OPERATION UPDATE

South Sudan | Floods

Figure 1:SSRC Volunteers during evacuation of people in Old Fangak

Emergency appeal №: MDRSS014 **Emergency appeal launched:** 17/10/2024 **Operational Strategy published:** 25/11/2024	**Glide №:** **FL-2024-000145-SSD** **EP-2024-000201-SSD**
Operation update #4 **Date of issue:**	**Timeframe covered by this update:** From 17/10/2024 to 20/10/2025
Operation timeframe: Extended to 12 months (26/07/2024 – 31/12/2026)	**Number of people being assisted:** 1,000,000
Funding requirements (CHF): CHF 5 million through the IFRC Emergency Appeal CHF 9 million Federation-wide	**DREF amount initially allocated:** CHF 1,000,000

The Emergency Appeal for South Sudan seeks CHF 5,000,000 and is currently 63.5% funded. Additional contributions are urgently needed to sustain humanitarian assistance in the face of a worsening crisis. South Sudan is grappling with its longest and deadliest cholera outbreak since independence, with over 93,000 cases and 1,565 deaths reported across 55 counties.

The outbreak continues to spread due to widespread displacement, poor sanitation, and limited access to clean water, disproportionately affecting children under five.

At the same time, armed conflict has displaced nearly 800,000 people internally and across borders, exacerbating vulnerability and living conditions. Severe flooding has further impacted 886,000 people, destroying infrastructure and isolating communities, with forecasts predicting additional rainfall that could affect 1.6 million more. Access challenges caused by ongoing violence have delayed planned activities, making timely delivery of aid extremely difficult.

***To address these urgent and evolving needs, the South Sudan Red Cross (SSRC), with IFRC support, requests a six-month extension of the Emergency Appeal to 31 December 2026. This extension will ensure continuity of lifesaving services and allow completion of critical health and infrastructure interventions while enabling flexible response mechanisms in hard-to-reach areas**.*

Financially, the appeal has received CHF 3,174,843, including a DREF loan of CHF 828,734. Current expenditure stands at CHF 1,242,494, leaving a balance of CHF 1,932,349. Of this, approximately CHF 919,040 is already committed for payments scheduled between October and December 2025. The remaining CHF 1,016,309 will be utilized during the extension period ending 31 December 2026.

A. SITUATION ANALYSIS

Description of the crisis

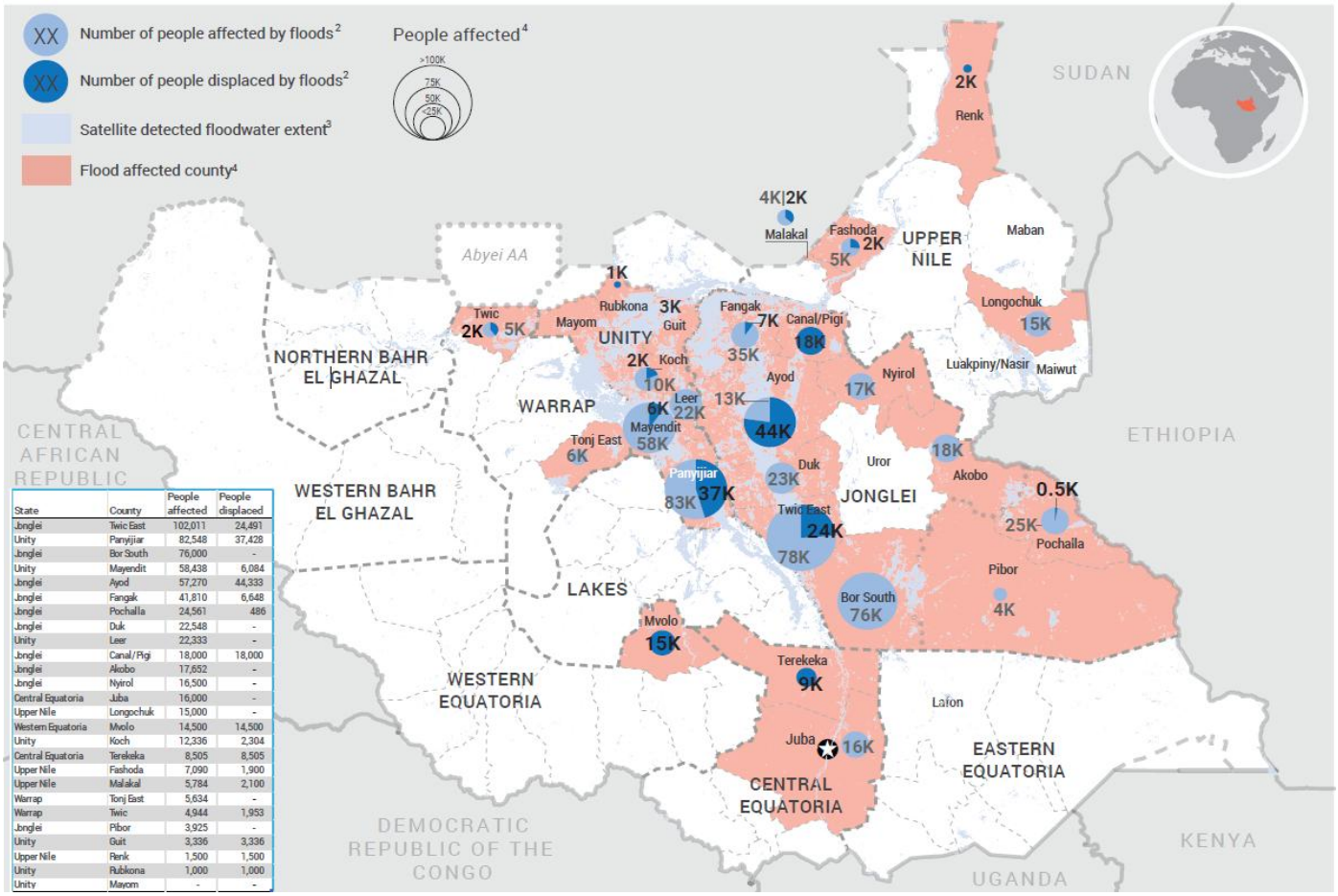
As of October 2025, flooding has affected an estimated 960,000 people across 26 counties in six states, marking one of the most severe seasonal flood events in recent years. The most heavily impacted areas are Jonglei and Unity States, which together account for over 92% of the total caseload, while other affected states include Upper Nile, Warrap, Central Equatoria, and Western Equatoria.

