



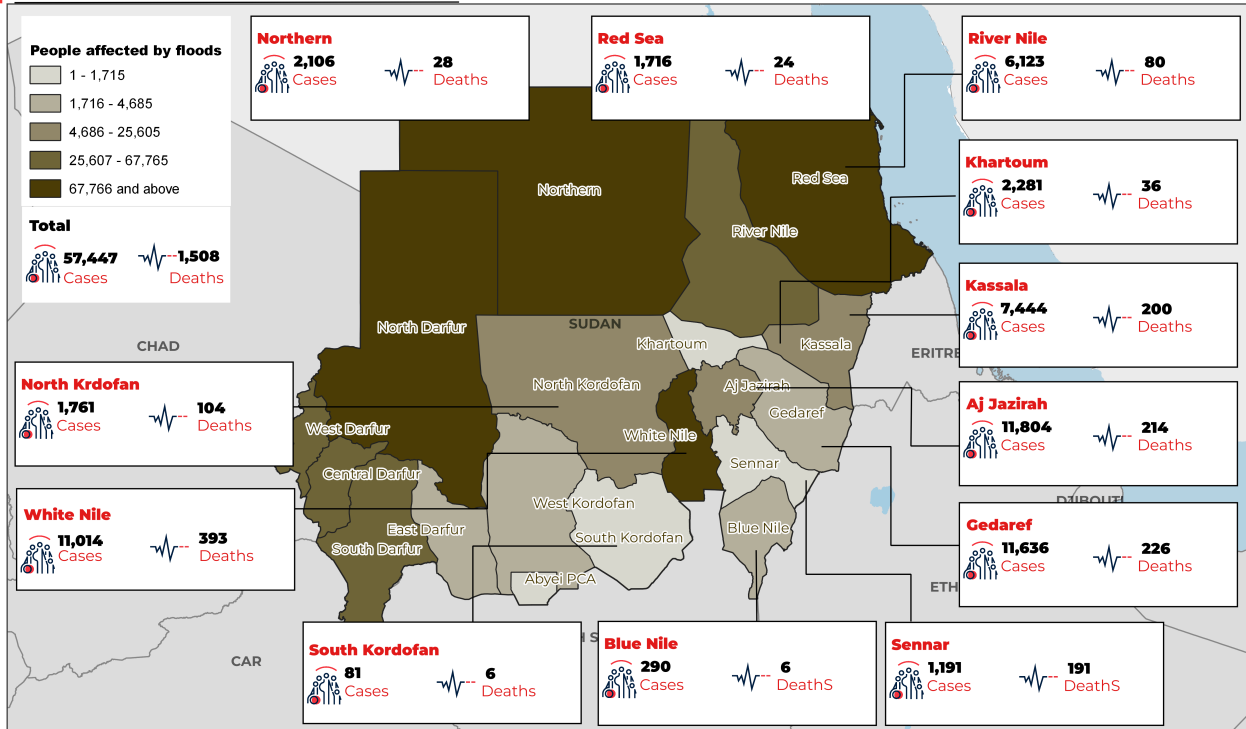
Distribution of health kits amongst flood affected people in West Darfur (Photo: SRCS)

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| Appeal: MDRSD034 | Total DREF Allocation: CHF 943,271 | Crisis Category: Orange | Hazard: Flood |
| Glide Number: - | People Affected: 460,743 people | People Targeted: 25,000 people | |
| Event Onset: Slow | Operation Start Date: 05-09-2024 | New Operational End Date: 30-06-2025 | Total Operating Timeframe: 9 months |
| Reporting Timeframe Start Date: 05-09-2024 | | Reporting Timeframe End Date: 15-03-2025 | |
| Additional Allocation Requested: 0 | | Targeted Areas: Gadaref, Kassala, Nile, Northern, Red Sea | |

Description of the Event

Sudan : Cholera and Floods Response

14 March 2025



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: GADM, Sudan RC, IFRC, Map produced by: IFRC Africa Regional, Nairobi

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Map indicating the affected States as of March 2025 (IFRC, IM)

Date when the trigger was met

25-08-2024

What happened, where and when?

On 25 August 2024, heavy rains led to widespread flooding across many regions of Sudan, worsening the already dire situation caused by the conflict that began in April 2023.

The rainy season continued until October 2024, with states experiencing above-average rainfall therefore additional flash floods and river flooding in several states. SRCS branches data indicates that states such as Kassala and Gederef impact were essentially in July 2024; Nile border states such as River Nile, Red Sea, Blue Nile & Northern states were mainly affected by floods and river overflow from late August to September; while caseload increased in the Darfur states between late August to October. The scale of need following the floods was unprecedented across Sudan, far exceeding the challenges of previous years and demanding extensive support from humanitarian partners. As of March 2025, needs remained dire in some states for both the floods and cholera impact. There was a notable increase in number of people affected, from around 460,743 affected in August to a cumulative 696,000 as of March this year (OCHA). The situation led to widespread floods and extensive humanitarian consequences across 17 states as of March 2025.

Before 2024, Sudan has faced flooding in recent years, but the current humanitarian crisis, due to the conflict, combined with heavy rains and deadly floods, caused a devastating impact on communities. Both those displaced by conflict and the host communities are in challenging conditions and suffering. The floods rendered roads impassable, further complicating the delivery of aid. The 2024 rainy season was also marked by the spread of epidemic diseases, including cholera and watery diarrhea, further straining the already fragile health system. The conflict disrupted the operations of 80% of health facilities, severely limiting the capacity to respond to these crises.

The dual crises of flooding and cholera outbreaks struck at a time when 24.8 million people in Sudan needed humanitarian assistance, over 10 million were internally displaced, and the country faced one of the worst food security crises in the world. The floods and the cholera have put thousand individuals at risk and increase the humanitarian needs. The country humanitarian conditions beyond the

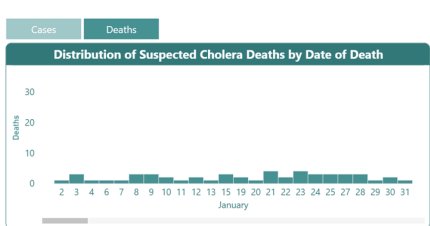
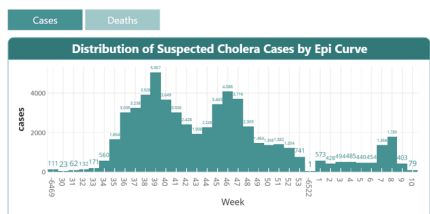
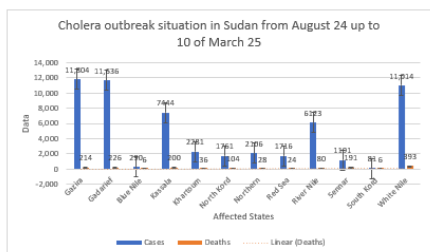


floods were and remain dire, which increase the vulnerabilities and slowdown the recovery to the floods or cholera situation. The need for assistance is still critical for several communities across the country, include the targeted states where the floods further exacerbated the displacement crisis, pushing already vulnerable communities to the brink.

When launching this operation, the Red Sea, River Nile, and Northern State were part of the most severely affected states for the 2024 floods while Kassala, River Nile, and Gedaref were battling with surge of Cholera. These areas remained among the highly impacted with other states that have seen increased caseload following the initial plan, notably White Nile for cholera and States in the North for floods. Movement partners and other humanitarian actors are active to deliver assistance in affected states. The surge of cases and death in White Nile has also shift priorities for the cholera response in country.

