

HUMANITARIAN RESPONSE PLAN

SOUTH SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2023
ISSUED DECEMBER 2022



About

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

RUBKONA COUNTY

A woman carries a bucket of water on her head from a surface water treatment system (SWAT) water point for people displaced to the Bentiu IDP site A in Bentiu town. Photo: OCHA/Sarah Waiswa

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RUBKONA COUNTY

A child collects water from the tap at a SWAT water point for displaced people at the Bentiu IDP site A in Bentiu town. The water point serves over 15,000 internally displaced persons (IDPs) in the area. Photo: OCHA/Sarah Waiswa

Foreword

As we enter 2023, people in South Sudan continue to face multiple challenges – conflict, endemic violence, climatic shocks such as flooding and localized drought, food insecurity, and disease outbreaks. A staggering 76 per cent of South Sudan's population will need some form of humanitarian and protection assistance in 2023, up by 4 per cent since last year.

A surge in sub-national violence and flooding have displaced thousands in 2022, limiting their access to critical life-saving humanitarian assistance. Many of the 2.2 million people living in protracted displacement cannot return to their homes. Trying to make a living in conflict and flood-affected areas remains challenging. It is projected that 8 million people may be severely food-insecure at the peak of the lean season between April and July in 2023, while more than 1.4 million children may suffer from acute malnutrition and possibly die from a lack of proper nutrition treatment. Some 3.6 million people are unlikely to have access to essential life-saving health services, and unfortunately, without access to clean water and hygiene, children may be more susceptible to infectious diseases and malnutrition.

South Sudan remains in a protracted protection crisis. Women and girls are continuously at risk of being attacked while carrying out their daily routines as they care for their families' needs. An estimated 2.8 million people risk physical violence, rape, and other forms of gender-based violence. Millions of children cannot go to school because their schools were damaged, occupied by people who have been forced from their homes, or due to insecurity and violence. Children risk recruitment into armed groups, abduction, and possible trafficking.

Despite this bleak picture, when I hear people's stories of suffering – women, men, children, the elderly, and people with disabilities – I see opportunities and resilience. I feel their strength, and I sense their hope. They are our inspiration and at the center of our humanitarian interventions. Our humanitarian approach is guided by maintaining protection at the core of what we do, being accountable to the affected populations, and keeping our pledge to protect them from sexual exploitation and abuse.

To address the most critical needs of 6.8 million vulnerable people, the 2023 Humanitarian Response Plan (HRP) will require US\$1.7 billion. Only timely and at-scale funding will enable us to respond to people's needs. Humanitarian workers must be able to work in a safe and secure operational environment to deliver on our commitments and support the most vulnerable people.




After years of prolonged conflict, chronic vulnerabilities, and mounting needs for life-saving humanitarian assistance and protection, the need for a new integrated approach bringing together peace, humanitarian and development actors is now even more relevant. Much of what needs to get done in South Sudan is beyond the scope of the humanitarian community. In 2023, I will continue to lead the efforts to work together across peacebuilding, humanitarian, and development pillars to bridge and bring synergy between short-term assistance, medium-term outcomes, and longer-term impact.

United Nations agencies, international and national NGOs, government counterparts, donors, and the people of South Sudan must all play a role in delivering what is needed. I renew my commitment to supporting vulnerable people and our partners who provide humanitarian assistance to people in need. I ask you to join me in making 2023 the year of change, the year of hope, and the year of opportunities.

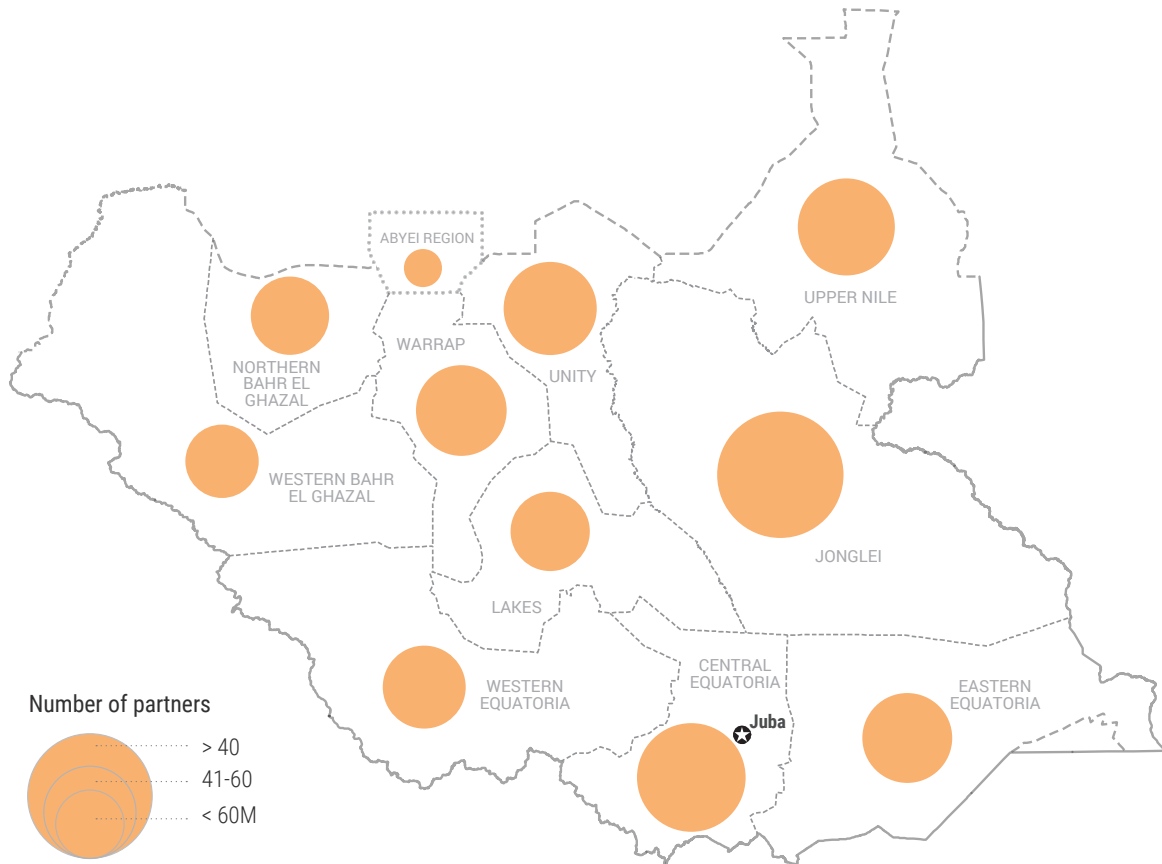


Sara Beysolow Nyanti
Humanitarian Coordinator

Response by Strategic Objective

STRATEGIC OBJECTIVE	PEOPLE TARGETED
<p>S01 Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs.</p>	<p>6.2M </p>
<p>S02 Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities.</p>	<p>4.4M </p>
<p>S03 Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights.</p>	<p>3.4M </p>






Responding organizations by state in 2023

























HRP Key Figures

TOTAL POPULATION 12.44M Excluding refugees	TOTAL PEOPLE IN NEED 9.4M Including refugees	TOTAL PEOPLE TARGETED 6.8M Including refugees
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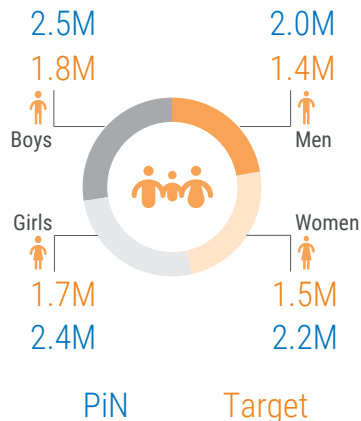
BY POPULATION GROUPS

	PiN	Targeted
Host community/ non-displaced people 	5.8M	4.5M
Internally displaced persons* 	1.9M	1.1M
Returnees 	1.4M	0.9M
Refugees** 	337K	368K
Persons with disabilities 	1.3M	1M

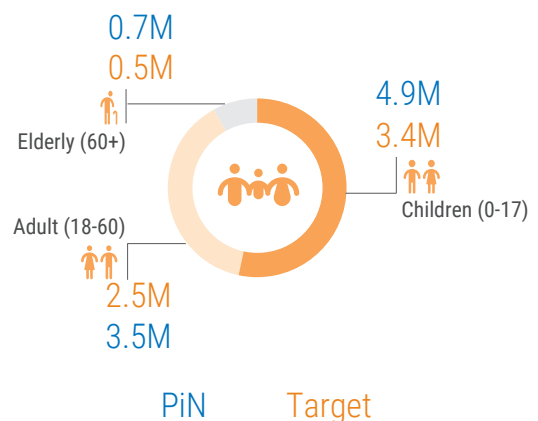
FINANCIAL REQUIREMENTS

FSL 	\$650M	
RR 	\$255M	
Nutrition 	\$230M	
Health 	\$129M	
WASH 	\$114M	
Protection 	\$103M	
Logistics 	\$93M	
Education 	\$52.3M	
S/NFI 	\$35M	
CCCM 	\$19M	
CCS 	\$19M	

BY GENDER



BY AGE



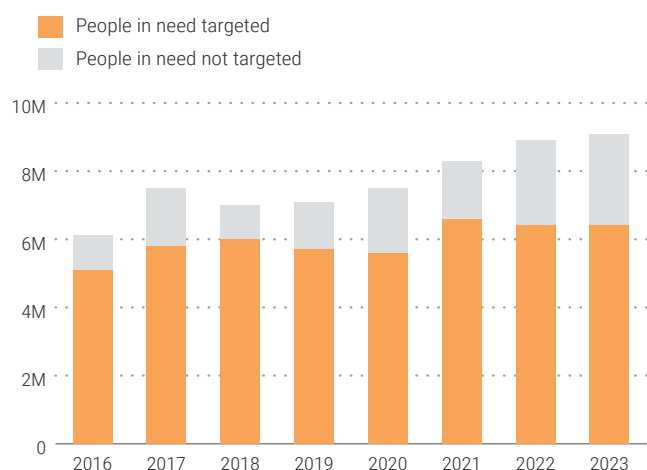
* This number reflects those IDPs identified as people in need based on assessed needs.

** The projected number of refugees for 2023 is 368K, an increase from the number of PiN in the 2023 HNO. Gender and age disaggregation information does not include refugees. The figures for Total PiN and Target include refugees but exclude people in the Abyei Administrative Area.

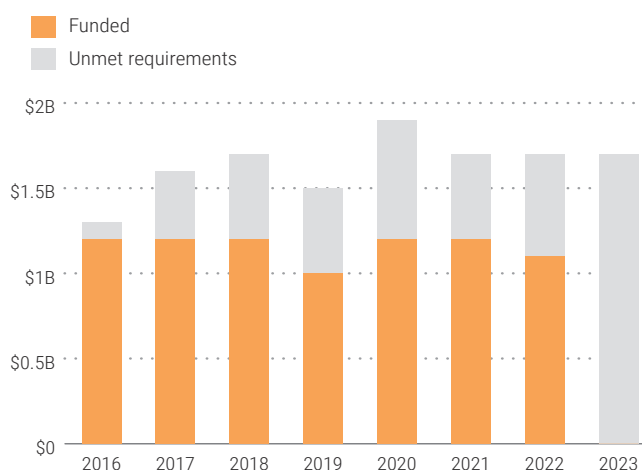
Historic Trends

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2016	6.1M	5.1M	1.3B	1.2B	92%
2017	7.5M	5.8M	1.6B	1.2B	71%
2018	7.0M	6.0M	1.7B	1.2B	70%
2019	7.1M	5.7M	1.5B	1.1B	76%
2020	7.5M	5.6M	1.9B	1.2B	65%
2021	8.3M	6.6M	1.7B	1.2B	73%
2022	8.9M	6.4M	1.7B	1.1B	67%
2023	9.4M	6.4M	1.7B	-	-

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



Response in 2022

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED*	% TARGET REACHED	FINANCIAL REQUIREMENTS (US\$)
Camp Coordination and Camp Management	1.6M	1.4M		1.0M	70%	\$19.0M
Education	3.6M	0.9M		0.3M	37%	\$54M
Food Security and Livelihoods	8.3M	6.0M		4.0M	66%	\$650M
Health	5.5M	3.6M		1.1M	32%	\$129M
Nutrition	2.0M	1.6M		1.2M	81%	\$230M
Protection	5.6M	2.9M		0.6M	21%	\$104M
Shelter and Non-Food Items	2.4M	1.5M		0.9M	59%	\$35M
Water, Sanitation and Hygiene	6.1M	3.1M		0.6M	21%	\$114M

* As of 31 October 2022.

Crisis Context and Impact

The humanitarian situation in South Sudan is worsening. People's humanitarian needs continue to rise, driven by cumulative and compounding effects of years of conflict, sub-national violence, food insecurity, climate crisis and public health challenges. An estimated 9.4 million people in South Sudan, including 2.2 million women, 4.9 million children and 337,000 refugees, are projected to need humanitarian assistance and protection services in 2023 – reflecting a 76 per cent of the country's population and a 5 per cent increase from 2022. An additional 212,000 people are estimated to have humanitarian and/or protection needs in the Abyei Administrative Area, a disputed territory between Sudan and South Sudan.

Conflict and insecurity, fuelled by sub-national and intercommunal violence, crime and wide-scale impunity, continue to be among the main drivers of humanitarian needs in South Sudan. Throughout 2022, sub-national and intercommunal violence recurred in seven out of ten states and the Abyei Administrative Area, displacing people across the country, limiting their access to critical humanitarian services and disrupting humanitarian operations. This has destroyed people's lives and livelihoods and increased existing vulnerabilities. During the first half of 2022, intercommunal violence was the primary source of violence affecting civilians, accounting for more than 60 per cent of civilian casualties. Persistent attacks on civilians by armed cattle keepers, cattle raids and revenge attacks resulted in several killings, displacement of at least 257,000 people and increased incidents of sexual violence, abductions and looting/destruction of property.

With high levels of conflict-related sexual violence and gender-based violence, South Sudan remains one of the most severe protection crises in the world. South Sudan is also home to the world's fourth most neglected displacement crisis,¹ with an estimated 2.2 million people displaced in the country, including over 36,000 people in the Malakal Protection of Civilians (PoC) site and the largest refugee crisis in Africa.² Over 1.9 million people returned to their homes, 67 per cent of whom returned from within South Sudan after the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS). More than 2.3 million South Sudanese refugees are hosted in the neighbouring countries.

Two-thirds of South Sudan's population are affected by the precarious food security situation, making the country one of the worst food insecurity emergencies in the world. An estimated 8 million people or 64 per cent of the population in South Sudan will experience severe food insecurity by

the peak of the 2023 lean season between April and July.³ With elevated food insecurity, about 1.4 million children are expected to suffer from life-threatening acute malnutrition. Many of the highly food-insecure people reside in locations with chronic vulnerabilities worsened by frequent climate-related shocks, the macro-economic crisis, conflict and insecurity and low agricultural production. Communicable diseases, including measles and malaria, maternal mortality and neonatal health continue to be the leading causes of morbidity and mortality in South Sudan.

South Sudan ranks among the five countries in the world that is most vulnerable to the effects of climate change, as evidenced by communities devastated, destroyed and displaced by large-scale flooding across the country.⁴ Above normal rainfall for the fourth consecutive year in 2022 led to erratic rainfall patterns and prolonged flooding, with water levels in some areas exceeding the unprecedented levels reached in 2021 and affecting areas that had not been flooded in 2021. As of 10 December 2022, more than 1 million people have been verified as affected by severe flooding in 39 counties across South Sudan and in the southern part of the Abyei Administrative Area.

Humanitarian access to affected people remains a challenge in an already fragile context in South Sudan. South Sudan continues to be the most violent and dangerous context for aid workers.⁵ Between January and December 2022, an estimated 450 humanitarian access incidents were reported and nine humanitarian workers were killed in the line of duty. Physical access constraints, bureaucratic impediments, interference in recruitment and youth employment, illegal fees and taxations, conflict and intercommunal violence affect people's access to services and the ability of humanitarian partners to reach the vulnerable people with much needed life-saving assistance.



Read more about the humanitarian conditions and underlying factors in the South Sudan 2023 Humanitarian Needs Overview:
<http://bit.ly/3BuMvB8>



Part 1: Strategic Response Priorities

RUBKONA COUNTY

Women arrive at the southern gate of the Bentiu IDP camp after gathering papyrus reeds to be used in construction.

Photo: OCHA/Sarah Waiswa



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The humanitarian situation remained dire in 2022 due to multiple unabated shocks and unaddressed root causes of needs. Prolonged violence, including sub-national conflict and intercommunal violence, humanitarian access constraints, disease outbreaks and/or risks of disease outbreaks and economic and climatic shocks affected the vulnerable people's physical and mental well-being, living standards and coping mechanisms. The lack of functional and independent institutions to uphold the rule of law and safeguard human rights resulted in a perceived sense of impunity, increased criminality and attacks on civilians and humanitarian workers.

Despite some progress, the humanitarian response was hampered by the marginalization of women, youth and persons with disabilities. People's access to basic services remained limited, such as health care, education, water and sanitation, protection and legal assistance. With the outbreak of Ebola virus disease (EVD) in Uganda, South Sudan faces an elevated risk due to inadequate capacities of the health systems, high population movement across the borders, inadequate screening at the official border checkpoints, set-up of unofficial checkpoints and ongoing instability and insecurity.

According to the 2023 South Sudan Humanitarian Needs Overview (HNO), nearly three out of four people will require humanitarian assistance in 2023, excluding about 337,000 refugees. Adding to the existing vulnerability, the majority of households are headed by women. Approximately 15 per cent of the population is disabled.

Sub-national conflict and intercommunal violence continue to impede South Sudan's long-term stability and humanitarian access, with civilians and humanitarians threatened by targeted and indiscriminate killings, roadside ambushes, mines and explosive remnants of war. Sub-national violence, bureaucratic impediments and climatic shocks will continue to obstruct humanitarian access in 2023. Widespread patriarchy will continue to marginalize women and girls, further exposing them to gender-based violence.

Conflict, flooding and food insecurity contributed to cyclical population mobility in 2022. An estimated 2 million South Sudanese people were internally displaced, primarily in Jonglei, Unity, Upper Nile and Warrap states. Many people suffered from multiple displacements in search of better

living conditions or in attempts to escape violence. There are approximately 2.3 million South Sudanese refugees in the neighbouring countries.

Food insecurity in South Sudan remains extremely high, with roughly two-thirds of the population experiencing Crisis under the Integrated Food Security Phase Classification (IPC) Phase 3 or worse.⁶ Four consecutive years of flooding, protracted conflict and youth unrest hindered food and livelihoods assistance aimed at improving food security. As shocks worsen, 7.8 million people or 63 per cent of the population will likely be in Crisis (IPC Phase 3) or worse during the 2023 lean season from April to July. An estimated 2.9 million people will be in Emergency (IPC Phase 4) and approximately 43,000 people will be in Catastrophe (IPC Phase 5). Extreme flooding and drought, financial crisis, conflict and insecurity and low agricultural production will contribute to chronic vulnerabilities in food-insecure populations. Between July 2022 and June 2023, an estimated 1.4 million children under age 5 are projected to be acutely malnourished.⁷

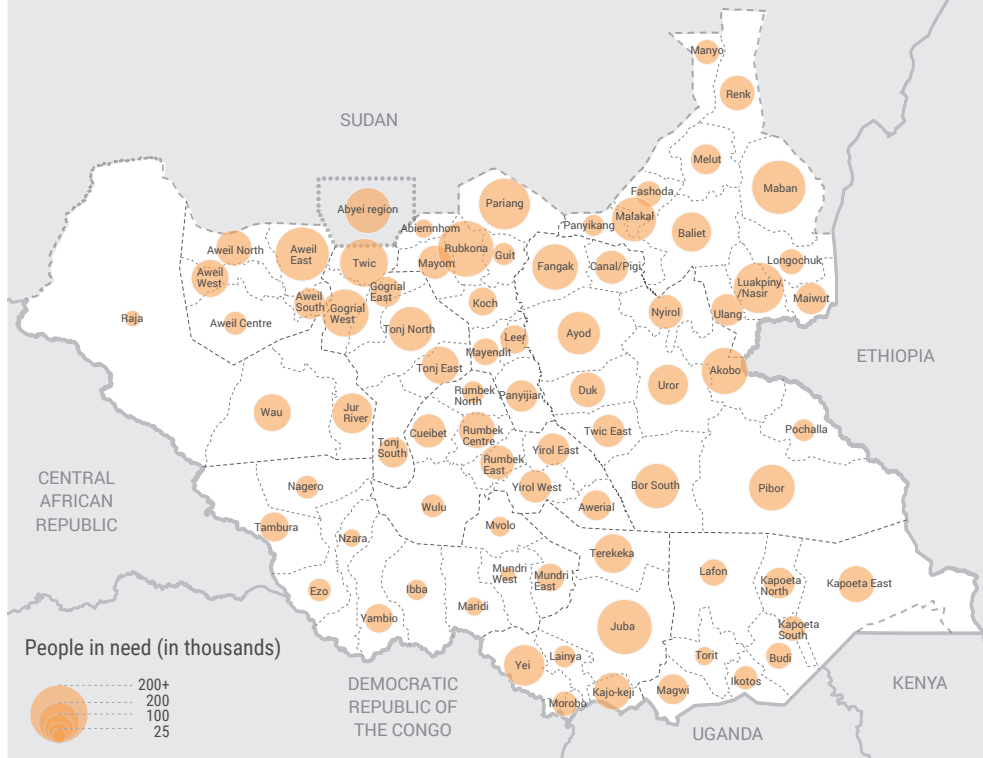


Read more about the humanitarian conditions and underlying factors in the [South Sudan 2022 Humanitarian Response Plan](https://bit.ly/3VO3SF7):
<https://bit.ly/3VO3SF7>

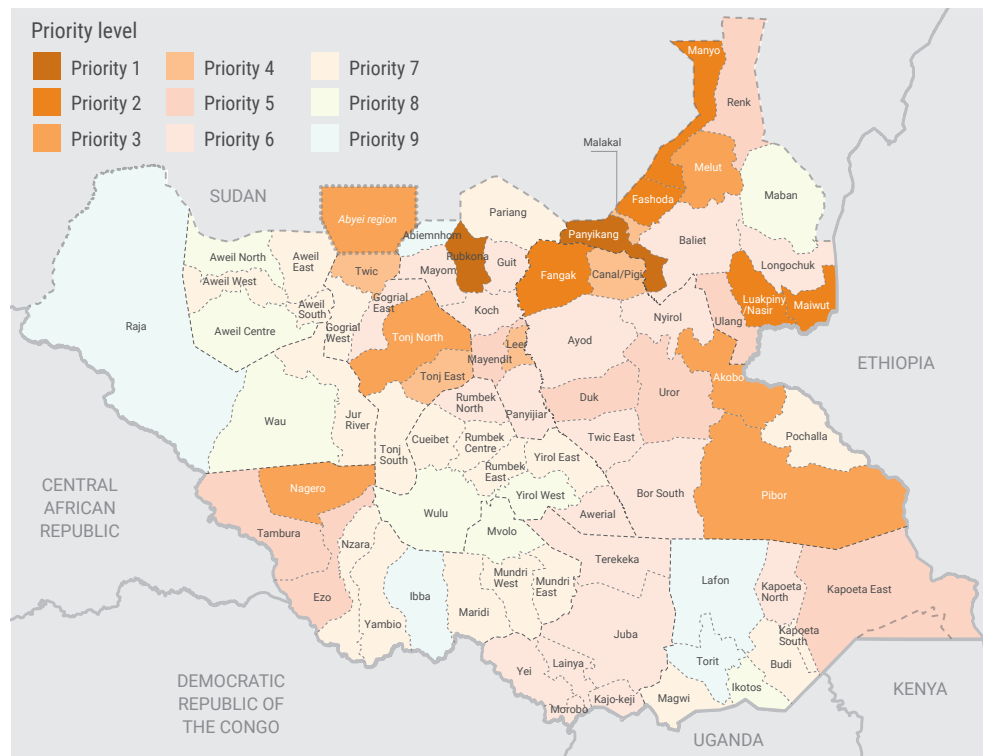


1.2 HRP Prioritization and Targeting

Targeting by county



Prioritization by county



1.3

Strategic Objectives, Specific Objectives and Response Approach

Response scope

The 2023 South Sudan Humanitarian Response Plan (HRP) will target 6.8 million people out of the 9.4 million people in need of humanitarian assistance, including internally displaced persons (IDPs), returnees and vulnerable host communities/non-displaced people in South Sudan and in the Abyei Administrative Area. According to the 2023 HNO severity analysis, an estimated 56,300 people in Panyikang County will experience catastrophic need in 2023. Some 7.6 million people in 66 of the 78 counties will experience extreme need and 1.7 million people in 10 out of the 78 counties will be in severe need. The Upper Nile and Western Equatoria states will contain the highest number of counties in critical need. In the Abyei Administrative Area, 212,000 people will be in extreme need of humanitarian assistance.

