



# SOUTH SUDAN - CRISIS

FACT SHEET #12, FISCAL YEAR (FY) 2018

SEPTEMBER 30, 2018

## NUMBERS AT A GLANCE

**7 million**

Estimated People in South Sudan Requiring Humanitarian Assistance  
2018 Humanitarian Response Plan – December 2017

**6.1 million**

Estimated People in Need of Food Assistance in South Sudan  
IPC Technical Working Group – September 2018

**2 million**

Estimated IDPs in South Sudan  
OCHA – September 30, 2018

**198,100**

Estimated Individuals Seeking Refuge at UNMISS Bases  
UNMISS – August 23, 2018

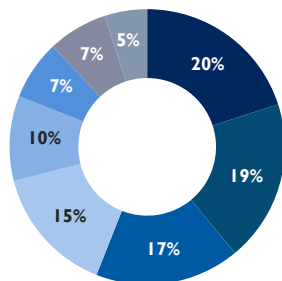
**2.5 million**

Estimated Refugees and Asylum Seekers from South Sudan in Neighboring Countries  
UNHCR – September 30, 2018

**298,900**

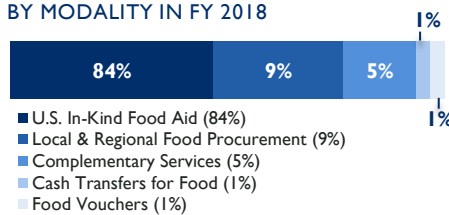
Estimated Refugees from Neighboring Countries in South Sudan  
UNHCR – August 31, 2018

## USAID/OFDA<sup>1</sup> FUNDING BY SECTOR IN FY 2018



- Logistics Support & Relief Commodities (20%)
- Water, Sanitation & Hygiene (19%)
- Health (17%)
- Nutrition (15%)
- Protection (10%)
- Agriculture & Food Security (7%)
- Humanitarian Coordination & Info Management (7%)
- Shelter & Settlements (5%)

## USAID/FFP<sup>2</sup> FUNDING BY MODALITY IN FY 2018



- U.S. In-Kind Food Aid (84%)
- Local & Regional Food Procurement (9%)
- Complementary Services (5%)
- Cash Transfers for Food (1%)
- Food Vouchers (1%)

## HIGHLIGHTS

- Conflict results in nearly 383,000 civilian deaths from December 2013–April 2018
- 6.1 million people experience acute food insecurity in July and August
- Relief actors face access impediments disrupting assistance to 1.5 million people

## HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE

USAID/OFDA \$135,187,409

USAID/FFP \$402,253,743

State/PRM<sup>3</sup> \$91,553,826

**\$628,994,978<sup>4</sup>**

TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN CRISIS IN FY 2018

**\$3,760,121,951**

TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2014–2018, INCLUDING FUNDING FOR SOUTH SUDANESE REFUGEES IN NEIGHBORING COUNTRIES

## KEY DEVELOPMENTS

- Conflict in South Sudan resulted in nearly 383,000 civilian deaths between December 2013 and April 2018, according to a USG-funded study. Nearly 50 percent of the deaths were due to violence, while the remainder resulted from food insecurity, reduced access to health care services, increased risk of disease, and other factors associated with the conflict.
- Approximately 6.1 million people in South Sudan—nearly 60 percent of the country’s population—experienced Crisis—IPC 3—or worse levels of acute food insecurity during July and August, including 47,000 people who faced Catastrophe—IPC 5—levels, humanitarian agencies report.<sup>5</sup> An estimated 5.2 million people will likely continue to experience acute food insecurity at the start of the lean season, the period of the year when food is scarcest, projected to begin in early 2019.

<sup>1</sup> USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID’s Office of Food for Peace (USAID/FFP)

<sup>3</sup> U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

<sup>4</sup> This total does not include \$215.9 million in FY 2018 U.S. Government (USG) funding for South Sudanese refugees in neighboring countries, which increases total USG emergency funding for the South Sudan crisis in FY 2018 to more than \$844.9 million.

