### Emergency appeal

**South Sudan: Floods**

<table>
<thead>
<tr>
<th>Appeal n°</th>
<th>MDRSS009</th>
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<td>Glide n°</td>
<td>FL-2019-000062-SSD</td>
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- **To be assisted:** 117,730 people
- **DREF allocated:** CHF 250,000 (Reimbursed)
- **2nd DREF allocation:** CHF 200,000
- **Funding requirement:** 2.7 million Swiss francs
- **Appeal launched:** 26 November 2019
- **Revision no 1:** 7 October 2020
- **Appeal end:** 26 May 2021 (6 months extension)

Approximately 600,000 people have been affected by flooding in areas along the White Nile since July 2020\(^1\), with Jonglei and Lakes being the worst affected states. The situation continues to worsen in several payams in the Panyijiar county and others. In view of the high number of people affected since July and more recent developments, on 25 September the Ministry of Humanitarian Affairs & Disaster Management (MHADM) officially requested increased support from the South Sudan Red Cross (SSRC) to the newly affected areas. Therefore, the revision of the Emergency Appeal will extend the geographical scope of this operation to Jonglei, Lakes, Unity, Upper Nile, Central Equatoria & Western Equatoria states.

This revised Emergency Appeal seeks a total of **2.7 million Swiss francs** (increased from 2.35 million Swiss francs), to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting the South Sudan Red Cross (SSRC) to deliver assistance to **117,730 people** (increased from 96,000). The revised appeal targets six (6) newly affected states, as mentioned above, eight (8) counties (increased from six) and 14 locations in total. The new locations are: Awerial-Yirol Branch, Wulu-Rumbek Branch, Renk-Malakal Branch, Ganyiel-Bentiu Branch, Kapoeta-Torit Branch, Torj South-Kuajok branch, Mundri-Mundri Branch and Old Fangak-Akobo Branch. The revised appeal also seeks to extend the timeframe by **6 months** (total timeframe **18 months** with a new end date 26 May 2021) with the same focus as in the initial appeal: **Shelter and essential household items (HHIs), Health, Water, Sanitation and Hygiene (WASH), Disaster risk reduction (DRR), Protection, Gender and Inclusion (PGI)** complemented by National Society strengthening activities.

With the extended timeframe and geographic scope, this revised Emergency Appeal has a **2 million Swiss franc funding gap** and comes with a **second DREF allocation of CHF 200,000**. The revised budget has been increased due to the number of people affected by heavy rain since July 2020 in areas not covered by the initial appeal. The planned response reflects the current situation and information available at this time (see map below) of the evolving operation and will be adjusted based on further developments and more detailed assessments.

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\(^1\) South Sudan Flooding Snapshot (As of 03 September 2020) OCHA
At the request of the SSRC, this revised Emergency Appeal comes out of a strong process of cooperation and coordination at the country level, from the assessment of the initial reports and extensive planning discussions between all Movement partners, leading to an agreed plan in support of the SSRC-led flood response operation. As the geographic range for this operation is widespread and the flooding has affected both conflict and non-conflict areas, the Movement has clearly defined and agreed upon operational modalities, roles and responsibilities to ensure an inclusive and coordinated response. The SSRC takes full leadership in implementation of this operation with the support of its partners in line with the different mandates of the Movement components. The International Committee of Red Cross (ICRC) is leading Movement coordination on security management country-wide and will focus on conflict areas with logistics and technical support. The IFRC will support SSRC by providing coordinated technical expertise with partners in the Areas of Focus (AOF) of the response plan, and ensuring National Society development support, especially at branch level, throughout the operation. The funding available at the moment will focus on delivering help to the most vulnerable people affected by the previous floods as well as those affected by the new flooding. Areas of focus will be on WASH and Cash Programming. IFRC will organize a partners’ call to announce the revised appeal and seek additional support. Also, SSRC with the support of IFRC will reach out to BHA/USAID and DFID/UKAID in country to ask for their contribution to the revised appeal.
The disaster and the Red Cross Red Crescent response to date

**June 2019:** The Northern Bahr-el Gazal main counties of Aweil West, Aweil centre and Lol were severely affected by floods, leading to the launch of a response operation supported by DREF (22 June - 22 November 2019, link).

**October 2019:** In late October, several parts of the country were further severely devastated with floods, leaving 900,000 people displaced in (32) areas of the former states of Upper Nile, Warrap, Jonglei, Unity, Eastern Equatoria and Northern Bahr-el Gazal. South Sudan President declared a state of natural emergency following the catastrophic flooding and called for national and international solidarity.

**Early November 2019:** Inter-agency multi-sectorial assessments conducted in Akobo, Maban, Warrap and Jonglei in areas severely affected by the floods. The SSRC participated in the assessments in Akobo and Warrap.

**November 6, 2019:** For prompt SSRC response to initial verified Branch assessments and distributed 2,000 EHI to 04 affected branches (Bor, Torit, Tonj, and Kuajok) with support of ICRC.

**November 25, 2019:** IFRC launches an Emergency Appeal following the request from the National Society in coordination with Movement partners (SSRC, IFRC, and ICRC).

**November 6, 2019:** For prompt SSRC response to initial verified Branch assessments and distributed 2,000 EHI to 04 affected branches (Bor, Torit, Tonj, and Kuajok) with support of ICRC.

**May 2020:** 1,880 kits, donated by ICRC, were distributed in three locations (Torit, Tonj North and Bor), based on the identified needs.

**June 2020:** 45k people provided with access to clean drinking water, 38k people reached with key hygiene promotion messages and 5.7k people received hygiene kits.

**June 20, 2020,** Bahr-el Gazal main counties of Bor South were affected by flash floods, culminated in displacement of 500HH and SSRC responded by providing EHIs. The Central Equatoria was affected by floods leading into displacement in Juba place known as Kworijik

**July 2020:** There were numerous reports on flash floods along the River Nile corridor affecting; Bentiu, Bor and Malakal. The flood spread entire country affecting numerous locations; Rumbek, Kaujok, Mairidi, Juba, Bor East, Maiwut, Renk, Malakal, Yirol, Wulu, Akobo, Old Fangak, Aweil West, Terekek

**August 2020:** The President declared state of emergency for Bor and Pibor following the incessant floods. SSRC prepositioned EHIs to Torit and Wau (covering; Aweil, Kuajok and Wau itself)

**September 2020:** South Sudan RC has scaled up the response efforts and the existing Emergency Appeal revised upward to support additional 77,730 people in Awerial-Yirol Branch, Wulu-Rumbek Branch, Renk-Malakal Branch, Ganyiel-Bentiui Branch, Kapoeta-Torit Branch, Tonj South-Kuajok branch, Mundri-Mundri Branch, Old Fangak-Akobo Branch.
The operational strategy

Summary of the Red Cross Red Crescent response to date

Since the onset of the floods, the SSRC through its network of branches in the affected areas has conducted rapid needs’ assessments in Jonglei (Bor South), Warrap (Tonj North), Upper Nile (Mawuit) and Equatoria (Torit). Each branch has done its own assessment, the report will be consolidated during the finalization of the revised EPoA.

