

## HIGHLIGHTS/KEY PRIORITIES

- In the context of the upcoming January 2011 referendums, the humanitarian community is taking a number of steps to be prepared in the event of referendum-related violence.
- The tropical disease kala-azar continues to plague parts of the South, with an increase of cases in September. Access to health facilities has been hampered by rains, which have led to delayed diagnosis and treatment.

## I. SITUATION OVERVIEW

The humanitarian situation eased on some fronts over September-October, though new humanitarian challenges and preparedness efforts for the January 2011 referendum continued to place strong demands on response partners. As is usual during the rainy season, limited mobility and reduced competition for pasture meant that inter-tribal violence remained at a relative ebb. Prospects for an end to military stand-offs between renegade generals and Southern Sudan Liberation Army (SPLA) forces in Khorfulus and Pibor counties, Jonglei State, and for an attendant improvement in humanitarian access to those areas, also improved following a presidential amnesty for renegade officers and subsequent talks on their return to the SPLA fold. However, elsewhere humanitarian access remained challenging, with Fashoda County and the Sobat River in Upper Nile particular hotspots. Further attacks by suspected Lord's Resistance Army (LRA) rebels in Yambio County, Western Equatoria State, were recorded on 4 September, reportedly leaving eight people killed and displacing more than 2,000 people. So far this year, reports from local authorities and assessment teams indicate that more than 900 people have been killed and approximately 215,000 people displaced as a result of tribal fighting, LRA attacks or other forms of insecurity.

Seasonal flooding continued to generate short and medium-term humanitarian needs in hard-hit states, though the overall response effort began scaling-down towards the end of October as flood waters receded in many areas. The kala-azar disease outbreak that has persisted for more than a year worsened in September, with impacts exacerbated by seasonal flooding, which temporarily cut off access to health facilities and people in need.

The "hunger gap" or lean season also drew to a close over September, with harvests and consumption starting in six of the South's 10 states and WFP reducing food assistance accordingly. Overall, good rains and crop production levels continue to point to a reduction in the number of people requiring food assistance during 2011.

In late October, the Government of Southern Sudan (GoSS) launched a new programme to facilitate the return of up to 1.5

million southerners in Northern Sudan, with the stated goal of enabling 150,000 to return to the South by March 2011. From 30 October, a first wave of over 7,000 people arrived in the state capital Bentiu in Unity State destined for nearby counties, with further returns expected over coming weeks. Partners have mobilised quickly to respond to an anticipated increase in humanitarian needs, under the leadership of a new Emergency Returns Sector steered by the International Organization for Migration (IOM) and UNHCR and through state-level returns coordination structures.

Humanitarian planning ahead of the 2011 referendum also advanced over September and October, with the 2011 Humanitarian Work Plan process nearing completion. Across the states, humanitarian partners have focussed efforts on the repositioning of supplies across six core life-saving pipelines in storage hubs throughout the South in order to ensure readiness for eventualities in early 2011. [Source: UN, GoSS-SSRRC]

## II. HUMANITARIAN RESPONSE

### Floods update

Flooding persisted in a number of areas with flooding of roads and bridges continuing to generate challenges regarding access for assessments and verification of needs. Response activities were underway in parts of Lakes, Jonglei, Upper Nile, Unity, Central Equatoria states and in Northern Bahr el Ghazal (NBeG). In mid-October, rains in Central African Republic (CAR) caused additional flooding in two counties of NBeG. The flooding resulted from backflow from the River Lol that originates from CAR and runs across parts of the state. Response activities including assessments and provision of non-food items and WASH activities like rehabilitation of boreholes and distribution of WASH items were conducted in affected areas. The majority of the people affected by floods needed assistance of a recovery nature. Inter-agency assessment figures confirm a higher impact of seasonal flooding in 2010 compared to 2009 with the number of people affected and confirmed to need some kind of assistance rising to over 135,000. Critical humanitarian needs of over 15,000 flood affected households in the South had been met, including the 1,500 households accommodated in Aweil town, with the focus now shifting to early recovery and rehabilitation work. [Sources: GoSS-SSRRC, UN]



Returnees to Unity were temporarily stranded as their counties of destination were inaccessible because of the rains. Paul Banks/UNMIS, Giovanni Bosco/OCHA

### Accelerated returns and repatriation process

Following a period of comparatively low returns figures, the GoSS in late October launched an accelerated repatriation drive that has triggered a marked increase in both organised and spontaneous returns from Northern to Southern Sudan. The drive builds on an August announcement by GoSS of plans to facilitate the return of up to 1.5 million Southerners from the North and Egypt under the banner of “Coming Home to Choose”, with authorities subsequently indicating readiness to return up to 150,000 people by March 2011. However, limited GoSS financing has hampered planning and implementation, and generated concerns regarding protection and reintegration support.

