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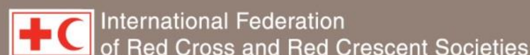
Emergency Plan of Action Final Report

South Sudan: Complex Emergency



Operation n° MDRSS003	**Glide number:** OT-2014-000001-SSD
Date of Issue: 11 January 2017	**Date of disaster:** 15 December 2013
Operation start date: 9 January 2014	**Operation end date:** 31 July 2015
DREF allocated: CHF 286,695	**Operation budget:** CHF 4,762, 989
Number of people affected: 1.1 million IDPs and 500,000 refugees.	**Number of people assisted:** 450,000 vulnerable IDPs and/or people living in cholera affected areas.
Host National Society South Sudan Red Cross: 10 branches with 600 volunteers of which 272 volunteers involved in cholera response 65 staff.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross. Other PNS partners; British, Finnish Red Cross New Zealand and Japanese Red Cross Societies.	

Appeal history

- A **DREF operation** was launched on 9 January 2014 and CHF 286,695 allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to assist 40,000 persons.
- An **Emergency Appeal** was launched on 4 March 2014 for CHF 4,702,572 to assist 105,080 persons. **Operations updates n° 1** and **n° 2** have subsequently been published to provide updates of the response operation in March and April 2014 respectively.
- A **Revised Emergency Appeal** seeking CHF 6,758,366 to assist 450,000 people with cholera response, provision of safe water and sanitation, health activities and distribution of non-food items and shelter was issued on 21 July 2014. The appeal was extended for an additional 6 months and will be completed by 31 July 2015.
- A **6 month summary update** of the operation was provided on 9 September 2014 operations update n°3 was issued on February 2015.
- A **12 months update** was issued on 29 April 2015 which informed of how South Sudan Red Cross (SSRC) has responded to the needs of the population affected by the conflict, intercommunal violence and cholera.

Distribution of non-food items by SSRC. At least 207,694 people in four states of South Sudan were supported with emergency assistance through this operation. Photo: SSRC

A. Situation analysis

Description of the disaster

The first half of 2015 in South Sudan continued in the climate of conflict that started in December 2013, with low-level conflict starting up in Western Equatoria and Western Bahr el Ghazal, with May and June witnessing the most serious fighting of the year.

The general elections due in June 2015 were called off in February, in the same month that a Chinese battalion joined UNMISS amidst growing signs that no clear end to the conflict was near. Foreign expatriate numbers have seen a slow decline in South Sudan, as various international missions and organizations, including the UN, began to cut back on personnel (UNMISS has shed 10 per cent of its military and police in 2015 compared to 2014).

Entering the wet season in May 2015, the country was once more caught up in the middle of a cholera outbreak that was officially declared by the Ministry of Health on 23 June. This led to SSRC mobilisation and the launch of a Disaster Response Emergency Funds (DREF) operation in July 2015.

The conflict has been ongoing despite the most recent peace agreement in August 2015. This has created long-term humanitarian consequences for the affected population, including large displacement in the country and into neighbouring countries (Uganda, Ethiopia, Sudan and Kenya). OCHA estimates that 1.64 million people have been displaced within the country and a further 628,000 are living as refugees in neighbouring countries.

Summary of response

Overview of Host National Society

When the internal conflict of December 2013 spread rapidly throughout the country, killing more than a thousand and displacing hundreds of thousands of people[1], a three-month IFRC DREF operation was launched to support the South Sudan Red Cross (SSRC) intervention in water, sanitation and hygiene promotion (WASH). The developing situation and emerging needs led to a full-fledged emergency appeal with a timeframe of 12 months, supporting SSRC in the areas of health, WASH and shelter.

The operation was eventually extended for a further six months, ending July 2015, to allow for the completion of epidemic response components for cholera (6,141 cases and 139 deaths reported during the outbreak from May to October 2014) and Ebola included in the emergency appeal.

Overall, SSRC reached at least[2] 207,694 individuals[3] in Central Equatoria State, Eastern Equatoria State, Western Equatoria State and Lakes State[4] through activities including water production[5], relief distributions, first aid and emergency health care, and hygiene promotion. The following table summarizes the people reached through this appeal.

Intervention	Location	People reached *(overall total calculated from figures in bold)*
Beneficiary communication		
Cinema messages	Eastern Equatoria	1,530
Health and care		
First aid	Central Equatoria	15,163[6]
HH visits (epidemic control and disease prevention messages)	Lakes	3,084 (514 HH)
HP messages	Lakes	4,500
HP visits IDPs	Lakes	**29,962** (9,772 males, 20,190 females)
Social mobilisation	Lakes	12,000 (2,000 HH)
Cholera intervention		
Social mobilisation HH visits	Central Equatoria	**152,484 (25,414 HH)**
	Eastern Equatoria	**7,248 (1,208 HH)**
School campaigns	Central and Eastern Equatoria	3,696
Treatment	Central and Eastern Equatoria	261
Referral	Central and Eastern Equatoria	101
Safe water	Eastern Equatoria	7,000 (daily)

[1] *UNOCHA January 2014*

[2] *The estimation of minimum people reached is calculated using the activities with the widest reach of beneficiaries and with no duplication of assistance in the same location. As a result, in areas where the same population received multiple types of assistance, only the figures for the activity with the highest totals are taken into account. This prevents the issue of multiple counting.*
This should be, therefore, the most conservative but also the most accurate estimate. It is certain that the actual number of people reached is higher as this minimum estimate does not include people reached through activities such as first aid, where individuals were not counted.

[3] *Where household numbers are used, the approximate equivalent is 6 individuals per household, consistent with the national average household size used by the Government of South Sudan.*

[4] *Most of the people reached in Lakes State was through activities conducted by SSRC's Jonglei state branch in Bor.*

[5] *For activities that serve a population of people multiple times, such as safe water production, a daily cachement total is used in overall numbers reached.*

[6] *This activity reflects number of cases recorded and does not differentiate total number of individuals. Actual number of people reached is not known as individuals return for treatment multiple times.*

Water, sanitation and hygiene promotion		
Safe water	PoC Tongping (Central Equatoria)	7,000 (daily), 211,149 cumulative
Psychosocial support		177
Hygiene promotion		29,898
Hygiene promotion (children)		112,025
Shelter and NFI		
Shelter kits	Central Equatoria	1,000
NFI	Western Equatoria	**3,000**
	Central Equatoria	1,930
Dignity kits	Western Equatoria	500

Overview of Red Cross Red Crescent Movement in country

The importance of Movement coordination in South Sudan, and in particular in the current context, was recognized and affirmed by SSRC, ICRC, IFRC, and also PNSs. All parties agreed to work within one overall plan of action. This Emergency Appeal reflected the SSRC consolidated Plan of Action in a Federation-wide approach and thus provided an overview of the Federation-wide response in the areas not directly affected by conflict.

There were three mechanisms through which partners and donors could contribute to the SSRC response operation: via this IFRC Emergency Appeal, through ICRC and with direct contributions to SSRC. South Sudan Red Cross is currently supported by nine PNS, ICRC and IFRC. Seven of the PNS have a presence in country. South Sudan is the second largest ICRC operation in the world, after Syria involving a considerable presence in Juba and the conflict affected areas of the country. The large and complex Movement presence has created considerable coordination challenges.

