

HUMANITARIAN RESPONSE PLAN

SOUTH SUDAN

HUMANITARIAN
PROGRAMME CYCLE

2022

ISSUED MARCH 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Adhel, 35, tends to her vegetable garden in Baackuel village, Malualkon, in Aweil East County, Northern Bahr el Ghazal State. Photo credit: Action Against Hunger/Peter Caton

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TEREKEKA COUNTY

A young female pastoralist stands among her cattle in the Beadkueith cattle camp, along the Juba-Terekeka road. In 2022, FAO and partners plan to vaccinate around 10 million animals against nine alarming animal diseases, reaching an estimated 400,000 vulnerable agro-pastoralist households in South Sudan. Photo credit: FAO/Mayak Akuot

Foreword by the Humanitarian Coordinator

I deeply wish that I could pen this foreword announcing that enough progress has been made to alleviate the suffering of people and lift them to levels where they enjoy sustainable livelihoods and thrive. Sadly, this is not the case. People in South Sudan continue to endure daily hardship and uncertainty.

The deterioration in the humanitarian situation has stripped people of their physical and mental well-being, of their living standards and coping mechanisms. A staggering 8.9 million people, including refugees, will need humanitarian and protection assistance this year. Among them, an estimated 8.3 million people are expected to experience severe food insecurity by the peak of the lean season from May to July.

Gender-based violence remains a critical threat, particularly for women and girls who are exposed to risks when carrying out routine activities as simple as collecting water and firewood. Protection concerns remain high as civilians continue to be displaced and killed, their houses and properties destroyed, and access to livelihoods and essential services disrupted due to violence.

Over 2 million people are displaced in South Sudan, some of whom have been forced to displace multiple times over the years due to flooding and violence. There are 2.3 million South Sudanese living as refugees in neighbouring countries. A multitude of interconnected shocks, including endemic violence, conflict, health emergencies, and economic and climatic shocks, have plunged two-thirds of the population into extreme vulnerability, particularly women, children, the elderly, the disabled, and people with specific needs.

For the third consecutive year, heavy and erratic rainfall resulted in massive flooding, the destruction of crops, and population displacements. Many of those who were forced to move remain displaced as their homes are still under water. Conflict and insecurity displaced people in numerous areas. Some of this violence continued into 2022, forcing people to flee.

Public health issues remain, amid the looming threat of COVID-19 and low vaccination levels. Reports of measles outbreaks, and the ongoing Hepatitis E outbreak in Bentiu town add to the fragility of the public health system.

To address vulnerable people's most critical needs this year, the Humanitarian Response Plan 2022 will require US\$1.7 billion. Timely and scaled-up funding is needed to respond to people's needs and to avoid erosion of previous gains, affecting people's ability to survive. This two-year plan represents a strategic shift in the approach of the Humanitarian Country Team to enable planning, interventions, and collaboration over a longer time horizon.

In 2022, I will lead efforts to strengthen humanitarian, development, and peacebuilding efforts in an integrated approach to leverage the essential dividends people need to thrive, in line with the two-year approach of this plan.

I could not be any prouder of the tireless efforts of all humanitarians working to support people in need. Humanitarians in South Sudan are committed to a person-centred approach that embodies the values of Centrality of Protection and accountability to the affected population, while maintaining our commitment to the prevention of sexual abuse and exploitation. I urge real efforts on localization, including capacity building and partnerships with local organizations.

I am honoured to be part of this humanitarian community the majority of whom are South Sudanese who stay and deliver, bravely and creatively, seeking ways to best serve the people who need us. I welcome and encourage your support.

In closing, my admiration goes to the affected people who support each other through the most difficult of experiences. While this plan reflects numbers and approaches, I invite those who read it to see in each number the human stories of the persons behind it.



Sara Beysolow Nyanti
Resident and Humanitarian Coordinator

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
8.9M	6.8M	\$1.7B	186

Strategic Objective 1

Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs.

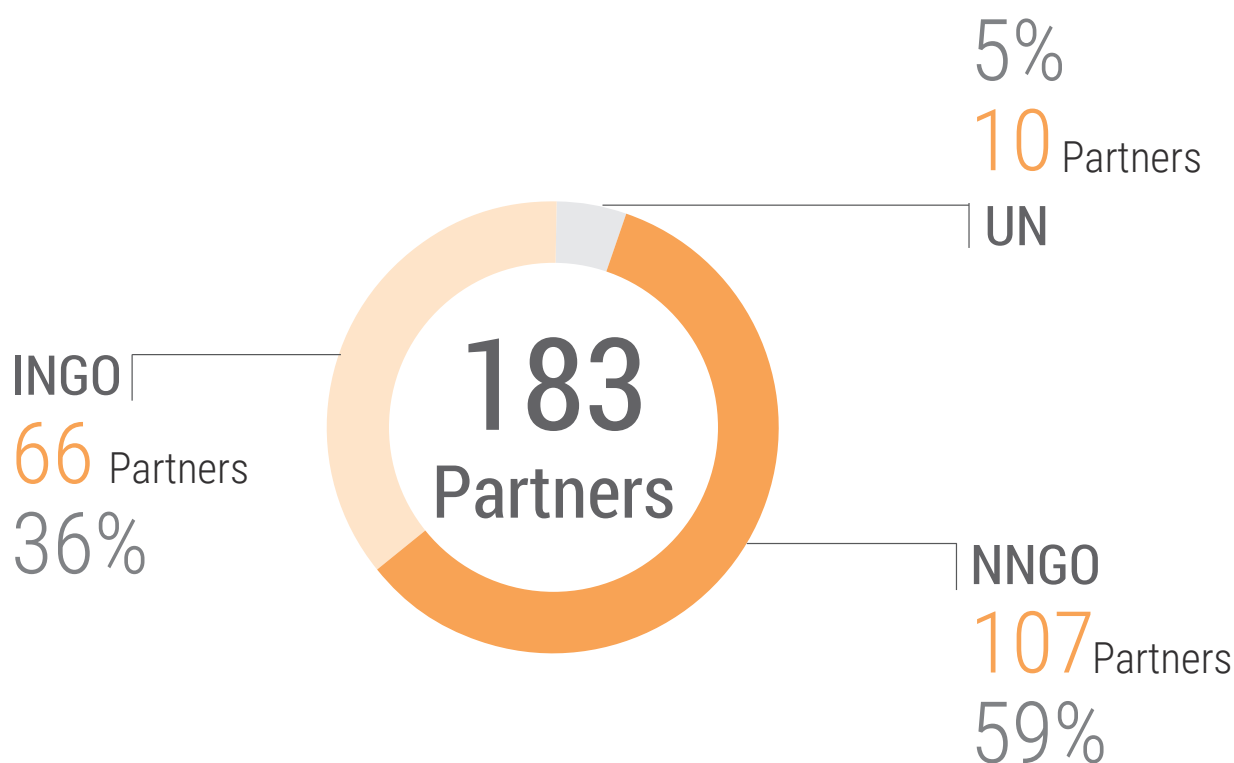
Strategic Objective 2

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities.

Strategic Objective 3

Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights.

Responding partners by type 2022



Key Figures

12.4M

Total Population

8.9M

Total people in Need

6.8M

Total people Targeted

By population groups

IN NEED

6M

Host community



TARGETED

4.5M

Host community

1.4M

Internally displaced people



1.1M

Internally displaced people

1.2M

Returnees



0.9M

Returnees

350K

Refugees



350K

Refugees

With disability

1.3M

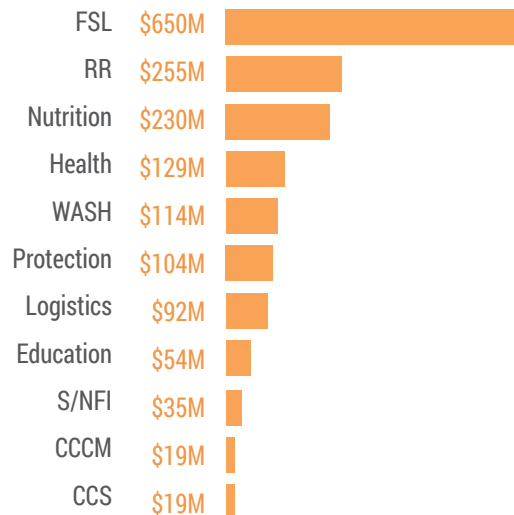
People with disabilities



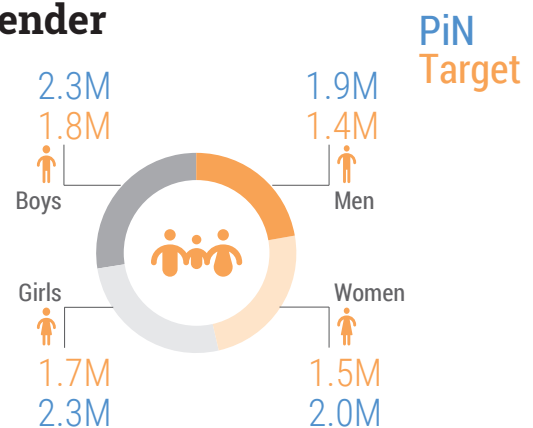
1.0M

People with disabilities

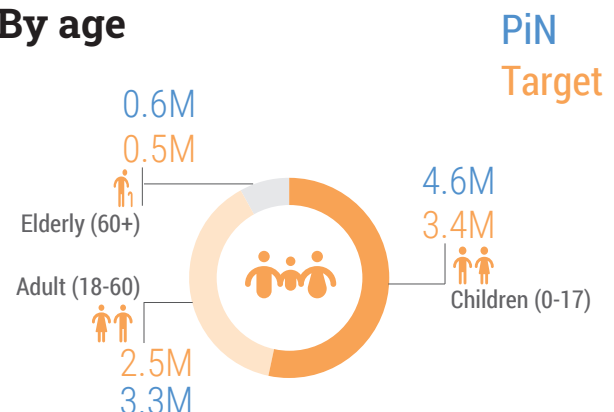
Financial requirements by sector



By gender



By age

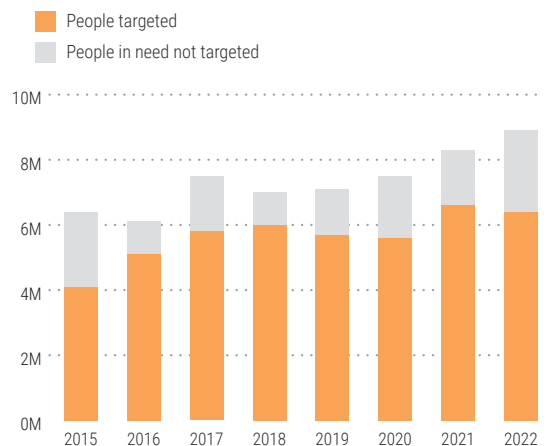


Historic Trends

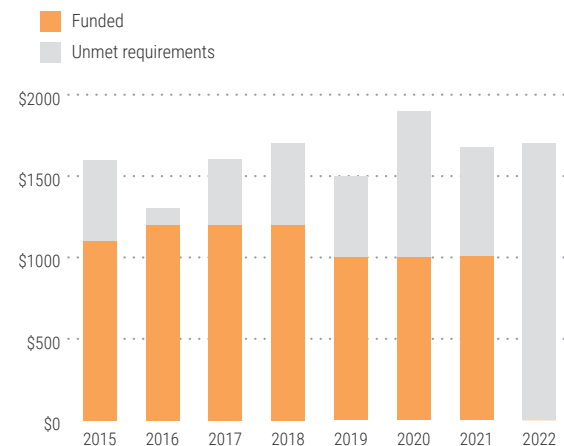
Response since the start of the crisis

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2013	4.6M	3.3M	1.1B	772M	72%
2014	7.3M	3.8M	1.8B	1.6B	88%
2015	6.4M	4.1M	1.6B	1.1B	66%
2016	6.1M	5.1M	1.3B	1.2B	92%
2017	7.5M	5.8M	1.6B	1.2B	71%
2018	7.0M	6.0M	1.7B	1.2B	70%
2019	7.1M	5.7M	1.5B	1.0B	67%
2020	7.5M	5.6M	1.9B	1.2B	65%
2021	8.3M	6.6M	1.7B	1.2B	68%
2022	8.9M	6.5M	1.7B		

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



Response in 2021

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED	FINANCIAL REQUIREMENTS(US\$)
Camp Coordination & Camp Management	1.6M	900K	<div><div></div></div>	875K	97%	\$18.0M
Education	3.4M	806K	<div><div></div></div>	298K	37%	\$53.7M
Food Security & Livelihoods	7.7M	5.71M	<div><div></div></div>	4.20M	74%	\$644M
Health	5.2M	2.42M	<div><div></div></div>	1.98M	82%	\$124M
Nutrition	1.9M	1.25M	<div><div></div></div>	1.26M	101%	\$205M
Protection	5.0M	2.58M	<div><div></div></div>	1.64M	64%	\$98.8M
Shelter & NFIs	2.4M	1.09M	<div><div></div></div>	1.03M	94%	\$33.0M
Water Sanitation & Hygiene	5.9M	3.00M	<div><div></div></div>	1.27M	42%	\$119M

Crisis Context and Impact

2021 saw a deterioration in the humanitarian situation in South Sudan. The country was confronted by social and political instability due to violence and a series of interconnected shocks, including conflict, persistent and unprecedented flooding, inflation, and the impact and economic weight of COVID-19. This has led to massive internal and cross-border displacement, further straining of scarce resources, livelihoods, and basic services, and increasing protection risks, particularly for the most vulnerable groups. Insecurity, fueled by sub-national intercommunal violence, crime and wide-scale impunity, continued to hamper the country's roadmap to peace. Over 8.9 million people (including 4.6 million children) are estimated to need some form of humanitarian assistance and protection in South Sudan in 2022.

Protection concerns persisted in 2021, with at least 3,414 civilians killed, injured, abducted, or subjected to conflict-related sexual violence.¹ The lack of progress to implement transitional justice and security arrangements resulted in a deterioration of the protection environment. As the country enters a sensitive pre-electoral period, there is a continued need to strengthen protection services. Over 2 million people, or a fifth of the country's overall population, are currently internally displaced, including 34,000 who live in the remaining Protection of Civilians (PoC) site in Malakal. There are also 2.3 million South Sudanese refugees living in neighbouring countries. Insecurity, the presence of explosive hazards, unresolved housing, land, and property (HLP) issues and lack of basic services in potential return areas continue to discourage large-scale returns.

Extreme levels of food insecurity and malnutrition, affecting two-thirds of the country's population, make South Sudan one of the worst food insecurity emergencies in the world. An estimated 8.3 million people, including refugees, are expected to experience severe food insecurity at the peak of the 2022 lean season (May-July). This represents a 7 per cent increase from the 7.7 million people in 2021. Extreme weather events have led to the degradation of natural resources, a reduction in agricultural production, food insecurity, and a loss in livelihoods. In addition, armed conflict has had a devastating impact on the food security situation across the country, including through asset stripping, restrictions in mobility, displacement, and impediments to food assistance.

Climate change has affected the variability of weather, exposing the country to torrential rains, seasonal flooding, and drought. Extreme weather events have had direct repercussions on peace and security. Flooding has been a major driver of displacement, followed by conflict. In 2021, 835,000 people were affected by floods in 33 counties across eight states, with Jonglei, Unity and Upper Nile states being the worst impacted. Climate change has altered the routes and periods of livestock transhumance, while the depletion of resources due to natural disasters, particularly grazing land, and access to water sources, has become a source of tensions between pastoralists and farmers.

Humanitarian access to affected populations continues to be constrained by armed violence, bureaucratic impediments, operational interference, violence and threats against humanitarian personnel and assets, and physical constraints. Between January and December 2021, 591 reported humanitarian access incidents were recorded. Illegal taxation and extortion, particularly at checkpoints, delayed the delivery of humanitarian assistance in both government- and opposition-controlled areas, and diverted resources that would otherwise have been intended to provide life-saving supplies.² Poor road infrastructure and road conditions, exacerbated by heavy rain and floods, and explosive hazard contamination have posed additional challenges to humanitarian access.



Read more about humanitarian needs and drivers in the [South Sudan 2021 Humanitarian Needs Overview](#)

Poverty levels in South Sudan over the past decade

Demographic



Human Development Index

South Sudan ranks 185 out of 189 countries in the Human Development Index¹



Poverty line

4 out of 5 people living under the international poverty line in 2016²



Early marriage

An estimated half of South Sudanese girls get married before the age of 18³

Socio-cultural



Life expectancy

Life expectancy in South Sudan is in the bottom 10 countries in the world (57 years)⁴



Youth population

An estimated 57 per cent of South Sudanese in-country are under 18 years old⁵



Under-five mortality rate

One of the highest under-five mortality rates (90.7 deaths per 1,000 live births) in the world⁶

Economic



GDP per capita

South Sudan's GDP per capita in 2020 is \$747.7⁷



Rising inflation rates

The year-on-year inflation rate stood at 40 per cent in March 2020⁸



Food basket cost

The cost of a standard food basket has increased by 42%⁹

Basic services



Access to health services

South Sudan has only one physician for every 65,574 person in the country¹⁰



Access to safe water

Only 40 per cent of people have access to safe water¹¹



Access to education

An estimated 2.4 million children were out of school in 2020¹²

Infrastructure



Access to electricity

Only 28 per cent of people in South Sudan have access to electricity¹³



Phone ownership

Only 34 per cent of females own a phone, compared to 56 per cent of males¹⁴



Road access

More than 60 per cent of roads become impassable during the rainy season¹⁵

Security



Sub-national violence

In the first half of 2021, at least 1,859 civilians were directly affected by violence¹⁶



Human rights incidents

There were 982 incidents affecting at least 3,414 civilians between January and December 2021¹⁷



Civilian casualties

At least 3,414 civilians have been killed, injured, abducted and conflict-related sexual violence in 2021¹⁸

Sources: 1. Human Development Report 2020, UNDP 2. Informing Durable Solutions for Internal Displacement in Nigeria, Somalia, South Sudan, and Sudan, World Bank 3. UNICEF press release <https://uni.cf/3sldk4q> 4. World Bank. 2020. South Sudan Economic Update, February 2020 : Poverty and Vulnerability in a Fragile Environment 5 World Bank. 2020. South Sudan Economic Update, February 2020 : Poverty and Vulnerability in a Fragile Environment 6. United Nations Inter-agency Group for Child Mortality Estimation, 2019. Sources: 7. GDP Per Capita, South Sudan Overview, World Bank, October 2020 8. Rising inflation rates, United Nations South Sudan, COVID-19 Socio- Economic Response Plan 9. Food basket cost, WFP 10. Access to health service, WHO 11. Access to safe water, WASH Briefing Note, UNICEF, July-September 2020 12. Access to education, UNESCO Institute for Statistics, 2019 13. Access to electricity, World Bank, Sustainable Energy for All (SE4ALL) database 14. Phone ownership, Mobile Money Research in South Sudan, World Bank, June 2019 15. Road access, South Sudan: Logistics Cluster - Concept of Operations, August 2020 16. Sub-national violence, UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 17. Human rights incidents UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 18. UNMISS Human Rights Division, contribution to 2021 HNO in November 2020, unpublished.

Part 1: Strategic Response Priorities

JUBA COUNTY

A health worker vaccinates a child against all 3 types of poliovirus, including wild poliovirus and vaccine derived in Kator PHCC, Juba City Council, Central Equatoria State. Photo credit: WHO/Atem John



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The humanitarian situation continued to deteriorate in 2021 due to multiple shocks and unaddressed root causes of need. Endemic violence, conflict, access constraints and operational interference, public health challenges, and economic and climatic shocks continue to impact the affected populations' physical and mental well-being, living standards, and coping mechanisms, exacerbated by marginalization of women, youth and persons with disabilities. People's access to essential services, including health care, education, water and sanitation, as well as protection and legal services, continues to be limited. The 2022 South Sudan Humanitarian Needs Overview (HNO) estimates that more than two-thirds of South Sudan's population, or 8.9 million people, including refugees, will require humanitarian assistance in 2022. Eighty per cent of households are female headed, a conservative 15 per cent persons are with disabilities, while 60 per cent are youth.³

Sub-national violence remains a main obstacle to the realization of sustainable peace in South Sudan, severely hindering humanitarian access. Targeted and indiscriminate killings, roadside ambushes, mines, and explosive remnants of war (ERW) posed additional threats to the lives of civilians and humanitarians. In 2022, it is expected that humanitarian access will continue to be hindered by sub-national violence, bureaucratic impediments, and climatic shocks, deepened by pervasive patriarchal norms that marginalise women and girls leading to greater risks of gender-based violence (GBV). The lack of efficient and independent institutions to maintain the rule of law and the ability to safeguard fundamental

human rights has led to perceived sense of impunity, resulting in increased crime and attacks on civilians and humanitarian workers.

Increased population movements in 2021 due to conflict, flooding, and food insecurity continued to drive humanitarian needs. About 2 million South Sudanese are currently internally displaced across the country. Many of them have been forced to displace multiple times, in search of better living conditions, or to flee violence. A further 2.3 million South Sudanese are living as refugees in neighbouring countries.

Food insecurity remains extremely high. Three years of consecutive flooding, recurrent localized conflict events and youth agitation disrupted the delivery of food and livelihood assistance aimed at improving food security. An estimated 8.3 million people (including refugees) are expected to experience severe food insecurity by the peak of the 2022 lean season (May-July) as shocks continue to intensify. In addition, 2 million people, including 1.3 million children under the age of five, and 676,000 pregnant and lactating women, are expected to be acutely malnourished.

The education sector has been heavily impacted by the consequences of growing insecurity, flooding and the COVID-19 pandemic, leading to school closures and learners' absenteeism and drop-out, particularly in the Greater Pibor Administrative Area (GPAA), Jonglei, Lakes, Upper Nile, Central Equatoria, Warrap, Unity and Western Equatoria states.⁴

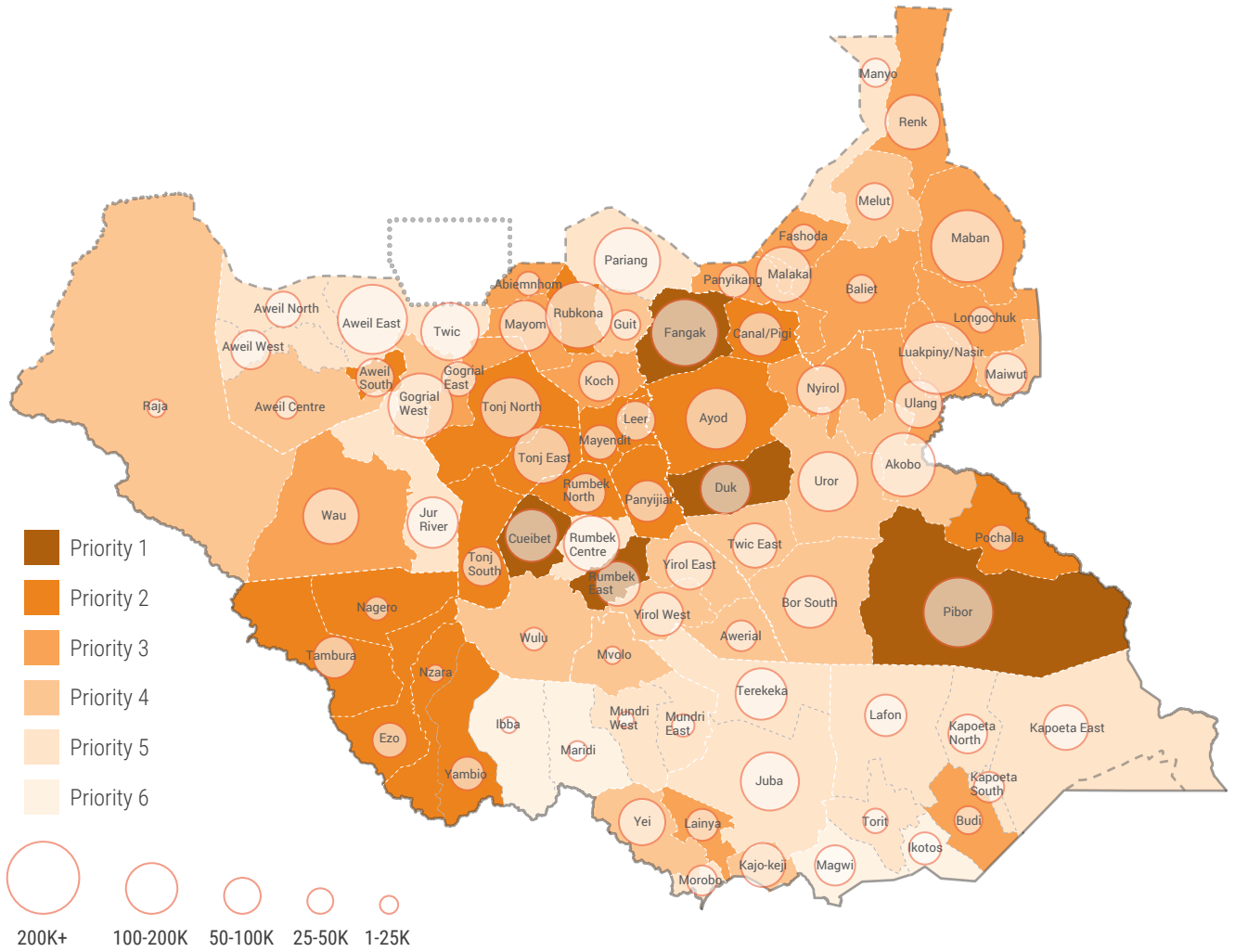
PIBOR COUNTY

Myalak Aru (estimated age 10) was abducted a year ago with her younger sister from her village near Malakal. Several other children and women from the same village were abducted with the two girls. Pibor Administrative Area. Photo credit: UNICEF/Abel



1.2 HRP Prioritization and Targeting

Prioritization and Targeting by County



1.3

Strategic Response Priorities and Response Approach

Response scope

In 2022, the humanitarian community will target 6.8 million people out of the 8.9 million people in need of humanitarian assistance, including internally displaced people, spontaneous refugee returnees, IDP returnees, host communities impacted by the crisis, refugees, most vulnerable women and girls female-headed households, people with special needs, those with disability and older persons. The 2022 South Sudan Humanitarian Needs Overview⁵ (HNO) described Fangak, Duk, Pibor counties in Jonglei State, Cueleibet and Rumbek East Counties in Lake State as the most severely affected or catastrophic territories. Seventy-one counties are classified as in extreme need, and two counties in severe need.

The outcomes of 2022 HNO severity analysis informed a prioritization exercise, which has been conducted to support a targeted response in identified priority counties. The prioritization exercise overlaid critical severity indicators, cluster severity scores, number of conflict incidents and the overall severity of people in need (including flood-affected populations). The severity of needs for two population groups (IDPs and returnees) was also considered to strengthen prioritization and targeted approach in identified priority geographic locations.

The United Nations Country Team (UNCT) developed a Common Country Analysis (CCA) which details the assessment of the country's root causes and challenges in achieving sustainable development in the country to address longer-term needs. The analysis informs the prioritization of the 2023-2025 United Nations Sustainable Development Cooperation Framework's (UNSDCF) areas of intervention in the country and will be aligned, to the extent possible, with the Humanitarian Response Plan through agreed Collective Outcomes across the humanitarian-development-peace pillars. During the development process of the UNSDCF 2023-25, additional collective outcomes may be added and thereafter incorporated into the HRP. The UNSDCF will focus on i) transparent, accountable and inclusive governance; ii) sustainable economic growth and diversification; iii) social development with the protection of the most vulnerable; and iv) women and youth empowerment for sustainable development. The UNSDCF will also contribute to the proposed Revised 2021-2024 National Development Strategy (R-NDS) and the Sustainable Development Goals (SDGs).

Response approach and modalities

The current humanitarian context is constrained by declining funding not meeting the growing humanitarian needs and access challenges. For a more significant impact, the response will need to be flexible and adaptive to a highly dynamic environment with limited resources.

To be more effective, the humanitarian response will need to cover immediate needs whilst simultaneously embed durable solutions in the design of humanitarian interventions by addressing people's vulnerabilities and building their resilience. The response will be conflict-sensitive, and it will consider community feedback and the different protection needs of women, men, girls, and boys affected by the crisis.

Response modalities will vary according to the operational and funding environment in South Sudan. The impact of conflict and flooding on assistance delivery will influence the choice of response modality. Static-based operations will be preferred where possible. Due to cost efficiency considerations, fewer mobile response modalities, such as air drops, will be planned. Partner field capacity, particularly in remote locations, will play a crucial role in pre-positioning humanitarian supplies to reduce reliance on air assets.

Integrated Rapid Response Missions (IRRM), Rapid Response Mechanisms (RRM), and Emergency Response Teams (ERT) will continue to be utilized to deliver rapid, multi-sectoral assistance to communities in remote locations. The use of community platforms through Community Nutrition Volunteers (CNVs) will be supported as the primary vehicle for delivering multi-sectoral services at community and household levels.

The Protection Cluster will implement a Protection Monitoring System (PMS) to collect protection-related data based on the results of the HNO. It will take into consideration the locations with a high protection severity rate, including IDP camps and informal settlements. The PMS will collect information relevant to all population groups, including IDPs, IDP and refugee returnees, as well as host communities. The Protection Cluster will publish regular updates with relevant protection information, including trends, response, gaps and advocacy messages to raise awareness of protection needs of people of concern.

Four clusters, namely health, nutrition, food security and livelihoods (FSL), and water, sanitation, and hygiene (WASH) have adopted a common integrated plan focusing on IPC 4 counties. Through vulnerability targeting, the FSL Cluster will deliver emergency food, livelihood, and livestock support to vulnerable households in the catchment areas of health, nutrition, education, and community WASH facilities. Collaboration between FSL and Nutrition clusters will be integrated based on geographical convergence with a focus on livelihoods. An integrated Nutrition/Health approach will be scaled up in 15 priority counties. In emergency settings, and in WASH Severity Classification (WSC) counties and communities at a high risk of disease outbreaks, partners will respond to acute needs with rapid modalities including

WASH non-food items (NFIs), hygiene promotion, emergency sanitation, and water supply to immediately break disease transmission cycles. The WASH core pipeline will remain a key instrument to deliver immediate assistance while exploring scaling up market integration in 2022.

In-kind assistance, cash and voucher assistance (CVA), or a combination of both (i.e., hybrid basket), will be used to provide humanitarian assistance based on the context and according to the principles of feasibility, effectiveness, efficiency, economy, and safety. Unconditional cash will be predominantly used for the purchase of food. Conditional cash and voucher assistance will be used for nutrition

support, seed trade fairs, small cash grants for asset building, and cash for work (World Bank) safety net programmes.

