

# 2017 CONSOLIDATED APPEAL

## IOM SOUTH SUDAN



INTERNATIONAL  
ORGANIZATION  
FOR MIGRATION

## IOM IN SOUTH SUDAN

IOM began operations in southern Sudan in 2005, establishing the IOM South Sudan Mission after the country's independence from Sudan in 2011. After the December 2013 crisis, the mission consolidated support to thousands of vulnerable populations and internally displaced persons (IDPs), including those seeking shelter in United Nations Mission in South Sudan (UNMISS) Protection of Civilian (PoC) sites, and deployed rapid response teams to reach the most affected communities in remote areas. In PoC sites IOM has established the Displacement Tracking Matrix (DTM), a biometric registration system to improve service provision and track mobility trends; expanded the sites to alleviate congestion and mitigate flood risk; and built and managed Humanitarian Hubs to provide common accommodation, offices and logistics bases for humanitarian agencies. Transition and recovery programming has been implemented to support recovery, where possible. This includes Village Assessment Surveys (VAS) that identify critical gaps in basic services and infrastructure in areas of high return to inform future programming. The mission is now one of the largest globally with 450 staff across six field offices. Three years into the conflict, the combination of experienced teams, flexible programming and wide field based infrastructure make IOM a central actor in the continuing humanitarian response.

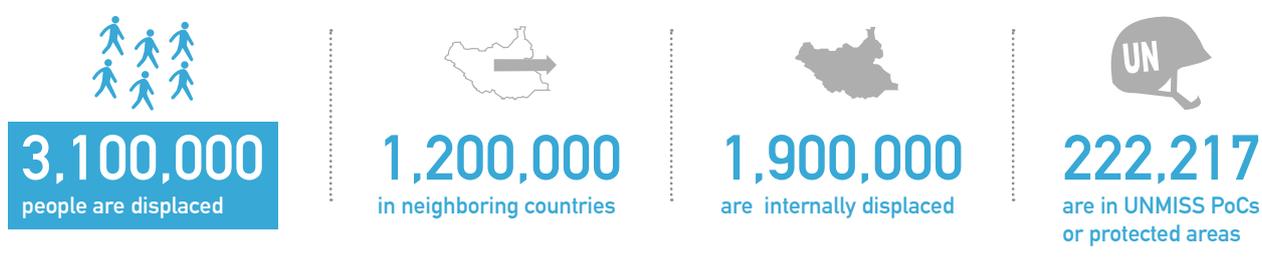
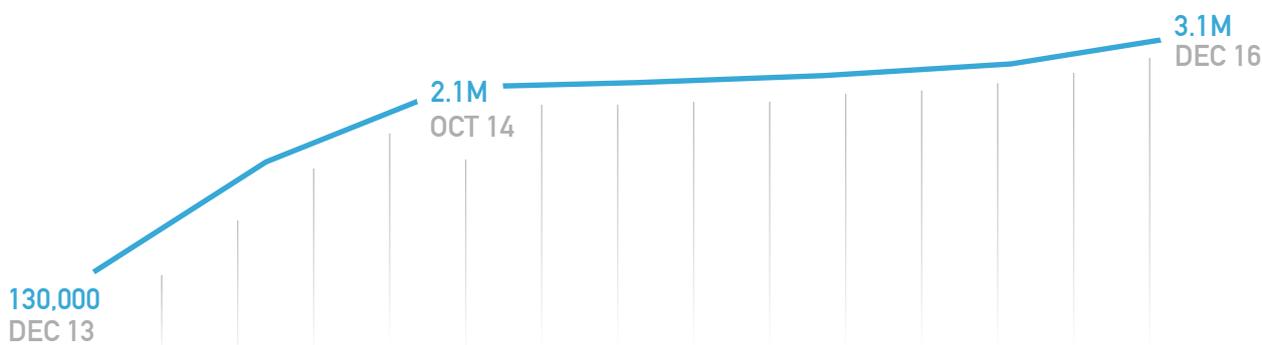
# 2017 CONSOLIDATED APPEAL

## IOM SOUTH SUDAN

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## HUMANITARIAN NEEDS\*



*THREE YEARS AFTER THE EMERGENCE OF CIVIL CRISIS, SOUTH SUDAN CONTINUES TO EXPERIENCE CONTINUAL WAVES OF VIOLENCE AND POLITICAL INSTABILITY AS THE COUNTRY ENTERS INTO THE FOURTH YEAR OF THE CRISIS.*

New shocks, including escalating food insecurity and drastic economic decline have resulted in new and protracted displacement, particularly in Western Bahr el Ghazal and the Greater Equatoria region. The total population of the PoC sites is now higher than at the same time in 2015, and, entering their fourth year of existence, achieving a healthy, safe and dignified living environment in the sites remains a priority. The UN-protected sites remain a lifesaving, last resort for many people caught in the conflict.

OCHA has identified 7.5 million people out of a population of 12 million in need of humanitarian assistance.

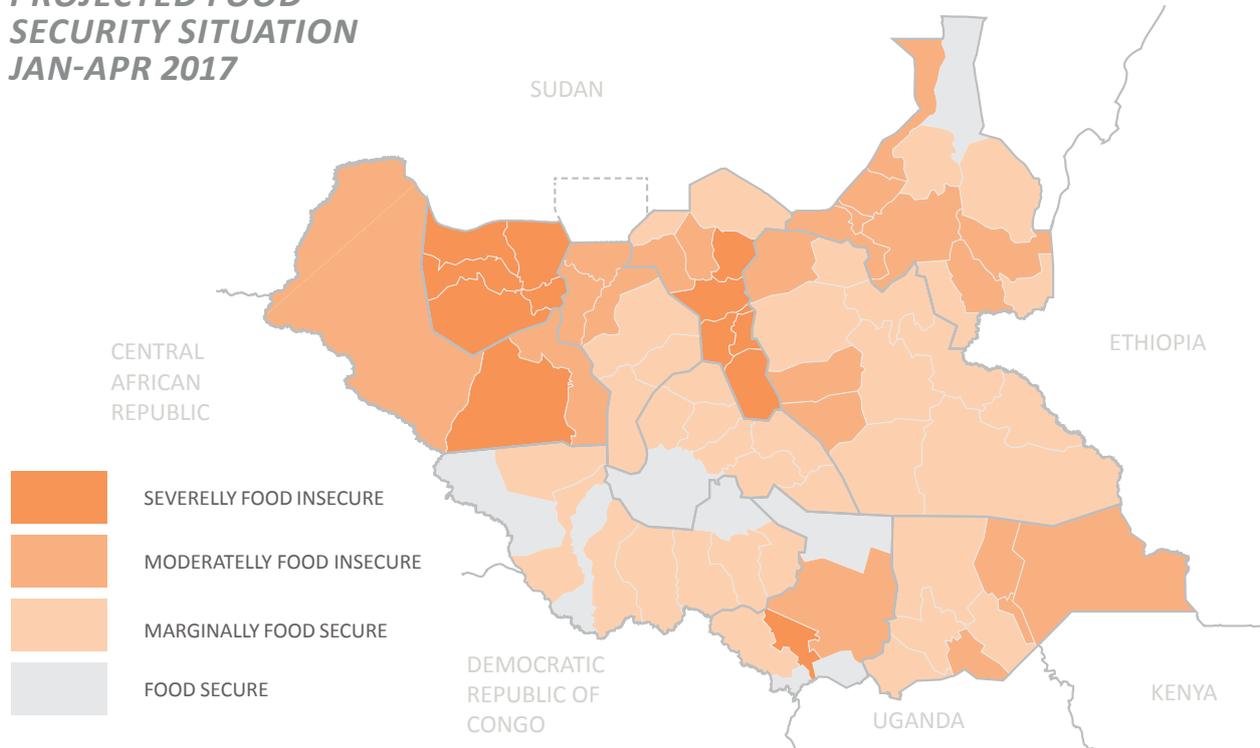
In 2016, the armed conflict and insecurity spread to formerly stable areas. Civilians bore the brunt of the conflict, facing violence, harassment, sexual assault and rape, as well as the destruction of their property. In December 2016, according to WFP figures, 3.6 million people are estimated to be severely food insecure – an unprecedented figure for the harvest season. More than one million children under age five are estimated to be acutely malnourished.

