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Emergency appeal Sudan: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRSD024	63,540 people to be assisted	Appeal launched 16 May 2017
Glide n° OT-2014-000001-SDN	4,184,769 Swiss francs current Appeal budget	Appeal ends 16 May 2018

This Emergency Appeal is launched on a preliminary basis and seeks a total of **4,184,769 Swiss francs** to enable the IFRC to support the **Sudanese Red Crescent Society (SRCS)** deliver assistance and support **63,540 people** (South Sudanese refugees) for **12 months**. The response will focus on the following areas of interventions: **health; water sanitation and hygiene (WASH); shelter (including Household non-food items); and National Society capacity building**. The planned response reflects the current situation and information available at this time of the evolving operation, and will be adjusted based on further detailed assessments and further analysis.

Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

The crisis and the Red Cross Red Crescent response to date

December 2013: Mass population movement influx to Sudan following the conflict in South Sudan from Northern Bahr El Gazal, Unity and Upper Nile states.

July 2016: Conflict continues in Juba between two rival groups with the exodus of refugees into neighboring countries continuing at an alarming rate.

February 2017: UN declares famine in part of South Sudan especially in the northern part bordering Sudan resulting in new population movement influx in to Sudan. UNHCR and partners took part in an inter-agency needs assessment mission to verify arrival figures and assess the situation on the ground at the reception centres.

February – May 2017: The SRCS is closely monitoring the influx of population and working with UNHCR to address programming needs in White Nile state, Sudan.

15 May 2017: The IFRC launches an Emergency Appeal for 4,184,769 Swiss francs, to enable the delivery of assistance to 63,540 people.



Registration of Refugees at the reception center by SRCS staff. Photo IFRC

The operational strategy

Background

Roughly 4.8 million South Sudanese face severe food insecurity, and more than two million are displaced by conflict. The conflict in South Sudan has further intensified since July 2016, with the exodus of refugees into neighbouring countries continuing at an alarming rate, generating Africa's largest refugee crisis. There has been a steady arrival of South Sudanese refugees mostly into East Darfur, South Darfur, White Nile, West Kurdufan and South Kurdufan states.

Alarmingly, more than one-third of the total population in South Sudan are food insecure and the prevalence of global acute malnutrition (GAM) has reached above the 15 percent emergency threshold in seven of ten states, and is approximately double the emergency threshold in Unity and Northern Bahr el-Ghazal states. The country has also suffered a cholera outbreak for the third consecutive year.¹

The Government of Sudan has maintained an open border policy, allowing safe and unrestricted access to its territory for those fleeing the conflict in South Sudan, and has ensured their immediate protection and safety within its borders. Since 1 January 2017, over 30,973 refugees have arrived in Sudan, which exceeds average arrival trends observed in January through March in 2014-2016. With the ongoing conflict and food insecurity in South Sudan, more than 351,048² South Sudanese refugees have arrived in Sudan since the start of the conflict in December 2013.

Thus, this Emergency Appeal is launched to enable IFRC to support SRCS in its emergency response. The SRCS had conducted needs assessment in all states receiving South Sudanese refugees and assessed the overall gaps of humanitarian support needed. Based on the assessments, the appeal interventions focus on emergency needs and reducing immediate vulnerabilities through interventions in Health including Psychosocial Support (PSS), WASH, Emergency Shelter and Settlement (including household items) and National Society capacity building. The activities are targeting the most affected people, mostly new refugee arrivals due to the ongoing conflict and food insecurity in South Sudan. In this appeal, 12,708 households (63,540 people) are targeted.³

Current Response

UNHCR through SRCS is supporting refugees in WASH, Health and distribution of emergency shelter and Non-Food Items (NFIs) since 2015 for more than 90,000 refugees in White Nile, South Kurdufan, West Kurdufan, East Darfur and South Darfur. In addition to this Danish Red Cross is supporting PSS activities in White Nile states in two refugee camps. ICRC is also supporting SRCS in conducting Restoring Family links in these affected area.

Interventions in camps will be carried out in coordination with the states coordination mechanisms and within SRCS capacities and availability of resources. In addition (but outside the scope of this appeal), SRCS is already participating in food distribution for 304,867 South Sudan refugees living in camps and outside camps through partnership with World Food Programme (WFP) and distribution of NFIs in partnership with UNHCR.

Needs Assessment

According to the SRCS rapid assessment in West Kurdufan, South Kurdufan, South Darfur, and East Darfur, the influx of South Sudanese refugees is projected to remain steady. The population movement emergency is driven by ongoing violence, deteriorating food insecurity and limited humanitarian assistance in South Sudan. The new arrivals are mostly women and children in poor health because of lack of food and exhaustion from the journey. They are in urgent need of protection, nutrition, shelter and health support (including PSS). An inter-agency need assessment was conducted recently in this area and the report will be issued soon. The next update of this operation will use this assessment findings to review the appeal.

