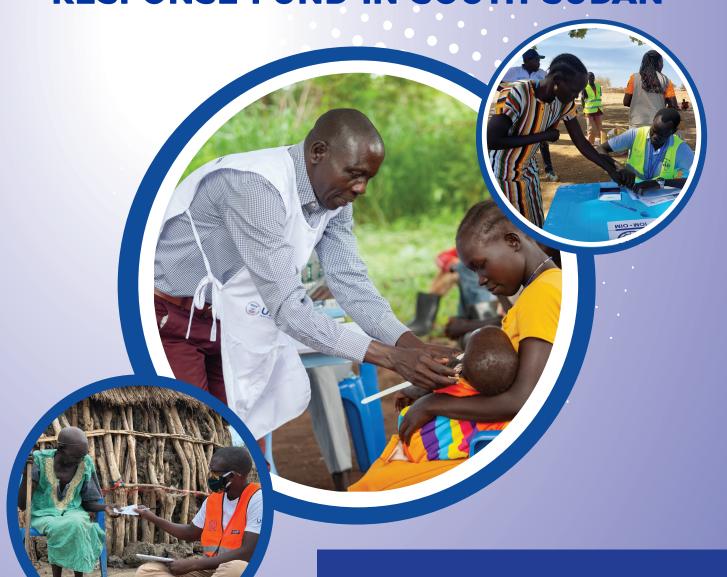






CELEBRATING 10 YEARS OF THE RAPID RESPONSE FUND IN SOUTH SUDAN



Successes, lessons, and good practices (2013-2023)

Harnessing the localization agenda for the humanitarian Rapid Response in South Sudan

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Publisher: International Organization for Migration, South Sudan

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HARNESSING THE LOCALIZATION AGENDA FOR THE HUMANITARIAN RAPID RESPONSE IN SOUTH SUDAN

Successes, lessons, and good practices (2013-2023)







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ACRONYMS AND ABBREVIATIONS

AAP Accountability to Affected Populations

ACRA Agency for Child Relief Aid

BHA Bureau of Humanitarian Assistance

ECO The Ethics and Conduct Office

ES Emergency Shelter

FSL Food Security Livelihoods
HLSS Health Link South Sudan

HRSS Hope Restoration South Sudan

ICT Information, Communication and Technology

IDP Internally Displaced Persons

IOM International Organization for Migration

IP Implementing Partner

IRNA Inter-Agency Needs Assessment report.

NFIs Non-Food-items

NGO Non- Governmental Organization

NNGOs National Non- Governmental Organization

OFAC Office of Foreign Assets Control

OIG Office of Inspector General
PLWs Pregnant Lactating Women

PSEA Prevention of Sexual Exploitation and Abuse

RCO Relief Corps Organization

RRC Relief and Rehabilitation Commission

RRF Rapid Response Fund

RCDI Rural Community Development Initiative

SAM System for Award Management
SOPs Standard Operating Procedures
SSUHA South Sudan Health Association

UN United Nations

USAID United States Agency for International Development

VOP Voice of Peace

WASH Water, Sanitation and Hygiene

ACKNOWLEDGMENT

The compilation of the achievements, stories of change and good practices contained in this publication was made possible through the work of all those engaged in the Rapid Response Fund (RFF) in South Sudan. This includes IOM alongside the RRF Implementing partners and key stakeholders.

Particular thanks are due to the RRF technical team at IOM South Sudan who guided the development of this publication: Francis Mulekya Bwambale, Nicholas Odhiambo, Christina Burwell, Celyse Weller, Sarah Schell, Abai Amos Yusto, Kojo Estella, Nyomon Harriet, Isaac Daru, Odukanga David, Blate Moses, Jurugo Henry, Nyoka Victoria, Alima Omar, Atim Rose, Mbungoneysi John, Towongo Evans, IOM DC Team, IOM South Sudan Management Team and other staff associated with successes of the IOM RRF in the past years, without whom this documentation would not have been possible. Your efforts are well appreciated. Sunday Smith (IOM) provided editorial work.

A sincere thank you to all those individuals who agreed to participate in this work and share their stories and challenges, and sometimes their images. This includes key stakeholders, government of South Sudan, UN agencies, Cluster coordinators, humanitarian actors, community and traditional leaders, internally displaced persons (IDPs) and returnees and other crisis-affected communities, and others involved with the RRF project. Special appreciation to the Bureau for Humanitarian Assistance (BHA), U.S. Agency for International Development for their continued support.

FOREWORD

IOM South Sudan



We are pleased to present the IOM RRF's Report for 2010-2023. The report highlights the progress we have made to support and deliver effective and needs-based humanitarian aid to most vulnerable internally displaced persons (IDPs), returnees and host communities in South Sudan and Abyei Administrative Area. It also highlights the promising practices, lessons learned and challenges as well as steps that are needed to respond to the new challenges we face. The RRF supports partners in seven different sectors: health, nutrition, food security and livelihoods, water, sanitation, and hygiene (WASH), shelter and settlement, protection, and humanitarian coordination and information management.

With USAID/BHA support, IOM has directly supported 92 national and 32 international non-governmental organizations (NGOs) to respond to the acute needs of persons affected by disasters due to natural and human-made hazards in South Sudan and Abyei Administrative Area. Localization has been

a key priority of the RRF and, as of June 2023, IOM RRF recipients are 95 per cent national NGOs and 5 per cent international NGOs as implementing partners. The RRF has provided humanitarian assistance to an average of 1.4 million people annually in South Sudan and Abyei Administrative Area.

Looking back at these achievements over the past years, we must warmly thank the Government of the United States of America, local and national authorities in South Sudan and humanitarian partners as well as target communities, without whom none of these achievements would have been possible, and who consistently went the extra mile to ensure that humanitarian needs were met during even the most challenging moments. Moving forward, we look forward to expanding the size and scope of the RRF to better meet the needs of the people of South Sudan and Abyei Administrative Area.

John McGUE, Chief Of Mission, IOM South Sudan

Background

1.1 Emergency context

South Sudan continues to face deteriorating humanitarian conditions and is also one of the world's neglected displacement crises, with an estimated 2.2 million people displaced in the country. Over 1.9 million people returned to their homes, 67 per cent of whom returned from within South Sudan after the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS), and more than 2.3 million South Sudanese refugees are hosted in the neighbouring countries. Many people are projected to experience severe food insecurity in 2023. Between December 2022 and March 2023, an estimated 6.31 million people were expected to face crisis levels under the Integrated Food Security Phase Classification (IPC) Phase 3 and 33,000 people were estimated to face catastrophic levels under IPC Phase 5 of acute food insecurity. An estimated 9.4 million people in South Sudan, including 2.2 million women, 4.9 million children and 337,000 returnees, were projected to be in need of humanitarian assistance and protection services in 2023, reflecting 76 per cent of the country's population and a 5 per cent increase from 2022. An additional 212,000 people were estimated to have humanitarian and/or protection needs in the Abyei Administrative Area.

The humanitarian situation is worsened by violence, conflict, access constraints, macro-economic crisis, continued public health challenges such as measles outbreaks, worsening food insecurity and climate shocks with famine threats likely to occur in most areas of South Sudan. This is likely to continue over the coming years. Sub-national and localized violence could intensify with the ongoing tension between cattle keepers and farmers in greater Equatoria, along with fighting between opposition and splinter groups, as well as non-signatory groups to the 2018 peace deal. This situation causes a rise in the humanitarian needs of the affected communities, driven



Malnutrition screening in Wau County, Western Bahr el Ghazal State © AFOD, 2018.

by cumulative and compounding effects of years of conflict, sub-national violence, food insecurity, climate crisis and public health challenges. With high levels of conflict-related sexual violence and gender-based violence, South Sudan and Abyei Administrative Area remain among the most severe protection crises in the world. About 1.4 million children are expected to suffer from life-threatening acute malnutrition due to food insecurity. Additionally, many of the highly food-insecure people reside in locations with chronic vulnerabilities worsened by frequent climate-related shocks, the macro-economic crisis, conflict and insecurity and low agricultural production.

To address this humanitarian crisis, rapid response interventions are required to respond to unforeseen, emergent crises nation-wide with stand-by capacity, whereby international and local organizations are supported to provide short-term, effective and quick impact interventions to meet acute emergency humanitarian needs. Also, building and strengthening the humanitarian response capacity of national South Sudanese NGOs through the provision of technical assistance on programmatic, administrative and financial aspects of sub-award implementation will be prioritized, going forward.



Beneficiaries receiving health care service at the mobile clinic in Ulang County, Upper Nile State © SSAID 2018.

1.2 Programme description

RRF is a fast, flexible mechanism to support implementing partners - both national and international NGOs – to respond to the needs of disaster affected populations in South Sudan and Abyei Administrative Area through three-month emergency response projects in the following sectors: agriculture and food security; health; humanitarian coordination and information management; nutrition; protection; shelter and settlements; and WASH. IOM's RRF seeks to support the Government of the Republic of South Sudan's efforts in meeting the emergency humanitarian needs of the most vulnerable populations, especially those affected by natural and/or human-made disasters. The overall goal of IOM's RRF programme is to save lives, alleviate suffering and maintain human dignity during and after human-made crises and disasters caused by natural hazards through a rapid response to the acute needs of crisis-impacted communities in South Sudan and Abyei Administrative Area. The specific objectives per RRF thematic areas are summarized in Table 1.

To achieve this goal, the RRF maintained a flexible grant application and disbursement process, which enabled timely life-saving interventions across multiple sectors to take place in response to sudden onset emergencies. Over the past 10 years, with support from United States Agency for International Development (USAID) - Bureau of Humanitarian Assistance (BHA), IOM has provided funding to international and national NGOs, based on a pre-defined selection process, to respond to acute emergencies in South Sudan and Abyei Administrative Area. South Sudanese humanitarian organizations have been prioritized when their capacity to deliver relief aid in a rapid and cost-effective manner was available. Furthermore, IOM has implemented various projects directly where it had a strong advantage over alternatives due to IOM's existing capacities and competencies in South Sudan.