The overall response will also be guided by various operational and policy documents which include the South Sudan Humanitarian Country Team (HCT) Accountability to Affected Populations (AAP) strategy; implementation of Gender and Inclusion Road Map; the HCT Centrality of Protection strategy and Operational Guidance Note for Humanitarian Support for Returns, Relocations and Local Integration of IDPs in South Sudan.

FANGAK COUNTY

Nyalong Wal carries her daughter Nyarmal Tuoch to dry land in Wangchot, Fangak County in Jonglei State. Photo credit: ACF/PeterCaton



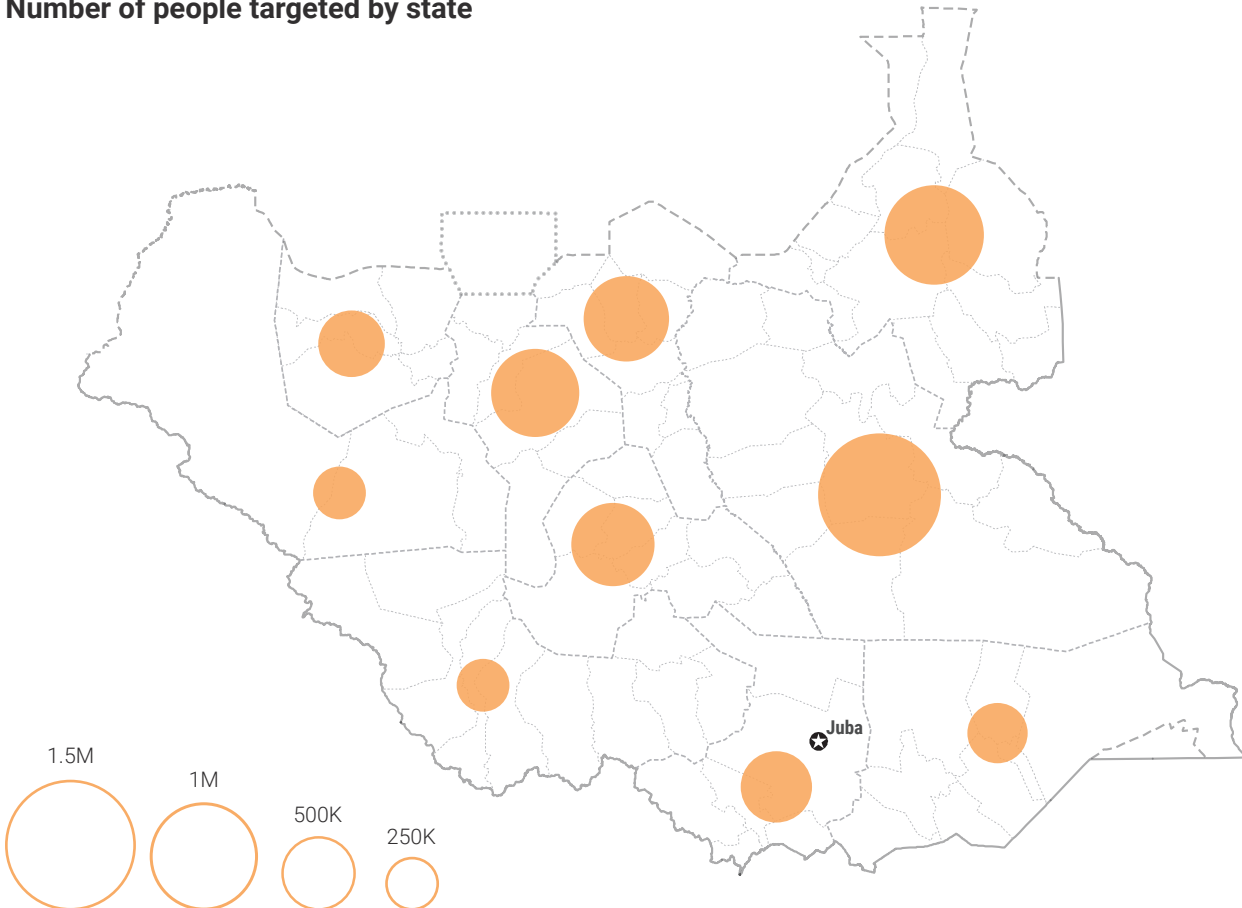
Strategic Objective 1

S01

Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs.

PEOPLE TARGETED*	FEMALE	CHILDREN	WITH DISABILITY
6.2M	50%	54%	15%

Number of people targeted by state



Drivers of needs

Humanitarian conditions

- 

Insecurity, sub-national violence, conflict
- 

Economic crisis, rise in commodity prices
- 

Climate change, flooding
- 

Disease outbreaks, effects of COVID-19 pandemic

Physical and mental well-being
Living standards

* The numbers of people targeted per strategic objective are estimations only. The targets were calculated by considering only the clusters that have their total "targeted population" targeted under the respective strategic objective. The breakdown of the individual indicator targets is not available.

Rationale and intended outcome

Strategic Objective 1 will target 6.2 million people with life-saving assistance to improve their physical and mental well-being. Protection, safe and equal access to services, food assistance, nutrition, health and WASH services will be critical as life-saving support to affected communities and the most vulnerable people to prevent further deterioration of the food security situation, improve food consumption, dietary diversity and coping strategies for vulnerable populations in Integrated Phase Classification (IPC)/ intersectoral severity needs levels 5 and 4, and some in level 3. Humanitarian assistance will focus on reducing critical food insecurity for 3.58 million people (compared to 2.54 million in 2021) in IPC phase 4 and 5 (emergency and catastrophic levels of food insecurity).

An estimated 2 million children and women will be at risk of acute malnutrition and in need of urgent treatment. To address malnutrition-related suffering, morbidity and mortality among vulnerable populations, nutrition partners will increase equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in prioritized counties experiencing multiple deprivations, including high malnutrition rates, food insecurity, morbidities, and poor WASH conditions.

WASH response, integrated with nutrition and health interventions, will reduce the burden of WASH-related diseases as aggravating factors of malnutrition in locations presenting extreme WASH vulnerability and high prevalence of malnutrition. These services will break the transmission cycle of main communicable diseases (i.e., diarrhoea), thus improving food intake of malnourished children and contributing to the sustainability of health and nutrition objectives.

Health partners will target 3.4 million people and aim to improve people's access to, and utilization of, essential health care services to reduce excess morbidity and mortality. Disease outbreaks will be detected early and responded to in a timely manner, and adequate surveillance systems will be put in place through the Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert and Response System (EWARS).

Specific objectives and people targeted

#	SPECIFIC OBJECTIVE	TARGETED
1.1	Reduce levels of critical food insecurity for 3.58 million people across all 78 counties projected to be in severe acute food insecurity equivalent to IPC 4 and 5 at the height of the 2022 lean season (from the November 2021 baseline)	6.1M
1.2	Decrease in prevalence of global acute malnutrition among boys and girls under the age of 5 years and pregnant and lactating women in prioritized counties by 2023	1.5M
1.3	Decrease excess morbidity and mortality rates from outbreak prone illnesses, such as malaria, diarrhoea, acute respiratory infections, and vaccine-preventable illnesses, such as measles	3.4M
1.4	Provide access to life-saving essential healthcare, including mental health to women, men, girls and boys, including ability-challenged persons	3.4M

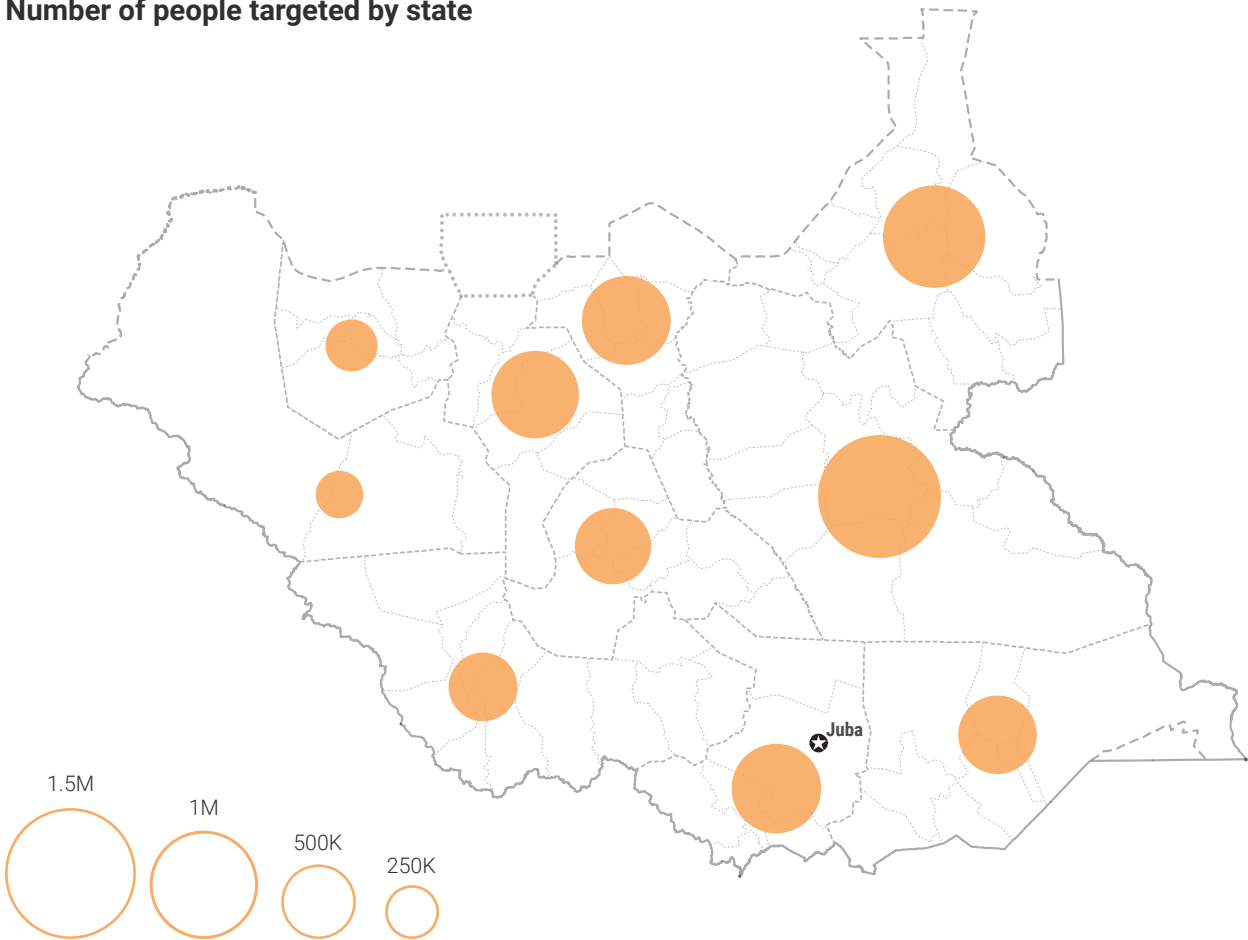
Strategic Objective 2

S02

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities.

PEOPLE TARGETED*	FEMALE	CHILDREN	WITH DISABILITY
4.4M	51%	54%	15%

Number of people targeted by state



Drivers of needs

- 

Insecurity, sub-national violence, conflict
- 

Economic crisis, rise in commodity prices
- 

Climate change, flooding
- 

Disease outbreaks, effects of COVID-19 pandemic

Humanitarian conditions

- Physical and mental well-being
- Living standards

* The numbers of people targeted per strategic objective are estimations only. The targets were calculated by considering only the clusters that have their total "targeted population" targeted under the respective strategic objective, as the breakdown of the individual indicator targets is not available.

Rationale and intended outcome

Strategic Objective 2 will address protection and living standards with the aim of promoting and restoring access to basic services in the short- and long-term. The HCT's commitment to centrality of protection is at the core of Strategic Objective 2. The approach will also be further strengthened through the implementation of a HCT centrality of protection road map to enable the integration of common protection priorities, notably rule of law and access to justice spanning the triple nexus.

Increased protection needs will inform the critical protection response and specialized services through an integrated targeted approach to address the needs of women, men, girls and boys in priority and hard-to-reach geographical areas. Structure protection monitoring and protection risk assessments will allow to enhance efficiency, not only for the protection programmes, but for other sectors. It will also ensure the centrality of protection in the overall humanitarian response, with targeted specialised support for persons with specific needs, people with disabilities, children affected by conflicts, floods and other factors causing displacement. The number of people in need of gender-based (GBV) interventions has increased by 25 per cent from 2021. An estimated 2.6 million people will face GBV risks in 2022, representing an increased need for GBV prevention, risk mitigation and response activities. An estimated 2.9 million children will need immediate life-saving child protection services.

Emphasis will be placed on mainstreaming protection and mitigating WASH-related GBV to ensure that beneficiaries of WASH services, particularly women and children, can access facilities in a safe manner.

Specific multi-sectoral activities will be undertaken to improve safe access to water and sanitation, promote critical WASH messages, integrate early childhood development strategies into nutrition treatment sites, promote kitchen gardening, screen and treat malaria, manage diarrhoea, and mainstream child protection and GBV risk mitigation at nutrition sites.

At least 1.43 million people will be targeted with NFI assistance in 2022 with a focus on increasing direct support to people affected by crisis, including newly displaced people, people in protracted displacement, crisis-affected individuals who have not displaced, and returnees. Partners will aim to improve access to safe emergency shelter and lifesaving NFIs for up to 1.4 million crisis-affected individuals and improve the living conditions of people in protracted displacement and transition, as well as host communities and crisis-affected communities that have not been displaced.

Education partners will provide 866,000 children with access to safe and quality education services to support the wellbeing of children and teachers. Through teacher trainings, children will receive appropriate psychosocial support in a protective learning environment. Children who are in need of specialized assistance will be referred to child protection, GBV, nutrition, and health services. Out-of-school youth and adolescents will be reached through life skills and vocational training to help them acquire skills to cope with challenges that alongside protracted emergencies and conflict.

The presence of explosive ordnances and mines in the country impacts the ability of civilians to access basic services, such as education, health, and natural resources, including water and land. This reduces important positive coping mechanisms needed to face increased competition over land and resources due to climate change. Explosive ordnance and mine action analysis indicate that six counties are classified as catastrophic, each with 16 or more hazardous areas recorded. Thirteen counties, namely Ayod, Cueibet, Fangak, Gogrial East, Kapoeta East, Mayendit, Mayom, Pibor, Rubkona, Rumbek North, Terekeka, Tonj East, and Tonj North, fall under severity classification 5 "catastrophic" and will be prioritized for various types of response, including GBV prevention, risk mitigation, and response programming

Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
2.1	Ensure that women, men, girls and boys have safe access to quality basic, gender-responsive, mobility challenged accessible services, including water, sanitation and hygiene, nutrition, education, protection and health, including sexual and reproductive health	3.2M
2.2	Provide shelter and non-food items for displaced people in situations of emergency and transition in an ability-challenged accessible, gender-responsive manner	0.98M
2.3	Improve living and protection conditions for highly vulnerable IDPs, returnees, host communities/ affected non-displaced populations through enhanced management of sites	1.4M
2.4	Reduce the suffering of girls, boys, women, men, the elderly, persons with disabilities, and other persons with specific needs at risk of or who experienced violence, including gender-based violence, sexual exploitation and abuse, exploitation and neglect through the provision of specialized protection and multi-sectoral services	2.9M
2.5	Reduce the vulnerability of women, men, girls and boys at increased risk of mortality and morbidity and protection incidents/threats in priority areas through protection monitoring, advocacy, awareness-raising and prevention and response services	2.9M
2.6	Promote collective action on accountability to affected populations to ensure the population groups targeted to receive assistance are consulted throughout the entire cycle of the response, and their needs are taken into account in decision-making by humanitarians	3.4M
2.7	Facilitate conflict- and gender-sensitive access to safe housing, land, and property for women, men, girls, and boys, with sufficient security of tenure to enhance access to essential HLP services and livelihoods, including access to dispute resolution mechanisms	0.7M

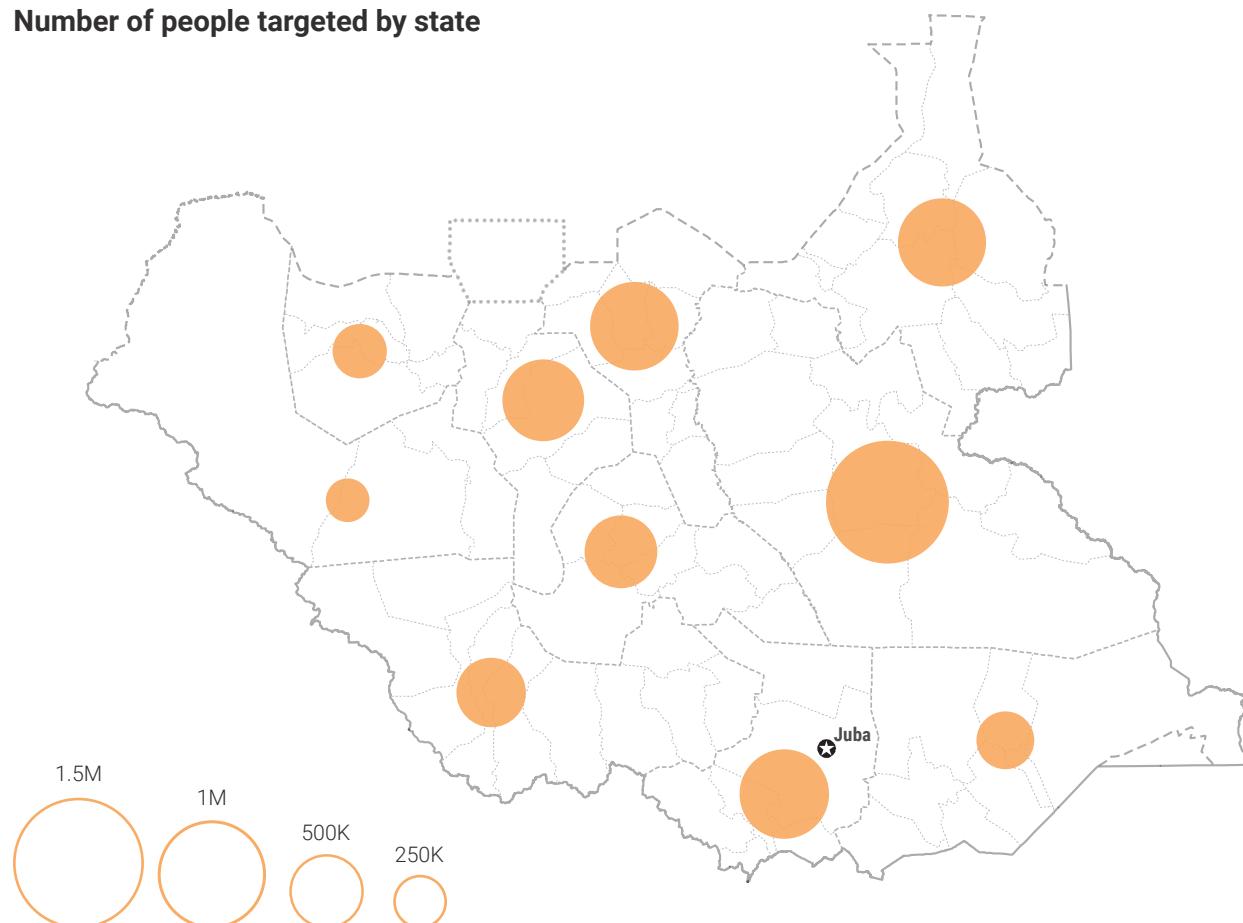
Strategic Objective 3

Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights.

S03

PEOPLE TARGETED*	FEMALE	CHILDREN	WITH DISABILITY
3.4M	50%	54%	15%

Number of people targeted by state



Drivers of needs



Humanitarian conditions

Coping mechanisms

* The numbers of people targeted per strategic objective are estimations only. The targets were calculated by considering only the clusters that have their total "targeted population" targeted under the respective strategic objective. The breakdown of the individual indicator targets is not available.

Rationale and intended outcome

Activities under Objective 3 aim to reduce dependency on humanitarian assistance, promote self-sustainability of IDPs, returnees and vulnerable host communities, as well as build resilience to withstand future shocks, ensure safe, equitable and sustainable access to services and promote access to justice.

Increased household resilience in all 78 counties, as measured by the Resilience Capacity Index (RCI) against the 2020 baseline, will be achieved by strengthening assets, capacity and access to basic services and social safety nets. Resilience building will also focus on locations affected by floods in the last three years, including but not limited to Jonglei, Upper Nile and Unity states. All action will contribute towards strengthening the nexus between humanitarian response, resilience and development programming and peacebuilding (conflict sensitivity) to achieve collective outcomes.

One priority under Objective 3 will be reduced dependency on food assistance and the promotion of agricultural inputs availability to strengthen households' ability to absorb shocks and to reduce food insecurity. Where adequate resources are available and the context is stable, partners will implement semi-permanent solutions including repairs or construction of water points and installation of robust sanitation facilities. In flood-prone locations, partners will build quality sustainable infrastructure such as flood-resilient facilities, robust supply systems and self-sustained maintenance mechanisms through enhanced community engagement and ownership. Continuity of service provision will also be ensured in Protection of Civilians (PoCs) site and IDP camps. In line with the 'do no harm' principle, the gradual integration of local markets into WASH programming will promote a multiplier effect in the intervention area. Shelter and NFI partners will promote the use of flood-resilient construction methods for transition, return, or reconstruction programmes which will contribute to reduce dependency on humanitarian assistance.

Education partners will support 866,000 children in accessing safe, protective, and quality education, thereby contributing to normalization of their lives and well-being. Partners will also strengthen national and local education systems and actors, including school community representatives, Parent Teacher Associations (PTAs), and institutional capacities of national NGOs.

The national Housing, Land and Property (HLP) Technical Working Group will aim to strengthen the HLP rights of people in need by providing assistance and services to more than 164,000 people. HLP activities will contribute to guarantee safe housing, land, and property for women, men, girls, and boys, and people with disability observing due diligence considerations for security of tenure and dispute prevention.

Explosive ordnance and mine clearance are one of the pre-requisites for safe and sustainable move to development. As per the available data, the majority are located within the Greater Equatoria Region, considered to have the highest agricultural potential in the country and serving as a main conduit for returns from Uganda. Mine action activities will target over 221,000 people. These include surveying and clearing explosive hazards, as well as providing explosive ordnance risk education (EORE) to host communities, displaced people, returnees, and refugees.

The United Nations Humanitarian Air Service (UNHAS), through the provision of passenger air services and the facilitation of common services, and the Common Transport Services (CTS), through road cargo transport, will enable humanitarian actors to reach people in need and project implementation sites. These services will be essential to ensure integrated and inclusive humanitarian action, allowing humanitarian organizations access to vulnerable people to implement critical cross-sectoral services and to ensure that affected people have safe, tailored, timely and dignified access to appropriate services.

Community engagement will continue to be a critical part of all interventions, incorporating approaches such as media campaigns, community feedback consultations, complaint boxes, hotlines and institutionalization of complaint and feedback mechanisms. Community consultations on programme design and implementation will continue to feature prominently in both static and mobile protection interventions. Mainstreaming of gender, accountability to affected populations (AAP), and protection will be supported by the Communications and Community Engagement Working Group. Efforts will be made to ensure safe and accessible reporting on Protection from Sexual Exploitation and Abuse (PSEA), quality and accessible survivor assistance, accountability, and investigations, through work with the PSEA Task Force.

Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
3.1	Increase the resilience of households across all 78 counties as measured against the baseline	1.0M
3.2	Enhance resilience capacity in prioritised locations	0.3M
3.3	Strengthen national system to enhance resilience capacity (school/DRR/government-led contingency planning)	3.4M
3.4	Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels	3.4M

CANA/PIGI COUNTY

A young girl carries her little brother on her back because he is unable to walk in the deep, sticky mud. Canal village, Pigi County, Jonglei State.
Photo credit: UNICEF/Abel



1.4

Costing Methodology

The financial requirement of the South Sudan 2022/2023 HRP has been identified using a project-based costing methodology.⁶ Project owners include UN organizations, international and national NGOs. Submissions were vetted through a rigorous transparent process, led by a Cluster Review Committee (CRC) and chaired by a cluster coordinator.

The CRCs comprised of a UN agency, an international and national NGO, and an OCHA representative. Focal points with thematic and geographic expertise such as Cash and Voucher Assistance, Gender and Disability Inclusion, AAP and protection participated in some CRCs. The CRC considered project submission against proposed general criteria to ensure projects are aligned to the overall HRP strategic objectives and cluster response strategies, and that key cross-cutting issues are mainstreamed in the projects. Following the vetting and scoring of the projects, the CRC then categorized the reviewed projects according to priority level (critical/high/moderate). No more than 25 per cent of projects should be considered critical priority, and no less than 25 per cent of projects should be considered moderate priority.

The 2022-2023 envelop reflects the growing needs among people in South Sudan who face a deteriorating humanitarian situation. The cost of providing humanitarian goods and services has increased and additional global pressures may further increase the financial requirement. Cost increases are influenced by the economic climate, regional dynamics, physical access, the implications of COVID-19, and cost variances across different geographical locations. In some locations, previous investments have been lost this includes investments in health centres, schools, and community facilities that were swept away by flooding or destroyed as a consequence of violence. As a result, basic services have been disrupted in many locations and must be urgently restored.

Logistical costs associated with transportation and access are higher during the rainy season due to flooding and during the dry season due to cattle migration-related conflict. Air transport is a high driver of cost in Greater Upper Nile, especially during flooding, when many locations are not reachable by other means and flexibility is needed, particularly for medical evacuations and security relocations, without disrupting regular flights.

The increased cost of key items, such as plastic sheets, mosquito nets and blankets is driving up the response financial requirements. The impact of COVID-19 and population movements have over-stretched and increased the costs of education and protection services. The transition from static to mobile court service provision has particularly increased the cost of responding to gender-based violence.

Facilitation of country-wide multi-sectoral needs assessments, national and sub-national coordination, particularly in hard-to-reach-areas, displacement tracking, and community engagement come with high costs due to the operational challenges of the context.

With an additional 100,000 children requiring acute malnutrition treatment in 2022, further investments are needed to prevent a deterioration in the nutritional situation. This means scaling up interventions that address the main causes of malnutrition with costs involving procurement, storage, and delivery of ready-to-use specialized foods, essential medicines for malnutrition, and specialized foods for blanket supplementary feeding programmes.

Implementing more semi-permanent and permanent solutions, such as borehole repair and rehabilitation, is more expensive, with an estimated cost of \$30 to \$35, or more for flood-resilient infrastructure and robust water supply systems in locations facing water scarcity. Due to an anticipated decline in funding, some activities (such as protection) will be implemented by fewer partners to avoid duplication and reduce operational costs. Where markets are functional, clusters such as Shelter and NFI encourage increased use of cash as this approach will reduce the demands for logistics capacity and expensive centralized transportation.

1.5

Access, Operational Capacity and Planning Assumptions

Access

Humanitarian access in South Sudan continues to be adversely affected by sub-national and intercommunal violence, bureaucratic impediments, and physical constraints. According to the 2021 South Sudan Humanitarian Access Overview (January to December 2021), incident severity increased substantially in 2021. Fifty-eight per cent of the reported incidents were significant in severity, compared to 44 per cent in 2020. Operational interferences increased from 70 incidents in 2020 to 86 incidents in 2021. The number of reported access incidents increased from 585 in 2020 to 591 in 2021.

Politically or economically motivated violence against humanitarian organizations and their staffing component continues to be witnessed throughout the country. Incidents include physical assault, detention, intimidation and other forms of harassment, confiscation of humanitarian assets, and the looting of humanitarian aid. This further contributes towards limiting humanitarian access and restricting humanitarian space. Five humanitarian workers were killed in 2021 compared to nine in 2020. Active hostilities and violence against humanitarian personnel continued to impact operations. In 2021, 322 aid workers were relocated in 16 incidents from several locations across the country, compared to 267 in 2020.

Bureaucratic impediments continue to hinder the delivery of humanitarian assistance. Illegal taxation and extortion at checkpoints continue to delay the delivery of aid across the country, making the transportation of humanitarian cargo costly and time-consuming. Due to increased attacks several routes remain inaccessible, while roadside ambushes further restrict access to many affected communities.

Unprecedented flooding of the Nile and Lol rivers since 2019, combined with poor road conditions, renders physical access to affected populations extremely challenging. Some remote locations, particularly in Jonglei and Unity, are only accessible by air or river. An increase in riverine checkpoints and the extortion of humanitarian relief items further hinders deliveries by river.

The humanitarian community in South Sudan will continue to engage with parties to the conflict and the peacekeeping mission to enable a safe, sustained and principled humanitarian response. The identification of safe access routes and obtaining assurances for movements remain important measures to mitigate the risk of major hindrances to humanitarian access. OCHA and its partners will continue to monitor access to provide information on operational developments and constraints to inform strategic and operational decision-making.

Operational capacity

A total of 186 organizations (107 national NGOs, 66 international NGOs (INGOs) and 10 UN organizations) will implement humanitarian programmes under the 2022 HRP. In 2021, 195 partners operated across the country under the HRP, of which around 60 per cent were national NGOs.

The South Sudan humanitarian coordination architecture clearly demonstrates the operationalization of humanitarian activities in South Sudan. However, due to high staff turnover, chronic vulnerabilities exacerbated by a combination of shocks, humanitarian organizations and clusters need to constantly evolve and strengthen internal capacities. This requires clusters to become increasingly agile to address growing humanitarian needs against a backdrop of declining resources and funding, and to ensure rigorous prioritization procedures for all activities.

During the 2021 annual performance monitoring review, the Inter Cluster Coordination Group (ICCG) agreed to prioritize the establishment of humanitarian hubs and deep field coordination sites to strengthen inter-cluster coordination at the local level. Four humanitarian hubs in Kodok, Leer, Raja and Pibor will be operational by the first quarter of 2022. Due to funding constraints, two out of three humanitarian hubs costed in the 2021 HRP (Kajo-keji in Central Equatoria and Mandeng in Upper Nile) could not be established as planned. In 2022, partners will conduct feasibility and technical assessments to identify new hub locations to replace sites affected by three consecutive years of unprecedented flooding (Jiech, Pieri and New Fangak in Jonglei State). These will complement 40 existing deep field coordination sites, providing secure environments for humanitarian workers to deliver aid more widely in hard-to-reach locations.

In line with the South Sudan Gender Equality and Inclusion Roadmap, the HCT has agreed to support organizations in 2022 that are providing more support to women and girls (especially women-led organizations), and those supporting people with disabilities. The youth will also be engaged to be champions for communities in crisis and resilience building in line with the roadmap.

