actors will ensure that people have access to information that affects their lives; they can play an active role in decision-making processes; they have access to appropriate feedback and complaints mechanisms; and their experiences and needs guide the humanitarian response. This will require flexibility from humanitarian actors and donors alike.

## 5 Support people's coping capacity and seek complementarities with development

While the humanitarian operation will primarily focus on providing life-saving assistance and protection, it will also seek to strengthen people's ability to cope with significant threats and over time reduce dependence on humanitarian assistance. This will be informed by contextual analysis of capacities, risks and vulnerabilities. Recognizing that lack of access to basic services is both a consequence and a driver of the crisis, the response will promote linkages between humanitarian interventions and those outside the HRP, particularly in health, education and livelihoods sectors. Humanitarian partners will seek synergies with the UNCT Interim Cooperation Framework in support of the 2030 Agenda and its ethos to reach the furthest behind first.

## 6 Apply cash-based programming where feasible and appropriate

While market and cash-based programming is not new to South Sudan, it is reflected for the first time in the Humanitarian Response Plan in 2018 to highlight and promote its use as an effective, flexible way of addressing humanitarian needs while fostering affected people's dignity and choice, and stimulating local economies. In 2017, more than 45 partners in South Sudan reached over 1.3 million people in need through cash transfers, primarily under the Food Security and Livelihoods Cluster. The Emergency Shelter and Non-Food Items Cluster also successfully piloted the use of cash transfers for shelter in Protection of Civilians (PoC) sites. In 2018, 58 partners in six clusters plan to implement some of their response using cash transfers. Five per cent of the total financial requirements of the 2018 HRP is for cash-based programming.

To further explore the potential of cash-based programming

to accelerate aid delivery, overcome obstacles to the distribution of in-kind assistance, and place affected people at the centre of the humanitarian response, during 2017 the HCT established a technical Cash Working Group (CWG) under the auspices of the Inter-Cluster Working Group (ICWG). The CWG aims to ensure quality, effective and harmonized use of cash transfers, both within individual sectors and through multipurpose cash assistance to address, fully or partially, a set of humanitarian needs. Initial efforts included mapping of on-going cash based activities and market monitoring, and the drafting of guidance for establishing cash transfer values. In 2018, the CWG will continue to support the humanitarian community through cash coordination, advocacy, information management, evidence creation, policy guidance and the promotion of best practices. Guided by the principle of 'do no harm', the CWG will monitor and assess the feasibility of expanding the use of cash transfers in the context of rampant inflation, weak markets and growing insecurity.





Cluster	# of cluster partners planning to use cash transfers	% of cluster partners implementing through cash	% of sector requirements implemented through cash programming
Education	1	4%	0.1%
ES/NFI	14	58%	9.6%
FSL	38	55%	10.7%
Nutrition	6	14%	1.0%
Protection	5	7%	1.2%
WASH	13	21%	2.0%
<b>HRP Total (all clusters)</b>	<b>58</b>	<b>35%</b>	<b>5.1%</b>



Photo: FAO/Albert González Farran. Akot (Lakes), April, 2017

2018 SOUTH SUDAN HRP PRIORITIZATION

Full table: <http://bit.ly/2iyuoBs>

Cluster	 <b>1-25% funding</b> <b>Top priority activities</b>	 <b>26-50% funding</b> <b>additional activities</b>	 <b>51-75% funding</b> <b>additional activities</b>	 <b>76-100% funding</b> <b>additional activities</b>
	<ul style="list-style-type: none"> <li>Site management</li> <li>Monitoring, assessments &amp; advocacy</li> <li>CwC (basic) &amp; Training (basic)</li> </ul>	<ul style="list-style-type: none"> <li>Information management</li> <li>Site care and maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Site development</li> <li>Community-based CCCM in other camp-like settings</li> <li>CwC &amp; training (extended)</li> </ul>	<ul style="list-style-type: none"> <li>Extended community-based CCCM in other camp-like settings</li> </ul>
	<ul style="list-style-type: none"> <li>Reopen occupied/closed schools</li> <li>Promote basic cognitive development</li> <li>Build emergency life-saving skills</li> <li>Procure 25% EiE pipeline supplies</li> </ul>	<ul style="list-style-type: none"> <li>Light rehabilitation of schools</li> <li>Promote cognitive development</li> <li>School meals</li> <li>Disease preventive messaging</li> <li>Additional 25% of pipeline</li> </ul>	<ul style="list-style-type: none"> <li>WASH promotion in schools</li> <li>Additional 25% of pipeline to enable implementation of priority activities in additional areas</li> </ul>	<ul style="list-style-type: none"> <li>Youth engagement</li> <li>Additional 25% of pipeline</li> </ul>
	<ul style="list-style-type: none"> <li>Distribute shelter materials &amp; NFIs to new IDPs (mobile interventions) in Jonglei, Unity, Upper Nile &amp; WBeG</li> <li>Procure pipeline supplies</li> <li>Mainstream community engagement</li> </ul>	<ul style="list-style-type: none"> <li>Distribute shelter materials &amp; NFIs to protracted IDPs based on severity of needs (mobile interventions) in Greater Equatoria</li> <li>Provision of ES&amp;NFI services through cash-based programming</li> </ul>	<ul style="list-style-type: none"> <li>Distribute shelter materials &amp; NFIs to new &amp; protracted IDPs, &amp; potentially returnees (mobile &amp; static interventions) in Lakes &amp; Warrap</li> <li>Procure additional pipeline supplies</li> </ul>	<ul style="list-style-type: none"> <li>Pilot resilience-related activities</li> <li>Procure additional pipeline supplies</li> </ul>
	<ul style="list-style-type: none"> <li>Undertake general food distribution (GFD) or unconditional cash/ voucher transfers for the most severely food insecure (IPC 4 &amp; 5) and blanket supplementary feeding for U5 children</li> <li>Distribute fishing &amp; livelihoods kits</li> <li>Procure 25% of emergency food &amp; livelihoods pipeline.</li> </ul>	<ul style="list-style-type: none"> <li>Implement GFD for most at-risk IPC 3</li> <li>Provide conditional transfers</li> <li>Distribution of seeds, tools and fishing kits to IPC 4</li> <li>Implement emergency livestock interventions &amp; distribute vegetable/cereal kits</li> <li>Support market functionality</li> <li>Procure additional 25% of pipeline.</li> </ul>	<ul style="list-style-type: none"> <li>Implement GFD for vulnerable IPC 3</li> <li>Protect livelihoods through distribution of seeds, tools and fishing kits to IPC 3</li> <li>Procure additional 25% of pipeline.</li> </ul>	<ul style="list-style-type: none"> <li>Implement activities to help sustain community coping mechanisms</li> <li>Extend protection of livelihood support to include capacity building, seed multiplication sites and other diversification actions</li> <li>Procure additional 25% of pipeline</li> </ul>
	<ul style="list-style-type: none"> <li>Frontline response with life-saving activities in 8 priority counties, incl. PoCs &amp; IDP settlements, through mobile teams, rapid response &amp; support to selected PHCUs</li> <li>OPD consultations, including SGBV clinical services</li> <li>Basic surveillance for disease outbreaks</li> <li>Procure core pipeline supplies</li> </ul>	<ul style="list-style-type: none"> <li>Expand frontline response to an additional 20 prioritized counties.</li> <li>Enhance access to PHCC, reproductive health packages</li> <li>Scale up management of SAM with medical complications</li> <li>Provide minimal support to vaccination &amp; outbreak response</li> <li>Procure additional core pipeline supplies</li> </ul>	<ul style="list-style-type: none"> <li>Expand frontline response to an additional 20 prioritized counties</li> <li>Provide limited support to trauma care and referral mechanisms</li> <li>Procure additional core pipeline supplies</li> </ul>	<ul style="list-style-type: none"> <li>Implement full frontline response in all prioritized counties.</li> <li>Implement full health-care packages, referrals and some support to secondary health care</li> <li>Procure remaining core pipeline supplies</li> </ul>
	<ul style="list-style-type: none"> <li>Manage SAM &amp; MAM U5 children in 26 counties with GAM &gt;21.8%.</li> <li>Provide IYCF counselling to PLWs</li> <li>Implement SMART surveys in prioritized locations.</li> </ul>	<ul style="list-style-type: none"> <li>Manage U5 SAM and MAM in other 56 counties with GAM &lt;21.8%.</li> <li>Manage MAM among PLWs in 9 counties with GAM 25.7-35.9%.</li> </ul>	<ul style="list-style-type: none"> <li>Manage MAM PLWs in all remaining counties</li> <li>BSFP among U5 in 17 counties with GAM 22-35.9%</li> </ul>	<ul style="list-style-type: none"> <li>BSFP among U5 in a further 36 counties with GAM &lt;22%</li> </ul>
	<ul style="list-style-type: none"> <li>Implement the following Tier 1 activities in Tier 1 locations (Akobo, Juba, Koch, Leer, Mayendit, Panyijar, Rubkona, Torit, Uror, Wau):</li> <li>Protective accompaniment</li> <li>Individual counselling/psychosocial support (PSS) &amp; referrals</li> <li>Family Tracing &amp; Reunification</li> <li>GBV case management, referral points monitoring, community outreach &amp; distribution of dignity kits</li> <li>Mine clearance &amp; surveying</li> <li>Community safety education</li> </ul>	<ul style="list-style-type: none"> <li>Implement Tier 1 activities in Tier 2 locations &amp; implement the following Tier 2 activities in Tier 1 locations:</li> <li>Community PSS &amp; community-based protection</li> <li>Housing, land and property &amp; dispute resolution/peacebuilding</li> <li>Support for relocations</li> <li>Awareness raising &amp; prevention messaging on child protection</li> <li>Mine Risk Education</li> <li>Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>Implement Tier 1 activities in Tier 3 locations (Abiemnhom, Bor South, Budi, Ezo, Fangak, Kajo-keji, Mundri East Mvolo, Pibor, Raja, Terekeka, Ulang, Yambio), and Tier 2 activities in Tier 2 locations (Ayod, Duk, Fashoda, Maban, Magwi, Maiwut, Malakal, Mayom, Mundri West, Melut, Morobo, Nyirol, Nasir, Panyikang, Yei).</li> </ul>	<ul style="list-style-type: none"> <li>Implement Tier 2 activities in Tier 3 locations.</li> </ul>
	<ul style="list-style-type: none"> <li>Implement frontline WASH response for PoCs and new IDPs in 9 most vulnerable counties</li> <li>Procure 30% of pipeline &amp; pre-position cholera WASH supplies</li> </ul>	<ul style="list-style-type: none"> <li>Implement frontline WASH mobile response in additional 11 priority counties with acute malnutrition &amp; newly displaced populations</li> <li>Procure additional 30% of pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Implement frontline WASH response in 19 additional priority counties based on exposure to conflict, malnutrition and AWD</li> <li>Procure additional 20% of pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Implement WASH activities in remaining counties</li> <li>Procure remaining 20% pipeline</li> </ul>

