South Sudan Crisis
NaEPF Humanitarian Response Plan

The crisis in South Sudan

In February 2017, the United Nations officially declared the state of famine in two counties of South Sudan\(^1\). It is the first time since 2011 that the term famine is used again, and the second time since the United Nations adopted the IPC scale, a scientific assessment of levels of food insecurity\(^2\). The call to the whole international community is dramatic: an official declaration of famine means that people have already begun to starve and therefore there is an immediate need for adequate and long-lasting humanitarian and food assistance. South Sudan thus joins the top of the list of countries in humanitarian emergencies along with Yemen, Somalia and Nigeria\(^3\).

With an area of just over 600,000 km\(^2\) and 12 million inhabitants, South Sudan obtained independence from Sudan with a referendum in 2011. It is the youngest country in the world. Since 2013 it has plummeted into an internal conflict that has progressively fueled a crisis that in four years has reached unimaginable proportions. Lack of food, illness and violence against civilians are the most serious emergencies the country is facing. Today 7.6 million South Sudanese depend on humanitarian aid for their protection and survival\(^4\).

The refugee crisis

Since the South Sudan crisis broke out in Juba in December 2013, more than two million South Sudanese fled to neighboring countries, while another two million people are estimated to be internally displaced. Uganda alone hosts over 1 million South Sudanese who have entered the country at a rate of 1,800 daily arrivals in the last twelve months. The remaining one million people fleeing from South Sudan are hosted in Sudan, Ethiopia, Kenya, the Democratic Republic of Congo and the Central African Republic\(^5\). With such a massive number of people forced to abandon their homes, South Sudan is today the largest refugee crisis in Africa and the third largest in the world after Syria and Afghanistan\(^6\).

The food crisis

Eight months after the proclamation of famine, the food crisis in the country remains dramatic. According to the latest update of the Integrated Food Security Phase Classification (IPC), drafted by the Government, FAO, UNICEF, WFP and other humanitarian partners, the number of people in severe conditions food insecurity had reached 6 million people in September 2017, the highest level of food insecurity ever recorded in South Sudan. The report warns that this number is likely to fall to 4.8 million between October and December. However, these 4.8 million people are 1.4 million more than in the same period last year,

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\(^4\) The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [http://interactive.unocha.org/emergency/2017_south_sudan/#situationposition](http://interactive.unocha.org/emergency/2017_south_sudan/#situationposition)

\(^5\) UNHCR, South Sudan Situation, [http://data.unhcr.org/SouthSudan/regional.php#ga=2.198324335.1517430224.1511356124-44544562.1511356124](http://data.unhcr.org/SouthSudan/regional.php#ga=2.198324335.1517430224.1511356124-44544562.1511356124)

and much of this growth was in the Emergency category (stage 4 of 5 of the IPC). It is expected that the food security situation will become more critical at the beginning of 2018\(^7\).

Malnutrition has also worsened over the same period last year, with rates in most communities well above the 15% emergency threshold set by the World Health Organization and over 30% of the malnutrition population in several provinces. It is expected that more than 1.1 million children under the age of five will be malnourished in 2018, of which nearly 300,000 in severe malnutrition and at increased risk of death. "Too many children are hungry in South Sudan. At least one in five of those struggling to feed is less than five years old," said Mahimbo Mdoe, UNICEF Representative in South Sudan. "This has created a crisis of malnutrition that is endangering many lives"\(^8\).

The health emergency
After four years of conflict and humanitarian crisis, susceptibility to disease has increased. South Sudan is experiencing the longest, deadly and most widespread cholera epidemic since its independence in 2011. Humanitarian agencies estimate that cholera has already hit 20,000 people. As the rainy season intensifies, malaria cases have increased, reaching 1.5 million since the beginning of the year\(^9\).

The human costs of the ongoing conflict in South Sudan are high: hundreds of civilians are killed and children recruited by force. Rape is systematically used as a weapon of war and from December 2013, already 85 humanitarian operators have been killed\(^10\).

In recent months, the progressive deterioration of internal security conditions has prompted humanitarian agencies to repeatedly call for the country's authorities to ensure full freedom of movement and free humanitarian access for all those who are engaged in providing assistance\(^11\).

The geographical position and the environmental context further aggravate the humanitarian crisis. The country is subject to intense periods of drought, infrastructures such as roads, bridges, airports, hospitals, schools are virtually non-existent, the most fertile areas in the Nile Valley are no longer cultivated because farmers flee with families or enlist in the armies. The marshland areas of the country's central counties are practically inaccessible.