The violence in Western Bahr el Ghazal in June saw thousands of civilians threatened, fleeing to host communities and seeking protection next to the UNMISS compound in Wau town. Displacement sites grew quickly

as humanitarians swiftly mobilized to support people with emergency lifesaving assistance. In December, an estimated 41,049 people are displaced in Wau town. There are as many as 38,000 people displaced outside of town cut off to humanitarian assistance.

A major battle in the capital Juba in July spread extreme fear, killed hundreds and led to thousands of people fleeing to the UN bases and other secure areas. Many UN Agencies, non-governmental organizations (NGOs), international diplomatic missions and private organizations relocated or evacuated non-essential staff from Juba due to security concerns. In Unity, a resurgence of violence in areas around Leer and Rubkona counties since July has seen people fleeing to safe areas. The population of displaced people seeking protection at the Bentiu PoC increased by 19 per cent over November to reach 118,378 people, a figure not seen since January 2016. In Upper Nile there has been sporadic episodes of violence, including an attack on the Malakal PoC site in February and a deadly ensuing fire that killed at least 25 people, and destroyed hundreds of shelters and two health care clinics. The greatest upsurge in violence was seen in southern parts of the country, where previously calm areas such as Yei in Central Equatoria have seen significant conflict. Surrounding areas including parts of Western and Eastern Equatoria witnessed further

\* ALL OCHA SOUTH SUDAN FIGURES ARE AS AT 17 JANUARY 2017.

**PROJECTED FOOD  
SECURITY SITUATION  
JAN-APR 2017**

SOURCE: WORLD FOOD PROGRAM NOVEMBER 2016

serious incidents. Populations in parts of Mundri and Yei remain cut off from aid. Approximately 414,500 South Sudanese have left the country since the upsurge of violence in July, including to Uganda, Ethiopia, Kenya, and Democratic Republic of Congo (UNHCR, 2016), alongside many foreign entrepreneurs and traders.

Children, the elderly, people with disabilities and people living with HIV/AIDS are particularly vulnerable. Many families report having had to abandon aged and infirm family members when fleeing fighting. In this context, women and girls are at heightened risk of attack and exposed to significant levels of sexual violence, particularly when collecting firewood (OCHA, Humanitarian Needs Overview [HNO] 2016).

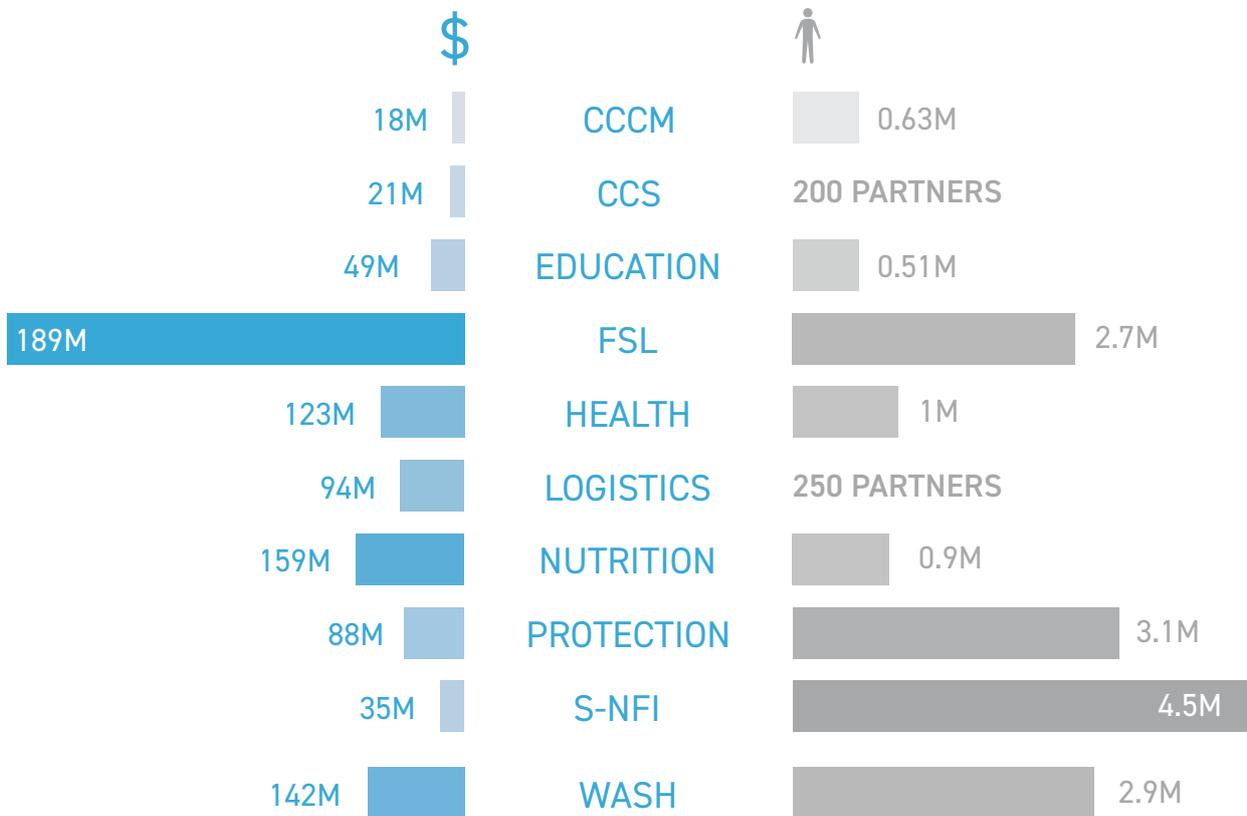
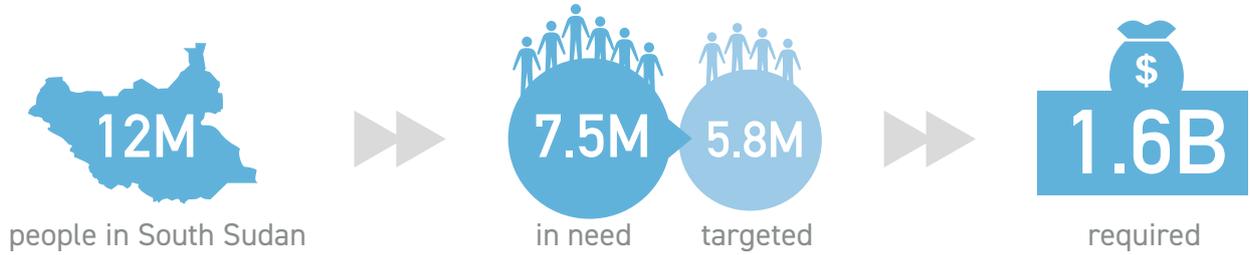
Humanitarian needs are exacerbated by the economic crisis, which significantly setback stabilisation efforts. Since mid-July, staple food prices have increased and trade has dwindled as access closed and routes became less predictable. The wholesale destruction of neighbourhoods and villages has left coping mechanisms exhausted. An emerging caseload of newly vulnerable populations are unable to provide basic materials for themselves due to the failing markets, localised conflict, floods and reduced harvests. Emergency shelter and non-food item (S-NFI) needs have spread as populations remain displaced or new or secondary displacement occurs.

