2017

HUMANITARIAN
RESPONSE PLAN
— JANUARY-DECEMBER 2017 —

DEC 2016

SOUTH
SUDAN

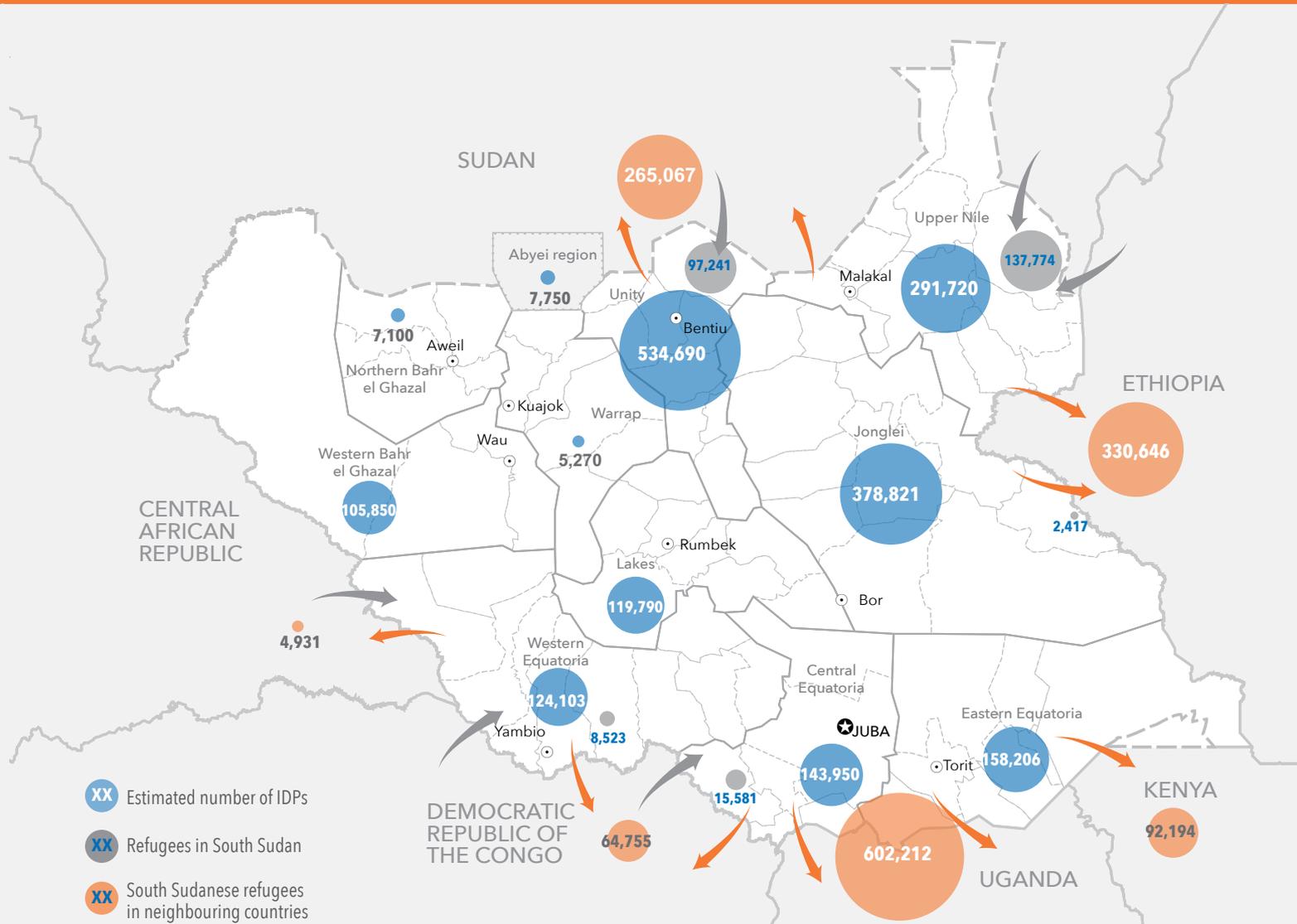| TOTAL POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# HUMANITARIAN PARTNERS
12M	7.5M	5.8M	1.6B	137 (12 UN, 63 INGOs, 62 NNGOs)

SUDAN

265,067

Abyei region
7,750

Upper Nile
137,774

97,241

Malakal

7,100

Aweil

Northern Bahr el Ghazal

Bentiu
534,690

291,720

ETHIOPIA

330,646

Kuajok

Warrap

Wau

5,270

Western Bahr el Ghazal

Jonglei

2,417

CENTRAL AFRICAN REPUBLIC

105,850

378,821

Rumbek

Lakes

Bor

4,931

119,790

Western Equatoria

124,103

Central Equatoria

Eastern Equatoria

Yambio

8,523

JUBA

158,206

Torit

KENYA

92,194

15,581

143,950

DEMOCRATIC REPUBLIC OF THE CONGO

64,755

602,212

UGANDA

XX Estimated number of IDPs

XX Refugees in South Sudan

XX South Sudanese refugees in neighbouring countries

Source: OCHA and partners, Nov 2016
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined

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

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

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

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FOREWORD BY

THE HUMANITARIAN COORDINATOR

In 2016, the humanitarian crisis in South Sudan deepened and spread, causing tremendous pain and suffering for millions of people across the country. At the beginning of the year, the humanitarian community was responding to a crisis largely concentrated in the Greater Upper Nile region. However, at year's end, large additional areas in the country faced mounting humanitarian needs due to the cumulative impact of conflict, economic decline and a severe erosion in coping capacities. Food insecurity and malnutrition are at unprecedented levels, diseases are widespread, and destitution in urban areas is spiking.

The eruption of fighting in the country's capital, Juba, in July 2016 served as a dreadful bellwether of large-scale displacement and violence that would follow. By mid-December 2016, more than 3 million South Sudanese had been forced to flee their homes. This means that one in four people in South Sudan have been uprooted - their lives disrupted, their homes destroyed, their livelihoods decimated.

Words cannot do justice to the horrific violations endured by civilians as the conflict has unfolded. Dreadful acts have been perpetrated against the most vulnerable, including recruitment of children by armed actors and sexual and gender-based violence against women and girls.

As we look forward to 2017, the picture is extremely daunting: there are more needs now, in more locations, than has ever been the case. The humanitarian community is stretched to its limits and facing mounting challenges. Each day, our colleagues on the front lines of humanitarian action –most of whom are courageous South Sudanese aid workers- risk their lives and struggle to overcome bureaucratic and logistical impediments to deliver life-saving aid.

We have developed a Humanitarian Response Plan (HRP) that we firmly believe is realistic, robust and responsive to a highly complex emergency. In recognition of the fact that this is, at its core, a protection crisis, we have reinstated a separate Strategic Objective on protection, but also worked proactively to mainstream protection across all elements of the response, including through promoting gender- and conflict-sensitive programming and accountability to affected people.

With needs escalating exponentially, we have been forced to rigorously prioritize. This has been an uncomfortable challenge as we are acutely aware that in this context each action we do not implement, and each area we do not reach, will have a real impact on people's lives. I am proud of the work done by the clusters to tackle this difficult task, and hope that their extensive efforts will pay dividends in donor confidence.

We have made substantial headway in promoting collaboration and partnerships across all elements of the response. In the 2017 HRP, there is a 55 per cent increase in the number of national NGOs compared to 2016. This links closely with our efforts to put communities at the centre of the response, and to better utilize indigenous knowledge and skills to help people in need.

Over the course of 2016 we have seen the operating environment for humanitarians progressively deteriorate. In 2017, we will continue to engage intensively with all interlocutors in an endeavour to ensure the safety and security of aid workers and secure free, safe and unhindered access to all people in need. In 2016, we reached nearly 5 million people with humanitarian assistance and protection. In 2017, we are planning to reach more. I appeal to the generosity of our donors and those with the ability to do so to support us.

Eugene Owusu
Humanitarian Coordinator for South Sudan

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Save lives and alleviate the suffering of those most in need of assistance and protection

STRATEGIC OBJECTIVE 2

Protect the rights and uphold the dignity of the most vulnerable

STRATEGIC OBJECTIVE 3

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

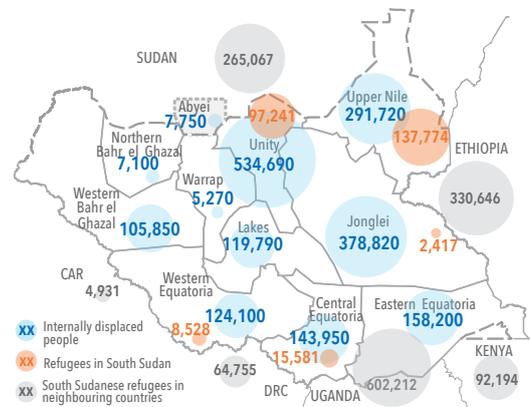**PEOPLE IN NEED**

7.5M

PEOPLE TARGETED
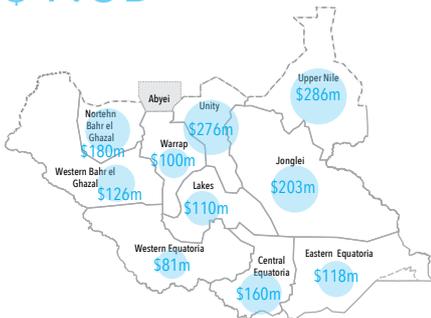
5.8M

REQUIREMENTS (US$)

1.6B

DISPLACEMENT

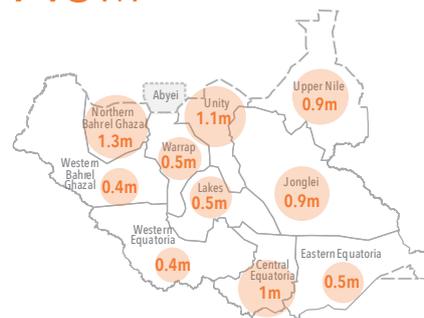IDPs: 1.9M   Refugees in South Sudan: 260K
South Sudanese Refugees: 1.3M

SUDAN 265,067
Abyei 7,750
Northern Bahr el Ghazal 7,100
Upper Nile 291,720
97,241
137,774
ETHIOPIA
Unity 534,690
Warrap 5,270
Western Bahr el Ghazal 105,850
Lakes 119,790
Jonglei 378,820
330,646
2,417
CAR 4,931
Western Equatoria 124,100
Central Equatoria 143,950
Eastern Equatoria 158,200
KENYA
8,528
15,581
92,194
64,755
DRC UGANDA 602,212

XX Internally displaced people
XX Refugees in South Sudan
XX South Sudanese refugees in neighbouring countries

FUNDING REQUIREMENTS PER STATE (US$)

$1.6B

Upper Nile $286m
Northehn Bahr el Ghazal $180m
Abyei
Unity $276m
Warrap $100m
Western Bahr el Ghazal $126m
Lakes $110m
Jonglei $203m
Western Equatoria $81m
Central Equatoria $160m
Eastern Equatoria $118m

PEOPLE IN NEED

7.5M

Abyei
Northern Bahrel Ghazal 1.3m
Unity 1.1m
Upper Nile 0.9m
Warrap 0.5m
Western Bahrel Ghazal 0.4m
Lakes 0.5m
Jonglei 0.9m
Western Equatoria 0.4m
Central Equatoria 1m
Eastern Equatoria 0.5m

PEOPLE TARGETED

5.8M

Abyei
Northern Bahrel Ghazal 1.2m
Unity 0.9m
Upper Nile 0.7m
Warrap 0.4m
Western Bahrel Ghazal 0.4m
Lakes 0.3m
Jonglei 0.6m
Western Equatoria 0.2m
Central Equatoria 0.7m
Eastern Equatoria 0.4m

NUMBER OF PARTNERS

UN 12
NNGOs 62
137 partners
63 INGOs

NUMBER OF PROJECTS

321

FUNDING REQUIREMENTS PER SECTOR (US$)

Total requirements $1.6b
Cluster requirements $1.4b
Refugee response requirements $220m

Sector	Cluster requirements	Refugee requirements
Other refugee specific		30m
CCCM	18m / 23m	30m
CCS	21m / 21m	5m
ES/NFI	35m / 42m	7m
EDU	49m / 63m	14m
PRO	88m / 119m	31m
LOGS	94m / 94m	22m
Health	123m / 145m	14m
WASH	142m / 156m	6m
NUT	159m / 165m	91m
FSL	689m / 780m	