In the Northern Bahr-el Gazal counties of Aweil Centre, Aweil West (Nyamlel) and Gokmachar, the SSRC was already responding to floods that hit in June 2019, and have reached 49,560 people with multi-sectorial assistance supported by the IFRC Disaster Relief and Emergency Fund (DREF), Danish Red Cross, ICRC and Austrian Red Cross. For a brief update on actions achieved through the DREF operation and this appeal, the SSRC through its network of branches in the affected areas conducted rapid needs assessments in Jonglei (Bor South, Nyirol and Akobo), Warrap (Tonj North) and Upper Nile (Mawuit) in late October 2019. A total of 113 volunteers were deployed in the affected areas to assess the damage and helped people to evacuate. In the Northern Bahr el Gazal counties of Aweil Centre, Aweil West (Nyamlel) and Gokmachar, the SSRC supported 49,560 people in Aweil with multi-sectorial assistances, including WASH, non-food items and Psychological support, supported by the DREF (launched on 17 June 2019) combined with support from Danish Red Cross, ICRC as well as Austrian Red Cross.

In the affected areas, through this appeal, in Greater Upper Nile and Warrap, SSRC through its branches is responding in the areas of WASH, which primarily focuses on water supply through the rehabilitation of water points and hygiene promotion, as well as in Cash and Voucher Assistance (CVA) to support the resettlement of the displaced population. See table below with key achievements so far:

<table>
<thead>
<tr>
<th>Sector of Intervention</th>
<th>Planned (Key indicators)</th>
<th>Targets</th>
<th>Key achievements</th>
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<tbody>
<tr>
<td>WASH</td>
<td># of boreholes repaired/rehabilitated</td>
<td>15</td>
<td>19</td>
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<tr>
<td></td>
<td># people provided with access to clean drinking water</td>
<td>26,400</td>
<td>45,600</td>
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<tr>
<td></td>
<td># of people reached with key hygiene promotion messages</td>
<td>34,560</td>
<td>38,400</td>
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<tr>
<td></td>
<td># of households provided with hygiene kits</td>
<td>5,760</td>
<td>5,760</td>
</tr>
<tr>
<td>Emergency Shelter/NFI</td>
<td># of households supported with access to Shelter and essential households’ items (EHI)</td>
<td>5,000</td>
<td>3,880</td>
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In areas in the Upper Nile region where access and capacity of the branch are limited, the SSRC is collaborating with the ICRC sub-delegation to assess the needs and plan the SSRC’s interventions at branch level.

In consultation with the affected communities and based on the resources available for this Emergency Appeal, the SSRC will use Cash Voucher Assistance to support the targeted people as it appears to be the best modality in this context. In this regard, a cash programming delegate, deployed with the support of Danish Red Cross, completed a market assessment, and supported SSRC in the service provider selection process. Additionally, most community members have started the rehabilitation of their houses using locally available resources.
In the newly affected areas in Greater Upper Nile and Warrap, SSRC through its branches is assessing the situation on the ground as it evolves to determine the best way to respond, with priority sectors including provision of water purification sachets combined with hygiene kits, rehabilitation of water points, hygiene promotion, distribution of shelter/EHI materials and provision of psychosocial support to flood victims.

Since the flash flooding in June 2020, SSRC staff and volunteers through the branches of Jonglei (Bor South) and Central Equatorial (Juba-Kworijik) have conducted an assessment to determine the plights of the affected population, the main findings highlighted the need for Essential Household Items for 1,003 households.

Later in July 2020, assessments were done in States along River Nile: Upper Nile (Bor, Malakal and Bentiu Maiwut, Renk) Equatoria (Juba, Terekeka, Maridi, Torit, Kapoeta) and Bahr El Gazal (Rumbek, Kaujok, Yirol, Wau, Awiel). SSRC staff and volunteers conducted the rapid assessment where there was access and where access was a challenge, SSRC worked with partners on the ground, with volunteers participating in interagency assessments, and at times doing independent assessments with remote guidance from HQs and Branches.

The SSRC received an additional 6,000 HHIs (4,000 from ICRC and 2,000 from Danish Red Cross (DRC)) to respond to affected areas where access is possible such as Bor South targeting 1,000 households and Terekeka 128 households. The SSRC also plan to deploy a WASH Hygiene Promotion Coordinator to support flood affected areas. The staff will provide technical guidance and lead the WASH sector of the response plan, representing SSRC in relevant forums and clusters to help provide support to those affected.

Coordinated response
The Movement engagement to date reflects the commitment to the Strengthening Movement Coordination and Cooperation (SMCC) process in South Sudan. In line with the Red Cross Red Crescent’s different components’ mandates, and existing Movement coordination mechanisms and agreements, Movement partners will support the implementation of this SSRC led operation both technically and financially.

The IFRC, ICRC and partner National Societies (PNSs) have been providing input to the development of this Emergency Appeal in the various areas of technical expertise. Going forward, the IFRC and PNSs will continue to provide support in the assessment through deployment of in-country human resources and, if needed, surge capacity. All IFRC staff members are under ICRC’s security umbrella and security management processes are in place under this set-up.

During the implementation phase, IFRC will provide operational support and ensure a strong element of National Society Development and Branch Development. The PNSs will contribute with technical expertise in Disaster Management coordination together with the IFRC and in the interventions listed below. The IFRC will also play a key role in coordinating the support from the different Movement components and ensuring effective communication internally within the Movement in South Sudan. All other support needed for the SSRC’s operation will be given through the IFRC. This will be elaborated in the EPoA.

ICRC supports SSRC’s in national emergency management forums together with other partners. Particularly in conflict areas, ICRC will be:
- Providing situational analysis of the conflict areas to ensure Red Cross Red Crescent principled action.
- Providing to the extent possible, emergency technical advice at national and field level.
- Managing the security situation as per the existing Security Management Agreement for IFRC and PNS movements in support of SSRC as per the country-wide security agreement under ICRC.
- Offering logistical support for areas accessible to ICRC’s reach and capacity to the extent possible.
- Supporting the SSRC’s communications department in close coordination with the IFRC in line with the existing communications agreement.

The SSRC through its Branches will participate with partners in cluster meetings, virtual forum on floods and OCHA led meetings, SSRC will deploy two SSRC speed boats to Jonglei (Bor) and Terekeka to support SSRC’s operations where access is registered as a challenge.

