

SOUTH SUDAN

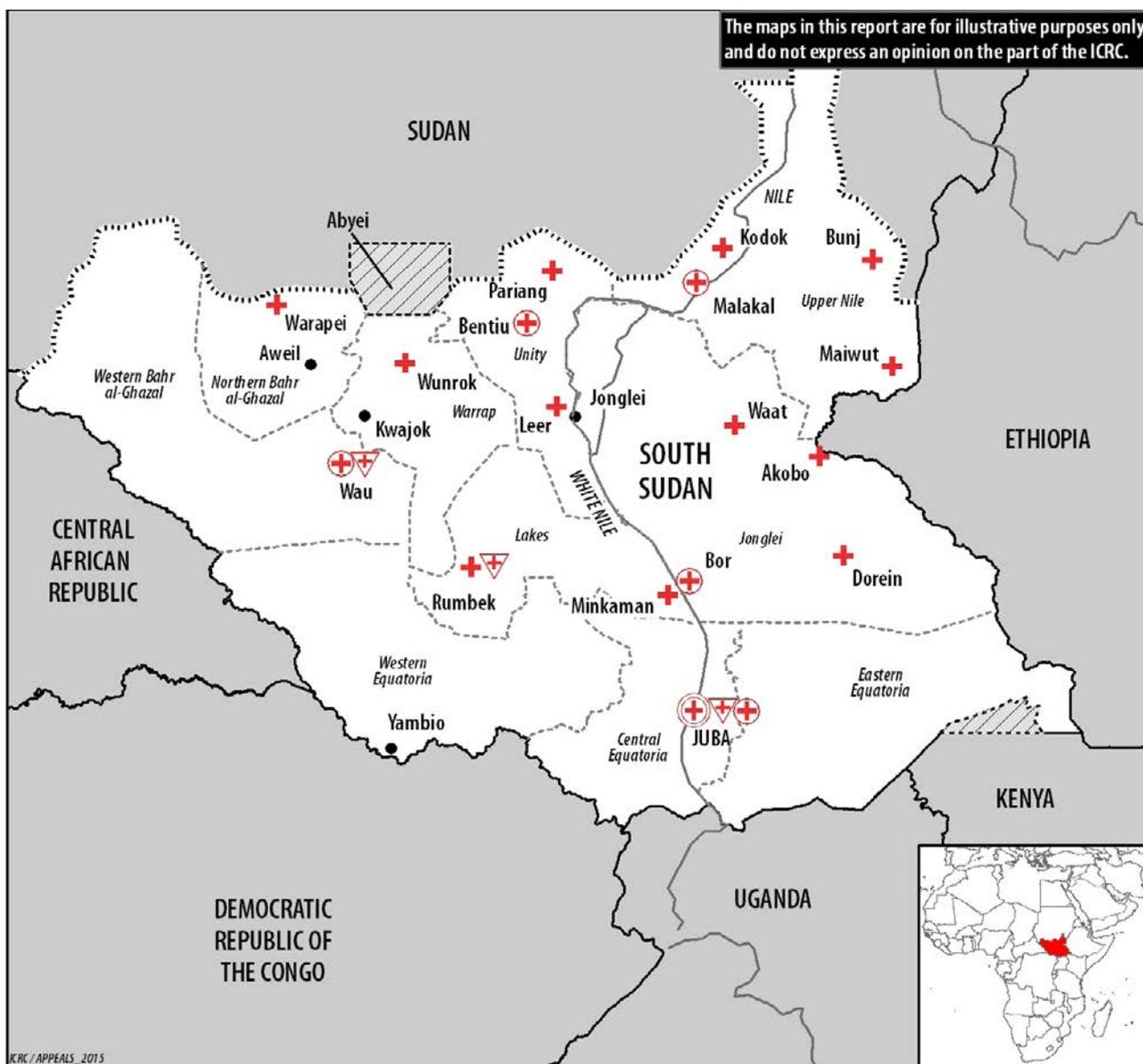
Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts, including between South Sudan and Sudan, are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

