

SOUTH SUDAN - CRISIS

FACT SHEET #3, FISCAL YEAR (FY) 2019

FEBRUARY 8, 2019

NUMBERS AT A GLANCE

7.1 million

Estimated People in South Sudan Requiring Humanitarian Assistance
2019 Humanitarian Response Plan – December 2018

5.2 million

Estimated People in Need of Food Assistance in South Sudan
IPC Technical Working Group – September 2018

2 million

Estimated IDPs in South Sudan
UN – January 7, 2019

192,900

Estimated Individuals Seeking Refuge at UNMISS Bases
UNMISS – January 31, 2019

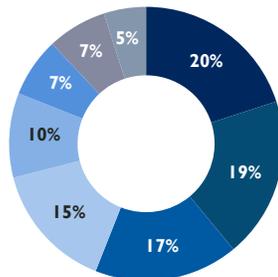
2.3 million

Estimated Refugees and Asylum Seekers from South Sudan in Neighboring Countries
UNHCR – December 31, 2018

291,800

Estimated Refugees from Neighboring Countries in South Sudan
UNHCR – December 31, 2018

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2018



- Logistics Support & Relief Commodities (20%)
- Water, Sanitation & Hygiene (19%)
- Health (17%)
- Nutrition (15%)
- Protection (10%)
- Agriculture & Food Security (7%)
- Humanitarian Coordination & Info Management (7%)
- Shelter & Settlements (5%)

USAID/FFP² FUNDING BY MODALITY IN FY 2018



- U.S. In-Kind Food Aid (84%)
- Local & Regional Food Procurement (9%)
- Complementary Services (5%)
- Cash Transfers for Food (1%)
- Food Vouchers (1%)

HIGHLIGHTS

- Ongoing insecurity restricts humanitarian access to 20,000 people in Yei
- Health workers begin EVD vaccination campaign for first responders in Yambio
- WFP reaches more than 88,000 isolated people with food assistance in January

HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE

USAID/OFDA	\$135,187,409
USAID/FFP	\$402,253,743
State/PRM ³	\$91,553,826

\$628,994,978⁴

TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN CRISIS IN FY 2018

\$3,760,121,951

TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2014–2018, INCLUDING FUNDING FOR SOUTH SUDANESE REFUGEES IN NEIGHBORING COUNTRIES

KEY DEVELOPMENTS

- Relief workers suspended humanitarian activities in Central Equatoria State's Yei town and surrounding areas as a result of recent insecurity, complicating humanitarian efforts to reach nearly 20,000 individuals in need of assistance. Although some areas along the road from the capital city of Juba to Yei remain inaccessible due to insecurity, the UN has urged humanitarian partners to pre-position emergency relief supplies in preparation for renewed humanitarian access.
- On January 28, the Government of the Republic of South Sudan (GoRSS) Ministry of Health (MoH) commenced an Ebola virus disease (EVD) vaccination campaign for health care staff and first responders operating in Western Equatoria State's Yambio town and other areas at high risk of EVD transmission from neighboring Democratic Republic of the Congo (DRC). The MoH plans to extend the campaign to other high-risk areas bordering the DRC in the coming months.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

⁴ This total does not include \$215.9 million in FY 2018 U.S. Government (USG) funding for South Sudanese refugees in neighboring countries, which increases total USG emergency funding for the South Sudan crisis in FY 2018 to more than \$844.9 million.