Needs assessment and targeting
According to OCHA’s reports on floods, more than 800,000 people have been affected by flooding in areas along the White Nile since July 2020, with Jonglei and Lakes being the worst affected states. Heavy rains have caused rivers to overflow their dikes and banks, flooding vast areas and settlements along the White Nile in the centre of the country. The majority of people displaced have moved to higher ground near their homes and plan to return once the floodwaters recede. In Bor South, over 33,000 people earlier displaced by conflict and flooding in Twic East and Duk counties to the north have moved west into Awerial county and are now sheltering in Mingkaman town IDP settlement. Further north along the White Nile, an estimated 30,000 people have been affected by flooding in Renk County in Eastern Nile state, according to World Vision South Sudan.
Since July to mid-September this year, the incessant rains have spread the floods affecting and aggravating the situation in six states, Jonglei, Lakes, Unity, Upper Nile, Central Equatoria & Western Equatoria. The SSRC will extend its response coverage in the six newly affected states where access is granted. The response will, following early assessments, consider these priorities; water purification sachets, plastic sheeting for temporary shelter, mosquito nets, fishing kits and medicine for malaria, diarrhoea and other waterborne diseases. As per the newly released report of IGAD on Seasonal Forecast, the October to December season might lead to good water availability particularly for pastoralists but there is risk of further flash and riverine flooding particularly for transboundary Rivers. Therefore, the SSRC needs to be prepared to respond to a potential increase of flooded areas in South Sudan.

Further coordinated humanitarian response scale-up in the most affected states of Jonglei, Lakes and Unity was initiated to respond to the increased needs of people affected and displaced by the floodwaters. Rapid needs assessments were conducted in six of the affected counties in early August and partners are now responding to the immediate needs of the flood-affected people, with more assessments planned and efforts ongoing to reach more remote areas.

In certain locations basic social amenities such as latrines, hand pumps, health facilities, farms and nutrition centres have been destroyed, leaving women, children and the elderly at risk of malaria\(^2\) and water-borne diseases such as diarrhoea. Access is limited due to water, conflict, and deplorable infrastructure. The affected population are critically in need of access to safe drinking water, anti-malarial and other basic drugs, and plastic sheets to be used as temporary shelters for families with damaged or destroyed houses. It is likely that the degraded or lost crops and other sources of livelihoods will cause longer-term humanitarian needs and reduce food security in 2021. The current situation with COVID-19 pandemic and restrictions impedes immediate response.

**Shelter:** It is obvious that due to limited access to community shelters, many of the affected population have moved to higher lands such as embankments and roads where they are living in the open with minimum cover. Most of the houses are either totally collapsed due to use of poor construction materials, filled with thick mud and debris that dwellers are finding difficult to clean and return to. Most of the houses in rural South Sudan are constructed from local materials (mud, grass, sticks, bamboo and rope). SSRC will support beneficiaries to settle back into their houses through distribution of Cash voucher and EHI.

**Health:** With many displaced families living in the open or with family in crowded conditions and in many cases without access to safe drinking water or adequate sanitation facilities, waterborne and vector-borne diseases are likely to rise. This will also exacerbate any pre-disaster health and nutrition issues. As a result of the floods, access to public health services is now severely limited in the flood-affected districts due to damages to medical facilities and roads. The recent floods have exerted pressure on already fragile health systems in the country. With already destroyed basic social amenities such as latrines, hand pumps, health facilities, farms and nutrition centres, the affected population is critically in need of access to safe drinking water, anti-malarial and other basic drugs, and plastic sheets to be used as temporary shelters for families with damaged or destroyed houses.

**WASH:** The floods have destroyed water facilities, also contaminating some water sources, leaving the majority of the population at risk to water-related diseases such as diarrhoea or cholera. Due to the fact that families have lost most of their properties, they will require basic items for water handling (transport, safe storage, and possibly treatment at household level) and personal hygiene products. As it cannot be assumed that the target population is completely aware of the health risks and proper use of the products (e.g. treatment options and safe storage), there is a need to give proper instructions. Sanitation facilities have also been affected both at household and institutional (schools, health facilities, etc.) level.

The needs for 12,955 households/ 77,730 people (calculated at six people per household) will be addressed. Through this response, SSRC will provide 12,955 flood-affected households with access to safe drinking water through the repair of water points (including ensuring water quality) and providing means for household water treatment and safe storage (water treatment chemicals, buckets with taps, filter cloth as per standard practice in South Sudan WASH response activities). Other types of assistance (e.g. surface water treatment) may be considered an option depending on the local condition as well as a MK5 treatment plant. This includes water treatment chemicals per household, two standby purification units which use both chemical and filters and will be deployed based on need. Elaborations on technical details will be given in the EPoA.

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\(^2\) Also known as visceral leishmaniasis, marked by emaciation, anaemia, fever, and enlargement of the liver and spleen.
The in-kind assistance will also include hygiene articles (buckets, PUR, jerry cans, filter cloth and soap). Household water treatment methods will be taught, and hygiene promotion conducted with follow-up monitoring. Upon return of the affected people to their homes, repairs of water facilities need to be conducted with a priority rating (e.g. water points that serve schools or health facilities). Water quality testing will be an important factor with testing contamination of water points and on-spot checks in households on water treatment effectiveness.

**Protection, Gender and Inclusion:** As floods intensify in most parts of the country women and girls continue to bear the brunt leading to disruptions in families, separation and increased mental health and psychosocial burden. The food insecurity situation witnessed in the earlier part of the year has added a burden to the already stressed population, particularly the elderly and people with disability and has left young girls and women in all affected locations with the responsibility to feed their families, hence exposing them to Protection risks. These risks include psychosocial distress, risk of sexual and gender-based violence (SGBV) including rape, early marriage, sexual exploitation and abuse and the likelihood of unaccompanied children. Due to the breakdown in community protection mechanisms, cases of rape and intimate partner violence have been reported to be on the increase hence the need for the provision of medical care and referral for other SGBV services. SSRC through the Protection Department and the technical support of the Danish Red Cross and Netherlands Red Cross have the capacity to respond to the protection needs through the provision of psychosocial first aid to the affected, family reunification, linkages to needed and available services and ensuring there is mainstreaming of Protection services into other sectors such as WASH, Health and Livelihoods. Mainstreaming will be done using the minimum standards for protection, gender and inclusion in emergencies. The Protection department will also work towards the transfer of technical skills to branches and volunteers in the target areas.

