

# HUMANITARIAN RESPONSE PLAN

## SOUTH SUDAN

HUMANITARIAN  
PROGRAMME CYCLE

2021

ISSUED MARCH 2021



# 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.



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

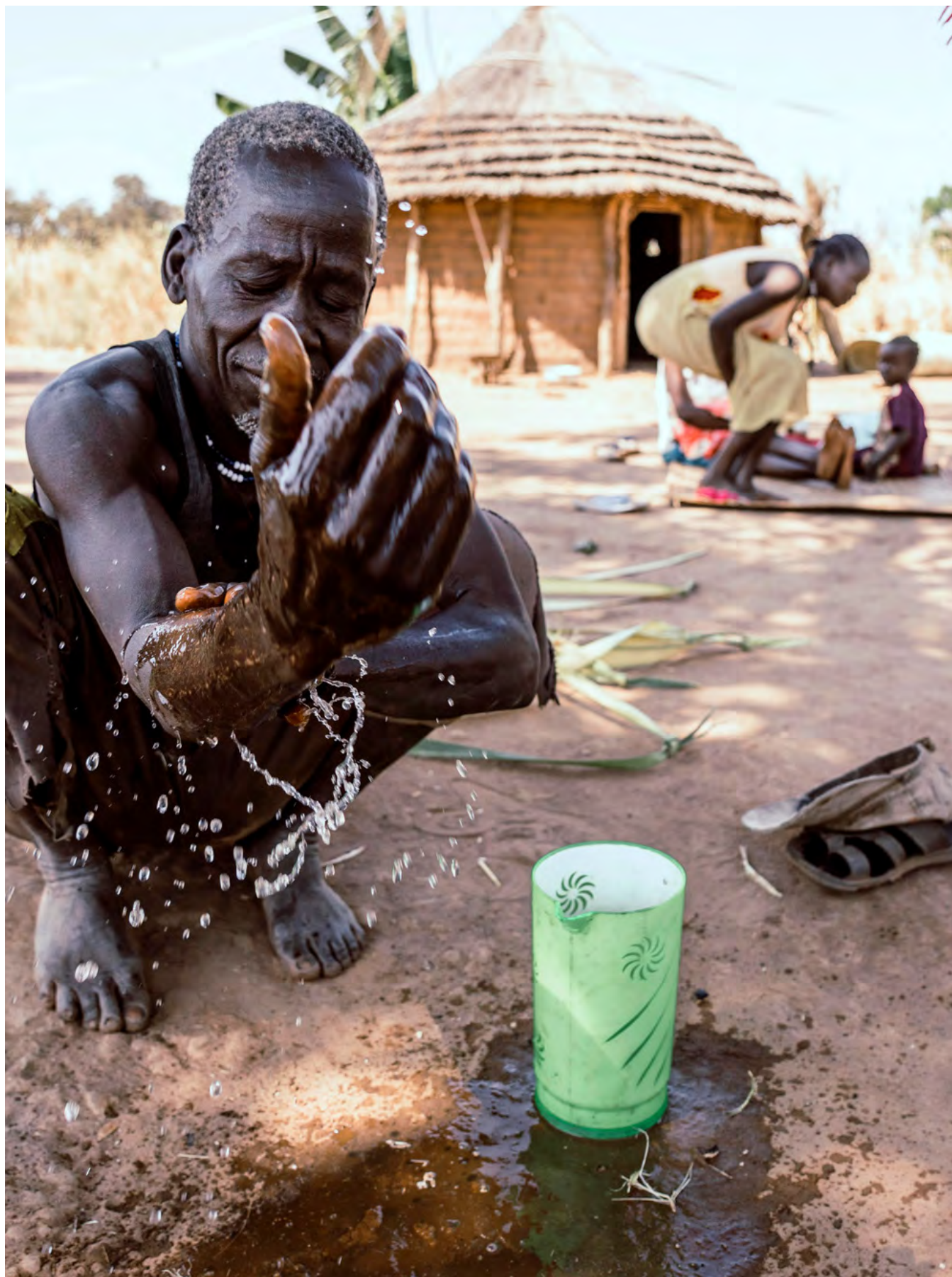
## PHOTO ON COVER

After harvesting, a woman takes her vegetables close to the swamp to clean before bringing them to the market. Photo: WFP/Gabriela Vivacqua

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A man washes his hands and face with clean water from their community's borehole in Aweil, Northern Bahr el Ghazal.  
Photo: Medair/Amy Van Drunen



# Foreword by the Humanitarian Coordinator

During the year 2020, and as part of the implementation of the revitalized peace agreement in South Sudan, the Transitional Government of National Unity was established. At the same time, and like the rest of the world, the people of South Sudan and the humanitarian community were greatly affected by the COVID-19 pandemic and its disruptive impacts on markets, services and movements across the country. South Sudan also experienced its second consecutive year of devastating flooding that has affected almost 1 million people each year. During 2020, sub-national violence and localized conflicts intensified and flared up in areas that had been relatively peaceful for years. Humanitarian access deteriorated, and the number of aid workers killed tripled from three in 2019 to nine in 2020.

The combination of these shocks led to a substantial increase in vulnerabilities. The country is now facing its highest levels of food insecurity and malnutrition since independence 10 years ago. The upcoming lean season from May to July is expected to be the most severe on record. Conflict, displacement, loss of livelihoods, inability to reach health care and lack of access to schools have created urgent protection needs, especially for women and children.

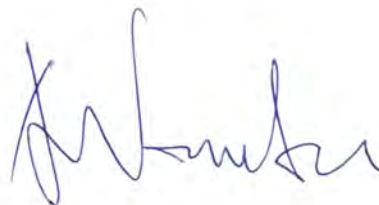
The 2021 Humanitarian Response Plan sets our three strategic objectives for the year. They guide nearly 200 humanitarian organizations to save lives and protect people; ensure people's access to basic services; and enable people to recover from the crisis. The synergy among these objectives is essential to achieve meaningful results for the affected communities.

In response to the anticipated catastrophic levels of food insecurity in parts of the country, a multisectoral scaled up response is already under way with an enhanced level of coordination at the local level. Thousands of humanitarian workers, most of them South Sudanese, are currently working tirelessly to save lives and provide humanitarian assistance in the six most food insecure areas – Pibor, Akobo, Aweil South, Tonj East, Tonj North and Tonj South.

Another immediate and key priority for the humanitarian community is preparing for the upcoming rainy season, which is forecasted to lead once again to major floods. Dykes and roads need to be repaired, and emergency supplies pre-positioned before remote communities are cut off from road and air access. These short-term measures must be matched by a longer-term flood preparation and mitigation strategy. Disaster risk reduction is one of the areas, alongside food security and prevention of gender-based violence, where humanitarian-development collaboration can make a real difference on people's lives.

Throughout these various shocks, the affected communities continued to demonstrate a great sense of solidarity. I call on the Government, development partners, donors and aid organizations to match their solidarity with unwavering support.

Without security and stability, humanitarian needs will continue to grow. Relevant authorities both at the local and national levels must ensure sustained peace throughout the country. The violence must stop so that the people of South Sudan can finally recover from the crisis and rebuild their lives and their communities.



**Alain Noudéhou**  
Humanitarian Coordinator in South Sudan

# Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
<b>8.3M</b>	<b>6.6M</b>	<b>\$1.68B</b>	<b>195</b>
<b>S01</b> Reduce morbidity and mortality, protection threats and incidents for the most vulnerable populations in severity levels 4 and 5	<b>S02</b> Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and 5	<b>S03</b> Enable vulnerable people to recover from crisis, seek solutions to displacement in the respect of their rights, and build resilience to shocks and stresses	

The 2021 South Sudan Humanitarian Needs Overview (HNO) identified 8.3 million people, including refugees, in need of humanitarian assistance across the country. This is an 800,000-person increase in absolute numbers from the 7.5 million people in need in 2020.

Informed by a rigorous inter-sectoral prioritization process, the 2021 Humanitarian Response Plan (HRP) will target 6.6 million people<sup>1</sup> across all 78 counties, including one county – Pibor – classified in the HNO as in catastrophic need, another 72 counties where the humanitarian needs are extreme, and five counties with severe humanitarian needs.

The humanitarian operation will be guided by three overarching strategic objectives listed above. The Centrality of Protection will be at the core of the humanitarian response, including the prevention of and response to gender-based violence (GBV). In support of the humanitarian-development nexus approach, the humanitarian community will be working closely with

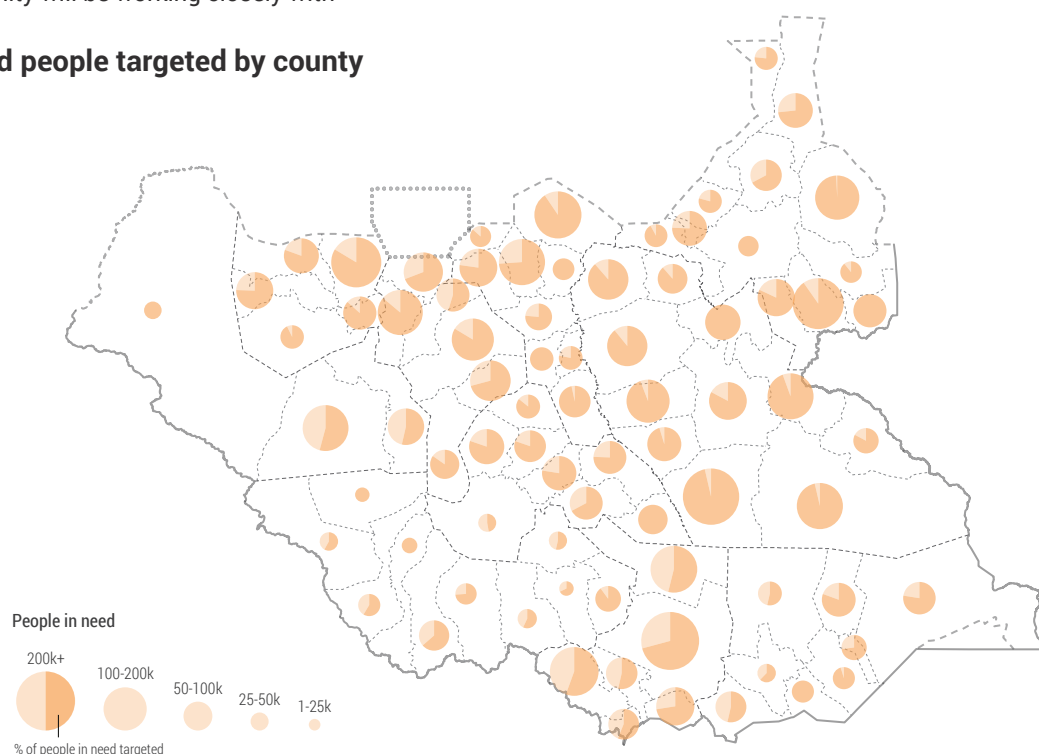
lasting solutions, development and peacebuilding actors to address the drivers of humanitarian needs and adopt conflict-sensitive approaches.

Immediate response priorities include sustaining the ongoing, multisectoral response scale-up in the six most food insecure areas and preparing for the 2021 rainy season, which is forecasted to lead once again to major floods.

A robust response monitoring framework will provide the Humanitarian Country Team (HCT) with evidence to ensure a timely, efficient, and fit-for-purpose response to the humanitarian needs. The set-up of humanitarian hubs in key locations across the country in 2021 aims to expand humanitarian access for improved response.

Humanitarian partners need US\$1.68 billion to implement a highly focused and prioritized response plan in 2021.

## People in need and people targeted by county





# Crisis Context and Impact

The humanitarian situation in South Sudan remains dire. More than two-thirds of the South Sudanese population and some 300,000 refugees<sup>2</sup> and asylum seekers in South Sudan are in need of some form of humanitarian assistance and protection in 2021, as the country continues to experience the cumulative effects of years of conflict, a surge in sub-national violence, unprecedented flooding and hyperinflation, further compounded by the COVID-19 pandemic. The lack of durable peace and limited investment in basic services impedes many people's ability to move towards sustainable development.

South Sudan remains one of the most severe protection crises in the world with high levels of GBV and reports of significant gross human rights violations across the country. Some 1.6 million people remain internally displaced, including 125,000 people who are sheltering in two remaining Protection of Civilians (PoC) sites. Another 2.2 million South Sudanese refugees have fled to neighbouring countries and, despite some modest improvements in the political and security situation, do not yet consider it safe to return home in large numbers.<sup>3</sup>

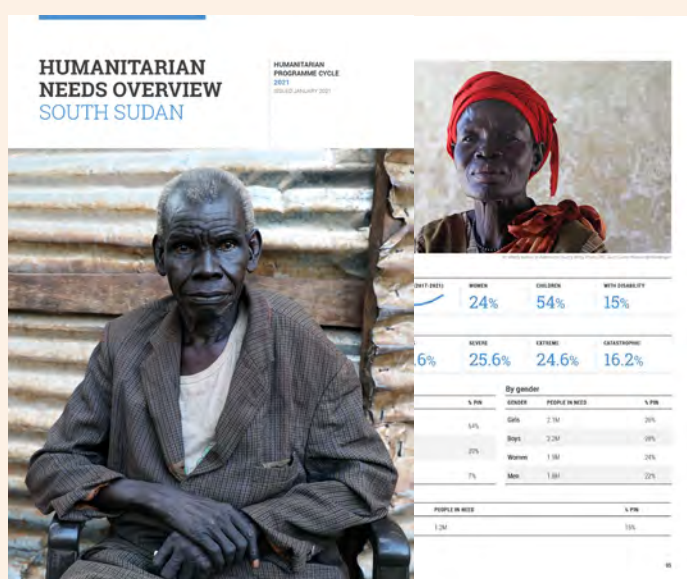
The country is now facing its highest levels of food insecurity and malnutrition since independence 10 years ago. The latest food security analysis<sup>4</sup> estimates that the 2021 lean season, between April and July, will be the worst

ever in terms of severity, with 108,000 people in catastrophe (IPC Phase 5). A total of 7.7 million people are expected to need food assistance, including 7.24 million acutely food insecure South Sudanese in rural areas, 130,000 people in urban areas and 314,000 refugees in South Sudan.<sup>5</sup> An estimated 1.4 million children and 480,000 pregnant or lactating women will be acutely malnourished and in need of treatment. The COVID-19 pandemic has aggravated people's existing vulnerabilities and weakened an already fragile health system's ability to treat people.

Among the most vulnerable people are newly displaced families; communities hosting large numbers of displaced and/or recently returned people; and households that are headed by a single parent or looking after older people or people with disabilities.

People's ability to access humanitarian assistance continues to be hampered by sub-national violence, violence against humanitarian personnel and assets, bureaucratic impediments, operational interference, and COVID-19 movement restrictions. For two consecutive years, remote communities have been cut off from assistance during the rainy season between July and November. Five counties experienced high access constraints in 2020, compared to three in 2019.<sup>6</sup>

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



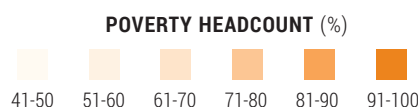
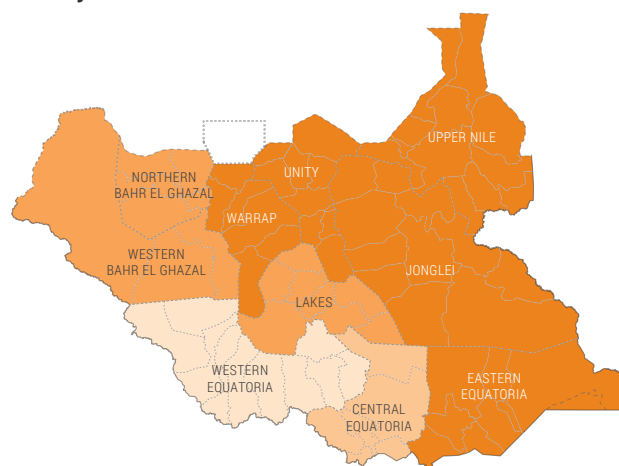
# Context of the crisis

## Poverty levels in South Sudan over the past decade

Poverty headcount in 2009



Poverty headcount in 2016



Source: South Sudan High Frequency Survey by World Bank and National Bureau of Statistics

### Demographic



#### Human Development Index

South Sudan ranks 185 out of 188 countries in the Human Development Index<sup>1</sup>



#### Poverty line

4 out of 5 people living under the international poverty line in 2016<sup>2</sup>



#### Early marriage

An estimated half of South Sudanese girls get married before the age of 18<sup>3</sup>

### Socio-cultural



#### Life expectancy

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



#### Youth population

An estimated 57 per cent of South Sudanese in-country are under 18 years old<sup>5</sup>



#### Under-five mortality rate

One of the highest under-five mortality rates (90.7 deaths per 1,000 live births) in the world<sup>6</sup>

Sources: 1. [Human Development Report 2020](#), UNDP 2. [Informing Durable Solutions for Internal Displacement in Nigeria, Somalia, South Sudan, and Sudan](#), World Bank 3. UNICEF press release <https://uni.cf/3sldk4g> 4. World Bank. 2020. South Sudan Economic Update, February 2020 : [Poverty and Vulnerability in a Fragile Environment](#) 5 World Bank. 2020. South Sudan Economic Update, February 2020 : [Poverty and Vulnerability in a Fragile Environment](#) 6. United Nations Inter-agency Group for Child Mortality Estimation, 2019.



## Economic



### GDP per capita

South Sudan's GDP per capita dropped from \$1,111 in 2014 to less than \$200 in 2017<sup>7</sup>



### Rising inflation rates

The year-on-year inflation rate stood at 40 per cent in March 2020<sup>8</sup>



### Food basket cost

The cost of a standard food basket has increased by 42% in 2020<sup>9</sup>

## Basic services



### Access to health services

South Sudan has only one physician for every 65,574 person in the country<sup>10</sup>



### Access to safe water

Only 35 per cent of people have access to safe water<sup>11</sup>



### Access to education

An estimated 2.4 million children were out of school in 2020<sup>12</sup>

## Infrastructure



### Access to electricity

Only 28 per cent of people in South Sudan have access to electricity<sup>13</sup>



### Phone ownership

Only 34 per cent of females own a phone, compared to 56 per cent of males<sup>14</sup>



### Road access

More than 60 per cent of roads become impassable during the rainy season<sup>15</sup>

## Security



### Sub-national violence

300 per cent increase in sub-national violence incidents Jan-Jun 2020 compared to 2019<sup>16</sup>



### Human rights incidents

There were 1,080 human rights incidents documented from Jan-Oct 2020<sup>17</sup>



### Civilian casualties

At least 2,100 civilians have been killed in South Sudan since from Jan-Oct 2020<sup>18</sup>

Sources: 7. [GDP Per Capita](#), South Sudan Overview, World Bank, October 2020 8. [Rising inflation rates](#), United Nations South Sudan, COVID-19 Socio- Economic Response Plan 9. Food basket cost, WFP 10. [Access to health service](#), WHO 11. [Access to safe water](#), WASH Briefing Note, UNICEF, July-September 2020 12. [Access to education](#), UNESCO Institute for Statistics, 2019 13. [Access to electricity](#), World Bank, Sustainable Energy for All (SE4ALL) database 14. [Phone ownership](#), Mobile Money Research in South Sudan, World Bank, June 2019 15. [Road access](#), South Sudan: Logistics Cluster - Concept of Operations, August 2020 16. [Sub-national violence](#), UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 17. Human rights incidents UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 18. UNMISS Human Rights Division, contribution to 2021 HNO in November 2020, unpublished.

# People Targeted

Total population

**12.1M**

People in Need

**8.3M**

People targeted

**6.6M**



Women targeted  
**24%**

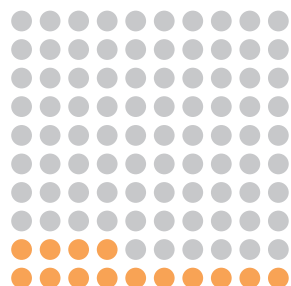
Men targeted  
**22%**

Girls targeted  
**27%**

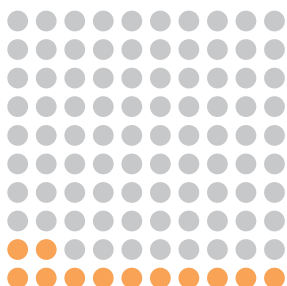
Boys targeted  
**27%**


People targeted by sector out of total people targeted

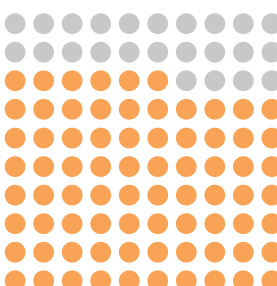
 **Camp Coordination and Camp Management**



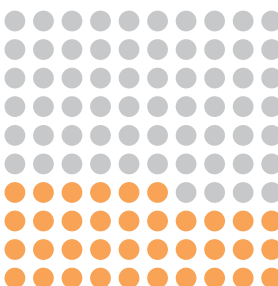
 **Education**



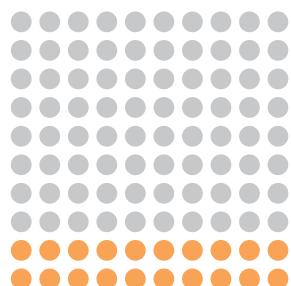
 **Food Security and Livelihoods**



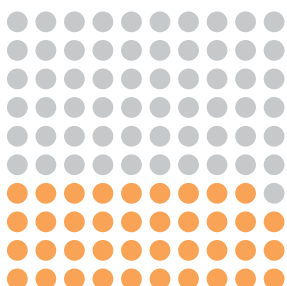
 **Health**



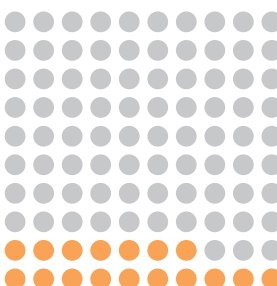
 **Nutrition**




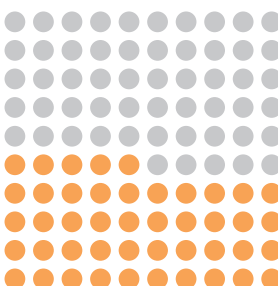
 **Protection**



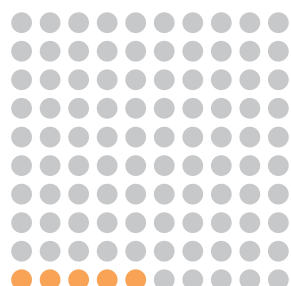
 **Shelter and Non-Food Items**



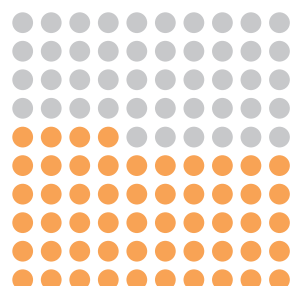
 **Water, Sanitation and Hygiene**



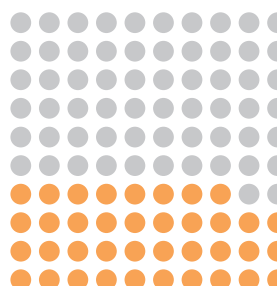
 **Refugee Response**



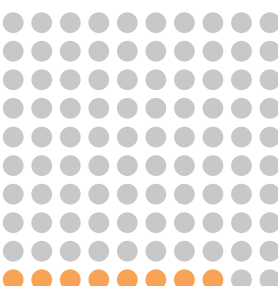
People targeted by age



**Children 0-17 years**



**Adults 18-60 years**



**Elderly 60+ years**



# Key Figures

## Response by Sex







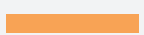















SEX	PEOPLE IN NEED	PEOPLE TARGETED	% TARGETED
Boys	2.1M	1.8M	86%
Girls	2.2M	1.8M	82%
Men	1.8M	1.5M	83%
Women	1.9M	1.6M	84%

## Response by Age and Disability

AGE	PEOPLE IN NEED	PEOPLE TARGETED	% TARGETED
Children	4.3M	3.6M	84%
Adults	3.1M	2.5M	81%
Elderly	600k	500k	83%
With disability <sup>7</sup>	1.2M	992k	83%

## Partners by Type

TYPE	NO.
NNGOs	115
INGOs	70
UN	10
Total	195

SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Camp Coordination and Camp Management	\$18M 	7	7	1.6M	900k	
Coordination and Common Services	\$20M 	6	8	305 org	305 org	
Education	\$54M 	34	35	3.4M	806k	
Food Security and Livelihoods	\$644M 	91	91	7.7M	5.7M	
Health	\$124M 	64	64	5.2M	2.4M	
Logistics	\$89M 	2	4	320 org	320 org	
Nutrition	\$205M 	41	41	1.9M	1.3M	
Protection	\$99M 	78	109	5.0M	2.6M	
Shelter and NFIs	\$33M 	25	26	2.4M	1.1M	
Water, Sanitation and Hygiene	\$119M 	67	69	5.9M	3.0M	
Refugee Response	\$274M* 	22	6	304K	304K	

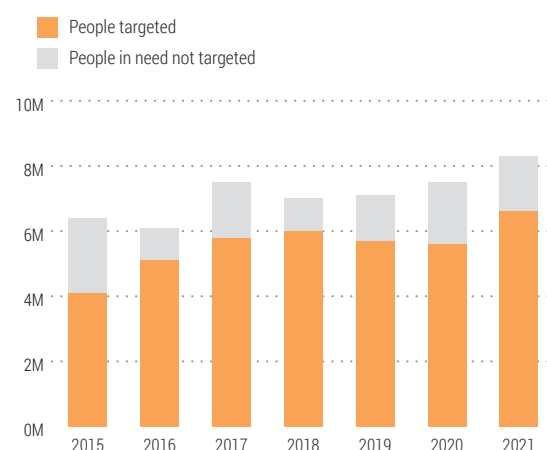
\* In 2021, the Refugee Response Plan includes costs associated with food and nutrition support, amounting to \$109 million. All remaining multi-sector assistance, including protection, health, education, logistics and infrastructure support, amounts to approximately \$165 million.

# Historic Trends

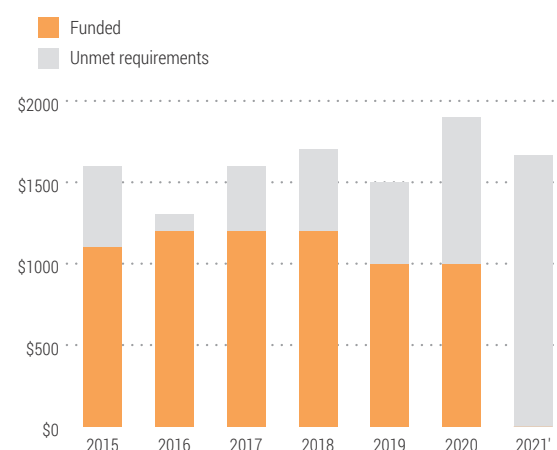
## Response since the start of the crisis

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

### NUMBER OF PEOPLE IN NEED VS TARGETED



### FINANCIAL REQUIREMENTS (US\$)



## Response in 2020

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED	FINANCIAL REQUIREMENTS (US\$)
Camp Coordination & Camp Management	1.92M	804K		571K	71%	\$18.2M
Education	2.81M	806K		331K	41%	\$56.8M
Food Security & Livelihoods	6.45M	6.90M		5.03M	73%	\$817M
Health	3.60M	2.15M		3.32M	100%	\$214M
Nutrition	1.81M	1.31M		1.09M	84%	\$230M
Protection	5.74M	3.22M		1.41M	44%	\$96.5M
Shelter & NFIs	1.98M	1.21M		1.02M	84%	\$39.6M
Water Sanitation & Hygiene	5.71M	3.00M		2.06M	69%	\$170M



# Timeline of Response Events in 2020



**JANUARY 2020**

## Food insecurity

Humanitarian organizations scaled up their response for food insecure people in parts of Jonglei, Northern Bahr el Ghazal and Upper Nile.



**FEBRUARY 2020**

## Sub-national violence

An upsurge in violence severely impacted humanitarian operations in Jonglei. Assessments were hindered and aid workers were relocated.



**MARCH 2020**

## Pooled fund allocations

SSHF launched a \$35-million standard allocation for frontline activities under the 2020 HRP. CERF allocated \$17 million for food security and protection activities.



**APRIL 2020**

## Reduced footprint

The humanitarian footprint reduced considerably across the country in the months after COVID-19 was confirmed in South Sudan in early April.



**MAY 2020**

## COVID-19 response

SSHF launched a reserve allocation of \$5 million to procure 70 tons of personal protective equipment to protect frontline health workers responding to COVID-19.



