

# HUMANITARIAN RESPONSE PLAN

## SOUTH SUDAN

HUMANITARIAN  
PROGRAMME CYCLE  
2020

ISSUED DECEMBER 2019



# About

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

*The administrative boundaries and names shown and designations used on this map and subsequent maps and tables in the document do not imply official endorsement or acceptance by the United Nations. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. The final status of Abyei area is not determined.*



## COVER PHOTO: BOMA, SOUTH SUDAN

A woman carries a load of non-food items distributed by NGOs, following devastating flooding, in Pibor, Boma State, South Sudan.

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# Foreword by the Humanitarian Coordinator

**The coming year offers great hope that South Sudan will begin the long road to recovery from years of conflict and violence.**

Since the signing of the peace agreement in September 2018 the country has experienced more stability. Despite reduced fighting during that period, the humanitarian case load remains high. Across South Sudan, about two thirds of the country's population remain in need of humanitarian assistance or protection in 2020. This illustrates the multi-faceted nature of the causes of the protracted humanitarian needs in the country. The underlying factors include years of conflict, displacement and lack of investment in basic services, lost food production, destroyed livelihoods, sexual violence and children losing their education.

Women and children – those hit hardest by the humanitarian crisis – are holding their heads up high and deserve our sustained support. In total, the 2020 Humanitarian Response Plan targets 5.6 million people and seeks US\$1.5 billion.

The 3.7 million South Sudanese who are still displaced inside and outside the country are waiting for opportunities to go home. They are looking for improved safety and security in their areas of return. They are also considering availability of livelihood opportunities, and access to education and other basic services.

The signatories to the revitalized peace agreement have a responsibility to build people's confidence in the country's stability, and humanitarian and development partners need to work alongside the authorities to alleviate immediate needs and strengthen basic services. For the 2020 Humanitarian Response Plan, humanitarian actors will work with development actors to focus on those locations where potential returns coincide with already severe humanitarian needs. Partners will concentrate on providing access to clean water, education and health care, as a way to ensure our finite resources are utilized strategically.

In addition to providing predictable lifesaving assistance in areas of most severe need, humanitarian organizations must remain agile and adapt to changing circumstances.

In 2019, South Sudan experienced unprecedented floods. The humanitarian community has reacted quickly and scaled up assistance to meet the immediate needs of more than 900,000 affected people. However, with 15 per cent of the local harvest destroyed under water, it will be more critical than ever to count on early funding in 2020 for an efficient and effective response to reach people in time

for the lean season. The disaster is a stark reminder of the need to strengthen people's resilience and reduce the risk of future disasters.

In my introduction to the 2019 Response Plan, I said that the women, men and children of South Sudan are ready for peace. A year later, they are impatient. The coming year offers great hope that the country will begin the long road to recovery from years of conflict and violence. The United Nations and hundreds of non-governmental organizations continue to stand with the country and its people to deliver assistance to those most in need, whoever and wherever they are.



**Alain Noudéhou**

Humanitarian Coordinator in South Sudan

## EASTERN EQUATORIA, SOUTH SUDAN

*A woman weeds a ground nuts field as part of WFP's Food Assistance for Assets activities, in Kapoeta, South Sudan. © WFP South Sudan.*

# Response Plan Overview

PEOPLE IN NEED

**7.5M**

PEOPLE TARGETED

**5.6M**

REQUIREMENTS (US\$)

**1.5B**

OPERATIONAL PARTNERS

**217**

## NORTHERN BAHR EL GHAZAL, SOUTH SUDAN

Aguol Anier, a farmer from Aweil in Northern Bahr el Ghazal, displays the sorghum harvest from his farm to an aid worker during an assessment mission in Mading Chan, Aweil South County, Northern Bahr el Ghazal. © FAO South Sudan.

The cumulative effects of years of prolonged conflict, chronic vulnerabilities and weak essential services have left 7.5 million people – more than two thirds of the population – in need of humanitarian assistance. Nearly 4 million people remain displaced: 1.5 million<sup>1</sup> internally and 2.2 million as refugees in neighbouring countries. Limited availability and a lack of access to health services have largely contributed to one of the highest under-five mortality rates (90.7 deaths per 1,000 live births)<sup>2</sup> and maternal mortality rates (789 deaths per 100,000 live births)<sup>3</sup> worldwide. The country remains in a critical period of unprecedented severe food insecurity with 6.4 million people considered food insecure, and with malnutrition rates of 16 per cent – surpassing the global emergency threshold.

Protection concerns remain significant, with affected populations expressing fear over persistent insecurity, protection threats, human rights violations and gender-based violence (GBV).

In 2020, the humanitarian operation will focus on three overarching strategic objectives (SOs) aimed at responding to the needs of 5.6 million vulnerable populations as a result of the crisis: (1) Reduce morbidity and mortality, as well as suffering from protection threats and incidents; (2) Facilitate safe, equitable and dignified access to critical cross-sectoral basic services; and (3) Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming in specific geographic locations.



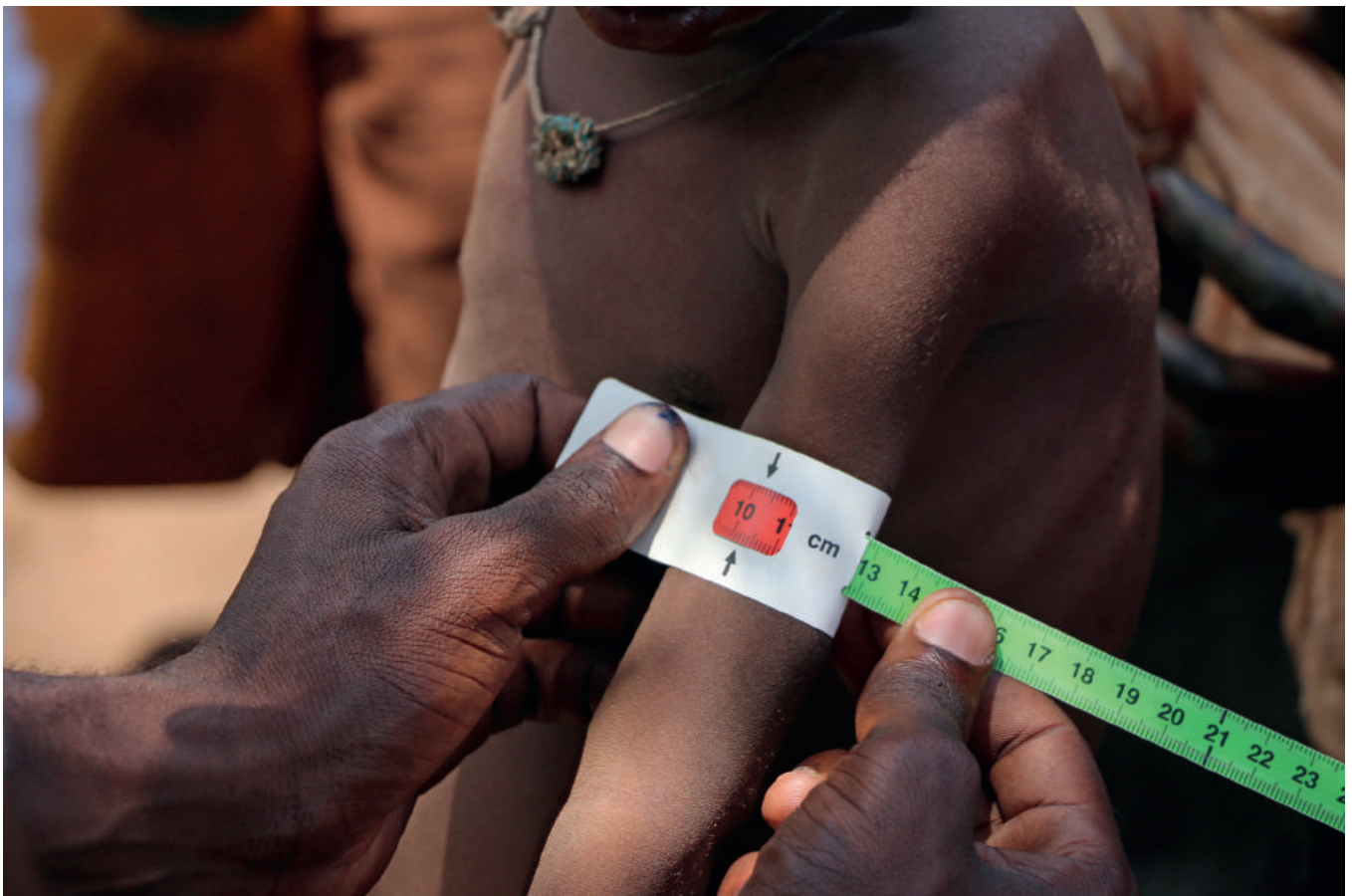
To fully meet these objectives, the humanitarian community will need US\$1.54 billion in 2020. This Humanitarian Response Plan (HRP) is based on an enhanced, intersectoral analysis of needs across population groups. A rigorous prioritization approach has been applied in identifying the geographical areas and activities included in the scope of the plan. As per the previous 2019 HRP, the Humanitarian Country Team has agreed to focus on activities that can be scaled up, depending on the availability of funds.

The response approach strengthens multisectoral planning and delivery, mainstreams protection activities across the strategic objectives and focuses on strengthening accountability to affected people (AAP). A robust intersectoral mechanism has been put in place to ensure that targeted populations and beneficiaries feel informed and consulted throughout the entire humanitarian programme cycle. Through a targeted community communication and engagement plan, it aims to protect vulnerable communities in high risk areas from sexual exploitation and abuse. A focused approach to incorporating age, gender and diversity considerations will be applied in all aspects of partners' response. This includes prioritizing vulnerable population groups such as female-headed households, providing safe spaces for children and taking into account the needs of the elderly and persons with disabilities

during the response. Cash and voucher assistance (CVA) will be used by a number of sectors as a modality of response aimed at improving livelihoods of local communities and businesses and strengthening local markets.

In 2020, partners are enhancing their efforts in intersectoral collaboration and impact monitoring. The intersectoral severity analysis provided for the identification of prioritized geographic locations displaying the highest severity of need. Regular situation and response monitoring will provide the Humanitarian Country Team with timely evidence for operational decision-making. Through consolidated humanitarian hubs, humanitarians will provide secure access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved and vulnerable populations. Subnational inter-agency coordination will enable operational decentralization of response activities and facilitate the involvement of affected populations.

In support of the humanitarian-development nexus, partners will aim to ensure that humanitarian activities are aligned and contribute to the shared objectives and collective outcomes of development programming through the United Nations Cooperation Framework (UNCF) (2019–2021).<sup>4</sup>



#### WESTERN BAHR EL GHAZAL, SOUTH SUDAN

*An aid worker measures child's mid-upper arm circumference for malnutrition during a Rapid Response Mission in Mboro Baggari area in Wau County, Western Bahr el Ghazal. © WFP South Sudan.*

# Response by Strategic Objective

## **S01: Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4.**

Under this objective, partners will address critical problems related to physical and mental well-being with humanitarian response focusing on life-saving interventions for 5.3 million vulnerable people, including internally displaced persons (IDPs), host communities/non-displaced populations, refugees and returnees. Priority interventions will include provision of food assistance to avert famine; improved food consumption and dietary diversity to address prevalence of acute malnutrition; provision of essential health care services owing to the high mortality rate in under-five children (90.7 deaths per 1,000 live births) and maternal mortality rate (789 deaths per 100,000 live births); and support coping strategies for vulnerable populations. Response will also encompass interventions for disease prevention and treatment, especially related to water, sanitation and hygiene (WASH), and provision of life-saving shelter and non-food items (NFIs) for non-displaced, host communities, IDP returnees and spontaneous refugee returnees; and increase access to services for survivors of GBV, and persons with disability and mental health disorders. Partners aim to ensure that populations targeted to receive assistance feel consulted and informed throughout the entire programme cycle.

## **S02: Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.**

The objective targets 3 million people to address critical problems related to living standards with humanitarian response, prioritizing provision of an inclusive package of basic services, particularly for WASH, protection, nutrition and education-related needs for vulnerable people. Activities include provision of safe and protective education services for emergency- and crisis-affected IDPs, spontaneous refugees and IDP returnees, host communities, children and youth.

### **UPPER NILE, SOUTH SUDAN**

*A girl carries a bucket of water walking through muddy grounds in Wau Shilluk, Malakal in Upper Nile.*  
© Solidarités International.





**S03: Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.**

The objective addresses critical problems related to recovery and resilience for 3 million people, in particular in areas of return from displacement, where services and support could be strengthened. Response interventions will focus on provision of support for people to address protection risks, seek more durable solutions and build resilience and the capacity to cope with recurrent shocks. Humanitarian and development partners will continue to support the operationalization of the New Way of Working by linking the HRP strategic objectives to the relevant UNCF (2019–2021) collective outcomes aimed at contributing to reduced risk, vulnerability and levels of humanitarian needs over time.

Clusters have anchored the New Way of Working by developing their strategies and reflecting essential, life-saving and life-sustaining humanitarian assistance, as well as resilience-focused activities to support communities in building their resilience to future shocks. As seen more acutely during the rainy season in late 2019, this is particularly important in flood-prone areas. The 30 counties affected by floods are also home to some 3 million people who are already in need of humanitarian assistance. The services that existed have been compromised and will need to be re-established and made more resilient to future natural and man-made threats.

Cash will continue to be an expanding modality to respond to the needs of the affected population, providing space for better alignment between humanitarian and development actors.

**Response approach**

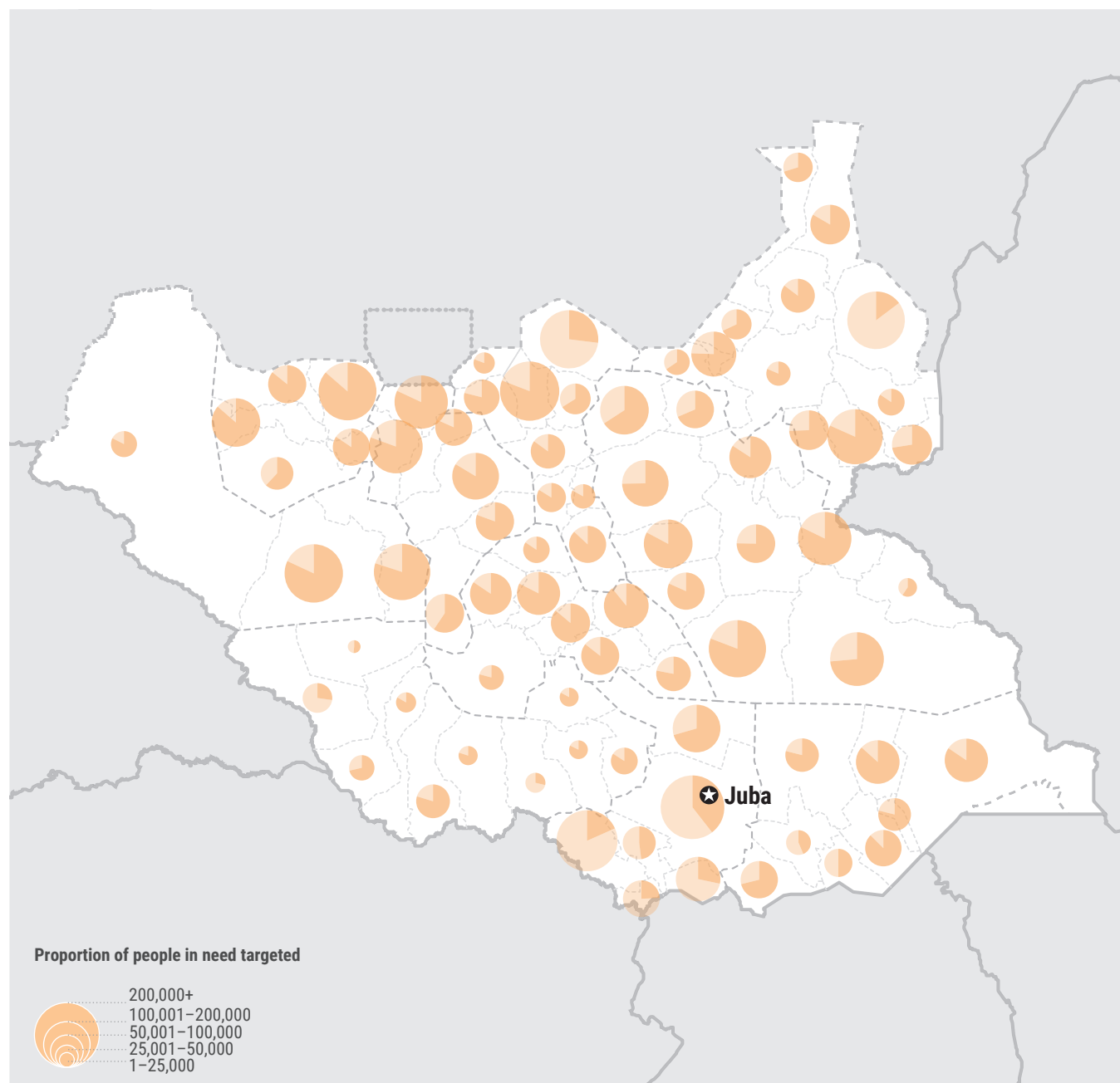
A common approach to providing assistance in hard-to-reach areas will be promoted, especially through identifying geographical areas of convergence and establishing hubs of humanitarian presence in areas where needs are severe and persistent, and where services are relatively scarce. This will also include continued strengthening of deep-field coordination mechanisms with increasing participation of local partners. Through these consolidated humanitarian hubs, humanitarians will work to facilitate secure humanitarian access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved, vulnerable populations. The hubs will provide secure environments for humanitarian workers to deliver aid more widely and facilitate sector and inter-agency coordination. Advocacy with authorities at all levels will be undertaken in support of an enabling environment and humanitarian space. CVA and in-kind support will be further expanded across sectors to respond to the needs of affected populations. These will contribute to empowering communities by providing options, ensuring dignity and providing space for better alignment between humanitarian and development actors.

#	STRATEGIC OBJECTIVE	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>S01</b>	Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4	<b>5.6M</b>	<b>888M</b>
<b>S02</b>	Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable populations to meet their basic needs in locations of severity levels 3 and 4	<b>3.0M</b>	<b>453M</b>
<b>S03</b>	Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas	<b>3.0M</b>	<b>201M</b>

# Needs and Planned Response



## Overview: Proportion of people in need targeted



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



# HRP

## Key Figures

### Humanitarian response by targeted group

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Host communities and other non-displaced	5.3M	<b>49%</b>
Internally displaced people	1.3M	<b>100%</b>
Returnees	562K	<b>100%</b>
Refugees	300K	<b>100%</b>

### By gender

GENDER	PEOPLE IN NEED	TARGETED
Boys	1.9M	<b>50%</b>
Girls	2.0M	<b>51%</b>
Men	3.7M	<b>68%</b>
Women	3.8M	<b>71%</b>

### Humanitarian response for persons with disabilities

DISABILITY	PEOPLE IN NEED	TARGETED
Persons with disabilities	976K (13%)	<b>683K (70%)</b>



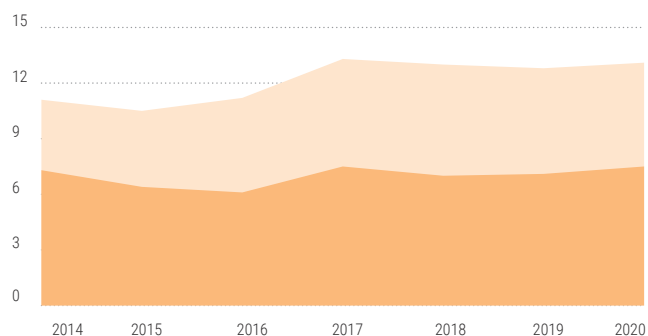
#### JONGLEI, SOUTH SUDAN

A boy carries a fish he caught from the river in Nyirol County, Jonglei. The fish, which came in with the flood water, was caught by the boy at the deeper end of the airstrip in Lankien, which is heavily flooded. © UNICEF South Sudan.

# Historic Trends

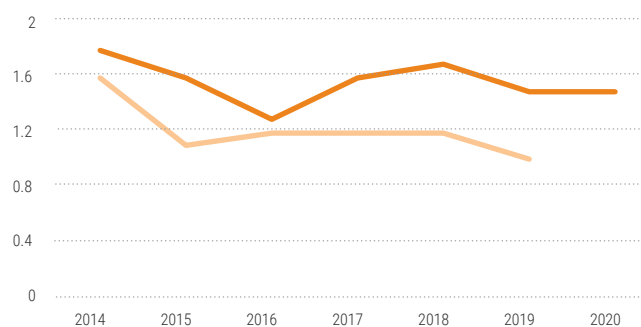
## Humanitarian response (2014–2020)

*In millions of people*



## Financial requirements (2014–2020)

*In millions of US\$*



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
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	1.5B	–	–



# Context of the Crisis

A year after the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS),<sup>5</sup> the ceasefire holds in most parts of the country. Armed conflict between State security forces and opposition armed groups has been contained to a small number of areas in the Equatorias where Government forces continue to clash with non-signatories to the agreement. Many areas are seeing intra- and inter-communal violence, often driven by resource scarcity in areas that have experienced years of food insecurity. Partners have noted increasing militarization, driven by small-arms proliferation and further enabled by weak rule of law. Eastern Equatoria, Jonglei, Lakes, Warrap and Western Bahr el Ghazal have experienced violence perpetrated by community-based militia and other armed elements.

Overall progress on the implementation of the R-ARCSS has been modest. The deadline for the parties to the agreement to form a transitional government of national unity has been extended twice, most recently until early 2020, following regional mediation efforts aimed at preventing the country from slipping back into conflict. Delayed cantonment of former fighters, full integration of forces, unresolved issues between R-ARCSS signatories around the country's boundaries and security arrangements for the opposition are among the sources of uncertainty concerning the country's short-term future. Communities near cantonment sites are at risk of security and protection risks, including GBV, forced and child recruitment, loss of civilian character in areas surrounding cantonment sites and housing, land and property (HLP) violations. Other challenges include humanitarian access and bureaucratic impediments, occupation of civilian infrastructure such as schools and



hospitals and the proliferation and diversion of weapons. Other security concerns affecting the civilian population include mines and explosive remnants of war, and crime. Interviews with people affected by the crisis revealed that although violence and conflict have reduced in many areas, civilians do not yet feel secure.

The above security concerns can affect displaced people's decisions about returning to their places of origin or habitual residence. Although an estimated 1 million people have returned from displacement inside South Sudan or from countries of asylum since November 2017,<sup>6</sup> nearly 4 million people remain displaced by the humanitarian crisis: 1.5 million internally<sup>7</sup> and 2.2 million as refugees. Recent interviews with IDPs found that beyond the continued threat of conflict, potential barriers to return included a lack of safety as a result of

## JONGLEI, SOUTH SUDAN

*A woman affected by devastating flooding in Pibor in Jonglei addresses a high-level delegation, including government, donors and humanitarian organizations, in Pibor County, Jonglei. © UNICEF South Sudan.*

ongoing intercommunal violence and GBV incidents, lack of services and livelihood opportunities in areas of return; the destruction or occupation of former homes; and lack of accountability for human rights violations committed during the conflict, including sexual violence.<sup>8</sup>

Similarly, intention surveys with South Sudanese refugees in neighbouring countries with refugees found lack of livelihoods; inadequate basic services; lack of political solutions; lack of safety and security; and lack of education opportunities as key reasons for not returning at this time.<sup>9</sup>

A joint perception and intention survey undertaken by the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) indicated that lack of information was also one of the impediments for planning returns – 66 and 70 per cent of respondents in Malakal and Wau respectively mentioned they need more information.<sup>10</sup>

At the time of drafting the HRP, more than 900,000 people had been impacted by heavy rainfall and flooding in South Sudan since July. At least 620,000 people were estimated to be in need of immediate assistance. These included IDPs, returnees, refugees and their host communities across some 30 counties in Jonglei, Upper Nile, Warrap, Northern Bahr el Ghazal, Unity, Lakes, and Central and Eastern Equatoria. The floods affected areas already experiencing high levels of vulnerability due to the legacy of years of conflict and access constraints, placing affected people at a greater humanitarian risk. Across the flooded counties, more than 3 million people needed assistance even before the rains. More than 60 per cent of the flood-affected counties were classified as facing extreme levels of acute malnutrition in 2019. The flooding submerged entire communities and rendered basic services and markets destroyed or inaccessible.

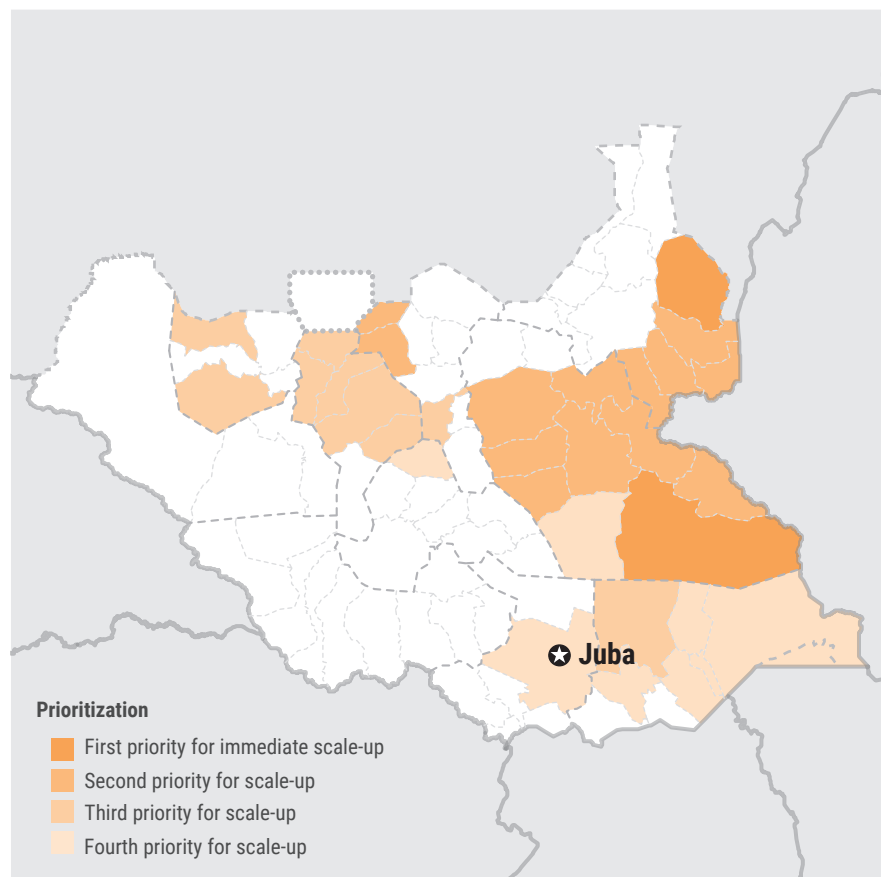
The impact of the flooding could result in a lean season starting as early as January 2020. The increased food production gap in

heavily flooded areas could increase needs throughout the year and thus require more food commodities to be delivered, just-in-time before the rains begin again after the first quarter of 2020. Additionally, as the scale and extent of the flooding has critically impacted physical access across the country, and the water is likely to take months to disperse, the window for prepositioning food commodities throughout the country will drastically shorten.

Although needs have remained as the cumulative effects of the crisis have been felt by the people, funding has plateaued as the crisis becomes more protracted. This is compounded by lack of basic services and infrastructure, as well as protection threats and incidents. In this regard, the focus of the international community remains on the need to address humanitarian and development needs concurrently to save lives and protect livelihoods.

**For detailed information  
on the Context of the Crisis,  
refer to the 2020 Humanitarian  
Needs Overview (HNO).**

#### **Flood map – people affected and counties prioritized for response scale-up (as of 29 Nov 2019)**



**908K** people affected

**704K** people reached  
with food assistance

**9K** households reached  
with emergency flood rapid  
response kits

**12K** households where  
distribution of emergency  
flood rapid response kits is  
ongoing

**23K** households  
assessed to be in need of  
food assistance

## Part 1

# Strategic Response Priorities

### LAKES, SOUTH SUDAN

*David Sawat Manyang, 16 years old, sits in a classroom in a new school building in Pachong, near Rumbek, Lakes. David has missed classes regularly due to clashes between rival youth groups in the area. © UNICEF South Sudan.*





The scale of humanitarian needs in South Sudan is expected to remain significant given the years of conflict, violence and human rights violations that have taken an enormous toll on the country's population. An estimated 400,000 excess deaths were reported between late 2013 and 2018 as a result of conflict and violence.<sup>11</sup> In addition, emergencies driven by natural hazards, protracted displacement, and return movements, as well as lack of basic services, food insecurity, conflict-driven disruption of livelihoods, GBV and epidemic-prone diseases are compounding factors.

In 2020, humanitarian partners will aim to assist 5.6 million people – nearly 50 per cent of the population and 75 per cent of the 7.5 million people in need as identified in the HNO. While the collective response in 2020 places primary emphasis on life-saving activities in areas where humanitarian needs are most severe, the HRP also advocates for enhancing access to life-saving basic services, supporting livelihood restoration, and promoting durable solutions to displacement to lessen reliance on humanitarian assistance. The humanitarian community will also continue to prioritize provision of assistance to support safe, dignified and voluntary returns similar to the gradually increasing spontaneous returns witnessed in 2019, and opportunities for local integration.

The following population groups have been prioritized for the response: host community members and people who have not been displaced but are otherwise affected; IDPs, IDP returnees and South Sudanese refugees who have returned in a self-organized manner, and refugees in South Sudan. The identification of the four groups was based on the HNO analysis, which noted that the humanitarian crisis had impacted the whole country, with every county hosting displaced people and experiencing high humanitarian needs. Sex-and age-disaggregated data will be used to inform targeted geographical response. The intersectoral severity analysis provided in more detail in the HNO reveals that of the 78 counties in South Sudan, 45 are in extreme need (level 4) and 33 in severe need (level 3). Some 30 per cent of the counties in extreme need are in Upper Nile, followed by 21 per cent in Jonglei and 15 per cent in Eastern Equatoria.

The humanitarian operation in 2020 will focus on three overarching strategic objectives aimed at responding to the needs of vulnerable populations as a result of the crisis. These are: (1) Reducing morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable populations in severity levels 3 and 4; (2) Facilitating safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4; and (3) Enabling vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in specific geographic locations.

The response approach strengthens multisectoral planning and delivery, mainstreams protection activities across the strategic objectives and focuses on strengthening AAP. A robust intersectoral approach has been put in place to ensure that

targeted populations and beneficiaries feel informed and consulted throughout the entire humanitarian programme cycle. Through a targeted community communication and engagement plan, it aims to protect vulnerable communities in high-risk areas from sexual exploitation and abuse. CVA will be used by a number of sectors as a modality of response aimed at improving livelihoods of local communities and businesses, and strengthening local markets.

As part of the continued promotion of the humanitarian and development nexus to address drivers of growing humanitarian needs there will be increased collaboration with major stakeholders, including the Government and parties to the agreement, and development and humanitarian partners, including non-governmental organizations (NGOs) and donors. Key planning frameworks to support a coordinated approach between humanitarian and development partners include the HNO and HRP, the UNCF (2019–2021) and related collective outcomes developed in 2019–2021.<sup>12</sup> Based on this collaboration, the HRP accommodates some recovery issues without crossing over to development programming. This is based on the validated assumption that resilience and development investment is expected only to increase gradually from a relatively low baseline compared to humanitarian funding over the course of 2020.

Clusters are reflecting essential, life-saving and life-sustaining humanitarian assistance, as well as resilience-focused activities to support communities in building their resilience to future shocks. A mapping exercise linking the 2020 HRP result indicators and the UNCF collective outcomes has revealed potential linkages between humanitarian and resilience/development assistance for most of the sectors. A review of the UNCF monitoring and evaluation framework and associated indicators, as well as the HRP outcome indicators, will be undertaken to ensure both sets of data speak to each other to encourage that humanitarian and development actions are coordinated as they take place in parallel.

Overall response is contingent on the operational capacity and level of access. While the latter has significantly increased, some access constraints linked to bureaucratic impediments, operational interference and violence against humanitarian personnel and assets remain and may limit full-fledged responses in some parts of the country.

In terms of the forecast, new needs may emerge with increasing urbanization and the possible scenario of returnees and new influxes of refugees in 2020, which will include the main triggers for change in the Response Plan. In case of an Ebola virus disease (EVD) outbreak, the response will scale up current response activities, such as handwashing stations with chlorinated water, at a wider community level, mainly targeting public places such as markets and schools.

## 1.1

# Humanitarian Consequences Prioritized for Response

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The 2020 HRP is based on a new and enhanced methodology which analyses the severity of humanitarian consequences, magnitude and likely evolution of the crisis. Humanitarian consequences are the effects of stresses and shocks on the lives and livelihoods of affected people, and their resilience to future negative events. They are manifested by damage to people's health and physical and mental condition, their ability to meet their essential survival and maintenance needs and expenditures, and their ability to withstand future stresses and shocks.

Humanitarian consequences prioritized for response include those related to physical and mental well-being, living standards and resilience and recovery. Protection activities are mainstreamed across all the strategic objectives with focus on provision of critical protection-related assistance and specialized services through an integrated approach, as well as solutions to address the immediate and longer-term priority needs of vulnerable populations.

Humanitarian consequences related to physical and mental well-being are linked to the fact that more than 40 per cent of all counties have a convergence of high needs related to food insecurity, protection and health. The continued threat of conflict, a lack of safety as a result of ongoing inter communal violence and GBV incidents, lack of services and livelihood opportunities in areas of return; the destruction or occupation of former

homes; and lack of accountability for human rights violations committed during the conflict, including sexual violence are key protection concerns. A multisectoral response, addressing provision of cross-sectoral basic services, will be required to meet the needs of vulnerable populations.

Food security remains precarious. While the latest Integrated Food Security Phase Classification (IPC) analysis, conducted in August 2019, reveals a reduction in the proportion of people in emergency or catastrophe phases of food insecurity to 54 per cent as compared to 59 per cent in the same period last year, but with 6.35 million people still severely food insecure (IPC 3, 4 and 5). The incidence of global acute malnutrition among children increased from 13 per cent in 2018 to 16 per cent in 2019, exceeding the global emergency threshold of 15 per cent. High mortality rates in under-five children (90.7 deaths per 1,000 live births) and the maternal mortality rate (789 deaths per 100,000 live births), have also been recorded and prioritized for response through essential health care services.

Critical problems have also been identified related to a lack of basic services as one of the main drivers of humanitarian needs and an obstacle for people to begin recovering from years of conflict and violence; in the medium term the lack of services contribute to a decrease in living standards and general well-being.