The Movement Coordination Agreement, which sets the framework for Movement coordination and cooperation in South Sudan, was signed by the SSRC, the ICRC, and the IFRC in Juba on 12 February 2014, and is valid for a two-year period between 1 January 2014 and 31 December 2015. Movement mechanisms have been created at technical, operational and leadership levels to manage effective coordination. Most PNS are working bilaterally with SSRC. The IFRC works closely with SSRC and its partners to ensure that support to the National Society reflects its priorities, considers its capacities and ensures its leadership in all aspects of its work. Movement cooperation for humanitarian diplomacy and communication is well, with one movement approach.

Overview of non-RCRC actors in country

The United Nations Mission in the Republic of South Sudan (UNMISS) is present in the country since 2011. Other United Nations (UN) agencies present in the country include World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Food and Agricultural Organization (FAO), United Nations World Food Programme (WFP). Also International Organization for Migration (IOM) is present in South Sudan.

The main international non-governmental organizations (INGOs) engaged in relief, health, water, sanitation and hygiene promotion and protection activities include:

- Médecins sans Frontières (MSF) provided health services
- Nile Hope provided water supply
- Agency for Technical Cooperation and Development (ACTED) undertook camp management
- Intersos did hygiene promotion and protection,
- International Rescue Committee (IRC) undertook protection activities
- Samaritan's Purse was involved in water, sanitation and hygiene.
- SUFEM (Sudanese Fellowship Mission) was involved in water, sanitation and hygiene.

SSRC took part in camp coordination and camp management meetings as observers, as well as WASH cluster meetings for the UNMISS IDP sites. SSRC and IFRC also took part in cluster coordination meetings as observers (non-food items/shelter, WASH, health, emergency preparedness and response, logistics and emergency telecommunications) at national level, in Juba, to ensure activities are coordinated with the above mentioned actors, information is shared and gaps identified.

For the cholera response the following agencies were participating in the coordinated response led by the national Task Force.

- Epidemiology/Surveillance/laboratory: MoH, WHO
- Case Management: MoH, Medair, MSF, UNICEF, WHO
- Social mobilization: Action Against Hunger (ACF), ART, Medair, NPA, OVCI, Oxfam, SSRC, UNICEF, WHO

- WASH: Medair, Norwegian People's Aid, Oxfam, People in Need, UNICEF

In addition, at regional level, IFRC together with ICRC participated in coordination meetings led by OCHA and UNHCR. This was a way to share information on the response operations, to bring key issues at the regional level and to coordinate with external partners. The Movement members are not members of the cluster system but participated as observers to ensure effective and relevant response closely coordinated with other actors.

Needs analysis and scenario planning

Except for the cholera intervention component, which was formed mainly on the basis of a FACT assessment, the needs assessment of the operation was chiefly based on the triangulation of cluster data and national assessments, with limited assessment information from SSRC conducted throughout implementation. This led to the prioritisation of in the areas of health and care (including a cholera component) as the most urgent need for 280,000 people, water, sanitation and hygiene promotion for 80,000 people and shelter and NFIs for 69,000 people.

In terms of NS capacities, the need for building its capacities in disaster management and logistics was accurately identified and the operation has resulted in these areas being strengthened with human resource, training and warehouse and fleet infrastructure.

The appropriateness and accuracy of beneficiary selection could not be fully determined as the final evaluation was only able to survey beneficiaries of the cholera component. Despite commitments in the Plan of Action for disaggregated data in beneficiaries, this was only available for limited interventions, as summarised in the table of beneficiary figures above. The target of 450,000[7] people was not reached by this appeal – this owed mainly to the fact that it was only 33 per cent covered. The absence of a systematic method of counting beneficiaries further complicated this task.

Risk Analysis

***Security**:* The security situation in many parts of the country remained volatile, especially in the three states of Jonglei, Upper Nile and Unity. Apart from frequent dissemination of the Fundamental Principles and regular dialogue with all parties to the situation, through its communications department, the importance of visibility was heightened with SSRC staff and volunteers on the ground. The emblem is well-recognised and respected in the country in general. SSRC maintains regular communication with its branch directors across the country. In Jonglei, Upper Nile and Unity states, the branches were directly affected by the conflict and these branches, particularly Malakal branch in Upper Nile state and Bentiu branch in Unity state, were unable to return to normalcy even up till the end of the operation.

The unpredictability of access was a constant challenge for the implementation of the operation, with ICRC supporting SSRC in the areas most affected by conflict, as a result, virtually all staff and volunteers are trained on Safer Access. The targeted areas under this appeal were complementary to ICRC actions and focused on more stable and secure locations that were not directly affected by armed violence.

The UN in South Sudan had a dual role of peacekeeping and providing humanitarian assistance. This dual role was not always clearly understood and negative sentiments towards the UN were common. There was a risk that this negative sentiment can spill over to other humanitarian organisations including the Red Cross and Red Crescent movement. The Movement mitigated this risk by disseminating the fundamental principles emphasizing the independence and impartiality of the movement to the parties to the conflict.

Cholera outbreaks*:* The 2014 outbreak of cholera spread from Juba to several states. The mid-year rainy season with risks of flooding combined with poor infrastructure and sanitation are optimal conditions for the spread of diseases, and the same conditions in 2015 led to a similar, smaller outbreak that was limited to Juba and Bor.

The river Nile which crosses the country is an important water source for many and the potential of cholera spreading rapidly is a real concern. Population movement and density are additional risk factors for the spread of cholera. Juba is a central point and hub with connections to the rest of the country and movement from the outbreak area to other regions pose a risk for the spread of cholera.

The main risk factors responsible for the spread of cholera in South Sudan include drinking unsafe water including untreated river supplied by water tankers, use of untreated water, poor sanitary conditions, lack of latrines and hand washing facilities, poor hygiene practices at community level, open defecation, poor management of dead bodies and unsupervised burials. Safe water will need to be continuously provided to affected communities and displaced households, and sanitary conditions improved in order to decrease risks for waterborne and water related diseases. SSRC branches in Torit and Bor provided examples of continuing SSRC prevention measures during the 2015 outbreak, carrying out hygiene promotion, water production and borehole rehabilitation, despite the outbreak having little to no impact in these districts.