The international community has launched a Humanitarian Response Plan involving governments, United Nations agencies, international and national non-governmental organizations and private donors to face the emergency.

Based on the analysis of the different areas of intervention (protection, food supply, health, education, high-protein nutrition, disability, agriculture, logistics and infrastructure), the economic needs required by the United Nations to cope with the crisis within South Sudan borders is \$1.6 billion. In addition to this figure, another \$1.4 billion should added for the protection and assistance of over 2 million South Sudan refugees in neighboring camps.

As of November 2017, the economic resources needed to implement the Humanitarian Response Plan have not yet been collected. Regarding the budget within South Sudan, of the \$1.6 billion needed, \$1.1 billion


\(^8\) UNICEF, Press release dated 6 November 2017, “Harvest season provides meagre respite to South Sudan’s hunger crisis”, [https://www.unicef.org/southsudan/media_20629.html](https://www.unicef.org/southsudan/media_20629.html)

\(^9\) The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [http://interactive.unocha.org/emergency/2017_south_sudan/#healthposition](http://interactive.unocha.org/emergency/2017_south_sudan/#healthposition)

\(^10\) The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [http://interactive.unocha.org/emergency/2017_south_sudan/#protectionposition](http://interactive.unocha.org/emergency/2017_south_sudan/#protectionposition)

\(^11\) OCHA, “Humanitarian Bulletin South Sudan”, Issue 17, 17 November 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171117_OCHA_SouthSudan_Humanitarian_Bulletin17_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171117_OCHA_SouthSudan_Humanitarian_Bulletin17_0.pdf)
have been raised\(^{12}\). Regarding the budget to protect and assist South Sudanese refugees outside the country, of the $1.4 billion needed\(^{13}\), less than $400 million were raised \(^{14}\).

Faced with an environmental, political and humanitarian crisis that worsens day by day, the funding gap is 1.5 billion dollars.

The Nando and Elsa Peretti Foundation’s commitment to South Sudan

The Nando and Elsa Peretti Foundation is a private philanthropic foundation founded in 2000 by Elsa Peretti in memory of her father, Nando Peretti, an illustrious post-war Italian entrepreneur. The Foundation supports projects in the humanitarian, educational, health, environmental and cultural fields. Throughout its 17 years of life, it has funded more than 900 projects worldwide, with a total contribution of 50 million euros. An official Delegation of the Nando and Elsa Peretti Foundation in Catalonia is also active since 2014.

The attention of the Nando and Elsa Peretti Foundation for South Sudan goes back to 2000 when the Foundation funded a project to support a hospital in Boma, one of the country’s areas with the greatest need for health centers. Starting from this first commitment, over the years the Foundation has supported the country in the fields of health promotion and schooling programs for children.

This year, following the declaration of famine in the country, at the request of the President, Elsa Peretti, the Foundation has worked on defining a plan on how to best mitigate the effects of the ongoing humanitarian crisis and thus respond to the United Nations' appeals. The Foundation's choice was to involve in this plan the organizations with whom it had worked for years in Africa and also in South Sudan. Their long-lasting field experience and their profound knowledge of the territory and the needs of the population has made it possible to structure the Foundation's intervention in the quickest and most cost-effective way.

In July 2017, with an unprecedented decision in the history of the Foundation, the President and the Board of the Nando and Elsa Peretti Foundation allocated €2 million in support of a humanitarian response plan to the crisis in South Sudan. The plan involves eight partner organizations and supports, both in the short and medium term, direct actions in the four most important emergency areas: protection and refugees, food safety, health care and education, and nutrition for children.

With its commitment, the Nando and Elsa Peretti Foundation estimates to reach more than 900,000 people.


\(^{13}\) South Sudan Regional Refugee Response Plan –Revised, January-December 2017”, [http://reporting.unhcr.org/sites/default/files/2017%20Revised%20South%20Sudan%20Regional%20Refugee%20Response%20Plan%20-%20Jan-Dec%202017%20%20%28May%202017%29_0.pdf](http://reporting.unhcr.org/sites/default/files/2017%20Revised%20South%20Sudan%20Regional%20Refugee%20Response%20Plan%20-%20Jan-Dec%202017%20%20%28May%202017%29_0.pdf)

NaEPF Humanitarian Response Plan for South Sudan

The Nando and Elsa Peretti Foundation’s main concern has been to ensure an efficient use of resources, and avoid gaps and overlapping actions as much as possible. Based on the information gathered from on-the-ground organizations, the NaEPF has identified four specific areas of intervention:

- Protection
- Food Security
- Health / Nutrition
- Education and children protection

Protection: To provide a safe shelter for people fleeing from situations of extreme danger due to ongoing conflict or famine.