## OPERATIONAL

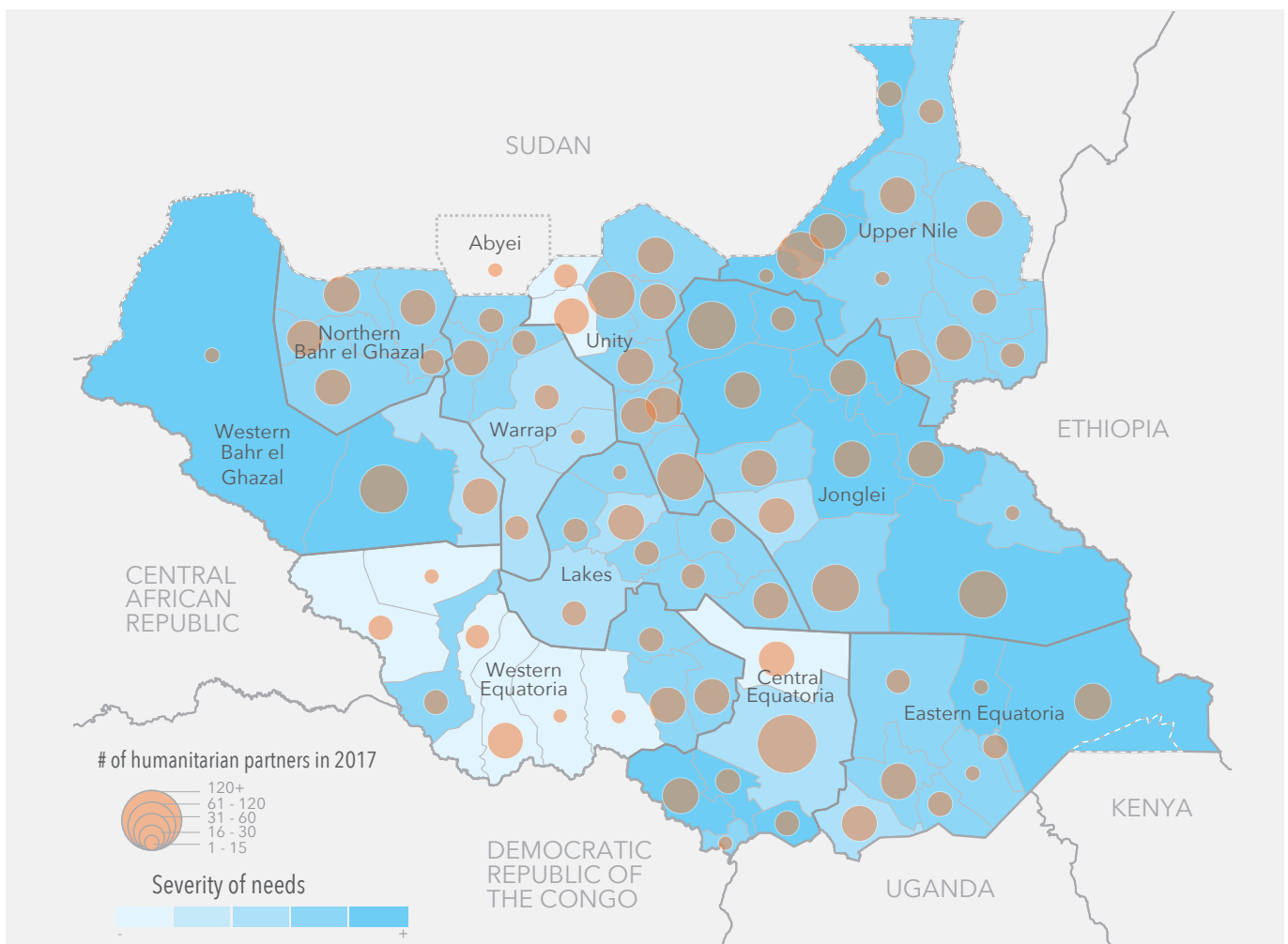
## CAPACITY

In 2018, 167 humanitarian organizations will implement programmes under the Humanitarian Response Plan.

This includes 95 national non-governmental organizations (NNGOs), 61 international NGOs and 11 UN entities. In addition to those with projects included in the HRP, a further 155 organizations are operating emergency programmes in South Sudan.<sup>5</sup> To enable the operation's agility in meeting people's needs in the face of competing demands and rapidly evolving requirements, HRP partners will implement a combination of static and mobile response modalities. In 2018, the humanitarian response will promote partnerships

and collaboration among international, national and local organizations to further localize the response as per World Humanitarian Summit outcomes, where appropriate, and to strengthen the overall response capacity of the humanitarian community in South Sudan. In line with the growing engagement with South Sudanese partners, the proportion of allocations from the South Sudan Humanitarian Fund to NNGOs has steadily increased over the past years from 7 per cent in 2013 to 23 per cent in 2017.

## # OF HUMANITARIAN PARTNERS PER COUNTY IN 2017



Sources: OCHA and humanitarian partners

**HUMANITARIAN**

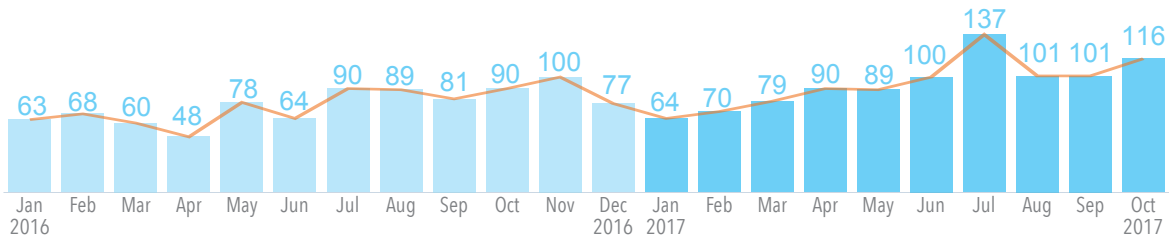
# ACCESS

Humanitarians will continue to work tirelessly to secure people’s safe access to assistance and protection despite an increasingly challenging environment.

In addition to annual physical constraints created by rains and poor road conditions, active armed conflict, restrictions of movements, attacks against humanitarians and assets, and bureaucratic impediments continue to seriously curtail humanitarian access. The number of monthly reported access incidents increased from 2016 to 2017. In 2017, an estimated 800,000 IDPs lived in areas where humanitarian assistance was not reliable and predictable due to access

denials and conflict. Timely delivery of assistance was also hindered by relocations of aid workers for extended periods due to insecurity. The economic crisis has led to an increase in robberies, ambushes and looting of humanitarian assets. In 2018, humanitarians will continue to negotiate access and advocate for safe conditions to stay and deliver, guided by humanitarian principles and people’s rights to assistance.

**REPORTED ACCESS INCIDENTS**



**HUMANITARIANS KILLED**

19

**HUMANITARIANS RELOCATED**

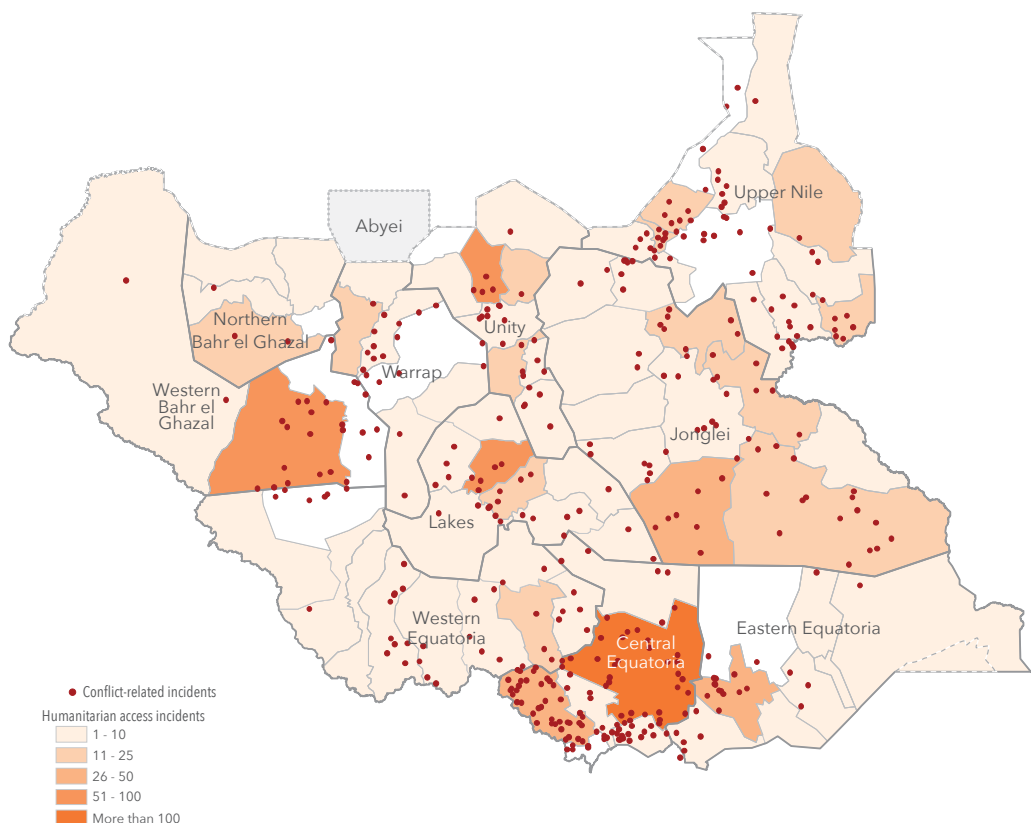
503

**BUREAUCRATIC ACCESS IMPEDIMENTS**

100

**VIOLENT ATTACKS AGAINST HUMANITARIAN PERSONNEL/ASSETS**

451



(from January to October 2017)

## RESPONSE

## MONITORING

Humanitarian partners will regularly monitor and analyse the humanitarian situation and the ongoing response to ensure that personnel, supplies and services are prioritized to areas of highest needs, based on the expressed views of affected people.