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[7] In the revised PoA's overall objective, the total beneficiary target is mistakenly put as 552,580

B. Operational strategy and plan

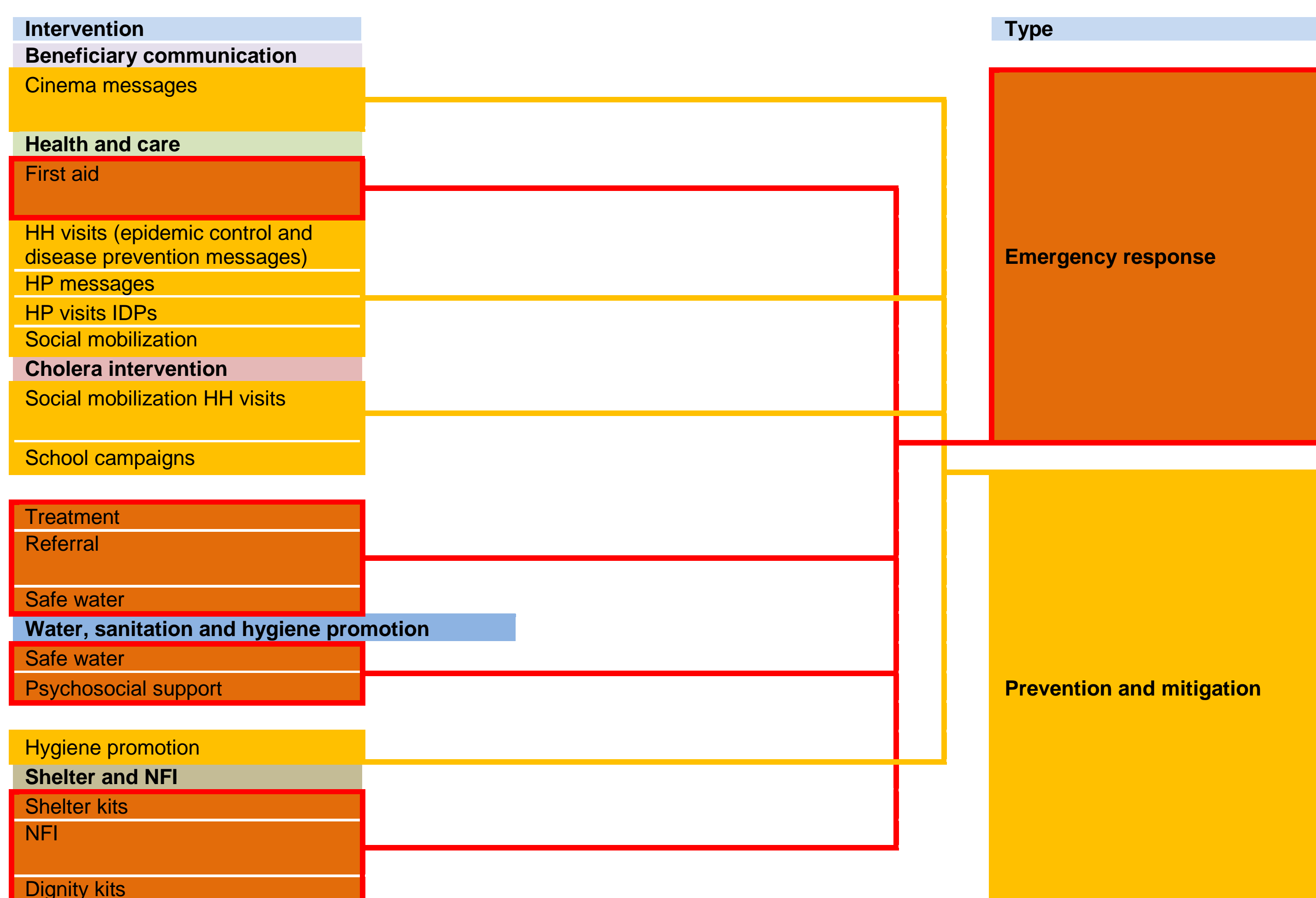
Overall Objective

The revised operation aimed to support 450,000 (mistakenly specified in the revised PoA as 552,580) people including IDPs and those affected by the cholera outbreak, with community based health and care programmes, and water, sanitation and hygiene interventions. A particular focus in the revised appeal was community based cholera response and non-clinical case management.

The operation also aimed to strengthen human resources support, establishing systems and enhancing skills in disaster management, and strengthening infrastructure.

Proposed strategy

This Emergency Appeal was developed in line with the overall SSRC Plan of Action for the conflict in South Sudan and in close coordination with Movement partners. The proposed strategy aimed both to respond to the current emergency while reducing the risk of the situation worsening (summarised in the table below). The targeted areas under this appeal was complementary to ICRC actions and focused on more stable and secure locations that are not directly affected by armed violence.



The interventions in the revised emergency appeal built on experiences and lessons learned from the first five months of responding. Among the many needs the population in South Sudan faces, this movement response focused on areas where SSRC had solid capacity and where the organisation had an added value in relation to other agencies.

The main Movement gaps in relation to the current response operation were identified as:

- Logistical capacity – long delivery time to get equipment into country
- Little clinical health expertise on the ground

The Emergency Plan of Action/Revised Emergency Appeal took into consideration the above strengths and weakness analysis by focusing its areas of intervention where SSRC had already gained capacity. The revised appeal sought to bring additional technical expertise through deployment of IFRC Emergency Response Units (ERU's) in health and Watsan in order to respond to the cholera outbreak and prevent further spread of cholera or other waterborne diseases. Specifically a Community Health Module and a M40 were mobilised from the Norwegian/Australian Red Cross and the Swedish/Austrian Red Cross Societies respectively for use in Torit. A beneficiary communication delegate was also deployed to build SSRC capacity within this area and worked alongside a national staff beneficiary communication officer.

Operational support services

Human resources (HR)

The revised appeal emphasized a major need for additional human resources on the ground, including National Society staff and technical expertise through delegates. Since 2013, the SSRC HR structure had been lacking key staff, due to the resignation or flight of key individuals due to the conflict. This has included DM, WatSan and health programme staff, the loss of which severely affected the capacity of the NS to implement emergency response programmes. Therefore, key support under the appeal provided additional capacity for SSRC in terms of human resources. The main support under the appeal included the recruitment of:

- An operations officer for Juba branch
- A water, sanitation and hygiene (WatSan) officer for Juba and Torit branches
- Project accountant
- DM officer at headquarters to support the coordination of the operation.
- DM information manager to ensure that information is collected from branches on a daily basis and that the data is analysed and used to inform the response activities.
- Emergency WASH officer to work together with current SSRC WASH officer in supporting cholera response as well as strengthening the safe water distribution and hygiene promotion activities.
- Logistics officer to ensure that the national society had logistical capacity to handle the up-scale of activities as well as movement of people in-country.
- Beneficiary communication officer to strengthen accountability to beneficiaries and support deliverance of health and hygiene promotion behaviour change
- Security officer to implement security components of the appeal, update security procedures and train new staff and volunteers in security guidelines.

Additionally, the appeal supported the operation with deployments of RDRT, ERUs and FACT, as well as operations managers and delegates for WatSan, logistics, PMER, security and beneficiary communications. Technical surge support was received from the regional office in DM and PMER.

Logistics and supply chain

Logistics management was a considerable challenge in this operation given the security climate and unclear custom clearance procedures. The rainy season further complicated access to vulnerable communities.

Supply chain plan: Coordinating within IFRC and SSRC programme managers, Regional Support Services Unit Global Logistics Services in Nairobi for timely and cost-efficient sourcing options for items required in the operation.

Procurement: ORS was available among humanitarian partners in country in limited amounts, additional ORS and PUR sachets was procured through the IFRC regional office in Nairobi. Soap was purchased locally. IFRC procurement guidelines were adhered to at all levels.

Warehouse and storage plans: Until June 2015, IFRC leased a secure warehouse space in Juba where a Rubb Hall was erected. This space had warehousing capacity for around 4,500 NFI kits. British Red Cross and Netherlands Red Cross pledged funds towards constructing a SSRC warehouse in Juba, to which IFRC contributed a Rubb Hall. The appeal supported warehouse construction by providing funds for the compound security through outer wall construction.

