

SOUTH SUDAN

Crisis Response Plan: Update for Oslo



PREFACE

A story of hope from South Sudan

I have lived many years and remember the time before all the wars. We were cattle keepers and moved around grazing our bulls. Yes, there were clashes and fights like in every society, but they were small and could be resolved with time and reason.

People were free to travel, see different lands, meet others and share experiences - all the while trading cattle and making money for their family. This has not been the reality for a very long time.

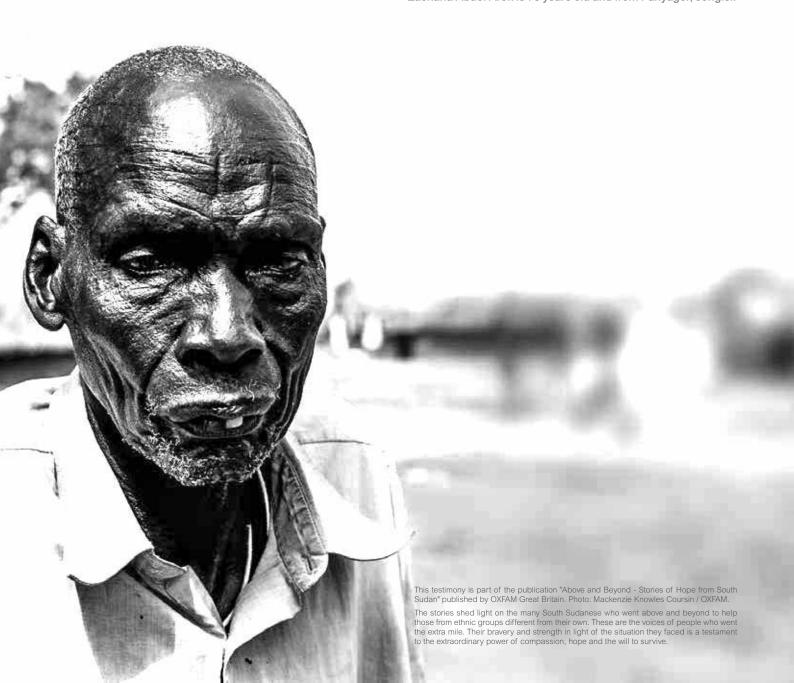
I was in Bor with my family when the fighting broke out. I told them to run because I am old and disabled. I had lost my leg during the first war. I was left behind and on the first day, men walked into my house. They were Nuer. One of them saw me and wanted to kill me. But his friend stopped him in his tracks.

He looked at him and asked 'Look at this man. If you kill him, what will you accomplish? This man has done nothing wrong to you and yet you want to kill him. What will you gain from doing that?' The man lowered his gun and left the house.

I don't know the name of the man who saved me but I am very grateful for what he did. Before he left, he looked at me and said 'Stay here and don't make any noise. I will lock the door behind me. Do not open it for anyone else.'

This young man saved my life. I wish I knew his name and where to find him so that I can thank him again. What he did gives me hope that we can find reconciliation and healing, despite all the wounds we have endured.

Zacharia Abuoi Arok is 78 years old and from Panyagor, Jonglei.



CRP UPDATE | MAY 2014

SOUTH SUDAN 1

CRISIS

EXECUTIVE SUMMARY

HUMANITARIAN NEEDS

Humanitarian partners expect that the current crisis will severely affect more than 1 in 2 South Sudanese by December 2014.*

- Over 7 million people are at risk.
- 4 million people face alarming food insecurity.
- Up to 1.5 million people become internally displaced.
- 863,000 people seek refuge in neighbouring countries.
- Some 270,000 Sudanese refugees remain in South Sudan.

FUNDING REQUIREMENTS

Partners need **\$1.8 billion** to save lives, prevent famine and avert the loss of another generation of South Sudanese children in 2014. 4 million people will receive some form of assistance.

- \$536 million have been secured until May 2014.
- \$1.26 billion are still needed for operations in 2014 and to preposition supplies for the first 3 months of 2015.

DAMAGE DONE

Even if fully funded and facilitated, not all threats of hunger, malnutrition, morbidity, mortality, livelihood collapse or basic rights will be addressed. It is a question of:

- How many will die of violence, hunger and disease,
- How dire conditions will be for those uprooted by conflict,
- How unsafe life will be,
- For how long children will be deprived of education, and
- To what lengths people will have to go to **cope** with the crisis.

KEY GOALS

Among their strategic objectives, humanitarian partners will focus on three immediate goals, that is to:

- 1 Save lives,
- 2 Prevent famine, and
- 3 Avert the loss of another generation.

RESPONSE STRATEGY

The humanitarian strategy for South Sudan has 5 elements:

- Coordinate systematic assessment & analysis; rapid response and strong advocacy.
- Prioritize priority sectors and locations to get people what they need most.
- Capitalize on seasons pre-positioning for year-round operations & livelihoods aid so people can help themselves.
- Access negotiate with parties to reach everyone in need by air, barge or road.
- Scale up CBOs, NGOs, UN agencies UNMISS, authorities.