Cholera outbreak situation in Sudan from August 24 up to 10 of March 25

| State | Cases | Deaths |
|----------------|--------------|-------------|
| Gazira | 11,804 | 214 |
| Gadarief | 11,636 | 226 |
| Blue Nile | 290 | 6 |
| Kassala | 7444 | 200 |
| Khartoum | 2281 | 36 |
| North Kordofan | 1761 | 104 |
| Northern | 2106 | 28 |
| Red Sea | 1716 | 24 |
| River Nile | 6123 | 80 |
| Sennar | 1191 | 191 |
| South Kordofan | 81 | 6 |
| White Nile | 11014 | 393 |
| Total | 57447 | 1508 |



General directorate of health emergencies and epidemic control Cholera data as of 10.03.2025

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

Scope and Scale

Sudan grappled with a devastating combination of conflict, deadly floods, and cholera which severely impacted several states that were already struggling under dire conditions. Both displaced communities and the host communities were affected. The conflict caused significant damage to infrastructure weakening the capacity of the affected states to cope with the humanitarian needs resulting from the concurrent ongoing crisis.

The scope and scale of the floods in Sudan following the rainy season of 2024 was unprecedented with growing impact that continued from June to September and a peak of flooding events reported from August. In total, 119 incidents of heavy rain were reported by DTM Sudan, with some of the most deadly ones being the burst of the Arba'at Dam on 25 August with 30 fatalities registered. The floods triggered sudden displacement in Sudan.

1) On 25.08.2024, the data collected indicated that 460,743 people were affected by floods countrywide, with impact in 15 states. The floods resulted on 64 fatalities, 1,246 injuries, and the complete destruction of 39,081 homes, with an additional 11,995 partially damaged. Public infrastructure also suffered greatly, with 270 facilities and 34,219 latrines destroyed, alongside the loss of 10,762 livestock. Critical bridges and roads were washed away, severely disrupting the movement of goods and people across affected states. The floods in Northern State and Red Sea State further intensified displacement, compounding the crisis. From IOM, rain and floods displaced an estimated 178,460 individuals (35,692 households) at the end of August. Most affected states in that period were : Northern States with 50,000 people affected, River Nile State with 96,609 people affected.

- In Northern state, SRCS rapid assessments in August 2024 reported significant impact in Atbara-Abu Hamad Road, Dongola-Halfa Road, and the Sudan-Egypt international route in Abu Sara. Over 50,000 people affected, with 10,000 homes completely destroyed and 2,485 homes partially damaged. In Gold locality, 920 houses collapsed, and over 2,000 were partially damaged.
- River Nile State: SRCS assessments indicated that 96,609 people were affected by heavy rains and flash floods in River Nile State. In Abu Hamad locality alone, 24,104 homes were completely destroyed, 8,016 partially damaged, and 32,202 latrines collapsed. The floods resulted in 34 deaths and 588 injuries,
- Red Sea State: main impact started in July and affected mainly the northern region. Floodwaters severed key transportation routes, including the main coastal road linking Sudan and Egypt and the national road in Aqaba and Jebein.

2) The current situation remains dire. The scale of the needs and people affected across the country by the floods still call for further humanitarian efforts. From Sudan RC context monitoring, thousands of individuals remains displaced in the targeted states, which could



indicate the same for other affected states. OCHA reports indicates that floods as of March 2025 have affected 696,683 of People (127,283 Households) of which 185,805 people displaced, 84 People killed, 112 People injured, 52,109 Houses damaged, 66,359 Houses destroyed. Based on the OCHA Figures as of March, 171918 people were affected in Red Sea; 123855 people in North Darfur; 95552 people in White Nile; 68193 people Northern State; 67480 in South Darfur; 58960 people in River Nile; 41099 people Central Darfur; 28230 people in West Darfur; 15093 in Kassala; 4443 people East Darfur. States as Gezira State/Aj Jazirah; North Kordofan States; Khartoum State; Blue Nile; Gedaref; West Kordofan; Kordofan; Sinnarr had very little to no major impact.

3) The cholera situation has also evolve with the floods. Since August, the Ministry of health has stressed that the epidemic was caused by environmental conditions and unclean drinking water in several places. The continuous rains and the floods impact on the WASH infrastructures and access to clean water initially worsen the cholera situation in some states since the beginning of the outbreak. The floods consequences exacerbated the country's already fragile health conditions, triggering a significant cholera outbreak, particularly in Kassala, Gedaref, and River Nile states. Contaminated water supplies, caused by floodwaters mixing with sewage, fueled the spread of the disease.

- Between July 22 and September 1, the Sudanese Ministry of Health reported 2,895 cholera cases and 112 deaths. The outbreak was attributed to environmental conditions and unsafe drinking water, with Kassala and Gedaref states being the most affected. While Sudan experienced cholera outbreaks in the past, the current situation was worsened by the collapse of health infrastructure, damaged water systems, and limited access to medical supplies due to the ongoing conflict.
- From late 2024, with the decrease of the rains and recede of water, outbreak trend also switch. The response efforts and improvement of living conditions in some areas previously flooded has contributed to a controlled of the cholera escalation in some states where the outbreak was initially driven.
- New surge of cases in some states. For the overall cholera situation, the data and reporting challenge limit a clear breakdown of the cholera cases since August 2024 but cumulative data clearly indicate an important upsurge of cases with a shift of epicenters to different states.

Main escalation being reported in White Nile. On the 20th February 2025, Ministry of Health announced an alarming cumulative case only for 2025 cholera cases and deaths in WHITE NILE for 2025 (865 case and 46 deaths as of today). Cases reported from White Nile, in Kosti city and 3 other localities (Alsalam, Guli and Tandaliti), transmission is said to be via unsafe water. Few actors started the response SMOH, MSF, SRCS, Alsehil and hope Sudan. The situation is very challenging in managing and controlling the cases as well as preventive interventions. This therefore a new for the SRCS support in prevention and control interventions.

The cumulative cases jumped from 2895 cases (with main epicenters in Southeast states) on 28 August 2024 to more than 57,000 suspected cases and 7 most affected states. Main epicenters as of 10.03.2025 included White Nile with 11014 cases, Gazira 11,804; Gadarief 11,636; Kassala 7444; River Nile 6123. On 03.03.2025, White Nile had 10827 cases. These information are from Sudan RC, through their state level coordination involving local branches of MoH. The other states (include the ones targeted initially by NS) have seen a decrease on the cases, requiring a reorientation of priorities for cholera resources under this DREF allocation.

Source Information

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

Summary of Changes

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|---|-----|
| Are you changing the timeframe of the operation | Yes |
| Are you changing the operational strategy | No |
| Are you changing the target population of the operation | No |
| Are you changing the geographical location | No |
| Are you making changes to the budget | No |
| Is this a request for a second allocation | No |



Has the forecasted event materialize?

No

Please explain the summary of changes and justification:

This DREF update is meant to inform stakeholders on the progress of the operation and the changes required to adjust to the operational and logistic challenges. The operation is extended to an additional 3 months that will serve to align the health intervention to the cholera response priorities following the recent trend of cholera in White Nile that was first not included in the plan. Operation will be implemented until 30.06.2025.

