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## Emergency Plan of Action (EPoA) 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>Date of launch:</b> 3 March, 2014	<b>Expected timeframe:</b> 12 months, ( End date: 31 January 2015)
<b>DREF allocated:</b> CHF 286,695; <b>Initial Appeal budget:</b> CHF 4,702,572; <b>Revised Appeal budget:</b> CHF 6,758,366	
<b>Number of people affected:</b> 1.1 million IDPs and 500,000 refugees	<b>Number of people to be assisted:</b> 450,000 vulnerable IDP's and/or people living in cholera affected areas.
<b>Host National Society presence:</b> South Sudan Red Cross: 600 volunteers, 63 staff, 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 partner organizations actively involved in the operation:</b> UNOCHA, WFP, WHO, UNICEF, INTERSOS, IOM, IRC, Nile Hope, ACTED, Solidarités, World Vision, SCF International, NRC and DRC.	

### 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 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 respectively.
- This revised appeal seeks 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.

### The main changes to the activities in the revised appeal include:

- Outcome on cholera response added under health.
- Added preparations for food security/nutrition response (detailed plan will be provided in operations update)
- Minor changes to appeal structure to align better with SSRC consolidated response plan
- Updated capacity building activities to include only short term needs related directly to emergency operation
- Added output on security
- Strengthened beneficiary communication
- Updated human resources required (deployment of FACT and ERUs)

## A. Situation analysis

### Description of the disaster

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 states. The conflict has resulted in casualties, wounded and missing among the affected population and has had an overall impact on the situation in the country, creating long term humanitarian consequences for the affected population. Hundreds of thousands of people have been displaced in most states of the country. The latest estimates indicate that over a million persons are displaced as the consequence of the conflict in South Sudan, with another 370,000 having fled to neighbouring countries (Uganda 110,000, Ethiopia 140,000, Sudan 85,000, Kenya 37,000). The largest single 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.

Despite a renewed agreement of cessation of hostilities, signed on May 9 2014 the situation remains tense and unpredictable, in particular in the Jonglei, Unity, and Upper Nile states.

On 15 May 2014 the Ministry of Health officially declared an outbreak of cholera in Juba. As of 8 July 2014, a total of 3,231 cholera cases including 70 deaths were reported in South Sudan (CFR 2.2%). A total of 135 new admissions were recorded, 129 of them in Torit and six in Juba. The case fatality rate remains above 2 per cent, which is above the emergency threshold. While cholera has declined in Juba County with a few cases and no deaths being reported over the last few days, its spread to other counties remains a public health concern. The outbreak is currently concentrated in Torit, Eastern Equatoria state, which accounts for most new cases. Cholera outbreaks or alerts however have been reported in seven of the ten states. Based on the available MOH/WHO data, there have been laboratory confirmed cholera cases in 5 of the 10 states; in Juba, Kajo Keji and Yei counties in Central Equatoria state; Mundri East county in Western Equatorial state; Torit and Magwi counties in Eastern Equatorial state; Bor in Jonglei state and Manyo in Upper Nile state. The risk of cholera cases spreading outside Juba remains worrisome with limited response options given the limited access due to road conditions and security. In addition the rainy season, which started in April and runs through October brings increased malaria morbidity. The current worsening nutritional situation, especially with under 5 year olds could, combined with cholera, have the potential to worsen the cholera situation resulting in very high Crude Mortality Rates (CMRs) and Cholera Case Fatality Rates (CFRs).

The ongoing conflict in South Sudan is seriously affecting population's livelihoods and access to essential services. Based on FEWS NET analysis of the deteriorating conditions up to four million people will require urgent assistance to address food insecurity (IPC phase 3 and higher) by the peak of the lean season (June-August). More than one million people will face Emergency (IPC Phase 4) in conflict-affected areas of the country. Without urgent action, Famine (IPC Phase 5) is possible in localized (sub-county) areas of Jonglei and Unity states (Famine Early Warning Network, May 2014).

### **Summary of the current response**

Since the cholera outbreak was declared a National Cholera Task Force was mobilized with four sub-groups established; 1) Epidemiology/Surveillance/Laboratory 2) Case Management 3) Social Mobilization and Health Education and 4) WASH. UNICEF is leading the WASH and Social Mobilization and Health Education working groups, while WHO is the lead for Case Management and Surveillance.

There has been a quick and coordinated Movement response to cholera. So far South Sudan Red Cross has been actively involved in cholera response in social mobilization and WatSan mainly in payams of Kator (Lulugi area), Rejaf (Gumbo area) and Munuki (Gudele area) in Juba County. The geographical operational areas for social mobilization have been agreed in the social mobilization sub cluster under National Cholera Task Force. Interventions in Torit, Eastern Equatoria state commenced on 26 June due to the cholera outbreak there. In Torit a one-day refresher training was provided to over 300 volunteers of which around half are currently active and mobilized. Movement partners have coordinated rapid provision of clean drinking water with ICRC utilizing in country water treatment system until IFRC WatSan Module 40 is operational (planned for mid-July 2014).

Yei County in Central Equatoria is also seen as a priority target area and training is planned to take place in coming days. There are challenges with volunteer management, monitoring, supervision and support due to stretch capacity of SSRC's health department and branches. Nine (9) volunteers have been trained as pump mechanics and have repaired two (2) boreholes. An additional nine (9) boreholes in Gudele (Juba) have been identified for repair (waiting spare parts).

A three-month cholera response plan was prepared by SSRC with Movement partners and is being updated regularly.

ICRC has supported SSRC volunteer trainings for social mobilization for cholera response in Kodok, Wau Shiluk and Renk (88 volunteers) and is planning to train 10 volunteers and 4 staff in Bor. The ICRC with SSRC is in the process of establishing two cholera treatment centers (CTC) in Lul and Kodok and cholera related improvements to the water and sanitation system. ICRC has donated 30,000 oral rehydration sachets (ORS) to SSRC of which 15,000 have been dispatched to Torit and 15,000 to SSRC headquarters for use where there is need.

