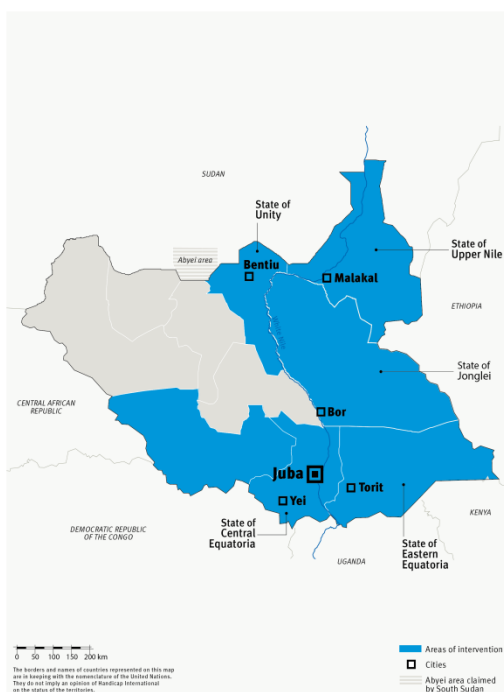




South Sudan



**MANDATE**

HI's mission is to promote equal rights and access to services<sup>1</sup> to allow people with disabilities, people with injuries and conflict affected victims to fully participate in society.

**SITUATION**

South Sudan became an independent State on 9<sup>th</sup> July 2011, but the political conflict with Sudan is going on and the security situation is tense. In 2012, there were reports of conflicts at the border: militia clashes, aerial bombings, troop movements, tribal clashes. 50 years of war (2 million deaths, 4 million displaced people, 500,000 refugees outside of Sudan) marked the world's newest country.

In December 2013, conflict broke out in South Sudan. After only two days of violent clashes in the capital, hostilities spread out in the country especially affecting Jonglei, Upper Nile and Unity State. At the onset of the crisis, the confrontation between the government elite and disaffected factions within the ruling party, Sudan People's Liberation Army (SPLA), was fueled by the mobilization of ethnic allegiances and resulted in ethnic massacres - the extent of which remains unknown – as well as massive displacement. In August 2015, an internationally-mediated peace agreement was signed and main opposition leader Mr Machar returned from exile to be sworn in as first Vice President of a new unity government under President Kiir in April 2016. However, according to OCHA's<sup>2</sup> latest humanitarian needs overview, more than 2.3 million South Sudanese – one in every five people – have been forced to flee their homes since the conflict began, including 1.66 million internally displaced people (IDPs - with 53.4% estimated to be children) and nearly 644,900 refugees in neighbouring countries. The vast majority of the IDPs are scattered in hard-to-reach areas and humanitarian partners have significant limitations to offer them sustained and sufficient aid, especially during the rainy season.

Dispossession, displacement, massive market disruption, a missed planting season and stock depletion have prompted humanitarian actors to warn about the risk of a looming famine in the most conflict affected areas. Although this risk appears to have been

reduced through targeted interventions, widespread food insecurity and high levels of severe acute malnutrition are still expected. Prior to the crisis, South Sudan was acknowledged to have some of the worst development indicators in the world, such as: a lack of access to basic services, the existence of mines, unexploded remnants of war (UXO), light weapons and a high risk of food insecurity. The current crisis has severed any post-independence achievements. Schools and health centres have been destroyed or occupied, new mine and UXOs contamination has been identified and proliferation of light weapons has rocketed.

**BACKGROUND**

Handicap International deployed a team in South Sudan in 2006 in response to the emergency facing displaced people and refugees returning to their region of origin, devastated by fighting. These emergency actions evolved into longer-term projects. Handicap International has adapted its activities to the current situation in the country, reviewing but maintaining development activities in the areas less affected by the conflict while setting up an emergency strategy to respond to the immediate needs of the population in IDP settings.