Cluster requirements
Total sector requirements
Refugee requirements

OVERVIEW OF
THE CRISIS

The humanitarian crisis in South Sudan has deepened and spread as a result of multiple and interlocking threats, including armed conflict and inter-communal violence, economic decline, disease, and climatic shocks.
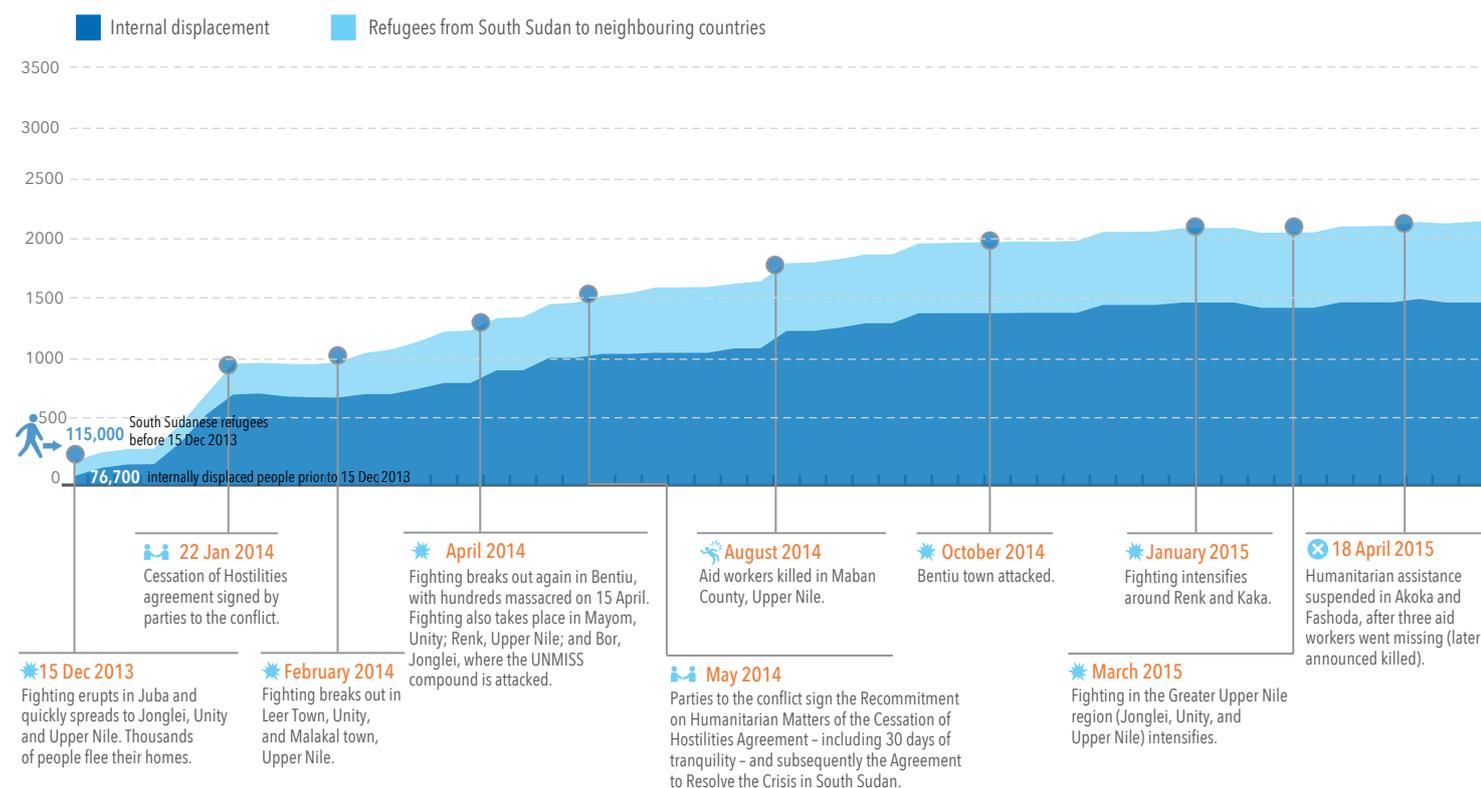
New clashes have left one in four people uprooted. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced[1] (with 50 per cent estimated to be children[2]) and more than 1.2 million who have fled as refugees to neighbouring countries, bringing the total number of South Sudanese refugees in the region to more than 1.3 million.

Civilians face violations, including widespread sexual violence. Although there is no formal death toll for the South Sudan conflict, tens of thousands of people are estimated to have been killed since December 2013. One study of 24 communities in Unity found that nearly 8,000 people had been killed or drowned fleeing fighting over a one-year

period during the conflict[3]. Mortality has been exacerbated by conflict, acute malnutrition and disease, with 13 out of 44 counties surveyed in 2016 having Crude Death Rates (CDR) above the emergency threshold of 1 death per 10,000 people per day. There continue to be reports of sexual violence, including rape and gang rape, committed by all parties to the conflict.

Hunger and malnutrition have reached historic levels. At the height of the lean season in July 2016, some 4.8 million people – more than one in three people in South Sudan – were estimated to be severely food insecure. This number is expected to rise as high as 5 million in 2017. The food security situation is at the most comprised level since the crisis commenced in 2013- the combination of conflict, economic

INTERNAL AND EXTERNAL DISPLACEMENT IN SOUTH SUDAN (IN THOUSANDS)

Legend: Internal displacement / Refugees from South Sudan to neighbouring countries

115,000 South Sudanese refugees before 15 Dec 2013

76,700 internally displaced people prior to 15 Dec 2013

15 Dec 2013
Fighting erupts in Juba and quickly spreads to Jonglei, Unity and Upper Nile. Thousands of people flee their homes.

22 Jan 2014
Cessation of Hostilities agreement signed by parties to the conflict.

February 2014
Fighting breaks out in Leer Town, Unity, and Malakal town, Upper Nile.

April 2014
Fighting breaks out again in Bentiu, with hundreds massacred on 15 April. Fighting also takes place in Mayom, Unity; Renk, Upper Nile; and Bor, Jonglei, where the UNMISS compound is attacked.

May 2014
Parties to the conflict sign the Recommitment on Humanitarian Matters of the Cessation of Hostilities Agreement – including 30 days of tranquility – and subsequently the Agreement to Resolve the Crisis in South Sudan.

August 2014
Aid workers killed in Maban County, Upper Nile.

October 2014
Bentiu town attacked.

January 2015
Fighting intensifies around Renk and Kaka.

March 2015
Fighting in the Greater Upper Nile region (Jonglei, Unity, and Upper Nile) intensifies.

18 April 2015
Humanitarian assistance suspended in Akoka and Fashoda, after three aid workers went missing (later announced killed).

crises, and lack of adequate levels of agricultural production combined have eroded vulnerable households ability to cope. More than one million children under age 5 are estimated to be acutely malnourished, including more than 273,600 who are severely malnourished.
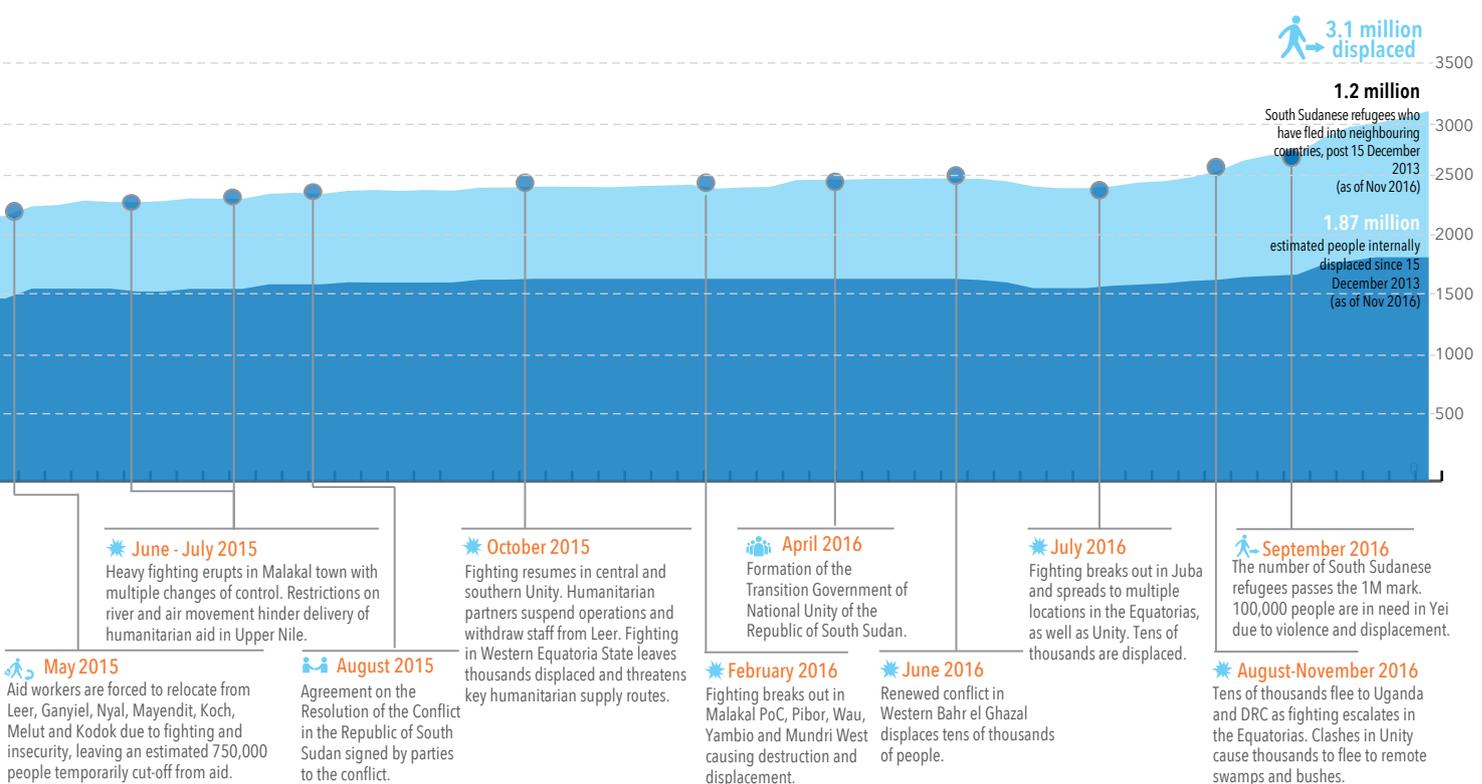
The economic crisis has escalated, leaving the urban poor increasingly desperate and destitute. The South Sudanese Pound (SSP) rapidly depreciated in 2016, reaching an all-time high of more than 100 SSP to 1 US Dollar in November 2016. The cost of living has risen exponentially, with the South Sudan annual Consumer Price Index (CPI) increasing by 835.7 per cent from October 2015 to October 2016, the highest year-on-year inflation rate in the world. Insecurity along main roads has crippled trade and trader's ability to access hard currency for imports. In September 2016, 51 per cent of households in Juba were food insecure, more than double the 2015 level of 23 per cent, and this number is expected to continue to increase.

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

rates of HIV/AIDS in South Sudan, cutting many off from life-sustaining treatment.

The children of the world's youngest nation are at risk. More than 1.17 million children aged 3 to 18 years old have lost access to education due to conflict and displacement since December 2013. About 31 per cent of schools open have suffered at least one or more attack from armed actors. This has overwhelmingly been the case in Greater Upper Nile, specifically in urban areas. Over 17,000 children are estimated to have been recruited by armed actors in South Sudan, including 1,300 recruited in 2016. Over 9,000 were children registered as unaccompanied, separated or missing at the time of writing. Anecdotal evidence indicates that child marriage is increasing due to conflict and economic pressures. An estimated 1 million children are believed to be in psychological distress.

Despite the crisis in South Sudan, refugees from neighbouring countries continue to seek protection within its borders. Fighting in South Kordofan and Blue Nile states in Sudan continues to cause refugees to arrive in Pariang in Unity and Maban in Upper Nile. Refugees from the Central African Republic, Democratic Republic of Congo and Ethiopia are in protracted displacement, mostly in Central and Western Equatoria. However, since the outbreak of conflict in South Sudan in December 2013, the protective environment in and around refugee camps has deteriorated. Ezo camp in Western Equatoria was formally closed in February 2016 due to insecurity, and access to Lasu camp in

3.1 million displaced

1.2 million
South Sudanese refugees who have fled into neighbouring countries, post 15 December 2013 (as of Nov 2016)

1.87 million
estimated people internally displaced since 15 December 2013 (as of Nov 2016)

May 2015
Aid workers are forced to relocate from Leer, Ganyiel, Nyal, Mayendit, Koch, Melut and Kodok due to fighting and insecurity, leaving an estimated 750,000 people temporarily cut-off from aid.

June - July 2015
Heavy fighting erupts in Malakal town with multiple changes of control. Restrictions on river and air movement hinder delivery of humanitarian aid in Upper Nile.

August 2015
Agreement on the Resolution of the Conflict in the Republic of South Sudan signed by parties to the conflict.

October 2015
Fighting resumes in central and southern Unity. Humanitarian partners suspend operations and withdraw staff from Leer. Fighting in Western Equatoria State leaves thousands displaced and threatens key humanitarian supply routes.

February 2016
Fighting breaks out in Malakal PoC, Pibor, Wau, Yambio and Mundri West causing destruction and displacement.

April 2016
Formation of the Transition Government of National Unity of the Republic of South Sudan.

June 2016
Renewed conflict in Western Bahr el Ghazal displaces tens of thousands of people.

July 2016
Fighting breaks out in Juba and spreads to multiple locations in the Equatorias, as well as Unity. Tens of thousands are displaced.

September 2016
The number of South Sudanese refugees passes the 1M mark. 100,000 people are in need in Yei due to violence and displacement.

August-November 2016
Tens of thousands flee to Uganda and DRC as fighting escalates in the Equatorias. Clashes in Unity cause thousands to flee to remote swamps and bushes.

Central Equatoria has become extremely challenging since conflict escalated in Yei in July 2016. The multiplicity of armed elements has exacerbated the challenge of maintaining the civilian character of asylum. Tensions between refugee and local populations have also grown over increasingly scarce resources. Having been forcefully displaced from their country of origin, all refugees are in need of international protection and assistance. Among them, women and children/youth – especially female headed households and unaccompanied/separated children – face greater protection risks, including gender-based violence, early marriage and forced recruitment. People with disabilities and the elderly also have specific needs that require both targeted interventions and mainstreaming into general assistance.

