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# Response Plan Phase II: Final Report

## South Sudan Complex Emergency

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Operation n°</b> MDRSS006	<b>Type of disaster:</b> Complex emergency
<b>Date of issue:</b> 24 <sup>th</sup> April 2019	<b>Reporting Timeframe:</b> 1 <sup>st</sup> January – 31 <sup>st</sup> December 2018
<b>Operations manager:</b> Philip Hayes, Operations Manager- IFRC, <b>overall responsible for planning, implementation, monitoring, reporting and compliances</b>	<b>National Society contact:</b> John Lobor, South Sudan Red Cross (SSRC), Secretary General
<b>Operation start date:</b> 1 July 2017	<b>Expected timeframe:</b> The response was implemented in two phases: (1) from July to December 2017 (2) from January to December 2018
<b>Overall operation budget:</b> CHF 4,700,037 (2017: CHF 1,115,991; 2018: CHF 3,584,046)	
<b>Number of people affected:</b> 7.5 million have been affected by the protracted crisis and 1 million are food insecure	<b>Number of people to be assisted:</b> 251,910 people (41,985 HH) across four target areas—Aweil East, Aweil Centre, Kapoeta East, and Yirol East
<b>Host National Society:</b> South Sudan Red Cross Society (SSRC) has an estimated 8,860 volunteers and more 217 staff throughout its 16 branches and 46 units. The plan targeted areas of need where the SSRC didn't have an existing response.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> This action was participatory developed by the Movement partners in country in support of the South Sudan Red Cross (SSRC). This includes the International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) in the country (Austrian RC, Canadian RC, Danish RC, Netherlands RC, Norwegian RC, Swedish RC and Swiss RC and Finnish RC), and in engagement with the British RC and, support the National Society but are not in country. The Response Plan has been developed in close partnership with the International Committee of the Red Cross (ICRC) in line with the IFRC/ICRC Funding Modality Agreement and in the spirit of SMCC.	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health (MoH), Ministry of Agriculture, Ministry of Humanitarian Affairs and Disaster Management (MHADM), Ministry of Water and Irrigation, UNOCHA, WFP, WHO, UNICEF, MSF, Save the Children, IMA, Action Against Hunger, Save the Children, Plan International, UNFAO, Oxfam, HealthLink, Medair, ADRA, PAH	

## A. Situation analysis

### Description of the disaster

The combined years of conflict, violence and destroyed livelihoods have left more than 7 million people or about two thirds of the population in appalling need of humanitarian assistance and protection in 2019<sup>1</sup>. At the design of this plan in 2017 alone, one in three South Sudanese had been uprooted, including 1.9 million internally displaced and over 2.4 million refugees in neighboring countries. Food insecurity and malnutrition escalated, which resulted to declaration of localized famine in some parts of the country. Despite the famine was eased after substantial scale up of humanitarian response, the situation continues to remain dire across the country. In 2018, the conflict forced people to remain on the

<sup>1</sup> South Sudan Humanitarian Needs Overview-2019

move and undermined their access to assistance. In spite of the revitalized peace agreement and return to calmness in some parts of the country, the combined effects of the conflict have transfigured to sustained poverty and persistent humanitarian and protection needs for more than 7 million people in South Sudan. This is particularly the case in the Equatorias, Western Bahr el Ghazal, Jonglei, Upper Nile and Unity, where drivers and multipliers of crisis have remained present over time. The situation is compounded with fragile health conditions as the country continued to experience multiple disease outbreaks, including Rift Valley Fever (RVF), measles, suspected meningitis cases, hepatitis E, Yellow Fever and guinea worm combined with alarming threats of ongoing Ebola Virus Disease outbreak in DRC due to cross-border population movement. To meet the increasing humanitarian needs, the Red Cross and Red Crescent (RCRC) movement is working along with the affected communities to address the most standing and critical needs as well build individual household resilience to effects of the conflict, displacement as well climate related shocks. Through this response in 2018, the contributing Movement partners reached 289,452 people in the three regions of Northern Bahr el Gazal, Lakes and Eastern Equatoria with multi-sectorial assistance. This multi-sectors approach was implemented complementarily to other actors and incorporated elements of preparedness, response, and recovery to maintain a cycle of support to vulnerable communities in the immediate and longer-term.

## Summary of current response

In 2018 through this response, SSRC provided life-saving and livelihoods recovery assistance in the target locations (Aweil East, Yirol East and Kapoeta East) through a timely and effective integrated package of Food Security and Livelihood, health, WASH, Essential household Items (EHIs), child protection and education services delivered through complementary responses. To ensure that support has a wide reach, services were delivered through the respective branches and units with further technical backstopping from the National Society departments. During the response phase, the following are the key achievements;