BUDGET IN KCHF

| | |
|-------------------------------------|----------------|
| Protection | 10,385 |
| Assistance | 107,615 |
| Prevention | 7,083 |
| Cooperation with National Societies | 5,700 |
| General | 413 |
| Total | 131,196 |
| <i>Of which: Overheads</i> | <i>8,007</i> |

PERSONNEL

| | |
|---|-----|
| Mobile staff | 154 |
| Resident staff (daily workers not included) | 755 |



ICRC delegation
 ICRC sub-delegation
 ICRC office/presence
 ICRC-supported prosthetic/orthotic project

MAIN TARGETS FOR 2015

- ▶ the authorities and weapon bearers involved in armed conflict/violence take steps to prevent abuses against people not/no longer involved in the fighting and facilitate, for humanitarian workers, safe access to people in need
- ▶ because of food rations and the repair/installation of water points, conflict-affected people, including those at risk of malnutrition, reduce their need to walk long distances for food/water and are thus at less risk of being attacked/raped
- ▶ in conflict-affected areas, sick and wounded people, including victims of sexual violence, receive adequate health services at ICRC-supported clinics and hospitals and, where possible, psychosocial support as well
- ▶ following the provision of seed, fishing equipment and livestock health services, communities resume their livelihood activities, boosting their food security and/or income
- ▶ all people held in relation to the conflict – including those held in government-run prisons and by armed groups – have their treatment and living conditions monitored during ICRC visits
- ▶ unaccompanied minors and other people separated from their families re-establish contact with their relatives through phone calls and other family-links services offered by the South Sudan Red Cross and the ICRC

| ASSISTANCE | | Targets (up to) |
|---|----------------|-----------------|
| CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.) | | |
| Economic security, water and habitat (in some cases provided within a protection or cooperation programme) | | |
| Food commodities | Beneficiaries | 150,000 |
| Essential household items | Beneficiaries | 180,000 |
| Productive inputs | Beneficiaries | 333,000 |
| Water and habitat activities | Beneficiaries | 370,000 |
| Health | | |
| Health centres supported | Structures | 5 |
| WOUNDED AND SICK | | |
| Hospitals | | |
| Hospitals supported | Structures | 2 |
| Water and habitat | | |
| Water and habitat activities | Number of beds | 500 |
| Physical rehabilitation | | |
| Projects supported | Structures | 3 |
| Patients receiving services | Patients | 2,500 |

CONTEXT

Despite ceasefire agreements between the opposing parties, clashes continue to take place in relation to the armed conflict that erupted in December 2013 between two factions of South Sudan's armed forces, the Sudan People's Liberation Army (SPLA). The conflict, which had fuelled inter-communal tensions and spread rapidly from the capital Juba to several states, has resulted in thousands of people being injured or killed.

Abuses such as targeted killings, sexual violence and looting and destruction of property are reportedly widespread. Victims are allegedly often targeted because of their ethnicity. According to reports, some 1.5 million people are displaced, with over 450,000 of them in neighbouring countries. "Protection-of-Civilians" (PoC) sites on the bases of the UN Mission in South Sudan (UNMISS), and newly established UNMISS camps, host around 100,000 IDPs. Particularly in remote areas, thousands are suffering from or at risk of malnutrition because of food shortages and inaccessibility of health care.

Insecurity and logistical constraints limit aid agencies' access to vulnerable populations. Attacks against medical/humanitarian workers and infrastructure have been reported.

Relations between South Sudan and Sudan have been relatively stable, but points of contention remain – the border region of Abyei, for instance.

HUMANITARIAN RESPONSE

The ICRC will continue to assist communities in coping with the consequences of armed conflict. It will implement, with the South Sudan Red Cross, a multidisciplinary

response combining emergency relief with longer-term efforts to help them build their resilience to the effects of violence, and to promote their protection under IHL. As the ICRC's main partner, the National Society will receive support in developing its capacities.