**KEY FACTS**

Human development index (HDI)*	169 <sup>th</sup> /188 classified countries	<b>Convention on the Rights of Person with Disabilities (CRPD)</b>	Not joined
Life expectancy*	55.7 years	<b>Convention on cluster munitions (Oslo)</b>	Not joined
GNI per capita *	1.790 per year	<b>Mine ban treaty (Ottawa)</b>	Ratified 11 November 2011
Population**	11.3 million inhabitants		
Surface area**	644,330 sq.km		

\*Human Development Report 2015  
 \*\* World Bank 2013

**STAFF**

Total national staff employed: 40  
 Total expatriates employed: 13

<sup>1</sup> Services in link with access to emergency actions, health services, readaptation, socioeconomic action and support to civil society.  
<sup>2</sup> <http://reliefweb.int/report/south-sudan/2016-south-sudan-humanitarian-needs-overview>

**PROGRAMMES COMMUNICATION**

Country with a direct sponsorship program?	No
Person in the team dedicated to the communication?	No
Annual program report?	No

**Current projects 2016**



**Victim assistance**

**GOAL**

Supporting the development of a national action plan on assisting victims of mines/explosive remnants of war. Improving access to rehabilitation and economic inclusion services for people with disabilities and thereby ensuring their self-reliance and participation in society.

**METHOD**

The “Personalised Social Support” approach is an integrate part of this project. It entails individually case-managing each person and supplying them with the means to implement their life plans. To this end, Handicap International works jointly with local organisations and fosters the participation of people with disabilities. In order to respond to the needs identified during the implementation of the first stages of the project, Handicap International has strengthened the livelihoods component through skills training and small grants’ distribution for persons with disabilities and Landmine/ERW survivors.

**TYPE OF INTERVENTION**

Directly with <b>populations</b>	
Service or care : yes	Distribution : yes

Through <b>partners</b>		
Technical support : yes	Donation of equipment : yes	Financial support : yes

**BENEFICIARIES**

- 1,000 victims or people with disabilities
- 10 health workers
- Yei hospital
- Two primary health centres

**PARTNERS**

- Local partner organisations
- The Ministry of Health, at state level
- The Ministry of Social Affairs and Development

**LOCATION**

Yei (Central Equatoria)

**FINANCING**

Financing secured until :	<b>31/12/2017</b>
Extension (subject to funding) for another year at least :	<b>No</b>



## Mental health project: “Touching Minds, Raising Dignity”

### GOAL

To improve social and civil participation of people living with mental health disorders in South Sudan.

### METHOD

Through the provision of technical resources, Handicap International works on the structure of the Mental Health policy at national levels. Handicap International guarantees that the capacities of professionals and stakeholders are enhanced through training courses and guidance in their practices; dedicated HI staff support the partner’s financial, organisational and operational implementation.

### TYPE OF INTERVENTION

Directly with <b>populations</b>		Through <b>partners</b>		
Service or care : no	Distribution : no	Technical support : yes	Donation of equipment : yes	Financial support : yes

### BENEFICIARIES

- At least 3,000 people affected by psychiatric disorders and psychological suffering in Juba region who are benefiting from service provision (hospital and community)
- 100% of people with mental health disorders confined to Juba prison
- At least 10 professional staff from the psychiatric unit at Juba Teaching Hospital
- At least 6 community workers from our partner Equatoria State Association of Disabled (ESAD)
- 100% of the medical staff in the prison’s psychiatric cells
- 10 community workers from civil society organisations

### PARTNERS

- Local partner organisations
- The psychiatric unit of Juba Teaching Hospital, under the supervision of the Ministry of Health
- The detention authorities of Juba prison, under the supervision of the Ministry of Internal Affairs

### LOCATION

Juba (Central Equatoria)

### FINANCING

Financing secured until :	<b>31/12/2017</b>
Extension (subject to funding) for another year at least :	<b>No</b>