These crises continue to trigger major public health risks, and the destruction of public health infrastructure

has exacerbated poor health outcomes. South Sudan experiences multiple and simultaneous infectious diseases outbreaks, and in 2016, a cholera outbreak caused more cases and spread to more locations than in 2015 (OCHA, HNO 2016). Malaria and measles remained major health risks, as did tuberculosis (TB) and HIV/AIDS. Conflict, displacement and lack of access have frustrated efforts to ensure vaccination coverage. For thousands facing long-term displacement, often in crowded conditions, the need for protection and psychosocial interventions is exacerbated by the converging crises.

The crisis continues to place significant strain on existing public services, particularly in remote areas where IDPs have integrated into host communities with limited access to basic services, or where water supply systems, boreholes and sanitation facilities have been destroyed or neglected. It is estimated that only 41 per cent of the population have access to safe water (OCHA, HNO 2017). The lack of safe water and facilities have left a large proportion of the population at risk of preventable diseases as safe and sufficient quantities of water are critical for enabling good hygiene practices. Despite investments and operations, access to safe water and sanitation continues to be an issue in protracted displacement sites, particularly where overcrowding poses a high level of risk. Displacement sites can carry the risk of waterborne disease such as cholera and rapid transmission of communicable diseases. Synergistic health and hygiene promotion has been identified as a major need in displacement sites.

# HUMANITARIAN RESPONSE PLAN (HRP)\*



## SHRINKING HUMANITARIAN ACCESS AND SPACE

South Sudan is now one of the most challenging humanitarian service delivery environments in the world. In 2016, humanitarians were attacked, convoys with humanitarian supplies were robbed and warehouses were looted. Transportation faced an increased number of checkpoints, seizure of private assets and increases in costs. Populations outside of towns remained cut-off from aid due to the increasingly complex access negotiations. The rugged land terrain, seasonal hazards and vast distances mean large areas are inaccessible during the rainy season and humanitarians must preposition supplies during the dry season after negotiating for access.



\* ALL OCHA SOUTH SUDAN FIGURES ARE AS AT 17 JANUARY 2017.

## IOM CONSOLIDATED APPEAL PLAN

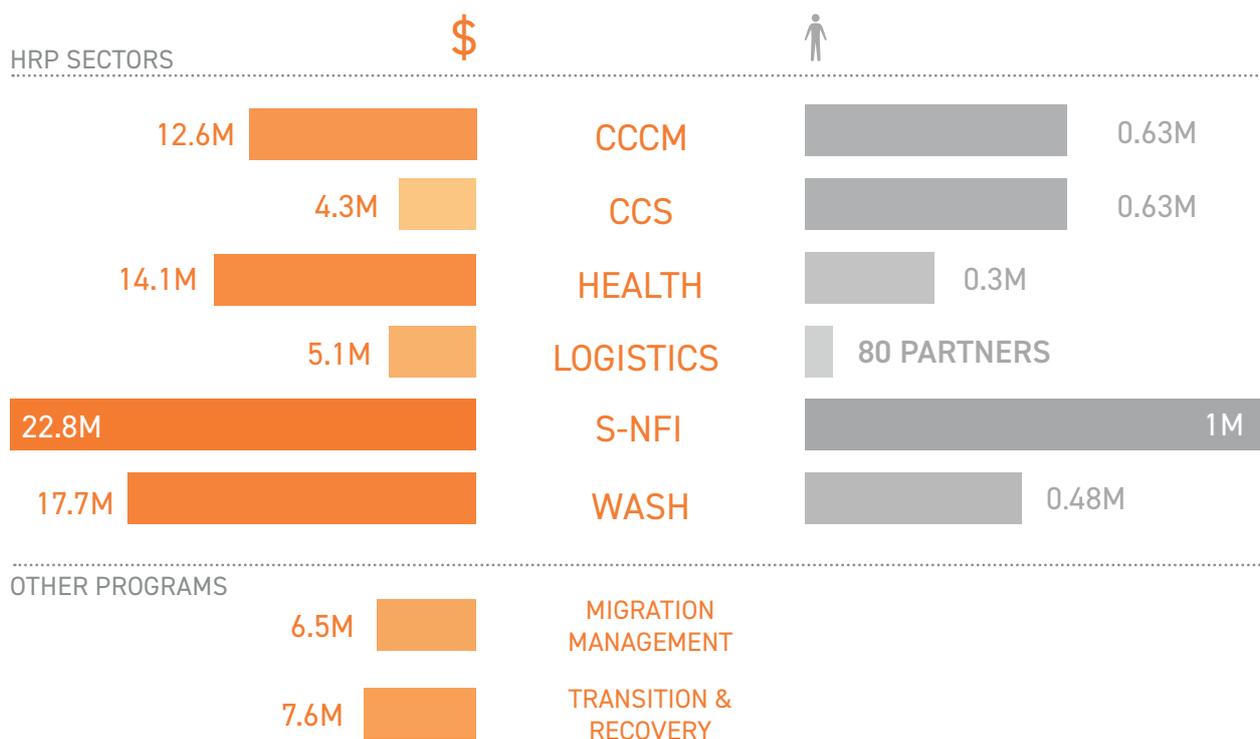
The 2017 South Sudan Humanitarian Response Plan (HRP) appeals for USD 1.6 billion to target 5.8 million people for assistance. Developed in line with the HRP and the framework of the IASC Clusters, IOM's 2017 CAP requests USD 76,852,706. The appeal highlights emergency humanitarian assistance based on IOM's existing capacity, focusing on the most urgent needs of the affected population.