The HCT and ICWG will regularly analyse the humanitarian response to track progress towards the HRP's three strategic objectives and to ensure that resources are channelled in a principled manner according to highest and most urgent needs. A monthly Humanitarian Dashboard will be compiled on the basis of who is doing what, where, when and for whom (5W), and used to update operational partners, policy makers and donors on progress against cluster-level targets. The humanitarian dashboard—similar to the monthly humanitarian and access snapshots—will also include information on operational challenges faced and any changes in humanitarian needs.

Given the volatile context, humanitarians will undertake

additional situational analysis on a weekly basis and share key context updates with the ICWG and the HCT. This will enable the ICWG's rolling prioritization of assessments and response locations and joint decision-making on needs-based use of common assets and pipelines.









A number of high-level outcomes have been identified under each strategic objective. Given that limited progress toward these outcomes is primarily a consequence of conflict and political inaction, rather than the ineffectiveness of the humanitarian response, output indicators will be used to monitor the humanitarian response. For a complete set of cluster objectives and indicators, please see:

<http://bit.ly/2jnVdJd>

Strategic objective	 <b>Save lives by providing timely and integrated multisector assistance to reduce acute humanitarian needs among the most vulnerable people</b>	 <b>Reinforce protection and promote access to basic services for the displaced and other vulnerable people</b>	 <b>Support at-risk communities to sustain their capacity to cope with significant threats</b>
OUTCOMES	<ul style="list-style-type: none"> <li>• Mortality is reduced below emergency thresholds</li> <li>• Malnutrition is reduced below emergency thresholds</li> <li>• Food insecurity decreases year-on-year</li> </ul>	<ul style="list-style-type: none"> <li>• Civilian facilities—including schools, hospitals and humanitarian compounds—are not attacked</li> <li>• Vulnerable civilians are protected from significant threats, particularly gender-based violence and forced recruitment</li> <li>• Victims and survivors of protection incidents and rights violations receive critical assistance, support and counselling</li> <li>• Displaced person and other vulnerable civilians have access to basic services</li> </ul>	<ul style="list-style-type: none"> <li>• Hard-to-reach communities can survive periods when they are inaccessible by humanitarian partners</li> <li>• At-risk communities safely pursue livelihoods</li> <li>• At-risk children and youth access educational, vocational and life skills and psycho-social support</li> <li>• People affected by crisis are better prepared and have sufficient information to make informed decisions</li> </ul>
OUTCOME INDICATORS	<ul style="list-style-type: none"> <li>• # people receiving food, NFIs, cash transfers and vouchers as percentage of target</li> <li>• # people with sustained access to clean water</li> <li>• # people reached with Inter-agency Emergency Health kits</li> </ul>	<ul style="list-style-type: none"> <li>• # people benefitted from protection interventions as percentage of target</li> <li>• # people reached by capacity building initiatives to implement prevention interventions as percentage of target</li> </ul>	<ul style="list-style-type: none"> <li>• # households participating in activities to support positive coping mechanisms</li> <li>• % civilians reporting that they have sufficient information regarding the humanitarian response and situation</li> </ul>

## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

SECTOR	PEOPLE IN NEED			PEOPLE TARGETED			REQUIREMENTS (US\$)		
	South Sudanese	Refugees	Total	South Sudanese	Refugees	Total	South Sudanese	Refugees	Total
 CAMP COORDINATION AND CAMP MANAGEMENT	0.8m	0.3m	1.1m	0.8m	0.3m	1.1m	18.3m	0.85m	19.2m
 EDUCATION	1.7m	0.16m	1.8m	0.6m	0.16m	0.8m	45.1m	14.7m	59.8m
 EMERGENCY SHELTER & NON-FOOD ITEMS	1.7m	0.3m	2.0m	1.1m	0.3m	1.4m	33.9m	25.4m	59.2m
 FOOD SECURITY AND LIVELIHOODS	5.4m	0.3m	5.7m	5.2m	0.3m	5.5m	727.6m	99.7m	827.3m
 HEALTH	4.8m	0.3m	5.1m	2.1m	0.3m	2.4m	130m	27.8m	157.8m
 NUTRITION	1.8m	0.3m	2.1m	1.1m	0.3m	1.4m	183.4m	11.2m	194.6m
 PROTECTION	6.1m	0.3m	6.4m	3.7m	0.3m	4.0m	100m	28.7m	128.7m
 WATER, SANITATION AND HYGIENE	5.3m	0.3m	5.6m	3.3m	0.3m	3.6m	143.7m	11.7m	155.4m
TOTAL	6.7m	0.3m	7m	5.7m	0.3m	6m	1.5b	220m	1.7b



# PART II: OPERATIONAL RESPONSE PLANS

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

Cluster objectives and indicators: <http://bit.ly/2jnVdJd>

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

-  Coordination and Common Services
-  Logistics

-  Refugee Response Plan
-  Abyei Response Plan

## PART III: ANNEX

Participating Organizations and Funding Requirements

End Notes

Acronyms

Guide to Giving



## CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

### PEOPLE IN NEED



### PEOPLE TARGETED



### SECTOR REQUIREMENTS (US\$)



### # OF PARTNERS



### CLUSTER COST PER BENEFICIARY



### CLUSTER OBJECTIVE 1

1 Ensure equal and needs-based access to improve quality services for populations affected by displacement. **RELATES TO SO1**

### CLUSTER OBJECTIVE 2

2 Effectively engage and respond to vulnerable populations with priority on addressing protection gaps and building resilience. **RELATES TO SO2 & SO3**

### CLUSTER OBJECTIVE 3

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

### CLUSTER OBJECTIVE 4

4 Prioritize new and unreached displaced populations. **RELATES TO SO1**

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### Summary of needs

Nearly 827,000 South Sudanese people and 304,560 refugees are in need of CCCM services. At the end of 2017, nearly 300,000 IDPs were living in formal camp or camp-like settings, including more than 210,000 people in PoC sites, about 27,700 in informal settlements, and 58,000 in collective centres. Formal camps, which are already congested, continue to receive new arrivals. In addition to already recognized sites, about 527,000 IDPs and surrounding host community members in other camp-like settings will be in need of community stabilization in Central Equatoria, Jonglei, Unity, Upper Nile and Western Bahr el Ghazal.

### Targeting and prioritization

The response will target all the most vulnerable internally displaced people in need of CCCM. The cluster will prioritize new and unreached displaced populations in other camp and camp-like settings in the Equatorias, Jonglei, Unity, Upper Nile, and Western Bahr el Ghazal. These regions are subject to some of the highest levels of displacement and have cluster partners with strong mechanisms in place to assess and contribute to community stabilization in areas of displacement. Mapping, analysis and community engagement will allow for evidence-based advocacy, improved prioritization and consequently a reduction of service-driven IDP influx into formal camps.

### Response strategy

Cluster partners will prioritize new and unreached camp and camp-like settings to contribute to localized stabilization of

displaced communities. The cluster will also ensure continuation of quality coordination in existing formal camps including in PoC sites, collective centres and informal settlements. Partners will primarily focus on site maintenance and improvement of site conditions, and advocacy for higher quality of conditions for people living in the sites. Close coordination and synergies with other clusters will be promoted in the context of camps and camp-like settings, including with protection, emergency shelter and non-food items, and WASH. The cluster will engage with UNMISS to improve the security of PoC sites, and with authorities regarding collective sites and spontaneous settlements. Partners will support informed decision-making on returns and transitional and eventually durable solutions for the IDP population, including through intention surveys. The cluster will also support communities' positive coping mechanisms through deeper engagement and enhancement of community-based governance structures.

### Promoting quality programming

The cluster will keep people at the centre of its response, strengthening two-way communication and feedback loops between affected communities and cluster partners at site, state and national levels. Having mainstreamed GBV issues throughout the cluster response in 2017, partners endeavour to continue such mainstreaming efforts. People with special needs—particularly women, youth and people with disabilities—will benefit from targeted programming. Where possible, cluster partners will continue to promote localization of the cluster response, working with NNGOs and community self-management structures.

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

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	0.6M	0.2M	-	1.1M	56%	18   79   3%
PEOPLE TARGETED	0.3M	0.6M	0.2M	-	1.1M	56%	18   79   3%
FINANCIAL REQUIREMENTS	\$0.85M		\$18.3M		\$19.2M		

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



## PEOPLE IN NEED

**1.8m**

## PEOPLE TARGETED

**833k**

## SECTOR REQUIREMENTS (US\$)

**59.8m**

## # OF PARTNERS

**27** Cluster  
**3** Refugee Response

## CLUSTER COST PER BENEFICIARY

**\$66**  
 Excluding refugee response

## CLUSTER OBJECTIVE 1

**1** Provide crisis-affected girls and boys (3-18 years) with access to safe, protective and inclusive learning environments, including protective services and referral pathways through schools.  
**RELATES TO S01 & S02**

## CLUSTER OBJECTIVE 2

**2** Strengthen cognitive skills of crisis-affected boys and girls.  
**RELATES TO S02**

## CLUSTER OBJECTIVE 3

**3** Improve crisis-affected girls', boys' and communities' ability to cope with emergencies through relevant education activities and capacity development, including psychosocial support and life-saving messaging to reduce vulnerability.  
**RELATES TO S03**

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## EDUCATION

## Summary of needs

In 2018, some 1.7 million South Sudanese and 158,173 refugee children (3-18 years old) will need support to access education.<sup>6</sup> Conflict, displacement, food insecurity and cholera have directly interrupted children's education, forcing schools to close or children to drop out. The increasing insecurity and deepening economic crisis have had a further, indirect impact on education as local authorities have reduced their presence and monitoring in schools. Even where schools remain open, the quality of teaching has deteriorated due to reduced teacher training and the collapsing value or lack of teachers' salaries. The education crisis risks fuelling new conflicts as more than 19,000 children are already recruited into armed groups.<sup>7</sup>

## Targeting and prioritization

The response will target some 50 per cent of the most vulnerable people in need of education. The cluster will target communities where more than 1,500 children have been displaced or otherwise affected by the humanitarian crisis for more than six weeks—with a lower threshold of 1,000 children in IDP-only communities—and where there has been no major security incident in the three weeks preceding the planned intervention. Partners may also respond to education needs in host communities that have seen a structural collapse of education facilities. The cluster will aim to meet the education needs of people that may have difficulty accessing learning, including physically and mentally

disabled children, children with severe mental health and psychosocial difficulties, girls and boys vulnerable to forced recruitment and child labour, youth, children associated with armed groups, adolescent heads of household and young mothers.

