RESPONSE PLAN

South Sudan Crisis

January-March 2014



Prepared by the Humanitarian Country Team

31 December 2013

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People in need

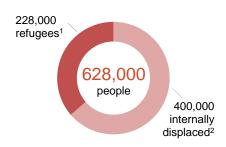
628,000

Est. number of people in immediate need of humanitarian aid



Out of 4.4m people in need in 2014

People in need by group



¹ Incl. 220,000 refugees in hotspot states

Source: OCHA

SUMMARY

The humanitarian situation in South Sudan has deteriorated sharply since 15 December 2013. Violence erupted in the capital Juba and quickly spread, affecting six of the country's ten states. In two weeks, up to 180,000 people have been forced to flee their homes, including some 70,000 seeking shelter in UN peacekeeping bases. It is expected that needs will escalate further in the coming weeks.

The funding requirements for humanitarian action in 2014 are US\$1.1 billion. For the immediate crisis, aid agencies require \$209 million, of which \$43 million has already been secured. \$166 million is now needed for the response from January to March 2014.

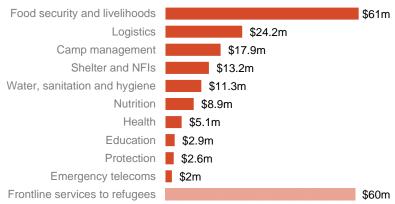
\$166m



\$43m out of \$209m in immediate requirements already met

The Humanitarian Country Team has identified the following top priorities: camp management, food and livelihoods, health, shelter, protection, water, sanitation and hygiene, and the ongoing response to refugees already living in South Sudan. To respond effectively, donor support is needed for the core pipelines and logistical and air assets.

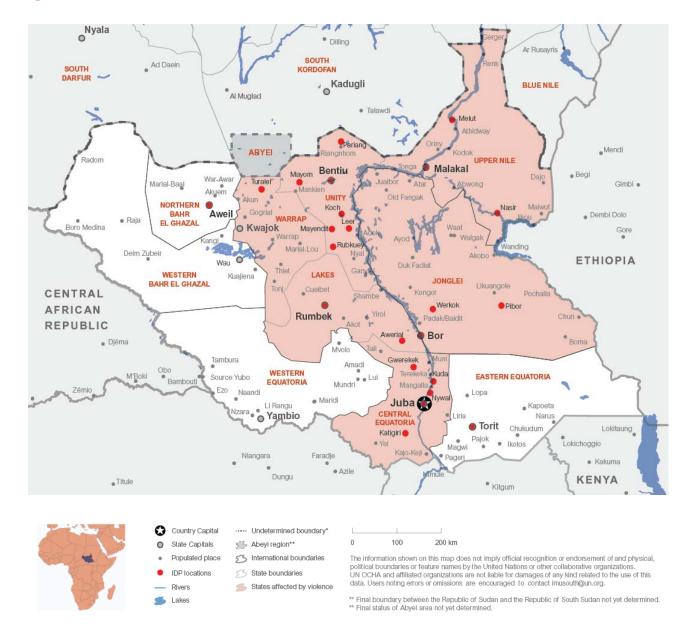
Immediate Requirements by Sector*



^{*}Of which \$43 million has already been secured.

² Planning figure

OVERVIEW MAP



SITUATION OVERVIEW

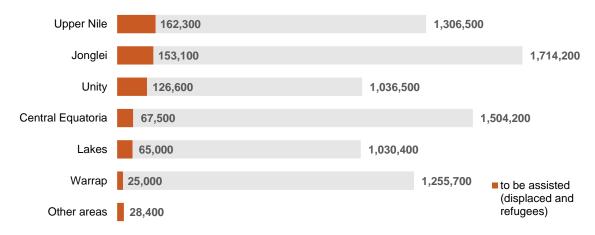
Violence broke out in Juba on 15 December, and quickly spread to other locations, with heavy fighting reported in Central Equatoria, Jonglei, Unity and Upper Nile states between Government and opposition forces. Since then, several divisons of the South Sudan armed forces have splintered and intense battles have taken place for the control of key towns. Lakes and Warrap states have been indirectly affected by the violence, as people displaced from neighbouring states have arrived there seeking safety.