With the National Society, the ICRC will strive to reach all conflict-stricken people. It will engage all parties involved in dialogue, to remind them of their obligations under IHL to respect and protect people who are not/no longer participating in the fighting and to facilitate their safe access to medical and other aid. Whenever necessary, the ICRC will make confidential representations to the parties concerned on reported abuses and refer the victims for medical or other assistance. Through IHL briefings/training, commanders of fighting forces will be encouraged to improve their troops' conduct.

Vulnerable communities, especially in areas where the risk of malnutrition is high, will benefit from support for meeting their immediate needs and for rebuilding/maintaining their self-sufficiency. Emergency food rations for up to 150,000 people for an initial period of six months, and livelihood support such as the provision of seed, fishing equipment and livestock health services, will help households boost their food security. Water/sanitation facilities will be installed/repared and hygiene/shelter items distributed to improve their living conditions and mitigate disease risks. As a result of these assistance activities, people will not have to go as far for food/water and thus reduce their exposure to violence-related risks. Family-links services will help minors and other vulnerable people restore contact with their families.

The ICRC will maintain its efforts to increase access to health care for the wounded and the sick, and promote –

among the authorities, weapon bearers, medical workers and community members – measures to ensure the protection of health personnel/infrastructure. It will train weapon bearers and National Society staff/volunteers in first aid and facilitate the referral/transport of casualties to hospitals. Material assistance, staff training and infrastructure improvements will help strengthen the capacities of several clinics and hospitals in both government and opposition-controlled areas. Such support will enable communities to avail themselves of immunization, midwifery and other health services, as well as psychosocial support (for victims of sexual violence and other abuses). Up to four ICRC surgical teams will help local doctors sharpen their skills and assist them in treating weapon-wounded people. To help disabled people obtain physiotherapy or prosthetic/orthotic services, the ICRC will continue to support the authorities in strengthening the management of physical rehabilitation centres in Juba and Rumbek, while running a prosthetics/orthotics workshop in Wau.

The ICRC will continue, through dialogue, to seek access to all people detained in relation to armed conflict. It will continue to visit people held by the authorities and armed groups, and in UNMISS's custody, to monitor their treatment and living conditions. It will discuss its findings confidentially with the authorities concerned and help them maintain prison conditions that meet internationally recognized standards, notably by rehabilitating infrastructure, training prison health staff and donating essential supplies. With the agreement of everyone concerned, it will act as a neutral intermediary in the handover of detainees to the relevant parties upon their release; it will do the same in connection with the repatriation of Sudanese POWs in compliance with the principle of *non-refoulement*.

The ICRC will continue to coordinate its activities with those of Movement partners, UN agencies and other organizations working in areas of common interest, to maximize impact, identify unmet needs and avoid duplication.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

Civilians report abuses allegedly committed on ethnic grounds – including targeted killings, sexual violence and the recruitment of minors into fighting forces. Victims often have no access to medical care, partly because attacks on medical workers/infrastructure have led to the closure of health facilities (see *Wounded and sick*). Psychological support services for the traumatized are barely available. Children and other people separated from their families usually lack the means to contact/rejoin their relatives.

Food is scarce, particularly in remote areas where thousands of IDPs are taking refuge. These IDPs and the residents hosting them are at risk of malnutrition, especially the children. Many are unable to resume agricultural production because of insecurity and depleted livelihood assets; the resources of communities hosting them are stretched to the limit. Living conditions are harsh, and the lack of water and sanitation facilities contributes to the spread of disease. People risk being raped or killed when they travel long distances to obtain water/food.

Objective

Civilians are respected by all parties to armed conflict or other situations of violence, in accordance with IHL and other applicable law. They meet their basic needs and have the resources to restore or preserve their livelihoods. Family members, particularly children, separated by conflict or other situations of violence can keep in touch and are reunited where appropriate.

