

WHY SOUTH SUDAN?

The world's newest country faces steep challenges: hundreds of thousands of people are without access to health care, nutrition, safe water, shelter, and sanitation. In July 2011, South Sudan became an independent nation, bringing a spirit of hope and optimism to millions of people who had survived two decades of civil war. **However, the humanitarian situation has deteriorated sharply since violence broke out on 15 December 2013** between government and opposition forces. Armed soldiers, from both government and opposition forces, have killed civilians, destroyed towns, and burned villages to the ground. More than 3.9 million people – one out of four – have been displaced from their homes. Farmers are unable to plant or harvest their crops due to insecurity, and a severe food shortage threatens the lives of millions of people. On top of that, an economic crisis, and growing inflation resulting in sky-rocketing food prices, make it even more difficult for people to buy food.

Now, 4.9 million people are classified as severely food- and nutrition-insecure¹. The impact of the food crisis is devastating. More than one million children under age five and some 339,000 pregnant and nursing women are estimated to be acutely malnourished².

The crisis and displacement have also caused a collapse of the already very fragile South Sudanese health system, drastically limiting access to treatment for acute illnesses, malnutrition, or complications during pregnancy. **More than five million people are in need of humanitarian health care services.**³

Water points have been destroyed and many areas lack sources of safe drinking water. **Around 41% of the population has to drink unsafe water every day,** making them highly susceptible to life-threatening waterborne and hygiene-related diseases such as cholera and acute watery diarrhoea. A cholera outbreak has been declared every year since 2014. The 2017 outbreak has been the worst since the country's independence so far. Women, children, and the elderly are the worst affected in conflict situations, with girls and women particularly vulnerable while seeking to meet their water and defecation needs. **An estimated 74% of the population defecates in the open.**⁴

WHERE DO WE WORK?

Based in the capital city of **Juba**, Medair responds to multiple short- and long-term emergencies across all regions of the country. Active in South Sudan since 1992, Medair is a key player in humanitarian coordination among the many organisations in the country.

PROJECT DESCRIPTIONS

Emergency Response Teams: Going Where the Need is Greatest

Emergencies are unfortunately part of daily life for this young nation. Frequent conflicts, floods, droughts, and disease outbreaks mean the needs are constantly changing. Medair has the flexibility to respond with either short- or long-term relief for communities.

Short-Term Emergency Responses

When lives are at stake, our emergency response teams act swiftly and often go to extreme lengths to reach people in need of urgent aid.

- Responding to disease outbreaks, vaccinating against disease, providing emergency nutrition
- Running primary health care and nutrition clinics

¹ The Integrated Food Security Phase Classification (IPC). 2017. Republic of South Sudan: Current and Projected (January-July 2017) Acute Food Insecurity Situation: <http://www.ipcinfo.org/ipcinfo-detail-forms/ipcinfo-map-detail/en/c/471270/>

² UNOCHA. 2017. Humanitarian Needs Overview. <http://reliefweb.int/report/south-sudan/2017-south-sudan-humanitarian-needs-overview>

³ 2017 Humanitarian Response Plan. <http://reliefweb.int/report/south-sudan/south-sudan-2017-humanitarian-response-plan-january-december-2017>

⁴ Ibidem 3.

- Distributing essential survival items such as tarpaulins, blankets, mosquito nets, and cooking kits to displaced people
- Building emergency latrines, training health and hygiene promoters, rehabilitating boreholes, and providing emergency sources of safe water such as surface water treatment systems and portable water filters

Long-Term Emergency Responses

When an emergency is so demanding that communities need more comprehensive support, our teams will stay for a year or more to respond to the needs and strengthen local services. We often serve refugees (e.g. in Maban), conflict- and food insecurity-affected people and returnees (e.g. in Renk), and internally displaced people, as these are the ones who are most in need of assistance.

- Supporting health care facilities with training and supervision, medicine and supplies, and upgrades to health and/or nutrition clinics
- Training health care providers, midwives, village water committees, hand pump mechanics
- Building or repairing hand-dug wells, hand pumps, boreholes, surface water treatment systems, latrines, and handwashing facilities
- Encouraging behaviour change for better health, hygiene, and nutrition practices

IMPACT REPORT 2016: 456,949 direct beneficiaries

- 126,339 patients treated at Medair-supported health clinics
- 53,570 children vaccinated
- 18,294 children and pregnant/nursing women treated for acute malnutrition
- 144,293 people reached with health/nutrition promotion messages
- 145,266 people gained access to a new or rehabilitated water source, and 29,988 benefited from new or repaired latrines
- 130,111 people reached with hygiene promotion messages
- 58,605 people reached with emergency shelter support
- 150,090 people received crucial non-food items

“As a key partner in the EU-funded Emergency Preparedness & Response mechanism, Medair often deploys experienced teams into remote and insecure areas of South Sudan to address acute humanitarian needs in a timely and principled manner. For example in July [2016] in Wau, with over 24,000 people displaced in an overcrowded Protection of Civilians camp and with fears of an outbreak of cholera, Medair quickly deployed a mobile health and WASH team to provide life-saving medical assistance and construct latrines. As the European Commission’s humanitarian aid department – ECHO – we appreciate the demonstrated professionalism, dedication, and flexibility of the Medair response.”

– **Thomas I. Harrison-Prentice, European Commission Field Expert for South Sudan**

ORGANISATIONAL AND PRIVATE DONORS

European Union, US Agency for International Development, UK aid from the UK Government, South Sudan Humanitarian Fund, Swiss Agency for Development and Cooperation, US Department of State, Dutch Ministry of Foreign Affairs, in partnership with Tear NL, and through the Dutch Relief Alliance Joint Response for South Sudan.

For Media

Interviews, photos, and stories available in English.

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Health Manager Emma administers medication to a malaria patient in our emergency malaria treatment centre in Aweil.

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Theresa gives her severely malnourished son therapeutic milk in a Medair clinic.

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Medair staff member Eliza shows the difference between unclean water and safe water provided by Medair.

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