7.3 million



4.0 million
people face alarming food insecurity



1.5 million
people displaced inside South Sudan



863,000

people seek refuge in neighbouring countries



270,000

Sudanese refugees remain in South Sudan



1.8 billion

US\$ required to respond to the crisis (Jan-Dec 2014)



1.26 billion

US\$ funding gap up to 31 December 2014

RESPONSE PLAN REQUIREMENTS

Cluste	er	Required	Mobilized	Gap
ē	Food security and livelihoods	\$866m	23% \$202m	\$664m
Î	Multi-sector refugee response	\$248m	23% \$56m	\$192m
₹,	Water, sanitation and hygiene	\$127m	37% \$47m	\$80m
<u>©</u>	Nutrition	\$131m	59% \$77m	\$54m
4	Protection	\$79m	20% \$15m	\$64m
*	Health	\$77m	36% \$28m	\$49m
	Logistics	\$79m	49% \$39m	\$40m
\bigwedge	Emergency shelter and non-food items	\$68m	32% \$22m	\$46m
** **	Camp coordination and management	\$63m	38% \$24m	\$40m
\mathfrak{D}	Education	\$27m	33% \$9m	\$18m
₹M4	Mine action	\$17m	70% \$12m	\$5m
0	Coordination and common services	\$13m	23% \$3m	\$10m
	Emergency telecom- munications	\$5m	39% \$2m	\$3m
\$	Total	\$1.8bn	30%	\$1,264m

/ERVIEW OF NEEDS

The crisis has generated a momentum of suffering that will continue throughout 2014 and beyond

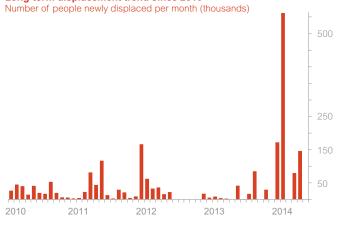
On 15 December 2013, violence broke out in South Sudan's capital Juba, quickly spreading to Jonglei, Unity and Upper Nile states. Fighting continued despite a 23 January agreement to cease hostilities. So far, more than 1.3 million people have been forced from their homes and tens of thousands have been killed. An upsurge in ethnic targeting has created large potential for revenge attacks. Millions are at risk of death from famine and disease.

On 9 May, in Addis Ababa, President Salva Kiir and Riek Machar signed a new agreement to resolve the crisis. Both parties committed to stop fighting and let humanitarian partners access people in need. The document also reiterated the call for a 'month of tranquility'. People must be free to move without fear, plant their fields or tend to their livestock. An end to the violence will enable humanitarians to access the hundreds of thousands of people in need but not yet reached and to mount the biggest aid operation South Sudan has known - by air, road and river.

LARGE-SCALE VIOLENCE AGAINST CIVILIANS

During the first five months of the crisis, violence and deliberate attacks on civilians have been extreme. There has been wanton destruction of settlements that had survived more than 30 years of civil war. Men, women and children have been killed and injured. In many cases, people were targeted based on ethnicity or political affiliation. Medical facilities have been destroyed,

Long-term displacement trend since 2010



INTERNALLY DISPLACED

people internally displaced as of 10 May **REFUGEES**

refugees in neighbouring countries as of 14 May

patients raped and slaughtered in their beds. In April, brutal attacks on the UN base in Bor and on a mosque, a hospital and a church in Bentiu left hundreds of civilians dead and many more wounded. In Bentiu, fighters also used radio to incite violence. The 8 May UN Human Rights report on South Sudan documented widespread sexual violence, perpetrated by armed groups in conflict areas and displacement sites. It also highlighted other alarming trends: the arming of previously demobilized groups, the proliferation of weapons, the recruitment of youth in military operations and the use of cluster munitions.

OVER 1.3 MILLION PEOPLE DISPLACED

As of 10 May, violence and fear have forced over 1.3 million people from their homes, including one million internally displaced people and 340,200 who sought refuge in Ethiopia, Kenya, Sudan and Uganda. Inside South Sudan, displaced people are scattered over 186 locations. The highest concentrations of displaced people are Awerial, Fashoda, Fangak, Mayendit and Akobo counties. More than 83,000 people have fled to 8 UN bases.

Displacement patterns are fluid. Shifting frontlines are forcing many people to flee several times. The influx of people overwhelms host communities, leading to tensions and further movements. Many of the displaced are from large towns making them ill-equipped for rural life. An estimated 475,000 people have fled to flood-prone areas where they risk being cut-off from assistance as rains intensify. Some 95,000 displaced, for example, have settled along the Nile in Awerial, Lakes State. Tens of thousands of people have sought shelter on small islands to protect themselves from attacks, but are without access to basic services. Most other displaced people are scattered within rural areas with limited information on their whereabouts or living conditions.

