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South Sudan

Integrated Rapid Response Mechanism
2017



Food and Agriculture
Organization of the
United Nations



World Food
Programme

unicef 
for every child

INTRODUCTION

The onset of the conflict in South Sudan in December 2013 changed the landscape of humanitarian access to populations in the conflict-affected states in the Greater Upper Nile region.

Due to insecurity, the population of entire villages fled overnight and staff of non-governmental organizations were evacuated, leaving no access to basic services. In March 2014, to reach internally displaced people and those most affected by the ongoing conflict with lifesaving humanitarian assistance, and to re-open humanitarian space, the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF) initiated an Integrated Rapid Response Mechanism (IRRM). This was designed to address critical gaps in provision of lifesaving humanitarian coverage and to meet the needs of those who might otherwise be inaccessible by responding to the rapidly changing environment on the ground.

By 2016, using general food distribution registration as a platform for beneficiary identification, WFP and UNICEF had jointly deployed more than 90 joint IRRM missions, mostly in the Greater Upper Nile region. Over 1.4 million people in hard-to-reach and isolated areas of South Sudan were given lifesaving food and nutrition rations, paired with other critical services. In 2017, the Food and Agricultural Organization (FAO) joined WFP and UNICEF, contributing livelihood inputs to the missions.

In Greater Upper Nile, continued clashes contributed to a high number of people, mainly women and children, being displaced in remote locations, while access to many areas became constrained. Insecurity also intensified in the Greater Equatoria

region, which prior to the July 2016 crisis had remained relatively stable. At the beginning of 2017, 4.9 million people in South Sudan were estimated to be severely food insecure, according to the 2017 Integrated Food Security Phase Classification. This figure was projected to increase to 5.5 million in July, during the dry season. In southern Unity State, famine was declared in Leer and Mayendit counties, while Koch and Panyijar counties were considered likely to be affected.

To respond to growing needs in these highly insecure locations and in an attempt to mitigate the spread of famine, UNICEF and WFP scaled up the number of joint IRRM missions from three to five per month in 2017. Moreover, areas such as the Greater Equatoria and Western Bahr el Ghazal regions needed more support in terms of protection and nutrition for children and mothers, as these locations were seeing an increase in protection incidents even though they were relatively food-secure. As a way of responding to the fluid environment in these new locations, agencies increased their engagement at field office level. In 2017 alone, 714,000 people – of which 128,000 were children under the age of 5 – were reached with comprehensive lifesaving assistance through 51 IRRM joint missions.

Paired with the expectation of continued conflict across the country and continued funding, WFP, FAO and UNICEF will continue to deploy IRRM missions to any part of the country where there are extraordinary humanitarian needs, even in the most isolated and hardest to reach areas. The need to ensure that protection of civilians continues to be streamlined into the IRRM to ensure conflict-sensitive programming, as well as enabling follow-up modalities post-mission, are amongst the priorities which will lead operationally in the coming year.





FOOD ASSISTANCE

In 2017, WFP assisted 4.8 million people (55 per cent female and 26 per cent children under 5), helping to defeat famine in those areas where it had been declared. IRRM teams contributed greatly to averting further starvation and loss of life

by overseeing the delivery of assistance to those without food. They were supported by WFP logistics teams moving supplies by air, river and land, overcoming insecurity, roadblocks and access restrictions imposed by warring parties and poor roads.

LIVELIHOOD ASSISTANCE

When fighting occurs, families are forced to flee to remote areas. There, their access to food is extremely limited since there are no functioning markets and farmers are not working their fields. Up to 90 per cent of South Sudan's population depends on farming, fishing or herding livestock for food and income. The areas where they seek shelter are often impossible to reach by road due to damaged infrastructure and lack of security, meaning they are quickly cut off from assistance. However, they do offer environments that are conducive for agriculture, with fertile soils and access to water.

To enable people to become self-sufficient again quickly, and improve their food security, FAO has designed a rapid response kit that equips people with inputs that allow families to capitalize on

the benefits of their surroundings and rapidly start growing food and catching fish. In 2017, FAO provided 16,700 households with adapted rapid response kits consisting of quickly maturing seeds, agricultural hand tools and fishing kits. This allowed households to produce food for themselves within at least 30 days, thus reducing the number of food deliveries needed to avert hunger.

The IRRM integrated approach draws on the strengths of each agency to provide comprehensive assistance and delivery of life-saving support in a coordinated and efficient way.



