



South Sudan Emergency Response Fund



Lives hang

balance as conflict erupts in South Sudan.

in the

The Situation

Political violence in South Sudan, located in northeast Africa, has forced more than 750,000 people from their homes since December 15, 2013. The conflict started in the South Sudanese capital, Juba, when fighting broke out within the presidential guard. It quickly spread to eight of the country's 10 states, including the Greater Upper Nile region where CARE's programs are concentrated. As of February 3, 2014, about 85,000 of these displaced people had sought refuge in protection of civilians (PoC) areas set up at United Nations (UN) mission bases. Another 130,400 people have fled to neighboring countries, while others remain in hiding and out of reach of humanitarian support. The situation has already claimed thousands of lives.

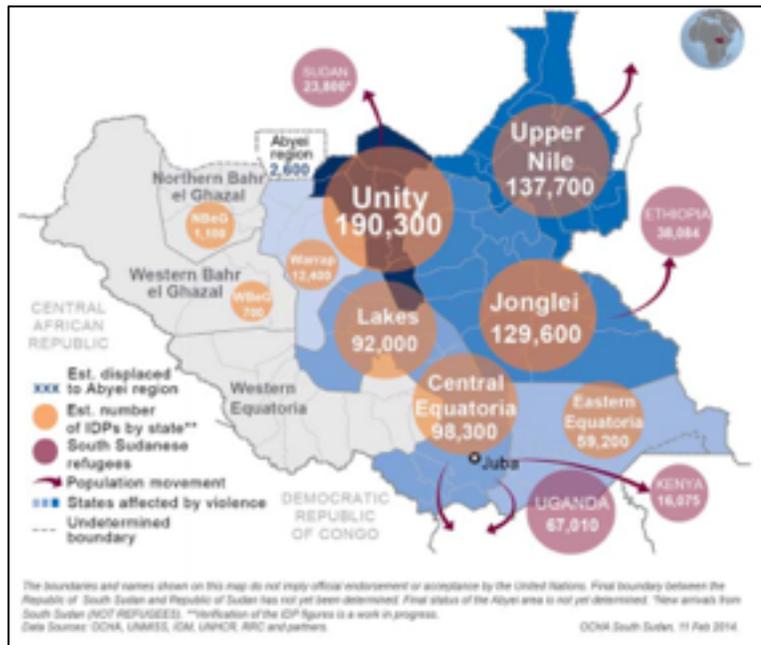
A Cessation of Hostilities agreement that went into effect on January 24 has done little to calm the fears of South Sudanese families. With ethnic tensions running high and clashes continuing to take place, many displaced people have adopted a "wait and see" attitude, hiding in the bush, before attempting to return to their home villages. According to the UN, less than half of the internally displaced people have yet to

receive any form of humanitarian assistance. Those people who have received some form of help to date have by no means had their basic needs satisfied. The security situation remains a major impediment to reaching people in the worst affected parts of South Sudan.

The abrupt nature of the violence, the ease with which it spread from a single military unit to army bases across the county, the immediate appearance of disturbing ethnic overtones and the death toll in the thousands – including women and children – shocked the South Sudanese general population and caught the international community off guard.

The Cessation of Hostilities agreement calls for both sides to cease fire, stop inflammatory rhetoric, protect the civilian population and facilitate humanitarian access to those people in need. The ceasefire is supposed to be followed by substantive political negotiations, originally scheduled to start on February 10, but the process got off to a rocky start as tensions remain very high. During the first two weeks of the agreement, the United Nations reported that sporadic clashes continued in several parts of the country. Both sides continued to publicly accuse the other of hostilities and/or targeted killings.

Meanwhile, food insecurity remains a critical issue in this impoverished country. The UN Humanitarian Country Team unveiled a crisis response plan in early February that forecasts the need for US \$1.27 billion in humanitarian assistance over the next six months. The plan estimates that 3.7 million people are at high risk of food insecurity and 7 million people are likely to face some level of food insecurity by the middle of the year. That represents more than half of South Sudan’s population.



Conditions have made it difficult for humanitarian organizations to effectively provide relief, even to the many displaced people currently camped at UN bases. The crisis response plan, for example, acknowledges acute protection needs outside PoCs, “with rape and other forms of sexual and gender-based violence reported in several locations with active hostilities. There are widespread reports that civilians have been targeted based on their political and/or community affiliation.”

CARE’s Response

CARE’s Capacity

Prior to the conflict, CARE reached 650,000 people in the three states most affected by the current violence: Unity, Upper Nile and Jonglei. CARE has been operating in what is now South Sudan since 1995, long before its independence in 2011. We have had a presence in Jonglei for 15 years and are the key health actor in both Jonglei and Unity States. CARE’s main office is in Juba, where we have a core staff of 25. Our total in-country staff is 150, with an additional 200 health facility workers seconded to CARE by the Ministry of Health. CARE works in partnership with the UN Children’s Fund (UNICEF), the World Health Organization (WHO), UN High Commissioner for Refugees (UNHCR), UN Office for the Coordination of Humanitarian Affairs (UNOCHA), UN Development Program (UNDP), International

Organization for Migration (IOM), local and international non-governmental organizations, as well as with government ministries.

The goal of CARE's crisis response is to meet the immediate needs of the most vulnerable people, especially women and girls, affected by conflict in Unity, Jonglei and Upper Nile states and support affected communities to recover over the medium and long term. CARE has also started to work with displaced people in Nimule in Eastern Equatoria state, which is currently accessible.

CARE's Focus

CARE will respond in locations where we can provide value added humanitarian assistance and where security allows. Our emergency response, in Unity, Jonglei and Upper Nile states will build on existing programs and technical expertise such as (1) water, sanitation and hygiene, (2) primary, sexual and reproductive health and (3) food security and livelihoods. CARE's initial assessments indicate that more than 60 percent of displaced people are women and children. We will ensure that our response programming takes into consideration the different needs of women, men, boys and girls.