SOUTH SUDAN CRISIS TIMELINE

17-22 December

Fighting spreads to Jonglei, Unity and Upper Nile, where people flee their homes and aid stocks are looted

5 23 December

Over 1,000 people are estimated to have been killed within the first 7 days 2 January Fighting breaks out again in Bor - 10 January Renewed clashes in Bentiu

20 Jan 2012 In just over a month, the number of displaced people exceeds 500,000

31 January Some 740,000 are displaced across over 100 sites as

15 December Fighting breaks out in Juba

22-27 December The clashes drive a first 64,000 people to seek refuge in UN

bases

31 December Partners launch a

Crisis Response Plan to assist up to 628,000 people 9 January ICG estimates that the death

11 January Up to 4,000 refugees arrive toll has risen to in Uganda 10,000 people every day

23 January

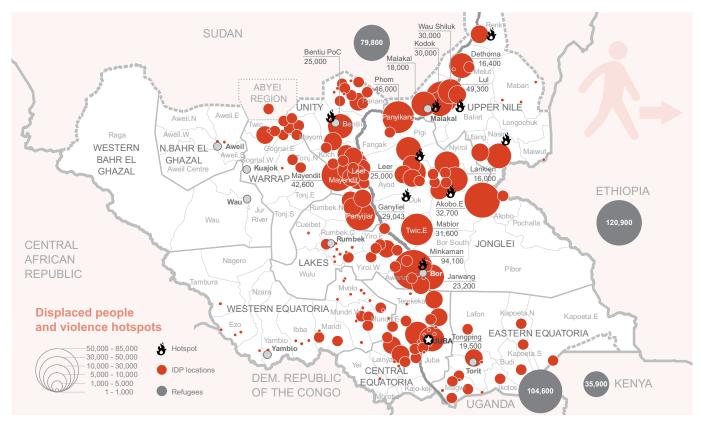
Cessation of hostilities agreement signed

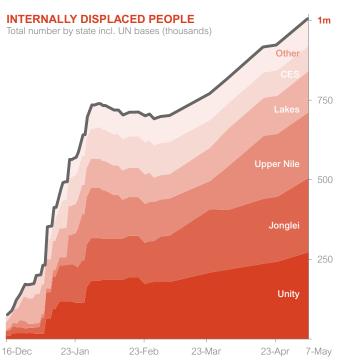
5 February Partners warn of worsening health conditions in UN bases due to overcrowding

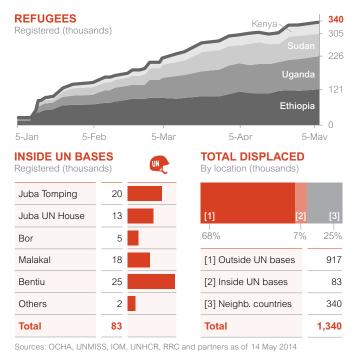
fighting continues

December February

VIOLENCE AND DISPLACEMENT









emergency

3 March Over 200,000 people have fled the country

13 March
EU and US
envoys warn of
famine later in

the year

26 March
Over one million
people displaced
within or outside
South Sudan

20 April Hundreds die during a massacre in Bentiu and an attack on the UN base in Bor

29 April
The Humanitarian
Coordinator
calls for a 'Month
of Tranquility'

11 May
Ceasefire
violations occur
in Unity and
Upper Nile

\$ 3 February
Aid agencies
call for US\$1.27
billion to assist
3.2 million people

18 February 7 March
Fighting First rai
resumes in the UN

Malakal

First rains flood the UN base in Juba, increasing cholera risks 19 March
Fighting
breaks
out again
in Malakal

\$ 10 April
The Crisis Response
Plan is 36 per cent
funded, leaving a
shortfall of \$800m

28 April - 6 May
Ban Ki Moon, John
Kerry, Navi Pillay and
others travel to Juba
to call for peace

Salva Kiir and Riek Machar sign an agreement to resolve the crisis



Population displacement has become protracted with some sites hosting people for over five months; this is likely to continue unless the security situation improves markedly. Poverty and food insecurity may also draw more people to the UN bases where up to 120,000 people could shelter by year end.

FAMINE AND MALNUTRITION RISKS

Violence and displacement has already had catastrophic effects on food security. The livelihoods of millions of people have been grossly disrupted: crops have not been planted, livestock are dislocated and traders have fled - and with them the lifeline of commodities for local economies. In 2013, South Sudan produced 900,000 tons of food. Production could now be reduced by a third, putting up to 7.3 million people at risk of hunger. While famine has not yet been declared, it is looming.

By August, some 4 million people will face acture food insescurity - an all-encompassing catchword that reflects the combined losses of access and availability of food, livelihood collapse and attendant malnutrition, morbidity and mortality. Food security will most deteriorate in Jonglei, Upper Nile and Unity states where 50-85 percent of the population are at acute risk. Already before the conflict, these states were the most food-insecure. They had the highest cereal deficits, their households were most dependent on markets for staple foods and spent more income on food than others. Commercial imports are unlikely to penetrate deep enough into these conflict-affected regions.

Malnutrition rates have shot up, threatening the lives of tens of thousands of children. An estimated 223,000 will suffer from severe acute malnutrition. More than 50,000 children may not survive, most of them in Jonglei, Unity and Upper Nile states and in parts of Northern Bahr el Ghazal and Warrap states.

DEATH, WOUNDS AND DISEASE

Immediate health needs have escalated during the conflict and major epidemic risks are emerging. As of early May, humanitarian partners had treated nearly 7,000 people with gunshot and shrapnel wounds in areas they could access. However, the actual number of wounded is likely to be in the tens of thousands. There are huge counselling and psychosocial needs given the scale and brutality of the conflict.

