South Sudan

Integrated Rapid Response Mechanism

2014–2016
Introduction

On 15 December 2013, heavy fighting broke out in South Sudan’s capital Juba and quickly spread to the Greater Upper Nile region. Countless lives and livelihoods were lost, entire villages were destroyed and communities were uprooted. Basic social services ceased functioning as non-governmental organizations (NGOs) evacuated their staff, and infrastructure was destroyed and supplies looted. Several hundred thousand people were displaced and the threat of famine loomed over much of the country in early 2014. Ninety per cent of those displaced and in need were living outside Protection of Civilian (PoC) sites, in remote locations extremely difficult to access due to a combination of insecurity and logistical constraints, particularly during the rainy season.

To reach these populations with lifesaving humanitarian assistance and re-open humanitarian space, in March 2014, the World Food Programme (WFP) and the United Nations Children’s Fund (UNICEF) initiated an Integrated Rapid Response Mechanism (IRRM), which was designed to assess and respond to rapidly changing needs on the ground in order to address critical gaps in humanitarian coverage and meet the needs of those otherwise cut off from available services.

Considering the volatility of the situation and the severity of logistical and access constraints, the operating mode of the IRRM is highly flexible. IRRM missions are mobile teams of technical specialists in sectors including food security, water, sanitation and hygiene (WASH), health, nutrition, child protection and education who assess and respond to the situation on the ground. The multi-sector response is designed to adapt to a fast changing environment, ensuring situation assessments are made and immediate actions are taken, while implementing risk mitigation measures such as deploying international security and logistics staff.

Since the IRRM’s inception to the end of 2016, more than 403 missions have been deployed, reaching over 1.4 million people with lifesaving food and nutrition rations, paired with other critical services. UNICEF and WFP have deployed 91 joint missions, reaching 1,489,948 people, including 278,776 children under 5 years, with multi-sectoral services including food assistance, nutrition, health, WASH, education and child protection. Over 100,000 metric tons of food, nutrition, WASH, health and other programme commodities have been delivered by WFP Aviation, including WFP Logistics and the Logistics Cluster, in support of UNICEF and WFP IRRM missions; making it one of the largest air lift/drop operations in the world.

Three years of conflict have seen the situation in South Sudan continue to deteriorate. While the slow implementation of the Peace Agreement continues, large areas of Greater Upper Nile and Greater Equatoria remain hard to reach due to conflict; during the rainy season inaccessible roads pose further challenges. Food insecurity has reached historic levels and vaccine-preventable diseases are spreading rapidly due to poor routine immunization coverage. In the face of this, UNICEF and WFP are returning to the core objective of IRRMs: to save lives. The IRRM will continue to focus on reaching otherwise inaccessible populations with urgent, life-saving interventions, prioritising those most in need.
Results and achievements
2014–2016

Food assistance

Since March 2014, WFP has deployed over 400 missions, providing food assistance to more than 1.5 million people, mostly in Greater Upper Nile, including 395,000 children under 5 years. Over 146,000 metric tons of food commodities have been delivered, primarily through air lift and air drop operations. In order to improve the cost-effectiveness of this response, innovations have been incorporated, including air dropping of previously un-droppable commodities such as CSB++ and oil, which significantly reduces logistical costs of delivery.

In areas surrounding PoC sites, like Rubkona and Malakal counties, food deliveries have been coordinated, where possible, with ongoing out-of-camp response strategies, such as the ‘Beyond Bentiu’ response, to ensure highest complementarity.