INSECURITY AND HUMANITARIAN ACCESS

- On February 1, attacks by an armed group in Yei resulted in the deaths of five civilians and the displacement of an unconfirmed number of civilians to neighboring Uganda, humanitarian actors report. Recent insecurity in Yei and surrounding areas has led to the suspension of humanitarian activities, hindering the delivery of humanitarian assistance to nearly 20,000 individuals—including approximately 1,900 internally displaced persons (IDPs). The Reconstituted Joint Monitoring and Evaluation Commission had released a statement on January 30 expressing concern regarding the potential for escalated violence in Yei, urging all parties to the conflict to adhere to the terms of the September 2018 Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan and the December 2017 Agreement on Cessation of Hostilities, Protection of Civilians, and Humanitarian Access. While access to areas along the Juba–Yei road remain inaccessible due to insecurity, the UN has urged humanitarian organizations to pre-position emergency relief supplies—including food and shelter commodities—in preparation for renewed access if security conditions permit.
- In late January, intercommunal violence in Upper Nile State’s Ulang town prompted relief organizations to suspend activities in the area and relocate 13 humanitarian workers to Juba on January 31. The violence, which included the death of a community leader, also displaced more than 4,100 individuals to nearby areas, humanitarian actors report. Despite reports from local authorities that security conditions had improved, humanitarian organizations continue to express concern regarding safety and security in the area.
- From October–December 2018, the UN recorded a total of 147 humanitarian access incidents—including two aid worker deaths—across South Sudan, representing a 55 percent decrease compared to the 330 access incidents recorded during the same period in 2017. Approximately 20 percent of the incidents were related to bureaucratic impediments that restrict the ability of relief agencies to conduct humanitarian activities. Overall, the UN has recorded at least 112 aid worker deaths in South Sudan since the start of the conflict in December 2013.
- Nearly 5,100 South Sudanese refugees returned from Ethiopia’s Gambella refugee camp to Upper Nile’s Maiwut and Nasir counties between January 11 and 17 as a result of intercommunal clashes in the camp, according to the International Organization for Migration (IOM). The UN agency reports that humanitarian actors and local communities in Maiwut and Nasir have provided limited food, non-food items, and shelter support to the returnees; however, the influx has strained infrastructure in the area and additional relief assistance is needed.

HEALTH

- On January 28, the GoRSS MoH commenced an EVD vaccination campaign targeting health care staff and first responders operating in Yambio and other areas at high risk of EVD transmission from DRC. The MoH plans to target high-risk areas, including Juba, Nimule, Yei, and Western Equatoria’s Tambura town. The U.S. Centers for Disease Control and Prevention (CDC), Gavi Vaccine Alliance, UN Children’s Fund (UNICEF), and UN World Health Organization (WHO) are supporting the campaign as part of efforts to bolster EVD preparedness activities in the country. Additionally, on February 4, the UN Central Emergency Response Fund allocated \$2 million in new funding to support EVD preparedness activities in South Sudan; to date, international donors have contributed approximately \$12.5 million toward EVD preparedness activities in the country, the MoH reports.
- As of February 5, health actors had not reported any confirmed EVD cases in South Sudan. However, health officials have investigated 21 EVD alerts in the country since May, including two suspected EVD cases in Eastern Equatoria State’s Nimule town near the South Sudan–Uganda border on January 27 and January 29. Both patients subsequently tested negative for EVD, as well as hemorrhagic fevers. Populations in South Sudan remain at high risk of EVD transmission from DRC due to continued cross-border movement of people and goods.
- To assist with EVD preparedness efforts, State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR) continues to participate in the National EVD Task Force, the state task forces in Yambio and Yei, and the South Sudan EVD Strategic Advisory Group. Through these partnerships, UNHCR supports the national and state EVD task forces to provide partners in Yambio and in Yei with communication materials, education, information, training, and staff incentives. Between January 1 and 15, UNHCR delivered two ambulances, personal protective

equipment for 300 health staff, 10 infrared thermometers, and infection prevention and control materials, among other items.

- As of January 30, health actors reported six confirmed cases and more than 200 suspected cases of measles in Abyei Area since February 2018, with more than 190 suspected cases reported since December 2018. More than 85 percent of the cases were identified in Abyei's Mabok *payam*, with children younger than five years of age accounting for nearly 75 percent of cases. In partnership with the MoH, health organizations conducted a vaccination campaign from January 23–28 that reached nearly 13,400 of 15,200 children targeted during the campaign in Abyei.
- Since the MoH declared a yellow fever outbreak in Western Equatoria's Sakure *payam* on November 29, the MoH and health partners have conducted surveillance and laboratory tests for 36 suspected cases and provided clinical care to individuals exhibiting symptoms of yellow fever, according to WHO. The UN agency reports that populations in South Sudan remain vulnerable to yellow fever due to low vaccination rates; the last major yellow fever vaccine campaign was implemented in 2003 following an outbreak in Eastern Equatoria's Torit and Ikotos counties.