Transport and fleet needs: IFRC purchased three vehicles and ten motorcycles for SSRC, dispatched to branches. Trucking within South Sudan was via commercial contractors following IFRC logistics procedures. 4x4 wheel vehicles were also rented to support ERU's transportation. Vehicles and motorcycles were procured through the IFRC Fleet Unit in Dubai.

A mobilisation table to manage and coordinate supply chain was issued by GLS Dubai and was available on DMIS: https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics.aspx

Communications

A movement advocacy and communication strategy was developed to increase support to SSRC needs and activities, improve understanding of SSRC values and role promoting acceptance and safer access targeting communities, external stakeholders, donors and public authorities and to maintain international interest in the South Sudan crisis. Joint movement communication guidelines and tools led by IFRC were developed including joint briefings and advocacy messages for the one year anniversary and when participating to the various international donors conferences on South Sudan. Communication was at two levels: internal communication targeting the RCRC Movement and external communication targeting donors, the media and the humanitarian community. Advocacy and communication information were published on the IFRC website, the IFRC Newswire, and sent out by email targeting the wider Movement, as well as donor and humanitarian agencies.

IFRC east Africa office ensured closed collaboration and active participation in regional South Sudan coordination meetings organised in Nairobi. A joint movement communication evaluation was conducted after the one year commemoration of the start of the conflict and a number of best practice and lessons learnt were highlighted and used to strengthen the movement support to the National Society. In country, SSRC regularly held press conferences, radio interviews and published a quarterly newsletter.

Security

A Security Framework was developed and signed by ICRC and SSRC in January 2014. This framework is annexed to the Movement Coordination Agreement. IFRC continued to work in close coordination and under the Security Framework outlined by ICRC.

Planning, monitoring, evaluation, & reporting (PMER)

Many of the PMER commitments made by IFRC were not designed in a way that the NS could easily assume maintenance of hence failed to materialise. Data management was moderately successful, through the use of standard reporting templates in SSRC branches, which feed into the NS quarterly reports. These did not match with the IFRC PoA objectives, however, and the indicator tracking table designed did not capture key elements of the operation.

In retrospect, the commitments to a beneficiary feedback mechanism and internal operation reviews were too ambitious and were abandoned during the course of the operation. Sporadic beneficiary surveying was carried out for some components but it was not clear if this contributed to changes in design after the revised PoA.

C. DETAILED OPERATIONAL PLAN

Quality Programming/Areas Common to all Sectors

Outcome 1: The quality of the operation is ensured by strong situation monitoring, data collection and information management at community, branch and HQ levels and solid communication between all levels.
Output 1.1: The emergency appeal, plan of action and activities are revised and updated as necessary based on emerging needs.
Achievements • The process for revision of the emergency appeal was completed in July 2014 and revised appeal published. • A review of the POA was undertaken in consultation with partners and SSRC in December 2014 and the proposal for an extension was supported. • Ten staff and volunteers from Juba branch were trained on needs assessment on 19 March 2015, in Juba, to carry out assessments where needed and train staff and volunteers in other targeted branches.

Output 1.2: Beneficiary communication plan is implemented to ensure that target communities have access to relevant, accurate and timely information and that mechanisms are in place to collect and use their feedback.
Achievements • A total of 83 volunteers were trained in beneficiary communication in June and July 2014: - 30 Volunteers (16 females and 14 males) received training in beneficiary communications in Juba, conducted by the IFRC team from the regional office. - 26 volunteers were trained (10 females and 16 males) in Awerial County in Lakes State. - 27 volunteers (13 females and 14 males) received beneficiary communications training in Juba. This training was conducted by the SSRC communications coordinator. • Approximately 1,530 people were reached with cholera messages using mobile cinemas in Torit during June 2014. • SSRC participated in eight radio talk shows on 97.5 FM during August and September 2014 in the local language. Topics included the role of mothers and leaders in cholera prevention, disinfection of water and open defecation.
Output 1.3: Information collection and management system is developed and implemented that reflects in real time the status of the operation.
Achievements • A monitoring system was put in place in the first quarter, including indicator tracking table. This however did not cover cholera response or subsequent activities after the revision of the appeal.
Output 1.4: Security procedures are put in place to ensure the safety of all SSRC staff and volunteers.
Achievements • Overall 106 volunteers received security related training between August and November: • A Stay Safe security workshop was conducted for the Yambio branch in Western Equatoria for 24 participants, Wau branch in Western Bahr el Ghazal Region for 24 participants, Aweil branch in Northern Bahr el Ghazal Region, Warrap and Abyei for 24 participants and Juba branch in Central Equatoria for 26 participants. • Radio operator training was conducted for eight SSRC radio room volunteers in Juba.

Challenges and lessons learnt

The various revisions of the appeal and PoA enabled the NS to adapt its interventions to a constantly evolving, worsening, situation of escalating conflict and epidemic outbreaks. However, issues of ownership still exist, with the NS reiterating during the final evaluation that the design and direction of the operation was largely made by IFRC and partners. NS focal points were not in possession of PoA documents nor budgets, leading to persisting complications in financial and narrative reporting due to mistakes in financial bookings and branches implementing without PoA objectives to guide them.

Quality programming

1.57

The average time in months spent by each operations manager in 2014.

From Feb to Dec 2014, seven different operations managers were deployed, reflecting the high turnover in this operation[8]

The high turnover of managers during the first 12 months of the operation inevitably contributed to the poor coherence of the PoA objectives as well as gaps in reporting and information. While the appeal process ensures that plans are amended based on solid justification, any study of eventual appropriateness and effectiveness is handicapped by the lack of documentation explaining key decisions in the appeal. Components such as Ebola preparedness were added into the operation without any details appearing in any of the appeal documents.

The capacity building on needs assessment will also be useful in designing future emergency operations, and this was observed, to a certain extent, during the DREF operation of July 2015 where basic assessments were carried out in WASH.

The need for beneficiary communications is well recognised, but there is still a lack of formal feedback mechanisms and communication to beneficiary is still very much happening in a single direction, from programming to beneficiaries. If the role of beneficiary communications lies with the communication department, then it must be actively involved in the design of programmes and should also guide monitoring.

The “monitoring system” and indicator tracking table that were put in place during the first quarter was not managed well, but this could be attributed to the absence of a PMER framework, which would address monitoring in emergencies. In subsequent appeal revisions, quality programming as an outcome was even absent in the revised PoAs, therefore, failing to update indicator tracking for latter components such as for cholera and Ebola activities. The main consequence of this was the inability to monitor and measure long-term impacts of the operation.

Learning from this experience, SSRC did implement a monitoring system during the recent cholera DREF operation of July 2015 with modest success. Discussions will take place with SSRC in late 2015 for the development of a PMER framework,

[8] P. Jayaweera, Final Evaluation Report, July 2015. p27.

within which monitoring in emergencies will be addressed.

An IFRC security delegate with support from the New Zealand Red Cross was also recruited for five months to support the operation and to develop SSRC security capacity. Due to the re-emerging conflict in the north, high criminality in Juba and rural inter-communal violence, security procedures and risk assessments were developed and provided for SSRC and partners. The high turnover in the SSRC security focal point position was challenging, although this position has been filled. A number of branches and volunteers received practical training and the SSRC radio room remained operational throughout the operation.