KEY THREATS

✸ Conflict and violence
💰 Economic decline
☣ Disease
〰 Climatic shocks

For further information see the full South Sudan Humanitarian Needs Overview here: http://bit.ly/2i5HpEA

DISPLACEMENT

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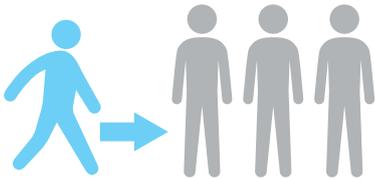
FOOD INSECURITY

4 out of **10** people
are severely food insecure

DESTRUCTION

Thousands
of homes have been destroyed
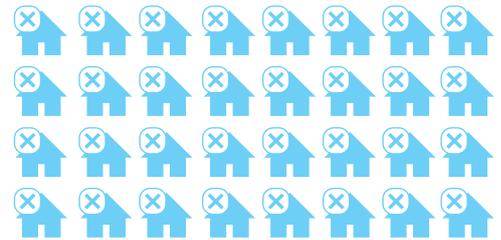
CALENDAR OF KEY SEASONAL EVENTS

| Dry season | | Rainy season | | Dry season |

| Harvest period | Planting season | Growing season | | Harvest period |

| Pre-position supplies | | Hunger gap period/ Lean season | Seasonal floods | Floods recede |

| Epidemic meningitis | Diarrheal diseases: acute watery diarrhea, dysentery, cholera and typhoid fever Malaria | |

| | School term 1 | School term 2 | School term 3 |

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

180
120
60
0

■ Conflict incidents in 2014   ■ Conflict incidents in 2015   ■ Conflict incidents in 2016

Source: ACLED and humanitarian partners

STRATEGIC

OBJECTIVES

Under the 2017 South Sudan Humanitarian Response Plan, humanitarian partners aim to respond to the most life-threatening needs of 5.8 million people out of an estimated 7.5 million in need of humanitarian protection and assistance across South Sudan.

In the face of rapidly growing needs, the plan represents the result of robust prioritization and difficult decision-making by humanitarian partners. It focuses on intervening in locations where the most lives are at risk and implementing activities with the greatest life-saving potential. Recognizing that South Sudan is first and foremost a protection crisis, a separate strategic objective on protection has been re-instated, and the centrality of protection has been reiterated throughout all aspects of the plan. The plan acknowledges that, given the expansion and deepening of the crisis, humanitarians will be able to meet only the most urgent and severe needs. It is therefore circumspect in its ambitions and, rather than aiming to build resilience, focuses on responding in a way that bolsters the ability of those most at risk – particularly in hard-to-reach areas – to respond to the threats they face. The plan was developed in complement to the United Nations Country Team's Interim Cooperation Framework (ICF), which includes efforts to build resilience and strengthen basic services, with every effort made to eliminate duplication and ensure maximum synergies between the plans. As South Sudan is a uniquely challenging and costly operational environment, the plan endeavours to maximize efficiency, in line with the Grand Bargain signed at the World Humanitarian Summit, including through the use of common logistical services core pipelines. Throughout 2017, humanitarian partners will continue to urge relevant authorities to allocate resources for humanitarian action, in line with their responsibilities.

1 Save lives and alleviate the suffering of those most in need of assistance and protection

Aims to reduce excess death, injury and disease in South Sudan through strictly prioritized response in areas where needs are most severe. This objective encapsulates humanitarian partners' commitment to good programming, conflict sensitivity, and upholding the core principle of do no harm, including through meaningful two-way communication with communities affected by the crisis. It stresses the importance of people's ability to access humanitarian assistance and protection in safety and dignity.

2 Protect the rights and uphold the dignity of the most vulnerable

Recognizes that South Sudan is first and foremost a protection crisis and underscores the centrality of protection of civilians to the response. This objective highlights the role of humanitarians in advocating to prevent further violence, calling on all parties to uphold their responsibilities under international humanitarian law, establishing effective and dignified services for survivors, and promoting programming that reduces the protection risks faced by different population groups, particularly women, girls and boys. It also calls for all elements of the humanitarian response to be informed by a more in-depth understanding of the unique needs and vulnerabilities of different population groups.

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

Focuses on supporting at-risk communities to prepare for and manage the threats they face as a result of the multiple and inter-locking crises in South Sudan. The objective is circumspect, finite and focused on promoting concrete actions that humanitarians can take to help communities cope, including through the use of innovative modalities in hard-to-reach areas and encouraging community-based contingency planning. Recognising that the humanitarian contribution is bounded, humanitarian partners will engage intensively with authorities and development actors to promote resilience-building and the restoration of basic services across South Sudan, particularly through the *Interim Cooperation Framework*.

RESPONSE
STRATEGY

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

6 KEY STRATEGY ELEMENTS

Maximize efficiency and effectiveness

Enhance protection

Be flexible and adaptive

Deliver despite challenges

Strictly prioritize and target

Put communities at the centre

1 Maximize efficiency, effectiveness and transparency

Recognizing that the scale and urgency of the crisis will stretch the humanitarian system to its limits in 2017, humanitarian partners will maximize synergies in response to key threats that require whole-of-system and cross-cluster/sector action, including malnutrition, protection violations, physiological support and mortality. In order to promote efficiency gains and reduce duplication of management costs, the response will utilize common services and pipelines. Linkages between national and sub-national coordination will be enhanced, and engagement between humanitarian and development partners will ensure maximum complementarity, including between the Humanitarian Response Plan and the United Nations' ICF.

2 Ensure the centrality of protection in action and advocacy

The South Sudan protection crisis demands action and advocacy at all levels. The Humanitarian Country Team will lead proactive engagement and prioritization of protection issues with the aim of keeping civilians and communities safe from risks and supporting them to recover from harm. The humanitarian community will relentlessly advocate for all actors to uphold their responsibilities and obligations under international humanitarian law and international human rights law and for those who fail to do so to be held to account. Efforts will be made to increase the efficacy of humanitarian engagement with the United Nations Mission in South Sudan on protection of civilians-related issues. Concrete and complementary actions will be taken across sectors to contribute to protection efforts and promote a gender and age sensitive response.

3 Implement a flexible, adaptive and coordinated response

In the face of a highly fluid, volatile, complex and challenging operational environment, humanitarian partners will promote flexibility, adaptability and coordination. This will include: collective prioritization of response locations to inform the use of collective assets and capacity; promoting field-driven responses, wherever feasible; strengthening mobile response capacity to deploy rapidly when field-driven response is not possible; undertaking action-oriented contingency planning; and increasing community engagement in emergency response and preparedness.

4 Deliver despite the challenges, including by securing safe access

The humanitarian community has identified concrete measures that will enable continued delivery in 2017, including: intensively negotiating and advocating for safe access by people in need to assistance and protection, as well as for safe access to people in need by humanitarians; identifying and mitigating risks faced by communities accessing assistance, including through conflict sensitive programming; contextualizing and implementing the Saving Lives Together framework; retaining dedicated security capacity; increasing safety and security training; raising resources for emergency relocations and medical evacuations; and identifying the best response option in any given situation, including utilizing local partners where appropriate while also acknowledging when this results in risk transfer.

5 Implement a strictly prioritized, targeted and coordinated response

Given the scale of the crisis, humanitarian partners will be unable to meet all needs across the country in 2017 and robust prioritization is critical. Due to the multi-faceted nature of the crisis, clusters articulated robust cluster prioritization strategies, highlighting which priority activities they would implement, in which priority areas, based on the level of funding available. Through collaborative peer review, clusters then identified opportunities for multi-sectorial response. Projects were prioritized for inclusion in the HRP on the basis of both their criticality and feasibility The HRP is a realistic, comprehensive, prioritized and targeted strategy to meet the most urgent life-saving needs, which is designed to be fully funded.

6 Put communities at the centre of humanitarian action

Building on progress in 2016, humanitarians will take further steps to place communities at the centre of humanitarian action and decision-making. This will include: ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability and inform adjustments in the response, including for the Prevention of Sexual Exploitation and Abuse (PSEA); providing meaningful opportunities for community participation in humanitarian action; and engaging local knowledge and resources to promote self-reliance and ownership.

2017 SOUTH SUDAN HRP PRIORITIZATION

Full table: http://bit.ly/2j9exZ1

| CLUSTER	1-25% FUNDING TOP PRIORITY ACTIVITIES	26-50% FUNDING ADDITIONAL ACTIVITIES	51-75% FUNDING ADDITIONAL ACTIVITIES	76-100% FUNDING ADDITIONAL ACTIVITIES
	· Site management · Registration · CwC (basic) & Training (basic)	· Information management · Site care and maintenance	· Site development · CwC (extended)	· Site development · Training (extended)
	· Reopen occupied/closed schools · Promote basic cognitive development · Build emergency life-saving skills · Procure 25% of Education in Emergencies pipeline supplies	· Emergency rehabilitation of schools · Promote cognitive development through primary education, accelerated learning programmes (ALP) and vocational education · Additional 25% of pipeline	· Additional 25% of pipeline to enable implementation of priority activities in additional areas	· Further efforts to promote cognitive development - vocational education, primary education, ALP · Additional life-saving skills · Additional 25% of pipeline
	· Distribute shelter materials & NFIs to new IDPs (mobile interventions) in Unity, Eastern & Western Equatoria, WBeG · Procure pipeline supplies	· Distribute shelter materials & NFIs to protracted IDPs based on severity of needs (mobile interventions) in Central Equatoria & Jonglei · Procure additional pipeline supplies	· Distribute shelter materials & NFIs to new & protracted IDPs, & potentially returnees (40% of funding for mobile & 20% for static interventions) in Upper Nile & Warrap · Procure additional pipeline supplies	· Implement response in Lakes & NBeG · Pilot sustainable shelter and NFI programming (e.g. cash vouchers) · Procure additional pipeline supplies
	· Undertake general food distribution (GFD) and unconditional cash/voucher transfers for the most severely food insecure (IPC 5 & most at-risk IPC 4) · Distribute fishing kits. · Procure 25% of emergency livelihoods pipeline.	· Implement GFD for IPC 4 and most at-risk IPC 3. · Provide conditional transfers · Implement emergency livestock interventions & distribute vegetable/cereal kits · Undertake assessments. · Procure additional 25% of pipeline.	· Implement GFD for all IPC 3. · Provide emergency support for agricultural systems (feeder roads, market rehabilitation, cooperative formation and support). · Procure additional 25% of pipeline.	· Procure additional 25% of pipeline. · Implement activities to help sustain community coping mechanisms.
	· Implement the following Tier 1 activities in 14 priority counties and all PoCs: mobile primary healthcare for most vulnerable IDPs; immunize the most vulnerable IDPs; and implement outbreak investigation & response · Procure 25% of emergency health pipeline	· Implement Tier 1 activities in 16 additional counties · Support static health facilities with emergency HIV/AIDS/TB care & reproductive health services · Respond with Nutrition to SAM with medical complications & with WASH for water borne diseases · Assist people with disabilities · Procure additional 25% of pipeline	· Implement Tier 1 activities in 13 additional counties · Referrals for Comprehensive Emergency Obstetric and Newborn Care, minor trauma and surgery · Scale up TB/HIV/AIDS care · Scale up integrated response to SAM with medical complications · Procure additional 25% of pipeline	· Scale up all priority activities in all other priority counties · Procure additional 25% of pipeline
	· Manage SAM & MAM U5 children in 34 counties with GAM >17.7%. · Provide IYCF counselling to PLWs · Implement SMART surveys in prioritized locations.	· Manage U5 SAM and MAM in other 12 counties with GAM <17.7% · Manage MAM among PLW s in 44 counties with GAM >16.7%.	· Manage U5 SAM and MAM in all remaining counties. · BSFP among U5 in 21 counties with GAM >21.8%	· Manage MAM PLWs in all counties · BSFP among U5 in a further 22 counties with GAM between 15.7 and 21%. · BSFP for PLWs GAM >15.7%
	· Implement the following Tier 1 activities in Tier 1 locations (>80% IDPs, > 15 mine hazards or > 400 unaccompanied children (UASC)): · Protective accompaniment · Individual counselling/psycho-social support (PSS) & referrals · Family Tracing & Reunification · GBV case management, referral points monitoring, community outreach & distribution of dignity kits · Mine clearance & surveying · Community safety education	· Implement Tier 1 activities in Tier 2 locations (emerging hotspots, 200-399 UASCs or 10-15 hazards), & implement the following Tier 2 activities in Tier 1 locations: · Community PSS & community-based protection · Housing, Land and Property & dispute resolution/peacebuilding · Support for relocations · Awareness raising & prevention messaging on child protection · Mine Risk Education	· Implement Tier 1 activities in Tier 3 locations (>40k IDPs or >10 conflicts, 100-199 UASCs or 5-9 hazards), and Tier 2 activities in Tier 2 locations.	· Implement Tier 2 activities in Tier 3 locations.
	· Implement frontline WASH response for new IDPs in 11 most vulnerable counties, including: WASH in PoCs (75%) and mobile response activities (25%) · Procure 30% of pipeline & pre-position cholera WASH supplies	· Implement frontline WASH mobile response in additional 15 priority counties with acute malnutrition & newly displaced populations · Procure additional 30% of pipeline	· Implement frontline WASH response in 24 additional priority counties based on exposure to conflict, malnutrition and AWD · Undertake cholera preparedness and response. · Procure additional 20% of pipeline	· Implement WASH activities in support of acute malnutrition in remaining counties · Respond to floods that go beyond seasonal norms · Procure remaining 20% pipeline

OPERATIONAL

CAPACITY

In 2017, 137 humanitarian organizations will implement programmes under the Humanitarian Response Plan.

This includes 62 National Non-Governmental Organizations (NNGOs), a 55 per cent increase from 2016 (40 NNGOs), 63 INGOs and 12 UN entities. In addition to those with projects included in the HRP, a further 100 other organizations are operating emergency programmes in South Sudan. However, while the humanitarian footprint in South Sudan remains vast, events over the past year, including attacks against aid workers, have impacted on organizations' presence, with some reducing operations. South Sudanese aid workers continue to form the backbone of the humanitarian response, constituting ninety per cent of the humanitarian workforce across the country.