FOOD SECURITY AND NUTRITION

- In late January 2019, WFP successfully completed a test delivery of emergency food assistance by truck to food-insecure people in hard-to-reach areas of Jonglei's Nyirol and Uror counties that WFP could previously only access via costly air deliveries. This follows successful tests of overland deliveries in early January to hard-to-reach areas of Jonglei's Ayod and Pibor counties that will replace air deliveries, reducing transportation costs and enabling WFP to redirect the savings to other life-saving activities.
- From January 4–26, WFP delivered more than 1,660 metric tons of emergency food commodities to more than 88,300 people—including more than 20,700 children ages five years and younger—in hard-to-reach areas of Jonglei's Canal and Fangak counties, Ulang, and Unity's Panyijiar County.
- The 2018 Integrated Food Security Phase Classification (IPC) Technical Working Group projects that nearly 50 percent of South Sudan's population will likely experience Crisis—IPC 3—or worse levels of acute food insecurity between January and March 2019. Ongoing deficits in local food production are the primary driver of food insecurity and will likely result in an early onset of the lean season, the IPC reports.
- An estimated 45 percent of the South Sudan population experienced global acute malnutrition (GAM) levels above the WHO emergency threshold of 15 percent in 2018, a reduction from 65 percent in 2017, according to the Nutrition Cluster—the coordinating body for humanitarian nutrition activities, comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders. Relief actors expect that an early onset of the lean season will likely result in the depletion of available food stocks, increasing this figure. Preliminary results from a recent UN World Food Program (WFP) Food Security and Nutrition Monitoring report identified four states—Jonglei, Unity, Upper Nile, and Warrap—with GAM levels above the WHO emergency threshold in 2018. However, no counties in South Sudan reported GAM levels above the WHO extreme critical threshold of 30 percent in 2018, according to the cluster.
- USAID/FFP partner WFP and UN partners are undertaking scenario mapping as part of the preparedness plan for the possible return of refugees and IDPs in South Sudan. The plan considers the brief window of opportunity for returnees who wish to engage in agriculture and require inputs by April, due to the start of the rainy season in May.
- From August–December 2018, WFP biometrically verified approximately 400,000 beneficiaries through a joint authentication effort with IOM, increasing the cost-effectiveness of donor funding. Biometric registration and duplication reduction efforts during this period have enabled WFP to redirect \$2 million in operational costs to support life-saving activities in South Sudan.