**JUNE 2020**

## COVID-19 Addendum to the HRP

The COVID-19 Addendum to the HRP, including the National COVID-19 Response Plan, brought the overall humanitarian appeal for 2020 to \$1.9 billion.



**JULY 2020**

## Conflict displacement

Humanitarian organizations responded to the needs of more than 100,000 people displaced by sub-national violence in Jonglei and the Greater Pibor Administrative Area.



**AUGUST 2020**

## Flood response

A three-phased response approach was launched to meet the needs of close to half a million flood-affected people in low-lying areas along the Nile River.



**SEPTEMBER 2020**

## PoC site transition

Bor was the first Protection of Civilians (PoC) site to transition into an IDP camp in 2020. Wau and Juba sites followed in October and November. Bentiu and Malakal PoC sites remain pending.



**OCTOBER 2020**

## Flood response funding

CERF and SSHF released a total of \$20 million to provide life-saving assistance to 360,000 most vulnerable people affected by widespread flooding since July.



**NOVEMBER 2020**

## Aid worker security

Two aid workers were killed within days while providing humanitarian assistance in Jonglei, bringing the total number of aid workers killed in 2020 to nine.



**DECEMBER 2020**

## Scale up in food insecure areas

The humanitarian community scaled up assistance to save lives and avert collapse of livelihoods in six counties in response to the latest food security analysis.



A member of an health outreach team provides assistance to flood-affected people in Verteth, 2020.  
Photo: UNICEF/Helene Sandbu Ryeng





# Strategic Response Priorities and Response Approach

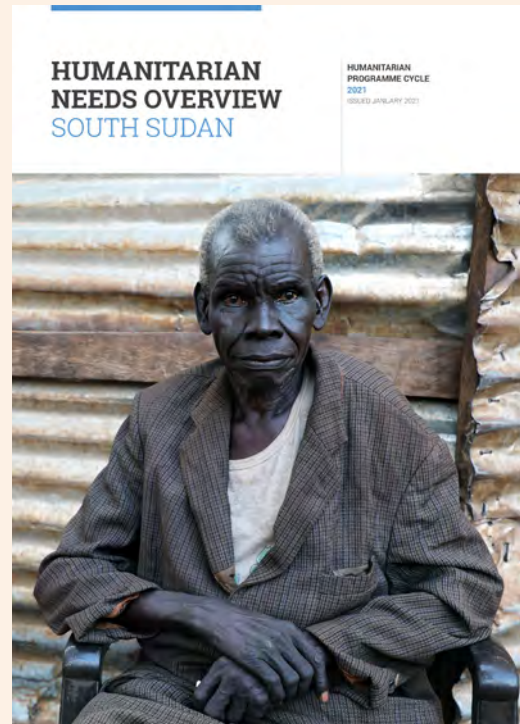
## Humanitarian conditions and underlying factors targeted for response

People's physical and mental wellbeing, living standards and coping mechanisms are expected to further deteriorate in 2021 due to continued conflict and violence, macroeconomic pressures, climate change and the COVID-19 pandemic. New displacements and possible sudden returns will put additional pressure on the already limited basic services and on communities' coping mechanisms. The increasing number of people in need is largely driven by the rising food insecurity, compared to 2020. People's access to essential services, including health care, education, water and sanitation, as well as protection and legal services, remains limited and much of the service infrastructure was damaged, destroyed or closed in 2020.

## Response scope and priority areas

In 2021, the humanitarian community will target 6.3 million out of the 8.3 million people identified in need of humanitarian assistance, including some 300,000 refugees in South Sudan. The response approach will be flexible, agile and adaptive to deliver assistance and provide protection to people in need, in a highly dynamic and resource-constrained environment.

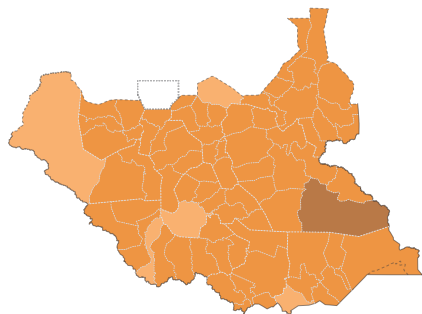
The inter-sectoral severity analysis presented in the 2020 HNO concluded with Pibor County in severity level 5 (catastrophic need), 72 counties in severity level 4 (extreme need) and 5 counties in severity level 3 (severe need). To facilitate a more targeted response and allocation of limited resources among the vast majority of counties in extreme need, the Information Management Working Group (IMWG) facilitated an intersectoral prioritization exercise. The prioritization considered the main drivers of need and the proportion of people in need out of the total population in each area, among other factors. The exercise concluded with a three-tier prioritization among the counties in extreme need, including 23 counties identified as high priority, as presented in the map below. The clusters considered the intersectoral prioritization exercise in their sectoral targeting, alongside other factors. Each cluster's targeting methodology is explained under their response strategies in Part 3.



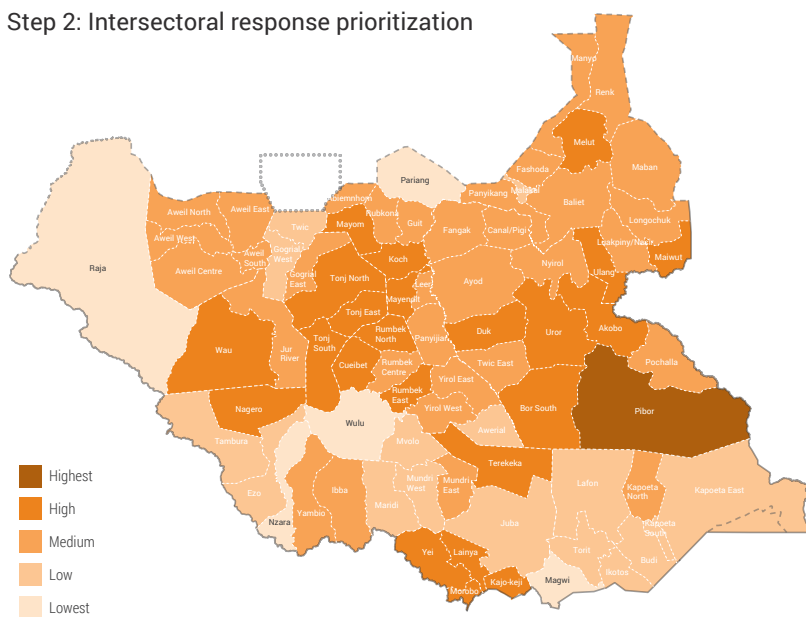
Read more about humanitarian needs and drivers in the [South Sudan 2021 Humanitarian Needs Overview](#)

## Targeting process

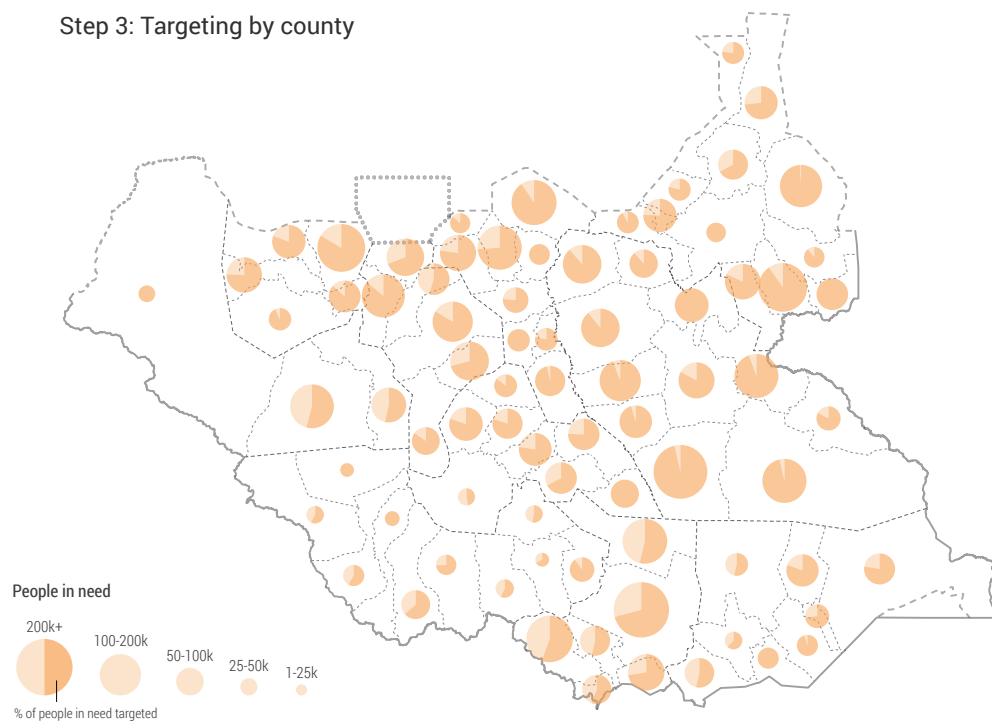
### Step 1: Severity of needs analysis



### Step 2: Intersectoral response prioritization



### Step 3: Targeting by county



## Response modalities

Humanitarian assistance will be delivered through both static and mobile response modalities, depending on where the most vulnerable people and responding organizations are. Integrated Rapid Response Missions (IRRM) and Emergency Response Teams (ERT) will deliver rapid, multi-sectoral assistance to communities in hard-to-reach locations. To facilitate faster and more effective provision of shelter and non-food items to newly-displaced and recently returned people, mobile partners will be deployed to displacement scenes and areas of return. Food assistance and other supplies will be delivered by roads and rivers, when possible, reducing reliance on costly air drops.

The response will be complemented by three humanitarian hubs in Pibor, Kajo-keji and Leer, and three hubs in Kodok, Mandeng and Jiech, which will be operationalized by the end of 2021. The hubs aim to expand humanitarian access, improve communication with communities and local authorities, speed up rapid need assessments, tailor response to needs of affected people, and provide space and support to development partners for the implementation of early recovery and resilience activities, where feasible.

The response will encompass an integrated multi-sectoral approach to achieve maximum impact of interventions. Food Security and Livelihoods (FSL), Health, Nutrition and Water, Sanitation and Hygiene (WASH) clusters have developed a common integrated plan which focuses on priority IPC Phase 4 classified counties. This includes a minimum package for integration, established in 2018, which is supported through advocacy with sub-national partners. Through a high-level agreement between the agencies managing the nutrition and food security core pipelines (UNICEF and WFP), the two clusters are geographically converging in priority areas. They are also collaborating with the livelihoods pipeline manager (FAO). The FSL Cluster through vulnerability targeting will deliver emergency food, livelihood and livestock support to vulnerable households in the catchment areas of health, nutrition, education and community WASH facilities.

## Humanitarian-development-peace nexus

A stable and secure environment remains a necessary condition for both humanitarian and development operations and delivery. As such, the United Nations Country Team (UNCT) and Humanitarian Country Team (HCT) will continue to advocate for the implementation of the revitalized peace agreement and access to all populations to ensure that no one is left behind. This will include continued engagement with the Government, the Intergovernmental Authority on Development (IGAD), the Reconstituted Joint Monitoring and Evaluation Commission (R-JMEC) and United Nations Mission in South Sudan (UNMISS) on peacebuilding and governance aspects to build synergies. (For more details on integrated and coordinated humanitarian delivery in South Sudan, please refer to the Annex.)

HRP partners will continue to promote working across the humanitarian-development-peace nexus to address the impacts of the protracted conflict and climate crisis on communities and offer solutions to vulnerable people. This includes facilitating integrated collective outcomes in the 2019-2021 United Nations Cooperation Framework (UNCF) and the 2021 HRP focusing on reducing food insecurity by building assets for resilience and on improving access to GBV protection and prevention services. The Partnership for Recovery and Resilience is another example of the nexus approach of harnessing synergies and collaboration among the peace, humanitarian and development actors in South Sudan. These are reflected in a continued commitment to conflict sensitivity that seeks to mitigate risks of driving conflict and seizes opportunities for humanitarian programming and operations to make strengthened contributions to peace.

A woman leaves a health centre in the Greater Pibor Administrative Area, March 2021.  
Photo: OCHA/Emmi Antinoja







## Strategic Objective 1

S01

# Reduce morbidity and mortality, protection threats and incidents for the most vulnerable populations in severity levels 4 and 5

PEOPLE TARGETED\*

6.5M

FEMALE

50%

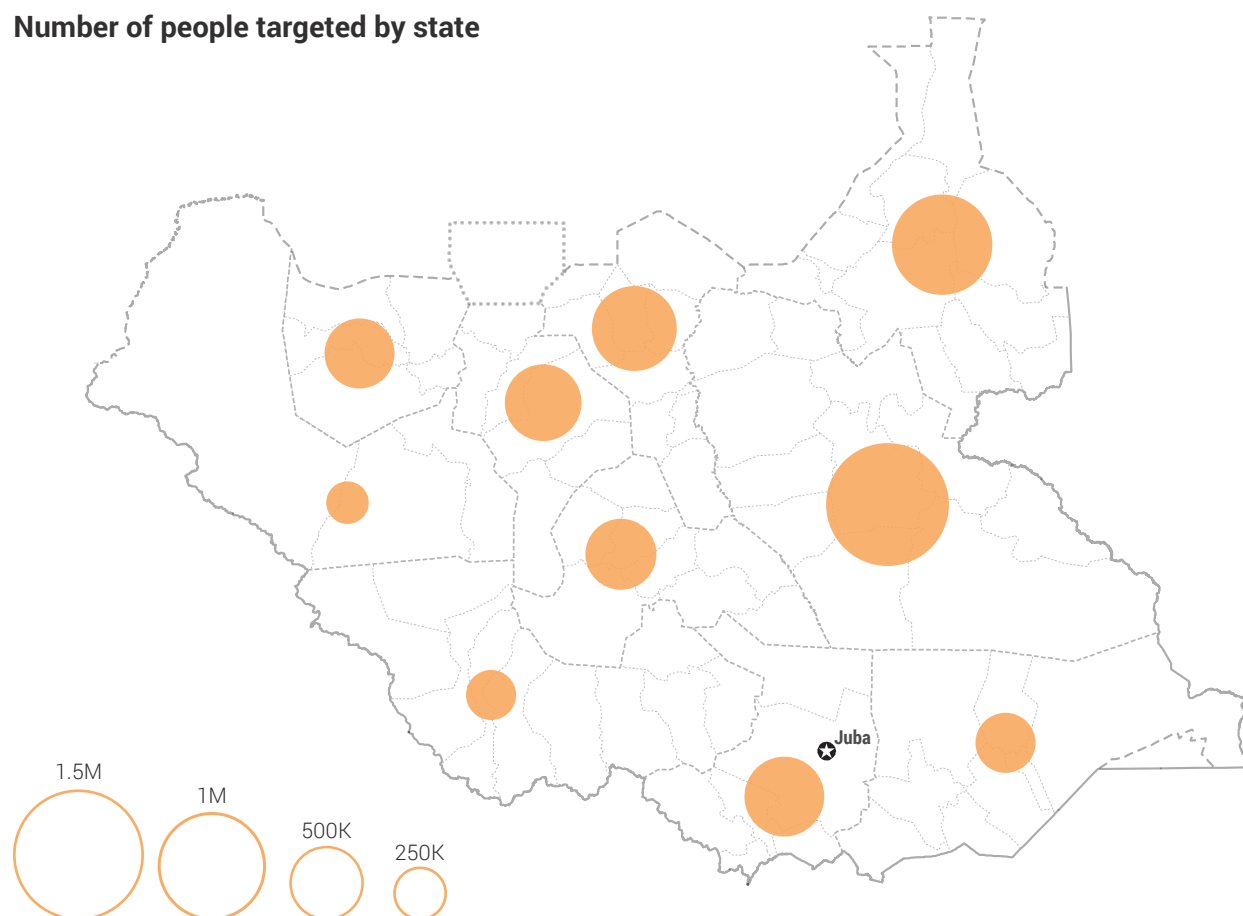
CHILDREN

53%

WITH DISABILITY

15%

## Number of people targeted by state




## Drivers of needs

 Insecurity, sub-national violence, conflict

 Economic crisis, rise in commodity prices

 Climate change, flooding

 Disease outbreaks, effects of COVID-19 pandemic

## Humanitarian conditions

Physical and mental well-being  
Living standards

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

## Rationale and intended outcome

Strategic Objective 1 includes responses that are time-critical, and that prioritize life-saving assistance to address people's physical and mental well-being. Joint needs assessments and analysis of data will guide strategic response planning for effective, coordinated and principled humanitarian aid delivery to the most vulnerable people. In addition, rapid multi-sectoral assessments will be coordinated for emergency situations and new crises.

Humanitarian assistance will focus on reducing critical food insecurity levels of 2.85 million people in IPC Phases 4 and 5; implementing essential life-saving basic primary health care services targeting the most vulnerable; and carrying out outbreak detection, investigation and response for epidemic-prone diseases. An estimated 1.3 million people will be targeted for treatment of acute malnutrition. Efforts to reduce suffering, morbidity and mortality related to malnutrition among vulnerable populations will include increasing equitable access and utilization of quality preventative and curative nutrition-specific services for children and women in prioritized locations. An integration of WASH response with nutrition, food security and health aim to reduce the burden of WASH-related diseases as aggravating factors for malnutrition in locations presenting an extreme WASH vulnerability and high prevalence of

malnutrition. Services provided will break the transmission cycle of main communicable diseases such as diarrhoea, thus, improving food intake of malnourished children and contributing to the sustainability of health and nutrition objectives. Response will also include expansion of mental health and psychosocial support, strengthening case management and support to survivors of GBV and improving equitable access to safe and protective education services. Newly displaced people will be supported with improved access to safe and appropriate emergency shelter and life-saving non-food items. Camp coordination and camp management response will ensure that physical space and layout of the site reflects the needs of populations. This will allow for protection mainstreaming and ensure adequate site infrastructure development including site care and maintenance and environmental protection within the humanitarian response activities in the sites. Observational monitoring and safety audits will be conducted to facilitate site planning or infrastructure/safety upgrades/care and maintenance to ensure that populations at the site live in a dignified environment that is safe and secure, minimizing exposure to harm or violence.

## Specific objectives and people targeted

#	SPECIFIC OBJECTIVE	TARGETED
1.1	Reduce critical food insecurity levels for 2.58 million people across all 78 counties projected to be in IPC phase 4 and 5 at the height of the 2021 lean season (from the November 2020 baseline)	2.6M
1.2	Decrease in prevalence of global acute malnutrition among children under the age of 5 years and pregnant and lactating women in counties below [percentage] by the end of the year	TBD
1.3	Decrease excess morbidity and mortality rates from illnesses, such as malaria, diarrhoea, acute respiratory infections, and vaccine preventable illnesses, such as measles, among [number] [target population] by [percentage] by the end of the year	TBD
1.4	Provide access to life-saving essential healthcare, including mental health to women, men, girls and boys, including ability-challenged persons	120K
1.5	Reduce vulnerability of people at risk of mortality and morbidity as well as protection incidents/threats in priority areas through protection monitoring, advocacy, awareness-raising and risk mitigation, including explosive ordnance clearance	TBD

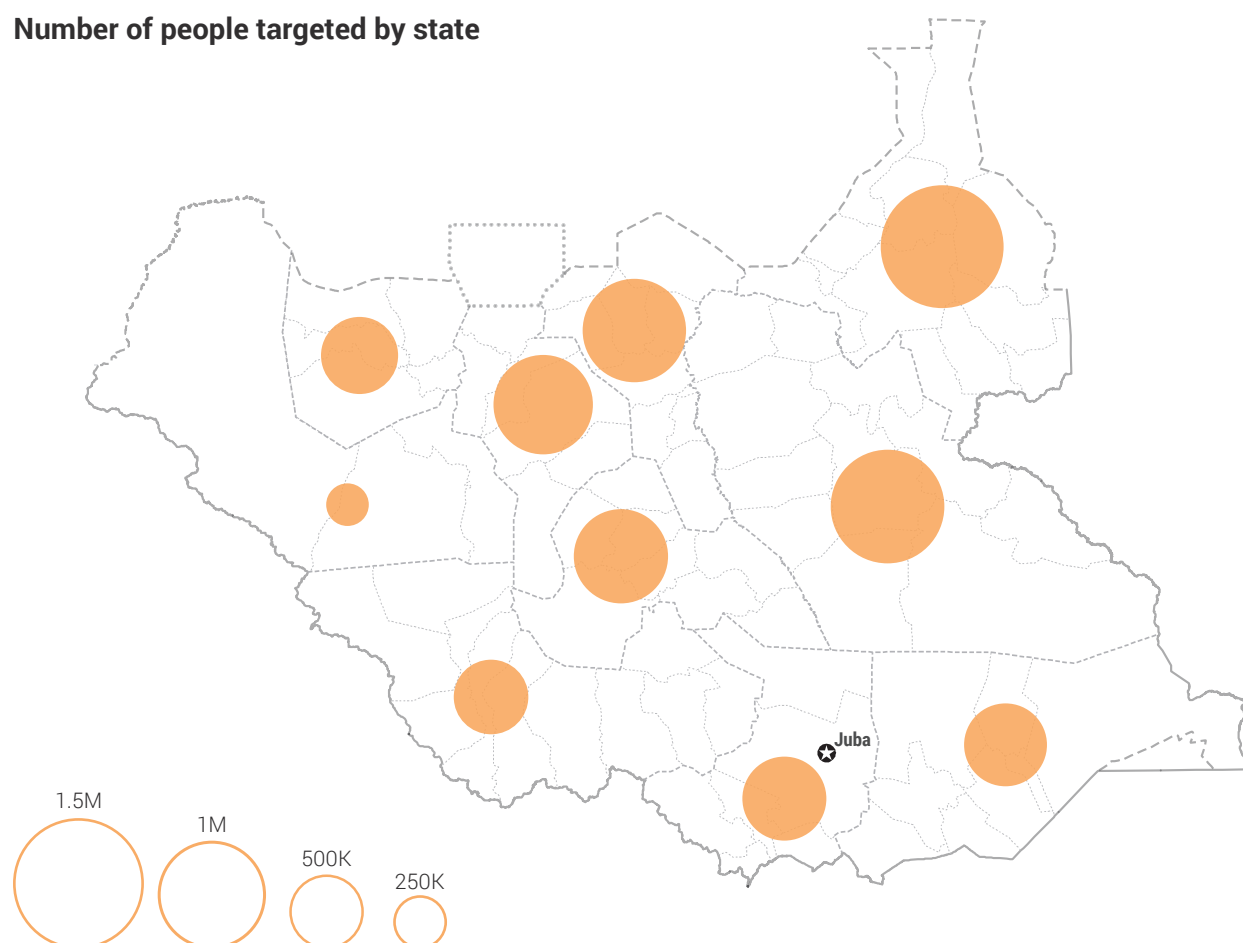
## Strategic Objective 2

S02

**Ensure safe, equitable and dignified access to critical cross sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and 5**

PEOPLE TARGETED*	FEMALE	CHILDREN	WITH DISABILITY
<b>6.3M</b>	<b>50%</b>	<b>53%</b>	<b>15%</b>

### Number of people targeted by state



### Drivers of needs

Insecurity, sub-national violence, conflict	Economic crisis, rise in commodity prices	Climate change, flooding	Disease outbreaks, effects of COVID-19 pandemic

### Humanitarian conditions

Physical and mental well-being  
Living standards

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

## Rationale and intended outcome

The strategic objective will focus on facilitating access to cross-sectoral basic services that include an expansion of essential basic primary health care services to include reproductive health delivery services; integration of response for severe acute malnutrition and epidemic-prone communicable diseases to contribute to the overall reduction of the high maternal mortality rates and under-five mortality rates in women and children. WASH activities will be undertaken to immediately restore access to basic WASH services following flooding or other crises. Coordination of humanitarian partners and assistance in PoC sites, displacement camps and camp-like settings

as well as establishment or enhancement of coordination mechanisms outside of camps will be carried out to ensure non-duplication of assistance, equitable access to services, action on gaps, and effective referral pathways including, where feasible, for the host community. Response will also seek to improve the quality of education services at all levels of the education system and protect the well-being of children and teachers' capacity to deliver quality teaching services while also preventing and reducing the negative impact of COVID-19 on the learning environment.

## Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
2.1	Provision of regular access to quality basic, gender-responsive, ability-challenged accessible services, including water, sanitation and hygiene, nutrition, education and health, including sexual and reproductive health, is extended to [number] of women, men, girls and boys by the end of the year	5.6M
2.2	Provision of shelter and non-food items for displaced people in situations of emergency and transition, in an ability-challenged accessible, gender-responsive manner	TBD
2.3	Improve living and protection conditions for xx highly vulnerable IDPs, returnees, host communities/ affected non-displaced populations through enhanced and gender-responsive management of sites	TBD
2.4	Reduce the suffering of girls, boys, women, men, older persons, persons with disabilities, and other persons with specific needs at risk of, or who experienced violence, abuse, exploitation and neglect, including gender-based violence, through the provision of specialized protection and multi-sectoral services	TBD
2.5	Population groups targeted to receive assistance are consulted throughout and actively participate in the entire cycle of the response	5M



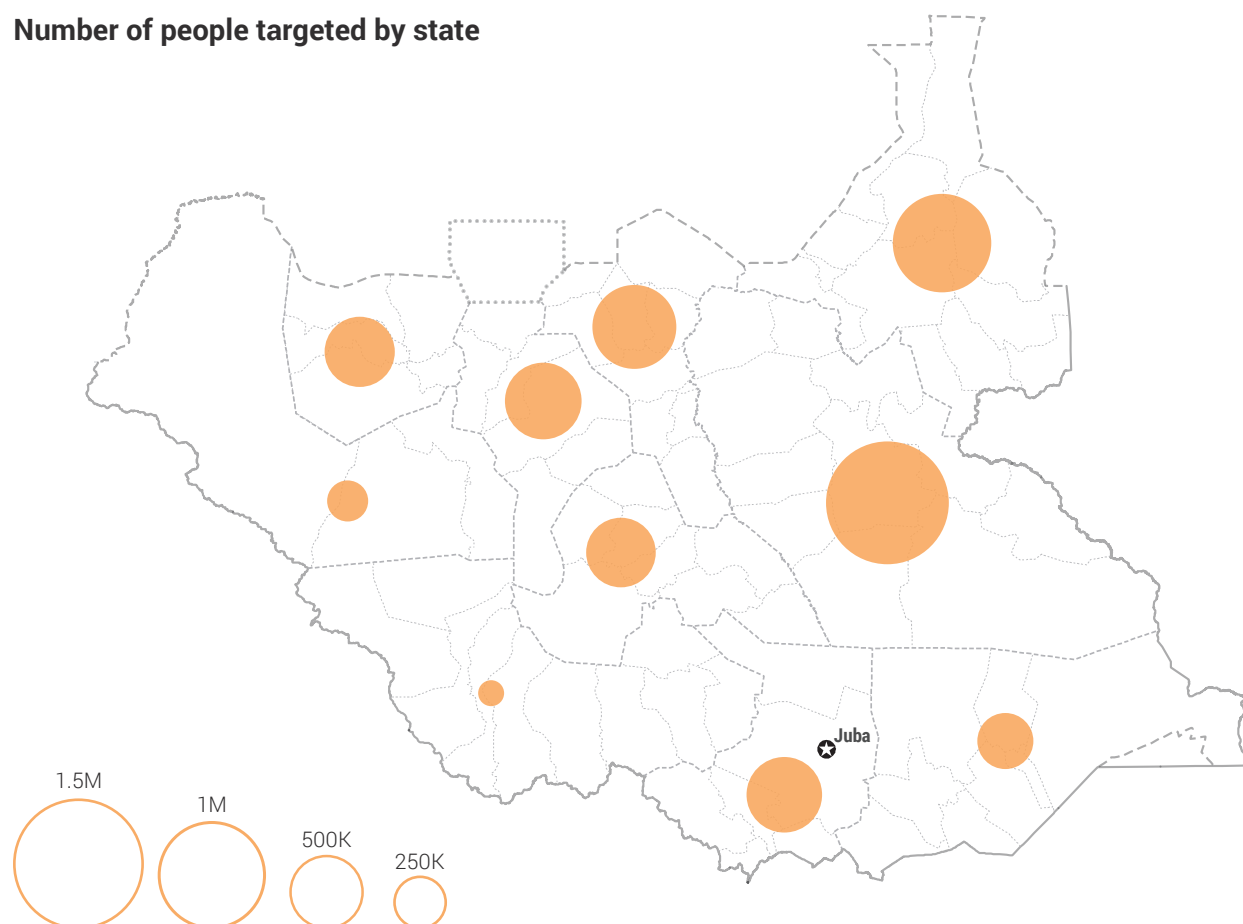
## Strategic Objective 3

S03

**Enable vulnerable people to recover from crisis, seek solutions to displacement in respect of their rights, and build resilience to shocks and stresses**

PEOPLE TARGETED*	FEMALE	CHILDREN	WITH DISABILITY
<b>6.0M</b>	<b>51%</b>	<b>53%</b>	<b>15%</b>

### Number of people targeted by state



### Drivers of needs

-  Insecurity, sub-national violence, conflict
-  Economic crisis, rise in commodity prices
-  Climate change, flooding
-  Disease outbreaks, effects of COVID-19 pandemic
-  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

#### Coping mechanisms

## Rationale and intended outcome

Under Strategic Objective 3, the response will look at providing evidence-based solutions through several activities such as awareness and information-sharing relating to conditions of return, informed by intention surveys. Humanitarian partners will also implement activities aimed at creating a conducive environment for returns which include responses to facilitate access and equal rights to Housing, Land and Property (HLP) and identify legal and/or community-based solutions to resolve HLP issues.