Repeated shocks experienced by households, such as unusually high food prices, irregular rains, people's

general inability to recover assets such as livestock and problems related to HLP are contributing factors, inhibiting communities' ability to recover from the crisis.

Other key areas identified for inclusion in the response, which are articulated in the sections below, include mental health and psychosocial support; emphasis on quality standards; timely health interventions; and preventative interventions, for example, to address malnutrition, which will be a focus of the response to aim for greater cost-effectiveness.

## Prioritized critical problems related to physical and mental well-being

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
<b>7.3M</b>	<b>5.6M</b>	<b>50%</b>	<b>24%</b>	<b>13%</b>

The 2020 HNO notes that 7.3 million people face problems related to their physical and mental well-being. More than 40 per cent of all counties have a convergence of high levels of needs related to food insecurity, protection and health, which are compounding each other and have a direct effect on people's mental and physical integrity and/or dignity in the short term. As of August 2019, an estimated 6.4 million people (54 per cent of the population) are classified as being in Crisis (IPC Phase 3) or worse acute food insecurity, among whom an estimated 1.7 million people are facing Emergency (IPC Phase 4) acute food insecurity and 10,000 people are in Catastrophe (IPC Phase 5). The incidence of global acute malnutrition among children increased from 13 per cent in 2018 to 16 per cent in 2019, exceeding the global emergency threshold of 15 per cent. Forty-four per cent of the population are at risk of communicable and non-communicable diseases. Around 75 per cent of all child deaths in South Sudan are due to preventable

diseases, such as diarrhoea, malaria and pneumonia. Vaccination coverage is low, with 43 per cent coverage of one of the most critical vaccinations for children under 1 year, PENTA 3 (diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenza). High mortality rates have been recorded in under-5 children (90.7 deaths per 1,000 live births) and the maternal mortality rate (789 deaths per 100,000 live births). Approximately 2.5 million people might have a mental disorder at any point in time, with up to 900,000 children afflicted with psychological trauma as a result of witnessing violence or experiencing it directly during attacks on schools or similar violent incidents. GBV risk factors and incidents are linked to factors such as distance travelled by household members to fetch water, food insecurity, frequent occurrences of armed conflict and proximity of cantonment sites to civilian areas and infrastructure.

## Prioritized critical problems related to living standards

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
<b>5.2M</b>	<b>3.0M</b>	<b>50%</b>	<b>24%</b>	<b>13%</b>

An estimated 5.2 million people are facing severe needs related to their living standards. Sixty-six counties have a convergence of high WASH-, protection- and education-related needs. Lack of basic services is one of the main obstacles preventing people from recovering from years of conflict and violence, and in the medium term contribute to increased well-being-related needs, morbidity and mortality. Some 56 per cent<sup>13</sup> of the population have no access to primary health care services. Access to water and sanitation is low, with some 60 per cent

of the total population either relying on unimproved or surface water sources. Only 19 per cent of households use improved sanitation facilities, including shared facilities. The education system and infrastructure in South Sudan are fragile; some 60 per cent of primary and secondary schools and classrooms are either partially or completely damaged. Only 20 per cent of at-risk women and girls have access to GBV service, leaving the remaining 80 per cent of at-risk women and girls vulnerable to the risk of exacerbated consequences of GBV.





**JONGLEI, SOUTH SUDAN**  
A woman stands beside her makeshift tent, after flooding destroyed her home in Pibor, Jonglei. © UNICEF South Sudan.

## Prioritized critical problems related to recovery and resilience

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.2M	3.0M	50%	24%	13%

Low household and productive asset holdings, low numbers of livestock and relatively low access to both formal and informal financial transfers are minimizing the resilience capacity of households. Against this backdrop, repeated shocks experienced by households, such as unusually high food prices, irregular rains, people's general inability to recover assets such as livestock and problems related to HLP are major factors contributing to

communities' inability to recover from crisis. Displaced people and South Sudanese refugees who have spontaneously returned have specific challenges with their living conditions. These include IDPs and refugee returnees in IDP-like situations living in overcrowded conditions in camps and spontaneous settlements, without access to safe shelter. Returnees suffer from lack of access to land or accountable legal remedies related to recovering their HLP.

## 1.2

# Strategic Objectives and Response

The humanitarian response, targets 5.6 million people in 78 counties across the country and is underpinned by three overarching intersectoral strategic objectives: the provision of life-saving humanitarian assistance; the facilitation of provision of cross-sectoral basic services; and enhancing resilience, recovery for communities and solutions to support IDPs and returnees.

The humanitarian response builds on the HNO, which has provided an evidence base for and analysis of the magnitude of the crisis and identifies the most pressing needs of 7.5 million people.

Intersectoral planning approaches have been captured in the strategic and specific objectives, which strengthen multisectoral planning and response to interrelated needs. Protection activities are mainstreamed throughout. Outcomes of the intersectoral severity needs analysis have supported the identification of population groups and geographic locations for response, with areas in severity ranking 3 and 4 prioritized for sector, multisector and integrated responses.

As in previous years, partners will apply a mix of static and mobile responses. The Food Security and Livelihoods (FSL) Cluster will, for instance, provide between 87 and 90 per cent of static response via its field offices and 10 to 13 per cent via mobile response, the rapid response mechanism and the integrated rapid response mechanism in 59 sites in 11 counties. Provision of general food distribution (in-kind) and CVA are other response modalities that have been identified. Minimum assistance packages to support an integrated response will also be implemented where feasible. The Nutrition Cluster will use a package of treatment and prevention services delivered through health facilities, nutrition sites and community platforms.

The collective response will rely on deep field coordination mechanisms with increased participation of local actors. Through consolidated humanitarian hubs, humanitarians will work to facilitate secure access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved vulnerable populations.



## EASTERN EQUATORIA, SOUTH SUDAN

*A mother tends a communal garden at a primary health care centre in Kapoeta South County, South Sudan. © UNICEF South Sudan.*





#### UNITY, SOUTH SUDAN

A teacher with a disability teaches school children displaced by conflict in Nyal, Panyijiar County in Unity. © Mercy Corps South Sudan.

## Addressing critical problems related to physical and mental well-being

**Strategic Objective 1:** Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4.

PEOPLE IN NEED

**5.2M**

PEOPLE TARGETED

**3.0M**

WOMEN

**50%**

CHILDREN

**24%**

WITH DISABILITY

**13%**

### Rationale and intended outcome

Under this objective, 3 million vulnerable people will receive life-saving assistance to reduce critical problems related to physical and mental well-being. The targeted population includes IDPs, IDP returnees, host communities, returnees, refugees in South Sudan and South Sudanese refugees who have returned in a self-organized manner, or those who have been otherwise affected. Response to severe food insecurity is a key priority for the response as South Sudan has remained in a critical period of unprecedented severe food insecurity since 2017. Partners will contribute to improved food consumption, dietary diversity and coping strategies for vulnerable populations in IPC phases 5 and 4, as well as some in Phase 3. The response will also prioritize life-saving treatment services targeting children under the age of 5, pregnant and lactating women, and chronically ill persons. These are the groups that are most at risk of acute malnutrition because of their increased biological

and physiological needs. Partners will, in addition, provide critical protection-related assistance and specialized services through an integrated approach to address priority needs of targeted vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas. These include , Awerial, Aweil East, Ayod, Bor South, Juba, Magwi, Panyijiar, Rubkona, Tonj North and Yei.

### Specific objectives and coordinated response approach

Response will focus on decreasing the prevalence of global acute malnutrition among children under the age of 5, as well as reducing the proportion of people facing acute food insecurity (IPC phases 3, 4 and 5). Focus will also be placed on reducing excess morbidity and mortality linked to epidemic-prone diseases and health insecurities; reducing vulnerabilities linked to protection threats and incidents; and addressing mental and psychosocial needs of vulnerable people.



Response will include provision of food assistance to address food insecurity that is severe, widespread and deep-rooted. Multisectoral response will target acute vulnerabilities through provision of minimum packages, for example, prioritizing hygiene provision in areas that have high global acute malnutrition rates, high risk of famine and high vulnerability to outbreaks, such as cholera or Ebola. Protection-related services include case management, including for unaccompanied and separated children; GBV programming; support to persons with specific and psychosocial needs; protection assessments; and monitoring and HLP support.

Response modalities include the integration of free services such as in static, mobile and rapid response mechanisms to ensure increased access to remote locations to serve people that are in communities which are fixed, nomadic or hard to reach. In health facilities, integration of WASH services thorough waste management and nutrition through stabilization centres will be promoted. This also includes provision of food to inpatients and caretakers through integration with FSL activities. Over 2.8 million people will be targeted with protection services through provision of critical protection-related assistance and specialized services through an integrated approach to address the priority needs of targeted vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas.

## Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
<b>SP1.1</b>	Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4	<b>1.1M</b>
<b>SP1.2</b>	Decrease the proportion of the population facing IPC 3, 4 and 5	<b>5.3M</b>
<b>SP1.3</b>	Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.	<b>2.8M</b>
<b>SP1.4</b>	Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas	<b>0.64M</b>
<b>SP1.5</b>	Population groups targeted to receive assistance should know and use established complaint mechanisms throughout the entire programme cycle	<b>100%</b>



### JUBA, SOUTH SUDAN

Jane Tiko feeds a therapeutic formula to her nine-month-old son Simon Ladok in the malnutrition ward in the Al-Shabbaah children's hospital in Juba. The ward is for children who suffer from malnutrition and associated complications. © UNICEF South Sudan.



**JONGLEI, SOUTH SUDAN**  
Children collect clean water from a hand pump in Wading in Akobo County, Jonglei, South Sudan.  
© Polish Humanitarian Action South Sudan.

## Addressing critical problems related to living standards

**Strategic Objective 2:** Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.2M	3.0M	50%	24%	13%

### Rationale and intended outcome

Under this objective, 3 million vulnerable people will receive cross-sectoral basic services to address critical problems related to living standards. This includes increasing equitable access to nutrition-sensitive interventions from the health, WASH, FSL, education and protection sectors through enhanced coordination and joint programming, targeting vulnerable groups. Response will focus on provision of cross-sectoral basic services, including access to quality and timely medical care; legal support; and safety and psychosocial services to children and women at risk and GBV survivors.

### Specific objectives and coordinated response approach

The response will focus on supporting vulnerable populations meet their basic needs and improving timely access to and scaled-up response for integrated quality essential health care services to vulnerable populations, as well as increasing access to cross-

sectoral basic services, including safe water, sanitation, hygiene promotion, education, psychosocial support for children and services for GBV survivors. The response will further support a continuation of core camp management activities in all protection of civilian (PoC) and collective sites, as well as spontaneous settlements across the country.

The response will include the use of mixed approaches such as static and mobile response modalities. In 2020, mobile camp coordination and camp management capacity will be expanded across South Sudan. The majority of displaced persons remain outside of known PoC and collective sites, so building this mobile approach to represent 60 per cent of camp management activities to identify their needs and response is required. The existing and planned humanitarian hubs and deep field coordination sites will support humanitarian presence and delivery in areas identified as being in the greatest need,



particularly of an integrated set of services that addresses a range of needs and are mutually reinforcing.

Partners will collectively undertake a shift in means of transport to decrease reliance on air transport and instead use road and

river transport with coordinated logistics support. Improving cost efficiency is also part of a long-term strategy to support sustainable operations.

## Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
<b>SP2.1</b>	Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas	<b>3M</b>
<b>SP2.2</b>	Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors	<b>1.1M</b>
<b>SP2.3</b>	Improve living conditions for 640,000 highly vulnerable IDPs, returnees, host communities and affected non-displaced populations through enhanced management of sites, support for capacity-building, community participation, on-site and mobile response and emergency shelter/non-food items (ES/NFI)	<b>0.6M</b>
<b>SP2.4</b>	Facilitate safe access and provide secure humanitarian space through the establishment of humanitarian hubs or operational centres	<b>30%</b>



### CENTRAL EQUATORIA, SOUTH SUDAN

A woman arrives with her sick child at Kajo-Keji civil hospital to receive medical treatment in Kajo Keji County. © UNICEF South Sudan.





#### CENTRAL EQUATORIA, SOUTH SUDAN

A student from Gudele East Primary School participates in a poetry competition at Juba Boys Primary School. As part of promoting national unity and peace building among communities, the State Ministry of Education, Science and Technology with support from UNICEF and the Royal Norwegian Embassy held a poetry competition based on the theme 'What national unity means to me' and 'What I do to help build peace in my community.' © UNICEF South Sudan.

## Addressing critical problems related to resilience and recovery

**Strategic Objective 3:** Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas

#### PEOPLE TARGETED

**3.0M**

#### WOMEN

**50%**

#### CHILDREN

**24%**

#### WITH DISABILITY

**13%**

#### Rationale and intended outcome

The protracted nature of displacements following years of conflict has eroded coping mechanisms, weakened resilience and heightened vulnerabilities. Humanitarian actions will aim at reducing needs, risks and vulnerabilities by providing livelihood support and assistance to facilitate conducive conditions for solutions for IDPs and returnees. Strong emphasis will also be placed on strengthening the humanitarian-development nexus through joint analysis and collective monitoring.

#### Specific objectives and coordinated response approach

Nearly 4 million people have fled their homes in search of safety, 1.5 million of them within and 2.2 million outside of the country. Over 213,000 spontaneous refugee returns were reported between November 2017 and September 2019. The IOM's Displacement Tracking Matrix round 6 data indicates that

the number of IDP returns increased in the months following the R-ARCSS. Between January and June 2019, 24,300 IDPs returned.<sup>14</sup>

While conditions are not yet conducive for voluntary, safe, dignified and sustainable return of South Sudanese refugees from neighboring countries, returns may gradually increase over the course of the year, depending on the implementation of the peace deal. Additional returns would put further pressure on limited coping capacities. Response will therefore tend towards supporting resilience and recovery for communities and solutions for returning people. Livelihood support will include the cost of procuring around 8,000 metric tons of crop seeds. Additional actions comprise the provision of software for training; savings and loan group formation; pest management and disease surveillance; and reducing post-harvest losses. All these will

contribute towards building recovery and resilience (especially absorptive and adaptive capacities) in prioritized areas.

Partner engagement on HLP issues will contribute to ensuring security of tenure for returnees. In addition, more shelter settlement programming will be built upon the multisectoral approach and

CVA in areas of return where markets are functional. Through CVA, humanitarian partners aim to improve livelihoods of local communities and businesses, strengthen local markets and reduce the price of food, thereby increasing the purchasing power of the population, while maintaining or enhancing the profitability of retailers.

## Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
<b>SP3.1</b>	Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity-strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations	<b>3M</b>
<b>SP3.2</b>	Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities, HLP and social cohesion in specific geographic locations	<b>3M</b>
<b>SP3.3</b>	Strengthen coordination and contextual analysis of needs conducted at national and field levels	<b>78 assessments</b>
<b>SP3.4</b>	Facilitate resilience-building for 3 million members of households and affected populations through cross-sectoral response, humanitarian hubs, use of existing resources and engagement with development partners to address humanitarian needs over medium and longer-term interventions	<b>3M</b>
<b>SP3.5</b>	Provide evidence-based cash assistance to target populations to meet their basic needs	<b>3M</b>



### UPPER NILE, SOUTH SUDAN

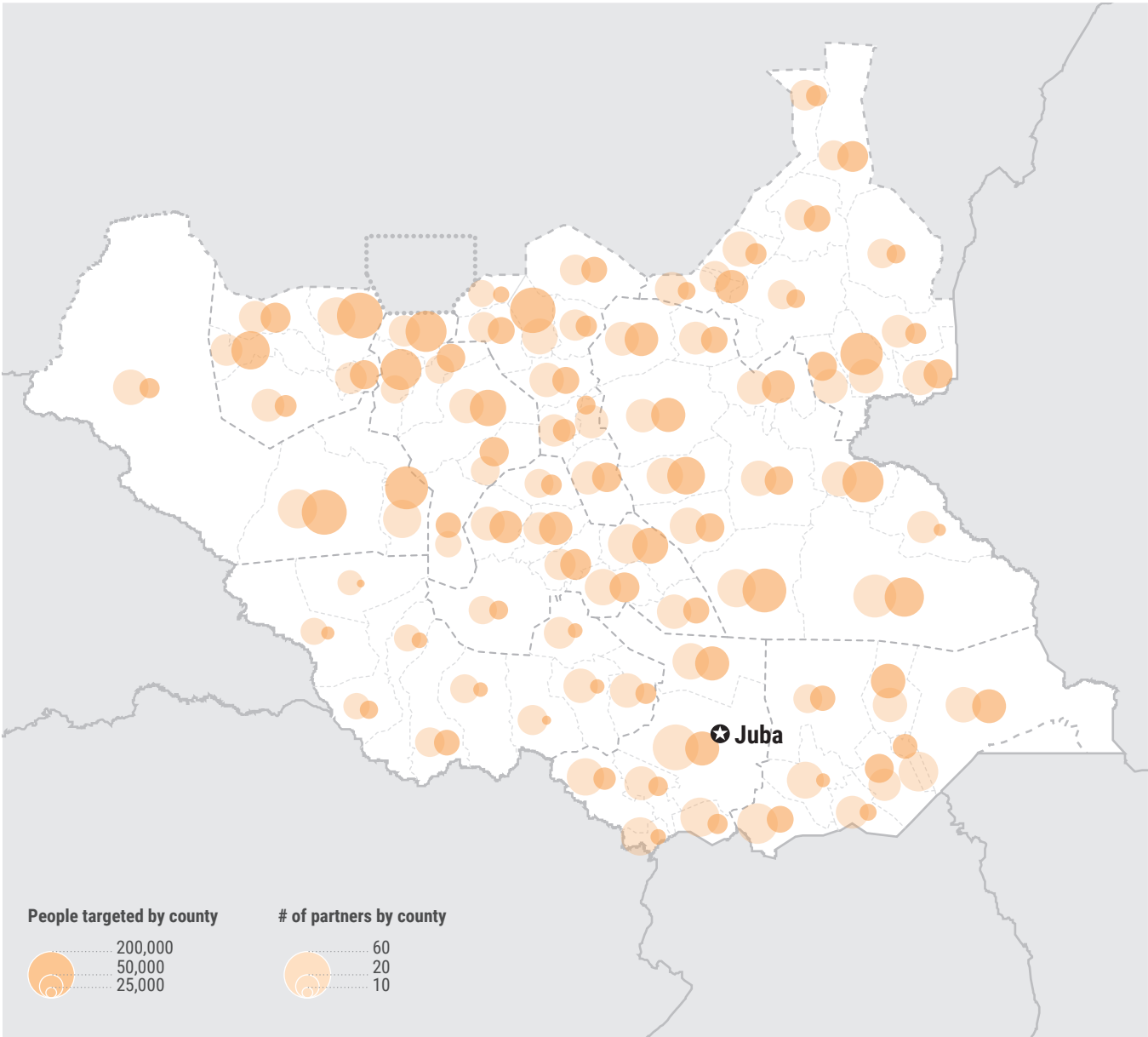
18-year-old Irena Angela is doing her level 4 science exam at a school in Malakal POC site, Upper Nile. © UNICEF South Sudan.

1.3

# Operational Capacity and Access



Operational capacity and people targeted





### Operational capacity

Some 143 local NGOs, 63 international NGOs and 11 United Nations entities have included projects in the 2020 Response Plan. There are 34 more (19 per cent) than the 183 organizations in the 2019 Plan. More organizations are delivering humanitarian assistance in South Sudan outside the HRP, including partners such as the Red Cross Movement and Doctors Without Borders, with whom HRP actors collaborate and coordinate closely. In line with World Humanitarian Summit commitments, the response will promote meaningful partnerships between South Sudanese and international humanitarian actors. Support for local partners will include funding from the South Sudan Humanitarian Fund, which allocated nearly 40 per cent of its first allocation of 2019 to South Sudanese NGOs.

In 2020, to ensure sufficient operational capacity to respond to people's needs in remote areas and other key locations, eight humanitarian hubs will be established across the country. These will complement the 40 existing field coordination hubs. Through the hubs, humanitarians will work to facilitate secure access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved, vulnerable populations. The hubs will provide secure environments for humanitarian workers to deliver aid more widely and facilitate sector and inter-agency coordination.

### Humanitarian access

Following the signing of the R-ARCSS in September 2018, humanitarian access has improved significantly. Some 483 humanitarian access incidents were reported between January and October 2019, compared to 724 incidents reported in the same period in 2018.

A perception study of access constraints conducted among humanitarian organizations between July and September 2019 suggested significant improvements in access from 2018 to 2019. Just three counties experienced severe access constraints in the period – Maiwut and Panyikang in Upper Nile and Mundri East in Western Equatoria, as opposed to 19 counties during the same period in 2018. These constraints included active hostility and constant violence against humanitarian personnel and assets. Of the over 7 million people in need of assistance in 2019,

approximately 100,000 people lived in counties with high access constraints in the July–September period, including nearly 65,000 targeted for life-saving assistance. A total of 31 counties were categorized as having medium-level access constraints between July and September 2019, slightly below the 37 counties recorded at the same time in 2018. The constraints were due to bureaucratic impediments, operational interference, and violence against humanitarian personnel and assets. Finally, 44 of South Sudan's 78 counties were classified as facing low-level access constraints, a significant improvement compared to the same period in 2018, when only 22 counties were in the same category.

The difficult physical environment, including poor road conditions, was the most prevalent access challenge reported by partners during the reporting period. This was compounded by unprecedented heavy rains and floods since July 2019, significantly limiting humanitarians' ability to reach people in need. The interruption of humanitarian operations and access was further exacerbated by checkpoint difficulties, including demands to search personnel and vehicles. Active hostility, military operations and intercommunal conflict led to the disruption of aid delivery, particularly in Jonglei, Lakes, Unity and Upper Nile. Growing insecurity in Greater Equatoria significantly reduced humanitarian space and safe access for partners, including safe movement along roads.

Common constraints faced by the United Nations agencies and international and South Sudanese NGOs included operational interference, restriction of movement, and bureaucratic or administrative impediments. The presence of mines and explosive remnants of war, and a difficult physical environment, also affected humanitarians, regardless of the type of organization. Operational interference affected international NGO operations more than any other organization type while national NGOs also faced significant challenges in relation to operational interference. Ongoing hostilities reportedly affected international NGO operations more than any other organization type. United Nations agencies reported less constraints involving violence against assets and personnel compared to NGOs. In many categories, national NGOs reported fewer constraints and less impact by ongoing hostilities on operations.



#### SOUTH SUDAN

*An Ilyushin Il-76 drops sacks of sorghum as part of a food distribution exercise in the village of Aburoc, South Sudan. © UNICEF South Sudan.*

## PEOPLE IN NEED IN HARD-TO-REACH AREAS

36%

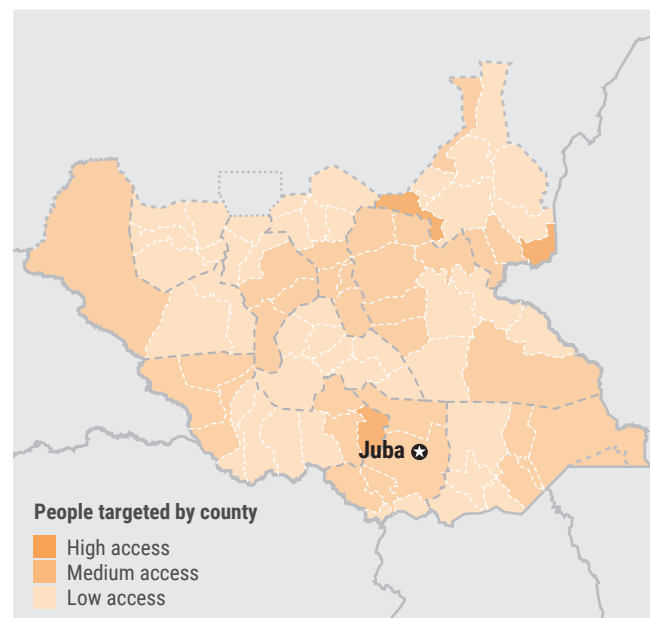
## % OF PEOPLE TARGETED IN HARD-TO-REACH AREAS

34%

## Partners by sector

SECTOR	NO. PARTNERS
Camp Coordination and Camp Management	9
Coordination and Common Services	7
Education	22
Emergency Shelter and Non-Food Items	38
Food Security and Livelihoods	91
Health	59
Logistics	2
Nutrition	53
Protection	78
Refugee Response	5
Water, Sanitation and Hygiene	82

## Humanitarian access constraints map



## Partners by type

TYPE	NO. PARTNERS
National NGOs	143
International NGOs	63
United Nations agencies	11

## Response reach under previous HRP (as of September 2019)

SECTOR	REQUIREMENTS (US\$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED
Camp Coordination and Camp Management	<b>18.8M</b>	<b>1.92M</b>	855K	782K
Education	<b>53.9M</b>	<b>2.81M</b>	876K	752K
Emergency Shelter and NFIs	<b>29.9M</b>	<b>1.98M</b>	969K	767K
Food Security and Livelihoods	<b>645.0M</b>	<b>6.45M</b>	5.15M	3.7M
Health	<b>120.1M</b>	<b>3.60M</b>	1.77M	1.3M
Nutrition	<b>180.0M</b>	<b>1.81M</b>	1.01M	938K
Protection	<b>99.9M</b>	<b>5.74M</b>	3.25M	1.1M
Water Sanitation and Hygiene	<b>130M</b>	<b>5.71M</b>	3.0M	1.1M
Refugee Response	<b>120.8M</b>	<b>338K</b>	338K	300K

**JONGLEI, SOUTH SUDAN**

Teams work to transport humanitarian supplies through flood waters to distribution points for displaced communities in Pibor, Jonglei. © UNICEF South Sudan.



## Part 2

# Monitoring and Accountability

### UNITY, SOUTH SUDAN

*A refugee boy at Jam Jang refugee camp in Pariang County in Unity. Of the about 300,000 refugees in South Sudan, at least 119,104 refugees are in Unity. © UNHCR South Sudan.*



## 2.1 Monitoring

In 2020, partners will continue to strengthen monitoring efforts and systems, to ensure that the response remains appropriate and at the required scale, and that course correctors can be built in as and when necessary. The Inter-Cluster Working Group and the Information Management Working Group will continue to monitor progress against key sector-level output indicators and feed data into the monitoring of the intersectoral outcome indicators. The response monitoring will be undertaken along with needs monitoring to assess risks and changes in context. Various sources of data, such as the data from Food Security and Nutrition Monitoring System (FSNMS), will support with the monitoring exercises.

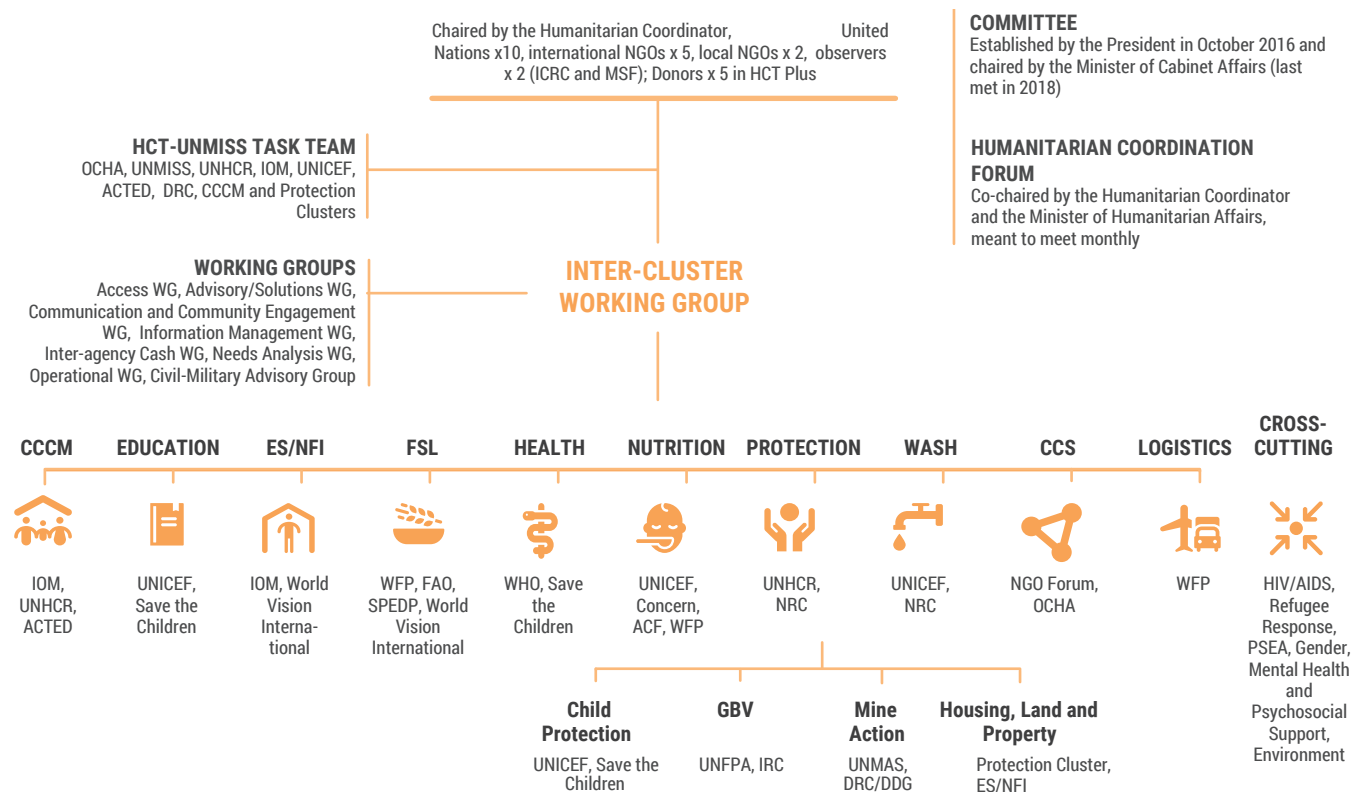
Given the fluidity of the situation, monitoring efforts will be scaled up to provide key information on the evolution of needs and response to support operational decision-making. Various information products and analysis will be produced on a regular basis which will support intersectoral monitoring. Publication of monthly response dashboards through the 5Ws system will provide analysis on achievement of sector-level objectives and indicators. Monitoring of the response outcome indicators will feed into semi-annual periodic monitoring reports that will be produced after the first quarter of 2020. The Periodic Monitoring Review will be a

reassessment of both needs and response once the main part of the dry season is over and food security and nutrition status and outlook have been reassessed.

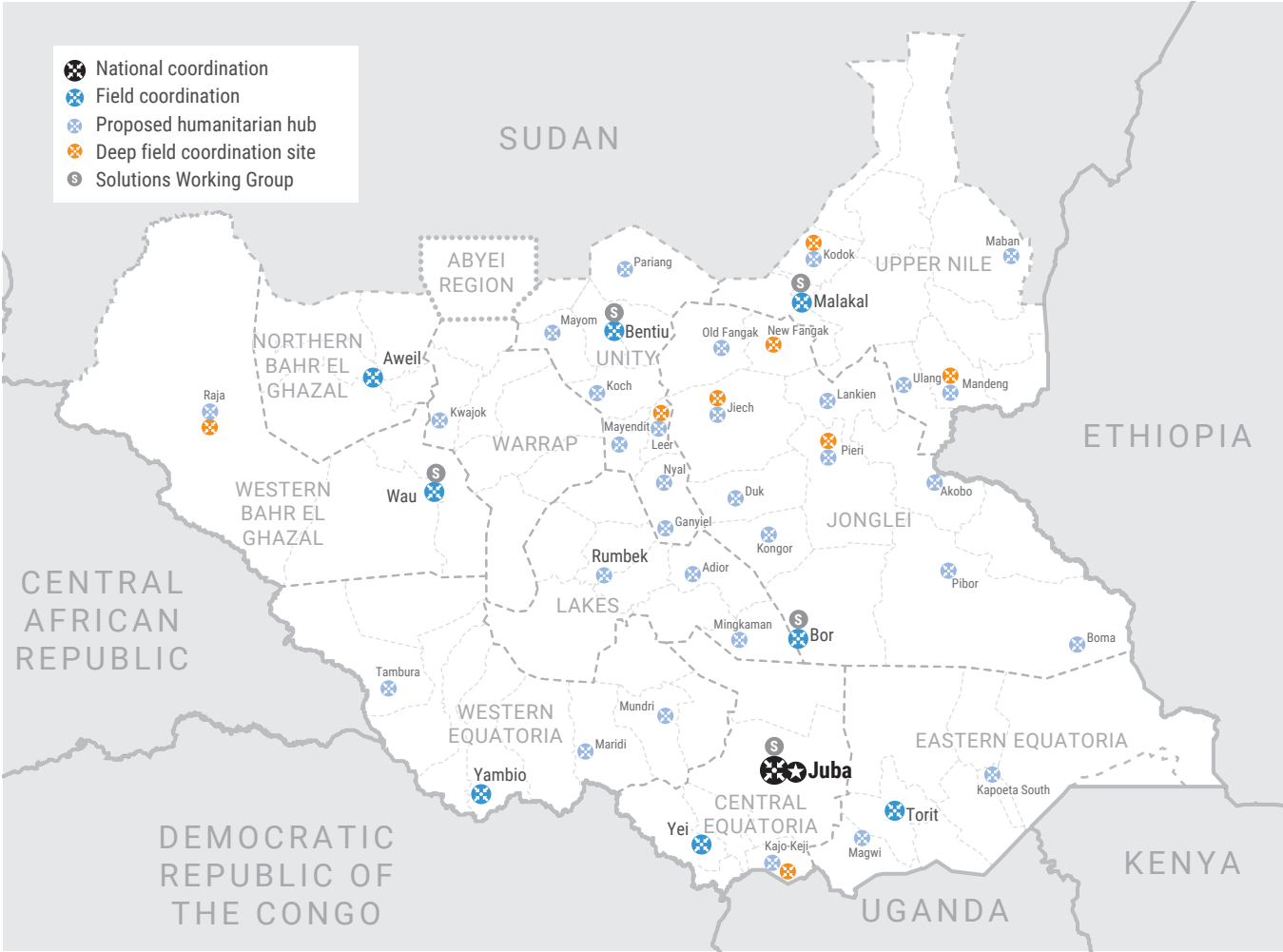
Needs and response monitoring will be of paramount importance in 2020, given the uncertainty about the peace process, the potential for Ebola transmission and the risks of natural factors such as flooding. These factors could translate to changes in population mobility, conflict dynamics and geographical focus areas. This early assessment at a key point in the year will be a critical opportunity to reassess the situation and adapt the response.

