SOUTH SUDAN
Humanitarian Response Plan 2015 | SUMMARY
HUMANITARIAN DASHBOARD

Key planning figures, needs and funding indicators for the humanitarian response

Humanitarian needs

- **Conflict affected civilians**: some 1.9 million people were displaced by violence in 2014.
- **High rates of death, injury and disease**: with the conflict plunging an already weak public health infrastructure into crisis.
- **Food and livelihoods insecurity**: 2.5 million people projected to be facing severe food insecurity between January and March 2015.
- **Widespread malnutrition**: an estimated 235,000 children suffering from severe acute malnutrition currently.

Planning figures for 2015

- **6.4m people in need**
- **1.95m people displaced internally**
- **0.29m refugees in South Sudan**
- **1.8m US$ required for 2015**
- **4.1m people to be assisted**

Relative severity of need

- **Very critical**: 42%
- **Critical**: 20%
- **Serious**: 17%
- **Alert**: 17%
- **Acceptable**: 4%

Access constraints

- **Malnutrition rates remain high**
- **Diseases as a cause of death**
- **Internally displaced people**

Seasonal events in crisis-affected states and population in crisis (IPC 3) and emergency phases (IPC 4)

- **Dry season**: Planting season, Growing season, Harvest period, Preposition supplies
- **Wet season**: Hunger gap period, Seasonal floods

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- **Widespread malnutrition**: an estimated 235,000 children suffering from severe acute malnutrition currently.
Strategic objectives

**Strategic objective 1**
Save lives and alleviate suffering by providing multi-sector assistance to people in need.

**Strategic objective 2**
Protect the rights of the most vulnerable people, including their freedom of movement.

**Strategic objective 3**
Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods.

**6 key strategy elements**

- Prioritize rigorously
- Coordinate action
- Capitalize on seasons
- Secure access
- Scale up
- Advocate

People to be assisted

<table>
<thead>
<tr>
<th>Region/Location</th>
<th>People to be Assisted</th>
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<tbody>
<tr>
<td>Unity</td>
<td>0.78m</td>
</tr>
<tr>
<td>Upper Nile</td>
<td>0.06m</td>
</tr>
<tr>
<td>Jonglei</td>
<td>1.45m</td>
</tr>
<tr>
<td>Lakes</td>
<td>0.19m</td>
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<tr>
<td>Western Equatoria</td>
<td>0.05m</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>0.16m</td>
</tr>
<tr>
<td>Central Equatoria</td>
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Planning trends

<table>
<thead>
<tr>
<th>Year</th>
<th>People in Need</th>
<th>People to be Assisted</th>
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<tbody>
<tr>
<td>2011</td>
<td>500'</td>
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<tr>
<td>2012</td>
<td>300'</td>
<td>0.05m</td>
</tr>
<tr>
<td>2013</td>
<td>200'</td>
<td>0.16m</td>
</tr>
<tr>
<td>2014</td>
<td>1.5m</td>
<td>0.78m</td>
</tr>
<tr>
<td>2015</td>
<td>450'</td>
<td>1.2m</td>
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Funding requirements, people in need and to be assisted

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<thead>
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<th>Category</th>
<th>Requirements (USD millions)</th>
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<td>People in Need</td>
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<td>People to be Assisted</td>
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<td>Education</td>
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<td>Food</td>
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<td>Livelihoods</td>
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<td>Health</td>
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<td>Mine action</td>
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<td>NFIE/S</td>
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<td>Nutrition</td>
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<td>Protection</td>
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<td>Refugee response</td>
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<td>WASH</td>
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<td>Logs</td>
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</tr>
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More information

- unocha.org/south-sudan
- reliefweb.int/country/ssa
- tinyurl.com/sshrinfo
- tinyurl.com/ftsouthsudan
**HUMANITARIAN NEEDS OVERVIEW**

The conflict has created the most severe levels of need which must be addressed now.

**Conflict affected civilians**

Civilians have borne the brunt of the conflict in South Sudan. Tens of thousands of people have been killed or injured; many more have lost their homes and livelihoods. Since December 2013, some 1.9 million people have been displaced from their homes, 1.4 million inside the country, the rest as refugees to neighboring countries. The conflict also affects the 244,600 refugees currently inside South Sudan.

