



Massive destruction caused by heavy rains in Halfa, Northern State (Photo: SRCS)

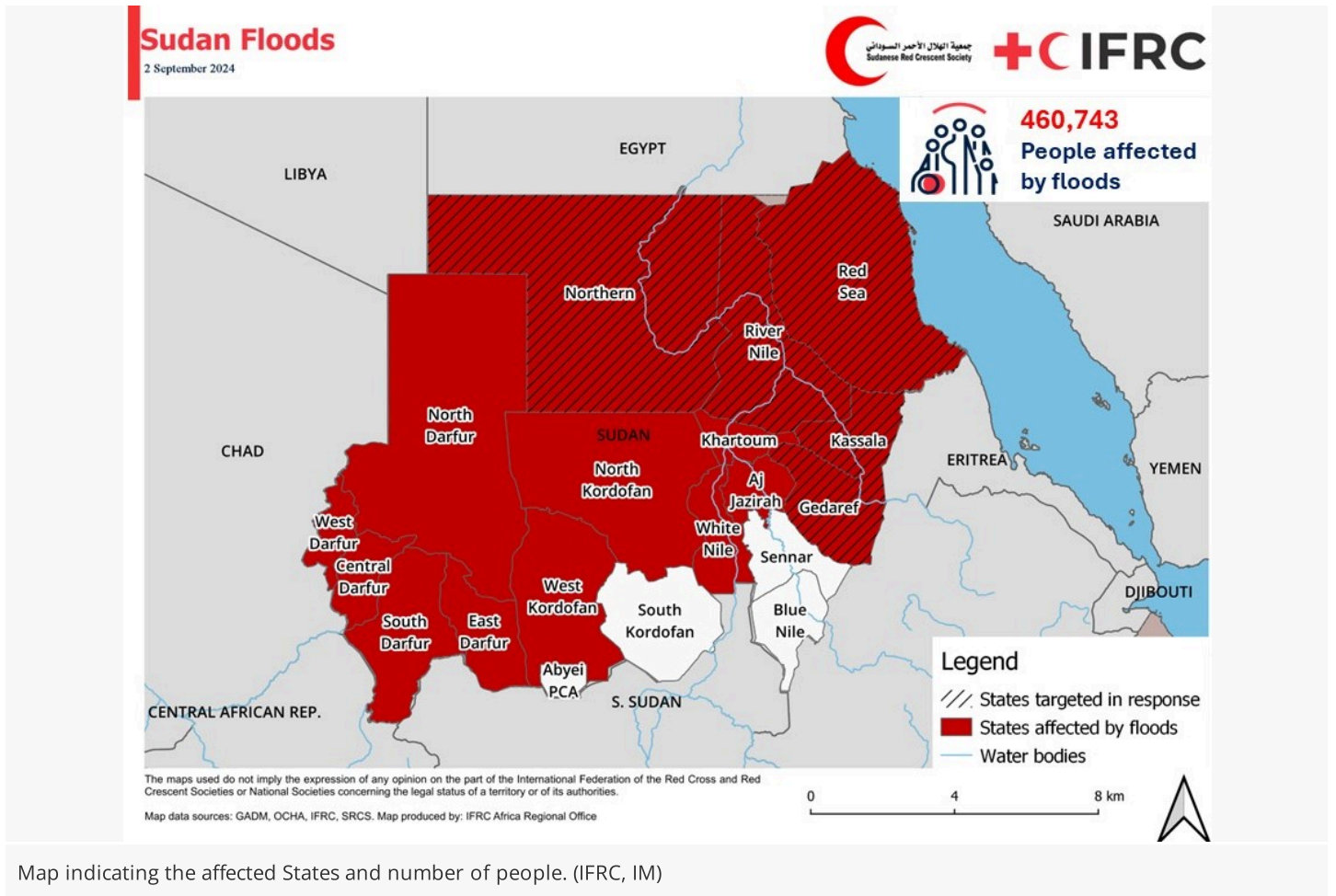
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| Appeal: MDRSD034 | Country: Sudan | Hazard: Flood | Type of DREF: Response |
| Crisis Category: Orange | Event Onset: Slow | DREF Allocation: CHF 943,271 | |
| Glide Number: - | People Affected: 460,743 people | People Targeted: 25,000 people | |
| Operation Start Date: 05-09-2024 | Operation Timeframe: 6 months | Operation End Date: 31-03-2025 | DREF Published: 06-09-2024 |

Targeted Areas: **Gadaref, Kassala, Nile, Northern, Red Sea**

Description of the Event

Date when the trigger was met

25-08-2024



Map indicating the affected States and number of people. (IFRC, IM)

What happened, where and when?

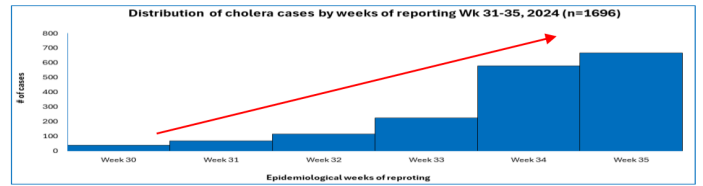
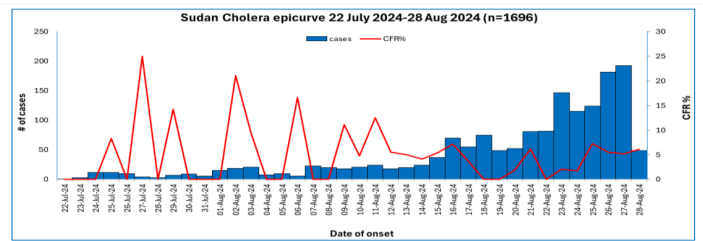
Sudan has been grappling with heavy rains that have led to widespread flooding across many regions, worsening the already dire situation caused by the conflict that began 16 months ago. Between June 1 and August 12, 2024, DTM Sudan reported 60 incidents of heavy rains and floods, resulting in sudden displacement (IOM). The rainy season is expected to continue until October 2024, with forecasts predicting above-average rainfall. The likelihood of additional flash floods and river flooding remains high. So far, Red Sea, River Nile, and Northern State have been the most severely affected.

Sudan has faced flooding in recent years, but the current humanitarian crisis, combined with heavy rains and deadly floods, has had a devastating impact on communities. Both those displaced by conflict and the host communities supporting them under already challenging conditions are suffering. The floods have rendered roads impassable, further complicating the delivery of aid.





Distribution of health kits amongst flood affected people in West Darfur (Photo: SRCS)



Sudan cholera epicurve – 22 July ~ 28 August 2024

Scope and Scale

While Sudan is experiencing a conflict which has caused significant damage to its infrastructure, the humanitarian situation in country combined with high level of rains and deadly floods which have led to a devastating impact for both communities, those communities that have been displaced due to the conflict and the host communities which have been supporting those displaced under already dire conditions.