Based on SSRC reports from 19 May to 19 June and between 23 -29 June 2014 \* SSRC volunteers have achieved the following:

**Table 1: Summary of achievements to date.**

	<b>Gudele</b>	<b>Lologo</b>	<b>Gumbo **</b>	<b>Torit</b>	<b>Total</b>
<b>HH reached</b>	14 283	6 604	1074	No data yet	21 961
PUR distributed	69 110	28 542	10 796	No data yet	108 448
ORS distributed	28 072	14 508	2148	No data yet	44 728
Soap distributed	2 037	1400	1074	No data yet	4511

\*Data not obtained from period 20-23 June

\*\*no data obtained from Gumbo from period 23-29 June

An IFRC field assessment and capacity team (FACT) was deployed to South Sudan on 16 June 2014 to provide technical analysis, coordination and planning support to SSRC's cholera response. The FACT has supported SSRC health department in revising the cholera response plan, trained volunteers in Torit and Yei in community based cholera case management and in hygiene and health promotion. Following FACT recommendation Basic Health Care, Community Health Module and WatSan ERUs have been deployed to support SSRC in responding to the spread of cholera. A second rotation of FACT is being deployed with new FACT team leader already in country.

SSRC continues to provide clean drinkable water to IDPs through operation and maintenance of water infrastructures in Protection of civilians sites as well as health and hygiene awareness activities. SSRC is currently managing two water points in an IDP site in Juba, where water is provided to approximately 9,000 households on a daily basis, at an estimated rate of 15 litres per person per day. The IFRC is supporting SSRC in training its volunteers in Epidemic Control for Volunteers (ECV), community-based disease surveillance and hygiene promotion. 169 trained SSRC volunteers are involved in the response activities.

62 SSRC volunteers participated in social mobilization for measles, polio and Vitamin A supplementation as part of a national-wide campaign in collaboration with the Ministry of Health. Social mobilization was successfully carried out in Awerial County, Lakes State and Juba during 22-30 April 2014, reaching about 115,469 people in both areas.

20 SSRC staff and volunteers have been trained in relief distribution including beneficiary targeting, selection, registration and distribution monitoring. Non-food item kits to 5000 families have been distributed to IDP's with funding from Netherlands RC, Swiss RC and the IFRC. Additionally, Movement partners (including Swiss Red Cross, Netherlands Red Cross, IFRC and ICRC) have provided 5,500 non-food item family kits (including kitchen sets, tarpaulins, blankets, mosquito nets, laundry soap, ORS, household water treatment chemicals and buckets) to SSRC, which have arrived at the SSRC warehouse in Juba and are ready for distribution.

54 volunteers and 6 staff in Juba and Awerial have taken part in communication and complaint management skills training. The one day training covered the Red Cross Red Crescent fundamental principles, the volunteer code of conduct, good communication techniques, managing complaints and preventing and resolving conflict and tension with communities. The training will support volunteers to maintain good relations and communicate well with communities affected and displaced by the conflict in South Sudan. The training was particularly important in Awerial, where many of the volunteers are new to the RCRC Movement, having been recruited from the IDP population who arrived in Mingkaman in January 2013.

SSRC and IFRC are active in various cluster meetings, such as the Health Cluster, NFI/Emergency Shelter Cluster, WASH Cluster and Camp Coordination and Camp Management Cluster.

Movement partners in country have actively supported SSRC in responding through contributions and technical support to the SSRC consolidated response plan. When the first cholera case was reported, PNSs in country pledged immediate support to the initial SSRC 2 week cholera response plan, and afterwards to the 3 months plan.

Additional partners in country support the SSRC consolidated response plan. Danish Red Cross is supporting SSRC with stretchers, body bags, protective gear, dignity kits, first aid kits, visibility materials, volunteer cost recovery for the Emergency Action Team.

The Netherlands Red Cross Response Preparedness Programme in South Sudan is closely linked to the appeal activities, and will significantly contribute to the capacity building of the response capacity of the SSRC. The Netherlands Red Cross programme will support the construction of a warehouse, and will also provide for training of the Branch Disaster Response Teams (BDRTs) and National Disaster Response Team (NDRT).

Swiss Red Cross will support SSRC with psychosocial support programming for traumatized individuals and families starting in May 2014. 25-40 selected staff and volunteers will be provided with psychosocial training of trainers (ToT) to become counsellors in PSS and train further volunteers. The programme will also serve to provide the staff and volunteers with psychosocial support after what they have experienced during their work. It especially targets the volunteers who have been involved in dead body management. The Swiss Red Cross also supports with psychosocial

support programming, NFI kits and vehicles, while the Austrian Red Cross is contributing EUR 25,000 for emergency interventions. The Swedish Red Cross will provide three regional trainings on volunteer management targeting HQ and branch staff.

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Kenya Red Cross is currently providing peer-to-peer support to SSRC and sharing best practices in the fields of disaster management, logistics, and psychosocial support as part of a peer-to-peer initiative. The 4-member KRCS team is embedded in the SSRC and working together with ICRC.

SSRC has requested bilateral PNS partners to direct their support towards the response operation.

### **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 PNSs. All parties have agreed to work within one overall Plan of action. This Emergency Appeal reflects the SSRC consolidated Plan of Action in a Federation wide approach and thus provides an overview of the Federation wide response in the areas not directly affected by conflict.

There are three mechanisms through which partners and donors can contribute to the SSRC response operation: via this IFRC Emergency Appeal, through ICRC and with direct contributions to SSRC.

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.