**Community engagement and accountability (CEA):** SSRC will ensure that the developed CEA tools (global but adjusted to the South Sudan context) are adopted and used to collect data relevant for planning CEA approaches and activities during the detailed needs assessments, gather community feedback and make sure action on the feedback to generate ownership within the community during this operation. The community will initially be accessed and informed through the community leaders, before planning with them on how to engage the wider community including all components including vulnerable groups. A feedback mechanism will be put in place to get the necessary feedback from community members on issues related to the overall response. The community members in the target areas will be involved as fully as possible throughout the response phase to increase their ownership of the response.

**Security:** The overall risk to staff and volunteers in South Sudan is EXTREME, which predominantly refers to areas outside of the capital, Juba. Juba's current travel risks remain rated as HIGH, a rating informed by the comparatively more secure security environment, relative to the rest of the country.

Whilst gradual progress in the political sphere has tentatively advanced, as illustrated by the most recent attempt to forge a peace agreement between opposed groups in September 2018 (the Revitalised Agreement for the Resolution of the Conflict in South Sudan – R-ARCSS), prospects for lasting, comprehensive peace and overarching stability remain improbable. Formation of an interim government was postponed for a second time in November 2019 due to inability to come to meaningful agreements on implementation of the R-ARCSS between the two rival parties. Correspondingly, the general security situation, whilst showing marginal indications of improvement in certain areas of the country, fails to demonstrate any outright improvement due to the continuation of conflict-related violence.

During the initial outbreak of civil conflict in December 2013, the theatre of war was primarily centred in the northern states; however, pronounced clashes are now centred in the Central Equatoria region and Yei River State. Nevertheless, localised armed confrontations between opposed government and rebel groups and attacks on civilians continue to occur across the country. The ongoing potential for the outbreak of widespread conflict and the persistence of localised conflict are the primary reasons behind the EXTREME risk rating for areas outside of Juba.

Violent crime and theft risks had worsened during the civil conflict of 2013-15, and levels remain elevated. Outside urban areas, bandits and insurgent groups often operate on main roads, making overland travel hazardous. In addition to fighting between government and rebel forces, other tribal/factional clashes and communal/pastoral violence all pose credible incidental threats to travellers in rural areas. Ethnic tensions regularly involve severe incidences of violence.

There are few paved roads in South Sudan, and roads outside major towns are often in poor condition. Seasonal rains can make rural areas difficult – or impossible – to access and driving hazardous. Airstrips can also be closed for days at a time due to heavy rains and waterlogged landing strips between April and November each year.
There is also a risk from landmines and unexploded ordnance (UXO) across former conflict sites (particularly, but not excluded to, the states of Jonglei, Unity and Upper Nile).

Juba: Much like during the outbreak of civil conflict in December 2013, the security environment in the city quickly stabilised following a rapid deterioration due to renewed violence between SPLA and SPLM-IO forces in July 2016. With much of the SPLM-IO contingent forced out of the city, and given the significant military presence, Juba is unlikely to see large-scale violence in the near-term. However, renewed attempts to establish a joint SPLA-SPLM-IO police force as per the conditions of the 2015 and 2018 peace agreements will increase the risk of military confrontation between the two factions when the agreement is effected; the 2018 R-ARCSS, depending on how it is interpreted, stipulates that the security of Juba should be entrusted with a unified force comprised of both Kiir’s and Machar’s fighters which could reignite conflict, as demonstrated in 2016 when the same exercise was implemented in Juba.

Criminal activity is a concern; looting, muggings and burglaries occur regularly and can target compounds used by foreign organisations and personnel. The continued deterioration in economic conditions has resulted in widespread shortages of food and essential goods and will likely continue to drive criminal acts.

The country is undergoing a political transition process as per the Revitalized Agreement on the Resolution of Conflict and the way forward proposed towards forming a Transitional Government of National Unity. The risk of resumption of fighting is very low. The following risks which are not directly related to the conflict remain relevant to Red Cross Red Crescent (RCRC) operations in South Sudan. The dwindling economic situation with the declining value of the South Sudanese pound (SSP) and the rising cost of living has led to the risk of criminality to continue to increase across the country and in big urban cities like Juba. Cattle rustling is also a major risk that could impact RCRC movements and presence in South Sudan especially in areas inhabited by pastoralist communities. In Equatoria region and central, there is the risk of occasional fighting between government and opposition groups present in some locations In Bahr-el Ghazal region, there is the risk of inter-communal violence associated with cattle rustling and presence of opposition groups in the area. Further recent government civilian disarmament posed a security threat in the region. The recent dynamics between opposition and government in areas in Upper Nile could impact humanitarian access. In greater Unity state, the risks of clashes, cattle raiding, and intercommunal violence remain of a concern.

Regular risk assessments are being conducted by ICRC who is taking the lead in terms of RCRC security management whereby mitigation measures are implemented, and security advisories are being provided to the respective RCRC partners operating in the said areas. All field movements involving RCRC are notified to the respective parties and are only allowed following the receipt of reliable security guarantees.

To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures are adopted. This includes situation monitoring and implementation of minimum-security requirements. All RCRC personnel involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Related to safer access concern, one of the main benefits of the SSRC is the nationwide recognition of the National Society. This has rendered ease and facilitation with community heads, leaders and most importantly the community themselves. The SSRC is well accepted by the community and trusted.

Several countries have relaxed some restrictions that aimed to contain the spread of COVID-19. This includes the relaxation of restrictions on internal movement, reopening of businesses and a resumption of some domestic and international travel. Nevertheless, strict measures remain in place or are being re-imposed in some locations where there is increasing case activity.

- In some locations all travel should continue to be deferred, while for others essential travel can resume after undertaking an individual risk assessment of the COVID-19 situation and entry restrictions, including the potential for sudden changes. Closely monitor official advice and the extent of COVID-19 transmission and related developments for impacts on staff mobility or associated security risks.
- Review operational requirements such as:
  - Whether it is practical for any relocated staff to return to certain locations
  - Whether it is best for your staff and dependents to remain certain locations or to relocate
  - The viability of contingency plans for a deterioration in the logistical, security and/or medical environment and impact of a re-imposition of local measures on business operations and the workforce in-country with minimal forewarning.
- Ensure country-specific Business Continuity Plans are regularly reviewed and focused on next steps. These include mobility management, site operations and return to work.
- Ensure the strict compliance of your staff with local government containment efforts.
• Check the COVID-19 Travel Restrictions or contact the security unit for quarantine measures in place or transportation status for specific locations prior to approving a trip.

The South Sudan Country office has been maintaining close coordination with the IFRC Regional Security Unit. The SSRC has a dedicated security officer actively maintaining coordination and information sharing with the Head of Country Office and Regional Security Unit.