IOM co-ordinates under the Inter Agency Standing Committee (IASC) Humanitarian Cluster System. IOM is the Shelter and Non-Food Items (S-NFI) Cluster co-lead, manages the S-NFI core supply pipeline and is State Focal Point for Western Bahr el Ghazal; the Camp Coordination and Camp Management Cluster (CCCM) co-lead and State Focal Point in Upper Nile and Western Bahr el Ghazal; the Water, Sanitation and Hygiene (WASH) Cluster State Focal Point for Upper Nile and manages 12.5 per cent of the WASH core supply pipeline; plays an active role in the Health Cluster and co-hosts the HIV and TB in Emergencies sub-working group; leads the Mental Health Psychosocial Support (MHPSS) Forum

and is a member of the PSS Working Group under the Protection Cluster and the Ministry of Health (MoH) MHPSS Platform; runs the Common Transport Service (CTS) for the Logistics Cluster and is the rotational Chair of the Health Rapid Response Mechanism (RRM) Working Group.

The synergistic approach across different Sectors significantly boosts the strength of interventions. Programmes acknowledge that conflict transformation and resolution are possible with assistance underpinned by a focus on resilience and ownership, particularly in certain geographic locations. IOM is committed to the voluntary return and reintegration of IDPs and refugees, when possible and appropriate. Cooperation with the Government of the Republic of South Sudan is important to sustain operations and humanitarian response activities. IOM and UNMISS continue to work together, building on the collaboration since UNMISS opened its gates to their bases for IDPs in 2013, saving thousands of lives.

IOM'S TOTAL REQUIREMENT: **\$ 91M**



## CCCM CAMP COORDINATION AND CAMP MANAGEMENT



630,239

PEOPLE TARGETED



\$ 12,630,000

SECTOR REQUIREMENT

### PROVISION OF CAMP COORDINATION AND CAMP MANAGEMENT SERVICES TO DISPLACED POPULATIONS IN SOUTH SUDAN

IOM has co-led the CCCM Cluster since activation after the crisis in December 2013, drawing on organisational strength to ensure effective leadership, and is State Focal Point in Upper Nile and Western Bahr el Ghazal. In 2014–16, IOM led the expansion and rehabilitation of overcrowded PoC sites across the country to improve living conditions and support vulnerable conflict-affected populations, as well as the capacity of humanitarians to respond. There is high need for continued CCCM activities, particularly due to the new shocks contributing to protracted and new displacement and the emergence of new displacement sites in Western Bahr el Ghazal and Central Equatoria. This project addresses the needs of all IDPs residing in camps or camp-like settings for continuation of core camp management services, including those in managed sites (all PoC sites, Melut informal settlements and Wau collective centres) and sites with CCCM activities conducted by or handed over to local actors (collective centres and informal settlements). The project will co-ordinate the response

of ten Cluster partners to provide lifesaving assistance, and also continue to identify opportunities for handover to local actors.

Supporting people to achieve a healthy, safe and dignified living environment remains a priority. Within managed sites, CCCM will strengthen complaint and feedback mechanisms and strengthen communication with communities (CwC) as a core component of programming. IOM is responsible for the biometric registration of IDPs through the DTM, a common humanitarian tool to monitor trends and movements and provide humanitarian partners with displacement data. The DTM functions of rigorously analysing mobility trends, and registration and verification activities will remain vital in 2017, including to support food and nutrition partners in sites. Gender and age disaggregated data is collected to assist service providers and protection partners to provide targeted and responsive programming.

#### THE PROJECT WILL:

- ▶ Coordinate Cluster partner responses and develop CCCM response guidelines, including contingency plans, emergency response and risk management;
- ▶ Perform camp management and humanitarian services coordination at Bentiu and Wau PoC sites;
- ▶ Conduct regular tracking and monitoring exercises to provide baseline displacement information; deploy DTM teams for verification exercises and provide trainings and ongoing technical support;
- ▶ Maintain information desks and feedback mechanisms in PoC sites, enhancing Accountability to Affected Population (AAP) initiatives;
- ▶ Implement care and maintenance of site infrastructure and site improvement to alleviate congestion and reduce the risk of health, sanitation and protection concerns.

CAP CODE	TITLE	BUDGET
SSD-17/CSS/103881	Provision of Camp Coordination and Camp Management services to displaced populations in South Sudan	12,630,000
<b>TOTAL</b>		<b>12,630,000</b>

# CCS

## COORDINATION AND COMMON SERVICES



# 630,239

PEOPLE TARGETED



# 4,370,000

SECTOR REQUIREMENT

## PROVISION OF INFORMATION AND LOGISTICAL SERVICES TO SUPPORT THE HUMANITARIAN RESPONSE TO PEOPLE IN NEED

The majority of IDPs are outside of displacement sites in areas that are often inaccessible to long-term humanitarian presence. Most available data on affected populations is based on the conditions and needs inside IDP sites, with a lack of information regarding the needs and plans of those in host communities or rural and remote areas. Access to baseline information and mapping basic needs and critical gaps in services and infrastructure, alongside detailed population data

at the individual level, is essential to facilitate effective planning and response. Baseline information is likewise crucial to allow communities to make informed decisions about returns and encourage increased sustainability of returns and reduced reliance on services in the PoC sites. Data collection on this large scale require a number of partners with on-the-ground presence and capacity, working together to develop a common platform for sharing data and information.

