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Emergency appeal operations update South Sudan: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSS003		GLIDE n° OT-2014-000001-SSD
Operations update n° 2		Timeframe covered by this update: 9 January to 31 March 2014
Emergency Appeal operation start date: 9 January 2014		Timeframe: 12 months, ending 31 January 2015
Appeal budget: CHF 4,702,572	Appeal coverage: 9 %	Total estimated Red Cross and Red Crescent response to date: CHF 424,706
Disaster Relief Emergency Fund (DREF) allocated: CHF 286,695		
N° of people being assisted: 105,080 conflict affected persons		
Host National Society presence (n° of volunteers, staff, and branches): South Sudan Red Cross: 300 volunteers, 63 staff and 4 Branches.		
Red Cross Red Crescent Movement partners actively involved in the operation: South Sudan Red Cross, International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC). Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, German, Netherlands, Norwegian, Swedish, British, Finnish, Japanese and Swiss Red Cross Societies		
Other organizations actively involved in the operation: 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.



SSRC distributing Non Food Items to IDPs in Ganji County, Eastern Equatoria on 21 March 2014. Photo/SSRC

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. An estimated 700,000 people have been internally displaced since fighting broke out in mid-December. A further 220,000 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.

SSRC has responded to the situation and volunteers have been active providing first aid and emergency health to affected populations. With support from IFRC and PNS's in country SSRC has provided safe water and promotion of hygiene for people in temporary settlements. NFI kits have been distributed to 2,000 households and SSRC volunteers have been trained in needs assessments and they are now doing frequent assessments to monitor developments and update responses.

The current level of coverage for the appeal remains very low. Funds are urgently needed to support the affected population and we encourage all partners to contribute to the appeal.

On behalf of South Sudan Red Cross, IFRC would like to extend thanks to the partners that have already contributed to the appeal, including the Swedish Red Cross, Netherlands Red Cross, Canadian Red Cross and the Canadian Government. The Norwegian Red Cross and Austrian Red Cross Societies have both seconded delegates to support with the implementation of the planned operation. 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 to facilitate 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

The areas of intervention included the following:

Shelter and NFI's: 2,000 NFI kits were distributed to 2,000 households in the following locations: Bungu, Ganji, Rokon, Juba County, Central Equatoria State between 19 and 23 March. The following items were distributed to the households: Buckets, blankets, soap, ORS, PUR sachets, kitchen sets, tarpaulins, sleeping mats and mosquito nets. SSRC also distributed second hand clothes which had been donated from local associations in Juba. The proper use of the water purification sachets and ORS were demonstrated in each distribution centre. Local government authorities, national society staff and volunteers all participated in the beneficiary selection and registration and the distribution was well-organised and successfully completed.

Needs assessment: SSRC CBHFA coordinator went on mission to the Awerial displaced persons temporary settlement and managed to work with communities, IDPs and SSRC volunteers to map out strategies for improved hygiene promotion activities in Ahou settlement where SSRC is active and providing services.

10 staff and volunteers from Juba branch were trained on needs assessment on 19 March in Juba, to facilitate them to carry out assessments where needed and train staff and volunteers in targeted branches. The training was successfully completed and the participants will be able to undertake assessments as well as train other staff on how to undertake needs assessment and collect the necessary data using the IFRC assessment tool.

Previous activities include needs assessment carried out between 3 and 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. Based on the assessment findings NFIs were distributed to 2,000 households on 19-23 March. Furthermore, needs assessment was also carried out between 10 and 13 February by the SSRC WatSan Coordinator, Bor branch staff and volunteers in Mingkaman, Ahou, Kalthok and Yalakot, Awerial County. Based on the needs assessment SSRC began health and hygiene promotion activities in the Ahuo in mid-February. More detailed information can be accessed in the [operations update n° 1](#) published on 19 March, 2014.

Health and care:

In Ahou, SSRC volunteers have started to do household visits for health and hygiene health promotion (3 times a week) for the duration of the appeal. SSRC successfully conducted a refresher training for 58 health and hygiene promoters in Ahou temporary settlement. Physical counting of the numbers of households in Ahou carried out by SSRC staff and volunteers, shows that 1,067 households, roughly 6,402 people, are currently resettled in Ahou.

In 4 IDP settlements in Awerial 60 volunteers did social mobilization from 17 March to 2 April for combined cholera and meningitis campaign.

First aid (dressings of gunshot wounds) at the Juba Military Hospital in Juba from 20 December 2013, assisting a total of 3,336 patients. (234 in December, 1,613 in January 2014, 936 in February 2014 and 553 in March 2014, until 31 March).

Previous activities include: Psycho social support activities (supported by ICRC, Kenya, Danish and Swiss Red Cross) for volunteers who have been involved in the response during the conflict. Assessments and recommendations for capacity enhancement to scale up the PSS component have been made. Further training programme and budget has been developed for general trauma counselling.

Water and Sanitation:

SSRC continues to provide management and distribution of water in the camp as well as hygiene promotion.

Health and hygiene promotion was provided to the 2,000 households receiving NFIs in Bungu, Ganji, Rokon, (Juba County, Central Equatoria State) on 19-23 March. In each distribution site volunteers demonstrated how to use ORS and PUR sachets and how to correctly hang a mosquito net.