Focus will also include support for reduced dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks. Strengthening the education's system response capacity of the school

community and education actors will be needed to mitigate the impact of the current humanitarian crisis and COVID-19 transmission amongst learners, teachers and communities. Community-appropriate and self-supported solutions such as shelter reconstruction will be facilitated to build on the coping mechanisms and resilience of the populations. In locations where community-based complaints mechanisms have been activated, community feedback will be gathered to ensure communities' active participation in informing the appropriateness of the response.

## Specific objectives and targets

#	SPECIFIC OBJECTIVE	TARGETED
3.1	Increase resilience of households across all 78 counties as measured against the August 2019 baseline	5.7M
3.2	Enhance resilience capacity of [number] [target population] in counties by the end of the year	5.7M
3.3	Facilitate conflict- and gender-sensitive access to safe housing, land, and property for people with a sufficient security of tenure and access to basic services and livelihoods	33K
3.4	Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels	TBD

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

# Planning Assumptions, Operational Capacity and Access

## Operational capacity

A total of 195 organizations (115 national non-governmental organizations (NNGOs), 70 international NGOs (INGOs) and 10 UN organizations) plan to implement projects under the 2021 HRP. In 2020, 209 HRP partners operated across the country, of which some 60 per cent were national NGOs. In 2021, the HCT has agreed to support organizations providing support to women and girls, especially women-led organizations, and those supporting people with disabilities.

Six humanitarian hubs will be operational by the end of 2021, three of which secured funding in 2020 (Kodok, Jiech and Pibor) and three which are costed in the 2021 HRP (Kajo-keji, Leer and Mandeng). These new hubs will complement 40 existing field coordination sites, providing secure environments for humanitarian workers to deliver aid more widely in hard-to-reach locations. The new humanitarian hubs also strengthen inter-cluster coordination at the local level.

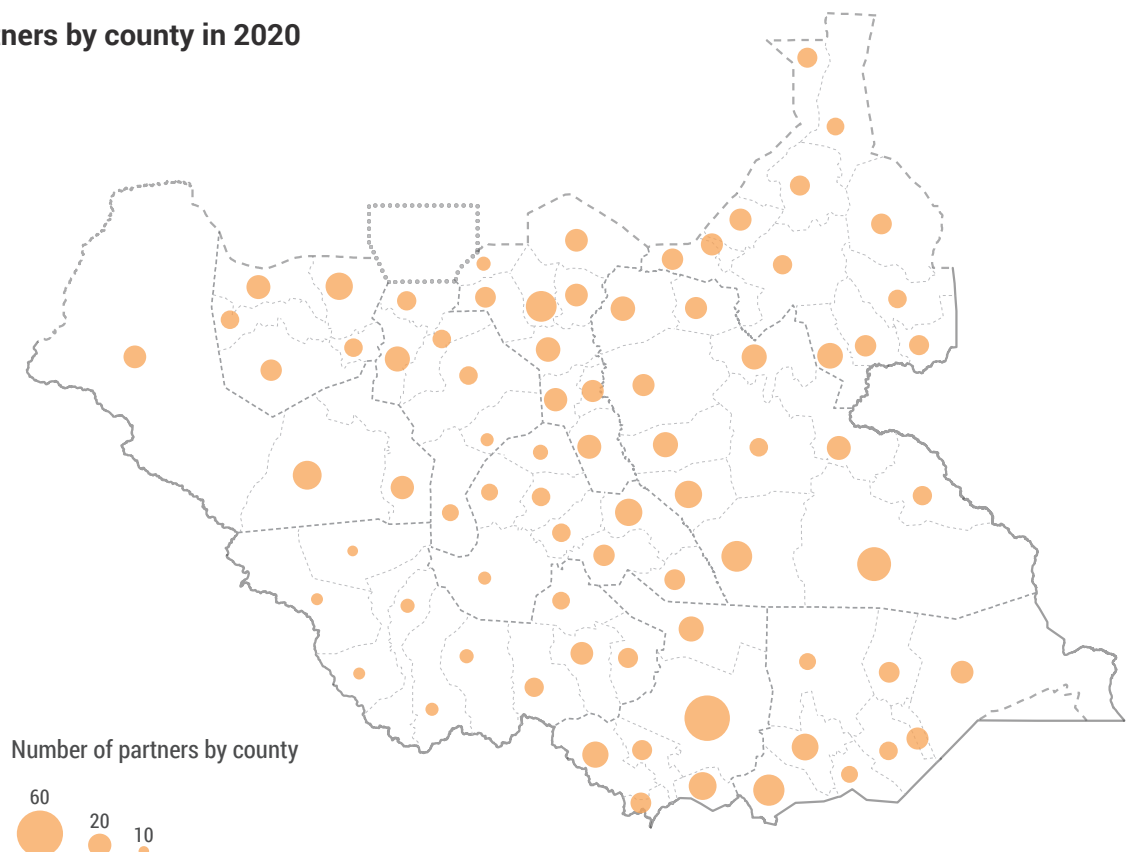
While the humanitarian operation is well-established in South Sudan, high staff turnover and new global guidance requires humanitarian organizations and clusters to

constantly evolve and strengthen internal capacities.

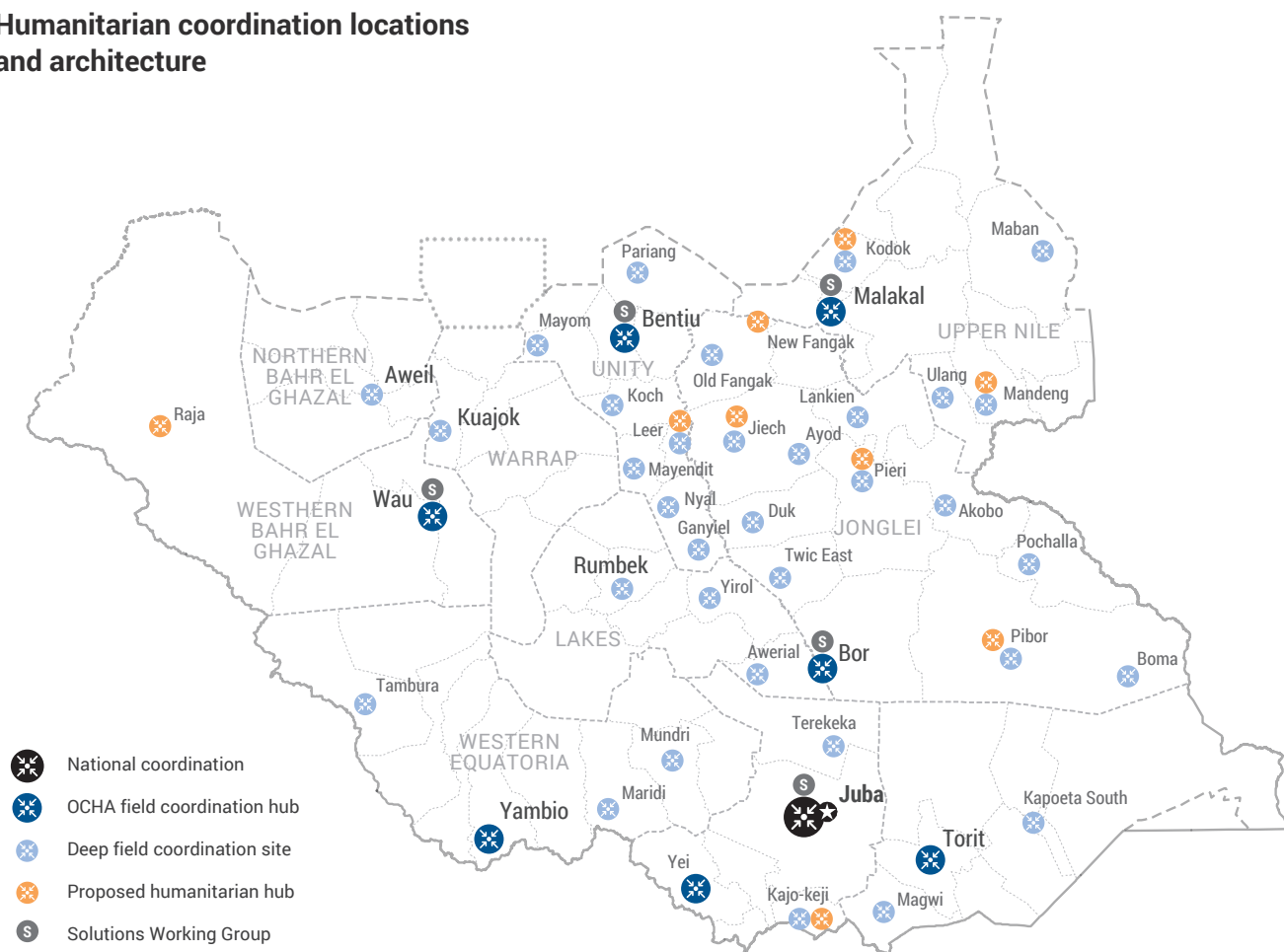
Adapting the response to the specific needs and capacities of particular groups or individuals – according to their age, gender, disability, vulnerability to particular protection concerns, or preference for particular modalities of assistance such as cash – often requires specialist knowledge and expertise. Similar capacity is needed when setting up tailored feedback and complaints mechanisms in affected communities.

The South Sudan Humanitarian Fund continued to promote the localization agenda by channelling 33 per cent of the allocated funds to national NGOs. International partners, donors and funding mechanisms will need to continue supporting and building the capacity of local partners in line with the Grand Bargain and the localization agenda. Concurrently, stronger accountability measures should be designed to ensure that people in need are supported by the humanitarian partners who provide the best standards of response, increase awareness of those accountability requirements for all stakeholders, while promoting localization through greater national NGO representation in governance and decision-making.

## Number of partners by county in 2020



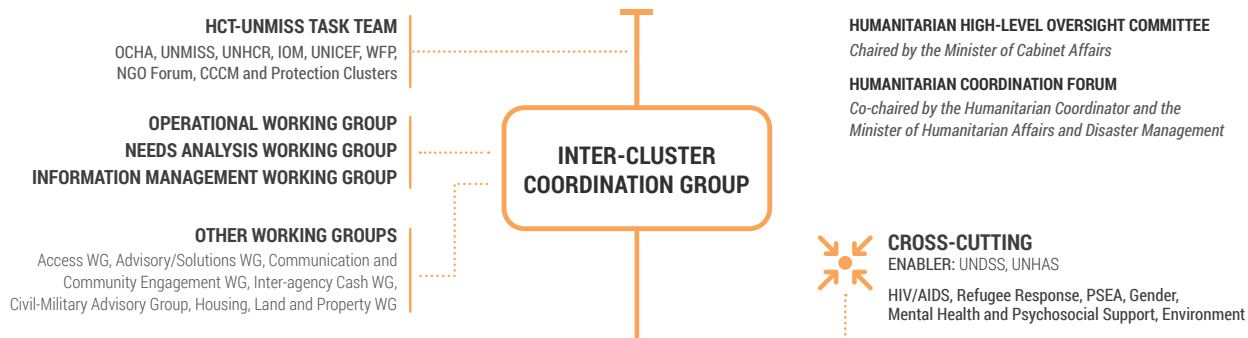
## Humanitarian coordination locations and architecture










### 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); Donors x 5 in HCT Plus



CCCM	CCS	EDUCATION	FSL	HEALTH	LOGISTICS	NUTRITION	PROTECTION	S/NFI	WASH
									
IOM, UNHCR, ACTED	NGO Forum, OCHA	UNICEF, Save the Children	WFP, FAO, SPEDP, WVI	WHO, Save the Children	WFP	UNICEF, IMC, ACF, WFP	UNHCR, NRC	IOM, WVI, ADA	UNICEF, NRC
							<div>Child Protection UNICEF, Save the Children</div> <div>Gender-Based Violence UNFPA, IRC</div> <div>Mine Action UNMAS, DRC/DDG</div>		



## Overview of humanitarian access in 2020

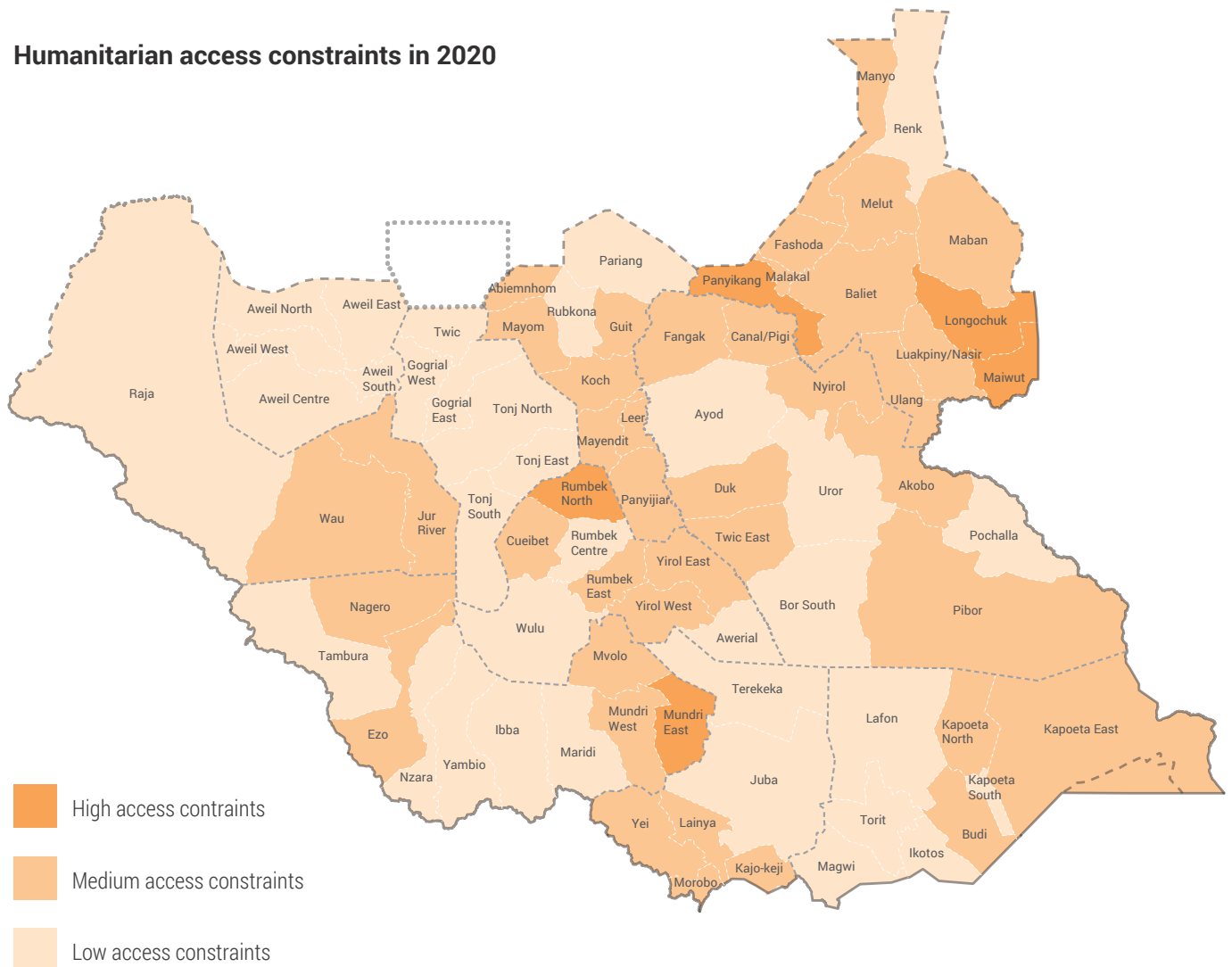
Aid organizations continue to face widespread access challenges. While humanitarian access has improved since the signing of the revitalized peace agreement in September 2018, the number of incidents recorded in 2020 rose from 2019. An increase in sub-national and localized violence, including the resumption of politicised conflict in parts of the country, impacted humanitarian operations and impeded humanitarian assistance to vulnerable people. Active hostilities in Central Equatoria between the South Sudan People's Defence Forces/Sudan People's Liberation Army in Opposition and the National Salvation Front also hindered the delivery of assistance to people in Kajo-keji, Lainya and Morobo counties.

The number of aid workers killed increased threefold from 2019 to nine and brought the number of humanitarian workers killed since 2013 to 124. Of the nine aid workers killed in 2020, eight lost their lives while delivering lifesaving assistance to people in Jonglei, and one in Lakes. Active hostilities and violence against personnel continue to impact humanitarian operations, with 245 aid workers relocated in 26 incidents from multiple locations across the country. Seventy per cent of relocations took place in Jonglei, halting essential activities for communities in need.

Bureaucratic impediments, access denials and operational interference continue. In 2020, demands by organized youth groups for local hiring, particularly in Renk and Bentiu, led to the suspension of humanitarian activities, disrupting multi-sectoral assistance and affected the delivery of humanitarian services to over 60,000 people in need. In Bentiu, threats by the youth against Equatorian staff and other nationalities disrupted activities since September, impacting services for some 97,000 people.

Local authorities reportedly exerted pressure on partners operating in Ulang to comply with locally introduced initiatives, such as land rental fees and to register for operation licenses. Partners who did not comply were threatened with expulsion and some had assets confiscated. Such local interventions are costly with time spent negotiating with the authorities and costs needed for continuation of operations. Illegal taxation and extortion, particularly at checkpoints, hampered the delivery of aid in both government and opposition-controlled areas, with demands for up to 100,000 South Sudanese Pound per vehicle, making humanitarian cargo transport costly and time consuming.

## Humanitarian access constraints in 2020



Looting and theft of humanitarian supplies from warehouses and convoys in transit significantly increased in 2020. Over half of the looting incidents were recorded in Jonglei where key humanitarian facilities and infrastructure were damaged or destroyed in Pibor and Bor South during sub-national violence, leading to a loss of over 635 metric tons of food and nutrition items. Insecurity along the major supply routes remained fluid and negatively impacted on reaching people in need. The number of ambushes reported increased, leading to the death and injury of aid workers and loss of supplies. The majority occurred in Eastern Equatoria and Lakes states.

COVID-19 related access constraints amplified pre-existing difficulties in reaching people, especially during the first half of the year. Approximately half of the COVID-19 related incidents were administrative in nature. In March, all international flights were suspended, with exceptions to limited number of cargo and internal flights. Sixty staff members from the UN, international and national NGOs from listed countries were denied access and visa issuance for new staff was suspended. In May, UNHAS flights resumed, which significantly improved the operating environment.

The already strained access environment was negatively impacted by abnormal flooding and poor road conditions. Physical access was compromised with logistical challenges and infrastructure damage. Some remote locations, particularly in Jonglei, were accessible only by air or riverine transport.

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### **Humanitarian access planning assumptions for 2021**

In 2021, humanitarian access is expected to remain challenging especially in areas under the control of parties that are non-signatories to the revitalized peace agreement; areas where county authorities have not been appointed; areas bordering Central African Republic and the Democratic Republic of the Congo where various armed groups launch cross-border violence; and areas experiencing sub-national violence. Certain humanitarian activities are likely to be disrupted due to the absence of command-and-control structures, lengthy negotiation processes involved to secure safety guarantees, and bureaucratic impediments and fees that are imposed by groups controlling the areas. Stricter COVID-19 related restrictions and quarantine requirements between Juba and the States will negatively impact response capacity.

### **Humanitarian access mitigation measures in 2021**

In support of the HCT and donors in their engagement with the Government to influence policy change and gain political will for improved access, the inter-agency Access Working Group will continue to advocate and negotiate access for all humanitarians. Additionally, OCHA will work closely with the government-led Joint Border Verification and Monitoring Mechanism in ensuring security clearances for the movement of humanitarians across South Sudan. An OCHA-led Civil Military Advisory Group will continue to map out flashpoints for conflict to share with the UNMISS peacekeeping patrols to be included in their regular patrols. In line with guidelines for the use of Military Civil Defence Assets in South Sudan, required force protection shall be sought to escort and secure humanitarian staff and supplies as last resort. An incident tracking database managed by OCHA continues to inform high-level engagement with the Government at national and state levels.

## Use of Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) has stabilized over the past four years in South Sudan. However, there are limits to its feasibility in some locations due to the official exchange rate. For example, while in-kind food assistance still dominated the FSL Cluster's response in 2020 with 73 per cent of the overall response, CVA continued to grow with 16 per cent in 2020. A mixed package of CVA and in-kind support represented the remaining 11 per cent of the cluster's response in 2020. A similar approach in FSL modalities will be maintained in 2021.

In 2021, humanitarian partners will continue to use CVA to support the lives of people affected by the crisis and contribute to their recovery and resilience. Supported by the inter-agency Cash Working Group (CWG), more than 40 organizations across Camp Coordination and Camp Management (CCCM), Shelter and Non-Food Items (S/NFI), FSL, Nutrition, Protection and WASH clusters plan to use conditional and unconditional cash grants and market-based complementary approaches in 2021, where feasible and appropriate. Multipurpose cash assistance is limited but the CWG is promoting its use.

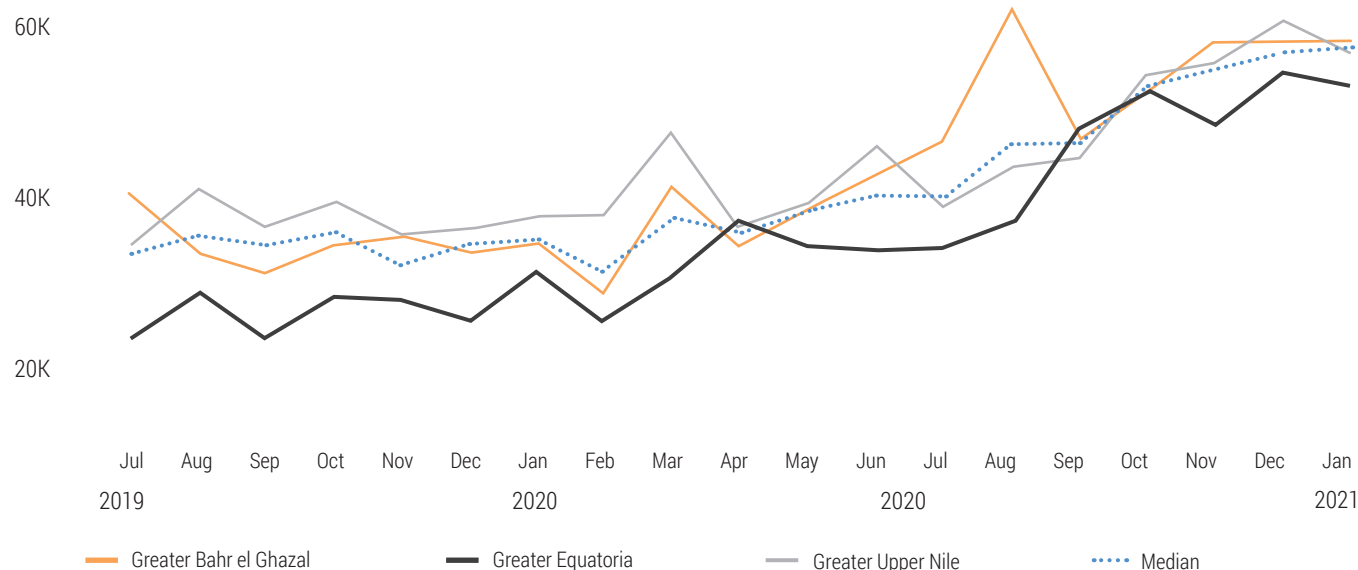
Some examples of CVA include increasing access to water and hygiene products; access to agricultural and livestock inputs and income-generating activities; and implementation of local fairs where local markets are not able to cope with the demand. CVA will also be used to

support protection case management, including for GBV and child protection. CVA and complementary market-based approaches will be used as one of the preferable modalities to assist returnees, contributing also to the recovery of local markets and economies in areas of return and increasing social cohesion between host communities and returnees. The CWG will collaborate with the National Social Protection Working Group to create effective linkages between social protection and humanitarian cash assistance and explore the use of mobile money and other electronic payment mechanisms, where feasible. Inform necessary adjustments to the cash grant transfer value in an environment of high inflation and market volatility. In 2021, organizations will advocate for a favourable exchange rate between the US dollar and the South Sudanese pound as the difference between the official and market exchange rates negatively impacts the cost-efficiency and cost-effectiveness of CVA.

A Multi-Sector Survival Minimum Expenditure Basket was developed by the CWG in 2018 to set the minimum cost needed by a household to meet their acute needs and sustain lives. It includes food costs and other considerations like medicines, transportation, grinding cost, mobile airtime, and kitchen sets. Since 2019, the cost of the basket has been updated monthly by the Joint Market Monitoring Initiative, initiated by the CWG with the support of REACH.

### Multi-Sector Survival Minimum Expenditure Basket

South Sudanese pound

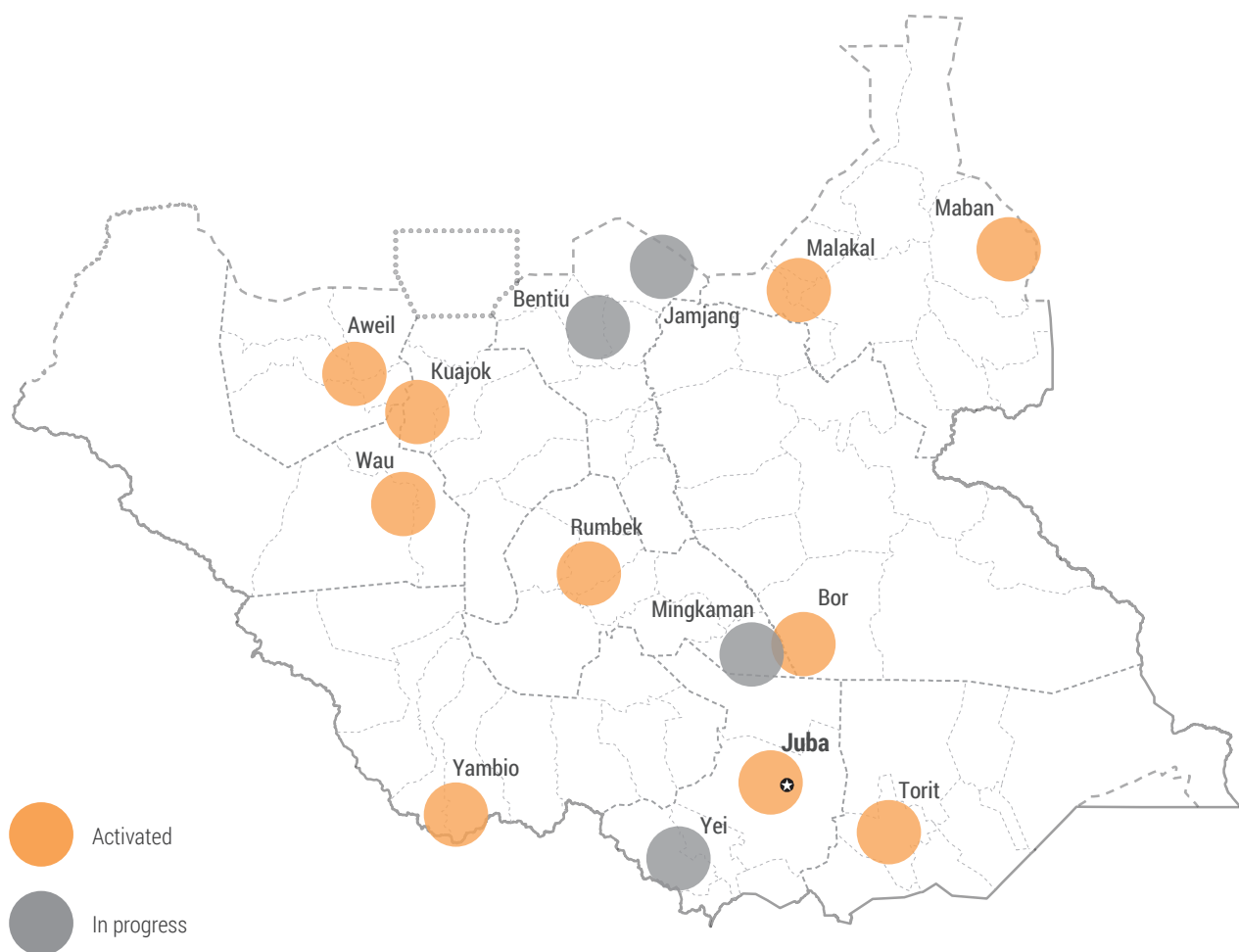


# Protection against Sexual Exploitation and Abuse

Under the leadership of the Resident Coordinator/ Humanitarian Coordinator and co-chaired by UNICEF and UNOPS, the system-wide national task force on Protection from Sexual Exploitation and Abuse (PSEA) works to ensure that measures are in place to prevent and respond to SEA in South Sudan. In 2021, the task force will focus on three core activities. First, it will conduct the first-ever joint SEA risk assessment covering all 10 states and develop a workplan based on the information collected to develop tailored workplans. Second, it will assess the functionality of the Community-Based Complaints Mechanism (CBCM) established in 2019 to inform adjustments based on communities' preferences. Third, the task force with the support of the Communication and Community

Engagement (CCE) Working Group will focus on undertaking increased awareness sessions on PSEA and disseminating Information, Education and Communication (IEC) materials in communities. IEC materials have been visualized and translated into several languages. SEA key messages and a dedicated song have been recorded to be shared on the radio. New materials will be developed based on consultations with affected communities.