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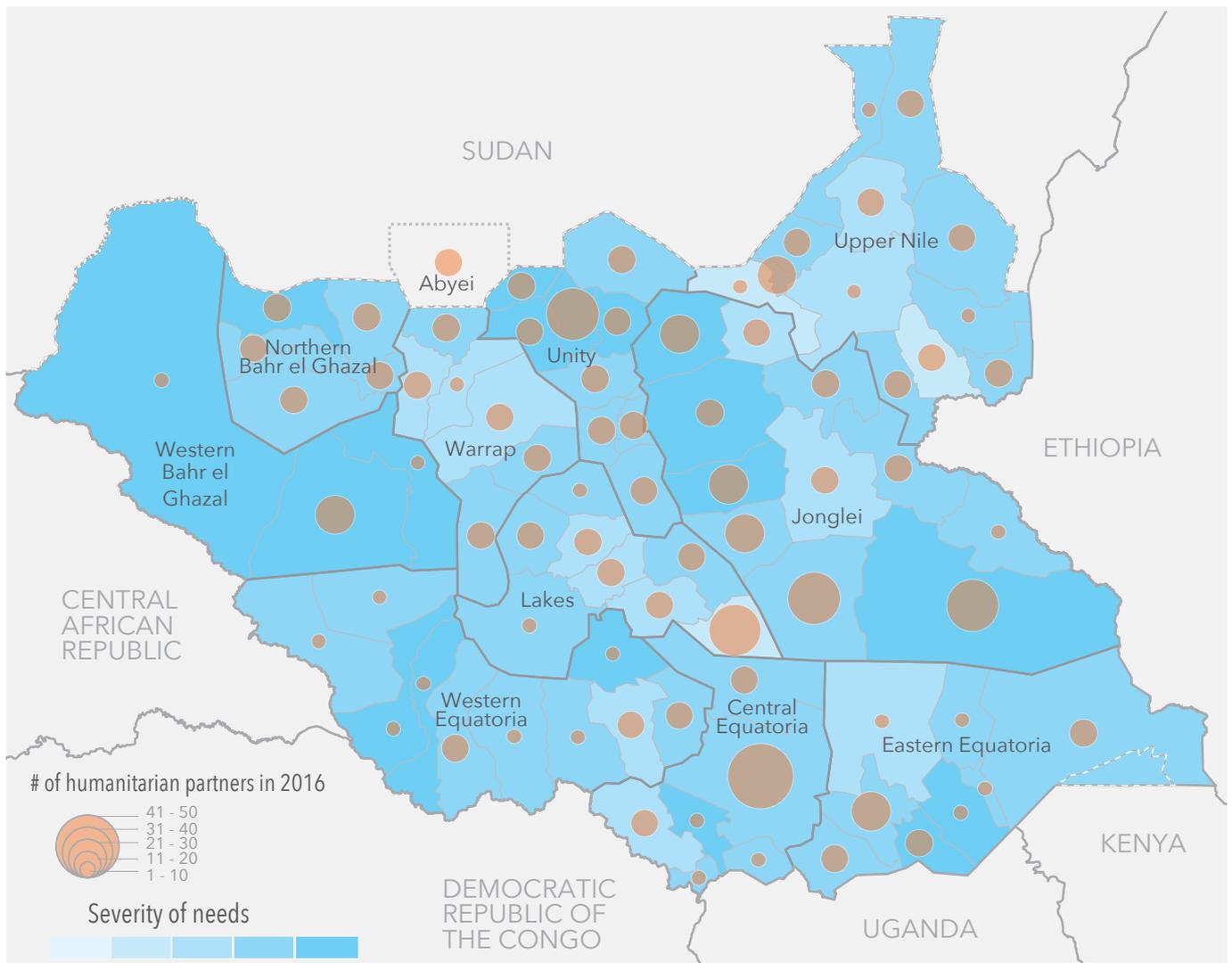
Sources: OCHA and humanitarian partners
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of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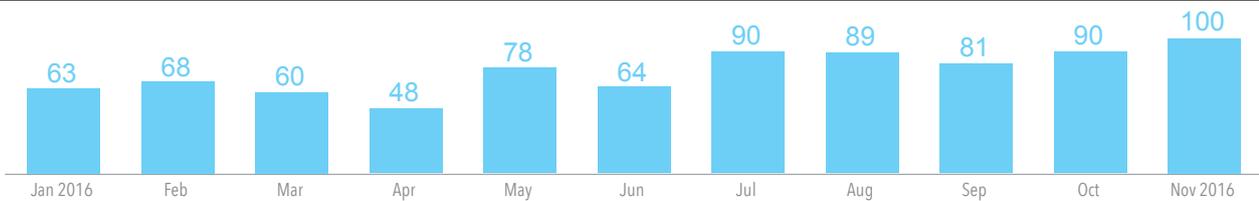
HUMANITARIAN
ACCESS

Securing people in need's access to humanitarian assistance and protection in safety and dignity has become increasingly challenging for humanitarian partners.

In 2016, humanitarian space was compromised by active conflict, denials of access, attacks against humanitarian staff and assets, bureaucratic impediments, and targeting of civilians receiving assistance. The number of humanitarian access incidents spiked significantly in the second half of 2016, increasing from an average of 63.5 incidents per month

from January to June to 90 from July to November. The complexity of humanitarian access negotiations also increased due to the proliferation of armed actors operating in areas where humanitarian needs exist. In 2017, access negotiations and advocacy will remain a paramount enabler of the humanitarian operation.

REPORTED ACCESS INCIDENTS IN 2016

Jan 2016	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov 2016
63	68	60	48	78	64	90	89	81	90	100

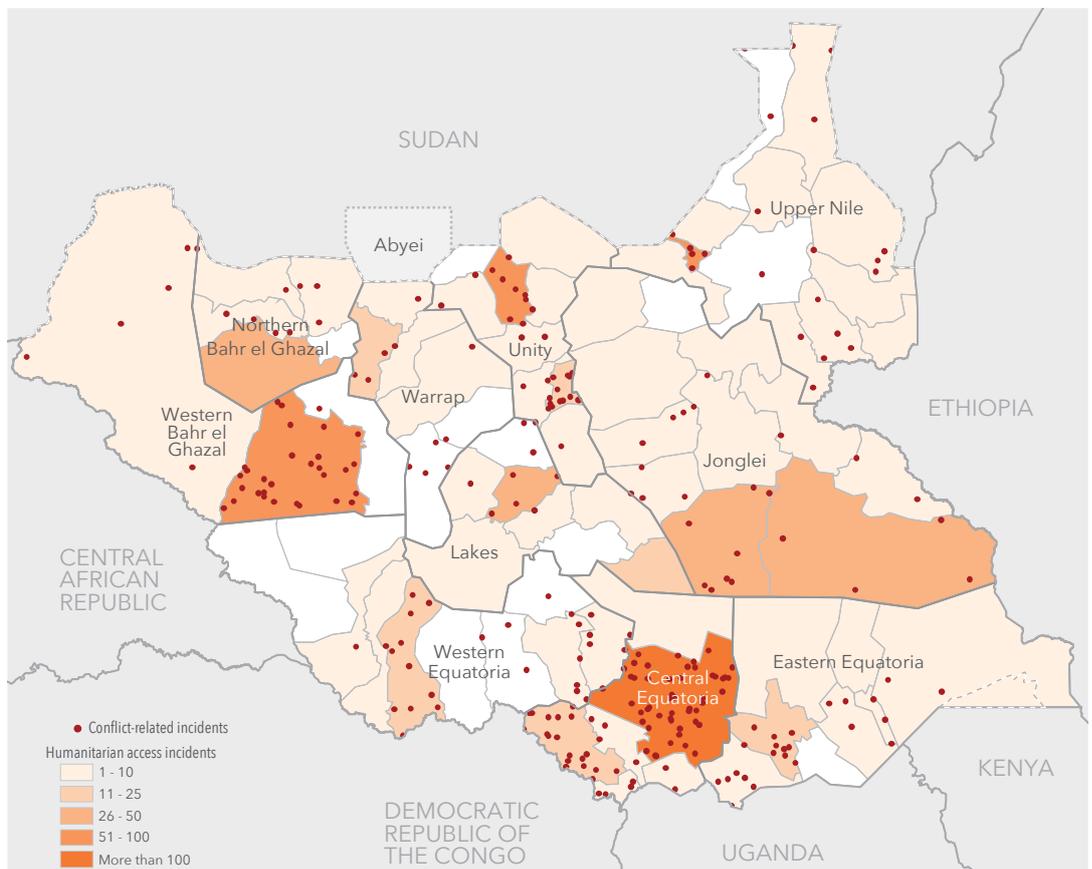WITHDRAWAL, RELOCATION OR SUSPENSION OF ACTIVITIES DUE TO INSECURITY

73

CASES OF ASSAULT/ AMBUSH/ARMED ATTACK AGAINST HUMANITARIANS

71

ATTEMPTED OR COMPLETED INCIDENTS OF ROBBERY, BURGLARY OR LOOTING

305

(from January to November 2016)

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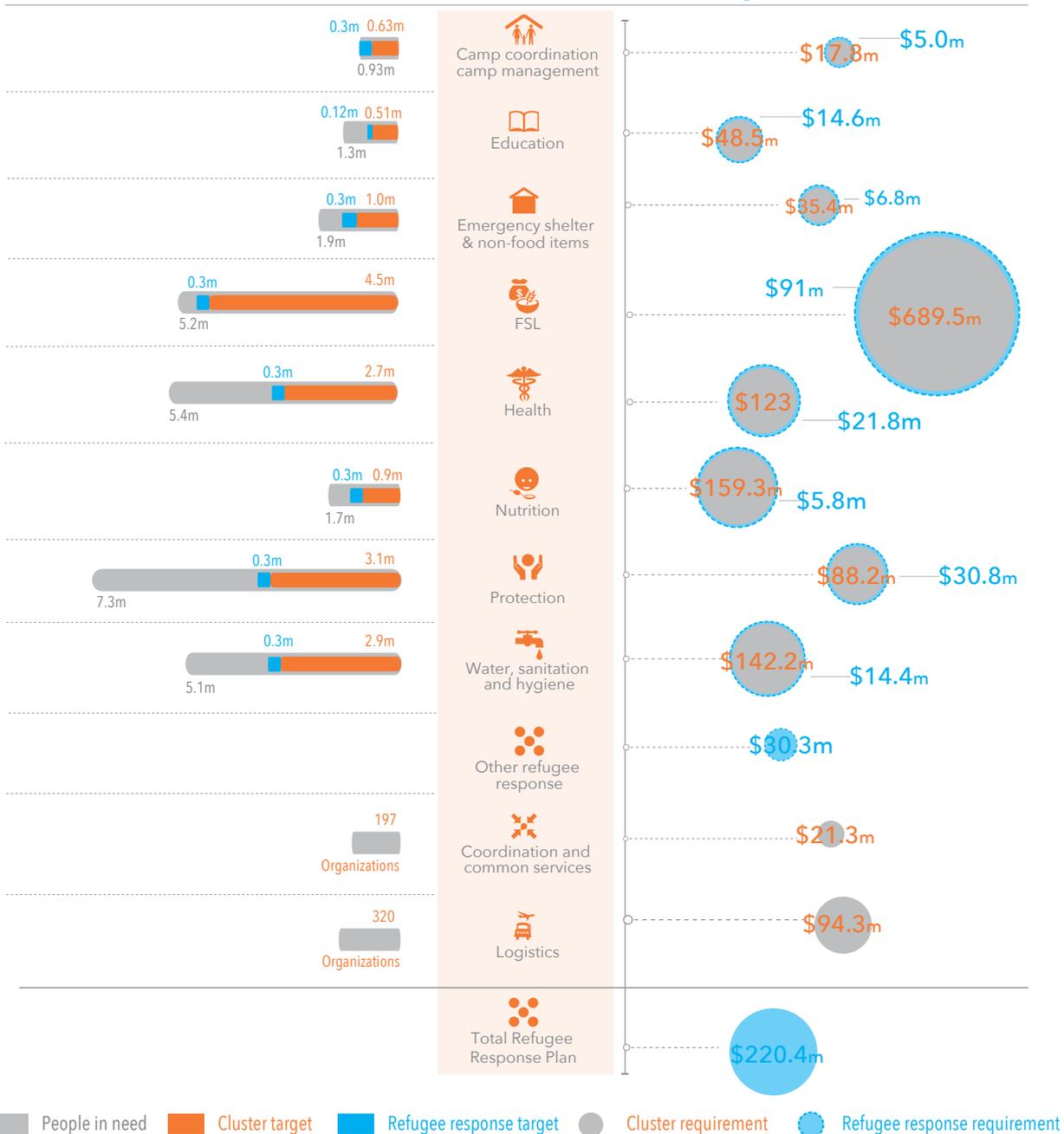
SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

7.5m people in need
5.8m people to be assisted

$1.64 billion requirements

	People in need	Cluster target	Refugee response target	Cluster requirement	Refugee response requirement
Camp coordination camp management	0.93m	0.63m	0.3m	$17.8m	$5.0m
Education	1.3m	0.51m	0.12m	$48.5m	$14.6m
Emergency shelter & non-food items	1.9m	1.0m	0.3m	$35.4m	$6.8m
FSL	5.2m	4.5m	0.3m	$689.5m	$91m
Health	5.4m	2.7m	0.3m	$123	$21.8m
Nutrition	1.7m	0.9m	0.3m	$159.3m	$5.8m
Protection	7.3m	3.1m	0.3m	$88.2m	$30.8m
Water, sanitation and hygiene	5.1m	2.9m	0.3m	$142.2m	$14.4m
Other refugee response					$30.3m
Coordination and common services	197 Organizations			$21.3m	
Logistics	320 Organizations			$94.3m	
Total Refugee Response Plan					$220.4m

Legend:
People in need • Cluster target • Refugee response target • Cluster requirement • Refugee response requirement

RESPONSE

MONITORING

Throughout 2017, the humanitarian community will closely monitor the situation and humanitarian action to ensure that staff, supplies and services are deployed where they are needed most, including based on the views of people affected by the crisis.

Regular analysis of the response will be compiled, including progress against the key overarching outcome indicators for the three strategic objectives. However, in light of the volatile context and lessons learned in 2016, humanitarian partners note that their ability to influence improvements in overall outcomes is likely to remain limited, unless the root causes of the crisis are addressed.