To date, heavy rains, torrents and floods caused 64 loss of life, 1,246 injuries, 39,081 houses are completely destroyed, 11,995 are partially damaged, 270 public facilities and 34,219 latrines are destroyed as well as 10,762 livestock have been perished. The rains destroyed a number of bridges and washed away many main roads, which hindered the movement of goods and passengers in large areas of the affected States. The floods in Northern state and Red Sea are also leading to an increasing displacement.

Northern State

In Northern State, the SRCS rapid assessment report indicates that over 50,000 people have been affected, with 10,000 homes completely destroyed and 2,485 partially damaged. Floods and rainwater are besieging large areas of the Northern State, causing the collapse of homes and infrastructure and cutting off the main roads linking the state capital, Dongola, to other cities. Heavy rains that hit the Gold locality in the south of the state led to the complete collapse of 920 houses and the partial collapse of more than 2,000 houses.

The state is reportedly considered the most affected by road closures due to the heavy rains that it witnessed during the past days. As of August 28, the main road linking Atbara and Abu Hamad in the Al-Ubaidiya area has been closed. The road between Dongola and Halfa was also affected. The international road linking Sudan and Egypt was cut off in the Abu Sara area, north of Delg, as well.

River Nile State

According to the SRCS initial assessment report, in River Nile State, approximately 96,609 people have been impacted by heavy rains and flash floods, with 24,104 homes completely destroyed, 8,016 partially damaged, and 32,202 latrines collapsed across the Abu Hamad locality. At least 34 people have died, and 588 have been injured in River Nile State alone. All prepositioning stocks are quickly depleting and require urgent replenishment to sustain the ongoing response.

Red Sea State.

Since the late July, the rains and floods that the Red Sea State is exposed to, especially in the north are very exceptional, given that the region was accustomed to only winter rains. Floods caused by heavy rains have cut off the main road linking Sudan and Egypt along the Red Sea coast, between the cities of Port Sudan and Oseif. The national road linking the state to the rest of Sudan was cut off in the areas of "Aqaba" and "Jebeit", causing trucks, private cars and buses to pile up in the surrounding areas.

On August 25, the Sudanese government officially announced that the catastrophic collapse of the Arba'at Dam in Sudan's Red Sea State, resulting in at least 30 deaths and 64 missing persons. The collapse, which occurred approximately 38 km northwest of Port Sudan, severely impacted around 50,000 people living near the dam. The disaster also led to the loss of 10,000 livestock, the collapse of 84 wells, the destruction of 70 schools, 1,380 latrines, and 20 villages and hamlets, along with extensive damage to infrastructure.

Reports from the United Nations further indicate that some residents near Arba'at Dam were forced to flee to the mountains for safety, while others were evacuated. The reports also revealed that the damage to the dam body had completely emptied the reservoir, indicating that the damage could significantly impact water supplies in Port Sudan, as the Arba'at Dam is a major source of fresh water for the city. The flooding of Khor Arab led to the closure of the national road in the city of "Haya", while Khor Baraka, whose waters completely submerged the city of Tokar, caused the road between Port Sudan and Tokar to be cut off, in addition to the road linking Port Sudan and the locality of Aqeeq.



The floods have worsened the already critical health conditions across the country, leading to a significant cholera outbreak, particularly in the states of Kassala, Gedaref, and River Nile, where the highest number of cases have been reported. Contaminated water supplies, resulting from floodwaters mixing with sewage, have fuelled this outbreak.

Cholera outbreak

The Sudanese Ministry of Health declared that 2,895 cholera cases were recorded, with 112 deaths associated with the epidemic, between July 22 and September 1. The Ministry has stressed that the epidemic was caused by environmental conditions and unclean drinking water in several places including the states of Kassala and Gedaref in eastern Sudan which are the most exposed to the epidemic.

Sudan has faced cholera outbreaks in the past, but the current situation is exacerbated by deteriorating health infrastructure, damaged water systems, and limited access to medical supplies due to the ongoing conflict. According to initial assessments of SRCS, immediate needs of the people in the affected areas of flood and cholera are safe water, waste disposal, hygiene, food, NFI, health service and shelter but the needs are beyond what has been seen in past years and thus require the comprehensive support.

Source Information

| Source Name | Source Link |
|-----------------------------|---|
| 1. OCHA Situation Reports | https://response.reliefweb.int/sudan |
| 2. WHO Sudan Crisis Reports | https://www.emro.who.int/countries/sdn/index.html |

Previous Operations

| | |
|--|----------|
| Has a similar event affected the same area(s) in the last 3 years? | Yes |
| Did it affect the same population group? | Yes |
| Did the National Society respond? | Yes |
| Did the National Society request funding form DREF for that event(s) | Yes |
| If yes, please specify which operation | MDRSD028 |

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

In 2022, the National Society in Sudan utilized a DREF to respond to a flood incident, providing relief to the affected population. However, this year's floods have impacted new areas that were previously unaffected and have led to a Cholera outbreak. The situation is further complicated by continuous heavy rainfalls and floods which exacerbate the suffering of thousands of vulnerable people who are suffering from severe food insecurity, considering their lack of safety and ability to access life-saving assistance and proper services. This year, the rainy season is accompanied by epidemic diseases such as cholera and watery diarrhea, and the situation has worsened after the ongoing conflict disrupted the work of 80% of health facilities.

Following the recent floods, the scale of need is unprecedented all over Sudan, surpassing previous years, and demands extensive support from partners. The crises of flooding and cholera outbreak in Sudan comes at a time when 24.8 million people are in need of humanitarian support, more than 10 million people have been internally displaced and the country struggles through one of the worse food security crises in the world. The flooding in Red Sea, River Nile, and Northern State is also exacerbating the displacement crisis.

Lessons learned:

The flood response operation in 2022 (MDRSD028) have provided lessons in disaster response and identified several challenges.

Firstly, the operation emphasized the importance of the access to data and information from the SRCS Branches. Prior to this operation, the collection of data was a great challenge but as of December 2023, SRCS started developing and enhancing the



reporting format and feedback mechanism system. With the support from the IFRC and RCRC Partners, the NS provides its State Branches with IM and PMER capacity and equipment permit to improve flow of reporting. Almost, PMER staff have been recruited at each of the branches targeted by IFRC, and tablets have been procured to support kobo data collection.

