The After Action Review Report on school feeding, implemented through the South Sudan Humanitarian Fund, was published in March 2018. School feeding interventions were implemented in remote and hard-to-reach areas, and the locations not reached through the World Food Programme Food for Education programme were prioritized. Partners conducted a baseline survey prior to the intervention. The Education Cluster Unit reviewed the data from the baseline reports and conducted key informants’ interviews with programme managers and technical specialist(s). Additionally, partners also shared attendance and enrolment records of the schools identified for the intervention. The key informant interview questionnaire had sections on five thematic areas, i.e. response; learning environment; community participation; operational challenges; and gender and protection. Results from the survey indicated that 32,727 children (10,724 girls) benefited from school feeding. The intervention was carried out in three states and eight counties through four partners, namely the Norwegian Refugee Council, World Relief, Mercy Corps and the Christian Mission for Development.

State level comparison of school feeding intervention before and after six weeks

The findings indicate that children stayed in school for the whole day and completed their homework assignments. Although partners did not systematically record the impact of school feeding on the quality of teaching and the learning environment, they reported that teachers noticed that children were more alert during lessons, they completed homework assignments, and were more engaged in recreational activities and better behaved at school.

Edwin Marita, Christian Mission for Development Programme Officer, shared his experience:

“I happened to contact a boy in Grade 5, attending Nyangore Primary School, second born in a family of six, with only his mother as the sole bread winner. He is only 13 years old and his elder sister (aged 15) is already married and has a baby. He said he now likes school because he is able to get food, and he wants to become a doctor in future. He says life is hard without food and his mother gets very little money from selling firewood. He says he could have been in Primary 7, but he missed a whole year of school as he was working to support my family. His father was killed and there was no one to support them. To make matters worse, his mother delivered a month after his father’s death. He says he is now happy and he is going to work hard and later support his siblings.”


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**Figure 1: State level comparison of school feeding intervention before and after six weeks**

- **Children enrolled before school feeding intervention: May 2017**
  - Upper Nile: 1,500 (844 Boys, 656 Girls)
  - Jonglei: 3,306 (2,200 Boys, 1,106 Girls)
  - Unity: 2,477 (1,350 Boys, 1,127 Girls)

- **Enrolment and retention after six weeks of school feeding intervention: July 2017**
  - Upper Nile: 4,764 (2,019 Boys, 2,745 Girls)
  - Jonglei: 6,925 (4,470 Boys, 2,455 Girls)
  - Unity: 10,314 (4,225 Boys, 6,089 Girls)
Cluster coordination performance management survey

The South Sudan Education Cluster conducted a cluster coordination performance management (CCPM) survey in February. The survey covered six core cluster coordination functions, namely 1) supporting service delivery; 2) informing strategic decisions of the Humanitarian Coordinator and Humanitarian Country Team; 3) planning and implementing cluster strategies; 4) monitoring and evaluating performance; 5) building national capacity in preparedness and contingency planning; and 6) advocacy and additional function of accountability to affected populations.

Overall survey findings indicated partners’ satisfaction with the way the cluster is functioning and delivering, i.e., a large percentage of the responses rated cluster coordination as ‘good’ with some responses rated as ‘satisfactory’. Areas for improvement include preparedness and contingency planning at the national level and capacity building. The next step will be a half-day workshop to discuss CCPM findings in detail, and develop and agree on an action plan.

Support to end-of-primary and end-of-secondary exams for internally displaced persons

In close coordination with the National Ministry of General Education and Instruction, the National Examinations Council and the state Ministries of Education, the Education Cluster Unit and partners supported end-of-primary exams and end-of-secondary exams for internally displaced students from protection of civilian (PoC) sites. In addition to education partners who supported the identification and cleaning of examination centres, registration, transportation, and snacks and drinks for candidates, other actors supported the process, such as the United Nations Mission to South Sudan (UNMISS) for escorting to and from examination centres, and the International Medical Corps (IMC) for first aid. Approximately 1,500 pupils from Bentiu, Bor, Juba and Malakal PoC sites sat for their primary leaving examination in December 2017 (out of a total of 40,844 candidates throughout the country) while 1,176 students from Bentiu and Juba PoCs sat for their Senior 4 examination in February 2018.