The daily influx of South Sudanese refugees arriving in the camps have little belongings with them and most children arrive without clothing. The continued influx of refugees brings an increased risk of disease outbreaks, which calls for a stronger capacity in health interventions.

¹ [UNHCR South Sudan Regional Refugee Response Plan January – December 2017](#)

² UNHCR-SOUTH SUDANESE REFUGEE EMERGENCY update 20 March 2017

³ There are over 161,677 people (32,335 households) in the four selected states of this appeal

Women, children and people with specific needs are most likely to face protection concerns as their family structures have collapsed. Unaccompanied children and under five years are observed in the camps and require support services. Further, adequate water supply and sanitation facilities are urgently needed at the reception centres and camps as well as provision of emergency shelters and first aid services are critically required. More details are outlined below by sector.

Health

Ongoing crises over the last four years and the current drought and manmade famine in South Sudan has led to more people seeking safety and assistance in camps in Sudan, placing greater strain on already diminished aid services such as healthcare, water supply and sanitation infrastructure in Sudan. Health priority needs of refugee populations include life-saving primary healthcare, such as treatment for injury and trauma care, maternal and child health care, immunization, and treatment of endemic and chronic diseases. A high risk of malaria is expected in the shelters and camps due to the rainy season in the area.

PSS with an emphasis on the provision of mental health counselling and care at both the community level and via health facilities is needed. To effectively support this need, health staff/volunteers and community workers should be trained in Psychosocial First Aid (PFA), psychoeducation, stress and coping, loss and grief to be able to support people in distress.

PSS to children through child and other friendly spaces linked to the health facilities, is needed where by children can play, increase their social skills, use creativity to express themselves, develop new competencies and interact with peers and adults in a caring and safe environment. The safe space can also be used to discuss and learn basic self-protection measures. Safe spaces will be linked to existing local protection mechanisms available to ensure protection synergies and local ownership. The safe space can also be used to promote health messages and hygiene promotion. Furthermore, the safe space will be used as to set up women's groups where the women can interact, increase their sense of connectedness and exchange experiences related to child care and positive discipline.

As the refugee numbers from South Sudan have escalated, additional health support is required to meet the needs of the affected population now in Sudan. As such, the Emergency Appeal focuses on gaps in health for the new influx of refugees, both in primary health care and psychosocial support. This is critical in helping to ensure proper community surveillance and health management to an already food insecure and conflict-affected population coming from South Sudan. This health strategy places a large emphasis on personnel costs in light of the increased need for care at SRCS clinics. To complement the above needs, a health delegate is planned for deployment as well as a PSS programme manager and protection advisor.

WASH

West Kurdufan, South Kurdufan, East Darfur and South Darfur states are located within arid to semi-arid agro-ecological zones that are characterized by low rainfall of limited and variable duration and intensity. The main water resources are seasonal water basins and deep groundwater aquifers. The current distribution of water for South Sudanese refugees is supported with improved drinking services through daily water trucking in West Kurdufan, and in East Darfur by UNICEF and other organizations. WASH supplies which includes jerry cans, chlorine tablets, latrine plastic slabs, and hydrogen sulphur for water testing are needed. Some organizations have prepositioned WASH supplies in West Kurdufan warehouses targeting the existing refugees in the camp. However, the gap is clearly observed with the daily arrival of refugees in the states.

The poor hygiene practices in the community require a significant effort in hygiene promotion activities to all refugees including provision of soap and establishment of hand washing points. Considering the high number of female refugees between the age of 12-50 years, UNHCR is developing an approach in distributing one disposable sanitary pad for women as part of the NFI kits for each household. However, the number of menstruating females in a single household is larger than expected. There should be a thorough discussion and consideration in addressing the need of the refugees in this regard and the gaps should be filled accordingly.

Emergency Shelter and NFIs

Newly arrived refugees stay overnight at the reception centres before they are given an allocated plot of land to construct shelter. The service is mainly conducted by UNHCR with the support of SRCS volunteers and staff. Tarpaulin and wooden poles are given to the refugees for the construction of the shelter. The materials given for temporary shelters are weak with dirt floors. The life span of the tarpaulin is six months. The strong wind and fluctuating weather conditions make the temporary shelters susceptible for easy damage.