As of 31 December, up to 180,000 people have fled their homes. Given the scale and intensity of the violence, the real number is likely to be much higher, with hundreds of thousands of people impacted by the crisis. Some 70,000 people have so far sought protection from the violence in UN peacekeeping bases, with the largest concentrations in Bentiu, Bor, Juba and Malakal. While the UN Misson in South Sudan (UNMISS) is fully committed to providing protection for these civilians, the humanitarian community has stepped in to provide life-saving services and assistance. Another estimated 100,000 people have sought refuge in rural areas, where aid agencies are also working to reach civilians in need.

Though the number of casualties cannot be confirmed, it is likely in the thousands. The first days of fighting in Juba alone led to about 300 wounded. Both members of armed forces and civilians have been killed and injured, including women and children.

Humanitarian agencies' priorities are to protect civilians from the ongoing violence and reach people affected by the crisis with assistance. This includes gaining access to displaced people in areas with active hostilities as soon as security allows, and providing surgical and medical assistance to those caught up in the violence. In addition to physical protection from violence, the most urgent needs of people caught up in the violence are: food and livelihoods; healthcare; shelter; and water, sanitation and hygiene services. There are also increasing reports of children being separated from the parents when fleeing their homes and of gender-based violence, which must be addressed. The particular vulnerability of refugees from Sudan in South Sudan, in particular in Unity and Upper Nile states, is also of concern and funding is needed to address their immediate needs.

People affected by crisis in general (population and refugees in affected states) versus people to be assisted with immediate response (internally displaced and refugees)



SCOPE OF THE CRISIS

The crisis is currently unfolding and its impact on communities is still evolving. However, the rapid increase in people displaced over a very short period since the violence erupted, combined with the lack of clarity around a political settlement of the crisis, have led aid agencies to anticipate a further increase in displacement in early 2014.¹

This response plan covers the first three months of a scenario in which some 400,000 people may be displaced and up to 10,000 people wounded. This figure is three times that of the 125,000 displaced people anticipated for 2014 in the most likely scenario of the CAP. The South Sudan Humanitarian Contingency Plan for July to December 2013 has in its worst case scenario a planning figure of up to 800,000 people displaced.

Besides the direct effects of the violence, the displacement of communities will disrupt livelihoods and increase the risks of public health crises, with outbreaks of infectious disease such as cholera and measles likely to occur if health, water and sanitation needs are not met.

The crisis has also struck the 228,000 refugees hosted in South Sudan, the majority of whom live in states affected by the violence. High levels of insecurity resulted in a temporary relocation of international staff from refugee sites in Unity State, and to a lesser extent in Upper Nile. Aid workers are, however, already re-establishing full presence in the refugee camps in Upper Nile State. However, should the violence continue and the humanitarian response to refugees be jeopardized, the positive gains achieved by the humanitarian community since 2012 could be lost, with the situation deteriorating to emergency levels.

Medium-Term Consequences of the Crisis

The impact of this crisis will stretch beyond the three months covered by the initial response outlined in this plan. The economic situation will likely deteriorate, with inflation, price increases and unavailability of basic commodities likely in 2014. Fuel and food shortages may occur. Food insecurity may increase as agricultural production is disrupted.

A possible failure or delay in delivering support for agricultural activities for affected people in time for planting seasons will increase food insecurity and worsen nutrition among already at-risk communities. The achievements in setting up a robust cold chain and livestock vaccination delivery programme have already suffered a serious set back due to the distruption of the cold chain and an increase in livestock disease and related loss of livestock is likely. Environmental degradation may also occur in areas with unplanned sites for displaced people, and will require proactive management to minimize the damage.

If local government structures become inoperative, humanitarian agencies will become the provider of last resort of basic frontline services. Education, food assistance, health, protection, and water and sanitation programmes will be affected and chronically vulnerable populations will require further emergency assistance. Concurrently, deepening poverty, combined with non-payment of security and law enforcement forces, could result in increasing insecurity and criminality, with humanitarian organizations operating in a more difficult and hostile environment.

Up to 4.5 million people may be affected by a breakdown in social services delivery. If and when the situation calms enough for people to feel safe moving out of bases and other protected areas, it is likely that many will seek to go to their areas of origin where they have relatives and friends and community protection mechanisms, rather than back to cities from which they were displaced. As such, medium and longer term responses will also have to focus on these communities and the needs of both IDPs and their hosts.