Secondly, the operation emphasized the importance of close monitoring of both operational and financial aspects as international systems of cash transfers were disrupted due to ongoing conflict. IFRC and SRCS finance teams are closely working to ensure operations and program funds are implemented in line with donor requirements, and maintains a detailed risk register identifying vulnerabilities, mitigations measures, and potential risks.

The third lesson was the fact that SRCS needs further training opportunities for its staff and volunteers to ensure they are better prepared for responses. The training was also needed to increase community awareness on disaster response and management as well as to create and use Information, Education, and Communication (IEC) products. These lessons are integrated into the actions of the current IFRC-DREF operation for the 2024 flood response.

Current National Society Actions

Start date of National Society actions

25-08-2024

| | |
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| Coordination | SRCS has activated its internal coordination mechanism for floods and is holding regular meetings with its HQ and branches. Additionally, SRCS is closely collaborating with RCRC Partners through established coordination channels to manage support for both floods and cholera response. The National Society is also working closely with the Sudan Meteorological Authority to gather forecasts and data related to the floods. |
| Assessment | The Sudanese Red Crescent conducted separate assessments for the floods in River Nile, Northern State as well as Red Sea State. The first assessment followed the initial flood reports on August 25, and the last report focused on the dam site along the western banks. The SRCS assessments were coordinated under the leadership of the Wali (Governor) of the States. The findings from these assessments highlight the severe impact of the floodwaters on vital infrastructure and communities and have informed the planned intervention for this operation. |
| Activation Of Contingency Plans | In preparation for the flood season, SRCS developed and implemented a national contingency plan, which has now been activated. |

IFRC Network Actions Related To The Current Event

| | |
|---|--|
| Secretariat | IFRC is supporting SRCS through its Country Cluster office in Port Sudan and the Africa Regional Office. In preparation for the floods, IFRC procured NFIs for 3,000 families on behalf of SRCS, which will be used to support the response efforts. Additionally, IFRC has collaborated closely with SRCS on the development of its Floods Contingency Plan. The IFRC is managing two active Emergency Appeals in the country: the Complex Crisis (MDRSD033) to address humanitarian needs resulting from the conflict, and the Hunger Crisis (MDRSD032) to tackle worsening food insecurity. These responses are coordinated through the operations team in-country to ensure complementarity and prevent duplication. |
| Participating National Societies | In total, there are nine PNSs providing direct support to SRCS including Qatari Red Crescent, German Red Cross, Netherlands Red Cross, Danish Red Cross, Norwegian Red Cross, Swiss Red Cross, Spanish Red Cross, Swedish Red Cross, and Turkish Red Crescent. Due to the ongoing conflict, some PNSs are supporting remotely but are closely coordinating their assistance with SRCS for this response. Several PNSs have also confirmed they have available funds to support the flood response. |

In response to recent disasters, Danish Red Cross has procured locally NFIs including 400



taraulins, 400 jerry cans (20 L), 200 mosquito nets, 400 blankets, 400 hygiene kits (200 kits for male and 200 kits for female), 400 plastic mats, 200 kitchen sets for distribution in Kassala State.

Norwegian Red Cross is trying to procure locally 1,050 hygiene kits (420 kits for male and 630 kits for female) for distribution mainly in Khartoum and River Nile States to meet the needs for cholera. NorCross is still running 2 Mobile Health Units, 1 Primary Health Care Unit and conducting hygiene promotion sessions through 20 volunteers in Khartoum State. Norwegian Red Cross is also running 2 Mobile Health Units and conducting hygiene promotion sessions through 12 volunteers in River Nile State as its continuous support to the SRCS.

Since January 2024 as preparedness support, Spanish Red Cross has procured NFIs including 1,600 blankets, 1,600 Jerry cans, 1600 mosquito nets, and 40,000 purification tablets weighting 3.756 metric tons with total volume of 29.960 Cubic Metre stuck in the Port Sudan customs pending for clearance.

ICRC Actions Related To The Current Event

ICRC and SRCS are working together on cholera response by providing WASH services in Kassala and Gedaref states. ICRC WatHab department is supporting SRCS cholera response in Gedaref and Kassala, through:

- Strengthening volunteer capacity with hygiene promotion training (20 volunteers in Kassala and 30 in Gedaref).
- Providing cleaning tools and supporting solid waste management at IDP gathering points, including cleaning campaigns This is done through cash transfers to the branches for their operations.
- Implementing communication interventions at gathering points focusing on handwashing with soap at critical times and menstrual hygiene management.
- Dislodging latrines at gathering sites.

ICRC has also distributed 400,000 chlorine tablets: 100,000 to the Water Authority in Gedaref State, 200,000 to the Ministry of Health in Kassala State, and 100,000 to the Water Authority in Blue Nile State.

Other Actors Actions Related To The Current Event

| | |
|--|--|
| Government has requested international assistance | Yes |
| National authorities | On 25 August 2024, the Arba'at Dam, located approximately 38 km northwest of Port Sudan in Red Sea State, suffered extensive damage following heavy rains, leading to a critical humanitarian situation in the affected areas of Sudan. National authorities mainly the National Council for Civil Defense (NCCD) which considers disaster management in Sudan and Humanitarian Aid Commission (HAC) which plays a prominent role in disaster management lead the response efforts. SRCS is working closely with the Federal Ministries of Health and Interior to deal with the disasters. |
| UN or other actors | Deputy Secretary General of the United Nations undertook a one-day visit to Port Sudan on 29 August to see ways of strengthening humanitarian efforts following the destructive heavy rains and flooding, disease outbreaks, mainly cholera, famine and conflict-induced displacement which continue to drive needs, worsening the humanitarian situation in Sudan. Many humanitarians who are on the ground try to scale up and pushing ahead on multiple fronts to reach the people in need. |

Are there major coordination mechanism in place?

The Humanitarian Aid Commission is the governmental body that managed and organized all humanitarian work carried on in Sudan along with the Ministry of Humanitarian Affairs. The HAC manages a coordination platform that oversees the efforts of humanitarian partners to streamline responses and prevent duplication. Meetings are held every Thursday, and the Sudanese Red Crescent actively



participates in these sessions. This platform is currently coordinating the response to both the recent floods and the cholera outbreak across the country.

In response to these disasters in Sudan, the main Coordination Committee members are state governor, Sudanese Red Crescent, Ministry of Urban Planning, Civil Defense, Ministry of Health, and Ministry of Education.

Needs (Gaps) Identified



Shelter Housing And Settlements

The impact of heavy rains and flash floods has been catastrophic, resulting in widespread destruction of homes and IDP centers. Many individuals have been forced to evacuate their residences and accommodation centers, as the floods have left no area untouched, impacting both host communities and IDPs and washing away personal belongings. In light of this severe situation, an urgent response is required to address the shelter needs of the affected population. Providing essential items such as kitchen sets, blankets, tarpaulins, and plastic mats is crucial. These basic necessities will offer comfort and security to those who have lost their homes and belongings, providing a measure of stability amid the turmoil caused by the floods. The immediate provision of these items is vital for the well-being and resilience of affected individuals and families as they work to rebuild their lives.