<sup>5</sup> The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5. A Famine classification applies to a wider geographical location, while the term Catastrophe—IPC 5—refers to an extreme lack of food at the household level.

## CURRENT EVENTS

- Conflict in South Sudan resulted in nearly 383,000 deaths between December 2013 and April 2018, according to a study by the London School of Hygiene and Tropical Medicine published in late September. Approximately 190,000 of the deaths were directly attributable to violence, while the remainder were casualties due to conflict-related factors, such as food insecurity, reduced access to health care services, and increased risk of disease. Research staff used a statistical model based on previously collected data from humanitarian agencies and media reports to determine the figures. The study presents the first scientifically derived estimate of the death toll resulting from the conflict, bringing focus to the human costs of war. The report did not evaluate the humanitarian response, but can be used to inform policymakers, as well as ongoing humanitarian response efforts.
- On September 12, Sudan People's Liberation Army (SPLA) and SPLA-In Opposition (SPLA-IO) representatives signed the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan. However, local media reported clashes between SPLA and SPLA-IO forces in Central Equatoria State's Kajo-Keji and Yei counties in the following days, as well as intermittent clashes in Unity State's Koch County in late September.
- UN Special Representative of the Secretary-General and Resident and Humanitarian Coordinator Alain Noudéhou led a high-level delegation comprising representatives from donor governments and UN agencies on September 11 to Jonglei State's Akobo County to meet with SPLA-IO authorities and humanitarian organizations in the county. The delegation emphasized the responsibility of local authorities to ensure the safety and security of humanitarian workers and underlined the importance of respect for humanitarian access and principles. The Akobo County Commissioner assured the delegation that local authorities would support the delivery of humanitarian assistance and ensure freedom of movement for relief workers.
- On September 28, South Sudan became the 143rd country to accede to the 1951 Refugee Convention and its 1967 Protocol. Accession to the Convention and its Protocol marks a commitment by the Government of the Republic of South Sudan (GoRSS) to protect refugees and asylum-seekers in the country, including upholding the principle of non-refoulement—the practice of not forcing refugees to return to a country where serious threats to their life or freedom are present. As of August 31, South Sudan hosted nearly 299,000 refugees from countries within the region, approximately 93 percent of whom have fled neighboring Sudan, according to the Office of the UN High Commissioner for Refugees (UNHCR). With funding from State/PRM, UNHCR works with other UN agencies, non-governmental organizations (NGOs), and the GoRSS Commissioner for Refugee Affairs to provide multi-sector assistance to refugees in South Sudan.
- South Sudan also became the 168<sup>th</sup> state to accede to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict on September 27. Under the protocol, governments are obligated to prevent children younger than 18 years of age from directly engaging in hostilities, demobilize all children currently enrolled in armed forces, and support children's physical and psychological recovery and social reintegration. The UN Children's Fund (UNICEF) is supporting the release of children formerly associated with armed groups throughout the country, with more than 900 children released to date in 2018.

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## INSECURITY, DISPLACEMENT, AND HUMANITARIAN ACCESS

- Following the relocation of approximately 3,500 internally displaced persons (IDPs) from the UN Mission in South Sudan (UNMISS) UN House protection of civilians (PoC) site 3 in the capital city of Juba to the city's Mangateen neighborhood on September 2, relief agencies coordinated with UNMISS to provide emergency assistance, including temporary shelter construction, to relocated IDPs. On September 8, USAID partners World Vision and the UN World Food Program (WFP) provided 30-day food rations to more than 3,000 IDPs in Mangateen. In addition, USAID/OFDA partners Concern Worldwide, the International Medical Corps (IMC), and the International Rescue Committee (IRC) are providing health care services, relief commodities, and shelter materials to the relocated population.
- On September 20, USAID Disaster Assistance Response Team (DART) staff assessed humanitarian conditions for IDPs in Mangateen. Nutrition conditions among both newly arrived IDPs and host community members remain of concern. In addition, the area is highly congested, which presents protection concerns, particularly as adults and

children are sheltering together with little separation. Relief agencies are working to decongest the area; as of September 20, relief agencies had relocated more than 230 households to communal shelters and tented settlements. The GoRSS Relief and Rehabilitation Commission is also working to secure additional land for the IDPs.