Medical evacuation services for trauma cases are severely challenged. While some 400 evacuations have already taken place, demand outstrips capabilities. Equipment is being airlifted amid a shortage of emergency blood and laboratory supplies.

FOOD INSECURITY

7.3 million

people food insecure by Aug 2014

HUNGER

 4_{million}

in food security crisis or emergency by Aug 2014

The conflict has also created a major public health crisis. Large scale epidemics, including cholera, are now a critical risk. Since January, several cases of communicable disease outbreaks have already been confirmed, including Hepatitis E and measles. During the rainy seasons, malaria and pneumonia will become major killers.

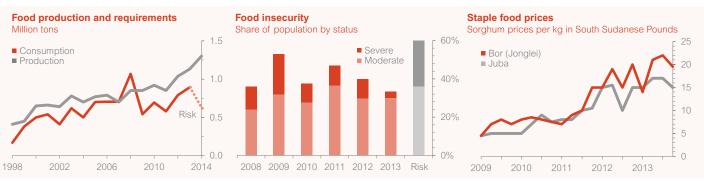
The potential for cholera is now particularly high in the congested UNMISS PoC sites, where there is not enough space to provide adequate sanitation services. More than 2,000 people are being treated for acute watery diarrhoea every week. A recent cholera outbreak in northern Uganda has increased the likelihood of an epidemic, due to cross-border movements.

In January and February, crude and under-five mortality rates were well above the emergency thresholds in several displacement sites. In key camps, health partners have brought the situation under control. However, many displaced people in hard-to-reach rural areas remain without help.

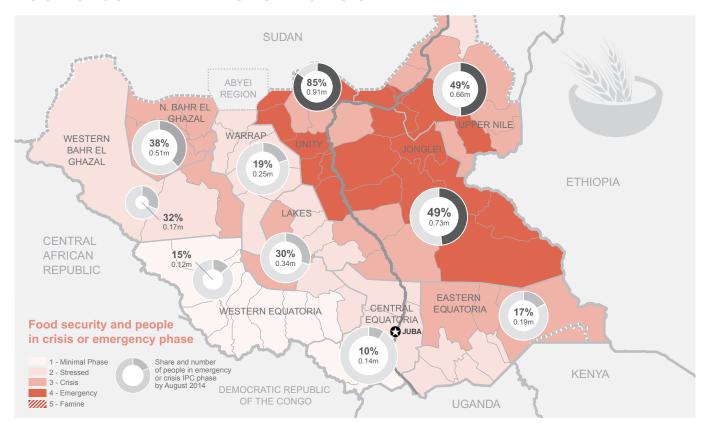
Projected food security status (indicative planning figures) Number of people per state and IPC for the period Jun-Aug 2014

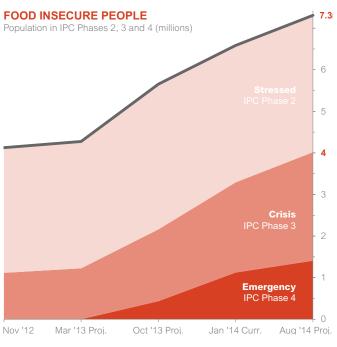
State	1 Minimal	2 Stressed	3 Crisis	4 Emergency
Unity	0	163,000	437,000	475,000
Upper Nile	223,000	437,000	413,000	244,000
Jonglei	231,000	553,000	405,000	329,000
NBeG	344,000	490,000	317,000	194,000
WBeG	158,000	192,000	110,000	56,000
Lakes	543,000	262,000	295,000	43,000
Warrap	745,000	273,000	247,000	3,000
E. Equatoria	441,000	473,000	187,000	0
W. Equatoria	634,000	24,000	75,000	37,000
C. Equatoria	970,000	417,000	115,000	25,000
Total	4,289,000	3,284,000	2,601,000	1,406,000

LONG-TERM FOOD SECURITY TRENDS



FOOD SECURITY AND HUNGER CRISIS





VULNERABILITY OF CRISIS AFFECTED STATES

Already before the crisis, the 3 most affected states were most vulnerable to food insecurity. They had the highest food deficits in 2014, their households spent most income on food and were most dependent on markets for acquiring food. If fighting continues, these indicators will worsen. The main planting season is largely over, though still possible in some nothern counties. South Sudan's food deficit will grow and more than 7.3 million people will be food insecure. Famine is a critical risk for early 2015.

Food deficit pre-crisis ('000 t)

Jonglei	125,300	
Upper Nile	65,000	
Unity	64,500	
N. BeG	60,800	
C. Equatoria	54,600	
Lakes	33,700	
Warrap	29,400	
E. Equatoria	28,300	
W. BeG	9,200	
W. Equatoria	(62,200)	
Total	408,500	

SEASONAL EVENTS IN CRISIS-AFFECTED STATES



Dependence on markets for food



Income spent on food



Sources: FAO/WFP Crop and Food Supply Assessment Mission Reports 2010-14; IPC Alert South Sudan May 2014



CHILDREN AND THE CRISIS

DISPLACED

539,000

children forced from their home as of May 2014

WITHOUT PARENTS

3,800

unaccompanied / separated children (May)

The conflict has decimated South Sudan's fragile health services. Over 30 health facilities have been destroyed or looted in Jonglei, Unity and Upper Nile states. Another 127 are closed or not functioning due to insecurity and the departure of partners. The provision of emergency surgical and obstetrical care has been severely curtailed. Delays in paying staff in opposition-held areas, coupled with ethnic tensions, have crippled local services.