Continuous rainfall has intensified the situation, with the waters of Khor Baraka surging in a 6-meter wave, leading to the collapse of the earthen section of the Dolbyai Bridge south of Tokar on August 25, 2024. This breach washed away the earthen barriers and inundated the city, resulting in significant property losses and an increase in casualties. Residents have described the situation in Tokar as dire, with hundreds of houses either collapsed or at risk of collapse. The urgent needs in Tokar include food supplies, shelter, and household items to support the overwhelmed population.



Health

The ongoing severe flooding and cholera outbreak pose a significant threat to the health of affected communities. The floods have disrupted access to local medical facilities, particularly impacting vulnerable individuals with pre-existing health conditions. Medical centres and hospitals have been inundated, and many roads are now impassable in the affected regions.

Immediate action is needed to deploy health teams from Ministry of Health equipped with medicines and medical supplies to deliver essential healthcare services in the cholera affected communities. Additionally, it is crucial to ensure the availability of ambulances to transfer critically ill patients to medical centres swiftly.

The Ministry of Health refers the needy people and ill patients to general BHUs which have been established in the affected communities wherever possible with ambulances depends on road damage and availability of ambulances.

SRCS requested the procurement of required supplies such as ORS, I.V fluids, Antibiotics, cholera beds and hygiene kits, 5 Cholera Treatment Kits, chlorination tabs and awareness sessions, and mosquito nets (home Isolation) to assist people in need in its response.

The mental health impact of these disasters is also profound. Many individuals are dealing with the trauma of losing loved ones, homes, and livelihoods, as well as facing significant psychosocial issues. There is a pressing need for mental health and psychosocial support (MHPSS) services and psychological first aid (PFA) to address these needs.

In Tokar city, Red Sea State, the situation is particularly dire following the dam collapse. The city's hospital has been severely affected, with floodwaters surrounding it on all sides, highlighting the urgent need for medical and psychological support in the area.



Water, Sanitation And Hygiene

The ongoing internal armed conflict has critically undermined the ability of local authorities to manage Sudan's water infrastructure, exacerbating the crisis in densely populated areas where internally displaced persons (IDPs) have gathered. The situation has been further worsened by flash floods, which have intensified existing water and sanitation challenges. The Ministry of Health (SMoH) has reported cholera cases in flood-affected regions, underscoring the urgent need for intervention.



In response, the Sudanese Red Crescent, in close coordination with local authorities, has launched proactive measures to address the crisis. These include:

IDP Cleaning Campaigns: To promote hygiene and prevent disease spread in displacement sites.

Distribution of Water Purification Tablets: Essential for ensuring access to safe drinking water.

Provision of Water Containers: To facilitate the storage and distribution of clean water to both IDPs and host communities.

These efforts are crucial for managing immediate water and sanitation needs and preventing further outbreaks of waterborne diseases. The collaboration between SRCS and local authorities highlights the importance of a coordinated approach to addressing the complex challenges posed by conflict and natural disasters.

In Port Sudan, Red Sea State, the collapse of the Arbaat Dam has led to a severe water crisis. The situation is deteriorating rapidly, with water prices increasing daily and calls for the Tokar area to be declared a disaster zone. This unprecedented crisis further exacerbates the urgent need for support to stabilize and improve access to clean water in the affected regions.



Protection, Gender And Inclusion

Local authorities anticipate further cholera outbreaks and very heavy rainfall in the coming days, which may lead to torrential floods and the inundation of valleys and creeks. This situation will directly affect displaced individuals who are already struggling with food shortages and limited livelihood opportunities. Many families may be forced to remain in IDP or evacuation centers, or with host communities, for extended periods. Some have already been in these centers for days since the conflict began, and the need for prolonged stays is likely.

This protracted displacement situation raises critical protection concerns, including an elevated risk of gender-based violence (GBV), child abuse, and exploitation, particularly within IDP centers. The lack of adequate housing, limited access to healthcare, poor sanitation facilities, and economic instability from lost livelihoods further exacerbates the vulnerability of affected populations. Therefore, it is essential to prioritize protection measures and address the specific needs of these vulnerable groups in the planning and implementation of response efforts.



Community Engagement And Accountability

Based on lesson learnt from previous operations, clear communication about available support and how to access it is essential because households affected by the disaster urgently need help from governmental and non-governmental organizations. SRCS is committed to engaging affected communities through Community Engagement and Accountability (CEA). SRCS has set up feedback desks, Suggestion Box, and online platforms in affected areas to provide information, assistance, and collect feedback regularly. Red Crescent staff and volunteers will require further trainings on using the Kobo tool to collect feedback from affected communities. This will encompass best practices for responding to feedback, ensuring that concerns are addressed effectively.

Post Distribution Monitoring (PDM) methods, including Key Informant Interviews (KII) and Focus Group Discussions (FGD), are employed in the SRCS operations to gather feedback and address complaints from beneficiaries. These methods assess the effectiveness of delivered services, the distribution process, beneficiaries' comfort with redeeming assistance, and any potential risks or challenges in accessing future aid programs.

SRCS is using its CEA tools for all branches involved in the response operations, ensuring that information is appropriately shared with the communities they serve. The branches will be trained on CEA guidelines to facilitate clear communication and enhance the effectiveness of the response efforts. SRCS is also conduct community consultations amongst the affected people to identify their preferred feedback channels.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The objective of this operation is to provide essential support by distributing household and non-food items (NFIs), enhancing health and hygiene practices, and offering WASH NFIs and services. This intervention aims to deliver emergency humanitarian aid to 25,000



individuals impacted by the floods in Red Sea, River Nile, and Northern State, as well as the cholera outbreaks in Kassala, River Nile, and Gedaref. The operation will be carried out over a period of 6 months to ensure the timely and effective execution of all activities.

Operation strategy rationale

Humanitarian impact of heavy rains and flooding with cholera outbreak fully engaged the resources and capacities of the Sudanese Red Crescent to address the increasing needs of the affected people in Sudan. The focus of SRCS response strategy is on effective and sustainable actions in collaboration with national and local authorities. The strategy leverages the involvement of Red Cross and Red Crescent partners in the country to assist the most affected populations. The implementation of the IFRC-DREF, spanning six months, will concentrate on mitigating the impacts of floods and cholera, with a special emphasis on the most affected communities.

