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Emergency Plan of Action operation update

Sudan: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRSD022	GLIDE n° CE-2013-000061-SDN
Operation Update n° 4 Date of issue: 18 June 2016	Timeframe covered by this update: 10 July 2015 to 10 June 2016
Operation start date: 10 July 2015	Operation timeframe: 18 months (new end date 31 December 2016)
Overall operation budget: CHF 3,934,859 Appeal coverage: 14%	DREF amount initially allocated: CHF 178,890
Total number of people affected: 2.5 million IDPs (3.7m in need of humanitarian assistance)	N° of people being assisted: 389,930
Host National Society Host: Sudan Red Crescent Society (SRCS)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: German Red Cross, Qatar Red Crescent, Netherland Red Cross, Saudi Red Crescent, Swedish Red Cross.	
Other partner organizations actively involved in the operation: World Food Programme, United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund, United Nation Children Fund (UNICEF), World Health Organization (WHO), UN OCHA.	

Summary of major revisions made to emergency plan of action

This update is seeking a 6 months' timeframe extension until the end of 2016 to take into account anticipated income and give enough time to implement related activities.

A. Situation analysis

Description of the disaster

Clashes between Government forces and armed movements in Darfur Region of Sudan has intensified in recent years severely impacting civilians. Inter-tribal tensions continued to spill over into clashes, causing civilian displacements and disruption of basic services. Access to clash-torn areas remains largely restricted¹. Continued and sustained clashes in 2014 and 2015, witnessed new displacements in the region and as a result an increase in the humanitarian needs.

Clashes in Darfur due to inter-tribal fighting continued throughout 2015, making the conflict in the region more widespread and unpredictable. Towards the end of the year, increased clashes between farmers and herdsmen were reported due to grazing lands. Farmers in both North and South Darfur were affected by the attacks and the destruction of their farms by livestock herders¹. Lack of rain or shortage of rainfall has also been reported to be affecting agriculture in the area.

At the end of 2014, some 3.1 million people in Sudan were internally displaced, majority in Darfur. A further 0.7 million people were refugees displaced from their country of origin or South Sudanese who are unable to move to South Sudan². Since January 2015, up to 224,000 people have been displaced from their homes by conflict in Darfur. About 100,000 of them are internally displaced persons (IDPs), while 66,000 live in areas where humanitarian organisations have limited or no access (Jebel Marra area of Darfur). About 58,000 of the people who were displaced this year have

¹ 2015 Sudan Humanitarian Response Plan

² Sudan Humanitarian Snapshot 31 October, 2015

returned to their area of origin. Immediate needs of the displaced identified according to inter-agency assessments are food, emergency shelter, household supplies, water, sanitation, health, education and protection services.

According to the Ministry of Health (MoH), as of 11 December 2015, a total of 571 suspected dengue fever cases, including 133 deaths, were reported in Sudan since the outbreak started. Darfur states were the most affected, Kassala and Kordofan being the other regions affected. Earlier during the year, measles outbreak was also declared in the country. The outbreak started in late December 2014 and affected Kassala and Gedaref States by January 2015. In April, the outbreak was reported in Sennar, the Red Sea, and West, East, and North Darfur states. Fifty two (52) localities in South, North, East and Central Darfur were affected. Darfur states were among the worst affected due to Measles, dengue fever outbreak and malaria during the second half of the year in Sudan.

On 20 May 2015, IFRC launched an Emergency Appeal (EA), which sought 3,934,859 Swiss franc to support Sudan Red Crescent Society (SRCS) address emergency health, hygiene promotion, water and sanitation, emergency shelter including basic household items, needs of 389,930 people in the Darfur region, for a period of 12 months. The Federation released 178,890 Swiss franc from the Disaster Relief Emergency Fund (DREF) as a "startup" loan to the EA, as well as goods in kind, which had been prepositioned in-country following the MDRSS021 Floods operation in 2014/15.