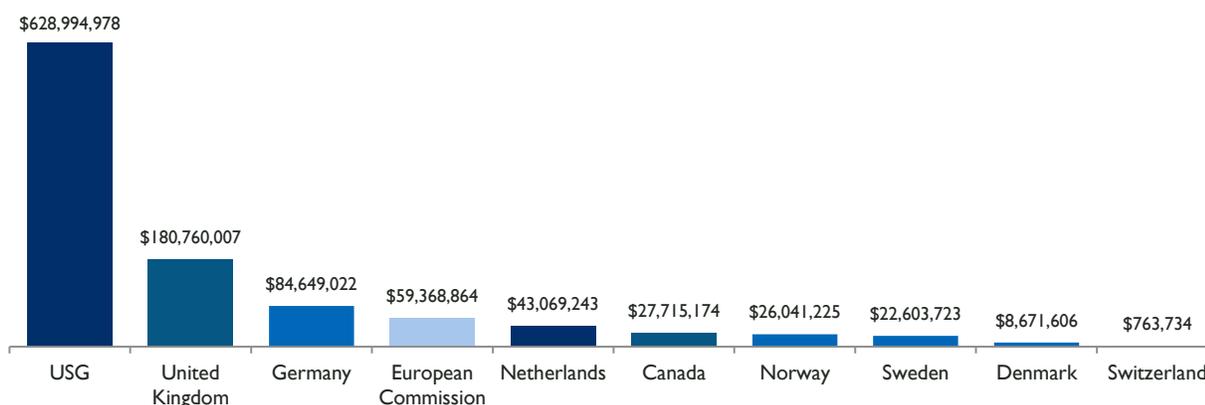
USG ASSESSMENTS AND ASSISTANCE

- On January 25, USAID Disaster Assistance Response Team (DART) members visited the Mangateen IDP settlement in Juba to observe partner programming and assess IDP needs in the settlement. Camp managers estimate that 8,900

IDPs were sheltering in Mangateen as of late January. During the visit, camp managers expressed a need for increased service delivery in the Mangateen settlement. WFP is providing cash-based transfers for food to 4,000 IDPs in the settlement, and a USAID/OFDA-funded Rapid Response Mechanism project is delivering 75,000 liters of safe drinking water per day, benefiting an estimated 5,000 IDPs, although the project is scheduled to end in mid-February. NGO partners have also reported concerns regarding garbage collection activities; garbage has not been collected from the settlement for the past three months due to a lack of funding to repair broken garbage trucks. Additionally, camp managers have requested reconfiguration of the Mangateen settlement to address congestion and a lack of shelter in the camp. According to USAID/OFDA partner Concern, the NGO has not constructed additional shelters at the site since mid-October 2018 due to a lack of space. To date, Concern has built 15 shelters—comprising 150 units—to benefit an estimated 180 households in the site. Although the NGO noted that reconfiguration of the camp could provide space to construct additional shelters, discussions between the Humanitarian Country Team and GoRSS officials regarding the potential allocation of additional land for IDPs in Mangateen have reportedly stalled.

- With \$2.5 million in FY 2018 USAID/OFDA funding, CARE is scaling-up health, nutrition, and protection programming in Eastern Equatoria’s Ikwotos, Lofan, and Torit counties. In December, the NGO increased the number of mobile health clinics providing services in the area from three to six clinics to reach an estimated 10,000 beneficiaries total. In coordination with local officials and the UN Children’s Fund (UNICEF), CARE has trained more than 130 local staff to provide basic health care services in the area; nearly 80 of the trainees learned to diagnose and treat diarrhea, malaria, and pneumonia, as well as screen and refer individuals for acute malnutrition. CARE has also established three women and girl friendly spaces in Torit, where the NGO is conducting protection programming for survivors of gender-based violence.
- With \$7 million in USAID/OFDA funding in FY 2018, Medair is delivering health, nutrition, protection, and WASH assistance to vulnerable populations in Lakes’ Aweil County and Upper Nile’s Renk County. In Renk, Medair is maintaining two water treatment systems to provide safe drinking water to individuals in the area and supporting programming at health care facilities to assist individuals experiencing moderate or severe acute malnutrition. Medair’s outpatient therapeutic program targets increased from 1,400 individuals in 2017 to 2,000 individuals in 2018 as a result of increased moderate acute malnutrition case admissions in the area. The NGO also increased staffing and the number of mobile nutrition sites operating in the area from seven to 10 sites to address the needs of South Sudanese refugees returning to Renk.
- In January, USG partner IOM reported that the UN agency’s fuel-efficient stove project reached more than 100,000 individuals in the PoC site in Unity’s Bentiu town—representing 90 percent of individuals in the site—through the construction of nearly 11,200 stoves from November 2017–March 2018. The project aimed to reduce fuel consumption and firewood collection time, improve the health and safety of residents, and mitigate exposure to gender-based violence at the PoC site. According to the project findings, an estimated 99 percent of the beneficiaries were satisfied with the new stoves, primarily due to ease of use and reduction in fuel and smoke, while 93 percent reported saving money by consuming less fuel. IOM delivered the stoves through a skills-transfer program that educated beneficiaries in stove construction and maintenance. The UN agency also included a cash-for-work component to promote community participation, local ownership, and resilience.