Overview: the Education Cluster in Unity State

Conflict in Unity broke out in late December 2013, only days after the current conflict began in Juba, Central Equatoria State. Since then, Unity has become state the most affected by the conflict and currently hosts over 110,000 internally displaced persons in Bentiu’s Protection of Civilian (PoC) site.

The state Education Cluster has been active since April 2014 and is led/co-led by UNICEF and INTERSOS. Five international non-governmental organizations (INGOs) namely INTERSOS, Mercy Corps, Oxfam, Windle Trust and World Relief, and four national non-governmental organizations, namely CHADO, CHIDDO, CMI, GCOM are active in the state, with a sizeable presence in Rubkona, including Bentiu PoC and town, but also more hard-to-reach locations such as Pariang, Mayom, Koch, Guit, Leer and Panyijiar. Challenges faced in the state include the low level of incentives paid to teachers (which are aligned with standards agreed with the Ministry of Education and IMPACT at the national level); the limited number of classrooms compared to the number of students enrolled in Bentiu PoC (where the classroom to pupil ratio is 1:130) and low attendance in schools that do not benefit from school feeding activities.

On the other hand, the state Cluster achieved the following: organization and support of end-of-primary and end-of-secondary exams for displaced students from the PoC and other parts of the state; securing additional space for education activities (10 education facilities operational in Bentiu PoC compared to three in 2014–2015); establishing close relationships with the state Ministry of Education and strong coordination with stakeholders other than the traditional education actors such as UNMISS.

By the end of the 2017 year, 211 schools were supported throughout the state, mostly through payment of incentives to teachers, and provision of teaching and learning materials.
The recent Integrated Food Security Phase Classification (IPC) report (February 2018) shows a very high food insecurity situation in the country with 5.3 million (48 per cent) in January; 6.3 million (57 per cent) in February to April and 7.1 million (63 per cent) of the population in May to July will be facing crisis and emergency (IPC Phases 3 and 4) acute food insecurity in the absence of humanitarian assistance. Out of this food-insecure population, a total of 50,000 and 155,000 people are projected to be in a catastrophic situation in February–April and May–July 2018, respectively.

Worsening food insecurity is primarily driven by protracted conflict and displacements, which have contributed to insufficient crop production (only 61 per cent of the 2018 national cereal needs are met by the harvest), disruptions to livelihoods and persistent macroeconomic deterioration. Low supply, high transportation costs and the depreciation of the South Sudanese pound has resulted in extremely high staple food prices for the population. The year-on-year cost of staple foods such as maize and sorghum were twice as high in August 2017 compared to 2016. In Juba, the retail price of a kilogramme of sorghum in the last quarter of 2017 increased by 98.9 per cent compared with the same time in the previous year. Across the country, trade flows and market functioning occurred at the lowest level in 2017. This is partly due to limited access to United States dollars and the daily fluctuating exchange rate which has made it difficult for traders to import food. In addition, in many areas physical insecurity is limiting trade flows and households’ physical access to markets. Casual labour opportunities have dropped significantly and people could not find work. The daily wage labour rate paid in terms of cereal (sorghum) dropped from 11kg to 2kg in February 2017 compared to February 2015.

Out of the 22 Standardized Monitoring and Assessment in Relief and Transition (SMART) surveys conducted between September 2017 and January 2018, 36 per cent showed general acute malnutrition (GAM) rates above the 15 per cent World Health Organization (WHO) emergency threshold GAM rates, compared to 57 per cent of the 21 surveys that were conducted September 2016 to January 2017. However, in the lead-up to the lean season of May–July 2018, the nutrition situation is expected to deteriorate greatly. During this period, the counties of Leer and Mayendit in Unity and Longochok and Renk in Upper Nile are expected to reach above extreme critical levels (IPC phase 5) as per the IPC for acute malnutrition classification (GAM ≥ 30 per cent). The majority of counties in Greater Upper Nile, Northern Bahr el Ghazal, Warrap and parts of Eastern Equatoria are expected to reach critical levels of acute malnutrition with some reaching the upper limit of the critical level.