Humanitarians will therefore use the monthly Humanitarian Dashboard to update on progress, gaps and challenges against the cluster-level output targets, on the basis of information provided regarding who is doing what, where, when and for whom (5W). Using the monthly data, quarterly updates will be prepared which highlight key trends in the humanitarian

situation, response, operating environment and funding. These updates will help humanitarian strategists, planners and coordinators to understand changes in the context and adjust the response as necessary.

Given the highly fluid context, humanitarian partners will undertake situational analysis on a weekly basis to inform the Inter-Cluster Working Group's (ICWG) prioritization of response locations, including collective decision-making regarding the optimal use of common assets and pipelines. Mobile responses will remain a critical modality and flexibility has been built into the HRP to enable clusters and partners to be agile in meeting needs in the face of competing demands and rapidly evolving requirements.

STRATEGIC OBJECTIVE	SAVE LIVES AND ALLEVIATE THE SUFFERING OF THOSE MOST IN NEED OF ASSISTANCE AND PROTECTION	PROTECT THE RIGHTS AND UPHOLD THE DIGNITY OF THE MOST VULNERABLE	SUPPORT AT-RISK COMMUNITIES TO SUSTAIN THEIR CAPACITY TO COPE WITH SIGNIFICANT THREATS
OUTCOMES	1.1 Mortality is reduced below emergency thresholds 1.2 Malnutrition is reduced below emergency thresholds 1.3 Food insecurity decreases year-on-year	2.1 Civilian facilities – including schools, hospitals and humanitarian compounds – are not attacked 2.2 Vulnerable civilians are protected from significant threats, particularly gender-based violence and forced recruitment 2.3 Vulnerable civilians can safely access humanitarian support	3.1 Hard-to-reach communities are able to survive periods when they are inaccessible by humanitarian partners 3.2 At-risk communities safely pursue livelihoods 3.3 At-risk children (including youth) access educational, vocational and psycho-social support 3.4 People affected by crisis have sufficient information to make informed decisions
OUTCOME INDICATORS	Crude Death Rate of at risk population Global Acute Malnutrition rate of at risk population Food consumption score amongst at-risk populations # people with access to safe and sufficient quantity of water # counties affected by outbreaks of major diseases (measles, malaria, cholera, kala-azar) # displaced people provided with emergency shelter and NFIs	# attacks against schools # attacks against health facilities # looting incidents affecting humanitarian operations # children recruited by armed actors # humanitarian access incidents	# hard-to-reach people reached with life-saving services # of at risk people with access to livelihood skills and resources required for coping with crises, including protection services # of children reached with EiE programming % civilians reporting that they have sufficient information regarding the humanitarian response and situation

Photo: UN/ Julie Pudlowski. Juba, May 2016

PART II: OPERATIONAL RESPONSE PLANS

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

Cluster objectives and indicators: http://bit.ly/2iYMLkG

PEOPLE IN NEED

933k

PEOPLE TARGETED

933k

SECTOR REQUIREMENTS (US$)

22.8m

OF PARTNERS

5 Cluster
3 Refugee Response

CLUSTER COST PER BENEFICIARY

$28

CLUSTER OBJECTIVE 1

1 Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings.
RELATES TO SO1 &SO2

CLUSTER OBJECTIVE 2

2 Support information-based decision-making by affected populations and humanitarian responders. **RELATES TO SO1 & SO3**

CLUSTER OBJECTIVE 3

3 Equip humanitarians, local actors, and authorities with the tools and knowledge to apply CCCM concepts and best practices.
RELATES TO SO3

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CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

Summary of needs

By the end of 2016, there were some 1.9 million internally displaced people (IDPs) in South Sudan of whom nearly 395,500 were living in camps or camp-like settings. The population of the UN Protection of Civilians (PoC) sites at the end of 2016 was more than 210,000. In addition, some 235,000 people living in host communities in close proximity to IDP camps are in need of enhanced information-sharing supported by CCCM partners. An estimated 302,800 refugees will also be in need of CCCM services.

Targeting and Prioritization

Given the unique nature of its services, the CCCM Cluster will target all of the more than 630,600 people in need. This includes nearly 395,500 people living in CCCM-managed sites and sites with CCCM activities conducted by or handed over to local actors and almost 205,000 people in host communities close to PoCs, including in the greater Wau, Bentiu and Bor regions.

Response Strategy

The primary focus of the Cluster will be the continuation of core camp management services in all PoC sites, Melut informal settlements and Wau collective centres. This includes improving site conditions, working to enhance service quality and accountability, and continuing to advocate for major improvement works such as site expansion to meet minimum humanitarian standards. Wherever possible and appropriate, the Cluster will support informed decision-making of displaced populations on transitional solutions. Having handed over CCCM respon-

sibilities in four collective centres in 2015 and in Mingkaman in 2016, the Cluster will continue to identify opportunities for handover to local actors. The Cluster will support information management, including movement tracking and registration, to improve response planning within and outside camp settings, prioritizing locations for registration with other clusters. CCCM will continue joint advocacy with the Protection Cluster to ensure that displaced people are protected against physical harm and enjoy freedom of movement, and with the GBV sub-Cluster on improving prevention and response. CCCM will also work with the WASH Cluster on contingency planning, emergency response and site improvement, with the ES/NFI Cluster on incorporating risk management measures into shelter programs, and with the Health Cluster to ensure appropriate health services. The Cluster will engage with UNMISS to improve security of the PoC sites and with authorities regarding collective sites and spontaneous settlements.

Promoting quality programming

CCCM will strengthen complaints and feedback mechanisms and encourage all actors to prioritize communication with communities (CwC) as a core component of all programming. CCCM will also link CwC with information collection and sharing, supporting communities to take informed decisions. Mechanisms for PSEA will be strengthened and CCCM will focus on implementing its gender minimum requirements to ensure that the specific needs of women, girls, boys and men of all ages, abilities and ethnicities are identified and addressed.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	0.5M	0.1M	-	0.93M	56%	61 | 36 | 3%
PEOPLE TARGETED	0.3M	0.5M	0.1M	-	0.93M	56%	61 | 36 | 3%
FINANCIAL REQUIREMENTS	$5M	$17.8M			$22.8M		

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

EDUCATION

PEOPLE IN NEED

1.3m

PEOPLE TARGETED

634k

SECTOR REQUIREMENTS (US$)

63.1m

OF PARTNERS

22 Cluster
3 Refugee Response

CLUSTER COST PER BENEFICIARY

$95

CLUSTER OBJECTIVE 1

1 Crisis-affected girls and boys (3-18 yrs) have access to safe, healing and inclusive learning spaces. **RELATES TO SO1**

CLUSTER OBJECTIVE 2

2 Cognitive skills of crisis-affected children (3-18yrs) are strengthened. **RELATES TO SO3**

CLUSTER OBJECTIVE 3

3 Risks to crisis-affected girls and boys (3-18) are reduced. **RELATES TO SO3**

Summary of needs

The conflict has severely degraded an already fragile education system and impacted the education of an estimated 1.173 million school-aged children (3 to 18 years old). Adolescent boys and young men are particularly vulnerable to recruitment by armed actors.[4] While risks to disruption of children's education were highest in Greater Upper Nile at the beginning of 2016, over the course of the year risks increased in Greater Equatoria and Greater Bahr el Ghazal. Some 124,100 refugee children in South Sudan will be also in need of education assistance in 2017.

Targeting and Prioritization

Out of the nearly 1.2 million IDP and host community school-aged children[5] whose education has been affected by the crisis, the Education Cluster will target 510,300. The response will target children with the greatest needs, focusing on PoC sites and areas affected by displacement. Based on these criteria, the Cluster has identified seven states to be prioritized for interventions. The Cluster will determine its response to new needs using the following indicative thresholds: more than 500 children displaced for more than six weeks; indications that IDPs will stay in the site for at least three months; and no major security incident in the three weeks preceding the planned intervention.

Response Strategy

Education can limit the physical danger presented by conflict and improve the ability of children to cope with negative psychosocial effects. In 2017, the Cluster will focus on protecting crisis-affected children from threats and increasing access to quality education in emergencies. This will include creating safe and inclusive learning spaces that foster social and emotional learning and psychosocial wellbeing. The Cluster will develop critical skills in teachers so that they can play a key role in helping children heal and develop their cognitive, critical thinking and problem skills. The teaching of core life skills such as critical thinking, communication, negotiation and refusal skills will be prioritized, along with basic numeracy and literacy. The Cluster will address the needs through projects which deliver age-appropriate education services, child-friendly approaches, early childhood development, primary education, accelerated learning and vocational training. The Education Cluster will also work with other clusters to maximize the use of schools to address critical protection, health, nutrition and hygiene challenges, and to ensure that learning spaces meet the South Sudan Minimum Standards for emergencies. This includes latrines, handwashing facilities and safe water. The Cluster will maintain a pipeline of educational supplies which will be dispatched to beneficiaries in a cost-effective and timely manner. Education partners will advocate with local authorities to ensure schools occupied by armed actors or used as shelters by IDPs are vacated.

Promoting Quality Programming

Education partners will work with Protection partners to ensure that core child protection needs are addressed. Community support groups will be established with equal participation of male and female community members to ensure that the needs of boys and girls are addressed. The Cluster will ensure that sex disaggregated information is collected.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.12M	0.9M	0.3M	-	1.3M	48%	100 | - | -
PEOPLE TARGETED	0.12M	0.4M	0.1M	-	0.6M	45%	99 | 1% | -
FINANCIAL REQUIREMENTS	$14.6M	$48.5M			$63.1M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

PEOPLE IN NEED

1.9m

PEOPLE TARGETED

1.3m

SECTOR REQUIREMENTS (US$)

42.2m

 # OF PARTNERS

23 Cluster
2 Refugee Response

CLUSTER COST PER BENEFICIARY

$35

CLUSTER OBJECTIVE 1

1 Provide life-saving non-food items and emergency shelter to newly displaced people in greatest need of assistance and protection. **RELATES TO SO1 & SO2**

CLUSTER OBJECTIVE 2

2 Improve the living conditions of protracted IDPs in PoCs, formal IDP camps, collective centres and host communities. **RELATES TO SO2**

CLUSTER OBJECTIVE 3

3 Explore sustainable and cost-effective interventions to support the cohesion of vulnerable and at-risk communities. **RELATES TO SO3**

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

Summary of needs

An estimated 1.6 million South Sudanese will need some sort of emergency shelter and/or non-food item (NFI) support in 2017. During displacement, households often flee in haste, leaving their basic household items behind. Once they arrive in a new location, IDPs often need life-saving NFIs and shelter. Although the conflict continues to shift and evolve, IDPs in Unity, Western Bahr el Gazal and Greater Equatoria are currently most in need. In addition, some 302,800 refugees are expected to need shelter and NFIs.

Targeting and Prioritization

Out of the 1.6 million people in need, the ES/NFI Cluster will target just over 1 million. The cluster will identify those most in need through comprehensive needs assessments. Typically, people newly displaced may require construction of emergency shelter and NFI kits, while protracted IDPs may require targeted reinforcement shelter kits and loose NFIs. Women continue to be disproportionally affected by lack of shelter and NFI and will therefore likely make up the majority of those targeted in the response. Beneficiaries will be prioritized in the following order: newly displaced; returnees (based on needs); protracted IDPs (based on needs); host community; and people affected by non-conflict events.

Response Strategy

The ES/NFI Cluster will utilize a dual strategy of static interventions by partners based permanently in key locations, supplemented by mobile teams. In locations where there is a well-coordinated strategy by local partners,

the Cluster will maintain presence of at least one static partner. The Cluster will continue to manage a common pipeline to support both static and mobile response partners, including through the procurement of supplies for inter-agency survival kits. If sufficient funding is received, the Cluster will pilot activities that reinforce the coping mechanisms of communities through approaches that are more sustainable and cost-efficient, including through cash-based programming. Locations will be prioritized for response based on a thorough analysis of the relative severity of needs and the available capacity of mobile and static teams. The Cluster will proactively engage with other clusters to promote efficiency and effectiveness, including: 1) CCCM, due to the high number of displaced people living in formal and informal sites; 2) WASH, to coordinate mobile interventions and ensure no duplication of WASH NFIs; and 3) FSL, Nutrition and WASH, to support people on the run, facing protection risks and in hard-to-reach areas through survival kits.

Promoting Quality Programming

In order to ensure accountability to affected people, the Cluster will require that at least 50 per cent of distributions that use pipeline supplies have a post-distribution monitoring report. The results will inform subsequent interventions and shape strategy. The Cluster is committed to mainstreaming protection and respecting the "do no harm" principle when supporting displaced communities in remote locations. Gender analysis underpins the Cluster strategy, which focuses in particular on addressing the unique needs of women and girls.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.5M	0.13M	0.03M	1.94M	52%	48 | 50 | 2
PEOPLE TARGETED	0.3M	0.95M	0.04M	0.03M	1.33M	52%	48 | 50 | 2
FINANCIAL REQUIREMENTS	$6.8M	$35.4M			$42.2M		

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

FOOD SECURITY AND LIVELIHOODS (FSL)

PEOPLE IN NEED

5.2m

PEOPLE TARGETED

4.8m

SECTOR REQUIREMENTS (US$)

780.5m

 # OF PARTNERS

64 Cluster
7 Refugee Response

CLUSTER COST PER BENEFICIARY

$153

CLUSTER OBJECTIVE 1

1 Secure safe and life-saving access to food for the most vulnerable. **RELATES TO SO1**

CLUSTER OBJECTIVE 2

2 Protect and promote emergency livelihoods to enhance coping mechanisms and improve access to food. **RELATES TO SO2**

Summary of needs

In 2017, food security in South Sudan is likely to deteriorate to unprecedented levels, with thousands of people at risk of famine. At the height of the lean season in July 2016, some 4.8 million people were estimated to be severely food insecure. In the last quarter of 2016 and following the harvest, partners estimated that some 3.7 million people were food insecure - representing an increase of one million people compared to the same period in 2015 – and food security experts warned that the benefits of the harvest would be short-lived.[6] It is projected that some 5 million people will be in urgent need of food security and livelihoods support during the lean season in 2017. This includes some 302,800 refugees who will require food assistance in 2017.