IFRC has an active Emergency Appeal (MDRSD033) to support the response of the Sudanese Red crescent, as well as its staff and volunteers, to continue delivering essential humanitarian assistance to 800,000 people from 2023 to 2024 in the most affected states. Given the direct yet destructive impacts of heavy rains and flooding since the onset of rains in June and the increasing record of new cholera cases, SRCS is actively working to address the damage, prevent further harm, and combat potential disease outbreaks.

Beside the EA, this DREF operation will enable SRCS to continue its support as needed to 25,000 people who are suffering from complex crises of floods, dam bust, cholera outbreak, displacement and in critical needs of health, water, sanitation, and shelter services. The scope of DREF actions is not only duplicated with EA but also developed due to the preference and priority of the NS to consolidate its presence in the affected communities in Red Sea, River Nile, Gedaref, Kassala and Northern State where volunteers can provide more support to the needy people.

Response Strategy:

Non-Food Items (NFIs) and Basic Needs Assistance: The DREF operation aims to address the urgent needs of 3,000 households affected by heavy rains, flash floods, and the cholera outbreak in Red Sea, River Nile, and Northern State. SRCS staff and volunteers will conduct ongoing assessments to identify further needs. SRCS has already completed two rapid assessments in the affected areas and plans to deploy additional staff and volunteers for rapid needs and damage assessments in coordination with local authorities.

Procurement of essential items such as blankets, tarpaulins, plastic mats, kitchen sets, mosquito nets, cholera kits (ORS, zinc tablets), IV fluids, antibiotics, cholera beds in isolation centres (CTCs), jerrycans, buckets, hygiene kits, dignity kits, water treatment products, personal protective equipment (PPE), and emergency response kits will be sourced internationally through the IFRC Global Humanitarian Services and Supply Chain Management Unit in Nairobi, Kenya. Local procurement will also be highly considered depending on market potentiality and items availability.

Three post-distribution monitoring (PDM) activities will be conducted by SRCS to evaluate the appropriateness, usefulness, and process of the procured and distributed items and service provided in all interventions. PDM will utilize survey questionnaires and Focus Group Discussions (FGDs) with beneficiaries and communities.

SRCS is creating awareness amongst the affected people and communities about shelter and sensitizing them in this regard. Furthermore, training and refresher courses will be also organised for SRCS volunteers and staff on Awareness and Sensitization.

Health: The objective is to provide healthcare services to 5,000 households through activities designed to strengthen health practices within communities. This includes awareness campaigns on AWD/cholera causes, symptoms, and prevention measures, health and hygiene promotion, and the prevention and control of diseases. SRCS will also assess the needs of vulnerable groups, such as children, the elderly, and pregnant women, and conduct rapid assessments of cholera outbreaks to evaluate water resources, sanitation conditions, and existing health infrastructure.

SRCS is training and mobilising 60 volunteers to combat and cope up with the cholera outbreak and water borne diseases as a consequence of flash floods. As planned, one SRCS volunteer will visit 3 homes per day. As the NS is mobilising 60 volunteers for 180 days, there will be 32,400 visits to the communities in targeted states.

In terms of isolation centres, the Sudanese Ministry of Health is right now running CTCs in River Nile, Kassala, and Gedaref State and SRCS needs surveillance to render support in the targeted states. SRCS also plan to procure cholera beds for the existing CTC in targeted states (10 per state) because of a smaller number of beds available in the targeted states. This year, River Nile state is barely new to flash floods and cholera outbreak due to climate change.

For preventive measure, SRCS volunteers are cooperating with health authorities to establish ORPs in critical areas and remote districts to reduce the number of infected and suspected cases in three targeted States of Kassala, Gedaref and River Nile.

There is national malaria program ongoing in the country so SRCS will not include this program in this DREF operation. The National Society is planning to procure 15,000 mosquito nets (5 for each household) to do home isolation to reduce rate of infected people, manage high costs of transportation to CTCs and avoid overcrowding in Isolation Centres. SRCS will less contribute with cholera kits as



Ministry of Health, WHO and other partners are operating and supporting the needy patients with these kits based on their mandate.

Training sessions will be provided to SRCS staff and volunteers on infection prevention and control (IPC) because SRCS volunteers activities depend on safe practices. Volunteers are in close contact with suspected people. Therefore, the National Society considers IPC as intersectoral practice and includes it in its health activities. Safety of SRCS volunteers has been always at priority but Epidemic Control for Volunteers (ECV) is not part of the SRCS effective training tools. The NS usually trains its volunteers and staff on epidemic preparedness and response. Further training sessions on psychosocial support, and Oral Rehydration Point management to identify and refer potential cholera cases will be conducted.

SRCS will also mobilize volunteers to support health workers in detecting new cases and conducting house-to-house visits. Community awareness campaigns will be carried out through direct messaging, mass media, outreach activities, and IEC materials, with tailored messages for different audiences.

In collaboration with local health authorities, SRCS will implement community-based surveillance (CBS) and active case finding for AWD/cholera as CBS is highly needed to target population in the remote areas affected by floods. Volunteers and community health workers will receive capacity-building training on cholera understanding and CBS. No CBS assessment has been done so far but SRCS has its CBS structure and plans to activate it with collaboration and support from Norwegian Red Cross. CBS has not been active to find cases due to lack of funds availability for the SRCS.

Water, Sanitation, and Hygiene (WASH): SRCS will deploy technical staff and volunteers to conduct 5 WASH field assessments. The National Society will also coordinate with other WASH actors to address sanitation needs, such as conducting awareness campaigns on solid waste management. Hygiene promotion and sanitation activities will be carried out, with IEC materials developed to promote personal hygiene and sanitation practices. SRCS volunteers and staff will also receive training on hygiene promotion in emergencies. Post Distribution Monitoring (PDM) methods will be used to gather feedback and address complaints from beneficiaries.

Protection, Gender, and Inclusion (PGI): PGI is included in needs assessment to get more detailed information on risks, needs and concerns and ensure operational response address them according to SRCS capacity. This PGI needs assessments will be led to PGI analysis and set up mitigation measures including participation in joint needs assessment with protection, GBV, child protections actors in country.

SRCS will also conduct awareness talks and training for volunteers and staff on PGI minimum standards in emergencies, SGBV prevention, safeguarding (Protection from Sexual Exploitation and Abuse and Child Safeguarding), and the Code of Conduct. IEC materials on PGI will be designed and disseminated to different population groups in affected IDP and host communities.

SRCS continues participating in GBV national subsector, PSEA Sudan Network and Child Protection Working Group to have up-to-date information on safe referral pathways and working in coordination with other partners in addressing the PGI needs including in needs assessments.