- Humanitarian staff in South Sudan continue to face impediments that either severely restrict or completely impede access to approximately 1.5 million people, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). Central Equatoria, Unity, Upper Nile, and Western Bahr el Ghazal states are most impacted, with humanitarian access often extremely difficult or impossible in those areas. The most common constraints include insecurity, checkpoints, administrative and bureaucratic impediments, and inaccessible roads in many locations during the May-to-September rainy season.
- On September 3, unidentified armed men attacked a marked NGO vehicle in Yei County's Limbe town, killing a national staff member of South Sudanese NGO ACROSS, the UN and local media report. From March–September, armed actors have conducted at least four attacks on humanitarian convoys in Yei, according to the UN.

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## PROTECTION

- IDPs across South Sudan continue to face protection risks, with women and children particularly at risk of gender-based violence (GBV). In FY 2018, USAID/OFDA contributed more than \$13 million to UN agencies and NGOs, including Danish Refugee Council (DRC), Nonviolent Peaceforce, and Norwegian Refugee Council (NRC), to conduct protection interventions for vulnerable populations. In addition, through the International Organization for Migration (IOM)-managed Rapid Response Fund (RRF), USAID/OFDA supports national NGOs to quickly respond to humanitarian needs. For example, with USAID/OFDA support through the RRF, the Civil Society and Human Rights Organization is establishing child-friendly spaces, training staff on child protection issues, and conducting family tracing and reunification activities. National NGO Grassroots Empowerment and Development Organization is also providing life-saving child protection services, including identifying and registering unaccompanied and separated children, to IDPs and host community members in Eastern Equatoria State's Kapoeta East County, with USAID/OFDA funding through the RRF.
- Relief agencies have noted increasing levels of GBV incidents among IDP and host community populations in Lakes State's Yirol East County in recent months. In response, USAID/OFDA provided funding through the RRF to national NGO Women Aid Vision (WAV) to strengthen and expand GBV prevention and response activities through awareness raising and service delivery. WAV plans to train 30 community-based protection committee members to respond to GBV cases, along with training 30 social workers and community volunteers on GBV case management, PSS services, and psychosocial first aid. In addition, the NGO will provide training to 20 local healthcare providers on clinical management of GBV cases.

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## AGRICULTURE, FOOD SECURITY, AND NUTRITION

- During July and August, the peak of the lean season, approximately 6.1 million people—nearly 60 percent of South Sudan's population—experienced Crisis or worse levels of acute food insecurity, according to a September 28 IPC report. The food-insecure population represents an increase compared to September 2017, when 56 percent of the country's population faced acute food insecurity. Food security conditions improved slightly in September; however, some populations—approximately 47,000 people—in Jonglei's Canal/Pigi County; Lakes' Yirol East and Yirol West counties; Unity's Leer and Mayendit counties; Upper Nile's Panyikang County; and Western Bahr el Ghazal's Wau County, experienced Catastrophe levels of acute food insecurity, representing a greater number of counties compared to the same time last year, according to the report. Insecurity, lack of livelihood opportunities, population displacement, and restricted humanitarian access have exacerbated food security conditions in vulnerable areas, though emergency response activities prevented worse food security and nutrition outcomes. Although food security conditions are expected to improve from October–December during the post-harvest season, an estimated 5.2 million

people will likely continue to experience Crisis or worse levels of acute food insecurity from January–March 2019 due to an early onset of the lean season in areas where planting and harvest was limited.