Due to the high number of counties in extreme and catastrophic need based on the 2023 HNO inter-sectoral analysis, the Inter-Cluster Coordination Group (ICCG) conducted a prioritization exercise in November 2022, as demonstrated on page 12. The nine priority classification levels were based on the needs of the most vulnerable population groups to support a targeted inter-sectoral humanitarian response.

The 2023-2025 United Nations Sustainable Development Cooperation Framework (UNSDCF) and the Common Country Analysis continue to align with the HRP through agreed Collective Outcomes across the peacebuilding, humanitarian and development pillars.

Response approach and modalities

Humanitarian funding for South Sudan declined in 2022, affected by the rapidly changing global geopolitical environment, growing global humanitarian needs and the depletion of donor funding. To be more effective, the humanitarian response will need to cover people's most immediate needs, address their vulnerabilities and build their resilience, ensuring that durable solutions are embedded in the interventions.

Recognizing the need to do more with less, the ICCG developed a set of triggers and thresholds in 2022 for sudden-onset disasters, including conflict and floods, to refocus and redirect the humanitarian response as needed to ensure prioritized and effective response to emerging

and new crises. The response in 2023 will be guided by these criteria to ensure quality and targeted humanitarian responses for people, including women, children, the elderly and persons with disabilities.

Violence is likely to escalate during the dry season or the first half of 2023 due to the seasonal migration of domesticated livestock across the traditional routes, including the migration of the Misseriya from Sudan into South Sudan through the Abyei Administrative Area. During the second half of 2023, humanitarian partners will activate an online flood tracker and flood response triggers through the Flood Response Operational Working Group. Humanitarian partners are developing state-level emergency response plans for the hotspot areas and pre-positioning emergency supplies in strategic locations across the country to enable immediate response scale-up closer to the affected populations.

The impact of conflict and flooding on the delivery of humanitarian assistance will influence the choice of response modality. To ensure a cost-efficient response, fewer mobile response modalities will be planned (e.g., airdrops). Partners' field capacity, particularly in remote locations, will play a crucial role in pre-positioning humanitarian supplies to reduce reliance on air assets. A decentralized coordination structure will enhance field-level response coordination and will reach the affected communities in hard-to-reach locations.

Integrated Rapid Response Missions (IRRM), Rapid Response Mechanisms (RRM) and Emergency Response Teams will continue to be utilized to deliver rapid, multi-sectoral assistance to the communities in remote locations. Community platforms through the community nutrition volunteers will be supported and used primary vehicle for delivering multi-sectoral services at the community and household levels. The 2022 Protection Monitoring System will inform the humanitarian response based on information relevant to all population groups, including IDPs, refugee returnees and host communities.

Health, Nutrition, Food Security and Livelihoods (FSL) and Water, Sanitation and Hygiene (WASH) clusters have adopted a common integrated plan focusing on IPC Phase 4 counties. Through vulnerability targeting, the FSL Cluster will

deliver emergency food, livelihoods and livestock support to the vulnerable households in the catchment areas of health, nutrition, education and community WASH facilities. Collaboration between FSL and Nutrition clusters will be integrated based on geographical convergence with a focus on livelihoods. An integrated Nutrition/Health/WASH/FSL/GBV approach will be scaled up in 22 priority counties. In emergency settings and in WASH Severity Classification counties and communities at a high risk of disease outbreaks, partners will respond to acute needs with rapid modalities, including WASH non-food item (NFI) support, hygiene promotion, emergency sanitation and water supply to immediately break disease transmission cycles. The WASH core pipeline will remain as a key instrument to deliver immediate assistance while exploring scaling up market integration in 2022.

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



Read more about the humanitarian conditions and underlying factors in the South Sudan 2022 Humanitarian Response Plan: <https://bit.ly/3V03SF7>



RUBKONA COUNTY

Community members are building a dyke in Birmuk village near the Bentiu IDP site A in Bentiu town to protect the area from further flood damage.

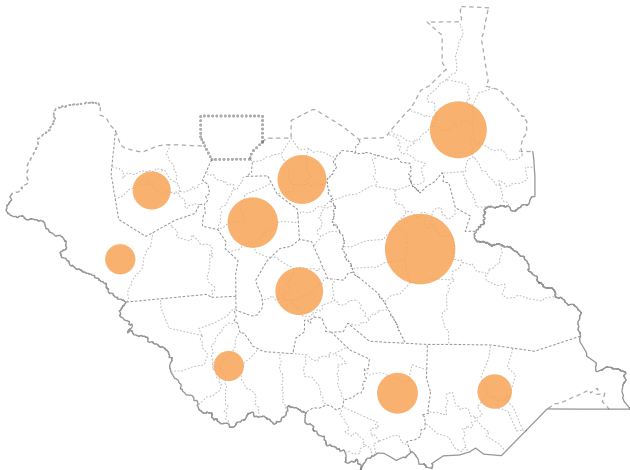
Photo: OCHA/Sarah Waiswa



Strategic Objective 1

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

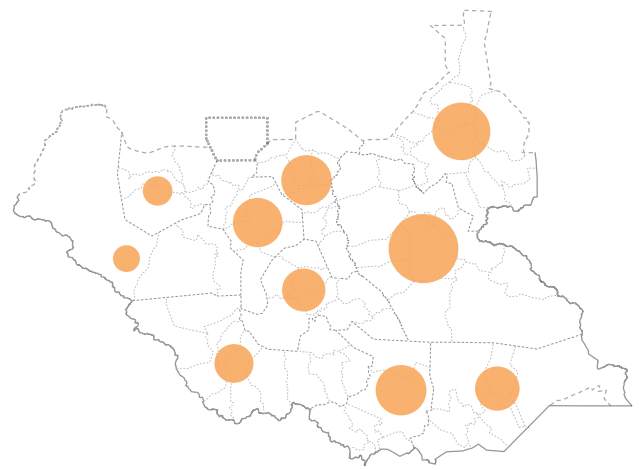
PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
6.2M	50%	54%	15%



Strategic Objective 2

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

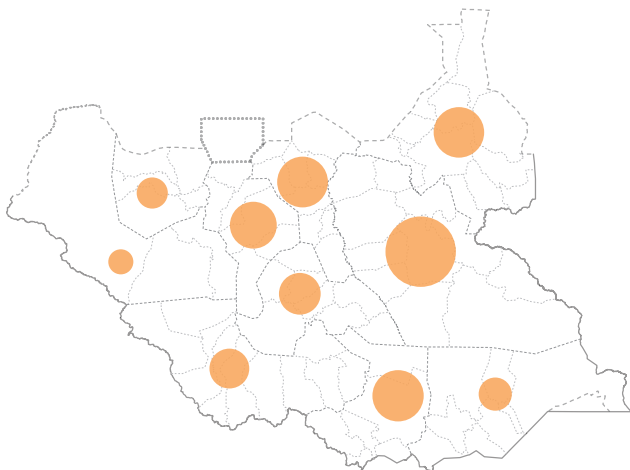
PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
4.4M	51%	54%	15%



Strategic Objective 3

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

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
3.4M	50%	54%	15%



Drivers of needs



Insecurity, sub-national violence, conflict



Economic crisis, rise in commodity prices



Climate change, flooding



Disease outbreaks, effects, of COVID-19 pandemic



Gender inequality, forced marriage, gender-based violence



Weak health system and infrastructure, poor health awareness



Weak legal framework on Housing, Land and Property; lack of resources for documentation and restoration of destroyed houses

Humanitarian conditions

Physical and mental well-being

Living standards

Coping mechanisms

* The numbers of people targeted per strategic objective are estimations only. The targets were calculated by considering only the clusters that have their total "targeted population" targeted under the respective strategic objective. The breakdown of the individual indicator targets is available at: bit.ly/3HLdZqb

1.4 Costing Methodology

The 2023 South Sudan HRP is costed on a project-based costing methodology. Project owners include UN organizations, national and international non-governmental organizations (NGOs).⁸ Submissions were vetted through a transparent process led by a Cluster Review Committee, chaired by a cluster coordinator.

In 2023, the clusters cloned the 2022 projects and budgets to finalize their overall financial ask. Each cluster produces a cost-per-activity estimate, combining the costs for in-kind supplies, cash provision and expenses for the physical delivery of assistance. The clusters use different

methodologies to review their partners' projects and funding distributions. Some clusters consider the project funding progress, project and activity implementation progress and monthly 5W reporting as criteria to determine partners, projects and funding distribution. Partner agencies provided a costing breakdown for each project and the project planning for 2023, including Cash and Voucher Assistance (CVA), Gender and Disability Inclusion, AAP and protection.

For more information on the costing methodology, please visit the 2022 HRP: <https://bit.ly/3VO3SF7>

MALAKAL COUNTY

Aid workers verify and register newly displaced people from Tonga, Panyikang County in the Malakal Protection of Civilians (PoC) site for general food distribution.

Photo: OCHA/Sarah Waiswa



1.5

Access, Operational Capacity and Planning Assumptions

Access

Humanitarian access in South Sudan continues to be adversely affected by sub-national and intercommunal violence, bureaucratic impediments and physical constraints. While the number of reported incidents decreased between January and December 2022, the assessed impact of these incidents revealed greater severity.

Contributory factors to the increase in severity are escalating conflict, disturbing trends of physical assault, detention, intimidation and harassment against aid workers, confiscation of humanitarian assets and looting of humanitarian aid. Bureaucratic impediments such as illegal taxation and extortion at checkpoints continue to delay the delivery of aid across the country, leading to increased costs and additional time to transport personnel, goods and services. As of December 2022, nine humanitarian workers were killed, compared to five in 2021. The relocation of 200 aid workers from several locations across the country in 2022 negatively affected humanitarian operations and shrunk the humanitarian space.

Poor road conditions and unprecedented flooding of the Nile and Lol rivers since 2019 rendered physical access to the affected people extremely challenging, with some locations only accessible by air or river.

Overall, the number of reported access incidents decreased from 504 in 2021 to an estimated 450 in 2022. An average of 56 per cent of the reported incidents were significant in severity in 2022, compared to 46 per cent in 2021. Contributory factors to the decline in incidents are assessed as enhanced engagement and advocacy with parties to the conflict and reduced cover of programmatic spread.

The humanitarian community in South Sudan will continue to engage with humanitarian and nexus partners, parties to the conflict, the United Nations Mission in South Sudan (UNMISS) and the United Nations Interim Security Force for Abyei (UNISFA) to enable a safe, sustained and principled humanitarian response. A more agile and expansive approach to access is required to meet the strategic objectives of the 2023 HRP.

Operational capacity

A total of 183 organizations – 105 national NGOs, 68 international NGOs and 10 UN organizations – will

implement humanitarian programmes under the 2023 HRP. In 2022, 154 partners operated across the country under the HRP, of which around 57 per cent were national NGOs. The capacity of the government to respond through state-level Relief and Rehabilitation Commissions (RRCs) remains a challenge due to limited capacity and resources. The humanitarian community will continue to work with, support and enhance the state-level capacity of the RRC in 2023 as a priority. National access strategies will need to consider the requirement for localized solutions by supporting the capacity of state-level implementing partners and decentralization of access problem-solving.

In 2022, four humanitarian hubs (out of the total target of nine) in Kodok, Leer, Raja and Pibor enabled partners to scale up their responses for the affected communities in remote areas. In 2023, OCHA and partners will continue to advocate for the establishment of humanitarian hubs in key hotspot areas and strategic locations, including Kajo-keji in Central Equatoria, Mandeng in Upper Nile and Jiech, Pieri and New Fangak in Jonglei State. The humanitarian hubs will complement the 40 deep field coordination sites with no physical presence by OCHA and provide a secure environment for humanitarian workers to deliver aid in hard-to-reach locations.

The Access Working Group (AWG) remains the primary forum in South Sudan, through which operational coordination, analysis and discussion of humanitarian access issues take place. In 2022, direct and indirect humanitarian negotiations with parties to the conflict were conducted with both government and non-government representatives to allow crossline operations to function more effectively without impediment. The AWG will continue to strengthen these mechanisms in 2023, with greater efforts to actively engage with non-governmental parties to the conflict being pursued. The AWG will formulate and deliver the 2023 Access Work Plan based on four core pillars: 1. Monitoring, Analysis and Reporting; 2. HRP Alignment; 3. Support to Field Offices and Clusters; and 4. Advocacy and Policy. This work plan will be integrated with and supported by the OCHA Global Minimum Package of Services with a key focus on operational access, access policy and deliverables.

The AWG produced several policy documents and reports in 2022 on the Use of Armed Escorts, Conducive Working Environment and Conflict Sensitivity reports and Upper Nile

Scenario Planning report. This will continue in 2023, with policy documents focusing on the nine deliverables of the OCHA Global Minimum Package of Services prioritizing a set of Joint Operational Principles, HCT Access Strategy, real-time Conflict Sensitivity reports and National Civil-Military Coordination Guidelines. These will be used to guide and inform humanitarians, in addition to the monthly Access Snapshots and Quarterly Access Analysis Reports. In line with a review of the HCT Access Strategy, the AWG Work Plan will prioritize support to the ICCG and sub-national cluster groups to strengthen their capacities, in response to high staff turnover and chronic vulnerabilities exacerbated by multiple shocks. Supported by the HCT and the AWG, the clusters must become increasingly agile to address the growing humanitarian needs against a backdrop of rising conflict, declining resources and funding and to ensure rigorous prioritization procedures for all activities.

The AWG will strengthen its capacity to collect and analyse information on access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and parties to the conflict. This will be implemented by mapping key access constraints by county and measuring severity and impact through analysis. Further initiatives, such as localized key stakeholder/actor mapping, will be used to inform access negotiation requirements. Access negotiation capacity will be enhanced through training and upskilling of frontline negotiators. OCHA will coordinate closely with the government-led Joint Border Verification and Monitoring Mechanism (JBVMM) to ensure that security clearances are granted timely. OCHA will also engage with UNMISS and UNISFA for timely approval and delivery of Military Civil Defence Assets (MCDA) requests as a last resort, enabling safe movement of humanitarian personnel and relief items throughout South Sudan.

Planning assumptions

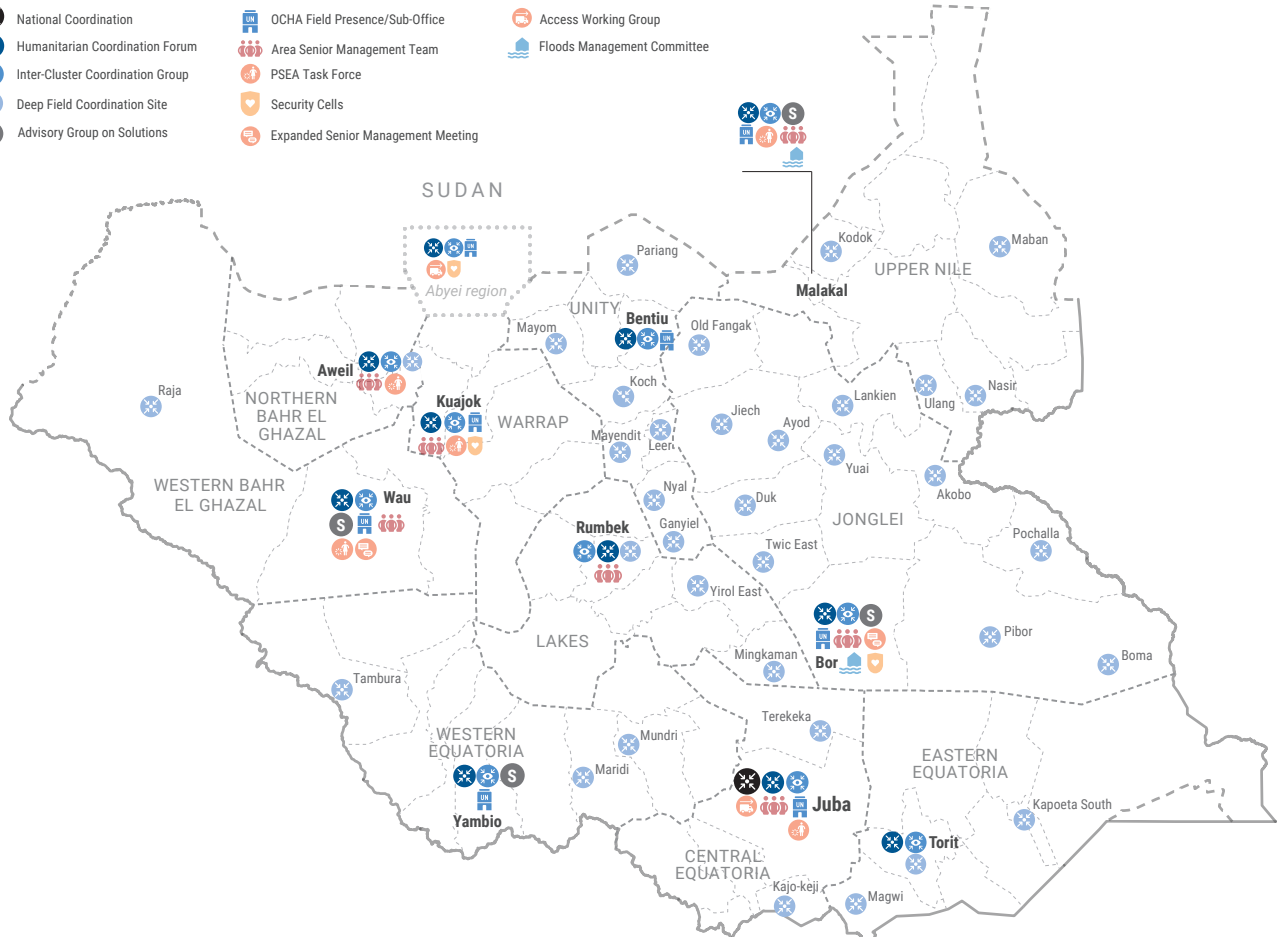
In 2023, challenges associated with humanitarian access are expected to persist across South Sudan. Critical elements and benchmarks of the R-ARCSS are yet to be addressed, including the security sector and constitutional and electoral reforms. Sub-national violence, including clashes with armed groups that are non-signatories to the R-ARCSS, will further disrupt humanitarian activities. Increased climatic shocks and vulnerability to global fiscal shifts and shortages will lead to reduced personnel and services.

Humanitarian response will continue to face major constraints. The security situation will remain volatile, with continued risk of attacks against humanitarian staff and looting of humanitarian warehouses. Floods increasingly occurring outside the rainy season will further limit access. Much-needed humanitarian funding will be stretched due to the conflict in Ukraine, global food crisis and inflation, further constraining the capacity of the humanitarian community to address the most urgent needs.

The capacity of the humanitarian community will be severely tested, requiring prioritization of response and a fresh, agile approach to access. The humanitarian community needs to move with the fluid and dynamic context and build the capacity to forecast shocks in advance. Access as a key enabler must inform what the constraints are, where and why, who the actors are and who is best placed to engage with them. This is best achieved through a clear HCT Access Strategy, a workable and agile AWG Access Work Plan, enhanced and nuanced actor mapping, dynamic conflict sensitivity analysis, timely and forecasted access constraints/trends analysis, an agreed set of Joint Operating Principles, negotiation capacity and decentralization of access. The 2023 Access Plan must be agile and flexible enough for continuous adjustment/prioritization, review of humanitarian challenges and a cohesive, resilient, and localized humanitarian access community.

Humanitarian coordination architecture by location

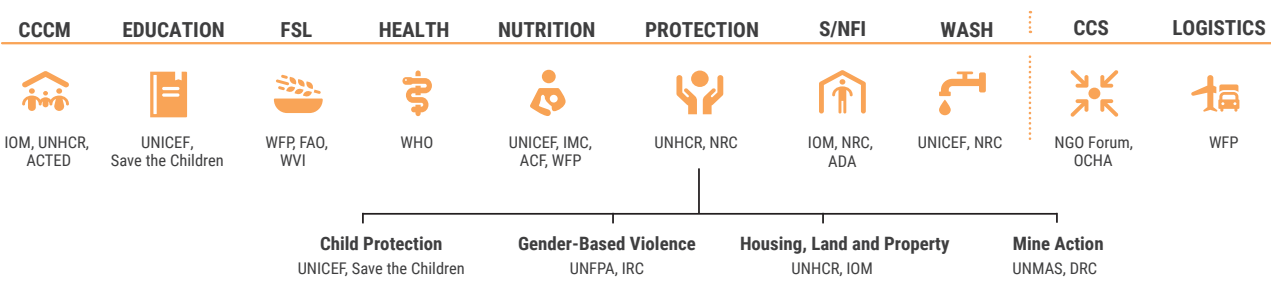
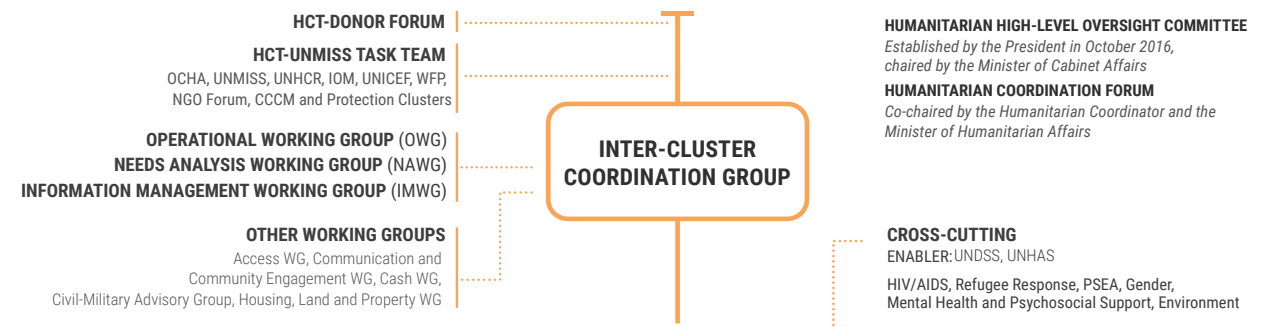
- National Coordination
- Humanitarian Coordination Forum
- Inter-Cluster Coordination Group
- Deep Field Coordination Site
- Advisory Group on Solutions
- OCHA Field Presence/Sub-Office
- Area Senior Management Team
- PSEA Task Force
- Security Cells
- Expanded Senior Management Meeting
- Access Working Group
- Floods Management Committee



HUMANITARIAN COUNTRY TEAM

Chaired by the Humanitarian Coordinator

United Nations x 10, International NGOs x 5, National NGOs x 2, Observers x 2 (ICRC and MSF)



1.6

Protection from Sexual Exploitation and Abuse

The South Sudan Protection from Sexual Exploitation and Abuse (PSEA) Task Force, a system-wide coordination body under the leadership of the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC), consists of members from the United Nations (UN) system, including UNMISS, national and international NGOs, International Committee of the Red Cross, the Protection Cluster, GBV and Child Protection Area of Responsibility (AoR). The task force promotes that the efforts to protect from sexual exploitation and abuse (SEA) are mainstreamed into all actions across peacebuilding, humanitarian and development interventions. Sensitization, capacity-strengthening, community engagement and identification of gaps inform collective action. Mandatory reporting mechanisms, SEA risk assessments and mitigation actions inform safe programming.

The PSEA Task Force functions include engagement with and support to affected populations, protection from SEA, alert and reporting mechanisms, victims' assistance, referral of allegations of SEA for investigation, measures to ensure protection from retaliation, and coordination of collective action. A dedicated PSEA Coordinator is deployed under the United Nations Country Team (UNCT) and the HCT to support senior leadership, the PSEA Task Force and actors to develop and implement the systemwide PSEA strategy and action plan, and to support to strengthen organizations' internal PSEA programmes.

The 2018–2022 South Sudan PSEA Strategy, extended to June 2023, is the bedrock for system-wide planning, implementation, monitoring, reporting and coordination of PSEA at national and sub-national levels. The task force established 15 field-level PSEA Task Forces, with specific terms of reference in priority risk locations and membership drawn from the UN system members, including the peacekeeping mission, national and international NGOs. These task forces provide oversight to established community-based complaint mechanisms, with various levels of functionality across those high-risk locations.⁹ The PSEA Task Force is guided by standard operating procedures on prevention, reporting, response and accountability for addressing SEA.

The 2023 UNCT-HCT PSEA Action Plan has five outcomes:

1. All UN staff and related personnel¹⁰ know the UN standards of conduct for protection from sexual exploitation and abuse and understand their personal and managerial/command responsibilities to address sexual exploitation and abuse and other misconduct;
2. Every child and adult recipient of UN assistance has access to a safe, gender and child-sensitive pathways to report sexual exploitation and abuse that lead to assistance, are appropriate to the context and accessible to those in the most vulnerable situations;
3. Every child and adult victim/complainant is offered immediate, quality assistance services;
4. Every child and adult victim/survivor of sexual exploitation and abuse who is willing, has their case investigated in a prompt, and safe way in accordance with a victims'/survivors' rights approach; and
5. The DSRSG/RC/HC and UNCT/HCT are supported at senior management and technical levels to lead, oversee, and deliver on PSEA outcomes. Specific interventions include developing a new systemwide PSEA strategy, SEA risk assessment and management, PSEA capacity-building, strengthening coordination for system-wide collective accountability for PSEA at national and sub-national level through functional community-based complaint mechanisms for awareness-raising and engagement of affected population, reporting, assistance services and support to victims of SEA and enhanced NGO capacity on PSEA.