### THROUGH THE COORDINATION AND COMMON SERVICES CLUSTER, THE PROJECT WILL:

- ▶ Coordinate with relevant actors, including the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Working Group (ICWG), to identify areas to conduct Village Assessment Surveys (VAS), identify local partners in communities and roll-out the VAS, including focus group discussions and surveys;
- ▶ Provide partners with updated and timely information which highlight priority needs and gaps in basic infrastructure and services in areas of return through an online portal and regular reports;
- ▶ Maintain, reinforce and/or improve Lightweight Base Camps (LBCs) as humanitarian accommodation and work space in hard-to-reach areas, and provide administration, maintenance and improvement of existing LBCs; and
- ▶ Rehabilitate the Bentiu town humanitarian hub to support increased services outside the PoC site.

CAP CODE	TITLE	BUDGET
SSD-17/CSS/103938	Provision of information and logistical services to support the humanitarian response to people in need	<b>4,370,000</b>
<b>TOTAL</b>		<b>4,370,000</b>

# HEALTH



307,060



\$ 14,124,765

PEOPLE TARGETED

SECTOR REQUIREMENT

## SUSTAINING LIFESAVING PRIMARY HEALTH CARE SERVICES AND PROVISION OF RAPID RESPONSE AND PSYCHOSOCIAL SUPPORT FOR VULNERABLE IDPS, RETURNEES AND AFFECTED HOST COMMUNITIES IN UNITY, UPPER NILE AND WESTERN BAHR EL GHAZAL, AND OTHER SITES ACROSS SOUTH SUDAN

Three years after the crisis, only 44 per cent of the population are able to access basic primary healthcare (PHC). In 2016, IOM increased support to very vulnerable South Sudanese through maintaining the mobile and static clinic strategy in Upper Nile and Unity and Renk County, and enlarging operations in Western Bahr el Ghazal, including a new clinic in the Wau PoC site. Rapid Response Teams (RRTs) were deployed to aid those in increasingly difficult-to-access rural areas. This includes in Renk, Yei and Weichdeng, at the Juba UNMISS Tongping base after the July crisis, Malakal after the attack on the PoC in February, and immunization campaigns including in Aweil, Gogrial and Juba.

IOM has also been responding to psychosocial needs following assessments that were conducted in Bentiu and Malakal in 2015 and Wau in 2016, which indicated that depression, frustration and social withdrawal were the leading mental health and psychological issues affecting displaced populations. The mental health and psychosocial support (MHPSS) programme works to strengthen community level resilience in Bor, Bentiu, Malakal, and Wau PoC sites. This includes making available supportive, non-clinical, community-based MHPSS programmes and engaging people in community-led support groups.

This project sustains support for IOM to contribute to

the reduction of avoidable mortality and morbidity in South Sudan, in line with the Health Cluster strategy. In 2017, IOM will provide and scale up emergency lifesaving primary health care services as per the Ministry of Health's Basic Package of Health and Nutrition Services which includes Integrated Reproductive Health Services (the Minimum Initial Service Package, antenatal and postnatal care as well as emergency obstetric and normal deliveries and Prevention of Mother to Child Transmission of HIV [PMTCT]). HIV and TB diagnosis and treatment activities will also be strengthened to respond to the emerging needs.

This project mainstreams MHPSS into PHC services through capacity building for humanitarian actors and health workers to equip them with tools to support those in distress. This includes trainings to improve understanding of MHPSS and Psychological First Aid (PFA) training, with a focus on 'do no harm' principles. The project alleviates suffering of vulnerable populations through direct service provision of psychosocial support by providing one-on-one counselling and establishing psychosocial mobile support teams.

In 2017, IOM will continue to strengthen the mobile Health RRT mechanism to deliver lifesaving PHC and nutrition services to hard-to-reach populations.

### CROSS-SECTORIAL SYNERGIES

IOM's active role in the Clusters allows for harmonised approaches to health, hygiene and protection. Health programming incorporates cross-sectoral linkages with nutrition; and IOM Health and WASH teams work closely together particularly on health and hygiene promotion activities and messages.



## THE PROJECT WILL:

- ▶ Maintain mobile and semi-static health facilities, ensuring provision of emergency basic PHC Services, including general nutrition screening and referrals;
- ▶ Deliver quality reproductive health services through provision of basic Emergency Obstetric and Newborn Care (EmONC), family planning services, pre/postnatal care, and PMTCT services;
- ▶ Provide and support routine immunization, through implementing the Emergency Programme on Immunizations (EPI), as well as participating in mass campaigns, particularly for boys and girls under five and women of childbearing age;
- ▶ Strengthen the RRT to provide emergency health care, including needs assessments, lifesaving assistance, provision of drugs and medical supplies, routine and mass vaccinations campaigns, provision of the MISP, and capacity building on communicable disease control, outbreak response and early warning surveillance mechanisms;
- ▶ Strengthen emergency preparedness and capacity of health workers to prevent, detect and respond to disease outbreaks through trainings on communicable disease management, particularly waterborne diseases, measles and meningitis, and Clinical Management of Rape (CMR), and MISP;
- ▶ Pre-position essential medicines, medical supplies and medical equipment;
- ▶ Mobilise peer-to-peer community health volunteers to mainstream health awareness sessions on HIV and TB, sexual and gender-based violence and referrals for PSS counselling, communicable diseases and good hygiene and sanitation practices;
- ▶ Support the national disease surveillance and early warning system to respond to disease outbreaks;
- ▶ Enhance the capacity of health care workers to detect and respond to MHPSS needs through training in supportive communication and PFA, basic MHPSS needs and responses in emergency and post emergency situations, identification of most common mental disorders, and appropriate referrals; and
- ▶ Provide direct community-based MHPSS services as well as specialized services by a trained psychologist, when needed.

CAP CODE	TITLE	BUDGET
SSD-17/H/103206	Sustaining Lifesaving Primary Health Care Services and Provision of Rapid Response and Psychosocial Support for Vulnerable IDPs, Returnees and Affected Host Communities in Unity, Upper Nile and Western Bahr el Ghazal, and other sites across South Sudan.	<b>14,124,765</b>
<b>TOTAL</b>		<b>14,124,765</b>

## S-NFI SHELTER NON-FOOD ITEMS



1,025,000



\$ 22,859,467

PEOPLE TARGETED

SECTOR REQUIREMENT

### PROVISION OF COORDINATION SERVICES AND EMERGENCY S-NFI ASSISTANCE TO PEOPLE IN NEED IN SOUTH SUDAN

IOM is co-lead of the S-NFI Cluster in South Sudan, manages a frontline team and is State Focal Point for Western Bahr el Ghazal. S-NFI activities respond to the context through addressing critical gaps for those in protracted situations, or experiencing additional shocks, and newly displaced populations.