230

completed IRRMs (54 registration and 176 food distribution missions)



81,000

metric tons of food delivered

Jonglei State: 34,000 metric tons
Unity State: 34,000 metric tons
Upper Nile State: 13,000 metric tons



UN agency participation

51

UNICEF missions

7

FAO missions



16,700

Total livelihood rapid response kits distributed

Jonglei State: 10,300 kits
Unity State: 1,000 kits
Upper Nile State: 5,400 kits



1.8 million

people served

NUTRITION

In 2017, UNICEF, WFP and partners scaled up the deployment of IRRM missions following the declaration of famine in Unity State.

All children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) were treated by means of outpatient therapeutic programmes and targeted supplementary feeding programmes, respectively. Similarly, mid-upper arm circumference screening of pregnant and lactating women revealed that 7,200 of 32,600 (22 per cent) were considered at risk of growth retardation of the foetus due to mid-upper arm circumferences of under 23 centimetres. During IRRM missions, pregnant and lactating women also received non-food item kits, including soap, buckets and long-lasting insecticide-treated mosquito nets.



114,700

children aged 6–59 months were treated/referred, with 2,800 (2.4%) being identified with SAM and 10,700 (9.3%) with MAM



53,000

children aged 6–59 months received vitamin A supplementation



44,300

children (12–59 months) were dewormed



55,000

pregnant and lactating women received key maternal, infant and young child nutrition messages



HEALTH

In 2017, the UNICEF health section participated in IRRM missions providing preventive and curative health services and supporting local partners through:

- Mass immunization campaigns (single dose of oral poliomyelitis vaccine, measles, tetanus toxoid): mobilization of the communities during general food distribution registration enables good coverage during these campaigns.
- Distribution of mosquito nets to prevent outbreaks of malaria.
- Provision of clean delivery kits to pregnant women.
- Primary health care consultations and provision of emergency drug and malaria kits.
- Equipping of health teams with cholera rapid diagnostic tests, sample collection tools, post-exposure prophylaxis kits and training of health teams in clinical management of rape.



92,900

children 6 months–15 years immunized against measles (45,600 male; 47,300 female)



109,800

children 0–15 years immunized against polio (52,600 male; 57,200 female)



17,300

pregnant women provided with tetanus toxoid vaccine



28,800

curative consultations (13,700 male; 15,100 female) – 12,300 were children under 5



43,300

mosquito nets distributed



WASH

The UNICEF IRRM team, alongside water, sanitation and hygiene (WASH) partners, contributed to 51 IRRM missions to deliver WASH emergency responses to vulnerable populations.

WASH, being one of the critical lifesaving components of the response, complements both nutrition and health responses. Diarrhoeal diseases are closely attributed to the poor WASH services and total lack of facilities in the most insecure locations. Therefore, the need for safe water, sanitation and good hygiene practices at the household level as well as in health and nutrition facilities were emphasized during the IRRM missions.

The integrated sectoral response, with both health and nutrition components, also helped ensure that mothers who brought children for screening and vaccination received hygiene messages on critical hand washing times, handling of water, sanitation and cholera prevention. In addition to hygiene promotion, the IRRM teams enabled increased access to WASH supplies by about 88,400 households.



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530,400
people received essential WASH supplies (soap, buckets, jerrycans and water treatment)



29,600
people were provided with clean water through rehabilitation of boreholes



More than
393,700
people received lifesaving messages on personal hygiene, cholera, water handling and sanitation.
These messages helped in reducing the spread of cholera in communities with no access to all basic services.

EDUCATION

During IRRM 2017, a total of 68,000 (42 per cent female) children gained access to education. In addition, UNICEF and implementing partners' education specialists trained a total of 533 (24 per cent female) teachers on teaching methodologies, life skills and psychosocial support.

Apart from teacher training, 11 parent-teacher associations, with about 121 members (20 per cent of whom are women) were

trained. Eleven learning spaces were established through the IRRM to support about 1,650 children (40 per cent of whom are girls).

IRRM target locations without active education partners were observed to be less sustainable due to high insecurity. Under the circumstances, UNICEF continues to encourage partners to expand services to these underserved locations in order to provide sustainable education support.



121

parent-teacher association members were trained



68,000

children gained access to education



11

learning spaces were established



533

teachers received refresher training



CHILD PROTECTION

UNICEF deploys experienced Child Protection in Emergencies personnel to join IRRM missions to deliver quality child protection services such as family tracing and reunification, psychosocial support, monitoring and reporting of grave violations, and mine risk education.