The projection of children estimated to be acutely malnourished in 2018 is 1.1 million for the second consecutive year, with over 260,000 estimated to be severely malnourished. In 2017, over 600,000 were admitted for the treatment of acute malnutrition in the country, amid intermittent disruption of services, especially in Jonglei, Upper Nile, Western Equatoria and Western Bahr el Ghazal states. This shows the magnitude and severity of the problem manifested in the admission rates.

### Humanitarian Response Plan 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Target/Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (6–59) MAM in need in 2018</td>
<td>827,334</td>
</tr>
<tr>
<td>Cluster MAM target in 2018</td>
<td>512,941</td>
</tr>
<tr>
<td>Children (6–59 months) admitted TSFP (Jan–Feb 2018)</td>
<td>61,214</td>
</tr>
<tr>
<td>Children (6–59 months) admitted in OTPs/SC (Jan–Feb 2018)</td>
<td>30,521</td>
</tr>
<tr>
<td>Children (6–59) with SAM in need in 2018</td>
<td>261,424</td>
</tr>
<tr>
<td>Cluster SAM target in 2018</td>
<td>209,140</td>
</tr>
<tr>
<td>Caregivers and pregnant and lactating women reached by MIYCN individual sessions in 2018</td>
<td>147,469</td>
</tr>
<tr>
<td>Pregnant and lactating women newly admitted in TSFP in 2018</td>
<td>51,080</td>
</tr>
</tbody>
</table>
Selective feeding programme’s admissions trends

The number of operational outpatient therapeutic programme (OTP) sites increased in the first quarter by 24 per cent, from 618 in 2017 to 711 in 2018. In the first two months of the year, 30,521 children were admitted to the therapeutic feeding programme (TFP–OTP)/Stabilization Centres (SCs) which is 6 per cent higher than in 2017 (28,720) during the same reporting period, with a relatively higher reporting rate in 2018 of 96 per cent against 89 per cent in 2017. Figure 2 shows the SAM admission trends of 2016, 2017 and 2018, with reporting rates.

For the moderately acute malnutrition (MAM) programme the number of operational targeted supplementary feeding programme (TSFP) sites in the first quarter also increased by 6 per cent in 2018 (690) as compared to 2017 (651). In the same period, a 22 per cent increase in new admissions was recorded in 2018, compared to 2017, when the admission numbers were 61,214 and 50,309 respectively. The increase was partly attributed to the expansion of nutrition sites, and a small proportion to the deteriorating situation. Figure 3 shows the MAM admission trends in 2016, 2017 and 2018, with reporting rates. Compared to 2017, there are, overall, 16 per cent more children enrolled in selective feeding programmes (SAM and MAM) in 2018.

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**Figure 2: New SAM admission trends January and February 2018 compared to 2016 and 2017**

**Figure 3: New MAM admission trends January and February 2018 compared to 2016 and 2018**
Performance and achievements of nutritional response

The Nutrition Cluster has been tracking the achievements and performance of nutrition responses. Below is a brief update based on static/mobile and rapid response mechanism (RRM) modalities.

Static/mobile response

Static nutrition services were implemented by 44 partners with a project cooperation agreement with UNICEF and/or a field level agreement with the World Food Programme (WFP). By the end of February, 30,521 (15 per cent) of SAM and 61,214 (12 per cent) of MAM annual cluster targets among children under 5 years had been admitted to selective feeding programmes.

The tables below show that there is an increase in both SAM and MAM admission. The increase in the number of sites both for TSFP and OTP could be one of the reasons. Overall, 16 per cent more SAM and MAM combined beneficiaries were enrolled in OTP and TSFP in 2018 compared to 2017.

Achievements January to March 2018

<table>
<thead>
<tr>
<th>Programme</th>
<th>People in need 2018</th>
<th>Cluster target 2018</th>
<th>New admissions Jan–Feb 2018</th>
<th>Achieved vs people in need</th>
<th>Achieved vs target</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM</td>
<td>261,424</td>
<td>209,140</td>
<td>30,521</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>MAM</td>
<td>827,324</td>
<td>512,941</td>
<td>61,214</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Pregnant and lactating women (PLW)</td>
<td>672,662</td>
<td>356,458</td>
<td>51,080</td>
<td>8%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>SAM admission</th>
<th>MAM admission</th>
<th>Total admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan–Feb 2017</td>
<td>28,720</td>
<td>50,309</td>
<td>79,029</td>
</tr>
<tr>
<td>Jan–Feb 2018</td>
<td>30,521</td>
<td>61,214</td>
<td>91,735</td>
</tr>
</tbody>
</table>

% changes in admissions 6% 22% 16%

The performance indicator both for SAM and MAM are above the Sphere standard.