Activities not completed:

- Whilst the beneficiary communication training took place, a beneficiary feedback mechanism was not implemented due to competing SSRC priorities.
- The joint ToT for beneficiary communication and security was held, supported through Finnish Red Cross organizational development funds. The roll out of the training to 50 volunteers from all 10 branches did not take place due to funding constraints.
- While SSRC did take part in radio chat shows lack of time and funding prevented them from establishing their own regular radio chat show.
- Procedure development, training and software purchase for information management did not take place due to other priorities.
- A planned mid-term evaluation did not take place due to the revision process of the plan of action.
- The planned procurement of VHF radios for ten branches was cancelled as this activity was covered by the ICRC.

Health and Care

Needs analysis: Access to sufficient health care remains a challenge for the population. Even before the conflict there was a gap in infrastructure and skilled personnel. This has been further exacerbated due to the conflict situation. Infrastructure has been badly affected, including damage to and destruction of health facilities. A prolonged congested camp situation with poor sanitary conditions is increasing the health risk for the IDPs in these sites.

- The biggest health needs in cholera response are (as identified by the National Task Force):
- Need to strengthen community level surveillance including active case finding
- The need to increase the number of ORPs inclusive of monitoring and quality control
- The need to increase the number of social mobilisers to cover more areas (prevention aspect)
- The need to Increase the cholera management capacity and capacity to scale up CTCs outside Juba
- To carry out in-depth epidemiological analysis of cholera data to guide the interventions. In addition to determine the basis for increased numbers of cases in children under 5
- Strengthen facility based surveillance – zero reporting to be included

Population to be assisted: 280,000 people (combined with cholera intervention)

Outcome 2: The immediate risks to the health of the conflict affected population with particular attention to internally displaced (IDPs), are reduced.
Output 2.1: First aid services and referrals provided to persons in need of emergency health care.
Achievements • A total of 15,163 people were reached with first aid services (dressings) in Juba Military hospital supported by ICRC up to June 2015.
Output 2.2: Epidemic control and disease prevention is carried out in vulnerable and conflict affected communities
Achievements • 514 households were reached with messages on cholera, malaria and diarrhoea in Awerial, Lakes state. • 58 volunteers in Awerial were trained and provided hygiene promotion services to 4,500 IDPs in Ahou displacement settlement in Awerial. • In Awerial 29,962 IDPs (9,772 males / 20,190 females) received hygiene promotion visits and information between January and December 2014.
Output 2.3: Decreased risk for polio and measles infections in high-risk IDP communities through social mobilization activities.
Achievements • Social mobilization activities were undertaken for cholera and meningitis in Awerial. This was followed by polio and measles campaigns in the third week of April. 58 volunteers were involved and 2,000 households reached.

Challenges and lessons learnt

The health and care provided immediate emergency health and first aid assistance from the very onset of the conflict and a sole activity continues through the ICRC-supported first aid services at the Juba Military Hospital, where volunteers mainly administer dressings and treat wounds.

Health and care

2.06

The ratio of women/girls to men/boys at the IDP camp in Awerial, Lakes state at the height of the displacement.

SSRC recognises that women and children are among the most vulnerable groups of people and its nascent PSS unit works to treat the unseen wounds of psychological trauma among IDPs.

In December 2013, tens of thousands of people fled the fighting in Bor, Jonglei State, going west via river barges to neighbouring Lakes States where they camped at Ahou in Awerial. Due to Awerial's proximity to Bor, and the nature of the IDPs who were from Bor, the people receiving assistance in Lakes State were reached by the SSRC Bor branch in Jonglei, who were themselves directly affected by the conflict and displaced. Besides the logistical challenges of managing displaced volunteers and staff, this also caused some tensions between populations but was managed well by the NS throughout the operation until IDPs slowly began returning to Bor. In July 2014, flooding in the marshy areas of Awerial caused more people to leave the area, and SSRC halved its active volunteers there from 58 to 30. By the end of 2014, most IDPs had left these areas, returning only when distributions or activities were happening.

The psychosocial support (PSS) unit was introduced in February 2014 to the health department as a result of the operation, and continues to receive support from the Danish and Netherlands Red Cross, and the IFRC PSP Reference Centre. In total, 52 volunteers from Central Equatoria, Jonglei and Lakes states were trained in psychological first aid. Child-friendly spaces (CFS) were also set up in a primary school in Bor, Jonglei and in Minkaman, Lakes. Activities are continuing post appeal, mainly focusing on the people in the PoC 3 site in Juba, targeting community leaders, teachers, women and children, assisting them in dealing with psychological trauma and distress caused by the conflict.

Activities not completed

- Planned Rapid Assessment using Mobile Phone (RAMP) surveys did not take place under the appeal. RAMP training was conducted by Netherlands Red Cross in early 2015. RAMP has been used as a tool in several SSRC activities under its 2015 Plan of Action, such as the baseline survey for the health programme supported by IFRC's 2015 Country Plan through Swedish Red Cross funding.

Cholera response

Needs analysis: The cholera outbreak put further pressure on the health infrastructure and the National Cholera Response Task Force reported that the number of cases exceeded the current capacity in the clinical treatment centres and there is therefore a need to look for alternative non-clinical prevention and response mechanisms.

Population to be assisted: 280,000 people (combined with health and care)

Outcome 3: Reduction of risk and improved early community case management capacity of cholera in target communities.
Output 3.1: Community based cholera prevention and hygiene promotion including household level water treatment support is provided to the target population.
Achievements • 25,414 households were visited by volunteers in Juba and 1,208 households visited in Torit between May and June 2014 during the SSRC social mobilisation campaign. • 3,696 pupils received hygiene messages in 31 schools in Juba and Torit between July and August 2014. • A Rubb Hall was erected in Torit branch for the storage of the M40 water plant equipment in May 2015. • In Torit, six boreholes were rehabilitated in July 2014, and a further 12 boreholes were rehabilitated between April and June 2015. • In August 2014, Children Hygiene and Sanitation Transformation (CHAST) sessions were conducted at 14 schools in Torit, where SSRC volunteers also distributed hand washing facilities such as buckets, jerry cans and soap. • In August 2014, hygiene sessions were conducted and hand washing facilities distributed at eight churches and two mosques in Torit.
Output 3.2: Community based case management, referral and surveillance is established in identified areas.
Achievements • Case management was not undertaken by SSRC as this role was being filled by local and national authorities.

• In July 2014, SSRC established four community operated Oral Rehydration Points (ORPs) in Torit and in August 2014 assumed the management of one ORP (UN house) in Juba. A cumulative number of 261 suspected cholera cases were attended to and 101 patients were referred to cholera treatment centres in Torit. Statistics for the ORP in Juba were not documented.
Output 3.3: Access to safe water and storage is provided to populations in cholera-affected areas.
Achievements • 5.6 million litres of water were purified in Torit, Eastern Equatoria by SSRC branch volunteers and the IFRC ERU over four rotations between July and October 2014. • Approximately 7,000 beneficiaries per day received water from two ERU distribution points.
Output 3.4: The skills and resources of SSRC HQ and branches are available for efficient epidemic response.
Achievements • 455 volunteers received training in social mobilization, health and hygiene for the cholera response and 272 were utilised in subsequent activities. • A one-day refresher training was provided by SSRC in collaboration with UNICEF to 340 volunteers in five locations (Juba, Gumbo, Yei, Lainya and Torit) on cholera and cholera prevention. 178 volunteers were subsequently deployed. • A Cholera/Ebola focal point was recruited for the Juba branch in July 2014 to train volunteers and undertake preparedness activities.