At times, the short duration of IRRM missions does not provide suitable conditions for programming around gender-based violence to be implemented safely and ethically. Despite this, UNICEF has taken a number of steps to integrate gender-based violence risk mitigation into the IRRM, including developing simple guidelines in the context of the IRRM, as well as conducting training on gender-based violence with IRRM team members. In addition, UNICEF has procured clinical management of rape supplies which are available for use during IRRM missions by health personnel trained in clinical management of rape. This will ensure that rape survivors who come forward for assistance have access to lifesaving health care.



129,600

extremely vulnerable individuals
(46,700 children, 82,900 adults)
were reached.



442

unaccompanied and separated children
were identified, registered and referred to
the national system for family tracing and
reunification services.



More than

70

child protection staff of 30 international
and national protection agencies were
trained on IRRM missions. This includes
25 IRRM staff from protection partners of
WFP-led RRM.



IMPACT

The IRRM has been central in expanding life-saving assistance to the most hard-to-reach areas affected by years of conflict.

In 2017, RRM remained the fastest and most flexible mechanism for reaching the hardest-to-reach areas. As the conflict intensified, the need for a multi-sectoral and integrated response to efficiently and effectively respond to expanding humanitarian needs has become more pronounced. General food distribution registration, which draws large numbers of conflict-affected people, acts as a platform for wider life-saving interventions, including the distribution of inputs for food production, nutrition treatment and vaccination of children.

Principle mechanism for famine response in 2017

In 2017, the agility of the IRRM was key in responding to the famine emergency declared in Leer and Mayendit counties in southern Unity State. From February to June 2017, the

IRRM deployed 36 missions in these counties and increased the frequency of distribution cycles in line with the affected populations' needs, delivering a total of 17,000 metric tons of food to the 400,000 beneficiaries affected by the crisis. The IRRM also assisted over 1 million people with emergency livelihood support to increase local food production.

The scale-up in the IRRM achieved an increase in admissions of early identified severe/moderate acute malnourished children under the age of 5, which allowed for timely and effective nutrition response. Partly as a result of the IRRM contribution, the famine declaration was lifted by May, Leer and Mayendit counties were no longer categorized as having famine conditions, and further deterioration of food insecurity had been prevented in Koch and Panyijar counties. The structure of the IRRM allowed for an extremely fast and effective response that could otherwise have taken months to set up and achieve. Communities could build up food and nutrition stocks, boosting their resilience to food shocks and helping prevent situations of extreme vulnerability at the height of the lean season.



IRRM 2018 STRATEGY

In 2018, the IRRM Strategy will be based on:

1. Improving the efficiency and effectiveness of IRRM missions through strengthened coordination with field offices:

WFP, UNICEF and FAO will strengthen their response through increased engagement of their respective field offices. This strategy will enable greater geographical coverage as well as increased synergies between the three agencies on the ground. Importantly, it will promote ownership of the programme activities by field offices and implementing partners, which will lead to interconnected responses.

2. Strengthening the capacity of local partnerships and communities:

The IRRM will continue to engage and leverage local partnerships and communities in order to provide beneficiaries with more long-term, sustainable services in hard-to-reach locations. It is critical to note that the supplies delivered through IRRM are essential for sustaining nutrition, WASH, child protection and health services on the ground in locations that are most inaccessible and insecure. Technical members on the teams coordinating with partners on the ground will establish avenues for on-ground capacity-building and follow-up coordination for programme implementation. Without the IRRM, critical services and the residual but stressed capacity of communities and partners will collapse.

3. Leveraging the competitive advantage of three UN agencies (WFP, UNICEF and FAO) and building on innovation, i.e. biometrics for IRRM:

As the scale of needs is increasing throughout South Sudan so are the operational costs, heightening the need for the IRRM to revisit its business model to be more cost-effective. The developing partnership between UNICEF, WFP and the International Organization for Migration (IOM) in biometric registration will aim to promote programme quality and efficiency through strengthening of data collection, management, follow-up, tracking of displacement and harmonized reporting. In 2018, agencies will explore the possible integration of biometrics into the IRRM.