RAINY SEASON BRINGS FLOODING

Seasonal flooding will put more lives at risk and complicate the aid operation. Hundreds of thousands have fled to areas that are flood-prone. Flooding has already affected the congested UNMISS PoC site in Malakal, heightening the risk of respiratory infections, malaria and epidemics. At the main PoC site in Juba, 20,000 people need urgent relocation to higher grounds as rains intensify. While displacement typically slows down during the rains, this year may be atypical. Fighting may either prevent people from leaving flood-prone areas or cause new displacement as people seek higher ground. Rains and flooding will also create major logistics challenges in the second half of 2014. By June, about 60 per cent of the country will be inaccessible by road.

VULNERABLE REFUGEES

Of 240,000 Sudanese refugees who came to South Sudan in 2013, the 210,000 staying in camps in Unity and Upper Nile states are particularly vulnerable. In the coming months, many of them could face hunger and starvation. The conflict has also reinforced concerns about the civilian character of the camps. Increasingly, residents acquire arms for protection. Armed groups are also soliciting refugees to fight.

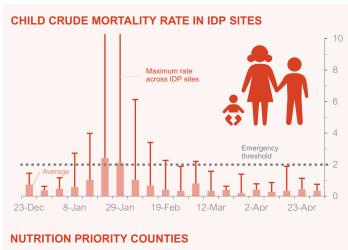
ACCESS CHALLENGES

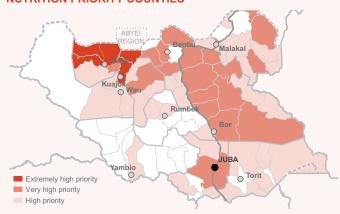
Securing access to affected populations has been a major challenges, especially during the early months of the conflict. Obstacles have included active combat, looting of aid supplies, the killing and harassment of aid workers and bureaucratic impediments by both sides to the conflict. At least 287 incidents have been reported since mid-December 2013. Five aid workers have been killed.

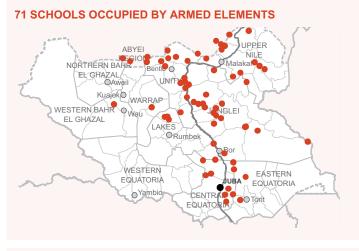
Many aid agencies were forced to relocate their staff from field locations when the conflict broke out. While agencies have since scaled up their capacity, staff numbers are still lower than before the crisis. Many local staff are afraid of working in some locations for fear of being targeted.

In many cases, accessing conflict areas requires complex negotiations and logistics. Partners need to secure assurances that aid workers can implement their programmes safely. The spread of displaced people across 186 sites complicates matters. Road access is difficult, as illegal checkpoints delay or block aid delivery. Convoys are often searched repeatedly and only released against payment.

The reopening of the corridor into South Sudan from the Gambella region in Ethiopia in March 2014 was a welcome development. A similar corridor is needed from Sudan to transport relief supplies by road while this is still possible. As the rains intensify, air and river transport will become vital for saving lives.







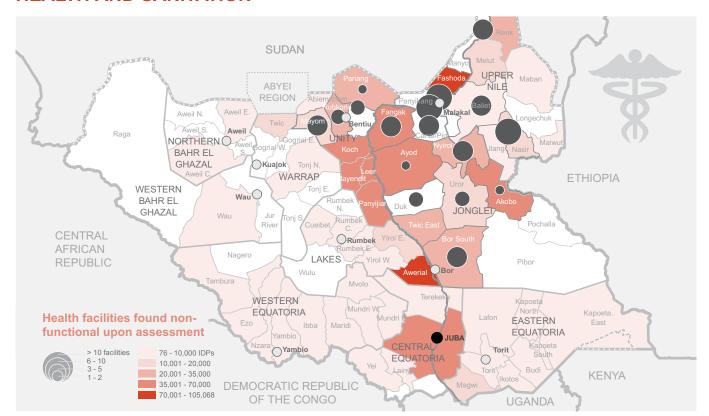
CHILD RIGHTS VIOLATIONS

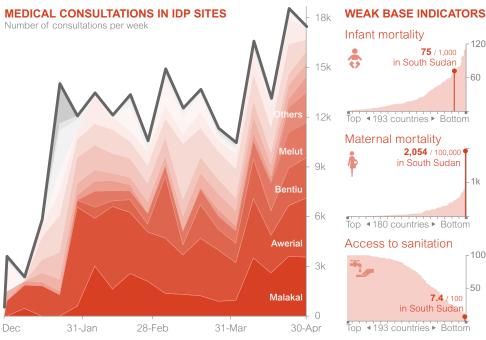
22,300

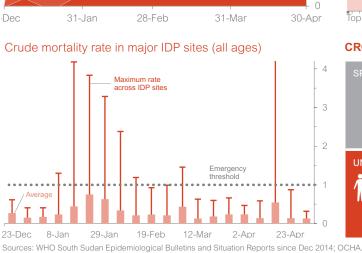


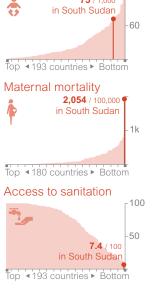
children affected by grave violations incl. killings, injuries, forced recruitment, attacks on schools, rape and abductions.