Food Security: To ensure that food and other lifesaving support can reach people especially in dangerous and difficult-to-reach areas.

Health / Nutrition: To provide emergency and long-term medical assistance, hyper-protein food and special nutrition supplements for malnourished children, as well as to contribute to the reconstruction of healthcare facilities.

Education and children protection: To ensure a safe and secure environment for children so that they can live their daily lives and recover their moral forces. Schools ensure that children are not recruited into armed conflicts, nor exposed to violence or human trafficking. In addition, at least one meal per day is provided at schools.

As far as geography is concerned, we shall distinguish between South Sudan’s internal areas and refugee-hosting-areas in neighbouring countries (Sudan, Ethiopia, Kenya, Uganda, Congo DRC, Central African Republic) where nearly 2 million South Sudanese people have now been forced to flee.

Organizations identified as grantees for the Emergency Response plan in South Sudan by the Foundation are:

- UNHCR (UN Refugee Agency) > Protection
- World Food Programme > Food Security
- Light for the World, Médecins Sans Frontières Italy (MSF), AMREF (African Medical and Research Foundation), Doctors with Africa CUAMM) > Health/Nutrition
- INTERSOS, A-Z Children/Nurture Africa > Education and children protection
The presence and activities of the eight grantee-organizations are spread over almost all the territory of the country and respond to the highest priority needs of the population in all four identified emergency areas. The funding plan here illustrated, based on 250,000-euro budget modules for each organization, foresees an overall financial commitment of 2 million euros.

### PROTECTION

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<thead>
<tr>
<th>Organization</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>UNHCR</td>
<td>250,000 €</td>
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### FOOD SECURITY

<table>
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<tr>
<th>Organization</th>
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<tr>
<td>WFP</td>
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### HUMANITARIAN HEALTHCARE SERVICES

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<th>TOTAL</th>
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<tbody>
<tr>
<td>LIGHT FOR THE WORLD</td>
<td>250,000 €</td>
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<tr>
<td>MEDECINS SANS FRONTIERES</td>
<td>250,000 €</td>
</tr>
<tr>
<td>AMREF</td>
<td>250,000 €</td>
</tr>
<tr>
<td>CUAMMM</td>
<td>250,000 €</td>
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### EDUCATION (NUTRITION, WASH)

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<thead>
<tr>
<th>Organization</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>INTERSOS</td>
<td>250,000 €</td>
</tr>
<tr>
<td>AZ CHILDREN / NURTURE AFRICA</td>
<td>250,000 €</td>
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### GRAND TOTAL

| TOTAL                                      | 2,000,000 €|

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The interventions of the organizations

- **UNHCR and WFP**

UNHCR and WFP have been consulted and involved in light of the two major emerging emergencies: refugee protection and food supply. The two agencies play an important role in planning and coordinating relief and humanitarian action in disaster situations, as well as in the selection of implementing partners.

**UNHCR** has been operating in the region of Sudan since the 1980s, assisting refugees from neighbouring countries, such as Eritrea, Ethiopia and Chad, and also Sudanese citizen that were internally displaced because of the prolonged civil war (1983-2005). Specifically concerning South Sudan, UNHCR has been operating in the country since its very independence, which took place on the 9th of July 2011. The UNHCR operational response, supported by the NaEPF, will focus on the three areas most affected by the restarting of the conflict in 2013: Upper Nile, Unity and Equatoria. The areas host the highest number of displaced people, both internally displaced persons and refugees. In particular, 75% of 1.9 million South Sudanese people displaced live in Unity, Upper Nile and Jonglei states, the three hardest-hit conflict areas. The proliferation of armed actors in some refugee hosting areas have adversely affected protection environment. In this context, maintaining the civilian character of asylum continues to be a challenge despite sustained advocacy efforts. Also, tensions between refugee and local populations have increased especially in Upper Nile, given the scarcity of natural resources an overstretched absorption capacity of host communities who are affected by the conflict including by the presence of IDPs. In IDPs camps, Core Relief Items will be provided by prioritizing those who are most in need.