2018–2019 TOTAL HUMANITARIAN FUNDING* PER DONOR



* Funding figures are as of February 8, 2019. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments to date in 2018, while USG figures are according to the USG and reflect publicly announced USG funding for FY 2018, which began on October 1, 2017 and ended on September 30, 2018. The nearly \$629 million in FY 2018 USG humanitarian funding for the South Sudan response does not include support for South Sudanese refugees in neighboring countries.

CONTEXT

- The January 2005 signing of the Comprehensive Peace Agreement between the Government of Sudan and the southern-based Sudan People’s Liberation Army officially ended more than two decades of north–south conflict during which famine, fighting, and disease killed an estimated 2 million people and displaced at least 4.5 million others within Sudan. In July 2011, South Sudan became an independent state following a referendum earlier in the year.
- On December 15, 2013, between factions within the GoRSS clashes erupted in Juba and quickly spread into a protracted national conflict, prompting displacement and humanitarian needs. On December 20, 2013, USAID activated a DART to lead the USG response to the crisis in South Sudan. USAID also stood up a Washington, D.C.-based Response Management Team (RMT) to support the DART.
- On October 2, 2018, U.S. Ambassador Thomas J. Hushek redeclared a disaster in South Sudan for FY 2019 due to ongoing violent conflict, population displacement, restricted humanitarian access, and disruption of trade, markets, and cultivation activities, all of which have significantly exacerbated food insecurity and humanitarian needs.

USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2018¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA			
Action Against Hunger/USA (AAH/USA)	Agriculture and Food Security, Health, Humanitarian Studies, Analysis, or Applications, Nutrition, Water, Sanitation, and Hygiene (WASH)	Countrywide	\$3,976,000
Agency for Technical Cooperation and Development (ACTED)	Humanitarian Coordination and Information Management, Shelter and Settlements	Jonglei, Central Equatoria, Countrywide	\$3,600,000
Alliance for International Medical Action (ALIMA)	Health, Nutrition, WASH	Western Bahr el Ghazal	\$1,700,000
American Refugee Committee (ARC)	Protection, Shelter and Settlements and WASH	Central Equatoria, Eastern Equatoria, Upper Nile	\$2,500,000
CARE	Health, Nutrition, Protection	Eastern Equatoria	\$2,500,000
Concern	Agriculture and Food Security, Health, Logistics Support and Relief Commodities, Nutrition, Shelter and	Central Equatoria, Northern Bahr el Ghazal, Unity	\$6,400,000

Settlements, WASH			
Danish Refugee Council (DRC)	Humanitarian Coordination and Information Management, Protection, Shelter and Settlements	Unity, Upper Nile	\$2,500,000
FAO	Agriculture and Food Security, Humanitarian Coordination and Information Management	Countrywide	\$2,500,000
Food for the Hungry (FH)	Agriculture and Food Security, Logistics Support and Relief Commodities, WASH	Jonglei, Upper Nile	\$1,900,000
iMMAP	Humanitarian Coordination and Information Management	Countrywide	\$424,000
International Medical Corps (IMC)	Health, Nutrition, Protection	Central Equatoria, Upper Nile	\$6,500,000
IMA World Health	Health, Nutrition	Jonglei, Upper Nile	\$3,871,017
IOM	Health, Humanitarian Coordination and Information Management, Protection, Shelter and Settlements, WASH	Countrywide	\$20,000,000
International Rescue Committee (IRC)	Health, Humanitarian Coordination and Information Management, Nutrition, Protection	Central Equatoria, Unity, Countrywide	\$3,142,953
Medair	Health, Nutrition, Protection, WASH	Northern Bahr el Ghazal, Unity, Upper Nile	\$7,000,000
Mercy Corps	WASH	Unity, Western Equatoria	\$3,099,810
Nonviolent Peaceforce	Protection	Jonglei, Unity	\$2,833,603
Norwegian Refugee Council (NRC)	Humanitarian Coordination and Information Management, Protection	Countrywide	\$823,795
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$3,000,000
Relief International	Health, WASH	Upper Nile	\$3,000,000
Samaritan's Purse	Agriculture and Food Security, Nutrition, WASH	Northern Bahr el Ghazal, Unity	\$4,303,419
Save the Children/U.S. (SC/US)	Health, Humanitarian Coordination and Information Management, Nutrition, Protection, WASH	Eastern Equatoria, Countrywide	\$3,000,000
Tearfund	Agriculture and Food Security, Nutrition, WASH	Jonglei	\$2,000,000
UNICEF	Humanitarian Coordination and Information Management, Nutrition, Protection, WASH	Countrywide	\$10,904,800
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$10,000,000
Vétérinaires Sans Frontières/Germany (VSF/G)	Agriculture and Food Security	Jonglei, Unity, Upper Nile	\$1,700,000
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Countrywide	\$16,000,000
World Relief International (WRI)	Health, Nutrition, WASH	Jonglei, Unity, Upper Nile	\$899,563