Despite lack of formal registration, observation and tracking by IOM, the Southern Sudan Relief and Rehabilitation Commission (SSRRC) and partners – including by IOM-ADRA teams at the transit hub of Kosti – have provided a broadly reliable picture of returnee figures. Initial returnee flows have concentrated in Unity State, with 7,736 organised returnees arriving in the state capital of Bentiu by 5 November and tracking in Kosti revealing a parallel surge in spontaneous arrivals. To date, nearly 18,000 people have returned to Unity, with additional returns to Northern Bahr el Ghazal and Western Equatoria and further arrivals expected in Abyei, Warrap and Lakes states. Needs identified in Unity – both among those returned to their final destinations in counties and for the over 6,500 people stranded in Bentiu due to the impassibility of roads – are high, spanning immediate food and shelter needs, access to land, and reintegration and livelihoods assistance. While initial assessments indicate no forced relocation or discrimination patterns, the process has generated strong protection concerns, centred on inadequate security during transit, lack of access to secured shelter in reception areas, the high percentage of women and children among returnees, risks of family separation, and the exposure of vulnerable groups to abuse.

The humanitarian community’s response activities have so far focussed primarily on Unity, as well as strategic coordination at the central level. In late October, a new Emergency Returns Sector led by IOM and UNHCR was formed in Juba and returns and reintegration structures activated at state level to coordinate response activities in affected states. Drawing on recommendations by the Humanitarian Country Team-Juba Satellite in September, humanitarian partners have engaged with GoSS to underscore their primary responsibility to ensure that returns are voluntary and conducted in safety and dignity. Partners have also articulated a framework for principled engagement, centred on provision of short-term support for in-transit groups and three-month reintegration packages at final destinations in key sectors such as food, shelter, water, sanitation and education.

*This section includes an update into November.*

### Food security and livelihoods

WFP has scaled down food assistance as the lean season came to an end, with the agency reaching just over a million people in September from 1.2 million in August and 2.3 million in July. However, food insecure populations remain, with needs concentrated in Jonglei, Warrap and Northern Bahr el Ghazal states. In October, approximately 600,000 people were reached with food assistance.

The prospects for a reduction in the number of people in need of food assistance next year are positive. The timely onset of rains has improved food security conditions and raised optimism for improved harvest in most areas in the south, with the exception of areas affected by LRA insecurity in Western Equatoria, and areas of earlier than normal or excessive flooding. A rapid crop and livelihoods assessment carried out at the end of August projected cereal production for 2010 to rise by 25-36 per cent compared to that of 2009. The projections will be validated through the annual Crop and Food Supply Assessment Mission (CFSAM), a two-week assessment of harvests in all 10 states that began on 20 October. The CFSAM’s final report will be published at the end of 2010. In addition to assessing the scale of production, the CFSAM this year includes a seeds system security component focused on farmers’ preparedness for the next season which will in turn support food security and livelihoods cluster planning for early 2011.

A strong focus for cluster partners over the reporting period was the targeted prepositioning of supplies across state hubs by January 2011, to allow time for delivery to secondary distribution hubs in hard-to-reach areas prior to the May onset of the rains. By end October, the cluster had prepositioned 30-40 per cent of required agricultural supplies in Northern Bahr el Ghazal, Warrap, Eastern Equatoria, Upper Nile and Jonglei. A major challenge in the pre-positioning operation is to improve storage facilities so that they keep seeds in a viable condition for germination.

[Source: WFP, FAO, FEWSNET]

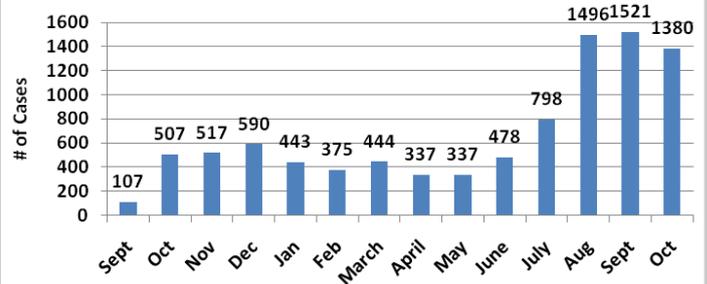
### Health

The parasitic disease kala-azar continued to generate concerns for health officials in Jonglei and Upper Nile states in particular. A recent spike in cases was recorded during the rainy season of May-September and cases reported peaked in

September before dropping slightly in October. By the end of October, a cumulative total of more than 9,330 cases had been reported with a case fatality rate of 4.8 per cent since the outbreak began in September 2009. Old Fangak accounted for approximately half of the cases. The most common symptoms of kala-azar include fever, weight loss, enlargement of the spleen, anaemia, diarrhoea and fatigue. The disease suppresses the immune system, leaving victims vulnerable to other infections such as malaria or pneumonia. Children under 17 years of age account for a majority of the reported cases and most of the kala-azar related deaths.