In 2017, the Cluster aims to deliver quality, flexible, rapid responses in a coordinated, cost-effective and efficient manner, focusing on areas most affected by the confluence of crises. This project will ensure the continued coordination of the S-NFI Cluster, contributing to the effective implementation of targeted responses to allow people to live in conditions of dignity, health, safety and well-being. Technical guidance will be provided to complement the capacity of the 20 Cluster partners, with a focus on protection and gender mainstreaming. The S-NFI Cluster Methodology Guidelines will continue to guide partners through the emergency response cycle: assessment, verification or registration, distribution and monitoring. The Guidelines will provide recommendations on appropriate methodologies and minimum requirements. Partners will be supported so that distributions only take place after assessments are conducted and needs (including for women,

men and different household sizes) are confirmed by reputable local partners, particularly to ascertain the needs of different gender groups. To promote quality programming, post-distribution monitoring (PDM) activities will be scaled-up and improve AAP through collecting beneficiary feedback on usage and quality of materials. The Cluster is committed to mainstreaming protection and respecting 'do no harm' principles, in particular in the design of emergency shelters in camp and camp-like settings when supporting communities fleeing violence in remote locations. Gender analysis underpins the Cluster strategy, which focuses in particular on addressing the unique needs of women and girls.

As provider of last resort, IOM's frontline team will maintain capacity to respond in locations where lifesaving interventions are needed to boost capacity and quality of responses. The IOM frontline team will continue to facilitate the coordination, packing and delivery of survival kits on behalf of contributing Clusters and agencies. Containing key multi sectoral items necessary for survival, the kits will serve populations in the hardest to reach locations where needs are acutely high.

#### THE PROJECT WILL:

- ▶ Ensure the overall S-NFI Cluster response is carried out in an effective and coordinated manner, through a harmonized framework for response, updated tools and methodologies, and training and capacity building interventions; and
- ▶ Meet the S-NFI needs of 34,000 households identified as the most vulnerable through mobilising a frontline mobile response team in response to Cluster gaps and to build partners capacity.

### CROSS-SECTORIAL SYNERGIES

The S-NFI proactively engages with other Clusters to promote efficiency and effectiveness, including: CCCM, due to the high number of displaced people living in formal and informal sites; WASH, to coordinate mobile interventions and ensure no duplication of WASH NFIs; and with Food, Security and Livelihoods (FSL), Nutrition and WASH, to support people on the run, under protection risks and in hard-to-reach areas through the survival kits operation.



## PROVISION OF SHELTER MATERIALS AND NFIS TO PEOPLE IN NEED IN SOUTH SUDAN (PIPELINE)

IOM manages 100 per cent of the S-NFI common pipeline to support frontline partners with the provision of reliable and quality supplies of S-NFI materials, on request and following identified guidelines. In 2017, the pipeline will focus on flexibilities that allow the project to adjust to the increasingly difficult operating context. The project will procure loose S-NFI materials that can compose packages of assistance and make them available to partners accessing the pipeline. The contents of packages will be strictly based on needs assessments and include key items that provide immediate life saving assistance. IOM will manage, dispatch and provide air/road transport to move and pre-position stock to

strategic logistics hubs, such as Bentiu, Bor and Rumbek, and distribution sites in field locations. By procuring items into the common pipeline, IOM will maximize the economy of scale and ensure a consistent high-quality of materials. IOM’s pipeline team will work closely with the Cluster and State Focal Points to ensure prioritised and coordinated coverage, minimising gaps and overlaps of service. There will be continuous monitoring and tracking of stocks and rate of usage, and increased predictability of critical stock levels and replenishment requirements. The project also contributes to the survival kits project under the S NFI Cluster’s Response Plan.

## RESILIENT SHELTER AND NFI SOLUTIONS FOR CONFLICT- AND DISASTER AFFECTED IN SOUTH SUDAN

This project pilots resilience-building interventions to create more sustainable approaches for distribution. Rural settlements and housing affected by hazards are periodically rehabilitated and reconstructed for a single season, which creates a continuous need to resupply dilapidated materials. The majority of pipeline items are procured regionally or internationally, with procurement of local items limited to items such as wooden poles

and bamboo. The S-NFI pipeline is, therefore, reliant on multiple external factors including Government tax exemptions at borders, safety and security along key routes, access to key markets and supply-demand. The project will respond to the deepened vulnerabilities of communities exposed to hazard prone conditions, such as seasonal weather and repeated patterns of displacement.

### THE PROJECT WILL

- Provide vulnerable populations with more efficient S-NFI services, analysed through market research and evaluations; and
- Support communities with capacity building and resilient approaches to improve sustainability, including through risk assessments and data analysis to identify gaps and hazards.

CAP CODE	TITLE	BUDGET
SSD-17/S-NF/103814	Provision of coordination services and emergency Shelter/NFI assistance to people in need in South Sudan	<b>1,657,500</b>
SSD-17/S-NF/103813	Provision of shelter materials and NFI to people in need in South Sudan (Pipeline)	<b>20,058,217</b>
SSD-17/S-NF/103812	Resilient Shelter and NFI Solutions for Conflict and Disaster Affected in South Sudan	<b>1,143,750</b>
<b>TOTAL</b>		<b>\$22,859,467</b>

# WASH

WATER  
SANITATION  
HYGIENE



488,504



\$ 17,700,000

PEOPLE TARGETED

SECTOR REQUIREMENT

## PROVISION OF EMERGENCY WASH ASSISTANCE FOR AFFECTED POPULATIONS IN SOUTH SUDAN

IOM is one of the main WASH providers at PoC sites in Bentiu, Malakal and Melut, and for newly displaced populations in Wau. In 2017, improvements to water supply and distribution systems in PoC sites are required to meet the new or increased caseloads, with continuous operation and maintenance of existing systems to facilitate access to safe water and strive for Sphere standards. Maintaining improved WASH services helps to prevent the onset of diseases among vulnerable populations, particularly hazardous in congested

displacement sites. The project sustains support for a WASH Cluster State Focal Point to coordinate WASH response in Upper Nile.

This project also expands WASH services through key emergency infrastructure and hygiene promotion to assist IDPs outside of PoC sites and host communities, exposed to new shocks and compounding hazards during emergency situations, new displacement or disease outbreaks.