Over 100,000 people have sought refuge from attacks in Protection of Civilians (PoC) sites inside UN bases. Many have lived in the bases for months, fearful to return home or move on. Their ability to move freely is severely restricted – many are unable to even leave for short periods for fear of their safety. Overcrowding and the breakdown of traditional social structures makes the sites hotbeds for abuse of women and girls, petty criminality, and, in some cases, tension among communities and against aid workers. The remaining 1.3 million displaced people are hosted by communities. While they have a modicum of personal security, they have lost their livelihoods. Further, their reliance on their hosts' over-stretched resources, including food and shelter, makes them vulnerable and threatens the viability of host community livelihoods.

Women and girls are particularly vulnerable to sexual and gender-based violence; while many boys and young men have been forcibly conscripted into armed groups – or encouraged to join them in order to earn a livelihood. Access to justice is limited. Thousands of families have been separated, with children and elderly sometimes left alone and vulnerable. Some 6,000 separated or unaccompanied children were identified this year.

Active hostilities and insecurity constrain people’s freedom of movement, particularly in Unity State, making it difficult for them to safely access assistance, move to or stay in secure areas. Explosive remnants of war and land mines also pose imminent danger.

**Death, injury and disease**

The conflict plunged an already weak health infrastructure deeper into crisis. Before December 2013, South Sudan had the world’s highest maternal and child mortality rates. Since violence erupted, already severely insufficient primary health care services have been extensively disrupted. As of July 2014, only 41 per cent of health facilities in Unity were functioning compared to 57 per cent in Upper Nile and 68 per cent in Jonglei. This hampers preventative healthcare – including vaccination campaigns, malnutrition screenings and ante-natal care – and reduces health partners’ ability to monitor outbreaks. Routine vaccinations have nearly ceased in Jonglei, Unity, and Upper Nile, and support for people living with chronic illnesses, like HIV/AIDS, has broken down. Water and sanitation services have in many places been destroyed or become inaccessible due to fighting; or are overburdened by new demand.

Respiratory infection, acute watery diarrhea, cholera, malaria, malnutrition, and measles are the major disease threats. Poor sanitation and shelter, and overcrowding in displacement sites exposed more people to disease, with young children and the elderly particularly susceptible. Outbreaks of cholera and kala-azar have affected 6,100 and 4,100 people respectively as of November 2014.

Though mortality rates are below emergency levels in displacement sites where health organizations are present, the vast majority of people affected are in remote areas lacking health facilities at all. The health situation will continue to deteriorate in 2015 unless the security situation improves significantly.

**Food and livelihood insecurity**

While South Sudanese communities historically have dealt with seasonal changes in resources, the months of conflict and displacement have devastated coping capacity. Between October and December 2014, at a time when food stocks are at the annual high following the main harvest, 1.5 million people are projected to remain severely food insecure and requiring urgent assistance. This is over 500,000 people more than at the same time in 2013, despite a massive aid operation which helped prevent the situation from deteriorating further.

The situation is expected to worsen in the first quarter of 2015, with 2.5 million people facing severe food insecurity between January and March. This number is likely to increase further in the lean season from April to July, before people are able to harvest the year’s first crops. However, the impact of continued conflict on livelihoods and access to markets could lead to an earlier start of the hunger gap in many parts of the country.

The high levels of food insecurity are driven by several factors stemming from or accelerated by the conflict. Due to violence and the resulting displacement, some people have planted less. Loss of assets, either as a direct result of conflict or due to depletion of household assets during the rainy season, or due to hosting...
displaced people, has dramatically reduced people’s ability to cope with additional shocks.

Across the three conflict-affected states, markets in 23 locations are significantly disrupted. Reduced market activity is reported in 10 other locations. The conflict has disrupted normal trade routes between states and with neighbouring countries, affecting the supply of goods and services in the conflict-affected areas.

Widespread malnutrition

Before the crisis, South Sudan had a chronically poor malnutrition situation. Seventeen of 21 counties assessed during the 2013 lean season had global acute malnutrition (GAM) rates above the emergency threshold of 15 per cent.

Now, the malnutrition situation is classified as critical (GAM 15 to 29 per cent) or very critical (GAM above 30 per cent) in over half of the country. Children under 5, pregnant and lactating women and the elderly are at high risk. The projected number of children expected to suffer from severe acute malnutrition in 2014 more than doubled from 108,000 before the crisis to 235,000 in mid-2014.

Poor food security, lack of access to clean water, lack of sanitation and basic healthcare and increased prevalence of diseases exacerbate the situation. Infant and young child feeding practices have been affected by traumatic experiences. An assessment in Leer in Unity State found that lactating women who had survived rape stopped breast-feeding their children. Children who have been malnourished as infants are at high risk of stunted growth and limited brain development.