## Community-based complaints mechanism locations and progress status





## Accountability to Affected Populations

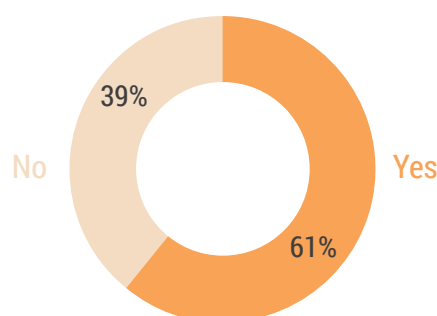
Accountability to affected populations (AAP) will be mainstreamed across the 2021 Humanitarian Programme Cycle. This will be informed by research conducted in 2020 on people's satisfaction with humanitarian assistance, information-sharing preferences, and attitudes towards existing complaint and feedback mechanisms.<sup>8</sup> Lack of awareness or use of available feedback and complaint mechanisms were reported by key informants in more than a third of nearly 2,000 hard-to-reach settlements assessed across all 10 states in September 2020.<sup>9</sup> In approximately half of the settlements where complaints or suggestions had been submitted by someone, limited responses by humanitarian agencies to complaints or suggestions and dissatisfaction with responses received, were reported. While the most commonly reported preferred communication channel for providing feedback was through a local leader or chief, community members felt that only community leaders were able to communicate feedback to humanitarians, expressing a desire for more direct communication channels to be made available to the wider community.<sup>10</sup>

The Communication and Community Engagement (CCE) Working Group will continue to serve as a forum for clusters to review their work on AAP, particularly in establishing effective complaint and feedback mechanisms. With support and technical guidance from the working group, clusters will further their community engagement efforts through trainings in critical areas of community engagement and the integration of best practices into existing programming, in addition to promoting AAP perception indicators are built into the HRP monitoring framework to allow clusters to monitor their progress across geographic areas and demographic groups, track their community engagement at cluster and inter-cluster levels and garner key lessons.<sup>11</sup>

The CCCM and S/NFI clusters employ a variety of methods to work with and consult displaced people, collect their complaints in camp-like settings and close feedback loops. These include biannual satisfaction surveys, focus group discussions, call-in radio shows, community town halls, and standing meetings with governance committees, including the elected leadership and women's committees, disability committees and youth forums.

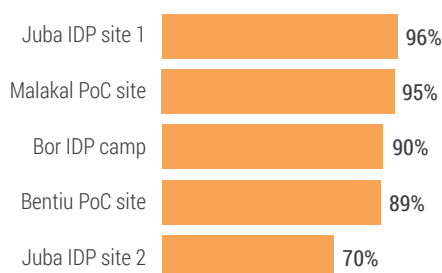
Humanitarian organizations will work closely with displaced and host communities, local governments, development partners and UNMISS to support the transition from the Protection of Civilians sites to IDP camps. Communication with displaced people will inform the support offered to them to promote peaceful coexistence between communities and durable solutions to people's displacement.

### Proportion of assessed settlements reporting that most people were satisfied with the assistance



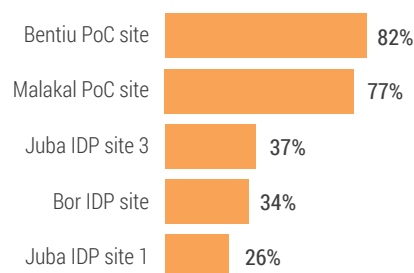
*Asked to KIs from assessed settlements reporting having received assistance in the 6 months prior to data collection*

### Displaced people's awareness of a complaint mechanism



*Source: CCCM satisfaction surveys, 2020*

### Among displaced people reporting complaints, the issue was resolved



*Source: CCCM satisfaction surveys, 2020*

## Costing Methodology

After extensive consultations on different costing methodologies to calculate the financial requirements of the HRP, the HCT agreed to maintain project-based costing for the 2021 plan and to further discuss in early 2021 a possible transition to activity/unit-based costing for the 2022 plan.

The financial requirements for the 2021 HRP are based on project submissions by UN organizations, national and international NGOs. Each project included in the plan was thoroughly vetted by multi-partner cluster review committees against an ICCG-agreed common score card. This process enables rigorous quality control of

the proposed activities to meet people's needs and to be fully aligned with the coordinated response efforts, and the cluster and strategic objectives. Each cluster approach was informed by the critical drivers of cost, which for 2021 include the additional costs of all efforts to mitigate and prevent the onward spread of COVID-19. Clusters presented their portfolios, including all prioritized projects and cluster envelopes, to a Peer Review Panel chaired by the Humanitarian Coordinator, after which final adjustments were made.



During the dry season, farming communities in Aweil supported by FAO with funding from USAID produce vegetables for themselves and to be sold at the local market. Photo: FAO/Mayak Akuot



## Monitoring Approach

A robust but light response monitoring framework will provide the Humanitarian Country Team with evidence to ensure a timely, efficient and fit-for-purpose response to people's humanitarian needs. Response monitoring will be undertaken along with needs monitoring to assess risks and changes in context. The Needs Analysis Working Group (NAWG) will continue to meet bi-weekly to monitor the situation in hotspot locations, based on reports from field hubs and initial rapid needs assessments. The group will also organize quarterly scenario-planning workshops to inform future planning and invite experts from development and peace sectors for joint analysis. Regular information products and analysis will be produced by OCHA to support inter-sectoral monitoring, ranging from weekly context updates to quarterly humanitarian access snapshots.

The Inter-Cluster Coordination Group (ICCG) and the IMWG will continue to monitor progress against key sector-level output indicators and feed data into the monitoring of the inter-sectoral outcome indicators. In 2021, clusters

will refine their response indicators to capture response achievements as accurately as possible, with progress to made particularly on service-based cluster activities where double-counting has hampered accurate response monitoring in the past. The ICCG and IMWG will work together to harmonize overall HRP reporting and the monitoring of certain subsets of the humanitarian operation, such as responding to seasonal flooding or scaling up in areas of high food insecurity.

OCHA will publish an inter-sectoral response dashboard after every quarter, capturing progress toward the HRP's objectives and the funding status, as reported on the Financial Tracking Service.<sup>12</sup> Exceptionally, no January-March monitoring report will be issued in 2021 due to the delay in publishing the HRP and as no major needs assessments have been conducted early in the year to indicate any update on people's needs. OCHA and clusters will, however, monitor the situation closely and review the response plan in case of any major changes in assessed needs.

### Needs and response monitoring timeline

Assessments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Multi-cluster Initial Rapid Needs Assessments *	●	●	●	●	●	●	●	●	●	●	●	●
Food Security and Nutrition Monitoring System Plus/multi-sector needs assessment						●	●	●				
Integrated Food Security Phase Classification											●	●
IOM Displacement Tracking Matrix**	●	●	●	●	●	●	●	●	●	●	●	●
Publications												
Key Context Update	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Snapshot	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Access Snapshot			●			●			●			●
Operational Presence Maps (who, what, where)	●	●	●	●	●	●	●	●	●	●	●	●
Response Dashboard			●			●			●			●
UNHCR spontaneous refugee returns	●	●	●	●	●	●	●	●	●	●	●	●
2022 Humanitarian Needs Overview											●	
2022 Humanitarian Response Plan												●
Humanitarian Access Year in Review	●											
Humanitarian Response Year in Review		●										

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

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

# Indicators and Targets

## Strategic Objective 1

### Reduce morbidity and mortality, protection threats and incidents for the most vulnerable populations in severity levels 4 and 5

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SOURCE	FREQUENCY
1.1	Reduce critical food insecurity levels for 2.58 million people across all 78 counties projected to be in IPC Phase 4 and 5 at the height of the 2021 lean season (from the November 2020 baseline)	Number of people in IPC Phase 4 and 5 worsened/ improved against the baseline (by county and disaggregated by sex)	7.4M	2.58M	IPC analysis	Bi-monthly
1.2	Decrease in prevalence of global acute malnutrition among children under the age of 5 years and pregnant and lactating women in [geographical areas] below [percentage] by [date]	Prevalence rate of global acute malnutrition in children under age 5 years and pregnant and lactating women in [geographical areas] decreased (disaggregated by sex)				
1.3	Decrease excess morbidity and mortality rates from illnesses, such as malaria, diarrhoea, acute respiratory infections, and vaccine preventable illnesses, such as measles, among [number] [target population] by [percentage] by [date]	Coverage of reactive measles vaccination of children between 6 months - 15 years (disaggregated by sex)		>95%	Health Cluster	Weekly
		Case fatality rate from [Measles] (disaggregated by sex and age)				
		Case fatality rate from [Malaria] (disaggregated by sex and age)				
1.4	Provide access to life-saving essential healthcare, including mental health to women, men, girls and boys, including ability-challenged persons	Number of deliveries conducted by skilled birth attendants	480K	120K	Health Cluster	Quarterly
		Number of persons with mental health conditions provided with Mental health and psychosocial support (MPHSS) services		100K	Health Cluster	Quarterly
		Percentage of primary and secondary health care services with trained, and supervised staff and systems for managing mental health conditions				
1.5	Reduce vulnerability of people at risk of mortality and morbidity as well as protection incidents/threats in priority areas through protection monitoring, advocacy, awareness-raising and risk mitigation, including explosive ordnance clearance	Percentage of people reporting concerns from any harm, physical threats, gender-based violence or discrimination in the area where they are living in the last 3 months (disaggregated by sex and age)	80%		Health Cluster	Quarterly



## Strategic Objective 2

**Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and 5**

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SOURCE	FREQUENCY
2.1	Provision of regular access to quality basic, gender-responsive, ability-challenged accessible services, including water, sanitation and hygiene, nutrition, education and health, including sexual and reproductive health, is extended to [number] of women, men, girls and boys by the end of the year	Number of people with access to improved and safe water source (disaggregated by sex, age & disability)	5.6M	3M	5Ws	Monthly
		Number of people with access to sanitation facilities, including menstrual hygiene (disaggregated by sex, age & disability)	5.6M	3M	5Ws	Monthly
		Number of children under five and Pregnant and lactating women (PLW) who received preventive nutrition services	1.4M	0.7M		
		Number of children and adolescents provided with access to gender-responsive education in emergencies				
		% of children aged six months to 15 years who have received measles vaccination		>95%	Health Cluster	Quarterly
		Coverage of DTC3 (DPT3/PENTA3) in <One-year-old by administrative unit		0.83	Health Cluster	Quarterly
2.2	Provision of shelter and non-food items for displaced people in situations of emergency and transition, in an ability-challenged accessible, gender-responsive manner	% of targeted population able to access gender-responsive shelter material & non-food items in situations of emergency & transition (disaggregated by sex, age & disability)		80%	ES/NFI Cluster	Quarterly
2.3	Improve living and protection conditions for xx highly vulnerable IDPs, returnees, host communities/ affected non-displaced populations through enhanced and gender-responsive management of sites	% of displaced people in sites or areas who live in safe, gender-responsive and appropriate site management services				
2.4	Reduce the suffering of girls, boys, women, men, older persons, persons with disabilities, and other persons with specific needs at risk of, or who experienced violence, abuse, exploitation and neglect, including gender-based violence, through the provision of specialized protection and multi-sectoral services	Number of people provided with specialized protection and multi-sectoral services (health, psychosocial, legal, security, livelihood, etc.)				
		Number of survivors of gender-based violence provided with GBV case management (disaggregated by sex and age)		8K	5Ws	Monthly
2.5	Population groups targeted to receive assistance are consulted throughout and actively participate in the entire cycle of the responsesectoral services	% of people beneficiaries who feel able to provide feedback and make complaints regarding assistance	100%	75%	2021 MSNA,	Annual
		% of people who participate and feel their opinions are taken into account in decision-making by humanitarians	100%	75%	Cluster perception survey	Bi-annual
		% of people who feel able to report cases of abuse, mistreatment or harassment, including sexual exploitation and abuse, by humanitarian staff	100%	70%		

## Strategic Objective 3

**Enable vulnerable people to recover from crisis, seek solutions to displacement in the respect of their rights, and build resilience to shocks and stresses**

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SOURCE	FREQUENCY
3.1	Increase resilience of households across all 78 counties as measured against the August 2019 baseline	Resilience Capacity Index measured across all 78 counties; comparing with 2019 baseline (increase/ decrease/no change)		5.7M	FSL Cluster	Quarterly
3.2	Enhance resilience capacity of [number] [target population] in counties by the end of the year	Resilience Capacity Index				
		Livelihood coping indicator				
		Reduced coping strategy indicator				
		Number of teachers trained on education in emergencies (EiE), basic pedagogy and learner-centred methodologies and Continuous professional development (CPD)		4,355	5Ws	Monthly
		Number of Parent-Teacher Associations, community education committee members and local education officials trained school management, Disaster Risk Reduction in education, COVID-19 Awareness, etc.		8,907	5Ws	Monthly
3.3	Facilitate conflict- and gender-sensitive access to safe housing, land, and property for people with a sufficient security of tenure and access to basic services and livelihoods	Number of people having no adequate housing, have reached satisfactory outcome towards their HLP rights (disaggregated by sex and age)		25K	5Ws	Monthly
		Effective HLP restitution for people and dispute resolution mechanisms are established and strengthened (disaggregated by sex)		8K	5Ws	Monthly
3.4	Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels	Number of inter-sectoral and gender-sensitive needs assessments conducted		79	NAWG	Quarterly



Students discuss COVID-19 in a class at Makpandu secondary school in Yambio, South Sudan.  
Photo: UNHCR/Andreea Campeanu

Part 3:

## **Sectoral Response and Objectives**



## Overview of Sectoral Response

A total of nine clusters and one sector operate in South Sudan. Cluster response strategies have been informed by the outcomes of the inter-sectoral and sectoral needs analysis presented in the 2021 HNO. The 2021 HRP financial ask totals \$1.68 billion. This is an 8 per cent increase from the 2020 financial ask to respond to the humanitarian needs in country.

























A combination of static and mobile response modalities will be used by the clusters to reach people, aimed at strengthening service delivery that is tailored to different geographic locations and types of assistance and services needed.

The response strategy will also see a continued promotion of humanitarian-development linkages and partnerships to address immediate humanitarian and medium to longer-term recovery needs.

The table below and the following cluster strategies refer to the total number of people in need, including refugees, as identified in the 2021 HNO, while the cluster targets only include South Sudanese people. Refugee targets are presented separately in the Refugee Response.

The financial requirements for providing food and nutrition assistance to refugees were not costed in the 2020 Humanitarian Response Plan. In the 2021 HRP, these costs are included under the Refugee Response Plan and amount to an additional \$109 million. When comparing the overall financial requirement for food assistance, including for refugees, there is a 17 per cent increase from 2020 (\$645 million for South Sudanese people) to \$753.5M in 2021 (\$644.1 million for South Sudanese people and \$109.4 million for refugees).

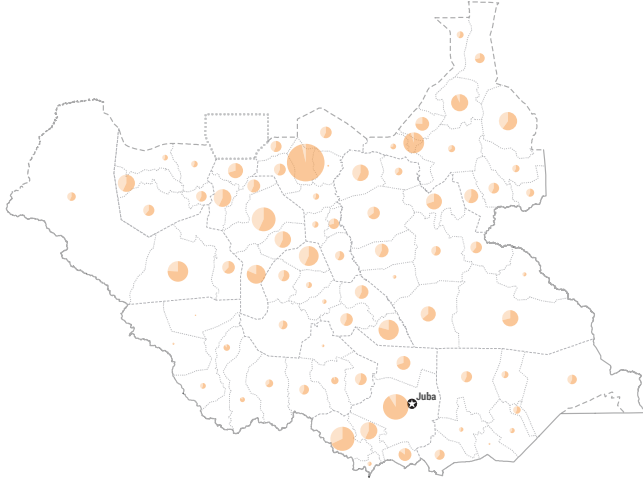
See the cluster-specific objectives, indicators and targets here: <https://bit.ly/3vtb4tm>

SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGETED
Camp Coordination and Camp Management	\$18M 	7	7	1.6M	900k	 
Coordination and Common Services	\$20M 	6	8	305 org	305 org	 
Education	\$54M 	34	35	3.4M	806k	 
Food Security and Livelihoods	\$644M 	91	91	7.7M	5.7M	 
Health	\$124M 	64	64	5.2M	2.4M	 
Logistics	\$89M 	2	4	320 org	320 org	 
Nutrition	\$205M 	41	41	1.9M	1.3M	 
Protection	\$99M 	78	109	5.0M	2.6M	 
Shelter and NFIs	\$33M 	25	26	2.4M	1.1M	 
Water, Sanitation and Hygiene	\$119M 	67	69	5.9M	3M	 
Refugee Response	\$274M* 	22	6	304K	304K	 

\* In 2021, the Refugee Response Plan includes costs associated with food and nutrition support, amounting to \$109 million. All remaining multi-sector assistance, including protection, health, education, logistics and infrastructure support, amounts to approximately \$165 million.

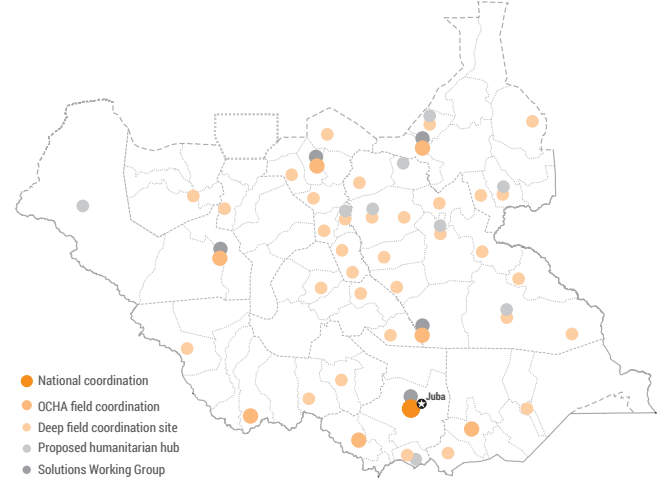
### 3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.6m	900k	\$18m



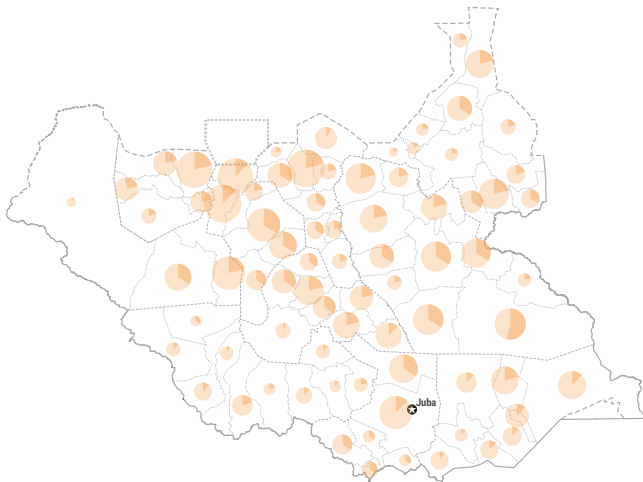
### 3.2 Coordination and Common Services

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)
305	305	\$20m



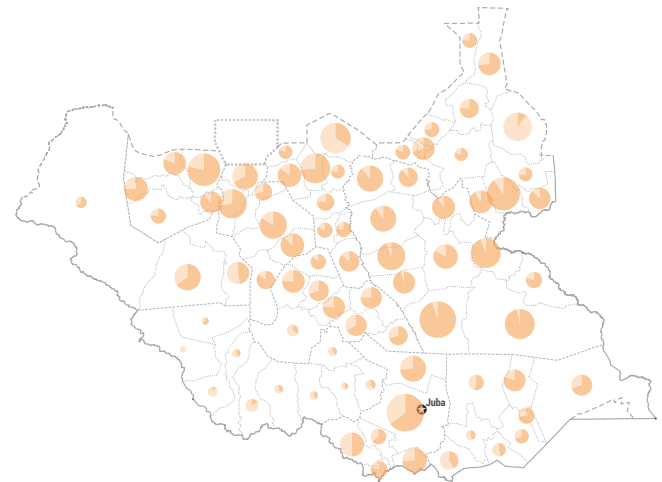
### 3.3 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.4m	806k	\$54m



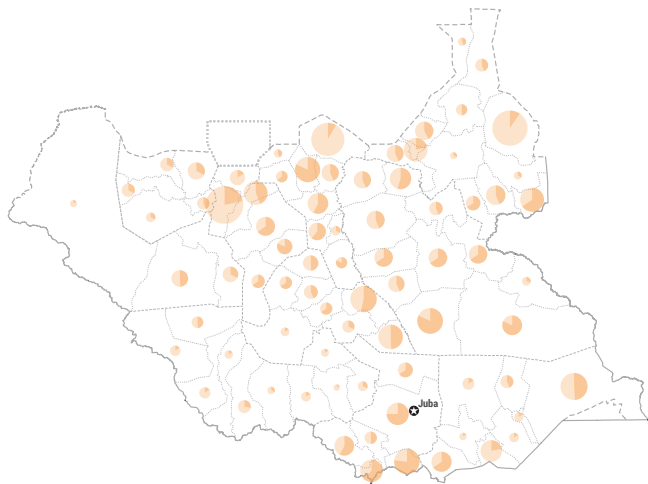
### 3.4 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.7m	5.7m	\$644m



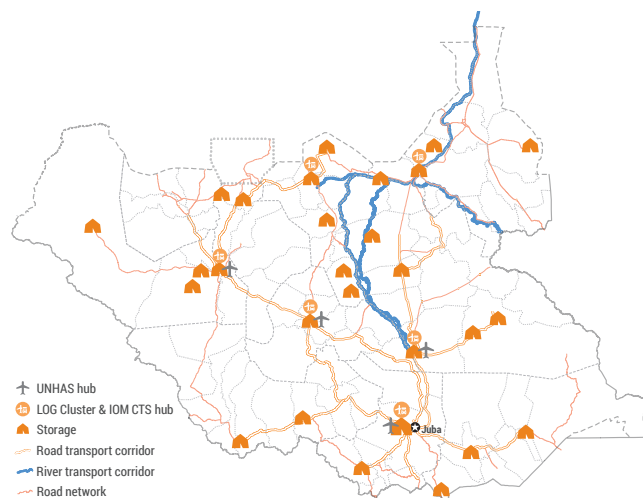
### 3.5 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.2m	2.4m	\$124m



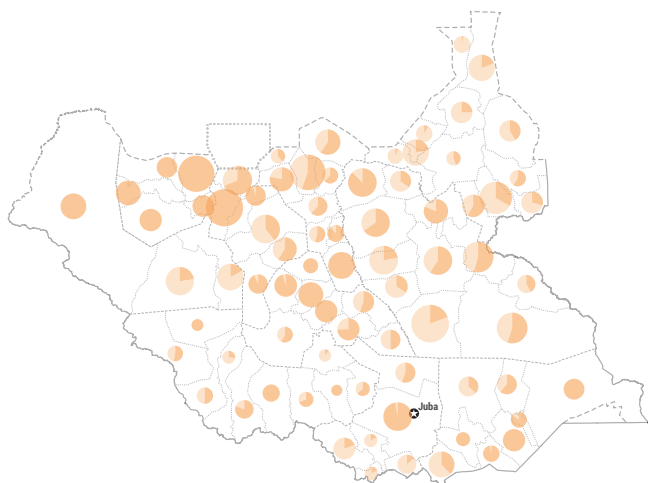
### 3.6 Logistics

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)
320	320	\$89m



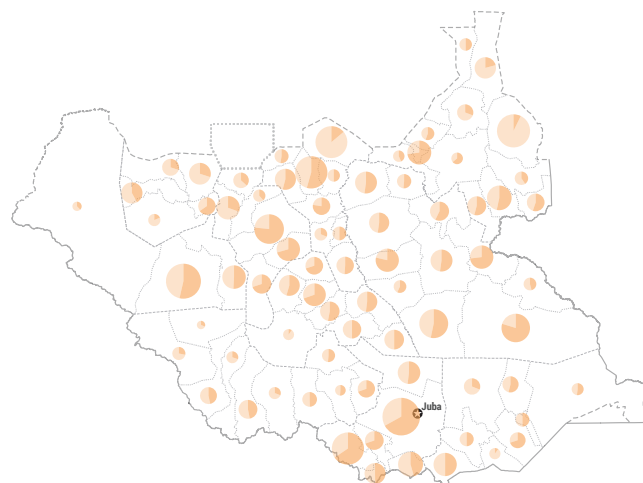
### 3.7 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.9m	1.3m	\$205m



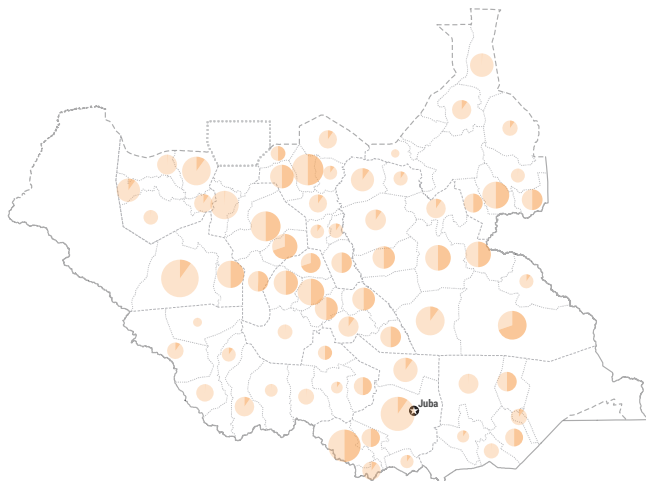
### 3.8 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.0m	2.6m	\$99m



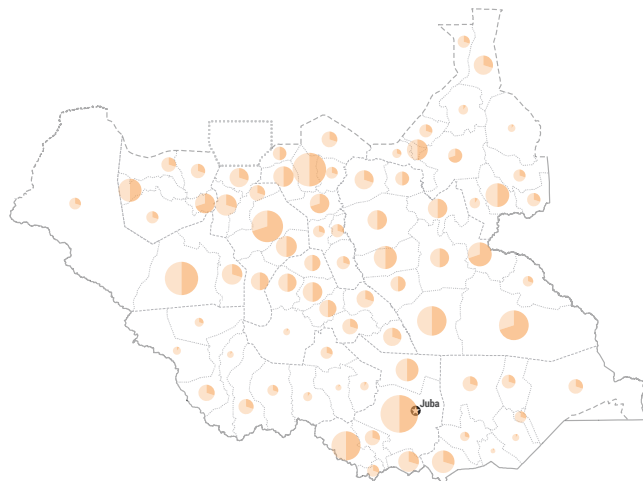
### 3.8.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.7m</b>	<b>800k</b>	<b>\$29m</b>