1.7

Accountability to Affected Populations

The HCT's AAP Strategy from August 2021 provides a framework for collective humanitarian action to further core accountability standards in programming.

The overall understanding of affected people's perception of aid received, and its efficacy has improved drawing from the mixed-method approach for data collection to inform the 2022 HNO, feedback loops and cluster-specific engagement with people. Sixty per cent of the households interviewed, indicated that they were in need and unable to access humanitarian assistance.¹¹ People shared that contributing factors included issues related to registration and information sharing, insufficient quantities of aid, inaccessible distribution sites, flooded or insecure routes, corruption and diversion of assistance by local leaders and NGO staff to benefit their own relatives. During face-to-face engagement, affected people noted the long distances between their home and the area where assistance is available and flooding as barriers to accessing humanitarian assistance. These barriers disproportionately affect persons with disabilities, women and the elderly.¹²

Households' access to the complaint and feedback mechanism (CFM) reduced from 58 per cent in 2021¹³ to 47 per cent in 2022.¹⁴ Reasons highlighted by affected people include low awareness, lack of direct physical access and lack of trust in the CFM to change, fear of consequences of making complaints, the failure of community leaders to relay complaints and language barriers.¹⁵ Humanitarian actors consulted with community leaders, community representatives (including the elderly, women and youth) and local authorities, where respondents shared their mistrust in these entities to represent their views. Raising awareness of the CFM and regaining the trust of the community is a priority in 2023.

A risk-lensed approach to mitigate potential negative impacts of humanitarian assistance leveraging conflict sensitivity is critical in line with the do no harm approach. Affected communities reported that access to assistance, including perceptions of unfair targeting, lead to tension between aid recipients and non-recipients, communities and their leaders, communities and NGO staff. Some local leaders and partners were perceived to manipulate distribution lists or divert assistance to family and friends, which fuels tensions. Affected communities proposed clear and inclusive communication around targeting criteria,

providing assistance directly to the recipients rather than through local leaders and delivering larger aid packages to reach more vulnerable people as approaches to mitigate or defuse tension.

In 2023, safe and equitable access to assistance for all affected populations, especially for women, the elderly and persons with disabilities will continue to be an AAP priority. Humanitarian partners work to purposefully mainstream the AAP standards by integrating AAP and community engagement interventions in their cluster-specific programming. Cluster members must contextualize AAP approaches with robust feedback mechanisms, needs-based assessments and perceptions surveys, participative monitoring and proactive consultations.

In 2023, humanitarian organizations will continue to tailor and contextualize their communication engagement and information-sharing strategies and messaging to meet people's information needs, taking into consideration that access to information sources varies between different groups, including women, the elderly and persons with disabilities. Additional efforts will be made to increase access to and awareness of the feedback mechanisms. Moving forward, the specific needs of various segments of the affected population must inform decision-making, programming and enable an agility of the response to ensure the response is appropriate.

1.8

Consolidated Overview on the Use of Multi-Purpose Cash

Cash and Voucher Assistance (CVA) proved to be effective for the 2022 humanitarian response in South Sudan. More than US\$7 million of humanitarian assistance was delivered through CVA, reaching over 1 million households.¹⁶ Coupled with CVA through food security and livelihood interventions, multi-purpose cash assistance (MPCA) became important when responding to the immediate life-saving needs in South Sudan. MPCA has empowered vulnerable households to make independent decisions on their urgent, basic needs with dignity and freedom. Camp Coordination and Camp Management (CCCM), Protection, Shelter and Non-Food Items (S/NFI) and WASH clusters commonly use cash-for-work and cash-for-assets modalities as part of their response. South Sudan relies heavily on imports of food items and non-food items.

In 2023, humanitarian actors will implement CVA in social safety net programming with disability inclusion and women's leadership. All clusters will use market-based programmes, including CVA, as a response modality in their strategies. Cash will be used to ensure gender equality and disability inclusion as part of the GBV AoR response strategy. The S/NFI Cluster will consider CVA to meet the NFI needs in emergencies when markets support the demand. The Health Cluster will promote the use CVA to its partners to increase access to services.

Progress on the use of Multi-Purpose Cash Assistance

The Cash Working Group (CWG) identified key challenges for the use or scale-up of CVA as a response modality in South Sudan. Lack of mobile network coverage limits the use of mobile money service providers in rural areas. High inflation, insecurity and climatic shocks also impact market functionality and CVA feasibility, particularly in rural areas. Rural areas face market functionality challenges, as shown in the Joint Market Monitoring Initiatives (JMMI). Other challenges include limited presence or absence of financial service providers due to insecurity or access constraints and increase in their fees due to fluctuating exchange rates. Donor priorities were also mentioned as challenges, including the service charge by the financial service providers.

To overcome some of the challenges, the CWG members, including UN system members, national and international NGOs, need to promote the use of MPCA in a multi-sectoral approach to meet people's basic needs. The approach should be linked to safety net initiatives to ensure their access by persons with disabilities and to mitigate unintended consequences, such as mitigation measures for women and girls receiving cash support. The JMMI monitors the market situation, prices and currency exchange rate to support CVA programming by humanitarian actors and informs the minimum expenditure basket. The CWG uses the JMMI for situational analysis of the exchange rate and evolving market trends to inform advocacy strategies and exchange rate policy reforms.

The CWG is represented in the national- and state-level ICCGs to support cash as a modality in humanitarian responses. Newly developed Inter-Agency Standing Committee (IASC)¹⁷ guidelines on the appropriateness, effectiveness and efficiency of CVA guide their responses. Harmonized multi-purpose cash strategies, joint feasibility studies and risk analysis inform the appropriate use of CVA. The CWG will regularly update the minimum expenditure basket to reflect the constantly changing market situation, including agreement of prices of commodities and a common transfer value to integrate CVA as a response modality into cluster strategies.

Efforts are being made to promote the use of mobile money where possible through engaging with the private sector service providers and enhancing the financial capacity of vulnerable people. Best practices and lessons identified from the use of cash as a modality in a variety of settings has contributed to improved coordination between the CWG and the clusters.

Part 2: Response Monitoring

MALAKAL COUNTY

Registration exercise of newly displaced people from Tonga, Panyikang County, takes place in the Malakal PoC site. Photo: OCHA/Sarah Waiswa



2.1 Monitoring Approach

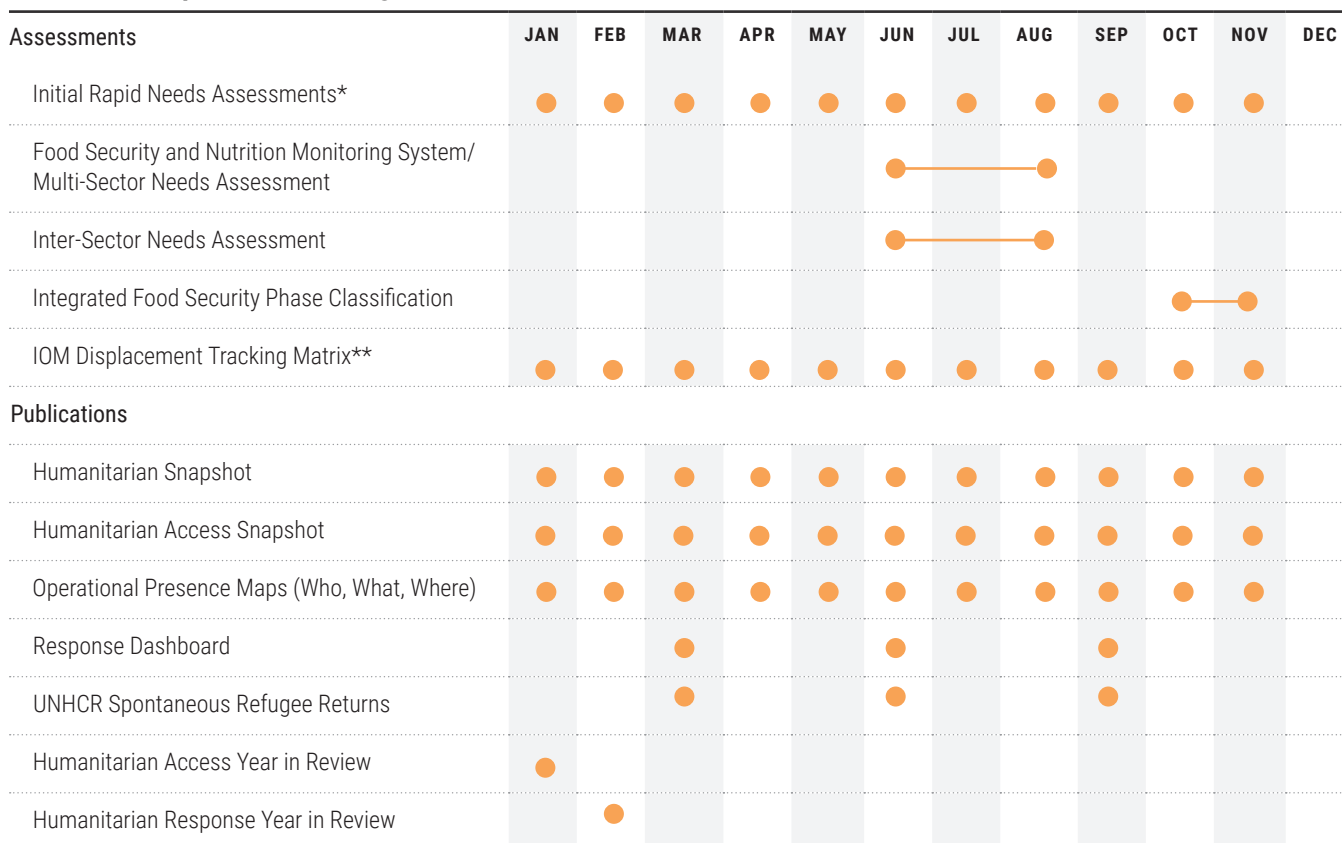
A robust but light response monitoring framework will ensure a timely, efficient and fit-for-purpose humanitarian response. Response monitoring will continue to focus on addressing humanitarian needs, while identifying contextual risks and situational changes. The ICCG and the Information Management Working Group (IMWG) will continue to monitor the progress against key sector and inter-sector level output indicators. To monitor their achievements accurately, clusters will use response indicators that were refined based on the lessons learned from previous years. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) will publish a quarterly inter-sectoral response dashboard, capturing the progress towards the HRP objectives and associated funding status, as reported in the Financial Tracking Service.

Based on field reports, Initial Rapid Needs Assessments (IRNAs) and secondary data, the Needs Analysis Working Group (NAWG) will develop a monthly situation analysis, including hotspot locations. OCHA will produce regular information products and analyses to assist inter-sectoral monitoring, such as the monthly 5W and interactive

response dashboards, humanitarian and access snapshots highlighting the access challenges and growing humanitarian needs. In 2023, the IMWG will continue to improve the monitoring methodology to avoid double counting of people, especially in service-based cluster activities, and to capture non-HRP humanitarian activities.

Situation monitoring related to population movements and shelter conditions will continue in 2023, primarily through the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM). The Protection Monitoring Working Group and the Protection Monitoring System deployed in 2022 will analyse the protection situation and monitor the impact of partner activities. OCHA and partners will conduct an annual countrywide ISNA to map out the humanitarian needs, with the findings largely informing the future HNO and HRP processes. OCHA will continue to produce the monthly financial tracking snapshot to monitor the funding progress for the partners and donor community. In addition, the clusters have their own monitoring tools in place to measure the progress and impact of their response.

Needs and response monitoring timeline



* Initial Rapid Needs Assessments are triggered by a significant event such as flooding or conflict.

** IOM Displacement Tracking Matrix - Mobility Tracking (Baseline and Multi-Sectoral Location Assessment) and Event Tracking.

2.2

Strategic and Specific Objectives Indicators and Target

Strategic Objective S01				TARGET	
Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs.				6.2M	
Specific Objective SP1.1		IN NEED	TARGET	SOURCE	FREQUENCY
Reduce levels of critical food insecurity for 3.58 million people across all 78 counties projected to be in severe acute food insecurity equivalent to IPC phases 4 and 5 at the height of the 2023 lean season (from the November 2021 baseline).		8M	6.1M		
INDICATORS	Number of people in IPC phases 4 and 5 worsened/improved against the baseline (by county and disaggregated by gender).	C01: 8M C02: 8M	C01: 4.6M C02: 6.0M	FSNMS & IPC compatible analysis	Annually
Specific Objective SP1.2		IN NEED	TARGET	SOURCE	FREQUENCY
Decrease in prevalence of global acute malnutrition among boys and girls under age 5 and pregnant and lactating women in prioritized counties by 2023.		2M	1.5M		
INDICATORS	Prevalence rate of global acute malnutrition in boys and girls under age 5 and pregnant and lactating women in prioritized counties decreased.	1.3M	1.5M	5W	Monthly
	Number of Wash Severity Classification Priority 1 and 2 counties, with a decrease in severity by 1 class.	-	15 counties	-	-
Specific Objective SP1.3		IN NEED	TARGET	SOURCE	FREQUENCY
Decrease excess morbidity and mortality rates from outbreak-prone illnesses, such as malaria, diarrhoea, acute respiratory infections and vaccine-preventable illnesses, such as measles.		5.5M	3.4M		
INDICATORS	Coverage of reactive measles vaccination of boys and girls between 6 months and 15 years of age.	435K	400K	Measles Campaign Report	On occurrence
	Case fatality rate for malaria by age and gender.	-	400K	EWARS	Weekly

Specific Objective SP1.4	IN NEED	TARGET	SOURCE	FREQUENCY
Provide access to life-saving essential health care, including mental health to women, men, girls and boys, including ability-challenged persons	5.5M	3.4M		
Coverage of Pentavalent vaccine for children younger than one-year-old by administrative unit.	435K	391K	DHIS2	Monthly
Number of deliveries conducted by skilled birth attendants.	496K	203K	5W/DHIS2	Monthly
INDICATORS				
Number of consultations per person per year.	-	2 to 4 persons/year	5W/DHIS2	Monthly
Number of persons receiving MHPSS services disaggregated by sex, age and disability.	480K	100K	5W	Monthly

Strategic Objective **SO2**

TARGET
4.4M

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

Specific Objective SP2.1	IN NEED	TARGET	SOURCE	FREQUENCY
Ensure that women, men, girls and boys have safe access to quality basic, gender-responsive, ability-challenged accessible services, including water, sanitation and hygiene, nutrition, education, protection and health, including sexual and reproductive health.	6.2M	3.2M		
Number of people having access to an improved water source.	6.1M	3.1M	5W	Monthly
Number of people with access to sanitation facilities.	6.1M	0.9M	5W	Monthly
Number of pregnant and lactating women provided with blanket supplementary feeding programme.	676K	148K	5W	Monthly
INDICATORS				
Number of children, adolescents and youth (3-17 years old) access and attend schools in affected areas.	2.8M	857K	5W	Monthly
Percentage of the target population (disaggregated by age, sex and disability) who feel adequately informed about the different services available to them.	-	-	-	-
Number of girls and boys including children with disabilities provided with focused and non-focused MHPSS and other related services.	4M	634K	5W	Monthly

Strategic Objective SO2 continued					TARGET
Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities.					4.4M
Specific Objective SP2.2					
Provide shelter and non-food items for displaced people in situations of emergency and transition in an ability-challenged accessible, gender-responsive manner.					
		IN NEED	TARGET	SOURCE	FREQUENCY
		1.3M	0.98M		
INDICATORS	Number of the targeted population (disaggregated by age, sex and ability) able to access shelter material and non-food items in situations of emergency and transition.	2.4M	1.5M	5W	Monthly
Specific Objective SP2.3					
Improve living and protection conditions for highly vulnerable IDPs, returnees, host communities/affected non-displaced people through enhanced management of sites.					
		IN NEED	TARGET	SOURCE	FREQUENCY
		1.6M	1.4M		
INDICATORS	Percentage of displaced people (disaggregated by age, sex and disability) in sites or areas who live in safe and appropriate site management services.	100% (1.64M)	86% (1.4M)	5W	Monthly
Specific Objective SP2.4					
Reduce the suffering of girls, boys, women, men, the elderly, persons with disabilities, and other persons with specific needs at risk of or who experienced violence, including gender-based violence, sexual exploitation and abuse, exploitation and neglect through the provision of specialized protection and multi-sectoral services.					
		IN NEED	TARGET	SOURCE	FREQUENCY
		5.6M	2.9M		
	Percentage of beneficiaries who report allegations of sexual abuse, mistreatment or harassment by humanitarian personnel disaggregated by age, sex and disability.	-	-	-	-
	Number of women, men, boys and girls with protection concerns supported through case management.	GBV: 80K	8.7K	5W	Monthly
INDICATORS	Number of identified girls and boys including adolescents, children with disabilities at risk who receive individual and specialized case management services that meets their unique needs.	42K and 13 referral pathway	15.5K and 13 referral pathway	CPIMS+ and referral pathway updates	Monthly & Quarterly
	Number of SGBV survivors receiving clinical management of rape services by age, sex and disability.	5,000	500	5W	Monthly

Strategic Objective SO2 continued

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

TARGET

4.4M

Specific Objective SP2.5		IN NEED	TARGET	SOURCE	FREQUENCY
Reduce the vulnerability of women, men, girls and boys at increased risk of mortality and morbidity and protection incidents/threats in priority areas through protection monitoring, advocacy, awareness-raising and prevention and response services.		5.6M	2.9M		
	Number of women, men, girls, boys, persons with disability and the elderly provided with specialized protection and multi-sectoral services (health, safety, psychosocial, legal, child protection, GBV, mine action services, security, livelihood, education, etc.).	Child Protection: 3.5M	930K	5W, field monitoring visits and partners reports	Monthly
	Number of youth and adolescents (14-17 years) who benefited from life-skills and basic vocational training.	540K	7.5K	5W	Monthly
INDICATORS	Number of key informant interviews at payam level covered by the Protection Monitoring System.	2.6K	36.8K	5W	Monthly
	Number of people of concern who received EORE.	650K	223K	5W	Monthly
	Number of women, men, girls and boys reached through peace and social cohesion activities including training.	1.6M	161K	5W	Monthly
	Number of local authorities and relevant institution's staff trained on HLP, dispute resolution and alternative dispute resolution.	99.9K	420	5W	Monthly
Specific Objective SP2.6		IN NEED	TARGET	SOURCE	FREQUENCY
Promote collective action on accountability to affected populations to ensure the population groups targeted to receive assistance are consulted throughout the entire cycle of the response, and their needs are taken into account in decision-making by humanitarians.		5.5M	3.4M		
INDICATORS	Percentage of beneficiaries (disaggregated by age, sex and diversity) who have access to safe, child and gender sensitive complaint, feedback and reporting channels in humanitarian response sites for reporting sensitive issues and concerns in aid delivery and misconduct by aid workers.	2.8M	70%	5W	Monthly

Strategic Objective SO2 continued**TARGET**

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

4.4M**Specific Objective SP2.6 continued**

Promote collective action on centrality of protection and accountability to affected populations to ensure the population groups targeted to receive assistance are consulted throughout the entire cycle of the response, and their needs are taken into account in decision-making by humanitarians.

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

5.5M

3.4M

INDICATORS

Percentage of beneficiaries (disaggregated by age, sex and ability) who report they have access to CFM.

46%

75%

5W

Monthly

Percentage of decision-making mechanisms involve national and local organizations and community members.

-

50%

Activity reports

Continuous

Percentage of beneficiaries (disaggregated by age, sex and ability) who feel their opinions are taken into account in decision-making by humanitarians prior to the interventions.

-

60%

-

-

Percentage of cases received in a CFM that have been "considered as resolved."

100%

80%

5W

Quarterly

Percentage of national and local organizations and community members involved in decision-making mechanisms.

70%

Specific Objective SP2.7

Facilitate conflict- and gender-sensitive access to safe housing, land, and property for women, men, girls, and boys, with sufficient security of tenure to enhance access to essential HLP services and livelihoods, including access to dispute resolution mechanisms.

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

2M

0.68M

INDICATORS

Number of people of concern to the Protection Cluster reached through HLP awareness-raising and outreach activities.

2M

243K

5W

Monthly

Number of people of concern to the Protection Cluster supported with legal counselling.

809K

57K

5W

Monthly

Number of people of concern to the Protection Cluster supported with legal aid.

243K

17K

5W

Monthly

Number of dispute resolution mechanisms strengthened or established.

73

42

5W

Monthly

Number of local authorities and relevant institution's staff trained on HLP, dispute resolution and alternative dispute resolution.

1,460

420

5W

Monthly

Strategic Objective S03

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

TARGET
3.4M

Specific Objective SP3.1		IN NEED	TARGET	SOURCE	FREQUENCY
Increase the resilience of households across all 78 counties as measured against the baseline.		-	-		
INDICATORS	Resilience Capacity Index measured across all 78 counties; comparing with 2019 baseline and 2020 and 2021 (increase/decrease/no change).	CO1: 8M	CO1: 4.6M	FSNMS and IPC compatability analysis, FAO expert analysis	Annually
		CO2: 8M	CO2: 6M		
		CO3: 8M	CO3: 1M		
Specific Objective SP3.2		IN NEED	TARGET	SOURCE	FREQUENCY
Enhance resilience capacity in prioritized locations.		0.46M	0.25M		
INDICATORS	Number of teachers' trained on EiE, basic pedagogy and learner-centered methodologies.	50K	4.3K	5W	Monthly
	Number of community education committee members and local education officials trained in school management, psychosocial support and DDR in Education.	50K	4.3K	5W	Monthly
	Number of water points rehabilitated/constructed with a flood resilient design.	2,000	200	5W	Monthly
	Number of community consultative meetings conducted to identify needs, participate in response, and reduce impact on their lives (including men, women, boys and girls and persons with disabilities).	3.4K	1.7K	5W	Monthly

PIBOR COUNTY

A mother holds her malnourished child at a nutrition stabilization centre in Pibor County, Greater Pibor Administrative Area. Photo: OCHA/Federica Gabellini



Strategic Objective SO3 continued**TARGET**

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

3.4M

Specific Objective SP3.3	IN NEED	TARGET	SOURCE	FREQUENCY
Strengthen national system to enhance resilience capacity (School DRR/ government-led contingency planning).	5.5M	3.4M		
INDICATORS				
Number of national/local organizations that are supported with their institutional capacity gaps and needs.	150 NNGOs	25 NNGOs	5W	Monthly
Number of development and government actors engaged to strengthen community resilience and improve return conditions.	-	20	-	-
Number of implemented community level Quick Impact projects to create conducive conditions for reintegration of returnees and sustainable returns.	-	-	-	-
Specific Objective SP3.4	IN NEED	TARGET	SOURCE	FREQUENCY
Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels.	5.5M	3.4M		
INDICATORS				
Number of joint, methodologically rigorous inter-sectoral needs assessments conducted.	-	1	NAWG	-
Number of protection monitoring reports produced and disseminated by the Protection Cluster.	12	10	Data submitted through Kobo	Monthly
Number of community consultative meetings conducted to identify needs, participate in response, and reduce impact on their lives (including men, women, boys and girls and persons with disabilities).	-	-	-	-
Number of reports analyzed on returns through return verification at community level, area-based assessments and service mapping in high return areas.	-	-	-	-

Part 3:

Cluster/Sector Objectives and Response

RUBKONA COUNTY

With support from the Central Emergency Response Fund (CERF), displaced women participate in income-generating activities at a women and girls friendly space in the Bentiu IDP site A. Photo: OCHA/Sarah Waiswa



Overview of Sectoral Response

On 1 July 2021, the HCT endorsed the ICCG's recommendation to have a multi-year HRP for South Sudan, which would allow for a strategic approach and longer-term vision.

Nine clusters and one sector operate in South Sudan. Cluster response strategies have been informed by the outcomes of inter-sectoral and sectoral needs analysis presented in the 2023 HNO and a prioritization exercise similar to the one used in 2022. Building on the HNO inter-sectoral severity, findings were overlaid with the sector prioritization results and the new emergencies reported in December 2022 to help partners plan their response to reach people in counties with the highest needs and vulnerabilities.

An estimated 56,300 people in Panyikang County were found to be most vulnerable and will experience catastrophic need in 2023. People in 66 of the 78 counties face extreme needs, while people in 10 counties face severe needs. People in the Abyei Administrative Area will be in extreme need of humanitarian assistance.

Cluster responses will be provided in line with the humanitarian principles and AAP and will be prioritized

based on people's needs, vulnerability (age, gender, disability and specific needs) and feasibility. Cluster responses aim to build the resilience of different targeted population groups by supporting and strengthening the coping capacities and livelihoods of the vulnerable people. Clusters will adopt a combination of static and mobile response modalities to reach people, aiming to strengthen their service delivery tailored to different geographic locations and types of assistance and services needed. The response strategy will also see the continued promotion of the peacebuilding, humanitarian and development (PHD) nexus to address immediate humanitarian needs, while paving the way for more durable solutions.

In 2023, humanitarian partners will need \$1.7 billion to respond to the most pressing humanitarian needs of 6.8 million people – about half of the South Sudanese population. The table below and the following cluster strategies refer to the total number of people in need, as identified in the 2023 HNO. Refugee targets are presented separately in the Refugee Response chapter.