Treatment involves daily injections for one month and requires people to stay near health facilities for observations. However, the operational environment has hampered timely response in some areas. Access constraints due to rains have impeded delivery of medical supplies and delayed an assessment to Old Fangak. When the assessment mission by the Ministry of Health (MoH) and WHO eventually took place early October, it found a need for emergency support with drugs, medical consumables, food and nutritional supplements and shelter. In response, the MoH, WHO and partners seconded qualified health personnel including doctors, nurses and laboratory technicians to Old Fangak. Additional drugs, diagnostic kits and other medical supplies were provided along with mosquito nets. Emergency shelter supplies such as tents, plastic sheets and blankets were also provided. WHO provided kala-azar drugs and medical emergency kits to main treatment centres in

**Trend of kala-azar cases between September 2009 and October 2010, Southern Sudan**



Old Fangak, Ayod and Malakal, while MSF Holland provided drugs to Lankien, Pagil, Pieri and other centres.

In preparation for the pre-and post referendum period, the health cluster has so far procured 50 per cent of the emergency medical kits required for prepositioning. Half of the available stocks had been prepositioned by the end of October, and the rest is expected to be on ground by end of December. Additional funds are required to procure and pre-position the other 50 per cent requirements. The emergency medical kits are being placed in all the five states bordering the north as well as in Jonglei, with the ongoing kala-azar situation. [Source: WHO]

### Nutrition

As well as demanding a response from health partners, the ongoing kala-azar outbreak also has strong implications for nutrition, with a large proportion of the patients being children, and showing signs of severe acute malnutrition. In response, the MoH and nutrition partners have developed guidelines for treating underlying malnutrition in kala-azar patients, which has been shared with all nutrition cluster partners and state MoH therapeutic feeding programmes to ensure standard treatment procedures are adhered to.

UNICEF, Medair and COSV have also collaborated to implement an integrated health and nutrition response to children admitted with kala-azar in Jiech, Ayod and Old Fangak in northern Jonglei, the most hard-hit area in the South, and the additional supplies required are being delivered to the partners. MSF has established eight kala-azar treatment sites across Jonglei, Unity and Upper Nile states, of which four have specialized inpatient treatment facilities for severe cases. They are also providing support to Malakal Teaching Hospital, one of the main referral centres serving Upper Nile and northern Jonglei, and will establish additional treatment centres in Baliet and Khorfulus/Piji.

As a follow up to training in rapid nutrition assessments and SMART surveys conducted by ACF and UNICEF in September, as part of efforts to standardise methodologies and approaches, nutrition partners and MoH staff have conducted surveys in Akobo, Ayod, Pibor and Twic East counties in Jonglei, and in Ikotos and Budi counties in Eastern Equatoria, with preliminary results indicating Global Acute Malnutrition (GAM) of 19.9 per cent in Ayod, 16.9 per cent in Akobo, 14.9 per cent in Twic and 8 per cent in Pibor (WHO emergency threshold is 15 per cent GAM). Data from Ikotos and Budi is being analysed, and main findings will be presented at the nutrition cluster meeting in December. Additional nutrition surveys are planned for Jur River County in Western Bahr el Ghazal, in Magwi, Torit, and Lopa counties in Eastern Equatoria, as well as in Leer and Mayom counties in Unity, to ascertain the nutrition situation of communities receiving returnees from the North.

Efforts to expand the reach of therapeutic services through training have also continued. WHO, WFP and UNICEF are supporting the Nutrition Directorate in MoH to conduct training of trainers to establish facilities and roll out community based treatment of severe acute malnutrition, to be followed by training of staff from primary health care centres in Western Bahr el Ghazal, Unity, Upper Nile, Warrap, Jonglei and Eastern Equatoria states. In September and October, UNICEF supported training of 60 members of mother support groups in Rubkona County in appropriate infant and young child feeding. The trainees participated in radio talk shows and disseminated key messages from mobile cars, reaching an estimated 50 per cent of caregivers. [Source: Nutrition cluster]

### Water, sanitation and hygiene

Provision of safe water sources in flood-affected areas and rapid response for Southern returnees (see boxed text on returns) were major priorities for water, sanitation and hygiene (WASH) partners during the reporting period. In regions af-



Seasonal flooding has been reported from all states of Southern Sudan this year with Northern Bahr el Ghazal most affected. World Vision

ected by flooding, partners focussed on the rehabilitation of water points, distribution of water purification tablets and provision of household and community latrines, with major response activities carried out in Northern Bahr el Ghazal.