1. **Water, sanitation and hygiene (WASH):** The lack of safe drinking water, inadequate sanitation and poor hygiene practices have left a large proportion of South Sudan's population at persistent risk of preventable waterborne diseases. The recent violence and large-scale displacement of people to areas without sufficient access to clean water and proper sanitation has greatly increased their vulnerability. Poor sanitary conditions pose a major public health risk, including potential cholera outbreaks. CARE's immediate priority, over a three-month period, is to provide safe drinking water and emergency latrines, and promote good hygiene in order to prevent outbreaks and the spread of water-related disease. In particular, CARE will:
 - Ensure improved access to clean water for displaced people by trucking in water, treating water and/or rehabilitating water boreholes/water pumps;
 - Support displaced populations and other vulnerable communities with emergency latrines and basic hygiene activities; and
 - Plan and prepare for the rainy season, including any acute diarrhea outbreaks, by pre-positioning WASH relief items in Upper Nile, Unity and Jonglei states.

2. **Primary, sexual and reproductive health:** The current conflict is impacting an already precarious health situation in South Sudan. Access to essential primary health services and surgical facilities was already limited. The large-scale displacement of people by this conflict further reduces their access to medical facilities. In addition to providing emergency surgical interventions, humanitarian organizations like CARE will need to support primary health care centers in crisis-affected areas. Displaced people are also at a particularly high risk of contracting communicable diseases due to poor sanitation, water shortages, crowded living conditions and poor immunity, with young children and pregnant women being particularly vulnerable. Instances of gender-based violence also tend to rise in times like this; survivors require appropriate and timely medical services. In response, CARE will:
 - Continue to provide primary, sexual and reproductive health care through our network of supported clinics in Unity and Jonglei states;
 - Provide medicine and essential equipment to health centers that have been looted;
 - Develop the capacity of health centers to provide more emergency-related services by putting in place mobile clinics where possible; and
 - Take into consideration protection issues, particularly cases of sexual and gender-based violence, across all CARE response activities.

3. **Food security and livelihoods:** The violence and displacement has worsened an already fragile food security and livelihoods situation. The current crisis has increased insecurity along commercial supply corridors, caused private sector actors to leave the country, increased market fragmentation, inflated food and fuel prices, increased risks of cattle raiding and severely limited the mobility of

people in search of food and work. Increasing access to food for people affected by displacement and food insecure households across the country is vital to combating potential malnutrition and disease. This will be a key part of CARE's work, ensuring that both women and men have the means to protect their livelihoods (e.g., agriculture, livestock and fisheries production) that is vital for the survival of their families. In particular, CARE will support the provision of:

- Emergency livelihood kits, including vegetable seeds and fishing gear;
- Livestock disease protection and outbreak prevention, including the distribution of animal diseases treatment and vaccination kits to community animal health workers and enhancing the cold chain capacity to store necessary vaccines;
- Promote the use of crops that mature faster, and
- Preposition food stocks and make them readily available for distribution in the most vulnerable areas.

Your Support

Given the scale of the conflict and crisis, **CARE has established the South Sudan Emergency Response Fund with an initial \$3million goal.** Contributions to this fund will allow CARE to provide immediate relief and longer-term recovery support to families and communities. Your gift will help us position and deploy needed supplies and staff, make funds available to emergency-affected communities for immediate assistance, strengthen our ability to respond to future emergencies, and provide overall program oversight to ensure the highest-quality response.

Eyewitness Account

CARE Program Coordinator Benson Wakoli returned to battle-scarred Unity State in South Sudan in late January to check on our facilities and assess the situation faced by the local population. From the Unity state capital, Bentiu, CARE manages support of health care facilities across the state. He found the office had been gutted and the town was in ruins. Benson camped at the UN compound beside the PoC area and people who had crowded there in search of protection from the violence. According to Benson, the gunfire had for the most part stopped the week before but out of fear, hardly anyone dared to venture outside the PoC. Recent arrivals to the PoC said they had been hiding in the bush for weeks. When a few of them did attempt to straggle back to town in search of food they found all the stores had been looted. Everyone was hungry.

Benson and his team immediately started to reassemble CARE's local staff, plan for the resupply of clinics, set up a mobile clinic in Bentiu and organize a food distribution.

Prior to going to Bentiu, Benson and team visited the primary health clinic in Pariang (in Unity state) that CARE had been in the process of converting into a small hospital when the violence erupted. Fortunately, the clinic was not damaged, but it was deluged with casualties. At the time, only one doctor was on hand to treat the wounded with a skeleton crew. Members of the community came to the clinic's aid, helping move patients and swabbing the blood that covered the floors. When Benson first walked into the clinic a local health worker who had been slumped in a chair jumped to his feet and shouted, "I didn't expect CARE to come back so soon after what happened here!" Clearly, any help we can provide people in this dire time of need would be greatly appreciated.

Conclusion

CARE's emergency response teams specialize in providing lifesaving food, water and health care. We have more than six decades of experience providing assistance when a crisis hits and helping communities recover after the emergency has passed. CARE, which works in 84 countries around the world, places a special focus on women, children and other vulnerable populations, who are often

disproportionately affected by disasters. Last year our emergency response and recovery projects reached nearly 14 million people in 40 countries.

When emergencies happen, CARE needs immediate, flexible funding to respond with comprehensive and timely action. Your donation to CARE's **South Sudan Emergency Response Fund** will help us assist families through a critical time when humanitarian needs are great. Thank you for considering a donation to support CARE's life-saving work.

February 2014