It is essential that feedback and complaints mechanisms and overall response strategies and modalities are tailored to the specific needs of beneficiaries according to age, sex, gender, disability and vulnerability to specific protection concerns. A similar capacity is required to establish tailored feedback and complaints mechanisms in affected communities. Results from FSNMS+ qualitative component on accountability to the affected populations have revealed the relationship between effective feedback mechanisms and conflict sensitivity in the remote and hard-to-reach areas. Clusters and partners

affected populations have revealed the relationship between effective feedback mechanisms and conflict sensitivity in the remote and hard-to-reach areas. Clusters and partners will need to incorporate the results of feedback mechanisms, and when necessary, re-design programmes to address any negative perceptions.

The Access Working Group (AWG) will continue to identify and map key access constraints for advocacy purposes, including the severity and impact of access incidents. The AWG will also support the negotiation of access for humanitarian operations with all parties. Additionally, OCHA will work closely with the government-led Joint Border Verification and Monitoring Mechanism to ensure security clearances are granted enabling the safe movement of humanitarian personnel and relief items throughout South Sudan.

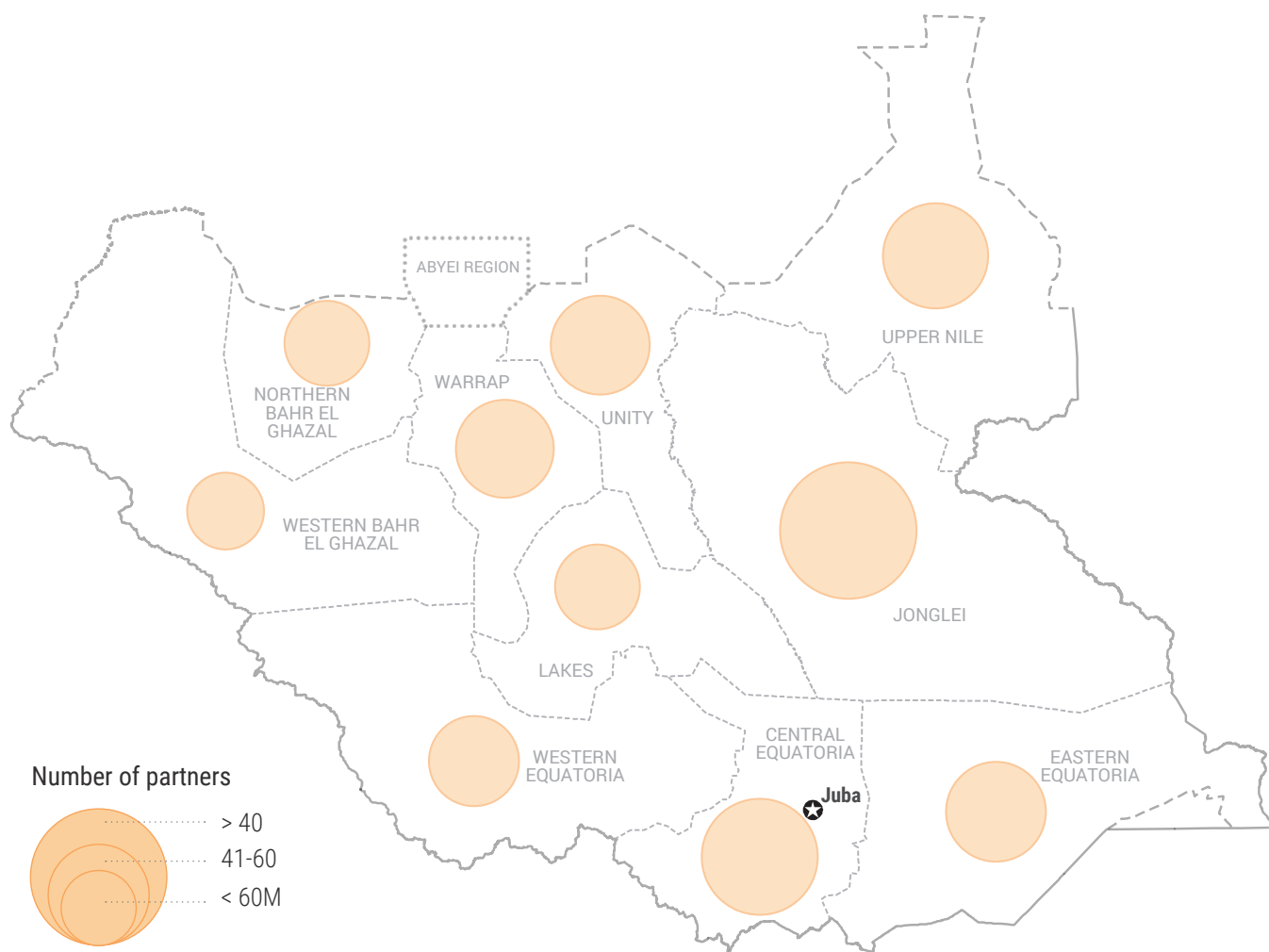
Planning assumptions

In 2022, challenges associated with humanitarian access are expected to persist across South Sudan.

Critical elements and benchmarks of the Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) are yet to be addressed, including security sector, constitutional and electoral reforms. Tensions are likely to be exacerbated ahead of elections set for 2023, which may lead to national and sub-national violence with severe consequences for the population and further preventing the timely and efficient delivery of humanitarian assistance.

Sub-national violence, including clashes with armed groups which are non-signatories to the revitalized peace agreement will likely lead to further disruption of humanitarian activities

Number of partners by state in 2022



and additional displacement of people. Humanitarian activities will likely be negatively impacted by sub-national violence, demands from marginalized youth groups, bureaucratic impediments, and illegal check points manned by armed elements that impose fees along major supply routes (roads and rivers). Many parts of South Sudan remain inaccessible after three consecutive years of flooding.

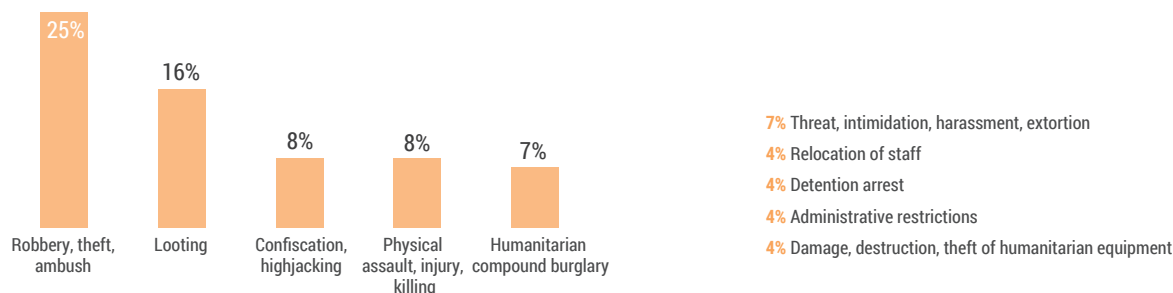
An OCHA-led Civil Military Advisory Group (CMAG) will continue to identify and map conflict flashpoints. These are shared with UNMISS peacekeepers to guide their regular patrols and assist with the establishment of Temporary Operation Bases (TOBs). In line with guidelines for the use of Military Civil Defence Assets in South Sudan, if force protection is required, it will be employed as a last resort to ensure the safe and secure movement of humanitarian personnel and relief items.

OCHA will continue to work closely with the NGO Forum and partners to expand and strengthen the Youth Engagement Strategy to areas where employment disputes and violence against humanitarian organizations have taken place, including Pibor, Bentiu, Torit, Maban, Malakal, and Renk.

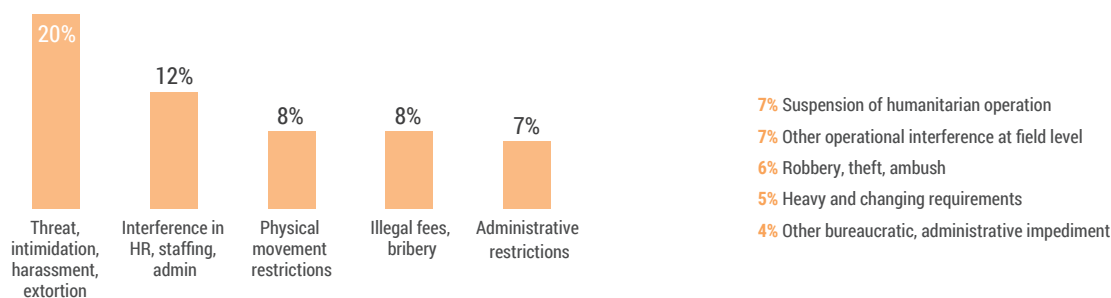
OCHA and the Protection Cluster co-chair the Advisory Group on Solutions (AGS). The Advisory Group will continue to reflect on the ongoing return processes in the country, providing the information snapshot, due diligence advice and provisions for humanitarian interventions on returns support requests.

Severity of humanitarian access constraints in 2021

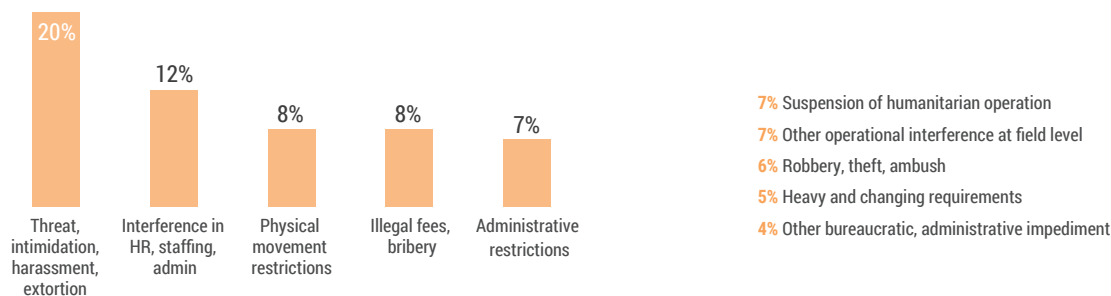
TOP 10 SIGNIFICANT INCIDENTS



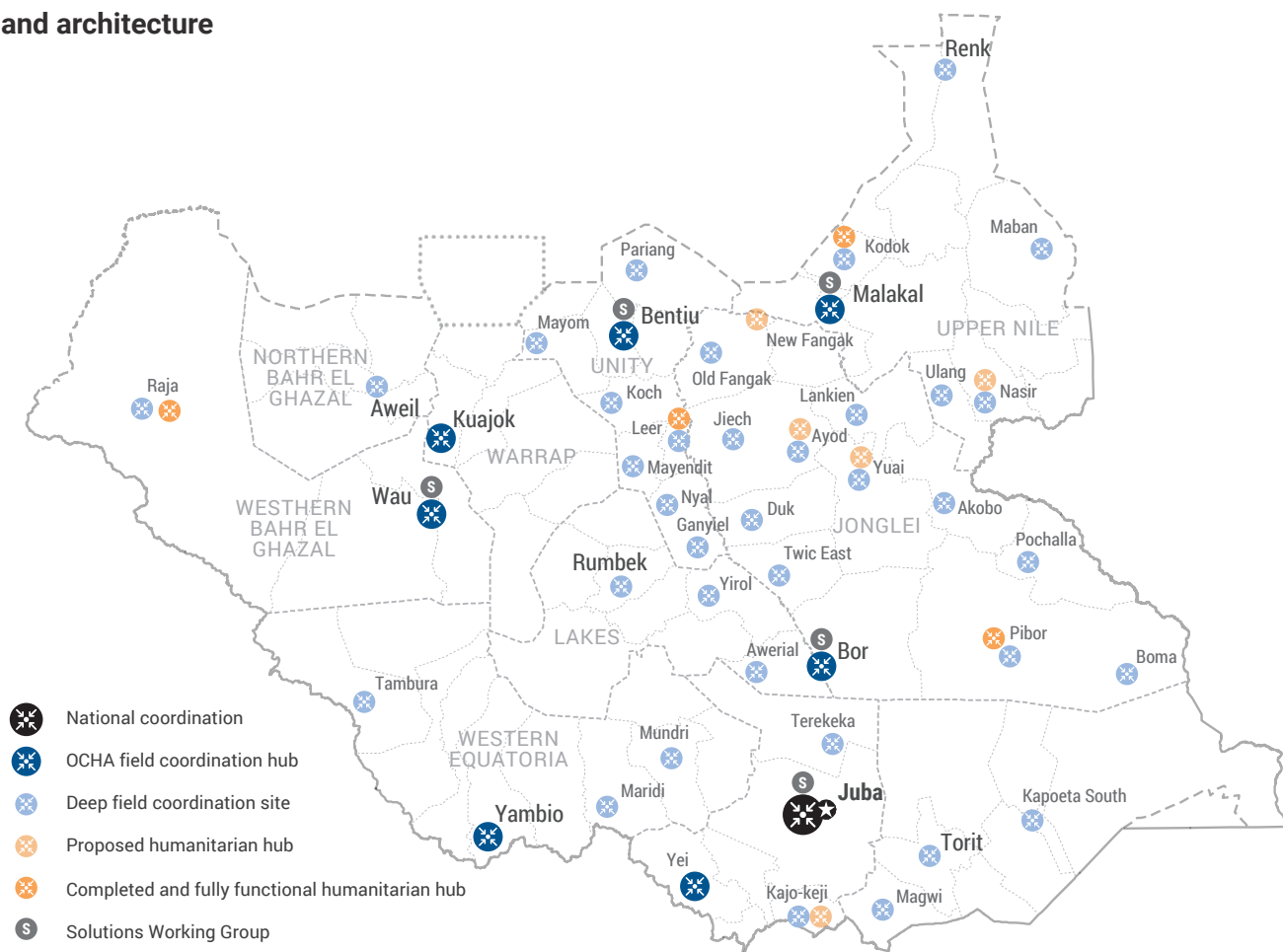
TOP 10 MODERATE INCIDENTS



TOP 10 MODERATE INCIDENTS



Humanitarian coordination locations and architecture



HUMANITARIAN COUNTRY TEAM (HCT)

Chaired by the Humanitarian Coordinator

United Nations x 10, International NGOs x 5, National NGOs x 2,
Observers x 2 (ICRC and MSF); Donors x 5 in HCT Plus

HCT-UNMISS TASK TEAM

OCHA, UNMISS, UNHCR, IOM, UNICEF, WFP,
NGO Forum, CCCM and Protection Clusters

OPERATIONAL WORKING GROUP (OWG)

NEEDS ANALYSIS WORKING GROUP (NAWG)

INFORMATION MANAGEMENT WORKING GROUP (IMWG)

OTHER WORKING GROUPS

Access WG, Advisory/Solutions WG, Communication and
Community Engagement WG, Inter-agency Cash WG,
Civil-Military Advisory Group, Housing, Land and Property WG

INTER-CLUSTER COORDINATION GROUP

HUMANITARIAN HIGH-LEVEL OVERSIGHT COMMITTEE

Established by the President in October 2016,
chaired by the Minister of Cabinet Affairs

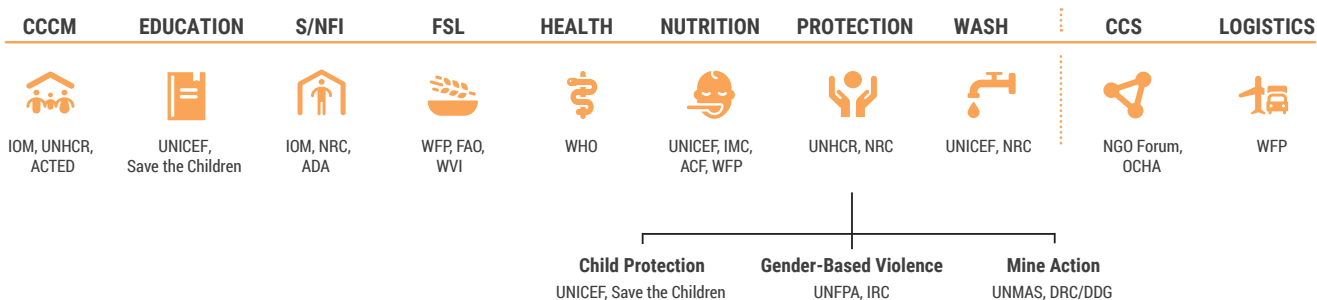
HUMANITARIAN COORDINATION FORUM

Co-chaired by the Humanitarian Coordinator and the
Minister of Humanitarian Affairs



CROSS-CUTTING ENABLER: UNDSS, UNHAS

HIV/AIDS, Refugee Response, PSEA, Gender,
Mental Health and Psychosocial Support, Environment



1.6

Protection from Sexual Exploitation and Abuse

The South Sudan Protection from Sexual Exploitation and Abuse (PSEA) Taskforce is mandated to develop and implement a system-wide coherent risk mitigation strategy (2018–2022). The PSEA Taskforce includes UN agencies, funds and programmes, the UN Mission in South Sudan, international and national NGOs, partners and service providers. Through support from the Resident Coordinators Office, a full-time dedicated PSEA Coordinator has been recruited.

At sub-national level, the PSEA Taskforce established and trained 10 field-level PSEA taskforces⁷ to lead the system-wide prevention and response to sexual exploitation and abuse at the community level. By the end of 2021, eight Community-based Complaints Mechanisms (CBCMs) were fully functional, and five partially.

In 2022–2023, the PSEA taskforce will work with development, humanitarian and peacekeeping actors to integrate PSEA across institutional, programme and operational levels - across clusters, sub-clusters, sectors and working groups. It will strengthen coordination and accountability mechanisms to enforce zero tolerance of SEA; establish child sensitive and gender responsive SEA reporting mechanisms, and coordinate access to survivor-centered assistance services.

In collaboration with the ICCG and protection cluster actors, the PSEA Taskforce will conduct a joint system-wide SEA risk assessment to inform the development of the PSEA Strategy

2023–2025. The aim is to integrate PSEA across sectors/ clusters/working groups, programmes and operations across the triple nexus of humanitarian, development and peacekeeping contexts. This will contribute towards strengthening a joint system-wide mechanism for prevention and response to SEA.

The capacity of field level PSEA Taskforces will further be enhanced to ensure functional CBCMs in all locations. The taskforces will deliver awareness sessions on PSEA, disseminate information, education and communication materials on PSEA, and engage with communities to promote the reporting of misconduct by service providers and aid workers - including allegations of SEA. This includes increasing awareness around existing GBV/Child Protection referral pathways for victims of SEA to ensure the prompt provision of assistance.

Access to assistance services for survivors will be strengthened through collaboration with the ICCG, protection, child protection, gender-based violence (GBV), education and health actors. This includes integrating referrals of SEA incidents into existing referral pathways (in line with UN Victim Assistance Protocol, Child Protection and GBV referral pathways). The PSEA taskforce will also collaborate with the GBV and Child Protection Sub-Clusters to train implementing partner and others on prevention and response to SEA so they comply with PSEA standards and protocols.

PIBOR COUNTY

Awan Aga, a UNICEF-supported Bomi health worker, consults Deborah Yar and her four-year-old daughter, Nyanlei Thuch, in the village of Guachateny Boma, Pibor Administrative Area. Photo credit: UNICEF



1.7

Accountability to Affected Populations

In August 2021, the HCT endorsed the Accountability to Affected Populations (AAP) strategy which highlights a commitment to further advance AAP work in South Sudan. The strategy focuses on five strategic objectives, i) oversight of senior leaders to strengthen AAP issues and ensure response design and planning are responsive to affected communities' priorities and feedback; ii) AAP is mainstreamed throughout the Humanitarian Programme Cycle (HPC); iii) decentralized leadership on AAP, to state-level coordination mechanisms empowered to ensure AAP strategies are informed by local contexts; iv) collective mechanisms are developed at the response level for a coordinated approach to AAP; and v) enhance Communications and Community engagement and AAP capacity of national organizations and civil society actors, as well as their role within humanitarian decision-making. A work plan focusing on the above objectives has been developed and implementation is underway.

The 2021 FSNMS+ HNOi process included consultations with the affected population through focus group discussions and interviews to inform qualitative findings.⁸ Participants shared that assistance information was predominately disseminated by community leaders and members, local authorities, relatives, and neighbours. Humanitarian workers were a source of information for host communities and IDPs, and information-sharing through church services was noted. Returnee participants receive information through camp management, humanitarian organizations and block leaders. The most common modality was through megaphones, phones, radios, and word-of-mouth.

Approximately 60 per cent of households consulted⁹ reported that humanitarian assistance information was inadequate. Some vulnerable families, such as the elderly, people with disabilities, women, illiterate persons and those with mental health and psychosocial issues, had less access to this information. Child-headed households were disproportionately impacted; 81 per cent stated they were inadequately informed. In Mayom, Gogrial West and Yei, participants reported that information is usually shared in urban, not rural areas. Access to phones and radios, and issues with phone networks led to information gaps within communities.

Inadequate and ineffective information-sharing reportedly strained relations within communities and with community leaders and aid workers. Selective dissemination by leaders for their relatives was perceived by participants in Tonj North. In Malakal, people attended distribution sites based on incorrect information. In Rubkona, participants perceived that humanitarians did not share timely assistance information, resulting in some people missing distributions. Participants in several interviews perceived that leaders and humanitarian workers deliberately excluded people to prioritize their own

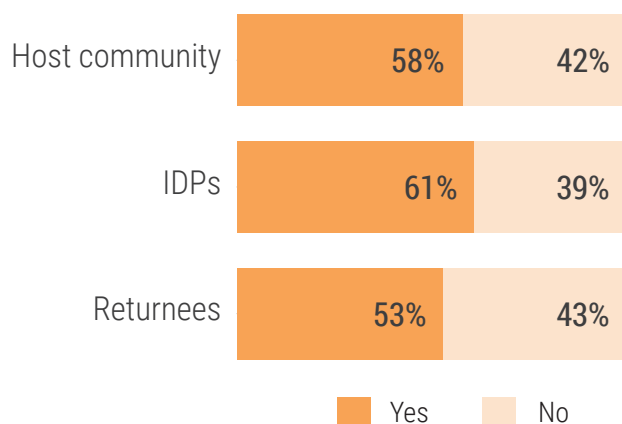
relatives. These tensions in turn reportedly affected relations between and within communities, including between host communities, IDPs and returnees. There is a need for more inclusive community engagement and information-sharing, while ensuring a conflict-sensitive approach to programming. Many participants were unaware of community consultations nor felt consulted. In a third of the interviews held with returnees, participants indicated that no consultations took place. Several expressed confusion as to why their opinions were not considered. In Rubkona and Yei, participants flagged that NGOs were selective about who they informed rather than engaging with the affected population.

Humanitarian organizations reportedly engaged with numerous stakeholders regarding the provision of assistance: community leaders, chiefs or payam administrators, local authorities, women's groups and youth representatives. Consultations with PWDs, elderly people and church leaders were mentioned. Participants in a number of interviews felt that women and the elderly were excluded from consultations. Host and returnees participants reflected their trust in community representatives to represent their communities' interests, while IDPs shared mixed perceptions. Varied levels of confidence that consultations lead to desired changes in assistance were indicated in interviews. Male participants perceived their feedback informed desired changes in assistance, while female participants perceived their feedback made no difference. IDPs participants stated their communities did not trust that consultations would lead to change; returnees reflected mixed views.

Forty-one per cent of households reported being unable to provide feedback or make complaints regarding humanitarian assistance. A disproportionate exclusion/lack of access for child-headed households was reflected, with 57 per cent reportedly unable to use these mechanisms. The majority (82 per cent) of households trust existing feedback and complaint mechanisms. The preferred feedback and complaint channels were in-person at home with an aid worker (34 per cent), in-person with community leaders (31 per cent), community meetings or group feedback sessions (17 per cent) and in-person in office or another venue with aid workers (10 per cent).

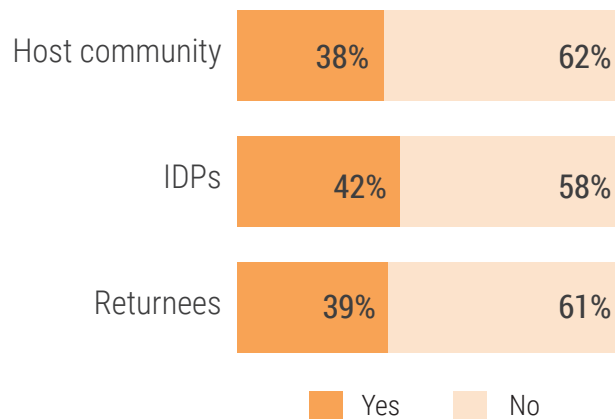
Some interviews reflected a lack of trust in feedback mechanisms. In one location, participants reported that humanitarian organizations were aware of incidents when people were looted by armed forces, yet no action was taken. Participants discussed hesitance in the community to file an official complaint fearing assistance would stop. These findings reinforce the critical need for inclusive community engagement and regular consultation with diverse groups to build trust with affected communities and to ensure their needs and concerns are understood and made central to programming.

Households able to provide feedback and make complaints regarding assistance



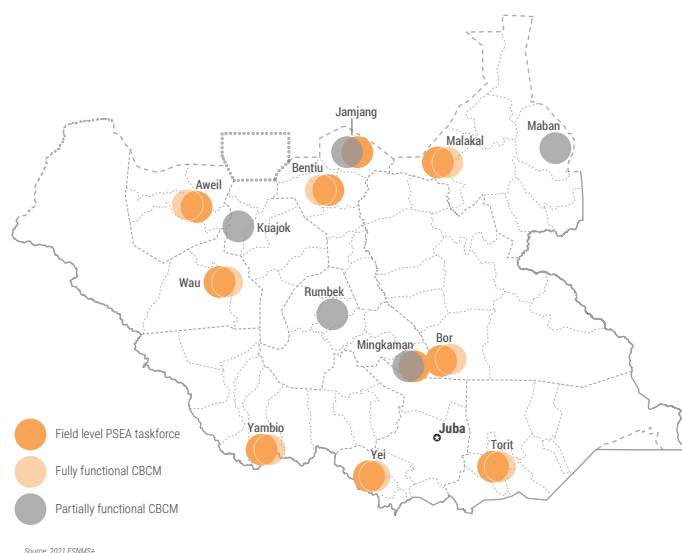
Source: 2021 FSNMS+

Households received adequate information regarding assistance

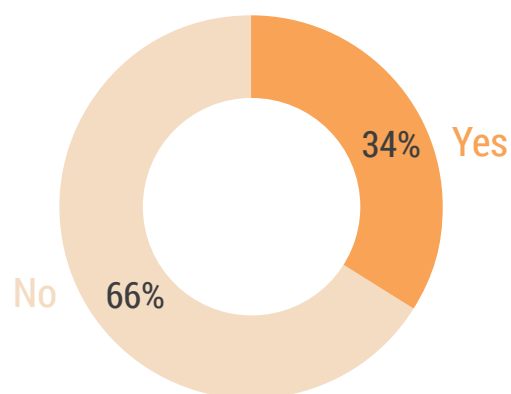


Source: 2021 FSNMS+

Locations of community-based complaints mechanisms and progress status



Households satisfied with assistance received



Asked to households having received assistance in the 3 months prior to data collection

Source: 2021 FSNMS+

1.8

Consolidated Overview of the Use of Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) proved effective in the 2021 humanitarian response in South Sudan, and will continue to be practiced, despite contextual challenges. Millions of crisis-affected families benefited from CVA through multiple transfer mechanisms including mobile money, paper vouchers, e-vouchers and cash-in-hand. Limited mobile money providers and network coverage, accompanied by increased financial service provider fees led to a preference for the cash-in-envelope mechanism compared to e-transfers. Efforts are being made to promote mobile money by engaging with the private sector and enhancing the financial capacity of vulnerable population.

South Sudan relies heavily on imports to meet its food requirements and other basic needs. As a result, some markets have the potential to meet demands in the face of reduced local production, while CVA has the potential to stimulate markets and support livelihoods during the crisis. It should be noted, however, that high inflation, insecurity and climatic shocks impact on market functionalities and CVA feasibility, particularly in rural areas.

More than 97 per cent of CVA in South Sudan is undertaken through food security and livelihood interventions to meet the immediate lifesaving needs of the vulnerable population. Cash for work programmes are commonly used by clusters including the CCCM Cluster. This is in addition to safety net programmes which are aimed at facilitating income generation, though limited in scale.

In 2022, CVA will be used for social safety net programming with disability inclusion and women's leadership by humanitarian and development actors. Market-based programmes, including CVA, will be promoted by the WASH Cluster, while the Education and Protection clusters have adapted CVA as a response modality in their strategies. Cash will also be used as a means towards gender equality and disability inclusion as part of the GBV Sub-Cluster's response strategy. The Shelter/NFI Cluster considers this modality when markets support the demand, particularly to meet NFI needs in emergencies. The Health Cluster is raising awareness among its partners on the use of CVA to increase access to services.

Progress on use of Multi-Purpose Cash

To complement sectoral cash, the South Sudan Cash Working Group (CWG) and its 45 partners, including national and international NGOs and UN agencies, will promote the use of Multi-Purpose Cash (MPC) as a means for a multi-sectoral approach to meet the basic needs of vulnerable population with a view to linking the programme to safety net programmes, ensuring access to persons with disabilities are also considered. The Joint Market Monitoring Initiative (JMMI) will continue monitoring market situations and prices as well as the currency exchange rate to support partners in their CVA to adjust and update the Minimum Expenditure Basket. The exercise is used by the CWG as a tool for situational analysis of the exchange rate and its evolving trends to inform advocacy strategies and exchange rate policy reforms.

The CWG will be integrated into the ICCG to support clusters to mainstream CVA in the humanitarian response by promoting joint feasibility studies, risk analysis and harmonized multi-purpose cash strategies through the development of guidelines on the appropriateness, effectiveness, and efficiency of CVA. Initial work has begun on harmonizing the definition of MPC and updating the Minimum Expenditure Basket to agree on a common transfer value and integrate CVA as a response modality into sector strategies.

Part 2:

Response Monitoring

TWIC EAST COUNTY

Boys walk along the man-made dike that separates floodwaters and submerged houses from the relatively dry land in the village of Panyagor in Twic East County, Jonglei State. Photo credit: UNICEF/ Naftalin



2.1 Monitoring Approach

The ICCG and the IMWG will continue to monitor progress against key sector and inter-sector level output indicators. Incorporating lessons learned from previous years, clusters refined response indicators to capture achievements as accurately as possible. The approach will ensure the inclusion of female enumerators and persons with disabilities in assessment teams. Monitoring methodologies will continue to be improved to avoid the double-counting of people particularly for service-based cluster activities, and to capture non-HRP humanitarian activities.

A robust but light response monitoring framework will provide the HCT with evidence to ensure a timely, efficient, and fit-for-purpose response to humanitarian needs. Response monitoring will be undertaken with a continual

focus on needs to identify risks and changes in context.

The Needs Analysis Working Group (NAWG) will continue to monitor the situation in hotspot locations, based on reports from field hubs and initial rapid needs assessments. Regular information products and analyses will be produced by OCHA to support inter-sectoral monitoring, ranging from monthly 5W dashboards to quarterly humanitarian access snapshots.