The loss of health facilities and aid organizations providing nutrition services in rural areas has interrupted screening and treatment for malnutrition. By mid-2014, the number of outpatient health facilities was down to 183 from 300. Access to other acute malnutrition treatment and prevention programmes has also been drastically reduced. Prevention and treatment programmes require a sustained presence on the ground, which continues to be constrained in many places by ongoing insecurity.

* Estimate based on projection of people living in South Sudan in 2015, derived from census result of 2008 (8.26m).
Source: WFP, South Sudan National Bureau of Statistics.
PLANNING ASSUMPTIONS
Most likely planning scenario for 2015

Political and security context

- Peace process continues, with engagement of regional stakeholders, but agreements may not effectively or immediately end hostilities.
- Violence, including against civilians, intensifies in the dry season as road mobility improves. Front lines continue to shift, triggering new displacements.
- Travel restrictions increase.
- The impact of the conflict may spread, including by increasing militarization in Lakes State.
- Small arms proliferate, including in areas not directly affected by the conflict. Land mines and unexploded ordnance threaten civilians and constrain movement.
- Children are prevented from learning, and youth from working; conscription of children and youth increases.
- Resource-related conflict, i.e. competition over pasture and water and cattle-raids, continues.

Economic and social context

- Markets in conflict-areas remain disrupted and markets in other areas are stressed.
- Oil production remains well below capacity, inflation rises and there is a lack of hard currency.
- The state budget continues to skew very heavily towards the security and military sector with over 70 per cent of Government expenditure. Salary payments and cash transfers are delayed.
- Unemployment rises; family purchasing power declines.
- The ongoing conflict causes a decline in food and livestock production.
- The lack of resources and ongoing hostilities continue to paralyse state-provided social services.
- Violence, displacement, and family separation increases trauma, fewer children go to school, and heightens the prevalence of gender-based violence and HIV/AIDS, is increasingly prevalent.
- The conflict erodes traditional social networks.

Impact on humanitarian needs

- Life-threatening needs exist across the country, but are highest and most complex in areas directly affected by the conflict.
- Across the country, 6.4 million people need humanitarian assistance.
- This includes 1.95 million internally displaced people and 293,000 refugees hosted in South Sudan, as well as 120,000 people affected by violence in Abyei.
- Capacity to respond continues to be overstretched, requiring continued, rigorous prioritization of activities.
RESPONSE STRATEGY

Coordinated action with resources prioritized to capitalize on the seasons, secure access and scale up

Strategic objectives

1. Save lives and alleviate suffering.
2. Protect the rights of the most vulnerable.
3. Improve self-reliance and coping capacities.

Scope of the response

The response will address life-threatening needs in key parts of the country. Though priority will be given to areas and people directly affected by conflict, major threats to people’s lives and livelihoods will be addressed based on need.

How will the strategy be implemented

1. Expand services by establishing operational centres in key locations to increase presence in the deep field.
2. Coordinate action to ensure that the operation is effective and leverages all available resources.
3. Make the most of the dry season to reach more people in need by prepositioning life-saving supplies now.
4. Stay and deliver, by strengthening capacity to manage security risks as context changes.
5. Advocate for access with authorities to ensure humanitarians can reach those in need.
6. Monitor and adjust the response: to direct resources where they are most urgently needed, aid organizations will use evidence-based tools to assess and re-evaluate need.

Objective 1

Save lives and alleviate suffering by providing multi-sector assistance to people in need

Partners will save lives and alleviate suffering by providing food, shelter, health care, nutrition screening and support, and safe water.

Preventing a famine, improving the quality and breadth of services to conflict-affected people, and tackling needs that have been underserved - such as emergency education, mental health care, and psychosocial support - is key.

Objective 2

Protect the rights of the most vulnerable people, including their freedom of movement

Partners will protect the rights of the most vulnerable.

Targeted killings, rape, abuse and constraints on people’s right to move freely are recurrent features of daily life in areas affected by violence.

Partners will engage with communities to reduce tensions and exposure to violence, ensure children are protected, and prevent and respond to sexual violence.

Objective 3

Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods

Partners will work to support people in rebuilding their lives and protecting their families from shocks.

The conflict has disrupted livelihoods, job opportunities, and access to education. Partners will respond by improving access to basic education, life-skills training, and support for their agricultural and trading activities.