ICRC has the overall lead role within the Movement during the current situation in the country, while IFRC will support SSRC in coordination with PNSs and for engagement with the wider humanitarian community in South Sudan as well as with technical and response support in areas not directly affected by conflict.

Weekly operations meetings are being held 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 will include the bi-weekly Movement Operational Coordination meeting.

The SSRC, ICRC and IFRC maintain regular dialogue with other National Societies in the neighbouring countries to ensure information sharing and coordination among its partners to keep information flowing on population movement to neighbouring countries.

A monthly regional update will be shared with movement partners, providing progress, challenges and key advocacy points.

### **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), and 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) is providing health services
- Nile Hope is providing water supply
- Agency for Technical Cooperation and Development (ACTED) is undertaking camp management
- Intersos is doing hygiene promotion and protection,
- International Rescue Committee (IRC) is undertaking protection activities
- Samaritan's Purse is involved in water, sanitation and hygiene.
- SUFEM (Sudanese Fellowship Mission): water, sanitation and hygiene.

SSRC takes part in weekly camp coordination and camp management meetings as observers, as well as WASH cluster meetings for the UNMISS IDP sites. SSRC and IFRC also take part in weekly 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 are 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 participate to bi-weekly coordination meetings led by OCHA and UNHCR. This is 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 participate as observers to ensure effective and relevant response closely coordinated with other actors.

## **Needs analysis, beneficiary selection, risk assessment and scenario planning**

### **Needs analysis**

**Health and care:** 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 cholera outbreak has put further pressure on the health infrastructure and the National Cholera Response Task Force reports that number of cases exceeds the current capacity in the clinical treatment centres and there is therefore a need to look for alternative non-clinical prevention and response mechanisms.

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

**Water, sanitation and hygiene:** The water and sanitation infrastructure in country was already extremely weak before the conflict and the population movement has only exacerbated existing weaknesses. The sanitation in several IDP sites needs 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 is a need for humanitarian agencies to identify culturally appropriate approaches that ensures that hygiene and sanitation facilities are being used by affected populations.

The cholera outbreak has put further pressure on the existing WatSan infrastructure and the National Cholera response Task Force reports that to improve health and prevent further spread it is needed to:

- Improve control of water quality (ensure safe water supply and ensure quality of the water supply)
- Address safe water and sanitation supply at public places including schools
- Control of solid waste disposal (dumping to river Nile)
- Increase latrine usage at community level

In addition to this there is also a gap between needs and resources/skills on the ground. There is a need to bring in additional water treatment capacity in the cholera affected areas and to assist with technical expertise for mass water treatment and in building capacity locally.

**Food security, nutrition and livelihood:** The nutrition status of the children under five years old was already extremely poor prior to the crisis. Due to the ongoing conflict, deteriorating food security and disease outbreaks, the levels of acute malnutrition in young children is seriously and rapidly deteriorating, putting children at very high risk of death. The revised estimates for the burden for Severe Acute Malnutrition (SAM) for the next 12 months (based on the IPC and the 2013 pre-harvest nutrition SMART survey) stands at about 235,000 and the number of children expected

to suffer from Moderate Acute Malnutrition (MAM) is about 675,000. The states with the estimated highest burden of children suffering from SAM and MAM are Jonglei, Northern Bahr el Ghazal and Upper Nile, followed by Warrap and Unity states. The situation is further compounded by the limited presence and capacities of nutrition partners to expand coverage and reach the most vulnerable with critical services.

### Capacity building of SSRC:

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 need 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.

## Scenario planning

The main overall concern for scenario planning is the security situation that is currently relatively calm, but the cessation of hostilities seems fragile. The emergency appeal there operates with three overall security scenarios. Additionally the cholera situation is also unpredictable and could with the population movement or through the river Nile spread to other parts of the country. The revised appeal has therefore added planning for different scenarios cholera.

### Security:

*Current situation unchanged/protracted:* Focus maintained on displaced populations and host families in states where security enables access. Interventions will include NFI distributions, water and sanitation inputs, and health and hygiene promotion including cholera response activities.

*Improved security situation and increased stability:* Detailed assessments in affected communities will enable more targeted and extensive interventions with a stronger emphasis on recovery activities. IFRC/SSRC will also move quickly to support branches in these locations to recover and assist displaced households to return to their home states. PNS's will be able to re-launch/scale up development programmes

*Worsened security situation:* With a worsening security environment, the emergency operation will continue where possible and if necessary a temporary cessation of operation will be considered in consultation with SSRC and ICRC. IFRC will continue to support the National Society as appropriate and viable, and will revise the appeal to reflect the changed conditions.

### Cholera

Based on the analysis of the situation on the ground, WHO and Epicenter made predictions of the outbreak for Juba and surrounding areas for period until 1 July providing best, medium and worst case scenarios on the possible developments of the situation.

- **Best case:** approximately of 2700 cases across the clinical spectrum
- **Medium case:** approximately 14 600 cases across the clinical spectrum
- **Worst case:** approximately 45 700 cases across the clinical spectrum

So far the MoH with support of humanitarian actors, mainly MSF, have been able to cater for the CTC needs for the current caseload and there is at the moment no need for clinical intervention. However, if the medium or worst case should materialize there might be a need to scale up clinical intervention outside Juba. Clinical care is not part of SSRC normal activities but intervention in this area is possible through IFRC global DM tools e.g. Basic Health Unit ERU in Cholera Treatment Unit configuration.

## Beneficiary selection

Beneficiaries are being selected on a needs and access basis. Volunteers have been trained in needs assessments and in how to involve communities in beneficiary identification. SSRC triangulate cluster data and national information with own assessment. Data on beneficiaries will be disaggregated by sex, age and vulnerability, to help guide future activities and beneficiary targeting, as well as accountability and reporting purposes. The SSRC branches will assume important roles in identifying vulnerable populations in their respective states.