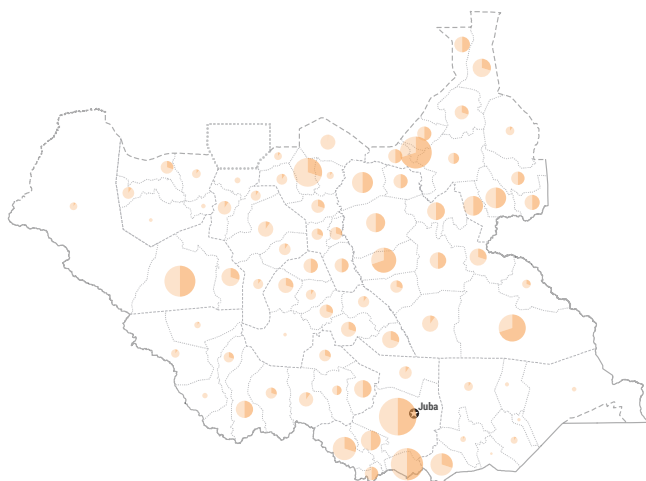
### 3.8.2 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.0m</b>	<b>917k</b>	<b>\$30m</b>



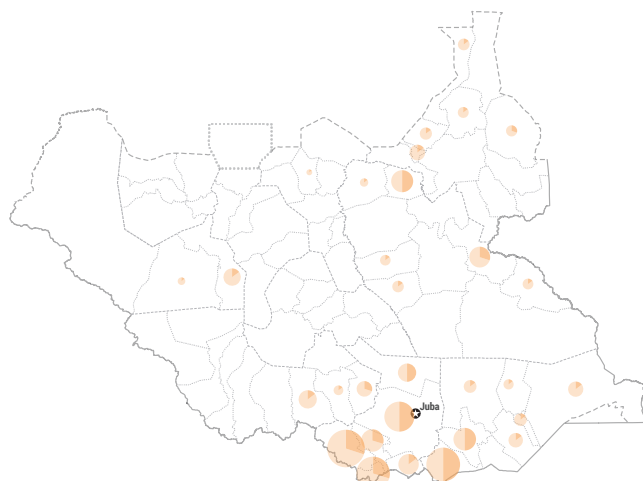
### 3.8.3 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>1.5m</b>	<b>609k</b>	<b>\$6.3m</b>



### 3.8.4 Mine Action

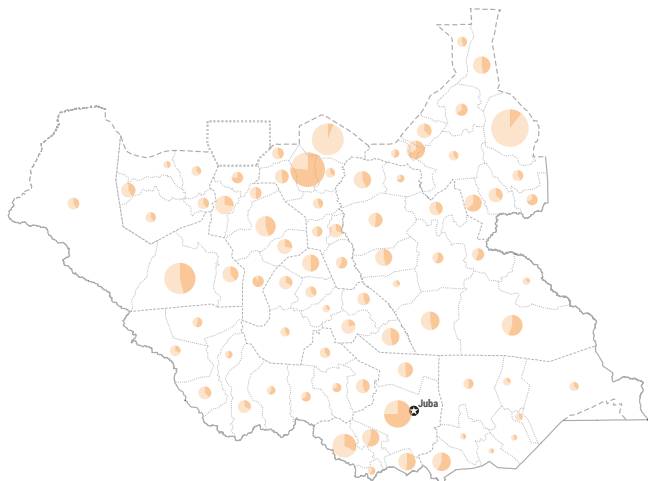
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>655k</b>	<b>209k</b>	<b>\$10m</b>





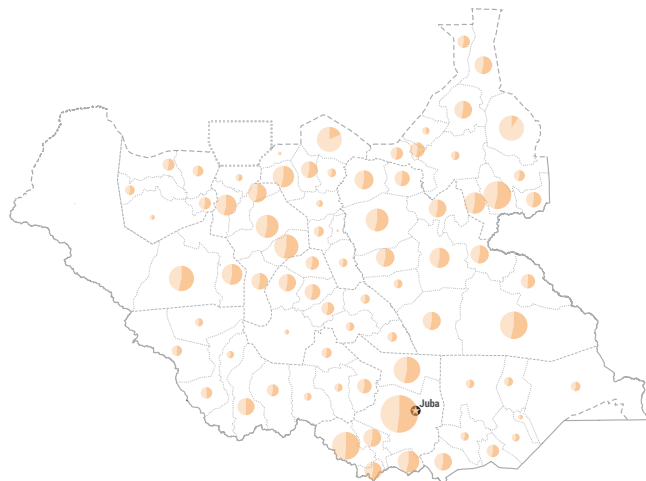
### 3.9 Shelter and NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.4m</b>	<b>1.1m</b>	<b>\$33m</b>



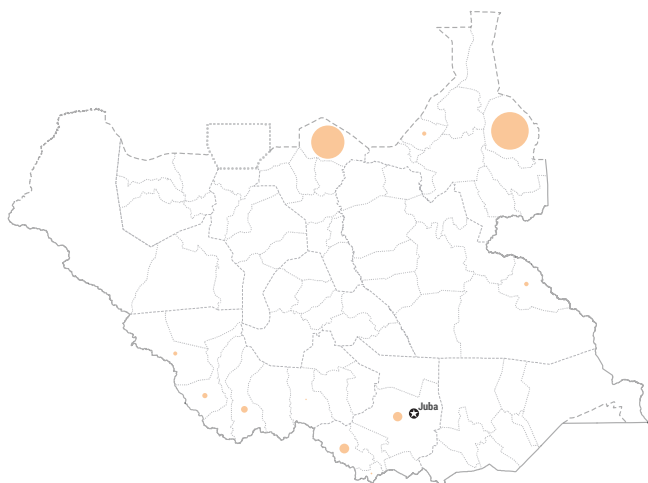
### 3.10 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>5.9m</b>	<b>3.0m</b>	<b>\$119m</b>



### 3.11 Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>304k</b>	<b>304k</b>	<b>\$274m</b>



## 3.1

## Camp Coordination and Camp Management



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.6m	900k	56%	48%	18m	7	7

## Objectives

In 2021, the Camp Coordination and Camp Management (CCCM) Cluster's response will ensure that displaced persons have equitable access to basic services, assistance and protection, including support towards self-reliance. The cluster will expand its activities further into camp-like settings, strengthening accountability, community-led governance structures and site management mechanisms, while deploying mobile and roving teams to protracted or new displacement sites. In conjunction with humanitarian and development actors and through its key role in the humanitarian-development-peace nexus, the cluster will support the right to solutions for displaced people and advocate for minimum standards relating to service provision in early return areas.

Under the first objective, the response will ensure a safe, secure and dignified living environment in camps and camp-like settings for displaced people and host communities. The cluster's second objective will link predictable and coordinated service delivery and timely information sharing with the improvement of the quality of integrated services for the displaced people in camps and camp-like settings. Through its third objective, the cluster will enhance self-governance by establishing committees to improve site level coordination with members and authorities and encourage participation in decision-making processes. The cluster's fourth objective will focus on strengthening community's coping mechanisms geared towards lasting solutions through awareness- and information sharing on conditions of return, support to return, and CVA.

## Response

The CCCM Cluster's priorities in 2021 are driven by the protracted nature of displacement and the associated burden on displaced people, returnees and host communities. Out of 1.3 million internally displaced people in need of CCCM support,<sup>13</sup> over 800,000 people are scattered across host communities and rural, peri-urban and urban settings. Violence and flooding across the country forced already displaced people to seek refuge in alternative collective settings or preferred non-formal camp environments.

The CCCM Cluster targeting is based on IDP settlement type. The cluster will target all displaced people in need in existing and former PoC sites and collective sites, and 60-70 per cent of the displaced people in need in spontaneous and informal settlements or with host communities.

To effectively reach displaced people, the cluster will adopt an integrated mobile camp management response in areas of new or unreached displacement. An Urban Displaced and Out-of-Camp methodology will be adopted to respond to the needs of people displaced outside of camps, both in rural and urban areas, and a static response methodology for people in-camps and camp-like settings, including PoC sites, former PoCs sites and collective sites.

The cluster will build on monitoring tools to track partners' response and build local government camp administration and partner capacity to promote localization and place the national NGOs at the forefront of the response.

Cluster members will coordinate with humanitarian partners in PoC sites, camps, and camp-like settings. Coordination mechanisms outside of camps will be established or enhanced to ensure non-duplication of assistance, equitable access to services, action on gaps and effective referral pathways. Working closely with displaced people and host communities, the cluster and partners will establish site governance structures to empower the affected people to organize and mobilize their communities, create tangible contributions to the delivery of assistance and make informed decisions.

Other response priorities include phasing out and decommissioning shelters and site facilities left behind by returning or relocating displaced people. Cash and voucher assistance will be promoted through care and maintenance of the site infrastructure and mobilizing women and youth groups to produce cloth face masks for COVID-19 prevention. Communication and Community Engagement (CCE) remains critical in the COVID-19 response, both in the prevention of COVID-19 and provision of accurate and reliable information to people intending to return. Working closely with the CCE Working Group the cluster will develop effective communication strategies, including

illustrative communication campaigns in various dialects for people with specific needs and abilities, which will be made available through various communication channels, and share with humanitarian service providers gaps in the response. Information on access to common resources in areas of return such as water points and grazing land as well as challenges to re-establishing property rights will be made available.

### **Cost of response**

The CCCM Cluster relies on people to maintain regular and predictable presence in hard-to-reach areas, setting up coordination mechanisms, advocacy and community engagement. The camp management mobile response requires a substantive amount of both human resources and logistical support thereby making the operation costly. Similarly, the PoC operations including site upgrades, opening up trenches and pumping out flood waters, make camp management operations expensive. The costs related to logistics operations are subject to weather changes and security dynamics that cause fluctuation of operational costs. Transportation costs could be higher during rainy seasons. In 2021, the cluster will also establish livelihood groups, with particular focus on women, to support economic empowerment. The higher percentage of operating costs are used for human resources and logistics operations. Thus, the cost per beneficiary for the cluster is \$20. With the target population of 900,000 displaced people, the overall cluster envelop translates to \$18 million.

### **Monitoring**

The cluster will develop survey tools to assess affected population's satisfaction with CCCM services and community leadership structures in PoC, former PoC and collective sites. The results of these bi-annual surveys will be shared with the community and service providers for increased accountability and programme adjustments. The cluster will review the level of satisfaction of cluster partners and cluster state focal points on the performance of the cluster, based on its roles and responsibilities. Cluster members will conduct monitoring visits in existing and former PoC sites, collective sites and hard-to-reach areas through mobile response teams. Regular monitoring and safety audits will inform site planning or infrastructure, safety upgrades and care and maintenance to ensure that people living in these sites live in a safe and secure environment to minimize exposure to harm or violence.

## 3.2

# Coordination and Common Services



ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
305	305	20m	6	8

## Objectives

The Coordination and Common Services (CCS) Sector will support 305 humanitarian organizations inside and outside the HRP to facilitate an efficient coordination system and support a strategic, prioritized and principled, evidence-based humanitarian response. CCS partners will promote and carry out multi-sectoral needs assessments and analysis to inform response planning. Sector activities will also include access negotiations and addressing bureaucratic impediments to enable a timely humanitarian response in a safe and secure operational environment.

In 2021, the CCS Sector will focus on four sectoral objectives: strengthen coordination including joint and complementary needs analysis to inform response; enhance strategic response planning to facilitate a principled and well-coordinated humanitarian action; ensure timely monitoring of new displacement and return movements and related needs; and enhance programme quality through strengthened accountability to affected people.

## Response

In supporting the sector's efforts for methodologically rigorous, timely, representative, and sex-, and age-disaggregated data, a country-wide, household-level Multi-Sectoral Needs Assessment (MSNA) is planned for 2021. The MSNA will build on the 2020 Food Security and Nutrition Monitoring Report Plus (FSNMS+) <sup>14</sup> and through the existing inter-agency MSNA Technical Working Group to ensure timely coordination between partners.

Coordination of assessments and the use of the data gathered will be through the appropriate coordination forums, including the NAWG, the ICCG, and IMWG. Paper-based surveys or analysis of satellite imagery will be used in areas where mobile data collection is a security risk or physical access and logistics are difficult due to poor road infrastructure during the rainy season. The Protection Cluster will be consulted to support with training enumerators to ensure that core protection principles are followed and the safety and dignity of communities who engage with the data-gathering exercises are upheld.

The CSS Sector will coordinate the establishment of six humanitarian hubs by the end of 2021 (three of which secured funding in 2020 (Kodok, Jiech and Pibor) and three which are costed in 2021 HRP (Kajo Keji, Leer and Mandeng) to enable the delivery of safe, equitable, dignified, and sustained life-saving services to support the most vulnerable communities living in remote areas across South Sudan. The hubs will provide logistics bases, accommodation, and office facilities for humanitarian organizations to respond to people's needs, ensuring that the response is coordinated as close to the affected people as possible.

In light of the multiple shocks experienced in South Sudan in 2020, the CCS Sector aims to strengthen the link between emergency prioritization and response. This will be done through improved coordination between relevant coordination forums, including the NAWG and emergency response operational working groups. Population movement, including displacements and returns, will be tracked as a key driver and outcome of humanitarian needs.

The sector puts accountability to affected people at the centre of its response, advocating for humanitarian organizations to engage with communities to inform peoples' needs, response, as well as to better understand community perceptions of humanitarian organizations. The Communication and Community Engagement (CCE) Working Group continues to serve as a forum for clusters to engage in a strategic review of their work on AAP while promoting complaint, feedback and reporting mechanisms, referral pathways and timely response actions. CCS members will continue to promote a zero-tolerance approach to sexual exploitation and abuse of affected people. The CCS Sector will support advocacy for unhindered access and the Centrality of Protection. This includes facilitating protection as a standing agenda item in the HCT and ICCG discussions to inform critical decisions informed by protection priorities, and continuing to take a leadership role in promoting conflict sensitivity as a key consideration in response analysis and planning.



The CCS Sector will remain pivotal in advocating COVID-19 prevention and mitigation efforts and supporting the COVID-19 response across humanitarian activities through regular community engagement.

### Cost of response

A total of \$19.6M million is needed for activities planned for 2021. The main cost drivers are linked to facilitating national and sub-national coordination, undertaking multi-sectoral needs assessments, tracking displacement and other population movements, engaging with affected communities, supporting access negotiations and establishing humanitarian hubs. In particular, the cost of the MSNA will include enumerator teams in all 78 counties, vehicles for data collection, security equipment, support for access negotiations and trainings costs. These are critical to ensure all counties are reliably assessed. Depending on when data collection takes place, costs may be impacted by access constraints, such as flooding during the rainy season and potential conflict, especially during the dry season.

Cost drivers of the DTM operations are related to staffing and logistics. Logistics costs are higher during the rainy season when access to certain locations is restricted and costly. Given the long-standing presence and already established network of enumerators, organizations undertaking assessments are well-positioned to fill

existing information gaps through direct on the ground data collection or through other mechanisms such as satellite imagery.

If humanitarian access improves in previously inaccessible areas, partners will strengthen their direct presence throughout South Sudan, as far as resources allow.

### Monitoring

Findings from the MSNA will provide an annual baseline upon which other multi-sectoral assessments, such as rapid assessments, including the Initial Rapid Needs Assessment (IRNA), agency-led Rapid Needs Assessments (RNAs), REACH Area of Knowledge (AoK) assessments, and Displacement Tracking Matrix (DTM) site assessments will be compared. This will allow for regular trends analysis to determine how needs are increasing or decreasing on a regular basis. Perception surveys related to key AAP outcome indicators, disaggregated by sex, age, and special needs when possible, will inform regular information products such as situation reports and maps to inform decision-making on priority needs, response and implementation gaps. A consolidated database of all sectoral and multi-sectoral assessments on assessments. hpc.tools will aid with monitoring and uptake of monitoring findings.



In January 2020, OCHA South Sudan and partners assessed humanitarian needs in Wau and Jur River counties in Western Bahr el Ghazal, and monitored projects supported by the South Sudan Humanitarian Fund. Photo: OCHA/Anthony Burke



## 3.3 Education



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.4m	806k	51%	99%	54m	34	35

### Objectives

The Education Cluster aims to improve equitable access to safe and protective education services for 806,000 people, including 51 per cent girls and 49 per cent boys. The main activities planned under the cluster objectives require inter-sectoral commitments to address the needs and demands of schoolchildren, teachers, and school community through the provision of protection and WASH services, and school feeding and nutrition interventions. The objectives are linked to inter-sectoral specific objectives, which go beyond lifesaving assistance and promote community resilience through capacity building in emergency preparedness, response planning and engagement in decision-making, accountability, ownership, and sustainability of education programmes.

Under the cluster's second objective, activities will be implemented to improve the quality of education services at all levels, strengthen teachers' capacity to deliver quality services, and protect the wellbeing of all children, including children with disabilities. The cluster will aim to prevent the negative impact of the COVID-19 crisis on learning environments in counties in IPC Phases 4 and 5.

### Response

Out of 3.4 million people in need, 806,000 people are targeted for education in emergencies services. The Education Cluster and partners will prioritize their response based on people's vulnerability, informed by the inter-sectoral prioritization exercise, as well as by HRP partners' capacity and availability of resources. Against the backdrop of COVID-19, additional resources are required to implement education in emergency activities to bring children back to school. Support will be provided for teaching and learning, psychosocial support, infrastructure improvement, school WASH activities, teacher training and provision of incentives.

The Education Cluster will promote integration and multi-sectoral programming with Health, Nutrition, Protection and WASH clusters. WASH in schools is essential for keeping children in the classroom and ensuring their safety and wellbeing with clean and secure toilets for girls and boys as well as handwashing services for both students and

teachers. The cluster will incorporate and complement lifesaving components such as psychosocial support, referral mechanisms, provision of school feeding and availability of gender-sensitive WASH facilities to deliver a comprehensive package of services to secure children's learning. The cluster actively participates in inter-agency, common service approaches to quality programming, including AAP, gender and other crosscutting issues.

The Education Cluster's activities will focus on a people-centred approach and encourage the participation of children and community members. The cluster will leverage partners to work closely with School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) to ensure that children, women and communities are central throughout project lifecycles. The SMCs and PTAs are involved in needs assessments and the designing, planning, implementing and monitoring of projects at the school-level.

School closures because of COVID-19 movement restrictions interrupted education activities, hindered children's access to essential basic needs and services including school feeding, health information on disease prevention, protection and access to clean water and sanitation services and impacted livelihoods. Due to current demand for education and in line with the localization agenda, the number of cluster members is likely to increase in 2021.

Coordination of education response through the cluster is crucial to ensure the most efficient use of resources, integration of services and reduce duplication. The cluster is operational in all 10 states and ensures coordination among partners, supports service delivery and fast-tracks education response in prioritized locations. Working alongside the Ministry of General Education and Instruction (MoGEI), the cluster provides regular guidance and supports education partners in addressing access barriers including the timely approval of project implementation.

The Education Cluster will support evidence-based response modalities through a robust information management and data collection system. The education response applies static delivery instead of mobile response. Some cluster partners will use a cash-for-work modality to mobilize

communities for the rehabilitation of learning spaces. The Education Cluster is working closely with the Education Cannot Wait Multi-Year Resilience Programme Consortium in South Sudan to bridge the humanitarian and development nexus. The cluster will strengthen the localization of aid and engagement of national NGOs to encourage and enhance local capacity and the continuity of education beyond the emergency response phase.

### **Cost of response**

The Education Cluster estimates that \$53.74 million will be needed to provide education services to 806,000 children, based on the cost per child calculation. The funding is required for construction and rehabilitation of learning spaces, establishing WASH facilities; provision of educational materials and supplies; organizing COVID-19 awareness campaigns; training teachers; building the capacity of PTAs, SMCs and community leaders, State education officials and MoGEI staff; providing incentives for teachers; supporting the national examination council; and establishing a mentoring programme linking partners with teacher training institutes. The cost of the assessment, monitoring and evaluation activities at the cluster-level is 5 per cent of the total requirement in the HRP and is \$2.7 million. An estimated cost of cluster stakeholder contribution to each strategic objective varies among national, international NGOs and UN Agencies. The average stakeholder contribution cost is 10 per cent of the total cost.

### **Monitoring**

The Education Cluster maintains a Response Monitoring Tool/5W Matrix (Who is doing What, Where, When and for whom) for monitoring partners' activities and set indicators. Partners submit their reports based on key access and drop-out indicators, which are analyzed by the cluster coordination team to identify gaps and prevent duplication of activities. The cluster takes part in regular joint inter-sectoral missions to monitor field-level implementation of projects and shares monitoring reports with the ICCG and implementing partners.

Consultations, dialogue and information sharing between service providers and affected people, especially children improve the quality and efficacy of the education response, access to basic services and protection. The Education Cluster partners will be encouraged to strengthen accountability to the affected population and adapt a coherent approach to AAP through existing community structures. The cluster continues to advocate for the inclusion of potentially marginalized groups due to their ethnicity, language, disability, and sexual orientation and gender identity and ensures that their voices are heard at local, sub-national and national decision-making forums.

## 3.4

# Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
7.7m	5.7m	50%	54%	644m	91	91

## Objectives

In 2021, the Food Security and Livelihood Cluster aims to provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable people facing IPC-Phase 3, 4 and 5. The cluster will enhance and sustain emergency food production through complementary vegetable and crop livelihood inputs and fishing and livestock support. Dependency on food and agricultural inputs will be reduced to support and strengthen households' ability to absorb shocks in collaboration with other clusters. Each of the cluster's objectives will be implemented in a way that prevents the spread and transmission of COVID-19 and work to establish a nexus between humanitarian response, peacebuilding and resilience programming.

## Response

In 2021, the FSL Cluster will provide humanitarian life-saving assistance to 5.7 million South Sudanese people, a 7.5 per cent increase from the 5.3 million targeted in the 2020 HRP.<sup>15</sup> The FSL Cluster used the IPC analysis to inform its targeting. The cluster will target all people in need of food and livelihood support in IPC Phases 4 and 5, and 42 per cent of the FSL people in need in IPC Phase 3. Some 4 million people are targeted through the first objective, 5.7 million people through the second, and 500,000 households targeted through the third objective. FSL partners will provide assistance to people in need through in-kind assistance, CVA or a combination of both. The modality is determined by the principles of feasibility, effectiveness, efficiency, economy and safety. Some 1.6 million people will be targeted with unconditional and conditional CVA. Unconditional cash is predominantly used for purchasing food while conditional CVA for nutrition support, seed trade fairs, cash for work social safety net programmes and small cash grants for asset building. A total of \$80 million for cash programming will be implemented through 37 partners. For food assistance, in-kind support still dominates (73 per cent in 2020) but cash continues to grow (16 per cent in 2020), and a hybrid/mixed package (11 per cent in 2020) will be maintained in 2021.

It is vital to have strong cluster member presence in field locations for greater programme efficiency, better community engagement and understanding of the context. It also has the potential to better support the transition from emergency to resilience and development once peace initiatives take hold. WFP have a static response in 68 counties (87 per cent) and mobile response with 46 rapid response mission sites in nine counties<sup>16</sup> (13 per cent) and FAO with a ratio of 90 per cent static and 10 per cent mobile (the latter flexible owing to the integrated rapid response mechanism being demand driven by crisis events requiring a rapid response in hard-to-reach locations). To cut costs related to air drops, there is a greater focus on delivery by road and river through more static operations. However, some parts of the country such as of Greater Upper Nile still depend on air delivery.

Logistics support will be needed to deliver 300,000 metric tons of food assistance to most food insecure areas and to pre-position food by roads and rivers and reduce reliance on air assets. The cluster and partners have the capacity to provide close to 10,400 metric tons of main season crop seed. The FSL Cluster, together with Health, Nutrition and WASH clusters, have a common integrated plan focusing on IPC Phase 4 counties and are committed to delivering emergency food, livelihood and livestock support to vulnerable households in the catchment areas of health, nutrition, education and community WASH facilities. The clusters established a minimum package for integration in 2018 which is supported through awareness-raising and advocacy with sub-national partners.

The FSL Cluster will incorporate increased community engagement, including AAP, disability needs, the needs of different sex and age groups, community feedback and complaint response mechanisms. Almost all food distributions sites operated from field offices use a Project Management Committee that facilitates feedback and complaints from people targeted for assistance. Women's needs, voices and rights are at the core of the FSL Cluster objectives with at least 50 per cent of those targeted with assistance being women or girls. Pregnant and lactating women and households with children under-2 years old, older persons, chronic sick and persons with disabilities

are part of the cluster vulnerability targeting criteria and protection related considerations. The cluster focuses on GBV and PSEA capacity building in partner assessments and action plans, in partnership with the GBV Sub-Cluster.

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

Development funding supports 20 to 30 per cent of the cluster partners' activities, outside of the HRP, and a number of organizations are simultaneously implementing development and humanitarian FSL responses in the same locations. To prevent and reverse food insecurity, and eventually reduce humanitarian need, the cluster will integrate a longer-term approach, leveraging capacity and learning from FSL actors and seeking efficiencies. For example, locally produced seed and grain are 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

A total of \$645 million will be required for activities planned in 2021. Main drivers include cost of commodities, imported food (300,000 MT), livelihood kits (10,400MT crop and vegetable seeds), veterinary medicines and vaccines, logistics support costs including storage and transportation by road, river and air. Air transport is an especially high driver and will continue to be used during the floods when other options are limited. Some \$5 million will be needed for the FSNMS+ assessment which is twice per year, three IPC analysis workshops and monitoring and evaluation activities. About \$599 million or 93 per cent of the total requirements will be needed for activities implemented under the cluster's first and second objectives which contribute to the first strategic objective. Some \$45 million will be required for the implementation of activities under the third cluster's objective in line with the third strategic objective.

The 2021 contingency reserve has been used for the response scale-up in the six most food insecure counties. In 2021, the FSL Cluster will continue to support building resilience and absorptive and adaptive capacity. The cash for seed programme for 70,000 households in 2020 will revert to seed trade fairs targeting 80,000 households. The increase in the 2021 caseload and funding requirements necessitates a process of prioritization with no beneficiary receiving full rations as deemed by SPHERE Standards. The FSL Cluster will advocate for multi-year funding to enable the effective and sustained implementation of activities and prevent further food insecurity.

Resources will be spread more thinly in 2021 with rapid response missions reverting to 30-, 60-, 90- and 120-day cycles, seasonal scale-up actions not providing full rations. In the event of further funding limitations, the focus will remain on immediate life-saving by targeting 2.6 million people facing IPC Phases 4 and 5. There is a possibility of proportional reduction in numbers in IPC Phase 3 being targeted, relative to the funding gap depending on available resources.

Financial requirements for providing food and nutrition assistance to refugees are included under the Refugee Response Plan and amount to an additional \$109 million.

### Monitoring

Output-level indicators such as number of beneficiaries receiving food and livelihood kits, number of livestock vaccinated and number of individuals attending training will be monitored through the 5W system on a monthly basis. The outcome-level indicators including the percentage of population in IPC Phase 3 or worse, and the Livelihood Coping Strategy and Resilience Capacity indices will be monitored through the six-monthly FSNMS and IPC analyses.

## 3.5 Health



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.2m	2.4m	50%	52%	124m	64	64

### Objectives

In 2021, the Health Cluster will target 2.4 million people, the total caseload of people in need, with life-saving health care services. The cluster activities aim to improve people's access to and utilization of essential health care services to reduce excess morbidity and mortality. Disease outbreaks will be detected early, responded to in a timely manner and adequate surveillance systems will be in place through the Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert System (EWARS). Cluster partners will provide health services that are adapted to the current COVID-19 context and ensure COVID-19 prevention while continuing to provide essential lifesaving health care.

### Response

The response design focuses on providing basic essential health services in line with national and international humanitarian standards and is based on the epidemiological profile of disease outbreaks, seasonality and trauma-related emergency requirements. Prevention, preparedness, response and mitigation activities will be undertaken with special attention given to providing vulnerable groups including women, children and person with disabilities. The cluster in collaboration with the Ministry of Health and partners will support different intervention modalities suited to the needs of affected people, including the COVID-19 pandemic. Health Cluster partners will continue prevention, preparedness and response activities addressing COVID-19 and Ebola Virus Disease (EVD). The cluster will support static and mobile health facilities and community-based healthcare systems to serve communities who do not have access to health care facilities. Additionally, the Health Cluster plans to establish three sub-national coordinator positions at strategic locations in the country to strengthen health cluster technical, operational and field coordination support to partners and authorities. Health Cluster is also collaborating with development partners who are providing regular health services through static health facilities in crisis affected areas by identifying communities that are still not reachable and providing services through mobile outreach as well as strengthening support to static health facilities.

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

To protect both the patient and health staff, the cluster will encourage and support infection prevention and control (IPC) and WASH measures including COVID-19 prevention and management activities. COVID-19 is expected to impact health services in the country for the foreseeable future. Inter-cluster coordination mechanism at all levels will work towards comprehensive integration and collaboration with other clusters, including FSL, Nutrition, Protection and WASH.

The Health Cluster targeting is informed by the intersectoral prioritization exercise, the health sectoral severity analysis and a review of disease infection risk by county.