## Response strategy

The cluster will focus on providing access to safe and quality education, delivering disease prevention messaging in schools, providing school meals in areas categorized as IPC Phase 4 or 5 and strengthening youth engagement. The provision of quality education will promote conflict resolution, tolerance and respect for human rights. The Education Cluster will implement an integrated response in coordination with relevant clusters, recognizing that schools are platforms through which protection, nutrition, hygiene, health and psychosocial issues can be addressed.

## Promoting quality programming

The cluster will uphold the centrality of protection throughout the response, including by training teachers and members of parent teacher associations on child protection and use of referrals pathways. Students, parents and teachers will be involved in education site selection and construction processes. The cluster will support links to ongoing education programmes by development partners. Specific needs of boys and girls will be addressed by encouraging recruitment and training of female facilitators and teachers, and by ensuring that sex-disaggregated information is collected when measuring cluster performance.

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

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, elderly*
PEOPLE IN NEED	0.16M	1.3M	0.4M	-	1.8M	42%	100   -   -
PEOPLE TARGETED	0.16M	0.5M	0.2M	-	0.8M	42%	99   1%   -
FINANCIAL REQUIREMENTS	\$14.7M		\$45.1M		\$59.8M		

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

## PEOPLE IN NEED

 2.0m


## PEOPLE TARGETED

 1.4m

## SECTOR REQUIREMENTS (US\$)

 59.2m

## # OF PARTNERS

 24 Cluster  
2 Refugee Response

## CLUSTER COST PER BENEFICIARY

 \$31  
Excluding refugee response

## CLUSTER OBJECTIVE 1

1 Provide life-saving shelter and life-sustaining NFIs to the most vulnerable newly displaced people. **RELATES TO S01 & S02**

## CLUSTER OBJECTIVE 2

2 Provide sustainable shelter and essential NFIs to the most vulnerable protracted IDPs in PoCs, formal camps and collective centres. **RELATES TO S01 & S03**

## CLUSTER OBJECTIVE 3

3 Strengthen community coping mechanisms and cohesion of vulnerable and at-risk displaced communities. **RELATES TO S03**

## CLUSTER OBJECTIVE 4

4 Promote community participation in programme implementation and accountability to inform analysis and future response. **RELATES TO S02 & S03**

## CONTACT

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## EMERGENCY SHELTER AND NON-FOOD ITEMS (ES/NFI)



### Summary of needs

Nearly 1.7 million South Sudanese people and 304,560 refugees need emergency shelter and/or non-food items (NFIs) in 2018. The needs are directly related to new and protracted displacement caused by conflict and the compounded effects of food insecurity and lack of livelihoods. Households often flee in haste, leaving behind their basic household items and often require emergency shelter. People's shelter and NFI needs are often broader outside PoC sites and other collective centres. Needs are linked with health, protection, WASH and other requirements, highlighting the importance of an integrated response. Given women's role in the household and the gendered protection risks associated with not having an enclosed and private space, women will continue to be disproportionately affected by lack of adequate shelter and NFIs.

### Targeting and prioritization

The response will target some 65 per cent of the most vulnerable people in need of shelter and NFIs. Newly displaced people will be prioritized for life-saving assistance over protracted displaced populations, particularly if funding is constrained. The cluster will target all people in PoC sites and collective centres. Women form a higher proportion of the targeted population, given their shelter and NFI needs. Communities suffering from disease outbreak will also be prioritized.

### Response strategy

Mobile teams form the backbone of the response strategy, allowing the required flexibility to cover most of the affected areas across the country. To complement and support

the teams, the cluster aims to secure at least one static partner in key towns. Possible access constraints will be mitigated by pre-positioning supplies and building the capacity of national NGOs who have static presence in hard-to-reach locations. While assistance to newly displaced households will be largely in-kind, people living in protracted displacement will be increasingly supported with cash-based assistance. The cluster will also provide tailored NFI kits to supplement or replace items received in previous distributions to the most vulnerable groups of the affected population. Given the logistical challenges, the cluster will only prioritize shelter assistance in relatively stable areas with returnee caseloads, where native shelter materials and potential for longer-term interventions exist.

### Promoting quality programming

Programme implementation and monitoring will embrace community participation, enabling meaningful feedback loops and informing protection analysis and response planning. The centrality of protection and accountability to affected people will be measured with specific indicators. The cluster will mainstream resilience-building in 20 per cent of its interventions for the protracted caseloads, including in PoC sites. Partners will proactively engage with other clusters, including: CCCM due to the high number of displaced people living in formal and informal sites; WASH, to efficiently coordinate mobile interventions in the same locations and ensure no duplication of WASH NFIs; and FSL and WASH together, to keep supporting people on the move, under protection risks and in hard-to-reach areas through multisectoral survival kits.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.53M	0.08M	0.06M	1.97M	52%	50   48   2
PEOPLE TARGETED	0.3M	1.08M	0.05M	0.02M	1.45M	52%	50   48   2
FINANCIAL REQUIREMENTS	\$25.4M		\$33.9M		\$59.2M		

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



## PEOPLE IN NEED

**5.7m**

## PEOPLE TARGETED

**5.5m**

## SECTOR REQUIREMENTS (US\$)

**827.3m**

## # OF PARTNERS

**68** Cluster  
**6** Refugee Response

## CLUSTER COST PER BENEFICIARY

**\$156**  
 Excluding refugee response

## CLUSTER OBJECTIVE 1

**1** Provide life-saving and sustaining food assistance to improve food consumption, dietary diversity and coping strategies for the most vulnerable population.

RELATES TO S01

## CLUSTER OBJECTIVE 2

**2** Protect, stabilize and safeguard rural and urban livelihoods to improve food availability and reduce the food gap.

RELATES TO S01 &amp; S03

## FOOD SECURITY AND LIVELIHOODS (FSL)

### Summary of needs

Nearly 5.4 million South Sudanese people and 304,560 refugees will require food and livelihoods support in 2018. Although localized famine was stopped in 2017, IPC analysis shows record numbers of people in Crisis, Emergency and Catastrophe conditions (IPC Phase 3, 4 and 5). The number of severely food insecure people has steadily increased with each successive year. For example, the number of people in IPC Phase 4 nearly doubled from some 670,000 in late 2016 to more than 1.2 million at the same time in 2017. Similarly, whereas 32 per cent of South Sudanese people were recorded as severely food insecure in January 2017, projections show an alarming 48 per cent of the population in the same condition in early 2018. Given the severity of food and nutrition needs in 2017, the worst-case scenario will see multiple locations across the country in famine conditions in 2018.

### Targeting and prioritization

The cluster response will target 5.2 million of the most vulnerable people in need of food and livelihoods support. In the context of needs outweighing available resources and partner capacity, the cluster will continue to focus on famine prevention and, if relevant, response, expanding in geographic coverage during the lean season. Cluster partners will shift from blanket geographic targeting to more vulnerability-based targeting, prioritizing vulnerable households and populations including IDPs, older people, under-five children, disabled, pregnant and lactating women (PLW) and households headed by

children, older people and single adults—mainly women—across IPC Phase 3, 4 and 5 areas. The cluster will also aim to protect and stabilize livelihoods in both rural and urban locations across areas determined to be in IPC Phase 3.

### Response strategy

The cluster will aim to prevent famine, support livelihood protection and restoration, and restore market functionality and supply chains. Some 200,000 people will be targeted with cash-based programming, building on the positive momentum from the previous year. To address some of the underlying causes of food insecurity, the cluster will collaborate closely with health, nutrition and WASH clusters, including by promoting multisector assessments and joint response planning. To the extent possible, the cluster will identify synergies with development programming and create momentum for resilience building. The cluster will efficiently manage core pipelines, benefiting from economies of scale.

### Promoting quality programming

The cluster will use context- and protection-risk analysis in targeting and site selection to ensure that the response supports the protection of conflict-affected people and does not exacerbate tensions between different social and ethnic groups. Women's needs, voices and rights are at the core of the cluster strategy, for example with a focus on women-friendly livelihood initiatives. The increased use of cash will enable the cluster to keep people's needs and preferences at the centre of the response, while increasing efficiency.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	3.3M	0.2M	5.7M	49%	53   43.6   3.4
PEOPLE TARGETED	0.3M	1.9M	3.1M	0.2M	5.5M	49%	53   43.6   3.4
FINANCIAL REQUIREMENTS	\$99.7M		\$727.6		\$827.3M		

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

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## PEOPLE IN NEED

 5.1m

## PEOPLE TARGETED

 2.4m

## SECTOR REQUIREMENTS (US\$)

 157.8m

## # OF PARTNERS

 43 Cluster  
4 Refugee Response

## CLUSTER COST PER BENEFICIARY

 \$61  
Excluding refugee response

## CLUSTER OBJECTIVE 1

**1** Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality. **RELATES TO SO1**

## CLUSTER OBJECTIVE 2

**2** Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations. **RELATES TO SO1**

## CLUSTER OBJECTIVE 3

**3** Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people. **RELATES TO SO2**

## CLUSTER OBJECTIVE 4

**4** Increase access to mental health and psychosocial support services for vulnerable people.

RELATES TO SO3

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## HEALTH

## Summary of needs

Nearly 4.8 million South Sudanese people and 304,560 refugees need humanitarian health services in 2018. The population is highly susceptible to disease and war-related injuries. Communicable diseases continue to spread and disease outbreaks plague the country. Inadequate infection control and health-care waste management, combined with lack of water quality monitoring in health-care facilities, pose a significant public health threat. The mental health and psychosocial burden increases each day that the conflict is prolonged. Access to health care is increasingly limited due to destruction or occupation of health facilities by armed groups, attacks on health workers, and shortages of drugs and skilled professionals. Some 419 health facilities out of the overstretched 1,894 are not functional, while those which are operational face challenges of delivering the complete basic package of health-care services.