¹ Due to the rapidly changing situation, some of the planning assumptions presented in this plan may change in the near future.

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ISSUES IMPACTING THE RESPONSE

The response to this new crisis is taking place in a context already marked by large-scale humanitarian need. The aid operation in South Sudan is one of the largest in the world, with multiple crises affecting vulnerable communities in all ten states. In 2014, aid agencies aim to help 3.1 million people, as outlined in the South Sudan Consolidated Appeal 2014-2016 (CAP) launched in November 2013.

The rapidly deteriorating humanitarian situation calls for immediate resources to fund life-saving activities in the CAP in hotspot states, and respond to the increasing needs of people forced to flee their homes. Sites for displaced people have been established in or adjacent to several UNMISS bases, and could be set up in other locations. This has required the activation of the Camp Coordination and Camp Management Cluster, not originally envisaged in the CAP 2014-2016.

Security and access will determine how the humanitarian response to the crisis happens. Areas where hostilities have taken place may be contaminated with "explosive remnants of war", posing a direct threat to the community and creating access issues for humanitarian agencies. Active hostilities may continue to impact where aid agencies are able to operate, and agencies risk being caught in cross fire or could even be targeted.

Access will be key to reach people wherever they may be, especially in the current context of a rapidly changing political landscape. A robust analysis will be needed to identify all actors (pro-government, opposition forces, or non-state armed actors) who have influence over people in their locations.

Additional air assets are required to reach areas not accessible by existing transport means and rapidly get to people in need. South Sudan's underdeveloped infrastructure and the poor state of road networks and airstrips may inhibit access to flashpoint areas and slow down vital pre-positioning and the flow of supplies to the field. Fuel shortages may also affect humanitarian operations.

GAPS IN THE RESPONSE

First, there is an urgent need to strengthen the response by: 1) scaling up the operational capacity required in Juba and all affected states; 2) increasing capacity to respond to newly identified needs in other areas of the country, depending on how the pattern of violence and displacement develops, and 3) strengthening coordination, information and communication.

There are about 300 aid organizations working in South Sudan (UN/INGOs/NNGOs and international organizations) many of whom have been working in the country for decades and have immense experience of working under difficult circumstances. UN agencies and NGOs are deploying capacity already in country to crisis-affected areas where possible. However, the scale of the crisis necessitates significant external surge capacity.

While there has been a substantial reduction in aid worker presence in those areas directly affected by violence of the first two weeks, there is now a significant surge to ensure that hotspot areas are boosted with experienced staff. Additional surge of experienced humanitarian staff will be needed for camp management, food and livelihoods, health, protection, shelter and NFI, and WASH.

Second, securing sufficient funding and supplies in priority areas is key. All eight core pipelines (supply lines for key relief goods used by front line service providers throughout the year in deepfield locations, which form an essential part of the strategy to ensure assistance to people in need) must be boosted immediately with financial resources for January to March. The core priorities identified for the response of food, health, NFIs/emergency shelter, and WASH to the displaced can only be supported if the respective pipelines are resourced. This to ensure, for example, that life-saving supplies are available to minimise loss of life, protect against cholera in the camps, and provide protection and dignity to those affected.

Furthermore, the multi-faceted nature of the response requires that those pipelines which support emergency education, livelihoods and animal vaccination, nutrition support, reproductive health activities and support to survivors of gender-based violence are also resourced. Additional support to the UN Humanitarian Air Service and the Logistics Cluster for additional helicopter assets and transport support is urgently needed to enable the response. Finally, comprehensive information on the scale of needs is not yet available. As the response picks up and access increases, Inter-Agency Rapid Needs Assessments (IRNAs) will be conducted to gain a better understanding of the unfolding needs. The current needs analysis is based on the experience of previous periods of violence and displacement in South Sudan. IOM is conducting registration of displaced in camps, which will provide more in-depth information as to the status and needs of those displaced. As the response scales up, nutritional, health, and special needs data will also be generated, along with gender-disaggregated data.

COORDINATION ARCHITECTURE OF THE RESPONSE

The Humanitarian Country Team, which brings together NGOs, UN agencies, and donors, is responsible for setting out the strategy of the joint humanitarian response, and for taking policy decisions on the direction of the humanitarian operation.