By September, the WASH cluster had provided approximately 200,000 people with access to safe water since the start of the year through the construction or rehabilitation of 373 water points. Additionally, community and household latrines were provided for 24,000 people in emergency situations, while partner hygiene education campaigns were able to reach approximately half of Southern Sudan's population. Women, teachers and school children were a particular target of hygiene promotion activities, with messages focussing on improved child-feeding practices, hand washing, use of latrines, point of use water treatment and safe storage. One third of the new water facilities serve Guinea worm endemic areas, a step designed to reinforce ongoing efforts to eradicate the disease.

Preparedness for the early 2011 period is well underway, with WASH partners embarking on large-scale prepositioning, seeking to expand humanitarian partners and contractors on the ground, developing stand-by surge capacity and working to standardise needs assessment. Challenges remain, with particular concerns surrounding the late release of funds for procurement and distribution and a shortage of secured warehouses at county level. [Sources: UNICEF, IOM, GoSS-SSRRC]

### Protection

The protection cluster information and analysis unit is gradually being developed. Rapid protection needs assessments have been undertaken in 12 flashpoint areas in Western and Eastern Equatoria, Northern Bahr el Ghazal, Jonglei and Upper Nile states and the results circulated.

The cluster has agreed to organise discussions around themes and geographical areas, with displacement and durable solutions being a standing theme. It was agreed that while returns were likely to increase naturally in this season there is clearly a "referendum effect", in which the issue of physical safety en route and conditions on arrival were of concern and will be monitored. Protection of civilians, while not a standing item, is the basis of many of the agreed themes. Cluster members have helped shape the UNMIS protection of civilians' strategy, taken part in Operation Swift Shield, agreed an advocacy initiative on bride price and asked the Deputy RC/HC for guidance on the use of armed escorts for humanitarian missions.

The cluster has been engaged in the development of humanitarian coordination processes, a UNDSS programme criticality assessment, and contingency planning. The cluster is represented in the UNMIS-UNCT Sudan Integrated Action Plan, several Working Groups that meet in Juba and include issues of citizenship, protection of civilians and capacity-building.

The sub-clusters on gender based violence and child protection have developed and agreed terms of references and Save the Children has agreed to co-chair child protection. The Land Co-ordination Forum is developing a land policy for the GoSS and assisting the Southern Sudan Land Commission in developing its capacity to administer land.

The senior protection co-ordinator has undertaken missions to Rumbek, Malakal and Eastern Equatoria to assist agencies with establishing the protection clusters there. Further cluster missions have gone to Kuajok to prepare leadership of the protection clusters in Warrap, Wau and Abyei and deployments will follow soon there and in Bentiu to ensure consistent leadership on protection. A training of the South Sudan Human Rights Commission was done in September, with a focus on strengthening protection work in the field. [Source: Protection cluster]

### Mine action

United Nations Mine Action Office (UNMAO) partners continued humanitarian demining operations throughout September and scaled up activities with the beginning of the 2010-2011 demining season in October. Over 600,000 square metres of land were released to local communities and 106 anti-personnel and 38 anti-tank landmines along with 4,105 unexploded ordnances were destroyed. Over 34,000 people also benefitted from mine risk education and victim assistance interventions. Capacity development activities of national mine action counterparts were conducted in partnership with UNDP and NPA. However, rains continued to hamper demining operations in the Malakal area in Upper Nile.

In Northern Bahr el Ghazal, clearance of a Joint Integrated Unit storage area in Aweil was completed, along with an area that was once used as a mine detection dog training area in Wau and of an area around the Gogrial Hospital in Warrap. Clearance of a dangerous area was also completed in Kapoeta, Eastern Equatoria, and an explosive remnant war stockpile in Jebelen was destroyed along with clearance of a WFP compound in Bor. A team also completed a battle area clearance task in the Mundri area. [Source: UNMAO]

### Non-food items and emergency shelter

In September and October, non-food items and emergency shelter (NFI & ES) cluster partners assisted 4,804 households with supplies. IOM assisted 1,943 households in Aweil, Northern Bahr el Ghazal, who were displaced by flooding. Aweil flood response continued during the two months and IOM, as cluster focal point for the state, coordinated response at the state level. In addition, Medair assisted 285 conflict affected households in Lul, Upper Nile and IRW assisted 589 conflict affected households in Gameiza, Central Equatoria. Approximately 23,500 NFI kits are stored across nine states with sector partners. Additional items are expected to be delivered before January to be pre-positioned throughout the South. [Source: WFP SO]