Photo: Women receives essential household items in

- Water, Hygiene and Sanitation (WASH):** In 2018, SSRC in coordination with IFRC provided a total of **138,000** people with access to safe drinking water supply through recovery approach; including the drilling of 21 new water facilities, rehabilitation of 84 non-functional boreholes, hygiene and sanitation services.
- Food Security and Livelihood (FSL):** During the response phase, SSRC supported **5,000** households with essential vegetable seeds and tools. This was dispensed along with basic training on essential Agriculture practices through demonstration gardens.
- Non-Food Items (NFIs):** The main aim of this response component was to ensure access to essential household items among the disaster-affected households. During the response phase, SSRC with support of IFRC reached **10,000** households with essential Non-Food Items (NFIs).
- Community-Based Healthcare:** During the response period, SSRC through networks of its trained volunteers reached **23,120** populations in the project operation areas with basic health promotion key messages, using the Boma Health Initiative Approach (BHI) as a widely recommended by the Ministry of Health.
- (PSS), Sexual and Gender-Based Violence (SGBV) Prevention;** The SSRC reached **11,200** individuals with PSS and SGBV community-based intervention delivered through awareness sessions facilitated to community leaders and women groups in the target operational area.



**138,000 HH**

**Water, Hygiene and Sanitation**



**5,000 HH**

**Food Security and Livelihood**



**10,000 HH**

**Non-Food Items**



**23,120**

**Community-Based Healthcare**



**11,200**

**(PSS), Sexual and Gender-Based Violence (SGBV)**

## Overview of Host National Society

The SSRC continues to play significant role in providing timely and effective humanitarian assistance to vulnerable population across the country, guided by the Movement fundamental principles and its core values. Through its strong presence and networks of volunteers at national, state and community levels, the SSRC continues to influence the humanitarian landscape in the country while consistently building its capacity across thematic sectors; including the branches where this project was implemented. At time of writing, SSRC has over 8,860 (3,987 males and 4,873 female trained volunteers) and over 216 dedicated staff throughout its 16 branches. SSRC also has Emergency and Relief Actions Teams (EATs), composed of 20 to 25 volunteers who have been trained in a range of disaster response, health and water and sanitation response skills, as well as Restoring Family Links (RFL). These teams are based within the communities. There is a total of 46 teams, with 1,150 trained volunteers, active country-wide. The project supported and worked through these EATs and trained additional volunteers to carry out these roles alongside them, in the target areas, positioning the SSRC closely in reaching at-risk communities. Through this response plan, SSRC complemented existing interventions of ICRC (e.g. food distributions), the support of Partner National Societies (e.g. health, water and sanitation and Psychosocial Support-PSS), and the response from United Nations (UN) agencies, such as the World Food Program (WFP) and from International NGOs (I/NGOs).

## Movement partners and coordination in country

### Partner National Societies Present in SSUD

#### Austrian Red Cross



#### Finnish Red Cross



#### Netherlands Red Cross



#### Swiss Red Cross



#### Swedish Red Cross



#### Canadian Red Cross



#### Danish Red Cross



#### Norwegian Red Cross



#### Turkish Red Crescent



Across the country, the National Society and its partners are already working to address the protracted crisis. There are eight partner National Societies (pNSs) actively supporting programmes in South Sudan, ranging from community health, water and sanitation, psychosocial support and disaster response and preparedness. The International Committee of the Red Cross (ICRC) has one of its largest operations in South Sudan, focusing on delivering its mandate in relation to the conflict and addressing the effects of this protracted crisis. The largest areas of intervention are detention, RFL, reminding the rules of IHL to the parties to the conflict, surgical care, primary health care, patient rehabilitation program, NFIs, food related interventions (food distributions, seeds and tools, fishing kits, livelihood projects), veterinary programs and providing clean water.

The Response Plan came out of a strong process of cooperation and coordination at country level, from the initial assessment to extensive planning discussions between partners, which led to an agreed plan in support of the SSRC. The plan builds on the response preparedness plans of the Host National Society (NS) and the existing work of each component of the Movement in support of SSRC's operations and programmes. The aim of the Response Plan is to extend the footprint of the Movement further across South Sudan and into areas not previously supported by the ICRC. As such, it is part of Strengthening Movement Coordination and Cooperation (SMCC) process, for which South Sudan

is a country lab. Throughout the response phase, strong coordination at the strategic and operational levels, led by IFRC, supported SSRC to ensure quality implementation of the response in 2018.

### **Overview of non-Red Cross Red Crescent (RCRC) actors in country**

Government departments at State level spearhead coordination of humanitarian assistance delivered in cooperation with International/National Non-Governmental Organizations. The Relief and Recovery Department is involved in joint assessments, providing information on the situation as it evolves to inform response planning. The Ministry of Agriculture has established mechanism to assist farmers in the upcoming planting / harvesting seasons, through the provision of extension services, dissemination of early warning information (and seasonal forecasts) and the provision of tillage services to farmers, if the necessary support and resources are made available.

SSRC remain as an active member of the country humanitarian coordination platforms and it engages with the two principal forums: the Cluster system and the South Sudan NGO Forum. The Cluster's platforms (mainly WASH, Health, NFI/Shelter and Protection which SSRC participates in) are among other principal channel for coordination of UN, INGOs and NNGOs. These coordination forums provide a useful platform for members to share information, experiences and opportunities for capacity building as well as to coordinate humanitarian responses to ensure effectiveness and avoid duplication of efforts. Through the monthly submission of operational updates to the relevant Clusters, SSRC operational information is regularly reflected in the country humanitarian operational mapping. In addition, SSRC is closely engaged with relevant government line ministries including; Ministry of Health and Ministry of Humanitarian and Disaster Management Affairs both at national and state levels.