- While nutrition conditions have slightly improved compared to 2017, relief agencies reported global acute malnutrition (GAM) levels above the UN World Health Organization (WHO) emergency threshold of 15 percent in more than 30 counties in Jonglei, Unity, Upper Nile, and Warrap states due to food insecurity, restricted access to health care and nutrition services, and poor water, sanitation, and hygiene (WASH) conditions. Relief agencies expect acute malnutrition prevalence to increase in early 2019 when the lean season begins.
- In mid-September, USAID/FFP partner WFP distributed food and nutrition assistance to more than 16,000 people in Western Bahr el Ghazal’s Greater Baggari area. The distributions included a 15-day food ration for 13,300 food-insecure individuals and a 30-day ration of specialized nutrition commodities for 2,800 pregnant and lactating women and children younger than five years of age. GAM levels in Greater Baggari have increased from 3.6 percent to 24 percent from May–September due to humanitarian access constraints, according to relief organizations.
- Despite insecurity and access challenges, the Rapid Response Mechanism (RRM), led by UNICEF and WFP, continues to provide life-saving nutrition services to populations in remote locations. During July and August, RRM staff conducted 11 missions in Jonglei and Unity, screening more than 19,200 children younger than five years of age and treating nearly 800 and 2,400 children for severe acute malnutrition (SAM) and moderate acute malnutrition, respectively.
- With USAID/FFP support, UNICEF admitted nearly 18,000 children ages 6–59 months for SAM treatment across South Sudan in August. In 2018 to date, UNICEF and implementing partners have admitted approximately 127,000 children for SAM treatment; nearly 90 percent of admitted children have recovered and exited treatment. USAID/FFP provided approximately \$14.4 million—including 1,170 metric tons (MT) of nutrition commodities—to UNICEF in FY 2018 to support life-saving interventions for children facing SAM.
- Normal rainfall during the rainy season has facilitated favorable crop conditions, leading to the commencement of harvests in some agricultural regions across South Sudan in September, according to the UN Food and Agriculture Organization (FAO). Despite improvements in crop conditions, dry conditions in parts of Central Equatoria, Eastern Equatoria, Jonglei, and Northern Bahr el Ghazal states could undermine crop production during the upcoming harvest, FAO reports. In addition, infestations of fall armyworm—an invasive crop pest that consumes maize and other crops—have damaged cereal crops in some areas. To support the upcoming harvest, FAO previously distributed 4,800 MT of crop seeds to farmers across South Sudan. In FY 2018, USAID/FFP and USAID/OFDA provided \$15 million and \$2.5 million, respectively, to the UN agency to bolster agricultural production and improve access to food in the country.