Table 1: RRF thematic areas, objectives and sub-sectors

Sector	Sector Objective	Sub-sectors
Agriculture and Food Security	Disaster-affected populations have increased food security through providing relevant input and training.	Fisheries and aquacultureImproving agricultural production and food security
Health	Emergency and essential health services are provided to address immediate health needs of persons impacted by acute emergencies.	 Health systems support Primary health care High level care Pharmaceuticals and other medical commodities
Humanitarian Coordination and Information management	Effective and responsive targeting of humanitarian assistance by national and international NGOs facilitated	 Coordination of services and partners Information collection and management

N I. sessiei a sa	Daduard insura diaka manukaliku wialua awa awa		
Nutrition	Reduced immediate mortality risks among	•	Infant and young child feeding and
	affected populations through emergency		behaviour change.
	nutrition programs that focus on the	•	Management of moderate acute
	management of moderate acute malnutrition		malnutrition (MAM)
	(MAM), severe acute malnutrition (SAM), and		
	infant and young child feeding practices as the		
	result of an external shocks.		
Protection	Emergency and responsive protection support	•	Prevention and response to GBV
	mechanisms to address the immediate needs	•	Protection coordination, advocacy
	of victims of conflict, displaced persons and/or		and information
	other populations in crisis affected communities	•	Psychosocial support services
	are strengthened.		
Shelter and Settlements	Material support for shelter to address	•	Shelter
	immediate needs of victims of conflict, displaced	•	Shelter & Settlement non-food
	persons, IDPs and returnees, and/or other acute		items (NFIs)
	emergency affected populations provided.		
WASH	Availing rapid lifesaving and most urgent	•	Hygiene promotion
	water, hygiene and sanitation services to the	•	Environmental health
	underserved populations especially cross-border	•	Sanitation
	migrants, IDPs, women, girls, boys and men	•	Water Supply
	impacted by emergencies in areas affected by	•	WASH NFIs
	conflict and natural disasters.		

1.3 Target populations

The beneficiaries reached include internally displaced persons (IDPs), returnees, other crisis-affected populations and host communities. Based on the previous awards, IOM through the RRF has reached out to other crisis-affected populations across most States in South Sudan and Abyei Administrative Area

1.4 Program coverage

The RRF programme covers several States of South Sudan, including the Greater Equatoria (Western, Central and Eastern), Greater Upper Nile (Unity and Upper Nile, Jonglei) Lakes, Greater Bahr el Ghazal (Western and Northern Bahr el Ghazal, Warrap) and Abyei Administrative Area regions. RRF (I) maintains flexibility to respond to unforeseen, emergent crises nationwide with stand-by capacity, whereby international and local organizations are supported through sub-awards to provide short-term, effective and quick impact interventions to meet acute emergency humanitarian needs; and (2) builds and strengthens the humanitarian response capacity of NNGOs)through the provision of technical assistance on programmatic, administrative and financial aspects of sub-award implementation.

RRF programme coverage in South Sudan (2010-2023)

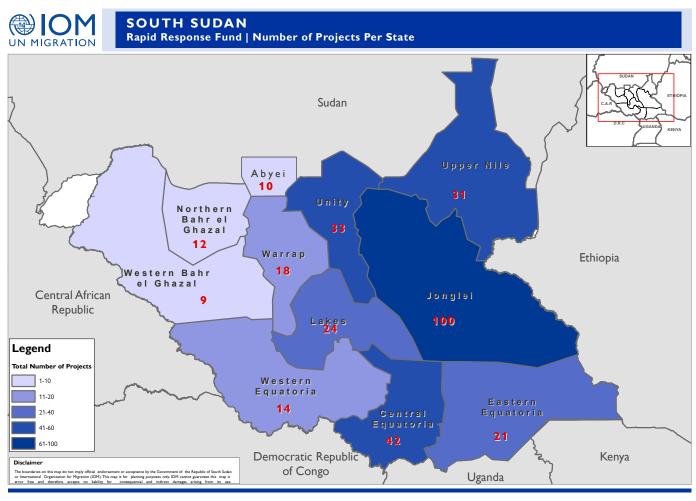


Figure 1: RRF project coverage in South Sudan 2010-2023



A staff supporting a beneficiary at NFIs distribution site in Gogrial West County, Warrap State © CCOSS, 2022

2.0 Programme Achievements

1.1 Emergency context

With a total of **USD 84,600,000** mobilized, IOM RRF has been able to deliver direct services and humanitarian assistance in various sectors with about **I.4 million** IDPs, returnees and other crisis-affected persons reached annually with lifesaving interventions in 10 States in South Sudan and Abyei Administrative Area. Table 3 provides the funding support received per sector for the period 2010-2023.

To strengthen accountability and local capacity for humanitarian response that ensures a rapid reaction to the acute needs of the target groups, IOM and partners have championed the **localization agenda**, a model that seeks to empower national NGOs as key humanitarian responders. This approach has enabled IOM to swiftly implement emergency interventions that meet the immediate needs of people affected by crisis, particularly returnees, IDPs and host communities. Over the past 13 years, the IOM RRF South Sudan programme has built capacity of over 92 national NGOs and 43 international NGOs to respond and deliver emergency life-saving interventions in South Sudan and Abyei Administrative Area. As of

June 2023, RRF support to NGOs stood at 95 per cent for NNGOs and 5 per cent for INGOs as key recipients of the RRF. Figure 6 shows an increasing trend in the support and engagement of NGOs over the past 13 years.

RRF is a gender-wise programme that considers the different needs and circumstances of people of all genders within the target beneficiary group. IOM and partners ensured that emergency services as well as monitoring and evaluation mechanisms were genderand inclusion-responsive. The involvement of women and girls as well as boys and men has led to significant results such as more equitable food distribution, safer latrines and sanitation facilities and innovative solutions for increased reporting of gender-based violence and resumption of education and livelihoods activities within the crisis-affected communities. Hence, RRF represents a concentrated effort to assist women, men and boys and girls as beneficiaries of the humanitarian response. Figure 5 shows the participation of the target populations by gender.

Funding support received from USAID-BHA by IOM per Sector 2010 - 2023

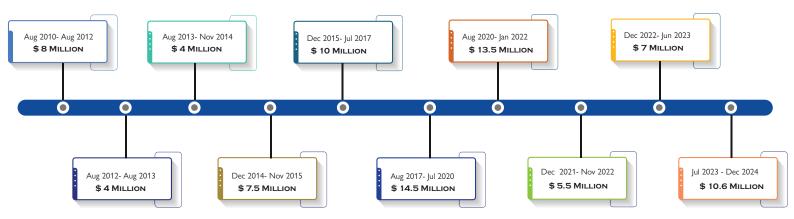


Figure 2: RRF Funding Timeline



A beneficiary receiving WASH NFIs in Mundri County, Western Equatoria State © YEDA, 2018.

RRF programme geographic coverage

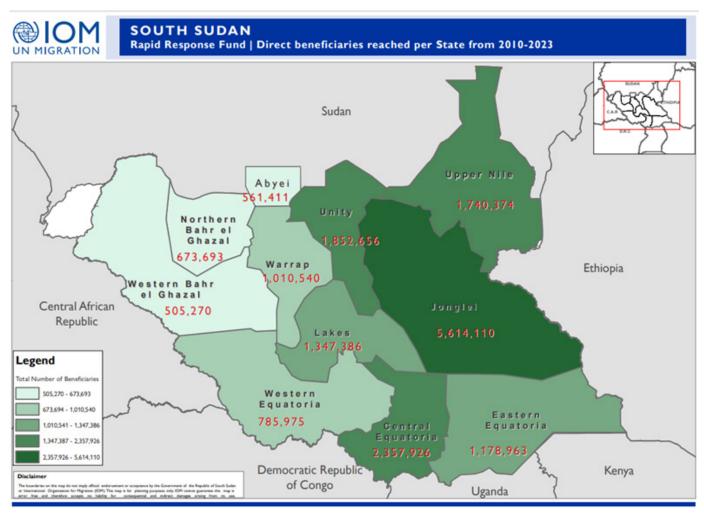


Figure 3: Target populations reached in South Sudan and Abyei Administrative Area per State; 2010-2023

Cumulative projects supported by RFF (2010-2023)

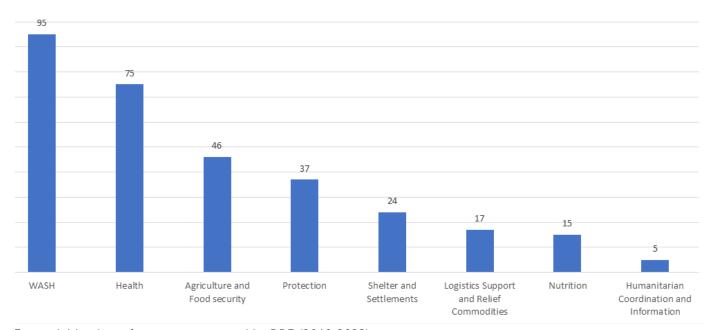


Figure 4: Number of projects supported by RRF (2010-2023)

Cumulative target populations reached by RRF (2010-2023)

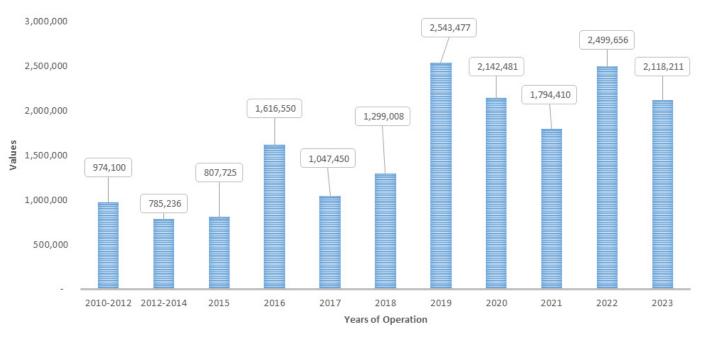


Figure 5: Total target populations reached annually over the period 2010-2023.