Targeting and Prioritization

Systematic prioritization will remain the corner-stone of the FSL response. FSL partners will target some 4.5 million people out of some 4.9 million in need of assistance. FSL partners will prioritize critical 'IPC phase 3, 4, and 5' caseloads. Life-saving assistance will be prioritized. The FSL Cluster will also advocate for resources for interventions that help prevent a further expansion and deepening of food insecurity in the coming years.

Response Strategy

FSL partners will: develop strategies and approaches targeting the most vulnerable within communities, shifting from geographic targeting to vulnerability based targeting; utilize actors with access in 'hard to reach areas' to execute FSL activities; promote and prioritize approaches that address the drivers of food insecurity, particularly as they pertain to markets and supply; promote cross-sectoral cost-efficiency. Top priority activities are general food distribution, unconditional cash/voucher transfers and distribution of fishing kits for people in Phase 5 and/or those with severely poor food consumption scores. Second-tier priority activities include conditional transfers, assessments, livestock interventions, vegetable/cereal kit distributions for people with poor food consumption scores in IPC Phase 4. If further funding is received, the cluster will implement beneficiary capacity-building, and investments in agricultural systems. The FSL Cluster will continue to manage core pipelines to enable frontline response, including for emergency livelihoods supplies.

Promoting Quality Programming

Targeting and site selection by FSL partners is informed by a context- and protection risk analysis so that food assistance supports the protection of the conflict-affected populations. This includes, but is not limited to: (i) an increased emphasis on providing assistance outside of the PoC sites; ii) ensuring that risks such as forced recruitment of children and gender-based violence are prevented when large populations gather to receive food assistance; (iii) enabling the most marginalized and vulnerable groups to access assistance; and (iv) ensuring that food assistance does not exacerbate tensions between different social groups. The FSL Cluster is also working to mainstream accountability to affected people and aims to support national NGOs in building capacity on cross-cutting issues.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	1.5M	1.5M	5.2M	-	- | - | -
PEOPLE TARGETED	0.3M	1.9M	1.3M	1.3M	4.8M	49.6%	- | 1% | -
FINANCIAL REQUIREMENTS	$91.0M	$689.5M			$780.5M		

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

19

HEALTH

Summary of needs

After three years of conflict, the population is highly susceptible to disease, and more than 5 million people are in need of humanitarian healthcare services. Most health facilities are not functioning and those that are provide minimal services due to drug and staff shortages. Communicable diseases have spread in 2016, including cholera which has reached new locations along the River Nile, and there is a growing number of war wounded. Some 302,800 refugees will also require health assistance in 2017.

Targeting and Prioritization

Out of the 5 million people in need, some 2.7 million people will be targeted with humanitarian healthcare in 2017. The target was determined by prioritizing areas with high levels of displacement, disease burden, disease outbreak potential, HIV/AIDS/TB morbidity, IPC status and SAM with complications. All IDPs in PoC sites will be targeted, along with 60 per cent of IDPs outside of PoC sites in most states and, in the Equatorias, 100 per cent of IDPs due to the level of displacement. For host communities, counties with three or more factors including increased HIV/AIDS/TB mortality, disease outbreaks and IPC status were prioritized, and 10 per cent of the malnutrition target for 2017 was added to the health target.

Response Strategy

The health response will focus on saving lives and assisting the most vulnerable, including women, under-five children and people living with HIV/AIDS. In addition, there will be increased emphasis on psycho-social care and support. The Health Cluster will collaborate with the Nutrition, FSL, WASH and Protection clusters to provide complete services along the continuum of care for crisis-affected communities. Integrated service delivery will be provided wherever possible and referral and counter-referral mechanisms will be encouraged. The Cluster will support disease surveillance, prevention and response at facility and community level, including through emergency immunization in high-risk areas with lowest coverage. The Cluster will provide support for basic restoration of closed or damaged health facilities. To ensure maximum flexibility, the Cluster will utilize mobile response in complement to static service delivery. The Cluster will manage common pipelines of vital supplies, including inter-agency emergency and reproductive health kits. Complementarity with development partners will be encouraged wherever possible. Advocacy will continue with all parties to the conflict to demand that they respect the special status of health facilities and personnel under international humanitarian law.

Promoting Quality Programming

The response will focus on upholding the dignity of crisis-affected people, including vulnerable groups and people living with HIV/AIDS and TB. Complaint and feedback mechanisms will be utilized to increase accountability to affected people, and CwC will be enhanced, including through awareness campaigns designed to halt the spread of communicable disease. The unique health needs of women and girls will be addressed, particularly with respect to life-saving reproductive healthcare and response to GBV, including clinical management of rape.

PEOPLE IN NEED

5.4m

PEOPLE TARGETED

3m

SECTOR REQUIREMENTS (US$)

144.7m

 # OF PARTNERS

34 Cluster
6 Refugee Response

CLUSTER COST PER BENEFICIARY

$45

CLUSTER OBJECTIVE 1

1 Improve access to essential health care for conflict-affected and vulnerable populations. **RELATES TO SO1**

CLUSTER OBJECTIVE 2

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

CLUSTER OBJECTIVE 3

3 Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations. **RELATES TO SO2**

CLUSTER OBJECTIVE 4

4 Improve access to psychosocial support and mental health services for vulnerable people. **RELATES TO SO3**

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	3.2M	0.003M	5.4M	46%	43 | - | -
PEOPLE TARGETED	0.3M	1.4M	1.3M	0.002M	3.0M	49%	43| 1% | -
FINANCIAL REQUIREMENTS	$21.8M	$123M			$144.7M		

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

PEOPLE IN NEED

1.7m

PEOPLE TARGETED

1.2m

SECTOR REQUIREMENTS (US$)

165.1m

OF PARTNERS

37 Cluster
4 Refugee Response

CLUSTER COST PER BENEFICIARY

$175

CLUSTER OBJECTIVE 1

1 Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.
RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Increase access to integrated programmes preventing under-nutrition for the most vulnerable and at risk. **RELATES TO SO1 & SO2**

CLUSTER OBJECTIVE 3

3 Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.
RELATES TO SO1 & SO2

CLUSTER OBJECTIVE 4

4 Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.
RELATES TO SO1 & SO3

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NUTRITION

Summary of needs

The nutrition crisis in South Sudan continues to escalate. More than one million children under age 5 and over 339,000 pregnant and lactating women are estimated to be acutely malnourished and in need of life-saving nutrition services. In 2016, 32 out of 44 of the SMART surveys conducted reported global acute malnutrition (GAM) levels above the emergency threshold of 15 per cent. Of these, 13 found a GAM prevalence by Weight-for-Height of more than 25 per cent. The GAM rate was above the catastrophe threshold in Gogrial West in Warrap and Renk in Upper Nile (>30 per cent), and just beneath it in Abiemnhom and Rubkona in Unity (29.2 per cent GAM). Pregnant and lactating women (PLW) have increased nutritional requirements and, if not supported, can become malnourished, potentially leading to miscarriages, pre-mature deliveries and low birth weight. The elderly also face heightened vulnerability. Some 302,800 refugees are also expected to need nutritional assistance in 2016.

Targeting and Prioritization

Out of the nearly 1.5 million acutely malnourished people, the Cluster will target nearly 910,000 including 75 per cent of SAM children under age 5, 60 per cent MAM children under age 5, 60 per cent MAM PLWs, and 60 per cent of MAM elderly IDPs. Targeting was prioritized on the basis of the level of malnutrition in the affected areas. Where possible, the Cluster will also aim to prevent acute malnutrition by targeting 30 per cent of at-risk children under age 5 with blanket supplementary feeding based, and 60 per cent of PLW with infant and young child

feeding counselling and support. The targeting of the response took into account levels of SAM, MAM and GAM, and severity of acute malnutrition according to the IPC.

Response Strategy and Prioritization

In 2017, the Nutrition Cluster will focus on: 1) providing quality nutrition services through outpatient therapeutic programmes and targeted supplementary feeding programmes in all functional static nutrition sites, improving referrals, and utilizing mobile and outreach services in conflict-affected areas; 2) engaging closely with the Health, WASH and FSL clusters to integrate nutrition-sensitive interventions into other sectors; 3) linking with development partners, and particularly the Health Pool Fund, to increase coverage of nutrition services and avoid duplication; 4) strengthening monitoring and supervision of nutrition services to determine functionality; and 5) improving information management, assessments and knowledge management to inform response, advocacy and decision making. The core pipelines partners will ensure timely procurement, delivery and pre-positioning of supplies in strategic warehouses.

Promoting Quality Programming

The Cluster continues to strive to implement a gender-sensitive and optimally effective response. Reports and assessment data are disaggregated by age and gender to enable analysis of specific vulnerabilities. Efforts will be made to build men's awareness on the criteria for the provision of read-to-use therapeutic and supplementary food. The Cluster has rolled out an operational framework on accountability to affected people.

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

	BY STATUS					
	Refugees	SAM U5 children	MAM U5 children	MAM PLW	MAM elderly	Sector total
PEOPLE IN NEED	0.30M	0.27M	0.84M	0.34M	0.004M	1.75M
PEOPLE TARGETED	0.30M	0.21M	0.50M	0.20M	0.002M	1.21M
FINANCIAL REQUIREMENTS	$5.8M	$159.3M				$165.1M

PROTECTION

PEOPLE IN NEED

7.3m

PEOPLE TARGETED

3.4m

SECTOR REQUIREMENTS (US$)

119m

 # OF PARTNERS

43 Cluster

6 Refugee Response

CLUSTER COST PER BENEFICIARY

$29

CLUSTER OBJECTIVE 1

1 Prevention-oriented programming is implemented in counties that are heavily affected by conflict or displacement, and communities are assisted to maintain their coping capacities. **RELATES TO SO2 & SO3**

CLUSTER OBJECTIVE 2

2 Protection response services are available in all counties that are heavily affected by conflict or displacement. **RELATES TO SO1 & SO2**

CLUSTER OBJECTIVE 3

3 Individuals' right to freedom of movement and to live in safety and dignity is enhanced. **RELATES TO SO2 & SO3**

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Summary of needs

South Sudan is first and foremost a protection crisis. Since 2013, the population has been exposed to repeated deliberate attacks on civilians and other violations of international humanitarian and human rights law, including forced recruitment of children and deliberate destruction of civilian infrastructure with no accountability mechanism in place to end it. Even those who have reached the PoC sites face risks, including sexual violence and psychosocial distress Despite attempts by humanitarians, services in the PoC sites do not meet recognized humanitarian standards. Explosive hazards curtail safe freedom of movement, preclude the delivery of humanitarian aid and inhibit access to services. In addition, some 302,800 refugees will need protection in 2017.

Targeting and Prioritization

Out of the more than 7 million people in need of humanitarian protection in 2017, the Protection Cluster will target nearly 3.1 million. The Cluster used the following criteria to determine people targeted: IDPs in PoC sites and locations with more than 40,000 IDPs; IDPs in areas of new deterioration or with high levels of conflict; areas where an increasing number of IDPs are moving to PoC sites that constitute more than 30 per cent of the population; and the most vulnerable host community individuals in new hotspot areas. Counties with more than 100 unaccompanied and separated children will be targeted for family tracing and reunification, and counties with more than five explosive hazards will be targeted for survey and clearance activities.

Response Strategy

The Cluster will aim to prevent, respond to, and mitigate protection risks and threats to people's rights in counties most affected by conflict and displacement. Each Protection Sub-Cluster has identified criteria to determine the priority counties for each type of activity, and each type of activity has been ranked in terms of immediacy of the intervention, with activities such as family tracing and reunification, case management, and survey and clearance of explosive hazards given higher priority than longer-term activities such as dispute resolution or livelihoods trainings. The Cluster has worked to build synergies with other clusters, for example by prioritizing schools and medical facilities for surveying and clearance of explosive hazards. The Cluster will utilize both static and mobile interventions to enable greater responsiveness, and will aim to strengthen its activities outside of PoC sites and in areas most affected by new violence and displacement. The Cluster will oversee a pipeline of key items, including dignity kits.

Promoting Quality Programming

The Cluster will expand its efforts to identify new ways to strengthen the humanitarian response's engagement on cross-cutting protection issues. Work is underway with the CCCM Cluster to mainstream GBV prevention and response into assessments and complaints mechanisms, and with the Health Cluster to strengthen psychosocial services and streamline coordination on reproductive health and the medical aspects of responding to SGBV.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	2.5M	2.6M	7.3M	56%	61 | 37 | 2
PEOPLE TARGETED	0.3M	1.3M	1.1M	0.6M	3.4M	56%	61 | 37 | 2
FINANCIAL REQUIREMENTS	$30.8M	$88.2M			$119M		

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

PEOPLE IN NEED

5.1m

PEOPLE TARGETED

3.2m

SECTOR REQUIREMENTS (US$)

156.6m

OF PARTNERS

58 Cluster
4 Refugee Response

CLUSTER COST PER BENEFICIARY

$50

CLUSTER OBJECTIVE 1

1 Sustain access to water, sanitation and hygiene promotion services for vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.
RELATES TO SO1 & SO2

CLUSTER OBJECTIVE 2

2 Re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.
RELATES TO SO1 & SO2

CLUSTER OBJECTIVE 3

3 Enhance emergency WASH capacities of local communities, authorities and partners.
RELATES TO SO1, SO2 & SO3

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WATER, SANITATION AND HYGIENE (WASH)

Summary of needs

Nearly 4.8 million of the most vulnerable people across South Sudan are in need of support to access safe water and basic sanitation facilities. It is estimated that only 41 per cent of the population have access to safe water[7] whereas about 74 per cent of the total population defecate in open. As the conflict spread to new areas in 2016, boreholes were damaged or made dysfunctional due to lack of repairs. A cholera epidemic was again declared in 2016. Access to safe water in urban areas has reduced as a result of rapidly rising prices. Some 302,800 refugees will also require WASH services in 2017.