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## HEALTH AND WASH

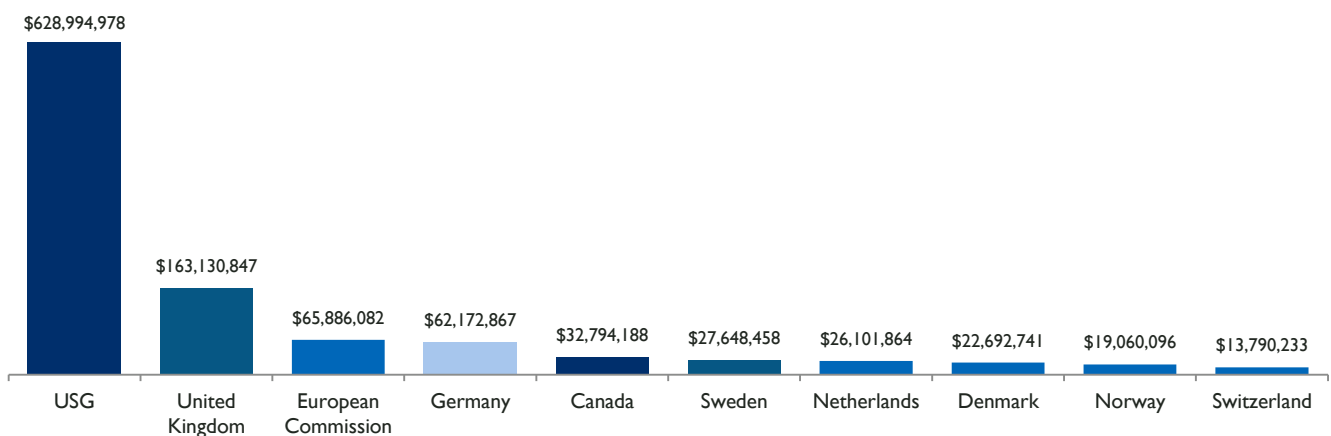
- Health agencies in South Sudan continue to monitor the ongoing Ebola Virus Disease (EVD) outbreak in neighboring Democratic Republic of the Congo (DRC) and are scaling up EVD preparedness activities in South Sudan following a recent WHO decision to elevate its risk assessment for the spread of the disease, though available resources and current capacity in the country are insufficient. The GoRSS Ministry of Health (MoH), with support from WHO and other health agencies, is coordinating preparedness activities, including capacity assessments, mapping, and mobilization of screening sites. As of September 19, the MoH had established six screening points, including three land border crossing sites. Health agencies are also conducting EVD awareness campaigns throughout the country, training border officials on screening measures at entry points, and constructing isolation centers in high-risk areas.
- In FY 2018, USAID/OFDA supported American Refugee Committee (ARC) multi-sector programming for IDPs in Eastern Equatoria’s Budi County, Central Equatoria’s Kajo-Keji County, and Upper Nile’s Ulang County. ARC’s programs integrate protection, shelter, and WASH components in all three locations. In August, ARC conducted training for hand pump mechanics and hygiene promoters and repaired five hand pumps across the three counties. ARC also distributed emergency relief commodities and shelter supplies in Kajo-Keji’s Korijo IDP camp and plans to conduct similar distributions in Ulang.

- USAID/OFDA partner IOM reached nearly 50,000 people in August with mental health and psychosocial support (MHPSS) services. IOM staff also conducted hygiene promotion activities and awareness sessions on forced and early marriage and availability of services for people with disabilities or HIV/AIDS for communities near Western Bahr el Ghazal's Wau town. In FY 2018, USAID/OFDA provided more than \$1 million to IOM to support MPHSS programming for conflict-affected populations in South Sudan.

## USG ASSESSMENTS

- On September 19, a USG delegation—comprising a DART member and State/PRM representatives—traveled to Upper Nile's Maban County to assess humanitarian conditions and discuss the status of USG-funded programs since armed individuals attacked humanitarian compounds in the area in late July. The delegation visited an IMC nutrition site and observed damaged commodities; relief organizations are currently replacing the destroyed supplies and regaining access with the support of UN force protection. Humanitarian agencies have increased staffing at refugee camps in Maban since the evacuation of staff following the late July attacks, but relief operations in some locations inside and outside of the camps remain limited.
- A USAID delegation, including staff from the DART and the USAID/South Sudan Office of Transition and Conflict Mitigation, traveled to Unity's Bentiu town on September 12 to assess humanitarian conditions and monitor USAID-funded programs in the area. The delegation visited a water treatment facility rehabilitated with USAID funding, observed youth livelihood programs at a local youth center, visited the Bentiu market, and spoke with female residents of an informal settlement near Bentiu town. USAID staff also met with USAID/OFDA partner Nonviolent Peaceforce, which provides protection assistance in Bentiu, to discuss gender-based violence activities and security conditions for the town's residents. Additionally, the delegation visited the proposed site of a new humanitarian hub in the town, which aims to relieve overcrowding at the hub located at the UNMISS base and provide assistance to IDPs residing outside of the Bentiu PoC.