OCHA will publish an inter-sectoral response dashboard after every quarter capturing progress toward HRP objectives and associated funding status, as reported on the Financial Tracking Service. Exceptionally, the January to March 2022 monitoring report and dashboard will be issued based on the 2021 monitoring framework, due to the delay in publishing the HRP.

Needs and response monitoring timeline

Assessments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Multi-cluster Initial Rapid Needs Assessments *	●	●	●	●	●	●	●	●	●	●	●	●
Food Security and Nutrition Monitoring System+ /multi-sector needs assessment						●	●	●				
Integrated Food Security Phase Classification											●	●
IOM Displacement Tracking Matrix**	●	●	●	●	●	●	●	●	●	●	●	●
Publications												
Key Context Update	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Snapshot	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Access Snapshot	●	●	●	●	●	●	●	●	●	●	●	●
Operational Presence Maps (who, what, where)	●	●	●	●	●	●	●	●	●	●	●	●
Response Dashboard			●			●			●			●
UNHCR spontaneous refugee returns	●	●	●	●	●	●	●	●	●	●	●	●
2023 Humanitarian Needs Overview											●	
2023 Humanitarian Response Plan												●
Humanitarian Access Year in Review	●											
Humanitarian Response Year in Review		●										

*IRNAs are triggered by a significant event such as flooding or conflict

**IOM Displacement Tracking Matrix - Mobility Tracking (Baseline and Multisectoral Location Assessment) and Event Tracking

2.2

Strategic and Specific Objectives Indicators and Targets

Strategic Objective SO1

Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs

TARGET
6.2M

Specific Objective SP1.1

Reduce levels of critical food insecurity for 3.58 million people across all 78 counties projected to be in severe acute food insecurity equivalent to IPC 4 and 5 at the height of the 2022 lean season (from the November 2021 baseline)

IN NEED

8M

TARGET

6.1M

SOURCE
FREQUENCY
INDICATORS

Number of people in IPC levels 4 and 5 worsened/ improved against the baseline (by county and disaggregated by gender)

CO1: 8M
CO2: 8M

CO1: 4.6M
CO2: 6.0M

FSNMS+ & IPC
compatible analysis

Annual

Specific Objective SP1.2

Decrease in prevalence of global acute malnutrition among boys and girls under the age of 5 years and pregnant and lactating women in prioritized counties by 2023

IN NEED

2M

TARGET

1.5M

SOURCE
FREQUENCY
INDICATORS

Prevalence rate of global acute malnutrition in boys and girls under age 5 years and pregnant and lactating women in prioritized counties decreased and girls under age 5 years and pregnant and lactating women in prioritized counties decreased

1.3M

917K

5Ws

Monthly

Priority 1 counties classified as WASH Severity Classification 4 with a decrease in severity by 1 class

-

-

-

-

Specific Objective SP1.3

Decrease excess morbidity and mortality rates from outbreak prone illnesses, such as malaria, diarrhoea, acute respiratory infections, and vaccine-preventable illnesses, such as measles

IN NEED

5.5M

TARGET

3.4M

SOURCE
FREQUENCY
INDICATORS

Coverage of reactive measles vaccination of boys and girls between 6 months – 15 years

435k

400k

Measles
Campaign Report

On
occurrence

Case fatality rate from [malaria, and measles and cholera]

-

-

EWARS

Weekly

Specific Objective SP1.4		IN NEED	TARGET	SOURCE	FREQUENCY
Provide access to life-saving essential healthcare, including mental health to women, men, girls and boys, including ability-challenged persons		5.5M	3.4M		
INDICATORS	Coverage of DPT3C3/PENTA3) in <One-year-old by administrative unit	435k	391k	DHIS2	Monthly
	Number of deliveries conducted by skilled birth attendants	496k	248k	5Ws/DHIS2	Monthly
	Number of consultations per person per year	-	2 to 4 person/year	5Ws/DHIS2	Monthly
	Number of persons receiving MHPSS services disaggregated by sex, age and disability	480K	100K	5Ws	Monthly

Strategic Objective S02

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities

TARGET
4.4M

Specific Objective SP2.1		IN NEED	TARGET	SOURCE	FREQUENCY
Ensure that women, men, girls and boys have safe access to quality basic, gender-responsive, ability-challenged accessible services, including water, sanitation and hygiene, nutrition, education, protection and health, including sexual and reproductive health		6.2M	3.2M		
INDICATORS	Number of people with access to an improved water source (disaggregated by gender and age)	6.1M	1.8M	5Ws	Monthly
	Number of people with access to sanitation facilities (disaggregated by gender and age)	6.1M	3.0M	5Ws	Monthly
	Number of children under five and PLW who received preventive nutrition services	676K	540K	5Ws	Monthly
	Number of boys, girls and adolescents provided with access to quality education services	2.8M	866K	5Ws	Monthly
	Percentage of the target population (disaggregated by age, sex and disability) who feel adequately informed about the different services available to them	-	-	-	-
	Number of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response Mental Health and Psychosocial Support (MHPSS), child protection, GBV and mine action services	4M	105K	5Ws	Monthly

Strategic Objective SO2 continue**TARGET**
4.4M

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities

Specific Objective SP2.2		IN NEED	TARGET	SOURCE	FREQUENCY
Provide shelter and non-food items for displaced people in situations of emergency and transition in an ability-challenged accessible, gender-responsive manner		1.3M	0.98M		
INDICATORS	Number of the targeted population (disaggregated by age, sex and ability) able to access shelter material and non-food items in situations of emergency and transition	2.4M	1.4M	5Ws	Monthly
Specific Objective SP2.3		IN NEED	TARGET	SOURCE	FREQUENCY
Improve living and protection conditions for highly vulnerable IDPs, returnees, host communities/affected non-displaced populations through enhanced management of sites		1.6M	1.4M		
INDICATORS	Percentage of displaced people (disaggregated by age, sex and disability) in sites or areas who live in safe and appropriate site management services	100% (1.64M)	86% (1.4M)	5Ws	Monthly
Specific Objective SP2.4		IN NEED	TARGET	SOURCE	FREQUENCY
Reduce the suffering of girls, boys, women, men, the elderly, persons with disabilities, and other persons with specific needs at risk of or who experienced violence, including gender-based violence, sexual exploitation and abuse, exploitation and neglect through the provision of specialized protection and multi-sectoral services		5.6M	2.9M		
INDICATORS	Percentage of beneficiaries who report allegations of sexual abuse, mistreatment or harassment by humanitarian personnel disaggregated by age, sex and disability	-	-	-	-
	Percentage of survivors of gender-based violence provided with GBV case management	GBV: 80K	13%	5Ws	Monthly
	Number of identified girls and boys including adolescents, children with disabilities at risk who receive individual and-specialised case management services that meets their unique needs	42K and 13 referral pathway	15.5K and 13 referral pathway	CPIMS+ and referral pathway updates	Monthly & Quarterly
	Number of GBV survivors receiving CMR services by age and sex	5000	2500	5Ws	Monthly

Strategic Objective SO2 continue**TARGET**
4.4M

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities

Specific Objective SP2.5		IN NEED	TARGET	SOURCE	FREQUENCY
Reduce the vulnerability of women, men, girls and boys at increased risk of mortality and morbidity and protection incidents/threats in priority areas through protection monitoring, advocacy, awareness-raising and prevention and response services		5.6M	2.9M		
INDICATORS	Number of women, men, girls, boys, persons with disability and older persons provided with specialized protection and multi-sectoral services (health, safety, psychosocial, legal, child protection, GBV, mine action services, security, livelihood, education, etc.)	CP: 3.5M	930K	5Ws, field monitoring visits & partners reports	Monthly
	boys, girls and adolescents provided with access to quality education services	540K	130K	5Ws	Monthly
	Number of pre-selected payams covered by Protection Monitoring System	2.6K	770	5Ws	Monthly
	Persons living or returning to areas with explosive ordinance contamination	650K	221K	5Ws	Monthly
	Number of people of concern who received EORE	650K	221K	5Ws	Monthly
	Number of people of concern reached through peace building awareness raising activities	1.6M	99.9K	5Ws	Monthly
	Number of people of concern trained on conflict resolution, mitigation, mediation and peace building	99.9K	2.5K	5Ws	Monthly
Specific Objective SP2.6		IN NEED	TARGET	SOURCE	FREQUENCY
Promote collective action on Accountability to Affected Populations to ensure the population groups targeted to receive assistance are consulted throughout the entire cycle of the response, and their needs are taken into account in decision-making by humanitarians		5.5M	3.4M		
INDICATORS	Number of beneficiaries (disaggregated by age, sex and diversity) who have access to safe, child and gender sensitive complaint, feedback and reporting channels in humanitarian response sites for reporting sensitive issues and concerns in aid delivery and misconduct by aid workers	2.8M	282K	5Ws	Monthly

Strategic Objective SO2 continue**TARGET**
4.4M

Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities

Specific Objective SP2.6 continue		IN NEED	TARGET	SOURCE	FREQUENCY
Promote collective action on Centrality of Protection and Accountability to Affected Populations to ensure the population groups targeted to receive assistance are consulted throughout the entire cycle of the response, and their needs are taken into account in decision-making by humanitarians		5.5M	3.4M		
INDICATORS	Percentage of beneficiaries (disaggregated by age, sex and ability) who report they have access to complaints and feedback mechanisms	46%	34%	5Ws	Monthly
	Percentage of decision-making mechanisms involve national and local organizations and community members	-	50%	Activities Reports	Continuous
	Percentage of beneficiaries (disaggregated by age, sex and ability) who feel their opinions are taken into account in decision-making by humanitarians	-	-	-	-
	Percentage of cases received in a Complaints Feedback Mechanism that have been "considered as resolved"	100%	70%	5Ws	Quarterly
	Percentage of national and local organizations and community members involved in decision-making mechanisms	-	-	-	-
Specific Objective SP2.7		IN NEED	TARGET	SOURCE	FREQUENCY
Facilitate conflict- and gender-sensitive access to safe housing, land, and property for women, men, girls, and boys, with sufficient security of tenure to enhance access to essential HLP services and livelihoods, including access to dispute resolution mechanisms		1.8M	0.68M		
INDICATORS	Number of individuals (disaggregated by age, sex and ability) reached through HLP awareness raising activities	1.8M	149K	5Ws	Monthly
	Number of people of concern (disaggregated by age, sex and ability) supported with legal counselling	1.5M	55K	5Ws	Monthly
	Number of people of concern (disaggregated by age, sex and ability) supported with legal aid	197K	21K	5Ws	Monthly
	Number of dispute resolution mechanisms established	72	25	5Ws	Monthly
	Number of local authorities and relevant institutions' staff provided with gender and conflict-sensitive training on HLP, dispute resolution and Alternative Dispute Resolution (ADR)	690	240	5Ws	Monthly

Strategic Objective S03

Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights

TARGET
3.4M

Specific Objective SP3.1

Increase the resilience of households across all 78 counties as measured against the baseline

IN NEED **TARGET** **SOURCE** **FREQUENCY**

INDICATORS

Resilience Capacity Index measured across all 78 counties; comparing with 2019 baseline and 2020 and 2021 (increase/ decrease/no change)

C01: 8M

C01: 4.6M

FSNMS+
& IPC
compatibility
analysis,
FAO expert
analysis

Annual

Specific Objective SP3.2

Enhance resilience capacity in prioritised locations

IN NEED

0.46M

TARGET

0.25M

SOURCE**FREQUENCY**

Resilience Capacity Index

-

-

-

-

INDICATORS

Number of teachers' trained on EiE, basic pedagogy and learner - centered methodologies

50K

10K

5Ws

Monthly

Number of community education committee members and local education officials trained in school management, Psychosocial Support (PSS) and Disaster Risk Reduction in Education (DRR)

50K

7.5K

5Ws

Monthly

Number of water points rehabilitated/constructed with a flood resilient design

2000

200

5Ws

Monthly

Number of community consultative meetings conducted to identify needs, participate in response, and reduce impact on their lives (including men, women, boys and girls and people with disability)

3.4K

1.7K

5Ws

Monthly

Strategic Objective SO3 continue**TARGET**

Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights

3.4M

Specific Objective SP3.3		IN NEED	TARGET	SOURCE	FREQUENCY
Strengthen national system to enhance resilience capacity (School DRR/ Government-led contingency planning)		5.5M	3.4M		
INDICATORS	Number of national/local organizations that are supported with their institutional capacity gaps and needs	150 NNGOs	25 NNGOs	5Ws	Monthly
	Number of development and Government actors engaged to strengthen community resilience and improve return conditions for Returnees (Refugee & IDPs) and Host Communities	-	-	-	-
	Number of implemented community level Quick Impact projects to create conducive conditions for reintegration of returnees and sustainable returns	-	-	-	-
Specific Objective SP3.4		IN NEED	TARGET	SOURCE	FREQUENCY
Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels		5.5M	3.4M		
INDICATORS	Number of inter-sectoral needs assessments conducted	-	-	NWAG	-
	Number of protection monitoring reports produced and disseminated by the protection cluster	12	10	Data submitted through Kobo submitted through Kobo	Monthly
	Number of community consultative meetings conducted to identify needs, participate in response, and reduce impact on their lives (including men, women, boys and girls and people with disability)	-	-	-	-
	Number of reports analyzed on returns through return verification at community level, area-based assessments and service mapping in high return areas	-	-	-	-

Part 3:

Cluster/Sector Objectives and Response

YAMBIO COUNTY

Eunice Bullen, 52, tends to her maize garden ready for harvest, after FAO provided her with seeds and farming tools in Yambio, Western Equatoria State. Photo credit: FAO/Mayak Akuot



Overview of Sectoral Response






























A total of nine clusters and one sector operates in South Sudan. Cluster response strategies have been informed by the outcomes of inter-sectoral and sectoral needs analysis presented in the 2022 HNO¹⁰ and a prioritization exercise similar to the one used in 2021. Building on HNO findings, critical severity indicators, cluster severities, number of conflict incidents, and percentages of IDP, refugees, PIN, flood-affected populations, were overlayed to help partners plan their response to reach people in counties with the highest needs and vulnerabilities. People in Fangak, Duk and Pibor counties in Jonglei, and Cueibet and Rumbek East counties in Lakes were found to be most vulnerable and their needs classified as catastrophic. People in 71 counties face extreme needs, and people in two counties face severe needs.

Cluster responses will be provided in line with humanitarian principles and accountability to affected populations and will be prioritized based on people's needs, vulnerability (age, gender, disability, and specific needs), and feasibility. Cluster responses aim to build the resilience of different targeted population groups by supporting and strengthening vulnerable people's coping capacities and livelihoods.

Clusters will adopt a combination of static and mobile response modalities to reach people, aiming to strengthen a service delivery tailored to different geographic locations and types of assistance and services needed. The response strategy will also see the continued promotion of the humanitarian-development-peace nexus to address immediate humanitarian needs while paving the way for more durable solutions.

In 2022, humanitarian partners will need \$1.7 billion, a 1.3 per cent increase from 2021, to respond to the most pressing humanitarian needs of 6.8 million people, or about half of the South Sudanese population.

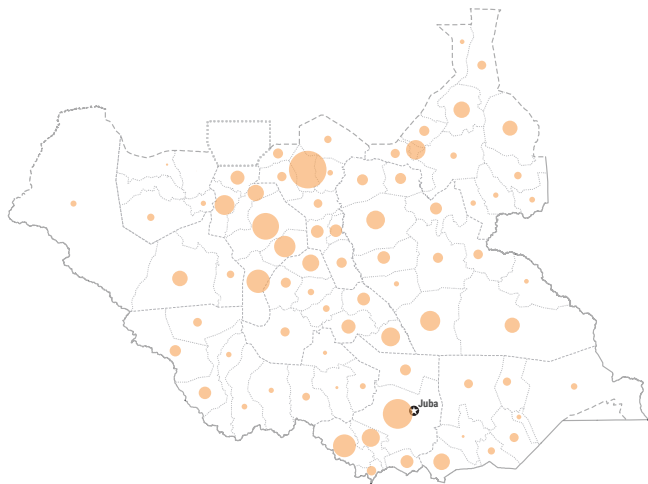
The table below and the following cluster strategies refer to the total number of people in need, as identified in the 2022 HNO. Refugee targets are presented separately in the Refugee Response. See the cluster-specific objectives, indicators and targets here: [\[link\]¹¹](#)

SECTOR	FINANCIAL REQUIREMENTS(US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Camp Coordination and Camp Management	\$19M 	7	7	1.6M	1.4M	 
Coordination and Common Services	\$19M 	5	5	-	-	
Education	\$54M 	49	50	3.6M	0.9M	 
Food Security and Livelihoods	\$650M 	78	78	8.3M	6.0M	 
Health	\$129M 	62	62	5.5M	3.4M	 
Logistics	\$92M 	2	4	-	-	
Nutrition	\$230M 	43	43	2.0M	1.5M	 
Protection	\$103M 	70	91	5.6M	2.9M	 
Shelter and NFIs	\$35M 	23	24	2.4M	1.5M	 
Water, Sanitation and Hygiene	\$114M 	70	72	6.1M	3.0M	 
Refugee Response	\$255M 	2	2	350K	350K	 

Two projects are multisectoral (Protection and Education) their total budget is \$3,329,261. \$1,470,497 for Education, and \$1,858,864 for Child Protection. UNHCR recently updated their projections for the expected number of refugees based on a recent verification assessment. This projected number of refugees for 2022 is 350K, an increase from the numbers reflected in the 2022 HNO.

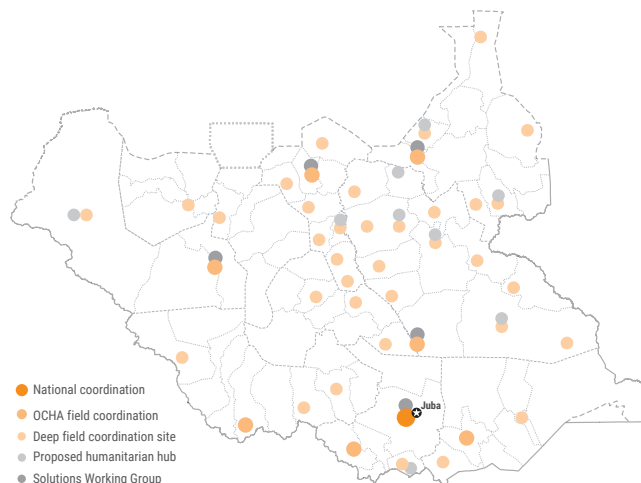
3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.6m	1.4m	\$19m



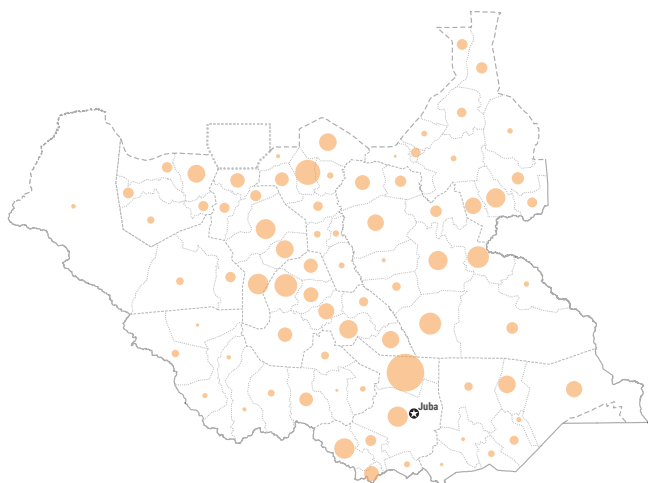
3.2 Coordination and Common Services

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)
419	419	\$19m



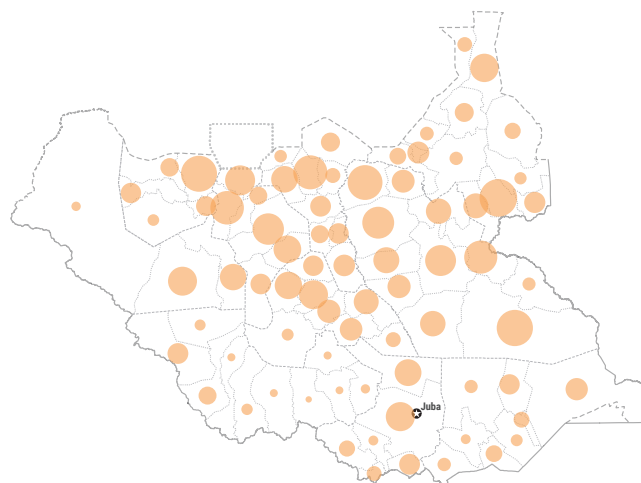
3.3 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.6m	0.9m	\$54m



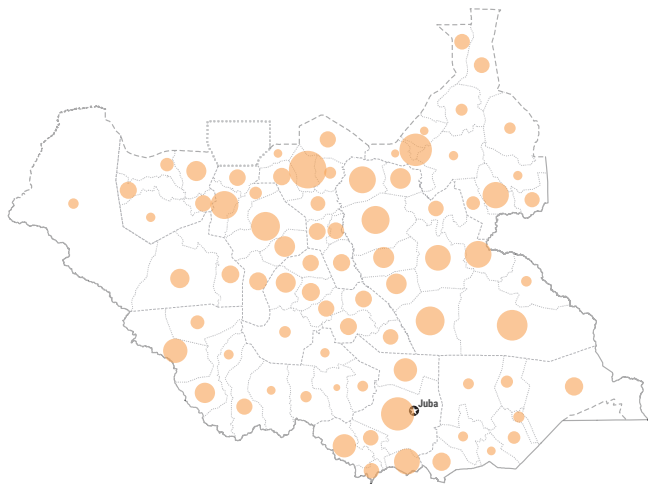
3.4 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.3m	6.0m	\$650m



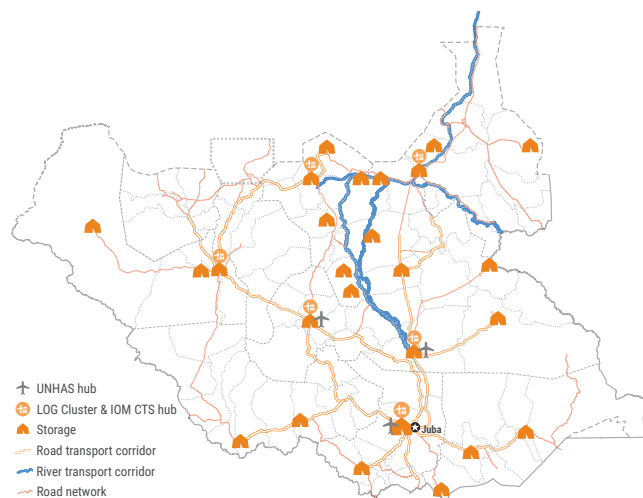
3.5 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.5m	3.4m	\$129m



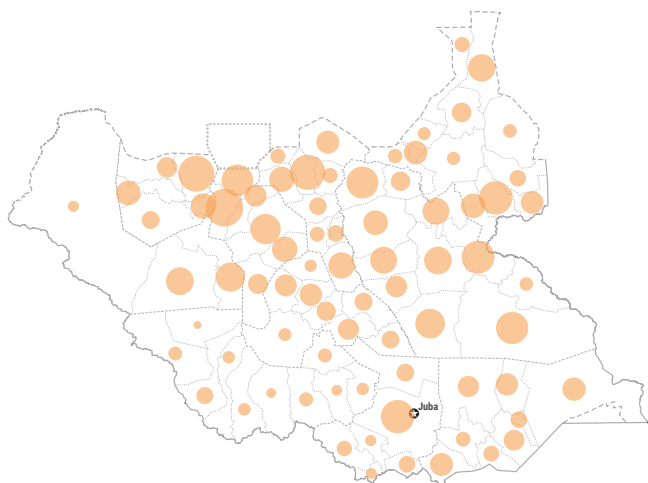
3.6 Logistics

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)
320	320	\$92m



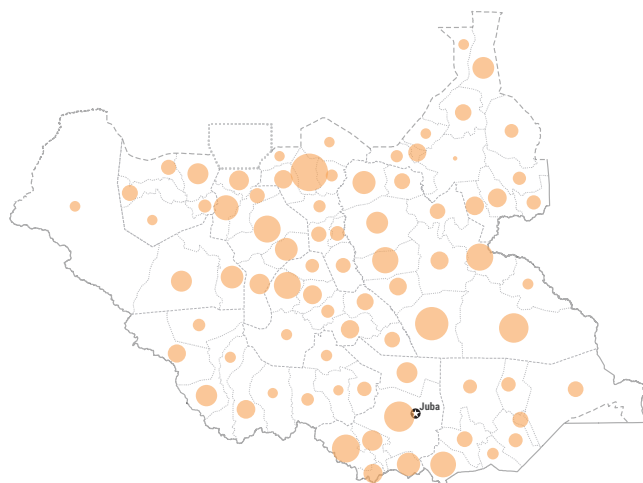
3.7 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.0m	1.5m	\$230m



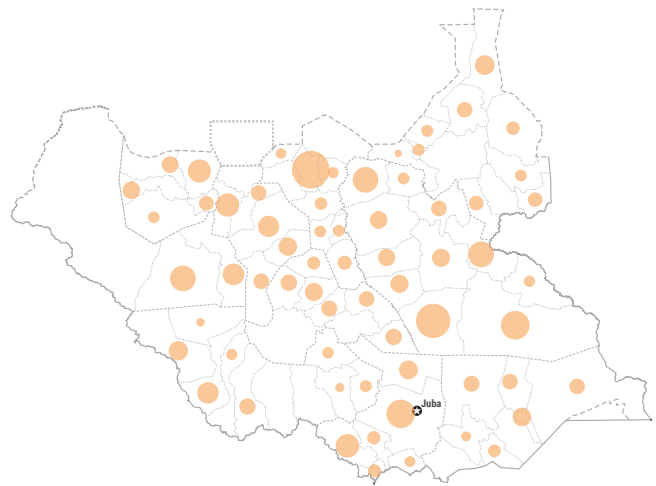
3.8 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.6m	2.9m	\$103m



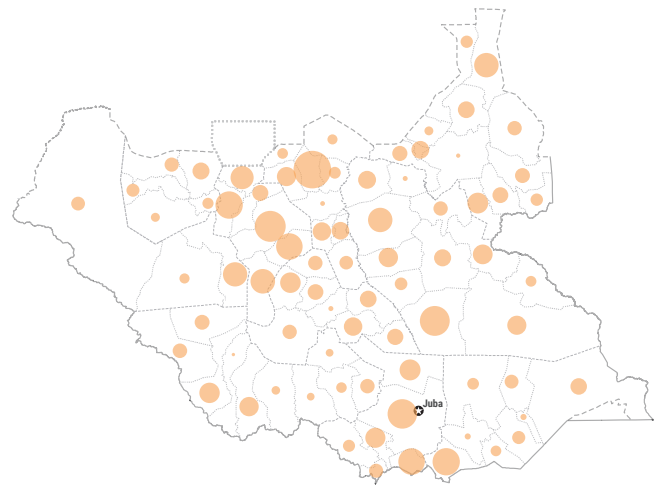
3.8.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.5m	0.9m	\$33.5m



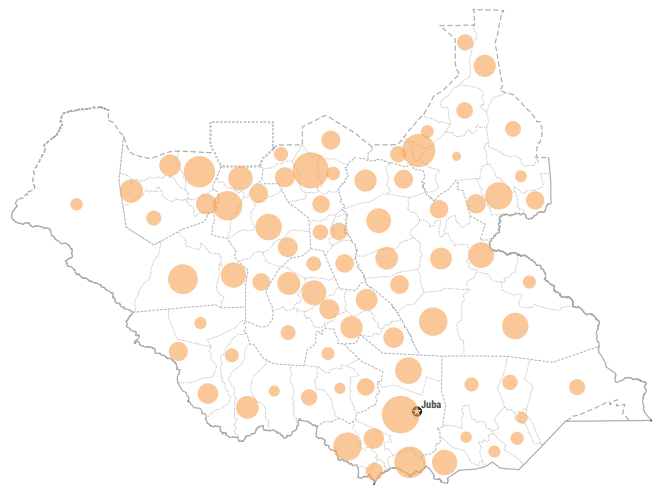
3.8.2 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.6m	1.1m	\$32m



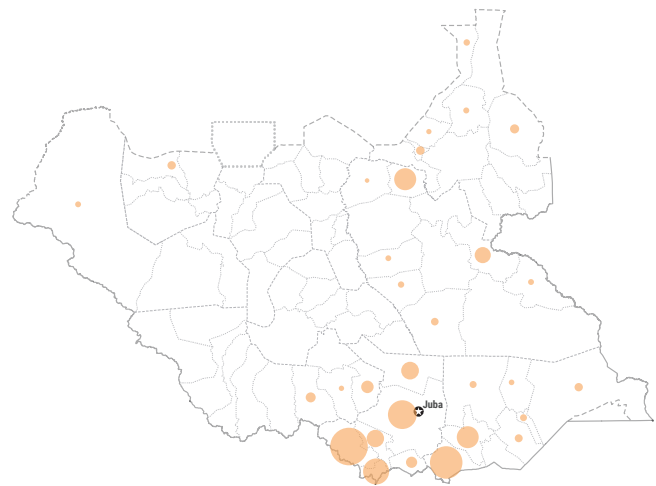
3.8.3 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8m	0.15m	\$6m



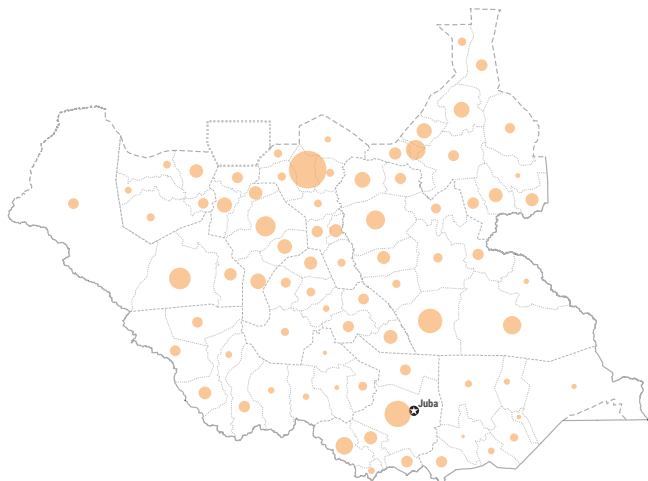
3.8.4 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.65m	0.22m	\$10m



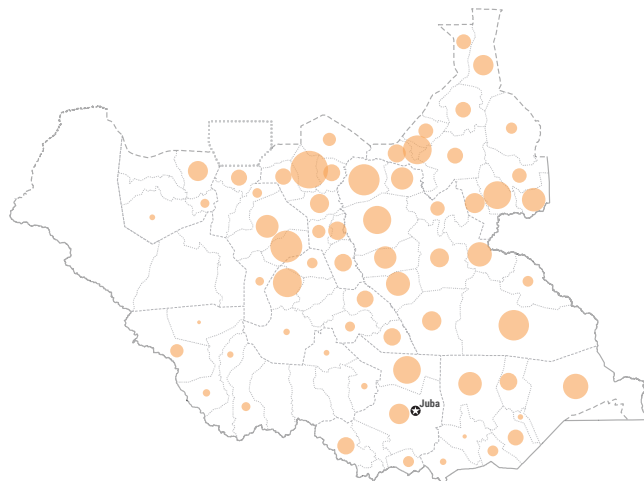
3.9 Shelter and NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.4m	1.5m	\$35m



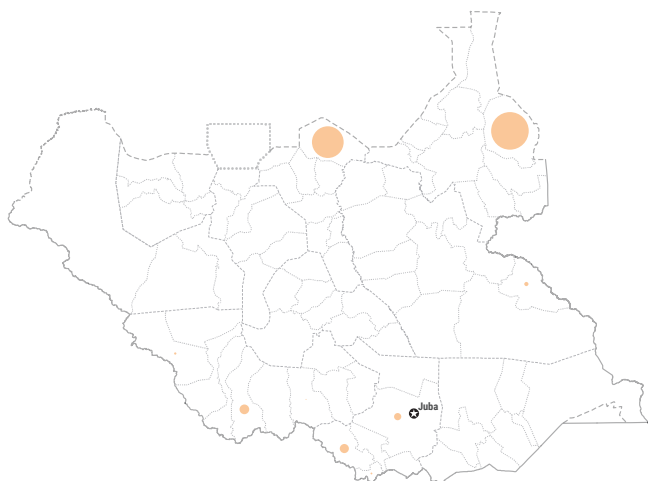
3.10 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.1m	3.0m	\$114m



3.11 Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.35m	0.35m	\$255m



UNHCR recently updated their projections for the expected number of refugees based on a recent verification assessment. This projected number of refugees for 2022 is 350K, an increase from the numbers reflected in the 2022 HNO.