The daily provision of safe water is on-going in Tongping with 30 volunteers assisting in providing 15 litres of clean water to an average of 7,000 people per day. Since the deployment of an Austrian RC WatSan support Delegate in Juba, there have been enormous improvements on activities with better strategies for the upkeep and maintenance of the facilities and services to the people in Tongping. From 29 January to 31 March a total of 90,758 people were reached with messages of hygiene promotion at different times while fetching water from the water points managed by SSRC in Tongping settlement. 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 12,593 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) and are involved in the activities. 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. The volunteers also discard dirty jerry cans and advise owners to wash before entry to fetch water.



Water distribution to the IDPs in the Tongping settlement in Juba, in February 2014. Photo/SSRC

SSRC is in negotiations about taking over maintenance of water points in Tongping upon request from the WASH cluster.

Previous activities include: deployment of a WatSan RDRT for a period of 3 weeks (between 11 January and 6 February), 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
Quality programming/Needs assessment	
<ul style="list-style-type: none"> The emergency plan of action and activities are refined and revised as necessary, based on identified needs 	<ul style="list-style-type: none"> The plan will be revised latest end of May.
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> A beneficiary communication strategy was developed last week of March with assistance from the IFRC East Africa Regional Office. Strategy meeting held in Juba between IFRC regional office beneficiary communication advisor, SSRC and IFRC operations Manager

	<ul style="list-style-type: none"> The plan will support the appeal to be more accountable to beneficiaries through beneficiary communication and code of conduct training for frontline volunteers, inclusion of information needs and channels, questions in needs assessments and beneficiary satisfaction questions in monitoring and evaluation. A simple beneficiary feedback mechanism will also be established to cover Tongping, Awerial and distributions Beneficiary communication will also support health, hygiene and DRR promotion through the use of radio programs, pending budget agreements with Internews who run Eye Radio in Juba Speakers will also be installed at water points in Tongping to play important camp information and health and hygiene promotion to people queuing for water through recorded programs supplied by Internews' 'Boda Boda Talk Talk' project
<ul style="list-style-type: none"> The management of the operation is informed by a comprehensive monitoring and evaluation system 	<ul style="list-style-type: none"> A monitoring system is in place, including indicator tracking table.
Health and care	
<ul style="list-style-type: none"> First aid services and referrals provided to persons in need of emergency health care 	<ul style="list-style-type: none"> 3,336 people reached with first aid services (dressings) in Juba Military hospital.
<ul style="list-style-type: none"> Epidemic control and disease prevention carried out in vulnerable and conflict affected communities 	<ul style="list-style-type: none"> Health promotion has started in Awerial (Ahou) and 700 people (100 households) have been reached so far by trained volunteers. Health promotion was also provided to 2,000 households during NFI distributions in Bungu, Ganji, Rokon, (Juba County, Central Equatoria State).
<ul style="list-style-type: none"> Decreased risk for polio and measles infections in high risk IDP communities through social mobilization activities. 	<ul style="list-style-type: none"> Social mobilization activities started 3rd week of March for cholera and meningitis (in Awerial), to be followed by polio and measles campaigns 3rd week of April.
Water, sanitation and hygiene promotion	
<ul style="list-style-type: none"> Daily access to safe water is provided to IDPs, in line with the Sphere standards to 13,790 people 	<ul style="list-style-type: none"> 51 %. An average of 7,000 people is reached by SSRC/IFRC with 15 litres of clean water each day in Tongping from 11 Jan–23 March. It is likely that the actual population in Tongping is less than the estimated 27,580 out of which SSRC/IFRC is targeting 50% for water distributions, which equals 13,790 persons. There has been no settlement census in the past 3 months and SSRC's and IFRC's own observations indicate that the settlement population has reduced during this period, since some IDPs are leaving the settlement and making their way to other locations within South

	Sudan and to Uganda and Kenya.
<ul style="list-style-type: none"> The target population has increased awareness on how they prevent diseases through hygiene practices to 77,500 people 	<ul style="list-style-type: none"> 54 % of target population reached with hygiene promotion (the population in Tongping have been reached with hygiene promotion, along with the 2,000 households receiving NFIs). As mentioned above the actual population in Tongping may be less than the official figure of 27,580 due to IDPs leaving the settlement. 51 % of targeted volunteers trained on hygiene promotion (77 volunteers have been trained in Tongping and Awerial)
Shelter and settlements	
<ul style="list-style-type: none"> Shelter assistance is provided to 3,000 conflict affected and vulnerable families 	<ul style="list-style-type: none"> Shelter materials are to be procured
<ul style="list-style-type: none"> Covering shelter and basic household items are provided to 10,000 households related activities 	<ul style="list-style-type: none"> 2,000 households received covering shelter and basic household items in a distribution in Bungu, Ganji, Rokon, Tijor (Juba County, Central Equatoria State) on 19-23 March. 5,000 Shelter and NFI kits in the pipeline from Nairobi
National Society capacity building	
<ul style="list-style-type: none"> National Society branches that were directly and adversely affected by the conflict are returned to minimum operational capacity 	<ul style="list-style-type: none"> Assessments of branch needs have been made and plans are underway to provide the necessary support
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> These activities are scheduled for the second to fourth quarters of the year

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/shelter kits 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.
- Currently, several donors have shown interest in the operation. Nevertheless, the operation is currently only 9 percent funded. This has constrained the procurement and shipment of shelter and relief items.

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.