## **Needs analysis and scenario planning**

South Sudan continues to experience extreme levels of food insecurity and as at the inception of this plan in 2018, an estimated 6.3 million (57 per cent) and 7.1 million (63 per cent) of the population were already facing crisis and emergency (IPC Phases 3 and 4, respectively) acute food insecurity. The humanitarian landscape in the country was and is still not getting near to better as 6.17 million or 54 percent of the population were being food insecure in January 2019<sup>2</sup>. [The latest Integrated Food Security Phase Classification \(IPC\) report \(IPC\)](#) released on 22 February warns that nearly 7 million people – 60 percent of the population – could face acute food insecurity at the height of this lean season (May to July). The report highlights a worsening food security situation across the country as the number of people needing food assistance in the post-harvest period has increased by 13 percent in January 2019 since January last year. The considerable humanitarian needs in the country are directly related to new and protracted displacement due to natural calamities and human induced crisis such as conflict, floods and the compounded effects of food insecurity and lack of livelihoods. In an event of disasters such as droughts, floods and disease outbreaks many families are forced to abandon their livelihoods, leaving especially women and children vulnerable to protection risks due to limited access to clean and safe drinking water, access to sufficient and nutritious food for consumption, shelter and essential household items. Several partners, including the South Sudan Red Cross, supported the response to this crisis providing multi-sectoral support to the displaced.

## **B. Operational strategy and plan**

### **Overall Objective**

The overall objective of the Response Plan is **to increase SSRC's ability to respond to the complex needs of this protracted crisis, including those linked to the continued food security crisis, in four areas in Phase II—Aweil East & Centre, Kapoeta East, and Yirol East.** The plan compliments the contributions of other Movement partners, including the food distributions of the ICRC in conflict areas, and of other actors, such as WFP, in the target areas. The plan continued to focus on improving coordination within the Movement and with other humanitarian actors in different sectoral areas so that efforts were not duplicated but augmented. The plan aimed at enabling timely and appropriate life-saving interventions as conditioned by evolving access, needs, and operational partnerships among Movement Partners. The strategic focuses were as followed:

**(1) Provide immediate life-saving assistance to those critically affected from the protracted crisis while increasing access to basic services for people with special needs in the target areas by:**

- ✓ Meeting the immediate needs for household items, particularly amongst IDP communities
- ✓ Promoting medium-term food security through provision of essential livelihoods resources
- ✓ Delivering community-based health promotion
- ✓ Providing psychosocial, gender based violence and protection services to affected communities
- ✓ Reducing risks from water-borne diseases and the impact on nutrition, through improving access to safe water, improving sanitation and providing hygiene promotion

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<sup>2</sup> South Sudan Humanitarian Needs overview 2019

**(2) Increasing the resilience of affected local communities, households and individuals by enabling access to essential assistance and services and enhancing the response capacity of the SSRC by:**

- ✓ Empowering volunteers and communities to take charge of their own health, WASH and food security situation through volunteer committees and engagement
- ✓ Building the SSRC's capacity through training and infrastructure support, at the Headquarters (HQ) and in the four target areas
- ✓ Strengthening and expanding the capacity of the SSRC disaster response capacity through the reinforcement of the Emergency Action Teams (EAT) and wider volunteer capacity.
- ✓ Establishing context specific community engagement and accountability systems to capture people's voices, concerns and feedback for culturally appropriate awareness campaign.

**C. Detailed Operational Plan**

Programming/Areas Common to all Sectors				
Outcome 1 The delivery of the response plan is efficient, effective and shows clear levels of accountability to both beneficiaries and partners	Outputs		Target	Achieved
		Output 1.1 The emergency plan of action is updated and revised as necessary to reflect needs		100%
Activities	Is implementation on time?		Target	Achieved
	Yes (x)	No (x)		
Training of SSRC HQ and Branch staff in emergency needs assessment	x		6	6
Conduct a multi-sectorial emergency needs assessment in 3 areas	x		3 (areas)	3
Beneficiary selection and verification	x		47,000 HH	48,242 HH
Set up and implementation of CEA tools and systems	x		100%	100%
Local review/ assessment of Phase I	x		1	1
Progress towards outcomes				
<p><b>Strengthening Movement Coordination and Cooperation (SMCC)</b>            Under the framework of Strengthening Movement Coordination and Cooperation (SMCC). South Sudan is a pilot country or "country lab". As such, during the Phase II of the Response Plan, a strong coordination was ensured closely with SSRC, IFRC, PNSs and ICRC. At operational coordination, the Emergency Operations Centre (EOC), chaired by SSRC, continued to serve as the primary platform to ensure consistent implementation, monitoring and accountability oversight. Any sectoral or support services challenges were dealt with collectively through this body, which thus provided a joint and transparent platform for problem solving. At the same time, strong strategic coordination between IFRC and SSRC senior management at country level was consistent and helped pave the way for the successful launch and implementation of the operation.</p> <p><b>Communications</b>            To demonstrate the impacts of the Movement Response Plan, the IFRC Regional Food Security Crisis Communications delegate was deployed to South Sudan during the month of May 2018 to provide technical assistance to SSRC Communication unit. Working with the SSRCS Communications unit, several communications products (stories and videos) were published to highlight the Livelihood distribution in Aweil East and Aweil Centre, which reaped global attention through SSRC and IFRC various social media platforms (Facebook, YouTube, Instagram, and Twitter).</p> <p><b>Community Engagement and Accountability</b>            To ensure strong Community Engagement and Accountability (CEA) throughout the lifespan of the project, SSRC had dedicated support through the National Society's CEA Coordinator. The CEA Coordinator worked closely with the IFRC Food Security Crisis CEA Delegate at the Africa Regional Office to establish strong and relevant mechanisms for CEA.</p>				