National Society strengthening and development (NSD): As part of capacity development of its preparedness and response team, through this response, 300 Emergency Action Team volunteers (EATs)\(^3\) will be provided with relevant refresher training on Participatory Hygiene and Sanitation Transformation (PHAST), Psychosocial Support (PSS) and Sexual and Gender Based Violence Prevention, including Prevention of sexual exploitation and abuse (PSEA). In addition, through this response, the capacities of the respective branches involved to respond to emergencies will be strengthened, thus better positioning the SSRC as the first responder to humanitarian disasters. Through this appeal, NSD will be embedded through the following mechanisms:

• Strengthening coordination and management structure for this operation. SSRC already has an established coordination mechanism through the Emergency Operation Centre which aids in information management and coordination.
• Branch Development through consolidation of existing EATs, activation of contingency plans at branch level and support to enhance branch capacity to conduct assessments and develop response plans.
• Deploy sectoral NDRT (Protection, WASH and Shelter/NFIs) to support the respective branches during operations and assessment.
• Strengthening the capacity of the existing Emergency Action Teams (EATs) through refresher trainings on relevant response sectors.
• Deployment of regional surge support (Cash and Shelter Experts).
• Building the capacity of the local volunteers and communities on DRR components, including early warning systems.

National Society preparedness has been supported through bilateral programming by the Canadian Red Cross and Danish Red Cross. Full elaboration on the connectedness within the National Society, PER findings and Disaster Preparedness activities and programming in general will continue. Branch Organizational Capacity Assessments (BOCAs) have been done and a roadmap is in place. This will be specified in the Emergency Plan of Action (EPoA).

Coordination and partnerships

Red Cross Red Crescent Movement

Strengthening Movement Coordination and Cooperation (SMCC) remains the key priority to improving the way Movement partners work together and enhance coordination and cooperation, especially in response to this floods Emergency in South Sudan.

During this operation, coordination will be ensured at multiple levels through existing, and ad hoc, coordination mechanisms, including:

1) Strategic coordination will take place at Movement Platform level (SSRC Secretary General, ICRC HoD, and IFRC Head of Country Office)
2) Operational Coordination at SSRC HQ level will be ensured through the Emergency Operations Centre, which holds regular meetings with technical staff from all Movement components in country. The mechanisms will be elaborated in the EPoA.
3) Coordination at SSRC HQ between relevant technical departments will be led by the SSRC Disaster Management Manager and ensured through regular meetings and active involvement of all Heads of Departments including support services.
4) A new coordination mechanism will be set up through weekly meetings (on skype) between SSRC, IFRC, and ICRC in Juba and ICRC sub-delegations in the affected areas. Where technically possible, SSRC branches will also participate in these meetings.
5) Movement partners will be provided with regular updates on the response status and lessons learnt by the IFRC Operations Manager during the weekly PNS, ICRC and IFRC coordination meeting.

\(^3\) Movement partners including the Canadian RC, Danish RC and ICRC have been engaged in long term capacity building of the NS preparedness and response activities including the EAT.
**Coordination and Partnership with other actors**

The SSRC, with the support of IFRC, will scale up its coordination efforts at the National level by engaging actively in the mechanisms set up by UNOCHA. The SSRC will maintain an active presence and engagement in relevant cluster meetings at national and local level to ensure an effective response and avoid duplication. Coordination with the following actors involved in the on-going response will also be required: line Ministries, specifically the Ministry for Humanitarian Affairs and Disaster Management, International Humanitarian Organizations, National Non-Governmental Organizations (NNGOs) and UN agencies. Additionally, coordination with local authorities will be the responsibility of the branches with its headquarters, in close cooperation with ICRC in particular conflict areas.

**COVID-19 Response**

As of 18 September, South Sudan has reported 2,609 confirmed cases of COVID-19, including 49 deaths. Population have faced a significant burden of COVID-19, including due to the collapse in informal sector work following movement restrictions. The SSRCs has taken an active role in COVID-19 prevention with risk communication, community engagement, and health and hygiene promotion activities related to COVID-19.

On 31 January 2020, IFRC launched a global [Emergency Appeal](https://www.ifrc.org/appeals) (further revised in February, March and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Preventing transmission and reducing the health impacts through health and WASH interventions;
- Reducing the socio-economic impact; and
- Strengthening National Societies.

The Emergency Appeal focusses on ensuring the implementation of effective and relevant activities to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preventing and suppression transmission of the virus. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeals, while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision.

As such, the National Society actions dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and built upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC’s revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO), launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

The strategies envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside of this emergency appeal is available on the COVID-19 operation page IFRC GO Platform.

**Proposed Areas for intervention**

**Overall Operational Objective:** This revised Emergency Appeal aims to provide immediate assistance to address the most urgent needs of flood-affected households and support the affected people for promoting their early recovery process.

The design and implementation of the Appeal are guided by assessed needs identified in the initial rapid needs’ assessment and within SSRC’s Response Strategy. Further in-depth needs’ assessment will be conducted while at the same time and through the EPoA, SSRC will serve the vulnerable women, men, girls and boys by provision of specialized and integrated services covering Shelter and EHIs, Health (including psychosocial support), WASH, protection, and RFL.

This operation will promote a continuum of response to recovery to resilience building approach in the affected areas while building the capacity of SSRC.

**Proposed strategy**
SSRC through its sectorial themes will ensure a collective response to the most severe needs of the flood-affected population; linking the response to durable solutions where people can achieve some stability; and the centrality of gender-sensitive and protection in all programming, which includes actions on prevention of sexual exploitation and abuse, gender-based violence, psychosocial support, Restoring Family Links (RFL) services, community engagement and accountability (CEA) to affected people. The EPoA will specifically address the needs in line with following SSRC pillars of intervention:

**Water, Hygiene and Sanitation (WASH):** Through this response, SSRC will provide 12,955 flood-affected households with improved access to safe drinking water through rehabilitation of hand pumps, conduct mass chlorination of contaminated drinking water points, reinforced with provision of domestic hygiene kits (buckets, and chlorine sachets), digging tools for opening water channels and hygiene promotion and awareness sessions, with more emphasis on household chlorination method.

**Shelter:** Through this revised appeal, SSRC aim is to ensure that additional households severely affected by the new floods can live in safety and dignity through access to Essential Household Items/shelter services and Cash Vouchers, thereby strengthening their self-reliance and positive coping mechanism. SSRC will prioritize its response in Jonglei (Bor South 2,000 HHs), Central Equatorial (Juba and Terekeka 4,000 HHs) Eastern Equatoria (Torit/Lafon-500 HHs) and Rumbek (Amonyong Cuibet and Wulu 2,000 HHs) and Warrap (Tonj South 1,000 HHs). All targeting and distribution will be ensured through setting and communicating selection criteria to the branch team and the local authorities in target locations. The EHIs kits are a combination of WASH and Shelter intervention and are based on the recommended SPHERE standards and will be acquired through ICRC under the Emergency Preparedness and Response project. Replenishment will not be required.