The graphs below show the monthly performance indicators.

![Figure 4: TSFP performance indicators, children 6–59 months](image)

![Figure 5: OTP performance indicators](image)

<table>
<thead>
<tr>
<th>TSFP performance indicators</th>
<th></th>
<th>OTP performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured rate</td>
<td>88%</td>
<td>Cured rate</td>
</tr>
<tr>
<td>Death rate</td>
<td>0%</td>
<td>Death rate</td>
</tr>
<tr>
<td>Defaulter rate</td>
<td>6%</td>
<td>Defaulter rate</td>
</tr>
<tr>
<td>Non-cured rate</td>
<td>5%</td>
<td>Non-cured rate</td>
</tr>
</tbody>
</table>
Rapid Response Mechanism

The RRM remains the preferred means of reaching women and children in inaccessible areas who have been cut off due to insecurity and/or limited access. UNICEF, WFP and partners have scaled up the deployment of RRM missions since the declaration of the famine in former Unity State in 2017. During the first two months of 2018 (January and February), three joint UNICEF/WFP RRM missions were conducted in Wau County (Farajalla and Mboro) and Panyijar County (Ganyiel). A total of 5,251 children (6–59 months) were screened during the first two months. A total of 100 (1.9 per cent) were identified as SAM and 222 (4.2 per cent) as MAM. All SAM and MAM children were treated in outpatient therapeutic and targeted supplementary feeding programmes. Similarly, mid-upper arm circumference (MUAC) screening of pregnant and lactating women revealed that 151 women were classified as moderately malnourished, with MUACs of less than 23 centimetres, from a total of 1,425 pregnant and lactating women screened.

In the first two months of 2018, nine IRRM missions were cancelled due security and access issues.

Joint WFP/UNICEF RRM

| Number of missions conducted | 3 |
| Number screened             | 5,251 |
| Children with SAM           | 100 |
| Children with MAM           | 222 |
| Vitamin A supplementation   | 2,511 |
| Deworming                   | 1,559 |
| PLW reached with IYCF messages | 1,915 |

Nutrition supplies: At the end of February 2018, WFP was facing an estimated US$ 61 million shortfall in TSFP and blanket supplementary feeding programmes core pipeline funding in the next six months (March–August). The nutrition cluster is advocating to donors to fill the gap as soon as possible to prevent the likelihood of more moderately malnourished children falling into the SAM category.

UNICEF core pipeline supplies are 70 per cent of the 2018 annual requirements.

Roll-out of new CMAM and MIYCN Guidelines: The community management of acute malnutrition (CMAM) guidelines and maternal infant and young child nutrition (MIYCN) guidelines for South Sudan have been finalized, validated and formally signed off by the Ministry of Health. Roll-out of the new guidelines is ongoing since February 2018, with a total of 30 trainings targeting the Ministries of Health and NGOs at national and state level are planned to be lead by CMAM and MIYCN Technical Working Groups (TWGs). The training is expected to reach about 600 Ministry of Health and NGO staff.

Nutrition coverage gap analysis: The nutrition cluster conducted geographical nutrition coverage gap analysis in collaboration with partners through the state-level focal points in all the former 10 states. Based on the initial updated gap analysis (to be updated in May), a total of 837 OTP sites were operational across the county with a gap of 209 for reaching optimal geographical coverage. Similarly, there were 748 TSFP sites, while the TSFP gap stood at 301 sites.