The Inter-Cluster Working Group, also with support from OCHA, is responsible for ensuring effective coordination between clusters, including on cross-cutting issues such as mainstreaming gender considerations in the response and minimizing the environmental impact of operations. Cluster leads and co-leads are responsible for coordinating the operations of their cluster members.

Coordination with the Government of South Sudan, including the Ministry of Humanitarian Affairs and the Relief and Rehabilitation Commission, is done at the national and state levels, including on inter-agency assessments of humanitarian needs. Aid agencies are also coordinating closely with UNMISS, including on issues on protection of civilians, and on the humanitarian response to displaced people sheltering in UNMISS bases.

STRATEGIC OBJECTIVES

Strategic Objective 1 of the South Sudan CAP 2014-2016: 'To provide a coordinated response to immediate humanitarian needs' underpins the three strategic objectives in this response plan. The goal is to save lives and alleviate acute suffering by reaching people in need on time, in a way that maximizes the impact of resources and avoids duplication. The below objectives will ensure that the response limits any worsening of the situation while supporting people to resume their livelihoods where it is possible and safe for them to do so.

- Provide an integrated life-saving coordinated response to immediate humanitarian needs of internally displaced people, refugees and host communities, including addressing protection concerns
- Provide key emergency health services to affected populations, with a focus on emergency surgical support and medical evacuation capacity for people wounded
- Support the resumption of livelihoods activities of the affected population as soon as possible through integrated livelihoods assistance so as to build resilience

CLUSTER OBJECTIVES AND COST

The below cluster objectives and response plan cover the response of the humanitarian country team to key immediate needs from 1 January to 31 March 2014. The assessment of needs and design of the relevant response will be reviewed regularly in accordance with the rapidly evolving situation. Inter-Agency Rapid Needs Assessments (IRNAs) will feed into the overall response and into revisions of this response plan as more information becomes available.



Camp Coordination and Camp Management (CCCM)

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In the first two weeks of the crisis, violence forced up to 180,000 people to flee their homes. Some 70,000 people have sought shelter and security in UN peacekeeping bases, where ad-hoc IDP camps have been established. The CCCM cluster has been activated to help manage these camps and support the establishment of new camps inside or outside UN bases as the need arises. The response will focus in the following states: Central Equatoria, Jonglei, Lakes, Unity, Upper Nile and Warrap.

\$17.9m Immediate funding requirement

Activities will include: setting up camp coordination at the national and state level as the need is identified, facilitating the establishment of camp management in IDP sites, and carrying out registration and monitoring of conditions in IDP sites.

The need for camp coordination and camp management was not foreseen in the CAP 2014-2016, and requirements for this work come in addition to the total funding sought in the original CAP for 2014. The \$17.9 million required is based on up to 200,000 people being displaced to camps. The cluster objectives include to:

CO1: Ensure that camp management takes place to improve living conditions among IDP sites;

CO2: Coordinate targeted and effective delivery of sector-specific services in IDP sites; and

CO3: Carry out registration and monitoring in support of the delivery of humanitarian assistance in newly set-up displaced persons camps.

Expected Output	Target
Camp coordination in place to facilitate the effective and targeted delivery of services to IDPs in IDP sites	100,000-200,000 IDPs
Camp management mechanisms in place in IDP sites to improve overall living conditions in sites	100,000-200,000 IDPs
IDP registration and monitoring carried out in IDP sites, as needed, to facilitate camp management and the delivery of immediate humanitarian services and registration data made available to facilitate the response in IDP sites	100,000-200,000 IDPs



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The current crisis has worsened South Sudan's already significant education challenges. Internally displaced children are particularly vulnerable to protection risks, including recruitment by armed groups, sexual exploitation and abuse, and physical violence. The disruption to community and family structures caused by displacement compounds these risks. These children are also more likely to have experienced a recent traumatic event. As such, providing emergency education services and children are also more likely to have experienced and children are also more likely to have experienced as the control of the latest and the lates

\$2.9M Immediate funding requirement

friendly spaces is an essential part of the humanitarian response. The cluster objectives include to:

CO1: Provide children and youth with basic supplies necessary for safe, inclusive, protective and quality education;

CO2: Provide children, youth and communities with psychosocial support, life-skills and life-saving messages in crisis-affected areas.