Community Engagement and Accountability (CEA): Based on lesson learnt from previous operations, clear communication about available support and how to access it is essential because households affected by the disaster urgently need help from governmental and non-governmental organizations. SRCS is committed to engaging affected communities through Community Engagement and Accountability. SRCS has set up feedback desks, Suggestion Box, and online platforms in affected areas to provide information, assistance, and collect feedback regularly. Red Crescent staff and volunteers will require further trainings on using the Kobo tool to collect feedback from affected communities. This will encompass best practices for responding to feedback, ensuring that concerns are addressed effectively.

Post Distribution Monitoring (PDM) methods, including Key Informant Interviews (KII) and Focus Group Discussions (FGD), are employed in the SRCS operations to gather feedback and address complaints from beneficiaries. These methods assess the effectiveness of delivered services, the distribution process, beneficiaries' comfort with redeeming assistance, and any potential risks or challenges in accessing future aid programs.

SRCS is using its CEA tools for all branches involved in the response operations, ensuring that information is appropriately shared with the communities they serve. The branches will be trained on CEA guidelines to facilitate clear communication and enhance the effectiveness of the response efforts. SRCS is also conduct community consultations amongst the affected people to identify their preferred feedback channels.

Strengthening SRCS: The IFRC Country Cluster Delegation in Sudan, along with experts from the IFRC Regional Office, will provide continuous technical support to SRCS. One surge profile (an operations manager) will be hired for three months to support the implementation of the IFRC-DREF activities. A lesson learned workshop will be organized at the end of the operation to gather valuable information for future operations, ensuring continuous improvement of SRCS interventions.



Targeting Strategy

Who will be targeted through this operation?

The DREF application aims to assist 25,000 individuals affected by the floods and cholera outbreak in five targeted States. SRCS will prioritize support for vulnerable groups, including children, the elderly, pregnant women, people with disabilities, and marginalized communities. The response will emphasize community engagement to ensure that the basic needs of both displaced and host communities are effectively met.

Explain the selection criteria for the targeted population

SRCS is committed to delivering humanitarian assistance to all those in need, with a priority focus on high-risk and vulnerable groups. The targeting strategy is designed to address the needs of the most at-risk segments of the community and internally displaced persons (IDPs) in flood-affected states. The primary focus is on individuals who have lost their homes, are residing in shelters or with host families, as well as female-headed households, large families with more than seven members, the elderly, families with disabled members, and those diagnosed with communicable diseases.

Total Targeted Population

| | | | |
|---------------------------|--------|--------------------------------------|-----|
| Women | 12,750 | Rural | 36% |
| Girls (under 18) | 4,462 | Urban | 64% |
| Men | 12,250 | People with disabilities (estimated) | - |
| Boys (under 18) | 4,287 | | |
| Total targeted population | 25,000 | | |

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

| Risk | Mitigation action |
|--|---|
| Perception issues related to the conduct of the operation, assessment, and awareness activities which may impact the community access and acceptance | For community-based distribution activities, proper communication with the communities will be maintained. Joint meetings with community leaders and members will be used to manage distribution activities. Orientation meetings will discuss the nature of the assistance, exact targeted locations, the type of assistance, time, date, and venue of distribution as well as the distribution process with beneficiaries. Beneficiary feedback was also incorporated. authorities. |
| The SRCS is involved in and responding to several crises (population displacement, dam burst, cholera outbreak, famine, and recurring Floods) | As the scale of operation rises, the DREF will be adjusted to include short-term HR support if needed. |
| Negative media coverage related to handling of the response operation. | Proactive communication with the media and stakeholders. Application of Community Engagement and Accountability. |
| Recurring floods | Disseminating early-warning early-action to communities to increase preparedness |
| Bureaucratic impediments are hindering humanitarian services in | Facilitating multiple steps by SRCS that save time and resources to |



| | |
|---|---|
| Sudan | reach those in need |
| <p>Limited or poor connectivity in communication networks (mobile phones and internet) from most of the main service providers since the eruption of conflict in April 2023.</p> | <p>Direct access to local communities by SRCS volunteers and staff who are in the field dealing with extremely challenging situation. They are not hindered while carrying out their humanitarian duties.</p> |
| <p>Increase in trend of conflict/violence in targeted states/localities that impacts:</p> <ol style="list-style-type: none"> 1. Access 2. Safety (staff and volunteers) 3. High transportation costs 4. Road closure | <p>To mitigate the risk, SRCS and IFRC will:</p> <ol style="list-style-type: none"> 1. Negotiate with current authorities and mobilise local volunteers and community leaders. 2. Conduct security briefing to staff and volunteers, equipping with SRCS visible tools to increase the visibility, dissemination of the Red Cross Red Crescent Movement principles. 3. Pre-arrangement for transporting the planned supplies at the branch/community level. 4. Map out alternative road options for access. |
| <p>There is a risk of deployed volunteers and staff members that were engaged in distribution and community work, contracting/infected with cholera, water borne diseases or other vector-borne diseases.</p> | <p>The volunteers and staff members will be given proper orientation and Personal Protective Equipment (PPE), including protective gears, to protect themselves in conditions where part of their body is exposed to flood.</p> |
| <p>Major supply chain risks in Sudan:</p> <ol style="list-style-type: none"> 1. Fuel and high transportation costs as logistics bottleneck and delays in procurement impact programme delivery timelines. 2. Limited supplies in the local markets hinder procurement. 3. Delay on international procurement due to custom clearance and lack of availability of required items. 4. SRCS warehouses have been looted or damaged, most vehicles and equipment have also been looted during the fighting which may delay procurement process. 5. Restricted banking services affect cashflow, including for payment of suppliers. 6. Fraud and/or corruption. | <ol style="list-style-type: none"> 1. Strengthen SRCS supply chain management system through contacts with in-country transportation companies and procurement of truck by the IFRC to make improvements. 2. In case of less or no potentialities on local markets, diversification of sourcing options, including from regional office or global logistics unit will be considered. 3. SRCS logistics team will deal with pre-clearance arrangements before the arrival of items. Operational adaptations will be done for lack of items available. 4. IFRC procured rub halls and vehicle for SRCS and will support NS more. Preposition readiness stocks has been done in the country for timely response. 5. Engage financial service providers who are licensed by the Central Bank. 6. Screen all vendors and contractors against UN sanctions lists prior to entering contracts and socialize the IFRC fraud and corruption prevent policy to vendors and contractors. |

Please indicate any security and safety concerns for this operation

SRCS volunteers and Staff are likely impacted due to continuous rainfalls and floods across the country which heavily engaged NS's capacity to carry out assessments and respond to complex disasters. But the key potential risks to SRCS personnel are conflict incidents, flash floods, petty crime, and health risks. Proactive security measures are in place, and team leaders are aware of the mitigating measures to be taken to avoid such risks. The National Society's security framework will be applicable throughout the duration of the operation to its staff and volunteers. For IFRC personnel, the IFRC security guidelines will be applicable, together with security briefings for all IFRC personnel through the Regional Office in Nairobi in case of field visit subject to get the required security permissions.

