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# Emergency appeal operations update

## South Sudan: Complex Emergency

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n°</b> MDRSS003		<b>GLIDE n°</b> OT-2014-000001-SSD
<b>Operations update n°</b> 1		<b>Timeframe covered by this update:</b> 4 to 18 March 2014.
<b>Emergency Appeal operation start date:</b> 9 January 2014		<b>Timeframe:</b> 12 months, ending 31 January 2015
<b>Appeal budget:</b> CHF 4,702,572	<b>Appeal coverage:</b> 2%	<b>Total estimated Red Cross and Red Crescent response to date:</b> CHF 84,510
<b>Disaster Relief Emergency Fund (DREF) allocated:</b> CHF 286,695		
<b>N° of people being assisted:</b> 105,080 conflict affected persons		
<b>Host National Society presence (n° of volunteers, staff, and branches):</b> South Sudan Red Cross: 300 volunteers, 63 staff and 4 Branches.		
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> South Sudan Red Cross, 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, German, Netherlands, Norwegian, Swedish and Swiss Red Cross. Other PNS partners; British, Finnish and Japanese Red Cross Societies)		
<b>Other organizations actively involved in the operation:</b> UNOCHA, UNHCR, WFP, WHO, UNICEF, INTERSOS, IOM, IRC, Nile Hope, ACTED, Solidarités, World Vision, SCF International, NRC and DRC.		

**Summary:** The internal conflict that started in the capital city of Juba in South Sudan on 15 December, 2013 rapidly spread to other parts of the country, with worst affected states being Jonglei, Unity and Upper Nile. The conflict has resulted in casualties, wounded and missing among the affected population and had an overall impact on the situation in the country. It has created long term humanitarian consequences for the affected population, including massive displacement in the country and into neighbouring countries (Uganda, Ethiopia, Sudan and Kenya). An agreement for cessation of hostilities was signed by the involved parties on 23 January 2014; however the situation remains tense and unpredictable, in particular in Jonglei, Unity, and Upper Nile states.

At the peak of the fighting, the hospitals in Juba, Bentiu, and Malakal struggled to cope with the influx of wounded people. Because of insecurity and lack of means of transport, people in need of health care (including wounded) faced difficulties in reaching the healthcare facilities. Infrastructure and houses have been destroyed on a large scale. Hundreds of thousands of people have been displaced in most states of the country. An estimated 700,000 people have been internally displaced since fighting broke out in mid-December. A further 145,000 have fled to safety in neighbouring countries.

The largest concentration of internally displaced people (IDPs) in South Sudan is in Awerial County in Lakes state, where tens of thousands of people have gathered after fleeing fighting in Jonglei. The displaced communities suffer from food and water shortages, and poor sanitation, which heightens the risk of diseases and epidemics. With the instability hindering the timely delivery of aid and resulting in the reduced presence of aid agencies in the country, the humanitarian situation continues to be precarious. The situation in Malakal has worsened again, and the situation remains highly volatile and unpredictable. The impending rain season in April/May is expected to further complicate the humanitarian operations, where access to certain areas will be extremely difficult.

On behalf of South Sudan Red Cross, IFRC would like to extend thanks to the partners that contributed to the appeal, including the Netherlands Red Cross, Canadian Red Cross and the Canadian Government. Other partners are encouraged to support this operation to allow the National Society support the affected persons.

## Coordination and partnerships

### Movement Coordination

The importance of Movement coordination in South Sudan, and in particular in the current context, is recognized and affirmed by SSRC, ICRC, IFRC, and also PNS's. IFRC strictly operates in a neutral, independent and impartial manner to respond to humanitarian needs and to provide support to anyone affected in compliance with international humanitarian law. ICRC is leading the operations in South Sudan with the support of the Red Cross Red Crescent movement.

All parties to the movement coordination agreement have agreed to work within one overall Plan of Action. This Emergency Appeal, which has been developed with SSRC and in close cooperation and consultation with ICRC, reflects IFRC's contribution to the overall Plan of Action which also includes ICRC's emergency appeal and the SSRC contingency plan. Currently Swedish, Norwegian and Austrian Red Cross supports the appeal by providing staff on loan to the IFRC for the sake of rapid response to the emergency operation. An IFRC Information Management delegate position has been opened, aimed at supporting the setting up of an information and data management system for the response to ensure timely access to information on all aspects of the operation, which can also be shared externally with the clusters. Danish, Swiss, Austrian and Netherlands Red Cross are providing bilateral support through SSRC's contingency plan.

Operations meetings are held three times per week at SSRC headquarters to follow-up on implementation revise plans as necessary, monitor progress and share lessons for improvement of operations. Other coordination mechanisms relevant for the Emergency Appeal include the bi-weekly Movement Operational Coordination (MOC) meetings (with participation of SSRC, IFRC, ICRC and PNSs) and a bi-weekly Movement Platform meeting (SSRC, IFRC and ICRC).