Expected Output	Target
Displaced children supported with emergency learning materials and emergency recreational kits	Up to 60,000 children (29,400 male/30,6000 female)
Refugee children supported with emergency learning materials and emergency recreational kits	32,000 children (15,680 male/16,320 female)



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The Emergency Telecommunications Cluster will establish reliable and cost efficient and secure, radio, telecommunications and internet services. It will provide solutions for NGOs and UN Agencies in up to 8 emergency locations depending on how the current crisis develops. This support will help the humanitarian community minimize risks and implement an effective emergency response.

\$2m Immediate funding requirement

The cluster objectives include to:

- CO 1: Provide sustainable telecommunications security, data and voice communication services through pooling optimization, and coordination of existing resources;
- CO 2: Deploy experienced technical teams to establish and maintain the installed systems;
- CO 3: Provide data connectivity, basic security telecommunications and ensure their 24/7 continuity in terms of electrical power.

Expected Output	Target
Percentage of emergency areas covered	80%
Number of data connectivity kits positioned in response locations	8



Food Security and Livelihoods

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In October 2013, 3.4 per cent and 30 per cent of the assessed households were severely and moderately food insecure respectively compared to 10 per cent and 30 per cent respectively in October 2012 and10 per cent and 28 per cent respectively in October 2011. The proportion of households with acceptable food consumption score was 75 per cent compared to 60 per cent and 59 per cent in February 2013 and October 2012 respectively.

\$61m Immediate funding requirement

Even though it was expected that the food security situation would improve in 2013-2014, the people displaced in the current violence have lost access to their livelihoods and will likely require emergency food assistance. Increasing access to food among displaced communities is vital to combating malnutrition and disease.

Furthermore, insecurity along major commercial supply corridors, increased market fragmentation, food and fuel price inflation and conflict related displacement leading to loss of livelihoods, albeit at a smaller scale, can be expected with the current crisis. Food assistance will be complemented by livelihoods programmes, to help crisis-affected communities to rebound as quickly as possible. This will include livestock vaccinations, to prevent further loss of livelihoods and the spread of disease in hotspot areas, where the population is already vulnerable.

Transporting large-volumes of food through insecure areas in the current context may require an increased reliance on air assets. The budget enclosed for food security and livelihoods has built in a contingency plan, valued at \$15 million, to have enough air transport capacity to transport 35 per cent of the three month food requirements for 400,000 people. Given that the air-assets can be mobilized with a 5–10 day notice, a more specific call for this funding could be made if necessary. Cluster obectives include to:

CO1: Enhance access to food to meet the immediate needs of people affected by crisis;

CO2: Help communities rebound from crisis by enhancing access to livelihoods resources.

Expected Output	Target
Emergency food distributed to internally displaced people	400,000 IDPs
Livelihoods support provided to internally displaced people	300,000 IDPs
Food assistance and livelihoods support provided to refugees	228,000 refugees



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The current crisis, and its impact on the health situation in areas affected by violence, comes on top of already major health needs in South Sudan. Access to essential primary health services and surgical capacity is limited and large-scale displacement if further reducing people's access to medical facilities. In adition to providing emergency surgical interventions, aid agencies will need to provide

\$5.1m Immediate funding requirement

support to primary health care centres in crisis-affected areas. Displaced people are also at a particularly high risk of contracting communicable diseases due to poor sanitation, shortage of water, crowded living conditions and poor immunity, with young children and pregnant women particularly vulnerable. Gender issues, in particular gender-based violence, are also aggravated by the crisis and survivors require appropriate medical services. Malaria, diarrhea and respiratory tract infections are currently the most prevalent conditions in IDP sites. Among the 400,000 people to be assisted in the coming three months, approximately 100,000 will be women of reproductive age. Based on pre-crisis birthrates, there will be 4,000 births and it can be projected that around 600 of these could have life-threatening complications requiring urgent access to emergency obstetric care. Lactating women also require special support to ensure safe infant feeding practices and family planning.