3.1

Camp Coordination and Camp Management



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.6m	1.4m	0.4m	0.3m	0.7m	\$19m	7	7

Objectives

In 2022, the Camp Coordination and Camp Management (CCCM) Cluster will provide strategic guidance to both international and national partners to ensure that displaced people have equitable access to humanitarian assistance, basic services, and protection in formal and informal settlements. The cluster will work with the communities (women, men and youth groups, including those with disabilities) to foster community self-management and resilience and to mitigate and reduce long-term dependency on humanitarian assistance. Displaced people who want to return to their places of origin will be supported through durable solutions strategies. Mobile and roving teams will provide support to people displaced in remote and hard-to-reach locations.

Under the cluster's first objective, the response will contribute to improved, safe, and secure living conditions for the displaced people with dignified access to cross-sectoral humanitarian services. The cluster will continuously monitor and track the effectiveness of cross-sectoral interventions to ensure identified humanitarian needs are met, holding regular coordination meetings in IDP sites to ensure gaps are covered and duplication of activities is avoided. In out-of-camp contexts, new coordination and governance structures will be created, and where there are existing structures, improved, through capacity-building on referral pathways and humanitarian coordination mechanisms.

Through its second objective, the CCCM Cluster partners will enhance prioritized response to vulnerable people by addressing protection gaps and strengthening predictable and effective multi-sectoral interventions at site level. The physical space and layout of the sites will be improved, and the cluster will work with service providers to ensure service site care and maintenance response reflect the needs of the people.

The cluster's third objective will strengthen self-management and resilience-building which will ultimately lead to durable solutions. The CCCM Cluster and partners' objective is to build the capacity of community-led groups to eventually transfer key site care and maintenance activities to the communities and enable people to be better prepared for sudden shocks, avoiding negative coping mechanisms

following conflict or climate stresses. Activities are focused on creating forums for dialogue and mobilizing communities to take leadership in the design and implementation of humanitarian services.

Response

In 2022, 2 million people remain displaced across South Sudan, with around 450,000 people still living within displacement sites (PoC, IDP camps and camp-like settings). The living conditions in camps, POC and former PoC sites remain at critical levels across the country, however, there are very few people returning to their places of origin because of lack of basic services and insecurity. This prolonged nature of the displacement in South Sudan requires the provision of continuous assistance across a range of sectors, as facilities require maintenance and replacement. CCCM support is also needed in ensuring displacement sites are safe and protected from the damage caused by increasing floodwaters.

In 2022, the CCCM Cluster will work with partners to increase timely interventions through roving and mobile teams deployed for four to seven weeks to set up core CCCM structures and coordination mechanisms. Community-based care and maintenance activities and community engagement will be encouraged through cash-for-work incentives. Daily casual labour rates for skilled, semi-skilled and skilled workers will ensure consistency of payments across all IDP sites in the country.

The CCCM Cluster will enhance self-governance systems at these sites to improve site-level coordination. Camp management activities will incorporate basics of gender-responsive and disability inclusion humanitarian interventions to address the unique needs of displaced women, girls, men, and boys.

The cluster will ensure the highest protection standards through regular monitoring and advocacy to responding partners, leaders, the wider population and specific vulnerable groups for feedback on service provision. Site development and maintenance will be contingent upon consideration of vulnerable groups as will be the formation of site committees. Regular follow-up will be conducted to

understand population satisfaction with all services, as well as monitoring and mainstreaming of gender-based violence concerns in displacement sites. To effectively reach out to displaced women, men, girls and boys, the cluster will adopt an integrated process constituting three models of CCCM approaches depending on the identified and assessed needs of the communities.

Failure to deliver much-needed humanitarian assistance to the already vulnerable populations due to lack of funding will exacerbate the already squalid living conditions in camps, exposing displaced people to various protection risks. As the inter-sectoral severity map shows, displaced people in five IDP camps, one PoC site and 64 camp-like settings in Unity, Upper Nile, Western Bahr el Ghazal, Jonglei, Warrap, Central and Western Equatoria will continue to struggle to meet their humanitarian needs if funding remains inadequate. This includes women, girls and persons with disability who remain particularly vulnerable and at risk of sexual violence, both inside displacement sites and when collecting fuel or food in surrounding areas. The CCCM Cluster will be unable to monitor the operational delivery of humanitarian services and safe access to mitigate potential protection risks.

In terms of return, many IDPs currently living in formal or informal settlements have expressed reluctance to return to their places of origin. Others have expressed their intention to return based on specific conditions, primarily safety, security, access to services, and land and property rights. The Government of South Sudan has the primary responsibility for creating these conditions and ensuring that durable solutions are in place, with the support of humanitarian, development, and peace actors.

Cost of response

The CCCM Cluster and partners aim to deliver life-saving interventions to people in IDP camps as well as the tens of thousands of people who live outside the camps and in remote areas. The main drivers of cost remain the care and maintenance of site/camp infrastructure as the renovation and upgrade of camps and IDP camps, particularly those submerged by floodwaters, is expensive yet essential. Monitoring and assessment of activities in remote and hard-to-reach areas may drive costs up because of logistical challenges and access constraints. In line with the increase in the number of people in need from 1.3 million to 1.64 million, the financial ask of the CCCM Cluster has increased to \$19 million in 2022.

Monitoring

The CCCM Cluster will develop specific tools to assess affected population's satisfaction of CCCM services and inclusive and representative community leadership structures in the PoC site, IDP camps, and collective sites. The results of these bi-annual surveys will be shared with the community and service providers for increased accountability and programme adjustments. Regular mobile monitoring and safety audits will inform site improvements, infrastructure, safety upgrades and maintenance. The cluster will continue to improve its information management system to ensure regular monitoring of services and multi-sectoral coordination. Through the 5W matrix submitted by the cluster partners monthly, the cluster will be able to track the response.

The complaint and feedback mechanisms will be redesigned, upgraded and repurposed in line with the specific needs of different groups of displaced people. The functionality of these feedback mechanisms will be monitored monthly to provide a clear understanding of how site populations view these feedback mechanisms, and whether they are accessible, effective, and confidential.

3.2

Coordination and Common Services



ORGANIZATION TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
419	\$19m	5	5

Objectives

The Coordination and Common Services (CCS) Sector will support 419 humanitarian organizations inside and outside the HRP to facilitate an efficient coordination system and support a strategic, prioritized and principled, evidence-based humanitarian response. CCS partners will promote and carry out multi-sectoral needs assessments and analysis to inform response planning. Sector activities will also include access negotiations and addressing bureaucratic impediments to enable a timely humanitarian response in a safe and secure operational environment.

The CCS sector will focus on four sectoral objectives: strengthening coordination including joint and complementary needs analysis based on rigorous needs assessments to inform the response; enhancing strategic response planning to facilitate principled and well-coordinated humanitarian action; ensure timely monitoring of new and historic displacement and return movements and related needs; and improving programme effectiveness and efficiency by mainstreaming of accountability to affected populations and conflict sensitivity in programming.

Response

A country-wide house-hold level multi-sectoral needs assessment (MSNA) is likely to be needed in 2022 to understand people's needs and to inform timely and effective coordination and response based on people's multi-sectoral and inter-sectoral needs. It will serve as the primary data set for the People in Need (PiN) calculations in the 2023 Humanitarian Needs Overview.

The data collection process will likely adopt a mixed methods approach. Statistically representative household-level quantitative data, including sex-, and age-disaggregated data, will be complemented by rich, contextual qualitative data to ensure robust analysis and evidence-based prioritization and decision-making. In addition, rapid multi-sectoral assessments will be coordinated for emergency situations and new or scaled up crises.

A gender, age, and a disability sensitive approach will continue to be mainstreamed, from the design of the needs assessments questionnaire, hiring of enumerators, data collection and analysis and considerations of operational constraints in South Sudan. The Protection Cluster will be

consulted to support the training of enumerators to ensure that core protection principles are followed and that the safety and dignity of communities who engage with the data-gathering exercises are upheld.

Population movements, both displacement and return, will be tracked as a key driver and outcome of humanitarian needs. At the same time, the impact of shocks (climatic, economic, conflict) on the most vulnerable populations will be monitored and in combination with sectoral and multi-sectoral assessments and country-wide needs analysis, as well as biometric registration, will inform the response. The CCS sector will aim to strengthen the link between emergency prioritization and response through improved coordination between relevant coordination forums, including the Needs Analysis Working Group (NAWG), the Emergency Response Operational Working Groups, the Inter-Cluster Coordination Group (ICCG), the Information Management Working Group and the Humanitarian Country Team.

Data collection will be done using methods appropriate to the environment, including the use of smart phones, paper surveys or satellite imagery analysis in areas where mobile data collection is considered a security risk, or physical access and logistics are difficult due to poor road infrastructure during the rainy season.

The CCS Sector places accountability to affected people at the centre of its response, promoting a more systematic engagement with affected populations to enable a community-centered humanitarian response in line with the HCT-endorsed AAP strategy for South Sudan. The perceptions of affected population (including traditionally excluded groups such as women, the elderly, people with disabilities and people with mental health psychosocial issues) will be monitored regularly and together with the feedback from the Complaints and Feedback Mechanisms (CFM), will feed into the design and planning of an evidence-based response to enable course correction in the response if necessary. The operationalization of AAP will be undertaken through the Communication and Community Engagement (CCE) Working Group. This will include using the FSNMS+ assessment findings to inform the planning for an accountable community-centered response.

CCS members will continue to promote a zero-tolerance approach to sexual exploitation and abuse of affected people. The CCS Sector will support advocacy for unhindered access and the Centrality of Protection. CCS will continue to support humanitarian hubs, which will provide logistics bases, accommodation, and office facilities for humanitarian organizations to respond to people's needs, ensuring that the response is coordinated as closely to the affected people as possible.

The CCS Sector will play a pivotal role in advocating for all efforts to prevent and mitigate the spread of the COVID-19, and to support COVID-19 response efforts, as appropriate across all its activities through regular community engagement.

Cost of response

The CCS needs \$19 million to cover the activities planned in 2022.

The main costs for this sector are related to facilitating national and sub-national coordination, undertaking multi-sectoral assessments and displacement tracking, facilitating community engagement, supporting access negotiations, and providing support to the humanitarian hubs. The cost of a multi-sectoral needs assessment will include enumerator teams in all 78 counties, vehicles for data collection, security equipment and training costs (including flights and other logistics). These elements are critical to ensure reliable assessments of all counties. Depending on when data collection takes place, costs will be impacted by access constraints, such as flooding during the rainy season, and conflict during the dry season.

Cost drivers of the Displacement Tracking Matrix (DTM) operations are related to staffing and logistics. Logistics costs (transportation and access) are higher during the rainy season when access to certain locations is restricted and costly. Given the long-standing presence and already established network of enumerators, organizations are well-positioned to undertake timely assessments to fill information gaps through direct field data collection, or other remote mechanisms such as satellite imagery. If humanitarian access improves in previously inaccessible areas, partners will strengthen their direct presence throughout South Sudan, as far as resources allow.

Monitoring

Findings of the multi-sectoral assessments, such as rapid assessments- including the Initial Rapid Needs Assessment (IRNA), agency led RNAs, REACH Area of Knowledge assessments (AoK), Emergency Response Mechanisms (ERM), and sectoral assessments and DTM site assessments- will be compared. This will allow for regular trends analysis to determine how needs are increasing or decreasing on a regular basis. This information will be fed into the NAWG for regular needs analysis. Perception surveys related to key AAP outcome indicators, disaggregated by sex, age, and special needs, will inform regular information products such as situation reports, periodic monitoring reports and analysis, and humanitarian dashboards, etc. to inform decision-making on priority needs, response, and implementation gaps. A consolidated database of all sectoral and multi-sectoral assessments¹² will aid with monitoring and the response itself.

3.3 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.6m	0.9m	5k	25k	836k	\$54m	49	50

Objectives

The Education Cluster aims to support 866,000 children to have access to safe, protective, and quality education, which will contribute to their wellbeing. The cluster also aims to strengthen national and local education systems and actors, including school community representatives, parents-teachers associations (PTAs) and national NGOs to increase the resilience of and accountability to affected people to withstand further shocks.

Under the first sectoral objective, the cluster will improve equitable access to safe and protective education services for 866,000 emergency-affected children among displaced people, returnees, spontaneous refugees and host communities, including children with disabilities and youth (girls and boys). The second sectoral objective aims to improve the quality of gender- and disability-inclusive education services and teachers' capacity to protect the wellbeing of all children and prevent the negative impact of emergencies on learning. For the third sectoral objective, the cluster will strengthen/enhance the response capacity of the education system, the school community, and national/local education actors, to mitigate the impact of existing emergencies on learners, teachers and communities.

The cluster's sectoral objectives are linked to the inter-sectoral strategic and specific objectives of the HRP and the Ministry of General Education and Instruction's (MoGEI) five-year strategic plan. Protracted conflict and climate-related crises coupled with the COVID-19 pandemic outbreaks in 2020/21 resulted in unprecedented challenges to education, including school closures, increased numbers of in out-of-school children, worsening of the already low learning outcomes and difficulties in retaining children in schools, which exposed them to grave risks such as recruitment into armed groups, early marriage, and child labour. Given that gross enrolment decreased by roughly 7 per cent between 2020 (2,727,209) and 2021 (2,523,204)¹³, and that there were already about 2.2 million out-of-school children prior to COVID-19, school closures further impacted 2.7 million¹⁴ children.¹⁵ The current estimated number of out-of-school children is 2.8 million.¹⁶

Insecurity represents a significant challenge to school functionality. Active conflict and regular communal violence

throughout 2021 led to school closures in the Greater Pibor Administrative Area, Jonglei, Lakes, Upper Nile, Central Equatoria, Warrap, Unity and Western Equatoria states. In the 2021 Education Need Assessment (ENA), learners cited insecurity in and around schools as a major reason for learner absenteeism and drop-out.¹⁷ School functionality has been severely impacted by flooding, especially in Jonglei, Unity and Upper Nile¹⁸, and county officials in these states reported in the ENA that over 190 schools closed due to flooding.¹⁹

The cluster's sectoral objectives require inter-sectoral commitments to address the needs and demands of school children, teachers and school communities through provision of child protection, WASH, school feeding, school health and nutrition interventions. The cluster's objectives go beyond lifesaving and promote localization and community resilience through building technical and institutional capacities of national duty bearers in emergency preparedness, response planning, and engagement in decision-making, accountability, ownership and sustainability of education programme.

Response

The Education Cluster's activities apply children-centered approaches and encourage child and community participation. The response will strengthen capacities of SMCs, PTAs and community leaders to protect and reduce the vulnerability of schoolchildren—particularly girls—against gender-based violence. In line with findings from ENA, education actors will improve school infrastructure by establishing and rehabilitating temporary learning spaces (TLS) and WASH facilities, distributing hygiene materials and providing essential education supplies. In addition, distance learning through radio will expand to reach children living in hard-to-reach locations. The Education Cluster membership will continue advocating for free education and allocation of funding for teachers' salaries to retain teachers and learners in schools.

The Education Cluster provides humanitarian support and effective coordination for timely education service delivery across the country. The cluster, chaired by MoGEI, will continue to provide guidance and support to education partners to overcome barriers related to access and lack of

funding, avoid duplications, and use resources efficiently to deliver quality education in emergencies (EiE) responses.

Children's needs are multi-sectoral and therefore the cluster advocates for multi-sectoral interventions with WASH, Protection, Nutrition and Health clusters. The Education Cluster encourages incorporating essential components such as psychosocial support, referral mechanisms and school feeding into the package of education services. Additionally, the cluster actively participates in inter-agency initiatives aimed at providing common service approaches to quality programming, including AAP, gender and disability inclusion and localization.

The Education Cluster will continue to work closely with MoGEI, national NGOs and other development actors to sustain the humanitarian-development nexus. The Education Cluster will strengthen localization through participation and leadership of local actors in decision-making, advocacy for principled partnerships, and institutional capacity-strengthening to improve local capacity and continuity of education response beyond the emergency phase.

The cluster prioritizes locations with highest rates of children and youth with EiE needs, including areas that received an influx of displaced people, areas affected from flooding and intercommunal violence, and areas suffering from lack of education infrastructure, services and supplies. The Education Cluster also prioritizes children from IDP, returnee and host communities who have dropped out or at the risk of dropping out of school.

Cost of response

The Education Cluster response modalities and predominant cost drivers are the provision of education services to 866,000 targeted children (52 per cent are girls) through an envelope of \$54 million based on the cost/per child calculation and availability of resources, to construct or rehabilitate learning spaces, provide educational materials and supplies, construct or rehabilitate water, hygiene and sanitation (WASH) facilities, including handwashing services, COVID-19 awareness campaigns, training of teachers, building the capacity of PTAs, SMCs community leaders, State education officials, and MoGEI staff, payment of incentives for teaching facilitators, supporting the national examinations, and establishing a mentoring programme linking partners with teacher training institutes/colleges.

In addition, the impact of COVID-19, the influx of displaced people, and spontaneous returnees (both refugees and internally displaced people) have overstretched the education and protection services for children. The response will provide assistance to schools in the host community to accommodate the additional influx. Additionally, school

closures due to conflict and floods have seriously affected children's access to essential basic services most parents rely on, including school feeding, health and nutrition services, and access to clean water and sanitation services. The prolonged economic and social crises have also affected teachers directly through lack of payment of salaries and incentives. These conditions put pressure on the education sector to focus on school rehabilitation/reconstruction, provision of WASH, health, school feeding/nutrition and protection services.

The cost of assessment, monitoring and evaluation activities requires 2 per cent of the total cost indicated in the humanitarian response plan. An estimated cost of sector stakeholder contribution to each strategic objective varies among national, international NGOs and UN agencies.

Monitoring

The Education Cluster maintains a response monitoring tool/5W Matrix (Who is doing What, Where, When and for Whom) to track partners' planned education activities and set indicators under the HRP. Based on partners' reports, the Education Cluster coordination team analyses the data of specific indicators with targets to develop maps and other analysis reports to strengthen the coordination of the EiE response, identify gaps and prevent duplication of activities/programmes.

The cluster also monitors the situation through its sub-national cluster focal points, as well as through an online reporting tool where partners report on incidents that impact education services. The cluster also interacts regularly with other stakeholders, including the ICCG and cluster membership, especially national actors, to monitor the situation closely. The cluster supports evidence-based response modalities through a robust information management and data collection system, and updates the situation of the sector by conducting a nationwide education needs assessment.

The Education Cluster is represented in the regular joint inter-sectoral missions to monitor field level implementation of partners' projects, and shares monitoring reports to ICCG, OCHA and implementing partners as feedback. The Education Cluster is committed to the accountability to affected populations. Sharing timely information, consultation and dialogue between service providers and affected people improves the quality and efficacy of humanitarian response. The cluster also acknowledges that national NGOs play a crucial role in monitoring.

3.4

Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
8.3m	6.0m	1.4m	1.3m	3.3m	\$650m	78	78

Objectives

In 2022, the Food Security and Livelihood Cluster aims to provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations facing IPC phases 3, 4 and 5. The cluster will enhance and sustain emergency food production through complementary vegetable and crop livelihood inputs, fishing, and livestock support. Dependency on food and agricultural inputs will be reduced to support and strengthen households' ability to absorb shocks in collaboration with other clusters and development partners through the building of assets, capacity, and accessing basic services and social safety nets. Each of the cluster's objectives will be implemented in a way to prevent the spread and transmission of COVID-19, and work towards strengthening the nexus between humanitarian response, peacebuilding and resilience, and development programming.

Response

In 2022, the FSL Cluster will target 6 million people, an increase of 300,000 people from 2021, and will provide humanitarian life-saving assistance to 4.6 million South Sudanese people, in line with its objectives.

The FSL Cluster and partners will use either in-kind assistance, cash-based transfers (CBT), or a combination of both. The modality is determined by the principles of feasibility, effectiveness, efficiency, economy, and safety. Unconditional cash will be predominantly used for purchasing food by WFP and partners; conditional Cash and Voucher Assistance (CVA) will be used for FAO nutrition support, seed trade fairs and cash for work (World Bank) social safety net programme; and small cash grants will be used for asset building. CVA is mainly used in food assistance and livelihood support with very small grants going to asset building. Ninety-three per cent of the cash/ voucher modality covers food assistance activities, and 7 per cent covers livelihoods support (cash for kits). For food assistance, in-kind support still predominates at 73 per cent, while cash/voucher and hybrid packages account for 20 per cent and 7 per cent respectively. This level of support with these three modalities is likely to continue in 2022.

WFP has static response in 68 Counties (87 per cent) and mobile response at 46 Rapid Response Mission (RRM) sites

in nine counties ²⁰ (13 per cent). FAO's ratio is 90 per cent static and 10 per cent mobile (the latter flexible because the Integrated Rapid Response Mechanism (IRRM) demand driven by crisis events requiring a rapid response in hard-to-reach locations). To cut costs related to airdrops, there is greater focus on delivery by road and river through more static operations. However, mobile response through the IRRM in some parts of the country such as Greater Upper Nile is still dependent on air delivery.

WFP with approximately 19 general food distribution partners will continue to address people's needs across all 78 counties. Logistical support will be needed to deliver 280,000 MT of food assistance, a reduction from 2021. FAO with approximately 60 partners will provide almost 10,000 MT of main season crop seed.

The FSL Cluster, together with Health, Nutrition and WASH clusters, has a common integrated plan which focuses on priority IPC phase 4 classified counties and is committed to deliver emergency food, livelihood and livestock support to vulnerable households in the catchment areas of health, nutrition, education and community WASH facilities. The clusters established minimum packages for integration in 2018 which are supported through awareness-raising and advocacy with sub-national partners.

Effective integration is taking place where FSL Cluster partners have the capability/mandate for multi-sectoral programming or are active members of multi-sectoral consortiums. Livelihood partners are challenged to support 1,000 nutrition facilities with kitchen garden demo plots to promote a holistic gardening/nutrition sensitive/ hygiene/ food preparation outcome and to provide improved horticultural practices for both community and Community Nutrition Volunteers (CNV).

The FSL Cluster continues to increase community engagement, including AAP, disability needs, the needs of different sex and age groups, community feedback and complaint response mechanisms. Almost all WFP food distribution sites operated from field offices use a Project Management Committee that facilitates both feedback and complaint response from people targeted for assistance. FAO and many operational partners also incorporate the

use of community committees (with a growing number of female members) to inform and facilitate AAP in emergency response. Women's needs, voices and rights are at the core of the cluster's three objectives, with at least 50 per cent of those targeted with assistance being women or girls. The focus is on intra-household food consumption, women-friendly livelihood initiatives and empowerment in building community and household resilience. Pregnant and lactating women (PLW), households with children under age 2 (those in the first 1,000 days), the elderly, and chronically ill and disabled people are part of the cluster 'vulnerability' targeting criteria and protection-related concerns. The cluster focusses on GBV/ PSEA capacity-building assessments and action plans in partnership with the GBV Sub-Cluster.

Targeting and site selection will be informed by context, conflict sensitivity (which includes the skills of a dedicated WFP conflict analyst) and protection risk analysis to mitigate risks and ensure a 'do no harm' principle. By conducting community-based vulnerability targeting and conflict-sensitive assessments, the cluster seeks to ensure the most marginalized and vulnerable groups have access to assistance, and that assistance does not exacerbate tensions between different social and ethnic groups.

Development funding supports approximately another 20 – 30 per cent of FSL activities outside of the HRP, and several actors are simultaneously implementing development and humanitarian FSL responses in the same locations. To prevent and reverse the ongoing erosion of food security, and eventually reduce the scale of humanitarian needs, the cluster will integrate longer-term approaches, leveraging capacity and learning from FSL actors and seeking efficiencies. For example, locally produced seed and grain are locally procured through development projects. The cluster uses the Resilience Capacity Index to assess the effect of building assets, absorptive and adaptive capacities, and the delivery of both basic services and social safety net mechanisms.

Cost of response

Main drivers include cost of commodities: imported food (280,000 MT), livelihood kits (10,000 MT of crop and vegetable seed), veterinary medicines and vaccines; logistics support costs such as storage (mobile storage units and cold chains, etc.) and transportation by road, river, and air. Air transport is an especially high driver of cost across the Greater Upper Nile, especially during flooding when other options are limited.

Some \$5 million will be needed for the twice-yearly FSNMS+ assessments and the two IPC analysis workshops as well as agency monitoring and evaluation activities.

In 2022, \$650 million will be needed for activities planned by the FSL Cluster. About \$640 million or 95 per cent of the total financial requirement will be needed for activities under the cluster's objectives one²¹ and two²² in line with the overall strategic objective of saving lives. Some \$30 million or 5 per cent of the financial ask will be needed to cover the third²³ objective.

Significant cost savings were made between 2018 and 2019 with the shift away from air drops. The highest proportion of the \$650 million envelope is for food assistance (78 per cent). Ninety-five per cent is for WFP and 20 partners for the procurement and delivery of 280,000 MT of food commodities. Emergency livelihood support²⁴ (17 per cent) includes cost of procuring around 10,000 MT of seeds (80 per cent imported from the region and 20 per cent locally) by FAO and NGO partners. Resilience activities (5 per cent) comprise software costs for trainings, savings and loan group formation, pest management and disease surveillance and post-harvest losses. Significantly more resources are provided through the various development/resilience projects under the United Nations Sustainable Development Country Framework, outside of the HRP).

Monitoring

The main output-level indicators such as the number of beneficiaries receiving food (4.6 million people) and livelihood kits (6 million people), the number of people reached with cash/vouchers (approximately 1.75 million people), the number of animals vaccinated (9 million) and treated (1 million), the number of demonstration sites at nutrition facilities (1,000), the number of individuals trained on improved agronomic practices, including asset building and market support (1 million) and the number of functional Complaint Feedback Mechanisms in place, will be monitored monthly through the 5W reporting system. The outcome-level indicators include the population in IPC Phase 3 or worse, and the Resilience Capacity Index is monitored through the six-monthly FSNMS and IPC analyses.

In addition to the annual AAP check list and protection tip sheet shared with partners, an online AAP training programme funded by the FSL Cluster will be rolled out in 2022 for FSL Cluster partners and eventually for all clusters' partners. In 2022, the cluster is also planning to incorporate and use partners' experience of linking food security and child protection with other topics to ensure that disability and inclusion, complaint feedback mechanisms, etc. are fully taken into account in the response. The WFP conflict analyst will brief partners every month to make informed programme and strategic decisions.

3.5 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.5m	3.4m	0.8m	0.8m	1.8m	\$129m	62	62

Objectives

In 2022, the Health Cluster will target 3.4 million people out of the 5.47 million people in need of health services. In line with the first cluster objective, the Health Cluster will focus on improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people. With regard to the cluster's second objective, the Health Cluster will aim to reduce excess morbidity and mortality by the timely detection and coordinated response to epidemic-prone diseases. Under the cluster's third objective, the response will enhance resilience and promote humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

The cluster activities aim to improve people's access to and utilization of essential health care services to reduce excess morbidity and mortality. Disease outbreaks will be detected early, responded to in a timely manner and adequate surveillance systems will be put in place through the Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert and Response System (EWARS). The Health Cluster and partners will provide health services that are adapted to the current COVID-19 context and ensure COVID-19 prevention while continuing to provide essential life-saving health care. Community and County Health System reliance will be promoted through building synergies and optimizing the use of limited resources among humanitarian, development and peace actors. Community consultation, feedback and partnership will be promoted.

Response

The Health Cluster targeting is informed by the intersectoral prioritization exercise, the health sectoral severity analysis focused on IDP locations and flood-prone counties of Jonglei, Unity and Upper Nile states, and a review of disease infection risk by county, especially cholera hot spots.

The response design focuses on providing life-saving essential health services in line with national and international humanitarian standards, and is based on the epidemiological profile of disease outbreaks, disease burden seasonality, and trauma-related emergency requirements. Prevention, preparedness, response readiness, and response

and mitigation activities will be undertaken with special attention given to vulnerable groups including women, children and persons with disabilities.

The cluster, in collaboration with the Ministry of Health and partners, will support different intervention modalities suited to the needs of affected people, including COVID-19 control and prevention interventions. As South Sudan is still at risk of the Ebola Virus Disease (EVD), the Health Cluster and partners will continue EVD prevention, and preparedness and response readiness activities. The cluster will further support static and mobile health facilities, and community-based healthcare systems to serve communities who do not have access to services and are affected by emergencies. Additionally, the Health Cluster plans to further strengthen the Health Cluster technical, operational and field coordination support to partners and authorities.

The Health Cluster will continue to collaborate with development partners who are providing regular health services through static health facilities in crisis-affected areas by identifying communities that are still not reachable and providing services through mobile outreach as well as strengthening support to static health facilities.