### Coordination with other actors

Coordination with other actors outside the Movement is ensured through regular attendance by SSRC and IFRC to relevant cluster coordination meetings, such as the health, NFI/shelter, WASH and emergency preparedness and response clusters. SSRC also participates in coordination meetings with Ministry of Health.

## Operational implementation

### Overview

The activities in water, sanitation and health hygiene promotion are progressing well at both Tongping site in Juba and in Awerial County (Ahou). SSRC staff and volunteers are providing safe water to the population in Tongping, as well as hygiene promotion in both Tongping and Awerial. Plans are underway to begin NFI distributions to IDPs in Central Equatoria State in the second week of March. Security situation continued to hinder access to some part of the country and needs assessments are undertaken as access permits. With the oncoming rainy seasons it will be crucial to preposition NFIs in strategic locations around the country.

The areas of intervention included the following:

**Needs assessment:** A needs assessment was carried out in Awerial County, in the following areas with high concentration of IDPs: Mingkaman, Ahou, Kalthok and Yalakot, on 10-13 February by the SSRC WatSan Coordinator, Bor branch staff and volunteers.

The assessment findings showed that Mingkaman is well covered in terms of assistance, but that there are gaps especially in WASH and shelter in the other three locations (Ahou, Kalthok and Yalakot). Specific recommendations

from the assessment team were: Focus interventions in Ahou, Kalthok, Yalakot and other highland areas located near the Nile; undertake hygiene promotion activities and household water treatment system to be encouraged in Ahou and Yalakot. Distribution of hygiene kits and provision of shelter materials like tarpaulin and blankets should be considered. Based on these recommendations SSRC began health and hygiene promotion activities in the Ahuo the following week, with 60 volunteers involved in the activities.

Another needs assessment was also carried out on 3-4 March by a team from SSRC in the following payams (sub-counties): Rokon, Tijor, Bungu and Ganji, all in Juba County, Central Equatoria State. The outcome revealed that IDPs were within host communities but could not ascertain exact figures. The team relied on useful information from local authorities/ community leaders as well as the ICRC to come up with a hypothesis as most of the beneficiaries were scattered at the time of the visit. Based on the assessment findings NFIs will be distributed to 2,000 households in the second week of March.

**Health and care:** IEC materials in English and Arabic have been printed laminated and are in use for hygiene promotion activities at the water points in Tongping. Three key messages related to safe water chain management are delivered (using community message tools): 1) hand washing, 2) proper water storage 3) hand-washing using soap.

First aid (dressings) was provided at the Juba Military Hospital in Juba from 20 December 2013. SSRC volunteers assisted in doing dressings at the hospital, assisting a total of 2,974 patients (234 in December, 1,613 in January 2014, 936 in February 2014 and 191 in March 2014, until 9 March).

Under psychosocial support activities (supported by ICRC, Kenya, Danish and Swiss Red Cross), volunteers who have been involved in the response during the conflict drawn from Juba, Bentiu and Malakal branches have been debriefed. Assessments and recommendations for capacity enhancement to scale up the PSS component have been made. Currently, four volunteers require further medical attention and continuous counselling to enhance recovery. Further training programme and budget has been developed for general trauma counselling. The possibility of establishing an ERU for PSS will also be explored.

**Water and Sanitation:** The water, sanitation and hygiene promotion activities are progressing according to plan in Tongping in Juba. Hygiene promotion activities are also underway in Awerial County (Mingkaman, Ahou, Kalthok and Yalakot locations, with high number of IDPs), since mid-February, supported by the Bor branch team and volunteers from the IDP settlements. The daily provision of safe water is on-going in Tongping with 30 volunteers assisting in providing 15 litres of safe water to an average of 7,102 people per day. From 29 January to 10 March a total of 80,577 people were reached with messages of hygiene promotion (out of which 36,578 were children). It should be noted that many people were reached several times. It can, however, be assumed that the vast majority of the area's population (27,580 people) were reached by hygiene promotion on more than one occasion by SSRC volunteers. During the same period a total of 10,924 jerry cans were cleaned before water collection. A total of 77 volunteers have been trained on hygiene promotion (17 in Tongping and 60 in Awerial). Refresher training on water supply system and maintenance is being held regularly, usually every week, to ensure new and old volunteers have the necessary skills to manage the water points. In Tongping 17 hygiene promotion volunteers (9 from the IDP community in Tongping and 8 from SSRC Juba branch) are deployed at all water facilities to:

- Sensitize the community on proper handling, use and storage of water through group sessions and megaphones.
- Discard dirty jerry cans and advise owners to wash before entry to fetch water. For this purpose procurement of soap was done along with 8 buckets to facilitate washing of dirty containers.

SSRC has been requested by the WASH focal point to take over the maintenance of safe water chain in all the Tongping water points (even those run by other NGOs) given SSRC good performance on its two controlled water points.

**Shelter and NFI's:** A total of 2,000 NFI kits have arrived in country. Assessments are currently taking place to identify target group for distribution of the NFI's (see above, under Needs assessment) and distributions are planned to start in the second week of March.