The Nutrition Cluster, using the gap analysis tool to monitor nutrition services coverage, especially in counties classified in IPC 3 and 4 and those at risk of tipping into famine, guide UNICEF and WFP when developing project agreements with Nutrition Cluster partners and advocate for funding from donors.
Scaling up and implementing nutrition responses in counties at risk of famine: The Nutrition Cluster, in collaboration with the Food Security and Livelihood (FSL), WASH and Health clusters, organized a joint workshop in January 2018 that was attended by 40 participants. The outcome of the workshop included: 1) each cluster developed a minimum intervention package for prevention of risk of famine throughout South Sudan, including a platform for delivery of the services; 2) a monitoring framework and selected indicators for monitoring and outcome was agreed upon; 3) key constraints that are likely to impede the implementation of the minimum package were identified and solutions for addressing them suggested; and 4) commitments were made for strengthening coordination in the counties where minimum integrated packages will be implemented, optimizing the limited available resources.

Following the release of the IPC in February 2018, the Nutrition Cluster has mobilized partners and agreed on the implementation of minimum intervention packages in the five counties likely to be tipping into famine between May and July 2018; minimum packages in 81 counties; and close monitoring in the remaining 17 IPC 4 counties. The scaling up and full implementation of minimum packages is expected to commence in April 2018.


1 Six counties are classified as IPC whose nutrition response is likely to deteriorate in the absence of humanitarian response. Three counties (Renk, Mayandit and Twic) have high level of acute malnutrition and are not part of the 11 to be closely monitored during the May to July period, as initially projected.
Child Protection Sub-Cluster

Need for child protection situation and response analysis in South Sudan

The protection situation in South Sudan continues to be alarming due to escalation of conflict. Child protection actors continually work towards ensuring an effective response to affected children. According to the 2018 Humanitarian Needs Overview and Protection Cluster, it is estimated that 1,165,600 of internally displaced persons are children.\(^2\) Child protection actors, through the Child Protection Sub-Cluster, are working to ensure that all humanitarian actors will take into consideration needs of children while programming for response. As more child protection situation analysis was considered a priority to help in designing the response, a situation and response monitoring consultant joined the sub-cluster. This consultant will help the sub-cluster to conduct child protection assessments, and collect and analyse data regularly regarding coverage and quality of services provided to children affected by conflict in South Sudan. The information will be used by implementing agencies, donors and the Child Protection Sub-Cluster to improve the quality of child protection in emergencies (CPiE) response, and modify priorities, strategies and child protection mainstreaming. The information will also be used for advocacy with donors, government and implementing agencies.

Funding for child protection in emergencies

According to the 2018 Humanitarian Needs Overview, children in need are estimated at 3,904,501, out of which 350,000 are children targeted by child protection actors within the 2018 Humanitarian Response Plan (HRP). Overall, the Child Protection Sub-Cluster requested US$23,450,000 to respond to needs of targeted children. As of March 2018, child protection actors had received US$950,000 (4 per cent) of these funds. The Child Protection Sub-Cluster will continue to advocate with donors to allocate more funds for CPiE.

Child protection case management task force

As part of the process to standardize and roll out a comprehensive case management approach in responding to child protection needs in South Sudan, the Child Protection Sub-Cluster established a case management taskforce (CMTF) lead by UNICEF and co-led by Save the Children. With support from UNICEF, the taskforce has developed case management standard operating procedures and a toolkit and conducted two case management trainings for managers and supervisors to reinforce

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\(^2\) According to the 2018 Humanitarian Needs Overview and Protection Cluster, the entire internally displaced (IPD) caseload is 1.88 million, of which 62 per cent are children.
the capacity of child protection partners in this new approach. The CMTF will also oversee the customization of the current child protection information management system (CPIMS) to the advanced child protection information management system (CPIMS+) with five organizations in 2018.

Child Protection Sub-Cluster strengthens capacity of state authorities in coordination

The Child Protection Sub-Cluster coordination team provided technical support to the Jubek State authorities on humanitarian coordination. The support consists of providing appropriate cluster approaches that the state Child Protection Working Group (CPWG) can use to develop referral mechanisms, including organizing state coordination meetings. A case conference group will be established where all cases of vulnerability that are not dealt with by other Child Protection Sub-Cluster structures will be addressed. This new group will focus on referrals of all child protection cases but will specifically refer cases of children in need of psychosocial support and family tracing to the existing national structures within the sub-cluster. The Child Protection Sub-Cluster coordination team will support the Jubek State CPWG to draft a terms of reference for the case conference group that will be discussed and finalized by all members of the CPWG.