Cumulative target populations reached by RRF by gender and age group (2010-2023)

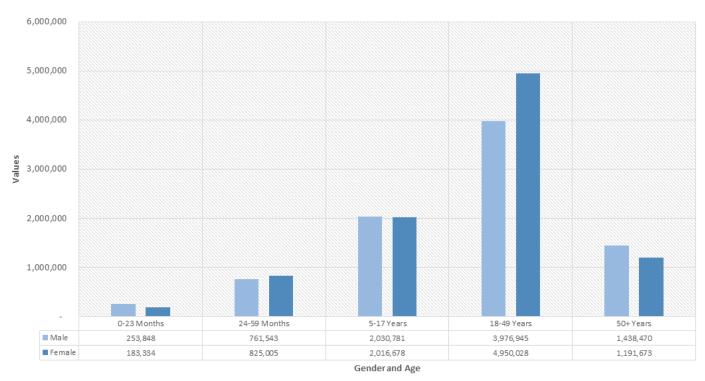
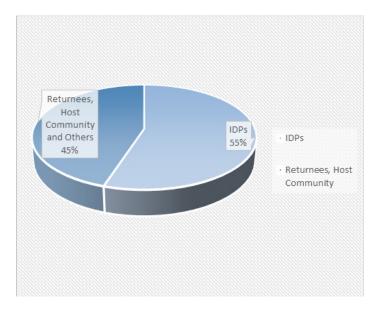
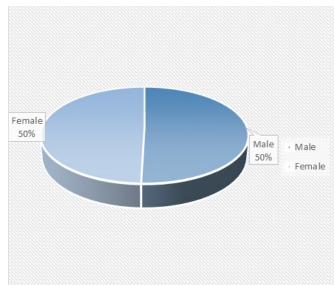


Figure 6: Target populations reached by gender and age from 2010 to 2023.

Gender-specific programming within RRF





IDPs gender disaggregation (2010-2023)

Target population gender disaggregation (2010-2023)

Figure 7: Category of beneficiaries reached by gender (2010 - 2023)

RRF's collaboration and partnership with national and international NGOs (2010-2023)

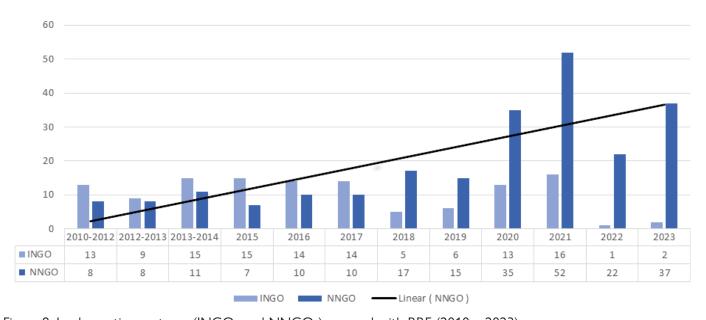


Figure 8: Implementing partners (INGOs and NNGOs) engaged with RRF (2010 $-\ 2023)$

Annual coverage trends for target populations reached by RRF Sectors (2010-2023)

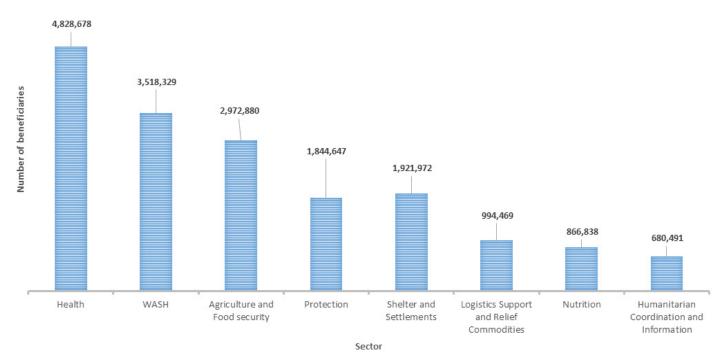


Figure 9: Number of target populations reached per RRF Sector (2010-2023).1



RRF considers community participation and decision making in all its project, the photo shows RRF team interacting with community stake holders during project monitoring in Kajo-Keji © IOM 2023

^{1.} Due to the nature of displacement in South Sudan, target populations may have received different types of support at different times throughout the period.



Hygiene promotion session in Wondukeri Village Yei County, Central Equatoria State © Tabuley, PAH, 2019

Program Achievements by Sector

Health

- Through the sub-grantees, RRF was able to reach 4,828,678 vulnerable people during project implementation, gender equality was prioritized by ensuring both males and females participated equally. Data for beneficiaries were disaggregated by gender and age (females and males), and children 6-11 months and 12-59 months to ensure that no one is left out among the target group. Inequity among different groups was addressed through community mobilization. For mothers and those with disability, effort was made to ensure they served first were mapped out by community leaders and social mobilizers and their eligible children were served first.
- The health needs that were addressed and activities to be implemented by IPs were identified jointly with Health Cluster, Ministry of Health, County Health Department, health partners and community/opinion leaders through various consultative meetings; hence, the community has been involved from the start of the project cycle. This has ensured the programme responded to the actual needs of the beneficiaries.
- Through this coordination, IPs were able to acquire pharmaceuticals and other medical commodities without delay, thus speeding up the emergency health response to the targeted beneficiaries.

Nutrition

• The programme reached out to 866,838 vulnerable populations affected by crisis through provision of emergency nutrition services across South Sudan and Abyei Administrative Area. Timely intervention through sub-granting to implementing partners has alleviated suffering from malnutrition and reduced vulnerabilities of the affected population. The programme has eased access to nutritious food supplies such as ready-to-eat therapeutic food (RUTF) and CSB++ for treatment of acute malnutrition among children and pregnant and lactating mothers (PLWs).

 RRF supported the establishment of mobile health and nutrition sites, enabling the IPs to move together with the beneficiaries in situations of displacement due to floods and insecurity. Through this approach, most emergency health partners funded by RRF were able to reach more beneficiaries than anticipated.

Shelter and Settlement

- The programme distributed in-kind shelter NFIs to 1,921,972 households/beneficiaries using a participatory approach that involved representatives and volunteers from the community from the beginning, empowering them to voice their needs, challenge, and concerns. This empowered and built local capacities of community structures and national partners in emergency rapid response programming.
- The NFIs provided included over 2,000,000 blankets, mosquito nets, kitchen sets and reusable face masks. The recipients of the items were able to be sensitized on their use, especially on how to use, wash and dispose of treated mosquito nets, as well as kitchen sets.
- Beneficiaries' lives, dignity and coping mechanisms have improved over the ten years. As part of the "Do-It-Yourself" approach, the RRF partners and community members were trained in shelter construction, including training in feedback and complaint mechanisms and insights to support project implementation in South Sudan and Abyei.
 - RRF ensured provision of timely, adequate access to safe and appropriate emergency shelter and lifesaving NFIs to newly displaced people or populations in South Sudan and Abyei.
 - The programme supported the most vulnerable returnees, host communities and IDPs with durable shelter NFIs solutions; rebuilding lives through the rapid response of shelter and NFI is a top priority in the
 - RRF South Sudan.

Agriculture, food security and livelihoods

 Through the sub-grantees, RRF was able to reach 2,972,880 vulnerable people with quick maturing vegetable seeds and fishing kits. Livelihood recipients were also trained in good agronomic practices as well as in good fishing practices. Through the input distributions and training, beneficiaries have reported improved quality of life as households were able to access nutritious plant and fish protein within one month of distributions.

Protection

- RRF provided emergency and responsive protection support mechanisms and referral services to address the immediate needs of persons displaced by natural and human-made disasters.
- The programme ensured the inclusion of persons with disabilities and other crisis-affected populations with increased vulnerability due to external shocks with the aim of ensuring that response pathways exist during acute emergencies.
- Protection considerations were mainstreamed across all the seven (7) sectors that RRF supports, and field protection staff were safely accessible for all the affected populations, including persons with disabilities.
- Counselling and psychosocial support has been provided to IDPs and host community members, especially women and girls, in distress through protection assistance modalities to mitigate impacts of migration and crisis associated distress, especially children and female headed households and the elderly with additional vulnerabilities and care burden.

Water, Sanitation and Hygiene (WASH)

 RRF-funded projects have significantly reduced gender disparities and increased girls and women's participation in hygiene promotion, pump mechanics and water user committees, which was minimal before.

- The RRF-funded WASH projects have been designed to incorporate the people-centered approaches to enhance resilient, local adaptation and promote localization as part of unique initiatives by local partners.
- The programme strengthened institutional strategic approaches through establishing WASH systems proven to the WASH Cluster triple nexus and supporting the latest but locally led innovations.
- RRF-WASH attained tremendous achievements in establishing rapid tailored WASH services and infrastructures in multiple crisis-impacted communities within the wider geographical areas of disasters.
- Established WASH facilities in several crisisimpacted communities, including in Upper Nile, Greater Equatoria and Bahr El Ghazal regions.

Humanitarian Coordination and Information Management

- The programme improved partnership and coordination with Clusters, including their progressive involvement in the RRF due diligence and endorsement of IP proposals for funding.
- An ICT enabled RRF database was established, which has enabled effective tracking of the RRF results, processes and documentation of IP information in a manner that is easily accessible and retrievable by the RRF team to inform planning and programme decision-making.
- Adoption of ICT enabled M&E tools especially the Results Information Management System (RIMS) has eased the process of collecting, collating and analyzing field monitoring data and information.
- Overall, the health and WASH sectors represent the sectors with the largest number of beneficiaries reached followed by food security, livelihoods, shelters, and settlements. This coverage is commensurate with the funding allocation to each sector but also represents areas of greatest humanitarian aid.



3.0 Good practices and lessons learned

3.1 Good practices

I)The RRF grant-making mechanism is an all-inclusive and transparent process.