### Cost of response

The cost of the health response is largely based on the economic climate, cost variance for geographical locations and packages of health needs based on the various administrative health units and health seasonality requirements. COVID-19 has made it more expensive to operate in the country as health services need to adapt to the preventive measures such as procuring personal protective equipment. The context is endemic for many neglected diseases that require a sustained level of investment. This will ensure a timely response to the ongoing multiple disease outbreaks and seasonal



environmental hazards including floods, and projections for trauma-related insecurities.

The Health Cluster supports integrated multi-cluster projects to avoid duplication and promote holistic care and value for money. Each strategic objective is carefully aligned with a number of output indicators and type of activity required to promote the necessary intervention required for a resource-intensive and time-critical response and costed accordingly. Quality assessments involve a combination of various costs including quantities and use of seasoned professionals and intense logistical support including availing resources for the delivery of essential commodities to response sites. The Health Cluster envelope is \$124 million while the cost per beneficiary is \$51.2. The cost of the first, second and third cluster objectives is \$41 million, \$60 million and \$23 million respectively.

### Monitoring

The Health Cluster will collect, analyse and monitor data against a set of indicators for the response plan on a quarterly basis. The cluster contribution to data analysis for response planning, monitoring and evaluation will include integrated disease surveillance and response data, early warning alert and response system data, assessment reports from initial rapid need assessments, multi-cluster

and sectoral initial rapid assessments, public health situation analysis, health service functionality, 5Ws, the health resources availability monitoring system, public health risks, outbreak investigation reports, and mortality and morbidity estimates. The cluster will invest in partner capacities to strengthen data collection and information analysis for planning, response and evaluation. The cluster's indicators are aligned with response activities that aim to improve living conditions of vulnerable people and are set to identify incident rates for selected diseases, case fatality rates, health facilities supported with essential health care commodities, outpatient consultations, functional health facilities, assisted deliveries by skilled birth attendants, attacks on health care, facilities and beneficiaries for CMR (Clinical Management of Rape), MHPSS and disability services. Limited movement and access in the COVID-19 context has further limited documentation of cluster response. The cluster will provide training on data management for improved reporting and use various community communication and engagement modalities, including robust complaints and feedback mechanisms and community discussions. It will monitor affected communities' perception of and satisfaction with service provision. It will support the collective monitoring of whether the targeted population feels consulted and informed throughout the response.



A beneficiary receives a yellow fever vaccine in Kajo-keji, 2020. Photo: WHO/Atem John Ajang



## 3.6 Logistics

ORGS IN NEED	ORGS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
320	320	89m	2	4

### Objectives

In 2021, the Logistics Cluster will continue to provide coordinated and efficient logistics support to the overall humanitarian community and will ensure the continuity and reliability of common logistics services made available to humanitarian organizations operating in South Sudan. Through the implementation of four projects, the cluster will build on 2020's achievements in reducing the reliance on air operations and continue to shift to the use of cost-effective road and river transport modalities. The provision of a well-coordinated, effective and cost-efficient logistics response will save lives by ensuring a robust supply chain exists on behalf of all humanitarian organizations to support the most vulnerable. The logistics support provided to humanitarian organizations in South Sudan not only ensures the delivery of multisectoral relief items but also facilitates the safe movement of passengers across the country and infrastructure rehabilitation to provide physical access to Jonglei. By ensuring enhanced communication and collaboration amongst logisticians in South Sudan, the cluster supports effective operational planning and prevents duplication of efforts by ensuring optimal use of resources.

### Response

Through the provision of coordination, information management, preparedness, infrastructure rehabilitation and common logistics services, the four logistics projects aim to support some 320 organizations across South Sudan. The United Nations Humanitarian Air Service (UNHAS) will enhance access to people and project implementation sites through safe, effective and efficient passenger air service to 57 destinations on a weekly basis. To respond to rapidly changing needs, UNHAS will facilitate off-schedule requests to ensure that humanitarian agencies can quickly reach people in need with timely assistance and reduce suffering. UNHAS maintains a fleet of 12 aircraft, including five helicopters and seven fixed wings, adjusted throughout the year based on needs. UNHAS will also continue to transport COVID-19 suspected cases and collect COVID-19 samples from field locations.

To drive logistics and cost efficiencies and promote collaboration, the cluster will continue to expand the use of road and river transport modalities whenever possible,

enhance deep field coordination and increase longer-term and sustainable approaches through preparedness activities including mapping and contingency planning. As part of this strategy, the Logistics Cluster will reduce its fleet of aircraft dedicated to cargo movement during the dry season, when roads are usable, and remove the Rumbek-based helicopter for two months. Decreasing reliance on air operations contributes to cost-effectiveness of operations. It is critical for organizations to pre-position supplies ahead of the rainy season, ensuring an uninterrupted supply of relief items throughout the year. The WFP infrastructure rehabilitation project aims to repair the road and dikes damaged from Bor to Mabior by the 2020 floods, key to ensure access to six counties in Jonglei and pre-position both food and non-food items ahead of the rainy season. To increase road and river movements, the cluster will coordinate regular humanitarian convoys. The IOM Common Transport Service (CTS) will enable the movement of supplies from warehouse to airstrip and riverside dock in the six main country logistics hubs for onward transportation to priority locations. The CTS fleet of 18 trucks will transport cargo to deep-field locations in a cost-effective and timely manner. The modalities of the logistics response plan are transport and storage, which include air, river and road assets as well as mobile storage units.

In 2021, the Logistics Cluster will continue to work closely with all sectors at both the national and sub-national level through participation in decision-making forums such as the ICCG and Operation Working Groups (including for the flood response and response scale-up in the most food insecure counties), where it takes the lead on operational planning and logistics coordination. The Logistics Cluster will continue to co-lead the operations support and logistics of the COVID-19 National Steering Committee to identify logistical support that may be required. UNHAS works in close collaboration with the Logistics Cluster to coordinate Rapid Response Missions (RRM) to ensure relief items are delivered while the teams are deployed accordingly to ICCG guidance based on NAWG prioritization. IOM continues to manage the common transport services project and support.

### Cost of response

The overall estimated cost of response in 2021 is \$88.7 million.

The main cost drivers for UNHAS (\$54.1 million) reside in the provision of aviation services to the entire humanitarian community. The main expenditures expected, includes procurement of an assorted mix of aircrafts, fuel required for these aircrafts to operate and potential maintenance costs. More humanitarian organizations are targeted by UNHAS in 2021 which requires an increase in funding compared to 2020.

The main driver of the Logistics Cluster costs (\$24 million), facilitating access for the humanitarian community to common services, accounts for approximately 80 per cent of the Logistics Cluster's total budget. The Logistics Cluster facilitates the transportation of relief items through river, road and air operations and access to common storage services.

WFP Infrastructure Rehabilitation project's costs (\$7.4 million) to repair the road and dykes between Bor and Mabior will be utilized to mobilize assets to transport required equipment, materials and manpower required for this rehabilitation.

The predominant cost driver for IOM CTS (\$3.1 million) will be human resources, equipment maintenance and upgrade. 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 will facilitate the transportation of relief items to deep field areas in South Sudan.

### Monitoring

Data will be collected through the IOM Fleet Management and Internal Tracking System, UNHAS Electronic Flight Management Application, Logistic Cluster Cargo Tracking System and WFP Logistics and Engineering Unit's rehabilitation tracker. User satisfaction will be monitored regularly through Logistics Cluster coordination meetings, UNHAS user group meetings, and by conducting mid-year and annual performance surveys. UNHAS now has a dedicated staff member in charge of customer service to ensure a high-level of customer care is maintained and aligned with the UNHAS Standard Administrative and Operating Procedures.

The cluster will issue monthly performance monitoring reports based on specific indicators, including the number of organizations utilizing logistics and coordination services, the number of information products shared with partners, the number of passengers or light cargo transported, the number of evacuations performed and COVID-19 sample collection support. Progress will be monitored against total amount of cargo transported monthly, including the percentage of relief cargo moved by river and road versus by air, and through the CTS project, the amount of kilometres of road rehabilitated by WFP and available common storage to the entire humanitarian community for cargo pre-positioning.



A measles vaccination team travel by canoe to vaccinate children on a small "island" surrounded by flood waters in Pibor. November 2020.  
Photo: Medair/Diana Gorter



## 3.7 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.9m	1.3m	67%	64%	205m	41	41

### Objectives

The key drivers of acute malnutrition are multifaceted, including severe acute food insecurity, sub-optimal feeding practices, high prevalence of disease, inadequate sanitation conditions and hygiene practices, and limited access to health and nutrition services driven by sub-national violence, floods and COVID-19 related disruptions. Of the estimated 1.9 million people in need of nutrition support in 2021, 1.3 million, mainly women and under-five children will be targeted with nutrition services.

To reduce suffering, morbidity and mortality related to malnutrition among vulnerable people, the Nutrition Cluster will increase equitable access and utilization of quality preventative and curative nutrition-specific services to children and women in prioritized locations. Linkages and integrated approaches are essential in addressing the key drivers of acute malnutrition. Therefore, coordination and joint programming with other clusters including Education, FSL, Health, Protection and WASH will be enhanced for nutrition-sensitive interventions. These interventions will ensure that people have safe, equitable and dignified access to critical cross-sectoral basic services with the aim to decrease the prevalence of acute malnutrition and reduce morbidity and mortality.

### Response

Nutrition service delivery through static and outreach or mobile facilities will be prioritized to provide a comprehensive treatment and preventive package to people. Implementing partner presence in all counties, operating 1,165 nutrition sites across the country, will enable a timely response scale-up when a gap is identified. The Rapid Response Mechanisms (RRM) and Emergency Response Teams (ERT/MET) will continue to be implemented in insecure and inaccessible locations.

The impact of COVID-19, access constraints due to flooding, sub-national violence and poor infrastructure are likely to continue in 2021 and increase the need for emergency nutrition programming. Revisited guidelines for service delivery in a COVID-19 setting, the revised guidelines for community nutrition and new guidelines for Family Mid-Upper Arm Circumference will be pivotal to make

sure that services continue in nutrition sites and that community platforms for house-to-house nutrition service delivery can expand.

The Nutrition Cluster used historical admission data to build consensus on the target. In some counties, the cluster target exceeded the number of people in need, as estimated in the 2021 HNO. This is because of anticipated population movements throughout the year, where some nutrition beneficiaries will eventually not be treated where they have initially been counted.

By strategically engaging with clusters that work closely with children's nutrition needs, the Nutrition Cluster aims to strengthen the integrated multi-sectoral response package of interventions to enhance the performance of treatment programmes. These interventions will also help to strengthen people's resilience and prevent undernutrition, enhance malaria screening and treatment, provide access to clean water and sanitation, promote kitchen gardening, child stimulation as part of early child development and help mitigate the risks of GBV. To align with the national strategy for integrated Basic Package of Health and Nutrition Services, the Nutrition Cluster commits to enhance institutionalization of management of acute malnutrition into the health system. Efforts for gender mainstreaming have included GBV safety audits performed in static nutrition sites and culminating to the elaboration of the Nutrition and GBV Action Plan that will be rolled out in 2021.

A people-centred approach will be adopted to mainstream AAP. Gender and age considerations will be incorporated into programming while programme responsiveness to evolving and varied needs will be improved. AAP and gender will feature more prominently within the roles of the Strategic Advisory Group and Technical Working Groups for enhanced accountability in response.

Support to sub-national clusters will be extended in 2021. The nutrition data quality assurance will be institutionalized and the continued engagement with donors through regular donor meetings will improve overall resource mobilization, coordination, monitoring and supervision, hence ensuring quality and timely preventive, promotive and curative nutrition services.

### Cost of response

The cost of the nutrition response considers a wide range of parameters including procurement, delivery, storage of ready-to use specialized foods, essential medicines for malnutrition and specialized foods for blanket supplementary feeding programmes. Additional drivers of the 2021 budget include the suspension of damaged static nutrition sites that will transfer over to an outreach and mobile service approach to access communities in need.

A project-based costing approach was used to estimate the overall resources needed for nutrition services in 2021. In total, the 2021 budget totals \$205 million, an 8.8 per cent decrease from the 2020 budget due to decreased numbers of SAM and MAM cases targeted. More than 95 per cent of nutrition sites are now providing both outpatient therapeutic centres and Target Supplementary Feeding Programme (TSFP) services, enhancing cost efficiency while reducing opportunity costs for caregivers seeking both services.

### Monitoring

The Nutrition Cluster will monitor the nutrition status of people and the nutrition response through the biannual Food Security and Nutrition Monitoring System (FSNMS) and routine nutrition programme data collection and analysis. Monthly nutrition programme reports by 41 implementing partners will be routinely analyzed using key indicators. The cluster will conduct regular screenings of children and women through community nutrition volunteers to ensure the timely detection and treatment of malnourished children and women. To ensure that integrated services are regularly monitored, the cluster will strengthen data collection tools and analysis.

The Nutrition Cluster will use various community engagement modalities, including robust complaint and feedback mechanisms. It will monitor affected communities' perception of and satisfaction with service provision through integration of a set of AAP indicators into the next round of the national FSNMS survey.



Mother watches over her newborn baby in Pibor. March 2020. Photo: OCHA/Emmi Antinoja



## 3.8 Protection



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.0m	2.6m	52%	50%	99m	78	109

### Objectives

Cumulatively, the Protection Cluster aims to target over 2.6 million people, including children with protection services in 2021. The cluster continues to focus on people's increased vulnerabilities due to insecurity, sub-national and inter-communal violence, floods and COVID-19. Vulnerable groups including displaced people who continue to have acute humanitarian needs, returnees living in areas of high severity and people with critical protection needs are a top priority for the cluster. This includes some 800,000 people targeted with child protection services, more than 916,000 people targeted with GBV response, some 208,000 people to benefit from mine action activities, some 608,000 people targeted with HLP activities and more than 848,000 targeted with general protection activities.

The cluster's first objective is to ensure the provision of critical protection related assistance and specialized services through an integrated approach to address the priority needs of women, men, girls and boys in hard-to-reach and priority geographical areas. Under the second objective, the cluster aims to prevent and mitigate protection risks through enhanced preparedness and resilience. Through its third objective, the cluster will enable durable solutions for displaced people and other populations. Contributing to inter-sectoral strategic objective one and two linking with specific objective 1.5 and 2.4 respectively, the cluster will enhance protection assessment and monitoring to inform protection and the overall humanitarian response.

Key geographic areas include Akobo, Budi, Duk, Juba, Koch, Lainya, Mundri East, Pibor, Rumbek Centre, Rumbek North, Tonj East, Tonj North, Tonj South and Yei. Based on severity mapping and analysis on partners' presence conducted, these hard-to-reach and conflict locations with high relevance for durable solutions were identified. The cluster objectives are designed to address humanitarian and protection consequences and associated needs identified during assessments including context and access analyses, population movement trends, and careful consideration of recent processes, linked with the R-ARCSS, return process and willingness of displaced people, returnees and host communities to find durable solutions.

### Response

The South Sudan humanitarian emergency is a protection crisis, where lack or absence of a response could lead to life-threatening consequences. The psychosocial impact of conflict and other shocks such as flooding and COVID-19 restrictions, is particularly severe on children, women, female-headed households and persons with disabilities.

The Protection Cluster used the general protection severity analysis, and the severity analysis of the areas of responsibility, to calculate the number of people targeted in each county. The cluster will target 70 per cent of people in need of protection services in counties identified in catastrophic need, 50 percent in counties at extreme need and 30 per cent in counties in severe need.

The Protection Cluster will strengthen static response capacity in priority areas, balancing with the flexibility of mobile interventions. Use of remote modalities will be increased due to COVID-19. Static programming will take place at a state level and in key deep field locations with significant concentrations of displaced people, host communities and displaced returnees. Child Protection and GBV sub-cluster members will provide case management and psychosocial support, including through remote modalities. Mine action partners will implement manual and mechanical clearance operations including survey and clearance of mine fields, cluster strikes and battle area clearance (BAC) sites. HLP will have a significant impact on durable solutions and the resolution of inter-communal land and resource conflicts. The cluster will advocate for the establishment of harmonized and coherent land registration and HLP documentation system, also providing legal services along with comprehensive case management to the most needed in cooperation with other clusters.

Protection partners will deliver protection capacity building activities, including mentoring and coaching, to national and local government authorities and NGOs. Since they have been established late 2020 in most of the states and some core protection activities, such as access to justice, access to documentation and access to, HLP rights can be fulfilled only in cooperation with authorities. Referral pathways will be established, and partners will refer the most vulnerable cases to service providers. CVA presents opportunities

for tailored support to those seeking safe, dignified, and voluntary solutions, and it will continue to be used as a modality of individual protection assistance (IPA) for vulnerable persons, should conditions permit. Appropriate community participation, accountability framework, and incorporation of age, gender and diversity will be used.

As part of the Centrality of Protection, analysis is conducted to inform do-no-harm and protection- and conflict-sensitive approaches to other sectors' programming and response, supporting child-centred approaches in addressing the specific needs of children, inclusive programming in non-protection sectors, and ensuring a protection lens in data collection. Solutions for voluntary returns will require an interagency approach, moving to longer-term/development activities, increased cooperation with government authorities both at the national and state levels, to support safe, dignified, and voluntary solutions to displacement. This has the potential to necessitate increased need for protection assessments and protection monitoring in areas of return/relocation and intended return, provision of individual support to vulnerable persons, and an increase in housing, land, and property services.

Community engagement modalities will continue to form a critical part of all protection interventions, incorporating such approaches as media campaigns, community consultations on feedback, complain boxes, hotlines and institutionalization of complaint and feedback mechanisms. Community consultations on programme design and implementation will continue to feature prominently in both static and mobile protection interventions. The Protection Cluster will further support AAP and protection mainstreaming in other clusters' work and work closely with the Communications and Community Engagement Working Group. Efforts will be made to ensure safe and accessible reporting on PSEA, quality and accessible survivor assistance, accountability and investigations, as part of work with the PSEA Task Force.

### Sub-Sector **General Protection**

CHILDREN IN NEED	TARGETED	REQUIREMENTS (US\$)
<b>2.4m</b>	<b>849k</b>	<b>23m</b>
<b>29 PARTNERS</b>		<b>29 PROJECTS</b>

General protection activities will balance static response capacity in priority areas and flexible mobile interventions. The latter will be enhanced due to COVID-19. Static programming will take place at a state level and in key deep field locations that have significant concentrations

of displaced people, host communities and returnees. Data collection, protection monitoring, needs identification, including the identification of the persons with specific needs for further targeted and prioritized assistance, all aim to ensure a functioning referral system within the cluster, but also with other clusters. Operational capacity building will be conducted for protection partners in the field, both for NGOs and local authorities. The Protection Cluster aims to consolidate data received from protection monitoring to facilitate community-based activities.

### Sub-Sector **Child Protection**

CHILDREN IN NEED	TARGETED	REQUIREMENTS (US\$)
<b>2.7m</b>	<b>800k</b>	<b>29m</b>
<b>36 PARTNERS</b>		<b>36 PROJECTS</b>

Children and adolescents continue to be exposed to multiple protection risks including recruitment by armed groups, family separation, psychosocial distress, sexual violence and exploitation. The COVID-19 outbreak and measures to contain the virus have exacerbated the protection risks and the movement restrictions have made it much more difficult for people to access critical child protection services.

Immediate life-saving child protection services will be provided to 800,000 out of 2.7 million vulnerable children. MHPSS, community-based child protection (CBCP), and family tracing, reunification and alternative care for unaccompanied and separated children's approaches will be expanded. CVA; extension of services to children in contact with the law; support to child survivors of sexual violence; community-based reintegration services for children separated from armed forces or armed groups; and technical and institutional capacity strengthening of local actors, frontline child protection workers and community volunteers will be strengthened.

The most vulnerable children including children who are displaced in conflict hotspots, associated with armed forces and groups, in detention, unaccompanied and separated, returnees and those living in host communities will be assisted based on need and vulnerability, particularly in conflict-affected areas.

Preventive and responsive child protection programming will be promoted through the use of MHPSS mobile teams; awareness raising, expansion of case management for child survivors of GBV; integration with other sectors; door to door visits; situation and response monitoring; and the use of different communication platforms to promote resilience

and reduce negative coping strategies. The Child Protection Sub-Cluster will roll out the community care strategy to prevent and mitigate sexual violence against girls and support local community leaders taking leadership roles in child protection. The sub-cluster will strengthen child protection systems, such as Child Protection Information Management System (CPIMS+) roll out, social workforce strengthening, cash-based assistance and peacebuilding.

### Sub-Sector **Gender-Based Violence**

PEOPLE IN NEED	TARGETED	REQUIREMENTS (US\$)
<b>2.0m</b>	<b>917k</b>	<b>30m</b>
<b>42 PARTNERS</b>		<b>42 PROJECTS</b>

The GBV Sub-Cluster aims to target more than 916,000 people with GBV services in 2021. Key priorities include provision of GBV prevention and risk mitigation measures among vulnerable women, men, girls and boys in priority and hard-to-reach areas; and reducing the suffering of women, men, girls and boys who have experienced GBV and reported to service delivery points in in priority and hard-to-reach areas.

Essential GBV actions will be integrated across multiple sectors to save lives and maximize protection. The response will be implemented in a coordinated manner to ensure the minimum standards of GBV programming that focus on prevention, risk mitigation and response services are observed.

The GBV prevention priorities include community engagement, awareness-raising activities, and primary prevention programmes that transform harmful social norms contributing to gender inequality. GBV risk mitigation interventions will focus on integrating survivor support across sectors, dignity kit programming, distribution of fuel-efficient stoves and conducting safety audits. The GBV response priority interventions include providing psychosocial support, GBV case management services, establishing and strengthening GBV referral systems, and implementing Women and Girls Friendly Space (WGFS) programming. Provision of legal services, livelihood and economic support, including CVA, establishing and operationalizing safe houses, and providing capacity building training to frontline service providers are the other response priorities. The service delivery of GBV interventions will include both static and mobile response such as mobile court clinic and through use of integrated mobile protection teams, depending on location and access to people.

The GBV guiding principles and survivor-centred approach govern coordination and implementation of GBV programming. The COVID-19 related programmatic adaptations will be also factored in during the response.

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

PEOPLE IN NEED	TARGETED	REQUIREMENTS (US\$)
<b>1.5m</b>	<b>609k</b>	<b>6.4m</b>
<b>14 PARTNERS</b>		<b>14 PROJECTS</b>

The Protection Cluster led national Housing, Land and Property Technical Working Group (HLP TWG) plans to provide assistance and services to more than 608,000 people with HLP activities in 2021, with the objective of enabling durable solutions for displaced people, including those returning to areas of origin or habitual residence, as well as other populations. HLP programming will support addressing HLP concerns as an essential component of conflict-prevention and establishing of rule of law. Equitable access to HLP will be strengthened, encouraging the resolution of inter-communal land and resource conflicts rooted in access, ownership and usage of HLP. The realization of women's HLP rights will be of particular focus, including the access to ownership of land.

The HLP response will be based on partners' static presence and mobile response. Activities aim to strengthen community-based dispute resolution mechanisms, promote legal awareness raising, and provide legal support, counselling and aid particularly for women and vulnerable people. This covers activities aimed at creating a conducive environment for returns and includes responses to HLP issues that provide equal rights and responsibilities to men and women, mitigate the potential for returns to exacerbate tensions over scarce resources. It also establishes mechanisms to identify legal and/or community-based solutions to resolve HLP disputes. CVA will be considered where feasible and in line with protection principles. Due to the cross-cutting nature of HLP issues, integration within the Protection Cluster as well as across key clusters including FSL, S/NFI and WASH will be contemplated.

## Sub-Sector **Mine Action**

PEOPLE IN NEED	TARGETED	REQUIREMENTS (US\$)
<b>655k</b>	<b>209k</b>	<b>10m</b>
<b>11 PARTNERS</b>		<b>11 PROJECTS</b>

In 2021, the Mine Action Sub-Cluster will target over 200,000 people. The sub-cluster will focus on surveying and clearing explosive hazards, as well as providing explosive ordnance risk education (EORE) to host communities, displaced people, returnees and refugees. The training will instruct women, men, boys and girls on how to identify, avoid and report explosive hazards. Special emphasis will be given to children, as the majority of accident victims and survivors. However, all members within a community will be targeted for EORE based on their roles within their environment. Specific interventions to inform displaced people and returnees of contamination will be conducted to help mitigate and reduce the physical threats of explosive hazards due to their unfamiliarity with the terrain. During the implementation of mine action operations and EORE, information will be both shared and gathered from the various community members to ensure their specific needs are addressed, as well as identify previously unknown hazardous areas for intervention.

Five counties are recorded as having 16 or more hazardous areas and are considered catastrophic. The majority are located in the Equatorias, which are projected as being the main conduit and location for returns from Uganda. These hazards impact the ability of civilians to access basic services, such as education and health, and natural resources, including water and land, reducing coping mechanisms. Mine Action Sub-Cluster members will coordinate with inter-cluster partners at the national and county level to support and enable their interventions to be implemented in a safe and secure environment. Reductions in conflict across the country have increased accessibility to many counties, which has enabled the provision of mine action in more remote areas.

### Cost of response

Protection activities are human resource intensive. In 2021, the Protection Cluster will prioritize case management, in particular GBV and child protection cases, which require specialist services, capacity-strengthening, awareness-raising, and advocacy. COVID-19 continues to be a key driver of cost due to the need to conduct human resource intensive activities without placing staff, communities or affected people at risk of transmission. As a result, activities must be conducted with fewer people and more

repetitions, generating higher costs. While some activities have been moved to remote modalities to lower certain costs, the reduced ability to carry out group interventions will increase costs. Mobile interventions have the potential to reach a high number of people at comparatively low cost, but to increase the reach of protection interventions into hard-to-reach areas and maximize the impact of community-level interventions, static member presence must be strengthened or re-established, which is costly.

The cost of General Protection (\$23,443,241); Child Protection (\$29,000,020), GBV (\$29,999,984) and Mine Action (\$9,999,972) sub-clusters; and HLP TWG activities (\$6,370,529) means that a total of \$98,813,746 is needed to meet the protection needs of 2.6 million people. The average estimated cost per person is \$41.25.

The Child Protection Sub-Cluster will adopt a hybrid of activity (cost per child) and project-based costing-based on the agreed minimum rate. It will require close to \$29 million to reach 800,000 children and caregivers with essential child protection services, including comprehensive case management, MHPSS, community-level child protection approaches, community engagement, outreach, capacity building, child protection assessments and coordination. This includes both lifesaving child protection interventions and the cost of COVID-19 related activities. Child protection life-saving interventions such as case management can be costly and demanding a higher ratio of specialized human resource capacity. Reunification of UASC is expensive in South Sudan as there is a need to charter flights, especially when parents are in different states. Rehabilitation and reintegration programming for children formerly associated with armed forces and groups are also extremely expensive and requires long-term and sustained funding.

Specialized GBV interventions, such as case management, provision of multi-sectoral response services, establishment and operationalization of WGFS, and dignity kit programming are the predominant cost drivers. Facilitating the linkage of GBV survivors to response services, including mobile court clinics, ensuring the availability of livelihood opportunities for women and girls and GBV survivors, and building frontline service providers' capacity are some of the cost drivers of GBV in emergency response programmes. Programmatic adaptations with COVID-19, increased the GBV Sub-Cluster's programming costs. The cost of dignity kits is anticipated to increase due to the inclusion of additional content such as face masks and sanitizers. IPC supplies such as hand washing facilities and sanitizers in the Women and Girls Friendly Spaces will also increase costs. There may be a need to have more caseworkers to provide individual psychosocial support instead of group services. The transition from static to mobile court service

provision bears an additional cost. Access modalities to some hard-to-reach areas that may require a change in transport modalities such as canoes and longer routes may also increase the response cost. Total requirement for the GBV sub-cluster is \$30 million.

A total of \$10 million will be required for Mine Action Sub-Cluster activities. The cost consists of manual and mechanical clearance operations including survey and clearance of mine fields, cluster strikes and BAC sites. The costs incurred are due to technical equipment and the number of personnel, both of which are required to meet compliance with the National Technical Standards and Guidelines, as well as the International Mine Action Standards. The operating environment and various response modalities required to implement mine action services in South Sudan, for example, establishing and maintaining a remote field site camp for the duration of the project period, increases the cost per demining team. Approximately 70 per cent of the costs will be used implement mine action operations which contribute to the improved physical and mental well-being of vulnerable people as outlined in the first strategic objective, while the remaining 30 per cent will be employed for the provision of EORE to advocate for awareness-raising and risk mitigation efforts orientated towards explosive hazards.