### 2018 TOTAL HUMANITARIAN FUNDING\* PER DONOR



\* Funding figures are as of September 30, 2018. All international figures are according to the OCHA Financial Tracking Service and based on international commitments during 2018, while USG figures are according to the USG and reflect publicly announced USG funding for FY 2018, which began on October 1, 2017. The nearly \$486 million in FY 2018 USG humanitarian funding for the South Sudan response does not include support for South Sudanese refugees in neighboring countries.

## CONTEXT

- The January 2005 signing of the Comprehensive Peace Agreement between the Government of Sudan and the southern-based SPLA officially ended more than two decades of north–south conflict during which famine, fighting, and disease killed an estimated 2 million people and displaced at least 4.5 million others within Sudan. In July 2011, South Sudan became an independent state following a referendum earlier in the year.
- On December 15, 2013, clashes erupted in Juba between factions within the Government of the Republic of South Sudan and quickly spread into a protracted national conflict. On December 20, 2013, USAID activated a DART to lead the USG response to the crisis in South Sudan. USAID also stood up a Washington, D.C.-based Response Management Team (RMT) to support the DART.
- On October 19, 2017, U.S. Chargé d’Affaires, a.i., Michael K. Morrow redeclared a disaster in South Sudan for FY 2018 due to ongoing violent conflict, population displacement, restricted humanitarian access, and disruption of trade, markets, and cultivation activities, all of which have significantly exacerbated food insecurity and humanitarian needs.

### USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2018<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA</b>			
Action Against Hunger/USA (AAH/USA)	Agriculture and Food Security, Health, Humanitarian Studies, Analysis, or Applications, Nutrition, WASH	Countrywide	\$3,976,000
Agency for Technical Cooperation and Development (ACTED)	Humanitarian Coordination and Information Management, Shelter and Settlements	Jonglei, Central Equatoria, Countrywide	\$3,600,000
Alliance for International Medical Action (ALIMA)	Health, Nutrition, WASH	Western Bahr el Ghazal	\$1,700,000
ARC	Protection, Shelter and Settlements and WASH	Central Equatoria, Eastern Equatoria, Upper Nile	\$2,500,000
CARE	Health, Nutrition, Protection	Eastern Equatoria	\$2,500,000
Concern	Agriculture and Food Security, Health, Logistics Support and Relief Commodities, Nutrition, Shelter and Settlements, WASH	Central Equatoria, Northern Bahr el Ghazal, Unity	\$6,400,000
DRC	Humanitarian Coordination and Information Management, Protection, Shelter and Settlements	Unity, Upper Nile	\$2,500,000
FAO	Agriculture and Food Security, Humanitarian Coordination and Information Management	Countrywide	\$2,500,000
Food for the Hungry	Agriculture and Food Security, Logistics Support and Relief Commodities, WASH	Jonglei, Upper Nile	\$1,900,000
iMMAP	Humanitarian Coordination and Information Management	Countrywide	\$424,000
IMC	Health, Nutrition, Protection	Central Equatoria, Upper Nile	\$6,500,000
Interchurch	Health, Nutrition	Jonglei, Upper Nile	\$3,871,017
IOM	Health, Humanitarian Coordination and Information Management, Protection, Shelter and Settlements, WASH	Countrywide	\$20,000,000