The Federation, on behalf of the Sudan Red Crescent Society would like to extend many thanks to the American Red Cross, Japanese Red Cross, Saudi Red Crescent Society, Swedish Red Cross and Canadian Red Cross, for their generous financial and in kind contribution toward this operation. A total of 3,025 jerry cans from American Red Cross and 2,500 NFI kits from IFRC stocks were made available for the response. Unfortunately, financial coverage for the International Emergency Plan of Action Appeal remains low at around 14%, mostly due to the protracted nature of the emergency. This Operations Update provides indication of the intention to revise the MDRSD022 EA based on the priorities within the Emergency Plan of Action (EPoA), current resources available and anticipated income over the remainder of the timeframe of the operation while at the same time extending the timeframe to 31 December, 2016.

Summary of current response

Overview of SRCS response

The SRCS is one of the leading organizations responding to humanitarian needs in Darfur. SRCS has a strong network of volunteers and works in coordination with the state authorities and cluster partners. Major activities supported through IFRC International Appeal includes assessments, volunteer trainings, support, cleaning campaigns, rehabilitation of school latrines, health and hygiene activities in 15 selected localities across the 5 states of Darfur. All SRCS activities are implemented in coordination with state authorities and cluster partners. The health and hygiene activities complement on-going National Community Health Volunteers Program supported by Swedish Red Cross through IFRC. SRCS volunteers also participated and support various health campaigns launched by Ministry of Health (MoH).

A planning meeting for Darfur branches was conducted in August, 2015 and 2 joint monitoring visits undertaken between September - October 2015. Capacity building workshop in Disaster Preparedness /Disaster Response trainings for community volunteers and staff was conducted 16- 18 May 2016, for 20 participants (appeal operation staff and volunteers) 4 from each branch. The 5 branches were supported in carrying out health and WASH needs assessment in the selected localities (for more information, please see needs assessment section below). Decision making on the proposed revision of the appeal was based on the needs assessment. Health clinics that were to be supported under the EA were identified and a WASH support plan developed.

A total of 1,742 volunteers from the 5 branches were involved and supported in various activities through this EA organized by the branch. This included rehabilitation of 19 school latrines, 24 integrated cleaning campaigns and health sessions which directly benefitted about 20,603 people. Health and hygiene promotion campaigns were also carried out in collaboration with local health authorities and have supported 14,412 people.

Due to the latest conflict that took place in Jabal Marra, SRCS actively participated in the distribution of assistance provided by NGOs and other UN agencies in Fanga Suq of central Jabal Marra. Other activities supported through the EA during the reporting period included assistance to about 15,000 persons in Adilla and Abukaringa localities of East Darfur who were displaced as a result of inter-tribal clashes in May 2015, distribution of the Non-Food Items (NFIs) was done in coordination with the United Nations High Commission for Refugees (UNHCR) and Humanitarian Aid Commission (HAC).

Two joint monitoring and support visits were carried out by SRCS-IFRC team. The newly established branches of East and Central Darfur were supported with office furniture, cleaning tools equipment and volunteer support kits for 300 volunteers in 5 branches.

SRCS branches also worked with and supported MoH campaigns against measles, malaria and dengue fever. The campaign also targeted host communities as well as IDP and refugee camps. The campaigns were conducted in collaboration with state public health office. In Darfur, a total of 523 suspected Dengue fever cases including 128 deaths were reported in the period of August - December, 2015³. Measles outbreak started in December 2014 and affected 11 localities of Kassala and Gedaref States by January 2015. In April, the outbreak was reported in additional 28 localities in Kassala, Sennar, the Red Sea, West, East, and North Darfur states. SRCS volunteers were involved in mobilizing communities and supporting vaccination campaigns conducted by MoH⁴.



Photo: SRCS volunteers conducting clean-up campaign in North Darfur

SRCS also has partnership with the World Food Program (WFP), UNHCR, and United Nations Children's Fund (UNICEF) in Darfur for distribution of food, emergency shelter, household supplies and health. In North Jebel Marra's Fanga Suk area, SRCS worked with UNICEF to set up temporary health centers for providing antenatal care services to pregnant women, immunization and nutrition support to children affected by displacement⁵. State Ministry of Health (SMoH) and SRCS, with support from UNICEF also deployed 3 medical assistants and 1 nutrition specialist to provide health assistance. An additional 100 volunteers were deployed to conduct home visits and disseminate health education messages.