HEALTH AND SANITATION

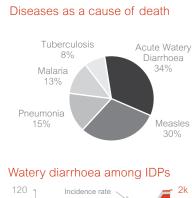








120



CRISIS HEALTH RISKS

Measles

1%

Acute Respiratory

Infections

25%

Watery/Bloody

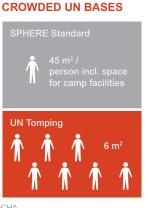
Diarrhoea

33%

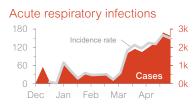
Diseases reported among IDPs

Malaria

39%

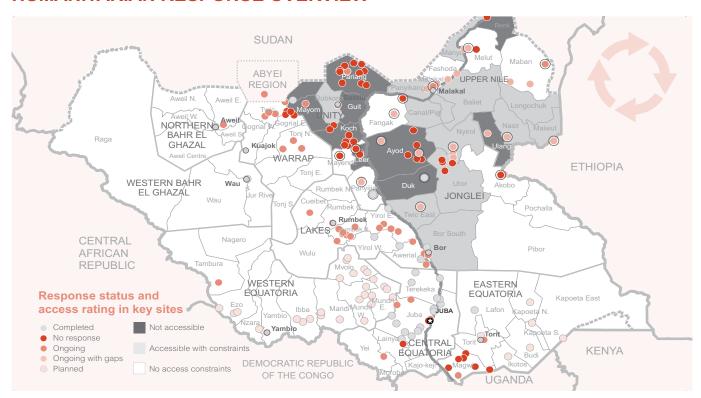








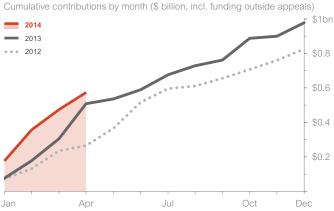
HUMANITARIAN RESPONSE OVERVIEW



ASSISTANCE TARGETS AND ACHIEVEMENTS 30 JUNE*

Cluster Plan 30 Jun Achieved 9 May 75% 1.6m people Food security and **S** livelihoods (food only) 1.69m people Water, sanitation and (safe water) hygiene 48% 0.29m people Health (consult'ns) 1,700,000 20% Protection (people) 821,000 12% Nutrition (children) 650,000 Camp coordination and (IDPs) management 360.000 Emergency shelter and non-food items (people) 250,000 Multi-sector refugee (SD refugees) response 250,000 Logistics (air PAX) 204,000 Education (children)

FUNDING TRENDS SINCE 2011



RESPONSE PLAN REQUIREMENTS AND FUNDING*

Cluster		Target 31 Dec	Mobilized 12 May
3	Food security and livelihoods	\$866m	23% \$202m
A	Multi-sector refugee response	\$248m	23% \$56m
4	Water, sanitation and hygiene	\$127m	37% \$47m
©	Nutrition	\$131m	59%
19	Protection	\$79m	20% \$15m
	Health	\$77m	36% \$28m
	Logistics	\$79m	49% \$39m
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	Education	\$27m	33% \$9m
ZMZ	Mine action	\$17m	70% \$12m
0	Coordination and common services	\$13m	23% \$3m
	Emergency telecom- munications	\$5m	40% \$2m

ACCESS CONSTRAINTS



Source: OCHA / Clusters. * Results targets, achievement and funding mobilization should not be directly compared: 1) Results targets refer to 30 June, while funding targets refer to 31 Dec. 2) While clusters have reached many people in the early months of the crisis, they have not always been able to deliver full-standard assistance. 3) Logistics challenges will increase costs of assistance in the second half of the year. 3) Full year funding targets include cost of prepositioning for the first 3 months of 2015.

PLANNING ASSUMPTIONS

Most likely planning scenario until December 2014

MOST LIKELY SCENARIO UNTIL DECEMBER



Political agreement between the Government and the opposition results in a cessation of hostilities, though **sporadic violence continues** in Jonglei, Unity and Upper Nile states.



Violence against civilians continues (albeit of a lesser intensity if CoH holds) including direct attacks and abuses, destruction of property, sexual and gender-based violence, recruitment of children into armed groups and the arming of local communities.



Displacement continues and becomes protracted. Secondary displacement due to violence and seasonal flooding occurs. Many people seeking shelter in UN bases remain there.



Annual seasonal **flooding compounds suffering** for people displaced and increases vulnerability.



Despite improvements, impediments to humanitarian action continue. Violence against aid workers impacts national staff recruitment. The rainy season increases logistical access challenges.