**Disaster Risk Reduction**
At the end of the emergency phase, SSRC with support of the in-country partners will carry out a more in-depth needs assessment on flood risks in the selected operational areas (approx. after 3 months). Red Cross volunteers with community members will be trained to apply Community Based Disaster Risk Reduction (CBDRR) and Climate Change adaptation (CCA) initiatives in affected communities. This operation plans to organize a basic training in CBDRR and CCA with practical sessions in the field. Further, through these initiatives in the target communities, each Boma (group of villages) will have an operational Community Disaster Response Team (CDRT) comprised of 15-20 members. The trained local facilitators will accompany the communities in the realization of the CBDRR and CCA initiatives in their respective communities, including the development of the risk maps, the setting up of the early warning system, contingency plan, and awareness campaign.

**Protection:** While continuing to support flood-affected and displaced people in the three locations, SSRC will ensure integration of its Restoring Family Links activities, psychosocial support to families who have lost their loved ones in the recent flooding and those whose livelihoods have been severely destroyed. This will be supported and guided by the deployment of a protection NDRT member that will provide technical support to the selected branches and units (Bentiu, Bor, Mawuit, Torit and Warrap).

**Health:** With a large number of displaced families living in the open or with family in crowded conditions without access, in many cases, to safe drinking water or adequate sanitation facilities, it is anticipated that waterborne and vector borne diseases are likely to rise. This will also exacerbate any pre-disaster health and nutrition issues. As a result of the floods, access to public health services is now severely limited in the flood affected districts due to damages to medical facilities and roads. The recent floods have exerted pressure on already fragile health systems in the country. With already destroyed basic social amenities such as latrines, hand pumps, health facilities, farms, and nutrition centers, affected population are critically in need of access to safe drinking water.

### Areas of Focus

<table>
<thead>
<tr>
<th>Shelter, settlements and household items</th>
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</thead>
<tbody>
<tr>
<td><strong>People targeted:</strong> 48,000</td>
</tr>
<tr>
<td>Male: 18,000</td>
</tr>
<tr>
<td>Female: 30,000</td>
</tr>
<tr>
<td><strong>Requirements (CHF):</strong> 628,000</td>
</tr>
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</table>

**Proposed intervention**

Through this response, SSRC aim is to ensure that 8,000 households severely affected by the flood can live in safety and dignity through access to essential household items/shelter services, thereby strengthening their self-reliance and positive coping mechanism. A total of 4,000 EHIs are an in-kind contribution from ICRC
to the SSRC (without request for replenishment), Danish Red Cross has procured 2,000 EHLs, in total SSRC has 8,000 EHLs to respond to flood-affected communities. This appeal will procure an additional 4,000 EHLs to be pre-positioned as contingency stock. A total of 3,000 most vulnerable households will be provided with conditional cash grant to return to their homes. All targeting and distribution will be ensured through setting and communicating selection criteria to the branch teams and the local authorities in target areas. The following are the key response modalities:

**Distribution of Essential Households Items (EHIs) to 8,000 HHs:** The ICRC has already allocated an initial 2,000 EHLs as an immediate assistance to the displaced families in highly affected areas in Warrap, Eastern Equatoria (Lafon) and Jonglei (Bor South). The SSRC is leading the distribution of these items in coordination with local actors in the respective areas. Meanwhile, ICRC has further earmarked 4,000 EHLs to enable SSRC to reach wider households severely affected. Prior to distribution, beneficiaries’ identification and verification exercise will be enhanced through the branch staff and volunteers in consultation with local authorities and community level project steering committees who will support in the identification of the most vulnerable. During distribution, SSRC will ensure that its volunteers and staff adhere to basic humanitarian principles, including “DO NO HARM” by serving the most vulnerable and setting distribution sites in secure environment, easily accessible by the beneficiaries. A post distribution monitoring will be carried to gather community feedbacks and enhance accountability to the affected populations.

**Provision of conditional cash grant to 3,000 HHs:** Through this response, the most vulnerable categories in the affected areas, especially single mothers with more than three children, households with separated children, households headed by people with disabilities and the elderly will be supported through provision conditional cash grant to support construction of their premises. Feasibility assessments will be conducted to determine market capacity to supply the local materials and labour combined with analysis of environmental, protection and security risks, beneficiary and community preferences, organisational capacity, especially the staff and volunteers to be engaged in the monitoring of community-level shelter construction. During implementation, the SSRC will ensure local authorities and beneficiaries contribute to the shelter design process from the start and focus on locally available materials and community-led shelter designs.

**Shelter Outcome 1:** Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.

**Shelter Output 1.1:** Shelter and settlements and basic household items assistance is provided to the affected families.

**Activities Achieved:**
- Two targeted areas for cash programmes, Bentiu and Renk, mapping of partners, market feasibility assessment, beneficiary selection and service provider for cash has been done
- Preposition 2,000 NFIS to Torit, Wau region to cover areas affected within the region
- Danish Red Cross provided 2,000 EHLs in Juba for floods response
- ICRC provided 4,000 to cover the additional needs
- From June SSRC responded to floods affected in Bor and Juba targeted 1,003 HHs with EHLs
- With current floods SSRC targeted flood affected areas in Terekeka and Bor with EHLs

**Activities planned include:**
- Assessment of new shelter needs, capacities and gaps.
- Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response
- Provision of emergency shelter materials and essential household items (EHIs) for the most vulnerable and affected households.
- Market assessments will be conducted to inform the conditional cash grants.
- Selection of target households for conditional cash grants per set criteria (i.e. based on vulnerability and house damage assessment).
- Provision of shelter assistance to households with damaged and/or partially damaged house (which includes the procurement of shelter materials, conditional cash grants) with technical assistance from IFRC Nairobi Regional Office. Shelter software activities will also be included in the EPoA.
- Monitoring of the use of distributed shelter and household items and/or cash.
- Awareness-raising of beneficiaries on safe shelter techniques.
Water, sanitation and hygiene
People targeted: 77,730
Male: 40,000
Female: 37,730
Requirements (CHF) 874,000

Proposed Intervention
Through this response, SSRC will provide flood-affected population, both at household and community levels, with improved access to safe drinking water through minor rehabilitation of hand pumps, reinforced with provision of household water treatment and storage kits (buckets, PUR sachets, jerrycans, filters cloth=1mx1m), digging tools for opening water channels and hygiene promotion and awareness sessions.