Changes on the context and Operational challenges

- There have been changes in the cholera context, with a reduction in cases in Northern State but a dire situation in White Nile due to rising cases. By February 21, 2025, there were 865 cases, and 46 deaths reported in White Nile. Red Sea and Kassala states received additional support from other partners, allowing more focus on Gadaref, Northern, and River Nile states by NS.
- Delays in the delivery of internationally procured supplies and lengthy customs clearance processes have impacted the timeline, necessitating an extension. SRCS has developed a work plan to ensure effective and timely activities. That plan factors the common slowdown during Ramadan which is a period where community level activities must be culturally/religious sensitive. Therefore, that plan schedule the distributions to commence in April 2025, following Eid celebrations.

Adjustments done to overcome the challenges and adjust to the current context:

The SRCS is extending its operation by 3 months and making operational and financial adjustments to address current needs. The extension of the Floods DREF will enable SRCS to distribute essential items like NFIs, dignity kits, hygiene kits, MHM kits, chlorine, zinc, and ORS to the most affected populations. This support is crucial for addressing ongoing humanitarian needs and strengthening community resilience. Key changes include:

- Aligning the work plan with the new timeframe to ensure timely completion of activities. This includes also a rapid assessment of the situation and consultations with communities and local actors to refine the selection of beneficiaries based on updated movement and assistance. This process is ongoing and will inform the pending distributions.
- Including White Nile to the target of this intervention. for the health, WASH assistance in order to reduce the upsurge of cholera.
- Maintaining the same geographical coverage but prioritizing actions in White Nile due to increased cholera cases.
- Reallocating the budget from areas with decreased outbreaks (Red Sea and Kassala) to support sanitation and awareness campaigns in White Nile. Using unspent budget from cancelled cholera beds procurement but also savings from coordination meetings, PGI assessment & case reporting to fund community awareness sessions, volunteer training, and additional printing of IEC materials in White Nile.
- Extending the surge period from 3 to 5 months, with in-country resources covering any budget gaps.

These adjustments aim to enhance cholera prevention and control efforts, particularly in White Nile and Northern State.

Progress so far on the intervention

- The Sudanese Red Crescent Society (SRCS) has made significant progress in responding to floods and cholera outbreaks. 40,830 home visits reached 204,150 people with cholera prevention messages, while 28 Oral Rehydration Points (ORPs) provided treatment to 977 people. 300 volunteers trained in cholera awareness and community-based surveillance identified 513 suspected cases.
- In WASH, 13,401 households received water treatment consumables, 12 emergency latrines were built, and 1,200 dignity kits distributed. 3,000 households targeted for NFI support, with distributions planned for April 2025.
- Community engagement saw four states establish feedback mechanisms, and SRCS revised its Code of Conduct for safeguarding. Coordination with partners strengthened, and one surge personnel deployed. Despite procurement delays and security challenges, SRCS has adapted, reallocating funds to White Nile's worsening cholera outbreak. The operation has been extended until June 2025 to complete distributions and post-distribution monitoring.
- The International procurement of relief items for shelter, WASH, Health is almost finalized and will be dispatched in branches. These items will alleviate the needs for EHI for 3000 HH; enhance hygiene, water treatment & dignity for at least 6000HH; and support the cholera treatment rehydration to 1000HH while preventing other vector borne disease with mosquito distribution to ~5500HH. The target will consider the gaps in the floods and cholera.
- A workplan for the coming months consider all operational adjustment for effective completion of the intervention. SRCS remains committed to improving its services for affected communities, making it essential to conduct both Post-Distribution Monitoring (PDM) and a Lessons Learned Workshop (LLW) after the distribution and at the end of operations, respectively. These activities are critical for assessing the satisfaction of the target population and enabling SRCS to enhance the quality of its interventions in future emergencies.



Current National Society Actions

Start date of National Society actions

25-08-2024



Volunteers engaged on awareness in public institution



Printed messages for awareness



Demonstration on the use of ORS



Sanitations installed with latrines and handwashing in one affected areas

Shelter, Housing And Settlements

In the early stage of the floods, NS conducted the rapid assessments in three states to inform intervention planning: Northern, Red sea, River Nile. The SRCS has a provisional plan for the distribution of the items.

- Shelter awareness sessions covering safe construction, use of the items. Integrated into ongoing community outreach activities, with plans to scale up once NFIs are distributed.
- NS has advance some of the stocks from their warehouses. Include 1,200 dignity kits; 500 hygiene kits; 67,005 water treatment consumables such as jerrycans, buckets, cups... In total this was distributed to 13,401 households, ensuring access to safe drinking water in the three most affected states. This assistance significantly mitigated the WASH and Health risk. More procurements are being completed that could reach 6000HH.
- NS continue to engage with community to harmonize the targeting and distribution to the evolution and movement of that happened since the launch of the DREF.

Health

With support from the DREF, the national society has been able to train volunteers that are carrying out community-based health awareness sessions, PSS/ PFA intervention. Training and knowledge enhancement: 390 volunteers trained in Oral Rehydration Point (ORP) management and infection prevention & control.

There has been continues support from the SRCS HQ and IFRC surge on the delivery



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| | <p>output, quality and reporting. Main achievements contributed to reduce the sup surge of cases of cholera in the targeted states. The needs remain, especially in Northern areas and White Nile state but so far, NS provided the following lifesaving support to the communities:</p> <ul style="list-style-type: none"> • 40,830 home visits conducted, exceeding the target of 32,400 and reaching over 204,150 people with cholera prevention messages. • 300 volunteers trained in cholera disease awareness and community-based surveillance (CBS), surpassing the target of 200 volunteers. • 28 Oral Rehydration Points (ORPs) established, exceeding the initial target of 15 ORPs, providing 977 people with emergency hydration treatment. • 300 households received cholera kits (ORS, Zinc, IV fluids, antibiotics) out of the 3,000 planned, with procurement delays affecting distribution. • Cholera case detection at community level - 13 reports submitted to the Ministry of Health (MoH) for cholera case monitoring. 513 suspected cholera cases identified and referred, exceeding the planned 300 cases due to active surveillance efforts. |
| <p>Water, Sanitation And Hygiene</p> | <p>130 volunteers trained on water treatment and disinfection, achieving 86.6% of the target. The volunteers trained supported the awareness, latrines construction and campaigns for sanitations and cleanings. All these activities contributed to reduce the hygiene and WASH infrastructure challenges for the affected communities. Reducing the risk as well for cholera.</p> <ul style="list-style-type: none"> • Hygiene promotion sessions reached 7,230 people in 1,446 homes through trained volunteers in three states. • 12 latrines (6 in River Nile and 6 in Gadaref states) emergency latrines constructed. • 10 out of 50 planned campaigns conducted for solid waste /environmental clean-up campaigns • 1,200 dignity kits and 500 hygiene kits distributed, with more awaiting procurement. • 67,005 water treatment consumables distributed to 13,401 households, ensuring access to safe drinking water in the three most affected states. This assistance significantly exceeded the planned 2,000 households. <p>With support from the DREF, the national society has been able to train volunteers that are carrying out community-based hygiene promotion activities in the community; in two of the state's construction of emergency latrines was done while in northern state the need was desludging which was done on recommendation of the MOH.</p> |
| <p>Protection, Gender And Inclusion</p> | <p>The PGI unity continued to ensure integration of some of its activities. It reviewed the volunteers Code of Conduct (CoC) to include in new human resource (HR) requirements. This has been done with support from HR department. The revised CoC will be distributed and signed by all volunteers. In addition, a toll free line has been initiated and will be included on batch of IEC material under production.</p> |
| <p>Coordination</p> | <p>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.</p> |
| <p>Assessment</p> | <p>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.</p> |
| <p>Activation Of Contingency Plans</p> | <p>In preparation for the flood season, SRCS developed and implemented a national contingency plan, which has now been activated.</p> |