Aid agencies are planning to provide emergency healthcare to up to 400,000 displaced people between January and March 2014, including up to 10,000 people wounded in violence. The cluster objectives include to:

CO1: Provide emergency primary health care services for vulnerable people with limited or no access to health services;

CO2: Provide emergency response capacity for surgeries, including emergency obstetric care; and

CO3: Respond to health-related emergencies, including controlling the spread of communicable diseases, reproductive health care and medical services to survivors of gender-based violence.

Expected Output	Target
Measles immunization campaign for children from 6 months to 15 years	200,000 children
Epidemic disease surveillance and response strengthened	400,000 people
Primary health facilities supported in or near IDP sites, with provision of essential medicines and medical supplies	400,000 people
Surgical capacity at key secondary health facilities improved with provision of trauma kits	6,000 people
Women have acces to Minimum Service Package (MISP) for reproductive health and to emergency obstetric care	100,000 women



Logistics

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South Sudan is one of the most challenging and costly operating environments for humanitarian action in the world. Large quantities of humanitarian aid must be moved over vast distances, in area with extremely limited infrastructure and low supply of commercial transport asset. The response to displaced people in multiple locations around the country and the ongoing assistance to refugees require additional logistical support, including for transport of life-saving supplies and aid

\$24.2m Immediate funding requirement

personnel. For the first three months of 2014 securing sufficient air assets, including both fixed-wing aircraft for the regular United Nations Humanitarian Air Service (UNHAS) and helicopters, is the key priority, to allow for a rapid response. The cluster will also provide coordination services to ensure efficient, cost-effective and timely services to aid agencies engaged in the response.

Given the sharp increase in needs for logistical support, the funding requirement in this document comes in addition to the requirements set out in the CAP 2014-2016. The cluster objectives include to:

CO1: Provide logistic coordination, support and advisory services to the humanitarian community carrying out the emergency response; and

CO2: Provide complimentary air transport services to humanitarian partners to address emergeny needs.

Expected Output	Target
Relevant logistics information provided to partners	25 information products provided to partners
Air transport capacity provided to humanitarian partners to address emergency needs	90% - Cargo transported/amount of cargo requested
Common services provided into operational areas for delivery of humanitarian supplies	90% - Service requests for transport/number of requests executed (UNHAS passengers)
	90% - Amount of cargo transported/amount of cargo requested
	90% - Number of service requests for storage/number of service requests for storage executed



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South Sudan currently hosts 228,000 refugees. Over 200,000 of these are from Sudan's Blue Nile and South Kordofan states, and live in Unity and Upper Nile states in South Sudan – two of the hotspot states in the current crisis. Other refugees are hosted in Central Equatoria and Jonglei states, where heavy fighting has also taken place. To meet the immediate needs of this vulnerable group and

\$60m Immediate funding requirement

avoid loosing the important gains made in the refugee response in 2012 and 2013, it is vital to continue to provide life-saving assistance and basic services in the different refugee sites around the country.

Moreover, approximately 9,500 South Sudanese returnees remain stranded in Renk living in four transit sites. Another over 700 returnees were waiting at waystations prior to the outbreak of the crisis. It is essential that the humanitarian community continues to provide humanitarian services to these vulnerable groups. The multi-sector objectives include:

CO1: Ensure that refugees and host communities have access to critical life-saving humanitarian assistance in established settlements, and

CO2: Provide protection and assistance to refugees and asylum-seekers.

CO3: Ensure that standed returnees continue to have access to critical life-saving humanitarian assistance

Expected Output	Target
Basic services and sustainable assistance provided to refugees in established settlements	228,000 refugees
Humanitarian services maintained for stranded returnee population	10,200 returnees assisted
Global acute malnutrition rate	<10%



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Various forms of under-nutrition have been prevalent among vulnerable groups in South Sudan for many years, including among young children and pregnant and lactating mothers. Feeding practices of infant and young children are also poor in many places. The current large-scale displacement will compound the situation, including by disrupting livelihoods and reducing access to food, especially for people who have not been able to seek shelter in UN peacekeeping bases. The

\$8.9m Immediate funding requirement

high disease burden among displaced communities and poor sanitation and hygiene further aggravate nutritional needs. The cluster objectives include to:

CO1: Treat acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group;

CO2: Prevent acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group and supplying vitamins and other micronutrients for children.