Improving access to clean and safe drinking water to the target population: The SSRC will enhance access to clean water for the affected population through rehabilitation of water points, provision of water treatment chemicals and buckets for water collection and storage. Prior to this, assessment of non-functional water points (hand pumps and water towers) will be conducted in the target locations to determine the scale of the intervention. Meanwhile, SSRC will consider installation of Surface Water Treatment system in locations with limited or non-existing hand pumps or wells. The local communities’ capacity will be strengthened to ensure adequate management of the water points through establishing and training of water management committees (WMCs-composed of 12-15 members per water point) on minor operations and maintenance. Some WMCs exist but where the facilities non-functional or damaged the WMC will require re-organization and capacity strengthening. This will be done in close collaboration with other partners if present.

Promoting safe hygiene and sanitation knowledge, attitude and practices: SSRC will provide refresher training to 40 volunteers in nine locations to carry out hygiene awareness among the targeted communities to prevent water-related diseases, with anticipated high risk of diarrheal diseases. SSRC will use participatory methods and approaches such as Participatory Hygiene and Sanitation Transformation in Emergency Responses (PHASTER) in the communities and schools combined with Knowledge, Attitude and Practices (KAP) survey.

WASH Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

WASH Output 1.2: Daily access to safe water which meets Sphere standards in terms of quantity and quality is provided to target population.

WASH Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Activities Achieved
- 33 volunteers oriented on hygiene promotion in; Tonj North 20(17M/3F) volunteers and Twic East 13(10M/3F),volunteers
- There were assessments conducted in Tonj North and Twic East, 27 hand pumps were identified in Tonj East for repair
- Spare parts purchased for three target locations (Tonj, Twic and Maiwut) currently to be dispatched to the locations; Tonj now in Wau Twic East in Bor due to access
- WASH NFIs for household water treatment in areas without existing water sources and NFIs have been procured pending transportation to respective locations.

Activities planned:
- Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments.
- Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities.
- Conduct household awareness on basic water treatment techniques.
- NFI procurement process (buckets, PUR, Jerrycans, filter cloth and Soap).
- Distribute for 16,000 households water treatment and Storage kits (PUR, Buckets, Jerrycans and filter cloth) sufficient for 1 month including soap, to 6 people per HH.
- Train volunteers to monitor water quality in the target populations.
• Procuring spare parts and materials for hand pump repair and chlorination.
• Train volunteers on hand pump repair.
• Monitor water treatment through household surveys and water quality tests.
• Conduct repair and chlorination of hand pumps in the target locations.
• Develop a hygiene communication plan.
• Raise awareness in target communities on safe hygiene and sanitation practices.
• Conduct Hygiene and Sanitation Knowledge, Attitude and Practices (KAP) Survey

Health
People targeted: 96,000
Male: 38,400
Female: 57,600
Requirements (CHF): 251,000

Proposed intervention
With a large number of displaced families living in the open or with family in crowded conditions without access, in many cases to safe drinking water or adequate sanitation facilities, it is anticipated that waterborne and vector-borne diseases are likely to rise. This will also exacerbate any pre-disaster health and nutrition issues. As a result of the floods, access to public health services is now severely limited in the flood-affected districts due to damages to medical facilities and roads. SSRC will deploy two Health NDRT members to provide surge support to the identified locations, working closely with the responding branches – EATs and volunteers. The team will focus on the dissemination of health messages, first-aid services and referrals to the nearest hospital where required. The ECV trained volunteers will also work with government medical teams during the emergency period.

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Activities planned:
• Carry out rapid rollout of National Society trainings in Epidemic Control for Volunteers.
• Conduct a three-day training for 30 volunteers per locations on ECV.
• Conduct a three-day training/refresh for 20 volunteers on first aid per location.
• Identify and activate CBHFA volunteers for integration into emergency response.
• Conduct health education session on prevention of communicable diseases by 30 volunteers working 5 days a week for 10 months reach to 16,000 households (estimated 96,000 people).
• Distribute 24 stretchers from warehouse and procure 240 first-aid kits to support community level first-aid response.
• Conduct CBHFA activities to promote community-based disease control and health promotion.
• Support social mobilisation regarding water-borne diseases (health promotion sessions).

Disaster Risk Reduction
People targeted: 7,000
Male: 4,000
Female: 3,000
Requirements (CHF): 112,000

Proposed intervention
At the end of the emergency phase, SSRC with support of the in-country partners will carry out a more in-depth needs' assessment on flood risks in the selected operational areas (approx. after 3 months). Red Cross volunteers with communities’ members will be trained to apply community-based disaster risk reduction (CBDRR) initiatives in affected communities. This operation plans to organize a basic training in CBDRR with practical sessions in the field. Further, through the CBDRR in the target communities, each Boma (group of villages) will have an operational Community Disaster Response Team comprised of 15-20 members. The trained local facilitators will accompany the communities in the realization of the CBDRR initiatives in their respective communities, including the development of the risk maps and Community contingency plans, the setting up of the early warning early action system. Working closely with the National Meteorological and
Hydrological services SSRC will support the Community Disaster Response Teams to access and be trained to utilize Early Warning Information and advisories to support community decision making and planning.

**DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster**

**DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.**

**Activities planned**
- Develop and implement a community plan of action for CBDRR
- Develop early warning and early action systems linked with local or national meteorological systems
- Develop contingency plans and improve them through simulation drills
- Raise community awareness of risks and appropriate actions through dissemination of the Public Awareness and Public Education DRR key messages
- Form and train community disaster response teams
- Form a community DRR/DM committee with a Terms of Reference (ToR)
- Facilitate mitigation and preventive activities for risks identified
- Develop and disseminate targeted messages and communication assets (social media material) for media, volunteers, local and traditional leaders, churches, schools and other stakeholders to trigger community preparedness actions (using PAPE/What Now).

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**Protection, Gender and Inclusion**

**People targeted:** 77,730

- Male: 40,000
- Female: 37,730

**Requirements (CHF):** 112,000

**Proposed intervention**

The operation will ensure the promotion and participation of men and women of different age groups through trainings and consultation and conduct a gender and diversity analysis to understand and respond to individual and groups based on their specific needs, risks and concerns. Sex, age and disability disaggregated data (SADDD) will be collected and analysed and will be informing the emergency response. A continuous dialogue among the different stakeholders will be fostered to ensure programmes mainstream DAPS (Dignity, Access, Participation and Safety) approach and Minimum Standard on Protection, Gender and Inclusion, based on the identified needs and priorities of humanitarian imperatives on the ground.

**Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.**

Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

**Activities Achieved:**
- Trained volunteers on psychosocial activities to volunteers in Twic East and Maiwut
- Procurement of materials for psychosocial support

**Activities planned:**
- Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning to ensure mainstreaming of the minimum standards on PGI in emergencies to all sectors throughout the emergency response
- Hold basic ½ day training with IFRC and NS staff and volunteers on the Minimum Standards on PGI (or integrate a session on Minimum Standards in standard/sectorial trainings).
- PSS/SGBV Training
- Develop/update Referral pathway
- Support sectorial teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard
- Provide essential services (including reception facilities, RFL, and access to education, health, shelter, and legal services) to unaccompanied and separated children and other children on their own.