## Targeting and prioritization

The response will target 47 per cent of the most vulnerable people in need of humanitarian health care. All IDPs will be targeted, given their vulnerability and susceptibility to disease, while targeting of host communities will vary between 20 and 80 per cent. Health partners will consider levels of displacement, disease burden, outbreak potential, need of reproductive health care, morbidity from AIDS and tuberculosis, IPC status and levels of severe malnutrition among children with medical complications. Geographical locations considered include epidemic-prone, conflict-affected and seasonally hard-to-reach areas. Contextual analysis will include issues related to WASH provision in health facilities, attacks on health-care services and health funding constraints.

## Response strategy

The response will focus on saving lives with special attention to vulnerable populations. The cluster will support static facilities with mobile response to meet the needs of newly displaced and hard-to-reach populations. Mental health and psychosocial support services will be strengthened to enhance people's capacity to cope with threats. Health partners will work in close collaboration with the nutrition, food security and livelihoods, WASH, education and protection partners to provide integrated services along the continuum of care. Where possible, a "one-stop-shop" approach will be encouraged. Referral mechanisms will be established to ensure that special groups such as SAM cases with medical complications, SGBV survivors and patients suffering from water- and vector-borne diseases are comprehensively catered for. Humanitarian partners will seek synergies with development actors to improve the sustainability of health-care provision.

## Promoting quality programming

The response will promote a dignified, people-centred approach, guided by the needs of the most vulnerable people. The cluster will emphasize feedback loops with people in need of health care, monitoring complaints, adjusting services as needed, and sharing best health-care practices with communities. Regular supervision and monitoring visits will be conducted to ensure quality of care and service delivery. Throughout the health response, the needs of women and girls will be addressed, including in relation to conflict-related sexual violence. The cluster aims to explore possibilities of introducing cash-based programming into its operations.



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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	2.9M		5.1M	46%	21   -   -
PEOPLE TARGETED	0.3M	1.9M	0.2M		2.4M	42%	21   -   -
FINANCIAL REQUIREMENTS	\$27.8M		\$130M		\$157.8M		

\*Children (&lt;18 years old), adult (18-59 years), elderly (&gt;59 years)

## PEOPLE IN NEED


**2.1m**

## PEOPLE TARGETED


**1.4m**

## SECTOR REQUIREMENTS (US\$)


**194.6m**

## # OF PARTNERS


**42** Cluster  
**2** Refugee Response

## CLUSTER COST PER BENEFICIARY


**\$86**  
 Excluding refugee response

## CLUSTER OBJECTIVE 1

**1** Deliver timely, life-saving management of acute malnutrition for the most vulnerable and at risk, including U5 children, PLW and older people in PoC sites. **RELATES TO SO1**

## CLUSTER OBJECTIVE 2

**2** Increase access to maternal, infant and young child nutrition programmes to prevent under-nutrition among the most vulnerable and at risk, including U5 children and PLW in need in conflict and high-burden states. **RELATES TO SO1 & SO3**

## CLUSTER OBJECTIVE 3

**3** Enhance nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision-making. **RELATES TO SO3**

## CLUSTER OBJECTIVE 4

**4** Increase access to integrated nutrition, health, WASH, and food security and livelihoods activities in counties with critical levels of acute malnutrition. **RELATES TO SO2**

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## NUTRITION

## Summary of needs

Nearly 1.8 million South Sudanese people and 304,560 refugees will require emergency nutrition support in 2018. The nutrition situation has continued to deteriorate from 2015 onward. This is due to growing severe food insecurity and a high disease burden among people affected by the ongoing conflict and economic crisis. Some 82 per cent of SMART surveys conducted in 2017 reported emergency critical levels of global acute malnutrition (GAM), up from 77 per cent in 2016. Renk and Twic counties reported extreme critical GAM global acute malnutrition levels. Most families and communities have exhausted their nutrition-related coping mechanisms.

## Targeting and prioritization

The response will target 78 per cent of the most vulnerable people in need of nutrition assistance. Targeting will consider increased risk of malnutrition and mortality, increased or specific physiological requirements, and lack of alternative responses to address life-threatening conditions. Children discharged from outpatient therapeutic programmes (OTP) and targeted supplementary feeding programmes (TSFP) will be enrolled in targeted distribution of livelihoods and general food distribution responses based on targeting criteria. In 2018, the cluster target includes 80 per cent severely acutely malnourished (SAM) children under age 5, 62 per cent of moderately acutely malnourished (MAM) children under age 5, 53 per cent MAM PLW, and 60 per cent of MAM older IDPs. Where possible, the cluster will also aim to prevent acute malnutrition by targeting 45 per cent of at-risk children under age 5 with blanket supplementary feeding, and 43 per cent of

PLW with infant and young child feeding counselling and support. The targeting of the response considers levels of GAM and severity of acute malnutrition according to the IPC.

## Response strategy

The cluster will implement multiple nutrition prevention and response mechanisms. Partners will provide OTP and TSFP in all functional static nutrition sites, and strengthen rapid response mechanisms and provision of survival kits in insecure and inaccessible or hard-to-reach areas. The cluster will strengthen the management of SAM with complications, for example through capacity building of partners and early stimulation and psychosocial support in stabilization centres. Inter-cluster response interventions covering health, food security and livelihoods, and WASH will be implemented and jointly monitored. The core pipelines partners will ensure timely procurement, delivery and pre-positioning of supplies in strategically located warehouses.

## Promoting quality programming

The cluster will invest in local capacity building regarding the key components of nutrition response, assessment, analysis and utilization. Partners will work with affected people to sensitize them about specific nutrition requirements of different segments of the community, and the cluster will seek and respond to feedback from affected people. Nutrition centres will serve as platforms to raise awareness among women and girls about GBV. Cluster partners will be encouraged to implement cash-based programming, such as a voucher system for mothers with malnourished children to access a food package.

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

	BY STATUS					Sector total
	Refugees	SAM U5 children	MAM U5 children	MAM PLW	MAM elderly	
PEOPLE IN NEED	0.30M	0.26M	0.83M	0.67M	0.004M	2.05M
PEOPLE TARGETED	0.30M	0.21M	0.51M	0.35M	0.002M	1.37M
FINANCIAL REQUIREMENTS	\$11.2M			\$183.4M		\$194.6M



## PROTECTION

### PEOPLE IN NEED



### PEOPLE TARGETED<sup>8</sup>



### SECTOR REQUIREMENTS (US\$)



### # OF PARTNERS



### CLUSTER COST PER BENEFICIARY



### CLUSTER OBJECTIVE 1

1 Provide life-saving response to the protection needs of GBV survivors, children and other vulnerable people. **RELATES TO SO1 & SO3**

### CLUSTER OBJECTIVE 2

2 Strengthen prevention programming to mitigate risks from the consequences of conflict or displacement.<sup>9</sup> **RELATES TO SO2 & SO3**

### CLUSTER OBJECTIVE 3

3 Enhance the protection environment for IDPs and other affected populations to enable durable solutions. **RELATES TO SO2 & SO3**

### CLUSTER OBJECTIVE 4

4 Enhance protection assessment and monitoring to inform protection and the overall humanitarian response. **RELATES TO SO1, SO2 & SO3**

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### Summary of needs

More than 6.1 million South Sudanese people and 304,560 refugees will require some form of protection from violence, abuse, exploitation and violations of fundamental human rights in 2018. Protection threats continue to intensify in scale and scope, and the population is exposed to repeated deliberate attacks on civilians and other violations of international humanitarian and human rights law. Poor rule of law continues to prevent perpetrators from being held accountable for violations, including conflict-related sexual violence, torture, killing, targeted discrimination, and occupation and destruction of property. Women and children face specific protection risks, including gender-based violence, forced recruitment, family separation, forced and early marriage. In PoC sites, rates of criminality, gender-based violence and self-inflicted harm are increasing. Landmines and unexploded ordnance pose constant threats to the civilian population.

### Targeting and prioritization

The response will target almost 60 per cent of the most vulnerable people in need of protection, including women, children, older people, persons with disability and survivors of conflict-related sexual violence. Geographic locations will be prioritized according to the severity of need, informed by the number of IDPs, the percentage of IDPs being hosted in a community and the degree to which a location is affected by conflict. In response to the high burden of the conflict and displacement, IDPs will be targeted along with vulnerable members of host communities and conflict affected populations. Counties with high mine action and child protection needs will also be prioritized for targeted interventions.

### Response strategy

The cluster and sub-clusters will aim to prevent, respond to, and mitigate protection risks and threats to people's rights—particularly women and children—in counties most affected by conflict and displacement. Protection partners will provide risk analysis and advocacy; psychosocial support; case management and referral mechanisms; family tracing and reunification; socio-economic reintegration of children associated with armed forces and groups; legal assistance; community safety and protection, including community-based protection mechanisms; material assistance; survey and clearance of hazardous areas; risk education; and protection mainstreaming, through static and mobile response. To prevent protracted displacement and the deterioration of coping mechanisms, the cluster will identify ways to support IDPs seeking durable solutions and work to create conditions conducive to solutions.

### Promoting quality programming

The cluster and sub-clusters will support the humanitarian community in ensuring that protection remains central to the entire response. Protection partners will work with other clusters to mainstream protection and reinforce risk mitigation; strengthen mechanisms for accountability to affected people; provide specialized age, gender and diversity appropriate services; and develop assessment, analysis and guidance papers to better inform risk analyses and response based on the 'do no harm' principle. The cluster will advise the Cash Working Group in the development of a protection conscious cash assistance strategy to target the most vulnerable and at-risk individuals.

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

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	1.4M	2.8M	6.4M	56%	61   37   2
PEOPLE TARGETED	0.3M	1.2M	0.5M	2.0M	4.0M	56%	61   37   2
FINANCIAL REQUIREMENTS	\$28.7M		\$100M		\$128.7M		

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





## PEOPLE IN NEED

**5.6m**

## PEOPLE TARGETED

**3.6m**

## SECTOR REQUIREMENTS (US\$)

**155.4m**

## # OF PARTNERS

**62** Cluster  
**3** Refugee Response

## CLUSTER COST PER BENEFICIARY

**\$47**  
 Excluding refugee response

## CLUSTER OBJECTIVE 1

**1** Provide timely, equitable access to safe and sufficient water to vulnerable and affected populations.

RELATES TO S01, S02 &amp; S03

## CLUSTER OBJECTIVE 2

**2** Increase knowledge of appropriate hygiene practices among vulnerable and affected populations to prevent and mitigate WASH-related diseases.