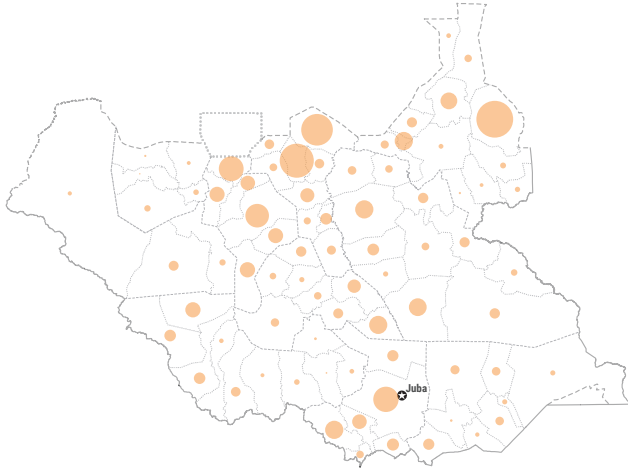
SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS*	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Camp Coordination and Camp Management	\$19M	7	7	1.7M	1.4M	
Coordination and Common Services	\$19M	5	5	-	-	-
Education	\$52.3M	49	50	3.4M	0.9M	
Food Security and Livelihoods	\$650M	63	63	8.0M	6.0M	
Health	\$129M	70	70	6.1M	3.6M	
Logistics	\$93M	2	4	-	-	-
Nutrition	\$230M	43	43	2.1M	1.6M	
Protection	\$103M	72	93	6.1M	2.9M	
Shelter and Non-Food Items	\$35M	23	24	3.0M	1.5M	
Water, Sanitation and Hygiene	\$114M	67	69	6.1M	3.1M	
Refugee Response	\$255M	3	3	337K	368K**	-

* The total 429 projects include two multi-sectoral projects under the Protection and Education clusters.

** UNHCR updated their projections for the expected number of refugees based on a verification assessment conducted in October 2022. The refugee response target for 2023 is 368K, an increase from the 337K refugees reflected in the 2023 HNO.

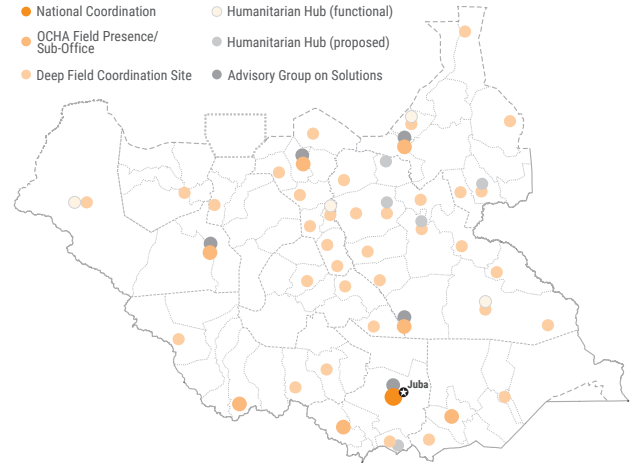
3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.7M	1.4M	\$19M



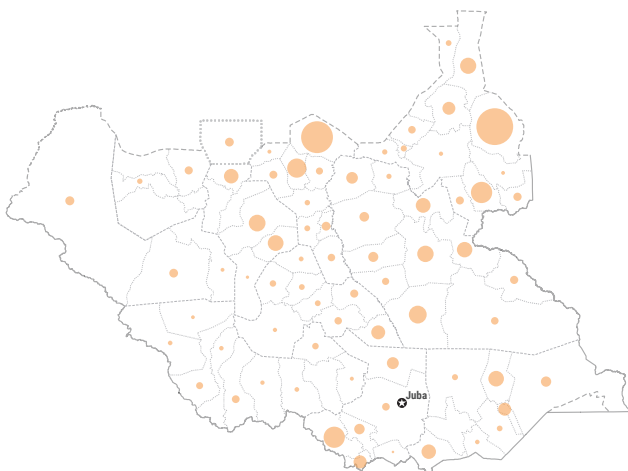
3.2 Coordination and Common Services

ORGANIZATIONS IN NEED	ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)
273	273	\$19M



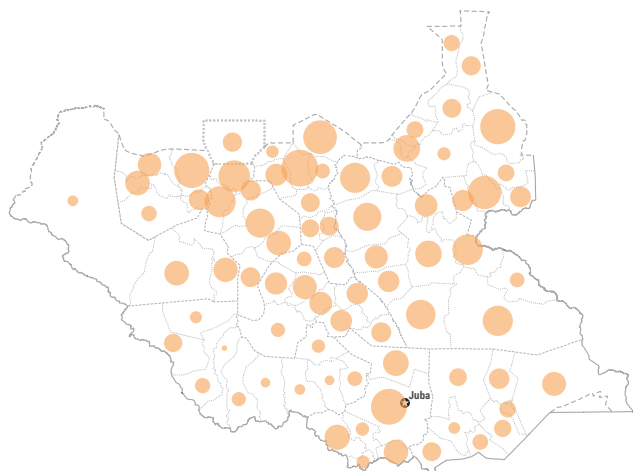
3.3 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.4M	866K	\$52.3M



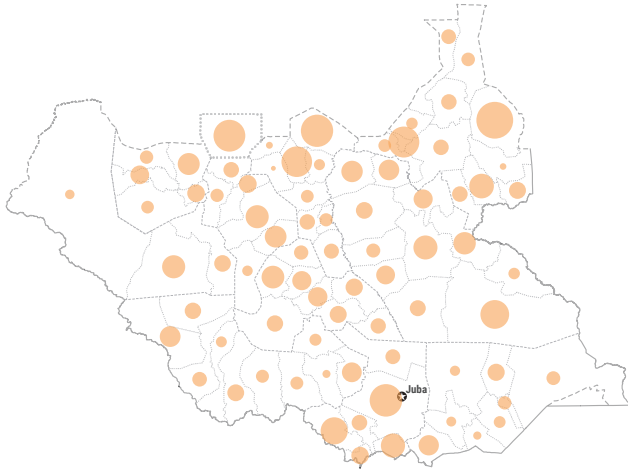
3.4 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8M	6M	\$650M



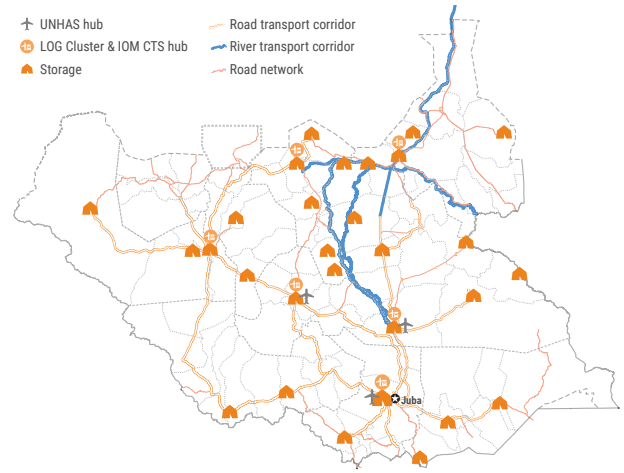
3.5 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.1M	3.6M	\$129M



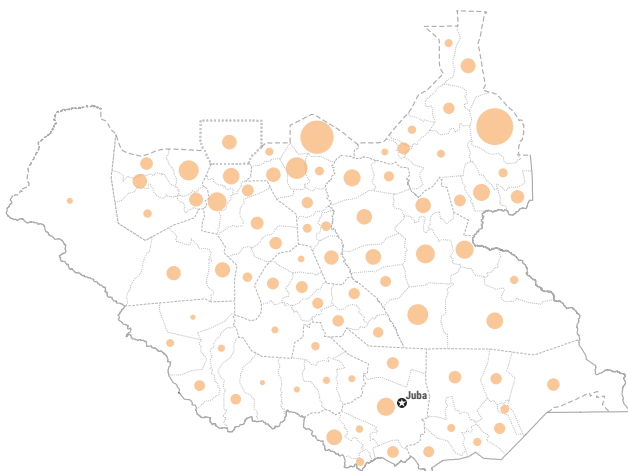
3.6 Logistics

ORGANIZATIONS IN NEED	ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)
340	340	\$93M



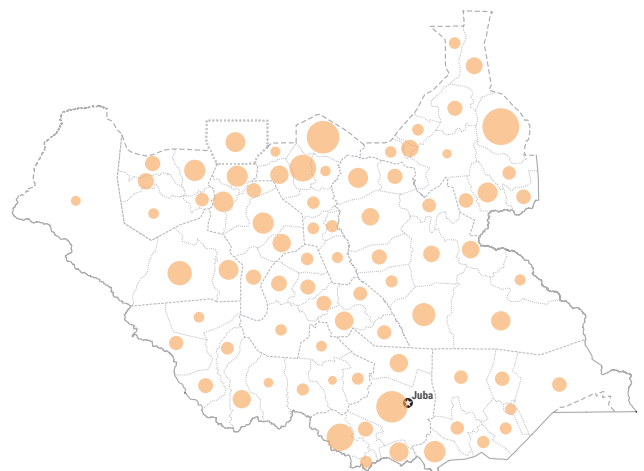
3.7 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.2M	1.6M	\$230M



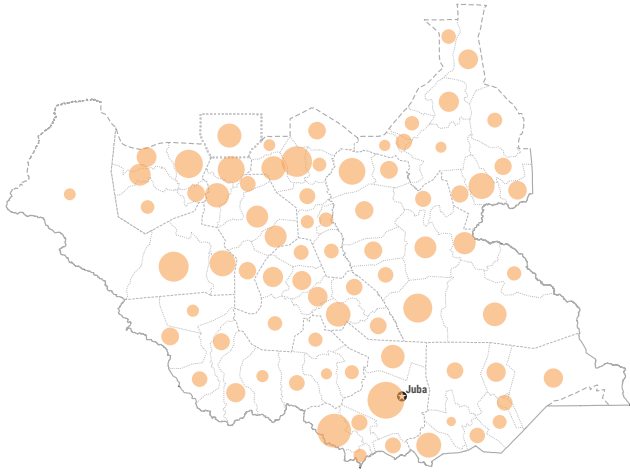
3.8 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.1M	2.9M	\$103M



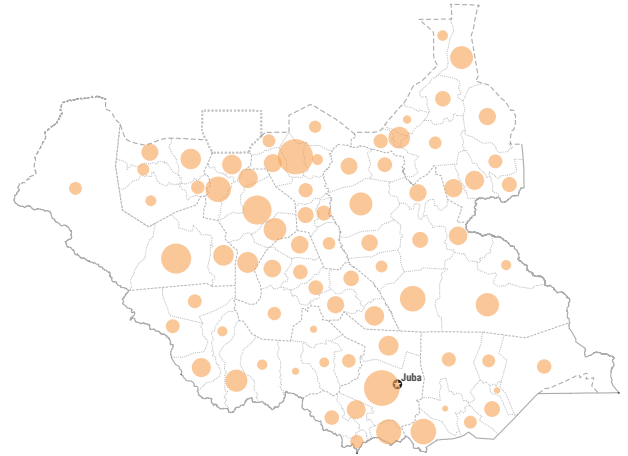
3.8.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.7M	1M	\$33.5M



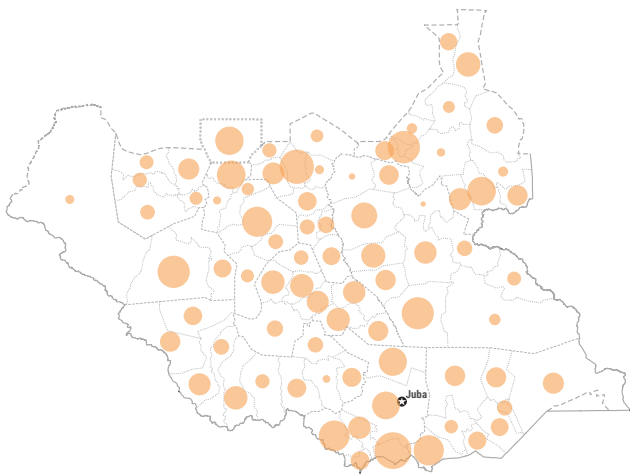
3.8.2 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.8M	976K	\$32.5M



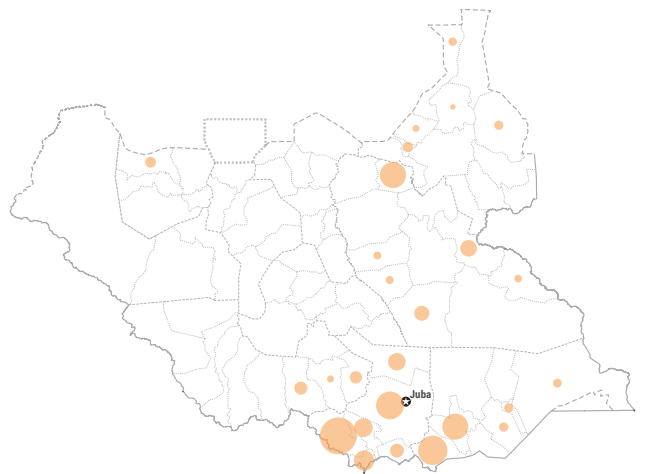
3.8.3 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2M	324K	\$6M



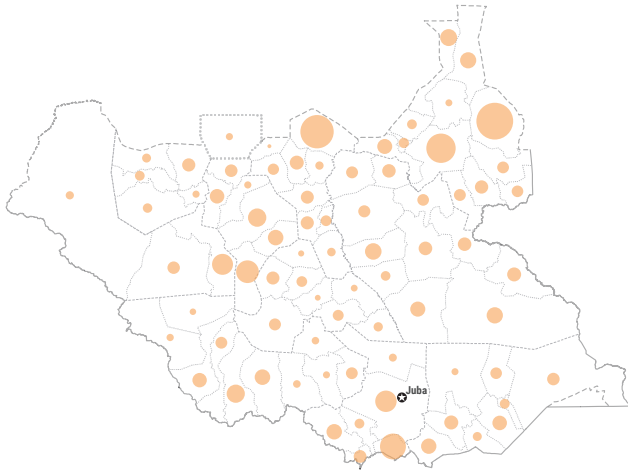
3.8.4 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.5M	223K	\$9M



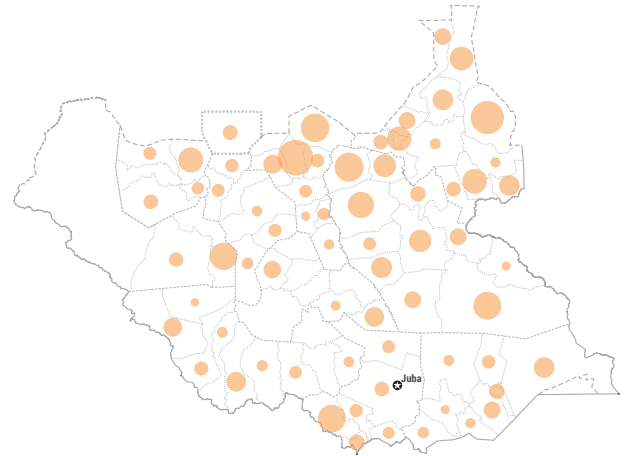
3.9 Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3M	1.5M	\$35M



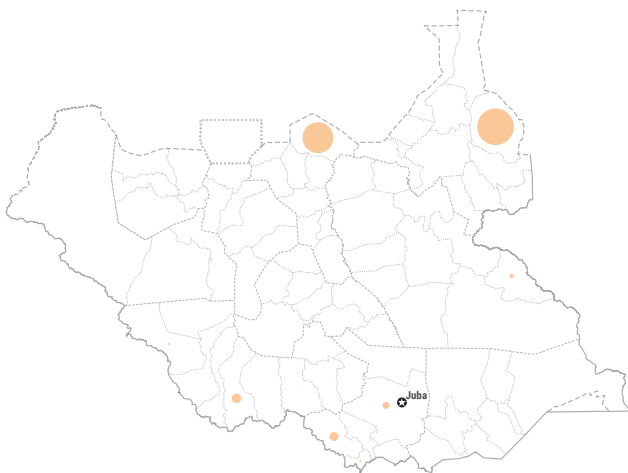
3.10 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.1M	3.1M	\$114M



3.11 Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
337K	368K*	\$255M



* UNHCR recently updated their projections for the expected number of refugees based on a verification assessment conducted in October 2022.



3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
1.7M	1.4M	390K	675K	15%
<small>Excluding the Abyei Administrative Area and refugees</small>	<small>Excluding the Abyei Administrative Area and refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$19M	7	7		

Objectives

In 2023, the Camp Coordination and Camp Management (CCCM) Cluster will provide strategic guidance to camp management service providers, ensuring equitable access to life-saving humanitarian assistance to the displaced in formal IDP camps and in camp-like settings. The cluster will work with the displaced communities, including the elderly, youth groups and persons with disabilities, to foster community self-management and resilience to mitigate and reduce long-term dependency on humanitarian assistance. Displaced people who wish to return to their areas of origin will be supported through durable solutions strategies.

The cluster will oversee the effectiveness of cross-sectoral interventions in formal IDP camps to ensure that the identified and prioritized humanitarian needs are met, gaps are covered, and activities are not duplicated. New coordination and governance structures will be created for out-of-camp contexts, while existing structures will be improved through capacity-building of referral pathways and humanitarian coordination mechanisms.

The CCCM Cluster partners will prioritize their responses by addressing protection gaps and strengthening predictable and effective multi-sectoral interventions at the site level. The cluster will improve the physical space and layout of the sites and will work with service providers to ensure that site care and maintenance response reflects the specific needs of the people. Through community participation and engagement, the cluster will strengthen self-management and resilience-building, leading to durable solutions. The CCCM Cluster aims to build the capacity of community-led groups, site management committees and the local authorities to eventually transfer key site management activities to the communities.

Response

In 2023, some 2.2 million people will remain displaced across South Sudan,¹⁸ with some 440,000 people or 19.7 per cent still residing in formal camps and camp-like settings. The living conditions remain critical in formal camps, the Malakal PoC site and camp-like settings, with dwindling options for solutions. The prolonged nature of the displacement in South Sudan requires continuous assistance across different sectors. Through the response plan, the CCCM Cluster will coordinate with other clusters and actors to provide humanitarian assistance and protection services. The cluster will ensure that displaced people in camps and camp-like settings enjoy the same rights as other South Sudanese citizens. The cluster will provide a holistic approach as a cross-cutting sector to improve the living conditions in the displacement sites and seek solutions to end temporary displacement, with an organized phase out of the displacement sites. The CCCM Cluster will scale up its community engagement efforts by undertaking a community-led phase-out planning. Camp management partners will work with the displaced population to understand the best approach to solutions. In partnership with the government authorities, humanitarian and development partners, the CCCM Cluster will support with developing a road map to displacement solution, sustainable return and integration.

In 2023, the CCCM Cluster will work with partners to increase timely interventions, through the deployment of roving and mobile teams for four to seven weeks to set up core CCCM structures and coordination mechanisms. Where feasible, the cluster will encourage community-based care and maintenance activities and promote community engagement through cash programming, including cash incentives in community projects, cash-for-work, etc.

The CCCM Cluster will enhance self-governance systems at the sites to improve site-level coordination. Camp management activities will incorporate gender-responsive, conflict-sensitive and disability-inclusive humanitarian interventions to address the unique needs of the displaced people and children and the specific needs of the elderly and persons with disabilities.

The cluster will ensure the highest protection standards, through regular monitoring of the responding partners, wider displaced population and specific vulnerable groups for feedback on service provision. Site development and maintenance and the formation of site committees will take into consideration the specific needs of vulnerable groups. Regular follow-up will be conducted to understand people's satisfaction with all services, along with the monitoring and mainstreaming of gender-based violence concerns, including PSEA in displacement sites. To effectively reach the displaced people, including women and children, the cluster will adopt an integrated process constituting three models of CCCM approaches, depending on the identified and assessed needs of the communities.

Prioritization of locations will be twofold. The cluster and partners will continue to support the displaced communities in existing camps or camp-like settings until there is no need. The cluster will respond to the needs of newly displaced people, identified through the 2022 South Sudan ICCG and HCT endorsed triggers and thresholds (e.g., number of people in need of critical CCCM services).

MALAKAL COUNTY

Newly displaced people from Tonga, Panyikang County, take shelter in the Malakal PoC site. Photo: OCHA/Sarah Waiswa



Cost of response

Despite the increased number of people in need of CCCM services from 1.6 million in 2022 to 1.7 million in 2023, the CCCM Cluster's financial ask for 2023 remains at \$19 million. Care and maintenance of site/camp infrastructure are the main cost drivers. Renovation and upgrade of camps and facilities are expensive yet essential, particularly those affected by severe flooding. Logistical challenges and access constraints in remote and hard-to-reach areas may drive up the cost for monitoring and assessment of activities.

Monitoring

The CCCM Cluster will develop specific tools to assess the affected people's satisfaction of CCCM services and community leadership structures in the Malakal PoC site, IDP camps and IDP collective sites. These surveys will take place twice a year and their results will be shared with the community and service providers for increased accountability and programme adjustments. Regular mobile monitoring and safety audits will inform site improvements, infrastructure, safety upgrades and maintenance. The cluster will continue to improve its information management system to ensure regular monitoring of services and multi-sectoral coordination. The cluster will track their response through the 5W matrix submitted monthly by the cluster partners. The CFM will be re-designed, upgraded and re-purposed in line with the specific needs of the displaced people from different groups. The functionality of these feedback mechanisms will be monitored monthly to ensure their effectiveness, accessibility and confidentiality.

3.2 Coordination and Common Services



ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
273	\$19M	5	5

Objectives

The Coordination and Common Services (CCS) Sector will support 273 humanitarian organizations, including those with projects reflected in the HRP and those who coordinate through the cluster approach. The CCS sector will facilitate an efficient coordination system and support a strategic, prioritized, principled and evidence-based humanitarian response. CCS partners will promote and carry out inter-sectoral needs assessments (ISNA) and analysis to inform response planning. Sector activities will include access negotiations and addressing bureaucratic impediments to enable a timely humanitarian response in a safe and secure operational environment.

The CCS Sector will focus on four sectoral objectives:

1. strengthening coordination, including joint and complementary needs analysis based on rigorous needs assessments to inform the response;
2. enhancing strategic response planning to facilitate principled and well-coordinated humanitarian action;
3. ensuring timely monitoring of new and historic displacement, return movements and related needs;
4. improving programme effectiveness and efficiency mainstreaming AAP in a risk management approach that includes conflict sensitivity.

Response

To ensure an evidence-based response, a countrywide household-level ISNA will be undertaken in 2023 to understand people’s needs and to inform timely and effective coordination for people’s multi-sectoral and inter-sectoral needs. Findings from the ISNA will serve as the primary data set for the PiN calculations in the 2024 HNO, building on the mixed method approach introduced for the 2023 HNO.

The ISNA will provide statistically representative household-level quantitative data, including sex- and age-disaggregated data, complemented by rich, contextual qualitative data to ensure robust analysis and evidence-based prioritization and decision-making. Rapid multi-sectoral assessments will be coordinated for emergency situations to support the response. Data will be collected using methods appropriate to the environment, including the use of smart phones or

paper surveys. Satellite imagery analysis will be used in areas where mobile data collection is considered a security risk, or where physical access and logistics are difficult due to poor road infrastructure.

A gender equality, sex and age, disability- and conflict-sensitive approach will continue to be mainstreamed, from the design of the needs assessments questionnaire, hiring of enumerators, data collection and analysis and consideration of operational constraints. The sector will consult the Protection Cluster to support the training of enumerators to ensure that the core protection principles are followed and that the safety and dignity of the communities who engage with the data-gathering exercises are upheld.

Population movements, both displacement and return, will be tracked as a key driver and outcome of humanitarian needs. The impact of shocks (e.g., climatic, economic and conflict) on the most vulnerable populations will be monitored, in combination with sectoral and multi-sectoral assessments, countrywide needs analysis and biometric registration to inform the response. The CCS Sector will contribute to strengthening the link between prioritization and response through improved coordination between relevant coordination forums, including the ICCG, the IMWG with the NAWG and the Operational Working Groups under the HCT.

The CCS Sector places AAP at the centre of its response, promoting a more systematic engagement with the affected populations for a community-centered humanitarian response in line with the endorsed 2022 South Sudan HCT strategy on AAP. The perceptions of the affected population (including traditionally excluded groups such as women, the elderly, persons with disabilities and people with mental health psychosocial issues) will be monitored regularly and, together with the feedback from CFM, will feed into the design and planning of an evidence-based response to enable course correction in the response, if necessary. Monitoring the operationalization of AAP will be undertaken through the Communication and Community Engagement Working Group.

CCS members commit to a zero-tolerance approach to SEA of the affected people. The CCS Sector supports advocacy for unhindered access to the affected people and the centrality of protection. The CCS partners will continue to support the establishment of humanitarian hubs, which will provide logistics bases, accommodation and office facilities for humanitarian organizations to facilitate response scale up to the people's needs, ensuring that the response is coordinated as closely to the affected people as possible.

The CCS Sector plays a pivotal role to advocate all efforts to prevent and mitigate the spread of COVID-19, EVD and any other infections of public health concern, and support response efforts as appropriate across all its activities through regular community engagement.