Challenges and lessons learnt

Overall, the cholera component of the appeal was a huge success, particularly in Torit, which was the worst-affected area during the 2014 cholera outbreak. The final evaluation notes that SSRC interventions, particularly in water production, social mobilization and ORP management, were highly rated by beneficiaries, believed to have been effective as life-saving activities and appropriate in the circumstances of poor infrastructure and safe water access.

This view is further evidenced by feedback from government stakeholders such as the Ministry of Health, the Torit Municipal Council and the Relief and Rehabilitation Commission, who clearly see SSRC as the leading actor in water production and social mobilization. In both Torit and Juba, the social mobilization clusters, under the National Cholera Taskforce, assigned SSRC to some of the most-affected locations, and in many cases was eventually tasked to also cover locations originally assigned to other actors.

Cholera response

98

The average households reached by each of 272 SSRC volunteers conducting social mobilization over four months during the 2014 cholera intervention.

Key messages include topics on hand washing, cholera prevention and signs and symptoms of cholera.

The comprehensiveness of SSRC's social mobilisation strategy in this operation was the main factor which led to SSRC's allocation of seven locations in Juba during the recent cholera outbreak in June 2015. During this intervention, SSRC covered two locations whose majority populations were military personnel and was the only actor deemed to have the resources and capacities necessary to intervene there.

The perceived success of the emergency intervention, however, resulted in very high expectations for the NS post-operation. Beneficiaries and stakeholders reportedly were unaware that the cholera intervention would only operate for four months (including a one-month extension), resulting in disappointment, particularly with the water production efforts in Torit. A key recommendation from stakeholders is that SSRC/IFRC gives early information on the length of its field operations and plans for post-emergency preparedness activities as well as an exit strategy that would involve the government and communities.

In Torit, pressure from the communities and local authorities to continue water production from the M40 water plant (installed as part of the ERU deployment and handed over to the National Society Torit branch) has culminated in a tri-party agreement signed in June 2015 between SSRC, the Ministry of Physical Infrastructure and the Torit Municipal Council that details the management of the water plant, including land allocation, maintenance and funding for fuel, with SSRC providing technical training and assistance. This proved timely for the cholera outbreak declared in the same month, and water production resumed in Torit the following month as part of cholera preparedness activities supported by the Swiss Red Cross and a delegate from the Austrian Red Cross, although the government funding and an ongoing fuel crisis has led to many challenges.

The outbreak never reached Torit; although the extent that could be attributed to the preparedness activities cannot be determined. Communities nevertheless benefitted from the activities of hygiene promotion and access to safe water, and the fee collection system now established for the water plant means that the facility is somewhat self-sustainable.

At the request of the National Society, IFRC disaster response tools were also used under this component of the operation, beginning with a four-member Field Assessment and Coordination Team (FACT) in June 2014. Following FACT assessment, an M40 Emergency Response Unit (ERU) supported by the Austrian and Swedish Red Cross was deployed

to Torit. A total of 16 delegates from five National Societies contributed to four rotations of personnel before the ERU was decommissioned in September 2014. The ERU was split into two functional modules and these are prepositioned with the branches in Juba and Torit. A community health module (CHM) ERU was also deployed and played a main role in training volunteers in health promotion and setting up of ORPs.

The effectiveness and efficiency of IFRC tools deployed to the cholera response is widely acknowledged among SSRC and stakeholders, and both Juba and Torit have staff and volunteers trained and able to operate the M40 modules independently as a result of the operation. Despite having the hardware and equipment, as well as the technical expertise to operate, SSRC will still face challenges in acquiring spare parts for maintenance and chemicals for water treatment, given that these modules were designed for short-term use in emergency.

Water, Sanitation and Hygiene Promotion

Needs analysis: The water and sanitation infrastructure in the country was already extremely weak before the conflict and the population movement has only exacerbated existing weaknesses. The sanitation in several IDP sites needed improvement to meet minimum humanitarian standards. Certain cultural practices around sanitation complicate standard Watsan interventions. Sharing of sanitary facilities such as baths and latrines may contradict existing practices among some parts of the population. There was a need for humanitarian agencies to identify culturally appropriate approaches that ensured that hygiene and sanitation facilities are being used by affected populations.

Population to be assisted: 80,000 people

Outcome 4: The risk for water and sanitation related diseases are reduced in affected communities.
Output 4.1: Daily access to safe water is provided to IDPs, in line with Sphere standards to 13,790 people.
Achievements • 7,000 displaced people, on average, received 15 litres of water per day at the Tongping protection settlement in Juba. The amount steadily reduced as occupants relocated pending the closure of the camp which occurred in December 2014.
Output 4.2: The target population has increased awareness on how they prevent diseases through hygiene practices to 77,500 people.
Achievements • Health and hygiene promotion were also part of SSRC's activities at the protection settlement in Tongping, Juba. Forty six volunteers including volunteers from within the community in Tongping were trained on hygiene promotion and were involved in the activities. • Hygiene promotion activities by SSRC volunteers in Tongping settlement benefited approximately 29,898 people. • 211,149 people were reached in Tongping during the reporting period with access to clean water. • 112,025 children were reached with hygiene promotion and 16,827 dirty jerry cans were cleaned at the site.

Water, sanitation and hygiene promotion

4.47

The average cost in CHF per household of items distributed in Tongping during hygiene promotion activities[9].

Depending on the activity[10], alongside delivering messages, volunteers distributed items such as sanitation kits, soap, purification powder and oral rehydration salts (ORS).

The early operation focused on the large Protection of Civilians (PoC) site at Tongping, Juba, where 46 volunteers, including members from the Tongping community, were trained in hygiene promotion. Although the targets under this outcome were exceeded in terms of reach, the lack of qualitative monitoring, arguably caused by the absence of qualitative indicators in the PoA, means that the awareness levels on disease prevention were never measured.

Nevertheless, water production, as mentioned in the previous outcome, continues to be the most visible and well-liked intervention of SSRC as most communities have poor access to safe water. Refresher training on water supply system and maintenance were held regularly, usually every week, to ensure new and existing volunteers had the necessary skills to manage water points. Volunteers were deployed at all water facilities for sensitizing the community on proper handling, use and storage of water. These were implemented through group sessions and megaphones.

A water and sanitation Regional Disaster Response Team (RDRT) was deployed to Juba at the initial start of the operation, to support training of SSRC staff and volunteers on maintenance and operation of the water points at Tongping. The RDRT

[9] Calculated based on budgeted costs of items procured for distribution under this outcome against estimated people reached in Tongping.
[10] Items distributed across outcomes 2, 3, 4 and 5

also assisted in setting up monitoring systems for water supply and hygiene activities to ensure necessary data was collected.