## III. COORDINATION AND COMMON SERVICES

### Humanitarian coordination and funding

In August, an initiative to produce State Humanitarian Action Plans (SHAP) was launched in the South to establish humanitarian profiles for each county using standardised indicators. The process kick-started with a workshop in Juba where the outline and criteria for prioritisation was agreed. During September and October, workshops were conducted in all 10 states. The workshops brought together stakeholders from Government, UN, NGO and community-based organizations to carry out needs analysis per county, map gaps and use the collected data to prioritise humanitarian intervention and develop draft action plans for 2011. The SHAPs informed the needs analysis and cluster response plans of the 2011 Humanitarian Work Plan and state action plans have been

drafted based on priority needs. This is the first time that SHAPs have been undertaken in Southern Sudan and the baseline data collected will provide a valuable snapshot of each county, enabling ongoing analysis of humanitarian needs and improving the humanitarian community's ability to provide timely and effective assistance.

The Humanitarian Coordination Forum convened on 7 October. Government officials committed to address the problem of interference in humanitarian operations that has emerged this year and expressed particular concern over negative impacts on education, health services and protection. Since February, more than 100 reports of interference with humanitarian staff by security forces and other armed groups have been recorded.

Although hoping for peaceful referendums, a Sudan-wide humanitarian contingency plan covering November 2010 to June 2011 has been prepared based on a worst case scenario. In the South, the effort continues to pre-position the six core emergency pipelines (food, nutrition, non-food items and emergency shelter, emergency medical kits, seeds and tools, and water, sanitation and hygiene supplies) in hubs near areas where violence would be most likely to erupt as well as in areas where at-risk populations would be likely to concentrate. Emergency repairs along key access routes and corridors will also be undertaken and surge requirements in logistics, coordination and protection have been identified and are being readied as part of the overall preparedness plan. The capacity of front-line partners to respond to a rapid increase in needs also needs to be boosted. To ensure necessary steps can be taken, a funding request totalling US\$25.2 million was finalised in October, focussed on five of the core emergency pipelines, excluding food which is being resourced through other channels. The funding proposal covers the first three months of emergency response in a worst case scenario. If this scenario does not materialise, the life-saving supplies will be utilised to cover the needs envisioned in the most likely scenario, included in the forthcoming 2011 Humanitarian Work Plan, without significant additional resources needing to be mobilised.

This year, agencies in the South have received \$14 million from the UN Central Emergency Response Fund and approximately \$48 million has been allocated to the South in the CHF. At the end of October, the southern part of the 2010 Humanitarian Work Plan \$1.9 billion appeal for Sudan was 56 per cent funded. The 2011 Humanitarian Work Plan for Sudan has been finalised and will be launched end November. [Source: GoSS, OCHA]

### Logistic coordination

The Common Transport Service (CTS) that has been serving the humanitarian community in Southern Sudan is currently suspended pending an analysis of needs. Thus far, six UN agencies and 27 NGOs have benefitted from this service with 761MT of assorted cargo dispatched to 38 counties in all 10 states. A transport survey has been circulated to humanitarian partners to determine expected volume of transport required to support humanitarian operations and measure the demand for the continuation of common transport services in the coming year.

The logistics cluster together with UNHAS are in constant contact with agencies on the ground to keep airstrips operational for UNHAS flights. UNHAS along with the cluster has collected commitment letters from agencies and organizations willing to act as focal points for 29 UNHAS airstrips for Southern Sudan. UNHAS will soon provide training to those designated airstrip focal points. [Source: Logistics cluster]

#### Contributions:

If you have inputs for the next edition, or questions/comments on the current issue, please contact: Clever Maputseni, [maputseni@un.org](mailto:maputseni@un.org) or Cecilia Attefors, [attefors@un.org](mailto:attefors@un.org).

**Disclaimer:** This report is subject to availability of data by the time of circulation and does not claim to be exhaustive or fully verified.

## CLUSTER MEMBERSHIP LIST PER STATE – SOUTHERN SUDAN

*NOTE:* This matrix is work-in-progress based on information supplied to OCHA by NGOs and UN agencies. Inputs and comments to improve it should be sent to Emmanuel Lokoya at [lokoya@un.org](mailto:lokoya@un.org).