1.3 million people have received food assistance in Greater Upper Nile
Nutrition

Through the IRRM, UNICEF and WFP directly provide nutrition screening of pregnant and breastfeeding women and children between 6 and 59 months, as well as nutrition prevention and treatment services. This is complemented by deworming, vitamin A supplementation, messaging to promote important infant and young child feeding (IYCF) practices, and provision of preventative food rations. In the past three years, UNICEF and WFP together have screened 308,359 children and 70,338 pregnant and breastfeeding women for acute malnutrition. All children and pregnant and breastfeeding women screened were entered into the Blanket Supplementary Feeding Programme (BSFP) for the prevention of acute malnutrition. The BSFP is implemented in conjunction with the general food distribution (GFD) during IRRM missions. Out of those screened, a total of 35,636 children were identified with severe (8,122) or moderate (27,514) acute malnutrition, and were either treated during the mission or (when possible) referred to a local treatment site. A total of 76,274 pregnant and breastfeeding women received IYCF counselling.

Due to improved coordination, prioritization and access negotiation, the nutrition component of the IRRM was provided in 10 more locations in 2016 and 20 more in 2015 than in 2014; 67 locations in total. Also, in mid-2015, WFP and UNICEF harmonized IRRM nutrition interventions: all nutritionists from both UNICEF and WFP are now able to implement all nutrition activities. This means that all children can be treated even when UNICEF is not able to deploy on a particular mission, ensuring that each community, child, and pregnant or lactating woman receives a comprehensive nutrition package on every IRRM mission.

308,000 children screened and provided with BSFP support
36,000 children identified with severe or moderate malnutrition treated
70,000 pregnant and breastfeeding women screened and provided with BSFP support
76,000 women reached with IYCF counselling
147,000 children received vitamin A supplementation
130,000 children received deworming treatment
Health

In total, 332,588 children between 6 months and 15 years have been vaccinated for measles and 321,067 have been vaccinated for polio through the IRRM between March 2014 and December 2016. More than a quarter of all immunizations conducted by UNICEF in the Greater Upper Nile states in this period were carried out through the IRRM. Additionally, 58,225 long-lasting insecticide-treated nets have been provided.

The package of health interventions has expanded since the start of the IRRM, with an increasing number of health consultations being provided either by IRRM specialists or in collaboration with a local health partner; 27,738 consultations have been provided to date with the support of health supplies delivered through the IRRM. Clean delivery kits have also been provided to 12,250 pregnant women.
Child Protection

The IRRM has also played a role in protecting vulnerable children. A total of 4,238 unaccompanied, separated and missing children have been identified through IRRM missions, 29 per cent of the overall caseload. Since 2014, 86,629 children have had the opportunity to participate in recreational activities such as art and sport, designed to help them to cope with the stress of violence and displacement through Child Friendly Spaces.

Over 400,000 people, including caregivers, have received key lifesaving child protection messaging, including on the prevention of family separation. In addition, the IRRM has proven to be an important information gathering tool in terms of recording grave violations against children through the Monitoring and Reporting Mechanism.

- 29% of country caseload
- 4000 unaccompanied separated and missing children registered
WASH

Through the IRRM, UNICEF and WFP have provided essential WASH supplies for 326,127 people, including internally displaced persons, in conflict-affected states. In addition, more than 281,000 people have been provided with household water treatment technology, and more than 507,000 have received hygiene promotion messages.

- 326,000 people provided with essential WASH supplies
- 281,000 people received household water treatment tablets
- 507,000 people received hygiene promotion messages

Education

A total of 64,522 children have gained access to education through the IRRM. In addition, 697 teachers and parent-teacher association members have been trained and 72 classrooms established. Education specialists have been deployed in 54 of the 91 joint missions to date.

Without an active education partner or government authority, education activities are not sustainable and, as such, scarce education in emergencies (EiE) resources are dedicated to missions where education services are most likely to continue to be provided after the IRRM departs.

- 64,500 children gained access to education
- 72 classrooms established
The IRRM has been central in expanding lifesaving assistance to the most hard-to-reach areas affected by the ongoing conflict. General food distribution, which draws large numbers of conflict-affected people, acts as a trigger for wider life-saving interventions, including nutrition treatment and vaccination. In late 2015, for the first time, an IRRM was conducted outside Greater Upper Nile. Due to increased instability in Western Equatoria, UNICEF conducted a standalone response in Maridi County in September 2015, providing lifesaving supplies and interventions for displaced populations.