SSRC contributed to the health and wellbeing of the population by continuing with developing health activities complementing the response to the conflict and cholera outbreak. These activities include community-based health and first aid (CBHFA) in Wau and Chukudum, and the water and sanitation capacity building project in Aweil.

At current capacity, the M40 module in Torit can provide treatment for up to 600,000 litres of water daily for up to 40,000 people, while the module in Juba has an integrated distribution and trucking capacity for the transport of treated water to dispersed populations with a capacity of up to 75,000 litres daily, with the ability to set up nine different storage and distribution points.

Shelter and NFI

Needs analysis: No needs analysis was done for this component in the revised PoA. However, needs were identified as provision of shelter to 3,000 displaced families and NFI's to 10,500 vulnerable displaced families.

Population to be assisted: 69,000 people.

Outcome 5: Improved living situation for conflict affected and vulnerable families through the provision of emergency shelter and basic household items.
Output 5.1: Shelter assistance is provided to conflict-affected and vulnerable families.
Achievements • 1,000 families received shelter kits in Terekeka and Tijor county in Central Equatoria state.
Output 5.2: Covering shelter and basic household items are provided to affected households.
Achievements • 3,000 NFI kits were distributed to families in greater Mundri, Western Equatoria state in November 2014. • 500 family kits were distributed in Tigor Pajam, Central Equatorial in December 2014 to displaced families. • 1,930 returnee families were supported with non-food relief items in central equatorial in November 2014. • 500 dignity kits were distributed in Mundri.

Challenges and lessons learnt

Although plans to distribute emergency shelter and NFI to displaced families were finalized by February 2014, this component met with challenging financial and coordination issues, resulting in delayed implementation: the items were distributed only in November and December 2014. It is unclear what exact issues of coordination led to slow assessment of the situation and eventual implementation of this component. In the final evaluation, it was seen that inexperience and unclear beneficiary selection criteria during the needs assessments for populations displaced by inter-communal conflict in August 2014 contributed to the delays. It is unclear if this assistance achieved maximum effectiveness as by the time distributions happened, IDPs had begun to return to their homes and the rainy season had ended. No monitoring was done either to verify appropriateness and effectiveness of this component.

Due to the limited oversight in the shelter sector, the initial target of 3,000 shelter kits for procurement, only 1,000 was procured and distributed in Central Equatoria state.

For future interventions in shelter and NFI, a sound and efficient logistics system will need to be in place as this component requires swift delivery to have the most impact on immediate shelter needs of displaced families. Among the items distributed as NFI kits were buckets, blankets, kitchen sets, tarpaulins, sanitary pads sleeping mats and mosquito nets.

Shelter and NFI

2,237

The distance, in km, of transporting material by road from the warehouse in Juba to the farthest point of distribution (journey of 42 hours).

Logistics and security on the road is an issue in South Sudan, with rising criminality and insecurity when travelling on the poor roads connecting cities.

National Society capacity building

Needs analysis: Branch DM/response capacity: With the lack of infrastructure in South Sudan and difficult access to remote communities, there is a need to strengthen decentralised response structures. Training and equipping branch DM committees and emergency action teams will strengthen preparedness and enable quicker response.

Logistics: The current cholera epidemic is stressing the existing Logs processes and organization. Expansion of operations to cover other states will further stress the current logs capacity. Supplies are limited in country and many items needs to

be procured outside and shipped in. The procurement and supply chain processes have been developed but there is scope for further improvements throughout the process from requisition creation to delivery, including warehouse space planning and operations.

Outcome 6: The overall preparedness and response capacity of the National Society at Headquarters and branch level is increased sufficiently that the National Society has the human and material resources to respond to rapid onset emergencies.
Output 6.1: National Society branches that were directly and adversely affected by the conflict are returned to minimum operational capacity.
Achievements • Some bilateral support from the Danish Red Cross was provided to the Jonglei state branch in Bor to repair damages caused by the conflict and purchase of furniture. • The situation in Bentiu and Malakal remained volatile throughout the duration of the operation. Despite several reviews of the situation by SSRC, no rehabilitation support in the near future is being proposed and these branches continue to operate sporadically without infrastructure through several staff and volunteers, some of whom live with displaced communities.
Output 6.2: The overall preparedness and response capacity of the National Society at headquarter and branch level is increased sufficiently that the National Society has the human and material resources to respond to rapid onset emergencies.
Achievements • National Disaster Response training was conducted for 21 participants (5 females, 16 males) supported by Netherlands Red Cross. • 45 SSRC volunteers received training on the M40 Water ERU. • Nine volunteers in Juba received training in June as pump mechanics to carry out rehabilitation and maintenance of hand pumps in Juba. The trained volunteers assessed 11 hand pumps and rehabilitated two. • A focal person at Juba branch continued to cover the Ebola preparedness, as the cholera intervention was closed. A total of 24 SSRC volunteers were trained on Ebola prevention in Juba and 21 were deployed at Juba International Airport where they continued to assist in the screenings of arriving passengers until the end of the appeal. • Two SSRC health staff and a national health official attended an IFRC Ebola contingency planning workshop in December 2014 in Nairobi.

Impact and challenges

As a result of the operation that spanned 18 months across several programme areas, the world's youngest National Society has been equipped with capacities that will enable them to more effectively respond in future emergencies.

As mentioned in previous outcomes, SSRC has gained recognition as a key national actor in social mobilization and is well accepted by communities. Staff and volunteers received significant training during the course of the operation, many of which now run bilateral projects at branches with technical support from partners.

However, the young National Society must continually work with sometimes diverging interests of its partners, stretching its resources at the risk of neglecting its own priorities outlines by its Strategic Plan. For now, this is a necessity as it also financially relies on continued partner support to maintain its human resource structure. Self-sustainability remains an issue that can only be addressed with time.

Another issue of capacity building is the nature of short, disjointed trainings that branch staff and volunteers undergo as part of emergency appeals. During the cholera intervention, for example, new staff and volunteers recruited received social mobilization and hygiene promotion training, but have expressed that the trainings were brief and insufficient to ensure appropriate delivery. This was further supported by household surveys and partner interviews, which noted that some SSRC volunteers in the field were not able to provide quality service.

NS capacity building
1,857

Volunteers at the active branches of the operation[11].

SSRC volunteers are a reflection of the diverse population of South Sudan, made up of some 50 ethnic groups and 60 languages.

Volunteer management will need to assist programmes in designing systematic training and refresher programmes for a consistent base of volunteers, aiming to build on retention of highly-skilled volunteers conversant with the Fundamental Principles and Code of Conduct.

The construction of the warehouse (with a Rubb Hall from ICRC) at the Torit branch was completed in June 2015 and is being used to store disaster preparedness stocks and the M40 Water Plant. The IFRC appeal has also solidified warehousing capacities for the National Society. The lease for the IFRC warehouse in Juba was extended until June 2015 to accommodate stocks of SSRC and other partners. IFRC handed over a Rubb Hall to the new SSRC warehouse staff and transferred stocks there in the same month. That warehouse has been operational since July 2015.