Financial coverage for the appeal to date is 14%.

Key challenges for the operation have been:

1. Low financial coverage which has limited the size and scope of the plans.
2. Security and humanitarian access in some areas.
3. Logistics and transportation due to the risk of carjacking and far distances.

Overview of Red Cross Red Crescent Movement in country

Besides the IFRC and ICRC, there are eight Partner National Societies (PNS) operating in Sudan and supporting various activities of SRCS in the country (Danish Red Cross, German Red Cross, Netherlands Red Cross, Qatar Red Crescent, Saudi Red Crescent Authority, Spanish Red Cross, Swedish Red Cross and Swiss Red Cross). Among the PNSs, German Red Cross has physical presence in West and North Darfur and IFRC, Netherlands Red Cross and Qatar Red Crescent supporting programmes through SRCS. Netherlands Red Cross has confirmed interest in providing multilateral support to the EA and also interest in initiating long-term bilateral support to West Darfur branch.

Overview of non-RCRC actors in country

The National Society (NS) collaborates with the Government, larger humanitarian community as well as the UN organizations in the country. At national level, in 2015, SRCS had partnership with WFP, UNHCR, UNICEF, United Nations Population Fund (UNFP) and Global Fund. In Darfur, SRCS branches are active participants in the existing coordination mechanisms at state level led by State authorities and the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). These include HAC, SMoH, WFP, UNHCR, WFP, UNICEF, United Nations Development Programme (UNDP) and United Nations African Union Mission in Darfur (UNAMID).

Needs analysis and scenario planning

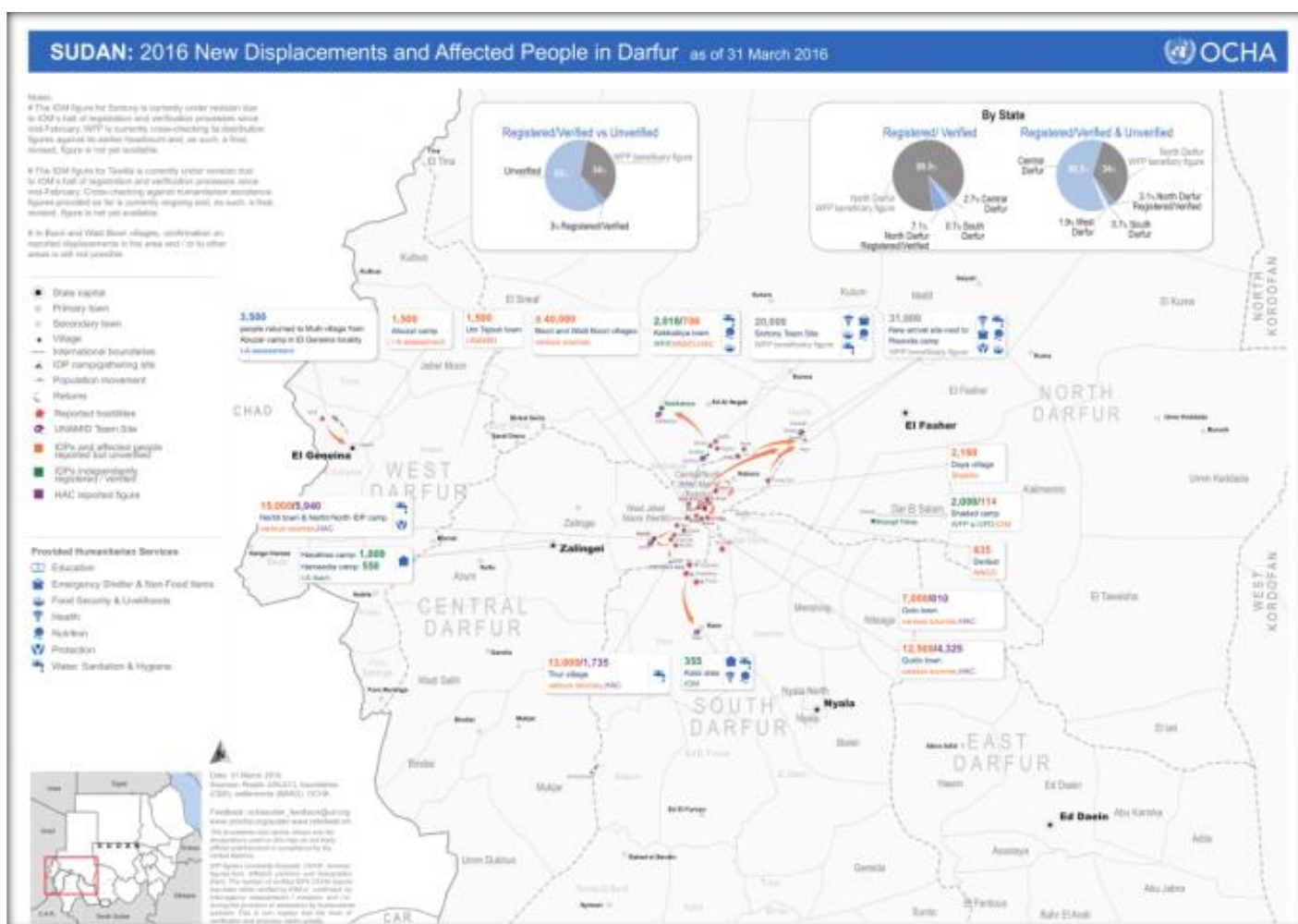
Majority of the 3.1 million IDPs in Sudan, are from the Darfur region. Population movement in Darfur included those displaced due to inter-tribal clashes, militancy and returnees from Chad, who moved back to Darfur. The refugees opted to return to Sudan but not to their areas of origin in the South of Um Dukhun town, which they still see as unsafe to return to.