### THE PROJECT WILL PROVIDE INTEGRATED WASH SERVICES, THROUGH:

- ▶ Sustaining and scaling up operation and maintenance of the water treatment and supply systems in Bentiu, Malakal, Melut and Wau PoC sites; and maintaining capacity to water truck in case of failures of the water systems and contingencies;
- ▶ Implementing regular water quality monitoring to ensure populations are supplied with safe water and continued implementation of vector control measures in the PoC sites to reduce disease transmission;
- ▶ Care and maintenance of sanitation facilities, ensuring systems are in place to prolong life span and guarantee comfortable, secure and hygienic facilities; and constructing new sanitation facilities to meet standards for new caseloads;
- ▶ Supporting solid waste management through mobilization of garbage collectors in the PoC sites by the provision of incentives and tools;
- ▶ Operation and maintenance of the liquid waste treatment facility for the Bentiu PoC site, including collecting and transporting liquid waste from latrines to be disposed in waste stabilization ponds; and collection and transportation of liquid waste from latrines in the Malakal PoC site to the final disposal site; and
- ▶ Hygiene and public health promotion focused on community ownership methods, including menstrual hygiene management for displaced women and adolescent girls.

## PROCUREMENT AND MANAGEMENT OF CORE PIPELINE WASH EMERGENCY SUPPLIES TO SUPPORT THE ENHANCEMENT OF THE WASH SECTOR'S PREPAREDNESS AND RESPONSE IN SOUTH SUDAN

IOM has managed 12.5 per cent of the WASH core pipeline in South Sudan since 2014, successfully supporting the WASH Cluster to maintain a robust and high performing pipeline, including high capacity for mobile response in critical areas. This project targets the most vulnerable and underserved populations, specifically those displaced, at risk of disease outbreak and/or facing nutritional crisis. In 2017, IOM's Pipeline Manager will coordinate closely with the Cluster, State Focal Points and the S-NFI, Health and Logistics Clusters to ensure vulnerable populations

have access to WASH core supplies to maintain basic hygiene standards. IOM will incorporate supplies for the multi-sector S-NFI survival kits in the procurement plan. The project will procure WASH emergency supplies for the target beneficiary population and transport, store and pre-position supplies during the dry season at warehouses in Juba, Malakal, Melut, Wau, Longechuk, Rumbek and Bentiu. There will be regular monitoring and reporting of pipeline supply delivery, storage and utilisation, and post-distribution monitoring.

WASH EPNR OPERATIONS TO ASSIST IDPS AND VULNERABLE COMMUNITIES AFFECTED BY CONFLICT, FLOOD, DISEASE OUTBREAKS AND ACUTE MALNUTRITION

During floods, disease outbreaks, malnutrition and new displacement, additional WASH capacity is needed. In 2016, IOM’s strong field teams and demonstrated capacity to rapidly scale up mobile interventions proved vital in this context. This project deploys WASH Emergency, Preparedness and Response (EPnR) teams to deliver and enhance WASH assistance and support for emergency affected populations in remote locations. Interventions will be identified through appropriate

coordination mechanisms and in line with the WASH Cluster strategy. The length of missions will vary to best provide a sufficient support to allow the improvement of the overall health conditions of the community. Prior to missions, IOM will conduct assessments and community consultations, with attention to the special needs of vulnerable groups, such as women and children. After missions, IOM will maintain contact with key community members to monitor conditions.

THE PROJECT WILL:

- ▶ Rapidly cover basic WASH gaps, prioritising the provision of safe water through distributions of portable water treatment solutions (light to transport) and water containers for safe transportation and storage at household level;
- ▶ Re-establish access to clean water by repair and/or rehabilitation of hand pumps and boreholes;
- ▶ Install and expand emergency water treatment and distribution systems;
- ▶ Distribute WASH NFIs, including menstrual hygiene kits, and promote good hygiene and health through community hygiene promoters and mass campaigns; and
- ▶ Support community-led approaches to re-establish access to sanitation facilities and/or mobilization and awareness raising for adequate excreta disposal.

RAPID RESPONSE MECHANISMS

Rapid, flexible modalities of humanitarian response continue to be vital in 2017. For all responses, IOM coordinates with appropriate Cluster mechanisms, such as the ICWG, Operational Working Groups, the EPnR Working Group, the Rapid Response Mechanism Working Group, and Inter-Agency Needs Assessments, and through feedback from stakeholders including the Government and beneficiaries.



CAP CODE	TITLE	BUDGET
SSD-17/WS/103148	Provision of emergency WASH assistance for affected populations in South Sudan	8,550,000
SSD-17/WS/103165	Procurement and management of core pipeline WASH emergency supplies to support the enhancement of the WASH sector’s preparedness and response in South Sudan.	7,500,000
SSD-17/WS/103183	WASH Emergency Preparedness and Response (EPnR) Operations to assists IDPs and vulnerable communities affected by conflict, flood, disease outbreaks and acute malnutrition.	1,650,000
<b>TOTAL</b>		<b>\$17,700,000</b>

# LOGISTICS



## PROVISION OF COMMON LOGISTICS SERVICES FOR HUMANITARIANS IN THE REPUBLIC OF SOUTH SUDAN

Given the complexity and scale of the overall humanitarian response, a coordinated logistics response is required to ensure effective and efficient delivery of humanitarian assistance to affected persons. In many locations, commercial storage options are not available and ongoing insecurity, including opportunistic looting, further limit options for storage. Due to limited road availability, it is necessary for Cluster pipeline partners to pre-position lifesaving supplies and materials prior to the rainy season. Establishing and maintaining secure warehouses in key locations is a vital part of ensuring rapid access to humanitarian supplies. The increasing needs in many areas, such as Wau and Greater Equatoria, have increased support needs for the Juba dispatch hub. IOM will support logistics operations through continued

management of the Common Transport Service (CTS) under the Logistics Cluster. The CTS is a free-for-user service that transports humanitarian supplies to key operational areas and field locations to help partners provide assistance to vulnerable populations. The CTS project has significantly progressed from delivering 2,000 metric tons (MT) of cargo in 2011 to the current target of reaching 20,000 MT by the end of 2016. One of the advantages of the CTS project is its flexibility to switch trucks from place to place and avoid rupturing the chain of transport and delivery in volatile areas. The Logistics Cluster serves areas based on demands indicated by the humanitarian community in priority locations. IOM will continue to serve other locations as identified by organizations to allow programs to continue operating.

### THE PROJECT WILL:

- ▶ Avail a fleet of 18 IOM managed trucks to provide timely overland transport of humanitarian cargo, including air cargo handling, and handle cargo effectively and professionally, through consolidation and loading at hubs and until final destination, and support increased needs in the Wau base and the Juba dispatch hub for CTS;
- ▶ Maintain and improve Humanitarian Logistics Hubs (Malakal, Melut and Bentiu) to facilitate increased storage capacity;
- ▶ Perform full common warehouse management in Malakal and Bentiu and other priority locations for INGOs and UN agency cargo and supplies; and
- ▶ Provide staff to accompany vehicles, monitor cargo handling and maintain communications with the control centre in Juba.