The following coordination structures will continue to provide the platforms to analyse ongoing response: the Humanitarian Country Team, Inter-Cluster Working Group, Needs Analysis Working Group (NAWG), various working groups such as the Access and Cash Working Groups (CWG), subnational coordination structures such as the local Inter-Cluster Working Group, and humanitarian hubs and operational centres. The monitoring framework in this Plan presents set objectives and targets and assigns responsibility, helping to align information needs and availability for decision-making.

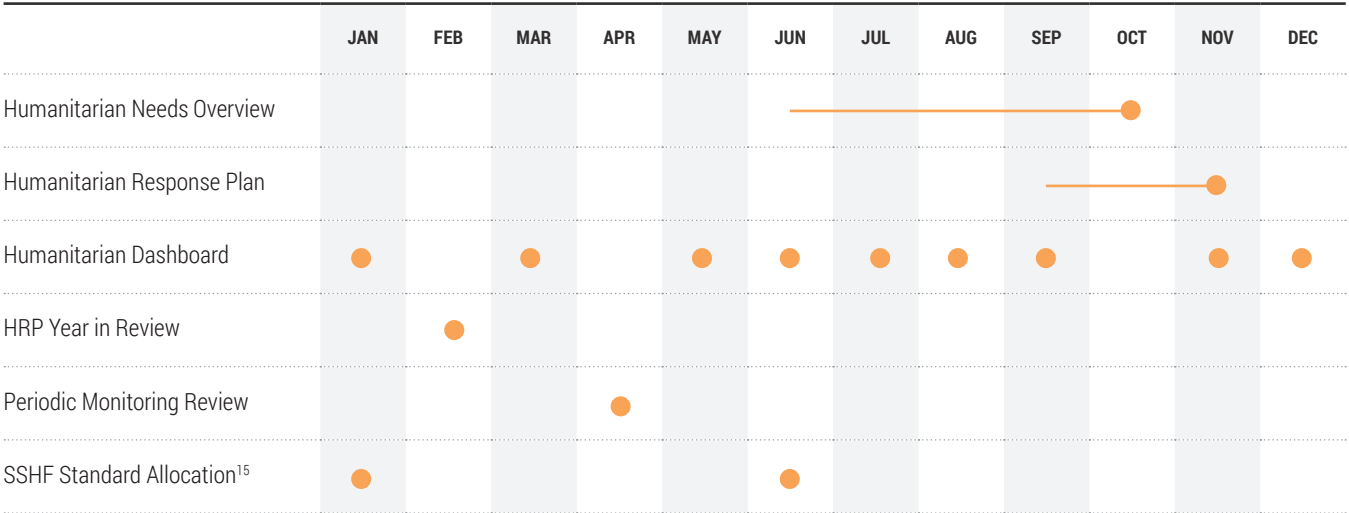
### Humanitarian coordination architecture



Humanitarian coordination locations



Monitoring timeline





## 2.2

# Accountability to Affected People

Accountability to affected people (AAP) will be integrated into each part of the programme cycle. Research piloted in 2019 in South Sudan captures community perceptions of humanitarian service delivery in relation to key AAP themes.<sup>16</sup> During implementation, the research findings on the populations' satisfaction with humanitarian assistance will inform response. Finally, clusters will monitor whether targeted populations feel informed and consulted throughout the process. Clusters supporting service delivery will measure information about complaint mechanisms to the population targeted for assistance. A common AAP indicator selected by Protection, WASH, Education, Camp Coordination and Camp Management (CCCM), Emergency Shelter and Non-Food Items (ES/NFI), Nutrition, FSL and Health clusters will allow the clusters to monitor its progress across geographical areas and demographic groups, track its community engagement at cluster and inter-cluster level and garner key lessons.

Ongoing discussions amongst partners also include collective monitoring, analysis and operationalization of AAP data. The Community Communication and Engagement Working Group provides a forum for the clusters to engage in strategic, collective review of communities' perceptions of humanitarian aid delivery against the key intersectoral and cluster objectives and adjust the response as needed. Discussions also take place about joint monitoring of community perception on humanitarian assistance through the CCCM satisfaction surveys in the PoC sites and other existing assessment modalities. The Community Communication and Engagement Working Group is exploring how best to utilize collated intersectoral and cluster-level AAP data for quarterly review of the clusters' progress in delivering humanitarian aid. The proposed analysis would be presented to the Inter-Cluster Working Group and Humanitarian Country Team to inform their understanding of communities' prioritization of needs, and assessment of aid delivery, and inform technical and strategic decision-making. Further, this would involve the creation of a common community communication and engagement platform, agreed minimal standards and a system-wide community communication and engagement strategy.

The clusters will also advance AAP through training for staff, implementing partners, host communities and local governments; and by promoting inclusive communities and targeting vulnerable members of the community, including persons with disabilities, women and the elderly.

In August 2019, data collected from 2,435 key informants remotely reporting on settlements in all 10 states revealed that 61 per cent of the assessed settlements reporting receipt of assistance in the six months prior to the assessment felt as though most people received enough information about the assistance available in their area. Meanwhile, 44 per cent felt their opinions were sufficiently taken into account by humanitarian service providers during planning and provision of assistance. Forty-three per cent reported general satisfaction with the assistance received, while 56 per cent indicated dissatisfaction. Among assessed settlements reporting dissatisfaction, insufficiency was the primary reason (42 per cent) for discontent. Overwhelmingly, however, assessed settlements reported feeling respected (80 per cent) by humanitarian workers, suggesting that the root causes of dissatisfaction with assistance are more likely to be structural, rather than primarily arising from negative day-to-day interactions with frontline humanitarian workers.

Regarding sharing of information, 56 per cent of assessed settlements reported a preference for receiving information about assistance in person from a humanitarian worker in a community meeting, while 22 per cent preferred receiving information from community members, such as local leaders, and 10 per cent preferred to hear the information over loudspeakers. Similarly, 64 per cent preferred to share feedback and/or make complaints through other members of the community, while 18 per cent preferred to speak directly to a humanitarian worker in a community meeting. The vast majority of assessed settlements (84 per cent) reported a preference for in-kind rather than cash-based assistance.<sup>17</sup>

## Advancing AAP In PoC Sites and camp-like settings

Within PoC sites, the CCCM Cluster, the ES/NFI Cluster and humanitarian partners work in partnership with community governance structures to improve the communication bridge between beneficiaries and service providers. With different consultation methodologies such as satisfaction surveys, focus group discussions, listening groups, call-in radio shows, and community and town hall meetings humanitarians have been investing in ensuring meaningful participation and inclusion in governance structures of vulnerable groups such as women, youths and persons with disability; and identifying their different needs, as well as ways to prioritize them both in camps and in camp-like settings. Improvement has taken place in all the

PoC sites and in other displacement settlements where women and youths are being democratically elected to represent the community.

According to the latest CCCM satisfaction surveys<sup>18</sup> conducted in September 2019 in Wau, Bentiu and Malakal PoC sites, more than 85 per cent of respondents reported that they have the means to complain and 50 per cent said that their complaints had been resolved, while at least 58 per cent use complaint and feedback mechanisms because they believe that they will address their

complaints. In camp-like settings, due to a lack of a constant CCCM presence, CCCM partners will focus on establishing community-based complaint mechanisms and identifying focal points to develop a more efficient way to keep the displaced population and partners well abreast of humanitarian responses. By collecting and sharing information that they deem relevant, IDPs can take better and well-informed decisions regarding leaving or staying at different sites, and the humanitarian community can better understand the different communities' needs.

## AWARENESS

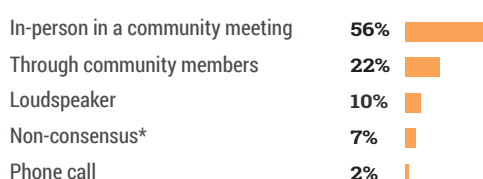
**Proportion of assessed settlements reporting that most people feel like they are receiving enough information about the assistance available to them**



\* When an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted to maintain data quality and reported as 'non-consensus'.

## INFORMATION-SHARING

**Top five preferred methods of receiving information about humanitarian assistance**



## GENERAL SATISFACTION WITH HUMANITARIAN ASSISTANCE

**Proportion of assessed settlements reporting satisfaction with assistance received in the six months prior to data collection**



**Top five reasons for dissatisfaction with assistance received in the six months prior to data collection**



\* A small percentage of responses that do not cohere are deleted during data clearing in order to maintain the integrity of the data. They are reported as N/A.  
 \* When an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted to maintain data quality and reported as 'non-consensus'.

## RESPECT

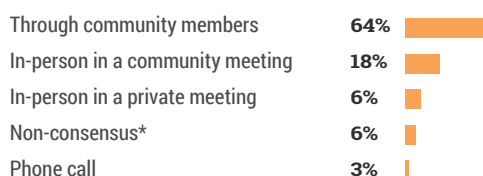
**Proportion of assessed settlements reporting that most people feel respected by humanitarian workers**



\* When an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted to maintain data quality and reported as 'non-consensus'.

## FEEDBACK

**Preferred mechanisms for sharing feedback and/or making complaints to humanitarian service providers**



## 2.3

# Indicators and Targets

## Strategic Objective 1

## Addressing critical problems related to physical and mental well-being

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE	FREQUENCY
SP1.1	Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4	Number of children aged 6–59 months with SAM admitted for treatment	268,045	5Ws	Quarterly
		Number of children aged 6–59 months with MAM admitted for treatment	661,309	5Ws	Quarterly
		Number of children admitted for SAM treatment discharged with hygiene kits from functional outpatient therapeutic programme/ stabilization centre	134,000	5Ws	Quarterly
SP1.2	Decrease proportion of population facing IPC 3, 4 and 5	Percentage decrease of population facing IPC 3, 4 and 5	5.3M	IPC analysis	Semi-annual
SP1.3	Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.	Incidence rates of selected diseases	<0.011%	5Ws	Quarterly
		Incidence rates of selected diseases	<2%	Health Cluster	Quarterly
		Number of health care facilities supported with essential healthcare commodities	214	Health Cluster	Quarterly
SP1.4	Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas	Number of vulnerable women, men, girls and boys in hard-to-reach and priority areas provided with life-saving assistance to address protection, mental and psychosocial needs	0.64M	5Ws	Quarterly
SP1.5	Population groups targeted to receive assistance know and use established complaint mechanisms throughout the entire Programme cycle.	Percentage of humanitarian service providers [by cluster] who disseminate information about complaint mechanisms to the population targeted for assistance	100%	Community Communication and Engagement Working Group	Quarterly



## Strategic Objective 2

## Addressing critical problems related to living standards

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE	FREQUENCY
SP2.1	Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas	Number of target population reporting regular access to quality basic services disaggregated by access to protection services, to safe emergency shelter, to improved water source, to sanitation facilities and to learning spaces/schools in affected areas for children and youth (3–17 years old)	3M	5Ws	Quarterly
		Water – Number of people with access to improved water source	3M	5Ws	Monthly
		Sanitation – Number of people with access to sanitation facilities	3M	5Ws	Monthly
		Education – Number of children and youth (3–17 years old) accessing learning spaces/schools in affected areas.	0.8M	5Ws	Monthly
SP2.2	Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors	Health – Number of outpatient department consultations.	2M	5Ws	Monthly
		Number of individuals with access to protection services including but not limited to medical care, legal support, safety and mental health and psychosocial services	1.1M	5Ws	Monthly
SP2.3	Improve living conditions for 640,000 highly vulnerable IDPs, returnees, host communities/affected non-displaced populations through enhanced management of sites, support to capacity building, community participation, on-site and mobile response and ES/NFI	Number of population in unmanaged sites reached with camp management services	552,000	CCCM Cluster	Quarterly
		Number of people in camps and camp-like settings with community governance structures that participate meaningfully in camp coordination and camp management	0.8M	CCCM Cluster	Quarterly
		Number of returnees in prioritized locations receiving cross-sectoral basic services	0.64M	5Ws	Quarterly
		Number of highly vulnerable IDPs, returnees, host communities/affected non-displaced provided with ES and NFIs	0.3M	ES/NFI Cluster	Quarterly
SP2.4	Facilitate safe access and provide secure humanitarian space through establishment of humanitarian hubs or operational centres	Proportion of HRP partners using humanitarian hubs for coordination of response	100%	CCS Cluster	Quarterly
		Percentage reduction in the number of access impediments	30%	Access Working Group	Monthly

## Strategic Objective 3

## Addressing critical problems related to recovery and resilience

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE	FREQUENCY
<b>SP3.1</b>	Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations	Number of vulnerable returnees, host community members, non-displaced but affected and IDPs who rebuild their lives with shelter and NFIs as part of durable solutions	<b>9,659</b>	ES/NFI Cluster	Monthly/ quarterly
<b>SP3.2</b>	3 million returnees and members of host communities benefit from cross-sectoral and inclusive recovery activities, including income-generation, HLP and social cohesion.	Number of individuals with access to protection services including but not limited to income-generation, HLP and social cohesion	<b>3M</b>	Protection Cluster	Quarterly
<b>SP3.3</b>	Strengthen coordination and contextual analysis of needs conducted at national and field levels	Number of intersectoral needs assessments conducted	<b>78 assessments</b>	Needs Analysis Working Group	Quarterly
<b>SP3.4</b>	Facilitate resilience building for 3 million members of households and affected populations through cross-sectoral response, humanitarian hubs, use of existing resources and engagement with development partners to address humanitarian needs over medium and longer-term interventions	Number of people benefiting from improved coordinated response and resilience building in targeted locations	<b>3M</b>	FSL Cluster	Quarterly
		Percentage increase in resilience capacity index (percentage increase of target population >10.1 on the resilience capacity index scale)	<b>&lt;=10%</b>	FSNMS, FAO, Resilience Index Measurement and Analysis (RIMA) tool method	Semi-annual
<b>SP3.5</b>	Provide evidence-based cash assistance to target populations to meet their basic needs	Number of people receiving cash and voucher assistance	<b>3M</b>	Cash Dashboard	Quarterly
		Number of market locations assessed and monitored to gather evidence for CVA	<b>12</b>	CWG members' Assessment and Joint Market Monitoring Initiative reports	Quarterly

## Part 3

# Consolidated Overview: Use of Cash and Voucher Assistance and Multi-Purpose Cash Assistance

The South Sudan Cash Working Group (CWG) aims to promote cash assistance as a modality of humanitarian assistance that strengthens the nine work streams of the Grand Bargain and five objectives of the CWG Strategy Paper 2019–2020.<sup>19</sup>

In 2020, the CWG South Sudan is committed to enhance the strategic, technical and operational coordination, collaboration around cash and voucher assistance with the objectives to:

- To provide enabling environment for strategic engagement with the CWG partners
- To promote harmonization of interventions and approaches in the humanitarian response including joint interventions like Multi-purpose cash assistance, Joint assessments and monitoring, harmonization of tools and other approaches.

- To advocate for scale up the CVA through sectoral interventions, multi-purpose cash assistance and hybrid approaches where appropriate.
- To promote linking humanitarian cash assistance with exiting social protection systems.

The CWG will support the delivery of multi-purpose cash assistance, though a collaborative approach such as harmonized tools, joint needs assessment, joint market assessments, joint response analysis, defining minimum expenditure basket transfer value calculation, Joint Market Monitoring Initiative and harmonized post-distribution monitoring. Significant efforts have been made in the past few years to strengthen the quality and coordination of humanitarian needs assessments through the CWG. In this regard, a good practice to inform CVA and better understand

market dynamics in South Sudan is the Joint Market Monitoring Initiative,<sup>20</sup> which was created by the CWG in August 2019. Marketplaces across South Sudan are assessed on a monthly basis. In each location, field teams record prices and other market indicators through local trader interviews. The Joint Market Monitoring Initiative produces fact sheets with an overview of prices of key foods and NFIs in the assessed areas, as well as the costs associated with key elements of the multisector survival minimum expenditure basket.<sup>21</sup> The Joint Market Monitoring Initiative initiative is extremely useful for supporting a multisectoral response through the multisector survival minimum expenditure basket. At least 30 per cent of 2020 partner projects will use CVA as a response modality.

The CWG will also promote sharing of lessons learned, partnerships and joint negotiations where applicable, including protection mainstreaming especially linked to power dynamics for women in cash related interventions.



## JONGLEI, SOUTH SUDAN

A displaced woman counts cash she received from humanitarian organization under cash transfer programme in Nyal, Panyijiar County in Unity.  
© OCHA South Sudan.



## Part 4

# Sectoral Objectives and Response

### UPPER NILE, SOUTH SUDAN

*A school girl displays back to learning poster in Renk, Upper Nile. As of early 2019, up to 2.4 million children in South Sudan are not receiving an education – the highest proportion of out-of-school children in the world.*

© UNICEF South Sudan.



# Overview of Sectoral Response

Linking with the strategic objectives, the response by different clusters aim to reduce morbidity, mortality, and suffering from protection threats and incidents of most vulnerable population in locations where needs are severe. An integrated approach is used to ensure people's basic needs are met through the provision of critical cross-sectoral services. All cluster responses emphasize to support coping capacities and livelihoods of people in prioritized locations with an aim to build the resilience of targeted different population groups.

Both static and mobile response modalities are used, depending on geographical locations and types of assistance and services. Intersectoral contributions will be more through geographical convergence with the critical integrated services. Prioritized locations

include areas with high acute food insecurity, epidemic-prone locations, places affected by ongoing/recurrent conflict and potential areas. A multisectoral approach and CVA will be increased across sectors. Putting people at the centre of the response, all clusters use a people-centred approach to mainstream AAP while age and gender considerations are also taken into programming.

The potential risk of EVD outbreak and the return of IDPs and South Sudanese refugees with improved security and stability in the country have been considered. These factors could shape the response activities and drive the need for additional resources and funding. The table below shows sectoral requirements, operational partners, number of projects and people targeted.

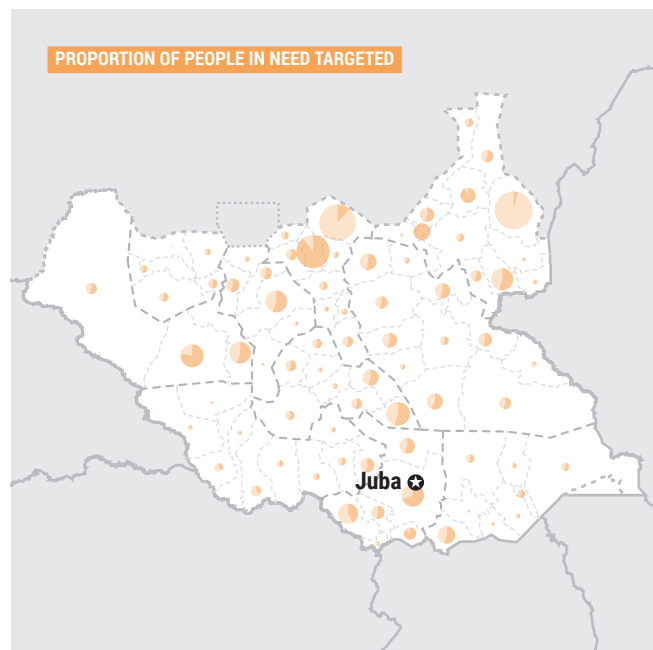
SECTOR	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS	PEOPLE IN NEED*	PEOPLE TARGETED**
Camp Coordination and Camp Management	18M	9	9	1.6M	0.8M
Coordination and Common Services	24M	7	9	305 organizations	305 organizations
Education	54M	22	23	3.1M	0.8M
Emergency Shelter and Non-Food Items	36M	38	39	2.3M	1.0M
Food Security	645M	91	91	6.7M	5.6M
Health	123M	59	59	3.6M	2.0M
Logistics	76M	2	3	305 organizations	305 organizations
Nutrition	225M	53	53	2.1M	1.3M
Protection	87M	78	101	4.8M	2.8M
Water Sanitation and Hygiene	131M	82	85	5.5M	3.0M
Refugee Response	130M	5	5	0.3M	0.3M

\* People in need figures includes refugees in South Sudan

\*\* Target population figures do not include refugee numbers. Only the Food Security and Livelihoods cluster included refugee numbers in its target population figure

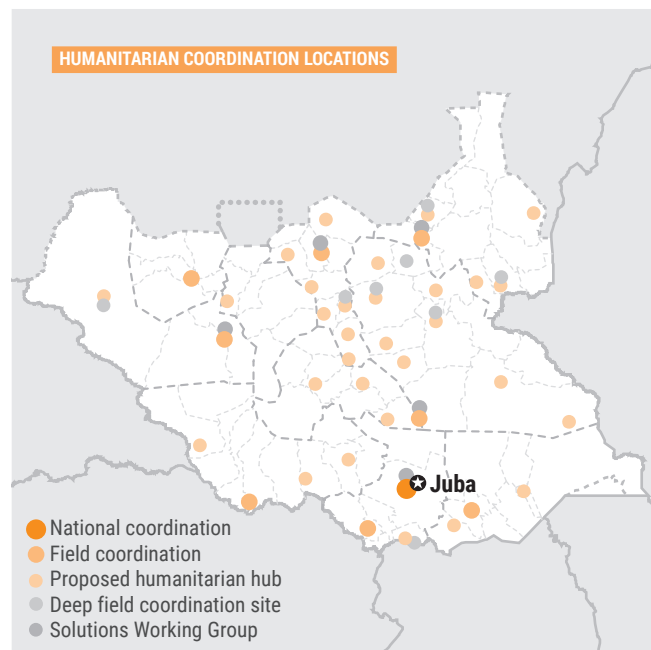
#### 4.1 Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.6M	0.8M	18M



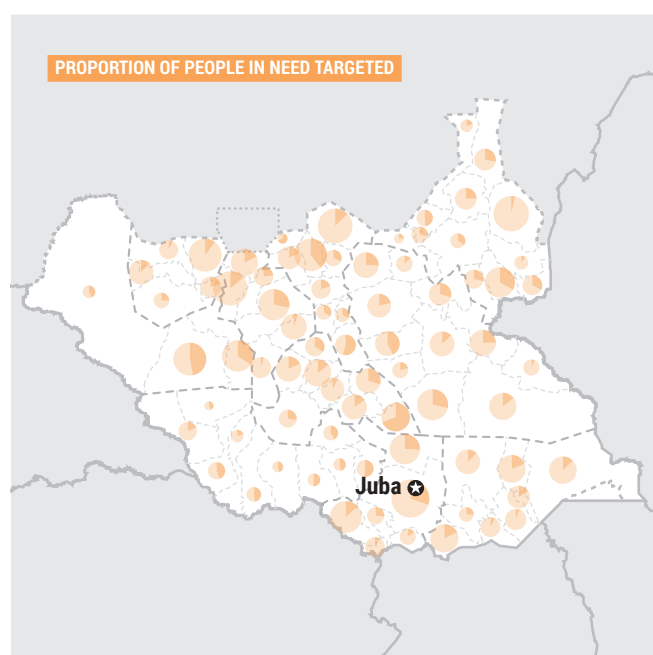
#### 4.2 Coordination and Common Services<sup>22</sup>

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)
305	305	24M



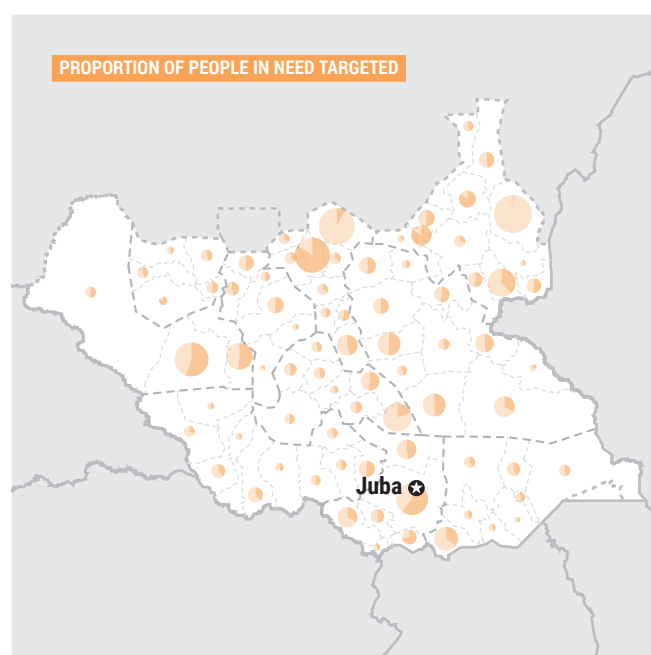
#### 4.3 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.1M	0.8M	54M



#### 4.4 Emergency Shelter and NFI

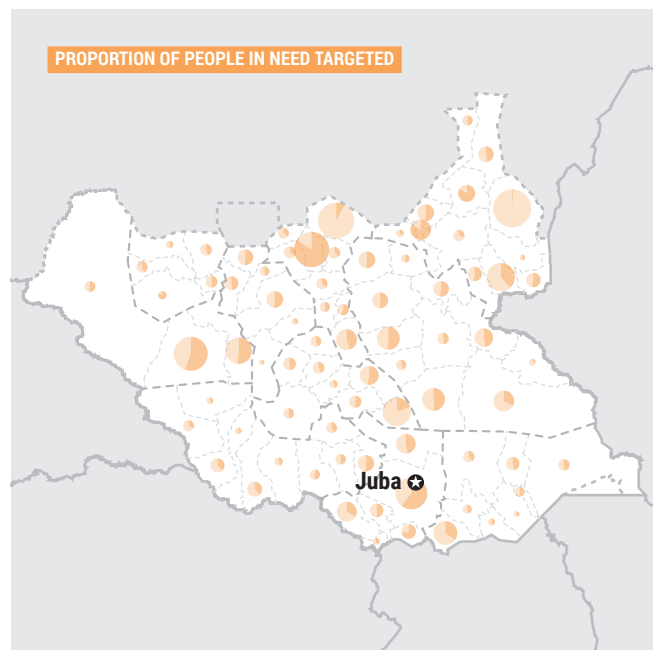
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.3M	1.0M	36M





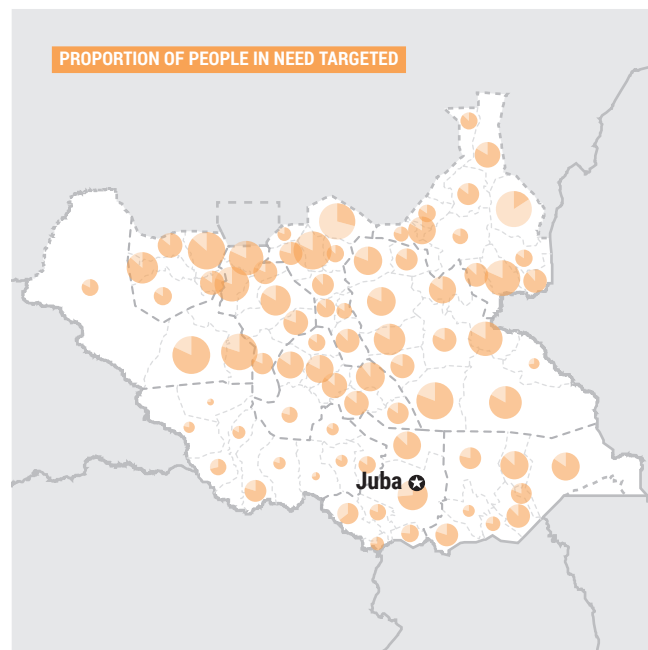
## 4.5 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.7M	5.6M	645M



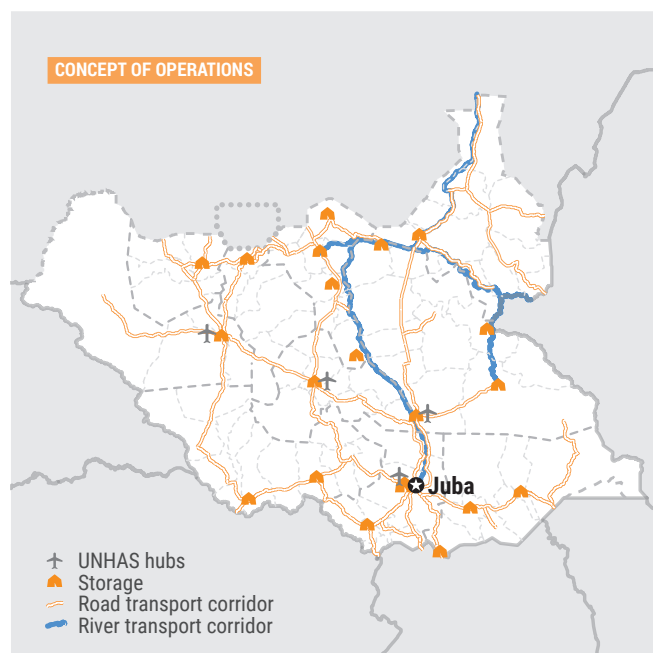
## 4.6 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.6M	2.0M	123M



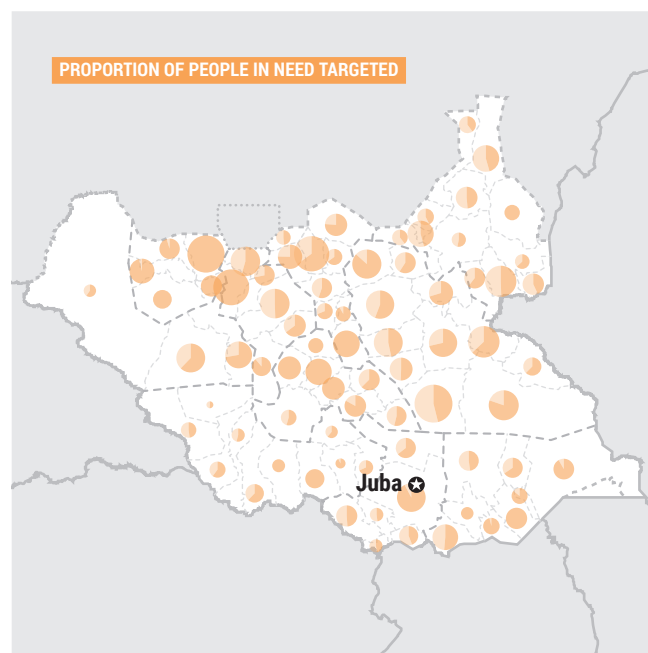
## 4.7 Logistics

ORGS IN NEED <sup>23</sup>	ORGS TARGETED	REQUIREMENTS (US\$)
305 orgs	305 orgs	76M



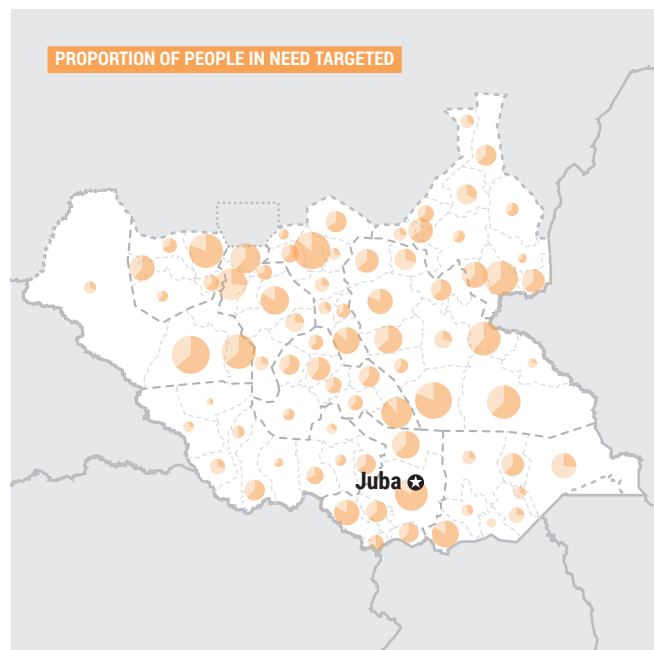
## 4.8 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.1M	1.3M	225M



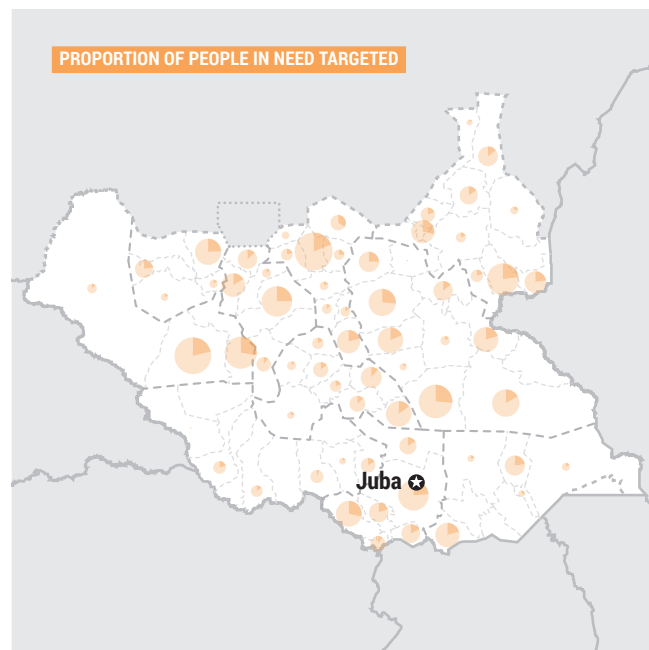
## 4.9 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.8M	2.8M	87M



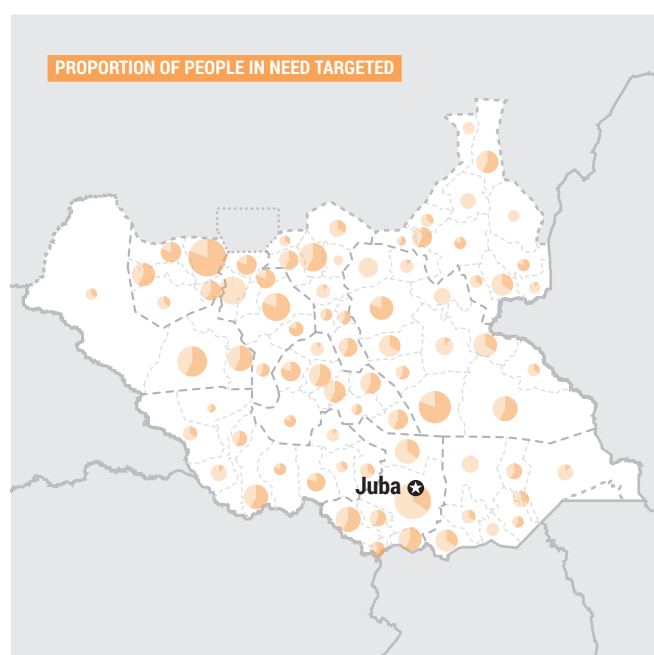
## 4.9.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.5M	0.5M	25M



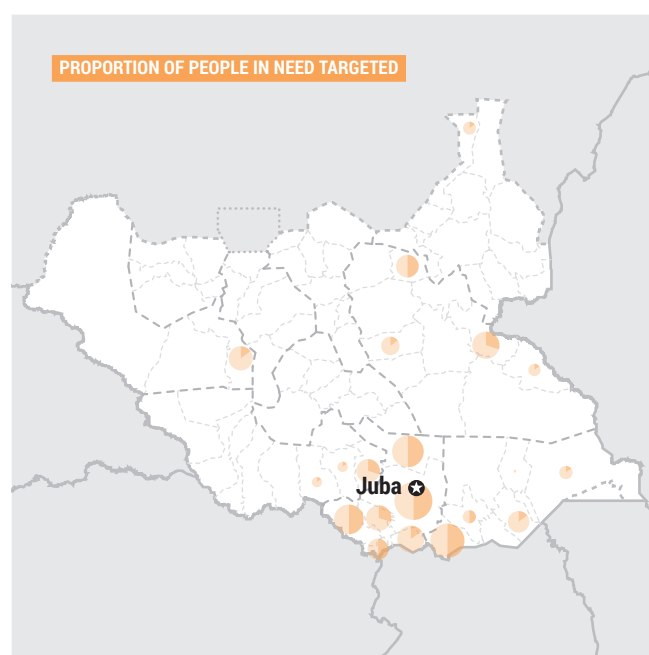
## 4.9.2 Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.9M	805K	28M



## 4.9.3 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
685K	251K	11M



4.10 Wash, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.5M	3.0M	131M



UNITY, SOUTH SUDAN






Some internally displaced women listen to an inter-agency team in Leer town, Unity © OCHA South Sudan.