The economic crisis continues with shattered markets in key urban and rural areas closes or largely disrupted. Oil production is impaired and public revenue diverted from basic services to the security sector, increasing demands on humanitarians as front-line service providers.



Food security deteriorates and malnutrition increases, with up to 7.3 million people at risk due to displacement and disruption of livelihoods.

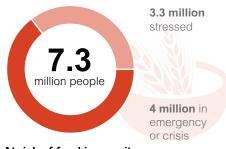


The risk of epidemic outbreaks increases during the rainy season, in particular for cholera, measles and other communicable diseases in displacement sites and UN bases.



More South Sudanese seek refuge in neighbouring countries with up to 863,000 people expected to leave the country by the end of 2014.

PLANNING FIGURES UNTIL DECEMBER



1.5 million internally displaced

2.4 million

0.9 million refugees



At risk of food insecurity Forced from their home

Refugees from Sudan

TRIGGERS

- 1 The cessation of hostilities agreement continues to be violated and the political process falters.
- 2 Insecurity continues and prevents displaced people from returning home.
- 3 Markets remain largely closed in towns due to violence, limiting access to basic commodities.
- 4 Rains occur at average levels, resulting in flooding at normal levels.

200 (by Dec)

OBJECTIVES

Strategic objectives, targets and achievements - For final figures see revised Crisis Response Plan in June 2014



Provide a coordinated lifesaving response to immediate humanitarian needs of conflict-affected people.

	People assisted with food	Target		1.6m (June)	2.1m (by Dec)
	and conditional or unconditional cash transfers	Achievement	1.21 m		
	Patients who received medical assis-	Target	586,000 (June)		1.2m (by Dec)
	tance (outpatient consultations)	285,40	0		
-	Emergency affected people provided	Target	1.69m (June)		3.8m (by Dec)
	with safe water based on SPHERE standards	Achievement	1.36 m		

2

Provide protection to conflict-affected communities and ensure access to services.



Protection monitoring / assessment missions undertaken

	` "	
Achievement	136	
Target	212,000 (June)	261,600 (by Dec)
31,600		•

100 (June)



Children with access to safe spaces or associated with support networks of children, youth and women

3

Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance.

Target



Households assisted with livelihoods support

Target		450,000 (by Dec)
Achievement	170,000 (by May)	

4

Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.



Passengers transported in humanitarian air operations

Target 25,000 (June) 72,000 (by Dec

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CRISIS

STRATEGY

Coordinated action with prioritized resources to capitalize on the seasons, secure access and scale up

KEY GOALS

Among the strategic objectives for the crisis response in South Sudan, 3 immediate goals are key:

- 1 Save lives,
- 2 Prevent famine, and
- 3 Avert the loss of another generation.

The humanitarian strategy revolves around 5 key elements. In all of these, partners will focus on the main causes of avoidable deaths: diseases, malnutrition, and violence against civilians.

COORDINATING ACTION

SYSTEMATIC ASSESSMENT AND ANALYSIS

Partners use a number of assessment and analysis tools to ensure scarce resources are used most effectively and efficiently:

- Initial Rapid Needs Assessments (IRNAs) to determine priorities based on a common tool, reporting format.
- The Displacement Tracking Matrix (DTM) to track changes in displacement patterns and access to services.
- The Integrated Food Security Phase Classification (IPC) to assessing the food security according to global standards.
- A Needs Severity Index (NSI) combining the level of displacement, violence and services to identify severe needs.

Partners are continuously monitoring the impact of their response and the evolution of needs to adjust their response accordingly.

RAPID RESPONSE

Aid organizations have set up rapid response mechanisms (RRMs) to quickly deliver a core package of lifesaving assistance in areas that do not require a permanent response. Using these models, aid agencies have already assisted some 330,000 people in 19 of 41 hard-to-reach sites. Several RRMs are in operation:

- Joint operations by FAO, IOM, UNICEF and WFP;
- A multi-sector Area Rapid Response Mechanism (ARRM);
- NGO-led response teams

STRONG ADVOCACY

Humanitarian partners have helped facilitate **high level visits** and will continue to do so. They have raised the profile of the crisis, helped bring political negotiations back on track and highlighted reports of human rights abuses.

Where possible, humanitarian partners will contribute to the **IGAD** mediation process to ensure that humanitarian concerns get traction. The 5 May agreement, for example, calls on parties to open humanitarian corridors, facilitate humanitarian action and observe one month of tranquility.

In addition to political engagement, partners use **social media** to strengthen advocacy, disseminate reports more quickly, and improve coordination.

OVERVIEW OF KEY STRATEGY ELEMENTS



PRIORITIZING RESOURCES

PRIORITY SECTORS

To maximize the use of limited resources, aid agencies have prioritized **key sectors**, including food and livelihoods support; malnutrition prevention and treatment; emergency healthcare; water and sanitation; distribution of shelter and household materials and protection.

Scarce resources are prioritized to prevent the **causes of death**: acute respiratory infections, diarrhoea, malaria, malnutrition, measles, maternal mortality and violence. In a situation of underfunding, responding to these killers will guide resource allocation, including pooled funding, transport and storage.