**National Society Capacity Building:** Branch assessments were undertaken in January 2014 to better understand the status of all the ten branches in the country in terms of structures, assets, staff and volunteers. A follow-up assessment was also done during the first week of March, to collect updated information to guide implementation. Based on the available information support to targeted branches will be provided.

**Deployment of RDRT:** A WatSan RDRT was deployed for a period of 3 weeks, (11 Jan-6 Feb) to support training of SSRC staff and volunteers on maintenance and operations of the water points in Tongping. The RDRT also assisted in setting up monitoring formats for water supply and hygiene activities, to ensure necessary data is collected.

Planned interventions	Implementation (%)
<b>Quality programming/Needs assessment</b>	
<ul style="list-style-type: none"> <li>The emergency plan of action and activities are refined and revised as necessary, based on identified needs</li> </ul>	<ul style="list-style-type: none"> <li>The plan will be revised latest end of May</li> </ul>
<ul style="list-style-type: none"> <li>A beneficiary communication plan is developed to ensure target communities have access to relevant, accurate and timely information and that mechanisms are in place to collect and use their feedback</li> </ul>	<ul style="list-style-type: none"> <li>A beneficiary communication strategy will be developed last week of March with assistance from the IFRC East Africa Regional Office</li> </ul>
<ul style="list-style-type: none"> <li>The management of the operation is informed by a comprehensive monitoring and evaluation system</li> </ul>	<ul style="list-style-type: none"> <li>A monitoring system is in place, including indicator tracking table and a real-time evaluation planned for April.</li> </ul>
<b>Health and care</b>	
<ul style="list-style-type: none"> <li>First aid services and referrals provided to persons in need of emergency health care</li> </ul>	<ul style="list-style-type: none"> <li>2,974 people reached with first aid services (dressings) in Juba Military hospital</li> </ul>
<ul style="list-style-type: none"> <li>Epidemic control and disease prevention carried out in vulnerable and conflict affected communities</li> </ul>	<ul style="list-style-type: none"> <li>Health promotion has started in Awerial (Ahou) and 700 people (100 households) have been reached so far by trained volunteers</li> </ul>
<ul style="list-style-type: none"> <li>Decreased risk for polio and measles infections in high risk IDP communities through social mobilization activities.</li> </ul>	<ul style="list-style-type: none"> <li>Social mobilization activities started 3rd week of March for cholera and meningitis, to be followed by polio and measles campaigns 3rd week of April</li> </ul>
<b>Water, sanitation and hygiene promotion</b>	
<ul style="list-style-type: none"> <li>Daily access to safe water is provided to IDPs, in line with the Sphere standards to 13,790 people</li> </ul>	<ul style="list-style-type: none"> <li>52 % (7,171 people are reached with 15 litres of safe water each day in Tongping. It is likely that the actual population in Tongping is less than the estimated 13,790 (which is 50% of total population)</li> </ul>
<ul style="list-style-type: none"> <li>The target population has increased awareness on how they prevent diseases through hygiene practices to 77,500 people</li> </ul>	<ul style="list-style-type: none"> <li>36 % of target population reached with hygiene promotion (the population in Tongping have been reached with hygiene promotion)</li> <li>51 % of targeted volunteer trained on hygiene promotion (77 volunteers have been trained)</li> </ul>
<b>Shelter and settlements</b>	

<ul style="list-style-type: none"> <li>Shelter assistance is provided to 3,000 conflict affected and vulnerable families</li> </ul>	<ul style="list-style-type: none"> <li>Shelter materials are to be procured</li> </ul>
<ul style="list-style-type: none"> <li>Covering shelter and basic household items are provided to 10,000 households related activities</li> </ul>	<ul style="list-style-type: none"> <li>2,000 households are scheduled to receive covering shelter and basic household items in March (planned for 3rd and 4th week of March)</li> </ul>
<b>National Society capacity building</b>	
<ul style="list-style-type: none"> <li>National Society branches that were directly and adversely affected by the conflict are returned to minimum operational capacity</li> </ul>	<ul style="list-style-type: none"> <li>Assessments of branch needs have been made and plans are underway to provide the necessary support</li> </ul>
<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>These activities are scheduled for the second to fourth quarters of the year</li> </ul>

**Challenges:**

- Access remains a challenge in many parts of the country due to security, especially in Jonglei, Unity and Upper Nile States. With rains having already started in Central Equatoria, the rainy season is likely to severely affect movement to many parts of the country. It is therefore crucial to reposition NFIs in strategic locations around the country within the coming weeks/months.
  - The situation in Tongping, Juba, remains unpredictable and tensions are high among the displaced persons. However, dialogue between the displaced community, SSRC and other humanitarian actors seems to be improving. The safety and security of the volunteers on site remain a cause of concern.
  - Volunteers had to be evacuated from the Military Hospital following clashes in Juba in early March. The volatile security situation in Juba and around the country affects the implementation of activities, since the security situation can change with very short notice.
  - Several donors have shown interest in the operation, and the operation is currently 2 percent funded. This has constrained the procurement and shipment of shelter and relief items.
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## 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.

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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.