## Sector prioritization


WITH 1–25% FUNDING <sup>24</sup>		WITH 26–50% FUNDING	PRIORITY LOCATIONS
CLUSTER	PRIORITY ACTIVITIES	PRIORITY ACTIVITIES	PRIORITIZED GEOGRAPHIC TARGETED LOCATIONS IN SEVERITY LEVELS 3 AND 4
	<ul style="list-style-type: none"> <li>• Create site-level service maps, site profiles, contact lists and 5Ws</li> <li>• Map and profile community leadership structures in sites</li> <li>• Carry out multisectoral needs assessments</li> <li>• Establish site-level referral pathways</li> <li>• Set up complaints and feedback mechanisms in PoCs and collective sites</li> <li>• Set up community-based complaints mechanisms in informal settlements</li> <li>• Set up basic community engagement and inclusive governance structures</li> <li>• Conduct post-intervention monitoring</li> <li>• Conduct capacity building training targeting community governance structures</li> <li>• Carry out service monitoring exercises</li> <li>• Conduct community-based care and maintenance activities</li> <li>• Establish coordination mechanisms with all sector partners in the sites</li> <li>• Conduct safety audits</li> <li>• Conduct basic communication with communities</li> </ul>	<ul style="list-style-type: none"> <li>• Scale up training and capacity building initiatives for national NGOs and local authorities</li> <li>• Introduce cash-based/cash for work initiatives</li> <li>• Facilitate essential site maintenance activities</li> <li>• Extend communication with communities</li> <li>• Extend monitoring, assessments and advocacy</li> <li>• Extend basic community engagement and governance structures ensuring gender and disability inclusion</li> <li>• Extend post-intervention monitoring exercises</li> <li>• Develop contingency plans</li> </ul>	PoCs, collective sites and informal settlements in all counties in severity levels 3 and 4
	<ul style="list-style-type: none"> <li>• Coordinate prioritized humanitarian response coordination and access negotiations</li> <li>• Undertake data collection activities designed to ensure quality information on people in displacement situations.</li> <li>• Conduct priority communication with communities/AAP activities</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate humanitarian response coordination and access negotiations</li> <li>• Undertake multisectoral needs assessments</li> <li>• Conduct communication with communities/AAP activities</li> </ul>	All counties in severity levels 3 and 4
	<ul style="list-style-type: none"> <li>• Reopen occupied/closed schools</li> <li>• Construct/rehabilitate damaged temporary learning spaces</li> <li>• Build emergency life-saving skills</li> <li>• Build teachers' capacity – education in emergencies crash course</li> <li>• Procure essential education in emergencies pipeline supplies</li> <li>• Provide school meals</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct basic rehabilitation of additional temporary learning spaces</li> <li>• Provide WASH in schools</li> <li>• Support school feeding Programme in food insecure areas</li> <li>• Support life-skills and disease preventive messaging</li> <li>• Procure additional remaining education in emergencies pipeline supplies</li> <li>• Sensitize communities, school management committees and parent-teacher associations to actively participate in education</li> <li>• Provide school meals</li> </ul>	All counties under severity levels 3 and 4

WITH 1–25% FUNDING <sup>24</sup>		WITH 26–50% FUNDING	PRIORITY LOCATIONS
CLUSTER	PRIORITY ACTIVITIES	PRIORITY ACTIVITIES	PRIORITIZED GEOGRAPHIC TARGETED LOCATIONS IN SEVERITY LEVELS 3 AND 4
	<ul style="list-style-type: none"> <li>Emergency shelter</li> <li>Life-saving NFIs</li> </ul>	<ul style="list-style-type: none"> <li>Shelter repair/care/maintenance</li> </ul>	All counties under severity levels 3 and 4
	<ul style="list-style-type: none"> <li>Undertake general food distribution or unconditional cash/ voucher transfers for the most severely food insecure (IPC 4 and 5, refugees and PoC sites), with blanket supplementary feeding for children under 5</li> <li>Distribute fishing and rapid response livelihood kits as part of an integrated response e.g. integrated rapid response mechanism with WFP, FAO and the United Nations Children's Fund (UNICEF)</li> <li>Protect livelihoods through main season seeds and tool, and fish and vegetable kit distribution (IPC 4 and 5)</li> <li>Implement emergency livestock interventions in IPC 4 and 5</li> <li>Implement activities to help sustain community coping mechanisms and build resilience in IPC 4 and 5;</li> <li>Procure 25 per cent of emergency food and livelihood and livestock pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Provide conditional assistance in the form of cash/ vouchers or food</li> <li>Support market functionality</li> <li>Protect livelihoods through main season seeds and tool, and fish and vegetable kit distribution (IPC 3)</li> <li>Implement emergency livestock interventions in IPC 3</li> <li>Implement activities to help sustain community coping mechanisms and build resilience in IPC3;</li> <li>Procure additional 25 per cent of emergency food and livelihood and livestock pipeline</li> </ul>	All counties under severity levels 3 and 4 and IPC 3,4 and 5
	<ul style="list-style-type: none"> <li>Implement essential primary health care emergency clinical packages targeting the most vulnerable displaced populations</li> <li>Implement outbreak investigation and response for epidemic-prone diseases</li> <li>Procure 30 per cent of essential health supplies</li> <li>Mainstream AAP</li> </ul>	<ul style="list-style-type: none"> <li>Expand essential primary health care emergency services to include reproductive health services (including SGBV) and MHPSS               <ul style="list-style-type: none"> <li>Implement integrated response for severe acute malnutrition (SAM) with medical complications</li> <li>Implement integrated response for epidemic-prone communicable diseases including diarrhoeal and vector diseases</li> </ul> </li> <li>Procure 25 per cent of essential health supplies</li> </ul>	Prioritized geographic targeted location: Rubkona, Wau, Pariang, Aweil East, Bor South, Luakpiny/ Nasir, Pibor, Ayod, Malakal, Yirol East, Renk, Canal/Pigi, Panyijiar, Budi, Ikotos, Juba, Yei, Duk, Twic East, Lafon, Mayendit, Torit
	<ul style="list-style-type: none"> <li>Deliver 1,521 metric tons</li> <li>Transport 700 UNHAS passengers</li> <li>Transport 14 metric tons UNHAS light cargo</li> </ul>	<ul style="list-style-type: none"> <li>Deliver 3,042 metric tons</li> <li>Transport 1,500 UNHAS passengers</li> <li>Transport 26 metric tons UNHAS light cargo</li> </ul>	
	<ul style="list-style-type: none"> <li>SAM treatment in girls and boys under 5 years of age</li> </ul>	<ul style="list-style-type: none"> <li>SAM and MAM treatment in girls and boys under 5 years of age</li> </ul>	IPC AMN 3 and 4

WITH 1–25% FUNDING <sup>24</sup>		WITH 26–50% FUNDING	PRIORITY LOCATIONS
CLUSTER	PRIORITY ACTIVITIES	PRIORITY ACTIVITIES	PRIORITIZED GEOGRAPHIC TARGETED LOCATIONS IN SEVERITY LEVELS 3 AND 4
	<ul style="list-style-type: none"> <li>Tier 1 activities: Mobile and static protection assessment and monitoring; protection by presence and protective accompaniment; comprehensive case management; psychosocial support; safe referrals, including information dissemination on available services; legal awareness, assistance and counselling for survivors; individual protection assistance: GBV case management, establishing/strengthening GBV referral pathways, dignity kits programming, women and girls friendly space programming, GBV safety and risk reduction, economic empowerment and livelihoods, GBV awareness on available response services, survey and clearance of explosive hazards</li> <li>Tier 2 activities: Protection awareness-raising and prevention messaging; community-based protection preparedness and risk mitigation; HLP programming; GBV prevention and awareness raising by transforming systems and social norms</li> </ul>	<ul style="list-style-type: none"> <li>Tier 3 activities: Peacebuilding and peaceful coexistence; CBI for durable solutions programming</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1 locations: Aweril, Aweil East, Ayod, Bor South, Juba, Magwi, Panyijiar, Rubkona, Tonj North and Yei</li> <li>Tier 2 locations: Abiemnhom, Akobo, Aweil Centre, Aweil North, Duk, Fangak, Fashoda, Gogrial East, Jur River, Kajo-keji, Kapoeta North, Lainya, Leer, Luakpiny/Nasir, Maban, Maiwut, Malakal, Mundri East, Nyirol, Pariang, Pibor, Rumbek East, Rumbek North, Twic, Ulang, Wau, Wulu, Yirol East, Yirol West</li> <li>Tier 3 locations: Budi, Canal/Pigi, Ezo, Gogrial West, Guit, Ibba, Kapoeta East, Kapoeta South, Koch, Lafon, Manyo, Mayendit, Melut, Morobo, Mvolo, Nagero, Nzara, Panyikang, Raga, Tonj East, Tonj South, Torit, Uror Maridi, Terekeka Baliet Magwi Rumbek Centre Mundri West, Renk, Longochuk, Aweil West, Mayom, Yambio, Twic East, Aweil South, Cueibet</li> </ul>
	<ul style="list-style-type: none"> <li>WASH in Nutrition (along SAM treatment)</li> <li>WASH for GBV mitigation (hand pumps repair)</li> <li>WASH for IDPs (where half of WASH standards)</li> <li>WASH in Health at micro level</li> </ul>	<ul style="list-style-type: none"> <li>WASH in Nutrition for famine prevention</li> <li>WASH for GBV mitigation (hand pumps + boreholes)</li> <li>WASH for IDPs/host communities/returnees</li> <li>WASH in Health at wide community level</li> </ul>	All counties in severity levels 3 and 4



WITH 51–75% FUNDING		WITH OVER 75% FUNDING	GEOGRAPHIC LOCATIONS
CLUSTER	PRIORITY ACTIVITIES	PRIORITY ACTIVITIES	
	<ul style="list-style-type: none"> <li>Facilitate essential site maintenance activities</li> <li>Establish community led initiatives (sewing, sports and livelihood and income generation clubs)</li> <li>Conduct beneficiary satisfaction, intention and disability access surveys</li> </ul>	<ul style="list-style-type: none"> <li>Extend site development and upgrade works</li> <li>Extend CCCM capacity building to local authorities, national NGOs and establish CCCM focal points</li> </ul>	PoCs, collective sites and informal settlements in all counties in severity levels 3 and 4
	<ul style="list-style-type: none"> <li>Coordinate humanitarian response coordination and access negotiations</li> <li>Undertake multisectoral needs assessments, displacement tracking, flow monitoring</li> <li>Conduct communication with communities/AAP activities</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate humanitarian response coordination and access negotiations</li> <li>Undertake multisectoral needs assessments, displacement tracking, flow monitoring</li> <li>Conduct communication with communities/AAP activities</li> </ul>	All counties
	<ul style="list-style-type: none"> <li>Conduct rehabilitation of temporary learning spaces</li> <li>Conduct regular assessment and monitoring of education activities</li> <li>Support life-saving skills and messaging</li> <li>Provide school meals</li> <li>Provide WASH in schools, including disease preventive messaging</li> </ul>	<ul style="list-style-type: none"> <li>Organize back to school campaigns</li> <li>Provide school meals</li> <li>Provide WASH in schools</li> <li>Engage youth in life-skills and coordination (with other sectors)</li> <li>Conduct assessment and evaluation of activities</li> </ul>	All counties in severity levels 3 and 4
	<ul style="list-style-type: none"> <li>Shelter upgrades</li> <li>Cash-based shelter and NFI support</li> <li>Settlement programming</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building</li> <li>Resiliency-based approaches</li> </ul>	All counties in severity levels 3 and 4
	<ul style="list-style-type: none"> <li>Implement food and nutrition assistance to targeted vulnerable populations in IPC 3</li> <li>Protect livelihoods through second main planting season with seeds, tools and fish and vegetable kit distribution (supporting green belt locations targeting IPC 3 and 4 households)</li> <li>Protect livelihoods through dry season fish and vegetable kit distribution (IPC 3)</li> <li>Extend support for market functionality</li> <li>Implement emergency livestock interventions and distribute vegetable main season cereal crop kits in IPC 3</li> <li>Implement activities to help sustain community coping mechanisms and build resilience to IPC 3 areas not already reached;</li> <li>Procure additional 25 per cent of emergency food and livelihood and livestock pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Extend protection of livelihood support to include additional capacity building, seed multiplication sites and other diversification actions;</li> <li>Early recovery support along the humanitarian/development (resilience) nexus wherever possible</li> <li>Procure additional 25 per cent of emergency food and livelihoods pipeline</li> </ul>	All counties in severity levels 3 and 4/ IPC 3, 4, and 5

WITH 51–75% FUNDING		WITH OVER 75% FUNDING	GEOGRAPHIC LOCATIONS
CLUSTER	PRIORITY ACTIVITIES	PRIORITY ACTIVITIES	
	<ul style="list-style-type: none"> <li>Referrals for comprehensive emergency obstetric and newborn care (BeMonc/CeMonc)</li> <li>Scale up integrated response to SAM with medical complications, Ensure WASH in health facilities</li> <li>Procure 25 per cent of essential health supplies</li> <li>Provision of MHPSS services</li> </ul>	<ul style="list-style-type: none"> <li>Scale up all priority activities</li> <li>Procure 20 per cent of essential health supplies</li> </ul>	<b>20 Counties prioritized</b> Uror, Tonj East, Gogrial East, Morobo, Koch, Yambio, Kapoeta South, Tambura, Mundri East, Raga, Panyikang, Ezo, Wulu, Abiemnhom, Nzara, Maridi, Ibba, Mundri West, Pochalla, Nagero
	<ul style="list-style-type: none"> <li>Deliver 4,562 metric tons</li> <li>Transport 3,300 UNHAS passengers</li> <li>Transport 75 metric tons UNHAS light cargo</li> </ul>	<ul style="list-style-type: none"> <li>Deliver 6,082 metric tons</li> <li>Transport 4,500–6,000 UNHAS passengers</li> <li>Transport 80–100 metric tons UNHAS light cargo</li> </ul>	
	<ul style="list-style-type: none"> <li>SAM and MAM treatment in girls and boys under 5 years of age and pregnant and lactating women</li> </ul>	<ul style="list-style-type: none"> <li>SAM and MAM treatment in girls and boys under 5 years of age and pregnant and lactating women</li> <li>Blanket supplementary feeding</li> </ul>	IPC AMN 3,4 and 5
	<ul style="list-style-type: none"> <li>Tier 1 activities: Mobile and static protection assessment and monitoring; Protection by presence and protective accompaniment; comprehensive case management; psychosocial support; safe referrals, including information dissemination on available services; legal awareness, assistance and counselling for survivors; individual protection assistance</li> <li>Tier 2 activities: Protection awareness raising and prevention messaging; community-based protection preparedness and risk mitigation; HLP programming</li> </ul>	<ul style="list-style-type: none"> <li>Tier 3 activities: peacebuilding and peaceful coexistence; CBI for durable solutions programming</li> </ul>	Same locations as above
	<ul style="list-style-type: none"> <li>Flood-prone areas: elevated boreholes/hand pumps for risk mitigation</li> </ul>	<ul style="list-style-type: none"> <li>Wash impact studies</li> </ul>	All counties under severity levels 3 and 4

## 4.1

# Camp Coordination and Camp Management



PEOPLE IN NEED

1.6M

PEOPLE TARGETED

0.8M

REQUIREMENTS (US\$)

18M

PARTNERS

9

PROJECTS

9



## UNITY, SOUTH SUDAN

An aerial view of Bentiu PoC site in Rubkona County. More than 117,000 civilians were sheltering at the site as of November 2019. © IOM South Sudan.

### Objectives

The Cluster aims to expand its CCCM capacity across South Sudan in 2020 given that the majority of the displaced persons remain outside of the PoC and other collective sites. This will strengthen the current efforts and complement the achievements

of the previous year in which some 782,000 IDPs were reached by the Cluster throughout the country. In 2020, the Cluster aims to support around 800,000 IDPs all over South Sudan with 60 per cent of the CCCM responses using the mobile approach to identify their needs through the Needs Analysis Working Group



and building up the capacity of the IDPs and host community to address their needs.<sup>25</sup> Reduction in the target is explained by a more comprehensive review of the displacement figures and partners' capacity to respond.

In relation to the first and second strategic objectives, the response activities will ensure people affected by displacements have equal access to services while assistance provision will be based on needs. The Cluster will also expand its services in 2020 to reach newly and unreached displaced persons. The participation and engagement of communities and affected people will be strengthened to establish a sense of ownership and to build the resilience of the community.

With the primary focus on core camp management activities in all the PoCs and collective sites as well as in spontaneous settlements across South Sudan, the following key activities will be implemented in all PoC and collective sites in 2020 to ensure the minimum humanitarian standards: improving service provision and advocacy for quality of services, site care and maintenance as well as strengthening community engagement including women, elders and persons with disabilities and capacity development of IDP communities, camp management teams, local actors and authorities.

Service provision for IDPs who remain in unmanaged sites or blended with the host community in hard-to-reach areas will be conducted through the deployment of mobile teams. The use of the humanitarian hubs will be strongly encouraged as the mobile responses can be implemented in a more efficient and timely manner. CCCM partners are already implementing this approach in Unity and Jonglei states. Gender and age specific needs will also be addressed while promoting community engagement and ownership and empowering IDPs, host community, local authorities and local camp management actors to identify and respond in a sustainable way.

The Cluster's interventions aim to mitigate pull factors of CCCM responses to follow displacement-affected populations throughout their displacement cycle ensuring a community-led and owned sustainable programme that focuses on community coping strategies. To ensure the continuation of sustainable camp management, CCCM will engage with national NGOs and build their capacities to be able to respond to the needs of the persons in need.

Site and risk assessments for all activities will be conducted together with community representation ensuring the participation of different community groups. This approach will ensure the safety and dignity of the people and reduce vulnerability in terms of physical and psychosocial terms. In addition, the cluster will prioritize protection mainstreaming through the inclusion and engagement of women and youth and disabled persons, facilitating the transition from displacement to returns.

### **Cost of response**

As CCCM activities focus on the establishment of coordination mechanisms, advocacy and community engagement, the higher

percentage of operating costs are used for human resources and logistics operations. The costs related to logistics operations are subject to weather changes and security dynamics that cause fluctuation of operational costs. Transportation costs could be higher during rainy seasons.

The mobile response requires a substantive amount of both human resources and logistical support thereby making the operation somewhat costly. Similarly, the PoC operations including site upgrades, opening up trenches and pumping out flood waters, make the camp management operations expensive. Thus, the cost per beneficiary for the cluster is US\$22.5. With the target population of 800,000 IDPs, the overall cluster envelop translates to US\$18 million.

### **Monitoring**

The humanitarian crisis in South Sudan has become more complicated given the rapid and continuous movement of internally displaced persons and a gradual increase of spontaneous voluntary returns. This has led to an increase in informal settlements all across South Sudan. The involvement of the Cluster and its partners in state Solutions Working Groups and the national Advisory Group for Solutions will improve community engagement and response coverage while avoiding duplications and gaps in response.

The Cluster will monitor the percentage of IDPs' access to core camp management services which is disaggregated by sex and age while monitoring the quality of services through beneficiary satisfaction or intentions surveys and a complaints and feedback mechanism. The percentage of improved access to services and living conditions in unmanaged sites and level of inclusive community participation on new sites will also be monitored. To ensure accountability to affected population, CCCM cluster and partners will continue to identify, capacitate and mobilize different IDP groups including women, youth and persons with disabilities to enhance their active representation and participation in the management of the sites aiming to build their self-reliance by implementing community engagement activities, establishing and maintaining two-way communication systems and supporting area-level coordination to contribute to a more community-centred approach. The percentage of female membership in camp/site committees and other governance structures and the number of people trained humanitarian principles will be monitored to enhance protection mainstreaming. These data will be collected, analysed and shared quarterly for joint intersectoral monitoring.

The Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms, a bi-annual satisfaction survey, focus group discussions, community and town hall meetings, and site audits. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response.

## Objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.</b>			
<b>Specific Objective 1.4: Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas.</b>			
<b>Sectoral Objective 2:</b> Enhance outreach response to newly displaced and unreachable population	Percentage of displaced persons disaggregated by sex and age with access to core camp management services		80%
	Number of inclusive community structures established in new sites		50
	Number of mobile outreach exit plans in place		50
	Number of sites with coordination mechanisms, common practices, and internationally agreed CCCM standards are established		50
<b>Specific Objective 1.5: Population groups targeted to receive assistance know and use established complaint mechanisms throughout the entire Programme cycle.</b>			
<b>Sectoral Objective 4:</b> Improve engagement with vulnerable population with priority on addressing	Number of beneficiary satisfaction/intentions survey conducted		50
	Percentage of resolved complaints on quality of or access to services that are received in formal complaint desk		80%
	Percentage of camp management structures and camp management agencies have an increased understanding of and are more responsive to IDPs' humanitarian needs and aid gaps		80%
	Number of community-based complaint mechanisms set		50
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>			
<b>Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.</b>			
<b>Sectoral Objective 1:</b> Ensure equal access and needs based assistance to improve the quality of integrated services for populations affected by displacement	Number of site maintenance activities with a specific focus on persons with specific needs		50
	Number of safety audits conducted and action taken		50
	Number of sites with gaps identified and referred in coordination with local authorities and partners on needs and service gaps		50
	Number of CCCM staff and site committees successfully trained in CCCM and humanitarian principles including Protection mainstreaming, psychological first aid and protection against sexual exploitation and abuse		1,350
	Percentage of female membership in site committees and governance structures		50%
	Number of sites with functional referral pathway		50
<b>Specific Objective 2.3: Improve living conditions for 640,000 highly vulnerable IDPs, returnees, host communities/affected non-displaced populations through enhanced management of sites, support to capacity building, community participation, on-site and mobile response and ES/NFI.</b>			

OBJECTIVE	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective 2:</b> Enhance outreach response to newly displaced and to unreachable displaced population	Number of site population reached by camp management services		800,000
	Percentage of IDPs living in camp-like settings have improved coverage of their humanitarian needs		100%
	Percentage of camps with coordination structures observed to be active after one month of mobile response exit		80%
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>			
<b>Specific Objective 3.2: Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities, HLP, and social cohesion in specific geographic locations.</b>			
<b>Sectoral Objective 3:</b> Strengthen inclusive community participation to ensure local ownership, self-governance and self-reliance	Number of beneficiaries assisted with cash-based interventions/modalities		2,500
	Percentage of beneficiary households reporting decreased reliance on negative coping mechanisms within one month of receipt of cash assistance		100%
	Number of individuals participating in full duration cash for work schemes		2,500
	Number of community led initiative established (for sewing club, livelihood and income generation club)		50
<b>Specific Objective 3.3: Strengthen coordination and contextual analysis of needs conducted at national and field levels.</b>			
<b>Sectoral Objective 3:</b> Strengthen inclusive community participation to ensure local ownership, self-governance and self-reliance	Percentage of population reporting they feel their representatives advocate on their behalf		80%
	Number of protection mainstreaming initiative by the community that are assessed and translated into action		50
	Percentage of female membership in site committees and governance structures		50%
<b>Sectoral Objective 1:</b> Ensure equal access and needs based assistance to improve the quality of integrated services for populations affected by displacement	Number of formal community engagement initiatives conducted i.e. town hall, meetings; elections		100
	Number Sites with complaint and feedback desks established		50
	Number of IDP locations with functioning feedback mechanism		80%
	Number of training sessions on camp management, camp coordination and camp administration and humanitarian response provided to the partners		30

## 4.2

# Coordination and Common Services



ORGS IN NEED

305 orgs

ORGS TARGETED

305 orgs

REQUIREMENTS (US\$)

24M

PARTNERS

7

PROJECTS

9

## Objectives

In 2020, the Coordination and Common Services Cluster will strengthen joint needs analysis and strategic response planning for effective and well-coordinated humanitarian action. To achieve this, the inter-cluster coordination mechanism at the national and subnational levels will be strengthened in support of the 2020 HRP implementation. The Cluster will also provide the humanitarian community with data on the presence of IDPs and returnees as well as in-country population mobilities in-country and between neighbouring countries. Discussions are ongoing on the possibility of launching a nationwide Multisector Needs Assessment in 2020. The assessment will be conducted at the household level and the findings will be statistically representative at the county level. This will allow meaningful comparisons between different counties, states and regions. The Multisector Needs Assessment will be aligned with the Humanitarian Programme Cycle (HPC) which will provide a strategic planning tool for evidence-based prioritization through comprehensive coverage, consistent methodology, common framework for joint analysis, and buy-in of findings. The multisectoral nature of the assessment will allow for deeper analysis and understanding of key intersectoral concepts to support humanitarian planning. All data will be utilized by partners to inform the planning, implementation and coordination of the ongoing programs in the country. Support for humanitarian financing will be provided through the South Sudan Humanitarian Fund (SSHF) and coordination of the Central Emergency Response Fund (CERF).

As outlined in the second cluster objective, the Cluster will facilitate safe access, security and humanitarian space by providing security risk analysis. A common approach to providing assistance in hard-to-reach areas will be promoted through security risk assessments. This will also include a continued strengthening of deep-field coordination mechanisms. Through consolidated humanitarian hubs, humanitarians will work to facilitate secure humanitarian access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved, vulnerable populations. The hubs will provide secure environments for humanitarian workers to deliver aid more widely and facilitate sector and inter-agency coordination. The Cluster will also prioritize advocacy with authorities at all levels in support of an enabling environment and humanitarian space.

In terms of strengthening AAP, transparency in humanitarian decision-making will be ensured by community communication and engagement. Through community communication and engagement activities, affected communities are adequately engaged and provided with timely and accurate information about how and why humanitarian aid is available to them while knowing and demanding their rights from the humanitarian responders. This will allow the affected people who receive aid to participate in making the decisions that have impacts on their lives. This promotes transparency in the humanitarian environment by considering and involving the views of the affected people at every step of project development and implementation. community communication and engagement will be coordinated at the inter-cluster working group level to underpin humanitarian action in South Sudan towards AAP. Durable solutions to returns, resettlement and reintegration will be realized through strong coordination, mainstreaming of community communication and engagement and enhanced information sharing and communication.

In recognition of the substantial data collected on humanitarian needs, DTM and other data collectors are collaborating with ACAPS to increase the use of available data. This will provide the Response with more targeted analysis products, developed through systematic processes and robust analysis methodologies. ACAPS will establish an analysis hub in South Sudan to provide independent and integrated analysis to support programmatic and operational decision making. The Analysis Hub will bring together available in-crisis data together with the wealth of data which has been collected over the years of humanitarian operations in South Sudan. This will enable a richer analysis which moves from descriptive to explanatory and interpretative analysis. ACAPS in South Sudan will focus on providing:

- Regular situation updates providing an analysis of recent developments;
- Thematic analysis to build a better understanding of context and needs in South Sudan;
- Severity and trends mapping to ensure aid is well targeted;
- Forward-looking analysis, including risk reporting and scenario building;
- Technical support to other humanitarian actors with data management and analysis.



### Cost of response

The main cost drivers of the Displacement Tracking Matrix operations are related to staffing and logistics. The latter is subjected to seasonal changes that cause oscillation of operational costs at different times of the year. Logistic costs (transportation, access) are much more prominent during rainy seasons when access to certain locations is restricted and costly.

As regards cost-effectiveness, given its longstanding expertise in data collection and the already established network of enumerators and staff across the country Displacement Tracking Matrix maintains, it will be possible to implement activities in a cost-effective way, drawing on tools developed under previous projects and benefiting from complementary funding sources which enable comparative data collection also for other locations in the country not prioritized in the HNO. As such, Displacement Tracking Matrix is uniquely positioned to fill existing information gaps through direct, on-the-ground data collection, bringing together the wealth of knowledge held by local authorities,

community leaders, humanitarian partners, and transition/recovery actors.

Other cost drivers are linked to activities related to facilitating community engagement, support to humanitarian hubs and coordination.

### Monitoring

The number of multisectoral assessments, intention and Displacement Tracking Matrix surveys conducted will be measured on a quarterly basis. Feedback and complaints mechanisms will be established in settlement sites to monitor the community communication and engagement activities. Various information products and analyses will be produced on a regular basis which will support the intersectoral monitoring. Periodic monitoring reports on the HRP and monthly response products such as humanitarian bulletins, flash updates, situation reports, websites, snapshots, dashboards, maps will be produced to inform the Humanitarian Country Team decision-making on priority needs, response and implementation gaps.

## Objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>			
<b>Specific Objective 3.3: Strengthen coordination and contextual analysis of needs conducted at national and field levels.</b>			
<b>Sectoral Objective 1:</b> Strengthen joint needs analysis and strategic response planning for effective and well-coordinated humanitarian action.	Number of multisectoral assessments, intention and Displacement Tracking Matrix surveys, flow monitoring reports to inform prioritized humanitarian response		<b>78 assessments</b>
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>			
<b>Specific Objective 2.4: Facilitate safe access and provide secure humanitarian space through establishment of humanitarian hubs or operational centres.</b>			
<b>Sectoral Objective 2:</b> Enable operations through provision of safe access, security and humanitarian space	Percentage reduction in the number of access impediments		<b>30%</b>
	Proportion of HRP partners using humanitarian hubs for coordination of response		<b>100%</b>
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>			
<b>Specific Objective 1.5: Population groups targeted to receive assistance know and use established complaint mechanisms throughout the entire Programme cycle.</b>			
<b>Sectoral Objective 3:</b> Enhance Programme quality through strengthened AAP	Percentage of humanitarian service providers [by cluster] who disseminate information about complaint mechanisms to the population targeted for assistance		<b>100%</b>

## 4.3 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.1M	0.8M	54M	22	23



### UPPER NILE, SOUTH SUDAN

18-year-old Nora Akoloth has just finished her level 4 exam in science, her third exam this semester, at a school in Malakal POC site. © UNICEF South Sudan.

### Objectives

An estimated 3.1 million children, age 3 to 17, are vulnerable and at protection risk. Their access to education has been interrupted due to humanitarian crises induced by protracted conflict, displacement, poverty, food and livelihood insecurity. In 2020, the Cluster will provide access to education in emergency services to 0.8 million South Sudanese boys and girls.

With a focus on the improved access to safe and protective education services, the Cluster will provide a formal and non-formal education programme for more than 800,000 emergency/crisis-affected children and youths from the host community, IDPs, IDP returnees and spontaneous refugee returnees. Services will be

provided to those people in 78 counties in Upper Nile, Jonglei, Unity, Lakes and Eastern Equatoria, locations with acutely food insecurity (IPC 3 and 4). Through an integrated approach, the Cluster will ensure equitable access to quality and inclusive cross-sectoral basic services. By providing access to safe and secure learning spaces/environments, children will benefit from key life-saving and life-sustaining activities such as psychosocial support, water sanitation, and hygiene education and school feeding programme.

Against the background of increasing needs and more demands on urgent support for early childhood education, the Cluster will provide early learning support for children of ages between 3 and

5. This will provide opportunities for school readiness and linkages to primary and secondary education, and also protect the children from all forms of violence. Investment in early learning, formal and non-formal education protects targeted communities and children from being involved in activities causing a humanitarian crisis. The Cluster will continue to maintain key education in emergencies interventions in the conflict-affected and food-insecure areas for IDPs, host communities and returnees. This includes support for teaching and learning, psychosocial support programming, infrastructure improvement, school WASH activities, teacher training and provision of incentives. The Education Cluster is supporting Education Cannot Wait<sup>26</sup> and South Sudan's Ministry of General Education and Instruction in developing a multi-year resilience programme that seeks to promote medium to long-term education interventions in Upper Nile, Jonglei, Unity, Lakes, Warrap and Eastern Equatoria. The Cluster will improve the quality of education and protection services at all levels for all children, including children with disabilities through establishing recreational spaces, learning and cognitive development and build teachers' capacity to deliver quality services. This will be done through the protection mainstreaming activities including medical care, legal support, safety and psychosocial services for at-risk children and women as well as GBV survivors. Reaching the affected populations in need in hard-to-reach areas and returnees, services will be provided through humanitarian hubs or operational centres.

Under the strategic objective targeting building resilience of the community, the Cluster aims to enhance the capacity of the community and education actors to mitigate the impact of emergencies on children and youth. By providing access to cross-sectoral basic services and predictable access to livelihoods, the Cluster will also address the needs of the returnees. Through the increased cross-sectoral activities, the Cluster aims to support durable solutions of the targeted population groups.

#### **Cost of response**

Predominant cost drivers are primarily the targeted populations' demand for education which has been directly been affected by these crises. The majority of children in the targeted host community are out of schools due to insecure stances and the destruction of schools. In addition, the recent influx of spontaneous refugee returnees from the neighbouring countries and the returning of IDPs to their original residential areas are demanding educational access and protection services. The prolonged economic and social crises have affected teachers directly and lack of payment of incentives and insecurity are the main reasons for education personnel leaving classrooms. These challenging predicaments in the operating environment and the need for additional resources to address evolving needs have put pressure on the cluster's response.

In view of the challenging operating environment as well as the persistent and evolving needs of the targeted population, the Cluster response modalities will drive the average cost of providing

education services. The Cluster estimates that US\$54 million will be needed to provide education services for over 800,000 (53 per cent girls). The cost includes construction/rehabilitation of learning spaces, provision of educational materials and supplies, provision of WASH services, training of teachers, building the capacity of various stakeholders, provision of teacher incentives, support national examination for the children in the PoC sites and establishment of mentoring programme linking with teacher training institutes/colleges.