With available resources UNHCR will focus on targeted intervention for the most vulnerable among the vulnerable, estimated to be around 350,000 individuals/70,000 households against the total target of 830,000 individuals/166,000 households. In particular, in South Sudan UNHCR and its partners provide a full
multi-sectoral response to the needs of refugees, internally displaced persons and those at risk of statelessness. For Internally Displaced Persons (IDPs), operational priorities will be given to the identification of persons with specific needs and targeted assistance will be based on the identified needs in the place of displacement. This will be done through the involvement of the communities in designing and sustaining psychosocial interventions for persons with specific needs, and through the deployment of rapid response mobile teams in order to improve access and outreach of IDPs also in the hard to reach areas. UNHCR will also support community-based activities designed to foster peaceful coexistence between IDP and host communities.

As far as the refugee response is concerned, UNHCR will enhance the protection environment and promote the full enjoyment of the rights of refugees in conformity with asylum law. Efforts will continue to ensure that 70% of the refugee population are provided with IDs. Child protection is a core component of the refugee program and will be fully prioritized. An integrated approach will be adopted to ensure mainstreaming the protection of children, adolescent’s youth, and children with disabilities in all sectors. Continuous efforts will be made to improve access to and quality of education and programming for youth as an essential part of the child/youth protection strategy. Community Centers and Child Friendly Spaces will be expanded and fitted out with age/gender appropriate equipment including recreational, information communications Technology, musical instruments etc.

Unfortunately, women and girls continue to be exposed to Sexual and Gender Based Violence (SGBV), including domestic violence, early and/or forced marriage, rape, denial of opportunities and resources to women and Female Genital Mutilation (FGM). UNHRC will support SGBV survivors to receive legal assistance and psychosocial counselling, and will undertake prevention/response activities working with communities and the government.

Direct beneficiaries: 350.000 individuals (70.000 households)
Website special page: [http://www.unhcr.org/south-sudan-emergency.html](http://www.unhcr.org/south-sudan-emergency.html)
Contacts: Laura Iucci, [iucci@unhcr.org](mailto:iucci@unhcr.org)

The World Food Programme (WFP) has been present in South Sudan as a Country Office since independence in 2011 and in Sudan since 1963. WFP and its partners have assisted 4.6 million people in South Sudan so far in 2017 with cash or food, including nutrition support for children under the age of five years. Emergency mobile teams usually travelling by helicopter on over 135 missions to areas isolated by conflict have supported 1.8 million people this year. WFP’s emergency operation (EMOP) aims to provide life-saving assistance to 3 million people displaced and affected by conflict and acute food insecurity through food distributions and blanket and targeted supplementary feeding to prevent and treat acute malnutrition.

Through WFP’s protracted relief and recovery operation (PRRO), WFP aims to provide food assistance to 1.1 million people, focusing on refugee populations and areas in the country that are more stable, where opportunities exist for transition and recovery activities: blanket and targeted supplementary feeding to prevent acute malnutrition, food assistance for assets (FFA), cash based transfers (CBT), food for education and Purchase for Progress (P4P).

Through the Logistics Cluster, WFP supports the humanitarian community by providing logistical expertise, coordination and transportation of humanitarian cargo. In 2016, the Logistics Cluster provided support to 117 humanitarian partners in South Sudan and facilitated cargo delivery to 76 locations. WFP operates the United Nations Humanitarian Air Service (UNHAS) on behalf of the humanitarian community, providing safe and reliable air transport to thousands of humanitarian personnel. The WFP will use any NaEPF grant to support its operations in the Greater Upper Nile region, in Leer, Mayendit and Panyijar Counties, as this is the main arena for South Sudan's conflict, and it has the highest food insecurity rate in the Country currently affecting 90,000 people. In particular, the NaEPF grant covers one-month cereal requirement for 7,590 people, within December 2017. WFP will be able to purchase 114
MT of sorghum which will be part of the standard daily GFD ration which also includes: 500 g of cereal, 50 g of pulses, 30 g of oil and 5 g of salt per person per day.

Direct beneficiaries: 7,590 individuals
Website special page: http://www1.wfp.org/countries/south-sudan
Contacts: Giuliana Bottino, giuliana.bottino@wfp.org