HLP will cut across sectors, including FSL, /NFI and shelter, WASH, food, livelihoods, and beyond the HRP to areas such as peacebuilding. Increased legal support programming, through individual case management, access to justice, and identification for combined shelter programming requires some \$6 million.

## Monitoring

Cluster members will report targets reached on specified indicators through the monthly 5W reporting mechanism. The Protection Cluster will also monitor progress towards fulfilling its HRP strategy through the monitoring of partner activities via the work of its dedicated Monitoring and Evaluation Officer. Substantive monitoring and analysis of the protection situation, including through the activities of the Protection Monitoring Working Group, will allow the impact of partner activities to be monitored. The Protection Cluster will assist partners in using a result-based management approach in their programming and monitoring, including the use of the GBV information management (GBV IMS) and child protection information management system (CPIMS+).

AAP and community engagement will remain a priority for protection partners, who continue to facilitate meaningful participation and engagement of affected communities, ensuring adequate accountability to affected populations through monitoring beneficiaries' feedback and information sharing while adhering to the global and government of South Sudan guidelines on COVID-19. Cluster members will be routinely sensitized and reminded of the core humanitarian principles and PSEA to ensure beneficiaries are not abused or affected by the humanitarian interventions.

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



## 3.9

## Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.4m	1.1m	50%	52%	33m	25	26

### Objectives

In 2021, the S/NFI Cluster will focus on people who are unable to support themselves such as affected non-displaced, host communities, newly displaced people, displaced communities and returnees. Under its first two objectives, the S/NFI Cluster aims to improve access to safe emergency shelter and lifesaving NFIs and to improve the living conditions of displaced people and host communities living in formal and informal settlements. The third and fourth objectives intend to support returnees and host communities with solutions aiming at rebuilding their lives through shelter and NFI solutions, resilience building, and improving access and security of tenure to land, housing and property. The fifth objective aims to enhance communities' dignity by increasing their ability to respond to new shocks and building on existing skills.

### Response

The cluster will target 1.1 million people with S/NFI assistance in 2021. There may be an increase in returns compared to 2020 due to the increased mobility of people in urban and rural areas. At the same time, because of sub-national violence and flooding, new displacements will continue, leading to informal settlements in rural areas with host communities. Affected and displaced communities will need shelter and NFI support to protect them from the weather and disease-causing vectors. The cluster will prioritize people in counties that have large numbers of people displaced by conflict, sub-national violence and flooding. The cluster will target displaced people, returnees and a small percentage of host community members, based on distribution trends from the previous year. The cluster anticipates an increase in need for shelter and NFIs support for returnees from current and previous PoC sites and outside the country as people settle in their areas of habitual residence or of origin. The cluster forecasts an increase in HLP issues due to cases of security of tenure. The cluster will increase its multi-sectoral response and innovative flood response solutions including disaster risk reduction in flood prone areas and will promote settlement programming using area-based approaches.

Cluster members will use in-kind and/or cash and voucher assistance (CVA) modalities based on needs and market functionality. In 2021, 17.5 per cent of the overall response will be through CVA, targeting over 198,000 people. This will enable communities to strengthen their resilience, through culturally appropriate and environmental-friendly shelter reconstruction, multi-sectoral settlement-based solutions and capacity building and strengthening committee groups enabling them to lead and support their communities.

A total of 85 per cent of cluster members are regionally mobile and will spend more time with communities to understand their shelter and NFI needs. Another 15 per cent of cluster partners are locally static. Response activities will be implemented through eight mobile partners who can deploy teams at short notice to any location across South Sudan.

The S/NFI Cluster will prioritize community engagement in accordance with the S/NFI Cluster, AAP guidelines and the cluster's Communication and Community Engagement (CCE) focal point. In 2021, the S/NFI Cluster aims to support shelter partners to engage closely with intersectoral clusters' CCE systems, particularly where community structures and systems have already been set up. Community committees will comprise willing gender and age groups to ensure inclusion of people with disabilities to ensure no one is left behind during the response.

The cluster has prioritized AAP for every intervention and has added specific AAP indicators: number of community-based complaint feedback mechanisms (CFMs) and number of trainings. Every partner log frame must include a CFM upon first contact with communities, not only at the time of a distribution. Cluster coordinators encourage partners to spend at least two weeks in the field with communities for every intervention, which allows them to engage the communities in a way that improves their resilience, livelihoods, and understanding of pressing issues like SEA and HLP.

Protection is mainstreamed throughout the S/NFI response cycle. The S/NFI Toolkit guides partners to review conflict sensitivity, HLP issues, GBV referral pathways and safety

audit findings. The cluster will promote security of tenure for displaced people and returnees.

In 2021, the S/NFI Cluster will increasingly promote solution-focused resilience building and self-dependency, including stronger HLP engagement to ensure security of tenure for returnees, including increased settlement programming. CVAs will be promoted in areas of return where markets are functional to strengthen people's coping mechanisms.

The cluster will continue to distribute S/NFIs through its community engagement, while implementing COVID-19 prevention measures in line with WHO guidelines and protocols. Assessment and capacity building workshops will continue after additional COVID-19 transmission mitigating measures have been put in place, including handwashing stations, terminating fingerprint verifications, hiring more crowd controllers and increasing the number of distribution days.

### **Cost of response**

The cluster estimates that \$35.5 million will be required to provide approximately 188,000 households with S/NFI assistance. The cluster anticipates using 51 per cent of its 2021 funds to reach IDPs with in-kind assistance at \$5 per person, including supplies and logistics. The S/NFI costs will support people returning to their habitual residence or area of origin, where they may face destroyed homes and belongings, as well as housing, land and property challenges. In these locations, the cluster and partners plan to respond with more robust shelter and multi-sectoral settlement solutions, with up to \$500 per household. This is an estimated 3 per cent of S/NFI programming that will address both life-saving household needs and resilience building. Such caseloads will require more CVA, averaging \$25 per person, or 17.5 per cent of programming, as functioning markets proliferate.

The cluster will employ cost-efficient measures through the effective use of its core pipeline (about 32 per cent of funding) and a coordination mechanism at national and sub-national levels across the country for appropriated coordinated and timely responses. The cluster will ensure a targeted response through in-kind or CVA in partnership with DTM and WFP, potentially using biometric registration (BMR) data to avoid duplication.

### **Monitoring**

The cluster will regularly monitor the needs of affected people through the NAWG and the cluster's bi-weekly Operational Working Group (OWG) meeting. The cluster will regularly conduct comprehensive needs analysis, assessments and verification procedures. About 150 assessments will be conducted in 2021. The cluster coordination teams at national and sub-national level will engage the CCE Working Group to support cluster engagement with communities and monitor communities' perception of needs.

Cluster members will be encouraged to involve all community groups throughout their project implementation cycle, including project planning, and monitoring with special attention to the needs of women, children, the elderly, disabled persons, and people with special needs. The cluster will seek collaboration and integration with S/NFI-related programmes implemented by the government and by other clusters, such as WASH, CCCM and the Cash Working Group. Moreover, the cluster will use various CCE modalities, including robust complaint and feedback mechanisms, assessments and safety audits.

3.10

## Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.9m	3.0m	50%	53%	119m	67	69

### Objectives

With the aim to reduce the burden of WASH-related diseases and malnutrition in locations with extreme WASH vulnerabilities, the WASH response will integrate with food security, health and nutrition activities. The services provided will aim to break the transmission cycle of main communicable diseases such as diarrhoea, to improve the food intake of malnourished children, and to contribute to health and nutrition objectives. The WASH Clusters will address people's lifesaving needs in disaster contexts, such as flooding, water scarcity, disease outbreaks and man-made disaster, by restoring immediate access to basic WASH services, either temporarily or permanently. The cluster will continue to mainstream protection and mitigate WASH-related GBV to provide affected people, particularly women and children, with safe access to WASH services and facilities. WASH partners will aim to ensure that water points do not become a trigger for conflict but enhance peaceful coexistence between communities.

The cluster aims to address the needs of the most vulnerable people with durable solutions. A targeting approach will be used to identify the most vulnerable in locations where people are regularly affected by floods, are historically highly food insecure communities, and are living in long-term displacement sites and settlements.

### Response

The WASH Cluster will address people's acute needs with rapid modalities including WASH NFIs; hygiene promotion and emergency sanitation; and water supply. To deliver immediate assistance, the cluster's core pipeline will remain a key response instrument in 2021. In parallel, when the context is adequate and resources are available, WASH partners will implement semi-permanent and permanent solutions including the repair or construction of water points and installation of sanitation facilities. COVID-19 prevention will be mainstreamed in all cluster approaches through adapted risk communication, hygiene promotion and products distribution.

The cluster prioritization is based on areas with the greatest WASH vulnerabilities, high GAM rates, high food insecurity, and areas that are vulnerable to water and vector-borne disease outbreaks. Building on 2020 achievements, the

WASH Cluster increased its targets under the sectoral objectives related to integrated response with nutrition and health. More children with SAM will be targeted with WASH services in 2021 at the nutrition facility level. Communities showing high malnutrition prevalence combined with limited access to safe water will be targeted with permanent water supply.

The cluster will meet people's needs through a combined static and mobile framework. Static partners with a strong presence and delivery capacity will be prioritized in the response. When a static partner is not present or does not have the capacity to address the needs, a mobile response modality will be used to cover gaps. Counties with extreme and catastrophic WASH vulnerability will have durable, static presence. WASH partners are encouraged to implement permanent solutions rapidly in these key locations.

Cluster members will build quality sustainable infrastructure such as flood-resilient facilities, robust supply systems in highly food insecure locations and self-sustained maintenance mechanisms through enhanced community engagement and ownership, including in long-term IDP settlements, PoC sites and former PoC sites.

The WASH Cluster will advocate with partners to increase protection mainstreaming and GBV mitigation measures. Partners will analyze how WASH issues affect women, girls, boys and men differently, and design their response based on a gender analysis. Partners are encouraged to identify barriers to women working in WASH in their contexts and implement concrete actions to close the gap. Partners will be encouraged to conduct localized barrier analysis to identify WASH needs related to disability and to address those needs. Conflict-sensitive practices should be considered at all stages in the programme cycle in WASH facilities.

In areas presenting chronic, specific WASH challenges, the cluster will promote small-scale pilot projects and innovations to address people's long-term needs. Market-based programming and CVA will be promoted by sharing lessons learned and building capacity to scale up their use.

The Cluster's AAP checklist is a key document in 2021 to ensure partners fully incorporate accountability in their

programming. The WASH Cluster conceives accountable WASH interventions as those which increase the ability of affected people to give feedback, have access to adequate and timely information and participate in WASH programme design, implementation and evaluation.

Failing to respond to needs, particularly in priority cluster-targeted locations, will result in increased WASH-related disease morbidity among children, risk of outbreak, limited sustainability of health and nutrition outcomes and higher prevalence of GBV at WASH facilities. Children, women and people living with a disability are likely suffer the most. Lack of funding and static presence to support implementation of more permanent solutions should inevitably result in another increase of WASH needs at the end of the year, in addition to negatively impacting capacity to rapidly scale-up response in acute crisis contexts.

### Cost of response

WASH's response activities in 2021 totals \$117 million. The unit cost is estimated at \$39 per person and includes the first line response package and the exit component to find more semi-permanent or permanent solutions, including boreholes repair and rehabilitation. Critical WASH supplies cost approximately \$9.5 per person. The overall cost reflects challenges in reaching remote locations and moving supplies during rainy seasons, and the establishment of new hubs in strategic locations. The implementation of

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

### Monitoring

Progress against meeting targeted HRP needs will be measured through 5W reporting to the cluster. The presence of semi-permanent to permanent water provision infrastructure will be mapped against the baseline analysis that was conducted in the first quarter of 2021. Impact indicators, with data from the FSNMS+, will be collected and analyzed during the rainy and dry seasons to measure changes at the community level.

In 2020, the cluster mainstreamed reporting against key AAP indicators into the 5W matrix. In 2021, the cluster will build on this through the dedicated Accountability to the Affected Population and Monitoring and Evaluation Technical Working Groups. The WASH Cluster will continue to engage with CCS partners to collect and utilize data collected from affected people and to strengthen the quality of the WASH response in South Sudan. In addition, the cluster will include reporting on GBV risk mitigation for all cluster activities in the 5W matrix.



A family uses a water borehole in Kolmarek, Jonglei State. Photo: Polish Humanitarian Action/Rafał Grzelewski



## Part 4:

# Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
304k	304k	54%	50%	274m	22	6

### Objectives

In 2021, the refugee response strategy aims to ensure that protection and humanitarian needs of refugees and other people of concern are met through the provision of multi-sector assistance, food security, protection, solutions monitoring and community-based support. As well as the provision of essential and life-saving services, key areas of focus include ensuring access to territory, reception, registration, status determination and documentation; maintaining the humanitarian and civilian character of camps; promoting peaceful coexistence; addressing needs of children, women at risk, survivors of GBV and people with specific needs; and promoting access to fair justice mechanisms. The response will ensure data collection on new and protracted displacement, needs and protection risks, pursue engagement with key actors on protection advocacy and operational response as well as promote empowerment and resilience of refugees and refugee returnees. The response will implement confidence-building measures through peaceful coexistence initiatives and integration of conflict sensitivity principles. The provision of multi-sector life-saving and life-sustaining services in refugee-hosting areas will directly contribute to reducing morbidity and mortality, protection threats and incidents and address the most immediate humanitarian needs for people with vulnerabilities and protection risks.

Refugee response partners, in coordination with South Sudan's Relief and Rehabilitation Commission (RRC), will enhance refugee return monitoring at border crossing points and in areas of return. The indirect socio-economic impact of COVID-19 is expected to further deepen in 2021, including associated protection risks for refugees, host communities and refugee returnees. Responding to increased vulnerabilities will continue to be paramount. Refugee response partners will continue to ensure inclusion of people of concern in national response plans. In collaboration with the Government of South Sudan, stakeholders and partners, UNHCR will continue to lead refugee response efforts and ensure effective protection, provide assistance and advance solutions for refugees, asylum seekers and refugee returnees. UNHCR will continue

to work with the Government of South Sudan for the operationalization of the government's National Plan of Action to End Statelessness which was endorsed in 2020.

### Response

An estimated 2.2 million South Sudanese have sought refuge in the six countries neighbouring South Sudan. While conditions are not yet conducive for a large-scale voluntary, safe, dignified and sustainable return of South Sudanese refugees, some 360,000 have returned in a self-organized manner since 2017. Critical humanitarian activities are already underway for refugee returnees by UNHCR and South Sudan's RRC with border and protection monitoring and community-based interventions to identify and address protection challenges. UNHCR and partners will continue monitoring the situation of refugee returnees in surrounding asylum countries and inside South Sudan to inform the protection response and advocacy for this population, bearing in mind the linkages with IDP return dynamics.

Refugee partners will continue to work closely with South Sudan's Commission for Refugee Affairs to implement the response plan including provision of protection, multi-sector assistance and basic services with particular attention to persons with specific needs. Interventions will promote the full enjoyment of rights and adherence to international refugee law and standards. The interventions include registration, documentation, shelter, core relief items, camp management, health, nutrition, education, food security and livelihoods. To promote civilian and humanitarian character of asylum, protection monitoring, and advocacy will continue in addition to strengthening capacities of the Government to ensure safety and security in areas hosting refugees including Maban, Pariang, Yambio, Yei, Gorom and Juba in line with the conflict sensitivity principles.

The country is seeing a steady number of South Sudanese refugees spontaneously returning to their home country. However, with substantial efforts and investment still required to create conditions conducive for sustainable solutions, large scale return of refugees from neighbouring countries is not foreseen in the near future. Spontaneous





A group of women, men and children gather in Doro refugee camp to listen to songs written by the youth committee. Through these songs, the community learns about COVID-19. Photo: UNHCR/Mary-Sanyu Osire

returns are however likely to continue. In coordination with South Sudan's RRC and partners, refugee return monitoring at border crossing points and in areas of return will be enhanced in order to collect and analyse information on return trends in coordination with operations in the neighbouring countries of asylum, identify protection needs, obstacles to voluntary returns in safety and dignity, redress, reintegration and protection challenges. Community-based support will enhance coping capacities in areas of high return and at building resilience to promote sustainable solutions to displacement.

Response modalities will be a combination of direct service provision, in-kind support, limited cash and voucher assistance as well as community-based support and advocacy interventions. Understanding community dynamics and ensuring potential tensions are prevented and alleviated are critical in refugee-hosting and refugee return areas. Ensuring peaceful coexistence and host community support activities are an integral part of the response, including through equitable access to available basic services such as education, water and health, and community-based support benefiting host communities based on needs. Promotion of social cohesion among communities will be integrated into various sectorial interventions. While the majority of interventions will continue to be in-kind, taking into consideration the operational context, UNHCR and partners will further expand CVA. All interventions will integrate COVID-19 preventive and

response measures, including physical distancing, hygiene practices and awareness raising messages.

Refugee Response partners use an Age, Gender, and Diversity Approach in all aspects of their operations. Specific examples include prioritizing female-headed households during distributions, providing safe spaces for children and taking the needs of the elderly into consideration. Over 98 per cent of refugees in South Sudan reside in camps and settlements in inadequate living conditions with little access to public services while 2 per cent live in urban areas. Of the total refugee population, 82 per cent are women and children. Under the refugee coordination model, UNHCR will continue to lead and coordinate the multisector refugee response with government counterparts in locations hosting refugees, asylum seekers, persons at risk of statelessness and refugees spontaneously returning to South Sudan from asylum countries. Close cooperation will be maintained with South Sudan's Commission for Refugee Affairs, the lead government counterpart on refugee affairs, as well as with the RRC on matters pertaining to refugee returns.

Protection and assistance will be provided in partnership with some 22 national and international NGO partners and UN agencies and in close collaboration with local authorities, persons of concern and host communities. Protection from sexual exploitation and abuse mechanisms are integrated throughout the programme cycle with the use of

a survivor-centred approach emphasizing safety, confidentiality, accountability, transparency and accessibility.

The refugee population is expected to increase to some 350,000 in 2021, considering natural population growth and new refugee arrivals from Sudan, Central African Republic and the Democratic Republic of Congo among others, and which require adequate measures to be put in place to ensure they can be accommodated and services expanded to maintain minimum standards. Additionally, the number of South Sudanese refugees spontaneously returning to South Sudan is projected to increase to a cumulative 500,000 in 2021 which will require further strengthening of refugee returns monitoring at border crossing points and in areas of return, as well as community-based support.

Given funding constraints, UNHCR will continue strengthening collaboration with actors engaged in early recovery and development and garnering support towards the Global Compact on Refugees in refugee-hosting and refugee return areas. This will build resilience, empower communities, particularly women and youths, and create enabling conditions for solutions for refugees in and from South Sudan in collaboration with the Government. Refugee response partners will maintain a presence in strategic and priority field locations, including Pariang, Maban, Yei and Yambio, amongst others. Outreach, vulnerability assessments, return and protection monitoring will also be strengthened through protection desks and mobile response in the areas where UNHCR and partners do not have a static presence in refugee return areas. With reduced funding, refugee response partners will conduct core protection interventions and provide life-saving assistance of limited scale to refugees and other persons of concern. Lack of funding will adversely affect the ability to address increasing and most critical needs. It will most notably impact the ability to effectively pursue and sustain peaceful co-existence and community-based initiatives among refugees, refugee returnees and local communities. Access to quality education for refugee children will be impacted further after a year of school closure for most children, leading to serious protection consequences, including negative coping mechanisms.

### **Cost of response**

The operating environment in refugee-hosting areas remains extremely complex, challenged by COVID-19, insecurity, an economic crisis, bureaucratic impediments, and logistical challenges due to the remoteness of refugee-hosting locations. In 2021, the refugee response plan includes costs associated with food and nutrition support, amounting to \$109 million. This explains the significant increase in the overall financial requirements for the refugee response

compared to 2020. All remaining multi-sector assistance, including protection, health, education, logistics and infrastructure support, is approximately \$165 million.

Human resources, essential health, WASH and other supplies, infrastructure and logistics will remain large part of the funding requirements to sustain basic services benefiting refugees and host communities and ensure unhindered access to refugee locations. Road movements are limited due to insecurity and long seasonal rains subject to the timely mobilization of financial resources, refugee response partners will continue to maximize pre-positioning of relief items to operational areas during the dry season.

Significant COVID-19 preparedness and response efforts, including water, sanitation, hygiene and health systems strengthening have been made by refugee response partners in 2020. These interventions will be mainstreamed into the regular response in 2021, presenting additional costs compared to previous years, albeit to a lesser extent than in the initial 2020 scale up. This has been included in the response costs.

### **Monitoring**

Refugee response partners will collect and analyze data against the set indicators for the response plan on a quarterly basis. This will include disaggregated population data and profile, sector 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 targeted population are consulted in programme design and monitoring and inform decisions that affect their lives.

Rights-based and the Age, Gender, and Diversity Approach principles are applied throughout the programme cycle to ensure that the voice, needs and feedback of persons of concern, particularly those with chronic medical issues, older persons, separated and unaccompanied children, persons with disabilities, women and children are taken into account, and that gaps, challenges and solutions are identified. Various community communication and communication modalities will be used to ensure accountability to affected communities in the response. This includes bolstered feedback and complaint desks, hotlines, focus discussion groups, community-based networks, camp-level coordination meetings.

## Part 5:

# Abyei Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
<b>210k</b>	<b>210k</b>	<b>20</b>	Covered by Sudan and South Sudan HRPs

### Summary of needs

In 2021, some 210,000 people will require humanitarian assistance in the disputed Abyei Area, an increase of four per cent compared to 2020. Humanitarian partners identified 111,000 vulnerable people from the Ngok Dinka communities, 9,000 people displaced from neighbouring states in South Sudan, 39,000 people from the Misseriya community, 6,500 mainly Nuer and Dinka Twic, 39,000 seasonal Misseriya migrants, and 5,500 Falata nomads who are expected to leave Abyei by June 2021.

Humanitarian and recovery needs are significant, due to occasional violent conflict with temporary displacement, inter-communal tensions, and limited support from local institutions. The situation is characterized by widespread poverty; food insecurity; malnutrition; limited livelihoods; a poor health services support system; increased malaria rates; and high protection risks - including sexual and Gender-Based Violence (SGBV), child protection, and presence of explosive remnants of war. The absence of formal institutions to enforce the rule of law, address violations of human rights, and displacement are additional concerns for the targeted population.

In 2020, the outbreak of conflict in Kolom village in January, which resulted in the displacement of some 4,000 people to Abyei town, further increased humanitarian needs. COVID-19 added an additional burden, as the pandemic heavily impacted existing humanitarian operations in the area, as well as peace and stability, and resilience-building activities. Insufficient community-based surveillance and behavioural communication also affects the ability to monitor the health situation. People's living conditions are also impacted by very limited government-led services and lack of access to basic public health, WASH, education and protection services, including SGBV and child protection.

Consideration of the migrating and sedentary livestock population, the main economic source for both Misseriya and Ngok Dinka, is also a priority. This includes the provision of animal health services, such as vaccination and treatment for a million of cattle, over a million of goats and sheep, and thousands of donkeys and chickens.

Flooding in 2019 affected the majority of the population whereas in 2020 the area was hit by drought, highlighting the high dependency on climate-sensitive natural resources production, particularly rain-fed subsistence agriculture. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income generating opportunities in order to improve livelihoods. Such interventions are likely to contribute to increased resilience among communities, and at the same time, decrease the dependency on aid from the international community in the long run.

### Strategic objectives

- Provide timely multi-sectoral lifesaving assistance to crisis-affected people and most vulnerable population.
- Mitigate protection risks and respond to protection needs through humanitarian action.
- Improve vulnerable people's access to livelihoods and life-sustaining basic services.
- Promote peaceful coexistence, stability and resilience among communities, ensuring further sustainability through capacity building and community empowerment.

### Response

- Maintain humanitarian lifesaving services and increase their sustainability by adopting participatory approaches aiming at building community-based management capacity, including joint/community peace committees, community animal health workers, youth and women unions and peace clubs.
- Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and improve monitoring impediments and civil-military coordination (CMCoord).
- Contribute to the reduction in morbidity and mortality with increased access to quality health care and nutrition interventions, strengthening community case management approaches and community-based surveillance. This includes prepositioned-stocks for malaria and acute watery diarrhea and increased support for measles vaccination programmes.



- Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities.
- Reduce the risk of malnutrition in children under five, and pregnant and lactating women through treatment of severe and moderate acute malnutrition and support to infant and young child feeding at primary and community level.
- Strengthen protection by working with all stakeholders, including local institutions and civil society in close collaboration with the United Nations Interim Security Force for Abyei (UNISFA)/United Nations Police, to reduce protection risks i.e. SGBV and implement comprehensive protection responses with a focus on women, youth and people with specific vulnerabilities.
- Provide women and child protection services, reduce risk of death and injury from landmines and Explosive Remnants War (ERW) through survey and clearance activities and mine risk education, and engage with all actors to advocate for a better protective environment for civilians.
- Provide access to primary education and training, establishment of learning spaces, rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school.
- Provide and support veterinary health, treatment services and infrastructures - in coordination with the local institutions, while revitalizing the community-based animal health workers network for pastoral nomadic populations by adopting a “follow-on approach” throughout migratory routes and concerned areas, and increased sustainable access to animal care for sedentary populations.
- Improve communities’ resilience and access to livelihood opportunities and provide food security interventions, developing community assets, and improving technical expertise. This includes data and information generation on agriculture/crops production and fishery practices, vocational training and community-based natural resource management, including multi-purposes water facility.
- Maintain readiness and update the Abyei inter-agency contingency plan and sector specific emergency preparedness plans to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stocks in Abyei, Agok and Diffra towns, including ES/NFI kits.
- Monitor population movement, displacement and return of displaced persons in line with relevant laws/guidelines, in Abyei and identify the most vulnerable populations in need of assistance across all humanitarian sectors.
- Strengthen peacebuilding skills of, youth, women, men, and community-based structures in Abyei to contribute to decision-making and peaceful coexistence of their communities as well as taking special consideration of children.
- Provide climate change information and establish an effective flood-related early warning mechanism within the context of the current Disaster Risk Reduction institutions to hazards, vulnerability and capacity in the Abyei Area.
- Include social behaviour change and communication as cross-cutting issues that cover WASH, health and nutrition interventions. This support ongoing services during emergency preparedness and response to ensure improved reach, outbreak mitigation and coverage.

#### **Number of partners in Abyei: 20 partners**

- 7 UN AFPs in Abyei town (OCHA, RCO, WFP, FAO, IOM, UNICEF, UNMAS) are operating in Abyei Box, implementing activities, either through direct implementation or NGOs and contractors.
- 6 INGOs (GOAL, SCI, MSF, ADRA, Samaritan’s Purse, BGRRF) in Agok town are largely operating in southern and central Abyei.
- 1 INGO (Concordis International) in Abyei town is operating across Abyei.
- 4 N/L NGOs (AIRS, ACAD, Inspired Children, SSRC) in Agok are operating in southern and central Abyei.
- 2 N NGOs (GAH, Elgoni) in Diffra are operating in northern Abyei.
- WHO and UNHCR are supporting Abyei remotely from South Sudan.





## Response Analysis

The prioritization considered the severity of people's needs, characteristics of the population including age, gender, and disabilities in each geographical location based on the results of the 2021 HNO. These needs have enabled the clusters to develop response approaches and modalities to address the identified needs, and to consider the appropriateness, relevance and feasibility of the approaches and modalities in each location.

Throughout 2020, the ICCG continuously reviewed response dashboards and operational partner presence maps, number of people reached out of people targeted for response per geographic location and per cluster, funding levels and status, and the specific vulnerability characteristics of the population groups including age, gender, and disabilities. The results from these analyses provided an evidence basis for response adjustment, re-prioritization, and re-programming to address the specific needs of the underserved affected people to be prioritized for response in 2021. The main achievements and gaps of the 2020 response were captured in the 2020 Response in Review publication.<sup>17</sup>

The response analysis also considered the severity of access constraints that were experienced in 2020 for each geographic location and projected for 2021. This enabled humanitarian organizations to develop local access strategies, where feasible and appropriate, in consultation with affected communities and local authorities, to address the most common trends or challenging impediments in 2021, inform high-level advocacy on access, and guide operational planning to support response to people's needs in locations with severe access constraints.

The response analysis considered conflict sensitivity considerations and approaches, in particular in Jonglei, Greater Pibor Administration Area, Warrap and Lakes where high levels of sub-national violence continued to drive humanitarian needs through 2020. The approaches supported the ICCG in integrating conflict sensitivity into sectoral and intersectoral programming and prioritized in 2021.

While response modalities primarily involve in-kind assistance and direct service provision, the Cash Working Group will further expand the use of cash and voucher assistance in where feasible and appropriate in 2021 and intensify market monitoring and analysis to expand better understanding of market dynamics in South Sudan.