Improved access to essential health services will contribute to the overall reduction of the high maternal mortality and under-five mortality rates, and will mitigate the transmission of vaccine-preventable diseases and other infectious diseases. The cluster will involve affected communities and the county health system (implementing national health promotion, prevention and control programmes) in planning and organizing emergency health services. The cluster coordination mechanism at the national and state levels will be utilized to coordinate, collaborate, and liaise with partners and authorities to implement, monitor and review the response activities. Referral pathways for mental health and psychosocial support, gender-based violence survivors, and for maternal and child health emergencies will be streamlined and strengthened. Referral pathways will link the community and facility-based healthcare system to provide continuity of care.

To protect both the patient and health staff, the cluster will encourage and support infection prevention and control and WASH measures including appropriate COVID-19

prevention and management activities. COVID-19 is expected to continue to impact health services in the country for the foreseeable future. Through inter-cluster coordination mechanisms at all levels, the Health Cluster will work towards comprehensive integration and collaboration with other clusters, including FSL, Nutrition, Protection and WASH.

Cost of response

The cost of the health response is largely based on the economic climate, cost variance for geographical locations, and packages of health needs based on the various administrative health units and health seasonality requirements. The context is endemic for many neglected tropical diseases that require a sustained level of investment. This will ensure a timely response to the ongoing multiple disease outbreaks and seasonal environmental hazards including floods and sub-national violence that continue to displace thousands of people and projections for trauma-related insecurities.

The Health Cluster supports integrated multi-cluster projects to avoid duplication and promote quality and value-for-money holistic care. Each strategic objective is carefully aligned with a number of output indicators and the type of activity required to promote the necessary intervention for a resource-intensive and time-critical response is costed accordingly. Quality assessments involve a combination of various costs such as quantities and use of seasoned professionals, as well as intense logistical support, including using resources for the delivery of essential commodities to response sites. The overall Health Cluster envelope for 2022 is \$129 million, while the cost per beneficiary is \$37.7. The cost to meet the first, second and third cluster objectives is \$77 million, \$39 million and \$13 million respectively.

Monitoring

The Health Cluster will collect, analyze and use monitoring data to measure performance against a set of indicators for the response plan on a quarterly basis. The cluster contribution to data analysis for response planning, monitoring and evaluation will include IDSR data, EWARS data, assessment reports from IRNA, multi-cluster and sectoral initial rapid assessments, public health situation analysis, health service functionality, 5Ws, the health resources availability monitoring system, public health risks, outbreak investigation reports, and mortality and morbidity estimates.

The cluster will invest in partner capacities to strengthen data collection and information analysis for planning, response and evaluation. The cluster's indicators are aligned with response activities that aim to improve living conditions of vulnerable people and are set to identify incident rates for selected diseases, case fatality rates, health facilities supported with essential health care commodities, outpatient consultations, functional health facilities, assisted deliveries by skilled birth attendants, attacks on health care and facilities, and the number of people who receive Clinical Management of Rape services, MHPSS and disability services. Insecurity and attacks on healthcare and health workers result to limited movement and access, leading to challenges in documenting the cluster response. The cluster will provide training on data management for improved sex, age and disability reporting and will use various community communication and engagement modalities, including robust complaint and feedback mechanisms and community discussions. It will monitor affected communities' perception of and satisfaction with service provision through community feedback mechanisms such as health committees. It will support the collective monitoring of whether targeted people feel consulted and informed throughout the response.



3.6 Logistics

ORGANIZATIONS IN NEED	ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
340	340	\$92m	2	4

Objectives

The provision of logistics coordination, information management, preparedness and technical advisory services to the humanitarian community will ensure a well-coordinated, effective and cost-efficient logistics response, build the logistics capacity in South Sudan and prevent duplication of efforts, which will benefit the humanitarian response in the country.

In line with the first objective, the Logistics Cluster will ensure integrated and inclusive humanitarian action and provide humanitarian organizations with access to vulnerable people to implement critical cross-sectoral services. The second cluster objective will ensure that affected people have safe, tailored, timely and dignified access to appropriate services. The United Nations Humanitarian Air Services (UNHAS), through the provision of passenger air services, the Logistics Cluster, through the facilitation of common services, and IOM's Common Transport Services (CTS), through road cargo transport, will enable humanitarian actors to reach people in need and project implementation sites.

The rehabilitation of roads and dykes will enable humanitarian actors to use the most cost-efficient transportation modality to deliver multisectoral relief items to vulnerable communities. Another added benefit will be the opening of key supply routes to the commercial sector.

Linking to the third strategic objective, the Logistic Cluster will facilitate access to logistics services for the entire humanitarian community to help build vulnerable people's resilience to shocks and stresses. Infrastructure rehabilitation will ensure that communities which were frequently cut off and displaced are less impacted and more resilient to shocks, contributing to longer-term sustainable development in the region.

Response

Four logistics projects will support and enable 340 humanitarian organizations across South Sudan, including UN agencies and national and international NGOs. UNHAS will enhance access to people and project implementation sites through safe, effective, and efficient passenger air services to 59 destinations on a weekly basis. To respond to rapidly changing needs, UNHAS will facilitate off-schedule requests to ensure that humanitarian agencies can promptly

reach people in need with timely assistance. UNHAS maintains a fleet of 12 aircrafts, including four helicopters and eight fixed wings, adjusted throughout the year based on needs. UNHAS will also continue to transport suspected COVID-19 patients and collect COVID-19 samples from field locations.

The Logistics Cluster will facilitate access to common logistics services for the movement of humanitarian cargo to reach vulnerable people. Logistics and cost efficiencies will be optimized to stretch funding further and meet the demand of humanitarian organizations. The pre-positioning of cargo by road during the dry season will maximize the use of the most cost-efficient transport method and help humanitarian organizations be prepared for emergencies with readily available stocks. These efforts will be enabled by facilitating road convoys to accessible locations, the provision of medium-distance road transport with IOM's CTS trucks as part of the Beyond Response projects in Wau, Bentiu and Malakal, and by providing access to common storage facilities in locations with insufficient commercial capacities. Pre-positioning will be more challenging in 2022 due to the long-term impact of widescale flooding on physical infrastructure, particularly in Bentiu and Central Unity.

The WFP infrastructure rehabilitation project will contribute to the resilience of communities by rehabilitating critical roads, repairing dyke breach points, and building dykes along main supply routes. This will not only ensure access to Greater Upper Nile (Unity, Upper Nile and Jonglei states) and pre-position both food and non-food items ahead of the rainy season, but also serve to prevent future flooding, thereby contributing to longer-term disaster risk reduction and climate adaptation.

The Logistics Cluster will facilitate air transport through WFP as a provider of last resort, particularly to ICCG-prioritized locations not accessible by other means and for emergencies such as response scale-ups or disease outbreaks requiring life-saving assistance. Logistics operations will be streamlined through the use of IOM's CTS in six logistics hubs (Bentiu, Bor, Juba, Malakal, Rumbek and Wau) which enable the movement of supplies from warehouse to airstrip, riverside and other short-distance trucking to enable frontline

activities. CTS ensures people can safely access services and resources with dignity, including in hard-to-reach/newly accessible locations. By facilitating cargo transportation by road, CTS helps to optimize cost-effectiveness and improve the efficiency and timeliness of the wider humanitarian and transition response projects in South Sudan.

Multi-stakeholder coordination will take place at national and sub-national levels, with regular coordination meetings held to collectively address logistical challenges. Preparedness and capacity-building efforts of the Logistics Cluster will continue to be an important tool to build up logistics capacities in country to ensure vulnerable communities are effectively served through a prepared and locally driven supply chain.

Cost of response

The requirements of the logistics response in 2022 are \$92 million. The main cost drivers for UNHAS (\$54.1 million) reside in the uninterrupted provision of aviation services to the entire humanitarian community in South Sudan. The main expenditures expected will include contracting the most suitable air assets depending on seasonality to support the humanitarian community. With an estimated increase for passenger transportation requests in 2022 (65,000 against 60,000 targeted in 2021), UNHAS plans to add one more helicopter to its fleet which will reduce spill and give more flexibility in emergency responses, such as medical evacuations and security relocations, without disrupting regular flights.

The main driver of the Logistics Cluster costs (\$22 million) is the facilitation of access to common services for the humanitarian community. The Logistics Cluster will continue to meet the common service needs of the humanitarian community and support any required scale-up or emergency response. Particularly costly yet essential is the air cargo transport, as no viable commercial cargo transport options are available, and many locations are not reachable by other means.

The budget's main costs of the WFP Infrastructure Rehabilitation project (\$15.5 million) are the mobilization of assets to transport required equipment, materials and manpower needed to rehabilitate and build works. The project is critical for WFP to provide life-saving food assistance in a cost-efficient way (airdrops would be six times more expensive than road transport) and to promote economic growth in the region through the employment of casual labourers from the area.

The predominant cost driver for IOM CTS in 2022 (\$3.1 million) is human resources, equipment maintenance and upgrades. IOM maintains sufficient technical staffing, office, and mechanical workshop facilities to provide adequate logistics support. This project also ensures the full-time availability of 18 dedicated trucks that facilitate the transportation of relief items to deep field areas in South Sudan.

Monitoring

Data will be collected through the IOM Fleet Management and Internal Tracking System, UNHAS Electronic Flight Management Application, Logistics Cluster Relief Item Tracking Application and WFP Logistics and Engineering unit's rehabilitation tracker. User satisfaction with the services will be monitored regularly through the Logistics Cluster coordination meetings, UNHAS user group meetings and by conducting mid-year and annual performance surveys. Standard Administrative and Operating Procedures are publicly available and adhered to.

To monitor performance, the cluster will report monthly on indicators that contribute to achieving the sectoral objectives. This includes indicators on the number of organizations utilizing services and coordination, information management, and preparedness efforts. User satisfaction is quantified through the survey results. UNHAS tracks passenger numbers and light cargo transported, the number of evacuations performed, and COVID-19 sample collection support. To assess the progress in achieving logistics efficiencies, the cluster will monitor the total amount of cargo transported monthly including the percentage of relief cargo moved by river and road versus by air, the cargo transported with CTS, the amount of kilometres of infrastructure rehabilitated, repaired or constructed by WFP, the number of road convoys facilitated and the common storage available to the entire humanitarian community for the pre-positioning of cargo.

3.7 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.0m	1.5m	0.6m	n/a	0.9m	\$230m	43	43

Objectives

Malnutrition remains a persistent problem in South Sudan that continues to adversely affect the well-being of women and children. In 2022, an estimated two million children and women including those with disabilities, will be at risk of acute malnutrition and will need urgent treatment. The main causes of malnutrition are directly related to inadequate dietary intake as well as high prevalence of diseases, and indirectly related to multiple factors including food insecurity, sub-optimal childcare and feeding practices, inadequate sanitation conditions and hygiene practices, and poor access to health and nutrition services. In 2022, some 1.46 million people, of whom 67 per cent are children, are targeted with emergency nutritional support.

To address the suffering, morbidity and mortality related to malnutrition among vulnerable people, the Nutrition Cluster will increase equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in the prioritized counties experiencing multiple deprivations, including high acute malnutrition rates, food insecurity, morbidities and poor WASH conditions. The Nutrition Cluster will make deliberate efforts to intensify coordination and integrate programming with the Food Security and Livelihood (FSL), Water, Sanitation and Hygiene (WASH), Health, Education and Protection clusters to ensure safe, equitable and dignified access to critical multi-sectoral basic services that will contribute to the reduction of acute malnutrition and ultimately reduce morbidity and mortality.

Response

The Nutrition Cluster will cover all areas of high malnutrition needs through lifesaving nutrition services with efforts to map the root causes and design preventive solutions. In the event of reduced funding, the Nutrition Cluster in accordance with WHO classifications will prioritize counties showcasing high (10-14.9 per cent) to very high (>15 per cent) prevalence rates of malnutrition with treatment programmes targeting children under five and pregnant and lactating women.

The Nutrition Cluster will continue to employ a people-centered approach, including those with disabilities, and that mainstreams accountability to affected people, and Gender with Age Marker considerations in the design, delivery

and monitoring of nutrition response in South Sudan. A comprehensive package of nutrition services that includes preventive, promotive and curative services will be provided through 1,200 static and outreach/mobile facilities. With 43 implementing partners operating in 1,200 sites across all 78 counties in the country, the sector's ability to prepare and ensure timely scale-up response as humanitarian needs emerge is assured. In addition, for the insecure and inaccessible locations, rapid response mechanisms and emergency response teams will continue to be implemented. The use of family mid-upper arm circumference, introduced in the context of COVID-19 for early detection and referral of children with acute malnutrition, will continue to be implemented as a gradual expansion is made to use weight for height at the health facilities.

The cluster will make deliberate efforts to enhance coordination and integration with the Health, WASH, FSL, Protection and Education clusters to address the causes of malnutrition through a multi-sectoral approach that aims to reduce vulnerabilities, prevent malnutrition, and build resilience among the vulnerable people. Specific multi-sectoral activities aim to increase access to safe water and sanitation, promote critical WASH messages, and integrate early childhood development strategies in nutrition treatment sites. Kitchen gardening, screening and treating of malaria, managing diarrhoea, and mainstreaming child protection and gender-based violence risk mitigation will also be promoted at the nutrition sites. In addition, advocacy efforts will be undertaken to integrate inpatient care of severe acute malnutrition in the health system. The use of the community platform through the community nutrition volunteers will be supported as a main vehicle for delivering multi-sectoral services at community and household levels.

To ensure that vulnerable people access regular quality nutrition services, the cluster will undertake appropriate data analysis and gather information that identify gaps, opportunities and best practices. Specifically, the cluster will roll-out the data quality assurance tool, conduct barrier analysis of maternal infant and young child nutrition, and conduct Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition surveys in priority counties. Best practices and lessons learned on using a

multi-sectoral approach will be documented, while gender-based violence safety quality audits will be conducted at the nutrition sites. For sustainability of nutrition information system, efforts will be made to integrate nutrition indicators in the District Health Information System-2 as well as in the national FSNMS+.

Capacity strengthening and support to sub-national clusters will be enhanced in 2022 using on-the-job training, supportive supervision, mentoring and peer-to-peer learning approaches. An advocacy strategy will be implemented to increase funding for the nutrition response and to advocate for nutrition investment by development sectors to address the root causes of malnutrition. This will be done through continuous engagement with donors and in collaboration with the Scaling Up Nutrition Movement.

Cost of response

The Nutrition Cluster requires an estimated \$230 million to reach 2.02 million children under five, and pregnant and lactating women suffering from acute malnutrition. Compared to the 2021 HRP, the budget has increased by \$25 million (12 per cent), with 100,000 more children needing acute malnutrition treatment in 2022. Investment is required to not only sustain the gains made in 2021, but also to prevent any further deterioration in the nutrition situation by scaling up interventions that address the major cause of malnutrition.

The largest costs involve procurement, storage and delivery of ready-to-use specialized foods, essential medicines for malnutrition, and specialized foods for blanket supplementary feeding programmes. In adapting to the operational environment, the service delivery modality

will change from static to mobile, which will increase operational costs. The nutrition response will optimize community nutrition volunteers and health and nutrition sites as platforms to provide and scale up multi-sectoral services and the provision of both outpatient therapeutic programme and target supplementary feeding programme services, improving efficiency.

Monitoring

The national and sub-national Nutrition Cluster will oversee and monitor the nutrition situation and the needs of the affected people through bi-annual FSNMS, qualitative AAP survey, SMART surveys, monthly nutrition programme data collection and analysis, and joint field monitoring visits. Spot checks, supportive supervision and monitoring visits will be conducted to monitor service delivery and engage with the community and other stakeholders to gauge evolving needs. Community nutrition volunteers will be supported to undertake household visits, conduct regular screening of malnourished children and women to ensure timely detection and treatment, and to report on a monthly basis. Data collection tools and analysis will be strengthened to enhance monitoring of integrated services.

The Nutrition Cluster will promote community participation for a responsive nutrition service delivery. Implementing partners will be supported to establish/maintain complaint and feedback mechanisms in the nutrition sites. This is in addition to conducting spot exit interviews during the joint quarterly monitoring visits to assess the level of satisfaction of nutrition service delivery among the affected people. AAP and gender equality and disability inclusion remain integral to workplans of strategic advisory group and technical working groups for enhanced accountability in the response.

AWEIL SOUTH COUNTY

General food distribution to food insecure people in Tiaraliel, Aweil South County, Northern Bahr el Ghazal State. Photo credit: Medair/Diana Gortert



3.8 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.6m	2.9m	0.8m	0.4m	1.7m	\$103m	70	91

Objectives

Multiple compounded shocks, including increased sub-national violence, three consecutive years of flooding, food insecurity, disease outbreaks and lack of access to basic services, have created a protection crisis leaving the people in South Sudan vulnerable.

In 2022, some 5.6 million people will need protection services. Under the HRP three strategic objectives, the Protection Cluster aims to address humanitarian and protection needs, including a wide range of human rights violations and protection risks related to forced recruitment incidents, abductions, and restriction of freedom of movement identified during assessments and through continuous protection monitoring. Strategic Objective 1 will ensure the provision of critical protection-related assistance, mental health and psychosocial support, and specialized services through an integrated approach to address the priority needs of women, men, girls and boys in hard-to-reach and priority geographical areas. Under Strategic Objective 2, the cluster will aim to prevent and mitigate protection risks through enhanced preparedness and resilience. Under Strategic Objective 3, the cluster will enable durable solutions for displaced people and other populations.

Response

The Protection Cluster, within its areas of responsibility, will strengthen static response capacity in priority areas, balancing this with the flexibility of mobile interventions. The cluster will use and strengthen static programming at state level and in crucial deep field locations with significant concentrations of displaced people, host communities, and displaced returnees. Mobile protection intervention approaches will be used to deliver activities including mobile court clinics, parenting sessions, youth, and adolescent activities, and capacity development and awareness-raising sessions due to the absence of service providers and insecurity.

An estimated 2.6 million people will face GBV risks in 2022, an increase of 25 per cent compared to 2021. An estimated 2.9 million children, a 25 per cent increase compared to 2021, will need immediate life-saving child protection services in 2022. The Mine Action Sub-Cluster will target 221,000 people out of 1 million people in need, while the Housing

Lands and Property (HLP) Working Group will endeavour to provide consolidated legal and other solutions for 164,000 people out of an estimated 1.8 million people in need.

Other clusters will mainstream protection into their activities to ensure that interventions are delivered in a safe and accountable way, providing meaningful and equal access to services, and empowering communities. The response will be delivered in line with the Centrality of Protection strategy and conflict-sensitivity programming, including addressing risks of exclusion based on discriminatory practices, power structures, vulnerability, age, disability, and gender. Special considerations will also be given to people with disabilities since they face additional risks and barriers and are often excluded from assistance due to exploitation, discrimination, and stigma. Solutions for voluntary returns will require an inter-agency approach, moving to longer-term/development activities, and increased cooperation with government authorities both at the national and state levels, to support safe, dignified, and voluntary solutions to displacement. This will require protection assessments and monitoring in areas of return/relocation and intended return, provision of individual support to vulnerable persons, and an increase in housing, land, and property services.

Community engagement modalities will form a critical part of all protection interventions, incorporating media campaigns, community consultations, hotlines and institutionalization of complaint and feedback mechanisms in both static and mobile protection interventions. The Protection Cluster will further support AAP and protection mainstreaming in other clusters' work. Efforts will be made to ensure safe and accessible reporting on PSEA, and ensuring accountability, as part of work with the PSEA Task Force.

Prioritization for protection activities is primarily based on the severity of the protection context at payam level. Priority will be given to locations where the protection environment is most critical, in terms of armed conflict and violence, and in locations with the highest number of IDPs.

Sub-Sector **Child Protection**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.5m	0.9m	81k	75k	779k	\$33.5m	35	35

Children and adolescents continue to be exposed to a wide range of protection risks, including family separation, recruitment and use of children by armed forces and groups, psychosocial distress, sexual violence, neglect, abuse, and exploitation. The COVID-19 pandemic, displacements, flooding and ongoing conflict have exacerbated protection risks and have hindered access to, and use of, critical child protection services. The Child Protection Sub-Cluster plans to reach 935,000 children, adolescents, and caregivers in 65 counties with the highest needs and in nine counties with high severity needs, particularly Kapoeta South, Bor South, Fangak, Pibor, Rubkona, Akobo, Tambura, Ezo and Twic East. The Child Protection Area of Responsibility (CPAOR) will scale up critical child protection interventions and expand its comprehensive case management services for children and adolescents, including family tracing and reunification services, reintegration for Children Associated with Armed Forces and Armed Groups (CAAFAG), and support to child survivors of GBV. National coordination through the Case Management Task Force (CMTF), Unaccompanied and Separated Children Technical Working Group (UASC), CAAFAG, and the standard Child Protection Information Management System (CPIMS++) will contribute to improve the quality of case management services.

Expanded life-saving child protection services will include mental health and psychosocial support (MHPSS) for affected children, adolescents, and caregivers. The sub-cluster will establish/rehabilitate child friendly spaces and identify community spaces. Structured MHPSS and referrals for specialized preventative and responsive child protection programming will be promoted through established child protection case management referral pathways, the use of MHPSS mobile teams, and awareness raising and capacity building. Child protection will be integrated with other sectors; and case management for child survivors of SGBV will be expanded. Education and child protection partners will continue to work together on

improving children's psychosocial well-being and protective environment in schools. The Child Protection Sub-Cluster will roll out preventive and responsive child protection programming; door-to-door visits; and campaigns and dialogue engagements through Community-based Child Protection Structures. Integrated Child Help Desks (CHDs) will be established at service points including schools and health centres. Different communication platforms and IEC materials will be used to maintain information sharing to promote resilience and reduce negative coping strategies. Community-based child protection will be strengthened, and the technical and institutional capacity of national NGOs, frontline child protection workers, and community volunteers will be enhanced to expand coverage in under-served areas and improve the quality-of-service provision. Community-led innovations by community structures will also be supported to enhance ownership and sustainability of prevention purposes.

Sub-Sector **Gender-Based Violence**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.6m	0.9m	377k	68k	484k	\$32m	41	42

Structural gender inequality and unequal power relationships are the root causes of Gender Based Violence. Interventions that promote gender equality and women's empowerment prevent and address gender-based violence and contribute to the 2022 Gender Equality and Inclusion Roadmap. Primary GBV prevention programmes will address harmful social norms and systemic gender inequality and power imbalances in a coordinated manner, and essential GBV actions will be integrated and undertaken across multiple clusters to save lives and mitigate GBV risks.

GBV prevention priorities include community engagement, awareness-raising activities on risk factors to GBV, available GBV response services, and seeking of GBV response services within 72 hours of the incident. Prevention programmes will include Engaging Men for Accountable Practice (EMAP), Start, Awareness, Support and Action (SASA), and community care programming that transforms harmful social norms fomenting gender inequality. GBV risk mitigation interventions will prioritize the integration of GBV risk mitigation and survivor support across different clusters, dignity kit programming, distribution of fuel-efficient stoves, conducting safety audits, and providing livelihood and economic support including cash and voucher assistance (CVA) to vulnerable women and girls and persons with disabilities. Similarly, GBV response priority interventions will include the provision of psychosocial support, GBV case management services, the establishment and strengthening of GBV referral systems, and the implementation of women and girls friendly space programming. Other response

priorities will include the provision of legal services, livelihoods and economic support, including CVA, the establishment and operationalization of safe houses, and the provision of capacity building training to frontline service providers. The service delivery of GBV interventions will include both static and mobile service delivery approaches such as mobile court clinics and integrated mobile protection services, depending on the location and access to the beneficiaries.

In the 2022 HRP, the GBV Sub-Cluster will prioritize GBV prevention, risk mitigation and response programming in 13 counties, namely Ayod, Cueibet, Fangak, Gogrial East, Kapoeta East, Mayendit, Mayom, Pibor, Rubkona, Rumbek North, Terekeka, Tonj East, and Tonj North in line with the 2022 FSNMS+ results. GBV guiding principles and a survivor-centered approach will govern coordination and implementation of GBV programming. The COVID-19 related programmatic adaptations will also be factored in during the response. A total of \$32.5 million will be required by the GBV-Sub-Cluster to implement its activities, based on a cost per beneficiary budget requirement of \$35 multiplied by the 928,572 people targeted by the sub-cluster. The GBV Sub-Cluster will assist partners in using a result-based management approach in their programme monitoring and evaluation.

Sub-Sector **Housing, Land and Property**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8m	164k	52%	48%	n/a	\$6m	15	16

In 2022, the Protection Cluster will lead the national Housing, Land and Property Technical (HLP) Working Group. The HLP Technical Working Group will aim to provide assistance and services to more than 164,000 people. HLP activities will contribute to guarantee safe housing, land, and property for women, men, girls, and boys, and persons with disabilities, observing due diligence considerations for security of tenure and preventing disputes. Governance structures on HLP rights will be supported, including the development of progressive and nuanced national-level legislation, and continuous advocacy for the adoption and review of HLP-related legal frameworks. Focused activities for the realization of women's HLP rights will be designed, taking into account the specific needs arising from the disconnect between legal and social settings for women's equitable access to housing and land.

The HLP response, comprised of a comprehensive set of activities, will strengthen people's access to HLP rights. Community outreach will sensitize people on HLP rights as refugees return, or displaced people relocate. Providing

legal aid and counselling, particularly for women and the most vulnerable, will be an ongoing key activity to ensure equitable access to HLP rights and a fair resolution of disputes. Support for the establishment of dispute resolution mechanisms and the strengthening of existing mechanisms, as well as trainings for relevant institutions, will contribute to improve the rule of law as an essential component of conflict prevention. As part of protection monitoring, the HLP component will be included in all protection assessments, including the Protection Cluster Monitoring System, ensuring that partners continue to document issues and refer them as needed to the Protection Cluster and the HLP Technical Working Group. The Technical Working Group will work across all sectors, ensuring that due diligence on HLP is followed through programme design and implementation in other sectors.

Sub-Sector **Mine Action**

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
649k	221k	55k	53k	113k	\$10m	11	12

Objectives

In 2022, the Mine Action Sub-Cluster (MASC) will target 221,000 people. The sub-cluster will focus on surveying and clearing explosive hazards, as well as providing explosive ordnance risk education (EORE) to host communities, displaced people, returnees and refugees. EORE will instruct women, men, girls and boys and persons with disabilities on how to identify, avoid and report explosive hazards. Special emphasis will be given to children, as they make up the majority of accident victims and survivors, and displaced people and returnees due to their unfamiliarity with the terrain. EORE will be delivered to all members within a community and will include targeted messaging based on their roles within their respective environments. As information regarding explosive ordnances in South Sudan remains incomplete, community members play a crucial role in the implementation of mine action operations and EORE to identify new hazardous areas. Information from the various community members will be both shared and gathered to ensure their specific needs are addressed and interventions are adapted.

Six counties are classified as catastrophic, having 16 or more hazardous areas recorded. The majority are located within the Greater Equatoria Region, considered to have the highest agricultural potential in the country and serving as a main conduit for returns from Uganda. These hazards impact the ability of civilians to access basic services, such as education and health, and natural resources, including water and land, thereby reducing coping mechanisms. Mine Action Sub-Cluster members will coordinate with inter-cluster partners at all levels to support and enable the implementation of their interventions in a safe and secure environment. While access to remote locations remains a challenge, integrating mine action as an enabler in humanitarian response facilitates increased community resilience and development.

Cost of response

Due to anticipated decline in funding, the protection activities in 2022 HRP have been designed to be implemented by fewer partners to avoid duplication and reduce operational costs. While mobile interventions have the potential to reach more people at comparatively low cost, static member presence must be strengthened or re-established to ensure quality service delivery, increase protection interventions in hard-to-

reach areas and maximize the impact of community-level interventions. Wherever possible, the Protection Cluster and its partners will enhance an individualized approach, increasing case-management and targeted assistance.

The Child Protection Sub-Cluster will adopt a hybrid system of activity- (cost per child) and project-based costing, based on the agreed minimum rate. The Sub-Cluster will require over \$33.5 million to support 935,000 children, adolescents, and their caregivers with immediate child protection services. Child protection services like case management, including family tracing, family reunification, and rehabilitation and integration of children associated with armed forces and armed groups will require long-term/sustained funding.

The cost of the GBV humanitarian response plan is calculated by factoring in costs of the GBV programming prevention, risk mitigation, and expanded response services based on increased need. The GBV Sub-Cluster programming costs, especially case management, dignity kits programming, women and girls friendly space programming, safe house establishment and operationalization, and the transition from static to mobile court service provision drive the cost of the response. The GBV Sub-Cluster needs \$32.15 million to target 928,572 people, based on the cost per beneficiary budget requirement of \$35. The GBV Sub-Cluster will use project- and activity-based costing approaches that outline the unit cost per beneficiary for each GBV emergency programme intervention.

The Mine Action Sub-Cluster needs \$9.5 million to provide assistance and services in 2022. The predominant cost drivers of mine action operations (survey and clearance of ERW) are due to technical equipment and the number of personnel, both of which are required to meet compliance with the National Technical Standard and Guidance (NTSG) and International Mine Action Standards (IMAS). The operating environment and response modalities required to implement mine action in South Sudan, such as establishing and maintaining a remote field site camp for the entire project period, drive the average cost higher. Approximately 70 per cent of the costs will be used to implement mine action operations which contribute to people's improved physical and mental well-being, while the remaining 30 per cent will be employed for the provision of EORE, thereby improving living standards of people.

The HLP Technical Working Group will apply a hybrid system of activity- and project-based costing, based on the agreed minimum rate of \$30. Cost drivers are determined by the high cost of legal assistance and support, capacity building activities, and the combination of an individualized approach with the implementation of awareness raising and community-based activities, implying less costs.

Monitoring

Protection monitoring plays an important role in monitoring protection trends, violations, and risks for the population of concern for the purpose of effective programming and advocacy. The Protection Cluster will report targets reached on specified indicators through the monthly 5W reporting mechanism and through its dedicated Monitoring and Evaluation Officer. Substantive monitoring and analysis of the protection situation, including through the activities of the Protection Monitoring Working Group and the Protection Monitoring System deployed in 2022, will allow to monitor the impact of partner activities. The Child Protection Sub-Cluster will assist partners in using a result-based management approach in their programming and monitoring including the use of CPIMS+. The Mine Action Sub-Cluster will collect and analyze data on the number of hazardous

areas surveyed and cleared, as well as the number of individuals who have received EORE sessions on a daily, weekly and monthly basis. This information will be reported in the Information Management System for Mine Action (IMSMA) and disseminated to the appropriate stakeholders, alongside monthly 5W reports.