Light for the World

Light for the World will implement its program in Juba town and Juba County, Central Equatoria, and in the IDPs camps of Mahad, Gumbo and Mangaten. Juba is currently one of the safest places in South Sudan. LFTW operates through an In-Country Team that has already achieved impact in South Sudan through supporting government to develop a national inclusive education policy, providing assistance to persons with disabilities in IDP camps and host communities. The most disadvantaged people in the SSD crisis is people with disabilities. Disasters have an impact on disability, by disproportionately affecting persons with existing disabilities and by creating a new generation of persons with disabilities who will be in need of rehabilitation services. In addition, many of them have lost their assistive devices including artificial limbs, crutches, hearing aids etc. Approximately 250,000 persons with disabilities are living in IDP camps in South Sudan, who are not well integrated into the humanitarian response. LFTW has observed that in emergency situations, food distribution and provision of health and education services tend to focus on the needs of the general population being affected. Emergency response often obscures specific needs of specific groups of people such as persons with disabilities (PWDs). This is because disability usually is assessed from a medical point of view rather than a condition arising from the interaction between the injuries and/or impairment and the physical and social environment present in the camps or refugee camp. Moreover, agencies involved lack expertise on how to address special needs of persons with disabilities and are unwilling to actively seek help for rehabilitation services due to other urgent needs.

With the support of NaEPF, Light for the world will develop and deliver comprehensive training, advisory and mentoring services on disability mainstreaming to UN agencies, international and local NGOs providing food and non-food items in the target areas; it will deliver quality rehabilitation services for persons with disabilities in IDP camps in Emergency Response and will provide eye care services in and out IDP camps (all Juba County) to 150,000 persons screened. Provision of eye care services has been identified as one of the gap in the health response. Surgical services for trachoma, cataracts and other eye related diseases and injuries pose a great threat to the welfare of the individuals and it is one of the major disabling factors in camps and host communities

Direct beneficiaries: 161,200 individuals
Website special page: https://www.light-for-the-world.org/southsudan
Contacts: Malte Fähnders, m.faehnders@light-for-the-world.org

Médecins Sans Frontières (MSF)

Médecins Sans Frontières works in several regions in South Sudan and is concerned by the insufficient humanitarian assistance available. They respond to the urgent medical needs of people affected by violence and maintain their essential healthcare programs across South Sudan, despite the growing challenges they face reaching those in greatest need. With the support of the Nando and Elsa Peretti Foundation MSF implements a medical program in the refugee camps of Doro and Bunj, in the Upper Nile State.

Doro is one of four refugee camps in Maban. The population living in Doro refugee camp, which fled violence in the Blue Nile State, in Sudan, is dependent on external support in health, water and sanitation, food, shelter and education sectors. There is a generalized lack, if not absolute absence of infrastructure and basic services and thus a frequent lack of access to even the most basic health care among the
population. Last year, the number of malaria cases seen in Doro and Bunj hospital OPD started to rise rapidly.

Malnutrition: in 2016 the hunger gap was longer than previous years. Prices are high and unstable and there are reports that the host population has to buy food from the refugees who are selling food to diversify their diet. Malaria is a leading cause of morbidity country-wide and specifically within Doro Camp, accounting for 20-40% of morbidity. Doro refugee camp and the neighbouring Bunj host community are located in a hypo-endemic setting for malaria, which means the risk of for malaria, which means the risk of malaria outbreak here is considering high as children are less exposed and need more time to develop immunity.

MSF provides health care – including mental health, health promotion, sexual and reproductive health, emergency and nutrition programs – in the hospital inside Doro refugee’s camp. MSF also supports the outpatient department of the public hospital of Bunj.

The Nando and Elsa Peretti Foundation supports MSF activities aimed to reduce malaria morbidity and mortality in the refugee and host communities by reducing the longevity and density of malaria vectors in the area leading to a reduction in malaria transmission. The complex epidemiological landscape of malaria transmission in this region requires the deployment of a comprehensive vector control strategy that will extend coverage to both the refugee population and the host community. There is now widespread insecticide resistance reported in all major malaria vector species. Core interventions of vector control traditionally have relied upon a limited number of insecticides to kill adult mosquitoes. A pilot program vaccination for children under 5 of Doro camp and host community in Bunj (between 7000 and 8000 children) started in May 2017. The aim of the vaccination campaign in emergency settings is to rapidly reduce risk from diseases and protect the population from excessive morbidity and mortality during a period of extreme vulnerability.

**Direct beneficiaries: 79,000 individuals**
Contacts: Laura Masala, laura.masala@rome.msf.org

**AMREF Health Africa**
From 1972, Amref is committed to supporting the reconstruction of the healthcare system to ensure health promotion through increased access to primary health services. Starting from 1998 Amref has trained about the 80% of the country's primary clinical healthcare professionals. Since 2011, Amref has guaranteed essential medical, surgical, anesthetic and nursing services to 14 hospitals in the ten states of South Sudan providing approximately 4 interventions each year in each hospital thanks to the work of a staff made for 97% by African persons.

With the support of NaEPF, Amref implements a medical/nutrition program in the state of Wau, Western Bahr el Ghazal county, and in the state of Maridi, Western Equatoria county.