Has the child safeguarding risk analysis assessment been completed?

No



Planned Intervention



Shelter Housing And Settlements

Budget: CHF 347,700

Targeted Persons: 3,000

Indicators

| Title | Target |
|---|--------|
| # of rapid/initial needs assessments reports conducted | 3 |
| # of households provided with NFIs | 3,000 |
| # of shelter awareness and sensitization sessions conducted | 12 |
| # of post-distribution monitoring surveys conducted | 3 |

Priority Actions

- Deploy SRCS staff and volunteers to conduct rapid needs and damage assessments (including PGI questions) in River Nile, Red Sea and Northern State.
- Distribute essential household items to 3,000 most affected families (blankets, tarpaulins, plastic mats and kitchen set).
- Support humanitarian efforts and distribution activities.
- Conduct shelter awareness and sensitization sessions.
- Carry out post-distribution monitoring (PDM) activities.



Health

Budget: CHF 196,100

Targeted Persons: 25,000

Indicators

| Title | Target |
|---|--------|
| # of rapid assessment on cholera outbreak conducted | 5 |
| # of people reached through awareness campaign about AWD/Cholera causes, symptoms and prevention measures | 25,000 |
| # of HHs reached with cholera kits (ORS, Zinz tabs), I.V fluids, Antibiotics | 3,000 |
| # of active volunteers trained | 200 |
| # of cholera beds procured | 30 |
| # of mosquito nets procured and distributed | 15,000 |
| # of Home Visits conducted | 32,400 |
| # of functional ORPs | 15 |
| # of people seen at ORPs | 15,000 |



| | |
|---|-----|
| # of SRCS volunteers, staff and volunteers in communities trained | 500 |
| # of suspected cholera cases reported | 300 |
| # of suspected water borne diseases reported | 150 |
| # of reports submitted to MoH about cholera cases (EoC) | 540 |

Priority Actions

- Conduct a rapid assessment of the cholera outbreak to identify water resources, sanitation conditions and existing health condition including assessing the presence of available Health professionals and identifying vulnerable groups' needs (children elderly and pregnant).
- Procure and distribute mosquito nets, cholera kits (ORS, Zinz tabs), I.V fluids, Antibiotics, cholera beds in the existing Isolation centres (CTCs).
- Conduct community health promotion awareness campaigns about AWD/Cholera causes, symptoms, and prevention measure to reduce the impacts of cholera in the affected States.
- Perform house to house visit and health and hygiene promotion.
- Train 150 volunteers in communities on Infection prevention and control (IPC) procedures, psychosocial support (PSS), CEA, PGI minimum standards, and Oral Rehydration Point (ORP). ORP volunteers in communities will be able to identify, rehydrate, and refer potential cholera cases in their communities, as well as help them become better prepared for future outbreaks.
- Mobilise 60 volunteers (20 in each state) to support health workers in the detection of new cases through active case finding (community-based surveillance).
- Raise awareness in the communities through direct messages dissemination, mass media, education and communication activities, and IEC material facilities.
- Diffuse Radio message for awareness and sensitisation messages at least in 2 national radios.
- Enhance risk communication and community Engagement (RCCE) in the communities to play a key role in the awareness and behaviour changes during this intervention. These actions will tailor the messages and channel to different audiences/community members.

CBS activities:

- Build capacity of SRCS volunteers and community health workers on Cholera understanding and Community Based Surveillance.
- Mobilise SRCS volunteers and community health workers to increase community-based surveillance and active case finding of AWD/Cholera cases.
- Brief heads of villages, traditional/religious community leaders to support community health workers on implementing community-based surveillance/ active case finding of AWD/Cholera cases.
- Strengthen collaboration with traditional healers/doctors to encourage community-based surveillance and reporting of AWD/Cholera cases to medical/health staff.



Water, Sanitation And Hygiene

Budget: CHF 30,000

Targeted Persons: 25,000

Indicators

| Title | Target |
|--|--------|
| # of rapid/initial needs assessments reports conducted | 5 |
| # of water treatment consumables (coagulants and disinfectants) procured and distributed | 2,000 |
| # of volunteers trained on water treatment and disinfection | 150 |
| # of HHs reached with WASH kits | 3,000 |
| # of solid waste clean-up campaigns conducted | 50 |

| | |
|---|-------|
| # of Home Visits conducted | 5,000 |
| # of HHs reached with Hygiene Kits | 5,000 |
| # of HHs reached with dignity kits | 2,500 |
| # of volunteers trained on hygiene promotion in emergencies (100 in each State) | 250 |
| # of designed and disseminated IEC materials on hygiene promotion developed | 500 |
| # of post-distribution monitoring surveys conducted | 5 |

Priority Actions

Water

- Deploy technical staff and volunteers to conduct WASH field assessments.
- Procure and distribute household water treatment products for water chlorination.
- Provide training for 150 volunteers on water treatment and disinfection in targeted states.
- Procure and distribute WASH NFI (jerrycans of 20L, Buckets 14 L) to the most vulnerable 3,000 households – 4 Jerrycans plus 2 buckets per Household.
- Monitor the WASH situation in targeted communities of Kassala, Gedaref, River Nile, Northern State, Red Sea and Khartoum continuously.

Sanitation

- Coordinate with other WASH actors on target group needs and appropriate responses
- Conduct 50 Solid waste clean-up campaigns (10 in each State).

Hygiene

- Procure and distribute of 5,000 hygiene kits (1 Kit per household) and 2,500 dignity kits (500 kits per State).
- Conduct hygiene promotion and sanitation sessions for volunteers.
- Conduct 25,000 Home Visits (5,000 in each State).
- Provide training and refresher course for SRCS volunteers and staff on hygiene promotion in emergency. Also, orient WASH staff and volunteers on CEA and PGI minimum standards.
- IEC materials on hygiene promotion with key messages on personal hygiene and sanitation practices will be developed.
- Perform post-distribution monitoring for WASH NFIs, hygiene kits, dignity kits and water treatment products in targeted States. • •



Protection, Gender And Inclusion

Budget: CHF 9,500

Targeted Persons: 200

Indicators

| Title | Target |
|---|--------|
| # of PGI assessments conducted | 5 |
| # of staff and volunteers to be trained and refreshed on PGI and implementing the minimum standards for PGI in emergencies, GBV, Safeguarding, PSEA and Code of Conduct | 200 |
| # of designed and disseminated IEC materials on PGI and CEA (including SGBV, PSEA and child Safeguarding) | 500 |

Priority Actions

- Conduct PGI rapid assessment to lead to PGI analysis and set up mitigation measures.
- Training to SRCS staff and volunteers involved in various sectors (Health and WASH and Shelter) on the PGI minimum standards in



emergencies, prevention and response to Gender-Based Violence (GBV), Safeguarding (Protection from Sexual Exploitation and Abuse and Child safeguarding) and ensure all participants sign SRCS PSEA policy and Code of Conduct (briefing and signing) and inform them about the safe referral pathway in the country.