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	EDUCATION	PROTECTION	FOOD SECURITY & LIVELIHOODS	HEALTH	NUTRITION	WATER AND SANITATION	NON-FOOD ITEMS & EMERGENCY SHELTER
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<b>CENTRAL EQUATORIA</b>	ADRA, ASTAD, ACROSS, CHF, ELPWCE, ERADA, HASS, IAS, ICRC, JRS, Labena Organization, Mubadiroon, OXFAM, SCC, Sudan Aid, SHS, SSI, SFM, Stromme Foundation, UNICEF, UNHCR, War Child Holland, Windle Trust, CCC, IBIS, JEN, Winrock, ZOA	ARC, CHF, CRS, DRC, EMDH, ERADA, HAI, IDLO, RI, SW, UNHCR, UNMIS, CI, IRC, War Child Holland, <b>Mine Action:</b> DDG, FSD, MAG, NAD, NPA, OSIL, OVCI, RFDCC, SIMAS, UNDP, UNICEF, UNMAS	ACCOMPLISH, ACF, ADRA, AIC-CORED, AMREF, ARC, CLPP, ERADA, FAO, IAS, Land 'O' Lakes, KDI, NICODO, OXFAM, SSWC, SCC, Sudan Aid, SHS, SFM, Stromme Foundation, SOLIDARITES, UNHCR, Vet-Care, WFP, WISHDO, WR, VSF - CH, JICA, WFP, ZOA	ADRA, AAH, AIC-CORED, AFENET, AMREF, ARC, ASTAD, BARAKAT, Initiative, BSF, BRAC, CARTER CENTER, CBM, CHAS, CHF, COMPASS, CI, ECS, EHG, EPC, ERADA, FHI, GLRA, HASS, HAI, HEALTHNET TPO, ICRC, HIV/AIDS Alliance, INTRAHEALTH, KDI, Labena Organization, MALTESER, MEDAIR, Mubadiroon, NAD, NLRC, PACT, PLAN, PSF, PSI, Save the Children, SSWC, SCC, SCO, Sudan Aid, SUHA, SMC, SFM, SMJL, RMI, RIGHT TO PLAY, UNAIDS, UNICEF, UNHCR, USTRATUNA, WAR CHILD, OVCI, WFP, WHO, ZOA	AMA, ACROSS, CCC, MSF-SPAIN, UNICEF, WHO, SMoH CE	ADRA, ARC, ASTAD, CRS, ERADA, HASS, IAS, KDI, MEDAIR, OXFAM, RDA, SCC, SUHA, UNICEF, UNHCR, JEN, AAA, AMREF, CHF	MEDAIR
<b>EASTERN EQUATORIA</b>	AIC, BEAD, CHF, CARITAS SWITZERLAND, CWAPS, ERADA, FSO, IRAD, HASS, JRS, LRDA, LWF, MANNA SUDAN, M-SIP, NCA, SCC, SNV, Stromme Foundation, TDA, UNICEF, UNHCR, War Child Holland, Winrock, CRS	ARC, CHF, CRS, ERADA, IRC, RI, UNHCR, UNMIS, War Child Holland <b>Mine Action:</b> CWEP, DCA, DDG, ESAD, MAG, SSDDC, UNICEF, UNMAS	AIC-CORED, ARC, DCA, ERADA, FAO, FSO, IRAD, HAI, Land 'O' Lakes, LWF, MASRA, NCA, Operation Nehemiah, SCC, SNV, TDA, WFP, CRS	AAR Japan, ACF, ADRA, AFENET, AIC-CORED, APOC, ARC, AVSI, CARTER CENTER, CHAS, CHF, CRS, DOT, EHG, ERADA, GLRA, IRAD, HASS, HAI, INTRAHEALTH, MC, MEDAIR, MERLIN, NCA, NPA, PACT, PSF, PSI, THE SO, Operation Nehemiah, Save the Children, SCC, SMC, UNICEF, UNHCR, WFP, WHO	Diocese of Torit (AAA), Merlin, Save the Children, SMoH EE, TL-SS	AAR Japan, ACF, ADRA, ADEO, ARC, AVSI, CARITAS SWITZERLAND, CRS, ERADA, HASS, HAI, LRDA, LWF, PACT, NCA, Operation Nehemiah, SNV, UNICEF, UNHCR	DCA, MALARIA CONSORTIUM, NCA