Overall, an estimated 450,000 vulnerable IDPs and/or cholera affected persons will be reached with the emergency activities. (The average family size in South Sudan is 6 persons per family, which will be used as the figure for this appeal). Some activities (water, sanitation and hygiene interventions) are being carried out in the IDP sites in Tongping and Aweril. Other activities will focus on emerging needs and thus maintain some flexibility in terms of actual place for implementation depending on how the situation evolves. This is especially the case for NFI

distributions and cholera response where the SSRC is currently implementing activities in Juba and Torit, but is preparing itself for responding in additional areas, if need be.

Out of the targeted number, 80,000 beneficiaries will be assisted with water supply and hygiene promotion in the IDP camps in Awerial and Juba and in the cholera affected areas of Juba, Torit and Yei. 1,000 families (around 6,000 persons) will be provided with an IFRC standard shelter kit adapted to the South Sudan context based on advice from the shelter cluster. 10,500 families (around 63,000 persons) will be provided with shelter kits and basic household items. These families will also be targeted with health and care, water, sanitation and hygiene promotion interventions. At least 100,000 people are expected to be reached with cholera prevention and health promotion messages through radio shows and another 180,000 through social mobilisation activities in public places such as schools, churches, road side restaurants.

## Risk Assessment

**Security:** The security situation in many parts of the country remains volatile, especially in the three states of Jonglei, Upper Nile and Unity. SSRC maintains regular communication with its branch directors across the country. In Jonglei, Upper Nile and Unity states, the branches have been directly affected by the conflict and these branches, particularly Malakal branch in Upper Nile state and Bentiu branch in Unity state, are unable to return to normalcy at this stage.

The revised appeal seeks to prevent and mitigate security incidences by adding an output on strengthening security capacity and procedures and improving volunteers' community communication and complaint management skills.

The unpredictability of access remains a challenge for the implementation of the operation. The targeted areas under this appeal will be complementary to ICRC actions and focus on more stable and secure locations that are not directly affected by armed violence. This will be done in close coordination with the National Society and the ICRC

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

**Spread of cholera:** The current outbreak of cholera has spread from Juba to several states. The current rainy season with risks of flooding combined with poor infrastructure and sanitation are optimal conditions for the spread for diseases. 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 population density are additional risk factors for the spread of cholera. Juba is a central point and hub with connections to rest of the country and movements 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 water tankers supplying untreated river water, lack of options other than taking 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. The rainy season is worsening the situation with flooding and contamination of water sources and deteriorated sanitation and hygiene conditions and extra support will be required to cope.

## B. Operational strategy and plan

### Overall objective

The revised operation aims to support 552,580 people, including IDPs and those affected by the current cholera outbreak, with community based health and care programmes, and water, sanitation and hygiene interventions. A particular focus in the revised appeal is community based cholera response and non-clinical case management.

The operation also aims to strengthen SSRC's capacity through human resources support, establishing systems and enhancing skills in disaster management, and strengthening infrastructure.

### Proposed strategy

This Emergency Appeal is 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 aims both to respond to the current emergency

while reducing the risk of the situation worsening. The targeted areas under this appeal will be complementary to ICRC actions and focus on more stable and secure locations that are not directly affected by armed violence.

The interventions in this revised emergency appeal will build 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 focuses on areas where SSRC has solid capacity and where the organisation has an added value in relation to other agencies.

This added value is identified as:

- Strong community outreach
- Good image among local communities
- Capacity to recruit and retain volunteers
- Utilize Movement partners technical expertise
- Benefit from IFRC global tools

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

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

The Emergency Plan of Action / Revised Emergency Appeal takes into consideration the above strengths and weakness analysis by focusing its areas of intervention where SSRC has already gained capacity.

The revised appeal seeks 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 have been mobilised from the Norwegian / Australian RC and the Swedish / Austrian Red Cross Societies respectively for use in Torit. A beneficiary communication delegate will also be deployed to build SSRC capacity within this area and will work alongside a national staff beneficiary communication officer.

As there are huge unmet needs within food security and high rates of malnutrition reported, the revised appeal will also look into commencing activities within this sector. Initially nutrition activities will be linked to the cholera response as there is a direct relation between malnutrition and the severity of the effects of cholera. The link is two ways:

A - Children affected by malnutrition have lower immunity and are therefore more at risk of being contaminated by cholera, once malnourished children catch cholera, their lower immunity makes the effect of cholera more severe and puts them at higher risk of dying.

B – When a child, receiving not enough food (but not yet malnourished) catches cholera, this puts him/her at high risk of becoming malnourished. An Operations Update will be launched when a food security / nutrition needs and capacity assessment has been finished and a detailed operational plan has been put in place.

**The revised appeal will focus on the following components:**

### 1. Health and Care

Cholera response: The SSRC with support of Movement partners is planning to scale up its response to the cholera outbreak building on its core strength of social mobilisation to address cholera prevention and hygiene promotion. This also includes HH level water treatment and other WatSan activities, including the promotion of hygiene message via mobile cinema. The community management of the cholera component with ORPs has been added as a new intervention strategy. The intervention is will be supported by deployments of a Basic Health Care, Community Health Module ERU, a WatSan Module 40 ERU to support 40,000 beneficiaries with safe water and a beneficiary communication delegate. Through deployments of these ERUs, the operation will provide much needed support to NS to implement the operational scale up plan.