100%

Set up and implementation of CEA tools and systems



6

Training of SSRC HQ and Branch staff in emergency needs assessment



647,000 HH

Training of SSRC HQ and Branch staff in emergency needs assessment



1

Assessment of Phase I



## Health and care

**Needs analysis:** The health situation in South Sudan remains critical, with nearly 4.8 million South Sudanese in demand of essential health services in 2018. Communicable diseases continue to spread and disease outbreaks plague the country. Inadequate infection control and health-care waste management, combined with lack of water quality monitoring in health-care facilities, pose a significant public health threat. The mental health and psychosocial burden increases each day that the conflict is prolonged. Access to health care is increasingly limited due to destruction of health facilities. At least 129 suspected cases of Hepatitis E (HEV) have been reported in last six (6) months of 2018. Of the 129 suspected cases, a total of 16 cases have been polymerase chain reaction (PCR) confirmed.

**Population assisted:** Through the Response Plan in 2018, SSRC strengthened its capacity in the target locations by mobilizing and recruiting community level volunteers and provided relevant trainings to its staff and volunteers. In particular, SSRC was actively engaged in Cholera prevention and response activities that were already underway in coordination with Ministry of Health and other humanitarian actors. This was to mitigate the risk of cholera outbreaks in and Yirol East. These efforts were critical during the rainy season as history has indicated that evident of outbreak during this period.

Health & care				
Outcome 2 The immediate risks to the health of affected populations are reduced	Outputs		Target	Achieved
	<b>Output 2.1</b> Community-based disease prevention and health promotion is provided to the target population		19,200	23,120
	<b>Output 2.2</b> Psychosocial support provided to the target population		13,200	11,200
Activities	Is implementation on time?		Target	Achieved
	Yes (x)	No (x)		
Procurement of First-Aid Kits (Universal) and replenishment of stock	x		30	30
Procurement of stretchers	x		30	30
HQ training of volunteers and staff on BHI (CBHFA) approach and other health and nutrition promotion	x		12	12
Training of staff, volunteers and field officer in SGBV and psychological first aid (with children)	x		93	93
Provision of PSS and SGBV information through awareness sessions facilitated in the community to leaders and women's groups to target communities	x		13,200	11,200
Production of PSS IEC materials	x		45 Kits	45 kits
Progress towards outcomes				
During the implementation phase, SSRC trained volunteers provided PSS and SGBV prevention information through awareness sessions to community leaders and women groups in the target operational areas, reaching 23,120 individuals with key health promotion and PSS/SGBV information. This intervention complemented SSRC other integrated responses to Cholera and Yellow Fever outbreaks in the operational areas.				

## Water, sanitation, and hygiene promotion

**Needs analysis:** The protracted conflict continues to distress the already poor rate of access to safe water and sanitation services in South Sudan, placing women and children at increased risk of waterborne diseases such as diarrhea and cholera. This is proven by the protracted cholera outbreak that started in June 2016 and continued for over one year before being declared over in February 2018. Over 61 per cent of the populations of South Sudan continue to practice open defecation, and the few existing sanitation facilities are mostly in disrepair. High open defecation rates are exacerbated by the internal displacement of over 1.94 million people since December 2013. The worsening economic crisis has negatively affected the vulnerable communities to meet the cost of accessing WASH services. This is the situation in the targeted locations (Kapoeta East, Aweil East, Aweil Centre, and Yirol East), in which an active cholera transmission was reported (SS HNO 2018). This was further supported by 2017 ENA conducted as part of this response plan indicated that nearly half of the respondents across all areas relied on an unstable, open water source as their primary source for drinking water. Coupled with poor sanitation practices, nine in ten households across all locations reported relying on open defecation practices—there is a high risk of communicable and water-borne disease transmission within these communities.

**Population to be assisted:** In 2018, SSRC drilled 21 new boreholes and rehabilitated (84) water points in the operational areas. Further to this, SSRC provided community level trainings and awareness sessions aimed at promoting healthy hygiene and sanitation behavioral change as well as reduce incidences of WASH-related disease outbreaks in thirteen (13) communities. The response targeted the returnees, host-communities and protracted internally Displaced Populations in the three operational counties of Aweil East, Kapoeta East and Yirol East.