- The RRF funding mechanism involves collaboration with key partners and stakeholders at all levels of the project cycle. The selection committee for NGOs chosen for the RRF comprises ten members including (i) the RRF team, which performs a thorough due diligence process for all IPs; (ii) the Cluster team, both at State and National levels, comprising two or three people, who provide pre- and final- endorsement of the IPs to respond to acute emergency; and (iii) the Bureau of Humanitarian Assistance Juba Office, which is responsible for the final approval or rejection of proposals. The implementing partner selection process is done in a coordinated manner with the Rapid Response Team as the lead. The RRF team oversees the selection process, as per the RRF Standard Operating Procedures (SOPs), a partner that is assessed and vetted coordinates with the relevant cluster coordinators for preendorsement to develop and submit their specific proposal for RRF review after identifying an acute emergency in the organization's thematic area of operation. Technical review of the proposals is performed by the RRF sectoral lead or focal point, and an internal RRF review committee comprising five RRF staff and headed by the RRF review committee chairperson, who is appointed by the Grants Manager. Once reviewed and approved by the RRF review committee and endorsement by the relevant Cluster is secured, the proposal is shared with the RRF Manager for review, endorsement and onward submission to the BHA field team for their review, and concurrence or rejection. In case of rejection, justification is given to the bidding partner directly through the RRF office while keeping the Cluster Coordinators in copy. In case of concurrence, the selected partner is informed by the RRF manager on the selection and the subsequent steps.
- Identifying emergency needs is made possible through the Inter-Agency Needs Assessment report (IRNA) on fresh disasters and triggers for specific disease outbreaks and problems that form the basis for the rationale for response. Also, further evidence is provided by the Integrated Food Security Phase Classification report and Ministry of Health Reports on humanitarian situation in the country.
- Coordination for emergency response Partners and Clusters establish bilateral discussions regarding the intervention to be funded from the RRF South Sudan. The respective partner conducts their own due diligence to ensure that there is no duplication of resources for the same purpose or location. If the partner in question has no experience in implementing emergency projects and or is not an active member of the Cluster, their request will not be endorsed by the Cluster. Partners who have a record of not attending the Cluster meetings and reporting to the Clusters using the 5Ws (Where, When, what, Whom and Which) normally do not get endorsement from the Clusters to respond to acute emergency needs.
- Communication with the RRF South Sudan team

 Following bilateral discussions between the
 Cluster and the partner and upon securing preendorsement from the respective Cluster, the latter reaches out to the RRF team to request for RRF guidelines and templates. Once the pre-endorsement is verified, a quick check is done to see whether the partner is valid and up-to-date due diligence assessment in the RRF database. If it is a new partner or an old partner with expired assessments, a Relief and Rehabilitation Commission (RRC) certificate will be required from the partner. RRF requests the partner to share information documents such as

- the organization profile, the RRC certificate, The Constitution of the organization, a list of certified Board of Directors certificated by the RRC, the Protection from Sexual Exploitation and Abuse (PSEA) policy, Staff Code of Conduct, external audit report and Unique Entity ID for RRF review.
- Due diligence and initial proposal submission -The RRF team conducts thorough and in-depth due diligence covering both programmatic and financial aspects of the organization. The RRF due diligence normally comprises about three staff, finance analyst, sectoral technical staff and M&E personnel. The RRF gives honest and constructive feedback to the partner assessed. If the partner does not qualify to apply for the RRF, an apparent reason is given to notify the partner about the decision taken and why. For partners who qualify to apply for the RRF, vetting of the organization is done by the RRF. Once the vetting results are clean, the RRF team shares the RRF proposal guidelines and templates with the partner to develop their proposal for RRF review. The vetting process is particularly important in the award management to ensure that the partners are not listed in the terrorist list, and it forms part of the due diligence process. Note that anybody receiving a single dollar from USG must be vetted including key staff and people attending a training. To mitigate the risk of collaborating with the listed persons, IOM does an intensive vetting to all the NGOs and their respective board members and the key staff on the provided search engines like System for Award Management (SAM), Office of Inspector General (OIG) and Office of Foreign Assets Control (OFAC), among others.
- Full proposal development, review and contracting

 The partner receives proposal development templates and guidelines from the RRF with stated timelines for submission of the RRF team.
 The RRF reviews the proposal in accordance with the RRF review checklist and proposal tips. The RRF proposal review tips fully ensure that the proposal developed is quality ensuring that the RRF existing indicators are used as per provided in the guidelines.

- Implementation and reporting Implementation can only start once the grant agreement is fully signed by the IP and IOM. Following the commencement of the activities and around the midpoint of implementation of the work plan, field monitoring visits are conducted by the RRF team sectoral focal persons and M&E officer in coordination with the IP. The field visits aim to ensure that the projects are on track, corrective measures are undertaken as needed and lessons and good practices are documented in real time.
- Project closure Project implementation ends in accordance with the end date in the signed agreement. At the end of the project, IPs submit the final narrative and financial reports to IOM RRF. The RRF team (Grants Officer) conducts a final check on the required documents on hard copies and RRF share-drive and prepares the final checklist for the IP project closure process. The RRF team checks and approves checklists prior to submission to the Grants Manager who signs for the closure of the project. The status of the project is updated closed in the Grant Tracking Matrix once the final payment transfer is confirmed and verified done.
- 2) IOM's RRF capacity building approach in which IPs are oriented on RRF funding guidelines, thematic areas and cross-cutting areas has improved the quality of the IP project designs and implementation as well as reduced the time spent in the review and approval of the projects for RRF funding.
- 3) The blended RRF bi-weekly coordination online meeting with implementing partners is a strategy that has worked well in boosting RRF programming in a way that RRF gets updates from the implementing partners about the project implementation simultaneously.
- 4) Continuous engagement between RRF and clusters through coordination meetings at the national and sub-national especially in areas with stronger sub-national cluster coordination systems (Upper Nile, Unity, and Lakes) was a gateway to rapid the

deeper understanding of the needs of crisis-affected population.

- 5) Complaints and feedback mechanisms at the community level have been used to sensitize the crisis-affected populations on the vulnerability selection criteria so that community complaints about targeting are addressed.
- 6) Early prepositioning of inputs enable communities to plant on time before rain starts: With the vegetable kits guaranteed and part of the fishing kits delivered before the onset of rains, access was guaranteed, which is never the case with the onset of rains.
- 7) The provision of quick maturing crops and timely distribution of fishing kits by RRF has indirectly built resilience of the crisis-affected populations to deal with arising negative impacts related to climate change. This approach has strengthened and improved populations' adaptability and coping mechanisms to the prevailing shocks.

- 8) Accountability to Affected Populations (AAP) committees have been found to be very vital in the identification and registration of beneficiaries. Whenever issues or complaints arise, the AAP mediates amicably without causing any harm to either the beneficiaries or non-beneficiaries.
- 9) The RRF approach to mainstreaming protection in all the sectors supported by RRF has made it feasible to identify potential risks and find appropriate or integrated mitigation strategies. These approaches included women and girls' involvement/ empowerment, diversity inclusion, and integrated prevention and response services. The approaches helped strengthen the affected population's resilience. Furthermore, the do no harm principle was fully observed throughout these project implementations.

RRF's Standard Operations Procedures (SoPs) 2023-2024

SOUTH SUDAN UN MIGRATION RRF Standard Operations Procedures (SOPs) 2023/2024

1 Identification of Needs

- Inter-Agency Rapid Needs Assessment (IRNA) review/justification of the emergency needs align to the RRF triggers from the partners or IPC 4 and IPC 5.
- The partner communicates with the RRF team to seek for partner's due diligence.
- The partner communicates with the relevant Clusters for Pre-endorsement.

3 Due diligence process

- RRF request for relevant documents are asked from the partners prior to conducting due diligence including Protection from Sexual Exploitation and Abuse (PSEA) Policy, staff code of conduct, Organization profile & constitution, Recent audit report, Valid relief, and Rehabilitation Commission (RRC) certificate, List of the Board of Directors (BoDs) certified by RRC, and Funding history.
- Once the documents are received, RRF schedules for the due diligence at the partner's office through email.
- The partner confirms availability (date and location) for the due diligence process.
- RRF team to conduct the due diligence comprises of a Finance, one or two program focal points.
- Two questionnaires consisting of finance and program are administered thoroughly by the RRF due diligence team.
- After the due diligence, the findings are entered into RRF data management system – Rapid information Monitoring System (RIMs) to generate the score.
- Upon generation of the score, the RRF team provide feedback in terms of recommendations.
- Partners with low scores below 50% minimum of the RRF score are advised to coordinate with other donors to implement and have some experience and thereafter can contact the RRF for reassessment while the partners with high score continue to work with the RRF.

6 Grants management

- Preparation of grants agreement documents.
- · Agreement signing
- · First Installment prepared.

8 Closeout of RRF grants

- IP communicates with the stakeholders about the end of the project.
- Submission of final reports (Narrative and financial including success stories) and photo gallery—two weeks after the end of the project
- The RRF team reviews, provides feedback, and endorses the final report.
- Final payment upon endorsement of the final reports
- Service Completion Form is filled in and signed by the IP before final payment is done.



- Partner and cluster establish communication for possible intervention.
- Partner/cluster share the IRNA with RRF and express interest to intervene.



- Sharing the proposal templates with the partner(s) to develop their proposal for submission and review by the RRF team
- Multi-sectoral responses encouraged
- The partner develops proposal narrative and budget in two days and shares it with the RRF team.
- RRF Sectorial proposal technical review
- RRF Review committee
- Cluster's review and final endorsement
- · Proposal shared with RRF Manager

RRF South Sudan Proposal submission to Bureau of Humanitarian Assistance (BHA)

- RRF program manager reviews and submits the proposal package to BHA South Sudan team.
- BHA approval / rejection/ comment on the proposal and share with the RRF team.
- The RRF Notifies the partner regarding selection/ Non selection of proposal for funding.

7 Grants implementation

- IPS conduct inception meetings for the affected beneficiaries.
- IPs request for approval of artwork for all IEC materials to be designed under RRF projects.
- Project Implementation by IPs Update the RIMs project reporting (weekly)
- Interim
- Second installment paid upon endorsement of the interim reports by the RRF team.
- IPs request for approvals of charter flights from the RRF team if included in the budget
- Conducting capacity building on RRF processes, financial reporting, Monitoring and Evaluation (M&E)
- RRF team prepare for field/virtual monitoring/supportive supervision – Biweekly meetings for partners.
- Field/virtual monitoring feedback shared in terms of recommendations to enable successful project outcomes.
- IP requests NCE 20 working days before the end of the project should there be need (Case by Case) but not encouraged at RRF.