³ Situation report No 10 (MoH-WHO)

⁴ Update on measles July, 2015 (MoH-WHO)

Displacement of population were reported from Adilla and Abu karinga in East Darfur, Kutum locality in North Darfur, Rahad El Biridi and Umdafug in South Darfur, Jebel Marra, Bindisi and Fanga Suk localities in Central Darfur. A total of 232,587 persons were reported to have been displaced in Darfur during 2015. Of these, 65,610 were said to have returned to their places of origin and the remaining continue to be displaced. In January 2016, fighting between Sudanese armed forces and armed movements erupted in Jabal Marra of Central Darfur. This conflict affected 119,000 persons, 89,000 of them displaced to North Darfur while 29,000 displaced internally.

SRCS branches actively participate in the inter-agency cluster meetings and joint assessments with cluster partners at state level. In addition, during the reporting period, under this EPoA, branches were assisted in carrying out WASH and health needs assessments of IDP population in the localities selected for intervention. The findings of assessments confirmed lack of adequate health facilities and services in the targeted localities. Many health facilities are reported to be without adequate staff, medical supplies and equipment. Lack of adequate water for human as well as for livestock a reconfirmed. In many areas, there is no separation of water sources for animals and humans. Need for improved hygiene and sanitation facilities in communities as well as in schools are reported. Education of children are said to be affected. Branches have also reported shortage of rainfall in the area which is said to have affected cultivation and which can have an impact on food security in the region.