- Gender and diversity analysis to understand the capacities, risks and needs of the diverse groups in the affected IDPs and host community.
- Selected volunteers to be trained on how to conduct PGI rapid assessment.



Community Engagement And Accountability

Budget: CHF 17,500

Targeted Persons: 2,000

Indicators

| Title | Target |
|---|--------|
| # of Post distribution monitoring to collect feedback | 2 |
| # of feedback collected monthly from the communities | 5 |
| # of SRCS, focal points, staff and volunteers oriented in CEA & sensitive feedback and complaints mechanism | 200 |
| # of Communication Skills training conducted | 1 |
| # of community consultation to identify feedback channels | 5 |
| # of designed and disseminated IEC materials on CEA | 5 |
| # of Satisfaction survey conducted (5 branches) | 5 |

Priority Actions

- Conduct post-distribution monitoring (PDM) in 5 states to assess the utilisation of distributed items and services provided.
- Set up feedback desks, Suggestion Box creation, and online platforms to collect and document feedback regularly.
- Orient and disseminate CEA guidelines to the SRCS staff and volunteers engaged in the operation.
- Conduct Communication Skills workshop for CEA focal points (Writing stories, case studies, taking pictures) (25 SRCS staff/volunteers).
- Conduct community consultations amongst the affected people to identify their preferred feedback channels.
- IEC materials on CEA will be developed.
- Carry out satisfaction surveys in each branch.



Secretariat Services

Budget: CHF 33,000

Targeted Persons: 200

Indicators

| Title | Target |
|--|--------|
| # of communication materials produced through social media and other media outlets | 10 |
| # of field monitoring visits to operation areas | 5 |
| # of surge personnel deployed | 1 |

| | |
|---|---|
| # of communication plan developed | 1 |
| # of Coordination meetings with active partners | 5 |

Priority Actions

- Produce and share Communication materials.
- Conduct field monitoring to provide technical support and monitor the ongoing operations.
- An Ops Manager Surge deployment for 3 months.
- Expand SRCS communication capacity and plan through a communication advisory mission.
- Ensure Movement coordination is in place.



National Society Strengthening

Budget: CHF 10,000

Targeted Persons: 200

Indicators

| Title | Target |
|---|--------|
| # of SRCS volunteers provided with necessary PPEs and emergency response kits | 200 |
| % of financial reporting respecting IFRC procedures | 100 |
| # of lessons learned workshop conducted | 1 |

Priority Actions

- Provide personal protective equipment (PPE), and emergency response kits (life jackets, lifebuoys, ropes, helmets, raincoats, and rubber boots) for SRCS volunteers and staff involved in flood operations.
- Provision of technical support to SRCS when required.
- Conduct a lesson learned workshop by the end of the operation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

SRCS has deployed 200 active volunteers to respond to the devastating floods and cholera outbreak. These volunteers are trained and refreshed before deployment. This number of volunteers could be increased if the situation requires it.

Will surge personnel be deployed? Please provide the role profile needed.

One surge profile is expected to be deployed: an ops manager for 3 months.

If there is procurement, will it be done by National Society or IFRC?

Due to the ongoing conflict in the country, SRCS requires support in logistics and supply chain management, and will adhere to international procurement procedures with assistance from the IFRC Country Cluster Delegation. Most NFIs are expected to be sourced internationally. The IFRC Africa Regional Office (ARO) will facilitate the procurement and transportation of these items into Sudan. If feasible, local procurement options will also be considered.



How will this operation be monitored?

The SRCS operation team, supported by the IFRC Country Delegation, will conduct field visits to monitor the ongoing activities. Additional technical support can be provided by the IFRC ARO PMER team. In cases where security conditions allow, the IFRC Country Delegation team will accompany SRCS on these visits to enhance accountability.

Regular coordination meetings between SRCS and IFRC will be held to review and monitor the operations. implementation plan, assess procurement status, and address any challenges that may arise.

Post-Distribution Monitoring (PDM) will be carried out for all NFIs distributed and services provided, ensuring that the target populations are satisfied with the distribution process and the quality and quantity of the items and services.

Reporting on the operation will be conducted according to IFRC-DREF standards, with regular updates provided throughout the operation and a final report submitted within three months of the operation's conclusion.

At the end of the IFRC-DREF operation, a lessons learned workshop will be held to capture recommendations for SRCS to consider and incorporate into future emergency operations.

Please briefly explain the National Societies communication strategy for this operation

The IFRC will support SRCS communications efforts through its communications experts based in the regional office in Nairobi. This support will include assistance with media relations, content collection, and the production of communication materials. Additionally, the IFRC will help promote advocacy messages by feeding content for social media platforms, such as Facebook and Twitter, ensuring effective dissemination through available channels.



Budget Overview



DREF OPERATION

MDRSD034 - Sudanese Red Crescent Society Sudan - Floods

Operating Budget

| Planned Operations | 884,270 |
|---|----------------|
| Shelter and Basic Household Items | 370,301 |
| Livelihoods | 0 |
| Multi-purpose Cash | 0 |
| Health | 208,847 |
| Water, Sanitation & Hygiene | 276,368 |
| Protection, Gender and Inclusion | 10,118 |
| Education | 0 |
| Migration | 0 |
| Risk Reduction, Climate Adaptation and Recovery | 0 |
| Community Engagement and Accountability | 18,638 |
| Environmental Sustainability | 0 |
| Enabling Approaches | 59,001 |
| Coordination and Partnerships | 0 |
| Secretariat Services | 35,145 |
| National Society Strengthening | 23,856 |
| TOTAL BUDGET | 943,271 |

all amounts in Swiss Francs (CHF)

Internal

[Click here to download the budget file](#)



Contact Information

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

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IFRC Project Manager: Alireza Aghaei, IFRC Operations Manager, alireza.ghaei@ifrc.org

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Media Contact: Susan Mbalu, IFRC Regional Communications Manager, susan.mbalu@ifrc.org

[Click here for the reference](#)