The city of Wau - in the Western Bahra State of Bahr - is located into an area that has experienced an outbreak of violence in April and May 2017. It is estimated that more than 65,800 IDPs have been sheltered in Wau city. About 60% have fled to the United Nations camp. The numbers are rising steadily and among the most vulnerable are women and children. It is estimated that over 100,000 will shelter in Wau in the next few months. Approximately, 41,260 will be women in reproductive age (15-49 years) and children under 5 years.

The Project will deliver a dedicated intervention for IDPs such as medical and surgical needs assessment, purchase and delivery of essential drugs and medical kits for the treatment of complications related to severe malnutrition. A key activity will be the training of medical staff on surveillance and response in emergency situations as well as the training of members of the community as healthcare workers and in the management of severe malnutrition, with special focus on maternal-infant nutrition.

Poor health, poor hygiene practices and water shortages are another challenge for both IDPs and host communities. Therefore, Amref will provide sanitation facilities (common bathrooms, showers and areas for personal hygiene) by involving the recipients of the interventions and providing them with the
knowledge and tools to preserve and maintain properly the facilities over time. Amref will also train dozens of health promoters, selected within the same communities, to monitor the management of sanitation facilities. Each promoter will be responsible for monitoring 25 families within the IDPs camp. As for water supply, the intervention foresees the provision of water dispensers, filters and tanks, moreover 3 boreholes will be repaired. This activity will be accompanied by a large health and hygiene awareness campaign. The project is carried out by Amref Health Italia, in collaboration with Amref Sud Sudan. In addition, the County Health Department, the Juba Ministry of Health, the Payam and Boma Administration, the NGO HARD, women’s associations and community members are involved in the project.

**Direct beneficiaries: 41.260 individuals**
Website special page: [http://amref.org/about-us/where-we-are/south-sudan/](http://amref.org/about-us/where-we-are/south-sudan/)
Contacts: Fabio Bellumore fabio.bellumore@amref.it e Giordana Veracini giordana.veracini@amref.it

**Medici con l’Africa CUAMM**

Doctors with Africa CUAMM has been active there since 2006. CUAMM currently works in the former Lakes States, supporting three hospitals and 92 peripheral health facilities, both in the Western Equatoria State at the Lui Hospital and its attached midwifery school. After South Sudan’s government declared a state of famine in February 2017, Doctors with Africa CUAMM decided to expand its action to support the people of the most affected areas, Nyal, in Panyijar County, the former Unity State, bordering the former Lakes State. In this marshland, residents and displaced people are scattered over several small islands, far from basic services, which are also inadequate to respond to the needs of a growing, increasingly vulnerable population.

Within the NaEPF-sponsored emergency response plan, CUAMM Doctors with Africa will focus on one single area in the country: Nyal Payam (Panyijar), Unity State. CUAMM’s action seeks to strengthen the health system overall and bolster the nutritional aspect to make the communities resilient to cope with emergencies. Local authorities have chosen four strategic sites to build or improve four permanent units that can provide basic care by distributing essential drugs and providing nutritional screening. Two local staff members work in each unit and have basic knowledge and skills to recognize and treat main diseases (such as malaria, diarrhea, and lung infections) and are prepared to refer more serious cases, including obstetric complications. A rechargeable satellite telephone lets them quickly activate the ambulance service. The service is provided by a boat and an amphibious vehicle. These vehicles also let a mobile clinic plan be put into effect. At regular intervals, a team of qualified personnel visits these four sites to provide higher level outpatient visits, start malnutrition treatment, and supplement services such as preventive care, antenatal visits, and vaccinations. The team also goes beyond the areas of the units to go to more remote villages to expand the population base served. Patients who cannot be treated on site are transferred to the Nyal health center.

For those fleeing the counties still affected by the conflict and suffering the worst famine, the Nyal health center is the closest health facility, but it is currently not able to cope with the emergencies. CUAMM is, therefore, expanding it by building an operating room to equip it to respond to obstetric and surgical emergencies quickly and adequately. After construction is complete, CUAMM will oversee its operation, supplying equipment and medicine and recruiting qualified personnel. The action will continue until April 2018 and is funded to respond both to the needs of the residents and the displaced population.