Cost of response

The CCS Sector requires \$19 million to cover the activities planned in 2023. The main costs are related to facilitating national and state-level coordination, undertaking multi-sectoral assessments and displacement tracking, facilitating community engagement, supporting access negotiations and providing support to the humanitarian hubs. The cost of a multi-sectoral needs assessment will include enumerator teams in all 78 counties, vehicles for data collection, security, equipment and training costs (including flights and other logistics). These elements are critical to ensure reliable assessments of all counties. Depending on when data collection takes place, costs will be affected by access constraints, such as flooding during the rainy season and conflict during the dry season.

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

Monitoring

Findings of the multi-sectoral assessments, such as rapid assessments – including the IRNA, agency-led rapid needs assessments, REACH Area of Knowledge assessments, Emergency Response Mechanisms, sectoral assessments and DTM site assessments – will be compared and overlaid to analyse data trends of underlying vulnerabilities. This will allow for regular trends analysis to determine how needs are increasing or decreasing on a regular basis. This information will be fed into the NAWG for regular needs analysis. Perception surveys related to key AAP outcome indicators, disaggregated by sex, age and special needs, will inform regular information products such as situation reports, periodic monitoring reports and analysis and humanitarian dashboards, to inform decision-making on priority needs, response and implementation gaps. A consolidated database of all sectoral and multi-sectoral assessments¹⁹ will aid with monitoring and the response itself.

PANYIKANG COUNTY

An elderly man displaced by the conflict in Tonga speaks to an inter-agency mission team in Adidiang, Panyikang County. Photo: OCHA/Krasimira Antimova



3.3 Education



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	WITH DISABILITIES
3.4M <small>Including the Abyei Administrative Area and excluding refugees</small>	866K <small>Including the Abyei Administrative Area and excluding refugees</small>	455K	857K	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$52.3M	49	50		

Objectives

The Education Cluster aims to support more than 857,000 children – 25 per cent of the children in need of education in 2023 – to ensure their access to safe, protective and quality inclusive education, which will contribute to the well-being and resilience of most vulnerable children. The cluster also aims to strengthen the resilience of national and sub-national education governance, including school community representatives, parent-teacher associations and national NGOs to improve service delivery and enhance accountability to affected populations.

The first sectoral objective aims to improve equitable access to safe and protective education services for more than 857,000 children, including the most vulnerable children affected by crises, internally displaced boys and girls, children with disabilities and out-of-school children. The second objective aims to improve the quality of gender-responsive inclusive education services by increasing teachers’ capacity to protect the well-being of all children (e.g., boys, girls and children with disabilities) and to prevent the negative impact of emergencies on learning. The third objective aims to enhance the capacity of the education systems, local education actors and the communities, including those in remote locations, to mitigate the impact of emergencies on learners, teachers, caregivers and schools.

The cluster’s sectoral objectives are linked to the inter-sectoral strategic and specific objectives of the 2023 HRP and the Ministry of General Education and Instruction (MoGEI)’s Five-Year Strategic Plan 2017-2022. Protracted conflict and climate change resulted in record challenges to education in 2022, including school closures, school occupation by displaced people and increased number of out-of-school children (estimated at 2.8 million). These challenges worsened the already low learning outcomes

and difficulties keeping children in school, exposing them to recruitment into armed groups, early marriage and child labour. In coordination with the MoGEI, Education Cluster members will provide essential education in emergency (EiE) services to the children affected by the crises (e.g., IDPs, returnees and host communities) to transition back to school and reduce their risk of dropout.

The cluster’s sectoral objectives require inter-sectoral commitments to address the needs and demands of school children, teachers and school communities, through the provision of child protection and referral mechanisms, WASH facilities in schools, school feeding and health and nutrition interventions in schools. The cluster’s objectives go beyond emergency response, by promoting localization and building technical and institutional capacities of the local authorities, community-based organizations, civil society and national NGOs in emergency preparedness and response planning.

Response

The Education Cluster will continue to provide humanitarian support and effective coordination for the timely delivery of education services across the country. The cluster, chaired by the MoGEI, will continue to provide technical guidance and support to education partners to overcome the barriers related to access to education services, to avoid duplication of activities and to use resources efficiently to deliver quality EiE responses.

The Education Cluster’s activities apply child-centered approaches, encouraging equal participation of children and communities. The response will strengthen the capacities of school management committees, community leaders and parent-teacher associations to protect and reduce the vulnerability of school children, particularly girls, against

gender-based violence taking place in schools or on their way to schools. In line with the 2023 HNO, education actors will improve basic school infrastructure by establishing and rehabilitating temporary learning spaces and WASH facilities, distributing hygiene materials and providing essential life-saving education supplies. The cluster will train teachers and parent/teachers' associations on their roles and responsibilities and address mental health and psychosocial support (MHPSS), child protection, disability inclusion and gender-based violence. The Education Cluster members will continue to advocate free basic education and increased allocation of government resources for teachers' salaries to retain qualified teachers and learners in schools.

Children's needs are multi-sectoral and therefore, the Education Cluster advocates multi-sectoral interventions with WASH, Protection, FSL, Nutrition and Health clusters building on the 2022 achievements. The Education Cluster encourages incorporating MHPSS, referral mechanisms and school feeding into the package of education services. The cluster promotes the provision of WASH facilities in schools to encourage adolescent girls to stay in school. The cluster actively participates in inter-agency initiatives aimed at providing common service approaches to quality programming, including accountability to affected populations, gender equality, disability inclusion and localization.

The Education Cluster will continue to work closely with the MoGEI and development actors to sustain the PHD nexus. The Education Cluster will continue to lead on localization through participation and leadership of local actors in decision-making, advocacy for principled partnerships and institutional capacity-strengthening to improve local capacity and continuity of education response beyond the emergency phase. The Education Cluster has advanced the localization agenda by establishing the Education Cluster Localization Task Team, co-coordinated by a national NGO at the national level and institutional capacity-strengthening of its local members.

The Education Cluster will prioritize and support vulnerable children affected by conflict and climate change, internally displaced children, children with disabilities, out-of-school children, young mothers, caregivers and education personnel. The response will also prioritize locations with the highest rates of EiE needs for children and youth and schools in the host communities accommodating an influx of newly displaced children.

Cost of response

The Education Cluster requires \$52.3 million to provide education services to the targeted 866,000 children, of whom 53 per cent are girls. The resources will enable the construction and/or rehabilitation of learning spaces and WASH facilities in schools, provision of educational materials and supplies, awareness-raising on health and

hygiene, training of teachers and capacity-building of parent and teacher associations, school management committees, community leaders, state education officials and the MoGEI staff. Recognizing payment delay of teachers' salary as a deep structural issue in the country, the cluster members will advocate domestic funding to compensate the teachers. In hard-to-reach locations, the cluster will advocate continued support for volunteer teachers with school operations as an interim arrangement.

The influx of displaced people due to the impact of climate change and renewed conflict and spontaneous returnees (both refugees and IDPs) have overstretched the education and protection services for children. In developing activity-based costing, the cluster has considered the prolonged economic decline and social crises affecting education services.

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

Monitoring

The Education Cluster tracks the implementation of the response plan with the 5W matrix, a response monitoring tool and ActivityInfo, a self-reporting tool by partners. Based on reports by partners, the Education Cluster coordination team will track under-served groups of children, adolescents, internally displaced children and children with disabilities, and areas experiencing the highest gaps between severity of need and response.

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

The Education Cluster is represented in the regular joint inter-sectoral missions to monitor field-level implementation of the partners' projects and shares monitoring reports with the ICCG, OCHA and other implementing partners as feedback. The Education Cluster is committed to AAP. The cluster also encourages timely sharing of information, consultation and dialogue between service providers and the affected people to improve the quality and efficacy of humanitarian response.



3.4 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
8M	6M	1.4M	3.2M	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$650M	63	63		

Objectives

In 2023, the Food Security and Livelihood (FSL) Cluster aims to provide emergency food assistance to prevent famine and to improve food consumption, dietary diversity and coping strategies for the vulnerable people facing IPC phases 3, 4 and 5. The cluster aims to enhance and sustain emergency food production through complementary vegetable and crop livelihood, fishing and livestock support. The cluster aims to reduce dependency on food and agricultural inputs to strengthen the households’ ability to absorb shocks and to adapt to a changing context, especially in relation to climatic change, economic- and conflict-related risks.

The FSL Cluster’s life-saving humanitarian response is supported by resilience and development partners through assets and capacity-building, support for better access to basic services and social safety nets. Each of the cluster’s objectives will be implemented to strengthen the nexus between peacebuilding, humanitarian response, resilience (disaster risk reduction) and development programming.

Response

In 2023, the FSL Cluster will target 6 million people (excluding refugees), providing life-saving humanitarian assistance to 4.6 million people and capacity-building and training to 1 million people.

The FSL Cluster partners will use either in-kind assistance or cash-based transfers, or a combination of both. The modality is determined by the principles of feasibility, effectiveness, efficiency, economy and safety. The World Food Programme (WFP) and partners will use unconditional cash for purchasing food. The Food and Agriculture Organization (FAO) will use conditional CVA for nutrition support, seed trade fairs and cash-for-work (World Bank) social safety net programmes. Small cash grants will be used

for asset building. Food assistance and in-kind support still predominates at 73 per cent, while cash/voucher and hybrid packages account for 20 per cent and 7 per cent respectively. The use of cash in the response by partners will continue to increase in 2023.

WFP provides static response in 68 counties (87 per cent) across the country, with mobile response representing 13 per cent and available at 48 rapid response mission sites in nine counties. FAO’s ratio is 95 per cent static and 5 per cent mobile response, the latter providing flexible access to hard-to-reach locations through the IRRM. This option, however, has been rolled back in recent years due to cost-cutting measures. Delivery of assistance by road and river through more static operations is being prioritized to reduce the costs related to food airdrops using air assets (e.g., helicopters and fixed wing planes). However, mobile response through the IRRM is still dependent on delivery by air in some parts of the country, such as the Greater Upper Nile.

With approximately 19 general food distribution partners, WFP will continue to address people’s needs across all 78 counties in the country. Logistical support will be needed to deliver 240,000 metric tons of food assistance, a reduction from 2022. FAO and its 60 partners will provide almost 9,000 metric tons of main season crop seed in 2023.

Together with Health, Nutrition and WASH clusters, the FSL Cluster follows a common integrated approach focusing on priority IPC Phase 4-classified counties, committed to deliver integrated emergency food, livelihood and livestock support to the vulnerable households. The four clusters established minimum packages for integration in 2018, which are supported through awareness-raising and advocacy with state-level partners.

In collaboration with other clusters, a multi-sectoral integrated response will continue to be prioritized. Effective integration takes place where FSL Cluster members have the capability and mandate for multi-sectoral programming or are active members of multi-sectoral consortiums. Livelihood partners are challenged to support 1,000 nutrition facilities with kitchen garden demonstration plots to promote a holistic gardening/nutrition sensitive/hygiene/food preparation outcome and to provide improved horticultural practices for both the community and the community nutrition volunteers.

The FSL Cluster continues to promote communication and community engagement, including AAP, disability inclusion, gender equality and the specific needs of different sex and age groups, community feedback and complaint response mechanisms. Almost all WFP food distribution sites operated from field offices use a Project Management Committee that facilitates both feedback and complaint response from people targeted for assistance. FAO and operational partners use community committees, with a growing number of female members, to inform and facilitate AAP in emergency response. Women's needs, voices and rights are at the core of the cluster's three objectives, with at least 50 per cent of those targeted for assistance being women or girls. The focus is on intra-household food consumption, women-friendly livelihood initiatives and empowerment in building community and household resilience. Pregnant and lactating women (PLW), households with children under age 2 (those in their first 1,000 days), the elderly, the chronically ill and persons with disabilities are part of the cluster's vulnerability targeting criteria and protection-related concerns. In partnering with the GBV AoR, the FSL Cluster focuses on gender-based violence and PSEA capacity-building assessments and action plans. The cluster also works with the PSEA task force on risk assessments and action plans related to PSEA in the distribution sites.

Targeting and site selection will be informed by context, conflict sensitivity and protection risk analysis to mitigate risks and to ensure the principle of 'do no harm'. By conducting community-based vulnerability targeting and conflict-sensitive assessments, the cluster seeks to ensure that the most marginalized and vulnerable groups have access to assistance without exacerbating tension between different social and ethnic groups.

Development funding supports another 20 to 30 per cent of FSL activities outside the HRP. Several actors are simultaneously implementing development and humanitarian FSL responses in the same locations. To prevent and reverse the ongoing erosion of food security and eventually reduce the scale of humanitarian needs, the cluster will promote longer-term approaches, leveraging capacity and learning from FSL actors and seeking efficiencies. For example, locally produced seeds and grains are locally procured through development projects. The cluster uses the Resilience Capacity Index to assess the effect of building

assets, absorptive and adaptive capacities and the delivery of both basic services and social safety net mechanisms.

Cost of response

The main drivers include the cost of commodities, including imported food (e.g., maize, sorghum, pulses, oil and salt), livelihood kits (e.g., maize and sorghum crop seed, vegetable seed and farming implements), veterinary medicines and vaccines; logistics support costs such as storage (mobile storage units and cold chains, etc.) and transportation by road, river and air. Air transport is a high driver of cost across the Greater Upper Nile, especially during flooding when other options are limited.

An estimated \$650 million will be needed for the activities planned by the FSL Cluster for 2023. About \$620 million or 93 per cent of the total financial requirement will be needed for the activities under the cluster's first and second objectives, in line with the overall strategic objective of saving lives. Some \$30 million or 7 per cent of the financial ask will cover the third objective. Continued funding reduction of FSL partners will necessitate further prioritization and exclusive focus on those in Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) at the expense of those in Crisis (IPC Phase 3). Many people will fall into worse levels of food insecurity without humanitarian assistance and without improvement in the shocks and drivers causing high levels of food insecurity in South Sudan.

Some \$2 million will be required for the annual Food Security and Nutrition Monitoring System (FSNMS) assessments and the IPC analysis workshop, in addition to agency monitoring and evaluation activities.

The highest proportion of the \$650 million envelope will be for food assistance (79 per cent), especially for the procurement of in-kind food commodities, followed by emergency livelihood support (14 per cent), including the cost of procuring crop seed (80 per cent imported from the region and 20 per cent locally sourced) by FAO and NGO partners. Resilience activities (7 per cent) comprise software costs for trainings, savings and loan group formation, pest management and disease surveillance and post-harvest losses. Other resources are provided through the various development/resilience projects under the UNSDCF outside of the HRP.

Monitoring

The main output-level indicators are the number of beneficiaries receiving food (4.6 million people), the number of people receiving livelihood kits (6 million people), the number of people reached with cash/vouchers (approximately 1.75 million people), the number of animals vaccinated (9 million) and treated (1 million), the number of demonstration sites at nutrition facilities (1,000), the number of individuals trained on improved agronomic practices, including asset building and market support (1

million) and the number of functional CFM in place. These output-level indicators will be monitored monthly through the 5W reporting system. The outcome-level indicators include the population in IPC Phase 3 or worse, generated from the IPC analysis, along with the Resilience Capacity Index and the Livelihood Change Index generated through the annual FSNMS.

Checklists, risk audits and tip sheets are shared with partners, along with periodic presentations on AAP, GBV, PSEA and general protection in mitigating risks and building

greater accountability and feedback with affected persons. WFP regularly briefs its partners to support informed programmatic and strategic decision-making. The cluster has recently profiled partners' experience of linking food security and child protection with other topics to ensure that disability and inclusion, as well as the use of CFM are fully considered in the response. AAP and GBV indicators are collected monthly through the 5W reporting by the partners.

PANYIJIAR COUNTY

Woman drying cereals ahead of a WFP food distribution in Nyal, a small village in the Sudd Swamp. Food is transported to Nyal via waterways, using boats and canoes.
Photo: WFP/Gabriela Vivacqua



3.5 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.1M Including the Abyei Administrative Area and excluding refugees	3.6M Including the Abyei Administrative Area and excluding refugees	835K	1.8M	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$129M	70	70		

Objectives

In 2023, the Health Cluster will target 3.4 million people, or 55.7 per cent of the 6.1 million people in need of health services. In line with the first cluster objective, the Health Cluster will improve equitable access to essential life-saving quality health services, including maternal, new-born, child and adolescent health and sexual and reproductive health, as well as treatment of common illnesses and non-communicable diseases such as diabetes and hypertension, disability, MHPSS- and GBV-related health services. Prevention and treatment of human immunodeficiency virus (HIV) and tuberculosis will be integrated in the humanitarian health response. Many neglected tropical diseases are still endemic in the country and require initiatives to adapt to the humanitarian context. Under the third objective, the response will enhance resilience and promote peacebuilding, humanitarian and development linkages to strengthen the recovery of the health system and coping mechanisms.

The cluster activities aim to improve people's access to and utilization of essential health care services to reduce morbidity and mortality. Disease outbreaks will be detected early, investigated on time and responded promptly through the strengthened Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert and Response System (EWARS). COVID-19 prevention measures and EVD operational readiness actions will be integrated, while providing essential life-saving health services. Community and county health system reliance will be promoted through synergy building and optimizing the use of limited resources among peacebuilding, humanitarian and development actors. Community consultation, feedback and partnership will be promoted.

Response

The Health Cluster's people in need and targeting are informed by analysis of key health indicators (on status, accessibility and availability), the health sectoral severity analysis and review of disease outbreak risks, especially cholera and measles. The response design focuses on providing life-saving essential health services in line with national and international humanitarian standards, based on the epidemiological profile of disease outbreaks, disease burden, seasonality and trauma-related emergency requirements. Prevention, preparedness, response readiness, response and mitigation activities will be undertaken with special attention given to vulnerable groups, including women, children, the elderly and persons with disabilities. Based on OCHA's regular contextual analysis and field operations experiences by partners, the Health Cluster partners will be guided to have contingency measures in place to respond timely in an ever-changing humanitarian context.

In collaboration with the Ministry of Health, cluster members will support different intervention modalities suited to the needs of the affected people, including COVID-19 control and prevention. As South Sudan is still at risk of EVD, the Health Cluster and partners will continue with EVD prevention, preparedness and response readiness activities. The cluster will support static and mobile health facilities and community-based health care systems to serve the communities affected by emergencies and without access to services. The Health Cluster plans to further strengthen its technical, operational and field coordination support to the partners and authorities by conducting joint support supervision visits. The Health Cluster will continue to collaborate with development partners who provide regular

health services in crisis-affected areas, by collectively identifying hard-to-reach communities in need of life-saving health services.

Improved access to essential health services will contribute to the overall reduction of the high maternal mortality and under-five mortality rates and will mitigate the transmission of vaccine-preventable diseases and other infectious diseases. The cluster will involve the affected communities and the county health system (implementing national health promotion, prevention and control programmes) in planning and organizing emergency health services. Surgical and trauma care services will be integral to the health response through referral pathway to secondary and tertiary facilities. The cluster coordination mechanism at the national and state levels will be utilized to coordinate, collaborate and liaise with the partners and authorities to implement, monitor and review the response activities. Referral pathways will be streamlined and strengthened for MHPSS, GBV survivors and maternal and child health emergencies. Referral pathways will link the community and facility-based health care systems to provide continuity of care. Cross-sectoral referral links will be strengthened to improve the health and well-being of the crisis-affected people.

To protect both the patient and health staff, the cluster will encourage and support infection prevention, control and WASH measures, including appropriate COVID-19 and EVD prevention and management activities. Safety and security of the health workers and facilities will be given the highest priority, through continuous advocacy for a safe, secure and conducive environment and regular reporting on attacks on health care. Through the inter-cluster coordination mechanisms at all levels, the Health Cluster will work towards comprehensive integration and collaboration with other clusters, including FSL, Nutrition, Protection and WASH. Inter-sectoral initiatives will include integrated public health response plans for flood response readiness, complementary sectoral response targeting the same locations and population groups, protection mainstreaming and use of inter-sectoral referral pathways and initiatives to integrate health and nutrition services at the organization and facility levels. The Health Cluster will participate in multi-sectoral approaches for joint response planning and implementation of humanitarian services in high-risk areas prone to severe food insecurity, floods, disease outbreaks and conflicts. Health services in remote deep field locations will be provided in the form of light response missions by utilizing rapid response mechanisms.

Cost of response

The cost of the health response is based on the economic climate, cost variance for geographical locations and health service packages designed to meet the health needs. This will ensure a timely response to the ongoing multiple disease outbreaks and seasonal environmental hazards, including floods and conflict that continue to displace thousands of people and provide projections for trauma-related insecurities. The Health Cluster supports integrated

multi-cluster projects to avoid duplication of activities and to promote quality and value-for-money holistic care. Each strategic objective is carefully aligned with several output indicators.

The type of activity required to promote the necessary intervention for a resource-intensive and time-critical response is costed accordingly. Quality assessments involve a combination of various costs (e.g., quantities and use of seasoned professionals), as well as intense logistical support, (e.g., delivery of essential commodities to response sites). The overall Health Cluster envelope for 2023 remains the same as in 2022 at \$129 million, with the cost per beneficiary at \$37.7. The cost to meet the first, second and third cluster objectives is \$77 million, \$39 million and \$13 million respectively.

Monitoring

The Health Cluster will collect, analyse and use data monitoring to measure performance against a set of indicators for the response plan on a quarterly basis. The cluster's contribution to data analysis for response planning, monitoring and evaluation will include data from IDSR, EWARS and District Health Information System-2 (DHIS2), as well as assessment reports from IRNA, multi-cluster and sectoral initial rapid assessments, public health situation analysis, health service functionality, 5W, the health resources availability monitoring system, outbreak investigation reports and mortality and morbidity estimates. The cluster will invest in partner capacities to strengthen data collection and information analysis for planning, response and evaluation. The cluster's indicators are aligned with response activities to improve the living conditions of the vulnerable people. They are set to identify incident rates for selected diseases, case fatality rates, health facilities supported with essential health care commodities, outpatient consultations, functional health facilities, assisted deliveries by skilled birth attendants, attacks on health care and facilities and the number of people who receive Clinical Management of Rape services, MHPSS and disability services.

In 2022, continued violence, insecurity and attacks on health care and health workers resulted in limited movement and access, leading to challenges in documenting the cluster response. In 2023, the cluster will provide training on data management for improved sex, age and disability inclusion reporting. The cluster will use various community communication and engagement modalities, including robust CFM, community discussions and exit interviews. Through community feedback mechanisms such as health committees, the cluster will collectively monitor the affected communities' perception of and satisfaction with service provision during the response. The quality of health service provision will be monitored through quarterly joint support supervision visits involving the Health Cluster members and implementing partner at the state or county health departments.

3.6 Logistics



ORGANIZATIONS IN NEED	ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
340	340	93M	2	4

Objectives

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

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

The rehabilitation of roads and dykes will enable humanitarian actors to use the most cost-efficient transportation modality to deliver multi-sectoral relief items to the vulnerable communities. It will also open key supply routes to the commercial sector.

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

Response

Four logistics projects will support 340 humanitarian organizations across South Sudan, including UN agencies and national and international NGOs. UNHAS will enhance access to the people and the project implementation sites

through safe, effective and efficient passenger air services to approximately 54 regularly scheduled destinations. To respond to rapidly changing needs, UNHAS will facilitate off-schedule requests to ensure that humanitarian organizations can promptly reach the people in need with timely assistance. UNHAS maintains a fleet of 12 aircraft, including four helicopters and eight fixed wings, adjusted throughout the year based on needs.

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

WFP's Infrastructure Rehabilitation project will contribute to the resilience of communities. It will rehabilitate critical roads, construct and maintain bridges, upgrade critical infrastructure such as ports and airports, build dykes along the main supply routes and repair dyke breach points. This will ensure access to Greater Upper Nile (Unity, Upper Nile and Jonglei states) and pre-positioning of both food and non-food items ahead of the rainy season. It will also prevent future flooding, thereby contributing to longer-term disaster risk reduction and climate adaptation.

Multi-stakeholder logistics coordination will take place at the national and state-level levels, with regular coordination meetings held to collectively address logistical challenges. Preparedness and capacity-building efforts of the Logistics Cluster will continue to be an important tool to build the logistics capacities in the country to ensure that the

vulnerable communities are effectively served through a prepared and locally driven supply chain.

The Logistics Cluster will facilitate air cargo transport through WFP as a provider of last resort, particularly to the ICCG-prioritized locations not accessible by other means and for emergencies such as response scale-ups or disease outbreaks requiring life-saving assistance. Logistics operations will be streamlined using IOM's CTS in six logistics hubs (Bentiu, Bor, Juba, Malakal, Rumbek and Wau), enabling the movement of supplies from warehouse to airstrip, riverside and other short-distance trucking. CTS ensures people's safe access to services and resources with dignity, including in hard-to-reach and newly accessible locations. By facilitating cargo transportation by road, CTS helps to optimize cost-effectiveness and improve the efficiency and timeliness of the wider humanitarian and transition response projects in South Sudan.

Cost of response

The logistics response planned for 2023 requires \$93.4 million. The main cost drivers for UNHAS (\$54.6 million) reside in the uninterrupted provision of aviation services to the entire humanitarian community in South Sudan. The main expenditures will include contracting the most suitable air assets to support the humanitarian community.