Release of children by armed groups in Western Equatoria, South Sudan

On 7 February 2018, 348 children, including 100 girls, were released by armed groups in South Sudan, as a result of continuous and strong advocacy efforts by the National DDR Commission, UNICEF and UNMISS. An estimated 19,000 children continue to serve in the ranks of armed forces and groups more than four years after conflict erupted in December 2013. UNICEF will continue to work with all parties to the conflict to secure the future release and reintegration of all children associated with armed groups through a meticulous process of negotiation, verification and registration. This was the first formal release of children by armed groups in South Sudan in more than a year, and considered to be the largest release of children since late 2015.

Following disarmament, the National Disarmament, Demobilization, and Reintegration (DDR) Commission facilitated the handover of released children to UNICEF and child protection implementing partners for reintegration services. Children were assigned social workers who will provide them with ongoing support and monitoring and facilitate access to medical screening, counselling and psychosocial support, and appropriate care arrangements. Children facing urgent protection issues or without appropriate family care are placed temporarily into supported interim care centres where they are provided with care, supervision and services until they can be safely reunified with their families.

Additionally, through the support of WFP, families of released children will be provided with a three-month food package to reduce the economic strain of the child’s return to their home. UNICEF and its partners will provide eligible adolescents and vulnerable households with vocational training and/or other economic strengthening activities aimed at improving household income and food security. The Child Protection Sub-Cluster, through its CAAFAG working group, works together in order to improve the reintegration response with coordinated and harmonized approaches.
WASH action review

A WASH action review was conducted by UNICEF New York Headquarters and the Global WASH Cluster from 29 January to 9 February 2018 in South Sudan. The review included an extensive consultative process of key WASH Sector stakeholders in different locations, including Juba, Yambio and Bentiu; a two-day workshop on 5 and 6 February to present the main findings and identify, through a highly participatory manner, recommendations and way forward for the WASH sector and the South Sudan WASH Cluster; and a humanitarian/development workshop on 8 February to discuss complementarity of the two. A prioritized workplan addressing the main issues identified was produced and will be used as a guiding document by the WASH Cluster in particular to improve its overall strategy, coordination at and with the sub-national level and information management, as well as assessment and targeting.

Cholera prevention and preparation

The WASH Cluster has been actively contributing to the development of the National Cholera Prevention and Response Plan for 2018–2020 in close collaboration with the Ministry of Health and WHO since December 2017. The WASH Cluster is ensuring that findings of the regional cholera hotspots study conducted by UNICEF at the end of 2017 and issues of cross-border transmission are being integrated into this plan.

Cholera cross-border meetings were organized by UNICEF between key stakeholders from South Sudan and Uganda, including ministries of health, United Nations agencies, NGOs and INGOs on 28 February and March 1 2018 in Gulu, Uganda, in coordination with the UNICEF Eastern and Southern Africa Regional Office.

The objectives of these meetings were to strengthen cross-border cholera preparedness and response, as well as to develop and formalize coordination and information-sharing mechanisms between the two countries.

SSHF reserve allocation/WASH for mitigation of gender-based violence

Through the United Nations Office for the Coordination of Humanitarian Affairs first round allocation for the current year, integration of WASH and Nutrition, WASH and Cholera and WASH and gender-based violence (GBV) in hard-to-reach locations is being prioritized in the 11 selected project proposals out of a total of 45 projects received from partners.

In line with the three HRP overall objectives for 2018, the humanitarian WASH priorities remain to address the acute vulnerabilities of other sectors.

The WASH Cluster South Sudan Humanitarian Fund First Standard Allocation (SSHF A1) top three interventions target about 200,000 vulnerable people in areas facing malnutrition and
risk of famine, protection issues within GBV, as well as those affected by cholera last year.