Based on response analysis and lessons learned, the HRP partners will further strengthen communication with communities and accountability to affected populations, including through the development of improved systems for receiving, collecting and analyzing feedback from affected people.

The response analysis and approaches chosen for the HRP will continue to be flexible and adjustable throughout 2021, based on evidence.

## Response by Geography

COUNTY	SOUTH SUDANESE PEOPLE IN NEED THOUSANDS	SOUTH SUDANESE PEOPLE TARGETED THOUSANDS	BY SEX FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)
<b>CENTRAL EQUATORIA</b>				
Juba	306.0	214	52 / 48	49 / 47 / 4
Kajo-keji	137.4	100	47 / 53	16 / 65 / 19
Lainya	93.5	50	47 / 53	42 / 52 / 6
Morobo	88.2	50	49 / 51	53 / 42 / 5
Terekeka	205.4	111	52 / 48	52 / 42 / 6
Yei	212.9	114	53 / 47	55 / 37 / 8
<b>State total</b>	<b>1,043.4</b>	<b>639</b>		
<b>EASTERN EQUATORIA</b>				
Budi	46.0	44	53 / 47	66 / 30 / 4
Ikotos	45.9	46	53 / 47	53 / 38 / 7
Kapoeta East	99.3	77	49 / 51	59 / 36 / 3
Kapoeta North	107.3	87	48 / 52	59 / 33 / 7
Kapoeta South	59.8	44	50 / 50	61 / 37 / 1
Lafon	53.6	29	53 / 47	58 / 37 / 3
Magwi	90.1	48	49 / 51	53 / 39 / 8
Torit	32.1	20	53 / 47	64 / 33 / 3
<b>State total</b>	<b>534.1</b>	<b>395</b>		
<b>JONGLEI</b>				
Akobo	198.9	188	51 / 49	51 / 39 / 10
Ayod	152.5	136	50 / 50	50 / 42 / 8
Bor South	298.2	288	49 / 51	54 / 39 / 7
Canal/Pigi	83.1	74	51 / 49	45 / 45 / 10
Duk	174.8	165	50 / 50	54 / 40 / 6
Fangak	153.4	136	47 / 53	58 / 34 / 8
Nyirrol	118.0	118	50 / 50	58 / 34 / 8
Pibor	200.1	193	52 / 48	55 / 37 / 8
Pochalla	58.3	48	56 / 44	60 / 37 / 3
Twic East	109.0	104	55 / 45	48 / 44 / 8
Uror	133.8	111	52 / 48	60 / 37 / 3
<b>State total</b>	<b>1,680</b>	<b>1561</b>		

WITH DISABILITY (%)	REFUGEES TARGETED* THOUSANDS	COUNTY SEVERITY OF NEEDS	RESPONSE PRIORITY
		EXTREME, SEVERE CATASTROPHIC	LOWEST, LOW, MEDIUM, HIGH, HIGHEST
15%	9	EXTREME	LOW
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	10	EXTREME	HIGH
	<b>19</b>		
15%	-	EXTREME	LOW
15%	-	EXTREME	LOW
15%	-	EXTREME	LOW
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	LOW
15%	-	EXTREME	LOW
15%	-	SEVERE	LOWEST
15%	-	EXTREME	LOW
	<b>0</b>		
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	CATASTROPHIC	HIGHEST
15%	2	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
	<b>2</b>		

COUNTY	SOUTH SUDANESE PEOPLE IN NEED THOUSANDS	SOUTH SUDANESE PEOPLE TARGETED THOUSANDS	BY SEX FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)
<b>LAKES</b>				
Awerial	81.7	82	51 / 49	59 / 37 / 4
Cueibet	116.3	93	47 / 53	57 / 32 / 11
Rumbek Centre	94.7	76	48 / 52	63 / 34 / 3
Rumbek East	110.7	86	51 / 49	55 / 39 / 6
Rumbek North	53.7	46	52 / 48	61 / 32 / 7
Wulu	30.4	14	54 / 46	55 / 40 / 5
Yirol East	101.7	77	50 / 50	53 / 40 / 7
Yirol West	102.1	69	50 / 50	54 / 38 / 8
<b>State total</b>	<b>691.3</b>	<b>544</b>		
<b>NORTHERN BAHR EL GHAZAL</b>				
Aweil Centre	51.9	48	53 / 47	56 / 32 / 11
Aweil East	235.5	197	53 / 47	62 / 32 / 6
Aweil North	115.1	93	53 / 47	59 / 34 / 7
Aweil South	103.9	90	52 / 48	54 / 43 / 3
Aweil West	129.3	98	51 / 49	60 / 35 / 5
<b>State total</b>	<b>635.6</b>	<b>526</b>		
<b>UNITY</b>				
Abiemnhom	41.7	36	51 / 49	51 / 41 / 8
Guit	44.3	44	51 / 49	59 / 30 / 11
Koch	67.4	51	55 / 45	53 / 34 / 13
Leer	53.0	41	53 / 47	53 / 41 / 6
Mayendit	51.8	52	49 / 51	55 / 36 / 9
Mayom	134.5	104	51 / 49	57 / 27 / 16
Panyijiar	93.7	91	51 / 49	61 / 34 / 5
Pariang	89.6	70	50 / 50	56 / 37 / 7
Rubkona	200.0	148	50 / 50	53 / 38 / 9
<b>State total</b>	<b>776</b>	<b>638</b>		
<b>UPPER NILE</b>				
Baliät	39.4	39	46 / 54	61 / 29 / 10
Fashoda	48.6	38	53 / 47	55 / 30 / 15
Longochuk	43.6	39	43 / 57	45 / 40 / 15
Luakpiny/Nasir	243.6	220	53 / 47	58 / 35 / 7
Maban	32.2	31	49 / 51	59 / 34 / 7

WITH DISABILITY (%)	REFUGEES TARGETED* THOUSANDS	COUNTY SEVERITY OF NEEDS	RESPONSE PRIORITY
		EXTREME, SEVERE CATASTROPHIC	LOWEST, LOW, MEDIUM, HIGH, HIGHEST
15%	-	EXTREME	LOW
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	SEVERE	LOWEST
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
	<b>0</b>		
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
	<b>0</b>		
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	119	SEVERE	LOWEST
15%	-	EXTREME	MEDIUM
	<b>119</b>		
15%	-	EXTREME	MEDIUM
15%	2	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	152	EXTREME	MEDIUM



COUNTY	SOUTH SUDANESE PEOPLE IN NEED THOUSANDS	SOUTH SUDANESE PEOPLE TARGETED THOUSANDS	BY SEX FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)
<b>UPPER NILE</b> continued				
Maiwut	128.9	103	47 / 53	55 / 38 / 7
Malakal	190.4	87	42 / 58	29 / 51 / 20
Manyo	77.0	38	49 / 51	41 / 51 / 8
Melut	126.7	62	50 / 50	62 / 34 / 4
Panyikang	65.3	45	46 / 54	31 / 44 / 25
Renk	189.1	83	47 / 53	58 / 35 / 7
Ulang	137.7	107	52 / 48	51 / 40 / 9
<b>State total</b>	<b>1,459.7</b>	<b>893</b>		
<b>WARRAP</b>				
Gogrial East	127.7	56	49 / 51	57 / 35 / 8
Gogrial West	318.0	164	48 / 52	62 / 32 / 6
Tonj East	179.9	110	45 / 55	57 / 36 / 6
Tonj North	256.6	140	51 / 49	51 / 37 / 12
Tonj South	116.5	68	48 / 52	54 / 38 / 8
Twic	263.8	100	51 / 49	58 / 35 / 7
<b>State total</b>	<b>1,262.5</b>	<b>639</b>		
<b>WESTERN BAHR EL GHAZAL</b>				
Jur River	276.3	67	53 / 47	59 / 36 / 5
Raja	58.1	29	49 / 51	56 / 39 / 5
Wau	312.3	109	53 / 47	56 / 41 / 3
<b>State total</b>	<b>646.7</b>	<b>204</b>		
<b>WESTERN EQUATORIA</b>				
Ezo	129.5	24	50 / 50	55 / 37 / 8
Ibba	64.8	32	47 / 53	66 / 31 / 3
Maridi	107.6	20	54 / 46	53 / 41 / 6
Mundri East	97.6	56	49 / 51	56 / 36 / 8
Mundri West	48.5	13	47 / 53	59 / 37 / 4
Mvolo	73.4	17	49 / 51	56 / 37 / 7
Nagero	30.7	20	52 / 48	44 / 53 / 3
Nzara	81.6	23	52 / 48	54 / 40 / 6
Tambura	116.2	17	53 / 47	54 / 42 / 4
Yambio	164.4	50	48 / 52	45 / 39 / 16
<b>State total</b>	<b>914</b>	<b>271</b>		

WITH DISABILITY (%)	REFUGEES TARGETED* THOUSANDS	COUNTY SEVERITY OF NEEDS	RESPONSE PRIORITY
		EXTREME, SEVERE CATASTROPHIC	LOWEST, LOW, MEDIUM, HIGH, HIGHEST
15%	-	EXTREME	HIGH
15%	-	EXTREME	LOW
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	HIGH
	<b>154</b>		
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	LOW
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	EXTREME	HIGH
15%	-	EXTREME	LOW
	<b>0</b>		
15%	-	EXTREME	MEDIUM
15%	-	SEVERE	LOWEST
15%	-	EXTREME	HIGH
	<b>0</b>		
15%	3	EXTREME	LOW
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	LOW
15%	-	EXTREME	MEDIUM
15%	-	EXTREME	LOW
15%	-	EXTREME	LOW
15%	-	EXTREME	HIGH
15%	-	SEVERE	LOWEST
15%	2	EXTREME	LOW
15%	5	EXTREME	MEDIUM
	<b>10</b>		

# Towards Integrated, Coherent and Coordinated Humanitarian and Development Delivery

In recognition of the cumulative effects of years of prolonged conflict, chronic vulnerabilities, immense need for life-saving humanitarian assistance and protection of civilians in South Sudan, the UNCT and HCT in 2019 agreed on 'A New-Smart-Way of Working' (NWOW) that takes into consideration the peace-humanitarian-development nexus. Three work streams were identified to promote the collaboration between humanitarian and development planning as part of the NWOW approach, which resulted in the agreement of two collective outcomes:

1. Reduce the vulnerability of communities in non-conflict areas to food insecurity by building assets for resilience. The target was that by 2021 at least 10 counties have moved from IPC 4 to IPC 3 or lower.
2. Improve access to GBV protection and prevention services with a focus on strengthening national partners working outside PoC sites in areas not affected by conflict. The target for 2021 was to ensure that all SGBV survivors have access to safe house services and livelihood support.

The UNCT and HCT implement key activities through the UNCF and HRP respectively to achieve collective outcomes, including aligning of some of the UNCF and HRP indicators (see link). Relatedly, in 2020, with the outbreak of the COVID-19 pandemic, the UNCT and HCT coordinated through the Resident Coordinator's Office (RCO) and OCHA to ensure there was no overlap between the UNCT's COVID-19 Socio-Economic Response Plan and the HCT's COVID-19 Addendum to the 2020 HRP. A Partnership for Recovery and Resilience (PfRR) project in Yambio, Torit, Aweil and Wau to reduce vulnerability and build resilience is another example of the nexus approach which harnesses synergies and collaboration among the peace, humanitarian and development actors in South Sudan.

## Next steps:

**Develop joint programme priorities for possible returns in 2021-2022:** In consultation with IOM, the RCO, OCHA and UNHCR are planning a rapid joint mapping of needs of returnees and displaced people to confirm the number of returnees, their likely location of return, security and peace conditions, economic conditions and aspirations, social conditions and needs, and joint funding opportunities.

## Continue to align HRP and UNCF planning and implementation:

The UNCT and HCT will continue to focus on recovery and resilience building, through an area-based approach, whilst facilitating continued provision of life-saving humanitarian assistance, including support for spontaneous, voluntary returns. Enhanced complementarity between humanitarian and development activities and closer alignment of the HRP process with the UNCF annual work plan will be ensured.

## Advocate for the implementation of the peace agreement:

A stable and secure environment remains a necessary condition for both humanitarian and development operations. As such, the UNCT and HCT will continue to advocate for the implementation of the 2018-revitalized peace agreement and access to all populations to ensure that, per Agenda 2030, No One is Left Behind. Engagement with the Government, IGAD, R-JMEC and UNMISS on peacebuilding and governance to build synergies will continue.

## Evaluate progress and achievement of the Collective Outcomes:

As part of the UNCF evaluation planned for the fourth quarter of 2021, the UNCT and HCT plan will include evaluation questions to measure the achievements and progress on the two agreed collective outcomes to demonstrate the extent to which the collective outcomes have been implemented by the UNCT and HCT, their relevance and impact. The evaluation will help define new priorities and collective outcomes for the UNCT and HCT in 2022 and beyond.

**The United Nations Cooperation Framework:** The current United Nations Cooperation Framework (UNCF) has been extended until 2022 to align with the implementation dates of the Government's transitional plan for the Revitalized Peace Agreement by early 2023.<sup>18</sup> The UNCT commits to a participatory and inclusive process in developing the next UNSDCF in close consultations with the Government, the HCT, and development partners. The Common Country Analysis (CCA) will be informed by the humanitarian situation and analysis, evaluation of the current UNCF. Based on this joint analysis, the UNCT and HCT will define a new set of collective outcomes.

Read more about the humanitarian and development frameworks and coordination structures in South Sudan:

<https://bit.ly/2Ohgk2M>



Soap donated by Unilever is distributed to refugees at Ajong Thok refugee camp.  
Photo: UNHCR/Martim Gray Pereira

## 2021 HRP-2021 UNCF Collective Outcomes

SPECIFIC OBJECTIVE	2021 HRP INDICATOR	UNCF INDICATORS
Decrease in prevalence of global acute malnutrition among children under the age of 5 years and pregnant and lactating women in [geographical areas] below [percentage] by [date]	Prevalence rate of global acute malnutrition in children under age 5 years and pregnant and lactating women in [geographical areas] de-creased (dis-aggregated by sex)	Number of children aged 6-59 months with MAM who are admitted for treatment
Reduce critical food insecurity levels for 2.58 million people across all 78 counties projected to be in IPC phase 4 and 5 at the height of the 2021 lean season (from the November 2020 baseline)	Number of people in IPC phase 4 and 5 worsened/ improved against the baseline (by county and disaggregated by sex)	% of households with poor Food Consumption Scores (FCS) Number of boys and girls receiving school feeding assistance, disaggregated by activity (On-site meals or Vulnerability Incentive (Take-home ration) (output)
Provision of regular access to quality basic, gender-responsive, ability-challenged accessible services, including water, sanitation and hygiene, nutrition, education and health, including sexual and reproductive health, is extended to [number] of women, men, girls and boys by [date]	Water: Number of people with access to improved and safe water source (disaggregated by sex, age and disability) Sanitation: Number of people with access to sanitation facilities, including menstrual hygiene (disaggregated by sex, age and disability)	Number of people (including host communities, IDPs and Refugees) who access and use safe drinking water with minimum quality and quantity as agreed with cluster Number of people (including host communities, IDPs, refugees) who access and use adequate sanitation with minimum quality and quantity as agreed with cluster % of households with basic water services, disaggregated by sex
Provide access to life-saving essential healthcare, including mental health to women, men, girls and boys, including ability-challenged persons	Health: Number of deliveries conducted by skilled birth attendants Number of persons with mental health conditions provided with Mental health and psychosocial support (MPHSS) services	Number of outpatient department consultations.
Reduce suffering of girls, boys, women, men, older persons, persons with disabilities, and other persons with specific needs at risk of, or who experienced violence, abuse, exploitation and neglect, including gender-based violence, through the provision of specialized protection and multi-sectoral services	Number of people provided with specialized protection and multi-sectoral services (health, psychosocial, legal, security, livelihood, etc.) Number of survivors of gender-based violence provided with GBV case management (disaggregated by sex and age)	# of community support groups formed/strengthened, self-sustained and mainstreamed within existing protection structure. # of GBV one stop center, women empowerment center and women and girls space established to provide services to women and girls including survivors. # of capacity strengthening opportunities and awareness raising designed and delivered to relevant target groups for GBV prevention and response.
Enhance resilience capacity of [number] [target population] in [geographical areas] by [date]	Resilience Capacity Index Livelihood coping indicator Reduced coping strategy indicator Resilience Capacity Index measured across all 78 counties; comparing with 2019 baseline (increase/ decrease/no change)	Number of groups accessing private-sector jobs as a result of capacity strengthening support Number of targeted persons receiving agriculture production kits and market oriented agricultural training
Strengthen coordination and contextual analysis of needs conducted at national and sub-national levels	Number of inter-sectoral and gender-sensitive needs assessments conducted	# of operational multi-sectorial youth coordination mechanism established to coordinate and report on youth engagement in humanitarian development and peace nexuses.



HRP TARGET	SOURCE	FREQUENCY	2021 UNCF TARGET	MEANS OF VERIFICATION (SOURCE)	REPORTING
		Quarterly	506,488 (M: 243,114 F: 263,374)	Sector Management Information System (Nutrition Information System)	Semi-annually
		Semi-annual	15% 60,000 (Vulnerability Incentive) and 400,000 (On-site Meals)	FSNMS AFPs reports	Annually Semi-annually
	5 Ws	Monthly	Water 3,503,931 Sanitation 1,476,390 56%	WASH Cluster and Agency specific WASH progress reports UNICEF-WHO joint monitoring programme reports	Semi-annually Annually
		Monthly	2 per capita/year	HMIS/DHIS2	Semi-annually
		Monthly	41 15 40	AFPs reports	Semi-annually
	FSL		800 10,000	Job placement records Post distribution Monitoring reports	Semi-annually
79 assessments	NAWG	Quarterly	21	AFPs reports	Semi-annually

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



## Contribute through the Central Emergency Response Fund

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

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



## Contribute through South Sudan Humanitarian Fund

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

[www.unocha.org/south-sudan/about-ss-hf](http://www.unocha.org/south-sudan/about-ss-hf)

For information on how to make a contribution, please contact: [ochasshf@un.org](mailto:ochasshf@un.org)

# Acronyms

<b>AAP</b>	Accountability to Affected Populations	<b>FCS</b>	Food consumption score
<b>AFP</b>	Agencies, funds and programmes	<b>FDG</b>	Focus Group Discussion
<b>AoK</b>	Area of Knowledge	<b>FFA</b>	Food for Asset
<b>AoR</b>	Area of Responsibility	<b>FFE</b>	Food for Education
<b>ARCSS</b>	Agreement on the Resolution of the Conflict in South Sudan	<b>FSNMS</b>	Food Security and Nutrition Monitoring System
<b>BAC</b>	battle area clearance	<b>FSNMS+</b>	Food Security and Nutrition Monitoring System Plus
<b>BEmONC</b>	Basic Emergency Obstetric Care	<b>FSL</b>	Food Security and Livelihoods
<b>BMR</b>	biometric registration	<b>FTR</b>	Family tracing and reunification
<b>CAAFAG</b>	Children associated with armed forces or armed groups	<b>GAM</b>	global acute malnutrition
<b>CAR</b>	Central African Republic	<b>GBV</b>	gender-based violence
<b>CBCM</b>	Community-Based Complaints Mechanism	<b>GPAA</b>	Greater Pibor Administrative Area
<b>CBCP</b>	community-based child protection	<b>GOSS</b>	Government of South Sudan
<b>CBI</b>	Cash Based Initiative	<b>HCT</b>	Humanitarian Country Team
<b>CBA</b>	Cash-based Assistance	<b>HH</b>	households
<b>CCA</b>	Common Country Analysis	<b>HLP</b>	Housing, Land and Property
<b>CCE</b>	Communications and Community Engagement	<b>HMIS</b>	Health Management Information System
<b>CCS</b>	Coordination and Common Services	<b>HNO</b>	Humanitarian Needs Overview
<b>CCCM</b>	Camp Coordination and Camp Management	<b>HRP</b>	Humanitarian Response Plan
<b>CERF</b>	Central Emergency Response Fund	<b>ICCG</b>	Inter-Cluster Coordination Group
<b>CFM</b>	community-based complaint feedback mechanisms	<b>ICF</b>	Interim Cooperation Framework
<b>CMR</b>	Clinical Management of Rape	<b>IDPs</b>	Internally Displaced Persons
<b>COVID-19</b>	Coronavirus 2019	<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>CPiE</b>	child protection in emergencies	<b>IEC</b>	Information, Education and Communication
<b>CPIMS+</b>	child protection information management system	<b>IGAD</b>	Intergovernmental Authority on Development
<b>CRS</b>	Catholic Relief Services	<b>IMAS</b>	International Mine Action Standards
<b>CTS</b>	Common Transport Service	<b>IMWG</b>	Information Management Working Group
<b>CVA</b>	cash and voucher assistance	<b>IMSMA</b>	Information Management System for Mine Action
<b>CW</b>	Concern Worldwide	<b>INEE</b>	Inter-Agency Network for Education in Emergencies
<b>CWG</b>	Cash Working Group	<b>IOM</b>	International Organization for Migration
<b>DRC</b>	Democratic Republic of the Congo	<b>IPA</b>	individual protection assistance
<b>DRR</b>	Disaster Risk Reduction	<b>IPC</b>	Integrated Food Security Phase Classification
<b>DTM</b>	Displacement Tracking Matrix	<b>IRRM</b>	Integrated Rapid and Response Mission
<b>ECD</b>	Early Childhood and Development	<b>IRNA</b>	Initial Rapid Needs Assessment
<b>EiE</b>	Education in emergencies	<b>KI</b>	key informant
<b>EMAP</b>	Engaging men in accountable practice	<b>LLITNs</b>	Long-lasting insecticide-treated nets
<b>EORE</b>	Explosive ordnance risk education	<b>M</b>	males
<b>ERT</b>	Emergency Response Teams	<b>MAM</b>	moderate acute malnutrition
<b>EWARS</b>	Early Warning Alert System	<b>MASC</b>	Mine Action sub-cluster
<b>EVD</b>	Ebola Virus Disease	<b>MHPSS</b>	Mental Health and Psychosocial Support Services
<b>F</b>	females	<b>MoGEI</b>	Ministry of General Education and Instruction
<b>FAO</b>	Food and Agriculture Organization	<b>MRE</b>	Meal Ready to Eat

<b>MSEE</b>	Minimum Standard for Education in Emergencies	<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>MSNA</b>	Multi-Sectoral Needs Assessment	<b>UNSDCF</b>	United Nations Cooperation Sustainable Development Framework
<b>NAWG</b>	Needs Analysis Working Group	<b>UNHCR</b>	United Nations High Commission for Refugees
<b>NGO</b>	non-governmental organization	<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>NRC</b>	Norwegian Refugee Council	<b>UNMISS</b>	United Nations Mission in South Sudan
<b>NTSGs</b>	National Technical Standards and Guidelines	<b>UNOPS</b>	United Nations Office for Project Services
<b>NWOW</b>	New Way of Working	<b>UXOs</b>	unexploded ordinances
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs	<b>VAS</b>	Vitamin A Supplementation
<b>OTP</b>	outpatient therapeutic programme	<b>WASH</b>	water, sanitation and hygiene
<b>OWG</b>	Operational Working Group	<b>WGFS</b>	Women and Girls Friendly Space
<b>PENTA3</b>	Pentavalent vaccine	<b>WFP</b>	World Food Programme
<b>PfRR</b>	Partnership for Recovery and Resilience	<b>WHO</b>	World Health Organization
<b>PiN</b>	people in need		
<b>PLW</b>	Pregnant and lactating women		
<b>PoC</b>	Protection of Civilians		
<b>PMR</b>	Periodic Monitoring Review		
<b>PSEA</b>	Protection from Sexual Exploitation and Abuse		
<b>PSS</b>	Psychosocial Support Services		
<b>PTA</b>	Parent-Teacher Associations		
<b>R-ARCSS</b>	Revitalized Agreement on the Resolution of the Conflict in South Sudan		
<b>RCO</b>	Resident Coordinator's Office		
<b>R-JMEC</b>	Reconstituted Joint Monitoring and Evaluation Commission		
<b>RNA</b>	Rapid Needs Assessments		
<b>RRC</b>	Relief and Rehabilitation Commission		
<b>RRM</b>	Rapid Response Mechanisms		
<b>SAM</b>	severe acute malnutrition		
<b>SASA</b>	start, awareness, support, and action		
<b>SDG</b>	Sustainable Development Goals		
<b>SFP</b>	Supplementary feeding centre		
<b>SGBV</b>	Sexual gender-based violence		
<b>SMCs</b>	School Management Committees		
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions		
<b>S/NFI</b>	shelter and non-food items		
<b>SO</b>	strategic objective		
<b>SSHf</b>	South Sudan Humanitarian Fund		
<b>TSFP</b>	Target Supplementary Feeding Programme		
<b>UASC</b>	unaccompanied and separated children		
<b>UDOC</b>	Urban Displaced and Out-of-Camp		
<b>UN</b>	United Nations		
<b>UNCF</b>	United Nations Cooperation Framework		
<b>UNCT</b>	United Nations Country Team		

# End Notes

- 1 Clusters established their initial sectoral targets for 2021 before their cluster members begun planning their HRP projects. The sectoral targets were disaggregated by sex and age into eight groups: female and male children under and over 5 years, adults and elderly. OCHA considered the highest target from all clusters for each sex and age group and summed the numbers at the group level in each county. In the few cases where the agreed intersectoral target was higher than the intersectoral PiN in given county, the intersectoral target was capped at the number of the intersectoral people in need in that county. The country-level target is the sum of the county-level targets.
- 2 The 2021 HNO and HRP consider 304,000 refugees in South Sudan, based on the data available during the analysis and response planning process. As of 31 December 2020, UNHCR was assisting 320,000 refugees and asylum seekers. For the latest refugee statistics, see <https://data2.unhcr.org/en/country/ssd>
- 3 UNHCR's South Sudan Regional Refugee Response Plan seeks \$1.2 billion to support 2.2 million South Sudanese refugees across five neighbouring countries.
- 4 South Sudan: Consolidated Findings from the IPC Technical Working Group and External Reviews, available at <https://bit.ly/39nISot>
- 5 South Sudan 2021 Humanitarian Needs Overview, available at <https://bit.ly/38ysYRJ>. The 7.24 million people were identified as acutely food insecure through the IPC process while the urban needs were assessed through a complementary assessment by IOM DTM, and the refugee caseload by UNHCR.
- 6 Read more about humanitarian access in the 2020 access overview, available at <https://bit.ly/2OPGfhz>
- 7 The 2021 HNO and HRP use an estimate of 15 per cent of the population living with disabilities, according to WHO global average.
- 8 REACH, Perceptions of Affected People – South Sudan, input to the 2021 HRP based on REACH Area of Knowledge data collection in June – October 2020, unpublished.
- 9 REACH, Perceptions of Affected People - South Sudan, input to the 2021 HRP based on REACH Area of Knowledge data collection in September-October 2020, unpublished.
- 10 REACH, Perceptions of Affected People - South Sudan, input to the 2021 HRP based on REACH Area of Knowledge data collection in September-October 2020, unpublished.
- 11 Data was collected in 1,893 settlements across all 10 states through community engagement at cluster and inter-cluster levels and garner key lessons.
- 12 Visit the Financial Tracking Service for more information on the status of 2021 HRP funding, available at <https://fts.unocha.org/>
- 13 There is no significant difference between the CCCM Cluster 2020 and 2021 Population in Need (PiN).
- 14 The Food Security and Nutrition Monitoring System (FSNMS) co-led by WFP, FAO, IOM and UNICEF is the most extensive household-level assessment in South Sudan, informing the Integrated Food Security Phase Classification. It was partially expanded in 2020 to include indicators from other sectors as well as by extending overage to major urban areas and IDP camps and re-named FSNMS Plus, available at <https://bit.ly/3vsTKVA>
- 15 In the 2020 HRP, FSL Cluster exceptionally targeted some 300,000 refugees through its cluster response plan, bringing the total cluster target to 5.6 million people. In 2021, in line with global guidance, FSL support to refugees is included in the Refugee Response Plan.
- 16 24 RRM sites in 4 counties (Akobo East, Longochuk, Nasir & Ulang were handed over in 2020 to the Malakal FO.
- 17 2020 South Sudan Humanitarian Response in Review, available at <https://bit.ly/3toCbEj>
- 18 Progress Report, "First Year of the Transitional Period of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan", available at <https://bit.ly/3qFSqeq>



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### Humanitarian RESPONSE

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

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

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**HUMANITARIAN  
RESPONSE PLAN**  
SOUTH SUDAN

ISSUED MARCH 2021