The proposed operation has prioritised the geographical intervention areas mainly based on current needs (cases) in close coordination with other players to avoid overlapping and ensure the best use of resources. It also looks at the preparedness factor for at risk areas. The operation is planned to be put in action in the Central and Eastern Equatoria states. The initial key intervention areas in Central Equatoria state are Juba and Yei counties and in Eastern Equatoria Torit County which are currently the most affected areas. The operation will strengthen the preparedness level in the areas not directly affected by the conflict through planned national ToTs for the cholera response. Given the dynamics and constant evolution of the outbreak, the planned operation needs to be flexible and have the ability to change direction as needed thus depending on the further evolution of the outbreak and funding situation, other counties and states will be considered to be added to the operational plan as required. Beneficiary communication activities will be integrated into the cholera response activities

In addition to the cholera response activities SSRC will continue its ongoing health activities. That is:

- First aid and referrals of persons in need of emergency health care.

- Health education and disease prevention activities in areas not directly affected by the conflict, reaching an estimated target of 12,917 households (around 77,500 persons), plus an additional 100,000 through radio broadcasts. Activities will include specific malaria prevention activities, with net distribution and demonstration for households how to hang and use them. Volunteers and staff will be trained in Epidemic Control for Volunteers. Additionally, the health education will include reproductive health care information. Already trained volunteers will be provided with refresher training and will provide families with relevant information on reproductive health care and family planning. Culturally sensitive and context specific messages will be developed, and condoms will be made available (provided by Ministry of Health). A regular South Sudan Red Cross radio programme will also be established on a popular station to reach around 100,000 beneficiaries with health education on a wide range of topics, including disease prevention information, promotion of immunization campaigns, DRR and promotion of SSRC activities and role.
- Support to Ministry of Health activities and programs on immunization through social mobilization campaigns and prevention of communicable diseases. IDP's in four states (Central Equatorial, Eastern Equatorial, Lakes State, and Warrap State) will be targeted with social mobilization for immunization of measles and polio, as part of a national vaccination campaign. Volunteers and staff will be trained in social mobilization and in using Rapid Mobile Phone-based Survey (RAMP) methodology.

## **2. Water, sanitation and hygiene promotion**

The revised appeal seeks to strengthen the cholera response by increasing provision of safe water and scaling up hygiene promotion activities in affected communities. A WatSan ERU M40 module will be deployed to Torit. The module provides treatment and distribution of up to 500,000 litres of water a day for a population of up to 40,000 people. This ERU module will also come with additional capacity on household water treatment and sanitation. The module is designed to treat large amounts of water and to provide distribution facilities. ,

SSRC and community volunteers are running two water points which provides clean water to around half of the 25.000 IDP's in the Tongping site in Juba (number of IDP's has decreased to around 17.000 as people are relocating to new IDP site within Juba). The appeal will continue to support this activity. Trained volunteers will ensure maintenance of the water supply system and regular water quality monitoring. Spare parts and fuel will be procured to ensure the maintenance of the supply system. The hygiene promotion activities will be adapted to the specific context of each targeted location and reinforced with ORS and PUR sachets distribution to vulnerable conflict affected households or households in cholera affected areas. The hygiene promotion that has been taking place in Tongping and Awerial IDP sites reaching around 40,000 persons will also continue.

Additionally SSRC is looking into taking over responsibility of a community based sanitation project initiated by ICRC in Mingkaman site zero. The project will improve access to latrines for IDP's in Mingkaman, which is currently a big need. It is envisaged that SSRC will provide support to community groups in managing and maintaining proper hygiene and sanitation and mobile cinema could be used to sensitize the population on cholera and malaria. If the project materialises, an operations update will further detail the planned activities as well as appeal support to the project.

## **3. Shelter and settlements (and household items)**

This component will provide shelter to 1000 displaced families and NFI's to 10,500 vulnerable displaced families. Out of the 10,500 NFI kits, 4,000 non-food item kits have been distributed by SSRC through support from the Danish Red Cross (1000 kits) and Swiss Red Cross (1000 kits), in addition to 2000 repositioned kits from the IFRC.

There's currently 5,000 NFI sets warehoused and ready for distribution (3,000 from ICRC and 2,000 from IFRC) in addition to + 1,000 emergency shelter sets.

## **4. Food Security/nutrition/livelihoods**

South Sudan Red Cross, through its volunteer network, has potential to address the malnutrition in South Sudan by rapidly scaling-up lifesaving services through health and WatSan activities. Red Cross community volunteers have potential role in emergency nutrition response at community including through its potential for social mobilization, nutrition screening and referrals. Such interventions can be supported and reinforced through the ongoing deployment of the IFRC Community Health Module ERU with nutritional expertise and beneficiary communication.

There is also potential for IFRC and SSRC to adapt other available health tools with respect to nutrition with the main intervention of treatment of acute malnutrition.

South Sudan Red Cross together with Movement partners will continue to monitor the food security situation while assessing its own capacity to respond. El Nino risks in the targeted areas or other potential areas of intervention will also be evaluated within the next few weeks, Based on needs, access and capacity assessment a detailed response plan for food security will be developed. IFRC will ensure that this plan once fully developed is posted in an operations update, and thereby to be included in this Emergency Plan of Action

## **5. Quality programming**

**Beneficiary communication:** Utilising beneficiary communication tools and approaches within the cholera response and wider operation will increase the reach and impact of cholera prevention activities and improve beneficiary accountability and engagement with communities. Radio is the best means of reaching communities across South Sudan and along with mobile cinema has proven to be an effective means of reaching large numbers of people with health, hygiene and DRR education. In addition, training in communication skills and complaint management can add to the security of staff and volunteers working directly with communities, therefore a joint security/beneficiary communication skills training course for volunteers will be developed with Movement partners. All programmes would also benefit from support to integrate a beneficiary feedback and complaints mechanism to help them monitor impact, identify issues quickly and engage beneficiaries in programme planning and decision-making.

**Information management:** Data collection and information management is key to the response operation. There is a need to keep quality and timely information to inform the operation and form the basis for targeted needs assessments. Communication to remote areas of the country is difficult and there is need to strengthen communication channels by setting up multiple systems as well as to strengthen data collection from the field and manage this data to inform the response.