3.2 Lessons

- The localization of the humanitarian response through implementation of rapid response interventions and building capacity for national NGOs and community structures has been found to be a more cost-effective and efficient approach to responding to emergencies and promoting ownership and sustainability of the RRF interventions beyond the acute response phase.
- The strong partnership and collaboration with national NGOs as key responders to emergencies is an approach that has enabled IOM' to become more efficient and cost-effective in achieving results of the RRF. Compared to international NGOs, NNGOs have vast knowledge of the local community and their full operational presence in crisis-affected communities makes it easier to mobilize communities during emergencies.
- Proper collaboration and coordination with Clusters, especially Health, WASH and FSL has enabled the RRF supplies, items and inputs to be prepositioned during the intervention, which reduced the number of delays in the delivery of supplies to the target communities by the RRF partners. However, occasional delays in delivery of

- medical supplies (especially vaccines) due to bad weather conditions continue to hinder effective rapid response for health-related interventions.
- The use of locally available materials as part of RRF initiatives to empower resilience continued to attribute more positive community-level outcomes, including maintaining active local markets, empowering beneficiaries and ensuring cost-effectiveness during transportation of items from one location to another. Further, the use of local materials reduced accessibility constraints during project implementation.
- To improve coordination and collaboration, the RRF management engaged stakeholders including by meeting with the NGOs' directors. The stakeholder engagements provided a platform for discussing in-depth feedback and how contributions towards achieving the RRF's objectives could be more efficient and comprehensive. These consultations increased knowledge and understanding of the RRF priorities and SOPs, thus making the interventions more collaborative and inclusive.

4.0 Challenges

- Humanitarian access remains a challenge, as most areas are very remote and can only be reached by air due to both security and environmental factors. This becomes more severe as the rainy season makes most roads impassable.
- Despite massive efforts to develop and expand the space available to people displaced by emergencies, vulnerable populations in South Sudan are still densely populated; occasionally shelter solutions fall below the recommended Sphere indicators.
- Geographic inaccessibility to project intervention areas due to protracted insecurity and conflict in parts of the South Sudan that has resulted in poor agricultural production, market functionality and livelihoods undermine resilience and directly impacts household incomes, food consumption and access to food. It is critical that effort is exerted by all relevant partners to ensure full access to affected populations and allow humanitarian workers not only to safely reach those in need, but to stay and deliver the muchneeded services.
- Environmental factors: Extreme weather conditions such as erratic rainfall and flooding in most parts of Jonglei, Upper Nile, Unity and Warrap States led to large-scale displacement of people and destruction of field crops exposing households to poverty. It is therefore important that early warning systems are supported, and beneficiaries trained to detect such warnings to enable them to prepare for response. Development and distribution of crops adaptive to such conditions should be encouraged.
- South Sudan has a variety of soil types that differ by regions/states. When it rains, the black cotton

- soil typical in the northern parts of the country quickly becomes waterlogged, making movement of any type through the muddy grounds nearly impossible.
- Limited funding: Limited financial, logistical and human resources in relation to the high needs compounded by the difficult operating environment continue to impede humanitarian assistance efforts in South Sudan. With huge growing humanitarian needs globally, funds are getting insufficient, leading to a devastating impact on food security among the most vulnerable. It is therefore critical for the donor community to continue to provide adequate, timely and flexible funding to enable sustain critical humanitarian assistance as well as participatory action preparedness.
- Capacity to implement: Many implementing partners (NNGOs) still suffer from a high staff turnover, which affects the efficiency at which project implementation occurs. Most of the newly recruited staff have little or no knowledge about the RRF funding mechanisms as well as technical knowledge of the RRF thematic areas, which further slows the pace at which IPs must respond. This has prompted RRF to provide training and support to IPs to build their capacity and knowledge in RRF programming approaches to meet project's demands.

5.0 Cross-cutting issues

5.1 Mainstreaming protection

RRF sub-grants ensure that protection mainstreamed throughout project implementation. IOM does so by offering training to implementing partners' staff to ensure protection principles that promote safety and dignity, meaningful access, accountability and empowerment are incorporated into the project intervention. The sub-grantees are required to consult extensively with diverse groups of people such as women, men, girls and boys, people living with disabilities, the elderly, people living with HIV and local authorities, among others, to identify protection issues in the area and design response plans. The sub-guarantees also conduct a safety audit to identify safe locations that are access to all beneficiaries accessing and seeking livelihood assistance. The sub-grantees ensure that all project activities such as registrations, distributions, training and others are done in time for recipients to arrive home during daylight hours. The RRF sub-grantees are required to address measures to prevent sexual exploitation and abuse by ensuring that their staff, consultants and volunteers are trained on Prevention of Sexual Exploitation and Abuse (PSEA) and sign the PSEA policy as a commitment and compliance to the prevention of sexual exploitation and abuse. The sub-grantees ensure the project intervention takes into consideration gender sensitivity. Participation and data for project beneficiaries are disaggregated by gender and age disaggregation as well as other vulnerabilities.

5.2 IOM Standard of Conduct

The principles of IOM's Standards of Conduct are to be followed and applied by all persons employed by or working for IOM worldwide, whether internationally or locally recruited, regardless of the type or duration of the contract, including interns, secondees, consultants, escorts and individuals holding hourly contracts. Prohibiting corruption explicitly outlines the Organization's values and contributes to

creating an ethical environment, providing staff and partners with a clear framework of accountability and integrity. In addition to sending a strong signal, codes can be used by the staff as protection from external pressure to accede corruption. Codes of conduct cover a wide range of issues, including gifts, hospitality and entertainment policies, conflicts of interest management, post-employment rules and so on.

5.3 Ethical training and support mechanisms

An important aspect of promoting high integrity standards within the RRF programme is developing staff capacity and expertise to prevent and detect corrupt practices. This includes briefing all staff on corruption issues and providing anti-corruption training to enable staff to identify corrupt situations and practices and equip them with the skills to respond adequately to such situations. It is also important to build the technical skills of staff to identify corrupt practices and red flags. During field monitoring visits, capacity-building activities may include the provision of training courses and materials on risk management and/or procurement monitoring.

5.4 Complaint feedback mechanisms

Implementing partners are required to implement systems that encourage staff to report incidences of corruption transparently, even when they themselves are exposed to unethical situations, without fear of retaliation, headquarters' interference in project management or career damages, especially in the corruption context of South Sudan where staff can face bribery and extortion situations or be forced to pay bribes under physical threats. Some agencies even make reporting incidences of corruption or violating the code of conduct a duty for staff. In principle, anybody who has knowledge of alleged corruption involving activities supported by the agency should be entitled and empowered to report that information

safely through user-friendly reporting channels, such as secured hotlines, for example. The main reporting channels are typically the agency's investigative bodies. Ensuring a comprehensive rollout of staff training and awareness-raising feedback mechanisms ensured that IPs understand the reporting process.

5.5 Anti-corruption policies and strategies

The first step consists of having clear policies and guidelines in place that prohibit all forms of corruption and communicating these policies internally and to external partners and making guidance available for employees when confronted with unethical situations. The emphasis of donors' anti-corruption strategies is typically placed on safeguarding donor funds from corruption and guiding support for anti-corruption interventions. IOM and its partners typically provide a clear definition of all prohibited practices, including corrupt, fraudulent, coercive, and collusive practices. IOM has adopted "zero tolerance" policies, signaling a strong commitment to investigate, prosecute and punish all instances of corruption. For any suspected case of fraud, corruption and diversion of assistance, IOM encourages IPs to report any corruption and fraud case to the office of the inspector general, Ethics and Conduct office, which promotes adherence to the policies including integrity.

5.6 Risk mitigation measures

IOM and its partners have existing policies in place that guide staff, suppliers, sub-contractors, including interns and consultants from engaging in any form of corruption. The IOM's Ethics and Conduct Office (ECO) promotes a robust ethical culture at IOM based on the Organization's shared core values. ECO works to promote and uphold the Organization's values, including the highest standards of conduct and professionalism, in line with IOM's Standards of Conduct and related policies. IOM's ECO provides impartial advice and counsel to the Organization and all IOM personnel about ethical issues and the Standards of Conduct. ECO is a formal, independent office, responsible for advising staff and nonstaff members about conflicts of interest, outside activities, close relatives, and gifts. Through training and outreach, ECO promotes ethical awareness and behaviour and strives to help IOM personnel understand their responsibilities working for IOM and to put the Organization's shared values into practice. Accountability is one of the key features of professionalism at IOM and all IOM personnel have a duty to report any breach of the Organization's rules and regulations. IOM is committed to protecting staff members from retaliation.

6.0 Sustainability Mechanisms

To ensure sustainability of the RRF programme, IOM has employed several sustainability mechanisms, including the following:

- RRF adopts a people-centered approach in designing, implementing and monitoring of the projects through inclusivity in consultation, and decision-making aligned to selection criteria. RRF enhances sustainability by building resilience through beneficiaries' ownership of the project and accountability to the affected populations. Project designs take into consideration people with special needs including people living with disabilities and minorities through customized unique approaches and innovations that encourages the uses of locally available tools and improved practices to promote WASH.
- Capacity building for implementing partners, target populations and community structures in the crisis-affected communities through sensitization, training and practicum sessions across the RRF sectors ensured that the impacted knowledge and skills remain in the community.
- The localization agenda ensures that more local IPs that are deeply rooted in the communities and aware of the local context are sub-granted to implement RRF projects. The engagement of local IPs ensures that they can continue to provide

- humanitarian services even in the absence of international organizations in the country. During the implementation of the RRF projects, most if not all the project staff are recruited from the intervention sites. The sub-grantees ensure that project staff are strengthened by building their capacities to continuously support the project even after project closeout.
- The coordination between RRF sub-grantees and other service providers and government on the ground as well as line ministries at State and County levels has ensured continuity and ownership of the intervention beyond the project cycle. This ensures that the beneficiaries supported under RRF grants are given continuous support after the closure of the projects.
- The creation and strengthening of community structures such as water management committees, hand pump mechanics for WASH projects ensures project sustainability since these structures will remain in the communities and continue to provide support for the project beneficiaries.



NFI Distribution in Akobo County, Jonglei State © CIDO 2022.

7.0 Conclusion

The past decade of RRF implementation in South Sudan and Abyei Administration Area has been a period of remarkable successes. However, the current Sudan crisis as well as the emerging and re-emerging climate change-related disasters and disease outbreaks will require more efforts by government and humanitarian actors to sustain rapid responses. A tremendous amount of suffering of disaster-affected populations in South Sudan can be alleviated by ensuring that RRF grants are readily available in South Sudan and Abyei. IOM will continue to collaborate with humanitarian partners and stakeholders to provide critical lifesaving services to the IDPs, returnees and other crisis-affected populations due to structural and human-made and natural disasters. IOM maintains strong coordination with the Government of South Sudan, and engages closely with the Ministry of Health, Ministry of Humanitarian Affairs and Disaster Management and the Relief and Rehabilitation Commission (RCC), which is a key actor ensuring humanitarian access and liaison at different levels.