The Emergency Shelter/NFIs Cluster is targeting some 12,000 households for Emergency Shelter/NFI assistance throughout the year. The Emergency Shelter/NFI Cluster has decided to include shelter support material such as tarpaulins, bamboo sticks, wooden poles, rope and tools to be provided with the basic NFI kit in locations where such materials are not easily available, to prevent refugees leaving the camps to look for such materials and being exposed to protection risks. The planned SRCS intervention is to support gaps in assistance and will be implemented in coordination with the cluster partners.

Beneficiary selection

63,540 individuals (12,708 households) in nine camps across the four selected states will be targeted through various SRCS interventions. Primary beneficiaries include new arrivals in reception centres and camps who were not targeted by other interagency plans. Assistance will focus in emergency health, hygiene promotion, emergency water delivery, water and sanitation, and emergency shelter including basic household items in line with SRCS strategic organizational priorities. The SRCS will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to gender and diversity in emergency programming.

Overall objective

Basic immediate needs of South Sudan Refugees in West Kurdufan, South Kurdufan, East Darfur and South Darfur camps are met through provision of essential emergency services in Health (including PSS), WASH and the provision of emergency shelter to 63,540 people (12,708 households) living in camps for a period of 12 months.

Coordination and partnerships

The SRCS, as a member and key actor among the humanitarian actors in Sudan, has been coordinating efforts and actions with Movement partners. The SRCS has remained the country's key strategic humanitarian agency with good working relationship and collaboration with the Government of Sudan, IFRC, ICRC, PNSs present in the country and UN agencies. The SRCS also enjoys the confidence of the Government of Sudan and the community in its humanitarian actions which are based on the Movement fundamental principles and has access to most of the vulnerable population in the country.

The IFRC country office in Sudan has one Operations Manager, who was deployed in October 2016 to work with SRCS to support the planning, implementation and monitoring of appeals in the country, and has assisted in the development of this operation.

Besides the IFRC and ICRC, there are eight Partner National Societies (PNSs) who have offices in Khartoum supporting various activities of the SRCS in the country. The PNSs present in Sudan are Danish, German, Netherlands, Spanish, Qatar, Saudi, Swedish and Swiss Red Cross and Red Crescent Societies.



Movement Coordination

The SRCS, IFRC, ICRC and PNSs participate in regular emergency operation meetings. All issues, including potential bilateral and multilateral actions, are discussed at these meetings. Information sharing and coordination is also taking place on a regional level.

Overview of non-RCRC actors in country

The National and State level authorities have been coordinating the overall response to the population movement. Sudanese government authority for refugee management, Commission of Refugees (COR) and UN agencies (UNHCR, WFP, IOM, UNICEF, WHO) are supporting the states in the camp and non-camp management of humanitarian support to refugees together with the SRCS. Other international and national Non-Governmental Organisations (CONCERN, CARE, Global Aid Hands, ASSIST, UMCOR and NIDO) are currently supporting the refugee communities in WASH, Education, Shelter, and Health activities.

Proposed sectors of intervention

 Health
Outcome 1: Reduced immediate health risks to the affected refugee populations
Output 1.1: Improved access to health care and emergency health for the targeted population and communities
<p>Activities planned:</p> <ul style="list-style-type: none"> • Rehabilitation of Seven health facilities and provision of basic lab equipment • Support increased caseloads at SRCS health clinics by providing incentives for health staff in the 11 health clinics • Procurement and deployment of four Interagency Emergency Health Kits (IEHK) in selected SRCS clinics • Procurement and distribution of 150 First Aid Kits • Refresher training on First aid in Emergencies in four states for 30 volunteers in each state • Procurement and installation of a tent hospital for new arrivals • Conduct Minimum Initial Service Package (MISP) training for 20 health staff • Conduct training on nutritional assessment for children for 250 volunteers • Conduct orientation for medical staff • Setting up of functional referral system for mental health and psychosocial support • Establish and run child and other friendly spaces in seven camps • Establish women's groups with focus on caregivers' wellbeing and child care/positive parenting
Output 1.2: Improved knowledge about public health issues among refugees and host communities in the four states
<p>Activities planned:</p> <ul style="list-style-type: none"> • Health and hygiene promotion campaigns on prevention and control of common communicable diseases such as Malaria, Acute Watery Diarrhoea, bloody Diarrhoeas, Dermatitis and other outbreaks likely to occur during emergency situations. This is across four states (West Kurdufan, South Kurdufan, South Darfur and East Darfur) in nine camps. • Deployment of staff and volunteers for public health campaigns in collaboration with MoH, UNICEF, WHO • Printing of IEC materials/Public Health Messages and distribute health promotion materials
 Water; Sanitation; Hygiene Promotion
Outcome 2: Reduced risk of waterborne disease amongst affected population through improved access to safe drinking water, safe sanitation and good hygiene behaviours
Output 2.1: Improved accesses to safe water and sanitation and improved hygiene awareness and behaviour for the target population in four states
<p>Activities planned:</p> <ul style="list-style-type: none"> • Hiring of water tankers for water trucking for 12 months in two states (west Kurdufan and East Darfur) • Procure and install T 95 tanks in ten targeted refugee areas • Procure and install T 45 tanks in ten targeted refugee areas • Provide materials and construct 15 water tap stands in ten locations • Construction of platforms for water points • Rehabilitation of two water yards in two host communities (South Darfur and South Kurdufan) • Construct 40 emergency latrines in nine refugee locations in four States (West/South Kurdufan and South/East Darfur) • Provide materials and construct 15 garbage containers • Rental of tractor for waste disposal for three months in nine locations • Conduct 60 Hygiene Awareness Sessions for three months • Conduct 150 home visits daily in nine refugee locations for three months