**Direct beneficiaries: 105.000 individuals**
Contacts: Giuliano Casellati, g.casellati@cuamm.org
INTERSOS

INTERSOS started its operation in South Sudan in 2006 and since then INTERSOS has been striving through humanitarian response providing life-saving assistance and emergency relief to host communities, internal displaced people (IDPs) and returnees affected by on-going crisis. The conflict in South Sudan has permeated all levels of society leaving children and adolescents at particular risk of adopting violent behaviours as they have become normalised. In emergency contexts, education saves lives through providing children with safe and protective learning environments and integrating lifesaving messages into daily lessons. By re-establishing daily patterns and routines and facilitating positive peer interaction, education supports the psychosocial wellbeing and resilience of children. In the longer term, education has transformative properties, providing children with the skills and knowledge required to realize their dreams. The program funded by the NaEPF will be carried out in Jonglei State, Unity State, Upper Nile, Western Equatoria; Central Equatoria. The planned activities aim to create access to education through safe and protective learning spaces, in addition INTERSOS will provide safe drinking water and adequate hygiene and sanitation services in schools, in the line with extend support beyond school enrollment. Moreover, gender and protection mainstreaming will be ensured during the project. In South Sudan, girls are more likely than boys to be kept home from school to care for younger siblings, early forced marriage or to do house work. INTERSOS will consider Child Friendly School approach to ensure education guarantees to all children, the right to a protective school environment with rehabilitation of schools and provision of school and learning material. Moreover, the intervention will offer potable drinking water, hand-washing facilities and clean safe toilets. Through Child2Child approach children will learn about hygiene and how to protect themselves and their families from infectious diseases. INTERSOS will also organize WASH and Nutrition awareness campaigns for children, teachers, parents of students enrolled, Parent and teachers associations (PTA) members and the entire community in order to sensitize on the importance of best nutrition and wash practices, breastfeeding, balanced alimentation and how to recognize symptoms of malnutrition and most common diseases in order to intervene in a timely manner. INTERSOS programme will support 10 schools in Bor South (Jongley): 6 schools in Malakal and 2 in WauShilluk (Upper Nile); 12 schools in Unity State (3 in Benitu POC, 2 in Bentiu Town, 5 in Southern Mayendit); 22 schools in Western Equatoria (11 in Yambio and 11 in Ezo).

Direct beneficiaries: 56.000 individuals
Indirect beneficiaries: 100.000 individuals
Website special page: https://www.intersos.org/en/what-we-do/south-sudan/
Contacts: Giovanni Visone giovanni.visone@intersos.org e Eleonora Dutto eleonora.dutto@intersos.org

AZ Children / Nurture Africa

In light of the current South Sudanese refugee influx in Uganda, AZ Children/Nurture Africa’s Humanitarian Response to this crisis, funded by the Nando and Elsa Peretti Foundation, intends to address the education and child protection needs of South Sudanese refugee women and children through two broad objectives:
1) To improve access to and provision of quality education for South Sudanese refugee children and youth;
2) To contribute to early recovery and reduced impact of the refugee crisis among the refugees and host communities in Imvepi and Palabek Refugee Settlements.

The Imvepi refugee settlement in Arua, recently established, has 86,000 South Sudanese refugees. Palabek refugee settlement camp, in Lamwo district, comprises 16,976 South Sudanese refugees. Palabek Settlement Camp was opened on 11th April 2017 and is expected to accommodate about 50,000 refugees. Baseline data indicates that South Sudanese Imvepi refugee settlements have limited access to health infrastructure. For instance, the settlement has only one Health centre serving a large population of over 98,968 refugees. In Palabek refugee settlement, reproductive health services are a major gap especially among young people in relation to family planning services. The nearest Health Centre is located at the reception area, which is very far from the settlement. Vulnerable and sick refugees have difficulties walking up to the reception center for medical attention. Nurture Africa shall focus on the areas of Education (including health education), Child Protection/ Sexual and Gender Based Violence and Psycho-social
assistance that recognize that the emergency situation is dynamic but implementing appropriate strategies that empower the refugees to gain meaningful sustainable solutions to their needs.

**Direct beneficiaries: 10,000 individuals**

**Indirect beneficiaries: 10,000 individuals**

Website: [http://www.nurtureafrica.ie/](http://www.nurtureafrica.ie/)

Contact: Brian Iredale, brian@nurtureafrica.ie

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**The larger network on the ground**

Below are listed all the organizations and institutions (both local and not) that are involved by the selected potential grantees either as implementing partners or as members of local affiliated networks.