D. THE BUDGET

The appeal implementation was faced with a number of challenges and hence the variance in the budget against expenditure. Firstly, the appeal was just above 50% funded, which explains the alleged under expenditure on the various budget line. Some of the funding received were strictly earmarked and could not be moved across budget lines. This again explains some huge variances on certain budget lines. Due to the lack of coordination around the shelter cluster, limited expertise and lack of funding, the targeted amount of 3,000 shelters was only completed by a third. i.e. 1,000 shelters were procured and distributed/constructed in the given timeframe. This also had an implication on the construction budget as this went hand in hand with the distribution of shelter kits. Kitchen sets and NFI's were also procured as per the available funds. Water Sanitation activities were carried out with the funds available. In addition, ICRC provided some bilateral support to the Water Sanitation activities, which is not reflected in the budget expenditure. Vehicles, IT equipment and other assets should have been bought for the project, but due to lack of funds these were leased from the IFRC. Personnel costs also varied due to the limited resources available.

The balance of 9818 CHF is needed by the country office to support Disaster Management capacity building of NS staff as well as the deployment of RDRT member in supporting the NS in its upcoming emergency appeal that might be launched in early 2017 in response to the current humanitarian crises.

It is acknowledged that a budget revision to reflect the income should have been done prior to the close of the emergency appeal

[11] Branches at Juba, Bor and Torit. Conflict-affected branches are considered inactive, although have several key staff and volunteers working. Of this total, 720 are women volunteers.

Contact information

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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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jul 15

Appeal Launch Date: 04 Mar 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/1-2016/11	Programme	MDRSS003
Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			**4,762,989**			**4,762,989**	
B. Opening Balance							
Income							
Cash contributions							
China Red Cross, Hong Kong branch			*22,151*			*22,151*	
Finnish Red Cross			*97,585*			*97,585*	
Finnish Red Cross (from Finnish Government)*			*361,768*			*361,768*	
Japanese Red Cross Society			*86,217*			*86,217*	
Norwegian Red Cross			*90,822*			*90,822*	
Norwegian Red Cross (from Norwegian Government)*			*159,741*			*159,741*	
Red Cross of Monaco			*36,608*			*36,608*	
Swedish Red Cross			*203,571*			*203,571*	
Swiss Red Cross			*133,000*			*133,000*	
Taiwan Red Cross Organisation			*26,532*			*26,532*	
The Canadian Red Cross Society			*113,956*			*113,956*	
The Canadian Red Cross Society (from Canadian Government)*			*160,100*			*160,100*	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund)*			*60,909*			*60,909*	
UNDP - United Nations Development Programme			*19,153*			*19,153*	
C1. Cash contributions			***1,572,110***			***1,572,110***	
Inkind Personnel							
Austrian Red Cross			*9,761*			*9,761*	
C3. Inkind Personnel			***9,761***			***9,761***	
Other Income							
DREF Allocations			*286,695*			*286,695*	
Services Fees			*825*			*825*	
C4. Other Income			***287,520***			***287,520***	
C. Total Income = SUM(C1..C4)			**1,869,392**			**1,869,392**	
D. Total Funding = B +C			**1,869,392**			**1,869,392**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			1,869,392			**1,869,392**	
E. Expenditure			-1,859,574			**-1,859,574**	
F. Closing Balance = (B + C + E)			9,818			**9,818**	

Disaster Response Financial Report

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Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	Variance
	A						B	A - B
BUDGET (C)				**4,762,989**			**4,762,989**	
Relief items, Construction, Supplies								
Shelter - Relief	476,213			96,863			**96,863**	**379,350**
Shelter - Transitional				983			**983**	**-983**
Construction - Facilities	279,500			39,860			**39,860**	**239,640**
Construction Materials	88,200			8,675			**8,675**	**79,525**
Clothing & Textiles	253,069			923			**923**	**252,146**
Food				143			**143**	**-143**
Water, Sanitation & Hygiene	482,353			126,802			**126,802**	**355,551**
Medical & First Aid	105,243			14,828			**14,828**	**90,416**
Teaching Materials	5,687			5,125			**5,125**	**563**
Utensils & Tools	229,363			51,655			**51,655**	**177,708**
Total Relief items, Construction, Sup	1,919,628			345,855			**345,855**	**1,573,773**
Land, vehicles & equipment								
Vehicles	147,550							**147,550**
Computers & Telecom	166,784			9,420			**9,420**	**157,364**
Office & Household Equipment	15,964			1,779			**1,779**	**14,185**
Total Land, vehicles & equipment	330,298			11,199			**11,199**	**319,099**
Logistics, Transport & Storage								
Storage	75,500			86,574			**86,574**	**-11,074**
Distribution & Monitoring	156,900			45,638			**45,638**	**111,262**
Transport & Vehicles Costs	88,220			99,222			**99,222**	**-11,002**
Total Logistics, Transport & Storage	320,620			231,434			**231,434**	**89,186**
Personnel								
International Staff	525,000			301,991			**301,991**	**223,009**
National Staff	37,200			76,057			**76,057**	**-38,857**
National Society Staff	178,598			62,075			**62,075**	**116,523**
Volunteers	518,480			309,583			**309,583**	**208,897**
Other Staff Benefits				342			**342**	**-342**
Total Personnel	1,259,278			750,049			**750,049**	**509,229**
Consultants & Professional Fees								
Consultants	58,000			10,029			**10,029**	**47,971**
Professional Fees	58,505							**58,505**
Total Consultants & Professional Fee	116,505			10,029			**10,029**	**106,476**
Workshops & Training								
Workshops & Training	218,797			20,267			**20,267**	**198,530**
Total Workshops & Training	218,797			20,267			**20,267**	**198,530**
General Expenditure								
Travel	50,000			81,835			**81,835**	**-31,835**
Information & Public Relations	20,069			25,320			**25,320**	**-5,251**
Office Costs	51,033			27,026			**27,026**	**24,007**
Communications	54,210			18,739			**18,739**	**35,471**
Financial Charges	10,800			14,905			**14,905**	**-4,105**
Other General Expenses				19,615			**19,615**	**-19,615**
Shared Office and Services Costs	121,052			176,104			**176,104**	**-55,052**
Total General Expenditure	307,164			363,544			**363,544**	**-56,380**
Indirect Costs								
Programme & Services Support Recove	290,699			111,970			**111,970**	**178,729**

Disaster Response Financial Report

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Final Report

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Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)				**4,762,989**			**4,762,989**	
Total Indirect Costs	290,699			111,970			**111,970**	**178,729**
Pledge Specific Costs								
Pledge Earmarking Fee				10,927			**10,927**	**-10,927**
Pledge Reporting Fees				4,300			**4,300**	**-4,300**
Total Pledge Specific Costs				15,227			**15,227**	**-15,227**
TOTAL EXPENDITURE (D)	**4,762,989**			**1,859,574**			**1,859,574**	**2,903,415**
VARIANCE (C - D)				**2,903,415**			**2,903,415**	

Disaster Response Financial Report

MDRSS003 - Republic of South Sudan - Complex Emergency

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Final Report

Selected Parameters			
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Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Migration	4,762,989		1,869,392	1,869,392	1,859,574	9,818	
Subtotal BL3	4,762,989		1,869,392	1,869,392	1,859,574	9,818	
GRAND TOTAL	**4,762,989**		**1,869,392**	**1,869,392**	**1,859,574**	**9,818**	