## The Flying team: Rapid Mobile Emergency Protection and Health Response in Conflict-affected Areas

### GOAL

To reduce vulnerability of people at risk of exclusion by improving access to essential services via a rapid mobile service delivery and support to humanitarian actors and community structures in conflict-affected areas

### METHOD

The Flying Team Project addresses the urgent need for rapid emergency mobile functional and physical rehabilitation, psychosocial support, and protection needs in conflict-affected states, particularly in areas with acute needs due to new shocks such as the Greater Equatoria region. While Handicap International understands that the needs in areas newly affected by conflict is alarming, we are also aware that there are still unmet needs in areas with chronic crisis (i.e. Upper Nile, Unity, Jonglei), and in some cases may grow more acute as the situation protracts. The action targets the most vulnerable persons at risk of exclusion (including people with disabilities, people with injuries and chronic illnesses, people with psychosocial distress, children, female heads of households, older persons). By identifying specific vulnerabilities and providing targeted assistance to these vulnerable groups by deploying a team of specialists (physiotherapist, occupational therapist, psychologist, protection officer, inclusion officer) providing rehabilitation, protection and psychosocial support to the conflict-affected locations, the action will reduce vulnerability and will mitigate the impact of the conflict by facilitating access to essential services, improving functional capacities and independence, strengthening positive coping mechanisms, rebuilding social ties, promoting wellbeing, reducing the chances of psychological distress, and eventually improving the quality of life of the target beneficiaries.

### TYPE OF INTERVENTION

Directly with <b>populations</b>		Through <b>partners</b>		
Service or care : yes	Distribution : yes	Technical support : yes	Donation of equipment : yes	Financial support : no

### BENEFICIARIES

- 3,700 vulnerable men, women and children (55%) with conflict-induced functional limitations and psychosocial distress
- At least 230 staff members from the 8 targeted humanitarian organisations
- 500 community members
- Indirect beneficiaries: 17,720 people

### PARTNERS

- Humanitarian organizations

### LOCATION

Multiple locations with focus on areas with new shocks (Greater Equatorias, Upper Nile, Unity)

### FINANCING

Financing secured until :	<b>31/03/2018</b>
Extension (subject to funding) for another year at least :	<b>No</b>



## Delivery of protection support to IDPs through community mobilization and empowerment in CES

### GOAL

Protection of persons with specific needs strengthened

### METHOD

Building on the project implemented by Handicap International in 2016, the project seeks increased protection of persons with specific needs, so they can be provided with access to humanitarian response through direct and indirect service delivery in South Sudan conflict-affected communities. Specifically, the project aims to improve the psychosocial situation and quality of life of persons with specific needs in the IDP camps in Juba, through targeted support to and strengthening of existing community structures and services.

### TYPE OF INTERVENTION

- Services for persons with specific needs strengthened
- Community mobilization strengthened and expanded
- Peaceful co-existence between different IDP communities promoted

### BENEFICIARIES

Mahad IDP site: Approximately 7,000 individuals

Don Bosco IDP site: Approximately 3,000 individuals

### PARTNERS

UNHCR (United Nations High Commissioner for Refugees) and the HDR Humanitarian Development Consortium

### LOCATION

Juba POCs and Urban Juba

### FINANCING

Financing secured until :	<b>31/12/2017</b>
Extension (subject to funding) for another year at least :	<b>No</b>

## MAIN FUNDING BODIES

<p><b>Ministry of Foreign and European Affairs – Development Cooperation and Humanitarian Affairs</b></p>  <p>LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG Ministère des Affaires étrangères et européennes</p> <p>Direction de la coopération au développement et de l'action humanitaire</p>	<p><b>European Union</b></p> 	
<p><b>Agence Française de Développement</b></p>  <p>AGENCE FRANÇAISE DE DÉVELOPPEMENT</p>	<p><b>UNHCR</b></p>  <p><b>UNHCR</b></p>	