Water, sanitation, and hygiene promotion				
Outcome 3 Reduction in risk of waterborne and water related diseases in targeted communities	Outputs		Target	Achieved
	Output 3.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		6,245 HH	7,003 HH
	Output 3.2 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population			
Activities	Is implementation on time?		% progress (estimate)	100%
	Yes (x)	No (x)		
Training of 120 National Society hygiene promoters	x		120	120
Awareness sessions carried among the target communities (PHAST) ( <i>scheduled for Phase II in 2018</i> )	x		9,960	5602
Rehabilitation of existing boreholes	x		60	84
Construction of new boreholes (fully equipped)	x		10	21
Sanitation tools for HP Groups and demo latrine construction	x		60	60
Training of sanitation artisans (80 vols - 20 per location)	x		80	80
Procurement of materials for demonstration latrine construction (20 per location)	x		80	80
<b>Progress towards outcomes</b>				



During the Phase II of the response plan, SSRC reached 42,018 people with Water and Hygiene services through the construction of 21 new and rehabilitation of 84 existing boreholes as well as hygiene promotion in Aweil East, Aweil Centre, Kapoeta East, and Yirol East. In addition, SSRC trained 80 community sanitation artisan volunteers as community resource persons to train the members of the communities in construction of locally appropriate latrines. These community volunteers further facilitated community level trainings through construction of demonstration latrines in the operational areas. Whilst, as part of strategic approach to sustainability of the Hand pumps, nineteen (19) Individual from Yirol East County were trained as community-based hand pump mechanics out of which ten (10) were SSRC Volunteers and nine (9) members of the community selected by the Yirol East County WASH Department. They were all equipped with skills and knowledge on how to fix broken boreholes in their communities and to be readily available in times of need .In spite that major achievements were recorded under WASH, hygiene promotion was heavily affected by seasonality trend and community

priorities which disrupted on community participation.



## Shelter and settlements

**Needs analysis:** The humanitarian needs in South Sudan are complex with manifold drivers including internal displacement due to armed conflict between state and non-state armed groups, and inter-tribal as well as communal conflicts related to access to land and scarcity in natural resources, floods, diseases outbreaks and droughts. In January 2018, the South Sudan Humanitarian Needs Overview estimates nearly 1.7 million South Sudanese people are in need of emergency shelter and/ or non-food items (NFIs). The anticipated needs are directly related to new and protracted displacement due to natural and man-made disasters such as conflict, floods and the compounded effects of food insecurity and lack of livelihoods. In an event of disasters such as droughts, floods and disease outbreaks many families are forced to abandon their livelihoods, leaving especially women and children vulnerable to protection risks due to lack of security and economic decline which has resulted to escalated cost of living, limiting access to essential household items. The effects of these are particularly acute among women, children and people with disabilities as well as the elderly.

**Population to be assisted:** In 2018, SSRC assisted 10,000 households (60,000 individuals with essential household items. These distributions were informed by specific NFI rapid needs assessment that was carried out in the operational areas, and beneficiary selection focused on vulnerable households, specifically those households with critically vulnerable members--lactating or pregnant women, women-headed households, households with separated children, elderly people, and disabled persons. Beneficiary selection was done in close consultations with the local authorities, community leaders and community members.

Shelter and settlements				
Outcome 4: The immediate shelter and settlement needs of the target population are met	Outputs		Targets	Achieved
		Output 4.1 Essential Household Items (EHI)/non-food items (NFI) are provided to the target population		10,000
Activities	Is implementation on time?		Target	Achieved
	Yes (x)	No (x)		
Procurement of 10,000 Family Kits	x		10,000	10,000
Transport in-country, and distribution of 10,000 Family Kits	x		10,000	10,000
<b>Progress towards outcomes</b>				

In 2018, through IFRC, SSRC received 10,000 kits in-kind donation from ICRC as part of the required resources for the Movement Response Plan. Following this, SSRC conducted rapid needs assessments and distribution of these NFI kits in Kapoeta East, Yirol East and Aweil Centre, targeting households affected by droughts, floods and internal conflicts. Ten thousand households were registered for essential household NFIs intervention. The NFI kits are combination of WASH and Shelter intervention and are based on the recommended SPHERE standards.