World Vision	Agriculture and Food Security, Humanitarian Coordination and Information Management, Protection, WASH	Upper Nile, Countrywide	\$3,350,000
	Program Support		\$1,758,449
TOTAL USAID/OFDA FUNDING			\$135,187,409
USAID/FFP²			
Catholic Relief Services (CRS)	8,200 MT of U.S. In-Kind Food Aid	Jonglei	\$55,896,856
FAO	Complementary Services, Food Vouchers	Jonglei, Lakes, Northern Bahr el Ghazal, Western Equatoria	\$15,000,000
UNICEF	1,170 MT of U.S. In-Kind Food Aid	Countrywide	\$14,400,000
	609 MT of Local and Regional Procurement	Countrywide	\$3,387,493
	Complementary Services	Countrywide	\$1,047,867
WFP	72,690 MT of U.S. In-Kind Food Aid	Countrywide	\$268,521,527
	18,332 MT of Local and Regional Procurement	Countrywide	\$35,000,000
	Cash Transfers for Food, Complementary Services	Central Equatoria, Jonglei, Unity, Upper Nile, Western Equatoria	\$9,000,000
TOTAL USAID/FFP FUNDING			\$402,253,743
STATE/PRM ASSISTANCE IN SOUTH SUDAN			
ACTED	Livelihoods, Protection	Upper Nile	\$558,795
Africa Humanitarian Action (AHA)	Primary Healthcare, Reproductive Health and Psychosocial Support	Unity	\$1,368,206
International Committee of the Red Cross (ICRC)	Multi-Sector Assistance	Countrywide	\$39,300,000
IMC	Health, Psychosocial and Maternal Health	Upper Nile	\$1,500,000
IRC	Protection, GBV, Reproductive and Primary healthcare	Unity	\$1,500,000
Internews Network	Protection, Communications	Unity	\$1,047,877
Jesuit Refugee Service (JRS)	Protection, education and Psychosocial support	Upper Nile	\$1,404,129
Lutheran World Federation (LWF)	Child Protection, Education and Capacity Building	Upper Nile, Unity	\$1,445,039
The MENTOR Initiative	Health, Protection	Upper Nile, Unity	\$1,453,060
Relief International	Primary Healthcare	Upper Nile	\$1,500,000
SC/US	Child Protection, Education and Capacity Building	Upper Nile	\$926,720
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$1,150,000
UNHCR	Multi-Sector Assistance	Countrywide	\$38,400,000
TOTAL STATE/PRM FUNDING IN SOUTH SUDAN			\$91,553,826
TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2018			\$628,994,978

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2018.

² Estimated value of food assistance and transportation costs at time of procurement; subject to change.

³ This total does not include \$215.9 million in FY 2018 USG funding for South Sudanese refugees in neighboring countries, which increases total USG emergency funding for the South Sudan crisis in FY 2018 to more than \$844.9 million.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.661.7710.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int