SITUATION

South Sudan became an independent state on 9th 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, 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 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.

STAFF

Total national staff employed: 40
Total expatriates employed: 14

KEY FACTS

<table>
<thead>
<tr>
<th>Human development index (HDI)*</th>
<th>169/188 classified countries</th>
</tr>
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<tbody>
<tr>
<td>Life expectancy*</td>
<td>55.7 years</td>
</tr>
<tr>
<td>GNI per capita *</td>
<td>1,790 per year</td>
</tr>
<tr>
<td>Population**</td>
<td>11.3 million inhabitants</td>
</tr>
<tr>
<td>Surface area**</td>
<td>644,330 sq.km</td>
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</tbody>
</table>

*Human Development Report 2015
** World Bank 2013

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

Gilles Lordet – glordet@handicap-international.org
**Current projects 2016**

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**Enhancing the inclusion of people with disabilities in society**

**GOAL**
Through the work of Handicap International on capacity building of civil society and raising awareness in the communities, the project aims to ensure the entire participation of people with disabilities in the development of the new country.

**METHOD**
Disabled People’s Organisations at a central level and Self-Help Groups are supported to enhance the inclusion of disability and the participation of people with disabilities. The activities are built upon the results of previous interventions and have been adapted to the current circumstances of the country. Therefore, stress has been put on local and state-level authorities rather than national bodies and an element of direct service delivery has been added through the support of health and educational centres, in improving inclusiveness of services and structures.

**BENEFICIARIES**
- People with disabilities
- The communities

**PARTNERS**
- Disabled people organisations

**LOCATION**
Juba (Central Equatoria state) and Torit (Eastern Equatoria state). The situation in Bor (Jonglei state) – heavily affected by the conflict and at risk of insecurity especially during the upcoming dry season – is continuously monitored and activities will be launched when an acceptable level of stability is ensured.

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**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 integral 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**

<table>
<thead>
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<th>Directly with populations</th>
<th>Through partners</th>
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<tbody>
<tr>
<td>Service or care : yes</td>
<td>Technical support : yes</td>
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<tr>
<td>Distribution : yes</td>
<td>Donation of equipment : yes</td>
</tr>
<tr>
<td></td>
<td>Financial support : yes</td>
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</table>

**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)
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 will work on the structure of the Mental Health policy at national levels. Handicap International will guarantee that the capacities of professionals and stakeholders will be enhanced through training courses and guidance in their practices; dedicated HI staff will support the partner’s financial, organisational and operational implementation.

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)

Emergency activities

GOAL
Enabling access for the most vulnerable persons to emergency responses through direct services delivery and extended field based support to Humanitarian partners in South Sudan conflict-affected communities.

METHOD
The activities implemented within the Emergency response follow the flying team deployment methodology for flying team and PSNs (Person with Specific Needs) case management for urban Juba, aimed at ensuring equal access to basic and specific services for the most vulnerable groups, including people with disabilities. In order to do so, Handicap International teams identify and assess people with limited or no access to mainstream humanitarian services and those in need of specialised support. On the one hand, through accompanied referral, raising awareness and technical advice to humanitarian actors, this model aims to improve access to basic services. On the other hand, it includes the provision of specialised services not offered by other partners. This can be emergency rehabilitation to avoid the development of disabilities following injuries, wounds or potentially disabling diseases and secondary complications caused by poor health and living conditions in people with existing impairments facing displacement. It can also be distribution of assistive devices, stimulation kits (activities that are used to stimulate a child’s mental development) and psychosocial support.

BENEFICIARIES
- 4,200 vulnerable people, including but not limited to people with disabilities (flying team), 2,800 urban Juba protection
- 40 humanitarian staff trained
- Health centres supported through the flying team
- Disability mainstreaming across sectors

PARTNERS
- Humanitarian organizations

LOCATION
Flying team locations: Melut, Lankien, BentiuPoC, Mayandit, Agok, Mingkaman, AjuongThok, Malakal
URBAN Juba Protection of Civilians (PoC) sites 1 and 3, Mahad and Don Bosco urban IDP camps

Gilles Lordet – glordet@handicap-international.org
### MAIN FUNDING BODIES

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