Photo taken by SSRC DM team during verification in Aweil Centre

Item	Per kit
BOX, 6-layer, cardboard, labelled with SSRC Logo (1 colour)	1
BUCKET, plastic, 14L with clip cover and 50mm outlet	1
JERRYCAN, collapsible, 10L, food grade LDPE, screw cap	1
SOAP, body soap, 120g piece	13
SOAP, laundry soap, 250g piece	2
SLEEPING MAT, natural fibres 180x90cm	3
WATER PURIFICATION AGENT (PUR), 10L purification volume/sachet	100
ORAL REHYDRATION SALTS	20
BLANKET, medium thermal fleece, 1.5x2m	2
TARPAULINS, woven plastic, 4 x 6 m, white/white, piece	1
MOSQUITO NET, LLIN, rectangular (180 x 190 x 150) cm	2
KITCHEN SET family of 5 persons, type "A"	1



## Food Security and Livelihoods

**Needs analysis:** At the inception of this Phase II of the response plan in 2018, nearly 5.4 million South Sudanese people and 304,560 refugees were in need of food and livelihoods assistance. Despite the continued efforts from humanitarian actors, including the Red Cross Movement, extreme levels of food insecurity and high rates of malnutrition continue to persist in many areas affected by protracted conflict and impediments to humanitarian access, which are abundant across many of the areas with highest food security levels. Half the population projected to be severely food insecure between January and March 2019, similar to the same period in 2018, while the number of people in IPC Phase 5 is expected to nearly double from the same period in 2018. The latest Integrated Food Security Phase Classification (IPC) report (IPC) released on 22 February warns that nearly 7 million people – 60 percent of the population – could face acute food insecurity at the height of this lean season (May to July). The report highlights a worsening food security situation across the country as the number of people needing food assistance in the post-harvest period has increased by 13 percent in January 2019 since January last year.

**Population to be assisted:** Through this response plan in 2018, SSRC distributed 5,000 livelihood kits (mainly vegetable seeds and tools) to 5,000 food and nutrition insecure households in Northern Bahr el Gazal (66 percent female and 23 percent children under 5 years of age). This distribution was accompanied along with knowledge transfer to the communities on basic horticulture practices rendered through the demonstration of garden approach. This on-field training was delivered by SSRC with support from Netherland Red Cross Livelihood Delegate as well as extension workers from the State Ministry of Agriculture, Northern Bahr el Gazal.

Nutrition, Food Security and Livelihoods					
<b>Outcome 5: Reduced food insecurity among affected households</b>	<b>Outputs</b>			<b>Target</b>	<b>Achieved</b>
	Output 5.1 Primary production practices are supported			100%	100%
<b>Activities</b>	<b>Is implementation on time?</b>			<b>Target</b>	<b>Achieved</b>
		<b>Yes (x)</b>	<b>No (x)</b>		
Nutritional education to mothers of young children (IYCF-E).	x			100%	100%
Livelihoods provision of seeds, tools, kits and training	x			5,000HH	5,000HH
<b>Progress towards outcomes</b>					

At the inception of the rainy season in 2018, SSRC assisted 5,000 households (30,000 individuals) with essential livelihood kits. The intervention targeted vulnerable households (IDP, Host Family, Refugee, or Returnee) with children under five, providing the families with vegetable seeds and agricultural inputs to improve their nutritional status. Furthermore, the beneficiaries were provided basic horticulture knowledge in order to ensure that best farming practices are applied for a better yield. Meanwhile SSRC volunteers continued to provide basic nutrition education to the mothers, including key hygiene messages in food preparation and handling, infant and young feeding best practices.

## National Society capacity building

National Society capacity building					
Outcome 7: The emergency response capacity of the NS is increased to address future disasters	Outputs		Targets	Achieved	
		Output 7.1 Disaster Management skills and knowledge of National Society staff and volunteers is improved, as well as it's material capacity to respond		100%	100%
Activities		Is implementation on time?		Targets	Targets
		Yes (x)	No (x)		
	Volunteer recruitment campaign in 3 locations (incl. identification)	x		3	3
	Basic induction course for newly recruited SSRC volunteers	x		1	1
	Training of existing and new EATs in all technical specialist areas	x		3	3
	Refresher training for EATs in 2018 (ICRC funded)	x		3	3
	Dead body management training (ICRC funded)	x		1	1
	NS capacity in RFL continue to be reinforced (by the ICRC) so it can carry out family reunification outside of the conflict areas	x		100%	100%
Progress towards outcomes					
During the reporting period, SSRC continued to build the capacity of its staff and volunteers through mentoring and coaching in program relevant areas. Further, through the NSD program, SSRC, through technical support from IFRC delivered trainings at branch level aimed at building the operational capacity of its branch staff, volunteers and members. In 2018, IFRC supported training for SSRC National Disaster Response Team (NDRT) covering thematic areas of WASH, PSS, Logistics and Warehouse Management.					

## D. Lesson Learnt from Phase II Response

The protracted nature of crises in South Sudan and the dependence of the vulnerable population on humanitarian assistance to meet basic needs raised concerns for the long-term resilience of communities and places increased emphasis on the need for emergency response. It was recognized that the Movement Partners has utilized different approaches to engage relevant authorities, humanitarian actors as well with country level humanitarian coordination platforms and that this will need to continue to ensure the profile of the Red Cross/Red Crescent mandated areas of operation is raised and sustained over time.