The IRRM has also been essential in reopening humanitarian space. Seventy-five per cent of UNICEF nutrition missions have supported the establishment – or re-establishment – of a nutrition partner, expanding coverage of lifesaving nutrition treatment. After nearly six months of inaccessibility, the IRRM was used to access internally displaced persons in Waau Shilluk, where critical food, nutrition and WASH supplies had run out.

Nutrition criteria, such as global acute malnutrition prevalence, morbidity and dietary indicators, are used to select IRRM intervention sites, along with food security analysis and population movement and displacement. If a nutrition partner was present and active in the IRRM location, the IRRM resupplied and strengthened partner capacity. Where a nutrition partner was not already present, the IRRM missions assisted in establishing or re-establishing presence in these communities. The IRRM missions contributed to introducing or re-introducing nutrition partners in 75 per cent of missions.

The increase in operations facilitated through the IRRM has helped to stabilize the food security and nutrition situation from 2014 to 2016 and is believed to have helped avert famine. However, the continued disruption of livelihoods, combined with unfavourable rains and drought, as well as the ongoing economic crisis, has meant the overall food insecurity situation has only worsened. Where the government or partners are unable to access populations, the IRRM will continue to be a vital mechanism to save lives, especially of children under the age of 5 years, who are the most vulnerable.
Unity State

In May 2015, fighting erupted in central and southern Unity State, displacing more than 100,000 civilians deep into the bush and onto small islands for protection, and cut 750,000 people off from humanitarian assistance. Tens of thousands of cattle were stolen and crops destroyed by fighting. In September 2015, the Integrated Food Security Phase Classification (IPC) Technical Working Group estimated that 40,000 people in these areas could be at risk of famine. A reconnaissance mission conducted in November 2015 and IRRM missions deployed to the areas showed overwhelming evidence of a humanitarian emergency in Mayendit, Koch, Leer and Guit counties, where displaced communities had been surviving on whatever food they could forage.

From September 2015, when the security situation allowed IRRM teams to return, through February 2016, fifteen missions were conducted in Unity State. Over 32,300 children were screened for malnutrition and provided with preventative nutrition rations, while vitamin A supplements and deworming treatment was provided to 23,142 and 18,885 children respectively. Further, 11,072 pregnant and lactating women received IYCF counselling.

The worst affected counties included Guit, Koch, Mayendit and Leer, where all outpatient therapeutic programme (OTP) and targeted supplementary feeding programme (TSFP) sites were suspended from July to September 2015.

A total of 1,500 children were treated for severe acute malnutrition (SAM) and 9,500 for moderate acute malnutrition (MAM) between October 2015 and January 2016.
Food insecurity and malnutrition in South Sudan have reached the most extreme levels seen since the country’s independence in 2011, as a result of poor harvest, dry spells and the ongoing conflict.

Pockets of famine have been declared in Leer and Mayendit counties in Unity State, affecting 100,000 people. In addition, Koch and Panyijar counties face a real risk of famine. The population in these areas require enormous and consistent humanitarian support to avert a full-blown catastrophe; however, humanitarian access is currently limited due to insecurity, logistical challenges and bureaucratic impediments. Moreover, populations in parts of Northern Bahr el Ghazal, Western Bahr el Ghazal and Eastern Equatoria states also face disaster if assistance cannot reach them. Overall, as many as 5.5 million people may face acute hunger at the peak of the lean season from May to July 2017, as families run out of their food reserves from the last harvest.

Insecurity is also having a devastating impact on the health situation, as the recent crisis has forced a large number of women and children to move to inaccessible areas where basic lifesaving services are unavailable. There are currently four health emergencies in the country: polio, measles, cholera and malaria. Coverage and quality of health deliveries are limited due to challenges in delivering supplies and reaching the most vulnerable populations. These issues have also contributed to limited immunization coverage, with many children dying from preventable diseases.