Targeting and Prioritization

Out of the nearly 5 million people in need of emergency WASH assistance, just under 3 million will be targeted in 2017. Based on its severity mapping, the WASH Cluster has prioritized reaching all IDPs as well as around 1 million people at high risk of acute watery diarrhoea, cholera, acute malnutrition and floods. Working closely with the Nutrition Cluster, acutely malnourished children and women will be targeted with WASH supplies and hygiene promotion activities. The Cluster has strictly prioritized response for the most affected and vulnerable populations, taking into account capacity and anticipated resources.

Response Strategy

The Cluster will focus on providing: 1) an integrated WASH package in PoC sites and other sites where IDPs are reliant on daily services provided by WASH partners; 2) hygiene promotion; 3) rehabilitation,

re-establishment and installation of emergency WASH infrastructure; 4) training of community and sector personnel on emergency WASH, outbreak response, acute malnutrition, etc; and 5) enhancing coordinated needs assessment and information management. The Cluster will utilize both the static presence of cluster partners, along with mobile response, particularly during times of conflict, displacement, outbreaks and floods. The WASH Cluster will add additional mobile response partners to increase flexibility in the response where there is a lack of static partners The Cluster will ensure common core pipeline to provide WASH supplies are available for the frontline response. The Cluster will: provide technical guidance in health and nutrition facilities; coordinate closely with ES/NFI on locations and items for distribution; contribute to the inter-agency survival kit initiative; and build the capacity of the education sector on hygiene promotion.

Promoting Quality Programming

The Cluster will continue to implement the WASH minimum commitments for safety and dignity of affected people. This will include: promoting effective and transparent communication and information-sharing; building on feedback mechanisms to strengthen accountability and inform adjustments in the response; upholding the dignity and privacy of women, particularly with respect to the menstrual hygiene management components of the response; and increasing awareness on protection mainstreaming and gender-sensitive programming amongst partners.

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

	BY STATUS					BY SEX & AGE	
	Refugees	IDPs	Host communities	Otherwise affected	Sector total	% female	% children, adult, elderly*
PEOPLE IN NEED	0.3M	1.9M	1.5M	1.4M	5.1M	49%	59 | 39 | 2
PEOPLE TARGETED	0.3M	1.9M	0.5M	0.5M	3.2M	49%	59 | 39 | 2
FINANCIAL REQUIREMENTS	$14.4M	$142.2M			$156.6M		

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

ORGANIZATIONS TARGETED

197

REQUIREMENTS (US$)

$21.3m

OF PARTNERS

9

CLUSTER OBJECTIVE 1

1 Ensure optimally principled, efficient and effective humanitarian response.
RELATES TO SO1

CLUSTER OBJECTIVE 2

2 Enable humanitarians to deliver despite the challenges.
RELATES TO SO1 & SO3

CLUSTER OBJECTIVE 3

3 Increase accountability to affected people.
RELATES TO SO2

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COORDINATION AND COMMON SERVICES

Summary of needs

With the crisis deepening and spreading, and humanitarian needs rapidly rising, coordination and common service modalities are critically important enablers of the response in South Sudan. Principled and effective coordination is required to maximize impact, efficiency and value for money, while ensuring that the response is principled needs-based, transparent and responsive. The operational environment in South Sudan is increasingly difficult and dangerous. Dedicated safety and security support is required to enable humanitarian partners to deliver despite the challenges. Common humanitarian hubs are vital given the complex operational environment. At the same time, the spread of conflict to new locations has made communicating with communities even more challenging, with telecommunications and radio infrastructure vandalized, destroyed and disrupted, including due to shortages of fuel.

Targeting of the response

Coordination and common services (CCS) partners will focus on enabling frontline humanitarian organizations to remain operational and effective, especially in remote and risk-prone areas. Enhanced support to strategic decision-making at the Humanitarian Country Team (HCT) and Inter-Cluster Working Group (ICWG) levels will be a priority, while there will be an increased focus on supporting coordination at field-level. Efforts will be made to improve CwC throughout all levels and layers of the response, as well as to enhance the availability of impartial and comprehensive information on humanitarian needs.

Response Strategy

CCS partners will focus on supporting principled, efficient and effective strategic coordination. This will include facilitating the development, implementation and monitoring of a humanitarian response strategy that is prioritized, realistic, principled and pragmatic, including ensuring ongoing needs assessments and evidence-based analysis of the response to enhance accountability. CCS partners will also promote accountability to affected people and strive to meet their information needs, including through ensuring two-communications are ongoing and

that opportunities are available for affected people to feed into response planning and monitoring. To this end, new partners have been brought under the CCS umbrella for the 2017 response who will focus on: gathering information, undertaking coordinated needs assessments and analyzing data to support the clusters in implementing a needs-based and well-coordinated humanitarian response; and supporting CwC, including through the use of radio as a key communication modality, piloting a common feedback mechanism outside of a PoC setting, and implementing a pilot project to build community acceptance.

In 2017, there will be a continued focus on enabling nimble, adaptive and inclusive operational coordination, particularly at sub-national level, including through strengthening support to NGO focal points for deep field coordination and working to bring new partners (including CBOs) into the coordination system, where possible. Coordination mechanisms, particularly the ICWG, will be geared towards facilitating rapid response to new needs, including through coordinating prioritization of use of collective assets. In light of the deteriorating operating environment, further efforts will be exerted to enable humanitarian partners to deliver in a complex, insecure and volatile operating environment, through a security risk management approach which focuses on enabling humanitarian action, dedicated trainings to help humanitarian partners better understand, respond to, and raise funds to mitigate security risks, and building capacity within the humanitarian community to cope with crisis situations.

Promoting Quality Programming

Given the central role of CCS in the humanitarian response, CCS partners are well-placed to catalyze good quality programming, including gender and protection mainstreaming, and accountability to affected people. To this end, CCS partners will: ensure that needs assessments highlight the different impacts of the crisis on men, women, boys and girls, and incorporate the voices of affected people; promote two-way communication with crisis-affected communities; increase the impact and reach of feedback mechanisms; and ensure the centrality of protection in strategic and operational humanitarian coordination.

LOGISTICS

CLUSTER OBJECTIVE 1

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

CLUSTER OBJECTIVE 2

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

CLUSTER OBJECTIVE 3

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

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Summary of needs

South Sudan remains one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures. The severely under-developed and under-maintained roads have continued to deteriorate over the past year. Some 60 per cent of the country becomes inaccessible by road during the rainy season, which usually lasts from June to December. In a country of approximately 650,000 km^2, there is only one sealed international road, the 192km stretch between Juba-Nimule on the Ugandan border. The majority of river ports are in poor condition, resulting in significant delays with loading and offloading. Many ports do not have the heavy equipment required to offload heavy/bulky items. At the same time, insecurity and conflict continue to impede the ability to move along key road routes. Major supply routes through the Western corridor, which have historically been more stable, are now affected by fighting and physical access constraints. The highly complex operating environment presents significant logistical challenges to the delivery of the needed large quantities of humanitarian aid across South Sudan. As such, a coordinated logistics response is required to ensure effective and efficient delivery of humanitarian assistance.

Targeting and Prioritization

As a service-based cluster, the Logistics Cluster is responsive to demands indicated by the humanitarian community. The Inter Cluster Working Group (ICWG) designates priority locations for response and passenger locations are determined by the UNHAS User Group, with input from the ICWG. While responding to priority locations, the Logistics Cluster continues to serve other locations and, as necessary, works with organizations to define key cargo to be moved to facilitate effective programming.

Response Strategy

In 2017, the Logistics Cluster will remain a vital enabler of the humanitarian response in South Sudan. The Cluster will facilitate coordination, information management and logistics services to ensure an effective, timely and cost efficient humanitarian response. The Logistics Cluster will facilitate the transportation of approximately 530MT per month by air/river. This will be done primarily by air transport, using a combination of fixed wing aircraft and helicopters structured to fit demands. Three barge movements will be planned for 2017. Given that the crisis has deepened and spread, the scope of geographical coverage for free-to-user airlifts has expanded from the Greater Upper Nile to include coverage across South Sudan, excluding refugee operations. A fleet of passenger aircraft will be maintained by UNHAS to enable humanitarian personnel to reach key locations, including in the deep field. UNHAS will provide passenger service to 55 scheduled locations with flexibility to respond to additional demands, rapid response missions, or special flights as required by the humanitarian community. There will be an anticipated 5,500 passengers per month in 2017. Building on lessons learned from 2016, a dedicated UNHAS focal point will coordinate with the Logistics Cluster to support mobile response missions, prioritizing requests for mobile response and ensuring minimal delays in between the deployment of passengers and cargo. IOM will continue to provide common trucking services for Logistics Cluster partners, including for shunting to and from airports to warehouses and to PoC sites, as well as delivery of cargo to locations within the immediate proximity of Bentiu and Malakal. In 2017, the Logistics Cluster will provide dispatch and/or reception services in the following locations: Juba, Bor, Rumbek, Wau, Bentiu, Malakal and Melut (via Paloich). The Cluster will also support prepositioning through common storage, common transport services, and infrastructure works. To ensure continued access to affected populations, critical infrastructure works (based on funding availability and as prioritized by the ICWG) will be carried out, including basic maintenance on critical ports and select airstrips.

PEOPLE IN NEED

303k

PEOPLE TARGETED

303k

REQUIREMENTS (US$)

220m

 # OF PARTNERS

11

COST PER BENEFICIARY

$728

REFUGEE RESPONSE PLAN OBJECTIVE 1

1 Ensure adequate access to life-saving, basic services and assistance for refugees and asylum seekers in South Sudan. **RELATES TO SO1**

REFUGEE RESPONSE PLAN OBJECTIVE 2

2 Ensure effective protection of refugees and asylum seekers in South Sudan, with a specific attention to the most vulnerable. **RELATES TO SO2**

REFUGEE RESPONSE PLAN OBJECTIVE 3

3 Continue to improve coping capacities of refugees and host communities. **RELATES TO SO3**

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REFUGEE RESPONSE PLAN

Summary of refugee needs

South Sudan hosted 261,500 refugees as of November 2016, and it is estimated that by the end of 2017 the refugee population will rise to 302,809 due to new arrivals, projected to be around 15,000, and natural growth. Refugees continue to arrive in South Sudan due to on-going fighting in South Kordofan and Blue Nile states in Sudan, while refugees from the Central African Republic, Democratic Republic of Congo and Ethiopia are in protracted displacement, mostly in Central and Western Equatoria. Over the course of 2016, the protective environment for refugees inside South Sudan deteriorated. The multiplicity of armed elements has exacerbated the challenge of maintaining the civilian character of asylum and inhibited humanitarians' access to refugee locations, particularly in Greater Equatoria.

Targeting and Prioritization

All refugees are in need of international protection, life-saving assistance and multi-sectorial basic services. All refugees and asylum seekers will benefit from individual registration, while specific protection services will be targeted to at-risk groups. Refugees in camps rely on life-saving and basic assistance. While food, water, health and education services are available for all refugees in camps, provision of other assistance is undertaken in a targeted manner, focusing on people with specific needs, including new arrivals. Vulnerable refugees in urban settings will also continue to benefit from targeted interventions and facilitation of their access to services.

Refugee Response Strategy

The plan for 2017 focuses on provision of protection and assistance to all refugees both in camp and outside camp settings. Given the deteriorating situation in South Sudan, strengthening the protection environment for refugees is a priority. Integral to the strategy, under the leadership and overall coordination of UNHCR, is engagement of agencies providing multi-sector assistance, as well as cooperation with the Government of South Sudan. Interventions will include registration, documentation and reinforcement of community-based protection mechanisms. Particular attention will be focused on mitigation and response to SGBV. Refugees require a holistic and protection centred approach to maintenance and improvement of essential services, including access to adequate food, shelter, water, health and nutritional interventions, sanitation and hygiene facilities, education and basic items. There will also be investment in more sustainable and environmentally sensitive response, including promotion of fuel-efficient stoves and the solarization of water systems. The expansion of Pamir camp is envisaged in order to ensure timely response and safe and dignified reception of newly arriving refugees from Sudan. Enhancement of refugees' self-reliance and resilience, and women's access to positive coping strategies and their inclusion in community decision making structures is a priority. Intensified peaceful co-existence and host community support initiatives will be implemented in to maintain asylum space and ensure that perceived or actual disparities in access to assistance do not emerge.

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

BY STATE		BY AGE & SEX				SUMMARY	
	Refugees	Age	% Female	% Male	% Total	% female	% children, adult, elderly*
CENTRAL EQUATORIA	17,714	0-4	10.1	10.5	20.6		
JONGLEI	2,785	5-11	13.2	13.4	26.6	52%	62 | 35 | 3%
UNITY	114,795	12-17	7.2	7.2	14.4		
UPPER NILE	157,359	18-59	20.3	15.5	35.8	-	- | - | -
WESTERN EQUATORIA	10,155	60+	1.3	1.3	2.6		
TOTAL	302,809	TOTAL	52.2	47.8	100		*Children (<18 years old), adult (18-59 years), elderly (>59 years)

ABYEI RESPONSE PLAN [8]

PEOPLE IN NEED

160k

PEOPLE TARGETED

110k

REQUIREMENTS (US$)

14.4m[9]

 # OF PARTNERS

10

COST PER BENEFICIARY

$131

Summary of Needs

The presence of armed elements, continued inter-communal conflict, and the absence of public institutions and government services in the disputed Abyei Area continue to drive humanitarian needs.

Targeting of the Response

The main objective of humanitarian programming in Abyei is to decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional and recovery activities.

The humanitarian response includes protection, health, nutrition, food security and livelihoods, WASH, education and shelter activities, ensuring a strong community-based approach.

Abyei Response Strategy

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

ABYEI RESPONSE STRATEGY

1 Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.