IFRC Network Actions Related To The Current Event

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| Secretariat | <p>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.</p> <p>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. All procurement that includes NFIs, hygiene kits, MHM kits, Dignity kits, Zinc tabs, ORS, Chlorine, were ordered however not delivered on time. Some of the items arrived in Port Sudan and are being cleared. The SRCS revised its distribution plan.</p> |
| Participating National Societies | <p>In response to the floods, Danish Red Cross procured NFIs including 400 tarpaulins, 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 Kassala State.</p> <p>In response to the raising cholera cases in White Nile state, the IFRC in coordination with the SRCS is in discussion within country partners to support the White Nile state cholera response in a well-coordinated manner and to ensure effective resource allocation.</p> <p>Norwegian Red Cross procured 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 and also conducting hygiene promotion sessions through 12 volunteers in River Nile State as its continuous support to the SRCS. This was in addition to preparedness support procured by Spanish Red Cross at the beginning of the year 2024 that included 1,600 blankets, 1,600 Jerry cans, 1600 mosquito nets, and 40,000 purification tablets weighing 3.756 metric tons with total volume of 29.960 Cubic Metre.</p> <p>NorCross, has earmarked funds for 5 ORPS, Danish will support 5 ORP, Health awareness, promotion and community engagement staff costs and operation running cost. SRC is working on reallocating funds and materials to the response in White Nile state.</p> |

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

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| Government has requested international assistance | Yes |
| National authorities | <p>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.</p> <p>SRCS is working closely with the Federal Ministries of Health and Interior to deal with the disasters.</p> <p>SRCS has continued to work closely with the Federal Ministries of Health and Interior to deal with the disasters. The ministry of health has provided information and will support the response with Chlorination and ORS.</p> |
| UN or other actors | <p>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 continued to drive needs, worsening the humanitarian situation in Sudan.</p> <p>Many humanitarians who were on the ground tried to scale up and pushing ahead on multiple fronts to reach the people in need.</p> <p>Few actors started the response and these include SMOH, MSF, SRCS, Alsehil and hope Sudan.</p> |

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

Continuous rainfall from June to September resulted in 119 flooding incidents that affected close to 220 villages, flooding public and private infrastructures and hardware.

In August, the waters of Khor Baraka surging in a 6-meter wave, led 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.

On August 25, the catastrophic collapse of the Arba'at Dam, resulted in the loss of 10,000 livestock, the destruction of 84 wells, 70 schools, 1,380 latrines, and 20 villages.

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 August, IOM, indicated that floods displaced an estimated 178,460 individuals (35,692 households). Figures from OCHA of the displacement due to floods as of March 2025 indicate 185,805 people with 52,109 houses damaged and 66,359 houses completely collapsed.

The situation is severe, and needs remains in the targeted states. An urgent response is required to address the shelter needs of the affected population. Many communities are still battling to cope with the severe effects of the floods in the living conditions. The losses registered adding to existing challenges they were facing left them in high vulnerabilities. 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.



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.

- From 22 July 2024 to September 1, 2024, MoH started raising an alarm on the surge of cases and escalating factors for cholera in Kassala and Gedaref states. 2,895 cholera cases and 112 deaths were reported. MoH indicated that the outbreak was driven and will likely escalate further due to environmental conditions, unsafe drinking water, and the collapse of health infrastructure due to ongoing conflict.
- The outbreak progressively escalated across several states include River Nile, Gazira, Gadarief, Blue Nile, Khartoum, North Kordofan, Northern, state, Red Sea, River Nile, Sennar, South Kordofan and White Nile. The surge of cases during the rainy season and due to the gaps in the health and WASH system was significant.
- Cumulative Cases jumped from 2,895 cases in August 2024 to over 57,000 suspected cases. Most Affected States: White Nile (10,827 cases on 03/03/2025 to 11014 as of 10/03/2025), and Sinnar (14 cases), Gazira 11,804, Gadarief 11,636, North Kordofan (118 cases). This represents a significant shift in Epicenters since August 2024.
- Immediate action was 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.
- In Tokar city, Red Sea State, the situation was 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.

In late 2024, the decrease in rains and receding water led to a decrease on the above trend and in some areas the controlled escalation. Improvement in living conditions and response efforts from NSs and other actors (SMOH, MSF, SRCS, UN, Alsaheil, and Hope Sudan.) helped manage the outbreak in initially affected areas and subsequent affected ones.

However, since the beginning of the year, a new Surge of cases raised again the alarm from MoH. White Nile State registered a significant increase in cases, with 865 cases and 46 deaths reported by February 20, 2025. Main affected Areas: Kosti city and localities of Alsalam, Guli, and Tandaliti. Transmission is attributed mainly to unsafe water. Efforts from SMOH, MSF, SRCS, Alsaheil, and Hope Sudan are ongoing, but the upsurge of cases required more support to tackle the WASH gaps that are driving the surge of cases. SRCS intervention include 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 NS also established.

Challenges and persistent gaps include:

- Data and reporting limitations, requiring reorientation of cholera resources.
- Support to case detection and case management in newly escalating states
- Continues sanitation campaigns and enhancing hygiene
- Contribute to the access of safe water
- Ongoing conflict has impacted around 80% of the health systems and infrastructure and is further limiting access to health care.

RCCE and awareness raising for community prevention and contribute to stop the transmission still important. The access and support to health care system for the cholera identified cases was essential in the first epi-centers and same needs across the affected states. 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.

With 865 cases and 46 deaths reported by the MoH in White Nile state for 2025, the SRCS is planning to provide minimal prevention and



control support through provision of ORS, Zinc, chlorine and support community awareness sessions. This will necessitate re allocations from the DREF funds and logistics to address critical needs.



Water, Sanitation And Hygiene

On August 25, the catastrophic collapse of the Arba'at Dam, resulted in the destruction of 84 wells, 70 schools that usually served for cleaner evacuation points, 1,380 latrines, and flooded 20 villages. The dam's collapse emptied its reservoir, threatened water supplies in Port Sudan, which relies heavily on the Arba'at Dam for fresh water. Flooding from Khor Arab and Khor Baraka further disrupted transportation, submerging the city of Tokar and cutting off roads linking Port Sudan to Tokar and Aqeeq. led to a severe water crisis.

Beyond the immediate impact with the destruction or flooding of WASH infrastructure, include water sources, latrines etc; the situation deteriorated rapidly, with water prices increasing daily and called for the Tokar area to be declared a disaster zone. This unprecedented crisis further exacerbated the urgent need for support to stabilize and improve access to clean water in the affected regions. Despite the on-going efforts by various partners in the country, there has been a new outbreak in 5 counties of the White Nile state with 865 case and 46 deaths reported by the MoH. This therefore calls for the SRCS to support through awareness promotion to prevent and control the spread of cholera to a wide population.

According to SRCS assessments, the immediate needs in flood and cholera-affected areas included safe water, waste disposal, hygiene supplies, food, non-food items (NFIs), health services, and shelter. However, the scale of the needs far exceeded those of previous years, necessitating comprehensive and sustained support to address the crisis effectively.