Ongoing violence in South Sudan threatens a generation of children who have been killed, injured, displaced and abducted by both sides of the conflict. Since December 2013, the UN has documented over 3,200 reports of grave violations committed against children throughout the country by the parties to the conflict. The majority of these incidents have been documented in Greater Upper Nile, followed by the Equatoria region.

Multiple grave attacks and violations have also targeted the humanitarian community, including killing, beating, arrest and detention of aid workers. Instances of mass looting and violence against humanitarian assets, including wholesale damage and destruction, have also been reported. These continued attacks are having a detrimental effect on the capacity and ability of the UN and other humanitarian organizations to maintain static presences and respond to the desperate needs of people in South Sudan.

Projections of food insecurity for 2017, coupled with continued escalation of conflict and consequent displacement and lack of access, make it necessary to continue implementing the IRRM in order to reach otherwise inaccessible populations with urgent, life-saving interventions in hard-to-reach areas.
IRRM 2017 Strategy

In the face of unprecedented levels of food insecurity and malnutrition, combined with continued inaccessibility, more displacement due to conflict and lack of rainy season infrastructure, the IRRM will continue to focus on reaching otherwise inaccessible populations with urgent, life-saving interventions. With the proliferation of conflict across the country, WFP and UNICEF will consider deploying IRRMs to any area of the country that fits the criteria of extraordinary humanitarian needs in inaccessible locations.

**UNICEF and WFP will deploy more targeted missions.**

Over the past two years, 76 per cent of IRRM locations have gained semi-static partner presence, meaning that agencies have more options in terms of response modalities. IRRM missions will only be deployed where populations are facing the most urgent humanitarian needs in the most inaccessible areas. The agencies have improved targeting criteria. The current criteria (food insecurity/nutrition; accessibility; and timeframes for return and re-registration of population) will be expanded to include health and protection indicators within the wider consideration of the agencies’ respective programme response. A joint Technical Working Group is meeting on a weekly basis to use these criteria to select sites.

The core package of interventions has been refined to focus on high-impact, immediate-term services, including food distribution; preventative nutrition activities including BSFP, vitamin A supplementation and deworming; vaccination; and registration of separated and unaccompanied children. Rather than deploying a full multisectoral team with each mission, sectoral specialists in areas such as WASH and education will be deployed only as the situation dictates, such as an area where boreholes can be rehabilitated or a partner is ready to resume education in emergencies services. While deploying an IRRM implies a high cost to move food assistance, the marginal cost required to then mobilize other multisectoral services is fairly low, as air assets have already been dedicated and overhead costs, including security, are already in place.

**IRRM package**

- Health (long-lasting insecticide-treated nets, consultations & vaccination [tetanus, oral polio vaccine, measles])
- Nutrition treatment (vitamin A, deworming and IYCF)
- Education in emergencies
- Livelihood (Food and Agriculture Organization)
- General food distribution
- BSFP
- WASH (hygiene promotion, access to safe water & non-food items [buckets, jerrycans, soap])
- Child protection (family tracing and reunification, psychosocial support & mine risk education)
WFP and UNICEF will strategically engage other agencies to provide the most effective package of humanitarian assistance to affected communities. This may include the Food and Agricultural Organization (to improve livelihoods and reduce dependency on IRRM interventions) as well the United Nations High Commissioner for Refugees and the International Organization for Migration, depending on the nature of needs in identified locations.

While the IRRM itself is an immediate-term mechanism, there will be increased focus on monitoring and follow-up missions, as well as ensuring that partners establish or re-establish a static presence or other viable support mechanisms in locations visited by the IRRM teams. Moving forward, the IRRM will include working directly with community networks to support their own coping mechanisms in extremely remote areas where partners are not able to establish static presences. Further cost efficiencies will be found by sending technical specialists on post-distribution monitoring missions, such as family tracing and reunification specialists to follow up on registered separate and unaccompanied children.