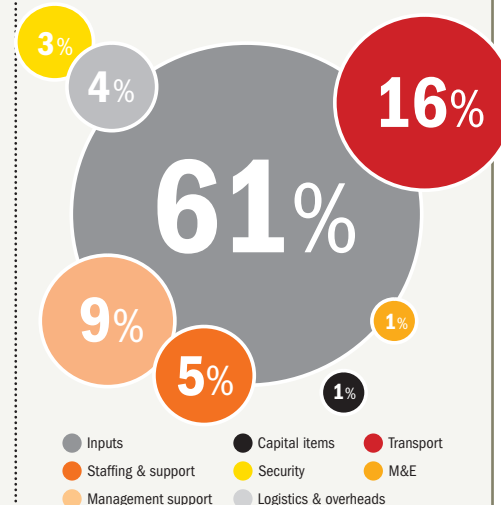


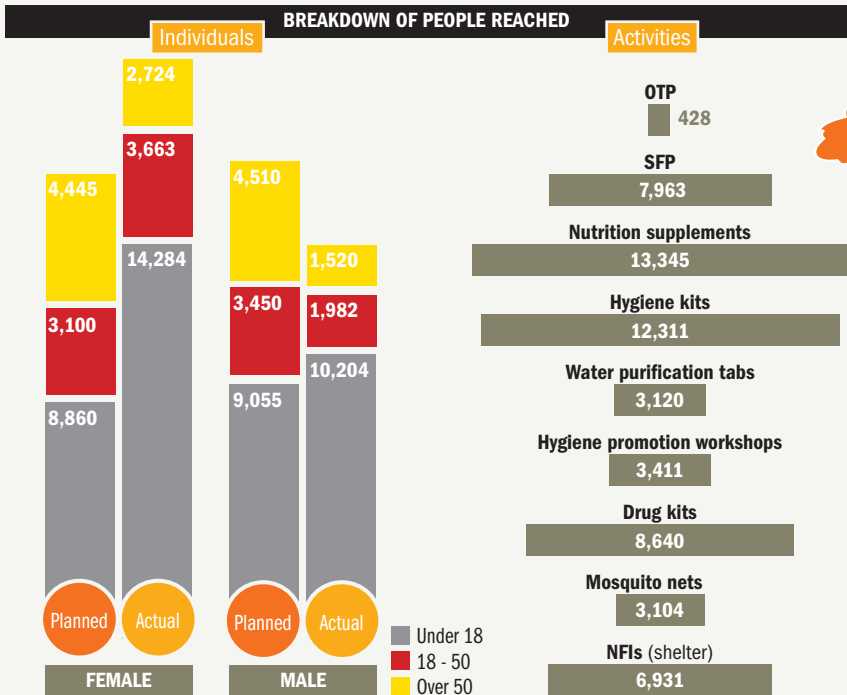
**RESPONSE TIMELINE**



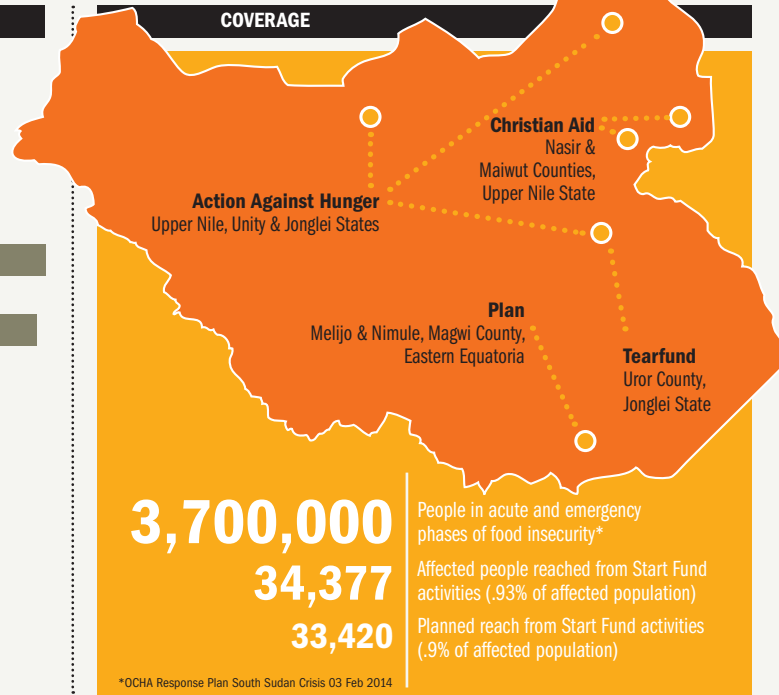
**BREAKDOWN OF FUNDS SPENT**



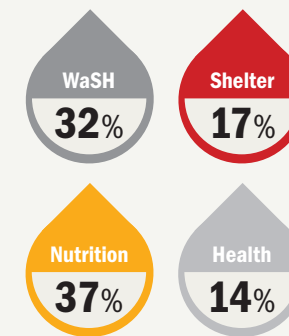
**BREAKDOWN OF PEOPLE REACHED**



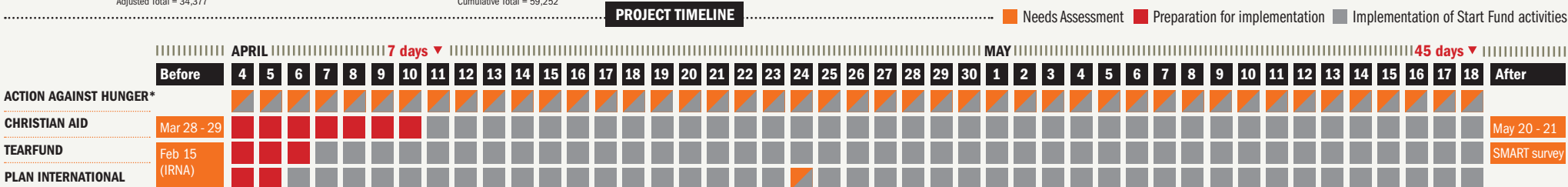
**COVERAGE**









**SECTORS OF INTERVENTION**



**PROJECT TIMELINE**



\*The project itself was to carry out nutritional assessments in locations without nutrition data.