Accountability to affected populations (AAP) and community engagement will remain a priority for protection partners, who will continue to facilitate meaningful participation and engagement of affected communities. This will ensure adequate accountability to affected populations through the monitoring of beneficiary feedback and information sharing, while adhering to the global and Government of South Sudan guidelines on COVID-19. Cluster members will be routinely sensitized and reminded of the core humanitarian principles and prevention of sexual exploitation and abuse (PSEA) to ensure that beneficiaries are not abused or negatively affected by humanitarian interventions. Monitoring of progress against indicators will be disaggregated by sex, age, gender, and disability, to ensure that protection measures reach all those in need.

JUBA COUNTY

A deminer manually clears explosive ordnance.
Photo credit: MAG/Sean Sutton



3.9

Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.4m	1.5m	357k	343k	770k	\$35m	23	24

Objectives

In 2022, the Shelter and Non-Food Items (NFI) Cluster aims to provide assistance to an estimated 1.43 million people out of the 2.4 million in need of shelter and NFI support. The cluster will focus on increasing direct support to people affected by crisis, including newly displaced people, people in protracted displacement, crisis-affected, non-displaced people, and returnees.

Under Strategic Objective 2, the Shelter and NFI Cluster aims to improve access to safe emergency shelter and lifesaving NFIs for nearly 1.4 million²⁵ crisis-affected people and improve the living conditions of people in protracted displacement and transition, as well as host communities and crisis-affected communities that have not displaced.

By reaching vulnerable people with timely and tailored assistance that builds upon the capacities of affected people, the Shelter and NFI Cluster will support crisis-affected people to begin the process of recovery. Under Strategic Objective 3, the cluster plans to support more than 32,000 returnees, non-displaced and crisis-affected community members, who are part of the 1.43 million people targeted with assistance. This will help increase their resilience and decrease their exposure to hazards through transitional and flood-resilient reconstruction and rehabilitation programmes. Providing crisis-affected people with materials and skills to recover from crisis and assert their rights is critical to decreasing the exposure of vulnerable people to shocks and stresses.

Response

Of the 1.43 million people targeted with shelter support and non-food items, nearly 765,000 people have experienced temporary displacement driven by conflict and flooding, while some 632,000 people are in protracted displacement. In addition, more than 32,000 returnees and members of non-displaced but crisis-affected communities will be targeted with recovery and resilience programmes. As the Shelter and NFI Cluster will not be able to target all the affected people in need of shelter and non-food items, the Shelter and NFI Cluster will prioritize response on the basis of the assessed sector-specific county severity level, prioritization by the Needs Assessment Working Group, and how recently that area has been served with previous responses.

In response to the changing humanitarian context in South Sudan, the Shelter and NFI Cluster is pursuing strategies to increase efficiency in response. Prioritizing the usage of cash in areas where markets are functional will increase the proportion of direct-to-beneficiary support and increase independence and autonomy for disaster-affected people, while supporting market development and local livelihoods especially female-headed households and households with elderly, chronically ill and persons with disabilities. In response to the continuous pattern of flooding which has persisted since 2019, the Shelter and NFI Cluster has differentiated the flood response modality from the shelter and NFI indicators to be able to clearly track the specific needs for flood response, which include elements of both shelter and NFI. Additionally, the cluster will continue to emphasize the usage of flood-resilient construction methods for transitional, return or reconstruction programmes, which leads to less reliance on humanitarian assistance.

Shelter is a keystone intervention which can improve education, health, livelihoods, nutrition, and protection outcomes by ensuring crisis-affected people have safe and secure locations to inhabit and assert their role as community members. However, shelters are not considered adequate without availability of, and access to, water, sanitation and hygiene (WASH) services. The Shelter and NFI Cluster will continue to collaborate with the other clusters, particularly Camp Coordination and Camp Management (CCCM), Protection, and WASH to ensure a community-based approach to needs. Additionally, the Shelter and NFI Cluster and the Housing, Land and Property (HLP) Sub-Cluster are key partners in ensuring that shelter interventions are provided with consideration to HLP rights. As women in particular face challenges to assert their land rights, it is crucial that shelter and NFI programming fully takes their specific needs into account.

The Shelter and NFI Cluster and partners will continue to increase their accountability to affected people through robust complaints and feedback mechanisms. The cluster will also consult with the communities on the specific items needed and the best methods for delivery, considering the risks affected people, particularly women, boys and girls, older persons and persons with disability, face when accessing and transporting shelter and NFI

materials. Cluster will also engage with youth volunteer mobilization to support most vulnerable segments of the affected community.

Due to inadequate funding to respond to shelter and NFI needs in South Sudan, displaced people affected by crises will continue to be exposed to elements, affecting their physical and mental wellbeing. Lack of shelter and essential household items such as mosquito nets can lead to an increase in malaria cases among the displaced and crisis-affected people. In areas affected by flooding, people are at risk of snake bites. Lack of shelter and NFI materials will expose people to increased risks of gender-based violence, decreased education, health and nutrition outcomes, and increased reliance on negative coping strategies to meet basic needs. The conditions of people in South Sudan will continue to deteriorate and lack of resources will likely drive further conflict and resource depletion as people compete over increasingly scarce natural resources and land that is not impacted by flooding.

The cluster aims to ensure that all partners follow the guidelines on accountability systems developed by the cluster (i.e., complaints and feedback mechanisms). The cluster will encourage partners to involve all community groups throughout the response cycle, including need analysis, response and monitoring. This includes special attention to the needs of women, children, the elderly, persons with disability and people with special needs. The cluster will continue to seek collaboration/integration with programmes implemented by the government and by other clusters, such as WASH, CCCM and the Cash Working Group. Moreover, the cluster will use various communication and community modalities, including robust complaint and feedback mechanisms, assessments, and safety audits.

Cost of response

Increases in the costs of key items, specifically plastic sheets, mosquito nets and blankets, are driving costs higher. Additionally, increased costs and time required to transport goods have been reflected in the re-calculation of the cost of assistance packages, increasing the overall cost of shelter and NFI interventions.

In response to feedback from partners and affected people, the Shelter and NFI Cluster has formalized the usage of 'light kits' which may be selected as an option where affected

people can access some crucial shelter materials but still cannot meet even minimum standards without support. As the catastrophic flooding of the past three years appears likely to persist in 2022, with substantial flooding affecting large parts of the country for months at a time, the cluster has delineated flood response as a separate indicator to avoid overlap of the shelter, NFI and flood response modalities. This will improve the tracking and response to flood-affected people and accountability to donors, as these packages have different values.

The Shelter and NFI Cluster is also advocating for increased usage of cash in areas where markets are functional, as this will decrease demands for limited logistics capacity and expensive centralized transportation. Cash and voucher assistance programming allow affected people to select items that suit their specific needs and incentivizes local market development. Additionally, increased direct support for the core pipeline and partners' own stocks will prevent pipeline breaks which have left partners waiting for supplies to be delivered in country to meet assessed and validated needs.

The Shelter and NFI Cluster activities in 2022 totals \$35 million.

Monitoring

The Shelter and NFI Cluster will continue to monitor needs through partners' assessments, field visits and by working closely with the Needs Analysis Working Group. The cluster will further discuss emerging needs with partners through its bi-weekly Operational Working Group meeting to prioritize and identify the gaps and allocate resources for the response. The cluster will encourage partners, whenever possible, to conduct post-distribution monitoring (PDM) to assess if the response was done in accordance with the 'do no harm' principle and to assess if the distributed items meet the affected-people's identified needs. Whenever PDM is not possible or partners are not planning to return to the distribution area for PDM, partners are encouraged to spend additional days with the communities to conduct rapid monitoring. The Shelter and NFI Cluster will also encourage partners to ensure their complaint and feedback mechanisms robustly capture their accountability to affected people.

3.10

Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
6.1m	3m	729k	697k	1.6m	\$114m	70	72

Objectives

An estimated 3 million out of 6.1 million people in need will be targeted with water, sanitation and hygiene (WASH) services in 2022.

In line with the first sectoral objective, nutrition and health activities will be integrated into the WASH response to reduce the burden of WASH-related diseases as aggravating factors for malnutrition in locations presenting an extreme WASH vulnerability and high prevalence of malnutrition. Services provided will break the transmission cycle of main communicable diseases (i.e., diarrhoea), thus improving food intake of malnourished children and contributing to the sustainability of health and nutrition objectives. Priority counties under this objective include Tonj East, Fangak, Panyikang, Canal Pigi, Twic East, Cueibet, Baliet, Malakal, Maiwut, Rubkona, Pibor, Ayod, Guit, Kapoeta East and Leer.

The second sectoral objective addresses life-saving needs in disaster contexts to restore immediate access to basic WASH services either temporarily or permanently. Response scenarios include floods, water scarcity and dryness, diseases outbreak, displacement, or violence. Throughout the response, the WASH Cluster and partners will continue to mainstream protection and mitigate gender-based violence to guarantee that people who receive WASH services, in particular women and children, can access facilities in a safe manner. In some specific contexts, partners will also ensure through community-based women, men and youth group consultations that water points are not a trigger for conflict and are accessible to person with disabilities.

The third sectoral objective relates to resilience-building in locations affected by flooding in the past three years. It aims at addressing the needs of the most vulnerable with durable solutions and community engagement in finding solutions and maintaining facilities. The children, women and men, both with and without disabilities targeted through this objective are reached with sustainable and high-quality standard services with a disaster risk reduction component. Geographical priorities for this objective include communities that have been severely impacted by flooding over the last three years, particularly in Jonglei, Upper Nile and Unity.

Response

The cluster will continue its integrated approach with nutrition and health in 15 priority counties as per the 2022

targeting guidance.²⁶ Children affected by severe malnutrition and their caretakers as well as pregnant and lactating women are targeted at nutrition facilities equipped with accessible WASH services to reduce disease transmission at household level. Nutrition facilities will also be targeted with a basic water and sanitation package and communities showing high malnutrition prevalence combined with limited access to safe water are targeted with permanent solutions for water supply.

In emergency contexts and/or WASH severity classification 4 counties/communities showing a high risk of epidemics outbreak, partners will address acute needs with rapid modalities including WASH items, hygiene promotion, emergency sanitation, and water supply. To deliver immediate assistance, the cluster's core pipeline will remain a key instrument, but integration with market will be scaled up in 2022. When the context is adequate and resources are available, partners will immediately implement semi-permanent solutions, including repairs or construction of water points and installation of robust sanitation facilities, when the public health added value justifies it.

Static partners with the strongest presence and quality delivery capacity are prioritized at county level. When a static partner does not have enough capacity to address the needs, a mobile response will be used as a last resort. Priority WASH counties should benefit from a durable static presence and partners are encouraged to implement permanent solutions at the earliest stage of their response in these locations. In the counties and states that are not prioritized, the cluster will pilot a state-level transition to sector coordination.

Under the resilience objective, in flood-prone locations, partners will build quality sustainable infrastructures such as flood-resilient facilities, robust supply systems and self-sustained maintenance mechanisms through enhanced community engagement and ownership. Partners will also ensure the continuity of service provision in PoC and former PoCs sites, through enhanced community ownership and implementation of sustainable solutions when adequate.

Partners will analyze how the WASH crisis affects women, girls, boys and men differently and design their actions based on a intersectoral gender analysis. Partners will also identify barriers for women accessing WASH services and consequences in order to implement some key actions to

close the gap. Cluster partners are also encouraged to conduct localized barrier analysis to identify WASH needs related to disability and address those needs with adequate responses. WASH actors will also look at minimizing any potential negative impacts of their intervention on conflicts.

Cost of response

The overall budget request for WASH is \$114 million and the unit cost is estimated at \$38 per person. It includes the first line response package and the exit component consisting of more semi-permanent to permanent solutions, including boreholes repair and rehabilitation. Key WASH supplies represent approximately \$7.2 per person and this cost reflects challenges to reach remote locations and moving supplies during rainy seasons, as well as maintaining supply hubs in strategic locations.

The implementation of temporary live-saving solutions costs on average \$15 to \$20 per person whereas the implementation of more permanent solutions is more costly with an estimated average of \$30 to \$35, or even more, for flood-resilient infrastructures and robust water supply systems in locations facing water scarcity.

Monitoring

The WASH Cluster will monitor people's needs through a multitude of means, in particular through direct links with the sub-national coordinators in the field. Key WASH indicators will be collected through the FSNMS+, inclusive of accountability to affected people indicators, to support the monitoring of needs as well as to flag areas where WASH needs appear to be increasing. In addition to FSNMS+, the WASH Cluster has created a specific WASH gaps analysis tool, which will be utilized to predict gaps and address them in a timely fashion. Progress on addressing people's needs will be measured through the monthly WASH Cluster 5Ws, with specific indicators created to address the WASH Cluster's 2022 Strategic Objectives. A progress dashboard will be produced monthly to highlight progress but also remaining gaps.

In addition, outcome level indicators will be used to monitor WASH vulnerability at county level and WASH-related protection concerns respectively through the WASH Severity Classification and a new WASH safety index. The cluster will also pilot the implementation of the new AQA (Accountability and Quality Assurance) framework to enhance quality in WASH programming.

TORIT COUNTY

Elizabeth Mam, 17, in the middle, Nite Toffi, 19, on the right, and Margaret Ika, 17, on the left, pump water from the recently rehabilitated borehole at Iluhum Primary School in Torit County, Eastern Equatoria State. Photo credit: UNICEF/Ryeng



Part 4:

Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	MEN	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
350k	350k	80.5k	59.5k	121k	\$255m	2	2

Objectives

South Sudan maintains an open-door policy towards some 335,000 refugees located in over 21 different locations across the country. Nearly all refugees and asylum seekers live in camps or planned settlements (98 per cent) located in four of the 10 states: Upper Nile (53 per cent), Unity (38 per cent), Central Equatoria (5 per cent), and Western Equatoria (4 per cent). Only 2 per cent live in urban locations in individual accommodations, primarily in Juba and Yei towns. Ninety-two per cent of the refugees and asylum seekers are from Sudan, with smaller populations from the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Eritrea, Somalia, and Burundi, with the largest group coming from DRC (18,000 refugees). Refugees and asylum seekers from Sudan originate from Blue Nile State (55 per cent) and South Kordofan State (45 per cent). Fifty-two per cent of the refugees are female, and 59 per cent are children under the age of 18. Women and children represent 80 per cent of the total refugee population. No significant arrivals from Ethiopia have been reported in South Sudan but an increase in the number of South Sudanese refugees returning from Ethiopia to South Sudan has been reported because of the ongoing conflict, requiring contingency planning and preparedness measures.

The refugee response strategy aims to ensure that the needs of refugees and other groups of concerns are met through working with the government to create an enabling protection and solution-oriented environment. The response plan has a three-pronged strategic direction to ensure protection with a vision towards solutions.

- Strengthen the protection environment and delivery of services to refugees and host communities.
- Support solutions by building resilience of refugees and host communities.
- Enhance partnerships with a focus on building linkages with development actors and peacebuilding efforts.

The three strategic objectives are guided by regional and global policies as well as objectives and pledges made by the Government of South Sudan at the 2019 Global Refugee Forum; the South Sudan-Sudan Solutions Initiative to promote solutions for refugees, IDPs, and host communities

under the auspices of the Intergovernmental Authority on Development (IGAD) ; and the humanitarian imperative to provide protection, life-saving assistance, and livelihood opportunities to refugees, asylum seekers, stateless persons, host communities, and other persons of concern.

The United Nations High Commissioner for Refugees (UNHCR) will work with authorities and partners to facilitate area-based approaches including Pockets of Hope initiatives, which aim to promote the sustainable integration or reintegration of those affected by forced displacement. This approach seeks to identify and encourage a range of stakeholders government, development actors, humanitarian partners, community-based organizations, community members, I/NGOs, donors, or private sector — to work together to address obstacles to integration and social cohesion and to enhance protection for all. Such obstacles may include lack of infrastructure, like roads, among others. UNHCR will play an active role in shifting the current approach to assistance towards a more sustainable one which helps to better fulfil the needs of affected groups.

Response

The response will ensure data collection on new and protracted displacement, needs and protection risks, pursue engagement with key actors on protection advocacy and operational response as well as promote empowerment and resilience of refugees and refugee returnees. An estimated 2.2 million South Sudanese have sought refuge in South Sudan's six neighbouring countries.

Protect

UNHCR and partners will continue to work closely with South Sudan's Commission for Refugee Affairs to implement the response plan including provision of protection, multi-sector assistance and basic services with particular attention to persons with specific needs.

The Refugee Response plan strengthens the government's capacity to protect refugees in line with international standards, respond to and prevent gender-based violence (GBV), protect refugee children, and enhance access to justice. Key areas of intervention include ensuring access

to territory, reception, registration, status determination, and documentation. Protection from sexual exploitation and abuse mechanisms are integrated throughout the programme cycle with the use of a survivor-centered approach emphasizing safety, confidentiality, accountability, transparency and accessibility.

Community consultation and participation are at the heart of the identification, design, implementation and monitoring of the programmes. By mainstreaming this approach across all interventions, including infrastructure, shelter and WASH projects, the goal is to create an environment where protection risks are reduced and all population groups in the targeted area, regardless of their age, gender, and profile, can benefit equally from these interventions.

Refugee response partners use an Age, Gender, and Diversity (AGD) approach in all aspects of their operations. This approach will guide the response to ensure that different groups, especially women and girls, as well as vulnerable individuals, are given proper representation in community structures and decision-making processes so that their concerns are heard, and their needs met. To promote the civilian and humanitarian character of asylum, protection monitoring, and advocacy will continue, in addition to strengthening the Government's capacities to ensure safety and security in areas hosting refugees.

Empower

Community-based support will enhance coping capacities in areas of high return and build resilience to promote sustainable solutions to displacement. Response modalities will be a combination of direct service provision, in-kind support, limited cash and voucher assistance as well as community-based support and advocacy interventions. Understanding community dynamics and ensuring potential tensions are prevented and mitigated are critical in refugee-hosting and refugee return areas. Ensuring peaceful coexistence and host community support activities are an integral part of the response, including through equitable access to available basic services such as education, water and health, and community-based support benefiting host communities based on needs. Promotion of social cohesion among communities will be integrated into various sectorial interventions. To drive transformation that will empower communities and achieve gender equality, the response will build on efforts made over the years to engage communities using community- and rights-based approaches and support a robust inter-agency response through evidence-based analysis and prioritization of protection risks and needs to inform effective interventions at state and national level. The response will seek to strengthen partnership with

development and humanitarian actors to respond to the most pressing needs while mobilizing government ownership/ leadership and advocate for an international response in line with the 2030 Agenda for Sustainable Development and "leave no one behind." The response will foster economic opportunities and resilience through provision of skills training aligned with market demands, provision of cash/ start up kits to enhance job creation, and entrepreneurship programmes particularly for women, youths and persons with disabilities.

Most refugees in South Sudan have neither the prospect nor the intention to return voluntarily due to the continued instability in their countries of origin, and options for third country resettlement are extremely limited. In collaboration with South Sudan and regional governments, development partners, private sector, UNMISS, and humanitarian agencies, the Refugee Response will aim to support the establishment of a conducive environment for persons of concern to make informed choices about their lives and future. Refugee response partners will pursue transitional and durable solutions including local integration for populations of concern, and support peacebuilding initiatives that seek to address, or prevent the worsening of conditions leading to displacement.

Cost of response

The refugee response plan is costed at \$255 million.

Monitoring

Refugee response partners will collect and analyze data quarterly against the set indicators for the response plan. This will include disaggregated population data and profile, sectoral data and routine collection of programme indicators to inform multi-sector analysis. Protection monitoring and participatory assessments will inform a robust situation analysis and ensure that targeted population are consulted in programme design and monitoring to inform decisions that affect their lives.

Persons of concern are informed about their right to complain, available mechanisms for complaint and feedback, and applicable procedures through information dissemination. Refugee response partners ensure regular consultations with affected populations at all stages of the project cycle, and regularly solicit their feedback to ensure that the items distributed have been used for the intended purpose. This includes bolstered feedback and complaint desks, hotlines, focus discussion groups, community-based networks, and camp-level coordination meetings.

The response plan supports the catalytic role of UNHCR and its key partners in linking the humanitarian response to sustainable development and peacebuilding programmes to improve collective outcomes and increase accountability based on comparative advantages and responsibilities. It promotes greater collaboration with UNMISS and development actors such as the World Bank. Under the Refugee Coordination Model (RCM), UNHCR will maintain its lead role in coordinating and planning the refugee response and addressing protection and assistance needs of persons of concern. Protection and assistance will be provided in

partnership with some 26 national and international NGOs, and three strategic national government partners (such as CRA, RRC and DNPI), refugees, and host communities. Cooperation with UN sister agencies will be reinforced, mainly WFP, UNICEF, FAO, UNDP, World Bank and UNMISS to strengthen humanitarian, development and peacebuilding nexus. Close cooperation will be maintained with South Sudan's Commission for Refugee Affairs, the government's counterpart for refugee affairs, as well as with the RRC on matters pertaining to refugee returns.

PARIANG COUNTY

An infant receives injection at a health facility in Pariang County Unity State. Photo credit: CARE/Andrea Campeanu



Part 5:

Abyei Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
0.24m	0.24m	23	Covered by Sudan and South Sudan HRPs

Summary of needs

The Abyei area remains a disputed territory between Sudan and South Sudan. Despite efforts pursued by the international community, the complex issue of the political future and final status of the area remains unresolved. The joint administration envisaged for in the 2011 agreement has not been established. The authorities in Juba and Khartoum have appointed separate administrations to cover the area. The two administrations, however, are unable to provide basic services to the communities.

The Abyei area continues to face significant humanitarian challenges. Frequent and unpredictable outbreaks of violence, the presence of armed elements and population displacements are the causes of these challenges. The economic difficulties and high rate of inflation in Sudan and South Sudan have also impacted the situation in the area. The UN and international community remain the main providers of life-saving and basic social services in the area. Physical and political access challenges remain for delivery of aid assistance in the area. Implementation capacity coupled with human, technical and financial resources are limited for Abyei. The provision of humanitarian assistance between the northern and southern parts of Abyei remains unequal. Vulnerable people, especially those in the northern part have not received life-saving assistance. Recovery support, including mid and long-term economic opportunities are also scarce. The COVID-19 pandemic has added a further burden, significantly impacting existing humanitarian operations, particularly due to movements of staff and impediments due to travel restrictions—including quarantines—to travel outside the duty station.

In 2022, the humanitarian partners from Sudan and South Sudan will work closely to continue increasing peace and resilience for the affected agro-pastoralist, nomadic communities, returnees and displaced people through tailored approaches based on their specific humanitarian needs and vulnerabilities. Assistance will originate from South Sudan and Sudan to cover the entire Abyei area. Around 240,000 people will require humanitarian assistance in the area, an increase of 9 per cent compared to 2021. The increase is due to return of the Abyei communities and settlement of other minorities (unregistered refugees) from South Sudan mainly in northern parts of Abyei. Humanitarian partners identified 120,500 vulnerable people from the

Ngok Dinka communities, 28,000 people displaced from neighbouring states in South Sudan, 43,000 people from the Misseriya community, , 42,500 seasonal Misseriya migrants, and 6,000 Falata nomads who are expected to leave Abyei by June 2022 to western Kordofan and eastern Darfur states.

The main objective of humanitarian programming in the Abyei area is to address and alleviate human suffering and decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and local communities. The wider humanitarian response in the area includes health, nutrition, WASH, agriculture and livestock for food security and livelihoods, protection and education activities, ensuring a balanced and strong communitybased approach and reintegration.

The inter-communal conflict sensitivity will also be taken into consideration in the response plan. Natural disasters triggered by climate change are included in the response plan. Floods and drought are the main hazards in the area, and both are dependent on the fluctuating amount of rainfall during the rainy season (May-October). Considering the migrating and sedentary livestock population, the main economic source for Misseriya and Ngok Dinka, is also a priority. This includes the provision of animal health services, such as vaccination and treatment for 900,000 cattle, over a million of goats and sheep, and thousands of donkeys and chickens. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income generating opportunities to improve livelihoods.

Strategic objectives

- Provide timely multi-sectoral life-saving assistance to crisis-affected and the most vulnerable people.
- Improve vulnerable communities' access to life-sustaining basic services and livelihoods.
- Mitigate protection risks and respond to protection needs through advocacy and humanitarian action.
- Promote peaceful coexistence, stability and resilience among communities, while ensuring gender mainstreaming and environmental sustainability through institutional capacity building and community empowerment.

* These figures are provided by humanitarian partners in Abyei.

Response

- Provide humanitarian multi-sectoral life-saving assistance and increase their sustainability by adopting participatory approaches aiming at building community-based conflict management capacities.
- Contribute to reduce morbidity and mortality with increased access to quality health care and nutrition interventions, strengthening community case management approaches and community-based surveillance.
- Reduce the risk of malnutrition in children under five, and pregnant and lactating women through treatment of severe and moderate acute malnutrition; support the infant and young child feeding at primary and community level through Basic Supplementary Feeding Programme (BSFP) and Targeted Supplementary Programme (TSFP).
- Improve access to safe drinking water and adequate hygiene and sanitation practices with focus on areas of displacement, return, host communities and migration corridors to reduce conflict over shared resources.
- Provide women and children protection services, reduce risk of death and injury from landmines and Explosive Remnants War (ERW) through survey, clearance and Explosive Ordnance Risk Education (EORE) activities.
- Provide access to primary education and training, establishment of learning spaces, rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school. Agencies and NGOs will work in synergy, adopting a holistic approach for improved outcomes.
- Include social behavior change and communication as cross-cutting issues that cover WASH, health and nutrition interventions. This support ongoing services during emergency preparedness and response to ensure improved reach, outbreak mitigation and coverage.
- Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and enhance civil-military coordination.
- Maintain readiness to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan.
- Strengthen protection by working with all stakeholders, including local institutions and civil society in close collaboration with UNISFA to reduce protection risks i.e., SGBV and implement comprehensive protection responses with a focus on women, youth and people with specific vulnerabilities.
- Provide climate change information and establish an effective flood-related early warning mechanism within the context of the current local Disaster Risk Reduction institutions to hazards, vulnerability and capacity in Abyei area.
- Provide and support to non-formal education, business-oriented trainings and vocational skill development to growth and young adult for micro income generation opportunities in accordance with market needs for sustainable recovery.
- Provide and support veterinary health services delivery including massive vaccination, treatment, and infrastructures, while enhancing the capacity of Community-based Animal Health Workers network in servicing pastoral nomadic population throughout migratory routes and sedentary communities.
- Improve communities' resilience while providing sustainable and market-oriented food security and livelihoods opportunities for community assets, managerial and technical capacity development.
- Strengthen peacebuilding skills among representatives of the civil society, including youth, women, men and community-based entities in contributing to decision-making and coexistence for communities.
- Strengthen rule of law and the traditional justice systems in Abyei area through provisions of tailored legal trainings for traditional and court leaders. This includes streamlining of equal implementation of the customary law across Abyei through capacity building and improvement of court procedures, revision of harmful customs and establishment of local customary law courts.
- Promote media engagement by harnessing the power of radio to inform the population on the changing humanitarian situation, reflect on progress of assistance provision, educate and raise awareness across several key interest areas, and collect feedback to enable improved service provision and programmatic output.

Number of partners in Abyei: 20 partners

- Six UN AFPs in Abyei town (FAO, IOM, OCHA, RCO, WFP and UNMAS) are operating in Abyei area, implementing activities, either through direct implementation or NGOs and contractors.
- Four INGOs (GOAL, Samaritan's Purse, SCI and MSF) in Agok town are largely operating in southern and central Abyei.
- One INGO (Concordis International) in Abyei town is operating across Abyei.
- Ten NNGOs (ACAD, ACEA, ADCA, AIRS, BGRRF, CEN, FASS, HCO, IHA and SSRC) in Agok are operating in southern and central Abyei.
- Two NNGOs (Elgoni and GAH) in Diffra are operating in northern Abyei.
- UNICEF, UNFPA, WHO and UNHCR are supporting Abyei remotely from Sudan and South Sudan.