The main driver of the Logistics Cluster costs (\$20 million) is the facilitation of access to air cargo transport for the humanitarian community. The Logistics Cluster will continue to focus on more cost-efficient transport methods. However, the facilitation of free-to-user air cargo transport remains essential, as no viable commercial options are available, and many locations are not reachable by other means.

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

The predominant cost driver for IOM CTS in 2023 (\$3.1 million) is human resources, equipment maintenance and upgrades. IOM maintains sufficient technical staffing, office and mechanical workshop facilities to provide adequate logistics support. This project also ensures the full-time availability of 18 dedicated trucks that facilitate the transportation of relief items to the deep field areas in South Sudan.

Monitoring

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

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

3.7 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
2.2M	1.6M	516K	1.1M	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$230M	43	43		

Objectives

South Sudan continues to experience overlapping crises, including floods, conflict and food insecurity, contributing to high level of acute malnutrition at 16 per cent since 2019, above the WHO emergency threshold of 15 per cent. In 2023, more than 2.2 million children and women, including those with disabilities, will require nutrition services to prevent and treat malnutrition.

To address the suffering, morbidity and mortality related to malnutrition among the vulnerable people, the Nutrition Cluster will increase equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in the prioritized counties experiencing multiple deprivations, including high acute malnutrition rates, food insecurity, morbidity and poor WASH conditions.

The Nutrition Cluster response will constitute the provision of maternal, infant and child nutrition services and treatment of severe and moderate acute malnutrition. To reduce acute malnutrition, morbidity and mortality and increase people's resilience, the Nutrition Cluster will intensify coordination and integrate programming with the FSL, WASH, Health, Education and Protection clusters to ensure safe, equitable and dignified access to critical multi-sectoral basic services.

Response

Multi-sector actions addressing the multiple drivers of acute malnutrition must be scaled up to reduce malnutrition in South Sudan. The cluster will continue to proactively employ a people-centered approach, mainstreaming disability inclusion, AAP and Gender with Age Marker in the design, delivery and monitoring of the nutrition response. To ensure that the same targeted households or individuals receive

interventions and services from multiple clusters, including Health, WASH, FSL, Protection and Education, the Nutrition Cluster will continue to enhance collaboration and the scale up of the multi-sector programmes. Partnership with other clusters is important to provide a comprehensive service package with the potential to affect the multiple interconnected drivers of malnutrition, reduce vulnerabilities, prevent malnutrition and build resilience among the vulnerable people. Examples of multi-sector actions include increasing access to food, safe water and sanitation and health services, promoting critical WASH and optimal nutrition messages, integrating early childhood development strategies in nutrition service delivery and mainstreaming child protection and GBV risk mitigation at the nutrition sites.

The Nutrition Cluster's 41 implementing partners provide comprehensive preventive and curative nutrition services for 1,317 nutrition sites in 78 counties. The cluster will continue to work with its partners to prepare for and respond to different shocks, such as sub-national conflicts and floods. In 2023, the cluster will increase the quality of services and efficiency of resources and advocate for the integration of nutrition services in the health system. The cluster will promote the simplification of early detection, referral and treatment of acutely malnourished children, including empowering families and communities to use of family mid-upper arm circumference as an entry point for optimal nutrition practices. The cluster will put greater emphasis on strengthening the PHD nexus and localization efforts to support the gradual transition of nutrition service provision from international NGOs to national NGOs and local county authorities with capacity. The cluster will promote implementation approaches to enhance efficiency, such as the use of evidence to rationalize the required number of implementing partners and nutrition sites per county, to

maintain quality coverage of nutrition services. Mobile, static and integrated health and nutrition teams will be deployed to support the delivery of quality nutrition services. The cluster will continue monitoring the situation to identify insecure and inaccessible areas for RRM to improve timeliness of life-saving services.

In the event of reduced funding, the Nutrition Cluster will prioritize counties with overlapping and high levels of multiple deprivations, including high acute malnutrition rates, food insecurity, morbidity and poor WASH conditions. The Nutrition Cluster will target children under age 5 and PLW with preventive and curative services. The areas of focus will include Budi, Akobo, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, Uror, Aweil North, Leer, Mayom, Panyijiar, Rubkona, Longochuck, Maiwut, Malakal, Panyikang, Ulang, Tonj North, Tonj South, Twic and the Abyei Administrative Area.

To ensure that the vulnerable people access regular quality nutrition services, the cluster will undertake appropriate data analysis and information identifying gaps, opportunities and best practices. The cluster will roll out the data quality assurance tool, conduct barrier analysis of maternal infant and young child nutrition and conduct Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition surveys in priority counties. Best practices and lessons learned on using multi-sectoral approach will be documented and shared and GBV safety audits will be conducted at the nutrition sites. For sustainability of the nutrition information system, efforts will be made to integrate the nutrition indicators in the DHIS2 and in the national FSNMS.

To strengthen the state-level capacity for better coordination of nutrition preparedness and response, the Nutrition Cluster will continue to implement capacity-building through on-the-job training, supportive supervision, mentoring and peer-to-peer learning. The Nutrition Cluster will engage with development actors through the Scaling Up Nutrition Movement and Health Development Partners Group to advocate for long-term investment to address the drivers of malnutrition and build resilience of the communities. The cluster will also advocate the strengthening of community platforms, particularly integrating the community nutrition volunteers in the Boma Health Initiative and empowering the mother-to-mother support groups as a main vehicle for delivering multi-sectoral services at the community and household levels.

Cost of response

The Nutrition Cluster requires an estimated \$230 million to reach 1.6 million children under age 5 and some 500,000 PLW suffering from acute malnutrition with preventive and life-saving interventions. The investment is required to sustain gains made in 2022 and to scale up the interventions that address the major drivers of malnutrition to prevent further deterioration in the nutrition situation. Failure

to invest means that 1.4 million acutely malnourished children in South Sudan may die from lack of adequate nutrition treatment.

The largest costs include procurement, storage and delivery of ready-to-use specialized foods, essential medicines for malnutrition and specialized foods for blanket supplementary feeding programmes. Other costs include the use of cash as protection assistance for mothers and caretakers of children admitted in the stabilization centres as part of a pilot programme.

To adapt to the operational environment, the service delivery modality will change from static to mobile, increasing the operational costs. The nutrition response will optimize community nutrition volunteers and health and nutrition sites as platforms to provide and scale up multi-sectoral services. They will also provide an outpatient therapeutic programme and a target supplementary feeding programme to prevent malnutrition and to improve efficiency in programme services.

Monitoring

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

The Nutrition Cluster will promote community participation for a responsive nutrition service delivery. Implementing partners will be supported to establish and maintain CFM in the nutrition sites. This is in addition to spot exit interviews during joint quarterly monitoring visits to assess satisfaction of nutrition service delivery among the affected people. AAP, gender equality and disability inclusion will remain integral to work plans of the Strategic Advisory Group and technical working groups for enhanced accountability in the response. The cluster will monitor the availability of financial resources against the projected HRP requirements and advocate accordingly.

3.8 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.1M	2.9M	654K	1.8M	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$103M	72	93		

Objectives

In 2023, some 6.1 million people will need protection services and assistance. The Protection Cluster aims to address, prevent and respond to protection risks and violations, including those identified through the Protection Monitoring System, by pursuing three strategic objectives under the HRP. Cluster objective 1 aims at ensuring the provision of critical protection assistance and services, including specialized services, tailored to the specific needs and considering age, gender and disability. Under objective 2, the cluster aims to prevent and mitigate protection risks through enhanced situational monitoring, emergency preparedness, prevention and community resilience-building. Under strategic objective 3, the cluster will contribute to enable durable solutions for the displaced people from the start to reduce risks related to secondary and protracted displacement.

Response

In 2023, the Protection Cluster set the target of people to reach with their response at 3.2 million, a 10 per cent increase from 2022. This country-level target is based on the HNO, response capacities and humanitarian access. In light of the anticipated funding cuts for 2023, the Protection Cluster has set four priorities for the 2023 response, aimed at a more targeted and tailored protection response: 1. Strengthening the Protection Monitoring System to ensure the continuous monitoring of the protection situation and their scale and impact on communities over time; 2. Enhancing the identification of those most at risk, most in need and most vulnerable considering age, gender, disability and diversity considerations aimed at leaving no one behind; 3. Strengthening the mobile protection response capacity to enhance the reach of the protection response as well as to enable early action and a flexible emergency response, including into hard-to-reach areas, in addition to a robust

static response in priority locations; and 4. Promoting and prioritizing the provision of protection assistance and services.

Considering the protracted nature of different forms of displacement taking place in South Sudan, including people being displaced every day, the Protection Cluster will aim to enhance prevention efforts and support durable solutions – linking its work with the development and peacebuilding agendas.

The government has the primary responsibility for protecting the displaced people and creating conditions necessary for achieving durable solutions. The Protection Cluster will aim at enhancing the capacities of the authorities, directly and through the HCT, advocate this primary responsibility, draw attention to the urgency for accountability, access to justice and rule of law, including adherence to human rights and international humanitarian law, as applicable.

Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
3.7M	1M	235K	753K	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$33.5M	37	37		

Children and adolescents, including those with disabilities, continue to be exposed to a wide range of protection risks, such as family separation, recruitment and use of children by armed forces and groups, psychosocial distress, sexual and gender-based violence (SGBV), neglect, abuse and exploitation. An estimated 3.1 million children and adolescents, a 3.5 per cent increase from 2022, will need immediate life-saving child protection services in 2023. The Child Protection AoR response in 2023 will focus on the provision of life-saving child protection and specialized services through an integrated approach to address the priority needs of more than 1 million vulnerable girls, boys and their families – 357,000 displaced people (271,114 children), 281,000 returnees (209,877 children) and 389,234 host communities (272,463 children) in priority counties, including 12 counties with highest needs (severity 5) particularly Budi, Kapoeta East, Fangak, Uror, Yirol West, Mayom, Luakpiny/Nasir, Maiwut, Manyo, Panyikang, Renk and Nzara counties.

The Child Protection AoR response will continue to address and respond to multiple protection risks faced by children and adolescents, through the expansion of comprehensive case management services including family tracing, reunification and alternative care services for unaccompanied and separated children and other at-risk children, roll out the held protection information management systems, provision of quality MHPSS based on the needs. Structured MHPSS and referrals for specialized preventative and responsive child protection programming will be promoted through established child protection case management referral pathways, the use of MHPSS static and mobile team in collaboration with the health, education, and other relevant sectors.

Emphasis will be placed on preventive interventions including scaling up community-based child protection approaches and dissemination of preventive child protection messages. This will improve their knowledge and skills to identify

protection risks, and be able to report incidents, refer cases and seek support. Through its networks of partners, the Child Protection AoR members will monitor and report on grave violations against children and support community-based reintegration of children released from armed forces or armed groups.

Similarly, child protection will be integrated with other clusters; and case management for child survivors of SGBV will be expanded. Education and child protection partners will continue to work together on improving children’s psychosocial well-being and protective environment in schools. Integrated Child Help Desks will be established at service points, including schools and health centres. Community-based child protection will be strengthened. The technical and institutional capacity of national NGOs, civil society and faith-based organizations, frontline child protection workers, and community volunteers/networks will be enhanced to expand coverage in underserved areas and improve the quality-of-service provision. Community-led innovations by community structures will be supported to enhance ownership and sustainability of prevention purposes.

In 2023, the Child Protection AoR will require \$33.5 million to provide 1 million children, adolescents, and their caregivers with life-saving child protection services. The AoR has maintained a hybrid costing system of activity (cost per child) and project-based costing which allows flexible approach in planning. Child protection services such as family tracing, family reunification for unaccompanied and separated children, rehabilitation and integration of children associated with armed forces and armed groups, and systems strengthening across the peacebuilding, humanitarian and development programming will require long-term/sustained funding.

Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
2.8M	976K	514K	415K	15%
<small>Excluding the Abyei Administrative Area and refugees</small>	<small>Excluding the Abyei Administrative Area and refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$32.5M	42	42		

According to the 2023 HNO, women and girls are differently affected, and their vulnerability is exacerbated by various forms of GBV, including rape, physical assault, forced marriage and SEA. Similarly, men and boys are also exposed to killings, abductions and forced recruitment, especially in conflict settings. An estimated 2.8 million people will face GBV risks in 2023 – a 9 per cent increase from the 2022 estimates. They will need GBV prevention, risk mitigation and scale-up of specialized GBV response services.

Within the inter-sectoral strategic and specific objectives and under the overall Protection Cluster objective, the GBV AoR aims to ensure the provision of GBV prevention and risk mitigation measures, to reduce the suffering of GBV survivors and to strengthen vulnerability assessment and risk analysis to identify risks to various forms of gender-based violence by using data analysis from the GBV Information Management System and other sources. Depending on the location and access, the GBV AoR uses both static and mobile service delivery approaches (e.g., mobile court clinics and integrated mobile protection services). It will also use a combination of CVA, in-kind support such as dignity kits and provision of frontline GBV services as appropriate.

Primary GBV prevention programmes, such as Engaging Men and Boys through Accountable Practice and Community Care Programme, will address harmful social norms and systemic gender inequality as part of the primary GBV prevention intervention approaches. Community engagement and awareness-raising activities will focus on the risk factors for GBV, available response services and timely seeking of services and reporting of GBV incidents within 72 hours. The GBV risk mitigation interventions will prioritize the integration of GBV actions and survivor support across the sectoral interventions of different clusters and AoRs within the Protection Cluster, along with dignity kit distribution and programming, distribution of fuel-efficient stoves, conducting

joint safety audits, ensuring the implementation of the recommendations and providing livelihood and economic support. Similarly, the GBV response interventions will include the provision of psychosocial support, GBV case management, establishment and strengthening of GBV referral systems and implementation of Women and Girls Friendly Space programming. Other response priorities will include the provision of legal services, livelihoods and economic support, provision of cash-based individual protection assistance and capacity-building of frontline GBV service providers. The GBV AoR will advocate and support GBV partners to establish and operationalize safe houses. It will also support national-, state- and county-level actors to enhance preparedness, contingency planning and disaster risk reduction on GBV to ensure continuity of GBV service provision across the peacebuilding, humanitarian and development continuum.

The GBV AoR requires \$32.5 million to target 975,528 people with GBV prevention, risk mitigation and response services. The priority counties are Fangak, Malakal, Pibor, Twic, Kapoeta North, Leer, Magwi, Mayom, Panyikang, Tonj North and Yei. The cost of the GBV humanitarian response plan is calculated by factoring in the costs of the GBV programming prevention, risk mitigation and expanded response services based on increased needs. The GBV AoR will use project- and activity-based costing approaches that outline the unit cost per beneficiary for each GBV in emergency programme intervention. It will assist partners in using a result-based management approach in their programme monitoring and evaluation against the established HRP indicators and targets.

Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
2M <small>Including the Abyei Administrative Area and excluding refugees</small>	324K <small>Including the Abyei Administrative Area and excluding refugees</small>	161K	N/A	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$6.2M	15	14		

In 2023, the newly established the Housing, Land and Property (HLP) Technical AoR will aim to provide legal assistance and services to 323,643 people in need. Special attention will be given to HLP issues, as competition for land and natural resources remain as critical drivers of conflict and impediment to durable solutions. The core humanitarian HLP activities will focus on legal aid/ assistance, legal counselling, awareness-raising, advocacy, coordination, training and capacity-strengthening. HLP activities will contribute to guaranteed safe housing, land and property for women, men, girls, boys and persons with disabilities, observing due diligence considerations for security of tenure and prevention of disputes. Governance structures on HLP rights will be supported, including the development of progressive and nuanced national-level legislation and continuous advocacy for the adoption and review of HLP-related legal frameworks. Focused activities for the realization of women’s HLP rights will be designed by prioritizing female-headed households, widows and minorities who are often unable to access HLP services, to reinforce security of tenure, restore HLP documentation and resolve HLP disputes.

The HLP response, comprised of a comprehensive set of activities, will strengthen people’s access to HLP rights. Community outreach will sensitize people on HLP rights as refugees and IDPs return, reintegrate or relocate and settle in other areas within the country. Support for the establishment of dispute resolution mechanisms and the strengthening of existing mechanisms, as well as trainings for relevant institutions, will contribute to improving the rule of law as an essential component of conflict prevention. As part of protection monitoring, the HLP component will be included in all protection assessments, including the Protection Cluster Monitoring System, ensuring that partners continue to document issues and refer them as needed to the Protection Cluster and the HLP AoR.

The HLP AoR will aim to strengthen coordinated and integrated inter-sectoral responses to ensure cross-cutting issues are addressed, especially towards joint assessments, guidance documents and actions for humanitarian response on due diligence, security of tenure, risk mitigation for women and strengthening of advocacy messages. Framing shelter assistance through the HLP lens will be factored in to avoid inadvertently exposing the beneficiaries to risk of unknowingly giving legitimacy to land grabbing and occupation.

The HLP AoR will apply a hybrid system of activity- and project-based costing, based on the agreed minimum rate of \$30. Cost drivers are determined by the high cost of legal assistance and support, capacity-building activities and combination of an individualized approach with the implementation of awareness-raising and community-based activities, implying less costs. The financial envelope of the HLP AoR totals \$6 million.

Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
0.5M	223K	56K	113K	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$9M	10	10		

Objectives

In 2023, the Mine Action AoR will target 223,000 people out of an estimated 538,000 people in need. The AoR will focus on surveying and clearing explosive hazards, as well as providing Explosive Ordnance Risk Education (EORE) to the host communities, displaced people, returnees and refugees. EORE will instruct women, men, girls, boys and persons with disabilities on how to identify, avoid and report explosive hazards. Special emphasis will be given to children, as they make up the majority of accident victims and survivors, and to displaced people and returnees due to their unfamiliarity with the terrain.

EORE will be delivered to all members within a community. It will include targeted messaging based on their roles within their respective environments. Community members play a crucial role in the implementation of mine action operations and EORE to identify new hazardous areas. Information from various community members will be shared and gathered to ensure their specific needs are addressed and interventions are adapted.

Six counties are classified as catastrophic, having 16 or more hazardous areas recorded. The majority are located within the Greater Equatoria region, considered to have the highest agricultural potential in the country and as one of the main routes for returns from Uganda. These hazards affect civilians' ability to access basic services (e.g., education and health) and natural resources (e.g., water and land), thereby reducing their coping mechanisms. The Mine Action AoR members will coordinate with other clusters and partners to support and enable the implementation of their interventions in a safe and secure environment. While access to remote locations remains a challenge, integrating mine action as an enabler in humanitarian response facilitates increased community resilience and development.

The Mine Action AoR needs \$9 million to deliver assistance and services in 2023. The predominant cost drivers of mine action operations (e.g., survey and clearance of explosive remnants of war) are due to the technical equipment and number of personnel, both requiring strict compliance with the National Technical Standard and Guidance and International Mine Action Standards. The operating environment and response modalities required to implement mine action, such as establishing and maintaining a remote field site camp for the entire project period, drive the average cost higher. Approximately 70 per cent of the costs will be used to implement mine action operations, while the remaining 30 per cent will be for the provision of EORE.

Cost of response

Due to the anticipated decline in funding, the protection activities in the 2023 HRP have been designed to be implemented by fewer partners to avoid duplication and to reduce the operational costs. The total funding requirement for the Protection Cluster and the respective AoRs stands at \$103 million. While mobile interventions have the potential to reach more people at a comparatively lower cost, static member presence must be strengthened or re-established to ensure quality service delivery, to increase protection interventions in hard-to-reach areas and to maximize the impact of community-level interventions. Wherever possible, the Protection Cluster and its members will enhance an individualized approach, increasing case management and targeted assistance.

Monitoring

Protection monitoring plays an important role in identifying protection trends, violations and risks for the population of concern for the purpose of effective programming and advocacy. The Protection Cluster will report targets reached on specified indicators through the monthly 5W reporting mechanism and through its dedicated Monitoring and Evaluation Officer. Substantive monitoring and analysis of the protection situation, including through the activities of the Protection Monitoring Working Group and the Protection Monitoring System deployed in 2022, will allow the monitoring of the impact of partner activities.

AAP and community engagement modalities will remain a critical part for protection partners, who will continue to facilitate meaningful participation and engagement of the affected communities. This will ensure adequate advocacy and AAP through the monitoring of beneficiary CFM in both static and mobile protection interventions. The Protection Cluster members will be routinely sensitized and reminded of the core humanitarian principles and PSEA to ensure that the beneficiaries are negatively affected by humanitarian interventions. Monitoring of progress against the indicators will be disaggregated by sex, age, gender and disability to ensure that the protection measures reach all people in need.

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

RUBKONA COUNTY

With support from CERF, displaced women participate in income-generating activities at a women and girls friendly space in the Bentiu IDP site A. Photo: OCHA/Sarah Waiswa



3.9 Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
3M Including the Abyei Administrative Area and excluding refugees	1.5M Including the Abyei Administrative Area and excluding refugees	354K	772K	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$35M	23	24		

Objectives

In 2023, the Shelter and Non-Food Items (S/NFI) Cluster aims to provide humanitarian assistance to an estimated 1.46 million people out of the 2.98 million people (about 49 per cent) in need of S/NFI support. Under Cluster Objective 2, the cluster will focus on increasing direct support to people affected by the crisis, including newly displaced people, people in protracted displacement, climate related displacement, non-displaced people and returnees. By reaching the vulnerable people with timely and tailored assistance building on the capacities of the affected people, the S/NFI Cluster will support crisis-affected people to start transitioning into recovery.

Under Cluster Objective 3, the cluster plans to support at least 33 per cent of the returnees, 58 per cent of the displaced and crisis-affected community members and 12 per cent of the host community members with life-saving assistance. This will help increase their resilience, decrease their exposure to hazards and mitigate probable protection risks through transitional and flood-resilient reconstruction and rehabilitation programmes. Providing the crisis-affected people with materials and skills to recover and to assert their rights is critical to decrease their exposure to future shocks and stresses.

Response

The S/NFI Cluster will only target 1.46 million affected people in need of S/NFI. The cluster response will be tailored to the needs expressed by the affected people, based on the assessed sector-specific county severity level and prioritization by the NAWG. Specific vulnerabilities for each population group, access to the affected locations and the availability of partners in each location are considered in the response prioritization.

The cluster will prioritize the provision of timely and targeted life-saving assistance through the delivery of emergency shelter and household items to the affected people. Life-saving NFI kits will continue to be distributed as needed and defined by the needs assessments. Affected families will also be provided with life-saving protective NFI kits, such as mosquito nets, kanga and blankets, to reduce their exposure to harsh weather conditions and to mitigate health and protection risks, including preventing mortality among children, PLW and the elderly.

The cluster will scale up the use of cash in areas where markets are functional, with an emphasis on multi-purpose cash grants, to meet the affected population's diverse needs and to rebuild the local economy.

In response to the continuous flooding since 2019, the S/NFI Cluster will implement contextualized disaster risk reduction strategies as part of the S/NFI reconstruction programmes. The cluster will continue to emphasize the use of flood-resilient construction methods, such as transitional shelter and shelter repairs/upgrades for the returnees and the affected host community members as a pathway to durable shelter solutions.

The S/NFI Cluster intends to adopt a multi-sectoral approach, since shelter is a keystone intervention that is critical for dignity and survival. It provides the necessary security, personal safety, protection against harsh climate, health, livelihoods, nutrition and protection outcomes by ensuring that the crisis-affected people have safe and secure locations to inhabit and to assert their role as community members. The cluster will continue to collaborate with the other clusters, particularly CCCM, Protection, FSL, Health and WASH, to ensure a holistic approach to respond to the needs.

Most IDPs and returnee families have no access to land rights, and, in some cases, land disputes increase the tension with the host communities. The S/NFI Cluster will work closely with the HLP Task Force to find solutions to the HLP challenges, which are an impediment to the provision of durable shelters. The cluster will continue to advocate an improved HLP approach to the entire response cycle.

In all cluster interventions, the community will be placed at the centre of S/NFI activities by ensuring meaningful participation, robust CFM and monitoring and evaluation activities by the affected population. The cluster will also ensure that all partners adhere to the AAP principles.

Cost of Response

The S/NFI Cluster activities in 2023 are estimated at \$35 million. This includes the costs of key items, such as framing materials, plastic sheets, kitchen sets, mosquito nets and blankets. The bulky items need to be procured outside South Sudan, with commodity prices changing constantly in response to the fluctuations in the global supply chain.

Increased costs for transporting goods are reflected in the re-calculation of the cost of assistance packages. This has increased the overall cost of S/NFI interventions.

Monitoring

The S/NFI Cluster will continue to monitor the needs through partners’ assessments and field visits, as well as by working closely with the Needs Analysis Working Group. Through its bi-weekly Operational Working Group meetings, the cluster will further discuss the emerging needs with the partners to prioritize and identify the gaps and to allocate resources for the response. For impact monitoring, the cluster will encourage the partners, whenever possible, to conduct post-distribution monitoring and to assess if the response was conflict-sensitive, where it was conducted per the ‘do no harm’ principle and if the distributed items meet the affected people’s identified needs. Feedback from the community and the lessons learned from the post-distribution monitoring will further inform the cluster interventions and adjustments to the cluster strategy.