*Implementing partners - UNHCR*
- The Government of South Sudan
- Ministry of Interior and Wildlife Conservation
- Commission for Refugee Affairs
- Action Africa Help International (AAHI)
- Africa Humanitarian Action (AHA)
- ACROSS
- ACTED
- CARE International
- Danish Refugee Council (DRC)
- Humanitarian Development Consortium (HDC)
- International Medical Corps (IMC)
- International Rescue Committee (IRC)
- Lutheran World Federation (LWF)
- Relief International (IR)
- Samaritan’s Purse (SP)
- Save the Children International (SCI)
- UMCOR (United Methodist Committee on Relief)
- UNV (The United Nations Volunteers programme)
- World Vision International (WVI)
- ADRA
- UMCOR (The United Methodist Committee on Relief)
- Danish Refugee Council
- Handicap International
- Humanitarian Development Consortium
- INTERSOS
- International Rescue Committee
- Nile Hope
- Women Aid Vision
- Women Development Group

*Implementing partners for AZ Children / Nurture Africa*
- Children of the World Foundation
- Local communities and stakeholders

*Partners of CUAMM Doctors with Africa*
- State Ministry of Health
- County Health Department
- Local communities and stakeholders

*Partners of Medicins Sans Frontiers*
- State Ministry of Health
- County Health Department
- Doro Primary Health Care Center
- Local communities and stakeholders

*Partners of AMREF Health Africa Italia*
- Amref Health Africa South Sudan
- Hope Agency For Relief and Development
- County Health Department
- State Ministry of Health
- Payam Administration
- Boma Authorities

*Partners of INTERSOS*
- Partner and teachers associations (PTA)
- Local communities and stakeholders

*Partners of Light for the World*
- UNHCR
- International Committee of the Red Cross (ICRC)
- Sudan Evangelical Mission (SEM)
- Episcopal Church of South Sudan (ECSS)
- Organismo di volontariato per la Cooperazione Internazionale (OVC)/Usratuna
- Juba Teaching Hospital
- Disabled People’s Organizations (DPOs)
Conclusions

Since its inception, the Nando and Elsa Peretti Foundation has funded 133 projects in Africa for a total of €6.8 million. Construction of schools, hospitals, health care training, protection of children and women and microcredit projects: in these seventeen years many local and international organizations could count on the Foundation’s support. However, due to the range, features and size of the economic commitment, the Foundation’s involvement in South Sudan has no precedent.

The South Sudan crisis falls into the category of "complex emergencies", those situations in which the factors that determine it can be ascribed to multiple dimensions: political, environmental, economic and anthropological. This crisis is the consequence, rather than the cause, of a systemic collapse of the country whose borders fade away and reappear continuously, making it necessary to revise even the most solid intervention schedules. After fifty years of uninterrupted violence, from the detachment from Sudan to the internal political conflict, there are various analyses as to why the crisis developed.

As a philanthropic body, the Nando and Elsa Peretti Foundation’s first answer was to respond as swiftly as possible to the international appeal launched by the United Nations in February 2017 and to intervene with immediate support to provide food, medicine, protection and medical care to the population. Work on the field of the partner organizations of this project, however, is not limited to this. Their commitment involves all the dimensions of this crisis because they also promote and spur dialogue, coexistence and growth in South Sudanese civil society. This imply a delicate and invaluable work of reconstruction and pacification which needs to be protected and supported also by restoring the rule of law.

Almost a year after the declaration of the state of emergency, in fact, it is increasingly documented that this crisis includes serious violations of international humanitarian law15. Already at the beginning of 2017, Human Rights Watch clearly outlined the main reasons for the crisis’s upswing: first of all, the lack of a clear accountability process regarding the crimes committed since 201316. The international community has the responsibility to bring back the country into the rule of law by means of transitional justice mechanisms, which is an indispensable tool for returning truth and dignity to those who have suffered serious violations of their rights17. The African continent has already seen the virtuous application of international criminal law: in Rwanda18 and in Sierra Leone19 with the ad hoc International Criminal Tribunals, in Senegal20 with the Extraordinary Court to judge the crimes that had been ascribed to the former dictator of Chad, Hissène Habré21.

The South Sudan peace agreement signed in August 2015, instructs the African Union to launch a discussion on the application of a transitional justice system and the establishment of a Hybrid Court for investigation and prosecution of serious violations to international humanitarian law in the country. The Nando and Elsa Peretti Foundation believes, along with many others, in the urgency of its establishment to ensure a path of peace and justice to the people of South Sudan.

18 The Internation Criminal Tribunal for Rwanda, http://unict.unmict.org/
19 Special Court for Sierra Leone, http://www.rscsl.org/
# Foundation’s contact details

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Special page on South Sudan Humanitarian Response plan

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