					
<b>LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE</b>	<b>Pre-Start Fund</b>	ECHO, OFDA			
	<b>During Start Fund</b>	ECHO, OFDA (£2,587,312)	Own funds (£150,000)	DFATD, ECHO	
	<b>Post-Start Fund</b>			WFP	FAO (in-kind worth £175,000), SIDA (£175,000, incl. £58,000 for Melijo)
	<b>Details of additional response</b>	Part of large scale projects to collect nutrition data  £3,087,312 sourced (confirmed), including in-kind support	Additional emergency response activities	Integration of WaSH (borehole repairs, hygiene promotion) into core nutrition activities; ongoing nutrition responses (feeding centres, screening, procurement/distribution of therapeutic foods)	In-kind support to provide seeds and tools; borehole drilling; integrated child protection, WaSH and education programme
<b>PROJECT DETAILS</b>	<b>Implementing Partner</b>	Direct implementation	 UNKEA	Direct implementation	Direct implementation
	<b>Existing presence</b>	In area of intervention	In area of intervention	In area of intervention	In area of intervention
	<b>Procurement</b>	National	Regional	Regional	Regional/National
	<b>Activities</b>	<ul style="list-style-type: none"> <li>672 children measured in SMART survey (Pibor Town)</li> <li>206 children measured in Rapid Nutrition Assessment (Tonj East)</li> </ul>	<ul style="list-style-type: none"> <li>2,125 households received hygiene kits</li> <li>780 households received water purification tabs and NFIs</li> <li>810 households received mosquito nets</li> <li>3 health facilities provided with drug kits</li> <li>13,345 people received or will receive nutrition supplements</li> </ul>	<ul style="list-style-type: none"> <li>900 cartons of RUSF (to reach 7,963 MAM children) pre-positioned in Uror</li> <li>300 cartons of RUTF (to reach 427 SAM children) pre-positioned in Padiek payam</li> </ul>	<ul style="list-style-type: none"> <li>893 NFIs and hygiene kits distributed to IDPs (Dinka) and host community (Madi) in Melijo camp and Nimule town</li> <li>900 families trained on good hygiene practices</li> </ul>
	<b>Additional Information</b>	ACF's nutrition assessments are the first part of nation-wide Nutrition Emergency Teams (NET). Christian Aid and Plan International have updated their needs assessments for continuing their emergency response in the same communities. Tearfund began treatment of SAM and management of MAM with pre-positioned supplies before their 45 day project window ended.			

**Intervention Summary:** .....

As of March 27, over one million South Sudanese had been displaced by the conflict which broke out on December 15, 2013, leaving an estimated 3.7 million people at acute or emergency risk of food insecurity.

Start Fund grants allowed agencies to act fast before the rainy season and hunger gap period started, reaching 1% of the affected population with £283,198. During implementation, agencies sourced £3,087,312 from other donors for ongoing emergency response activities. At a similar rate, this will reach an estimated 371,524 people – over 10% of the affected population. Agencies reported that Start Fund grants allowed them to show the feasibility of similar projects to other donors.

Agencies implemented both linear (distribution of emergency aid) and non-linear (pre-positioning of stocks, nutrition data collection) projects. They described good coordination with cluster partners and other implementing local and international actors, including direct involvement of affected communities in needs assessments, selection of aid recipients, communication about aid and adapting plans during implementation. This coupled with pre-existing presence in the area of intervention contributed to an efficient and effective response.

Half of the projects integrated activities between nutrition, WaSH, shelter and health sectors, and the other half focused on nutrition. Over a third of all funds were channelled to local partners.

Critical nutrition and WaSH distribution eased the pressure on IDP communities and promoted better hygiene practice. Previously non-existent nutrition data is helping the design of new nutrition projects, and pre-positioned supplies are allowing life-saving aid to continue in hard-to-reach places now that the rains are making access even harder.

**Lessons from the Response:** .....

Coordination between projects allowed agencies to share project updates and common challenges.

- Two agencies learned that they were working through the same local partner in Melijo IDP camp and coordinated their response activities.
- One agency requested technical support with nutrition assessments through ACF's NET teams.

All projects experienced significant logistical challenges and delays due to security and access issues.

- Procurement took longer than expected. Although more costly, using national suppliers accelerated the clearance process required due to sourcing goods from neighbouring countries. Training staff on obtaining documentation increased capacity to intervene quickly to unblock bottlenecks.
- Some supplies never arrived or were confiscated by opposition forces. Working with local partners allowed projects to adapt or regain their supplies through negotiation to meet project deadlines.
- Frequent changes in control of certain areas did not allow for adequate planning. Continuous communication both with local authorities and the Start Fund allowed some flexibility.

Partnering with affected communities also improved the assistance provided.

- Communication with local authorities helped to mobilise local information networks.
- IDP committees comprised of both male and female community leaders helped to select the most vulnerable IDPs for receiving aid, including child-headed households and pregnant women.
- Sensitisation of community leaders improved relations between host communities and IDPs. In one case, the IDP community chose to allow vulnerable members of the host community to access 10% of the aid kits provided to show their gratitude for staying on the host community's land and maintain peaceful relations.