The cost of assessment, monitoring and evaluation activities at the sector level requires 5 per cent of the total cost. Estimated costs of sector stakeholder contributions to each strategic objective vary from national and international NGOs and United Nations agencies (average 10 per cent).

#### **Monitoring**

The Education Cluster supports an evidence-based response through the robust information management and data collection system, including through Education Cluster Information Management products or research findings from assessments. Within an agreed coordination framework, the Cluster will monitor the activities of the implementing partners to ensure the urgent needs are met through a coordinated approach. Studies related to teacher absenteeism, out-of-school children, attacks and occupation of schools and youth programmers will feed into ongoing policy dialogue, advocacy, and decision-making to ensure education access and completion with appropriate learning achievement. The cluster will continuously update the 5Ws matrix (Who do What, Where, When and How) and maps to avoid any duplication, overlap of activities and conflict between partners.

To meet maintain accountability to the affected population, the cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms, assessments and focus group discussions. The Cluster will share timely information, consultation and dialogue between service providers and affected populations on a regular basis to improve the quality and efficacy services to humanitarian response. Regular consultation with the high-risk groups of the affected population such as women, girls and children with disabilities will be taken place regularly to prioritize the education interventions. Data including the number of children attending schools/learning spaces, the number of temporary learning spaces established/rehabilitated, the number of children benefited from school feeding programme or vocational courses, the number of children benefited through gender-sensitive WASH facilities and the number of teachers and community members trained in psychosocial support will be collected and monitored. Finally, the cluster will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Specific Objective 2.1: Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas.</b>				
<b>Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.</b>				
<b>Specific Objectives 2.3: Improve living conditions for 640,000 highly vulnerable IDPs, returnees, host communities/affected non-displaced populations through enhanced management of sites, support to capacity building, community participation, on-site and mobile response and ES/NFI.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe and protective education services for 900,000 emergency/crisis affected IDPs spontaneous refugee returnees and host community children and youth (girls and boys) through formal and non-formal education programme by 2020	Enrol children in pre-primary, primary and secondary schools/learning centres	Number of children and youth (3–17 years old) accessing and attending learning spaces/schools in affected areas.	3M	805,951
	Establish and rehabilitate temporary learning spaces and classrooms	Number of temporary learning spaces established/rehabilitated in affected areas (in line with Inter-agency Network for Education in Emergencies standards)		450
	Provide young children with early childhood development kits	Number of children (3–5 years) benefiting from early childhood development kits		81,324
	Provide school-aged children with fortified school meals/take home ration	Number of learners reached through school feeding programmes		200,000 <sup>27</sup>
	Provide lifeskills training to youth and adulthood	Number of youth and adolescents (14–17 years) benefit from lifeskills and basic vocational training courses		3,500
	Establish and rehabilitate gender segregated latrines and water points and hygiene promotion	Number of children with access to gender-sensitive WASH facilities (in line with Inter-agency Network for Education in Emergencies and sphere standards)		650,000



OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective 2:</b> Improve the quality of education services at all levels to all children, including children with disabilities and teachers' capacity to deliver quality services by 2020	Provide emergency-affected children with quality education and recreational materials	Number of children and youth (6–17 years) benefiting from teaching-learning, and recreational materials.		793,874
	Train on referral pathways on protection/GBV, and health and nutrition.	Number of teachers and education personnel trained on referral pathways on protection/GBV, and health and nutrition.		5,755
	Equip teachers with education in emergencies skills to provide an improved teaching and learning experience for emergency-affected children.	Number of teachers trained on education in emergencies, basic pedagogy and learner-centered methodologies.		6,322
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>				
<b>Specific Objective 3.1: Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations.</b>				
<b>Specific Objective 3.2: Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities, HLP, and social cohesion in specific geographic locations.</b>				
<b>Sectoral Objective 3:</b> Strengthen the education system response capacity of the community and education actors to mitigate the impact of emergency on children and youth by 2020	Undertake training of teaching personnel on psychosocial support	Number of teachers trained in psychosocial support		6,322
	Undertake training for community members (school management committees and parent-teacher associations) and education authorities on psychosocial support	Number of community members (school management committees and parent-teacher associations) and education authorities receiving and trained on psychosocial support		5,755
	Equip school management committees and parent-teacher associations and education authorities on school management and governance	Number of community education committee members and local education officials trained in school management, monitoring and record keeping		5,755
	Provide emergency-affected children with cross cutting emergency lifesaving and life-sustaining skills	Number of children and youth benefited from the cross-cutting emergency lifesaving and life-sustaining skills		793,874

## 4.4

# Emergency Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.3M	1M	36M	38	39



## JONGLEI, SOUTH SUDAN

A woman holds her baby in her tent where she and her family are living in the POC in Bor, South Sudan. © UNICEF South Sudan.

### Objectives

In 2020, the Cluster will provide emergency shelter and non-food items (S/NFI) to more than 1 million people, with a primary focus on people who are unable to support themselves such as affected non-displaced, host communities, IDPs, IDP returnees and spontaneous refugee returnees. Access to safe, appropriate emergency and life-saving NFIs for the newly displaced and other S/

NFI-vulnerable people will be improved as a key focus of the 2020 Response Plan. The Cluster also aims to enhance the community's dignity by increasing their ability to respond to new shocks and building on the existing skills. Through an integrated sectoral approach and an ongoing effort to find more sustainable S/NFI solutions, the Cluster intends to improve the living conditions of IDPs, IDP returnees, spontaneous refugee returnees and host communities.

While the number of people targeted remains the same compared to 2019, the percentages of response modalities and population types will change in 2020 as the context evolves, such as an expected decrease of newly displaced people, and expected increase of returnees. The Cluster expects that its efforts to engage with communities will contribute to reducing dependency on gift-in-kind S/NFIs. By spending more time with the communities, partners are able to make their response more targeted and appropriate, and to build on existing coping mechanisms.

S/NFI Cluster partners improve their understanding of community needs and increase community resilience through AAP tools, messaging and awareness committees, training, and settlement or area-based approaches with other clusters. In 2020, as part of the S/NFI Cluster's aim to increase its integration with settlement and area-based multisectoral approaches, the Cluster plans to devote a small portion of its funding to shelter settlement programming, which is a longer-term approach to shelter response in communities, compared to the S/NFI Cluster's traditional in-kind emergency intervention response. Shelter settlement programming aims at full engagement with communities, developing their skills, empowering them to make decisions for their community, integrating all sectors and stakeholders throughout the response, and leaving the community more resilient to manage their own shelters and settlement upon departure of humanitarian organizations. Engagement activities for all kinds of S/NFI response, including settlements, involve appropriate cross-cutting topics: Protection issues; GBV risk mitigation; health risks; HLP messaging for securing land tenure, and cash and market-based programming and market development.

Outside of these robust responses, the S/NFI Cluster will continue to lead survival kit response missions, which is done in consultation with other clusters regarding necessary NFIs (e.g. nutrition biscuits, food security and livelihoods fishing kits, WASH water purification tablets). Such missions are considered as a last resort option during extreme emergencies requiring quick intervention. The Cluster's core pipeline with prepositioned items, combined with its robust network of subnational coordinators, prepare the S/NFI Cluster to respond immediately to any unforeseen emergency across the country, of any magnitude.

Through improved targeting, increasing biometric registration and building coping mechanisms, unnecessary and unused distributed in-kind items will be reduced. With the use of multisector cash interventions, people will be more empowered by having a decision-making power on items they need. This will also strengthen local economies and enhance investment in livelihood and longer-term development.

### **Cost of response**

The Cluster estimates nearly 2 million people are in need of assistance. The response will be targeted for more than 1 million

most vulnerable people, approximately 169,222 households with an average family size of six. Some US\$36 million will be required.

The predominant cost driver continues to be conflict causing people to leave behind homes and belongings. The Cluster anticipates using 51 per cent of its 2020 funds to reach IDPs with in-kind emergency shelter and NFIs at US\$ 35 per person, including supplies and logistics. Additionally, costly also will be shelter and NFI support for those returning to their habitual residence or area of origin, where they will face destroyed homes and belongings, as well as HLP issues. In such locations, the Cluster and its partners plan to respond with more robust shelter and intersectoral settlement solutions – up to US\$500 per household, estimated at three per cent of S/NFI 2020 programming – to address lifesaving household needs and support resilience building. Such caseloads will require more CVA (averaging US\$25 per person, 19 per cent of programming) as functioning markets proliferate.

### **Monitoring**

The Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms, assessments and safety audits. The Cluster will collect data on the number of people with safe access to emergency shelter and lifesaving NFIs to monitor the response activities that contribute to reducing morbidity, mortality, and suffering from protection threats and incidents. In terms of safe access to critical integrated basic services, the Cluster will monitor the increase in the number of people with safe access to emergency shelter and NFIs. The number of people supported with shelter and NFI solutions to rebuild their lives will be monitored people to know how the Cluster's responses contribute to building resilience and coping capacity of the targeted population and to finding more durable solutions. This will be done on a quarterly basis to support joint intersectoral monitoring. It will also monitor the community's perception of and satisfaction with service provision and whether the community feels consulted and informed through the entire cycle of the response.

In coordination with state and site level stakeholders, the Cluster will conduct intersectoral missions to reinforce integrated response approaches. Liaising with local Inter-Cluster Working Group and cluster partners will allow the most time and resource appropriate monitoring of response activities.

Additionally, the Cluster conducts bi-weekly needs analysis through the emergency shelter and NFI Operational Working Group, incorporating recommendations from the inter-cluster bi-weekly Needs Analysis Working Group, to prioritize response for hot spots. Both working groups employ a robust list of evidence-based, triangulated data to ensure relevant emergency shelter and NFI interventions.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidences of the most vulnerable in severity levels 3 and 4.</b>				
<b>Specific Objective 1.1: Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities.	In-kind distributions/CVA	Number of people with access to safe emergency shelter		<b>30,305</b>
	In-kind distributions/CVA	Number of people with access to safe lifesaving NFIs		<b>121,222</b>
<b>Specific Objective 1.2: Decrease proportion of population facing IPC 3, 4 and 5.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities.	In-kind distributions/CVA	Number of people with access to safe emergency shelter		<b>76,166</b>
	In-kind distributions/CVA	Number of people with access to safe lifesaving NFIs		<b>304,666</b>
<b>Specific Objective 1.3: Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities.	In-kind distributions/CVA	Number of people with access to safe emergency shelter		<b>50,778</b>
	In-kind distributions/CVA	Number of people with access to safe lifesaving NFIs		<b>203,111</b>
<b>Specific Objective 1.4: Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities.	CVA for FES	Number of people with access to safe lifesaving NFIs		<b>52,689</b>
	Capacity building/training	Number of partners trained on protection from sexual exploitation and abuse		<b>26</b>
<b>Specific Objective 1.5: Population groups targeted to receive assistance know and use established complaint mechanisms throughout the entire Programme cycle.</b>				
<b>Sectoral Objective 2:</b> Enhances the community's dignity and increase their ability to respond to new shocks and build on existing skills		Percentage of complaint and feedback mechanisms that are community-led		<b>80%</b>
		Percentage of Shelter and NFI interventions that incorporated the AAP tool		<b>100%</b>
		Percentage of distributions followed with rapid monitoring		<b>80%</b>
		Percentage of Shelter and NFI interventions using Training of Trainers		<b>80%</b>



OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Specific Objective 2.1: Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities.	In-kind distributions/CVA	Increase in number of people with access to safe emergency shelter		229,083
	In-kind distributions/CVA	Increase in number of people with access to safe life-saving NFIs		229,083
<b>Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.</b>				
<b>Specific Objective 2.3: Improve living conditions for 640,000 highly vulnerable IDPs, returnees, host communities/affected non-displaced populations through enhanced management of sites, support to capacity building, community participation, on-site and mobile response and ES/NFI.</b>				
<b>Sectoral Objective 1:</b> Improve access to safe appropriate emergency shelter and life-saving assistance to newly displaced or populations with new vulnerabilities	In-kind distributions/CVA	Increase in number of people with access to safe emergency shelter	–	15,149
	In-kind distributions/CVA	Increase in number of people with access to safe lifesaving NFIs	–	60,596
<b>Sectoral Objective 3:</b> Improve the living conditions of highly vulnerable protracted IDPs, IDP returnees and spontaneous refugee returnees, and host communities/affected but not displaced unable to meet their ES/NFI needs	In-kind distributions/CVA	Increase in number of people with access to replacement of damaged shelters	–	229,083
	In-kind distributions/CVA	Increase in number of people with access to replacement of damaged NFIs		229,083
	In-kind distributions/CVA	Increase in number of people with access to safe shelter upgrades		72,440
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>				
<b>Specific Objective 3.1: Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations.</b>				
<b>Sectoral Objective 4:</b> Vulnerable returnees, host communities, non-displaced IDPs rebuild lives through shelter and NFIs as part of durable solutions	CVA/settlement programming	Number of people supported with shelter solutions to rebuild lives		9,659
	CVA/settlement programming	Number of people supported with NFI solutions to rebuild lives		9,659
<b>Specific Objective 3.2: Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities, HLP, and social cohesion in specific geographic locations.</b>				
<b>Sectoral Objective 5:</b> Support most vulnerable returnees, host communities/affected but not displaced, IDPs with durable solutions, rebuild lives through shelter and NFI solutions	In-kind, CVA, settlement programming	Percentage of interventions informed by HLP due diligence framework		80%

4.5

# Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
6.7M	5.6M	645M	91	91

## Objectives

In 2020, the FSL Cluster will provide humanitarian life-saving assistance to 5.6 million out of 6.7 million people who are in need. This includes 5.3 million South Sudanese people and some 300,000 refugees in South Sudan. The Cluster's focus is on providing food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations; enhancing emergency food production through complementary vegetable and crop seeds and fishing and livestock support; and reducing dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks. The first two objectives are the core of the FSL cluster humanitarian response (more than 90 per cent of funding) which will be implemented in all 79 counties across the country contributing directly to the first strategic objective. Targeting is based on vulnerability and resource allocations determined by the IPC of food insecurity analysis. These objectives will also contribute to the 'prioritized areas' under the second and third strategic objectives which target living standards and recovery and resilience, as these will be drawn up in locations already supported under the first strategic objective.

The Cluster aims to have integrated actions with the Nutrition Cluster across all 79 counties where there are approximately 1,000 nutrition facilities planned for FSL backyard kitchen gardens. This will support improved nutrition outcomes including feeding, hygiene, cooking and improved agronomic practices which will contribute to the first strategic objective. This builds on the existing collaboration among World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and Food and Agriculture Organization of the United Nations (FAO). Under the second and third strategic objectives, intersectoral contributions will be more through geographical convergence with the 'critical integrated services' provided by WASH, Health, Education, Nutrition, and Protection clusters. FSL cluster provides direct supports to the 215,000 people in the PoC sites, numerous collective centres across the country in collaboration with CCCM and refugee camps supporting 295,000 refugees in collaboration with UNHCR. The aim is to prevent famine and severe food insecurity, and respond with a focus on targeting vulnerability persons and households ensuring inclusion of women, girls, men, boys, elderly, persons with disabilities, chronically sick and a high proportion of female (as

much as 50 per cent of those in locations with IPC 3, 4 and 5), child and elderly headed households.

Over the past 12 months, there has been a reduction in the use of air drops and greater use of river and road (early pre-positioning) delivery whilst concurrently strengthening the static response through WFP, FAO and NGO partner field offices. This is feasible across large areas with the lessening of conflict from the national crisis permitting more access for humanitarian assistance. In-kind support still predominates but cash and voucher assistance continue to grow. Under the cluster's first objective, 3.8 million people will be targeted as unique beneficiaries while some 5 million people, a minimum of 800,000 households, will be targeted under the second objective. The cluster's third objective will target a further 2 million people with agronomic training, value addition, saving and loans and asset building activities. Factoring in double counting across three objectives the cluster target is 5.3 million and some 300,000 refugees. The 2020 strategy is very similar to the 2019 strategy, and thus targets and funding needs are comparable to 2019.

## Cost of response

The main focus of the FSL Cluster strategy is towards lifesaving with an allocation of 90 per cent of resources to reduce morbidity, mortality and suffering of the targeted people in all 79 counties. Significant cost savings have made between 2018 and 2019 with the shift away from air-drops. The highest proportion of US\$645 million envelope is for the provision of food assistance (75 per cent) with the procurement and delivery of a planned 250,000 metric tons of food commodities. Additionally, there has been a 30 per cent increase in the value for CVA to US\$42 million in 2020. This equates to a unit cost per unique beneficiary of US\$138. Twenty per cent of funding will be used for livelihood support including the cost of procuring around 8,000 metric tons of crop seeds. Cost per beneficiary is estimated at US\$12 per person. Activities linked to building resilience account for about 5 per cent of total funding and comprises largely software costs around training, savings and loan group formation, pest management and disease surveillance and reducing post-harvest losses. Resources will also contribute towards improving living standards and building recovery and resilience (especially absorptive and adaptive capacities) in the prioritized areas.

## Monitoring

The Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms, suggestion boxes, help desks, focus group discussions, hot-lines, pre- and post-distribution monitoring interviews and radio messages. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response.

Data for outcome level indicators, percentage of population in areas with IPC 3, 4 and 5, and resilience capacity index, will be collected, analysed and monitored bi-annually as part of the Food Security and Nutrition Monitoring Survey and IPC analyses.

Meanwhile, the output level indicators including the number of people who receive food assistance, livelihood support and training will be monitored monthly through 5W reporting.

Reporting on output level indicators is through the 5W system: the number of beneficiaries receiving food, livelihood kits, the number of livestock vaccinated and the number attending training etc. Reporting on outcome level indicators is through the six monthly FSNMS and IPC analyses: percentage of population in IPC 3, 4 and 5, livelihood coping strategy, resilience capacity index etc. Data related to the resilience capacity index and livelihood coping strategy will be collected and monitored. In addition, through assessment missions, the Cluster and its partners will ensure consultation and feedback from beneficiaries.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.</b>				
<b>Specific Objective 1.1: Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4.</b>				
<b>Sectoral Objective 1:</b> Provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations (in IPC 5, 4 and some 3)		Percentage of population in IPC 3+	6.35M	<b>3.8M</b>
<b>Sectoral Objective 2:</b> Enhance emergency food production through complementary vegetable and crop seeds and fishing and livestock support (in IPC 3, 4 and 5)		Percentage of population in IPC 3+	6.35M	<b>5M</b>
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Specific Objective 2.1: Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas.</b>				
<b>Sectoral Objective 1:</b> Provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations (in IPC 5, 4 and some 3)		Percentage of population in IPC 3+	6.35M	<b>3.8M</b>
<b>Sectoral Objective 2:</b> Enhance emergency food production through complementary vegetable and crop seeds and fishing and livestock support (in IPC 3, 4 and 5)		Percentage of population in IPC 3+	6.35M	<b>5M</b>

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective 3:</b> Reduce dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks (also implemented across all 79 counties as well as the 'prioritized areas')		Resilience capacity index and livelihood coping strategy	6.35M	<b>2M</b>
UNCF contribution and HRP nexus	WFP and partners: Food for Assets/ Food for Education FAO and Partners: Cross border (EU) and Sustainable Agriculture for Economic Resiliency (USAID) resilience projects	N/A		
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>				
<b>Specific Objective 3.1: Restore self-sufficiency for for 3 million returnees, embers of host communities and youths through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations.</b>				
<b>Sectoral Objective 1:</b> Provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations (in IPC 5, 4 and some 3)		Percentage of population in IPC 3+	6.35M	<b>3.8M</b>
<b>Sectoral Objective 2:</b> Enhance emergency food production through complementary vegetable and crop seeds and fishing and livestock support (in IPC 3, 4 and 5)		Percentage of population in IPC 3+	6.35M	<b>5M</b>
<b>Sectoral Objective 3:</b> Reduce dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks (also implemented across all 79 counties as well as the 'prioritized areas')		Resilience capacity index and livelihood coping strategy	6.35M	<b>2M</b>
UNCF contribution and HRP nexus	WFP and partners: Food for Assets/ Food For Education FAO and Partners: Cross-border (EU) and Sustainable Agriculture for Economic Resiliency (USAID) resilience projects	N/A		



## 4.6 Health



PEOPLE IN NEED

**3.6M**

PEOPLE TARGETED

**2M**

REQUIREMENTS (US\$)

**123M**

PARTNERS

**59**

PROJECTS

**59**

### UPPER NILE, SOUTH SUDAN

A health worker attends to a patient at Malakal health centre in Malakal town, Upper Nile © IOM South Sudan

### Objectives

Acute access and utilization of health services remain a chronic need in South Sudan with vast inequities in geographical spread and coverage due to inadequate human resources, funding and essential commodities for health implementation. In 2020, The Cluster will target some 2 million people with life-saving health care services, out of 3.6 million people in need. The targeted population include caseloads of IDPs and refugee returnees, and 50 per cent of the host community population. The cluster response activities aim to

improve access to health care services for a prioritized vulnerable population in order to reduce excess morbidity and mortality of epidemic-prone diseases. Integrated quality essential health care services with nutrition, food security and livelihoods, WASH, and health protection will be scaled-up targeting people with physical and mental disabilities and survivors of SGBV. Improved access to essential health services will contribute to the overall reduction of the high maternal mortality rates (789 deaths per 100,000 live births) and under-five mortality rates (90.7 deaths per 1,000 live births)

in women and children and mitigate the transmission of vaccine preventable diseases. The cluster plan will prioritize response based on the epidemiological profile of disease outbreaks and seasonality and trauma related emergency requirements.

Response modalities will be a combination of mobile, static, fixed and rapid response mechanisms. Integrated disease surveillance and response data, early warning alert and response system data, and data related to disruption of services and disability tracking tools will inform the determination of the feasibility of the response.

The Cluster will involve the communities and existing development health programs along with the County Health Department in the planning and organization of emergency health services. This will promote best practice through monitoring the frequency and use of related outcomes to plan, implement, monitor and evaluate health projects in all stages of the program cycle as an indicator for providing accountability to the affected populations. Mental health and psychosocial support and disability are highlighted components to be included and strengthened in the Response Plan and will be supported with enriched data and information collected through assessments, surveys and information management databases and tools. Essential health services in the Ebola high-risk counties will be strengthened in the first and second quarters of 2020 to contribute to EVD prevention and surveillance to mitigate the impact of an Ebola outbreak.

With the possible scenario of improved security and stability in the country as a result of the peace process, there is an influx of South Sudanese refugee returnees in excess of 193,000 individuals, increasing both the humanitarian caseloads for health and urgent response to mitigate outbreaks.

### **Cost of response**

The cost of 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 diseases and requires regular heavy and sustained investments for health access to ongoing multiple outbreaks of diseases and seasonal environmental hazards including floods, and projections for trauma related insecurities resulting from general and constant ethnic conflicts. The health response supports integrated multi-cluster projects that weed out duplication and vertically and promotes holistic care and value for money. Each strategic objective is carefully aligned with a number

of output indicators and type of activity required to promote the necessary intervention required for a resource intensive and time critical response and costed accordingly. Quality assessments involve a combination of various costs including quantities and use of seasoned professionals and intense logistical support including availing resources for the last mile delivery of essential commodities to response sites. Health cluster envelope is US\$123 million while the cost per beneficiary is US\$60. The cost of the first, second and third cluster objectives are US\$60 million, US\$40 million and US\$22.99 million respectively.

### **Monitoring**

The Cluster will collect and analyse data against the set indicators for the Response Plan on a quarterly basis for joint intersectoral monitoring. The cluster contribution to data analysis for response planning, monitoring and evaluation will include integrated disease surveillance and response data, early warning alert and response system data, assessment reports from initial rapid need assessments, multi-cluster/sector initial rapid assessment, public health situation analysis, health service functionality, 3 and 5Ws, the health resources availability monitoring system, public health risks, outbreak investigation reports, mortality and morbidity estimates, and other relevant data analysed from monitoring visits and contextual judgements. The cluster will prioritize partner capacities to strengthen data collection and information analysis for planning response and evaluation. The cluster indicators are clearly 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, facilities and beneficiaries for CMR and MHPSS and disability services. In 2019 unmeasurable indicators posed challenges for documenting cluster response including under reporting from cluster partners. The Cluster will provide training on data management for improved reporting.

The Cluster will use various community communication and engagement modalities, including robust complaints and feedback mechanisms and community discussions. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.				
Specific Objective 1.3: Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.				
Sectoral Objective 1: Reduce excess morbidity and mortality of epidemic-prone diseases and health insecurities		Incidence rate for selected diseases		<0.011%
		Case fatality rate for selected diseases		< 2%
		Number of health care facilities supported with essential health care commodities		214
Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.				
Specific Objective 2.1: Enhance access to quality, timely and inclusive protection services including medical care, legal support, safety and mental health and psychosocial services to children and women at risk, GBV survivors.				
Sectoral Objective 2: Improve access and scale-up response to integrated quality essential health care services to vulnerable populations		Number of outpatient consultation		2.0M
		Number of functional health facilities		214
		Number of deliveries attended by skilled birth attendants		32.8K
Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.				
Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.				
Sectoral Objective 3: Increase access to services for survivors of SGBV, disabled and mental health disorders		Number of SGBV survives receiving CMR services		600
		Number of health facilities providing CMR and MHPSS services.		70
		Number of mentally ill persons receiving MHPSS services		76.8K
		Number of disabled receiving rehabilitation services		200

4.7

# Logistics



ORGS IN NEED

305

ORGS TARGETED

305

REQUIREMENTS (US\$)

76M

PARTNERS

2

PROJECTS

3

## Objectives

In 2020, the Logistics Cluster will provide logistics coordination, support and technical advisory services to the humanitarian community. Through common logistics services, all strategic objectives will be served directly or indirectly. The Cluster's objectives are linked to all the intersectoral specific objectives as it supports humanitarian actors to meet their corresponding specific objectives.

The provision of a well-coordinated, effective, and cost-efficient logistics response will save lives by ensuring a robust supply chain exists on behalf of all humanitarian partners to support the most vulnerable. The logistics support and coordination provided to responding organizations in South Sudan does not only ensure the delivery of multisectoral humanitarian relief items but also prevents any duplication of efforts.

The United Nations Humanitarian Air Service (UNHAS) will enhance access to beneficiaries and project implementation sites through safe, effective, and efficient passenger air service. With its ability to flexibly and quickly respond to changing needs, UNHAS provides timely support and services to humanitarian agencies, in turn facilitates assistance and services to reduce acute needs among the most vulnerable women, men, girls, and boys. The Cluster's response activities aim to achieve logistics and cost efficiencies through the expansion of road and river transport modalities and a decreased reliance on air operations. This will enable humanitarian actors to benefit from an uninterrupted supply of humanitarian items throughout the year. The increased use of road and river movements requires organizations to pre-position necessary supplies rather than relying on just-in-time air transport and requires early funding to core pipelines. The IOM common transport services truck project is an example of how road transport has improved the overall logistical efficiency of the response in humanitarian response. Furthermore, improving cost-efficiency by decreasing air operation is also essential to establish a longer-term strategy in the South Sudanese humanitarian response as funding is expected to decrease over the years.

In comparison to previous response plans, this year the focus is placed on improving the logistics and cost efficiency of the humanitarian response. In 2020 the objective is to achieve this outcome by continuing to undertake a shift in transport modalities to decrease reliance on air transport and instead better utilize

road and river transport. The modalities of the Logistics Response Plan are mainly transport and storage, which includes air, river and road assets as well as mobile storage units. The combination of these assets is managed across prioritized areas to provide timely passenger transport services as well as transport and storage of humanitarian cargo on behalf of the humanitarian community.

In 2020, the Logistics Cluster will continue to work closely with all sectors and participate in important decision-making fora such as the Inter-Cluster Working Group and Civil-Military Advisory Group, where it takes the lead on operational planning and logistics coordination. Through engagement with relevant sector coordinators and partners, the cluster will drive efficiencies by looking at new or improved transport modalities including expanding river routes. UNHAS works in close collaboration with the Logistics Cluster to coordinate Inter-Cluster Working Group Rapid Response Missions, special flights, etc. and IOM will continue to manage the common transport services project and support beyond responses where needed.

## Cost of response

The overall estimated cost of response in 2020 is US\$76 million. This figure includes three components corresponding to the three projects included in the Logistics Response Plan:

- UNHAS (US\$52 million) – The main cost drivers for UNHAS reside in the provision of aviation services to the entire humanitarian community. The main expenditures expected from the provision of these services includes the procurement of an assorted mix of aircrafts, the fuel required for these aircrafts to operate as well as the potential maintenance costs. Please note that more humanitarian organizations are targeted by UNHAS in 2020 which requires an increase in funding compared to 2019.
- Logistics Cluster (US\$21 million) – The main driver of the Logistics Cluster costs, accounting for approximately 80 per cent of the total budget, resides in the facilitation of access to common services for the humanitarian community. The Logistics Cluster facilitates the transportation of relief items through river, road and air operations and access to common storage services.
- IOM and CTS Trucks (US\$2.8 million) – The predominant cost driver for CTS are human resources and equipment



maintenance, for which US\$2.8 million is required annually to continue the service to all clusters. IOM encompasses the full-time availability of 18 dedicated trucks that will meet the cargo movement capacity necessary for the transportation of relief items in critical areas in South Sudan.

### Monitoring

Data will be collected through the IOM Fleet Management and Internal Tracking System, UNHAS Electronic Flight Management Application and the Logistic Cluster Cargo Tracking System.

Indicators including the number of organizations utilizing logistics and coordination services, the number of information products shared with partners, the number passengers or light cargo transported, the number of evacuations performed, the percentage of relief cargo moved by river and road versus by air and the number of destinations reached that were previously unreachable by road and river will be monitored on a quarterly basis. Annual performance survey for the Logistics Cluster and UNHAS by national and international users will be conducted.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.</b>				
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>				
<b>Specific Objective: Through the facilitation of access to logistics services for the entire humanitarian community, the Logistics objectives are linked to all the intersectoral specific objectives as it supports humanitarian actors to meet their corresponding specific objectives.</b>				
<b>Sectoral Objective 1:</b> Provide logistics coordination, support and technical advisory services to the humanitarian community.		Number of organizations utilizing logistics and coordination services Number of information products shared with partners Annual performance survey for Logistics Cluster and UNHAS by National and International users	Humanitarian organizations	<b>N/A</b>
<b>Sectoral Objective 2:</b> Enhanced access to beneficiaries and project implementation sites through safe, effective, and efficient passenger air service		Number of passengers transported per month Amount of light humanitarian cargo transported by UNHAS per month Number of evacuations (medical and security) performed	Humanitarian organizations	<b>N/A</b>
<b>Sectoral Objective 3:</b> Achieve logistics and cost efficiencies through the expansion of road and river transport modalities and a decreased reliance on air operations		Percentage of humanitarian relief cargo moved by river and road versus by air. Amount of cargo moved with common transport services trucks in support of air, river and beyond responses. Number of destinations reached that were previously unreachable by road and river.	Humanitarian organizations	<b>N/A</b>

4.8

# Nutrition



PEOPLE IN NEED

2.1M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US\$)

225M

PARTNERS

53

PROJECTS

53

## Objectives

In 2019, the nutrition situation for children and women in South Sudan has deteriorated significantly, exceeding the World Health Organization's emergency threshold of 15 per cent for acute malnutrition and 2 per cent for severe acute malnutrition.<sup>28</sup> The persistent food insecurity is an important contributor to the high levels of malnutrition among women and children. Poor feeding practices and high morbidity are also important factors. The protracted conflict further exacerbated the prevalence of acute malnutrition due to the reduced ability of children under the age of 5, pregnant and lactating women, and chronically ill persons to meet their nutritional needs because of displacement and increased morbidity caused by disease outbreaks, lack of access to clean water, sanitation facilities and basic health services.

In 2020, the Nutrition Cluster targets over 1.3 million people with nutrition assistance and services. With the aim to reduce suffering, morbidity and mortality related to malnutrition among vulnerable populations in South Sudan, the Nutrition Cluster will increase equitable access and utilization of quality preventative nutrition-specific service delivery for children, adolescents and women in prioritized locations in 2020. Response activities will also focus on increasing equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition while enhancing coordination and joint programming with other clusters (Health, WASH, FSL, Education and Protection) for nutrition-sensitive interventions. To ensure the quality of response, the Cluster will also strengthen the nutrition information system for evidence-based nutrition response.

The Nutrition Cluster response will prioritize life-saving treatment services targeting under-5 children, pregnant and lactating women, and chronically ill persons as the most vulnerable groups to acute malnutrition due to their increased biological and physiological needs. Prevention activities that address the immediate and underlying causes of malnutrition will be enhanced. The response will expand on nutrition-specific interventions, as well as reinforce integration and linkages with other clusters to address the key drivers of malnutrition: food insecurity, sub-optimal childcare and feeding practices, morbidity, and lack of safe water and sanitation. It will prioritize areas where a high prevalence of acute malnutrition, conflict and internal displacement coexist. The nutrition response will consist of a package of treatment and

prevention services delivered through the health facility/nutrition site and community platforms, as per national guidelines.

The Cluster will continue to enhance multisectoral collaboration already in place with other clusters to ensure an integrated approach that aims to improve access to nutrition, food, water, sanitation, hygiene, health and protection services. Imparting efforts towards a people-centred approach to mainstream AAP, Gender and Age considerations into programming will be conducted while Programme responsiveness to evolving and varied needs of the affected population will be improved. Firstly, AAP and Gender will feature more prominently within the roles of the Strategic Advisory Group and technical working groups for enhanced accountability in the response. Secondly, the response will strengthen local capacity, including the Ministry of Health staff at national and subnational levels, project staff and community nutrition volunteers. Thirdly, the Nutrition Cluster will strengthen community participation in periodic situation assessments, response planning and monitoring. Protection risks for nutrition programs beneficiaries in South Sudan are extremely high. Gender mainstreaming will be enhanced through consultation with women on site selection, increased efforts on recruitment of female staff at nutrition sites to ensure gender parity, increased understanding and staff capacity on gender issues and GBV referral pathways.

## Cost of response

The activity-based costing approach was used to estimate the overall resources needed for the 2020 Cluster Response Plan, using average unit costs, per person served for each specific nutrition activity.

In total, the 2020 budget amounts to US\$225 million, 25 per cent increased from the 2019 budget due to increased numbers of SAM and MAM cases expected and targeted. In 2019, up to 95 per cent of the nutrition sites were providing both outpatient therapeutic centres and Target Supplementary Feeding Programme (TSFP) services, enhancing cost efficiency, as well as reducing opportunity costs for caregivers seeking both services. These efforts in aligning nutrition programmers will continue into 2020.