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) gathered. The situation was further worsened by ash floods, which intensified existing water and sanitation challenges. The Ministry of Health (SMoH) continued to report cholera cases in flood-affected regions, which underscored the urgent need for intervention.

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

- 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 were crucial for managing immediate water and sanitation needs and preventing further outbreaks of waterborne diseases thus the need to have the procured items distributed to the target community. But gaps remained. The collaboration between SRCS and local authorities highlighted the importance of a coordinated approach to addressing the complex challenges posed by conflict and natural disasters.



Protection, Gender And Inclusion

The local authorities anticipated further cholera outbreaks and very heavy rainfall, which led to torrential floods and the inundation of valleys and creeks. The situation directly affected displaced individuals who were already struggling with food shortages and limited livelihood opportunities. Many families were forced to remain in IDP or evacuation centers, or with host communities, for extended periods. Some had already been in these centers for months since the conflict began, and the need for prolonged stays.

This protracted displacement situation raised 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 exacerbated the vulnerability of affected populations. Therefore, it was 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 is essential because households affected by the disaster urgently needed help from governmental and non-governmental organizations. SRCS was committed to engage affected communities through Community Engagement and Accountability (CEA). SRCS set up feedback desks, Suggestion



Boxes, and online platforms in affected areas and provided information, assistance, and collected feedback regularly. Red Crescent staff and volunteers were further trained on using the Kobo tool to collect feedback from affected communities. This encompassed 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 assessed 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 CEA tools for all branches involved in the response operations, ensuring that information is appropriately shared with the communities they serve. The branches have been trained on CEA guidelines to facilitate clear communication and enhance the effectiveness of the response efforts. SRCS also conducted community consultations amongst the affected people and identified their preferred feedback channels.

Operational Strategy

Overall objective of the operation

This intervention aimed 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 IFRC-DREF allocation aimed at providing essential support for life saving, dignity, access to basic relief and limiting the surge of cholera fatalities by delivery of non-food items (NFIs) for shelter, WASH and health needs but also delivery of critical health, WASH and protection services to enhance their living conditions and reduce vulnerabilities that resulted from floods and cholera.

The operation was planned to be carried out over a period of 6 months for 6 states, but it is now extended to 7 states for 9 months to align with current priorities in White Nile and ensure effective execution of all activities. This extension will enable the distribution of the items to target communities and allow for the completion of both post-distribution monitoring and a lessons-learned workshop, which are critical activities for learning and effective service delivery.

Operation strategy rationale

The Sudanese Red Crescent Society (SRCS) is addressing the needs of people affected by heavy rains, flooding, and cholera outbreaks in Sudan. The response strategy involves collaboration with national and local authorities and leveraging Red Cross and Red Crescent partners. The IFRC-DREF operation is extended for three months to cover a total of nine months, focusing on mitigating the impacts of floods and cholera, especially in the most affected communities. The IFRC Emergency Appeal (MDRSD033) supports SRCS in delivering humanitarian assistance to 800,000 people from 2023 to 2024 in the most affected states.

Non-Food Items (NFIs) and Basic Needs Assistance:

The DREF operation aimed to address urgent needs of 3,000 households affected by heavy rains, flash floods, and cholera in Red Sea, River Nile, and Northern State with a main relief assistance that included the distribution of Essential items such as blankets, tarpaulins, kitchen sets, mosquito nets, cholera kits, hygiene kits, dignity kits, water treatment products, PPE, and emergency response kits are procured internationally and locally. At the time of this update, the international procurement that used is yet to be finalized. Most of the items are at the custom and clearance is ongoing. The dispatch to branches will be done according to the gaps analysis being done at the moment to ensure the priorities are refined based on the evolution since the launch of the DREF. While it is clear that there still huge needs for assistance in the floods affected communities and for the cholera prevention, the evolution of the situation since the launch of the procurement need to be done. The distributions priorities for the items to be received will factor the current needs and gaps in the areas, the displacement and actual affected families in the targeted states, the assistance and gaps in the actual response from partners etc. NS distributions are planned for April and will reach 3,000 HH procured and to be distributed. List of items include: 9,000 blankets, 6000 mats, 3000 kitchen sets. Shelter awareness sessions have been instrumental to reduce the risk and exposure of some villages to the heavy rains and subsequent floods. The early warning and later on messages on floods safety and safe construction are meant to contribute to more awareness in floods seasons. NS also engaged the team in pre-distribution educative sessions on the use of the items. These messages were integrated into ongoing community outreach activities, with plans to scale up once NFIs are distributed. Second round of Shelter awareness sessions once NFIs are distributed.

Health: SRCS planned to provide direct healthcare services to 5,000 households, and general awareness campaigns on cholera prevention, health and hygiene promotion, and disease control to 32,400. In general, the current intervention has passed that target from far, reaching 204,150 people with the health assistance. 40,830 HH received cholera prevention messages and 1490 affected people were supported with direct healthcare services.



To reach that target, NS ensured teams were trained on contact tracing, epidemic prevention and control, CBS. That training was prioritised in the training plan of the NS branches. At the launch of the intervention, NS ensured rapid trainings for 60 volunteers to combat cholera and waterborne diseases, conducting house-to-house visits and supporting isolation centers. This was scaled up to 300 volunteers, exceeding the 200 planned due to needs. In total? 390 staff and volunteers were trained on ORP management and ORT: infection prevention and control (IPC), psychosocial support.

SRCS collaborates with health authorities to establish Oral Rehydration Points (ORPs) and procure mosquito nets for home isolation. 28 ORP established compared to the 15 planned and 977 patients received and managed in the ORPs so far. Community awareness campaigns and community-based surveillance (CBS) are implemented to detect new cholera cases and promote health practices. These campaigns are planned to continue.

For the disease prevention and case management at community level, procurement was planned that included mosquito nets, ORS, Zinc, Chlorine. These items are not yet received at branch level. The delivery is expected for end of March 2025. It includes: 11,000 mosquito nets procured (the 15000 planned were not possible within the budget), 2200 ORS, 3000 Zinc for communities' distribution and use through ORP; 139500 tabs Chlorine for water treatment at communities' level. To support this distribution and the effective use of these items, NS will maintain the cholera prevention messages and scale-up the sanitation campaign under the WASH sectors. Especially for White Nile, Northern Kordhafon.

Water, Sanitation, and Hygiene (WASH): SRCS conducted a WASH field assessment to gather the priorities for both the floods impact and cholera WASH needs which was concluded to be the same in the areas targeted. The NS also coordinates with other WASH actors to address sanitation needs. Hygiene promotion and sanitation activities are carried out, with IEC materials developed to promote personal hygiene and sanitation practices. SRCS volunteers and staff receive training on hygiene promotion in emergencies. These efforts aim to address the immediate needs of affected populations and strengthen community resilience against future outbreaks and disasters. SRCS volunteers and staff received training on hygiene promotion in emergencies.

The WASH needs included the water treatment material for the families affected by floods and cholera, aiming at reducing the risk for outbreaks or upsurge of waterborne diseases. 139500 tabs Chlorine for water treatment are procured and delivery yet to be received by March. Furthermore, NS distributed 67,005 water treatment consumables (jerrycans and other material for water management). The procurement of portable jerrycan, BUCKET, plastic, 14L with clip cover for 6000 HH is yet to be completed and delivered. Expected for March. Considering that NS has already proceeded with some distributions, the operation unit is assessing what will be oriented to the replenishment of their stock and to which extend give the priority to continuous needs.