RUBKONA COUNTY

An aerial overview of the Bentiu IDP camp, a former PoC site. Photo: UNMISS



3.10 Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.1M	3.1M	737K	1.6M	15%
<small>Including the Abyei Administrative Area and excluding refugees</small>	<small>Including the Abyei Administrative Area and excluding refugees</small>			
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$114M	67	69		

Objectives

An estimated 3.1 million people, about 50 per cent of the 6.1 million people in need, will be targeted with water, sanitation and hygiene (WASH) services in 2023.

The first sectoral objective of the WASH Cluster is to contribute to reducing malnutrition. The WASH Cluster partners will integrate their response with nutrition partners to reduce the burden of WASH-related diseases as aggravating factors for malnutrition. This will improve food intake of malnourished children and contribute to the sustainability of health and nutrition objectives.

The second sectoral objective addresses life-saving needs in disaster contexts to restore immediate access to basic WASH services. Response scenarios include factors related to climate change, such as floods, drought, water scarcity and dryness, disease outbreaks (e.g., acute watery diarrhoea, cholera, EVD and Hepatitis E), new displacements and response to violence. Throughout the response, the WASH Cluster and partners will continue to mainstream protection and mitigate gender-based violence to ensure that people who receive WASH services, in particular women, children and persons with disabilities, can access the facilities safely. In some specific contexts, partners will implement conflict sensitivity approaches to ensure that water points are not a trigger for conflict.

The third sectoral objective relates to resilience-building in flood-affected locations in the last four years. It aims to address the needs of the most vulnerable with durable solutions and community engagement. The children, women and men targeted through this objective should be reached with sustainable and high-quality standard services with a disaster risk reduction component. Geographical priorities for this objective include communities that have been severely affected by the four consecutive years of flooding, particularly in Jonglei, Upper Nile and Unity states.

Response

In 2023, the WASH Cluster members will continue to integrate their response with the nutrition partners, focusing on Fangak, Canal Pigi, Budi, Aweil North, Leer, Rubkona, Maiwut, Panyikang, Twic, Kapoeta East, Manyo, Malakal, Luapkini Nassir and Renk counties and the Abyei Administrative Area. In these geographically prioritized counties, high WASH vulnerabilities are combined with high acute malnutrition rates and high WASH-related GBV. In these strategic priorities, partners will reach their nutrition counterparts to narrow down their targeting to the communities with high severe acute malnutrition/global acute malnutrition prevalence and target them with sustainable access to safe water. They will also prioritize their responses in nutrition facilities to provide child/caretaker units with severe acute malnutrition with household water treatment solutions and hygiene items. Key messages on blocking diarrhoeal diseases at the household level will also be prioritized. In these counties, partners will provide nutrition facilities with safe access to water and adequate sanitation.

In flood-affected locations, the WASH partners will continue to construct flood-resilient water and sanitation infrastructures. Under this objective, priority will be given to quality rather than the quantity of infrastructures. Rehabilitation of water points will no longer be accepted unless they are flood-resilient. Rehabilitation projects will be endorsed by the cluster only when the water points that need to be rehabilitated with flood-resilient designs are clearly identified with detailed location coordinates and when a comprehensive technical assessment is provided.

In new IDP sites and sudden-onset disaster contexts, WASH solutions must be implemented immediately to reduce the risk of water-borne outbreak and/or high prevalence of WASH-related morbidity and mortality. WASH solutions are minimal in terms of hardware and should not be delayed for any other reasons than those that cannot be predicted. This immediate phase should be planned for at least three months. Immediate solutions for sanitation include the establishment of mobile sanitation team or controlled defecation field/trenches if latrines cannot be installed from the beginning. Rapid solutions for water supply include household water treatment and safe storage, fetching water upstream from villages, identifying and using the cleanest water source among several possible options if a surface water treatment system cannot be installed immediately. Immediate solutions for hygiene include distribution of soap and hygiene messaging, prioritizing handwashing.

For the IDP sites, the WASH partners should start implementing an exit strategy with semi-permanent solutions no more than six months after the establishment of the site. An exit plan should come to an end no more than two years after the IDP site is established, which is when the cluster will deprioritize the site.

The formal IDP camps in Wau and Bor are considered as transitioned and are no longer part of the WASH HRP. Bentiu and Juba IDP camps are included in the HRP, and collective outcomes have been proposed by the cluster to facilitate a smooth exit by the end of 2025 with strong, durable infrastructures and integration into broader urban schemes. If non-humanitarian funding is not allocated to these collective outcomes, WASH in the IDP camps will continue to represent a significant burden to the cluster budget. The Malakal PoC site continues to be an emergency situation and there is no exit plan expected to be developed in 2023.

In all projects with a duration above three months, safety audits are compulsory and will support partners to develop an action plan to mitigate WASH-related GBV. This safety audit analysis should be conducted together with the GBV AoR. Similarly, disability inclusion is compulsory in all projects other than rapid response. Disability inclusion includes conducting a barrier analysis and an action plan to ensure that persons with disability have access to WASH services. Safety audits and barrier analysis will be shared with the cluster coordination partners.

Cost of Response

The overall budget request for the WASH Cluster is \$120 million. The unit cost is estimated at \$39 per person. Key WASH supplies represent approximately \$9.5 per person, reflecting the challenges to reach remote locations, to move supplies during the rainy season and to maintain supply hubs in strategic locations. The implementation of temporary solutions represents on average \$15 to \$20 per person, whereas the implementation of WASH response in formal IDP camps requires an average cost of \$60 per person. The WASH partners are requested to factor disability inclusion and GBV mitigation in their budget, representing approximately 2 to 4 per cent of the total project cost.

Monitoring

The WASH Cluster will continue to monitor the HRP progress through the 5W with a monthly dashboard and gap analysis twice a year. In 2023, the WASH Cluster will put in place an Accountability and Quality Assurance module to its monitoring framework to measure the outcomes, outputs and beneficiary satisfaction. The cluster will also increase project-level monitoring to identify non-compliance with WASH Cluster Strategic Operational Framework, guidelines and standards.

Part 4: Refugee Response Plan

PARIANG COUNTY

A medical doctor attends to a child at the pediatric ward in Hakima Yacoub Primary Healthcare Centre in Ajuong Thok refugee camp. The facility is supported by UNHCR and a partner to provide services to the refugees and the host community.

Photo: UNHCR/Sarah Jane Velasco



Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
337K	368K	82K	222K	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$255M	3	3		

Objectives

South Sudan maintains an open-door policy for 337,000 refugees residing in more than 21 separate locations across the country. Nearly all refugees and asylum seekers live in camps or settlements (98 per cent) in four of the 10 states – 53 per cent in Upper Nile, 38 per cent in Unity, 5 per cent in Central Equatoria and 4 per cent in Western Equatoria. Only 2 per cent live in urban locations in individual accommodations, primarily in Juba and Yei.

Ninety-two per cent of the refugees and asylum seekers are from Sudan, with smaller populations from the Central African Republic, the Democratic Republic of the Congo (DRC), Ethiopia, Eritrea, Somalia and Burundi, with the largest group coming from DRC (19,667 refugees). Refugees and asylum seekers from Sudan originate from Blue Nile State (55 per cent) and South Kordofan State (45 per cent). Fifty-two per cent of the refugees are female and 59 per cent are children under 18 years old. Women and children represent 80 per cent of the total refugee population. No significant number of arrivals from Ethiopia has been reported in South Sudan. An increase in the number of South Sudanese refugees returning from Ethiopia to South Sudan has been reported due to the ongoing conflict and required preparedness measures.

Response

The Refugee Response Strategy aims to ensure that the needs of the refugees and other groups of concerns are met through working with the government to create an enabling protection and solution-oriented environment. The response plan has a three-pronged strategic direction to ensure protection and a solution-oriented approach:

1. Strengthen the protection environment and delivery of services to refugees and host communities;
2. Support solutions by building resilience of refugees, host communities and refugee returnees; and
3. Enhance partnerships with a focus on building linkages with development actors and peacebuilding efforts.

The three strategic objectives are in line with the UNSDCF. They are further guided by regional, global policies and objectives and pledges made by the Government of South Sudan at the 2019 Global Refugee Forum; the South Sudan-Sudan Solutions Initiative to promote solutions for refugees, IDPs, returnees and host community under the auspices of the Intergovernmental Authority on Development (IGAD); and the humanitarian imperative to provide protection, life-saving assistance and livelihood opportunities to refugees, asylum seekers, stateless persons, host communities and other persons of concern.

The Refugee Response Plan for 2023 will be guided by a multi-year strategy and a new results-based framework. The plan incorporates a step-up use of cash, where appropriate.

The United Nations High Commissioner for Refugees (UNHCR) will work with the authorities and partners to facilitate area-based approaches, including Pockets of Hope initiatives, which aim to promote the sustainable integration or reintegration of those affected by forced displacement. This approach seeks to identify and encourage a range of stakeholders – the government, development actors, humanitarian partners, community-based organizations, community members, international NGOs, donors or the

private sector – to work together to address the obstacles to integration and social cohesion and to enhance protection for all. UNHCR and partners will step up their engagement with the World Bank in the operationalization of its International Development Association (IDA) 19 window for refugees and host communities.

UNHCR and partners will play an active role in shifting the current approach to assistance towards a more sustainable one that helps to better fulfil the needs of the affected groups. The UNHCR Flagship Survey Programme will be launched in 2023, aiming to deliver new evidence on the living conditions of the refugee population and host community and cater to the increasingly complex data needs identified by UNHCR, the government and its partners for inclusive programming, planning and solutions.

Protect

UNHCR and partners will continue to work closely with the South Sudan's Commission for Refugee Affairs to implement the response plan, including the provision of protection, multi-sector assistance and basic services with particular attention to persons with specific needs. The Refugee Response Plan strengthens the government's capacity to protect refugees in line with international standards, respond to and prevent gender-based violence, protect refugee children and enhance access to justice. Key areas of intervention include ensuring access to territory, reception, registration, status determination and documentation. PSEA mechanisms are integrated throughout the programme cycle, using a survivor-centered approach and emphasizing safety, confidentiality, accountability, transparency and accessibility.

Community consultation and participation are at the heart of the identification, design, implementation and monitoring of the programmes. By mainstreaming this approach across all interventions, including infrastructure, shelter and WASH projects, the goal is to create an environment where protection risks are reduced, and all population groups can benefit equally from these interventions regardless of their age, gender and profile. Protection monitoring and advocacy will continue to promote the civilian and humanitarian character of asylum, in addition to strengthening the government's capacity to ensure safety and security in areas hosting refugees.

Empower

Community-based support will enhance coping capacities in areas of high return and build resilience to promote sustainable solutions to displacement. Response modalities will be a combination of direct service provision, in-kind support, limited CVA, community-based support and advocacy interventions. Ensuring peaceful coexistence and host community support activities are an integral part of the response, including equitable access to available basic services such as education, water and health and

community-based support benefiting the host communities based on needs. Promotion of social cohesion among the communities will be integrated into various sectoral interventions.

To drive transformation that will empower communities and achieve gender equality, the response will build on efforts made over the years to engage the communities using community- and rights-based approaches. It will support a robust inter-agency response through evidence-based analysis and prioritization of protection risks and needs to inform effective interventions at the state and national level. The response will seek to strengthen the partnership with the development and humanitarian actors to address the most pressing needs, while mobilizing government ownership/ leadership and advocate an international response in line with the 2030 Agenda for Sustainable Development, "leave no one behind" and the UNSDCF. The response will foster economic opportunities and resilience through the provision of skills training aligned with market demands, provision of cash/start up kits to enhance job creation and entrepreneurship programmes, particularly for women, youths and persons with disabilities.

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

Cost of response

The Refugee Response Plan is costed at \$255 million.

Monitoring

Refugee response partners will collect and analyse data quarterly against the set indicators for the response plan, including disaggregated population data and profile, sectoral data and routine collection of programme indicators to inform multi-sector analysis. Protection monitoring and participatory assessments will inform a robust situation analysis and ensure that the targeted population is consulted in programme design and monitoring to inform decisions that affect their lives. Refugee response partners will ensure regular consultations with the affected populations at all stages of the project cycle and regularly solicit their feedback to ensure that the items distributed have been used for the intended purpose. This includes bolstered

feedback and complaint desks, hotlines, focus discussion groups, community-based networks and camp-level coordination meetings.

The response plan supports the catalytic role of UNHCR and its key partners in linking the humanitarian interventions with sustainable development and peacebuilding programmes to improve collective outcomes and increase accountability. It promotes greater collaboration with UN development actors, UNMISS, the private sector and the World Bank. Under the Refugee Coordination Model, UNHCR will maintain its lead role in coordinating and planning the refugee response and addressing protection and assistance needs of persons

of concern. Protection and assistance will be provided in partnership with some 15 national and international NGOs, and three strategic national government partners (such as the Commission for Refugee Affairs, Department of Nationality, Passports and Immigration and the RRC), refugees, and host communities. Cooperation with UN entities will be reinforced, mainly with WFP, FAO, the United Nations Children’s Fund (UNICEF), the United Nations Development Programme, the World Bank and UNMISS to strengthen the PHD nexus. Close cooperation will be maintained with South Sudan’s Commission for Refugee Affairs, the government’s counterpart for refugee affairs, as well as with the RRC on matters pertaining to refugee returns.

PARIANG COUNTY

An aid worker verifies and registers a new refugee in Ajuong Thok refugee camp, Pariang County.
Photo: UNHCR/Sarah Jane Velasco



Part 5:

Abyei Administrative Area Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
212K	148K	9	Covered by Sudan and South Sudan HRPs

Context Overview

The Abyei Administrative Area remains a disputed territory between Sudan and South Sudan. Despite efforts by the international community, the area's political future and final status remain unresolved. The joint administration envisaged in the 2011 agreement has yet to be established. The authorities in Juba and Khartoum have appointed separate administrations to cover the area. The two administrations, however, are unable to provide basic services to the communities.

The Abyei Administrative Area faces significant humanitarian challenges, including frequent and unpredictable violent outbreaks, armed elements, natural disasters and population displacements. The economic difficulties and high inflation rates in Sudan and South Sudan have further exacerbated the situation. The UN and the international community remain the main providers of life-saving and basic social services in the area. Physical access and bureaucratic impediments remain as challenges for the delivery of aid assistance. Limited human, technical and financial resources affect the implementation capacity. The provision of humanitarian assistance between the northern and southern parts of the Abyei Administrative Area remains unequal. Vulnerable people, especially those in the northern part, have not received consistent life-saving assistance. Recovery support, including mid- and long-term economic opportunities, is also scarce.

Conflict and climate change affected the lives of people in the Abyei Administrative Area in 2022. The region experienced conflict-related violence, unprecedented floods and an unidentified cattle disease.

Summary of needs

In 2023, an estimated 250,000 people will require humanitarian assistance in the Abyei Administrative Area – a 4 per cent increase from 2022. Humanitarian partners have identified 140,000 people in need from the host community, 83,000 IDPs and 480 returnees.

More than 120,000 people will be vulnerable because of conflict, loss of livelihood, assets and properties and consecutive rounds of displacement. According to the 2023 South Sudan HNO, some 188,000 people in the southern parts of the Abyei Administrative Area will likely experience severe food insecurity (IPC Phase 4) at the peak of the 2023 lean season from April to July. Equally, nutrition situation is projected to remain critical (IPC Phase 4 for acute malnutrition).

The absence of a local economy, access to services and livelihoods will deepen poverty in many villages and lead to increased food insecurity, worsening an already alarming humanitarian situation. During the dry season, the massive seasonal movement of the Misseriya herders in search of green pastures in the fertile valleys of the Kiir and Nyamora rivers will heighten inter-ethnic tensions. Lack of education facilities and high dropout rate remain as challenges to education and child protection. Out-of-school children are more likely to be forced into child labour and early marriage, further exposing them to higher risk of abuse and gender-based violence cases.

Response

The main objective of humanitarian programming in the Abyei Administrative Area is to address and alleviate human suffering and to decrease dependency on humanitarian assistance among the displaced people, returnees, seasonal migrants and local communities. A more comprehensive humanitarian response includes health, nutrition, WASH, agriculture and livestock for food security and livelihoods, protection and education activities.

Floods and drought are the main hazards in the Abyei Administrative Area. Heavy rain and floods affect both the humanitarian situation and the ability of the partners to respond. Floods and drought depend on the fluctuating rainfall during the rainy season from May to October. Establishing an effective flood-related early warning

mechanism will mitigate the impact of floods. The response plan will consider conflict sensitivity, the effect of natural disasters, drought and flooding and the importance of livestock for livelihoods. The migrating and sedentary livestock population is the communities' main income source. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income-generating opportunities to improve livelihoods. The response includes providing animal health services, such as vaccination and treatment for thousands of livestock, to support local livelihoods.

Strategic objectives

- Provide timely multi-sectoral life-saving assistance to the crisis-affected and the most vulnerable people.
- Improve vulnerable communities' access to life-sustaining basic services and livelihoods.
- Strengthen emergency preparedness across all sectors through contingency planning, advocacy for resources, access analysis and confronting logistical challenges.
- Promote peaceful coexistence, stability and resilience among communities, while ensuring protection and gender mainstreaming and environmental sustainability through institutional capacity-building and community empowerment.
- Facilitate a seamless humanitarian response covering the entire Abyei Administrative Area through sustained engagement with the Governments of Sudan and South Sudan to ease the delivery of humanitarian cargo flights into the Abyei Administrative Area, while engaging with the local authorities and actors to improve access and ensure safety in hard-to-reach areas.

Response activities

The humanitarian partners in the Abyei Administrative Area from Sudan and South Sudan will continue to work closely for peace and resilience for the affected agro-pastoralist, nomadic communities, returnees and displaced people. Approaches will be tailored to their specific humanitarian needs and vulnerabilities. Assistance originating from South Sudan and Sudan will cover the entire Abyei Administrative Area.

The response will provide life-saving humanitarian services and increase sustainability by adopting participatory approaches to building community-based conflict management capacities. The response aims to promote synergy among peacebuilding, humanitarian assistance and development through complementarity among the humanitarian response, the UN joint programme and UNISFA projects.

By monitoring population movement, displacement and returns in line with relevant laws and guidelines, and identifying people with specific needs, partners will be able

to target the most vulnerable people in need of assistance across all humanitarian sectors.

To ensure efficient and timely responses to the people in need across all the Abyei Administrative Area, humanitarian partners will utilize contingency plans and assessments and pre-position items and supplies before the rainy season. Partners will engage with the local administrative authorities, traditional leaders and local non-state armed actors to ensure the safety and security of humanitarian teams in the deep field.

The response will promote peaceful coexistence between host communities, displaced people, returnees and refugees. Activities to strengthen peacebuilding skills include peace dialogue, on land allocation and tribal conflict, ensuring access to participation in local decision-making processes, awareness-raising and conflict sensitivity training. Partners will support initiatives to create conditions conducive to the (re)integration of the displaced people and the returnees.

The response will improve community resilience by providing sustainable and market-oriented food security and livelihood opportunities, including capacity-building and technical capacity development of farmers. This includes generating data and information on rainfall patterns, crops, livestock, fishery, beekeeping and community-based natural resource management, such as community-led ownership and management of multi-purpose solar-powered water facilities. Partners will provide formal and non-formal education, business-oriented training and vocational skill development for young adults and persons with specific needs, creating micro-income generation opportunities and livelihoods by market needs for sustainable recovery.

The partners will contribute to reducing morbidity and mortality by providing integrated primary health care and nutrition services and support and improving quality of care in health facilities. Partners will provide severe acute malnutrition/moderate acute malnutrition treatment to reduce malnutrition risk in children under age 5 and PLW. Interventions to prevent malnutrition, including supplementary feeding programmes support as well as promotion and protection of optimal infant and young child feeding practices will be provided at the primary health care and community levels. Food distribution programmes will continue. In-kind and cash-based interventions will be provided to the displaced people and vulnerable host communities as part of emergency response.

Improved access to safe drinking water, adequate hygiene and sanitation practices will prevent and mitigate disease outbreaks. Partners will focus on areas of displacement, return, host communities and migration corridors to minimize conflict over shared resources.

Partners will continue to provide timely and targeted life-saving S/NFI support to the affected people. Distribution of life-saving NFI kits will continue to take place as identified in the needs assessments, through in-kind and cash modalities depending on the functionality of the market at the time of response.

Protection of women and girls will be addressed by establishing SGBV case management services, developing protection referral pathway, increasing SGBV/PSEA key messaging to the IDPs and host communities and building the capacity of local government, community leaders and partners on protection and access to justice.

Child Protection will provide services, such as comprehensive case management, and static and mobile MHPSS, especially to children with disabilities, unaccompanied and separated children, children in detention and children at risk of trafficking. Awareness-raising and social cohesion activities will be provided to prevent and respond to the grave violations of children's rights.

Children will be provided access to primary education and training through the establishment of learning spaces and temporary learning spaces in areas with many displaced people, school rehabilitation, teacher training, school meals, adequate WASH services in schools and incentives to increase enrolment and retention of girls in school. Partners will reinforce gender equality and promote peaceful resolution of conflict through peace club activities in schools. Livestock and herders will be supported through the provision and support of veterinary health services delivery, including massive vaccination, treatment and infrastructures, while enhancing the capacity of the Community-based Animal Health Workers network in servicing pastoral nomadic populations throughout the migratory routes and sedentary communities.

Supporting access to justice and strong institutions, the Abyei Administrative Area's rule of law and the traditional justice systems will be strengthened through tailored legal training for traditional and court leaders. This includes streamlining the equal implementation of the customary law across the Abyei Administrative Area through capacity-

building, improvement of court procedures, revision of harmful customs and establishment of local customary law courts.

Partners in the Abyei Administrative Area (including implementing partners)

- Six UN agency focal points in Abyei town (FAO, IOM, OCHA, UNHCR, WFP and UNMAS) are operating in the Abyei Administrative Area, directly implementing activities or through NGOs and contractors.
- Four international NGOs (GOAL, Samaritan's Purse, Save the Children International and Médecins Sans Frontières) in Agok town operate primarily in southern and central Abyei.
- One international NGO (Concordis International) in Abyei town operates across Abyei.
- Ten national NGOs (Abyei Community Action for Development, African Christian Ecumenical Alliance, Ayok-Diil Community Association, Abyei Information Radio Services, Bishop Gassis Relief and Rescue Foundation, Community Empowerment Network, Film Aid South Sudan, Hold the Child, Integrated Humanitarian Aid and South Sudan Red Cross) in Agok are operating in southern and central Abyei.
- Two national NGOs (Elgoni and Global Aid Hand) in Diffra operate in northern Abyei.
- The United Nations Population Fund (UNFPA), UNICEF, WHO and UNHCR support the Abyei Administrative Area remotely from Sudan and South Sudan.