Expected Output	Target
Treatment of acute malnutrition provided to children under 5	4,500 severely acutely malnourished children 9,000 moderately acutely malnourished children
9,000 moderately acutely malnourished children	9,500 boys and girls (6-35 months)



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The ongoing violence between armed actors and between communities poses an immediate threat to people in the states affected by violence, and has caused large-scale displacement. The crisis has also increased vulnerability to sexual and gender-based violence, and heightened protection risks for children, for example of being separated from their families. Survivors of GBV will need access to health services and psychosocial support. An inclusive protection response to displaced

\$2.6m Immediate funding requirement

communities, including ongoing monitoring of threats to civilians in all hotspot areas, is a key need for the first three months of 2014. The response will also need to take into consderation vulnerable stranded migrants, including Soutth Sudanese returnees, in need of protection. The cluster objectives include to:

- CO1: Scale up protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants;
- CO2: Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing and reunification, as access permits;
- CO3: Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV; and
- CO4: Promote psychosocial well-being of children through community-based support.

Expected Output	Target
Undertake field protection monitoring and assessment missions in all affected locations, as access permits, and undertake advocacy/information initiatives, including with protection of civilians actors and other stakeholders to address physical and other protection concerns	45 assessment missions 6 advocacy/information initiatives
Set up appropriate FTR systems in 7 locations, while seeking to identify and reunite or locate interim alternate care arrangements for separated, unaccompanied or missing children.	Relevant individuals among 100,000-200,000 IDPs (in IDP sites)
Set up appropriate GBV case identification and survivor-centres response and referral mechanisms in seven locations, while providing safe and secure access for GBV survivors to essential health and case management as access permits	Relevant individuals among 100,000-200,000 IDPs (in IDP sites)
Psychosocial well-being of children promoted through access to safe spaces and by association with networks of children, youth and women	Relevant individuals among 100,000-200,000 IDPs (in IDP sites)



Shelter and Non-Food Items

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Aid agencies estimate that up to 400,000 people displaced may need emergency shelter and household items in the coming months, including the people displaced in UN peacekeeping bases and those seeking refuge in other locations. The lack of shelter and mosquito nets contribute to high rates of malaria and other diseases in

\$13.2m Immediate funding requirement

diplaced persons sites. The wide-spread violence has also led to significant destruction of homes and property in several key population centres, including Juba, Bor, Bentiu and Malakal. Procuring, delivering and pre-positioning shelter and NFI supplies will be key for the immediate humanitarian response. The cluster objectives include to:

CO1: Ensure timely provision of emergency shelter and basic NFI materials for displaced populations in acute situations (including supply, pre-positioning and distribution); and

CO2: Deliver additional shelter options, as needed, for IDPs able to return to their homes using where possible sustainable locally adapted solutions.

Expected Output	Target
Distribution of basic NFI kits to people in need	350,000 IDPs
Provision of appropriate emergency shelter solutions to people in need	350,000 IDPs



Water, Sanitation and Hygiene (WASH)

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The lack of safe drinking water, inadequate excretal disposal and poor hygiene practices leave a large proportion of South Sudan's population at persistent risk of preventable waterborne diseases. The recent violence and large-scale displacement to sites and areas without sufficient access to clean water and proper sanitation has greatly increased the vulnerability of people displaced. In IDP sites,

\$11.3 million
Immediate funding
requirement

poor sanitary conditions pose a major public health risk, including potential cholera outbreaks. The immediate priority in the first three months of 2014 is to; provide safe drinking water and emergency latrines, along with promotion of good hygiene, increase the access of crisis-affected people to safe drinking water, provide additional latrines and improve hygiene practices in order to prevent the outbreak and spreadspread of water-related disease. Timely procurement and prepositioning of WASH items is a key requirement to support the ongoing response. The cluster objectives include to:

CO1: Provide emergency water points with safe drinking water, emergency latrines, and promote good hygiene to displaced populations; and

CO2: Ensure provision of safe drinking water and improved sanitation, and promote good hygiene within crisisaffected communities.

Expected Output	Target
Provide clean water to displaced people in accordance with SPHERE standards	15 litres per person/day
Provide emergency latrines to displaced people in accordance with emergency SPHERE standards	1 latrine per 50 people
Provide safe drinking water and improved sanitation in crisis-affected communities	Up to 400,000 people