- (1) **Flexibility:** The evolving humanitarian landscape in the country may mean a rapid shift in humanitarian priorities would position relevancy of the RC/RC assistance, as such, it is important that such humanitarian programme adapts rapidly to changing priorities and allow the National Society identifies appropriate solutions to address the most standing humanitarian needs in the country without overlapping with existing ICRC and other partners operations in the country.
- (2) **Conflict Sensitivity:** Drawing on lessons learned, the Movement Response Plan promoted conflict sensitivity to ensure the target communities were not placed at heightened risk by its humanitarian action. The SSRC ensured all distribution activities did not increase exposure to attack or violence. Training initiatives and distributions of EHIs and Livelihood kits placed emphasis on reducing the potential risks of GBV and looting faced by women as a result of the location and timing of activities.
- (3) **Integration of early recovery:** The integration of early recovery in the second Phase of this response has been noted for its contribution to adequate programme exist strategy and sustainability. It is therefore important that a streamlined early recovery coordination mechanism need to be continuously adapted to context and operational requirements to better facilitate a multi-stakeholder response.

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/7-2019/5	Operation	MDRSS006
Budget Timeframe	2017-2018	Budget	APPROVED

Prepared on 27 May 2019

All figures are in Swiss Francs (CHF)

## MDRSS006 - South Sudan - Complex Emergency

Operating Timeframe: 08 Jul 2017 to 31 Dec 2018; appeal launch date: 08 Jul 2017

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>0</b>
<b>Donor Response* as per 27 May 2019</b>	<b>3,531,047</b>
<b>Appeal Coverage</b>	

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	437	437	0
AOF2 - Shelter	1,198,321	1,194,868	3,453
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	129,608	103,086	26,522
AOF5 - Water, sanitation and hygiene	446,370	468,023	-21,653
AOF6 - Protection, Gender & Inclusion	7,208	7,208	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	668,280	522,985	145,295
SFI2 - Effective international disaster management	942,656	1,158,045	-215,388
SFI3 - Influence others as leading strategic partners	84,893	51,464	33,429
SFI4 - Ensure a strong IFRC	22,629	23,326	-697
<b>Grand Total</b>	<b>3,500,402</b>	<b>3,529,442</b>	<b>-29,040</b>

### III. Operating Movement & Closing Balance per 2019/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,530,802
Expenditure	-3,529,442
<b>Closing Balance</b>	<b>1,360</b>
Deferred Income	0
Funds Available	1,360

### IV. DREF Loan

* not included in Donor Response	Loan :	281,027	Reimbursed :	281,027	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/7-2019/5	Operation	MDRSS006
Budget Timeframe	2017-2018	Budget	APPROVED

Prepared on 27 May 2019

All figures are in Swiss Francs (CHF)

## MDRSS006 - South Sudan - Complex Emergency

Operating Timeframe: 08 Jul 2017 to 31 Dec 2018; appeal launch date: 08 Jul 2017

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
British Red Cross			71,832		71,832		
Danish Red Cross			9,030		9,030		
ICRC	3,423,584				3,423,584		
The Netherlands Red Cross			26,355		26,355		
<b>Total Contributions and Other Income</b>	<b>3,423,584</b>	<b>0</b>	<b>107,217</b>	<b>0</b>	<b>3,530,802</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>3,530,802</b>	<b>0</b>	

## Contact information

**For further information, specifically related to this operation please contact:**

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**Click here**

1. Response Plan (Phase I and II) activities strategy [below](#)
2. Budget

## Annex B: Response Plan (Phase I and II) -- Activities Strategy

Movement Response Plan Phase II Activities Strategy							
Sector	Activities	Aweil Centre	Aweil East	Kapoeta East	Yirol East	Newly Affected County	Total Targeted (unique count)
ES & NFI	Provision of Household Kits to vulnerable households who are unable to satisfy the emergency-needs criteria for essential NFI's per the SPHERE Guidance	6,250 HH (37,500 beneficiaries)--4,170 Host Families and 2,080 IDPs	5,000 HH (30,000 beneficiaries)--3,330 Host Families; 1,670 IDPs	2,500 HH (15,000 beneficiaries)--1,670 Host Families; 830 IDPs		3,750 HH (22,500 beneficiaries)--Distribution TBD	105,000
FSL	Provision of basic agricultural input kits for HH subsistence agriculture (seeds and essential tools)	2,500 HH (15,000 beneficiaries)	2,500 HH (15,000 beneficiaries)				30,000
WASH	Rehabilitation of existing boreholes, targeted primarily at areas with a high influx of newly arrived IDPs	2,083 HH (12,500 beneficiaries)	2,083 HH (12,500 beneficiaries)	833 HH (5,000 beneficiaries)			30,000
	Construction of new boreholes, targeted primarily at areas with a high influx of newly arrived IDPs	415 HH (2,490 beneficiaries)	415 HH (2,490 beneficiaries)	415 HH (2,490 beneficiaries)			7,470
	Provision of basic latrines training to support HH latrines construction using local material inputs--30% behavioural change expectation	720 HH (4,320 beneficiaries)	720 HH (4,320 beneficiaries)	720 HH (4,320 beneficiaries)	720 HH (4,320 beneficiaries)		17,280
	Provision of hygiene promotion awareness sessions within the target communities	2,520 HH (15,120 beneficiaries)	2,520 HH (15,120 beneficiaries)	2,520 HH (15,120 beneficiaries)	2,400 HH (14,400 beneficiaries)		59,760
Health and PSS	Provision of basic health promotion through the BHI methodology	800 HH (4,800 beneficiaries)	800 HH (4,800 beneficiaries)	800 HH (4,800 beneficiaries)	800 HH (4,800 beneficiaries)		19,200
	Provision of PSS and SGBV information through awareness sessions facilitated in the community to leaders and women's groups to target communities	3,600 direct beneficiaries	3,600 direct beneficiaries	3,600 direct beneficiaries	3,000 direct beneficiaries		13,800
							<b>282,510</b>