Protection and human rights are mainstreamed throughout the response to ensure that assistance does not push or pull people to/from specific areas; that services address the specific needs of particularly vulnerable individuals; and that projects factor in threats to civilians. Partners will respond to the direct consequences of violence through support to gender based violence survivors, psycho-social assistance and child protection.

Sector prioritization does not mean that other activities are nonessential. Logistics, telecoms and mine clearance are indispensable for getting relief to people and sustaining the operation.

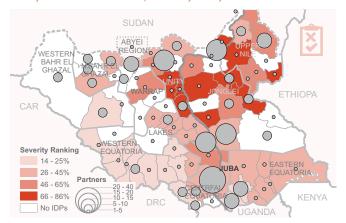
PRIORITY ACTIVITIES

Food and livelihoods support Nutrition Health care Water and sanitation Shelter and household supplies Protection

POTENTIAL KILLERS

1 OTENTIAL MILLENG		
1	Acute respiratory infections	
2	Acute watery diarrhoea	
3	Malaria	
4	Malnutrition	
5	Measles	
6	Violence and trauma	
7	Maternal mortality	

Needs severity index and response capacity Severity score and humanitarian partners by county



Likewise, emergency education will help preseve the abilities of children. Camp coordination and management are vital for responding to displacement.

PRIORITY LOCATIONS

Informed by assessment and analysis tools, humanitarian partners plan to focus their response on a number of priority locations. Humanitarian crises are expected to intensify in Jonglei, Unity and Upper Nile states with the likelihood of conflict spill-over into Lakes and Warrap states. These states will also experience increased inter and intra-communal conflicts due to the proliferation of weapons, the absence of security forces, and increased numbers of displaced people. Crisis effects will persist in Central Equatoria, Lakes and north-eastern parts of Western Equatoria State. Partners also need to plan for the spread of the conflict to Northern and Western Bahr-el-Ghazal states.

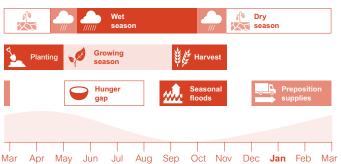
CAPITALIZING ON THE SEASONS

Assertively adapting aid to South Sudan's seasons will improve the effectiveness of the humanitarian operation. Supplies need to be procured and prepositioned in field hubs during the dry season between December and March 2015 to enable front-line service providers to work during the rainy season and to ensure that planting takes place in the first half of 2015. At the same time, investments during the agricultural season in non-affected states must be maximized to mitigate the loss of production elsewhere. Successful pre-positioning and will be key to preventing famine in 2015.

During the first 5 months of the crisis, insecurity and looting of supplies severely affected the pre-positioning ahead of the rains.

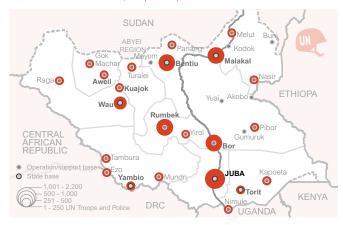
Key seasonal events in conflict-affected states

Calendar for northern uni-modal rainfall zones



Peacekeeping presence

Location of UNMISS bases, troops and police



To make up for the **setbacks suffered in 2014**, aid agencies are relying on **river** barge movements and the Gambella **road corridor** from Ethiopia. Aid agencies are also planning to move supplies via a road corridor from Sudan once opened.

The scale of the aid operation and past delays have already necessitated **air drops** to deliver urgently needed assistance, for example in Upper Nile State. With 60 per cent of the country inaccessible by road during the rains, **reliance on planes and helicopters** will increase. This has significant cost implications. Moving one metric ton of food aid by river costs US\$340. Transporting the same cargo by air costs \$2,500. More airport capacity will be needed as Juba Airport is severely congested.

SECURING ACCESS

The humanitarian operation is underpinned by extensive negotiations with all parties to get access to people in need. The Humanitarian Country Team has endorsed some "key asks", including:

- Respect for international law and protection of civilians;
- Respect for the integrity of schools and medical services;
- Facilitation of humanitarian action.

Other requests include to desist from attacks against aid workers, to prevent looting of supplies and cease recruitment of children.

A **liaison mechanism** is in place to **fast-track** administrative processes for flights and other issues at Juba Airport. Access constraints are documented. As a result of constructive international and national engagement, the number of reported incidents has begun to decrease over the course of April 2014.

5 SCALING UP

The extent of the humanitarian crisis will require significant scale-up during the rest of 2014. In doing so, the humanitarian country team will empower organizations that already have capacity on the ground, in particular in those priority locations where the presence of partners has so far been limited. In bringing all hands on deck, humanitarian partners will create synergies between community-based organizations, NGOs, UN agencies, UNMISS, and the authorities. The response in UNMISS PoC sites has shown that new forms of collaboration are possible. Having learned lessons from the past, partners will also invest in local capacity so that South Sudanese society can grow back stronger.

The photo on the front page shows women and children displaced by recent fighting between rebel soldiers and government troops waiting in line to collect their food rations in Mingkaman, Awerial Couny, South Sudan Monday, March 24, 2014. Credit: UNICEF South Sudan Kate Holt.				
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