Plan of action and indicators

Protection

- ▶ through dialogue, remind the relevant authorities, military forces and armed groups of their obligations under IHL and other applicable law to ensure the protection of all conflict/violence-affected populations and their unimpeded access to medical and other basic services, and make confidential representations to the parties concerned on alleged violations, including sexual violence
- ▶ in cooperation with community members and other humanitarian agencies, refer victims of sexual violence or other abuses to suitable medical/psychological care and provide ad hoc material assistance
- ▶ reinforce communities' efforts to reduce their exposure to violence-related risks, particularly through livelihood support and infrastructure projects (see below)
- ▶ with the authorities, the National Society and other humanitarian actors, develop measures to promote the safety of patients and medical workers/facilities, including through round-table discussions

Restoring family links

- ▶ through training and material assistance, help the National Society provide family-links services and assist the authorities in managing human remains properly

With the National Society:

- ▶ in cooperation with relevant agencies, restore contact between vulnerable people, including children, and their relatives, mainly through phone calls; where/when appropriate, reunite them in South Sudan or abroad
- ▶ through tracing and dialogue with the relevant parties, help families ascertain the whereabouts of relatives reportedly missing/detained
- ▶ raise awareness of family-links services among communities, local authorities and national/international organizations (see *Actors of influence*)

Assistance

Economic security

- ▶ work with National Society teams to expand their capacities to implement emergency and resilience-building activities

With the National Society:

- ▶ help IDPs and residents meet their immediate needs by distributing food rations, including nutritional supplements, for six months to up to 150,000 people (25,000 households) and shelter/household items to up to 180,000 people (30,000 households)
- ▶ to assist communities in strengthening their resilience to the consequences of conflict:
 - provide up to 10,000 households (60,000 people) with fishing kits that they can carry with them if they have to flee for their safety
 - with the Ministry of Animal Resources and Fisheries, support up to 12,500 households (75,000 people) in maintaining the quality of up to 500,000 head of live-

stock, by training and equipping animal health workers to provide veterinary services

- distribute seed and tools to 30,000 households (180,000 people) to help them resume agricultural production or increase it by 25%
- organize group discussions in up to 10 communities (3,000 households/18,000 people) on self-protection and preservation of livelihoods

Water and habitat

- ▶ with local authorities, help ensure sustainable access to clean water for communities, and mitigate health and security risks, by:
 - installing/repairing water supply systems serving up to 150,000 residents/IDPs in rural areas and up to 80,000 in urban areas
 - training local technicians in maintaining these systems
- ▶ rehabilitate vital community infrastructure (such as water treatment and irrigation facilities) serving up to 40,000 people
- ▶ in case of emergency:
 - install water/sanitation facilities for up to 100,000 people
 - promote better sanitation practices and provide water treatment materials
 - carry out infrastructure repairs at ICRC-supported clinics (see below) to ensure uninterrupted provision of health services

Health

- ▶ in government and opposition-controlled areas, provide supplies/equipment and training for up to 5 clinics to help them:
 - treat sick and injured people, including victims of sexual violence
 - refer patients for hospital/surgical care and provide psychosocial support
 - facilitate safe deliveries and provide ante/post-natal care
 - mitigate disease risks through immunization

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained in relation to armed conflict/violence are held in prisons under the responsibility of the Ministry of Interior, and in military facilities. Several Sudanese POWs remain in the custody of the South Sudanese government. Some people are being held by armed groups. Persons who allegedly pose threats to IDPs in PoC sites are in UNMISS holding facilities; some of them are handed over to the national authorities.

The national penitentiary administration has limited means to maintain detention infrastructure, provide inmates with health care and address their nutritional deficiencies. Insecurity can disrupt the regular supply of food and other essential items.

Objective

POWs and detainees enjoy treatment and living conditions that comply with IHL, where applicable, and other internationally recognized standards.