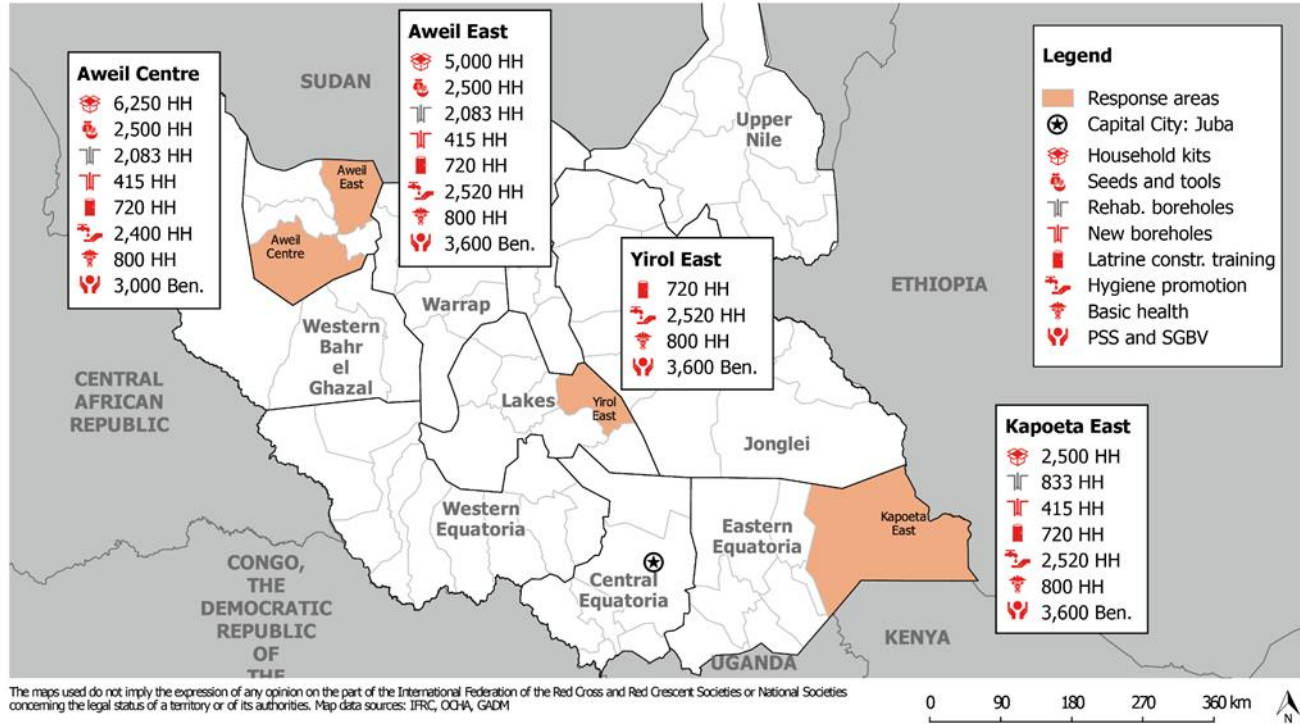
# Annex C: Map of Revised Response Plan (Phase I and II)


 International Federation of Red Cross and Red Crescent Societies  
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



## South Sudan: Complex Emergency

9 October 2017 MDRSS006



## Annex D: Budget Implementation and Expenditure Summary - Response Plan (Phase II)

MDRSS006 - South Sudan - Complex Emergency

### Operating Budget Implementation And Expenditure Summary

Thematic Area Code	Budget	Expenditure	Variance	Comment
AOF1 - Disaster risk reduction	437	437	-	
AOF2 - Shelter	1,198,321	1,194,868	3,453	
AOF4 - Health	129,608	103,086	26,522	Prioritization of key activities to available funding
AOF5 - Water, sanitation and hygiene	446,370	468,023	(21,653)	
AOF6 - Protection, Gender & Inclusion	7,208	7,208	-	
SFI1 - Strengthen National Society	668,280	522,985	145,295	Prioritization of budget to available funding, added to late engagement of wash coordinator cum PMER officer paid by other PNS
SFI2 - Effective international DM	942,656	1,159,770	(217,114)	Higher distribution cost associated with flight use due to insecurity of road transport
SFI3 - Influence others as leading strategic partners	84,893	51,464	33,429	Relates to NSD which was separately funded at other project level
SFI4 - Ensure a strong IFRC	22,629	23,326	(697)	
<b>Grand Total</b>	<b>3,500,402</b>	<b>3,531,167</b>	<b>(30,765)</b>	