4. Streamlining monitoring:

As a way of monitoring and adjusting the quality of the IRRM modality, monitoring and evaluation systems need to be improved. This will render the agencies' data collection more reliable. UNICEF, WFP and FAO will engage with the monitoring and evaluation team for their involvement in missions and support with monitoring frameworks for IRRM.



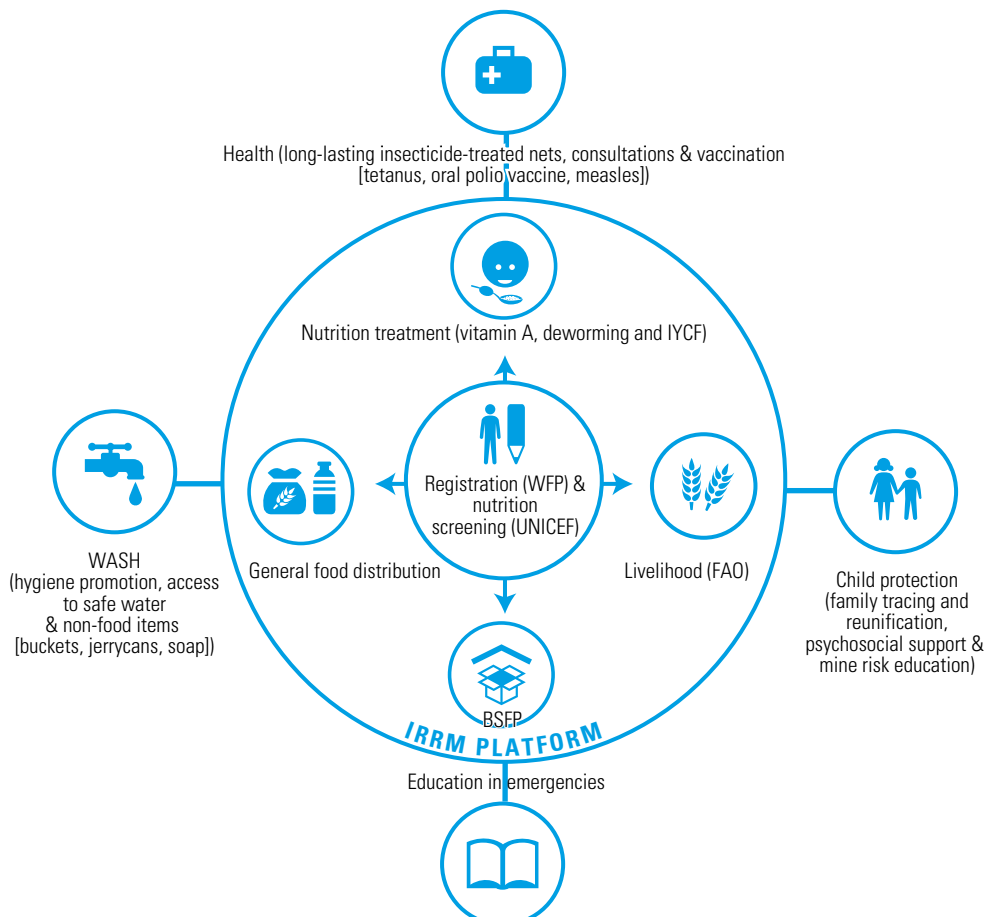
5. IRRM as a modality for preparedness: Levels of food insecurity have already been deemed to be alarming, as the February 2018 Integrated Food Security Phase Classification analysis reports more and more counties are being affected, in areas other than Upper Nile. In view of this concerning backdrop for the current year, the IRRM will take into consideration preparedness for possible famine response.

6. Centrality of protection in IRRM: Lastly, putting protection at the forefront of the IRRM modus operandi and mainstreaming it into all IRRM activities and programme design will remain a priority, utilizing the mechanism as an entry point to cover the monitoring of grave rights violations against children, women and other vulnerable groups.

7. Delivery modalities: FAO and WFP will explore use of alternative means of delivering food to affected locations by using, for example, river and road transport, thus reducing reliance on costly airdrops.

8. Long-term activities: Where possible, FAO, UNICEF and WFP, through the IRRM, will support longer-term work to improve resilience and food security, especially in those parts of the country less affected by conflict and where the population has settled. Through inter-agency partnership with FAO, WFP will explore more ways to deliver inputs that could include agricultural inputs and equipment such as fishing nets along waterways.

IRRM package



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World Food Programme (WFP) and
Food and Agricultural Organization (FAO) 2018

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