**Security:** As part of the initial security assessment in the emergency context of South Sudan, communications capability with personnel in the field has been identified as a key area where gaps exist in safeguarding the security and wellbeing of staff - SSRC members, volunteers, supporting IFRC and Participating National Societies. A reliable radio communications system coordinated via effectively run radio rooms is essential as a foundation to mitigate this risk to personnel by monitoring and tracking travel, coordinating field operations, crisis management and the implementation of emergency procedures.

Currently four of the ten SSRC branches have radio base stations installed and functional, while two more are in progress. Of the remaining four some had their radio equipment looted during the incidents of December 2013, others have equipment present but awaiting installation, which will be supported by ICRC. Priority for radio base stations are branches in Yambio and Kwajok.

To be effective all branches require support in terms of enhancing not only their equipment but also radio room staffing and training.

## 6. National Society capacity building

The capacity building component has been revised to focus solely on the immediate operational needs. Medium and long term capacity building needs have been removed. This is to acknowledge that the national society capacity is stretched and any non-essential capacity building activities might actually take away resources from the emergency operation.

An important part of this component will be the establishment of response structures. Disaster Management Committees will be established in the branches and trained for disaster response and preparedness, facilitating peace dialogues and undertaking risk reduction activities. National Disaster Response Teams (NDRTs) will be established. The SSRC DM department will be strengthened through the employment of an information and data collection officer. The coordination role of the DM department will be supported through the IFRC operations manager.

SSRC will also be supported to develop their knowledge and capacity within beneficiary communications, both in terms of improving the reach and impact of their health, hygiene and DRR activities but also to increase volunteers' communication skills and the accountability of programmes. This will require additional human resource within SSRC, with short term delegate support to build the capacity of this person.

The appeal will support SSRC to strengthen its operational structures, including the installation of prefabricated office units to be put up at the headquarters in Juba to accommodate its growing workforce. This will serve as the Emergency Operations Centre and provide additional space for SSRC disaster management staff. Additionally the revised appeal will enable programme implementation and monitoring through purchasing vehicles and motorcycles. Furthermore, essential office equipment (photocopy machines, laptops and printers) will be purchased to ensure effective administration and programme management, monitoring and reporting on the operations.

In addition, given the challenging operating environment in South Sudan, support will be provided in the field of humanitarian diplomacy by identifying key humanitarian issues, how best to address them through advocacy and other means, and how to engage and share information with partners in a highly sensitive context. Strengthening understanding of the auxiliary role of the NS and RC humanitarian principles and mandate will also be critical.

## Operational support services

### Human resources

The revised appeal emphasizes that there is a main need for additional human resources on the ground, including National Society staff and technical expertise through delegates. Since last year, the SSRC HR structure has 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 has severely affected the capacity of the NS to implement emergency response programs. Therefore, key support under the appeal will be to provide additional capacity for SSRCs in terms of human resources. The main support under the appeal will include the recruitment of:

- An operations officer for Juba branch
- A water, sanitation and hygiene (WatSan) officer for Juba and Torit branches
- An SSRC project accountant, responsible for IFRC account management is factored into the budget.
- DM officer at headquarters to support the coordination of the operation.
- DM information manager will ensure that information is collected from branches on a daily basis and that the data is analysed and used to inform the response activities. Data will be shared with other SSRC departments and movement partners daily.
- 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 has 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 SSRC volunteers will be mobilized and trained for implementation of the activities under the appeal.

IFRC anticipates the need for the following personnel:

- An operations manager will be required for management of the operation for the duration of the appeal.
- A WatSan delegate (6 months 66%) to provide additional technical, coordination support in cholera and population movement support to the SSRC WatSan team that is currently very thin with only one WatSan person at Juba level.
- An IFRC logistics team (Logistics delegate and logistics Officer) is required for the operation.
- A monitoring and reporting delegate with information management capacity will be recruited as soon as possible to design develop and manage a user-friendly database, with necessary mapping software, to ensure all reporting for the overall operation, including this Appeal, is timely and accurate. The delegate shall also maintain contact with humanitarian coordinators in South Sudan to ensure that SSRC's operations are recognised by and coordinated with the operations of the wider humanitarian community.
- An accounts assistant will be supporting the administration and finance management of the operation.
- A security delegate to make a security assessment, support recruitment and training of a SSRC security officer and support in developing and implementing Security Standard Operating Procedures
- Beneficiary Communication delegate to support SSRC Beneficiary Communication officer in mainstreaming this into response activities.
- Regional office DM (2 months) and PMER (1 month) staff to provide technical and surge support.
- WatSan RDRT (3 months) to provide surge support to cholera response

Additionally the appeal is mobilising deployment of ERU's within health and WatSan. The ERU's are self-supporting and costs are covered by the sending national society.

## Logistics and supply chain

Logistics management is a considerable challenge in this operation given the security climate and unclear custom clearance procedures. The rainy season is further complicating access to vulnerable communities. IFRC will deploy a logistics expert to ensure that professional logistics support to the operation is being provided in accordance with IFRC standards, procedures and processes.

- **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 is available among humanitarian partners in country in limited amounts, additional ORS and PUR sachets will be procured through the IFRC regional office in Nairobi. Soap will be purchased locally if additional needs arise both the Regional and Global Logistics Services will be used to find the optimal sourcing strategy. IFRC procurement guidelines will be adhered to at all levels.
- **Warehouse and storage plans:** IFRC currently rents a secure warehouse space in Juba where a rub hall has been erected. This space has warehousing capacity for around 4,500 NFI kits and is currently fully

occupied as non-food items from both IFRC and ICRC have just arrived. The Non-food items kits will be distributed as soon as updated assessments have been finalized. Netherlands RC has pledged funds towards constructing a SSRC warehouse in Juba. The appeal will support warehouse construction by providing funds for the compound security through outer wall construction.