<b>JONGLEI</b>	ACROSS, CCRI, Dawa, DCA, DEFROSS, GARDO, INTERSOS, IRD, LUADA, LCDO, LWF, MDT, NHDF, Save the Children, SchR&P-World Wide, Stromme Foundation, UNICEF, UNWWA, WODRANS, WFP, CCOSS, Winrock, WVI, CRS	Save the Children, SchR&P-World Wide, War Child Holland <b>Mine Action:</b> DCA, NPA, UNICEF, UNMAS	ADRA, COOPI, DCA, FAO, GOAL, INTERSOS, JARRAD, LWF, NHDF, PARRAD, PHO, SFDA, UNHCR, WODRANS, CARE, CASI, WFP, WVI	ACROSS, ADRA, BRAC, CARTER CENTER, CMA, CEAS, COSV, CRADA, CRS, DEFROSS, EHG, GARDO, HI, IMC, INTRAHEALTH, IRD, LCDO, MDM, MEDAIR, MERLIN, MSF-B, MSF-H, NHDF, PACT, PCOS, PSI, PRDA, PSF, Save the Children, SchR&P-World Wide, SUHA, SMC, SP, SF, SWIDAP, TEARFUND, UNICEF, CARE, MSH, AFENET, WFP, WHO, WR, WVI	CASI, COSV, IMC, JAM, Merlin, MSF-B, MSF-H, SCISS, Tearfund,	CARE, C&D, CEAS, CRS, GARDO, JARRAD, LCDO, LWF, MEDAIR, MEDIC, NCDS, NHDF, PACT, PARRAD, PHO, OXFAM, PWJ, Save the Children, SALT, SOLIDARITES, SRRC, SSCCA, SUHA, SWIDAP, SYCP, UNICEF	ATLAS, CRS, DCA, Save the Children, WVI
<b>LAKES</b>	ACROSS, ANV, BYDA, CEAS, CHF, Save the Children, UNICEF, Winrock,	CHF, NSWF, Save the Children, SSSL, SRRC, UNICEF, UNHCR, UNDP, UNMIS, UNMAS, IRC, WVI <b>Mine Action:</b> MCDI, UNICEF, UNMAS	APARD, CEAS, CONCERN, FAO, OXFAM, CEFA, PHO, WFP	AAA, ACROSS, AFENET, Baptist Mission, BMSS, BRAC, CARTER CENTER, CCM, CEAS, COSV, CUAMM, DEA, DWA, ECS, FHI, ICRC, HAI, HIV/AIDS Alliance, MALTESER, MCDI, MEDAIR, MSH, OXFAM, PACT, PSF, PSI, Save the Children, SIDF, SRRC, UNICEF, UNFPA, VMI, WFP, WHO	CASI, MSF-CH, SIDF/Save the Children, UNICEF,	ACROSS, CEAS, CARTER CENTRE, CONCERN, MEDIC, PACT, OXFAM, PHO, RDF, SRRC, UNICEF	
<b>NORTHERN BAHR EL GHAZAL</b>	AMURT-S, ACWO, AWARD, Concern Worldwide, HARD, IAS, IRC, Save the Children, SCLS, UNICEF, WAARD, Winrock,	AWCA, CSI, DRC, Save the Children, UNICEF, IRC <b>Mine Action:</b> UNICEF, UNMAS	ACF, AMURT-S, AWARD, CONCERN, FAO, HARD, IAS, Save the Children, Tearfund, VSF CH, WAARD, WFP, WVI	AAA, ACF, ACWO, AFENET, AWDA, AWARD, CARTER CENTER, CSI, CORDAID, CONCERN, HARD, ICRC, IRC, MC, MEDAIR, MSF-F, PACT, PSF, PSI, SC-UK, TEARFUND, UNICEF, WAARD, WFP, WHO	Concern, MSF-F, ACF	ACF, ACAD, AMURT-S, AWARD, BYDA, CONCERN, IAS, ICRC, MSF-B, MEDIC, PACT, OXFAM, SRRC, Tearfund, UNICEF	Concern Worldwide, Malaria Consortium
<b>UNITY</b>	AMA, CMCM, CHF, LHDS, Save the Children, SSDPA, SCA, Stromme Foundation, UNICEF, UNWWA, UNIDO, Winrock, WR	CHF, Save the Children, WVI <b>Mine Action:</b> UNICEF, UNMAS	FAO, GAA, MERCY CORPS, Save the Children, SSDPA, SCA, CARE, VSF CH, WR, WFP, WVI	AFENET, AMA, CMCM, CARE, COSV, IRC, LHDS, MEDAIR, MERCY CORPS, MSF-H, PACT, PSF, SSOM, SCA, SRCS, TEARFUND, UNICEF, UNIDO, WFP, WHO, WR	MSF-H, WHO	AMA, MEDIC, PACT, OXFAM, RAD, SCA, SRRC, UNICEF	WVI