- Conduct refresher training for 120 SRCS WASH volunteers
- Conduct nine Awareness Sessions for Refugee Representatives in nine areas/camps
- Protection mainstreaming trainings for all sectors



Shelter and Settlements (and household items)

Outcome 3: The immediate shelter and settlement needs of 4,000 families are met

Output 3.1: 4000 families across the four states of East Darfur, south Darfur, West Kurdufan and South Kurdufan are assisted with standard NFI and Shelter kit

Activities planned:

- Procurement of 4000 Emergency Shelter and NFI kits for 4,000 households
- Orientation and training of volunteers and staff on construction of emergency shelters by Shelter Cluster
- Distribution of relief items to beneficiary population in four states through volunteers
- Procurement of 500 tents



National Society capacity building

Outcome 4: Increase capacity of the Sudanese Red Crescent Society to respond to the emergency and needs of the affected population

Output 4.1: Strengthened SRCS's auxiliary role among key stakeholders through coordination, advocacy and diplomacy.

Activities planned:

- Humanitarian Diplomacy trainings for 30 SRCS staff and volunteers from the headquarters and the targeted branches to enhance their skills in engaging with non-Movement partners in discussing their auxiliary role.
- Coordination and engagement with key stakeholders
- Documentation of good practices

Output 4.2: Branches are equipped and trained to respond to conflict and displacement

Activities planned:

- Procurement of computers and laptops.
- Recruitment and deployment of staffs
- Purchase of fire extinguishers
- Procurement of two storage facilities/warehouses
- Procurement of two trucks
- Procurement of Land cruiser vehicles

In addition to the sectors above, the operation will be underpinned by a commitment to **quality programming** that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, crisis-affected people
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.

Quality programming; Areas common to all sectors
Quality programming (areas common to all sectors)
Outcome 5: Continuous participatory monitoring and assessment to inform program design
Output 5.1: A comprehensive monitoring and reporting framework and system for ensuring accountability to beneficiaries established
<p>Activities planned:</p> <ul style="list-style-type: none"> • Establish needs assessments templates, carry out needs assessments and identify beneficiaries • Establish a Monitoring and Reporting Framework for the operations • Joint monitoring of the operations by SRCS HQ/IFRC and branches • Mid-term review (internal) to include all relevant technical sectors • Final evaluation of the operation • Mobilize and train volunteers for assessments & verifications • Train branch staff on M&R tools and requirements
Output 5.2: Strengthened communication with and accountabilities to beneficiaries
<p>Activities planned:</p> <ul style="list-style-type: none"> • A beneficiary feedback mechanism is developed and established defining accountability to beneficiaries and to ensure effectiveness of the response • Organize two Beneficiary Community trainings for key branch staff and volunteers. • Quarterly meeting with beneficiary committees (one meeting per state at different locations) • Communication brochures and Information Education Communication (IEC) materials about SRCS work and activities
Outcome 6. Implementation of SRCS programming is improved by ensuring effective and timely communication with refugees and engaging them by considering displaced persons opinion and feedback
Output 6.1: Displaced people are engaged in two-way communication, incorporating their opinions and needs for the implementation of response plans
<p>Activities planned:</p> <ul style="list-style-type: none"> • Setting up of feedback/suggestion boxes and information boards in the community centres; • Conduct of periodic Focus Group Discussions (FGD) to collect beneficiary feedback and incorporate refugees' opinion during EPoA update