Protection, Gender, and Inclusion (PGI):

PGI was included in needs assessments to gather detailed information on risks, needs, and concerns, ensuring the operational response addresses them according to SRCS capacity. Funds were planned for IEC materials to support awareness in target communities and update the code of conduct to enhance volunteer engagement. SRCS conducted awareness talks and training for volunteers and staff on PGI minimum standards, SGBV prevention, safeguarding, and the Code of Conduct. IEC materials on PGI were not yet disseminated to different population groups in affected communities due to the challenge on getting the freeline updated. SRCS participated in GBV national subsector, PSEA Sudan Network, and Child Protection Working Group to stay updated on safe referral pathways and coordinate with other partners.

Community Engagement and Accountability (CEA):

SRCS set up feedback desks, suggestion boxes, and online platforms in affected areas to provide information, assistance, and collect feedback. To support the feedback system and planned CE activities, Staff and volunteers were to receive training on using the Kobo tool to collect feedback from affected communities. At the moment, CEA focal points per branches are the only trained. Cascade yet to be completed. Community and local authorities' engagement and consultations continue to ensure intervention remains aligned with latest priorities and gaps. Feedback collection, consolidation and reporting will continue and as relevant will inform any adjustments to the distributions remaining or the sanitation campaigns which are the main pending activities.

Post Distribution Monitoring (PDM) methods will be used to gather feedback and address complaints from beneficiaries. The PDM approach will incorporate Key Informant Interviews (KII) & Focus Group Discussions (FGD), to gather feedback and address complaints from beneficiaries. SRCS used CEA tools for all branches involved in response operations, ensuring information is shared with communities. Community consultations were conducted to identify preferred feedback channels, with ongoing consultations to keep track of community preferences. This exercise will evaluate the appropriateness and usefulness of distributed items.

Strengthening SRCS: The IFRC Country Cluster Delegation in Sudan, along with experts from the IFRC Regional Office, provided continuous technical support to SRCS.

An operations manager was hired for five months to support the implementation of IFRC-DREF activities.



A lesson learned workshop will be organized at the end of the operation to gather valuable information for future operations.

Challenges and Adjustments

- Delays in procurement and customs clearance affected the timely distribution of relief supplies.
- Internationally procured NFIs and hygiene kits arrived late, pushing distributions to April 2025.
- Reallocation of resources to respond to the increasing cholera cases in White Nile, while shifting funds from declining outbreak areas.
- Security and access constraints delayed some of the activities and the field monitoring visits, which have been speed-up with the support from IFRC Africa region and surge.
- The growing needs on hit Nile following the cholera surge has prompted to re-assess the needs, planning, resource mobilization to give priority to White Nile situation. DREF funding will be reallocated to address the needs in White Nile without compromising the ongoing response. These efforts aim to enhance the effectiveness of SRCS interventions and ensure comprehensive support for affected communities based on actual needs.

Targeting Strategy

Who will be targeted through this operation?

The total target of the DREF was initially 05 states but target is revised to reach 06 states: 25,000 individuals targeted in Red Sea, River Nile, and Northern State, as a priority for floods and 200,000 individuals targeted in Kassala, River Nile, Gedaref and White Nile as main priorities for cholera.

The IFRC-DREF allocation to NS is assisting some of the affected by the floods and cholera outbreak. SRCS prioritized support for vulnerable groups, including children, the elderly, pregnant women, people with disabilities, and marginalized communities. The response emphasized community engagement to ensure that the basic needs of both displaced and host communities are effectively met. This has been enhanced by feedback mechanism, volunteer peer to peer engagement and involving of local leaders.

Explain the selection criteria for the targeted population

SRCS was committed to delivering humanitarian assistance to all those in need, with a priority focus on high-risk and vulnerable groups.

The targeting strategy was 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 was on individuals who had lost their homes, 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 | For community-based distribution activities, proper communication with the communities will be maintained. Joint |



| | |
|---|---|
| community access and acceptance | 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 Sudan | Facilitating multiple steps by SRCS that save time and resources to reach those in need |
| 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. | 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. |
| Increase in trend of conflict/violence in targeted states/localities that impacts: 1. Access 2. Safety (staff and volunteers) 3. High transportation costs 4. Road closure | To mitigate the risk, SRCS and IFRC will: 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. |
| 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. | 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. |
| Major supply chain risks in Sudan: 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. | 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 | Actual |
|---|--------|--------|
| # of rapid/initial needs assessments reports conducted | 3 | 3 |
| # of households provided with NFIs | 3,000 | 0 |
| # of shelter awareness and sensitization sessions conducted | 12 | 0 |
| # of post-distribution monitoring surveys conducted | 3 | 0 |

Progress Towards Outcome

The SRCS carried out rapid assessment at the beginning that informed the planning and targeting process. The assessments are being referred to in the implementation of branch activities.

The NFIs were delivered to Port Sudan and cleared by the SRCS. With the arrival of the NFIs at Port Sudan, the national society has reviewed its distribution plan to reach the 3000 households and thereafter carry out a post distribution monitoring. However, because of the Ramadhan sessions, it is hard to predict when the items will be distributed.

It is also important to note that March is a month of Ramadhan therefore distribution will be postponed to April 2025 because it is hard to engage people and to walk long distances during this period. The delays may affect the activity expenditure due to storage of items in the branches. However, a detailed plan is being developed with the support of the operations manager – surge to ensure that there is minimal negative impact.

Shelter awareness sessions were integrated during other on-going sessions however the national society planned to intensify and meet its target (12 sessions) when the NFIs are available to reduce the gap between information and practical shelter management.

Ongoing activities:

- Beneficiary selection and distribution plan initially done at the launch of the DREF is being refreshed to update with the movement and other assistance delivered since. Community leaders and local authorities are being engaged for the targeting & upcoming distributions.
- Due to the delay in the procurement of NFIs, SRCS, items planned have not yet been distributed. However, the needs are big and will be addressed with the DREF support during the extension timeframe through the distribution of procured items. 3,000 HH are planned



to receive the NFI procured. List procured: 9K blankets, 6k mats, 3K kitchen sets- in April 2025 post-Ramadan.

- Second round of Shelter awareness sessions once NFIs are distributed.



Budget: CHF 196,100

Targeted Persons: 25,000

Indicators

| Title | Target | Actual |
|---|--------|--------|
| # of rapid assessment on cholera outbreak conducted | 5 | 3 |
| # of people reached through awareness campaign about AWD/Cholera causes, symptoms and prevention measures | 25,000 | 16,640 |
| # of HHs reached with cholera kits (ORS, Zinz tabs), I.V fluids, Antibiotics | 3,000 | 300 |
| # of active volunteers trained | 200 | 300 |
| # of cholera beds procured | 30 | 0 |
| # of mosquito nets procured and distributed | 15,000 | 0 |
| # of Home Visits conducted | 32,400 | 40,830 |
| # of functional ORPs | 15 | 28 |
| # of people seen at ORPs | 15,000 | 977 |
| # of SRCS volunteers, staff and volunteers in communities trained | 500 | 390 |
| # of suspected cholera cases reported | 300 | 513 |
| # of suspected water borne diseases reported | 150 | 10 |
| # of reports submitted to MoH about cholera cases (EoC) | 540 | 13 |

Progress Towards Outcome

- The SRCS conducted refresher training for 300 volunteers focused on cholera disease awareness. 100 more from the original plan based on needs, especially for the CBS.
- The 300 volunteers conducted awareness sessions reaching 16640 people through awareness campaign about AWD/Cholera causes. In addition, 40,830 household visits were conducted by the community volunteers reached 204,150 people with cholera prevention and control messages. This exceeded the original plan by 27.5%.
- Surveillance

SRCS trained 300 volunteers thus 100 more from the original plan to cover wide range in Community-Based Surveillance (CBS) in 3 states and were placed in the community for early case findings. The Cholera case reported from the three states was 513 suspected cases exceeding the planned number by 213. This was due to the placed volunteers in the communities.