Risk assessment and analysis

Risks	Mitigation measures
<p>Coordination and scope</p> <p>A complex humanitarian emergency has been running in parts of Sudan for more than a decade.</p> <p>Continued clashes in South Sudan and Darfur with consequent increase in new arrivals/IDPs in Sudan can pose further challenges SRCS.</p> <p>There are also increased expectations from SRCS by humanitarian agencies, which can overstretch the capacities of the NS.</p> <p>In addition to clashes, many regions of Sudan are highly susceptible to natural disasters such as drought and floods, which have brought increased food insecurity to parts of the country and contributing to high levels of malnutrition.</p>	<p>Strengthening the presence of IFRC in the country to support operation was delayed due to funding constraints.</p> <p>Coordination with both Movement and non-Movement partners improved. By December, 2015 Swedish Red Cross contributed to the appeal.</p> <p>Netherland Red Cross has committed to supporting the EA and to provide long term support to West Darfur branch. Commitment from Saudi Red Crescent Authority for contribution to the appeal was also received.</p> <p>Movement partners have also initiated discussions for a joint response to mitigate the impact of El Nino in Sudan.</p>
<p>Finance</p> <p>The living costs in the country have been rising steadily. The local currency has also been weakening adding strain on the budgets.</p> <p>Financial systems particularly at the branches and cash flow procedures need strengthening.</p>	<p>Monitoring and control measures improved with an assigned Operations Coordinator at SRCS HQ in Khartoum. The Coordinator's contract however ended in March, 2016.</p> <p>A Finance Delegate position for the IFRC was not filled due to low financial coverage.</p>
<p>Security</p> <p>Discussions are in progress for phase out UNAMID from Darfur. The phase out however is expected to be in stages over a period of time.</p> <p>Many humanitarian partners are currently affected by criminality in the region, affecting their capacity to operate.</p>	<p>SRCS will continue to work with relevant authorities to monitor the security situation in Darfur..</p> <p>SRCS will strengthen its advocacy with authorities and communities to improve its access to the most vulnerable.</p> <p>Regional Security Coordinator for IFRC will visit Sudan during early 2016 to review security procedures for IFRC and Partners in Sudan.</p>
<p>Headquarters support</p> <p>Insufficient support provided from HQ for the branches.</p>	<p>An Operation Coordinator at SRCS NHQ is in place to support the implementation of plans and supported by SRCS-IFRC Operations team. .</p>
<p>PMER</p> <p>Weak PMER system and staff skills in PMER.</p>	<p>Reporting templates were developed. However, branches need to be further supported to improve monitoring and reporting. EAIOI cluster office PMER continues to work with SRCS PMER to strengthen M&E systems.</p>

B. Operational strategy and plan

Refer to the original [EPOA](#).

Operational support services

Branches are supported with operational costs to effectively carry out their plans. This includes transportation costs, communication costs and office stationeries. The 2 newly established branches of East Darfur and Central Darfur were additionally supported with office equipment and essential office furniture. Through monitoring visits, plans and implementation strategies were discussed.

Human resources

Job descriptions for the roles of Operation Officers and Finance Officers, for both branches and for NHQ were finalized, and these roles assigned. Training for these staff are planned to be held between January- April 2016.

Logistics and supply chain

As noted, in-kind donation of 3,025 jerry cans were received from American Red Cross. IFRC made available 2,500 NFI kits from available stocks for distribution to the displaced in Abu Karinga and Adilla localities of East Darfur.

Local procurement for the operation is carried out by SRCS, while IFRC manages international procurement.

Communications

All 5 branches have in place, basic communication equipment including mobile phones and internet connectivity. Regular contact with branches is maintained by SRCS headquarters. The EA operation supports the branches through partial contribution to communication costs at branches. Radio communication is not operational.

Security

Security situation in Darfur region remained unpredictable in some parts. Inter-ethnic clashes were reported from East and Central Darfur. Kuttum locality of North Darfur and Jebel Marra locality of Central Darfur were also affected by attacks causing displacements among population. Towards the later part of the year clashes between herdsmen and farmers due to poor grazing land began to be reported.

Planning, monitoring, evaluation, & reporting (PMER)

Assessment templates as well as Monitoring and Reporting tools have been developed based on operation needs. PMER training is planned for 2016.

Administration and Finance

Working Advance system is followed. Overall financial reporting has been slow, and this had also affected the rate of implementation.