Programme support services

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	497,445			497,445
Shelter - Transitional	133,847			133,847
Construction - Housing	0			0
Construction - Facilities	70,000			70,000
Construction - Materials	0			0
Clothing & Textiles	175,960			175,960
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	382,641			382,641
Medical & First Aid	185,240			185,240
Teaching Materials	13,300			13,300
Utensils & Tools	100,000			100,000
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,558,433	0	0	1,558,433
Land & Buildings	0			0
Vehicles	360,000			360,000
Computer & Telecom Equipment	24,000			24,000
Office/Household Furniture & Equipment	145,750			145,750
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	529,750	0	0	529,750
Storage, Warehousing	72,900			72,900
Distribution & Monitoring	20,000			20,000
Transport & Vehicle Costs	96,986			96,986
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	189,886	0	0	189,886
International Staff	336,000			336,000
National Staff	0			0
National Society Staff	701,340			701,340
Volunteers	79,625			79,625
Total PERSONNEL	1,116,965	0	0	1,116,965
Consultants	21,000			21,000
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	21,000	0	0	21,000
Workshops & Training	342,450			342,450
Total WORKSHOP & TRAINING	342,450	0	0	342,450
Travel	8,900			8,900
Information & Public Relations	30,690			30,690
Office Costs	353			353
Communications	9,400			9,400
Financial Charges	5,784			5,784
Other General Expenses	0			0
Shared Office and Services Costs	115,749			115,749

Total GENERAL EXPENDITURES	170,876	0	0	170,876
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	255,408	0		255,408
Total INDIRECT COSTS	255,408	0	0	255,408
Pledge Earmarking & Reporting Fees	0			0
Total PLEDGE SPECIFIC COSTS	0	0	0	0
TOTAL BUDGET	4,184,769	0	0	4,184,769
<u>Available Resources</u>				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	4,184,769	0	0	4,184,769

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How we work

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.

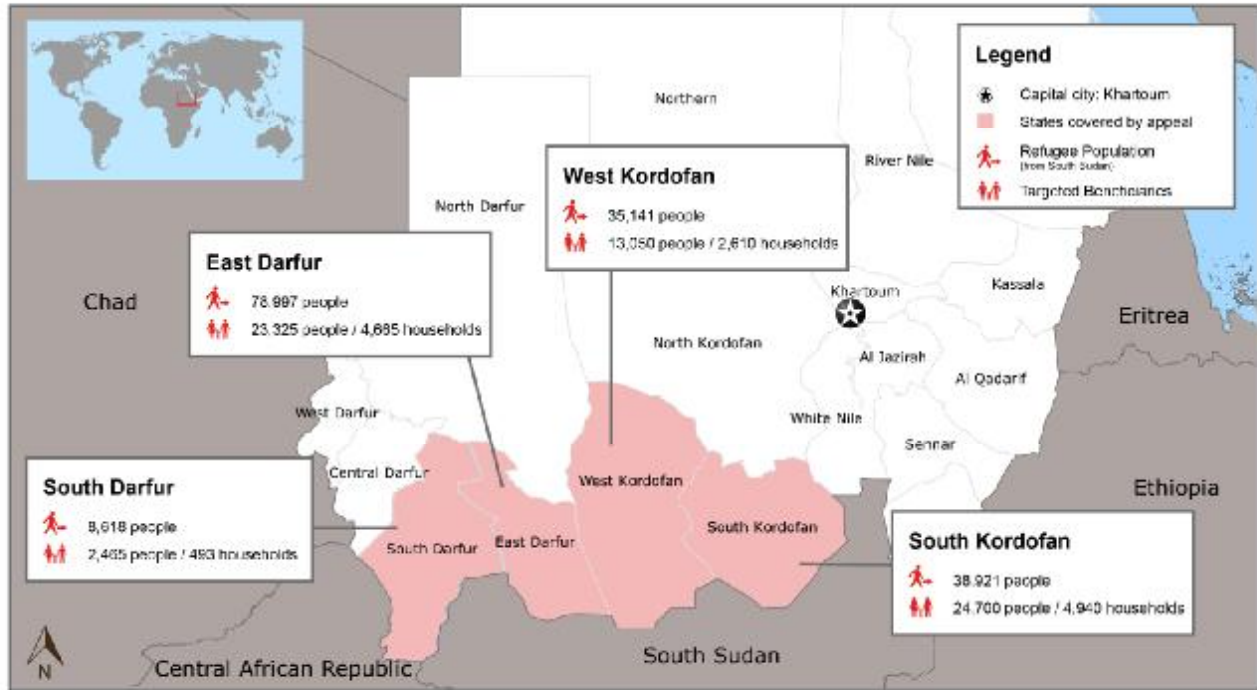


Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.

Sudan: Population Movement



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