Part 6:

Annexes

BOR SOUTH COUNTY

Dr Bol Chaw Manyang, medical director of the UNICEF/World Bank-supported Bor State Hospital, advises pregnant women on safe delivery at the hospital in Bor Town, Bor South County, Jonglei State. Photo credit: UNICEF



6.1 Participating Organizations

ACRONYM	FULL NAME	TYPE	*CLUSTERS
ACT Alliance/ DCA	ACT Alliance / DanChurchAid	INGO	FS, MA
ACT Alliance/ FCA	ACT Alliance / Finn Church Aid	INGO	ED, FS
ACT Alliance/LWF	ACT Alliance / Lutheran World Federation	INGO	ED, FS
ACT Alliance/ NCA	ACT Alliance / Norwegian Church Aid	INGO	SN, GB, WA
AAHI	Action Africa Help International	INGO	HE
ACF	Action Against Hunger	INGO	FS, HE, NU, GB, WA
AYA	Active Youth Agency	NNGO	CP, GB, HL
ADRA	Adventist Development and Relief Agency	INGO	ED, FS, PR, CP, GB
ADA	Africa Development Aid	NNGO	ED, SN, FS, CP, WA
AET	Africa Educational Trust	INGO	ED
ASCDO	Africa Stand for Children Development Organization	NNGO	FS
AHC	African Humanitarian Corps	NNGO	FS
ALSI	African Leadership Skills Initiative	NNGO	FS
ACRA	Agency for Child Relief Aid	NNGO	FS, WA
ACTED	Agency for Technical Cooperation and Development	INGO	CM, SN, FS, MU, WA
ASCO	Aid Support Community Organization	NNGO	WA
AAA	Alliance For Action Aid	NNGO	HE, NU, PR
ARC	American Refugee Committee (Alight)	INGO	NU, GB, WA
AMREF	Amref Health Africa	INGO	HE

ACRONYM	FULL NAME	TYPE	*CLUSTERS
AFSS	Andre Foods South Sudan	NNGO	NU
AVSI	Associazione Volontari per il Servizio Internazionale	INGO	ED, FS, NU, CP, GB
CCOASS	Care for Children and Old Age in South Sudan	NNGO	SN, WA
CARE	CARE International	INGO	FS, HE, NU, CP, GB
CPF	Care Plus Foundation	NNGO	ED
CAFOD	Catholic Agency for Overseas Development	INGO	FS, PR, GB, WA
CMMB	Catholic Medical Missions Board	INGO	HE, CP, GB
CEDS	Centre for Emergency and Development Support	NNGO	ED, WA
CEF	Charity and Empowerment Foundation	NNGO	ED, FS
CMC	Charity Mission Corps	NNGO	NU, WA
CHO	Child Hope Organization	NNGO	WA
CRSF	Child Relief and Support Fund	NNGO	FS, NU
CASS	Children Aid South Sudan	NNGO	HE
CMA	Christian Mission Aid	INGO	HE, NU, WA
CMD	Christian Mission for Development	NNGO	ED, FS, HE, NU, WA
CRADA	Christian Recovery and Development Agency	NNGO	FS, HE, NU
CHSS	Coalition for Humanity South Sudan	NNGO	SN, FS, HE, PR, GB, HL, WA
CAO	Community Action Organization	NNGO	ED, FS, HE, CP, GB, MA, WA
CARO	Community Advocacy and Relief Organization		FS, WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
CAFAD	Community Aid for Fisheries and Agriculture Development	NNGO	FS
CARD	Community Aid for Relief and Development	NNGO	ED, FS, WA
CDA	Community Development Aid	NNGO	FS
CEN	Community Empowerment Network	NNGO	ED
CINA	Community in Need Aid	NNGO	ED, HE, PR, CP, GB, HL, MA
CIDO	Community Initiative for Development Organization	NNGO	SN, FS, HE, CP, GB, HL, WA
CISDA	Community Initiative for Sustainable Development Agency	NNGO	FS
COER	Community Organization for Emergency and Rehabilitation	NNGO	FS
CRESA	Community Resilience and Emergency Support Aid	NNGO	NU
CSI	Community Support Initiative	NNGO	ED
Concern worldwide	Concern Worldwide	INGO	SN, FS, HE, NU, WA
CCC	Confident Children out of Conflict	NNGO	CP
Cordaid	Cordaid International	INGO	FS, HE
DRC	Danish Refugee Council	INGO	CM, SN, FS, PR, CP, GB, HL, MA
WHH	Deutsche Welthungerhilfe e.V. (German Agro Action)	INGO	FS, WA
DRI	Dialogue and Research Institute	NNGO	PR, HL
DAI	Dorcas Aid International	INGO	WA
EFO	Education Foundation Organization		ED
EDA	Episcopal Development Aid	INGO	HE

ACRONYM	FULL NAME	TYPE	*CLUSTERS
FS-SS	FARM STEW South Sudan	INGO	FS
FLDA	Farmer's Life Development Agency	NNGO	FS
FAO	Food & Agriculture Organization of the United Nations	UN	FS
FADM	Food Agriculture and Disaster Management	NNGO	FS, WA
FHI	Food for the Hungry International	INGO	ED
GCAF	Girl Child Africa Foundation	NNGO	CP
GOAL	GOAL	INGO	HE, NU
GREDO	Grassroot Empowerment and Development Organization	NNGO	NU, CP
GREDA	Grassroots Relief and Development Agency	NNGO	ED, FS
GUNO	Greater Upper Nile Organization	NNGO	PR
GBI	Green Belt Initiative	NNGO	FS, WA
HAA	Health Action Africa (South Sudan)	NNGO	HE, PR, WA
HLSS	Health Link South Sudan	NNGO	CM, HE, NU, GB
HFO-SS	Healthcare Foundation Organization	NNGO	HE, NU, WA
HealthNet TPO	HealthNet TPO	INGO	HE
HELP	Help - Hilfe zur Selbsthilfe e.V.	INGO	FS, NU, WA
HRYS	Help Restore Youth South Sudan	NNGO	FS, WA
HESS	Help Education South Sudan	NNGO	ED
HCO	Hold the Child Organisation	NNGO	ED, HE, NU, CP
HRSS	Hope Restoration South Sudan	NNGO	CM, SN, PR, GB, WA
HACO	Humane Aid for Community Organization		FS, PR, WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
HARECD	Humanitarian Action to Restore and Empower Communities for Development	NNGO	WA
HAGI	Humanitarian Actors for Grassroot Initiative	NNGO	ED
HACT	Humanitarian Aid for Change and Transformation	NNGO	ED
HDC	Humanitarian and Development Consortium	NNGO	SN
HIHI	Humanity & Inclusion - Handicap International	INGO	FS, HE, PR
IHO	Impact Health Organization	NNGO	HE, WA
ICP	Initiative for Community Prosperity	NNGO	FS
IPCS	Institute for Promotion of Civil Society	NNGO	CP
IAS	International Aid Services	INGO	WA
IMC	International Medical Corps UK	INGO	HE, NU, GB
IOM	International Organization for Migration	UN	CM, CS, SN, HE, LO, PR, GB, HL, WA
IRC	International Rescue Committee	INGO	ED, FS, HE, NU, PR, CP, GB, HL, WA
INTERSOS	INTERSOS Humanitarian Aid Organization	INGO	ED, CP, GB, WA
IWIN	Invisible Women Inclusion Network	NNGO	WA
IRW	Islamic Relief Worldwide	INGO	FS, HE, NU, WA
JDF	John Dau Foundation	INGO	HE, NU
JAM	Joint Aid Management International	INGO	FS, HE, NU, WA
J4CO	Justice for Children Organization (South Sudan)	NNGO	ED
Light for the World	Light for the World	INGO	ED
LWSS	LiveWell South Sudan	NNGO	HE

ACRONYM	FULL NAME	TYPE	*CLUSTERS
Lulu Care-SS	Lulu Care - South Sudan	NNGO	GB
MC	Malaria Consortium	INGO	HE
MHA	Mary Help Association	NNGO	HE, NU
MEDAIR	MEDAIR	INGO	SN, HE, NU, WA
Medicair-SS	Medicair - South Sudan	NNGO	FS, HE, WA
CUAMM	Medici con l'Africa CUAMM	INGO	HE
MdM	Médicos del Mundo Spain	INGO	HE
Mercy Corps	Mercy Corps	INGO	ED, CP
MAG	Mines Advisory Group	INGO	MA
MHA	Mobile Humanitarian Agency	NNGO	PR, HL
MTT	Mobile Theatre Team	NNGO	CP, MA
Narrative Hub	Narrative Hub	NNGO	CM, CP, GB
NRDC	National Relief and Development Corps	NNGO	NU, PR
NH	Nile Hope	NNGO	ED, FS, HE, NU
NIDO	Nile Initiative Development Organization	NNGO	HE
NSDO	Nile Sustainable Development Organization	NNGO	WA
NP	Nonviolent Peaceforce	INGO	PR, CP, GB
NPA	Norwegian People's Aid	INGO	FS
NRC	Norwegian Refugee Council	INGO	ED, SN, FS, PR, GB, HL, WA
OCHA	Office for the Coordination of Humanitarian Affairs	UN	CS
ONO Aid	ONO Aid	INGO	HE
OSILPRD	Operation Save Innocent Lives - Partners in Relief and Development		MA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
OPRD	Organization for Peace, Relief and Development	NNGO	ED, FS
OPEN	Organization for Peoples' Empowerment and Needs	NNGO	FS, HE
OXFAM GB	OXFAM GB	INGO	ED, FS, PR, WA
PCO	Peace Corps Organization	NNGO	ED, FS, WA
PWJ	Peace Winds Japan	INGO	WA
PoH	Pilgrims of Hope	NNGO	ED, FS, NU, WA
Plan	Plan International	INGO	ED, FS, NU, CP, GB, WA
PAH	Polish Humanitarian Action	INGO	ED, SN, FS, PR, CP, GB, WA
RAO	Reach Africa Organization	NNGO	SN
REACH Initiative	REACH Initiative	INGO	CS
RA	Relief Agency	NNGO	PR, GB, HL
RCO	Relief Corps Organization	NNGO	FS, WA
RI	Relief International	INGO	FS, HE, NU, GB, WA
RCAPD	Rural Community Action for Peace and Development	NNGO	FS
RHS	Rural Health Services	NNGO	HE, WA
RWSSA	Rural Water and Sanitation Support Agency	INGO	WA
RWDSS	Rural Women for Development South Sudan	NNGO	FS
SLDA	Salvation and Light Development Action	NNGO	FS, CP
	Samaritan's Purse	INGO	FS, HE, WA
SALI	Save a Life International		ED, SN, WA
SCI	Save the Children	INGO	ED, FS, HE, NU, CP, WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
SAADO	Smile Again Africa Development Organization	NNGO	ED, FS, GB
SI	Solidarités International	INGO	FS, WA
SSDA	South Sudan Development Agency	INGO	FS
SSGID	South Sudan Grassroot Initiative for Development	NNGO	FS, NU
SSHA	South Sudan Health Association	NNGO	HE
SSHAS	South Sudan Humanitarian Aid Services	NNGO	HE
SSHO	Southern Sudan Healthcare Organization	NNGO	HE
SPCI	Stop Poverty Communal Initiative	NNGO	ED, FS, WA
SEM	Sudan Evangelical Mission	NNGO	PR
SMC	Sudan Medical Care	NNGO	HE
SPEDP	Support for Peace and Education Development Program	NNGO	ED, SN, FS, MA, WA
SEWRD	Support the Empowerment of Women and their Rights for Development	NNGO	PR, GB, HL
TEARFUND	Tearfund	INGO	FS, NU, WA
IsraAID	The Israel Forum for International Humanitarian Aid	INGO	GB
The Mentor Initiative	The Mentor Initiative	INGO	HE
TRISS	The Rescue Initiative South Sudan	NNGO	HE
TERM	The Rescue Mission	INGO	WA
Titi	Titi Foundation	INGO	CS, SN, FS, CP, GB, WA
TADO	Touch Africa Development Organization	NNGO	ED, SN, HE, NU, GB
TGCDA	Trust Guarantee Community Development Aid		SN

ACRONYM	FULL NAME	TYPE	*CLUSTERS
UNICEF	United Nations Children's Fund	UN	ED, HE, NU, CP, GB, MA, WA
UNESCO	United Nations Educational, Scientific and Cultural Organization	UN	ED
UNHCR	United Nations High Commissioner for Refugees	UN	CM, SN, PR, CP, GB, HL
UNMAS	United Nations Mine Action Service	UN	MA
UNPF	United Nations Population Fund	UN	HE, GB
UNH	United Networks for Health	NNGO	HE
UNIDOR	Universal Intervention and Development Organization	NNGO	ED, FS, HE, NU, CP, WA
UNCDR	Universal Network for Child Defence Rights	NNGO	NU, PR, CP, HL
UNKEA	Universal Network for Knowledge and Empowerment Agency	NNGO	ED, FS, HE, NU, PR, CP, GB
UNYMPDA	Upper Nile Youth Mobilization for Peace and Development Agency	NNGO	WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
VSF-S	Vétérinaires Sans Frontières - Switzerland	INGO	FS, CP
VP	Voice of the Peace	NNGO	PR, CP, GB, HL
WC-H	War Child Holland	INGO	CP
WSS	Water for South Sudan	NNGO	WA
WAO	Women Advancement Organization	NNGO	ED, GB
WAV	Women Aid Vision	NNGO	ED, FS, HE, GB
WFP	World Food Programme	UN	FS, LO, NU
WHO	World Health Organization	UN	HE, NU, WA
WR	World Relief	INGO	ED, FS, HE, NU, WA
WVI	World Vision International	INGO	ED, SN, FS, HE, NU, CP, GB, MA, WA
YEDA	Youth Empowerment and Development Aid	NNGO	SN, WA
YEF	Youth Empowerment Foundation	NNGO	CS

CM - Camp Coordination and Camp Management, CS - Coordination and Common Services, CP - Child Protection, ED - Education, FS - Food Security and Livelihoods, GB - Gender-Based Violence, HE - Health, HL - Housing, Land and Property, LO - Logistics, MA - Mine Action, MU - Multi-cluster, NU - Nutrition, SN - Shelter NFIs, PR - Protection, WA - Water, Sanitation and Hygiene

6.2

Response by Geography

Key figures by geography

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	<div> <div>IN NEED</div> <div>TARGETED</div> </div>	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Central Equatoria	0.9M	0.5M	<div> <div></div> <div></div> </div>	71	141
Eastern Equatoria	0.7M	0.4M	<div> <div></div> <div></div> </div>	54	113
Jonglei	1.7M	1.4M	<div> <div></div> <div></div> </div>	99	247
Lakes	0.9M	0.7M	<div> <div></div> <div></div> </div>	39	93
Northern Bahr el Ghazal	0.6M	0.4M	<div> <div></div> <div></div> </div>	39	84
Unity	1.0M	0.8M	<div> <div></div> <div></div> </div>	53	135
Upper Nile	1.4M	1.1M	<div> <div></div> <div></div> </div>	59	134
Warrap	0.9M	0.8M	<div> <div></div> <div></div> </div>	50	123
Western Bahr el Ghazal	0.4M	0.3M	<div> <div></div> <div></div> </div>	32	70
Western Equatoria	0.5M	0.3M	<div> <div></div> <div></div> </div>	43	86

6.3

What if we fail to Respond?**People in need deprived of humanitarian services**

- If adequate resources are not mobilized to respond, an estimated 8.9 million people will not receive much-needed humanitarian and protection assistance and live a dignified life. They will be deprived of basic services such as health, nutrition, shelter and NFIs, sanitation and education.
- Vulnerable people will not have access to adequate shelter, exposing them to protection risks and vector-borne diseases. Women and girls will be disproportionately affected and continue to face the risk of gender-based violence.
- An estimated 2 million people who have remained internally displaced will lose access to camp management and equitable access to basic services and assistance. Displaced families living in camp-like settings will not be supported to become self-reliant and find lasting solutions to their displacement.
- The increasing needs of 330,000 refugees in South Sudan, 4 in 5 of whom are women and children, will not be addressed in the areas of protection, food, health, education and infrastructure support. Peaceful co-existence and community-based initiatives among refugees and local communities will not be sustained. Returnees will not receive support to rebuild their lives, including through improved access to housing, land and property.
- Failure to respond also means some 3.6 million people, 97 per cent of whom are children will not be able to access education services. They will be less likely to escape the cycle of poverty and fulfil their potential. They will remain vulnerable to abuses, exploitation and gender-based violence, including child marriage and early pregnancies.

Protection risks to the population

- Without adequate treatment, some 5.6 million people, particularly children, women, female- and child-headed households, the elderly, and people with disabilities, will continue to face protection risks including neglect, abuse, exploitation, child labour, forced recruitment and gender-based violence.
- Without protection services, widespread human rights violations will continue unreported and with impunity, and survivors of human rights violations will not receive support and assistance from the humanitarian community. Inability to provide protection support will exacerbate an already dire situation which amounts to a protection crisis. Women and children, in particular, will continue to be at risk of different forms of protection violations, including gender-based violence. Moreover, out-of-school children will be at considerable risk of exposure to abduction, forced recruitment into armed groups and criminality.
- Failure to provide protection and education for children and youth could leave a lost generation with little hope for their future. It could also increase the risk of losing the gains already achieved in improving people's lives and alleviating suffering, thereby hampering the prospects for much-needed recovery and development.
- Multi-dimensional drivers of humanitarian need in South Sudan are expected to continue into 2022 and outpace funding for the response. Short-term measures to address increased needs, including reprogramming of resources, are not sustainable and are likely to have a negative impact on ongoing programmes and the ability of humanitarians to deliver assistance.

Millions of people are at risk of extreme food insecurity



- Without humanitarian assistance, an estimated 8.3 million people, including refugees, are expected to experience severe food insecurity by the peak of the lean season from May to July 2022. People in 13 counties are expected to face extreme levels of food insecurity and could be pushed into deeper vulnerabilities.
- Funding gaps mean insufficient food assistance and complementary livelihoods support for vulnerable families that have been impacted by multiple shocks.
- Failure to respond means an estimated 2 million acutely malnourished people, including 1.3 million children under the age of five and 676,000 pregnant and lactating women, could become severely malnourished and affected by diseases and infections.
- Limited funding has already led to cuts in food rations for internally displaced people and refugees. People are experiencing hunger now at a time which would normally be one of abundance in the post-harvest period.

Disease outbreaks and deaths



- Some 1.5 million people, including women and girls, the elderly, and people with disabilities, will remain without access to basic health services, unless health response is improved. Failing to respond will cause high mortality from preventable diseases, and childhood and maternity illnesses. Lack of funding will lead to the disruption of health service provision resulting in high incidences of endemic and epidemic-prone diseases such as cholera, measles and malaria.
- Some 6.1 million people will not have access to safe water. People will continue to face high levels of mortality and morbidity. The risk of disease outbreaks, such as cholera, will increase, and children will face increased levels of malnutrition. Shelter and WASH needs, if not addressed, will add an additional strain on the already weak health system, while COVID-19 continues to exacerbate the health needs of vulnerable population and remains a concern stretching beyond public health.
- Lack of access to safe shelter and other essential household items will expose people to harsh weather conditions, diseases such as pneumonia and malaria, and under-five malnutrition.

6.4

Towards Integrated, Coherent and Coordinated Humanitarian and Development Delivery

Years of protracted conflict in South Sudan have affected people's capacity to cope. They face an array of hazards including sub-national violence, civil war, displacement, flooding, and food insecurity, among others. Three collective outcomes have been developed across the triple nexus to leverage the combined strengths of humanitarian, development and peacebuilding actors. They reflect the New Way of Working (NWOW) modality as per 2016 World Humanitarian Summit outcomes, which was endorsed by the UNCT and HCT in 2019. It is essential to work collectively across the humanitarian-development-peace nexus to build resilience in communities, reduce vulnerability, prevent the erosion of development gains while fostering peace. Building resilience will enable people to cope in the event of shocks.

The collective outcomes are (1) by the lean season of 2023 (May-July), there is a 20 per cent reduction in the number of people in IPC Phase 4 and no populations in IPC Phase 5; (2) improved access to a minimum package of programme standards for prevention, risk mitigation and response to GBV rolled out in 80 per cent of the intersectoral priority locations. Focus on the safe and timely access to quality case management and psychosocial services, and capacity-building to ensure service delivery by 2023. (3) Flood-related displacement is 30 per cent lower in 2025 than in 2021.

The UNCT and HCT will implement key activities as articulated in the United Nations Cooperation Framework (UNCF) and the HRP respectively while aligning key indicators. Collaborative efforts in specific situations will be required to achieve stated objectives. For example, in response to the 2021 flood event in Unity State, humanitarian, development and peacebuilding actors worked with affected communities and local authorities to strengthen dykes, repair roads and transport assistance.

Next steps

The UNCT will develop joint programmes in 2022-2025 to enable a 30 per cent reduction in flood-related displacement. These programmes will focus on states that were most affected by floods in 2021 - Unity, Upper Nile, Jonglei, Lakes and Warrap states. Efforts to address drivers of vulnerability are also necessary. When people wish to return, it is important to support the government's efforts to create conditions necessary for a safe, voluntary, and dignified return and reintegration of displaced people. Humanitarian and development actors must work together to reduce the vulnerability of people in IPC 4 (by 20 per cent) and IPC 5 (zero) by 2023 (lean season May – July). Efforts to ensure access to quality GBV case management and psychosocial services are essential. Capacity strengthening for service

providers must be undertaken to achieve this, while also investing in capacity strengthening for IASC recommended empowerment of women and persons with disabilities for their enhanced resilience. During the development process of the UNSDCF 2023-2025 in 2022, additional collective outcomes may be added to the UN's strategic framework and thereafter also incorporated into the HRP.

Advocate for the implementation of the peace agreement

A stable and secure environment remains a necessary condition for both humanitarian and development operations. Thus, all actors will continue to advocate for the implementation of the 2018 Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) and access to all populations, to ensure that no one is left behind. Engagement with the Government, IGAD, R-JMEC and UNMISS on peacebuilding and governance to build synergies will continue. Advocacy efforts will be undertaken to support the implementation of the R-ARCSS towards a successful transition to post-conflict priorities and peacebuilding in South Sudan.

Evaluate progress and achievement of collective outcomes

The UNCT and HCT will review progress made towards the achievement of the three collective outcomes as part of the monitoring of goals against set targets. The evaluation will help define new priorities and collective outcomes for the UNCT and HCT in 2023 and beyond. This will also resonate with the results set in the Gender Equality and Inclusion Programming Roadmap and Centrality of Protection roadmap.

The United Nations Cooperation Framework

The current UNCF has been extended until the end of 2022. The extended framework corresponds to the transitional period of the R-ARCSS and is aligned with the National Development Strategy (NDS) launched in 2018/2019 for a period of three years (to 2021/2022). The UNCT is committed to a participatory and inclusive process to develop the next Sustainable Development Cooperation Framework (SDCF) in close consultation with the Government, the HCT, and development partners. The Common Country Analysis (CCA) is informed by the humanitarian situation and analysis, evaluation of the current UNCF.

6.5

How to Contribute

Contribute to the Humanitarian Response Plan

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

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



Contribute through the Central Emergency Response Fund

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

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



Contribute through South Sudan Humanitarian Fund

The South Sudan Humanitarian Fund (SSH F) is a country-based pooled fund. The SSH F is a multi-donor humanitarian financing instrument established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Donor contributions to each CBPF are un-earmarked and allocated by the HC through an in-country consultative process.

Find out more about the South Sudan Humanitarian Fund by visiting the website:

www.unocha.org/south-sudan/about-ss-hf

For information on how to make a contribution, please contact: ochasshf@un.org

6.6

Acronyms

AAP	Accountability to Affected Populations	CRS	Catholic Relief Services
AGD	Age, Gender, and Diversity	CTS	Common Transport Service
AFP	Agencies, funds and programmes	CVA	Cash and Voucher Assistance
AoK	Area of Knowledge	CW	Concern Worldwide
AoR	Area of Responsibility	CWG	Cash Working Group
ARCSS	Agreement on the Resolution of the Conflict in South Sudan	DRC	Democratic Republic of the Congo
BAC	Battle Area Clearance	DRR	Disaster Risk Reduction
BEmONC	Basic Emergency Obstetric Care	DTM	Displacement Tracking Matrix
BMR	Biometric Registration	ECD	Early Childhood and Development
CAAFAG	Children associated with armed forces or armed groups	EiE	Education in Emergencies
CAR	Central African Republic	ELRP	Emergency Livelihood Response Programme
CBCM	Community-Based Complaints Mechanism	EMAP	Engaging Men in Accountable Practice
CBCP	Community-Based Child Protection	ENA	Education Needs Assessment
CBI	Cash Based Initiative	EORE	Explosive Ordnance Risk Education
CBA	Cash-based Assistance	ERC	Emergency Relief Coordinator
CBT	Cash Based Transfers	ERT	Emergency Response Teams
CBPFs	Country-Based Pooled Funds	EWARS	Early Warning Alert System
CCA	Common Country Analysis	EWR	Explosive Remnants of War
CCE	Communications and Community Engagement	EVD	Ebola Virus Disease
CCS	Coordination and Common Services	F	Females
CCCM	Camp Coordination and Camp Management	FAO	Food and Agriculture Organization
CERF	Central Emergency Response Fund	FCS	Food Consumption Score
CFM	Community-Based Complaint Feedback Mechanisms	FDG	Focus Group Discussion
CMR	Clinical Management of Rape	FEED	Fortifying Equality and Economic Diversification for Resilience
CMTF	Case Management Task Force	FFA	Food For Asset
CNV	Community nutrition volunteer	FFE	Food for Education
CO	Cluster Objectives	FSNMS	Food Security and Nutrition Monitoring System
COVID-19	Coronavirus 2019	FSNMS+	Food Security and Nutrition Monitoring System Plus
CPAOR	Child Protection Area of Responsibility	FSL	Food Security and Livelihoods
CPiE	Child Protection in Emergencies	FTR	Family Tracing and Reunification
CPIMS+	Child Protection Information Management System	GAM	Global Acute Malnutrition
		GBV	Gender-Based Violence
		GFD	General Food Distribution

GPAA	Greater Pibor Administrative Area	MHPSS	Mental Health and Psychosocial Support Services
GOSS	Government of South Sudan	MIYCN	Maternal, Infant and Young Child Nutrition
HCT	Humanitarian Country Team	MoGEI	Ministry of General Education and Instruction
HFA	Humanitarian Food Assistance	MRE	Meal Ready to Eat
HH	HouseHolds	MT	Metric Tons
HLP	Housing, Land and Property	MSEE	Minimum Standard for Education in Emergencies
HMIS	Health Management Information System	MSNA	Multi-Sectoral Needs Assessment
HNO	Humanitarian Needs Overview	MSUs	Market Support Units
HNOi	Humanitarian Needs Overview inputs	MUAC	Mid-Upper-Arm Circumference
HRP	Humanitarian Response Plan	NAWG	Needs Analysis Working Group
ICCG	Inter-Cluster Coordination Group	NDS	National Development Strategy
ICF	Interim Cooperation Framework	NNGO	National Non-governmental Organization
IDPs	Internally Displaced Persons	NGO	Non-Governmental Organization
IDSR	Integrated Disease Surveillance and Response	NIC	Nutrition Information System
IEC	Information, Education and Communication	NRC	Norwegian Refugee Council
IGA	Income Generation Activity	NTSGs	National Technical Standards and Guidelines
IGAD	Intergovernmental Authority on Development	NWOW	New Way of Working
IMAS	International Mine Action Standards	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
IMWG	Information Management Working Group	ORS	Oral Rehydration Solution
IMSMA	Information Management System for Mine Action	OTP	Outpatient Therapeutic Programme
INEE	Inter-Agency Network for Education in Emergencies	OWG	Operational Working Group
IOM	International Organization for Migration	PDM	Post-Distribution Monitoring
IPA	Individual Protection Assistance	PENTA3	Pentavalent Vaccine
IPC	Integrated Food Security Phase Classification	PfRR	Partnership for Recovery and Resilience
IRRM	Integrated Rapid and Response Mission	PiN	People in Need
IRNA	Initial Rapid Needs Assessment	PLW	Pregnant and lactating women
JMMI	Joint Market Monitoring Initiative	PoC	Protection of Civilians
KI	Key Informant	PMR	Periodic Monitoring Review
Kcal	Kilo Calories	PSEA	Protection from Sexual Exploitation and Abuse
LLITNs	Long-lasting Insecticide-Treated Nets	PSS	Psychosocial Support Services
M	Males	PTA	Parent-Teacher Associations
MAM	Moderate Acute Malnutrition	R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in South Sudan
MASC	Mine Action Sub-Cluster	RCO	Resident Coordinator's Office
MET	Multi-sectoral Emergency Response Team		

RCM	Refugee Coordination Model	UNHCR	United Nations High Commission for Refugees
RCI	Resilience Capacity Index	UNICEF	United Nations International Children's Emergency Fund
R-JMEC	Reconstituted Joint Monitoring and Evaluation Commission	UNMISS	United Nations Mission in South Sudan
RNA	Rapid Needs Assessments	UNOPS	United Nations Office for Project Services
RRC	Relief and Rehabilitation Commission	UXOs	Unexploded Ordinances
RRM	Rapid Response Mechanisms	VAS	Vitamin A Supplementation
SAFER	Sustainable Agriculture for Economic Resiliency	WASH	Water, Sanitation and Hygiene
SAM	Severe Acute Malnutrition	WGFS	Women and Girls Friendly Space
SASA	Start, Awareness, Support, and Action	WFP	World Food Programme
SDG	Sustainable Development Goals	WHO	World Health Organization
SDCF	Sustainable Development Cooperation Framework	WSC	WASH Severity Classification
SFP	Supplementary Feeding Programme	5Ws	Reporting Who What for Whom Where When
SGBV	Sexual Gender-based Violence		
SMCs	School Management Committees		
SMART	Standardized Monitoring and Assessment of Relief and Transitions		
S/NFI	Shelter and Non-Food Items		
SO	Strategic Objective		
SOP	Standard Operating Procedure		
SPHERE	A set of Humanitarian Standards to be Applied in Humanitarian Response		
SSD	South Sudan		
SSHF	South Sudan Humanitarian Fund		
TLS	Temporary Learning Spaces		
TSFP	Target Supplementary Feeding Programme		
TWG	Technical Working Group		
UASC	Unaccompanied and Separated Children		
UDOC	Urban Displaced and Out-of-Camp		
UN	United Nations		
UNCF	United Nations Cooperation Framework		
UNCT	United Nations Country Team		
UNHAS	United Nations Humanitarian Air Service		
UNSDCF	United Nations Cooperation Sustainable Development Framework		

6.7

End Notes

- 1 UNMISS Human Rights Division, Annual Brief on Violence Affecting Civilians, February 2022
- 2 South Sudan 2021 Humanitarian Access Overview, January to December 2021
- 3 UNICEF Status of women and girls report 2021
- 4 Education Cluster (2021). South Sudan Education Needs Assessment
- 5 Food Security and Nutrition Monitoring System+, 2022 Humanitarian Needs Overview South Sudan
- 6 During the early phase of the planning period, the ICCG explored the possibility of shifting from project- to activity-based costing. After consultations, the HCT decided that it was prudent to wait for the outcome of a number of ongoing reviews to identify the most appropriate costing methodology for the HRP
- 7 Aweil, Bor, Bentiu, Yei, Malakal, Wau, Yambio, Torit, Jamjang and Mingkaman
- 8 Qualitative component of the FSNMS+ 2021 conducted in following counties: Awerial, Bor South, Gogrial West, Juba, Lainya, Maban, Malakal, Mayom, Rubkona, Rumbek North, Tonj North, Tonj South, Yei, and Wau
- 9 This is within the subset of households reporting having received assistance in the three months prior to data collection (38 per cent)
- 10 The HNO 2022 severity analysis categorizes geographical location into five categories: minimal, stress, severe, extreme, and catastrophic
- 11 <https://reliefweb.int/report/uganda/south-sudan-regional-refugee-response-plan-january-december-2022>
- 12 <https://www.humanitarianresponse.info/en/operations/south-sudan>
- 13 South Sudan School Attendance and Monitoring System. November 2021
- 14 Education Cluster. (2020). Impact Assessment of COVID-19 on Education in South Sudan. South Sudan Education Cluster
- 15 UNICEF South Sudan. (2021). Education Case Study South Sudan: Getting girls back to the classroom after COVID-19 school closures
- 16 Ministry of General Education and Instruction, Preliminary report - National catchment mapping for out of school children in South Sudan – DRAFT. Juba, South Sudan
- 17 Education Cluster (2021). South Sudan Education Needs Assessment
- 18 WFP South Sudan. (2021). Situation Report #297 26 November 2021
- 19 Education Cluster (2021). South Sudan Education Needs Assessment
- 20 24 RRM sites in four counties (Akobo East, Longochuck, Nasir and Ulang were handed over in 2020 to the WFP Malakal Field Office
- 21 Objective 1: Food: \$525 million to reach 4.6 million people at \$114 per person (12 month/ ration size/ seasonal scale up duration etc.)
- 22 Objective 2: Livelihoods: \$60 million plus \$55 million to reach 6 million people at \$19 per person (MSR/ DSR/ flood response etc.) and \$80 million for cash interventions for 1.75 million people at \$46 per person
- 23 Objective 3: Livelihoods, including training: \$30 million to reach 1 million at \$30 per person (A wide range of activities with different unit costs
- 24 This also includes livestock vaccination and treatment with a budget of \$8 million annually from the FAO Emergency Livelihood Response Programme
- 25 SNFI Cluster Target under CO1
- 26 South Sudan WASH Cluster Targeting Guidance (and assistance packages) 2022

**HUMANITARIAN
RESPONSE PLAN**
SOUTH SUDAN

ISSUED MARCH 2022