C. Detailed Operational Plan

Quality programming			
Outcome 1 The quality of the operation is ensured and documented by comprehensive participatory needs assessments and accountability measures.	Outputs		% of achievement
	Output 1.1 A comprehensive monitoring and reporting framework and system for ensuring accountability to beneficiaries established.		50%
	Output 1.2 Strengthened communication and accountabilities to beneficiaries.		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Needs assessments templates established, assessments carried out and beneficiaries identified	X		100%
Eestablish a Monitoring and Reporting Framework.	X		On going
Mobilize volunteers for assessments & verifications	X		100%
Joint monitoring of the operations by SRCS HQ/IFRC and branches	X		100%
Mid-term review (Internal) to include all relevant technical sectors		X	Pending
Final evaluation of the operation (external)to include all relevant technical sectors		X	Pending
Train branch staff on M&R tools and requirements	X		On going
Output 1.2: Strengthened communication with and accountabilities to beneficiaries			
A beneficiary feedback mechanism is developed and established defining accountability to beneficiaries and to ensure effectiveness of the response		X	0%
2 Ben Comm trainings (AtB) for key branch staffs and volunteers.		X	0%
Quarterly meeting with beneficiary committees (one meeting per state at different locations)	X		On going
Communication brochures about SRCS work and activities	X		75%
Progress towards outcomes			
<p>As explained above (see section on needs analysis), needs assessments of the affected population within the targeted localities were completed by all 5 branches. The assessments were carried out by branch staff and volunteers. Branch focal points were oriented and provided with standard assessment tools. Assessments were carried out at village level, and recommendations were based on discussions with community. Overall, 1,742volunteers have participated in various activities implemented by the branches in the 5 states. Community Committees were established in West Darfur, South Darfur, East Darfur and Central Darfur states and each branch facilitated three meetings each of these committees. 1,000 posters , 300 t-shirts, 25 SRCS big size flags, were produced and to be distributed to the SRCS Darfur 5 branches.</p>			
Challenges:			
<p>Main challenge has been to secure reports from the field. PMER capacities both at National and branch levels needs to be improved.</p>			

Health & care

Needs analysis: SRCS interventions will focus on supporting increased access to health care for the affected and prevention of diseases in communities through health and hygiene promotion. Selected health clinics will be supported with rehabilitation, provision of essential medical supplies and incentives for health staff.

Population to be assisted: Refugees, IDPs, returnees and host population.

Health & care			
Outcome 2 Contribute to reduction of morbidity and mortality rates and improvement in well-being of the targeted populations.	Outputs		% of achievement
	Output 2.1 Improved access to health and care and emergency health including referrals for the targeted population and communities.		20%
	Output 2.2 Improved knowledge about public health issues among IDPS and refugees in communities in the five states.		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
10 health facilities and clinics will be rehabilitated and equipped.		X	0%
Incentives of health staff to support additional caseload in the 10 health clinics		X	0%
Provision of emergency and First Aid () services and referrals (including appropriate facilities and infrastructure in the form of a large-size tent for hospital purposes)		X	0%
Procurement and deployment of 10 Interagency Emergency Health Kits (IEHK) in selected clinics	X		20%
Procurement and distribution of 500 First Aid Kits	X		40%
Refresher training on First aid in Emergencies for five states for 30 volunteers in each state.(150 Volunteers)	X		100%
2.2 Improved knowledge about public health issues among IDPS and refugees in communities in the 5 states.			
Conduct health and hygiene promotion campaigns within the affected population focusing on prevention and control of common communicable diseases such as Malaria, Acute Watery Diarrhea, bloody Diarrheas, Dermatitis and other outbreaks likely to occur during emergency situations	X		On going
Collaboration with MoH, UNICEF and WHO support vaccination campaigns across the targeted States as appropriate (measles, polio, yellow fever or meningitis)	X		On going
Printing of IEC materials with Public Health Messages on glossary papers and distribute health promotion materials		X	0%
Procure personal protective equipment (Gloves, Gum boots, Raincoats, Nose Masks, Eye protectors (Goggles), Gown, head cap, vests) for volunteers (2,000 pcs)	X		100%
Progress towards outcomes			
Branches supported the SMOH actions and carried out health education and awareness sessions on dengue fever and Ebola. In South Darfur, 11,412 people were reached directly through these campaigns which were in collaboration with Ministry of Health and Malaria control office. At total of 7,112 cases were screened and 1,810 cases identified and referred. In addition, 15 health promotion sessions, one in each locality were carried out in which 720 volunteers participated. A total of 154 volunteers were supported with refresher training on First Aid in Emergencies. A total of 300 Volunteer protection kits for use during cleaning campaigns were procured. This include			

Gum boots, heavy duty gloves, nose masks and goggles. 2 IEHK (Interagency Emergency Health Kit) and 200 First Aid Kits procured through IFRC international procurement (Swedish RC fund which is earmark).