- **Transport and fleet needs:** IFRC is purchasing three vehicles and 10 motorcycles for SSRC. Upon arrival in Juba fleet items will be dispatched to branches. Trucking within South Sudan will be via commercial contractors following IFRC logistics procedures. 4x4 wheel vehicles will be rented to support ERU's transportation. Vehicles and motorcycles will be procured through the IFRC Fleet Unit in Dubai. Left hand drive vehicles will be required and it is advised to order these vehicles as soon as budgeting allows as there is a lengthy lead time for vehicles.
- Liaising and coordinating actions with other key actors so that the IFRC logistics operation processes use all information as efficiently and effectively as possible. A logistics delegate will be recruited for a period of 7 months with responsibilities to streamline logistics process and procedures and iron out custom clearance procedures for reception and safe storage of relief goods.

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

### **Information technologies (IT)**

Expansion of internet capacity across all 10 branches of the SSRC will be directly supported by the ICRC and requires no additional installation support by IFRC through this appeal. The cost of monthly fees for use at the branch level will be built into branch annual budgets, and IFRC will support this cost, along with telephone costs, where applicable to this operation. Computers and other equipment (printers, photocopy machine, camera) will be purchased to support the operational activities.

A separate output has been created to upgrade the radio communication facilities at both headquarter and branch level. The majority of these costs will be covered by Movement partners. IFRC will seek to cover outstanding expenses through the appeal.

### **Communications**

A communication strategy is in place to outline IFRC's communication support to the emergency operation and to maintain international interest in the South Sudan crisis through creative, innovative and technologically supported work with media, national and international events. Communication is at two levels: internal communication targeting the RCRC Movement and external communication targeting donors, the media and the humanitarian community. This is done in close cooperation with SSRC and ICRC. Stories and photographs are published on the IFRC website, the IFRC Newswire, and sent out by email targeting the wider Movement, as well as donor and humanitarian agencies.

SSRC, with support from IFRC regional and zone communications, aims to coordinate various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response.

Any external communication will adhere to the movement communication guidelines for South Sudan jointly developed by ICRC, IFRC and SSRC

### **Planned Activities:**

- As the operation unfolds, press conferences will be held in South Sudan, Nairobi, or Geneva as warranted.
- News releases, fact sheets, videos, photographs and qualified spokesperson contacts will be developed and made available to media and key stakeholders. When security allows, media field trips to affected areas to create awareness will be facilitated.
- IFRC communications will be deployed to South Sudan on at least one mission, to gather materials such as interviews, photos and video. This will be done together with South Sudan communications to facilitate capacity building.
- A social media presence throughout the operation will be maintained by both IFRC and SSRC, utilizing IFRC sites such as Facebook and Twitter, and national and local media.
- The launch of this appeal and other major milestones will be supported throughout the operation using people-centred and community level diverse content, including web stories, blogs, video footage and photos with extended captions. Communications material created through this appeal will be shared for use on various communications channels, including the newly launched IFRC Africa web page, [www.ifrc.org/africa](http://www.ifrc.org/africa).

### **Humanitarian Diplomacy and Advocacy**

In collaboration with programmes included in the appeal, advocacy messages will be developed to address different issues of concern for the conflict affected population and will be updated on a regular basis. This will be done in close cooperation with ICRC and PNSs to ensure a coordinated and consistent RCRC voice (access, security, politicisation of aid, RCRC principles and mandates, etc.).

Advocacy messages and analysis tools will be used to raise key issues and to provide Movement partners with fresh and updated information necessary to support their advocacy efforts.

Advocacy strategy will be essential in a highly politicized context and also to reiterate that RCRC operates in a strictly neutral, independent and impartial manner to respond to humanitarian needs and to provide support to conflict-affected populations.

### **Representation and coordination at national and regional level within and outside the movement**

- Representing NS at national and regional level within the humanitarian community including the UN/ IASC regional coordination forum,
- Maintain dialogue with key humanitarian actors, back donors and the international diplomatic communities. IFRC is core group member of the Regional Inter-Agency Working Group, together with OCHA, and co-chair of sub-groups Advocacy and communication.
- Ensuring senior level ownership of IFRC support to the South Sudan crisis through facilitating platforms for senior level dialogue.
- Ensuring IFRC support to NS enhances reach and capacity rather than builds parallel structures.
- Ensuring an effective communication flow through regular written and verbal briefings/discussions with PNS, both internationally and within East Africa.
- Ensuring close coordination with ICRC.
- Promoting a culture of participation with PNS in supporting NS with assessments, learning and information sharing.

### **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 will continue to work in close coordination and under the Security Framework outlined by ICRC.

The revised appeal has included a specific output on strengthening security capacity and procedures. Recruitment of a SSRC security coordinator. Additional support is also provided by an IFRC's security delegate that has arrived in country.

### **Planning, monitoring, evaluation and reporting (PMER)**

Monitoring tools specific to this operation and complementary to existing monitoring tools will be developed by the SSRC's PMER team in cooperation with IFRC PMER delegate and operations manager. These tools will capture quantitative data for submission to the PMER delegate and qualitative data for review and management by the PMER team and sharing with operations team members.