RELATES TO S01, S02 &amp; S03

## CLUSTER OBJECTIVE 3

**3** Enable vulnerable and affected populations to practice safe, sanitary and hygienic living through secure, dignified and gender-appropriate sanitation services.

RELATES TO S01, S02 &amp; S03

## CONTACT

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## WATER, SANITATION AND HYGIENE (WASH)

### Summary of needs

Some 5.3 million South Sudanese people and 304,560 refugees will need support to access WASH services in 2018. As malnutrition and food insecurity increases, communities—especially children under age 5—become more prone to WASH-related diseases. In 2017, the cholera epidemic that started the year before spread to new, previously unaffected areas, placing further pressure on already vulnerable communities' WASH systems. The ongoing conflict has led to the destruction of most water infrastructure in affected areas. In urban areas, increasing fuel prices or unavailability of fuel has put an additional strain on existing water systems and substantially increased the cost of water, forcing people to resort to using unsafe drinking water.

### Targeting and prioritization

The response will target some 60 per cent of people in need of WASH assistance: some 3.2 million people with hygiene support, some 2.2 million people with water and some 1.1 million people with sanitation services. Overall, the response will focus on communities with limited WASH infrastructure and poor hygiene practices. The number of IDPs in each community is a key determining factor, recognizing the additional demand displaced people create for water services and resources. Food insecurity and GAM rates will be considered, given their relation to the populations' susceptibility to disease. Areas with a history of cholera outbreaks will be prioritized. WASH partners will provide essential services in PoC sites and other collective settlements.

### Response strategy

The cluster will remain flexible to respond to new and evolving needs throughout the year. The response will be assessed on an ongoing basis, guided by population movement, disease outbreaks, food insecurity and other factors impacting communities' existing coping mechanisms. Construction of new water sources in multiple locations across the country will be considered a lifesaving activity. Hygiene promotion will continue to encourage volunteerism among affected communities to promote their ownership of the response. The overall response will be closely linked and coordinated with health, nutrition and food security and livelihoods clusters to ensure a comprehensive service package to the most vulnerable populations.

### Promoting quality programming

In 2018, the WASH cluster will strengthen its efforts to ensure the centrality of protection and accountability to affected people, putting communities at the centre of the response. New indicators will be introduced to track cooperation with communities. WASH partners will ensure that services delivered are gender-sensitive and that they consider the needs of older people and people living with disabilities. The cluster will develop a protection mainstreaming action plan, increasing partners' awareness and use of protection tools and response modalities. Cash programming will focus on the hardware components of WASH response and the cluster will consider introducing new cash programmes, such as vouchers or cash-for-work initiatives for latrine construction.

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

	BY STATUS				Sector total	BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected		% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	3.4M		5.6M	49%	59   39   2
PEOPLE TARGETED	0.3M	1.9M	1.4M		3.6M	49%	59   39   2
FINANCIAL REQUIREMENTS	\$11.6M		\$143.7M		\$155.4M		

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

## ORGANIZATIONS TARGETED

 167

## REQUIREMENTS (US\$)

 19.9m

## # OF PARTNERS

 7

## CLUSTER OBJECTIVE 1

1 Ensure effective, principled and well-coordinated humanitarian action. **RELATES TO SO1**

## CLUSTER OBJECTIVE 2

2 Enable operations through enhanced safety and security of humanitarian personnel and assets. **RELATES TO SO1 & SO3**

## CLUSTER OBJECTIVE 3

3 Improve programme quality through strengthened accountability to affected people. **RELATES TO SO2**

## COORDINATION AND COMMON SERVICES



### Summary of needs

As humanitarian needs continue to intensify and expand geographically, robust coordination and common services will remain central to a principled response that optimizes effective and efficient use of the limited resources available. The complexity of the operating environment, characterized by shifting front lines and unpredictable surges of conflict and displacement, demands dedicated safety and security support to enable humanitarian partners to stay and deliver. As new locations become engulfed in the crisis, standing capability will be maintained for rapid information collection to understand and respond to emerging needs. The quality of humanitarian action will rely on the meaningful participation of affected people in all stages of the response. Community engagement has been challenged by the volatility of the context, people being displaced multiple times, and telecommunication infrastructure being destroyed or disrupted due to fuel shortages.

### Targeting of the response

Partners responsible for Coordination and Common Services (CCS) will focus on enabling effective delivery of frontline services, especially in remote and hard to reach locations, and new areas of conflict and displacement. At the capital level, support to the HCT and ICWG will be prioritized, given their central role in strategic and operational decision-making. This will be complemented by continued efforts to strengthen deep field coordination and improve linkages between national and sub-national coordination structures. Humanitarian partners will continue to promote accountability to affected people through all possible means.

### Response strategy

CCS partners will ensure strategic coordination at all levels to enable a principled, efficient and effective response. They will support the humanitarian community with the development, implementation and monitoring of the response plan, and evidence-based analysis of the response to enhance accountability to all stakeholders. Ongoing multisectoral needs assessments and analysis using standard tools and methods will provide a sound evidence base on which to prioritize the response, particularly in remote, hard-to-

reach locations and areas where new displacement has significantly altered the local context and needs profile. Security assessments will be conducted in parallel, within an overarching approach that enables partners to maximize presence on the ground while mitigating risks to humanitarian personnel, supplies and assets, including through the provision of flights to relocate aid workers when faced with a major deterioration in the security environment.

The biweekly ICWG prioritization process will support the impartial, flexible use of common services, deploying resources in proportion to needs on the ground and in a coherent and cost-effective manner. It will inform priorities for security assessments, the use of emergency supplies through the core pipelines and the deployment of common logistics services, including air assets, river and ground transportation. Considering the severity of needs and operational risks, clusters will decide and coordinate application of the most appropriate response modalities, including through static presence, mobile outreach operations and rapid response—or a combination of these.

Flexibility, responsiveness and inclusiveness will be pursued through efforts to empower decentralized coordination arrangements. This includes support to operations in deep-field locations where designated NGOs will serve as convenors of local coordination platforms.

Coordination partners will also ensure collaboration with development partners. Linkages will be explored between the HRP and the ICF, including through the lens of the New Way of Working, a key outcome of the World Humanitarian Summit.

### Promoting quality programming

CCS partners will promote quality programming and best practices across the humanitarian community, particularly in relation to gender, protection and accountability to affected populations. Information and analysis related to emerging needs will incorporate the perspectives of affected people; include sex and age disaggregated data to allow for nuanced, gender-sensitive response planning; and highlight protection concerns so that they are addressed within response plans, while ensuring that activities do not cause harm or expose people to greater risk.

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## ORGANIZATIONS TARGETED

 270

## REQUIREMENTS (US\$)

 95.9m

## # OF PARTNERS

 3

## CLUSTER OBJECTIVE 1

**1** Provide logistics coordination, support and technical advisory services to the humanitarian community. **RELATES TO SO1**

## CLUSTER OBJECTIVE 2

**2** Provide logistics, cargo and passenger air services to the humanitarian community to address the needs of the affected people. **RELATES TO SO1**

## CLUSTER OBJECTIVE 3

**3** Provide infrastructure works to ensure humanitarian community is able to access affected people. **RELATES TO SO1**

## LOGISTICS

## Summary of needs

The complex operating environment in South Sudan presents significant logistical challenges for the delivery of large quantities of humanitarian assistance. The already under-developed roads and airstrips deteriorate every year with cumulative effects of heavy rains and lack of maintenance. Only 192 kilometres of the country's roads are sealed, and during the rainy season more than 70 per cent of the entire road network is physically inaccessible. Most of the country's 280 airstrips are suitable only for helicopter landing. The majority of the ports along the rivers are in unusable or very basic condition. Conflict and insecurity pose additional challenges for the transportation of humanitarian staff and cargo. Major supply routes through the western corridor, which have historically been more stable, are now being affected due to growing insecurity and access constraints. Numerous vulnerable communities are left isolated, only accessible by air.

## Targeting and prioritization

The Logistics Cluster and its partners will be responsive to the evolving demands of the humanitarian community. In addition to locations serviced regularly by United Nations Humanitarian Air Service (UNHAS) across the country, the cluster's priorities will be set biweekly by the ICWG. Logistics support for pre-positioning supplies will be prioritized during the dry season. Infrastructure improvements—aiming to enhance the use of road and river networks and improve the cost effectiveness of delivering humanitarian assistance—will be prioritized per available funding, ICWG preferences and seasonal conditions. The cluster will maintain its fleet of aircraft to enable humanitarian personnel and cargo to reach key locations, including deep field, throughout the year.

## Response strategy

The cluster will focus on dry season planning and the use of coordinated road convoys to maximize pre-positioning at strategic locations, using the most cost-effective transport modality available. On the river, the cluster will coordinate barge movements between Bor and Malakal and, with the support of the World Food Programme, expand the planned use of smaller boats to

enable a monthly supply chain between Bor and Malakal and potentially up to Renk, reducing the need for flights. In areas with limited or no road access, including parts of Jonglei and Unity, a combination of a fixed-wing aircraft and helicopters will be maintained. Service provision from Sudan through the northern corridors will be supported to save costs. The United Nations Office for Project Services (UNOPS) will provide engineering support along major supply roads, upgrading existing river ports and undertaking light repair, rehabilitation and maintenance of key airstrips.

The cluster will also support pre-positioning through common storage and common transport services. The International Organization for Migration (IOM), in close collaboration with the cluster, will maintain 18 common transport trucks to provide dispatch and reception services from airports to warehouses and to PoC sites in Bentiu, Bor, Juba, Malakal, Melut via Paloich, Rumbek and Wau. The cluster will also operate and maintain the Bentiu and Malakal logistics hubs and the Bor, Rumbek and Wau distribution hubs. These activities will increase in frequency and volume as "beyond PoC programmes" are being implemented. The cluster's free-to-user services will span across the country, to respond to emerging needs, including those in areas of the Greater Bahr el Ghazal and Greater Equatoria.

UNHAS will provide passenger services to 55 scheduled locations with flexibility to respond to additional demands, ICWG rapid assessments and response missions, or special flights as required by the humanitarian community. Some 6,300 passenger movements are anticipated on a monthly basis.

Per its mandate, the cluster will also provide information management services, including geographic information system (GIS) support, to better inform operational decision-making and in its technical advisory capacity expand the provision of logistics training courses.