Annex 1: RRF Stories of Change (2010-2023)

Story 1 - Finding a Safe Haven: Voice of the Peace (VOP)

Nyawozia Kengen is a 38-year-old mother living in Lekuangole with her seven children. Her life took a drastic turn after an attack by the Lou Nuer White Army in December 2022. With her husband gone and her home destroyed, Nyawozia and her family had no choice but to seek shelter in makeshift tents. In the aftermath of the attack, women and children in Nyawozia's community were particularly vulnerable to gender-based violence (GBV) and psychological stress. That's when Voice of the Peace (VOP), funded by the Rapid Response Fund (RRF) and managed by IOM, stepped in to provide support. One of their key initiatives was the establishment of Women Girl Friendly Safe Spaces (WGFS) within the community to provide services and support, ensuring no one in dire need is left behind.

For Nyawozia, the WGFS became a safe place. The space offered a wide range of services including psychological support, critical health information and safety referrals. Not only did the space serve as a resource for emotional support, but it also provided economic opportunities – women in the WGFS crafted items that they later sold, generating additional income for themselves and their families.

It's a challenge to measure the full scope of women affected by the conflict in the Greater Pibor Administrative Area. Yet, the impact of the initiative has been palpable. VOP has managed to reach over 13,493 community members, providing life-saving services, and training 120 community-based protection network members and 10 case workers for the locations of Pibor, Kondako, Lekuangole, Lukurnyang and Vertet.

Nyawozia's story stands as a testament to the importance and effectiveness of well-designed intervention programmes. Currently, there are five WGFS, which not only offer immediate relief but also work towards building long-term resilience of

women and girls. Each WGFS has a women's safety committee that meets regularly to find sustainable solutions for the community.

In Nyawozia's own words, "It has been difficult for me and my family since the displacement. We had to live in tents, constantly fearing more violence, which has added to our psychological stress." However, thanks to initiatives like WGFS managed by VOP and supported by IOM, they are not just surviving—they are starting to rebuild their lives.



A beneficiary centered (Nyawozia Kengen) and other women showing the work they have done at Lekuangole WGFS in Pibor © VOP 2023.



Group of women at Lekuangole WGFS showcasing their embroidery work outside the constructed WGFS © VOP 2023.

Story 2 - Mobile Clinics Bring a Ray of Hope to displaced families in Kajo Keji County



Poni Esther and her 12 months old child during mobile clinic, narrating how the mobile clinic services have help her child recover from illness in Bajur village Kajo-keji © SSUHA 2022.

Poni Esther, a mother of four living in Kajo Keji County, was already grappling with limited access to essential health services when recent cattle raiding incidents threw her life further off course. Forced to flee her village, Poni became an internally displaced person (IDP) in Bajur, a village that is itself under-equipped to handle the health needs of its inhabitants. With no functional health facilities in sight, the situation was dire, not only for Poni but for the entire community in need of medical attention, nutrition, mental health services and psychosocial support.

Recognizing the urgency, South Sudan Health Association (SSUHA) took immediate action. Bolstered by the RRF and additional funding from BHA, it rolled out mobile clinics aimed at alleviating the health crisis in Kajo Keji. These mobile units, staffed by trained health workers and clinical officers, brought a lifeline to women like Poni. For the first time in a long while, she could bring her children for regular medical check-ups, a simple yet vital service that many take for granted. The cattle raiding had stripped Poni

of all her household possessions, but even more distressing was the toll it took on her family's health. Her youngest son, only 12 months old, suffered from acute watery diarrhea - a preventable condition, yet potentially life-threatening in the absence of proper medical care. Poni sought help from SSUHA's mobile clinic, where her son received the treatment, he desperately needed. The effect was transformative. After just three days, her son was visibly better. Poni could not contain her relief. At a subsequent health education session organized by SSUHA, she shared her experience, saying, "I am so happy; the trained health workers supported me, and my son is now feeling much better." Her words were a poignant reminder of the impact that timely medical intervention can have on individual lives and the community at large.

Story 3 - A Journey to empowerment in Guonguong Village



A beneficiary narrating the benefit of the RRF FSL program in Mankien, Mayom County, Unity State © RCDI 2021.

Veronica Nyedak Koang, a 42-year-old single mother of seven children, faced challenging circumstances. Living in Guonguong village, she also hosted seven displaced relatives. With her husband out of the picture, she initially resorted to selling firewood and local food at the Mankien Market for survival. However, her life began to change when she was targeted for livelihood kits by Rural Community Development Initiative (RCDI) through funding from the Rapid Response Fund.

Veronica's initial focus was on agriculture, but her crop farm was ruined due to flooding. Not one to give up easily, she seized the opportunity provided by RCDI to learn vegetable production and proper utilization of her fishing kits. "I am now able to grow various types of vegetables and cook properly," she says, crediting the cooking demonstrations for her newfound skills.

"I have my resources, and it's me who decides what to do with them. This makes me feel that life is possible through hardworking. Mostly, I feel I have more control over my life," Veronica reflects. She's excited to expand her vegetable gardens and diversify her offerings at the market, but laments that a lack of irrigation materials limits her efforts.

With RCDI's support, Veronica feels empowered and optimistic about the future. Despite facing many hurdles, she remains resilient, finding strength in her own work and the resources she's been given. Her story stands as a testament to what's achievable when given the right support and resources.

Story 4 - Empowering Lives Through Fishing



A Beneficiary selling fish using the fishing kits distributed through RRF support in Walgak Village, Akobo West County, Jonglei State © ACRA 2022.

In the small community of Wichlul Bom, Walgak Payam, Nyapuka Nyal Yak faced a dire situation. A 33-year-old mother of six, Nyapuka found herself at the intersection of relentless inter-clan conflicts and devastating floods that wiped away their farmland.

"Life was a struggle; we had nothing. Our own farm, which was once a reliable food source, was gone. We were left with expensive bush meat as the only option," she recalled.

However, help arrived in the form of an invitation from Relief and Rehabilitation Commission (RRC) and Agency for Child Relief Aid (ACRA). Although initially uncertain about the offer, Nyapuka's doubts evaporated when she found herself not just receiving fishing kits but also invited to training sessions. "I was relieved to be selected," Nyapuka explained. "I

received two spools of twine and two small boxes of hooks. I was also invited to a training session where I could train other women in fishing."

Her days of fretting over empty plates and growling stomachs were replaced by the simple, yet profound, knowledge that she now has a steady income. "We manage to catch around 90 average-sized fish each day – known locally as paat. I sell them fresh for 2000 SSP, and sometimes I sell them dried. I've transitioned from collecting firewood to fishing to make money. My goal is to save enough to send my eldest children to school," she declared.

Nyapuka is already planning for the future, expressing a desire for larger hooks in future projects, stating that the smaller hooks are only useful for catching small fish.

Story 5 - Redefining Resilience: Mobile Clinics in Akobo County

In a small village of Weiboth in Akobo County, lives Sarah Nyagoa a 24-year-old expectant mother battling floodwaters, cattle raiders and food insecurity. The daunting trek to Akobo County Hospital had discouraged Sarah from seeking proper maternal care. But the tide turned when Medicare, backed by Rapid Response Fund, rolled out mobile clinics aimed at aiding expectant women like Sarah.

"I was desperate to attend at least two visits of antenatal care services, especially after delivering my elder child at home and experiencing two miscarriages," she says.

According to recent IPC reports, 560,000 people in Akobo County face severe food insecurity, with an additional 32,000 on the brink of catastrophe. Floods wash away dry lands, cattle raiders deplete local herds, and destroyed properties mean a lack of even basic items like mosquito nets. What's more, essential services like health care are compromised. Women and children must walk over two hours to access care, making them vulnerable to gender-based violence along the way, among other risks.

Sarah started her antenatal care at the mobile clinic, where a midwife detected her twin pregnancy, which often demands immediate attention.

In her own words, "I'm so relieved; the midwife arranged for a canoe to transport us to Akobo County Hospital, where I safely delivered both my children, who are also receiving care."



A mother delivered through the help of a midwife during mobile clinic through RRF support in Akobo West, Jonglei State © Medicair 2022.



Medicair's staff assisting a mother through referral to health facility to deliver in Akobo West, Jonglei State © Medicair 2022.

Story 6 - Health Link South Sudan's Measles Vaccination Campaign in Juba County: A Focused Response



A child receiving Measles vaccines during Reactive Measles Campaign in Dollo Payam, Juba County © HLSS 2022.

In December 2022, the South Sudan Ministry of Health declared a measles outbreak affecting several areas, including Juba County. As of mid-October 2022, 503 suspected cases were reported in both rural and urban Payams in Juba, mainly among children aged I to I5 years. The situation was urgent, but several rural areas in the county remained unattended due to various limitations like funding, security issues, and weather conditions. Health Link South Sudan (HLSS) took a systematic approach to address this gap. With funding from RRF-IOM South Sudan, HLSS, in collaboration with the County Health Department, developed a micro-plan. This was followed by the constitution of 45 vaccination teams, procurement of vaccines and supplies and team training.

Despite the planned efforts, the campaign faced challenges. Vaccine shortages at the State Ministry of Health meant that children aged 60-180 months could not be included in this round. Additionally, security risks in Payams like Gondokoro and Dollo posed logistical difficulties.

By the end of the campaign, 16,359 children between 6 and 59 months were vaccinated, a coverage rate of 92 per cent. The high rate of vaccination is a significant advancement in mitigating the measles outbreak in this part of South Sudan.

While this is not the end of HLSS's efforts, it marks a substantial contribution toward improving health conditions in Juba County. HLSS aims to continue its advocacy or additional funding to maintain and extend the gains made through this targeted intervention.

Story 7 - Meeting Basic Needs: Bol Bol Atem's Perspective



A beneficiary receiving NFIs in Gogrial West County, Warrap State © CCOSS 2022.

In Alek North, the distribution centre has become an essential lifeline for the community. Among those who recently benefited from the initiative is 32-year-old Bol Bol Atem. When asked about the importance of the items he received, Bol was eager to share his thoughts.