Challenges:

Activities implemented were based on funding coverage. Due to low financial coverage, rehabilitation activities, procurements including of First Aid Kits and Health Kits and assistance to health clinics are put on hold.

Water, sanitation, and hygiene promotion

Needs analysis: Main priorities in the WASH sector are to maintain water, sanitation and hygiene services in IDP camps, gatherings, host communities, as well as in other high-risk areas, to prevent disease outbreaks.

Population to be assisted: Refugees, IDPs, returnees and host population

Water, sanitation, and hygiene promotion			
Outcome 3 Reduced risk of waterborne disease amongst affected population through improved access to safe drinking water, safe sanitation and good hygiene behaviours..	Outputs		% of achievement
	Output 3.1 Improved access to safe water and sanitation and improved hygiene awareness and behaviour for the target population in 5 states .		20%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Maintenance and management of emergency water treatment unit (including supply of chemicals)		X	0%
Rehabilitation of 16 water yards		X	0%
Rehabilitation of 90 hand pumps/boreholes/water harvesting systems		X	0%
Rehabilitation of 1,200 household and communal latrines	X		1.5 %
Hand pump mechanic (training 5 trainings) for volunteers and communities. 1 per state		X	0%
Procurement of hygiene/dignity kits	X		100%
Hygiene promotion sessions (600) for (5 States)	X		On going
Procure cleaning tools for branches for cleaning campaigns.	X		100%
Cleaning Campaigns 120 * 5 = 600	X		On going
Procurement of water purification tabs		X	0%
Procurement of storage tanks		X	0%
Hand pump mechanic training		X	0%
PHAST Training		X	0%
Organize the communities into gender represented community committees and train them to participate in the implementation and management of the activities.	X		In progress
Progress towards outcomes			
Branches were supported through procurement of cleaning tools such as slasher, rakes, waste bins, and spade. Cleaning campaigns are carried out by branches regularly. 24 campaigns were carried out by the five branches in this reported period. In Central and South Darfur, volunteers also assisted campaigns in refugee camps and IDP			

camps conducted in collaboration with public health office,

Water sources as well as household and communal latrines which require rehabilitation were identified. Rehabilitation and maintenance of 19 school's latrines in Jebel Moon locality this include (Alhomaira Basic School / girls, Madrasat Al-Om Basic school / boys, and Arousharou Basic School / mixed), Sirba locality (this include Sirba High Secondary School / girls, Sirba High Secondary School / boys, Sirba Basic School / boys and Sirba Basic School / girls). Habila locality (this include Habila High Secondary School / girls , Basic School/ mixed and Nourlmaarif Basic School/ girls) in West Darfur State, total 5,088 of students as direct beneficiaries.

Hygiene promotion activities in the reporting period were integrated within the health promotion sessions. 1,210 hygiene/dignity kits were procured by IFRC international procurement (*Swedish RC fund which is earmark*).

Challenges:

Low financial coverage has restricted the scope of SRCS intervention in this sector. Due to this SRCS planned actions for rehabilitation of water yards, boreholes and hand pumps will be reviewed.

Shelter and settlements

Needs analysis: According to the Emergency Shelter and Non-Food Items (ES/NFIs) cluster, about 1,155,000 people (225,000 household) affected by clashes and disaster in Sudan are in need ES/NFIs. The newly displaced households identified to be in need of emergency shelter and NFIs is 130,000.

Population to be assisted: Families benefiting from these supports will include new refugees, returnees and IDPs.