### Strategies for Implementation

**Requirements (CHF): 749,000**

#### Strengthening National Society capacities

National Society Development is a key priority for the Red Cross Red Crescent Movement in South Sudan in line with IFRC Strategy 2020 and 2030. Engagement and strengthening of the governing board leadership to collectively position the National Society’s coordination with the local authority through support to auxiliary role and Humanitarian Diplomacy actions will ensure a fulfilled and principled humanitarian response. This will enable National Society leadership engagement and motivated in mobilizing governments and public support in SSRC actions including ensuring effective risk communication and community engagement. Over the past few years, the Movement has supported the development of a new Strategic Plan 2018-2021, and the development of a comprehensive National Society Development (NSD) Framework outlining key development priorities and focus areas for South Sudan Red Cross. The organizational capacity assessment and certification (OCAC) was done in 2015 and since 2018, the branch organizational capacity assessment (BOCA) has been conducted in 16 out of 17 branches. It is expected that all branches will have undergone BOCA by the end of 2020. Building on this, this appeal will continue to support this process in an endeavour to build branches as centres of resilience in South Sudan.

**Activities planned include:**

- Activation of Emergency Action teams including refresher training
- Support to Governing Board with unpacking humanitarian diplomacy guidance notes
- Facilitate coordination between SSRC leadership with the Government on auxiliary role
- Support SSRC’s Duty of Care with Volunteer Insurance solution and support to PPEs provision
- Enhanced capacity to conduct needs’ assessments and planning for a response
- Support to SSRC volunteer management and capacity building
- Training, coaching and mentoring of staff and volunteers on various sector technical aspects
- Cash-based interventions capacity building for the branches
- Logistics development support for the NS
- Minor rehabilitation of office of local branches, including equipment
- Active application of the Safer Access Framework

Note that all SSRC’s activity volunteers are covered by the existing annual volunteer insurances supported by other Movement partners in-country through long-term programmes.

#### Ensure effective international disaster management

SSRC has been supported by Movement partners to strengthen its response capacity since 2015, building and enhancing the SSRC staff and volunteer capacity in key sectors of disaster management programming to ensure that the National Society is better prepared and positioned to scale-up its disaster response and preparedness to the growing humanitarian needs in South Sudan. SSRC established several emergency responses teams and those teams will be deployed during this response.

**Activities planned include:**

- IFRC coordination support, including working closely with the SSRC emergency response team in implementation as needed and in close collaboration with PNS (specifically Danish Red Cross DM Delegate) and the ICRC
- IFRC HR surge support as required and requested
- ICRC and IFRC logistics department support to the National Society’s logistics unit for coordinating supply chain activities, replenishment and other procurements.
- SSRC will coordinate closely with Public Authorities and other humanitarian actors and relevant clusters on a regular basis to be complementary and facilitate in filling humanitarian gaps. If needed IFRC will provide support.
- Coordination with ICRC on security context and situational analysis of the affected areas.
Influence others as leading strategic partners

Humanitarian diplomacy is one of four enabling actions in the SSRC 2018-2021 Strategic Plan. Some milestones have been achieved in recent years, including IFRC-supported policy work on a National Disaster Law and a National Disaster Management policy. SSRC is now systematically including Community Engagement and Accountability in all its projects or initiatives. During the implementation of this appeal, the NS will be looking to scale up its communication efforts and the IFRC will support this, in close coordination with the ICRC given the fragile context of the country and in line with the 2017 Communications Agreement.

Activities planned include:
- The SSRC with the support of ICRC and IFRC communications team is ensuring that Red Cross response efforts are effectively communicated amongst its key public audiences and maintaining active online media engagement throughout the emergency operations.
- A composite team of SSRC, ICRC, and IFRC communications officers will work together to generate high quality photos, video clips, and news stories for use across relevant platforms.
- Identification of community participation modalities in programme design and implementation.
- Ensure that the plan developed meets identified needs of affected people and that any adjustments to initial plans are informed by continuous assessment of needs.
- Ensure continuous monitoring of implementation by SSRC with the support of Movement Partners if required
- Lessons learned workshop for operation, taking into consideration the strong SMCC approach
- SSRC to ensure effective reporting, accountability to communities, community engagement and accountability
  - A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA)
- Produced evidence-based information (evaluation report, case study, survey).

Ensure effective IFRC

Based on the need for technical and coordination support required to deliver in this operation, the following programme support functions will be put in place by the SSRC with support from Movement partners as required 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. Surge support will be requested as per need, alongside support from existing in-country resources. The specifics will be elaborated in the Emergency Plan of Action.

A key complementary action will be increasing the awareness of SSRC and IFRC staff and volunteers on the Fraud and Corruption Policy for Red Cross personnel and stakeholders (especially suppliers and local government units) as well as awareness on Prevention of Sexual Exploitation and Abuse (PSEA) for all personnel.
## Funding Requirements

**International Federation of Red Cross and Red Crescent Societies**

**EMERGENCY APPEAL**

**MDRSS009 - SOUTH SUDAN - FLOODING**

**Funding requirements – summary**

<table>
<thead>
<tr>
<th>Area of Intervention</th>
<th>Needs in CHF</th>
</tr>
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<tbody>
<tr>
<td>DISASTER RISK REDUCTION</td>
<td>112,000</td>
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<tr>
<td>SHELTER</td>
<td>628,000</td>
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<td>LIVELIHOODS AND BASIC NEEDS</td>
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<td>HEALTH</td>
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<td>WATER, SANITATION AND HYGIENE</td>
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<td>PROTECTION, GENDER AND INCLUSION</td>
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<td>MIGRATION</td>
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<td>STRENGTHEN NATIONAL SOCIETIES</td>
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<td>EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT</td>
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<td>INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS</td>
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<td>ENSURE A STRONG IFRC</td>
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<td><strong>TOTAL FUNDING REQUIREMENTS</strong></td>
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*all amounts in Swiss Francs (CHF)*

Jagan Chapagain  
Secretary General
How we work
All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.
## Annex 1

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Overall Risk (INT)</th>
<th>Previous NAWG Rec.</th>
<th>IPC Phase 5</th>
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<th>IPC Phase FSL</th>
<th>FSL (INT)</th>
<th>NUTRITION (INT)</th>
<th>WASH (INT)</th>
<th>HEALTH (INT)</th>
<th>NAWG Rec. as of 29 Oct</th>
<th>Comments</th>
<th>Planned or ongoing flood assessment?</th>
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