He said, "I appreciate your organization for caring about the needs of people like us. Today, I have received many items, and I am thankful to God." Bol's gratitude is directed not just at the material aid but also at the sense of community and support that the distribution represents, especially at a time when inflation and lack of basic services add to the daily struggles faced by many in the region.

Mr. Bol continued, "Today my family will rejoice. We shall have a decent shelter. The bamboo, plastic sheet, blanket and mosquito net you have brought to us today will make a big difference in my family. Thank you so much."

The distribution centre's impact extends beyond immediate needs. The bamboo will help shore up

their dwelling; the plastic sheeting will provide a roof; the blanket will offer warmth; and the mosquito net will give some protection against malaria, a persistent health risk in the region.

Bol's comments capture the essence of what aid distribution means on a human level: not only the immediate benefit of the items distributed but also the feeling of being supported and cared for in a challenging environment. His gratitude also extends to those organizing these efforts, recognizing that these initiatives are often the result of collaboration and resource mobilization.

Though one of many similar distribution points, the words of Bol Bol Atem offer valuable insights into the significance and impact of these community support initiatives. While the items themselves are essential, it's the upliftment and hope they bring to everyday lives that remain the most enduring.

Story 8 - Essential Aid in Riau Payam



Beneficiaries providing feedback on the items received during a focus group discussion in Gogrial West County, Warrap State © CCOSS 2022.

Achiei Madut Deng, 72, faced numerous challenges after losing her husband and being displaced due to floods in Riau Payam. When she received essential items from a recent aid distribution event, the impact was immediate and deeply personal.

She shared, "You are truly a blessing to us. You know we moved here after being displaced by floods. Our lives have never been the same again."

The aid package went beyond mere material support, offering Achiei and her community something perhaps even more valuable: a renewed sense of normalcy and dignity. She continued, "I have been sleeping without any blanket or mosquito net. Even where I sleep is terrible. But today, you have given us hope and a new beginning. I know now I will be warm at night." Her remarks highlight the transformative effect of well-targeted aid,

especially in regions suffering from the aftermath of natural disasters. "Our homes were destroyed. I will now have a house of my own, and I will not worry about being rained on again," she said.

Achiei's words stand as a testament to the organizers and contributors, underscoring the far-reaching implications of their work. Her story is a compelling indicator of the profound difference that even simple acts can make, not only meeting immediate needs but also restoring a sense of community and self-worth.

Story 9 - Nyakuol's Story: No More Malaria

When flooding ravaged Nyaroamni village in April 2022, Nyakuol Ruei luach, a 73-year-old widow and grandmother, faced a harrowing journey. She, along with her three grandchildren, was compelled abandon her residence for village, taking refuge in the open. Amid long-term displacement, the contended with family multiple health challenges, including malaria and respiratory issues, attributable to inadequate shelter and exposure to the elements. Registered in a distribution initiative organized by Hope Restoration South Sudan (HRSS) in collaboration with IOM, Nyakuol and her family received a



package of essential items: plastic sheeting, blankets, mosquito nets and rubber ropes. "These items helped me so much to construct my own shelter which is safe. Plastic sheet covers the roof and interior part of my temporary shelter, blankets cover us from cold, mosquito net keeps us free from mosquito bites and malaria, while rubber greatly strengthened my shelter from collapse when rain and strong wind come," she shared. This support extends beyond physical health and well-being. The aid package significantly transformed their living conditions, lifting them out of immediate vulnerabilities. Nyakuol added, "As a result of receiving these items, we are no longer suffering from any cold or mosquito bites related diseases." Her experience encapsulates the ripple effect of targeted aid efforts in disaster-stricken areas. By addressing essential needs, the distribution programme not only alleviated immediate hardships but also helped reconstruct a semblance of normalcy and stability in the lives of Nyakuol and her grandchildren.

Story 10 - Nyajima Monyluk Arop's Journey from Displacement to Empowerment



A beneficiary harvesting vegetables, a project supported through the RRF in Pigi Canal, Jonglei State © CAFAD 2022.

Floods displaced Nyajima Monyluk Arop, a 36-year-old mother of eight, from her village in Diel to Korwai in August 2021. At the time, she felt her world was unraveling: her husband had passed away, her property was lost to the floods and her children had stopped attending school. Out of necessity, Nyajima started brewing local alcohol as an entrepreneurial endeavour, but life remained difficult.

During an intervention by Community Aid for Fisheries and Agricultural Development (CAFAD), a local aid organization, her uncle received flood-relief kits. Realizing the opportunity, he encouraged Nyajima to register for the programme, which would provide her with vegetable and fishing kits. His intention was to accumulate more fishing kits through her registration, and Nyajima agreed to the arrangement.

After receiving the kits and combining them with her uncle's, she took his advice to heart. He urged her to start farming, promising to ensure she attended CAFAD's agricultural training. Nyajima did just that, starting small with amaranths. From the day she started selling, she started earning a good income from her farm.

Today, Nyajima has found a new path in agriculture, successfully supporting herself, her children and her extended family. She no longer purchases vegetables but supplies them to local markets and NGOs. "I have a new home in preparation for the rainy season and have bought enough food to stave off food insecurity. I am planning to expand the garden," she added. Regarding future plans, she intends to buy goats as a form of saving, given the absence of banks in her area. "Thanks to CAFAD, my uncle, and the donors for good intervention in Pigi," she said, reflecting on her journey. "I will show other women who may have lost hope that farming is the way to go"

Story 11 - Navigating Challenges Through Community Support in Wernyol Village

Abuk Yai Akech is a 35-year-old woman living as an internally displaced person in Wernyol Village, Lith Payam. Mother to four children and married as a second wife, Abuk experienced the devastating impact of flooding in 2020, which resulted in the loss of life and property, including their family's herd of cows. For the past four years, the family's primary source of income has been fishing and agriculture. Despite meager earnings, the income helped to cover basic needs such as food and clothing. However, the ongoing economic crisis has pushed them to the brink, often forcing them to skip meals. Abuk highlighted the decline in demand for fish as a pressing concern, making their already low income even more unstable.

In a positive turn of events, Abuk's family recently received essential WASH supplies from Relief Corps Organization (RCO), including soap, buckets, collapsible jerrycans and water treatment materials. The initiative also involved repairing long-



A beneficiary providing feedback to a staff after reciceving WASH NFIs in Twic East County, Jongle © RCO 2022.

defunct water points. "All these years we have been traveling for almost one hour to look for water, which has been very challenging for us," Abuk shared, expressing relief at the newly repaired hand pump that hadn't been functional since 2021.

Abuk is optimistic that her life and her family's lives will improve in the near future. The provision of WASH supplies and the restoration of water points, she believes, are steps in the right direction, improving not just their hygiene status but also their general health. Abuk especially appreciates the hygiene promotion campaigns conducted by RCO and IOM. "We have learned a lot of things that we didn't know. We now know how to keep our environment and ourselves clean to avoid diseases like cholera. We look forward to more support, especially the repair of latrines and drilling more boreholes," she concluded.

Story 12 - Relief Through Community Aid in Twic East County



A beneficiary providing feedback to a staff after reciceving WASH services in Twic East County, Jonglei © RCO 2022.

Life's never been easy for Athieng Dau Lua. A 42-year-old single mother of six, Athieng lost her husband in the 2016 war. Once a resident of Kakuma Refugee Camp in Kenya, she's been living in Kong'or Payam, Twic East County, for around six years.

Fish selling is her primary livelihood, a trade that just manages to keep her family afloat. She also owns three cows, whose milk adds a bit to their daily sustenance and income. Yet, the ongoing economic crisis has rendered her daily budget to less than 5000 SSP, often limiting the family to just one or two meals a day.

Despite the relentless challenges, things improved for Athieng and her family with the support of humanitarian organizations, particularly RCO. She received essential hygiene and sanitation supplies, which included soaps, buckets, jerrycans and water treatment chemicals, together with hygiene promotion campaigns. This intervention aims to mitigate the community's vulnerability to waterborne diseases, a significant issue in Twic East County. Athieng expressed her appreciation for the newfound support, acknowledging its significance in reducing health risks associated with contaminated water. "Our children often get sick, and the cause is

usually the water we consume. We've had no alternatives until now," she said. She's particularly grateful for practical advice like using ash as a soap substitute and boiling water in the absence of treatment chemicals.

Confident that these interventions will mark a turning point, Athieng believes this support will drive tangible improvements in community hygiene and sanitation. The aid serves not just as a momentary relief but as a catalyst for enduring change.

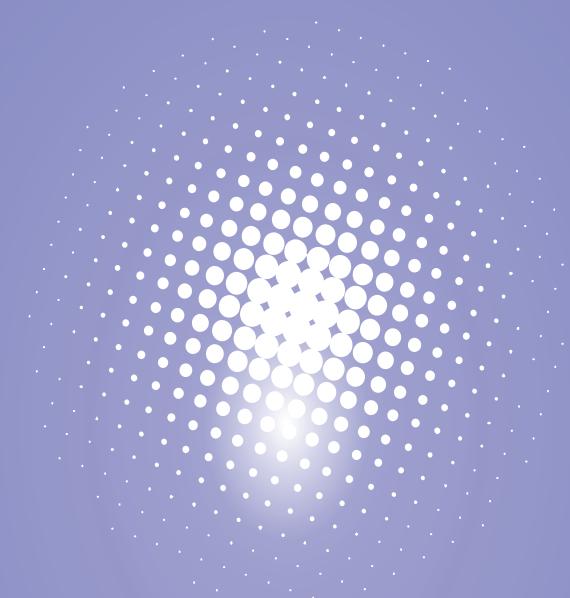
Annex 2: List of NGOs supported with RRF in South Sudan (2010–2023)