Shelter and settlements			
Outcome 4The immediate emergency shelter and settlement needs of 10,000 vulnerable families in 5 state of Darfur are met	Outputs		% of achievement
		Output 4.1 10,000 families across the 5 states of Darfur are assisted with standard NFI and supported with environment-friendly and locally acceptable emergency (safe shelter) using regionally produced and/or externally sourced materials.	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Procurement of 10,000 Emergency Shelter and NFI kits (International) for 50,000 beneficiaries (10,000 households)		X	30%
Transportation of NFIs from Port Sudan to Khartoum		X	0%
Transportation of NFIs from Khartoum to targeted states.		X	0%
Orientation and training of volunteers and staff on construction of emergency shelters (the technical expertise in shelter activities is being planned and will be delivered through the Shelter cluster coordination role)		X	10%
Maintenance of branch warehouses and monthly storage of relief materials in 5 branches		X	0%
Distribution of relief items to beneficiary population in 5 states through volunteers	X		30%
Distribution of shelter kits through SRCS volunteers and orientation to communities on how to build in a safe manner		X	10%

Distribution of IEC materials on how to build safe emergency shelter		X	10%
Engage communities in fire risk reduction activities		X	0%
Progress towards outcomes			
About 15,000 persons (2,500 households) in Abukaringa and Adila localities displaced due to inter-tribal clashes were assisted with NFI kits allocated by for the EA operation. The items distributed included tarpaulins, mosquito nets, sleeping mats, jerry cans and blankets.			
SRCS branches in Darfur continue to work with UNHCR in distribution of NFIs and support WFP in food distribution.			
Challenges:			
Continuous nature of displacement among population is a challenges making targeting difficult.			

National Society capacity building

Needs analysis: Primary focus in branch capacity building will be in the areas of advocacy, diplomacy and accountability to beneficiaries. Key staff and volunteers in the five branches will be supported in the three areas through training, coaching and mentoring.

National Society capacity building				
Outcome 5 Strengthened organizational preparedness and capacities of the branches to respond to future clashes and to the needs of the affected populations.	Outputs		% of achievement	
	Activities	Output 5.1 Understanding of SRCS's auxiliary role among key stakeholders is strengthened through improved coordination, advocacy and diplomacy.		15%
		Output 5.2 Branches are equipped and better prepared to respond to clashes and displacement and its effects.		
Is implementation on time?		% progress (estimate)		
	Yes (x)	No (x)		
Humanitarian Diplomacy training for selected SRCS staff and volunteers from targeted branches to enhance their skills in engaging with non-Movement partners in discussing their auxiliary role		X	0%	
Coordination and engagement with key stakeholders (HAC, MoH, Community leaders, and partners) - quarterly stakeholder meetings	X		On going	
Documenting good practices and lessons learnt for knowledge sharing		X	0%	
Branches are equipped and better prepared to respond to clashes and displacement and its effects				
Procurement of computers, lap tops, vehicles	X		40%	
Purchase of fire extinguishers		X	0%	
Procurement 2 Rub halls warehouse		X	0%	
Rehabilitation of SRCS branches		X	0%	
Establishing radio communication system		X	0%	

Solar panels for 5 branches		X	0%
Essential office furniture for branches	X		40%
Recruitment of NS staff (HQ and Field)		X	20%
Visibility aprons/Jackets 2,500		X	0%
Disaster Preparedness /Disaster Response trainings for community volunteers and staff, including fire risk prevention	X		100%

Progress towards outcomes

Through the plan of action, operational support is provided to all five branches to cover costs of stationeries, communication and transport. The operation is also supporting essential staffing needs including cost of Operation Officer and Finance Officer. WASH and Health activities at branches are supported by assigned volunteers. SRCS branches work closely with state authorities as well as with cluster partners and actively participate in the state level coordination meetings. These include sectors of WASH, Health, NFIs, Food and Livelihoods, Emergency Response. Participation in about 184 coordination meetings over the last six months has been reported by the five SRCS branches.

The two newly established branches of East and Central Darfur additionally supported with office furniture, two laptop computers and a photocopier-printer. These two branches are also supported with additional but temporary staff to support the operations. Capacity building workshop in Disaster Preparedness /Disaster Response trainings for community volunteers and staff conducted 16- 18 May 2016 for 20 participants (appeal operation staff and volunteers, 4 from each branch).

Challenges:

Since SRCS is one of the few national actors with access to most localities, there is great expectation about SRCS from other actors such as the UN. However, SRCS branch capacities do not match with these expectations. There is also need to strengthen advocacy to promote and strengthen the auxiliary role of SRCS.

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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.

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**.