- Case management

NS Conducted a training session for 390 volunteers on Oral Rehydration Points (ORPs) management the training was carried out in 3 states, volunteers oriented and supported communities in ORS management. During their activities, SRCS team referred 977 critical cases



for further management (CTC) run by ministry of health. During the period 28 ORPs were established and managed in Gadaref and River Nile states this exceeded the planned 15 by 13 ORPs due to high cases in different areas of Gadarief however, the points will be affected by the DREF period whereas the cases are raising, and there are still needs as the ministry of health. While in Northern State ORPs not established due to decrease of cases therefore the funds will be reallocated to enhance volunteers' capacity through training.

SRCS plans to shift the ORPs budget in Northern State to support knowledge and skills training of volunteers to effectively handle cholera prevention and control.

- Awareness raising with material

Due to the decreasing cases in Northern and River Nile states, there was a request and an approval of a budget reallocation from case reporting to print IEC materials because of the increasing need for IEC materials.

- Reporting and coordination with MoH and other response platforms

During the implementation period 3 three (3) Health Coordination meetings were held with State Ministries of Health (SMoHs) in 3 states for effective coordination and information sharing and planning for future interventions.

Case reporting: The SRCS complied and submitted 13 reports to MoH about cholera cases (EoC), the number is less because a number of cases were compiled in one report. The decrease of outbreak in Northern also made not very critical to keep the numbers of reports planned. In addition of 10 suspected water borne diseases were identified and reported making it less from the anticipated number of 513 cases.

Pending activities and planned distributions ahead

- 11,000 mosquito nets procured (the 15K planned not possible in the budget), - distribution planned for April 2025.
- Continue the cholera and waterborne diseases awareness integrated to the sanitation campaign. To be scaled-up for White Nile, Northern Kordhafon
- 2200 ORS, 3000 Zinc, distribution to communities through ORP. ORS was reduced from the 3K planned to accommodate within the budget.
- 139500 tabs Chlorine for water treatment at communities' level.

With the arrival and cleared 11, 000 mosquito nets and expected that delivery of other items is in March 2025 he SRCS has reviewed its plan and will execute the activity in April, May and June.

Challenges and mitigations

- The implementation has faced challenges due to delayed fund transfers from IFRC affecting the timely implementation of activities, ORPs functioning were cancelled in Northern state due to decrease in cases. There has been a delay in receiving reports from the field affecting the timely documentation of activities.

The delay in international procurements especially medical supplies caused potential gaps in response and implementation.

- With the planned field monitoring visits, SRCS will review its progress in line with the DREF strategy and pending activities and work with the branches to ensure activities progress as planned, ensure prompt distribution of medical supplies once they are delivered, continue ORPs function in Gadarief state, where cholera cases are still being reported, distribute additional IEC materials across states to enhance community awareness continues. The SRCS will also address the new outbreak in White Nile with preventive and control activities as per the available funds and items.

- Assessments were carried out in 3 states at the beginning of the response to inform the needs. However, the bed has not been procured because the type of bed required were not on market. With now the decrease of cases at health facility level, this is no more an essential needs while community sanitations and awareness remain important. Therefore the SRCS proposed a reallocation to awareness campaign and training of volunteers in skills that will enhance their competence to Cholera prevention and control.



Water, Sanitation And Hygiene

Budget: CHF 30,000

Targeted Persons: 25,000

Indicators

| Title | Target | Actual |
|--|--------|--------|
| # of rapid/initial needs assessments reports conducted | 5 | 0 |



| | | |
|--|-------|--------|
| # of water treatment consumables (coagulants and disinfectants) procured and distributed | 2,000 | 13,401 |
| # of volunteers trained on water treatment and disinfection | 150 | 130 |
| # of HHs reached with WASH kits | 3,000 | 630 |
| # of solid waste clean-up campaigns conducted | 50 | 10 |
| # of Home Visits conducted | 5,000 | 1,446 |
| # of HHs reached with Hygiene Kits | 5,000 | 500 |
| # of HHs reached with dignity kits | 2,500 | 1,200 |
| # of volunteers trained on hygiene promotion in emergencies (100 in each State) | 250 | 150 |
| # of designed and disseminated IEC materials on hygiene promotion developed | 500 | 100 |
| # of post-distribution monitoring surveys conducted | 5 | 0 |

Progress Towards Outcome

A total of 150 out of the 250 volunteers were trained on hygiene promotion in emergency situations. The team is doing hygiene promotion sessions in 3 states of River Nile, Northern state and Gadaref. Through awareness sessions, volunteers have reached 7,230 people in 1446 homes.

A total of 130 volunteers (86.6% of the planned target) received training on water treatment and disinfection techniques. The trained volunteers using emergency stock were able to reach 13,401 hhs with Chlorine tabs, 630 hhs with WASH kits and 500 hhs with Hygiene Kits in River Nile state.

Constructed 12 emergency latrines in River Nile and Gaderaf states (6 latrines each), the response supported and dislodged latrines in Northern state as this was, the identified as a critical need by the local authorities.

Although the printing of the IEC material was initiated, it had not been finalized by the time of this update, however, River Nile branch distributed 100 pcs of IEC materials from its own source. Supported WASH coordination meetings, fostering collaboration and alignment with other actors in the field, distributed a total of 67,005 water treatment consumables (chlorine tablets 33mg) across 3 states to ensure access to safe drinking water. This was from the ministry of health therefore the branch coordinated and carried out the distribution. However, the need is still big therefore the consignments from the DREF will be distributed when delivered. SRCS is planning to distribute medical supplies as soon as they arrive to support ongoing activities. Distribution of Information, Education, and Communication (IEC) materials to the 3 states will continue towards awareness-raising efforts.

Despite the efforts made, the international procurements that include, dignity kits, hygiene kits, MHM kits, and treatment consumables have not bed delivered yet however, the SRCS has been able to cover a few areas with the emergency stock. The distribution plan has been reviewed and aligned to the expected delivery date of the items in March 2025.

SRCS and IFRC has planned a joint field mission to the target branches to ensure that there is harmony in implementation, ensure quality, and effective service delivery. During the visit the team (IFRC and SRCS) support the branches in quality and evidence-based reporting to improve on delivery in the next report period. A post distribution monitoring (PDM) will be carried out after distribution is completed.