Other monitoring and evaluation activities will include:

- Data management: a monitoring and reporting delegate will be engaged for three months to ensure operational information is well-managed, monitoring processes are in place and up to date and deliver quality reporting products for IFRC, SSRC and partners.
- Internal operations reviews will be undertaken every three months by the operations team with SSRC, IFRC, ICRC and PNSs to ensure that the plan of action reflects context changes and emerging needs.
- Beneficiary surveying will be undertaken periodically throughout the operation to assess beneficiary priorities and determine satisfaction with assistance received. These will be analysed and submitted to the operations team to contribute to internal reviews.
- Beneficiary feedback mechanisms will be put in place in collaboration with beneficiary communication within key programmes and operations
- An end of operation evaluation will be undertaken in the final quarter of the operation to assess the efficiency, effectiveness and appropriateness of the operation, and to capture learning that can improve future preparedness, response and recovery operations. The evaluation will be undertaken by an external consultant.
- Support NS to provide timely and informative reports

### **Administration and Finance**

The national society will be supported by IFRC through a working advance system, which will require reporting on expenditures before financial transfers are made, thus enabling close financial management of the appeal. Budgeted costs will include finance and administrative costs as well as audits. The IFRC will ensure a strong capacity building approach in terms of administration and financial procedures.

### **Budget**

Click [here](#) to see the attached revised appeal budget

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Needs assessment

<b>1</b>	<b>Outcome 1: The quality of the operation is ensured by strong situation monitoring, data collection and information management at community, branch and HQ level and solid communication between the levels</b>																	
<b>1.1</b>	<b>Output 1.1 The emergency plan of action and activities are refined and revised as necessary, based on identified needs</b>																	
	Activities planned	Month																
1.1.1	Refresher training on needs assessment for 50 staff and 60 volunteers (10 volunteers, 1 day, 6 locations) (Eastern Equatoria, Lakes, Central Equatoria and Warrap)	■																
1.1.2	Finalize template for needs assessments		■	■														
1.1.3	Finalize templates for emergency reporting, per sector		■	■														
1.1.4	Needs assessments carried out as access permits (10 volunteers, 3 days, 6 locations)	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
1.1.5	The plan of action is updated based on needs assessment findings (as necessary)				■			■			■							
<b>1.2</b>	<b>Output 1.2 Beneficiary feedback mechanisms are put in place to support programmes and communication skills and complaint management training is provided to frontline volunteers</b>																	
	Activities planned	Month																
1.2.1	Pilot Training of 60 volunteers on code of conduct, fundamental principles, communication skills, complaint management and conflict resolution in communities							■										
1.2.2	Develop a combined communication skills and complaint management and security and radio 2-day training course and run a one-week ToT for 2 people from all 10 branches and 5-6 people from HQ								■									
1.2.3	Roll-out joint security and communication skills training to 50 volunteers and staff from each of the 10 branches									■	■	■	■	■	■	■	■	■
1.2.4	Establishing a feedback mechanism so South Sudan Red Cross can monitor beneficiary concerns and respond quickly to issues in communities within selected pilot programmes									■	■	■	■	■	■	■	■	■
<b>1.3</b>	<b>Output 1.3 Information collection and management system is developed and implemented that reflects in real time the status of the operation</b>																	
	Activities planned	Month																
1.3.1	Procurement of appropriate software for information management, i.e. GIS mapping								■									
1.3.2	Development of Standard operating procedures for information management								■	■								
1.3.3	Training of branch focal points in daily data collection, management and reporting to HQ DM department									■								











## Contact information

### For further information specifically related to this operation please contact:

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.
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# Emergency Appeal: Republic of South Sudan-Complex Emergency

MDRSS003

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	476,213		209,200	685,413
Construction - Facilities	279,500		255,000	534,500
Construction - Materials	88,200		0	88,200
Clothing & Textiles	253,069		128,800	381,869
Water, Sanitation & Hygiene	482,353		28,200	510,553
Medical & First Aid	105,243		63,361	168,604
Teaching Materials	5,687		0	5,687
Ustensils & Tools	229,363		140,200	369,563
Emergency Response Units	0		858,000	858,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>1,919,628</b>	<b>0</b>	<b>1,682,761</b>	<b>3,602,389</b>
Vehicles Purchase	147,550		0	147,550
Computer & Telecom Equipment	166,784		57,387	224,171
Office/Household Furniture & Equipment	15,964		0	15,964
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>330,298</b>	<b>0</b>	<b>57,387</b>	<b>387,685</b>
Storage, Warehousing	75,500		2,500	78,000
Distribution & Monitoring	156,900		69,000	225,900
Transport & Vehicle Costs	88,220		0	88,220
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>320,620</b>	<b>0</b>	<b>71,500</b>	<b>392,120</b>
International Staff	525,000		78,000	603,000
National Staff	37,200		0	37,200
National Society Staff	178,598		33,400	211,998
Volunteers	518,480		3,450	521,930
<b>Total PERSONNEL</b>	<b>1,259,278</b>	<b>0</b>	<b>114,850</b>	<b>1,374,128</b>
Consultants	58,000		0	58,000
Professional Fees	58,505		0	58,505
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>116,505</b>	<b>0</b>	<b>0</b>	<b>116,505</b>
Workshops & Training	218,797		53,100	271,897
<b>Total WORKSHOP &amp; TRAINING</b>	<b>218,797</b>	<b>0</b>	<b>53,100</b>	<b>271,897</b>
Travel	50,000		0	50,000
Information & Public Relations	20,069		15,629	35,698
Office Costs	51,033		150	51,183
Communications	54,210		0	54,210
Financial Charges	10,800		0	10,800
Shared Support Services	121,052		0	121,052
<b>Total GENERAL EXPENDITURES</b>	<b>307,164</b>	<b>0</b>	<b>15,779</b>	<b>322,943</b>
Programme and Supplementary Services Recovery	290,699	0		290,699
<b>Total INDIRECT COSTS</b>	<b>290,699</b>	<b>0</b>	<b>0</b>	<b>290,699</b>
<b>TOTAL BUDGET</b>	<b>4,762,989</b>	<b>0</b>	<b>1,995,377</b>	<b>6,758,366</b>
<b>Available Resources</b>				
Multilateral Contributions				0
Bilateral Contributions				0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>4,762,989</b>	<b>0</b>	<b>1,995,377</b>	<b>6,758,366</b>