CAP CODE	TITLE	BUDGET
SSD-17/CSS/103164	Provision of Common Logistics Services for Humanitarians in the Republic of South Sudan	<b>5,168,474</b>
<b>TOTAL</b>		<b>\$5,168,474</b>

## SUMMARY OF FUNDING REQUIREMENTS

SECTOR	CAP CODE	TITLE	BUDGET
<b>CCCM</b>	SSD-17/CSS/103881	Provision of Camp Coordination and Camp Management services to displaced populations in South Sudan	<b>12,630,000</b>
<b>CCS</b>	SSD-17/CSS/103938	Provision of information and logistical services to support the humanitarian response to people in need	<b>4,370,000</b>
<b>Health</b>	SSD-17/H/103206	Sustaining Life saving Primary Health Care Services and Provision of Rapid Response and Psychosocial Support for Vulnerable IDPs, Returnees and Affected Host Communities in Unity, Upper Nile and Western Bahr el Ghazal, and other sites across South Sudan.	<b>14,124,765</b>
<b>S-NFI</b>	SSD-17/S-NF/103812	Resilient Shelter and NFI Solutions for Conflict and Disaster Affected in South Sudan	<b>1,143,750</b>
<b>S-NFI</b>	SSD-17/S-NF/103813	Provision of shelter materials and NFI to people in need in South Sudan (Pipeline)	<b>20,058,217</b>
<b>S-NFI</b>	SSD-17/S-NF/103814	Provision of coordination services and emergency Shelter/NFI assistance to people in need in South Sudan	<b>1,657,500</b>
<b>WASH</b>	SSD-17/WS/103148	Provision of emergency WASH assistance for affected populations in South Sudan	<b>8,550,000</b>
<b>WASH</b>	SSD-17/WS/103165	Procurement and management of core pipeline WASH emergency supplies to support the enhancement of the WASH sector's preparedness and response in South Sudan.	<b>7,500,000</b>
<b>WASH</b>	SSD-17/WS/103183	WASH Emergency Preparedness and Response (EPnR) Operations to assists IDPs and vulnerable communities affected by conflict, flood, disease outbreaks and acute malnutrition.	<b>1,650,000</b>
<b>Logistics</b>	SSD-17/CSS/103164	Provision of Common Logistics Services for Humanitarians in the Republic of South Sudan	<b>5,168,474</b>
<b>TOTAL</b>			<b>\$76,852,706</b>

## LINKING HUMANITARIAN RESPONSE TO PEACE-BUILDING AND DEVELOPMENT

Mindful of the need to protect development gains that were achieved prior to the crisis and build the foundations for post-conflict recovery, IOM continues to carry out multi-dimensional programmes that are guided by development and peace-building principles. IOM's

Transition and Recovery and Migration Management programmes will continue to operate alongside the overall humanitarian response in areas where conditions allow.

## TRANSITION & RECOVERY

**\$ 7,650,000**

2017 REQUIREMENT

Transition and recovery projects focus on increasing people's abilities to return and resettle and offer opportunities for community-level stabilization. Programming utilizes community-based peacebuilding and conflict mitigation strategies to foster communication and accountability within and between all sectors of society. Dialogue is promoted and local economies boosted through facilitating trade and income-generation projects, constructing or rehabilitating key infrastructure and raising awareness through various media and community fora. In 2017, IOM's transition and recovery interventions will focus on key geographic areas where community stabilization interventions

are possible and necessary, including the Abyei Administrative Area and other areas of high return. Interventions include vocational training, livelihoods, literacy and business skills trainings that help individuals and reinvigorate the local economy. Women and girls are provided with tailored support that recognises traditional vulnerabilities. Community participation is actively encouraged, stressing the importance of peace for development and the necessity of assuming responsibility for the sustainability of projects, within a framework of cooperation with government institutions. The VAS will be utilised to provide evidence-based information.

### IOM'S TRANSITION AND RECOVERY INTERVENTIONS WILL:

- ▶ Enable returnees and residents to establish sustainable livelihoods, increase economic self-sufficiency and improve local capacity for provision of goods and services;
- ▶ Develop a foundation for peaceful coexistence;
- ▶ Build confidence in local institutions and governing bodies;
- ▶ Empower the most vulnerable populations (women and youth) through programming, training, and workshops; and
- ▶ Rebuild productive community infrastructure.

### THE ABYEI ADMINISTRATIVE AREA

The Abyei Administrative Area is a territory of more than 10,000 square kilometres bordering Sudan and South Sudan and disputed by the two countries. While the 2005 Comprehensive Peace Agreement mandated a referendum to determine Abyei's permanent status, the vote has yet to be held due to disputes over who qualifies to vote and composition of the Abyei Referendum Commission.



# MIGRATION MANAGEMENT

\$ 6,500,000

2017 REQUIREMENT

South Sudan faces deep migration challenges due to vast and porous borders, lack of appropriate legal frameworks, poor infrastructure and weak law enforcement capacity. The country is a mixed migration transit route, used by people travelling to Europe through the northern migratory route and to South Africa through the southern migratory route. There are very few facilities or services provided for migrants caught in crisis and in need of assistance, basic services and protection. In 2016 South Sudan, engaged in regional initiatives and committed to obligations related to border management and addressing transnational organised crime, including human trafficking. As a member state of the Intergovernmental Authority on Development (IGAD) and the East African Community (EAC), South Sudan

is obliged to institutionalize the frameworks of these regional economic communities that contribute towards under the overarching guidance of the African Union.

IOM works closely with the Government, partners and migrants to improve migration management and advocate for better assistance and protections. IOM offers policy guidance, supports institutional capacity building and training and works to improve immigration and border management. IOM supports assisted voluntary return and provides support to vulnerable migrants and migrants caught in crisis. Programmes promote and support national ownership of systems, and build the resilience of authorities, communities and individuals.

## THIS PROJECT WILL:

- ▶ Support the Government's effort to improve border security, prevent organised transnational crime and improve migration management, including through constructing immigration infrastructure, where possible; Promote and strengthen regional cooperation and interagency collaboration, and improve national coordination and dialogue mechanisms among key Government institutions, non-government agencies and countries of origin;
- ▶ Seek opportunities to establish a referral mechanism and providing assistance to irregular migrants.
- ▶ Improve Government response mechanisms for migrants in need of basic services, protection and assistance through drafting appropriate legal frameworks; and
- ▶ Improve the capacity of law enforcement and other agencies with migration functions including through regional training and study opportunities and operationalization of the Immigration Training Centre;

For more information, please contact the IOM Programme Support Unit  
at [ssudanpsu@iom.int](mailto:ssudanpsu@iom.int)



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