2 Provide access to safe drinking water and adequate hygiene and sanitation with particular focus in areas of displacement and return.

3 Reduce dependency on food assistance by supporting livelihoods and food security activities, developing community assets, improving agricultural, animal husbandry and fishery practices, and community-based natural resource management.

4 Establish veterinary services and revitalize the community-based animal health workers network for pastoralist nomadic populations by adopting a "follow on approach" throughout migration. Increase access to appropriate animal drugs and vaccines at village level for sedentary populations.

5 Maintain life-saving services and increase their sustainability by adopting participatory approaches and building community-based management capacity.

6 Ensure response to critical social service needs, including health and education, by adopting intervention modalities successfully tested for nomadic and pastoralist communities.

7 Provide education supplies and training, including support to returning students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrollment and retention of girls in school.

8 Strengthen protection by working with all stakeholders, including local authorities and UNISFA, to reduce protection risks and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide child protection services. Reduce risk of death and injury from landmines / UXO through mine risk education. Engage with all actors to advocate for a better protective environment for civilians.

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

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

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

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

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BREAKDOWN OF PEOPLE IN NEED

	STATUS
	NUMBER OF PERSONS
NGOK DINKA RETURNEES /COMMUNITIES	72,000
NGOK DINKA DISPLACED WITHIN ABYEI	20,000
PEOPLE FROM UNITY AND WARRAP STATES IN ABYEI	8,000
MISSERIYA IN NORTH OF ABYEI	25,000
MISSERIYA NOMADS / SEASONAL MIGRANTS	35,000

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US$)	ORGANIZATIONS	REQUIREMENTS (US$)
ACEM	1,137,514	CMMB	698,410
ACF - USA	8,005,253	CORDAID	2,632,436
ACT/CA	636,000	CRADA	697,104
ACT/DCA	8,426,893	CRS	3,699,673
ACT/FCA	870,000	CUAMM	3,508,582
ACT/LWF	2,431,000	CW	9,194,806
ACT/NCA	739,600	DAI	750,000
ACTED	6,510,000	DDG	4,287,534
ACT-Initiative	55,361	DRC	10,132,442
ADA	999,200	DWHH	661,000
ADCORD	150,000	FAO	61,000,000
ADRA	4,259,542	FH	1,053,571
ADRA	389,412	FIDA South Sudan	107,920
AFOD	1,629,073	FLDA	198,040
AMA	322,600	GA	200,000
ARUDA	300,000	GREDO	410,098
ASCO	790,000	HACO	114,000
AVSI	939,469	HACT	232,000
BBC Media Action	500,000	HCO	1,769,960
BEDN	105,000	HDC	278,250
CAFAD	686,000	HeRY	392,311
CAFOD	1,710,000	HI	2,500,000
CAO	168,000	HLSS	5,260,000
CARD	680,000	HRSS	220,000
CARE	6,627,051	IAS	1,150,364
CASS	830,000	IBIS	1,005,728
CCM	1,558,244	IHO	990,000
CCC	898,400	IMC UK	9,075,793
CCOSS	274,000	Internews	1,480,331
CDOT	191,456	Intersos	5,919,798
CEDS	667,509	IOM	76,852,706
CHADO	188,650	IRC	9,555,539
CIDO	556,157	IRW	400,000
CINA	700,000	IsraAID	674,910
CISDA	750,000	JAM International	1,867,494
CMA	2,844,339	JDF	2,358,200
CMD	2,905,000	LCED	546,005

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US$)
LiveWell	1,300,000
MaCDA	651,721
MAG	4,283,355
MEDAIR	15,764,411
Mercy Corps	14,244,354
MI	6,113,311
MLDO/MADA	237,590
MRDA	600,000
MTT	198,000
Nile Hope	4,703,952
NPA	2,006,880
NP	5,135,056
NRC	10,036,000
NRDC	328,756
NRDO	318,000
OCHA	10,694,464
OXFAM GB	30,195,716
PAH	5,623,592
PCO	793,000
PIN	1,544,097
Plan	3,231,695
PUI	4,062,143
RCDI	780,000
REACH	3,131,944
RI	8,187,372
RMF	234,164
ROAD	98,000
RuCAPD	1,045,500
RUWASSA	856,500
SAADO	1,481,599
SALF	889,000
Samaritan's Purse	10,628,286
SC	10,923,086

ORGANIZATIONS	REQUIREMENTS (US$)
SCA	250,000
SCPD	230,000
SMC	500,000
Solidarités	9,229,756
SPEDP	2,141,140
SSGID	1,401,539
SSLS	1,442,000
SSUDA	871,301
TADO	260,000
TEARFUND	8,137,643
THESO	4,200,000
TRI-SS	300,000
UNDSS	2,118,008
UNFPA	19,001,800
UNHAS	58,397,513
UNHCR	139,297,979
UNICEF	170,361,223
UNIDO	5,541,160
UNKEA	3,373,522
UNMAS	4,178,190
UNOPS	4,000,000
VSF (Germany)	745,400
VSF (Switzerland)	2,100,000
WCDO	628,602
WCH	677,662
WFP	715,730,176
WHO	12,309,427
WOCO	227,440
World Relief	4,301,586
WV South Sudan	22,554,554
ZOA	1,560,000
Total	**1,639,694,893**

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

https://fts.unocha.org/appeals/538/summary

END NOTES

1 Due to the fluid situation, the number of internally displaced people (IDP) continue to fluctuate. At the beginning of November 2016, the number of IDPs was 1.87 million.

2 Throughout this document, the term "children" is used to describe those under 18 years of age, in accordance with international legal standards.

3 http://reliefweb.int/sites/reliefweb.int/files/ resources/160202_Crisis%20impacts%20on%20 households%20in%20Unity%20State_SS.pdf

4 South Sudan Protection Trends (April-September 2016), p.12, available online at: http://reliefweb.int/sites/reliefweb. int/files/resources/south_sudan_protection_trends_report_ april_sep2016_10112016.pdf.

5 In agreement with the South Sudan Ministry of Education, the Education Cluster has determined that all children aged 3 to 18 years old should be considered school-aged.

6 FEWSNET (2016) South Sudan: Food Security Outlook: Extreme Levels of Food Insecurity Expected by May 2017, available online at: http://www.fews.net/east-africa/south-sudan/food-security-outlook/october-2016.

7 Joint Monitoring Project (2015) Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment p.72. Available online at: http://www.wssinfo.org/fileadmin/user_ upload/resources/JMP-Update-report-2015_English.pdf

8 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 Abyei region are included under the relevant partners' projects in the 2017 HRP for South Sudan and the Multi-Years HRP for Sudan.

9 This figure represents the total aggregated requirements for the response in Abyei but will not be tracked separately in the Financial Tracking System. Funding levels will instead be tracked against relevant projects in the South Sudan and Sudan HRPs.

ACRONYMS

A

ACEM	Afro-Canadian Evangelic Mission
ACF-USA	Action against Hunger
ACT/CA	ACT Alliance / Christian Aid
ACT/DCA	ACT Alliance / DanChurchAid
ACT/FCA	ACT Alliance / Finn Church Aid
ACT/LWF	ACT Alliance / Lutheran World Federation
ACT/NCA	ACT Alliance / Norwegian Church Aid
ACTED	Agency for Technical Corporation and Development
ADA	African Development Aid
ADCORD	Advocates Coalition for Rights and Development
ADRA	Adventist Development and Relief Agency
AFOD	Action for Development
AIDS	Acquired Immune Deficiency Syndrome
AMA	Assistance Mission for Africa
ARUDA	Aliab Rural Development Agency
ASCO	Aid Support Community Organization
AVSI	Association of Volunteers in International Service

B

BEDN	Basic Education and Development Network Organization
BSFP	blanket supplementary feeding programme

C

CAD	Community Aid for Development
CAFAD	Community Aid for Fisheries and Agriculture Development
CAFOD	Catholic Agency For Overseas Development
CAO	Community Action Organization
CAR	Central Africa Republic
CARD	Community Aid for Relief and Development
CASS	Canadian Aid for South Sudan
CARE Int	CARE International
CBO	community-based organization
CBPF	country-based pooled fund
CCCM	Camp Coordination and Camp Management (Cluster)
CCM	Comitato Collaborazione Medica
CCC	Confident Children Out of Conflict
CCOSS	Care for Children and Old Age in South Sudan
CCS	Coordination and Common Services (cluster)
CDOT	Catholic Diocese of Torit
CEDS	Centre for Emergency and Development Support
CERF	Central Emergency Response Fund
CEWAYE	Centre for Women and Youth Empowerment
CHADO	Community Health and Development Organization
CHF	Common Humanitarian Fund
CIDO	Community Initiative for Development Organization
CINA	Community in Need Aid
CISDA	Community Initiative for Sustainable Development Agency

CMA	Christian Mission Aid
CMD	Christian Mission for Development
CMI-SS	Christian Missionaries Initiative Organization - South Sudan
CMMB	Catholic Medical Mission Board
CORDAID	Catholic Organisation for Relief and Development Aid
CPI	Consumer Price Index
CRADA	Christian Recovery and Development Agency
CRS	Catholic Relief Services
CUAMM	Doctors with Africa
CW	Concern Worldwide
CwC	Communication with Communities

D

DAI	Development Associates International
DDG	Danish Demining Group
DRC	Danish Refugee Council
DRC	Democratic Republic of Congo
DTM	displacement tracking matrix
DWHH	Deutsche Welthungerhilfe (German Agro Action)

E

EiE	Education in Emergency
ERW	explosive remnants of war
ES	emergency shelter
ETC	Emergency Telecommunications (Cluster)

F

FAO	Food and Agriculture Organization
FH	Food for the Hungry
FIDA	Federation of Women Lawyers in South Sudan
FLDA	Farmer Life Development
FSL	Food Security and Livelihoods (Cluster)
FSNMS	Food security and nutrition monitoring system
FTS	Financial Tracking Service

G

GA	Global Aid
GAM	global acute malnutrition
GBV	gender-based violence
GFD	general food distributions
GREDO	Gargaar Relief and Development Organization

H

HACO	Humane Aid for Community Organization
HC	Humanitarian Coordinator
HCO	Hold the Child Organisation
HCT	Humanitarian Country Team
HDC	Humanitarian and Development Consortium
HeRY	Help Restore Youth South Sudan
HH	households
HI	Handicap International
HIV	Human Immunodeficiency Virus
HLSS	Health Link South Sudan
HRP	Humanitarian Response Plan
HRSS	Help Restore Youth South Sudan

I

IAS	International Aid Services
IBIS	Education for Development
ICF	Interim Cooperation Framework
ICWG	Inter Cluster Working Group
IDP	internally displaced person
IHO	Impact Health Organization
IMC UK	International Medical Corps UK
INGO	International non-governmental organization
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IRNA	inter-agency rapid needs assessment
IRW	Islamic Relief Worldwide
IT	Information technology
IYCF	infant and young child feeding

J

JAM Int.	Joint Aid Management International
JDF	John Dau Foundation

L

LCED	Lacha Community and Economic Development

M

MaCDA	Mother and Children Development Aid
MADA	Monazama Al-Dawa Al-Islamiya
MAG	Mine Advisory Group
MAM	moderate acute malnutrition
MI	Mentor Initiative
MLDO	Moon Light Development Organization
MRDA	Mundri Relief and Development Association
MTT	Mobile Theatre Team
MUAC	mid-upper arm circumference

N

NFI	non-food item
NGO	non-governmental organization
NNGO	National non-governmental organization
NPA	Norwegian People's Aid
NP	Nonviolent Peaceforce
NRC	Norwegian Refugee Council
NRDC	National Relief and Development Corps
NRDO	National Rural Development Organization

O

OCHA	Office for the Coordination of Humanitarian Affairs
OTP	out-patient therapeutic programme
OXFAM GB	Oxford Committee for Famine Relief

P

PAH	Polish Humanitarian Action
PCO	Peace Corps Organization
PIN	People in Need (INGO)
PLW	pregnant and lactating women
PMTCT	prevention of mother to child transmission
PoC	Protection of Civilians

R

RCDI	Rural Community Development Initiative
RI	Relief International
RMF	Real Medicine Foundation
RRC	Relief and Rehabilitation Commission
RRM	rapid response mechanism
RUWASSA	Rural Water Supply and Sanitation Agency

S

SAADO	Smile Again Africa Development Organisation
SALF	Standard Action Liaison Focus
SAM	severe acute malnutrition
SC	Save the Children
SCA	Street Children Aid
SCPD	Sobat Community for Peace and Development
SGBV	sexual and gender-based violence
SMART	Standardized Monitoring and Assessment of Relief and Transition
SMC	Sudan Medical Care
SP	Samaritan's Purse
SPEDP	Sudan Peace and Education Development Programme
SSGID	South Sudan Grassroot Initiative for Development
SSLS	South Sudan Law Society
SSP	South Sudanese pound
SSUDA	South Sudan Development Agency

T

TADO	Touch Africa Development Organization
TB	tuberculosis
THESO	The Health Support Organisation
TRI	The Rescue Initiative
TSFP	therapeutic feeding programme

U

U5C	under-five children
UASC	unaccompanied or separated children
UN	United Nations
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	Universal Intervention and Development Organization (NNGO(
UNISFA	United Nations Interim Security Force for Abyei
UNKEA	Universal Network for Knowledge and Empowerment Agency
UNMAS	UN Mine Action Services
UNMISS	United Nations Mission in South Sudan
UNOPS	United Nations Office for Project Services
UXO	unexploded ordnances

V

VSF	Veterinaires Sans Frontieres

W

WASH	Water, Sanitation and Hygiene (Cluster)
WCDO	World Concern Development Organization
WCH	War Child Holland
WFP	World Food Programme
WHO	World Health Organization
WOCO	Widows and Orphans Charitable Organization
WR	World Relief
WVSS	World Vision South Sudan

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/operations/south-sudan

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

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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

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