S/No	Implementing Organization Full Name	Acronym	N/I NGO	States
1	International Organization for Migration	IOM	UN	Unity
2	Christian Mission for Development	CMD	NNGO	Jonglei
3	Street Children Aid	SCA	NNGO	Jonglei
4	The Health Support Organization	THESO	NNGO	Jonglei, Unity
5	Save the Children International	SCI	INGO	Jonglei
6	Youth Empowerment and Development Aid	YEDA	NNGO	Central Equatoria
7	International Rescue Committee	IRC	INGO	Jonglei, Unity
8	Standard Action Liaison Focus	SALF	NNGO	Jonglei
9	Care for Children and Old age South Sudan	CCOSS	NNGO	Jonglei
10	Samaritan's Purse	SP	INGO	Unity
11	Action Against Hunger USA	ACF	INGO	Jonglei, Central Equatoria
12	Impact Health Organization	IHO	NNGO	Central Equatoria
13	Polish Humanitarian Action	PAH	INGO	Jonglei
14	Nonviolent Peaceforce	NP	INGO	Jonglei, Upper Nile, Unity
15	IMA World Health	IMA	INGO	Upper Nile
16	Mercy Corps	MC	INGO	Unity
17	Danish Refugee Council	DRC	INGO	Unity, Upper Nile
18	OXFAM	Oxfam	INGO	Central Equatoria, Jonglei
19	Universal Intervention and Development	UNIDOR	NNGO	Unity
	Organization			
20	Centre for Emergency & Development	CEDS	NNGO	Lakes
	Support			
21	Doctors with Africa CUAMM	CUAMM	INGO	Western Equatoria
22	International Medical Corps	IMC	INGO	Jonglei
23	Rural Water And Sanitation Support Agency	RUWASSA	NNGO	Lakes
24	Solidarités International	SI	INGO	Upper Nile
25	World Vision International	WVI	INGO	Upper Nile
26	Active Youth Agency	AYA	NNGO	Western Equatoria
27	Concern Worldwide	CWW	INGO	Jonglei, Unity
28	Hold the Child	HCO	NNGO	Western Bahr El Ghazal
29	Agency for Technical Cooperation and	ACTED	INGO	Western Bahr El Ghazal
	Development			
30	Johanniter International Assistance	JUH	INGO	Western Bahr El Ghazal
31	Nile Hope Development Foundation	NHDF	NNGO	Central Equatoria
32	IsraAid	IsraAid	INGO	Central Equatoria
33	Mentor Initiative	MI	INGO	Central Equatoria
34	CARE International	CARE	INGO	Eastern Equatoria, Unity
35	Health Link South Sudan	HLSS	NNGO	Lakes
36	Afro-Canadian Evangelical Mission	ACEM	NNGO	Western Equatoria
37	American Refugee Committee	ARC	INGO	Central Equatoria
38	Universal Network for Knowledge &	UNKEA	NNGO	Upper Nile
	Empowerment Agency			''
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39	Associazione Volontari per il Servizio	AVSI	INGO	Eastern Equatoria
	Internazionale			
40	Sudan Medical Care	SMC	NNGO	Jonglei
41	World Concern Development Organization	WCDO	INGO	Western Bahr El Ghazal
42	Africa Development Aid	ADA	NNGO	Jonglei
43	Catholic Medical Mission Board	CMMB	INGO	Western Equatoria
44	INTERSOS	INTERSOS	INGO	Eastern Equatoria
45	South Sudan Development Agency	SSUDA	NNGO	Upper Nile
46	South Sudan Older People's Organization	SSOPO	NNGO	Eastern Equatoria
47	African Leadership Skills Initiative	ALSI	NNGO	Jonglei, Unity
48	The Rescue Initiative South Sudan	TRI	NNGO	Western Equatoria
49	South Sudan Agency for internal	SSAID	NNGO	Upper Nile
	Development			
50	Community Initiative for Sustainable	CISDA	NNGO	Jonglei
	Development Agency			
51	Vétérinaires sans Frontières - Switzerland	VSF-Suisse	INGO	Unity
52	GOAL South Sudan	GOAL SS	INGO	Upper Nile
53	Crisis Resilience Initiative	CRI	NNGO	Upper Nile
54	LiveWell	LiveWell	NNGO	Jonglei
55	Real Medical Foundation	RMF	INGO	Jonglei
56	Christian Recovery and Development	CRADA	NNGO	Jonglei
	Agency			
57	Action For Development	AFOD	NNGO	Western Bahr El Ghazal
58	Humanitarian Aid for Change and	HACT	NNGO	Jonglei
	Transformation			
59	Women Aid Vision	WAV	NNGO	Lakes
60	Wadeng Wings of Hope	WWoH	NNGO	Jonglei
61	Civil Society Human Rights Organization	CSHRO	NNGO	Western Equatoria
62	Grassroot Empowerment and Development	GREDO	NNGO	Eastern Equatoria
	Organisation			
63	Community Action Organization	CAO	NNGO	Upper Nile
64	Nile Sustainable Development Organisation	NSDO	NNGO	Central Equatoria
65	Mother and Children Development Aid	MACDA	NNGO	Central Equatoria
66	Child Hope Organization	СНО	NNGO	Central Equatoria
67	TITI Foundation	TITI Foundation	NNGO	Central Equatoria
68	Voice of the Peace	VOP	NNGO	Jonglei
69	Rural Community Development Initiative	RCDI	NNGO	Unity
70	Medicair	Medicair	NNGO	Warrap
71	Tearfund	TF	INGO	Northern Bahr El Ghazal
72	Touch Africa Development Organization	TADO	NNGO	Upper Nile
73	Humane Aid for Community Organisation	HACO	NNGO	Unity
74	Smile Again Africa Development	SAADO	NNGO	Central Equatoria
	Organization			
75	Support for Peace and Education	SPEDP	NNGO	Central Equatoria
	Development Programme			
76	Norwegian Refugee Council	NRC	INGO	Northern Bahr El Ghazal
77	The Rescue Mission	TERM	NNGO	Central Equatoria
78	Relief International	RI	INGO	Upper Nile
79	Help Restore Youth South Sudan	HeRY	NNGO	Northern Bahr El Ghazal

80	Vétérinaires Sans Frontières - Germany	VSF-G	INGO	Lakes
81	Bangladesh Rural Advancement Committee	BRAC	INGO	Eastern Equatoria
82	Kueng Community Development Agency	KUCDA	NNGO	Northern Bahr El Ghazal
33	International Institute of Rural	IIRR	INGO	Lakes
	Reconstruction			
84	Ark for Humanity	AFH	NNGO	Eastern Equatoria
85	Community Aid for Relief and Development	CARD	NNGO	Jonglei
86	Action Africa Help - International	AAHI	INGO	Upper Nile
87	Community Initiative for Development	CIDO	NNGO	Central Equatoria
	Organization			· ·
88	Rural Action Against Hunger	RAAH	NNGO	Eastern Equatoria
89	Care for Humanity Organization	CfHO	NNGO	Eastern Equatoria
90	Food Agriculture and Disaster Management	FADM	NNGO	Western Bahr El Ghazal
91	Stop Poverty Communal Initiative	SPOCI	NNGO	Central Equatoria
92	ONO AID	ONO-AID	NNGO	Central Equatoria
93	Hope Restoration South Sudan	HRSS	NNGO	Unity
94	Green Belt Initiative	GBI	NNGO	Jonglei
95	Health Action Africa	HAA	NNGO	Jonglei
96	Reach Africa Organization	RAO	NNGO	Jonglei
97	Rural Community Action for Peace and	RuCAPD	NNGO	Upper Nile
	Development			
98	Peace in Action and Social Service	PASS	NNGO	Jonglei
99	Food for the Hungry	FFH	INGO	Upper Nile
100	Community Aid for Fisheries and	CAFAD	NNGO	Jonglei
100	·		11100	Jonglei
101	Agricultural Development South Sudan Health Association	SSUHA	NNGO	Central Equatoria
102	Organization for People Empowerment and	OPEN	NNGO	Eastern Equatoria
102		OFLIN	ININGO	Lastern Equatoria
102	Needs	4554	10.00	LI NU
103	Adventist Development and Relief Agency	ADRA	INGO	Upper Nile
104	Cordaid	Cordaid	INGO	Jonglei
105	UNITED NETWORK FOR HEALTH	UNH	NNGO	Warrap
106	Alliance for Community Development	ACD	NNGO	Central Equatoria
107	Healthcare Foundation Organization	HFO	NNGO	Jonglei
108	Narrative Hub	NH	NNGO	Central Equatoria
109	Relief Corps Organization	RCO	NNGO	Jonglei
110	Agency for Child Relief Aid	ACRA	NNGO	Jonglei
111	Salvation and Light Development Action	SLDA WFSSF	NNGO	Jonglei
112	Water For South Sudan Foundation		NNGO	Warrap
113	Women for Change	WFC	NNGO	Warrap
114	National Relief and Development Corps	NRDC	NNGO	Upper Nile
115	Lukluk Community Association for	LCAD	NNGO	Warrap
	Development	20.015	1,0,00	
116	South Sudan Grassroots Initiative for	SSGID	NNGO	Warrap
	Development			
117	Trust Guarantee Community Development	TGCDA	NNGO	Warrap
	Aid			
118	United Methodist Committee on Relief	UMCOR	NNGO	Northern Bahr El Ghazal
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119	CESVI	CESVI	INGO	Northern Bahr El Ghazal
				State
120	Medical Relief Lasting Health Care	MERLIN	INGO	Jonglei
	Organization			
121	ISLAMIC RELIEF WORLDWIDE	IRW	INGO	Central Equatoria
122	ZOA South Sudan	ZOA	INGO	Jonglei
123	CUSH COMMUNITY RELIEF	CCRI	NNGO	Jonglei
	INTERNATIONAL			
124	Renk Development Relief Agency	REDRA	NNGO	Renk
125	Aweil Window of Opportunities and	AWODA	NNGO	Northern Bahr El Ghazal
	Development Agency			State
126	Mundri Child Protection Support Project	MAYA	NNGO	Western Equatoria
127	Afro-Canadian Evangelican Mission	ACEM	INNGO	Western Equatoria
128	Sudan Oprhan Care and Development	SODA	NNGO	Northern Bahr El Ghazal
	Agency			State
129	Dak Organization for Recovery and	DORD	NNGO	Central Equatoria
	Development			
130	Lacha Community Economic Development	LCED	NNGO	Central Equatoria, Western
				Equatoria
131	Standard Action Liaison Focus	SALF	NNGO	Jonglei
132	Aweil Relief Agency for Reintegration and	ARARD	NNGO	Warrap
	Development			
133	People in Need	PIN	NNGO	Central Equatoria
134	Terre des Hommes Foundation	TDH	NNGO	Central Equatoria
135	Mulrany International	MI	NNGO	Unity State



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