## Monitoring

The Nutrition Cluster will monitor the nutrition status of the population and the nutrition response through the biannual FSNMS and the routine collection and analysis of nutrition programme data.

The key indicators: the number of under-5 children with SAM who are admitted for treatment and the number of primary caregivers who receive nutrition counselling, will be analysed and monitored quarterly. The Cluster will also strengthen data collection tools and analysis to support the monitoring of the integrated services.

Finally, the Nutrition Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1. Reduce morbidity and mortality, as well as suffering from protection threats and incidences of the most vulnerable in severity levels 3 and 4.</b>				
<b>Specific Objective 1.1: Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4.</b>				
Sector Objective 1: To increase equitable access and utilization of quality preventative nutrition specific service delivery for children, adolescents and women in prioritized locations by the end of 2020.	• Prevention of malnutrition through provision of specialized food.	• Number of under-five girls and boys provided with specialized nutritious foods.	624,320 (305,917 female; 318,403 male)	<b>360,842</b> <b>(176,813 female; 184,029 male)</b>
		• Number of pregnant and lactating women provided with specialized nutritious foods.	751,062 (751,062 female)	<b>155,540</b> <b>(155,540 female)</b>
	• Prevention of malnutrition through behaviour change communication	• Number of primary caregivers of children aged 0–23 months who received Maternal, Infant and young child nutrition counselling.	1,404,373 (1,404,373 female)	<b>1,098,241</b> <b>(1,098,241 female)</b>
	• Prevention of micronutrient deficiencies	• Number of girls and boys aged 6–59 months who received vitamin A supplement in semester 1.	3,159,839 (1,548,321 female; 1,611,518 male)	<b>2,933,723</b> <b>(1,437,524 female; 1,496,199 male)</b>
Sector Objective 2: To increase equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition for girls and boys under 5 years of age and pregnant and lactating women affected by acute malnutrition in prioritized locations by the end of 2020.	• Early detection and treatment of girls and boys under 5 years of age and pregnant and lactating women affected by acute malnutrition.	• Number of girls and boys aged 6–59 months with SAM who are admitted for treatment	292,373 (143,263 female; 149,110 male)	<b>268,045</b> <b>(131,342 female; 136,703 male)</b>
		• Number of boys and girls aged 6–59 months with MAM who are admitted for treatment	1,008,696 (494,261 female; 514,435 male)	<b>661,309</b> <b>(324,041 female; 337,268 male)</b>
	• Promote community participation for a responsive nutrition service delivery	• Number of pregnant and lactating women with MAM who are admitted for treatment.	469,792 (469,792 female)	<b>388,832</b> <b>(388,832 female)</b>
		• Percentage of OTP sites classified in category 'very high' as per composite performance score for management of SAM	59%	<b>65%</b>
		• Percentage of TSFP sites classified in category "very high" as per composite performance score for management of MAM	64%	<b>65%</b>

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
	<ul style="list-style-type: none"> <li>Promote community participation for a responsive nutrition service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of affected people consulted satisfied with the quality of the nutrition services</li> </ul>	To be determined <sup>29</sup>	To be determined <sup>30</sup>
Sector Objective 4: To strengthen nutrition information system for evidence-based nutrition response by the end of 2020.	<ul style="list-style-type: none"> <li>Support planning and roll out of population-based surveys</li> </ul>	<ul style="list-style-type: none"> <li>Number of national surveys conducted that include key nutrition indicators</li> </ul>	2	2
	<ul style="list-style-type: none"> <li>Improve facility-based data collection and management</li> </ul>	<ul style="list-style-type: none"> <li>Number of SMART surveys conducted in prioritized areas reported to the cluster and stakeholders.</li> </ul>	23	23
		<ul style="list-style-type: none"> <li>Number of dashboards with routine admission data timely disseminated at state level.</li> </ul>	12	12
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Specific Objective 2.1: Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas.</b>				
<b>Sectoral Objective 3:</b> To increase equitable access to nutrition sensitive interventions from health, WASH, FSL, Education and Protection sectors through enhanced coordination and joint programming targeting vulnerable groups in prioritized locations by the end of 2020.	<ul style="list-style-type: none"> <li>Prevention, testing and treating for malaria among children under 5 years SAM</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of girls and boys admitted with acute malnutrition who are tested positive and treated for malaria.</li> </ul>	929,354 (455,383 female; 473,971 male)	743,483
	<ul style="list-style-type: none"> <li>Provision of WASH kits to children with SAM in nutrition sites</li> </ul>	<ul style="list-style-type: none"> <li>Number of girls and boys admitted with severe acute malnutrition receiving WASH kits.</li> </ul>	268,045 (131,342 female; 136,703 male)	134,000
	<ul style="list-style-type: none"> <li>Establishing demonstration kitchen garden at nutrition sites for or in the vicinity</li> </ul>	<ul style="list-style-type: none"> <li>Number of nutrition sites with kitchen gardens for demonstration.</li> </ul>	1,054	527
	<ul style="list-style-type: none"> <li>Integration of child stimulation and early childhood development in the provision of care for children with SAM and MAM</li> </ul>	<ul style="list-style-type: none"> <li>Number of nutrition sites equipped with child play material.</li> </ul>	1,054	527
	<ul style="list-style-type: none"> <li>Mainstreaming of child protection and GBV risk mitigation at nutrition sites</li> </ul>	<ul style="list-style-type: none"> <li>Number of nutrition sites with GBV safety audits conducted at least once.</li> </ul>	1,054	527



4.9

# Protection



PEOPLE IN NEED

4.8M

PEOPLE TARGETED

2.8M

REQUIREMENTS (US\$)

87M

PARTNERS

78

PROJECTS

101



## UPPER NILE, SOUTH SUDAN

Three young girls and a boy playing at a child friendly centre in Wau Shilluk in Malakal County, Upper Nile. © Solidarités South Sudan.

### Objectives

Overall, the Protection Cluster targets over 2.8 million people with protection services in 2020. This includes approximately 525,000 individuals targeted with child protection services, about 805,535 people targeted under the GBV sub-sector, some 251,000 people to be benefited from mine action activities and around 423,000 people intended with HLP activities. In addition, more than 828,000 people are targeted with activities under General Protection (GP). The Cluster's response in 2020 focuses on the provision of critical protection-related assistance and specialized services through an integrated approach to address the priority needs of targeted vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas. This is linked with the first and second strategic objectives which concentrate on improving the physical and mental well-being and living standards of people by reducing suffering and ensuring basic services. Response activities will also touch on prevention and mitigation of protection risks through enhanced preparedness and resilience while seeking durable

solutions of IDPs and other vulnerable people in associating with the third strategic objective on building the resilience of communities. Protection assessment and monitoring will be enhanced to inform protection and overall humanitarian response.

Population groups targeted will include nearly 978,000 IDPs, over 187,600 IDP returnees, about 36,240 spontaneous refugee returnees in areas of return, some 47,100 spontaneous refugee returnees in IDP like situation and 1.58 million people from host communities. Key sub-groups include women, children, youth, the elderly, and persons with disabilities. Key geographic areas targeted include Awerial, Aweil East, Ayod, Bor South, Juba, Magwi, Panyijiar, Rubkona, Tonj North and Yei. With determination made based on the severity mapping along with partner presence, these locations are hard-to-reach or continued conflict areas and/or areas with high relevance for durable solutions.

The Protection Cluster response that consists of four Areas of Responsibility including Child Protection, GBV, Mine Action and HLP

and will include activities related to comprehensive case management and referrals; provision of psychosocial support; legal awareness; assistance and counselling services; protection assessments; monitoring and awareness-raising delivered through a mix of strategies including community-based intervention (CBI); mobile and static protection monitoring and assessment together with community-based protection; preparedness and protection risk mitigation activities; protection by presence; survey and clearance of explosive hazards; peacebuilding and peaceful co-existence activities.

People are at the centre of all protection programming, as protection interventions aim to address individual and community-level vulnerabilities, threats, risks, and coping mechanisms through prevention, mitigation, and response activities. Community-based protection mechanisms directly support communities in identifying and addressing protection issues through their own locally-relevant approaches. Case management, psychosocial support, referrals, and legal services, amongst other interventions, work with individuals and communities to ensure their human rights and physical and mental well-being are put at the forefront of services.

The Protection Cluster response will consist of a mix of static, outreach, and mobile modalities. Static programming will take place in the state and some deep field locations where there are significant concentrated populations of IDPs, host communities, and IDP returnees. Where operationally relevant for individual protection partner organizations, humanitarian hubs will also be utilized to increase static response in a wider reach of locations. Mobile response capacities will form a critical part of the Protection Cluster response, enabling blind spots, hotspots, and new displacements that cannot be served through static or outreach capacities to be assessed and provided with life-saving protection interventions. Such mobile activities can be conducted as stand-alone protection missions or through

integrated, multisector missions, depending on the context. For individual protection assistance for vulnerable persons, in-kind, or cash modalities where appropriate according to cash feasibility assessments, protection risk analysis, and market analysis, will be used to address immediate and life-saving needs on a case-by-case basis. As individual protection assistance interventions are meant to target the most vulnerable, cash will be used in a discretionary manner. Community consultations on program design and implementation continues to feature prominently in both static and mobile interventions across South Sudan and the Protection Cluster endeavours to continuously strengthen this. Appropriate community participation, accountability framework, and incorporation of age, gender, and diversity will be used.

Given the potential for a gradual increase in spontaneous returns, there will be increased need for rapid protection assessments and protection monitoring in areas of return and intended return, return intentions surveys in areas of continued displacement, provision of individual support to vulnerable persons, and an increase in housing, land, and property services. Contextual factors influencing the protection environment include cantonment, the on-going peace process, on-going determinations of internal administrative boundaries, increases in the occurrence and severity of pockets of hostilities, and intercommunal violence including cattle raiding. As a result of these factors, new or multiple displacements and incidents of rights violations are noted, requiring increased services. An increased focus on youth, including and in particular female youth, and community cohesion will be needed in order to ensure strengthening of the protective environment and breaking the cycle of violence. The requirement of a greater diversity of modalities and service packages and the increasing case-load could pose challenges in planning and response with the lower funding.

## Sub-Sector

### 4.9.1 Child Protection

#### PEOPLE IN NEED

**2.5M**

#### PEOPLE TARGETED

**525K**

#### REQUIREMENTS (US\$)

**25M**

#### PARTNERS

**29**

#### PROJECTS

**29**

The Child Protection Sub-Cluster (CPSC) aims to support over 525,000 children and their families with child protection services. Response priority will be given to the most vulnerable children including children from displaced communities, returnees and those living in host communities based on their needs and level of vulnerability. The response will be prioritized for children facing critical protection concerns and children who are at risk of violence, abuse and exploitation.

The CPSC response will focus on enhancing access to child protection services including comprehensive Case Management

services including family tracing and reunification for Unaccompanied and Separated Children (UASC) and provision of alternative care for those children care for those children whose families are not traced; inclusive community-based reintegration services for children formerly associated with armed forces and armed groups and dissemination of key life-saving messages on child protection risks and services to enhance the protection of children. Through community-based interventions, vulnerable children and their caregivers will be provided with quality age and gender appropriate psychosocial support and capacity of

communities will be strengthened to prevent and respond to violence exploitation and abuse of children.

Building on its current achievements, the sub-cluster will continue to promote a combination of strategies focusing on both preventive and responsive child protection as well as adopt both static and mobile responses to deliver Child Protection services. The above approach will ensure that Child Protection services and other critical multisectoral services are brought closer to those in

need and will also expand the reach of services in hard-to-reach areas. The CPSC will ensure that child protection actors and those from other humanitarian sectors are trained to identify and report on Child Protection risks including GBV feeding into early response mechanisms and inter-agency referrals as well as strengthen the capacities of local actors to play greater roles in the Child Protection Coordination Mechanism at national and sub-regional levels.

## Sub-Sector

### 4.9.2 Gender-based Violence

#### PEOPLE IN NEED

**1.9M**

#### PEOPLE TARGETED

**805k**

#### REQUIREMENTS (US\$)

**29M**

#### PARTNERS

**43**

#### PROJECTS

**43**

The GBV sub-cluster targets some 805,000 people in 2020 with integrated GBV actions and services to save lives and maximize protection. Women and girls are the priority groups (77 per cent of the target population) that would be targeted by GBV in Emergency program interventions. Children represent 44 per cent of the total case-load and persons with disabilities contribute to 15 per cent of the target population.

The sub-cluster response in 2020 aims to reduce suffering and to address the needs of individuals who have experienced various forms of GBV by providing critical services as well as GBV prevention and mitigation measures. GBV-related risks and vulnerability will be reduced by providing access to livelihoods to the targeted population. Risks and levels of exposures to GBV will be identified in the prioritized locations by strengthening risk analysis and vulnerability assessments. In collaboration with the other clusters and provides guidance note on GBV mainstreaming, the GBV partners at the field level will provide technical support to other cluster operational partners.

In 2020, the 14 counties which fall under Tier 1<sup>31</sup> would be prioritized to implement comprehensive GBV in emergency programming. The fourteen counties are Aweil East, Aweil North, Ayod, Balliet, Bor

South, Cueibet, Gogrial East, Ibba, Longochuk, Maridi, Tonj East, Tonj North, Twic and Wulu. These counties are classified on the basis of the pervasive presence of GBV risk factors such as distance travelled by household members to fetch water, food insecurity, frequent incidence of armed conflicts and proximity of cantonment to civilian sites and infrastructures. Besides, the minimum required multisectoral response services to GBV survivors are not available in the counties.

The GBV in emergency program interventions includes response service delivery, in-kind distributions such as dignity kits, soft-component behavioural change interventions such as Start, Awareness, Support, and Action (SASA) and Engaging Men for Accountable Practice and the establishment and operationalization of women and girls friendly spaces among others. The service delivery of GBV Interventions would include both static and mobile response (such as mobile court clinic) depending on location and access. The response interventions would be implemented in a coordinated manner to ensure the implementation of comprehensive GBV programming that includes prevention, risk mitigation, and response services. Risk mitigation measures will be mainstreamed across sectors of the humanitarian response.

## Sub-Sector

### 4.9.3 Mine Action

#### PEOPLE IN NEED

**685k**

#### PEOPLE TARGETED

**251k**

#### REQUIREMENTS (US\$)

**11M**

#### PARTNERS

**9**

#### PROJECTS

**9**

In 2020, the mine action sub-cluster targets over 251,000 people with assistance and services. The sub-cluster will focus on the survey and clearance of explosive hazards as well as providing explosive

ordnance risk education to host communities, IDPs, returnees, and refugees. These actions will provide life-saving interventions through the direct removal of explosive hazards and instructing

women, men, boys, and girls on how to identify, avoid, and report explosive hazards. Special emphasis will be given to women and children for explosive ordnance risk education, but all members of a community are targeted for explosive ordnance risk education based on their different relationships with their community environment. Additionally, specific interventions to inform IDPs and returnees of contamination and mitigation to reduce the physical threats of explosive hazards will be conducted due to their unfamiliarity with the terrain. During the implementation of mine action operations and explosive ordnance risk education, information is both shared and gathered from the various community members to ensure their specific needs are addressed, as well as identifying previously unknown hazardous areas for reporting and intervention.

## Sub-Sector

### 4.9.4 Housing, Land and Property

#### PEOPLE TARGETED

**423k**

#### REQUIREMENTS (US\$)

**22M**

#### PARTNERS

**22**

#### PROJECTS

**22**

The HLP sub-cluster aims to provide assistance and services to more than 423,000 people in 2020 and another 828,000 people with activities under the GP. The sub-cluster's response will complement with the Protection Cluster objectives by ensuring critical HLP assistance for those facing forced evictions, destruction of HLP assets, or illegal occupation. Moreover, HLP programming will aim to address the root causes and drivers of conflict by promoting community-dispute resolution mechanisms for communal land disputes and border issues. The sub-cluster will contribute to durable solutions by raising awareness of HLP rights and supporting IDPs, host communities, and IDP returnees to access legal services and address HLP issues related to their displacement, such as illegal occupation. In addition, the sub-cluster will reinforce the Protection Cluster's objective of informing protection and overall humanitarian response through specific HLP assessments and monitoring activities. Issues relating to women and land will be a particular area of focus, to ensure that specific concerns of women on legal access to land, especially in potential areas of return, are addressed from the strengthening of the legal/policy environment to implementation of the legal framework, awareness-raising and other areas.

The HLP response will consist of a mix of static and outreach. Static programming will take place mostly in county locations with urban hubs, such as Juba, Bor South, Rubkona, Malakal, Yei, and Wau. HLP issues that may be experienced by IDPs, host communities and IDP returnees in areas of return or areas with communal land disputes will also be addressed. Activities can be conducted as stand-alone programming, but in most cases, they will be integrated with other protection programming or that of other relevant sectors such as Shelter/NFI. Integrated area-based HLP-related response, including the integration of HLP into Shelter, FSL, and WASH responses may

Eleven counties are recorded as having over seven hazardous areas and are considered severe. The majority are located in the Equatorias, which are also projected as being the main conduit and initial locations for returns from Uganda. Furthermore, these hazards impact the ability of civilians to safely access basic services, such as education and health, and natural resources, including water and land, reducing their coping mechanisms. Mine action partners will continue to coordinate with inter-cluster partners at the national and county level, to support and enable their interventions to be implemented in a safe and secure environment. Reductions in conflict across the country have increased accessibility to many counties, which has enabled the provision of mine action in more remote areas.

also be further enabled through the use of humanitarian hubs. Cash modalities will be considered, where appropriate, based on protection risk analysis, in a fit-for-purpose and discretionary manner.

Given that the potential for a gradual increase in spontaneous returns, there will be an increased need for HLP interventions in areas of return and intended return, including HLP monitoring and support to vulnerable persons. HLP interventions aim to address individual and community-level vulnerabilities, threats, risks, and coping mechanisms related to HLP through prevention, mitigation, and response activities.

#### Cost of response

Protection activities are inherently human resources-intensive as a significant proportion of the interventions consist of specialist services, capacity-strengthening, awareness-raising, and advocacy. For 2020 general protection activities, increased access to communities of concern due to improvements in the operational environment in 2019 will allow the Protection Cluster to target a greater proportion of People in Need in 2020 than in 2019, 63 per cent versus 58 per cent respectively. The cost of the Protection Cluster response in 2020 will be approximately US\$87 million. The standard estimated cost per beneficiary is US\$31.

The Child Protection sub-cluster estimated response cost is US\$25 million which will be mainly used for key child protection interventions such as case management and family tracing and reunification, capacity building, focused and non-focused psychosocial support activities as well as strengthening the capacity of community-based child protection structures (committees/networks/desk). Priority Child Protection activities such rehabilitation and reintegration programming for children formerly associated with armed forces



and groups and reunification of UASC are expensive. Family tracing and reunification has particularly been expensive in South Sudan as there is a need for charter flights especially when parents are located in different states. All the above will need sustained funding over a long-term period. Finally, Child Protection sector is human-resources intensive/dependent on case workers hence programmatic personnel costs are substantial compared to material costs. Some of the Child Protection activities that have infrastructure investment include child-friendly spaces and interim care centres for UASC.

The estimated response cost for the GBV sub-cluster in 2020 is US\$29 million with US\$36 per beneficiary. GBV interventions such as establishment and operationalization of women and girls friendly spaces as well as the provision of multisectoral lifesaving response services, psychosocial support, and livelihood activities for women, girls and GBV survivors are some of the predominant cost drivers of GBV in emergency response programs. In addition, activities such as capacity building of frontline service providers, procurement and distribution of dignity kits and fuel-efficient stoves, GBV safety audits supporting and facilitating the linkage of GBV survivors to existing services including mobile court clinic also take the large portion of the required funding. Access modalities to some hard-to-reach areas that may require a change in transport modalities such as canoes and longer routes may increase the cost for the response.

The Mine Action sub-cluster needs US\$11 million to provide assistance and services in 2020. The predominant cost drivers of mine action operations including survey and clearance of explosive remnants of war are due to technical equipment and the number of personnel, both of which are required to meet compliance with the National Technical Standards Guidance and International Mine Action Standards. Furthermore, the operating environment and response modalities required to implement mine action in South Sudan, for example 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 utilized for the implementation of mine action operations which contribute to the improved physical and mental well-being as outlined in the first strategic objective while the remaining 30 per cent will be employed for the provision of explosive ordnance risk education, improving living standards of people.

The cost of the general protection and HLP response in 2020 will be approximately US\$22 million which is estimated by applying the standard estimated cost-per-beneficiary of US\$30.24.

## Monitoring

Partners will report targets reached on specified indicators through the 5W reporting mechanism. The Protection Cluster will also monitor progress towards fulfilling its HRP strategy through the monitoring of partner activities via the work of its dedicated Monitoring and Evaluation Officer. Substantive monitoring and analysis of the protection situation, including through the Cluster's Protection Analysis and Monitoring Adviser, will also allow the impact of partner activities to be monitored. The Child Protection sub-cluster will regularly conduct situational and response monitoring through assessments, field monitoring missions and partner reporting. The evidence generated from the 5W's intervention mapping informed Who is delivering What types of interventions and in which of the crisis-affected locations. It also informed the duration of GBV response interventions, including those areas with possible funding discontinuation and partners' absence. The data analysis from the GBV Information Management System that assists in understanding the types of reported incidents will help the identification of target groups for various GBV interventions and to adjust programming. It also enabled the analysis of different types of services provided to cases hence indicated the corresponding gaps in GBV service provision.

The Protection Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms, focus group discussions and radio messages. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response. The cluster will further support AAP and protection mainstreaming in other Clusters work by through provision of training and technical expertise.

Some of the indicators that will be used to monitor the GBV Response Plan include the number of people reached through GBV prevention initiatives and provided with case management and referral services, the number of community mobilizers trained on protection risk mitigation, preparedness and early warning, the number of staff, community/frontline workers trained on psychosocial support, the number of people who are supported with legal aid and the number of women and girls who received dignity kits.

Mine action sub-cluster will collect and analyse data including the number of hazardous areas surveyed and cleared and the number of individuals who are benefited from explosive ordnance risk education activities.

The HLP sub-cluster and partners will report targets reached on specified indicators through the 5W reporting mechanism. Substantive monitoring and analysis of the HLP situation, including through the PC's Protection Analysis and Monitoring Adviser, will also allow the impact of partner activities to be monitored.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.</b>				
<b>Specific Objective 1.4: Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas.</b>				
<b>Sectoral Objective: 1:</b> Ensure the provision of critical protection related assistance and specialized services through an integrated approach to address the priority needs of targeted people among vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas	Comprehensive case management and referrals including CBI	Number of men, women, girls and boys supported with cash based Individual Protection Assistance as part of case management and referrals		1,000 (GBV) 500 (CP)
		Number of women, men, boys and girls with protection concerns supported through case management and referral services		5,000 (GBV) 7,500 (CP)
		Number of staff and community/ frontline workers trained on case management		1,000 (GBV) 450 (CP)
		Number of unaccompanied and Separated girls and boys identified, documented, and receiving family tracing and reunification services (UASC)		20,000 (CP)
		Number of women, men, girls and boys provided with individual, group, specialised psychosocial support and other related services (e.g. recreational activities, livelihood services, parenting skills)		250,000 (CP)
<b>Sectoral Objective 4:</b> Enhance protection assessment and monitoring to inform protection and overall humanitarian response	Mobile and static protection monitoring and assessment	Number of women, men, girls and boys with protection concerns identified with integrated protection mobile team aid, and assisted		100,000 (GP)
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>				
<b>Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.</b>				
<b>Sectoral Objective 4:</b> Enhance protection assessment and monitoring to inform protection and overall humanitarian response	Protection by presence	Number of women, men, boys, and girls benefiting from deterrent civilian patrolling and protective presence in high risk locations		6,000 (GP)
		Number of closed cases in which protective accompaniment requested and provided		1,250 (GBV)

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective 2:</b> Prevent and mitigate protection risks through enhanced preparedness and resilience	Protection awareness raising and prevention messaging	Number of women, men, girls and boys reached through awareness raising activities		500,000 (GBV) 500,000 (GP) 250,000 (CP)
		Number of women, men, girls and boys reached through GBV prevention initiatives (disaggregated by type e.g. SASA, Engaging Men for Accountable Practice etc.)		166,000 (GBV)
		Number of women and men trained on child protection in emergencies (CPiE) including Case management and psychosocial support		1,000 (CP)
	Explosive ordnance risk education	Number of women, men, boys and girls trained on explosive ordnance risk education (disaggregated by age and sex)		251,346 (MA)
	<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.</b>			
<b>Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.</b>				
<b>Sectoral Objective 2:</b> Prevent and mitigate protection risks through enhanced preparedness and resilience	Protection awareness raising and prevention messaging	Number of women, men, girls and boys reached through awareness raising activities		500,000 (GP)
		Number of women, men, girls and boys reached through GBV prevention initiatives (disaggregated by type e.g. SASA, Engaging Men for Accountable Practice etc)		166,000 (GBV)
	Community-based protection preparedness and protection risk mitigation	Number of women and adolescent girls who received dignity kits (disaggregated by age) as part of addressing differential needs and GBV risk mitigation measure		44,000 (GBV)
		Number of women and girls trained and supported with Fuel Efficient Stoves (disaggregated by age) as part of GBV risk mitigation measure		5,000 (GBV)
		Number of community mobilisers trained/strengthened on GBV risk mitigation, preparedness and early warning		1,000 (GBV)

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective 1:</b> Ensure the provision of critical protection related assistance and specialized services through an integrated approach to address the priority needs of targeted people among vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas	Psychosocial Support Services	Number of women, men, girls and boys provided with individual, group, specialised psychosocial support and other related services (e.g. recreational activities, livelihood services)		5,000 (GP)
		Number of staff, community/ frontline workers trained on psychosocial support		1,000 (GBV)
	Women and girls friendly spaces	Number of women and girls who accessed services in women and girls friendly spaces (disaggregated by age and type of service)		200,000 (GBV)
	Legal awareness, assistance and counselling	Number of women, men, girls and boys supported with legal counselling		5,000 (GBV)
		Number of women, men, girls and boys supported with legal aid		5,000 (GBV)
<b>Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.</b>				
<b>Specific Objective 3.2: Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities,HLP and social cohesion in specific geographic locations.</b>				
<b>Sectoral Objective 3:</b> Enable durable solutions for IDPs and other population	Peace building and peaceful co-existence	Number of women, men, girls and boys reached through awareness raising activities		500,000 (GP)
		Number of women and men trained in conflict resolution, mitigation, mediation and peace building		5,000 (GP)
		Number of women, men, boys, and girls receiving protective CVA with safe, dignified, and voluntary return		10,000 (GP)
	HLP Programming			
		Number of women, men, girls and boys supported with legal counselling and aid		20,000 (HLP)



4.10

# Water, Sanitation and Hygiene



PEOPLE IN NEED

5.5M

PEOPLE TARGETED

3M

REQUIREMENTS (US\$)

131M

PARTNERS

82

PROJECTS

85



## CENTRAL EQUATORIA, SOUTH SUDAN

Displaced people collect water at a water point at the IDP site inside the UNMISS compound in Tamping area, Juba, South Sudan. © UNICEF South Sudan.

### Objectives

Out of 5.5 million people who are in need of assistance, 3 million people will be targeted with WASH in 2020. Through an integrated approach, the cluster focuses on interventions targeting acute vulnerabilities with the use of appropriate WASH minimum packages. Geographically, the cluster will prioritize households' access to safe WASH including household water treatment and handwashing in areas identified through severity mapping as having high global acute malnutrition rates, areas with a high risk of famine, vulnerability to water/vector borne outbreaks, and face abnormally increased impacts from natural hazards. Key prioritization areas identified through WASH severity mapping include Awerial, Pibor, Kapoeta South, Fangak, Malakal, Ayod,

Ulang, Fashoda, Maiwut and Aweil East. The WASH response focusing on GBV mitigation will be prioritized in counties experiencing conflict and displacement, informed by locations provided by the GBV sub-cluster.

The first objective of the Cluster focuses on addressing the critical problems related to physical and mental well-being while decreasing the proportion of global acute malnutrition and acute food insecurity. WASH response activities will be integrated into the nutrition response through a famine prevention minimum package that will target mother/caretaker and malnourished children from the nutritional centres up to the household level. Under this objective, the Cluster will also address cattle and small-stock water requirements, and the mitigation of animal

open defecation in household compounds, near water points and playing areas. The second objective is to integrate WASH in health response to control outbreaks at the wider community level through a WASH-Epidemiology approach. This will address the risk factors and transmission contexts at the geographical level. To reinforce this, the Cluster will conduct a large-scale response that focuses on hand-washing with soap, for example at schools, or with chlorinated water in public places like markets.

The Cluster's third objective will address the critical problems related to living standards and ensure equitable access to cross-sectoral basic services. Timely, sustainable and equitable access to safe WASH will be ensured for IDPs, host communities and returnees under this objective. The response will also focus on long-term solutions via a market-based approach for items such as soap and hand pump spare parts with quality control. Additionally, the AAP process will be used to promote community ownership for services such as mini solar powered water yards and/or desalination stations. This will also promote disaster risk reduction mitigation methods, such site selection of elevated or better protected and appropriate site boreholes in flood zones to prevent faeco-oral waterborne disease.

Through the fourth objective, the Cluster will mitigate WASH-related gender-based issues. Through GBV safety audit conducted by female staff with women, girls and children prior to the construction/rehabilitation of WASH infrastructure, the Cluster will increase safe access to drinking water points and sanitation services in and outside the PoC sites and settlements. Integration with the Camp Coordination and Camp Management service, the new and previously unreached displaced populations will be provided with services by improving needs-based and protection-sensitive access to WASH services for IDPs and GBV mitigation.

New needs with the increasing urban settings and the possible scenario of returnees and refugee arrival in 2020 will be the main triggers for change in the Cluster's Response Plan. In case of the EVD outbreak, the WASH response will scale up handwashing stations with chlorinated water at a wider community level, targeting mainly all public places such as markets and schools.

In 2020, the WASH Cluster will continue to work through a combined presence of static and mobile partners, as per the needs of and access capabilities to the areas. Additionally, the WASH Cluster will work closely with key intersectoral working groups, to identify areas where a new response modality may be applicable, i.e., the Cash Working Group for areas where CVA is viable, as well as including the areas of returns from both WASH mobile and static partners capacity.

### **Cost of response**

In 2020, the WASH projects with cash-transfer or market-based approach will be a bit more expensive due to expected higher local prices, beyond the additional cost of the market studies and control quality check. However, as the proportion of WASH projects with market-based approaches are estimated to be minimal in

the context of South Sudan, their presence will not impact the overall WASH envelope. Nevertheless, WASH infrastructure which will assist in bridging the humanitarian and development gap, for example for floods risk mitigation (elevated/protected safe drinking water points and sanitation facilities), will be more expensive. Additional foreseeable cost drivers include increased returnee numbers, natural hazards and disease outbreaks (EVD, cholera). By the end of 2019, WASH partners are expected to be able to mobilize 75 per cent of the requested US\$130M HRP funds,<sup>32</sup> and with increased access to hard-to-reach locations this trend is expected to increase to 80 per cent of 2020 funding (US\$131M).

Costing average has been calculated to be US\$43.7 per individual including US\$8.3 for the provision of key supplies—household water treatment and storage, water quality testing supplies, bulk water treatment and storage, hand pump spare parts and tool kits, latrines materials, basic hygiene kits. The WASH costs linked to the first and second strategic objectives are approximatively the same—on average about US\$40 per person—while the WASH costs linked to the third strategic objective addressing the resilience are estimated to be a bit higher – average around US\$50 per person.

The additional budget requested aims to cover the quality monitoring and AAP process at the household level, the intersectoral bridging on the field targeting half of the nutritional sites, as well as enhancing the market-based approach and elevated boreholes/hand pumps in the flood-prone areas.

### **Monitoring**

Using the quality and accountability framework in a client approach spirit, the Cluster will use the joint inclusive design of the WASH infrastructures as well as the joint monitoring and feedback mechanisms to monitor against the Cluster's strategic indicators. The AAP process and Gender Age Marker will be taken in consideration for this. The Cluster will use various community communication and engagement modalities, including robust complaint and feedback mechanisms. It will monitor the community's perception of and satisfaction with service provision. It will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response. Further, it will undertake capacity building sessions, inclusion mainstreaming and risk analysis. The Cluster will monitor the response based on the data related to other sectors including the rate of SAM and WASH services at nutrition centres, WASH-related diseases and safe access to water and sanitation facilities.

Data monitoring the Cluster's strategic indicators will be collected monthly through the Cluster's 5W reporting system. The Cluster will monitor AAP processes on a quarterly basis, through quality snapshots. Finally, the Cluster will monitor access to WASH services bi-annually through the FSNMS.

## Objectives, indicators and targets

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents of the most vulnerable in severity levels 3 and 4.</b>				
<b>Specific Objective 1.1: Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4</b>				
<b>Specific Objective 1.2: Decrease proportion of population facing IPC 3, 4 and 5</b>				
<b>Sectoral Objective 1:</b> Integrate WASH in nutrition response through famine prevention minimum package.	WASH integrated interventions starting from the OTP/SC will target the couple "mother/ caretaker – malnourished children" until the household level aiming to break the vicious circle of diarrhoeal diseases/ nematodes with malnutrition, addressing also small stock open defecation affecting the young children.	Number of children admitted for SAM treatment discharged with WASH/Hygiene kit from functional OTP/SC	268,000	<b>134,000</b>
	Comprehensive water points management for cattle and small stock requirement during the dry season, with promotion of appropriate hygiene practices to prevent animal open defecation down to the household level.	Number of Nutrition Centres with safe drinking water at appetite test for SAM/MAM	1,112	<b>556</b>
<b>Specific Objective 1.3: Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.</b>				
<b>Sectoral Objective 2:</b> Integrate WASH in health response to control outbreaks at wider community level	WASH in Health lifesaving engineering for outbreak control (cholera, typhoid, h-epatitis E virus, EVD, etc.) by transmission contexts (water-borne, intra-domiciliary, school, market, funerals, health facilities upon specific demands) upon epidemiological investigations.	Number of people vulnerable due to WASH-related diseases provided with access to safe drinking/chlorinated water	3.3M	<b>2.8M</b>
		Number of people vulnerable due to WASH-related diseases provided with functional hand-washing facilities by soap or 0.05% chlorine running water	3.3M	<b>2.8M</b>

OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.				
Specific Objective 2.1: Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disabilities) in priority areas.				
Sectoral Objective 3: Provide timely/sustainable, equitable access to safe WASH for IDPs, host communities and returnees.	WASH temporary and sustainable services will address the vital needs, public health and protection issues through an AAP community approach to target the acute vulnerabilities based on inter/cross-sectoral evaluations and analyses.	Number of women, men, girls and boys reached with access to safe water supply	5.2M	3M
		Number of women, men, girls and boys enabled access to improved, secured and gender appropriate sanitation facilities	5.2M	3M
		Number of women, men, girls and boys reached by hygiene promotion messages	5.2M	3M
Specific Objective 2.2: Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors.				
Sectoral Objective 4: Mitigate WASH-related GBV	WASH specific activities for GBV mitigation in and outside PoC/settlement will be based on safety audits conducted by female staff with women, girls and children for WASH activities adequately planned with the community input.	Number of women and girls with safe water and access in secure location agreed after a GBV safety audit through focus group discussions with women and girls, conducted by female staff	2.5M	1.1M
		Number of women and girls with safe sanitation and hygiene facilities access in secure location agreed after a GBV safety audit through focus group discussions with women and girls, conducted by female staff	2.5M	1.1M
Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas				
Specific Objectives 3.1: Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and smallholder agriculture in geographical locations.				
Sectoral Objective 3: Provide timely/sustainable, equitable access to safe WASH for IDPs, host communities and returnees.	Sustainable WASH services will address the vital needs, public health and protection issues through an AAP community approach to target the acute vulnerabilities based on inter/ cross-sectoral evaluations and analyses.	Number of women, men, girls and boys with access to safe water with a community driven water management committee	5.2M	3M
	Water contamination risk reduction in flood zone through elevated WASH infrastructure.	Number of elevated collective water points in flood zone	1,000	100



## Part 5

# Refugee Response Plan

### JONGLEI, SOUTH SUDAN

*A woman carries a load of non-food items, blankets and a tarpaulin, distributed by humanitarian organizations following devastating flooding in Pibor in Jonglei.*

© UNICEF South Sudan.