Plan of action and indicators

Protection

- ▶ with a view to gaining access to all detainees falling within the ICRC's mandate, including those in military facilities and those held by armed groups, through dialogue with the relevant authorities and weapon bearers:
 - endeavour to formalize access to detainees in prisons under the responsibility of the Ministry of the Interior through a memorandum of understanding
 - explain the ICRC's mandate and working methods, and the need to hold detainees in officially recognized places of detention
 - request information on the whereabouts of people allegedly captured/detained
 - remind the authorities of their responsibilities under the Third Geneva Convention to notify the ICRC of any newly captured POWs and to allow it to visit them in accordance with its standard procedures
- ▶ to monitor their treatment and living conditions, visit, in accordance with standard ICRC procedures, POWs/detainees, persons held by armed groups, and people in UNMISS's custody; pay particular attention to women, minors, foreigners and the mentally ill, and communicate findings and recommendations to the authorities confidentially
- ▶ help detainees contact their families through family-links services and, upon their release, help them reunite
- ▶ upon their release and with the agreement of all parties concerned, act as a neutral intermediary in the handover of detainees to the relevant parties or in the repatriation of POWs; follow up on the welfare of people handed over by UNMISS to the national authorities; remind detaining authorities of the need to respect the principle of *non-refoulement*
- ▶ to ensure better follow-up of individual detainees, provide the authorities with technical advice on enhancing prison data management

Assistance

- ▶ to help prison authorities in up to 9 state prisons and 6 military facilities ensure that detainees' living conditions meet internationally recognized standards:
 - rehabilitate water/sanitation facilities and provide household/hygiene items and cleaning materials, benefiting up to 2,000 detainees
 - promote better sanitation practices among detainees and prison staff through information sessions
 - ensure inmates' access to medical care by training personnel, particularly in managing prison health services and in treating malnutrition
 - during disease outbreaks or other emergencies, provide medicines or food supplies
 - organize a workshop for authorities on how to develop essential services for maintaining adequate living conditions for detainees

WOUNDED AND SICK

Wounded, sick, and disabled people face obstacles in obtaining treatment. Many of them are afraid to seek health services because of interethnic tensions and the dangers associated with travelling long distances and crossing front

lines. Hospitals and physical rehabilitation centres are hampered by inadequate infrastructure and lack of supplies, equipment and trained staff. Attacks on health personnel and facilities have reduced the population's meagre access to medical care even further. Malakal Teaching Hospital, with a catchment population of 3 million, halted its operations for several months after being attacked in February 2014; should residents return to Malakal, the hospital will need support to resume its services.

Objective

Weapon-wounded and sick patients receive appropriate medical treatment. People with physical disabilities have access to good-quality prostheses/orthoses and physiotherapy.

Plan of action and indicators

Assistance

Medical care

With the National Society:

- ▶ to allow all wounded/sick people in government and opposition-controlled areas to access treatment safely, through dialogue and public communication:
 - raise awareness among the authorities, weapon bearers, medical workers and community members of measures to ensure the protection of health-care personnel and infrastructure
 - promote respect for medical ethics, particularly the impartial provision of health care
- ▶ to enable the wounded/sick in government and opposition-controlled areas to receive emergency care, especially in remote areas:
 - through dialogue with all parties concerned, facilitate the prompt referral/transport of patients to hospitals
 - provide National Society volunteers/staff, military personnel and armed groups with first-aid training and materials
 - train medical staff in weapon-wound surgery
 - deploy up to 4 ICRC surgical teams (including teams based in 2 hospitals, see below) to health facilities struggling to cope with large numbers of wounded people
- ▶ in government and opposition-controlled areas, provide comprehensive support for 2 hospitals, helping them meet national and international standards for surgical, paediatric, obstetric and gynaecological services; in particular:
 - for each hospital, provide training and direct assistance through 1 surgical team and 1 paediatric team
 - donate supplies and equipment, fuel for generators, and food for destitute patients and their caretakers
 - rehabilitate water/sanitation/electrical supply infrastructure
 - through training and material assistance, help staff build their capacities in hospital maintenance and human resources and finance management
- ▶ during emergencies, support up to 10 health structures through ad hoc supply deliveries and/or the deployment of a surgical team

Physical rehabilitation

- ▶ to help around 2,500 disabled people obtain good-quality physical rehabilitation services:

- back the authorities' efforts to strengthen the management of physical rehabilitation centres in Juba and Rumbek by providing funds, technical advice, training, materials and equipment
 - continue providing/repairing assistive devices through a prosthetics/orthotics workshop in Wau
 - refer patients from ICRC-supported health facilities to the aforementioned centres/workshop and cover transportation, food and/or accommodation costs for up to 800 patients
- ▶ to support the long-term sustainability of national physical rehabilitation services:
 - provide the authorities technical expertise for developing a national assistance policy for people with disabilities
 - sponsor 5 students, including 2 new ones, for courses abroad in prosthetics/orthotics/physiotherapy
 - ▶ facilitate, with local organizations, the social reintegration of disabled people, notably through financial/material support for vocational training organized by NGOs and for basketball teams for the disabled

ACTORS OF INFLUENCE

Soldiers, militias, and civilians, including minors and people allegedly recruited against their will, are all taking part in the fighting. Many of them lack awareness of IHL and other relevant rules. Medical/aid personnel can assist vulnerable people only if parties to the conflict facilitate safe access for them to conflict/violence-affected areas. Humanitarian access is also dependent on acceptance among the various communities.

The Ugandan People's Defence Force maintains troops in the country, in support of the South Sudanese government. The operations of peacekeeping forces – the UN Interim Security Force for Abyei and UNMISS – continue. The African Union Regional Task Force, charged with suppressing the activities of the Lord's Resistance Army in the region, is active in Western Equatoria state.

Objective

The authorities, military forces and other weapon bearers know and respect IHL and other fundamental rules protecting people in armed conflict and other situations of violence, and incorporate these into their decision-making processes. Community leaders and journalists help foster awareness of humanitarian issues and IHL among all those involved in armed conflict/violence and the wider public, thus achieving greater respect for human dignity. All actors understand the ICRC's mandate and support the work of the Movement.

Plan of action and indicators

Prevention

- ▶ through funding, training and material assistance, help the National Society strengthen its capacities to promote IHL and the Movement's work among the authorities and the wider public

With the National Society:

- ▶ to help ensure that all conflict/violence-affected people, including the weapon-wounded and those at risk of sexual violence, are protected and receive medical/humanitarian assistance:

- remind the authorities, military/police forces, foreign/international troops and other weapon bearers – during meetings, dissemination sessions and first-aid courses – of their responsibilities under IHL/international human rights law; encourage them to take steps to prevent abuses, including torture and sexual violence; and seek to maintain/enhance acceptance among them for the ICRC's mandate and working methods
- promote awareness of IHL and humanitarian concerns, including those linked to sexual violence and the Health Care in Danger project, and support for Movement activities through public communication efforts, including information sessions for tribal/religious leaders, radio spots, press releases/conferences and meetings with members of the diplomatic community
- ▶ by conducting training courses, including train-the-trainer sessions, for government and opposition forces, and by sponsoring the participation of key military officers in a workshop in San Remo:
 - encourage commanders on both sides to implement disciplinary measures to suppress IHL violations and improve their troops' conduct
 - help them incorporate IHL in their decision-making processes and operations, including in relation to the treatment of detainees
- ▶ remind the authorities of their obligation to facilitate the proper management of human remains

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross is often the first responder during emergencies across the country. However, its capacities are limited, partly as a result of its personnel being displaced or otherwise affected by armed conflict.

Objective

The South Sudan Red Cross has a strong legal basis for independent action. It is able to provide emergency assistance in armed conflict or other situations of violence. It carries out effective activities to restore family links and promote the Movement. The activities of all components of the Movement are coordinated.

Plan of action and indicators

Cooperation

- ▶ provide the National Society training and logistical/financial support for organizational development, and for strengthening its capacity to respond to emergencies, restore family links, promote IHL (see above), and implement the Safer Access Framework
- ▶ to reinforce the overall Movement response, strengthen coordination with Movement partners through workshops and regular meetings