To mitigate the risks of WASH-related GBV for more secure WASH services and practices to mitigate GBV risks for women, young and adolescent girls, a dedicated framework ‘WASH vs GBV’ (WASH for GBV mitigation) was set-up by the WASH Cluster with frontline proxy key indicators the following outputs as per below:

- Lessons learned on WASH access-related GBV are captured and capitalized by women staff/teams at state/local/community level, in the framework of a risk analysis carried out in collaboration with the Protection Cluster’s partners;
- Corrective/improvement measures on safe water supply (water point location, design, lighting, open hours etc.) and sanitation/hygiene practices (latrine and shower location, gender disaggregation, design, lighting etc.) are agreed between the WASH stakeholder(s) and the community through focus group discussions, conducted by female staff;
- An early warning/prevention system on WASH services/practices related to GBV is set up at community level following focus group discussions with women and adolescent girls, as well as men, in the second time.

Inter-cluster workshop on famine prevention and response

The WASH Cluster took part in the inter-cluster workshop on famine prevention and response in Juba on 25 January 2018 with the Health, FSL and Nutrition Clusters. An integrated minimum package of interventions to prevent the risk of famine in most affected counties of South Sudan was developed and focused on mothers and caretakers of malnourished children at the household level for WASH. More precisely, WASH key interventions will aim to: 1) break the vicious cycle between faecal-oral/waterborne diseases and malnutrition; and 2) prevent competition between cattle and small stock and vulnerable mobile and static communities over use of water resources.

WASH–Nutrition Strategy

Strong support was provided to Action Against Hunger in the development of their WASH–Nutrition Strategy document through mobilization and consultation of the WASH Cluster Strategic Advisory Group members and providing inputs during the workshop conducted on 21 February 2018. This strategy document, which is expected to guide programming of WASH partners active in the field of nutrition for a period of three years, focuses on interventions at nutrition centres and the household level, and on adopting integrated WASH and Nutrition services to achieve maximum impact on the health, nutrition and wellbeing of the most vulnerable households.

Informing evidence-based decision-making in WASH in South Sudan

REACH, a key actor informing evidence-based decision-making in WASH in South Sudan, has been conducting remote assessments of settlements using its ‘area of knowledge’ methodology to address information gaps impeding the humanitarian response in South Sudan since December 2016. As of the end of February 2018 REACH has been able to cover a total of nine of the former 10 states.

The broad trends for WASH-specific data found in the assessed settlements between December 2017 and February 2018 are as follows:

- On average, 72 per cent of assessed settlements reported a borehole, tap stand or water yard as their primary source of drinking water, with an average of only 30 per cent of assessed settlements reported being able to access this source in 30 minutes or less. The proportion of assessed settlements that reported surface water as their primary source of drinking water was 18 per cent, with 7 per cent of assessed settlements reporting access to surface water in 30 minutes or less.
- On average, 58 per cent of assessed settlements reported that no one used a latrine, indicating that the entire settlement was practicing open defecation.

Data and monthly updates will be shared with all WASH Cluster actors and partners on a regular basis to better inform interventions, support monitoring and baseline.
Success story on safe water provision in Malakal Town

Martha Nyanbar Gajang, 42-year-old mother of six children and a resident of Hai Jalaba, is very happy about the safe drinking water she is getting. She said, “I am happy with the services I am getting in Malakal town, particularly on water points, compared to the PoC. There are no long and overcrowded queues at water points and this benefited me in many ways. I spent less time at water points and my jerrycans do not get lost which was a frequent problem in the PoC. I also have time to attend to other family matters after I collect my water”.

*Project implemented by World Vision in partnership with UNICEF from June 2017*

Abuk Guot Lang from Duk Achol village in Miriam West Payam, Aweil West County was quoted at the water point as saying that “we used to get household water from Udum centre which is four kilometres far away from our village. We spent a lot of time [two hours] walking to reach the water point and coming back and this was consuming all our time as well as impacting our other activities. But since this borehole was constructed, I just spent few minutes to collect my water and my family can now collect a lot of water per day [about six jerrycans: 120 litres], which has improved our hygiene and health. As a community of Duk Achol, we appreciate what UNICEF did to save our life by preventing us from water borne diseases, by using clean water. We are now safe, that is why we are now taking care of our borehole by fencing it”.

*Project implemented by International Aid Services (IAS) in partnership with UNICEF from early 2018*