IRC	Health, Humanitarian Coordination and Information Management, Nutrition, Protection	Central Equatoria, Unity, Countrywide	\$3,142,953
Medair	Health, Nutrition, Protection, WASH	Northern Bahr el Ghazal, Unity, Upper Nile	\$7,000,000
Mercy Corps	WASH	Unity, Western Equatoria	\$3,099,810
Nonviolent Peaceforce	Protection	Jonglei, Unity	\$2,833,603
NRC	Humanitarian Coordination and Information Management, Protection	Countrywide	\$823,795
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$3,000,000
Relief International	Health, WASH	Upper Nile	\$3,000,000
Samaritan's Purse	Agriculture and Food Security, Nutrition, WASH	Northern Bahr el Ghazal, Unity	\$4,303,419
Save the Children/U.S. (SC/US)	Health, Humanitarian Coordination and Information Management, Nutrition, Protection, WASH	Eastern Equatoria, Countrywide	\$3,000,000
Tearfund	Agriculture and Food Security, Nutrition, WASH	Jonglei	\$2,000,000
UNICEF	Humanitarian Coordination and Information Management, Nutrition, Protection, WASH	Countrywide	\$10,904,800
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$10,000,000
Vétérinaires Sans Frontières/Germany (VSF/G)	Agriculture and Food Security	Jonglei, Unity, Upper Nile	\$1,700,000
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Countrywide	\$16,000,000
World Relief International (WRI)	Health, Nutrition, WASH	Jonglei, Unity, Upper Nile	\$899,563
World Vision	Agriculture and Food Security, Humanitarian Coordination and Information Management, Protection, WASH	Upper Nile, Countrywide	\$3,350,000
	Program Support		\$1,758,449
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$135,187,409</b>
<b>USAID/FFP<sup>2</sup></b>			
CRS	8,200 MT of U.S. In-Kind Food Aid	Jonglei	\$55,896,856
FAO	Complementary Services, Food Vouchers	Countrywide	\$15,000,000
	1,170 MT of U.S. In-Kind Food Aid	Countrywide	\$14,400,000
UNICEF	609 MT of Local and Regional Procurement	Countrywide	\$3,387,493
	Complementary Services	Countrywide	\$1,047,867
WFP	72,690 MT of U.S. In-Kind Food Aid	Countrywide	\$268,521,527
	18,332 MT of Local and Regional Procurement	Countrywide	\$35,000,000

	Cash Transfers for Food, Complementary Services	Countrywide	\$9,000,000
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$402,253,743</b>
<b>STATE/PRM ASSISTANCE IN SOUTH SUDAN</b>			
ACTED	Livelihoods, Protection	Upper Nile	\$558,795
Africa Humanitarian Action (AHA)	Primary Healthcare, Reproductive Health and Psychosocial Support	Unity	\$1,368,206
International Committee of the Red Cross (ICRC)	Multi-Sector Assistance	Countrywide	\$39,300,000
IMC	Health, Psychosocial and Maternal Health	Upper Nile	\$1,500,000
IRC	Protection, GBV, Reproductive and Primary healthcare	Unity	\$1,500,000
Internews Network	Protection, Communications	Unity	\$1,047,877
Jesuit Refugee Service (JRS)	Protection, education and Psychosocial support	Upper Nile	\$1,404,129
Lutheran World Federation (LWF)	Child Protection, Education and Capacity Building	Upper Nile, Unity	\$1,445,039
The MENTOR Initiative	Health, Protection	Upper Nile, Unity	\$1,453,060
Relief International (RI)	Primary Healthcare	Upper Nile	\$1,500,000
SC/US	Child Protection, Education and Capacity Building	Upper Nile	\$926,720
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$1,150,000
UNHCR	Multi-Sector Assistance	Countrywide	\$38,400,000
<b>TOTAL STATE/PRM FUNDING IN SOUTH SUDAN</b>			<b>\$91,553,826</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE SOUTH SUDAN RESPONSE IN FY 2018</b>			<b>\$628,994,978</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2018.

<sup>2</sup> Estimated value of food assistance and transportation costs at time of procurement; subject to change.

<sup>3</sup> This total does not include \$215.9 million in FY 2018 USG funding for South Sudanese refugees in neighboring countries, which increases total USG emergency funding for the South Sudan crisis in FY 2018 to more than \$844.9 million.

## PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [www.interaction.org](http://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [www.cidi.org](http://www.cidi.org) or +1.202.661.7710.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>