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## REFUGEE RESPONSE PLAN

### PEOPLE IN NEED

305k

### PEOPLE TARGETED

305k

### REQUIREMENTS (US\$)

220m

### # OF PARTNERS

8

### COST PER BENEFICIARY

\$721

### REFUGEE RESPONSE PLAN OBJECTIVE 1

**1** Provide refugees, asylum-seekers and the most vulnerable people among them with adequate access to safety, life-saving assistance and basic services. **RELATES TO SO1**

### REFUGEE RESPONSE PLAN OBJECTIVE 2

**2** Ensure that refugees and asylum-seekers in South Sudan have access to and enjoy protection. **RELATES TO SO2**

### REFUGEE RESPONSE PLAN OBJECTIVE 3

**3** Enhance and expand refugees' and host communities' resilience and coping capacities. **RELATES TO SO3**

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### Summary of refugee needs

South Sudan hosted around 279,000 refugees as of October 2017, and the number is projected to increase to nearly 305,000 in 2018. Most refugees have fled the ongoing fighting in Sudan's South Kordofan and Blue Nile states and settled predominantly in 21 refugee locations, mostly in Unity and Upper Nile. A smaller number of refugees from the Central African Republic, Democratic Republic of Congo and Ethiopia have been displaced on a protracted basis in Central and Western Equatoria. All refugees in South Sudan need international protection and multisectoral life-saving assistance to enable them to live in safety and dignity.

### Targeting and prioritization

All refugees and asylum seekers registered with UNHCR will benefit from protection interventions, including individual registration and documentation. Specific protection services, such as GBV response and child protection, will be tailored to the needs of each at-risk group or individual. This will primarily be achieved through participatory assessments, surveys and verification exercises to identify vulnerable refugees and their needs. The needs of persons with disabilities and older people will be mainstreamed throughout the response.

### Refugee response strategy

The refugee response strategy focuses on the provision of protection and assistance to all refugees, both in and outside camp settings, including in urban areas. The protection environment will be enhanced through the

engagement of refugee and host communities, organizations providing multisectoral assistance, and the host government. The refugee protection strategy prioritizes access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; peaceful coexistence of refugee and host communities; strengthening of resilience and coping mechanisms for the extremely vulnerable; access to justice; and addressing the specific needs of children, women at risk and survivors of GBV. Support to the development of the national asylum system remains essential.

The response will maintain and gradually improve essential services for refugees, including access to adequate food, nutrition, health, shelter, WASH and education interventions. The response will adopt a sustainable and environmentally sensitive approach, focusing for example on the promotion of fuel-efficient stoves or the solarization of water systems. The scaling up of the new refugee camp in Pamir, Unity, is a fundamental aspect of the response strategy. Acknowledging the limitations to realizing durable solutions in the context of ongoing conflict, lack of prospects of local and legal integration, and the limited resettlement space, the response will promote enhanced self-reliance and resilience of refugees, especially through livelihoods and particularly in areas where the host government has allocated agricultural land. Investments will also be made in host communities' coping capacities. Basic road and airstrip maintenance work will continue in Maban and Pariang counties.

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

	BY STATE	BY AGE & SEX			% Total	SUMMARY	
	Refugees	Age	% Female	% Male		% female	% children, adult, elderly*
CENTRAL EQUATORIA	17,816	0-4	10.1	10.5	20.6	52%	62   35   3%
JONGLEI	2,801	5-11	13.2	13.4	26.6		
UNITY	115,459	12-17	7.2	7.2	14.4		
UPPER NILE	158,269	18-59	20.3	15.5	35.8		
WESTERN EQUATORIA	10,215	60+	1.3	1.3	2.6		
TOTAL	304,560	TOTAL	52.2	47.8	100		

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



## ABYEI RESPONSE PLAN <sup>10</sup>

### PEOPLE IN NEED

 170k

### PEOPLE TARGETED

 120k

### REQUIREMENTS (US\$)

 15.5m

### # OF PARTNERS

 20

### MAIN OBJECTIVE

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

### Summary of needs

Some 170,000 people require humanitarian assistance in the disputed Abyei Area due to the presence of armed elements, continued inter-communal conflict, and the absence of public institutions and government services. This includes some 80,000 Ngok Dinka returnees and communities; some 15,000 Ngok Dinka displaced within Abyei; some 11,000 people from Unity and Warrap in Abyei; some 29,000 Misseriya in north of Abyei; and some 35,000 Misseriya nomads and seasonal migrants.

### Targeting of the response

The response will target some 70 per cent of people in need in the Abyei Area. The main objective of humanitarian programming in

the Abyei Area is to decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional and recovery activities. The humanitarian response includes protection, health, nutrition, food security and livelihoods, WASH, education and shelter activities, ensuring a strong community-based and peacebuilding approach.

### Abyei response strategy

Humanitarian partners in Abyei will work to increase the resilience of affected agro-pastoralist and nomadic communities through tailored approaches based on people's specific needs and vulnerabilities. Partners will aim to implement the following 12 activities.

## ABYEI RESPONSE STRATEGY

- 1 Maintain life-saving services and increase their sustainability by adopting participatory approaches and building community-based management capacity.
- 2 Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.
- 3 Provide access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement and return.
- 4 Reduce dependency on food assistance by supporting livelihoods and food security activities, developing community assets, and improving agricultural, animal husbandry and fishery practices and community-based natural resource management.

- 5 Establish veterinary services and revitalize the community-based animal health workers network for pastoralist nomadic populations by adopting a "follow on approach" throughout migration, and increase access to appropriate animal drugs and vaccines at village level for sedentary populations.
- 6 Ensure response to critical social service needs, including health and education, by adopting intervention modalities successfully tested for nomadic and pastoralist communities.
- 7 Provide education supplies and training, including support to returning students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school.

8 Strengthen protection by working with all stakeholders, including local authorities and United Nations Interim Security Force for Abyei/United Nations Police, to reduce protection risks and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide child protection services. Reduce risk of death and

injury from landmines and unexploded ordnance through mine risk education. Engage with all actors to advocate for a better protective environment for civilians.

9 Maintain readiness to respond to emergencies quickly by securing support from Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stock in Abyei, including emergency shelter and non-food item kits.

10 Improve access by monitoring impediments, advocating with authorities at national and local levels, and improving civil-military coordination.

11 Monitor, track and profile displacement and return in Abyei and provide a basic package of assistance to those in their final destinations.

12 Develop the capacity of communities, including of the "interim" civil service, by adopting a "primary administrative level" approach.

### BREAKDOWN OF PEOPLE IN NEED

BY STATUS	
	NUMBER OF PEOPLE
NGOK DINKA RETURNES /COMMUNITIES	80,000
NGOK DINKA DISPLACED WITHIN ABYEI	15,000
PEOPLE FROM UNITY AND WARRAP IN ABYEI	8,000
MISSERIYA IN NORTH OF ABYEI	29,000
MISSERIYA NOMADS / SEASONAL MIGRANTS	35,000
NEW DISPLACED PEOPLE FROM SOUTH SUDAN	3,000

### CONTACT

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## PARTICIPATING ORGANIZATIONS AND FUNDING REQUIREMENTS

Organizations	Requirements (US\$)
Abyei Development Association	200,000
Action Against Hunger - USA	4,950,000
ACT Alliance / DanChurchAid	4,010,531
ACT Alliance / Finn Church Aid	994,022
ACT Alliance / Lutheran World Federation	2,403,869
Action for Development	1,630,000
Adventist Development and Relief Agency	4,782,000
Advocates Coalition for Rights and Development	192,500
Africa Development Aid	1,439,925
African Humanitarian Corps	195,000
Afro-Canadian Evangelical Mission	980,000
Agency for Technical Cooperation and Development (ACTED)	13,927,823
Aid Support Community Organization	1,050,000
Aliab Rural Development Agency	250,000
American Refugee Committee	5,500,000
Andre Foods South Sudan	200,000
Assistance Mission Africa	534,700
Associazione Volontari per il Servizio Internazionale	870,513
Basic Education Development Network	291,000
Care for Children and Old Age in South Sudan	767,000
CARE USA	7,353,000
Caritas Torit	200,000
Catholic Agency for Overseas Development	628,771
Catholic Medical Missons Board	778,227
Catholic Organisation for Relief and Development Aid	5,513,251
Catholic Relief Services	15,262,123
Centre for Emergency and Development Support	1,060,897
Change Agent Organization	500,000
Child Hope	270,000
Children Aid South Sudan	870,000
Children Humanitarian Aid Organisation	100,000
Child's Destiny and Development Organization	200,000
Christian Mission Aid	3,580,981
Christian Mission for Development	2,250,000

Organizations	Requirements (US\$)
Christian Recovery and Development Agency	750,836
Church and Development	50,000
Collegio Universitario Aspirante e Medici Missionari	4,780,000
Comitato Collaborazione Medica	1,298,419
Community Action Organization	580,000
Community Agriculture and Skills Initiative	550,000
Community Aid for Fisheries and Agriculture Development	800,000
Community Aid for Relief and Development	750,000
Community Health and Development Organization	596,732
Community in Need Aid	800,000
Community Initiative for Development Organization	500,000
Community Integrated Education and Development Initiative	195,801
Community Organization for Emergency and Rehabilitation	450,000
Concern Worldwide	6,041,928
Confident Children out of Conflict	409,850
Danish De-mining Group	4,060,622
Danish Refugee Council	11,600,000
Deutsche Welthungerhilfe e.V. (German Agro Action)	3,807,200
Facilitating Action for Community Empowerment	80,000
Farmer's Life Development Agency	220,730
Food & Agriculture Organization of the United Nations	58,000,000
Food for the Hungry	1,200,000
Global Relief and Development Organization	80,000
GOAL	6,774,635
Grassroot Empowerment and Development Organization	386,020
Grassroots Relief and Development Agency	200,000
Green Belt Initiative	700,000
Green Site	80,000
Handicap International	2,743,487
Health Action Aid	100,000