<b>UPPER NILE</b>	ACHA, Daw a, GARDO, GESO, GRADS, LDRO, NCDA, NIP, RI, Save the Children, SIDO, SDA, SARDO, SCC, SAFORD, SNV, Stromme Foundation, UNICEF, WAR CHILD, Windle Trust, WFP, YARRDSS, Winrock, WVI	IRD, RI, UNHCR, UNMIS, Save the Children, WVI <b>Mine Action:</b> UNDP, UNICEF, HI, SSDRA, UNMAS	ADRA, CA, FAO, IRD, GOAL, GRADS, NCDA, OXFAM, RI, SDA, SARDO, SCC, Stromme Foundation, YARRDSS, CARE, WFP, WVI	ACF, ADRA, AFENET, ARC, CEAS, CMA, EHG, GARDO, GOAL, GRADS, ICRC, MDM, MEDAIR, MERLIN, MSH, MSF-H, NCDA, NIP, OXFAM, PACT, PSF, PRDA, SDA, RI, SARDO, SAFORD, Save the Children, SIM, SRCS, TEARFUND, UNICEF, UNFPA, UNKEA, WFP, CARE, WVI, WFP, WHO	ACF, GOAL, Medair, MSF-H, SMoH UN, UNICEF,	ADRA, GARDO, GOAL, IRD, MEDAIR, MEDIC, RI, SOLIDARITES, PACT, OXFAM, SAFORD	SOLIDARITES, WVI
<b>WARRAP</b>	CDAS, CHF, CESVI, GRDF, KODRA, MERCY CORPS, NCA, Save the Children, SORD, UNICEF, Winrock, WVI	CHF, RPDP, Save the Children, WVI <b>Mine Action:</b> UNICEF, UNMAS	ACF, AMA, CESVI, FAO, GOAL, GRDF, KODRA, IRD, MERCY CORPS, RPDP, VSF CH, WFP, WVI	AAA, ACF, ADRA, AFENET, AMA, ACROSS, CDAS, CARTER CENTER, CCM, CESVI, GOAL, GRDF, KODRA, MSF-Ch, NCA, PACT, PSF, PSI, RPDP, SORD, UNICEF, MEDAIR, MSF-CH, WVI, WFP, WHO	MSF-CH, World Vison, ACF, MSF-B	ACF, CARTER CENTRE, CESVI, GOAL, GRDF, IRD, NCA, PACT, Sign of Hope, UNICEF, WVI	AMA, CESVI, NCA
<b>WESTERN BAHR EL GHAZAL</b>	HARD, IAS, NCA, Save the Children, UNICEF, WAARD, WORD, Windle Trust, Winrock	EMDH, Save the Children, UNMIS <b>Mine Action:</b> CBM, CWEP, SEM, UNDP, UNICEF, UNMAS,	FAO, GRC, HARD, IAS, NCA, Save the Children, WAARD, WORD, WFP, CARE	AFENET, CARTER CENTER, DRC, EHG, GRC, HARD, INTRAHEALTH, MC, MDM Canada, MEDAIR, MSF-B, MSF-ES, PACT, PSF, PSI, SRCS, UNICEF, WAARD, WORD, WFP, WHO	SMoH WBEG, UNICEF	CARTER CENTRE, DRC, HARD, IAS, MEDIC, OXFAM, SRCS, WORD	
<b>WESTERN EQUATORIA</b>	ADRA, CHF, IAS, MCRDA, MRDA, SSCA, SARDO, SSI, UNICEF, UNHCR, WECRADA, CARE, NSSA, Winrock, WVI	CRS, ERADA, INTERSOS, OCKENDEN INTERNATIONAL, RI, SSCA, UNICEF, UNHCR, UNMIS, WVI <b>Mine Action:</b> DDG, MAG, NPA, UNICEF, UNMAS	FAO, IAS, INTERSOS, MCRDA, OCKENDEN INTERNATIONAL, SARDO, UNHCR, WVI, WFP, CRS	AAH, AFENET, APOC, BRAC, Comboni Sisters, DOTY, ECS, EHG, FHI, IMC, HAI, HEALTHNET TPO, HIV/AIDS Alliance, INTRAHEALTH, MALTESER, MCRDA, MSF-ES, MSH, MRDA, NCA, OXFAM, PACT, PSF, PSI, SARDO, SEM, SIDF, SRRC, Save the Children, UNICEF, UNHCR, WECRADA, WFP, WHO, WVI	ACROSS, MSF-Spain, SMoH WE, SIDF/Save the Children, UNICEF, WHO	IAS, INTERSOS, OCKENDEN INTERNATIONAL, PACT, OXFAM, SRRC, UNICEF, UNHCR, WVI	CRS, INTERSOS,