# Refugees



## PEOPLE IN NEED

0.3M

## PEOPLE TARGETED

0.3M

## REQUIREMENTS (US\$)

130M

## PARTNERS

5

## PROJECTS

5

### Objectives

In 2020, the refugee response strategy focuses on preserving unhindered access to territory to refugees and asylum seekers while ensuring fair and efficient asylum procedures. The Response activities will promote, the full enjoyment of rights and the civilian character of asylum, aligning with the first strategic objective. Multisector assistance and essential services will be provided to refugees and asylum seekers with particular attention to the most vulnerable individuals, and resilience and self-reliance will be strengthened among refugees and host communities. This will help the targeted population to recover from crisis and support their coping capacities and livelihoods as outlined in the third strategic objective. At the same time, linking to the second strategic objective, the response will ensure the basic needs of the targeted population are addressed by providing safe, equitable and dignified access to services. Putting protection in the centre of the response, the response strategy focuses on enhancing the protection of asylum-seekers, refugees and refugee returnees while promoting peaceful coexistence with local communities.

The capacities of national institutions will also be strengthened including supporting the government in creating conducive conditions for sustainable solutions in areas of refugee returns, in collaboration with humanitarian and development actors, as one of the key areas.

Based on the projection of increasing refugee case-load, the response will target the entire refugee population in 2020. In addition to the provision of life-saving humanitarian assistance, the response will cover the areas of access to territory, reception, registration, refugee status determination and documentation; access to justice, and access to quality education for refugee children.

In parallel, the number of South Sudanese refugees spontaneously returning to South Sudan is projected to rise to a cumulative 300,000 by the end of 2019. Conditions are not yet considered conducive for the voluntary, safe, dignified and sustainable return of refugees. However, in coordination with South Sudan's Relief and Rehabilitation Commission and other partners, refugee return monitoring will be conducted at border crossing points and in areas of return. The monitoring mechanism will support the identification of protection needs, obstacles to voluntary returns in safety and dignity, reintegration and protection challenges, as well as the provision of community-based support. Regular

coordination with UNHCR operations in the neighbouring countries of asylum will be maintained.

In 2020, humanitarian agencies will continue to provide protection and assistance to refugees and asylum seekers, promote the prevention of statelessness, and monitor the protection situation of spontaneously returning South Sudanese refugees. In collaboration with the Government of South Sudan, and humanitarian agencies, UNHCR will continue to lead the refugee response efforts and ensure effective protection, provide assistance and advance solutions for refugees, asylum seekers and South Sudanese refugees who have returned in self-organized manner.

### Response

UNHCR will continue working closely with South Sudan's Commission for Refugee Affairs, United Nations agencies and NGO partners for the implementation of the Response Plan including the provision of protection, assistance and basic services, adhering to international refugee law and standards. Modalities will be a combination of direct service provision, in-kind support, limited CVA as well as community-based support to promote peaceful coexistence, livelihoods, self-reliance and advocacy interventions. While the majority of interventions will continue to be in-kind taking into consideration the operational context, refugee response partners will further expand CVA. All activities under the Refugee Response Plan will contribute to the HRP strategic objectives.

An estimated 2.2 million South Sudanese have sought refuge in six countries neighbouring South Sudan. While conditions are not yet conducive for a voluntary, safe, dignified and sustainable return of South Sudanese refugees, over 213,000 South Sudanese refugees have returned in a self-organized manner. These returns were recorded between November 2017 and September 2019, following the signing of the R-ARCSS on 12 September 2018. Critical humanitarian activities are already underway for spontaneous refugee returnees by UNHCR and Sudan's Relief and Rehabilitation Commission on the data collection, border and protection monitoring, mapping of vulnerabilities and addressing protection and reintegration challenges. UNHCR and its partners will continue monitoring the situation of refugee returnees in surrounding asylum countries and inside South Sudan to inform the protection response and advocacy for this population, bearing in mind the linkages with IDP return dynamics.



Refugee response partners use an Age, Gender, and Diversity Approach in all aspects of their operations. Specific examples include prioritizing female-headed households during distributions, providing safe spaces for children and taking the needs of the elderly into consideration. Over 99 per cent of refugees in South Sudan reside in camps and settlements in inadequate living conditions with little access to public services, while 1 per cent lives in urban locations. Of the total refugee population, 82 per cent are women and children.

Under the refugee coordination model, UNHCR will continue to lead and coordinate the multisector refugee response with government counterparts in locations hosting refugees, asylum seekers, persons at risk of statelessness, and refugees spontaneously returning to South Sudan from asylum countries. Close cooperation will be maintained with South Sudan's Commission for Refugee Affairs, the lead government counterpart on refugee affairs, as well as with the Relief and Rehabilitation Commission on matters pertaining to refugee returns. Protection and assistance will be provided in partnership and collaboration with some 20 national and international NGO partners as well as with the local authorities, persons of concern and host communities. Cooperation with United Nations agencies will be maintained and further strengthened towards resilience. Protection from sexual exploitation and abuse mechanisms are integrated into all protection and program activities with the use of a survivor-centred approach emphasizing safety, confidentiality, accountability, transparency and accessibility.

Humanitarian support should be further linked with development activities and UNHCR advocates for the substantive engagement of development actors in refugee situations through strengthened partnerships. Given the funding constraints for 2020, the operationalization of the humanitarian-development nexus of the 2019–2021 United Nations Cooperation Framework will be key to early recovery and creating enabling conditions for solutions for refugees in and from South Sudan. Contributions will be made to the priority areas of building peace and strengthening governance, strengthening food security, livelihoods, social services infrastructure and empowering women and youth. In line with the Global Compact on Refugees, UNHCR and partners will pursue longer-term solutions for refugees and host communities and will engage a broad range of support in doing so.

Refugee response partners will maintain a presence in strategic and priority field locations, including Pariang, Maban, Yei and Yambio, amongst others. Outreach, vulnerability assessments, return and protection monitoring will also be strengthened through protection desks and mobile response in the areas where UNHCR and partners do not have a static presence.

With reduced funding, refugee response partners will conduct core protection interventions and provide life-saving assistance of limited scale to refugees and other persons of concern. Lack

of funding will adversely affect the ability to address increasing and most critical needs. It will most notably impact the ability to effectively pursue and sustain peaceful co-existence and community-based initiatives among refugees, spontaneous refugee returnees and local communities. Access to quality education for refugee children will be impacted, leading to serious protection consequences, including negative coping mechanisms among refugees and refugee returnees.

The Government of South Sudan, UNHCR, WFP, UNICEF, FAO and ICRC as well as national and international NGO partners are actively engaged in the provision of protection and assistance to refugees and their host communities in South Sudan.

### **Cost of response**

The refugee population is expected to increase to some 330,000 by the end of 2020, considering the average rate of new arrivals, mostly from Sudan's and South Kordofan State, and natural population growth. Additionally, the number of South Sudanese refugees spontaneously returning to South Sudan is projected to increase to a cumulative 300,000 by the end of 2019 which will require further strengthening of refugee returns monitoring at border crossing points and in areas of return, as well as community-based support.

In 2020, the operating environment in South Sudan is expected to remain extremely complex, with heightened security, an economic crisis with hyperinflation, bureaucratic impediments and immense logistical challenges due to the remoteness of refugee and refugee return locations. Logistics and transportation are challenging and expensive with the lack of access roads. Road movements often limited due to insecurity or seasonal rains. Notwithstanding and subject to the timely mobilization of financial resources, refugee response partners will continue to maximize pre-positioning of relief items to operational areas during the dry season.

Increasing refugee and spontaneous refugee returnee populations directly impacts refugee response's logistics and maintenance costs. Especially water and health systems in refugee camps, which are mitigated by previous investments in the solarization of boreholes and continued support to health facilities in refugee hosting areas.

### **Monitoring**

Refugee response partners will conduct needs assessments of the refugee population through age, gender and diversity analysis through the regular field and monitoring visits. The refugee response is monitored on a continuous basis through several indicators including the number of refugees registered, the number of identity documents issued, the number of people assisted with multisectoral services, the number of people reached through protection interventions, the number of people benefited from peaceful co-existence initiatives and the number of spontaneous refugee returnees recorded.



#### UNITY, SOUTH SUDAN

An asylum seeker and her baby from Sudan, who recently arrived to Yida in Pariang County in Unity, loaded her belongings to a truck before being transferred to the refugee camp in Ajuong Thok in Unity, South Sudan, where there is a civil war since December 2013, also hosts nearly 300,000 refugees who fled from conflicted areas in Sudan, Ethiopia, Democratic Republic of Congo and Central Africa Republic. © UNHCR South Sudan.

### Objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1: Reduce morbidity, mortality, and suffering from protection threats and incidents of most vulnerable refugees in Maban, Pariang, Yambio, Yei, Gorom and Juba urban.</b>			
<b>Sectoral Objective 1:</b> Preserve unhindered access to territory and fair and efficient asylum procedures, promoting the full enjoyment of rights and the civilian character of asylum and strengthening capacities of national institutions	Number of refugees registered on an individual basis with minimum set of data required	330,000	330,000
	Number of identity documents issued for persons of concern	52,000	46,000
<b>Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable 330,000 prioritized target population to meet their basic needs.</b>			
<b>Sectoral Objective 2:</b> Provide multisector assistance and essential services to refugees and asylum seekers, with particular attention to the most vulnerable individuals, and strengthen resilience and self-reliance among refugees and host communities	Number of persons reached through multisectoral assistance	330,000	330,000
<b>Strategic Objective 3: Enable 597,000 of vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized locations.</b>			
<b>Specific Objective 3.1: Restore self-sufficiency for 3 million returnees, members of host communities and youths through capacity-strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and small holder agriculture in geographical locations.</b>			
<b>Sectoral Objective 3:</b> Enhance the protection of asylum-seekers, refugees and refugee returnees, promote peaceful coexistence with local communities, and support the government in creating conducive conditions for sustainable solutions, in collaboration with humanitarian and development actors	Number of people reached through protection interventions	330,000	300,000
	Number of people benefiting from peaceful co-existence initiatives	597,000	252,000
	Number of spontaneous refugee returnees recorded	300,000	300,000



# Part 6

## Abyei

### Response Plan<sup>33</sup>

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS
202k	202k	24

#### Summary of needs

In 2020, some 202,000 people will require humanitarian assistance in the disputed Abyei area. Their needs are mainly due to issues affecting their mental and physical well-being, living standards, high malnutrition rate, increased malaria rate, and high protection risks mainly in sexual and gender-based violence, child protection, and presence of explosive remnants of war. People living in Abyei are impacted by the presence of armed elements, intercommunal tensions, and long term and sudden displacement. In 2019 only, floods temporarily displaced some 40,000 people. No government services and lack of access to basic public health and WASH services are also undermining people's living conditions. In addition, there is a need to reinvigorate economic activities to ramp up local employment opportunities and increase access to livelihoods. Such interventions could contribute to increase resilience among communities but at the same time would also decrease dependency on aid from international community in the long run.

Among the most vulnerable people identified by the aid community in Abyei, these include 107,000 people from the Ngok Dinka communities, 9,000 people displaced from neighbouring states in South Sudan, 37,000 people from the Misseriya community, 6,000 mainly Nuer and Dinka Twic, 38,000 seasonal Misseriya migrants and 5,000 Falata nomads who are expected to leave Abyei June 2020.

#### Planning figures for Abyei

	2019
Ngok Dinka communities, returnees and displaced within Abyei	107,000
Displaced people from South Sudan (6,000 in south and 3,000 in north)	9,000
Misseriya in north of Abyei	37,000
Other South Sudanese live in Abyei (Nuer and Dinka Twic)	6,000
Misseriya seasonal migrants (Oct 2019–Jun 2020)	38,000
Falata nomads (Oct 2019–Jun 2020)	5,000
<b>Total</b>	<b>202,000</b>

#### People in need

The number of people in need in 2020 is 202,000, which represents an increase of 10 per cent compared to 2019. The main reason of this increase is the arrival other South Sudanese and increased Falata nomads in Abyei.

#### People targeted in 2020

100 per cent (202,000 people)

#### Funding requirements

Covered by Sudan and South Sudan HRPs

#### Number of partners: 24

- Eight United Nations AFPs in Abyei town (OCHA, RCO, WFP, FAO, IOM-S, IOM-SS, UNICEF, UNMAS) are operating in Abyei Box, implementing activities, mainly through NGOs and contractors.
- Six international NGOs (GOAL, SCI, MSF, ADRA, Samaritan Purse, CARITAS) in Agok town are largely operating in southern and central Abyei.
- Six N/Local NGOs (AIRS, ACAD, RCDI HOPE, APHRO, ADA, Inspired Children) in Agok are operating in southern and central Abyei.

- Two national NGOs (GAH, Elgoni), and IOM and FAO in Diffra town are operating in northern Abyei.
- World Health Organization and UNHCR are supporting Abyei remotely from South Sudan.

### Monitoring needs and response

Monitoring and evaluation will be undertaken in accordance with Sudan and South Sudan agreed frameworks that contain both the outcome and output indicators, as well as a calendar of monitoring and evaluation activities to be carried out, as appropriate, lists the participating organizations either on their own or through the existing inter-cluster coordination mechanism. Participating organizations will also explore further thematic or functional clustering of monitoring and evaluation activities.

### Strategic objectives

- Save lives by providing timely and integrated multisector assistance and services to the most vulnerable population.
- Promote resilience and peaceful coexistence among communities ensuring sustainability through capacity building/strengthening.
- Reduce dependency on humanitarian assistance by reinvigorating livelihood and economic activities among displaced people, returnees, seasonal migrants and host communities.

### Response

1. Maintain humanitarian lifesaving services and increase their sustainability by adopting participatory approaches and building community-based management capacity, e.g. water management committees, youth and women unions and peace clubs.
2. Strengthen protection by working with all stakeholders, including local institutions and United Nations Interim Security Force for Abyei (UNISFA)/United Nations Police, to reduce protection risks, SGBV and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide women and child protection services, reduce risk of death and injury from landmines and explosive remnants of war through survey and clearance activities and mine risk education, and engage with all actors to advocate for a better protective environment for civilians.
3. Improve access to humanitarian corridors through advocacy with authorities at national and subnational levels and improve monitoring impediments and civil-military coordination.
4. Contribute to the reduction in morbidity and mortality with increased access to quality health care interventions through primary health care interventions and community case management approaches.
5. Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.
6. Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities.
7. Provide access to primary education and training, including support to all students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school.
8. Provide and support veterinary services while revitalizing the community-based animal health workers network for pastoralist nomadic populations by adopting a "follow on approach" throughout migration and increased sustainable access to appropriate animal care, including drugs, vaccines and treatment, at village level for sedentary populations.
9. Improve communities' resilience through livelihoods and food security activities, developing community assets (food for assets), and improving technical expertise, for example, on agricultural/crops production, animal husbandry and fishery practices, vocational training and community-based natural resource management, including water facility.
10. Maintain readiness and update the Abyei inter-agency contingency plan and sector specific emergency preparedness plans to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stocks in Abyei, Agok and Diffra towns, including emergency shelter and non-food item kits.
11. Monitor population movement, including displacement and return, in Abyei and identify the most vulnerable populations in need of assistance across all humanitarian sectors.
12. Strengthen peace building skills of children, youth, women, men, and community-based structures in Abyei to contribute to decision-making and peaceful coexistence of their communities.



## Part 7

# Annexes

### UPPER NILE, SOUTH SUDAN

*A boy fishes on a flooded road in Maban County, Upper Nile. Severe flooding in October 2019 destroyed crops and washed away food stores. © UNHCR South Sudan.*





## 7.1

# Response Analysis

The HNO provides evidence-based analysis on the root causes of the humanitarian crisis and the associated vulnerabilities. The intersectoral severity analysis informs geographic level prioritization and population groups for targeted response.

Humanitarian consequences prioritized for response include: those related to physical and mental well-being; living standards and resilience and recovery. Protection activities are mainstreamed across all the strategic objectives with focus on provision of critical protection related assistance and specialized services through an integrated approach as well as solutions to address the immediate and longer-term priority needs of vulnerable populations.

The humanitarian operation in 2020 will focus on three overarching strategic objectives aimed at responding to the needs of vulnerable populations as a result of the crisis. These include: (1) Reducing morbidity and mortality, as well as suffering from protection threats and incidents; (2) Ensuring safe, equitable and dignified access to critical cross-sectoral basic services and (3) Enabling vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in specific geographic locations

By the end of August 2019, humanitarian organizations have delivered assistance and protection to more than 4.4 million women. Men and children or 77 per cent of the people targeted in the 2019 HRP. This

represents an increase of about 200,000 people reached since July 2019. Of the 4.4 million, over half of the people reached – nearly 205 million – were in Jonglei, Unity and Upper Nile. Humanitarian access has increased significantly however humanitarian space is constrained by bureaucratic impediments and extortion such as taxation and operating licenses.

The response will continue to strengthen communication with communities. Clusters will ensure community engagement to better involve the beneficiaries in the response. Regular perception surveys will be undertaken to gauge the overall satisfaction/or gaps in the response.

Response modalities will be a combination of direct service provision, in-kind support, CVA as well as community-based support to respond to life-saving needs as well as restoring livelihoods and self-reliance interventions. While the majority of interventions will continue to be in-kind taking into consideration the operational context, partners will further expand CVA. Through consolidated humanitarian hubs, humanitarians will provide secure humanitarian access to hard-to-reach locations and enable consistent delivery of quality integrated basic services to underserved, vulnerable populations. Subnational inter-agency coordination will continue to improve operational de-centralization of response and promote involvement of the vulnerable populations in humanitarian activities.



## LAKES, SOUTH SUDAN

*A child displaced by inter-communal fighting in Mingkaman, Awerial County, Lakes.*

© UNICEF South Sudan.



## 7.2

## Protection from Sexual Exploitation and Abuse

Under the joint leadership of the Humanitarian Coordinator and co-chaired by UN Women and the United Nations Population Fund (UNFPA), the system-wide national Task Force on Protection from Sexual Exploitation and Abuse has established 15 community-based complaint mechanisms across South Sudan to support and improve reporting and assistance. In partnership with the NGO Forum and with the support of the Community Communication and Engagement Working Group, the task force completed the first inter-agency assessment of a high-risk area and community-based complaint mechanisms, and the Protection from Sexual Exploitation and Abuse Task Force developed findings and four key recommendations.

First, it will fast-track the activation of community-based complaints mechanisms in high-risk locations and strengthen internal reporting processes and feedback mechanisms for survivors. Second, the task force will strengthen the GBV referral pathway, which support sexual exploitation and abuse survivors, by improving the availability of longer-term funding. Third, it will undertake strategic and consistent advocacy and capacity-building to enable different actors to understand their roles and meet their responsibilities with regard to protection

from sexual exploitation and abuse. This includes undertaking awareness-raising and training on sexual exploitation and abuse with police, community-based complaint mechanisms, United Nations and NGO focal points, local government, traditional chiefs, women leaders and community representatives. Finally, the task force and the Community Communication and Engagement Working Group are collaborating to develop and implement a comprehensive protection from sexual exploitation and abuse community engagement strategy that is well-adapted to the South Sudan context and underscores the rights of survivors and the importance of confidentiality. The strategy will include an awareness-raising campaign to sensitize communities on sexual exploitation and abuse; reporting mechanisms and procedures for ensuring confidentiality and the rights of survivors; the establishment of a hotline to reach linguistic minorities; and mainstreaming of sexual exploitation and abuse in humanitarian workshops and training.



### WESTERN BAHR EL GHAZAL, SOUTH SUDAN

*Coletta Francois, 18 year old, who is 5 months pregnant with her first baby at an antenatal ward in Wau, Western Bahr el Ghazal, South Sudan. © UNICEF South Sudan.*

## 7.3

# Costing Methodology

For this HRP, efforts have been made to enhance the transparency of the costing of the response. The financial requirements for this HRP are based on project submissions by humanitarian partners, which have been thoroughly vetted by clusters and review committee comprised of United Nations and international and national NGO representatives to ensure rigorous quality control and alignment with the coordinated response efforts and the strategic objectives.

The total financial requirements for each sector are calculated as the sum of the approved project budgets. The main responsibility for the costing lies with the agencies and international NGOs/ national NGOs who submitted the project budgets, while review and approval for inclusion in the HRP was undertaken by the Clusters and the Humanitarian Coordinator with prior guidance from them (the Humanitarian Coordinator and cluster coordinators) on cluster ceiling financial envelopes.

In addition, clusters have provided ample evidence on cost drivers and acceptable ranges in their cluster pages. In an effort to enhance transparency and to align cost ranges, several clusters have complemented the project development process by a calculation of unit costs, which are presented in the cluster chapters.

South Sudan poses a complex operational environment, including lack of infrastructure, population movements, access challenges and price fluctuations for essential goods – which affects both in kind delivery and CVA. Nevertheless, there is a collective effort to reduce costs where feasible. Enhancements in transparency will support this endeavour, as will shifts in operational practices, such as the reduction of air drops and expansion of road and river transport as a result of increased access.



## CENTRAL EQUATORIA, SOUTH SUDAN

Mohamed Elfaki, pictured with four of his children in front of a classroom at the UN House Protection of Civilians (PoC) site in Juba, where they have been sheltering since fighting broke out in 2013. © UNICEF South Sudan.

## 7.4

## 2020 HRP–UNCF (2019–2021) Collective Outcomes

As a continuation of the joint efforts in 2019 to identify new ways of working and set collective outcomes at the nexus between development and humanitarian action, the aid community in South Sudan has renewed efforts to align planning and monitoring of humanitarian and development work for 2020 to better support service delivery, resilience and recovery. The new analytical framework of examining the consequences of humanitarian crisis on people's physical and mental well-being, living standards and resilience as the foundation of the Humanitarian Programme Cycle, has this year helped to develop a more holistic understanding of people's needs and build better evidence base.

This analysis is beginning to guide planning for service delivery and targeting in a way that is more focused on addressing a range of needs comprehensively. For 2020, it is starting a process to identify the range of services and support which are not only humanitarian or development-oriented but a complementary set of both. Joint efforts to do this will be particularly important to support solutions to displacement and strengthen people's resilience to acute and

chronic stresses. Building on previous years' HRP, this is clearly articulated in Strategic Objective 3 of the 2020 plan, and features throughout the UNCF to 2021. It is supported in practice by the Partnership for Recovery and Resilience.

In practical terms, ahead of 2020, the UNCT and the HCT have undertaken a renewed effort to align indicators of progress on the HRP and the UNCF further than last year, to be able to track progress in particular on the collective outcomes of food security and gender-based violence that are outlined in the New – Smart – Way of Working adopted in 2018 and the objectives of the respective plans. The aim is that this will support better coordination, opportunities for co-location, sequencing and layering of HRP and UNCF activities in certain targeted locations, and contribute to better-targeted and more informed planning for 2021. The table below outlines the main overlaps and linkages between 2020 HRP and UNCF planning and indicators, which will be tracked by both the UNCT and HCT through respective monitoring activities.

### 2020 HRP–UNCF (2019–2021) linkages

#	SPECIFIC OBJECTIVE	2020 HRP INDICATOR	UNCF INDICATORS	HRP TARGET	SOURCE	FREQUENCY
SP1.1	Decrease the prevalence of global acute malnutrition among children under age 5 in severity levels 3 and 4	Number of children aged 6–59 months with SAM admitted for treatment	Number of children aged 6–59 months with SAM who are admitted for treatment	<b>268,045</b>	5Ws	Quarterly
		Number of children aged 6–59 months with MAM admitted for treatment	Number of children aged 6–59 months with SAM who are admitted for treatment	<b>661,309</b>	5Ws	Monthly
		Number of children admitted for SAM treatment discharged with hygiene kits from functional outpatient therapeutic programme/stabilization centres	<ul style="list-style-type: none"> <li>Percentage of children 6–59 months with SAM/MAM who are admitted for treatment and recover, disaggregated by sex and geography.</li> <li>Number of pregnant and lactating women with acute malnutrition who are admitted for treatment</li> <li>Number of under-five children and pregnant and lactating women enrolled in blanket supplementary feeding programme in targeted locations/counties</li> <li>Number of primary caregivers of children aged 0–23 months who received IYCF counselling</li> </ul>	<b>134,000</b>	5Ws	Quarterly

#	SPECIFIC OBJECTIVE	2020 HRP INDICATOR	UNCF INDICATORS	HRP TARGET	SOURCE	FREQUENCY
SP1.2	Decrease proportion of population facing IPC 3, 4 and 5	Percentage decrease of population facing IPC 3, 4 and 5	<ul style="list-style-type: none"> <li>Percentage of households with poor food consumption scores</li> <li>Number of boys and girls receiving school feeding assistance, disaggregated by activity (on-site meals or vulnerability incentive (take-home ration) (output)</li> </ul>	5.3M	IPC analysis	Semi-annual
SP1.3	Reduce excess morbidity and mortality rates from epidemic-prone diseases (malaria, diarrhoea, acute respiratory infection and measles) in priority areas.	Incidence rates for selected diseases		<0.011%	5Ws	Quarterly
		Case Fatality Rate (CFR) for selected diseases		<2%	Health Cluster	Quarterly
		Number of healthcare facilities supported with essential healthcare commodities		214		
SP1.4	Reduce vulnerability of 640,000 people at risk of mortality and morbidity (psychosocial and mental health needs) as well as protection incidents/threats in priority areas	Number of vulnerable women, men, girls and boys in hard-to-reach and priority areas provided with life-saving assistance to address protection, mental and psychosocial needs		0.64	Health Cluster	Quarterly
SP1.5	Population groups targeted to receive assistance know and use established complaint mechanisms throughout the entire Programme cycle.	Percentage of humanitarian service providers (by cluster) who disseminate information about complaint mechanisms to the population targeted for assistance		100%	Community Communication and Engagement Working Group	Quarterly
SP2.1	Provide equitable access to cross-sectoral basic services to 3 million people (including women, children, the elderly and persons with disability) in priority areas	Number of target population reporting regular access to quality basic services disaggregated by access to protection services, to safe emergency shelter, to improved water source, to sanitation facilities and to learning spaces/schools in affected areas for children and youth (3–17 years old)	Number of people (including host communities, IDPs and refugees) who access and use safe drinking water with minimum quality and quantity	3M	5Ws	Quarterly
		Water – Number of people with access to improved water source		3M	5Ws	Monthly
		Sanitation – Number of people with access to sanitation facilities	Number of children with access to gender-sensitive WASH facilities (in line with Inter-agency Network for Education in Emergencies and sphere standards) Number of people (including host communities, IDPs, refugees) who access and use adequate sanitation with minimum quality and quantity as agreed with cluster Percentage of households with basic water services, disaggregated by sex	3M	5Ws	Monthly



#	SPECIFIC OBJECTIVE	2020 HRP INDICATOR	UNCF INDICATORS	HRP TARGET	SOURCE	FREQUENCY
		Education – Number of children and youth (3–17 years old) accessing learning spaces/schools in affected areas.	Number of children and youth (3–17 years old) accessing learning spaces/schools in affected areas.	<b>0.8M</b>		
SP2.2	Provide quality, timely and inclusive protection services (including medical care, legal support, safety and mental health and psychosocial services) to 1.1 million children, women at risk and GBV survivors	Health – Number of outpatient department consultations.	Number of outpatient department consultations.	<b>2.0M</b>		Monthly
		Number of individuals provided with legal aid services, capacity building and advocacy for a child friendly justice system disaggregated by gender.	Number of individuals provided with legal aid services, capacity building and advocacy for a child friendly justice system disaggregated by gender	<b>1.1M</b>		Monthly
			Number of adolescents, girls, young women, men and boys accessing integrated HIV and GBV services			
			Number of capacity strengthening opportunities and awareness raising designed and delivered to relevant target groups for GBV prevention and response.			
SP2.3	Improve living conditions and enhance management of sites (in camp and camp-like settings) of highly vulnerable IDPs, returnees, host communities/affected but non-displaced populations unable to meet their ES and NFI needs, through support to capacity building, community participation, on-site and mobile response	Number of population in unmanaged sites reached with camp management services		<b>552,000</b>	CCCM Cluster	Quarterly
		Number of people in camps and camp-like settings with community governance structures that participate meaningfully in camp coordination and camp management		<b>0.8M</b>	CCCM Cluster	Quarterly
		Number of returnees in prioritized locations receiving cross-sectoral basic services		<b>0.64M</b>	5Ws	Quarterly
		Number of highly vulnerable IDPs, returnees, host communities/affected non-displaced provided with ES and NFIs		<b>0.3M</b>	ES/NFI Cluster	Quarterly
SP2.4	Facilitate safe access and provide secure humanitarian space through establishment of humanitarian hubs or operational centres	Proportion of HRP partners using humanitarian hubs for coordination of response		<b>100%</b>	Coordination and Common Services	Quarterly
		Percentage reduction in the number of access impediments		<b>30%</b>	Access Working Group	Monthly

#	SPECIFIC OBJECTIVE	2020 HRP INDICATOR	UNCF INDICATORS	HRP TARGET	SOURCE	FREQUENCY
SP3.1	Restore self-sufficiency for 3 million returnees, host communities and youth populations through capacity strengthening of community-based mechanisms, access to cross-sectoral basic services, livelihoods, recovery of livestock and small holder agriculture in geographical locations	Number of vulnerable returnees, host communities, non-displaced IDPs who re-build their lives with shelter and NFIs as part of durable solutions		9,659	ES/NFI Cluster	Monthly/quarterly
SP3.2	Facilitate durable solutions for 3 million returnees, members of host communities and youths through increased cross-sectoral recovery and income-generation activities, HLP, and social cohesion in specific geographic locations	Number of individuals with access to protection services including but not limited to income-generation, HLP and social cohesion		3M	Protection Cluster	Quarterly
SP3.3	Strengthen coordination and contextual analysis of needs conducted at national and field levels	Number of intersectoral needs assessments conducted		78 assessments	Needs Analysis Working Group	Quarterly
SP 3.4	Facilitate resilience building for 3 million members of households and affected populations through cross-sectoral response, humanitarian hubs, use of existing resources and engagement with development partners to address humanitarian needs over medium and longer-term interventions	Number of people benefiting from improved coordinated response and resilience building in targeted locations		3M	FSL Cluster	Quarterly
		Percentage increase in resilience capacity index (percentage increase of target population >10.1 on the resilience capacity index scale)		<=10%	FSNM FAO, Resilience Index Measurement and Analysis tool	Semi-annual
SP3.5	Provide evidence-based cash assistance to target populations to meet their basic needs	Number of people receiving cash and voucher assistance		3M	Cash Dashboard	Quarterly
		Number of market locations assessed and monitored to gather evidence for Cash and Voucher Assistance		12	CWG members' Assessment Reports and Joint Market Monitoring Initiative reports	Quarterly

## 7.5

# Participating Organizations

PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
ACT Alliance / Christian Aid	1	150,716
ACT Alliance / DanChurchAid	2	2,100,000
ACT Alliance / Finn Church Aid	2	585,000
ACT Alliance / Lutheran World Federation	3	734,662
ACT Alliance / Norwegian Church Aid	2	615,000
Action Africa Help International	2	2,054,566
Action Against Hunger	4	8,050,000
Action for Development	4	1,560,425
Action for Peace and Development	1	200,000
Action for Sustainable Improvement and Management Organization	1	321,360
Actions for Rapid Development - Africa	1	150,000
Active Partner for Development Agency	1	420,000
Active Youth Agency	2	589,996
Advance Africa Initiative	1	150,000
Adventist Development and Relief Agency	2	1,580,000
Africa Development Aid	5	958,000
African Christian Kush Aid Program	1	200,000
African Humanitarian Corps	1	456,384
African Leadership Skills Initiative	1	200,000
Afro-Canadian Evangelical Mission	3	615,936
Agency for Technical Cooperation and Development	6	8,605,000
Aid Support Community Organization	2	1,510,000
Alliance for International Medical Action	1	1,872,720
Alliance for Medical and Relief Services	1	248,000
American Refugee Committee (Alight)	3	2,168,228
Andre Foods South Sudan	1	187,500
Apt Succor Organization	1	200,000
Ark for Humanity	1	188,920
Assistance Mission Africa	2	353,724
Association of Christian Resource Organizations Serving Sudan	2	1,553,500
Associazione Volontari per il Servizio Internazionale	4	2,768,250
Base Net Organization	1	80,000

PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
CARE International	4	8,151,503
Care for Children and Old Age in South Sudan	2	1,200,000
Care for Humanity Organization	1	200,000
Catholic Agency for Overseas Development	2	1,150,000
Catholic Medical Missions Board	2	580,000
Catholic Organisation for Relief and Development Aid	3	5,287,945
Catholic Relief Services	3	2,274,779
Centre for Emergency and Development Support	2	600,000
Centre for Livelihoods, Peace Research and Poverty Reduction Organization	1	74,999
Charity Mission Corps	3	600,000
Charity and Empowerment Foundation	2	513,000
Child Hope Organization	1	300,000
Child Rehabilitation Organization	1	230,000
Child's Destiny and Development Organization	2	543,650
Children Aid South Sudan	2	700,000
Christian Agenda for Development	1	325,000
Christian Mission Aid	2	2,185,825
Christian Mission for Development	5	4,787,500
Christian Recovery and Development Agency	2	799,980
Coalition for Humanity South Sudan	7	1,735,000
Comitato Collaborazione Medica	2	1,993,499
Community Action Organization	6	2,296,250
Community Aid for Fisheries and Agriculture Development	1	370,000
Community Health Aid Services	1	171,000
Community Health and Development Organization	3	1,020,000
Community Health and Education Program South Sudan	1	150,000
Community Initiative for Development Organization	6	1,760,000
Community Initiative for Sustainable Development Agency	1	215,000
Community Response for Development	1	150,000
Community in Need Aid	3	1,200,000
Concern Worldwide	5	10,269,910
Confident Children out of Conflict	1	350,000
Danish Refugee Council	8	14,917,835
Deutsche Welthungerhilfe e.V. (German Agro Action)	1	432,000
Development Aid and Relief Organization	1	100,000
Empathy Foundation for Africa	1	300,000
Farmer's Life Development Agency	1	175,500
Food & Agriculture Organization of the United Nations	1	70,000,000
Food Agriculture and Disaster Management	1	400,000



PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
Food on Wheels South Sudan Incorporated	1	128,000
GOAL	3	13,720,638
Grassroot Empowerment and Development Organization	3	1,192,817
Grassroots Relief and Development Agency	2	655,841
Great Lakes Initiative South Sudan	1	290,000
Greater Upper Nile Organization	1	300,000
Green Belt Initiative	2	1,700,000
Handicap International / Humanity & Inclusion	3	2,730,000
Health Action Africa (South Sudan)	2	635,000
Health Link South Sudan	4	3,500,000
Healthcare Foundation Organization	2	400,000
Help - Hilfe zur Selbsthilfe e.V.	2	2,475,000
Help Restore Youth South Sudan	1	172,105
Hold the Child Organisation	3	1,410,000
Hope Foundation for Community Development	1	180,000
Hope Restoration South Sudan	4	1,245,000
Hope for Children and Women Foundation	1	500,000
Humane Aid for Community Organization	6	1,700,000
Humanitarian Actors for Grassroot Initiative	1	200,000
Humanitarian Agency for Community Initiative	1	200,000
Humanitarian Aid for Change and Transformation	1	800,000
Humanitarian and Development Consortium	2	450,000
IMPACT Initiatives	1	150,000
INTERSOS Humanitarian Aid Organization	4	2,932,000
Impact Health Organization	3	2,833,702
Impact Relief and Development	1	280,000
Initiative for Peace Communication Association	1	300,000
Integrated Humanitarian Network for Transformation	1	438,000
International Aid Services	1	600,000
International Medical Corps UK	2	3,786,032
International Organization for Migration	11	75,217,900
International Rescue Committee	5	7,718,084
Internews Europe	2	1,504,791
Islamic Relief Worldwide	4	3,576,247
IsraAID	1	800,000
Johanniter Unfallhilfe e.V.	1	187,500
John Dau Foundation	2	1,984,020
Joint Aid Management International	2	3,780,030
Justice for Children Organization (South Sudan)	1	170,000

PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
Lacha Community and Economic Development	3	1,475,000
Life Saving and Development Organization	1	150,000
LiveWell South Sudan	4	3,259,213
MEDAIR	5	14,232,500
Malaria Consortium	1	1,500,000
Medicair - South Sudan	1	150,000
Medici con l'Africa CUAMM	2	2,875,000
Medicos del Mundo Spain	1	1,499,158
Mercy Corps	4	3,211,000
Mines Advisory Group	1	1,200,000
Mobile Humanitarian Agency	3	650,000
Mobile Theatre Team	2	900,000
Mother and Children Development Aid	5	1,229,500
National Relief and Development Corps	1	100,000
Nile Hope	8	8,439,290
Nile Sustainable Development Organization	2	762,500
Nonviolent Peaceforce	1	2,925,000
Norwegian People's Aid	1	513,641
Norwegian Refugee Council	5	9,833,104
ONO Aid	1	237,025
OXFAM	1	1,400,000
OXFAM GB	2	4,425,000
Office for the Coordination of Humanitarian Affairs	1	12,000,000
Organization for Peace, Relief and Development	1	117,000
Organization for Peoples' Empowerment and Needs	1	399,997
Peace Corps Organization	3	1,674,267
Peace Holding South Sudan	1	250,000
Peace Winds Japan	1	1,500,000
Peace in Action and Social Service	1	300,000
Pilgrims of Hope	2	350,000
Plan International	5	5,451,021
Polish Humanitarian Action	4	6,935,600
Poverty Eradication Programme Organization	1	200,000
REACH Initiative	5	1,710,000
Reach Africa Organization	1	200,000
Real Medicine Foundation	2	988,794
Relief Corps Organization	2	570,000
Relief International	4	8,889,090
Rural Agricultural Organization for Relief and Development in South Sudan	1	160,000

PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
Rural Community Action for Peace and Development	2	1,200,000
Rural Community Development Initiative	1	364,629
Rural Health Services	1	150,000
Rural Initiative for Peace and Development Organization	1	130,000
Rural Water and Sanitation Support Agency	1	800,000
Rural Women for Development South Sudan	1	100,000
Salvation and Light Development Action	1	240,000
Samaritan's Purse	4	4,086,679
Save South Sudan Federation	1	150,000
Save the Children	5	18,794,818
Smile Again Africa Development Organization	3	1,040,000
Solidarités International (SI)	2	1,500,000
South Sudan Development Agency	2	870,000
South Sudan Grassroot Initiative for Development	1	400,000
South Sudan Humanitarian Aid Services	1	150,000
South Sudan Law Society	1	300,000
South Sudanese Development Organization	1	370,000
Stop Poverty Communal Initiative	2	700,000
Sudan Evangelical Mission	2	370,000
Sudan Medical Care	1	1,000,000
Support for Peace and Education Development Program	6	3,610,109
Support the Empowerment of Women and their Rights for Development	1	450,000
Sustainable Children Aid	3	510,000
TARGET Association	2	263,800
TEARFUND	3	8,049,526
Terre des Hommes - Lausanne	3	840,000
The Foundation for Community Support Services	1	264,000
The Health Support Organization	1	300,000
The Mentor Initiative	1	1,499,999
The Nile Initiative for Development	1	100,000
The Organisation for Children's Harmony	1	270,000
The Rescue Initiative South Sudan	1	1,000,000
The Rescue Mission	1	500,000
Titi Foundation	3	949,993
Top Relief Organization	1	250,474
Touch Africa Development Organization	4	1,216,476
United Nations Association of South Sudan	1	200,000
United Nations Children's Fund	7	166,707,983
United Nations Educational, Scientific and Cultural Organization	1	1,275,000

PROJECT ORGANIZATION NAME	# OF PROJECTS	REQUIREMENTS (US\$)
United Nations High Commissioner for Refugees	4	142,015,280
United Nations Humanitarian Air Service	1	52,177,012
United Nations Mine Action Service	1	3,692,275
United Nations Population Fund	2	16,674,825
United Networks for Health	1	499,980
Unity Cultural and Development Centre	2	510,000
Universal Intervention and Development Organization	6	6,225,000
Universal Network for Child Defence Rights	3	487,500
Universal Network for Knowledge and Empowerment Agency	5	4,485,420
Voice For Change	1	260,000
Voice of the Peace	1	300,000
Volunteer Organization for the International Co-operation la Nostra Famiglia	1	503,497
Vétérinaires sans Frontières (Germany)	1	200,000
Vétérinaires sans Frontières (Switzerland)	2	2,350,000
Wadeng Wing of Hope	1	395,833
War Child Holland	1	750,000
Water for South Sudan	1	600,000
Wealth Health and Education for Empowered Life - South Sudan	1	150,000
Widows and Orphans Charitable Organization	1	200,000
Women Advancement Organization	1	250,000
Women Aid Vision	3	810,000
Women Empowerment Centre South Sudan	1	288,000
World Concern Development Organization	1	401,684
World Food Programme	3	620,084,625
World Health Organization	2	25,070,685
World Relief	4	3,047,257
World Vision International	1	1,300,000
World Vision South Sudan	9	18,959,701
<b>Total</b>		<b>1,547,105,529</b>





















7.6

## Planning Figures by Sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPER. PARTNERS	NUMBER PROJECTS
Camp Coordination and Camp Management	1.6M	0.8M	18M	9	9
Coordination and Common Services <sup>34</sup>	305 Orgs	305 Orgs	24M	7	9
Education	3.1M	0.8M	54M	22	23
Emergency Shelter and NFI	2.3M	1.0M	36M	38	39
Food Security and Livelihoods	6.7M	5.6M	645M	91	91
Health	3.6M	2.0M	123M	59	59
Logistics <sup>35</sup>	305 Orgs	305 Orgs	76M	2	3
Nutrition	2.1M	1.3M	225M	53	53
Protection	4.8M	2.8M	87M	78	101
Water, Sanitation and Hygiene	5.5M	3.0M	131M	82	85
Refugee Response	0.3M	0.3M	130M	5	5

## 7.7

# Planning Figures by Gender, Children, Disability and Population Groups

BY GENDER WOMEN/MEN (%)		BY AGE CHILDREN/ADULTS/ELDERS (%)		WITH PHYSICAL DISABILITY (%)	IDPS	NON/ DISPLACED AND HOST COMMUNITIES	RETURNEES	REFUGEES
50/50		54/39/07		13%	0.8M	—	—	—
—		—		—	—	—	—	—
52/48		99/1/0		13%	0.4M	0.1M	0.3M	32K
50/50		53/39/07		13%	0.8M	79K	0.2M	0.3M
50/50		54/39/07		—	—	—	—	—
50/50		54/39/07		13%	0.5M	1.3M	0.3M	0.3M
50/50		—		—	—	—	—	—
63/37		73/27/0		13%	0.2M	1M	0.2K	—
50/50		54/39/07		13%	1M	1.6M	0.3M	0.3M
50/50		54/39/07		13%	0.6M	2.1M	0.2M	0.3M
50/50		54/39/07		—	—	—	—	0.3M

## 7.8

## Planning Figures by County

COUNTY	TOTAL POPULATION <i>Thousands</i>	PEOPLE IN NEED <i>Thousands</i>	TARGETED <i>Thousands</i>	COUNTY SEVERITY	BY GENDER <i>Female / male (%)</i>
<b>CENTRAL EQUATORIA</b>					
Juba	499.5	243.7	96.3	3	52 / 48
Kajo-Keji	221.9	119.3	33.9	3	47 / 53
Lainya	110.3	65.3	31.4	4	47 / 53
Morobo	104.1	81.2	20.0	3	49 / 51
Terekeka	246.5	136.6	96.7	3	52 / 48
Yei	271.2	224.1	41.6	3	53 / 47
<b>EASTERN EQUATORIA</b>					
Budi	99.2	79.4	69.7	4	53 / 47
Ikotos	102.0	47.6	23.9	4	53 / 47
Kapoeta East	161.0	112.8	95.4	4	48 / 52
Kapoeta North	152.4	114.3	99.1	4	48 / 52
Kapoeta South	96.0	64.4	50.8	3	50 / 50
Lafon	149.8	67.4	53.2	3	54 / 46
Magwi	248.1	83.8	59.7	4	49 / 51
Torit	58.6	36.9	16.2	3	54 / 46
<b>JONGLEI</b>					
Akobo	225.4	170.7	140.5	4	51 / 49
Ayod	181.9	129.7	97.1	4	50 / 50
Bor South	327.6	196.9	159.3	4	49 / 51
Canal/Pigi	99.8	85.3	58.5	4	51 / 49
Duk	190.0	142.6	118.1	3	50 / 50
Fangak	193.1	142.1	93.7	4	47 / 53
Nyirol	132.3	105.9	89.2	4	50 / 50
Pibor	204.9	173.4	128.0	4	52 / 48
Pochalla	75.2	20.9	12.5	3	56 / 44
Twic East	119.0	83.3	68.1	3	55 / 45
Uror	182.0	89.3	67.3	3	52 / 48
<b>LAKES</b>					
Awerial	132.9	71.8	56.2	4	51 / 49
Cueibet	173.7	104.2	88.1	3	47 / 53
Rumbek Centre	203.1	111.7	92.4	3	49 / 51
Rumbek East	167.5	92.2	79.4	3	51 / 49
Rumbek North	70.2	42.1	35.6	3	52 / 48
Wulu	82.4	37.1	29.4	3	48 / 52
Yirol East	150.2	120.2	107.2	4	50 / 50
Yirol West	157.7	86.7	74.4	3	50 / 50
<b>NORTHERN BAHR EL GHAZAL</b>					
Aweil Centre	79.1	63.9	39.7	3	50 / 50
Aweil East	335.2	201.1	174.1	4	53 / 47
Aweil North	158.9	87.4	75.1	3	53 / 47
Aweil South	138.5	83.1	70.4	4	52 / 48
Aweil West	235.3	141.2	122.1	3	51 / 49

BY AGE			WITH PHYSICAL DISABILITY (%)	HOST COMMUNITIES AND NON-DISPLACED	IDPS	RETURNEES	REFUGEES IN SOUTH SUDAN
Children / adults / elderly (%)				Thousands	Thousands	Thousands	Thousands
48 / 47 / 4	<div><div></div><div></div><div></div></div>		19%	52.9	27.9	9.6	5.6
16 / 65 / 19	<div><div></div><div></div><div></div></div>		8%	26.4	6.4	1.0	–
42 / 52 / 6	<div><div></div><div></div><div></div></div>		14%	19.8	9.4	2.2	–
53 / 42 / 5	<div><div></div><div></div><div></div></div>		13%	16.2	1.2	2.4	–
52 / 42 / 6	<div><div></div><div></div><div></div></div>		6%	61.9	25.2	8.7	–
55 / 37 / 8	<div><div></div><div></div><div></div></div>		18%	25.4	7.5	2.9	10.0
56 / 38 / 6	<div><div></div><div></div><div></div></div>		8%	53.6	5.6	10.4	–
54 / 39 / 8	<div><div></div><div></div><div></div></div>		6%	19.3	1.2	3.3	–
56 / 40 / 4	<div><div></div><div></div><div></div></div>		10%	81.1	8.6	5.7	–
60 / 33 / 7	<div><div></div><div></div><div></div></div>		11%	72.4	23.8	4.0	–
62 / 37 / 1	<div><div></div><div></div><div></div></div>		5%	31.5	8.1	10.7	–
59 / 38 / 3	<div><div></div><div></div><div></div></div>		13%	39.4	5.9	8.5	–
53 / 39 / 8	<div><div></div><div></div><div></div></div>		18%	20.9	13.7	25.7	–
56 / 41 / 4	<div><div></div><div></div><div></div></div>		5%	5.7	3.4	7.1	–
51 / 39 / 11	<div><div></div><div></div><div></div></div>		13%	98.3	23.9	18.3	–
50 / 42 / 8	<div><div></div><div></div><div></div></div>		24%	72.8	17.5	6.8	–
54 / 40 / 6	<div><div></div><div></div><div></div></div>		10%	113.1	25.5	20.7	–
45 / 45 / 10	<div><div></div><div></div><div></div></div>		34%	46.2	5.3	7.0	–
54 / 40 / 6	<div><div></div><div></div><div></div></div>		15%	50.8	44.9	22.4	–
58 / 34 / 8	<div><div></div><div></div><div></div></div>		23%	65.6	18.7	8.4	–
58 / 35 / 8	<div><div></div><div></div><div></div></div>		3%	44.6	25.9	17.8	–
55 / 37 / 9	<div><div></div><div></div><div></div></div>		24%	85.8	17.9	24.3	–
61 / 38 / 1	<div><div></div><div></div><div></div></div>		3%	6.9	0.6	2.0	2.0
48 / 44 / 8	<div><div></div><div></div><div></div></div>		11%	37.4	11.6	19.1	–
59 / 38 / 3	<div><div></div><div></div><div></div></div>		2%	22.9	22.2	22.2	–
59 / 37 / 4	<div><div></div><div></div><div></div></div>		6%	2.2	47.2	7.3	–
55 / 34 / 11	<div><div></div><div></div><div></div></div>		9%	59.0	18.5	10.6	–
58 / 39 / 3	<div><div></div><div></div><div></div></div>		0%	67.4	7.4	17.6	–
56 / 40 / 4	<div><div></div><div></div><div></div></div>		7%	58.0	7.1	14.3	–
61 / 32 / 7	<div><div></div><div></div><div></div></div>		2%	13.9	8.9	13.2	–
55 / 39 / 6	<div><div></div><div></div><div></div></div>		8%	10.6	7.9	10.9	–
53 / 40 / 7	<div><div></div><div></div><div></div></div>		6%	64.3	28.9	13.9	–
54 / 38 / 8	<div><div></div><div></div><div></div></div>		15%	23.8	16.4	34.9	–
59 / 32 / 9	<div><div></div><div></div><div></div></div>		9%	15.1	9.5	15.5	–
59 / 34 / 7	<div><div></div><div></div><div></div></div>		5%	153.2	12.2	7.0	–
59 / 34 / 7	<div><div></div><div></div><div></div></div>		15%	56.3	7.5	11.3	–
54 / 42 / 3	<div><div></div><div></div><div></div></div>		17%	51.4	9.1	9.8	–
60 / 35 / 4	<div><div></div><div></div><div></div></div>		11%	96.5	11.0	14.7	–



COUNTY	TOTAL POPULATION <i>Thousands</i>	PEOPLE IN NEED <i>Thousands</i>	TARGETED <i>Thousands</i>	COUNTY SEVERITY	BY GENDER <i>Female / male (%)</i>
<b>UNITY</b>					
Abiemnhom	54.2	27.1 	21.9 	3	50 / 50 
Guít	66.3	56.9 	37.7 	3	51 / 49 
Koch	105.5	71.1 	60.5 	3	55 / 45 
Leer	59.1	35.8 	29.8 	3	53 / 47 
Mayendit	66.0	51.2 	43.0 	3	49 / 51 
Mayom	151.7	76.4 	60.4 	4	51 / 49 
Panyijiar	109.5	82.4 	71.9 	4	50 / 50 
Pariang	127.5	203.9 	55.3 	4	50 / 50 
Rubkona	319.7	211.1 	171.2 	4	51 / 49 
<b>UPPER NILE</b>					
Baliet	54.1	35.3 	28.8 	4	46 / 54 
Fashoda	73.5	54.8 	37.3 	4	53 / 47 
Longochuk	57.3	43.0 	36.3 	4	51 / 49 
Luakpiny/Nasir	260.7	182.5 	149.1 	4	53 / 47 
Maban	55.2	199.5 	29.6 	3	50 / 50 
Maiwut	122.0	96.6 	70.1 	4	47 / 53 
Malakal	183.5	121.5 	91.9 	4	40 / 60 
Manyo	76.3	52.1 	36.7 	4	49 / 51 
Melut	125.5	69.0 	58.9 	4	50 / 50 
Panyikang	64.9	39.6 	26.0 	3	42 / 58 
Renk	188.6	94.3 	78.8 	4	47 / 53 
Ulang	115.6	94.3 	70.4 	4	52 / 48 
<b>WARRAP</b>					
Gogrial East	127.0	82.5 	67.5 	3	49 / 51 
Gogrial West	314.4	172.9 	139.6 	3	48 / 52 
Tonj East	146.9	88.1 	71.2 	3	45 / 55 
Tonj North	262.3	131.2 	109.8 	3	51 / 49 
Tonj South	109.3	90.2 	53.7 	3	48 / 52 
Twic	262.5	170.7 	139.9 	3	51 / 49 
<b>WESTERN BAHR EL GHAZAL</b>					
Jur River	273.1	191.2 	153.3 	3	53 / 47 
Raga	58.2	40.7 	33.6 	3	49 / 51 
Wau	314.9	204.7 	167.9 	4	53 / 47 
<b>WESTERN EQUATORIA</b>					
Ezo	119.5	38.8 	27.7 	3	53 / 47 
Ibba	62.9	22.0 	17.6 	3	46 / 54 
Maridi	92.2	24.1 	6.9 	3	54 / 46 
Mundri East	95.9	43.1 	36.3 	3	47 / 53 
Mundri West	46.8	21.0 	17.3 	3	48 / 52 
Mvolo	71.6	21.5 	17.8 	4	49 / 51 
Nagero	22.1	9.8 	5.1 	3	52 / 48 
Nzara	81.1	24.3 	20.3 	3	52 / 48 
Tambura	110.4	52.9 	14.5 	3	53 / 48 
Yambio	159.0	68.5 	54.8 	3	49 / 51 
<b>TOTAL</b>	<b>11.7M</b>	<b>7.5M</b>	<b>5.2M</b>		

BY AGE		WITH PHYSICAL DISABILITY (%)	HOST COMMUNITIES AND NON-DISPLACED	IDPS	RETURNEES	REFUGEES IN SOUTH SUDAN
Children / adults / elderly (%)			Thousands	Thousands	Thousands	Thousands
53 / 43 / 4	<div><div></div><div></div><div></div></div>	2%	3.7	7.0	11.0	–
59 / 30 / 10	<div><div></div><div></div><div></div></div>	8%	15.8	3.4	18.5	–
53 / 34 / 13	<div><div></div><div></div><div></div></div>	14%	38.1	13.3	9.1	–
52 / 42 / 5	<div><div></div><div></div><div></div></div>	8%	13.4	11.9	4.5	–
55 / 35 / 9	<div><div></div><div></div><div></div></div>	36%	12.5	14.2	16.3	–
57 / 27 / 16	<div><div></div><div></div><div></div></div>	21%	38.6	10.3	10.9	–
58 / 38 / 4	<div><div></div><div></div><div></div></div>	5%	19.4	41.7	10.8	–
56 / 37 / 8	<div><div></div><div></div><div></div></div>	32%	5.0	6.1	1.7	119.0
53 / 38 / 9	<div><div></div><div></div><div></div></div>	9%	56.5	101.0	13.7	–
61 / 29 / 10	<div><div></div><div></div><div></div></div>	24%	6.6	10.4	11.5	–
55 / 30 / 16	<div><div></div><div></div><div></div></div>	31%	15.7	14.6	7.1	–
55 / 39 / 6	<div><div></div><div></div><div></div></div>	8%	20.0	7.3	8.7	–
58 / 35 / 7	<div><div></div><div></div><div></div></div>	5%	83.5	55.2	8.9	–
58 / 36 / 6	<div><div></div><div></div><div></div></div>	4%	1.8	0.9	0.6	150.0
55 / 38 / 8	<div><div></div><div></div><div></div></div>	7%	25.2	19.6	24.5	–
23 / 56 / 21	<div><div></div><div></div><div></div></div>	14%	50.6	34.9	7.4	–
42 / 51 / 7	<div><div></div><div></div><div></div></div>	15%	18.0	8.4	10.6	–
62 / 34 / 4	<div><div></div><div></div><div></div></div>	17%	22.4	24.7	11.8	–
24 / 49 / 27	<div><div></div><div></div><div></div></div>	26%	9.4	4.9	11.7	–
58 / 35 / 7	<div><div></div><div></div><div></div></div>	5%	45.7	20.5	12.6	–
51 / 40 / 8	<div><div></div><div></div><div></div></div>	12%	34.5	26.8	9.2	–
56 / 36 / 8	<div><div></div><div></div><div></div></div>	5%	17.6	11.5	38.5	–
56 / 38 / 7	<div><div></div><div></div><div></div></div>	6%	64.2	32.1	43.3	–
57 / 36 / 7	<div><div></div><div></div><div></div></div>	5%	49.8	10.7	10.7	–
51 / 37 / 12	<div><div></div><div></div><div></div></div>	9%	87.9	7.7	14.3	–
54 / 39 / 7	<div><div></div><div></div><div></div></div>	8%	27.9	15.6	10.7	–
57 / 36 / 7	<div><div></div><div></div><div></div></div>	16%	103.5	14.0	22.4	–
59 / 36 / 5	<div><div></div><div></div><div></div></div>	5%	113.4	35.3	6.1	–
56 / 39 / 5	<div><div></div><div></div><div></div></div>	15%	17.8	11.4	4.4	–
57 / 41 / 2	<div><div></div><div></div><div></div></div>	12%	52.0	92.3	23.5	–
50 / 41 / 9	<div><div></div><div></div><div></div></div>	24%	8.6	12.2	5.5	3.0
53 / 43 / 4	<div><div></div><div></div><div></div></div>	11%	8.3	2.6	6.5	–
51 / 43 / 6	<div><div></div><div></div><div></div></div>	14%	1.9	2.2	2.7	–
47 / 46 / 7	<div><div></div><div></div><div></div></div>	27%	17.1	17.1	2.2	–
57 / 40 / 4	<div><div></div><div></div><div></div></div>	15%	3.1	6.6	7.6	–
56 / 37 / 7	<div><div></div><div></div><div></div></div>	40%	2.8	6.9	8.0	–
44 / 53 / 3	<div><div></div><div></div><div></div></div>	6%	2.1	1.3	1.7	–
54 / 40 / 6	<div><div></div><div></div><div></div></div>	19%	3.3	7.9	9.1	–
52 / 44 / 4	<div><div></div><div></div><div></div></div>	13%	4.5	3.2	5.1	2.0
52 / 45 / 3	<div><div></div><div></div><div></div></div>	8%	27.9	2.2	12.6	5.0
		13%	3.0M	1.3M	908.2	296.6

7.10

# How to Contribute

## GUIDE TO GIVING

### CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

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

### DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

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

### DONATING THROUGH SOUTH SUDAN HUMANITARIAN FUND



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

[ochasshf@un.org](mailto:ochasshf@un.org)

### IN-KIND RELIEF AID



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

[logik@un.org](mailto:logik@un.org)



### REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

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

# Acronyms

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<b>AAP</b>	accountability to affected people
<b>CBI</b>	community-based intervention
<b>CCM</b>	camp coordination and camp management
<b>CERF</b>	Central Emergency Response Fund
<b>CPSC</b>	Child Protection Sub-Cluster
<b>CVA</b>	cash and voucher assistance
<b>CWG</b>	Cash Working Group
<b>ES/NFIs</b>	emergency shelter and non-food items
<b>EVD</b>	Ebola virus disease
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FSL</b>	food security and livelihoods
<b>FSNMS</b>	Food Security and Nutrition Monitoring System
<b>GBV</b>	gender-based violence
<b>GP</b>	general protection
<b>HLP</b>	housing, land and property
<b>HNO</b>	Humanitarian Needs Overview
<b>HPC</b>	Humanitarian Programme Cycle
<b>HRP</b>	Humanitarian Response Plan
<b>IDP</b>	internally displaced person
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	Integrated Phase Classification
<b>N/A</b>	not applicable
<b>NFI</b>	non-food item
<b>NGO</b>	non-governmental organization
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OTP</b>	outpatient therapeutic programme
<b>PoC</b>	protection of civilians
<b>R-ARCSS</b>	Revitalized Agreement on the Resolution of the Conflict in South Sudan
<b>S/NFIs</b>	shelter and non-food items
<b>SAM</b>	severe acute malnutrition
<b>SASA</b>	start, awareness, support, and action
<b>SC</b>	stabilization centres
<b>SGBV</b>	sexual and gender-based violence
<b>SSHF</b>	South Sudan Humanitarian Fund
<b>TSFP</b>	target supplementary feeding programme
<b>UASC</b>	unaccompanied and separated children
<b>UNCF</b>	United Nations Cooperation Framework
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>UNISFA</b>	United Nations Interim Security Force for Abyei
<b>WASH</b>	water, sanitation and hygiene
<b>WFP</b>	World Food Programme



# End Notes

- <sup>1</sup> The HRP IDP figure is according to the new South Sudan's IDP baseline set at 1.47 million, following the culmination of an 18-month-long data review and rationalization exercise between IDP datasets maintained by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the International Organization for Migration (IOM). For more on the review process and methodology, see <https://www.humanitarianresponse.info/en/operations/south-sudan/document/south-sudan-new-idp-baseline>.
- <sup>2</sup> *South Sudan Mortality statistics*, 2016.
- <sup>3</sup> *South Sudan Mortality statistics*, 2016.
- <sup>4</sup> 2020 HRP-UNCF (2019-2021) linkages.
- <sup>5</sup> Intergovernmental Authority on Development, *Signed Revitalized Agreement on the Resolution of the Conflict in South Sudan*, September 2018, available at [igad.int/programs/115-south-sudan-office/1950-signed-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan](http://igad.int/programs/115-south-sudan-office/1950-signed-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan).
- <sup>6</sup> According to recent analysis on population mobility by the IOM Displacement Tracking Matrix (DTM) and UN High Commissioner for Refugees (UNHCR).
- <sup>7</sup> The HNO calculations use an IDP baseline of 1.83 million, per data available at the time of writing. South Sudan's IDP baseline has since been set at 1.47 million, following the culmination of an 18-month-long data review and rationalization exercise between IDP datasets maintained by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the IOM. For more on the review process and methodology, see <https://www.humanitarianresponse.info/en/operations/south-sudan/document/south-sudan-new-idp-baseline>.
- <sup>8</sup> Refugees International, *No Confidence: Displaced South Sudanese Await 'Real Peace'*, October 2019, available at [static1.squarespace.com/static/506c8ea1e4b01d9450dd53f5/t/5d95e3f68bb633646340bd85/1570104322464/South+Sudan+-+Dan+-+October+2019+-+FINAL+update.pdf](https://static1.squarespace.com/static/506c8ea1e4b01d9450dd53f5/t/5d95e3f68bb633646340bd85/1570104322464/South+Sudan+-+Dan+-+October+2019+-+FINAL+update.pdf).
- <sup>9</sup> UNHCR, *Regional Intention Survey of South Sudanese Refugees: Summary*, June 2019.
- <sup>10</sup> IOM and UNHCR, *joint Perception and Intention Survey*, <https://displacement.iom.int/reports/south-sudan-%E2%80%9494-iom-unhcr-intention-perception-survey-%E2%80%9393-malakal-may-2019>.
- <sup>11</sup> UN and Partners, *2020 South Sudan Humanitarian Needs Overview*, November 2020, available at [www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ss\\_20191120\\_south\\_sudan\\_humanitarian\\_needs\\_overview\\_2020.pdf](http://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ss_20191120_south_sudan_humanitarian_needs_overview_2020.pdf).
- <sup>12</sup> See Annex 7.4 with table on 2020 HRP-UNCF (2019-2021) linkages.
- <sup>13</sup> WHO, *Health Service Functionality Survey*, July 2019 (unpublished).
- <sup>14</sup> IOM-DTM, *South Sudan – Baseline Assessment – IDP and Returnee – Round 6 (June 2019)*, 1 October 2019, available at [displacement.iom.int/datasets/south-sudan-%E2%80%9494-baseline-assessment-idp-and-returnee-round-6-june-2019](http://displacement.iom.int/datasets/south-sudan-%E2%80%9494-baseline-assessment-idp-and-returnee-round-6-june-2019).
- <sup>15</sup> This represents provisional timing for beginning the first and second standard allocations of the SSHF.
- <sup>16</sup> CCCM Satisfaction Survey 2019 for Wau, Malakal and Bentiu (forthcoming).
- <sup>17</sup> REACH, *Accountability to Affected Populations* fact sheet, August 2019.
- <sup>18</sup> CCCM Satisfaction Survey 2019 for Wau, Malakal and Bentiu (forthcoming).
- <sup>19</sup> South Sudan Cash Working Group, *South Sudan Cash Working Group Strategy Paper*, 30 May 2019, available at [fscluster.org/south-sudan-rep/document/south-sudan-cash-working-group-strategy](http://fscluster.org/south-sudan-rep/document/south-sudan-cash-working-group-strategy).
- <sup>20</sup> South Sudan Cash Working Group, *South Sudan Joint Market Monitoring Initiative (JMMI) Presentation*, 30 May 2019, available at [fscluster.org/south-sudan-rep/document/south-sudan-joint-market-monitoring](http://fscluster.org/south-sudan-rep/document/south-sudan-joint-market-monitoring).
- <sup>21</sup> South Sudan Cash Working Group, *Multi-Cluster Survival Minimum Expenditure Basket*, available at [www.cashlearning.org/downloads/multi-cluster-survival-minimum-expenditure-basket.pdf](http://www.cashlearning.org/downloads/multi-cluster-survival-minimum-expenditure-basket.pdf).
- <sup>22</sup> The Coordination and Common Services Cluster is an enabler that serves humanitarian organizations in South Sudan.
- <sup>23</sup> The Logistics Cluster is an enabler serving humanitarian organizations in South Sudan.
- <sup>24</sup> The clusters and the HCT have agreed to focus on activities that can be scaled up depending on availability of funds.
- <sup>25</sup> Camp Management mobile approach is where a mobile team establishes a presence in one of 90 displacement sites (informal settlements) that need to be reached. The team stays for seven weeks to three months to undertake holistic camp management services, coordinating and building the capacity of the displaced population for self-management.
- <sup>26</sup> Education Cannot Wait is a new global fund to transform the delivery of education in emergencies - one that joins up governments, humanitarian actors and development efforts to deliver a more collaborative and rapid response to the educational needs of children and youth affected by crises. The fund aims to reach all crisis-affected children and youth with safe, free and quality education by 2030. For more information: [www.educationcannotwait.org/](http://www.educationcannotwait.org/).
- <sup>27</sup> Target figure to be confirmed.
- <sup>28</sup> UNICEF and WFP, *Breaking the Cycle of Malnutrition in South Sudan – A Call to Action*.
- <sup>29</sup> To be integrated and estimated for the first time through FSNMS first round 2020.
- <sup>30</sup> To be integrated and estimated for the first time through FSNMS first round 2020.
- <sup>31</sup> Tier 1 refers to Priority 1 counties that require urgent GBV in emergency response and have been identified based on severity analysis that factored in the risk factors to GBV and availability of GBV response services.
- <sup>32</sup> Under-reporting of fund mobilization is due to a combination of the under-reporting as seen in the Financial Tracking Service and core pipeline items tracking and related costing.
- <sup>33</sup> The final status of Abyei region has not yet been determined. Humanitarian partners operate in the area from both Sudan and South Sudan. Costs for operations in the region are included under the relevant partners' projects in the 2020 HRP for South Sudan and multi-year HRP for Sudan. The funding requirement represents the total aggregated requirements for the response in Abyei but will not be tracked separately in the Financial Tracking System. Funding levels will instead be tracked against relevant projects in the South Sudan and Sudan HRPs.
- <sup>34</sup> Gender and Age Marker application does not apply to the CCS Cluster as the cluster serves organisations and not beneficiaries.
- <sup>35</sup> Gender and Age Marker application does not apply to the Logistics Cluster as the cluster serves organisations and not beneficiaries.

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### Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

[www.humanitarianresponse.info/southsudan](http://www.humanitarianresponse.info/southsudan)

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Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

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The Financial Tracking Service (fts) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision-making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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