Organizations	Requirements (US\$)
Health Care Africa	160,000
Health Link South Sudan	4,100,000
Help - Hilfe zur Selbsthilfe e.V.	1,500,000
Help Restore Youth South Sudan	272,450
Hold the Child Organisation	1,496,000
Hope Alive Resilience Organization	368,680
Hope for Children and Women Foundation	550,000
Hope Restoration South Sudan	120,000
Humane Aid for Community Organization	480,000
Humanitarian Aid for Change and Transformation	312,000
Humanitarian and Development Consortium	125,000
Impact Health Organization	1,000,000
Initiative for Peace Communication Association	250,000
International Aid Services	701,088
International Medical Corps UK	15,190,510
International Organization for Migration	76,198,356
International Rescue Committee	7,950,000
Internews	1,649,869
INTERSOS Humanitarian Aid Organization	4,343,703
Islamic Relief Worldwide	700,000
IsraAID	500,000
Jesuit Refugee Service	587,500
Johanniter International Assistance	232,000
John Dau Foundation	4,000,000
Joint Aid Management International	3,964,296
Kueng Community Development Agency	500,000
Lacha Community and Economic Development	725,494
LiveWell South Sudan	950,000
MEDAIR	11,577,651
Medicair - South Sudan	250,000
Medical and Global Nutrition Aid	300,000
Médicos del Mundo	1,268,445
Mercy Corps	7,707,286
Mines Advisory Group	4,206,000
Mobile Humanitarian Agency	500,000

Organizations	Requirements (US\$)
Mobile Theatre Team	632,680
Mother and Children Development Aid	709,293
Mundri Active Youth Association	200,000
National Relief and Development Corps	1,100,000
Nile Hope	8,648,086
Nile Sustainable Development Organization	673,000
Nonviolent Peaceforce	5,708,052
Norwegian Refugee Council	11,086,350
Office for the Coordination of Humanitarian Affairs	9,955,686
Operation Save Innocent Lives	268,800
Organization for Peoples' Empowerment and Needs	250,000
OXFAM GB	22,658,461
Panda Development Initiative	227,600
Peace Corps Organization	867,500
Plan International	4,784,529
Polish Humanitarian Action	6,915,814
Première Urgence Internationale	4,679,775
Pro-active Green Movement 'n Peace Vehicle	80,000
REACH Initiative	3,157,135
Real Medicine Foundation	900,000
Relief International	12,339,068
Rev Simion Christian Orphan Foundation	80,000
Rural Community Action for Peace and Development	940,000
Rural Community Development Initiative	564,000
Rural Water and Sanitation Support Agency	505,000
Samaritan's Purse	2,517,673
Save Lives Initiative South Sudan	430,000
Save the African Child	240,000
Save the Children	12,632,704
Smile Again Africa Development Organization	1,396,000
Sobat Community for Peace and Development	408,470
Solidarités International	8,449,450
South Sudan Development Agency	1,027,000
South Sudan Grassroot Initiative for Development	990,000

Organizations	Requirements (US\$)
South Sudan Law Society	1,780,000
Standard Action Liaison Force	350,000
StarCare Initiative South Sudan	200,000
Stop Poverty Communal Initiative	249,600
Street Children Aid	100,000
Sudan Evangelical Mission	350,000
Sudan Medical Care	2,317,827
Support for Peace and Education Development Program	4,405,000
TEARFUND	7,777,581
Terre des Hommes	2,500,000
The Health Support Organization	4,681,000
The Mentor Initiative	840,658
The Rescue Initiative South Sudan	330,000
Titi Foundation	830,189
Touch Africa Development Organization	642,200
United Nations Children's Fund	151,623,190
United Nations Department of Safety and Security	339,408
United Nations High Commissioner for Refugees	143,825,183

Organizations	Requirements (US\$)
United Nations Mine Action Service	5,322,900
United Nations Office for Project Services	4,000,000
United Nations Population Fund	18,104,300
Universal Intervention and Development Organization	6,814,000
Universal Network for Knowledge and Empowerment Agency	5,049,645
Vétérinaires sans Frontières (Germany)	300,000
Vétérinaires sans Frontières (Switzerland)	1,958,000
War Child Canada	940,000
Widows and Orphans Charitable Organization	200,000
Women Aid Vision	120,000
World Concern Development Organisation	851,748
World Food Programme	830,117,185
World Health Organization	16,963,791
World Relief	3,368,688
World Vision South Sudan	23,897,545
Youth Organization for Social Action	400,000
ZOA	3,420,000
<b>Grand Total</b>	<b>1,717,890,485</b>

For the full list of projects in the Humanitarian Response Plan please see:

<https://fts.unocha.org/appeals/646/projects>



Photo: UNICEF/Hatcher-Moore. Aburoc (Fashoda County), May 2017.



## END NOTES

- 1 Refugee outflows and population growth since the 2008 census have been considered in the calculation of the number of people in need and targeted in 2018, with an adjusted population baseline of 11.2 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 Some 54 per cent of IDPs in Protection of Civilian sites are women and girls, and 61 per cent are children.
- 4 South Sudan National Bureau of Statistics (2017). Consumer Price Index for South Sudan: August 2017. Available at: [http://ssnbss.org/sites/default/files/2017-10/CPI-Aug%202017\\_press%20release..pdf](http://ssnbss.org/sites/default/files/2017-10/CPI-Aug%202017_press%20release..pdf)
- 5 South Sudan Humanitarian 3Ws, 2017
- 6 In agreement with the South Sudan Ministry of Education, the Education Cluster has determined that all children aged 3 to 18 years old should be considered school-aged.
- 7 Multi Agency MRM Database; the number includes verified and unverified information
- 8 The total aggregated number of beneficiaries is 5.8 million. This number is higher than the number of people targeted because some people will be in need of multiple forms of protection assistance.
- 9 This can include protection by presence, risk education and risk reduction messaging (including small arms safety), survey/clearance of explosive hazards, early warning/response programs, support to caregivers of at-risk children, safety audits, inter-sectoral assessments, complaints mechanisms, and dignity kits (including torches) for persons at high risk of GBV, and mainstreaming across clusters.
- 10 The final status of Abyei region has not yet been determined. Humanitarian partners operate in the area from both Sudan and South Sudan. Costs for operations in the region are included under the relevant partners’ projects in the 2018 HRP for South Sudan and the multi-year HRP for Sudan. The funding requirement represents the total aggregated requirements for the response in Abyei but will not be tracked separately in the Financial Tracking System. Funding levels will instead be tracked against relevant projects in the South Sudan and Sudan HRPs.



## ACRONYMS

<b>A</b>		<b>N</b>	
ACLED	Armed Conflict Location and Event Data Project	NFI	non-food item
AIDS	Acquired Immune Deficiency Syndrome	NGO	non-governmental organization
<b>B</b>		NNGO	National non-governmental organization
BSFP	blanket supplementary feeding programme	<b>O</b>	
<b>C</b>		OCHA	Office for the Coordination of Humanitarian Affairs
CAR	Central Africa Republic	OPD	Out Patient Department
CBO	community-based organization	OTP	out-patient therapeutic programme
CBPF	country-based pooled fund	<b>P</b>	
CCCM	Camp Coordination and Camp Management (Cluster)	PHCC	Primary Health Care Centre
CCS	Coordination and Common Services (cluster)	PHCU	Primary Health Care Unit
CERF	Central Emergency Response Fund	PIN	People in Need
CPI	Consumer Price Index	PLW	pregnant and lactating women
CwC	Communication with Communities	PoC	Protection of Civilians
<b>D</b>		<b>R</b>	
DRC	Democratic Republic of the Congo	RRM	rapid response mechanism
DTM	displacement tracking matrix	<b>S</b>	
<b>E</b>		SAM	severe acute malnutrition
EiE	Education in Emergencies	SGBV	sexual and gender-based violence
ERW	explosive remnants of war	SMART	Standardized Monitoring and Assessment of Relief and Transition
ES	emergency shelter	SSP	South Sudanese pound
<b>F</b>		SSHF	South Sudan Humanitarian Fund
FAO	Food and Agriculture Organization	<b>T</b>	
FSL	Food Security and Livelihoods (Cluster)	TB	tuberculosis
FSNMS	Food security and nutrition monitoring system	TSFP	therapeutic supplementary feeding programme
FTS	Financial Tracking Service	<b>U</b>	
<b>G</b>		U5	under-five
GAM	global acute malnutrition	UASC	unaccompanied or separated children
GBV	gender-based violence	UN	United Nations
GFD	general food distributions	UNDSS	United Nations Department for Safety and Security
<b>H</b>		UNFPA	United Nations Population Fund
HC	Humanitarian Coordinator	UNHAS	United Nations Humanitarian Air Service
HCT	Humanitarian Country Team	UNHCR	United Nations High Commissioner for Refugees
HIV	Human Immunodeficiency Virus	UNICEF	United Nations Children's Fund
HRP	Humanitarian Response Plan	UNISFA	United Nations Interim Security Force for Abyei
<b>I</b>		UNMAS	United Nations Mine Action Services
IASC	Inter-Agency Standing Committee	UNMISS	United Nations Mission in South Sudan
ICF	Interim Cooperation Framework	UNOPS	United Nations Office for Project Services
ICWG	Inter Cluster Working Group	UXO	unexploded ordnances
IDP	internally displaced person	<b>W</b>	
INGO	International non-governmental organization	WASH	Water, Sanitation and Hygiene (Cluster)
IOM	International Organization for Migration	WFP	World Food Programme
IPC	Integrated Food Security Phase Classification	WHO	World Health Organization
IRNA	inter-agency rapid needs assessment		
IYCF	infant and young child feeding		
<b>M</b>			
MAM	moderate acute malnutrition		
MUAC	mid-upper arm circumference		

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

[www.humanitarianresponse.info/en/operations/south-sudan](http://www.humanitarianresponse.info/en/operations/south-sudan)

## CONTRIBUTING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND



The OCHA-managed Central Emergency Response Fund (CERF) provides rapid funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. Contributions from various donors—mainly governments, but also private companies, foundations, charities and individuals—are pooled to support response to crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## CONTRIBUTING THROUGH THE SOUTH SUDAN HUMANITARIAN FUND



The South Sudan Humanitarian Fund (SSHF) is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at country level under the leadership of the Humanitarian Coordinator. Find out more about the SSHF by visiting the website:

<http://www.unocha.org/country/south-sudan/humanitarian-fund-overview>

Individual contributions can be made here:

<http://bit.ly/GiveToSouthSudan>

For other information, please contact: [ochasshf@un.org](mailto:ochasshf@un.org)

## IN-KIND RELIEF ASSISTANCE

The United Nations urges donors to make cash rather than in-kind contributions, for maximum speed and flexibility, and to ensure the items delivered are those that are most needed. If you can make only in-kind contributions, please contact:

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## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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



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