Part 6: **Annexes**

MALAKAL COUNTY

A nutrition worker measures the mid-upper arm circumference of a displaced child in the Malakal PoC site. Photo: OCHA/Sarah Waiswa



6.1 Participating Organizations*

FULL NAME	ACRONYM	TYPE	FULL NAME	ACRONYM	TYPE
ACT Alliance / DanChurchAid	ACT Alliance/ DCA	INGO	Catholic Medical Missons Board	CMMB	INGO
ACT Alliance / Finn Church Aid	ACT Alliance/ FCA	INGO	Catholic Relief Services	CRS	INGO
ACT Alliance / Lutheran World Federation	ACT Alliance/ LWF	INGO	Centre for Emergency and Development Support	CEDS	NNGO
ACT Alliance / Norwegian Church Aid	ACT Alliance/ NCA	INGO	Charity and Empowerment Foundation	CEF	NNGO
Action Africa Help International	AAHI	INGO	Charity Mission Corps	CMC	NNGO
Action Against Hunger	ACF	INGO	Child Hope Organization	CHO	NNGO
Active Youth Agency	AYA	NNGO	Child Relief and Support Fund	CRSF	NNGO
Adventist Development and Relief Agency	ADRA	INGO	Children Aid South Sudan	CASS	NNGO
Africa Development Aid	ADA	NNGO	Christian Mission Aid	CMA	INGO
Africa Educational Trust	AET	INGO	Christian Mission for Development	CMD	NNGO
Africa Stand for Children Development Organization	ASCDO	NNGO	Christian Recovery and Development Agency	CRADA	NNGO
African Humanitarian Corps	AHC	NNGO	Coalition for Humanity South Sudan	CHSS	NNGO
Agency for Child Relief Aid	ACRA	NNGO	Community Action Organization	CAO	NNGO
Agency for Technical Cooperation and Development	ACTED	INGO	Community Advocacy and Relief Organization	CARO	NNGO
Aid Support Community Organization	ASCO	NNGO	Community Aid for Fisheries and Agriculture Development	CAFAD	NNGO
Alaska Sudan Medical Project	AHPSS	INGO	Community Aid for Relief and Development	CARD	NNGO
Alliance For Action Aid	AFAA	NNGO	Community in Need Aid	CINA	NNGO
American Refugee Committee (Alight)	ARC	INGO	Community Initiative for Development Organization	CIDO	NNGO
Amref Health Africa	AMREF	INGO	Community Resilience and Emergency Support Aid	CRESA	NNGO
Andre Foods South Sudan	AFSS	NNGO	Community Support Initiative	CSI	NNGO
Associazione Volontari per il Servizio Internazionale	AVSI	INGO	Concern Worldwide	Concern worldwide	INGO
Care for Children and Old Age in South Sudan	CCOASS	NNGO	Confident Children out of Conflict	CCC	NNGO
CARE International	CARE	INGO	Cordaid International	Cordaid	INGO
Care Plus Foundation	CPF	NNGO	Danish Refugee Council	DRC	INGO
Catholic Agency for Overseas Development	CAFOD	INGO	Deutsche Welthungerhilfe e.V. (German Agro Action)	WHH	INGO
			Dialogue and Research Institute	DRI	NNGO
			Education Foundation Organization	EFO	NNGO

* For more information on the participating organizations, please visit: <https://bit.ly/3Vain55>

FULL NAME	ACRONYM	TYPE
Episcopal Development Aid	EDA	NNGO
FARM STEW South Sudan	FS-SS	INGO
Farmer's Life Development Agency	FLDA	NNGO
Food & Agriculture Organization of the United Nations	FAO	UN
Food Agriculture and Disaster Management	FADM	NNGO
Food for the Hungry International	FHI	INGO
Girl Child Africa Foundation	GCAF	NNGO
GOAL	GOAL	INGO
Grassroot Empowerment and Development Organization	GREDO	NNGO
Grassroots Relief and Development Agency	GREDA	NNGO
Greater Upper Nile Organization	GUNO	NNGO
Green Belt Initiative	GBI	NNGO
Handicap International - Humanity & Inclusion	HIHI	INGO
Health Action Africa (South Sudan)	HAA	NNGO
Health Link South Sudan	HLSS	NNGO
Healthcare Foundation Organization	HFO-SS	NNGO
HealthNet TPO	HealthNet TPO	INGO
Help - Hilfe zur Selbsthilfe e.V.	HELP	INGO
HelpEducation South Sudan	HESS	NNGO
Hold the Child Organisation	HCO	NNGO
Hope Restoration South Sudan	HRSS	NNGO
Humane Aid for Community Organization	HACO	NNGO
Humanitarian Action to Restore and Empower Communities for Development	HARECD	NNGO
Humanitarian Actors for Grassroot Initiative	HAGI	NNGO
Humanitarian Aid for Development	HAD	NNGO
Humanitarian and Development Consortium	HDC	NNGO
Humanity Empowerment and Leadership Promotion Organization	HELPO	NNGO

FULL NAME	ACRONYM	TYPE
Impact Health Organization	IHO	NNGO
Initiative for Community Prosperity	ICP	NNGO
Institute for Promotion of Civil Society	IPCS	NNGO
Interchurch Medical Assistance World Health	IMA	INGO
International Aid Services	IAS	INGO
International Medical Corps UK	IMC	INGO
International Organization for Migration	IOM	UN
International Rescue Committee	IRC	INGO
INTERSOS Humanitarian Aid Organization	INTERSOS	INGO
Islamic Relief Worldwide	IRW	INGO
International Rescue Committee	IRC	INGO
INTERSOS Humanitarian Aid Organization	INTERSOS	INGO
Johanniter International	JIA	INGO
John Dau Foundation	JDF	INGO
Joint Aid Management International	JAM	INGO
Light for the World	Light for the World	INGO
LiveWell South Sudan	LWSS	NNGO
Lulu Care - South Sudan	Lulu Care-SS	NNGO
Malaria Consortium	MC	INGO
Malteser International Order of Malta World Relief	Malteser	INGO
Mary Help Association	MHA	NNGO
MEDAIR	MEDAIR	INGO
Medicaire - South Sudan	Medicaire-SS	NNGO
Medici con l'Africa CUAMM	CUAMM	INGO
Médicos del Mundo Spain	MdM	INGO
Mercy Corps	Mercy Corps	INGO
Mobile Humanitarian Agency	MHA	NNGO

FULL NAME	ACRONYM	TYPE
Mobile Theatre Team	MTT	NNGO
Narrative Hub	Narrative Hub	NNGO
National Relief and Development Corps	NRDC	NNGO
Nile Hope	NH	NNGO
Nile Initiative Development Organization	NIDO	NNGO
Nile Sustainable Development Organization	NSDO	NNGO
Nonviolent Peaceforce	NP	INGO
Norwegian People's Aid	NPA	INGO
Norwegian Refugee Council	NRC	INGO
Office for the Coordination of Humanitarian Affairs	OCHA	UN
ONO Aid	ONO Aid	INGO
Operation Save Innocent Lives - Partners in Relief and Development	OSILPRD	NNGO
Organization for Peace, Relief and Development	OPRD	NNGO
Organization for Peoples' Empowerment and Needs	OPEN	NNGO
Oxfam GB	OXFAM GB	INGO
Peace Corps Organization	PCO	NNGO
Peace Winds Japan	PWJ	INGO
Pilgrims of Hope	PoH	NNGO
Plan International	Plan	INGO
Polish Humanitarian Action	PAH	INGO
Reach Africa Organization	RAO	NNGO
REACH Initiative	REACH Initiative	INGO
Relief Agency	RA	NNGO
Relief Corps Organization	RCO	NNGO
Relief International	RI	INGO
Rii-Yubu Community Development Organization	RCDO	NNGO
Rural Action Against Hunger	RAAH	NNGO
Rural Community Action for Peace and Development	RCAPD	NNGO

FULL NAME	ACRONYM	TYPE
Rural Health Services	RHS	NNGO
Rural Water and Sanitation Support Agency	RWSSA	NNGO
Salvation and Light Development Action	SLDA	NNGO
Samaritan's Purse	Samaritan's Purse	INGO
Save a Life International	SALI	NNGO
Save the Children	SCI	INGO
Smile Again Africa Development Organization	SAADO	NNGO
Solidarités International	SI	INGO
South Sudan Grassroot Initiative for Development	SSGID	NNGO
South Sudan Health Association	SSHA	NNGO
South Sudan Humanitarian Aid Services	SSHAS	NNGO
Southern Sudan Healthcare Organization	SSHO	NNGO
Stop Poverty Communal Initiative	SPCI	NNGO
Sudan Evangelical Mission	SEM	NNGO
Sudan Medical Care	SMC	NNGO
Support for Peace and Education Development Program	SPEDP	NNGO
Support the Empowerment of Women and their Rights for Development	SEWRD	NNGO
Tearfund	TEARFUND	INGO
The Israel Forum for International Humanitarian Aid	IsraAID	INGO
The Mentor Initiative	The Mentor Initiative	INGO
The Organisation for Children's Harmony	TOCH	NNGO
The Rescue Initiative South Sudan	TRISS	NNGO
The Rescue Mission	TERM	INGO
Titi Foundation	Titi Foundation	INGO
Touch Africa Development Organization	TADO	NNGO
Trust Guarantee Community Development Aid	TGCDA	NNGO
United Nations Children's Fund	UNICEF	UN

FULL NAME	ACRONYM	TYPE	FULL NAME	ACRONYM	TYPE
United Nations Educational, Scientific and Cultural Organization	UNESCO	UN	War Child Holland	WC-H	INGO
United Nations High Commissioner for Refugees	UNHCR	UN	Water for South Sudan	WSS	NNGO
United Nations Mine Action Service	UNMAS	UN	Windle Trust International	Windle Trust International	INGO
United Nations Population Fund	UNPFA	UN	Women Advancement Organization	WAO	NNGO
United Networks for Health	UNH	NNGO	Women Aid Vision	WAV	NNGO
Universal Intervention and Development Organization	UNIDOR	NNGO	World Food Programme	WFP	UN
Universal Network for Child Defence Rights	UNCDR	NNGO	World Health Organization	WHO	UN
Universal Network for Knowledge and Empowerment Agency	UNKEA	NNGO	World Relief	WR	INGO
Vétérinaires Sans Frontières - Suisse	VSF-S	INGO	World Vision International	WVI	INGO
Voice of the Peace	VP	NNGO	Yo' Care South Sudan	YCSS	NNGO
Volunteer Organization for the International Co-operation la Nostra Famiglia	OVCI	INGO	Youth Empowerment and Development Aid	YEDA	NNGO
			Youth Empowerment Foundation	YEF	NNGO
			ZOA Dorcas South Sudan	Zoadorcas	INGO

6.2 Response by Geography

Key figures by geography

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Central Equatoria	1.2M	0.6M		78	147
Eastern Equatoria	0.8M	0.4M		53	110
Jonglei	1.6M	1.2M		106	248
Lakes	0.8M	0.6M		41	88
Northern Bahr el Ghazal	0.7M	0.5M		40	89
Unity	0.9M	0.8M		57	138
Upper Nile	1.3M	1.0M		62	140
Warrap	1.0M	0.7M		54	132
Western Bahr el Ghazal	0.5M	0.2M		35	73
Western Equatoria	0.7M	0.4M		45	89
Abyei Administrative Area	0.2M	0.1M		9	17

6.3

Towards Integrated, Coherent and Coordinated Humanitarian and Development Delivery

Years of protracted conflict in South Sudan have exhausted people's coping mechanisms and affected their resilience to inter-connected shocks, including sub-national violence, food insecurity, climate change-related effects including drought and flooding, disease outbreaks, among others.

The collective outcomes are: 1. By the 2023 lean season from April to July, there is a 20 per cent reduction in the number of people in IPC Phase 4 and no populations in IPC Phase 5; 2. Improved access to a minimum package of programme standards for prevention, risk mitigation and response to GBV rolled out in 80 per cent of the inter-sectoral priority locations. Focus on the safe and timely access to quality case management and psychosocial support services and capacity-building to ensure service delivery by 2023; and 3. Climate change-related effects including drought and flood displacement are 30 per cent lower in 2025 than in 2021.

The UNCT and HCT will implement key activities as articulated in the 2023-2025 South Sudan UNSDCF and the 2023 HRP respectively. Collaborative efforts by peacebuilding, humanitarian and development actors, working to comparative advantage, are required to achieve the agreed objectives. An example of this are the collaborative efforts in Bentiu, Unity State, where peacebuilding, humanitarian and development actors worked with affected communities, private sector actors (e.g., oil companies operating in areas of concern) and local authorities to strengthen dykes, repair roads and transport assistance.

The UNCT's joint programmes in 2022-2025 enable a 30 per cent reduction in climate change-related effects including drought and flood displacement. These programmes will focus on states that were most affected by four consecutive years of severe flooding from 2019 to 2022 – including Unity, Upper Nile, Jonglei, Lakes, Western Bahr el Ghazal, Western Equatoria and Warrap states. Efforts to address the drivers of vulnerability are also necessary. In line with the endorsed 2022 HCT Strategy on Returns and Reintegration, when people wish to return, it is important to support the government's efforts to create conditions necessary for a safe, voluntary and dignified return and reintegration of the displaced people. Peacebuilding, humanitarian and development actors must work together to reduce the vulnerability of people experiencing IPC Phase 4 (by 20 per cent) and IPC Phase 5 (zero) by the 2023 lean season from

April to July. Efforts to ensure access to quality gender-based violence case management and mental health and psychosocial support services are essential. Capacity-strengthening for service providers must be undertaken to achieve this, while investing in capacity-strengthening for IASC recommended empowerment of women, girls and persons with disabilities for their enhanced resilience. During the development process of the UNSDCF 2023-2025 in 2022, additional collective outcomes may be added to the UN's strategic framework and thereafter also incorporated into the HRP.

Advocate the implementation of the peace agreement

A stable and secure environment remains a necessary condition for both peacebuilding, humanitarian and development operations. In 2023, all actors will continue to advocate the implementation of the 2018 R-ARCSS and access to all populations, to ensure that no one is left behind. Engagement with the government, Reconstituted Joint Monitoring and Evaluation Commission (RJMEC), IGAD and UNMISS on peacebuilding and governance to build synergies will continue. Advocacy efforts will be undertaken to support the implementation of the R-ARCSS towards a successful transition to post-conflict priorities and peacebuilding in South Sudan.

Evaluate progress and achievement of collective outcomes

In 2023, the UNCT and HCT will review progress made towards the achievement of the three collective outcomes as part of the goal monitoring against set targets. The evaluation will help define new priorities and collective outcomes for the UNCT and HCT in 2023 and beyond. This will also resonate with the results set in the Gender Equality and Inclusion Programming Road Map and the endorsed 2022 HCT Centrality of Protection Road Map.

The United Nations Sustainable Development Cooperation Framework

In November 2022, the 2023-2025 UNSDCF to move the country from humanitarian to development assistance was signed. The UNSDCF framework comprehensively details the United Nations Country Team's collective efforts to contribute to national development priorities in South Sudan and has been developed through a detailed consultation process that includes the government, the private sector, civil society, academia, research institutions, women, and youth,

among others. The Common Country Analysis is informed by the humanitarian situation and analysis, evaluation of the current UNSDCF.

Peacebuilding-Humanitarian-Development Nexus

The nexus approach focuses on strengthening collaboration, coherence and complementarity between peacebuilding, humanitarian and development interventions to reduce vulnerability of people, build resilience in communities to cope with shocks, strengthen risk management capacities and address the root causes of conflict. For 2023-2025, the UN system and its partners will focus on three priorities in the development of the PHD nexus: 1. Climate action and flooding; 2. Food security and agriculture; and 3. Support for durable solutions to internal displacement. These initiatives focus on area-based programming, involving the local communities in developing and implementing projects to achieve tangible and sustainable results for the affected populations in line with their needs.

Joint or joined-up risk analysis, with a strong emphasis on conflict sensitivity, disability inclusive, and gender-sensitive analysis are constituent elements for planning and programming across the peacebuilding, humanitarian and development pillars for a shared understanding of risks, needs, vulnerabilities, root causes and structural drivers of conflict. The cornerstones of the current risk analysis are the

HNO and the Common Country Analysis, as well as agency-specific tools for their particular needs.

In October 2022, the FSL Cluster deployed a consultant to South Sudan to assess the extent and the nature of collaboration and coordination between actors at local and national levels including tangible efforts in promoting PHD nexus and maximizing the coherence, impact and sustainability of programmes across the different kinds of assistance; and brought together practitioners and decision-makers with shared interest of PHD nexus around the table to learn together and design a road map to support enhanced coordination amongst the PHD nexus in South Sudan.

The United Nations Office for Disaster Risk Reduction (UNDRR) and its UN partners launched a joint risk information tool for South Sudan to enhance synergies among the various assessment tools, to facilitate shared analysis and understanding of the peacebuilding, humanitarian and development environment in South Sudan. The extension of this model to other actors in this process, including civil society organizations and government agencies, is currently under consideration. The ensuing risk model for South Sudan should be flexible to adequately represent the needs of affected persons in different situations.

MALAKAL COUNTY

A boy holds his brother in the Malakal PoC site. They were displaced by the conflict in Tonga, Panyikang County. Photo: OCHA/Iramaku Vundru Wilfred



6.4

What if We Fail to Respond?

Camp Coordination and Camp Management

Conflict and climactic shocks have triggered massive, multiple displacements across the country, with many people unable to return to their homes for years. Without funding, people displaced to five IDP camps, one PoC site and 64 camp-like settings will continue to suffer from poor living conditions and unmet humanitarian needs. Women, girls and persons with disabilities are particularly vulnerable and at risk of sexual violence, both within and outside the displacement sites.

Education

Failure to respond will leave about 866,000 people, 99 per cent of whom are children, without access to education services. Out-of-school children will be less likely to escape the cycle of poverty and will remain vulnerable to abuse, exploitation and gender-based violence, including child marriage and adolescent pregnancy.

Food Security and Livelihoods

Failure to deliver food assistance will worsen an already alarming food security situation, with the total collapse of livelihoods becoming a reality for the affected people. During the 2023 lean season from April to July, an estimated 2.9 million people or 23 per cent of the population are projected to be in Emergency (IPC Phase 4), possibly tipping over into Catastrophe (IPC Phase 5). Approximately 43,000 people are already projected to be in IPC Phase 5, increasing the mortality rates that are already high across the country, particularly among children.

Health

Lack of humanitarian funds will leave 3.6 million people, of whom 1.6 million are children, without access to essential life-saving health services. More than 140,000 pregnant women will not have access to antenatal and postnatal care. Over 800,000 women of reproductive age will not have access to sexual and reproductive health services. More than 2 million displaced people will not have access to health services. The surveillance system will be unable to detect, investigate and respond to disease outbreaks timely, resulting in high morbidity and mortality from common diseases such as malaria, diarrhoea and measles.

Nutrition

Malnutrition is one of the top causes of child mortality with long-term negative impact. Without funding, an estimated 1.4 million acutely malnourished children will suffer and possibly die from lack of proper nutrition care and treatment.

Protection

In South Sudan, 6.1 million people need protection. Without protection services, human rights violations will continue to go unreported, and survivors of human rights violations will not have the support and assistance they need.

Without Housing, Land and Property (HLP) prevention and response services, victims of HLP violations will not have access to humanitarian assistance, protection and justice.

Without Mine Action services, 16 million square meters of contaminated land and circulation of small arms ammunition will continue to threaten people's safety. Communities living in contaminated areas will not be able to use the land freely, restricting access to services and the opportunity to create livelihoods and increasing protection risks, including gender-based violence and child recruitment.

Over 3 million vulnerable girls and boys, including children with disabilities, will be left without child protection services or possibly lose access to life-saving services.

Failure to provide gender-based violence (GBV) prevention, risk mitigation and response interventions to some 976,000 people, particularly for high-risk vulnerable women and girls, will result in their exposure to different forms of life-threatening GBV issues, including conflict-related sexual violence. Women and girls may experience severe physical injuries, unwanted pregnancy and exposure to HIV or other sexually transmitted infections.

Shelter and Non-Food Items

Failure to provide proper shelter assistance will expose the vulnerable men, women, children and persons with disabilities to extreme weather conditions, limited livelihood options, HLP-related conflict, poor health and reduced capacity to cope with and recover from future shocks. Overcrowding in shelters will allow the spread of respiratory diseases, increasing the under-five and the elderly mortality rate.

Water, Sanitation and Hygiene

Lack of WASH services will have severe impacts on women, children and persons with disabilities. Without access to clean water and hygiene, children will be more susceptible to infectious diseases and malnutrition. People in IDP sites will suffer from disease outbreaks, loss of dignity and increased risk of gender-based violence.

6.5

Monitoring Framework

To access the inter-sectoral monitoring framework by cluster, please visit: bit.ly/3HLdZqb

6.6

How to Contribute

Contribute to the Humanitarian Response Plan

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

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

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

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

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

Contribute through the Central Emergency Response Fund

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

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

Contribute through South Sudan Humanitarian Fund

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

6.7 Acronyms

AAP	Accountability to Affected Populations	ICCG	Inter-Cluster Coordination Group
ACF	Action Contre La Faim	IDA	International Development Association
ACTED	Agency for Technical Cooperation and Development	IDP	Internally Displaced Person
ADA	Africa Development Aid	IDSR	Integrated Disease Surveillance and Response
AoR	Area of Responsibility	IGAD	Intergovernmental Authority on Development
AWG	Access Working Group	IMC	International Medical Corps
CCCM	Camp Coordination and Camp Management	IMWG	Information Management Working Group
CCS	Coordination and Common Services	INGO	International Non-Governmental Organization
CERF	Central Emergency Response Fund	IOM	International Organization for Migration
CFM	Complaint and Feedback Mechanism	IPC	Integrated Food Security Phase Classification
COVID-19	Coronavirus Disease 2019	IRC	International Rescue Committee
CPIMS+	Child Protection Information Management System	IRNA	Initial Rapid Needs Assessment
CTS	Common Transport Service	IRRM	Integrated Rapid and Response Mission
CVA	Cash and Voucher Assistance	ISNA	Inter-Sector Needs Assessment
CWG	Cash Working Group	JBVMM	Joint Border Verification and Monitoring Mechanism
DHIS2	District Health Information System-2	JMMI	Joint Market Monitoring Initiative
DRC	Danish Refugee Council	MCDA	Military Civil Defence Assets
DRC	Democratic Republic of the Congo	MHPSS	Mental Health and Psychosocial Support
DRR	Disaster Risk Reduction	MoGEI	Ministry of General Education and Instruction
DSRSG	Deputy Special Representative of the Secretary-General	NAWG	Needs Analysis Working Group
DTM	Displacement Tracking Matrix	NFI	Non-Food Item
EIE	Education in Emergencies	NGO	Non-Governmental Organization
EORE	Explosive Ordnance Risk Education	NNGO	National Non-Governmental Organization
EVD	Ebola Virus Disease	NRC	Norwegian Refugee Council
EWARS	Early Warning Alert System	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
FAO	Food and Agriculture Organization	PHD	Peacebuilding, Humanitarian and Development
FSL	Food Security and Livelihoods	PiN	People in Need
FSNMS	Food Security and Nutrition Monitoring System	PLW	Pregnant and Lactating Women
FSNMS+ HNOi	Food Security and Nutrition Monitoring System Plus Humanitarian Needs Overview inputs	PoC	Protection of Civilians
GBV	Gender-Based Violence	PSEA	Protection from Sexual Exploitation and Abuse
HC	Humanitarian Coordinator	R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
HCT	Humanitarian Country Team	RC	Resident Coordinator
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency	RJMEC	Reconstituted Joint Monitoring and Evaluation Commission
HLP	Housing, Land and Property	RR	Refugee Response
HNO	Humanitarian Needs Overview	RRC	Relief and Rehabilitation Commission
HRP	Humanitarian Response Plan	RRM	Rapid Response Mechanisms
IASC	Inter-Agency Standing Committee	SEA	Sexual Exploitation and Abuse
		SGBV	Sexual and Gender-Based Violence

SMART	Standardized Monitoring and Assessment of Relief and Transitions	UNMISS	United Nations Mission in South Sudan
S/NFI	Shelter and Non-Food Items	UNSDCF	United Nations Sustainable Development Cooperation Framework
SWAT	Surface Water Treatment	WASH	Water, Sanitation and Hygiene
UN	United Nations	WFP	World Food Programme
UNCT	United Nations Country Team	WHO	World Health Organization
UNDRR	United Nations Office for Disaster Risk Reduction	WVI	World Vision International
UNDSS	United Nations Department for Safety and Security	5W	Who does What, Where, When and for Whom
UNFPA	United Nations Population Fund		
UNHAS	United Nations Humanitarian Air Service		
UNHCR	United Nations High Commissioner for Refugees		
UNICEF	United Nations Children's Fund		
UNISFA	United Nations Interim Security Force for Abyei		
UNMAS	United Nations Mine Action Service		

6.8 End Notes

- 1 NRC, The world's ten most neglected crises are all in Africa, available at <https://www.nrc.no/news/2022/june/the-worlds-ten-most-neglected-crises-are-all-in-africa/>
- 2 UNHCR, South Sudan: Africa's largest displacement crisis, available at <https://www.unhcr.ca/news/south-sudan-africas-largest-displacement-crisis/>
- 3 Global IPC. South Sudan: IPC Acute Food Insecurity & Malnutrition Snapshot. Acute Food Insecurity: October 2022 – July 2023; Acute Malnutrition July 2022 – June 2023. 03 November 2022 available at <https://bit.ly/3in58jz>
- 4 Germanwatch, Global Climate Risk Index 2021, available at <https://www.germanwatch.org/en/19777>
- 5 Humanitarian Outcomes Aid Worker Security Database, available at <https://aidworkersecurity.org/incidents>
- 6 Global IPC. South Sudan: IPC Acute Food Insecurity & Malnutrition Snapshot. Acute Food Insecurity: October 2022 – July 2023; Acute Malnutrition July 2022 – June 2023. 03 November 2022, available at <https://bit.ly/3in58jz>
- 7 South Sudan: Acute Malnutrition Situation July - October 2022 and Projections for November 2022 - February 2023 and March - June 2023 available at <https://bit.ly/3iDYAgL>
- 8 During the early phase of the planning period, the ICCG explored the possibility of shifting from project- to activity-based costing. After consultations, the HCT decided that it was prudent to wait for the outcome of a number of ongoing reviews to identify the most appropriate costing methodology for the HRP.
- 9 Community-based Complaint Mechanism locations: Aweil, Bentiu, Bor, Jamjang, Juba, Kuajok, Maban, Malakal, Mingkaman, Pibor, Rumbek, Torit, Yambio, Yei and Wau.
- 10 United Nations staff and related personnel include United Nations staff members, consultants, individual consultants/contractors, interns, national officers, United Nations volunteers, experts on mission and contingent members.
- 11 2022 ISNA Household Survey
- 12 Qualitative component of the 2022 ISNA conducted in the following counties: Juba, Yambio, Wau, Rubkona, Leer, Mayendit, Akobo and Malakal.
- 13 2021 FSNMS+ HNOi Survey
- 14 2022 ISNA Household Survey
- 15 Qualitative component of the 2022 ISNA conducted in the following counties: Juba, Yambio, Wau, Rubkona, Leer, Mayendit, Akobo and Malakal.
- 16 South Sudan Cash Working Group, CVA Dashboard, June 2022, available at <https://bit.ly/3Hp5UHp>
- 17 IASC Cash Coordination Model March 2022, available at <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-cash-coordination-model>
- 18 IOM DTM Mobility Tracking Round 12, July 2022
- 19 Humanitarianresponse.info, available at <https://bit.ly/3FKqkrV>

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SOUTH SUDAN

ISSUED DECEMBER 2022