Protection, Gender And Inclusion

Budget: CHF 9,500



Targeted Persons: 200

Indicators

| Title | Target | Actual |
|---|--------|--------|
| # of PGI assessments conducted | 5 | 0 |
| # 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 | 0 |
| # of designed and disseminated IEC materials on PGI and CEA (including SGBV, PSEA and child Safeguarding) | 500 | 21 |

Progress Towards Outcome

- This PGI and CEA considerations were integrated to the initial assessment done in August. With approval from the operation manager, the SRCS reallocated funds from PGI assessment to support the establishment of toll-free line and IEC materials was approved however, the service provider advised to install it in January because of cost implications (the year was ending therefore annual subscription would be put to waste). the line will be operational and disseminated in February 2025.
- During the period under review The SRCS deployed trained 5 focal persons in each of the states to support PGI activities. SRCS CoC has been reviewed and modified on areas related to Safeguarding (PSEA and Child Safeguarding) and adherence to the CoC. The CoC updated version was shared with HR to provide their feedback before printing and dissemination in the target states. This, therefore, affected the planned training on PGI minimum standards which was rescheduled for the second week in February.
- All the 5 branches have been able to implement follow up activities in their respective states. This includes the establishment of sensitive feedback channel, updating referral systems and getting that information promoted and shared widely within the response teams, ensure briefing and endorsement of the responders on the minimum standards for safeguarding, GBV prevention & response and child safeguarding.

Challenges: NS has had challenging getting the annual freeline on service yet. Which delay the printing of the 500 IEC materials for PGI and safeguarding. Considering this was meant to be included in the information materials. SRCS is making this a priority.



Community Engagement And Accountability

Budget: CHF 17,500

Targeted Persons: 2,000

Indicators

| Title | Target | Actual |
|---|--------|--------|
| # of Post distribution monitoring to collect feedback | 2 | 0 |
| # of feedback collected monthly from the communities | 5 | 4 |
| # of SRCS, focal points, staff and volunteers oriented in CEA & sensitive feedback and complaints mechanism | 200 | 5 |
| # of Communication Skills training conducted | 1 | 0 |
| # of community consultation to identify feedback channels | 5 | 5 |
| # of designed and disseminated IEC materials on CEA | 5 | 0 |



| | | |
|---|---|---|
| # of Satisfaction survey conducted (5 branches) | 5 | 0 |
|---|---|---|

Progress Towards Outcome

SRCS conducted community consultations amongst the affected people in the 5 states to identify their preferred feedback channels. In addition, 4 out of 5 states (80%) established sensitive complaints and feedback reporting mechanism. This will be duplicated in the remaining state.

There was a delay in the implementation of the trainings of 200 volunteers however, the department engaged 5 focal persons at the branch level. With the cascade training not yet conducted, the Emergency response units across the branches have relayed on the existing trained volunteers and focal persons in the implementing branches, guided by the 5 focal points already trained. Also, for efficiency, some of the activities were carried out jointly with PGI in an integrated manner. On receiving feedback and PGI activities reports from all the 5 states, HQ CEA focal point is currently working on a comprehensive consolidated version to be used for decision making and learnings by NS and IFRC.

The activities that are planned for the coming weeks included:

- The branches are undergoing trainings on CEA guidelines to facilitate clear communication and enhance the effectiveness of the response efforts.
- CEA cascade trainings to the entire response team at branch level is to be done for 200 volunteers to be completed by beginning of March.
- The feedback will continue to be collected and consultations to harmonize the distributions will also provide insight for the intervention.
- The unit is planning to conduct 5 satisfaction survey (one in each branch) when the distribution is done.



Secretariat Services

Budget: CHF 33,000

Targeted Persons: 1

Indicators

| Title | Target | Actual |
|--|--------|--------|
| # of communication materials produced through social media and other media outlets | 10 | 2 |
| # of field monitoring visits to operation areas | 5 | 4 |
| # of surge personnel deployed | 1 | 1 |
| # of communication plan developed | 1 | 1 |
| # of Coordination meetings with active partners | 5 | 4 |

Progress Towards Outcome

The IFRC communication unit has been participating in weekly meeting and providing guidance to the operation team. As a result, a number of postings has been done on whatsapp which has informed about the floods response activities. The communication team in Nairobi has worked closely with the SRCS communication team in profiling RCRC activities in Sudan. A number of articles have been uploaded on the IFRC website.

Until December, field monitoring was challenging due to access difficulties, however with increasing accessibility and security clearance, plans have been made to visit three Red Sea, Kassala and River Nile states starting February.

- Operation and PMER conducted joint monitoring visits with NSs to the response branches, ensuring technical guidance and operational decisions are made on the challenges faces on procurement. The work plan and reorientations of priorities also came as the main



outcome of these joint monitoring visits, ensuring clear and transparent consultations with both the field teams and communities are carried out but also rapid observations of the current needs to inform the next distributions.

- Africa Region ensured the movement and membership coordination is being maintained for all the operational changes, facilitating the technical input from various sectors for the different areas of the response.
- Regular missions from Finance and PMER to support the reporting is being agreed on quarterly basis, the first one conducted from February-March.

These branches monitoring visits and the technical mission to support N S emergency team will enhance quality deliver, data collection and reporting of DREF activities. In addition, the Surge is working with PMER on the PDM tools and lessons learned workshop concept. While the PMER, Nairobi is supporting indicator tracking tool development, reporting tools and providing capacity building to the new PMER officer.

The operation manager has provided updates in weekly meeting, participated in sector and coordination meeting. He has also held bilateral meeting within country PNs for updated and possible support to emergency responses.



Budget: CHF 10,000

Targeted Persons: 290

Indicators

| Title | Target | Actual |
|---|--------|--------|
| # of SRCS volunteers provided with necessary PPEs and emergency response kits | 200 | 70 |
| % of financial reporting respecting IFRC procedures | 100 | 40 |
| # of lessons learned workshop conducted | 1 | 0 |
| #of volunteers mobilised and trained in this intervention | 200 | 300 |

Progress Towards Outcome

The SRCS customized and procured 70 personal protective equipment (PPE) kits for volunteers involved in the response operation. These kits included life jackets, lifebuoys, ropes, helmets, raincoats, and rubber boots. However, the number of kits procured was fewer than initially planned due to the high prices of each kit. Additionally, there was a delay in procurement caused by the scarcity of some items included in the kits.

The Surge team worked closely with focal persons and the finance department to provide technical guidance in planning, coordinating specific activities, and strategizing for effective and efficient delivery of operations. Their efforts ensured synergy in the response. Tools were developed and utilized to streamline processes.

The team also monitored finances transferred to branches and followed up on updates for expenditures through detailed reports. Throughout the operation, all policy guidelines were strictly followed to maintain compliance and accountability.

The delay in procurements impacted the original plan for the DREF, necessitating the postponement of the lessons-learned workshop. This workshop will now be held once all activities are fully implemented, allowing the SRCS to comprehensively reflect on the operation and identify key insights for future improvements.



About Support Services

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

SRCS increased its volunteer force from 200 to 500 active volunteers to respond to the devastating floods and cholera outbreak. These volunteers are trained and refreshed before deployment. In each branch there is directors who oversee the data today activities of the operation. They are supported by focal persons who plan, implement, monitor on going activities. These Focal points work with volunteers and provide technical guidance and support in capacity building. Volunteers work in communities by implementation planned activities.

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

One operations manager – surge has been deployed to support the operation for three (3) months however due to delays in acquiring visa and procurements, he was extended to a five (5) months period ending at the beginning of March 2025.

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

Regarding the reporting, the Headquarter team has planned a field visit to support branches and also collect more data and information. This is being enhanced by the capacity strengthening and monitoring from operation manager – surge and the PMER. A joint mission from operation and PMER of IFRC and NS at branch level is intended to take place from February and March to support the quality reporting. 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.

Please briefly explain the National Societies communication strategy for this operation

The IFRC will continue to 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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[Click here for the reference](#)