Health risks are increasing sharply, with over 191 health facilities impacted including 40 of them fully submerged,3,550 malnutrition cases recorded across 11 counties, and 20 reported deaths. The flooding and cholera outbreaks have created severe protection risks, particularly for displaced and vulnerable populations. Floods have displaced 222,968 people, forcing families into overcrowded shelters or informal camps where access to clean water and sanitation is extremely limited. Outbreak risks of malaria and respiratory infections remain high due to stagnant floodwaters, limited WASH access, and disrupted health services. This also threatens a surge in cholera cases with the ongoing uncontrolled outbreak coupled with the insufficient community WASH infrastructure across 9 states and all 3 administrative areas in the country, with water through free residual chlorine sampling test still showing wide use of unsafe water as indicated below.

Flooding in Unity State, particularly in Mayendit, Panyijiar, Leer, Koch, and Rubkona (Bentiu), has intensified due to continuous rainfall. Roads, schools, and airstrips are inundated, restricting humanitarian access. Several health facilities in Mayendit (e.g., Jaguar, Rubnor, Luom, Kuok, Leah, Dablual) are non-functional or accessible only by canoe. Livelihoods have been severely disrupted by crop loss and livestock deaths. Displacement sites such as Thoanhuom are overcrowded, with poor sanitation conditions raising cholera and waterborne disease risks.

In most of the flooded areas, the flooding has disrupted basic services, destroyed shelters, and submerged agricultural lands, deepening food insecurity and vulnerability among already fragile populations. Access constraints due to impassable roads and flooded airstrips are delaying life-saving assistance.

The 2025 floods have created a multisectoral emergency across South Sudan, threatening health, food security, and livelihoods. Coordinated, large-scale humanitarian support is urgently needed to reinforce community mitigation efforts, restore essential services, and protect vulnerable populations in the worst-hit areas of Jonglei and Unity States.



State	County	People affected	People displaced
Jonglei	Twic East	102,011	24,491
Unity	Panyijiar	82,548	37,428
Jonglei	Bor South	76,000	-
Unity	Mayendit	58,438	6,084
Jonglei	Ayod	57,270	44,333
Jonglei	Fangak	41,810	6,648
Jonglei	Pochalla	24,561	486
Jonglei	Duk	22,548	-
Unity	Leer	22,333	-
Jonglei	Canal/Pigi	18,000	18,000
Jonglei	Akobo	17,652	-
Jonglei	Nyirol	16,500	-
Central Equatoria	Juba	16,000	-
Upper Nile	Longochuk	15,000	-
Western Equatoria	Mvolo	14,500	14,500
Unity	Koch	12,336	2,304
Central Equatoria	Terekeka	8,505	8,505
Upper Nile	Fashoda	7,090	1,900
Upper Nile	Malakal	5,784	2,100
Warrap	Tonj East	5,634	-
Warrap	Twic	4,944	1,953
Jonglei	Pibor	3,925	-
Unity	Guit	3,336	3,336
Upper Nile	Renk	1,500	1,500
Unity	Rubkona	1,000	1,000
Unity	Mayom	-	-

Figure 2:Map of South Sudan Showing areas affected by flood 2025 Source UNOCHA SEPT 2025)

Figure 2: Impact of Floods on Public Health in South Sudan — 2025

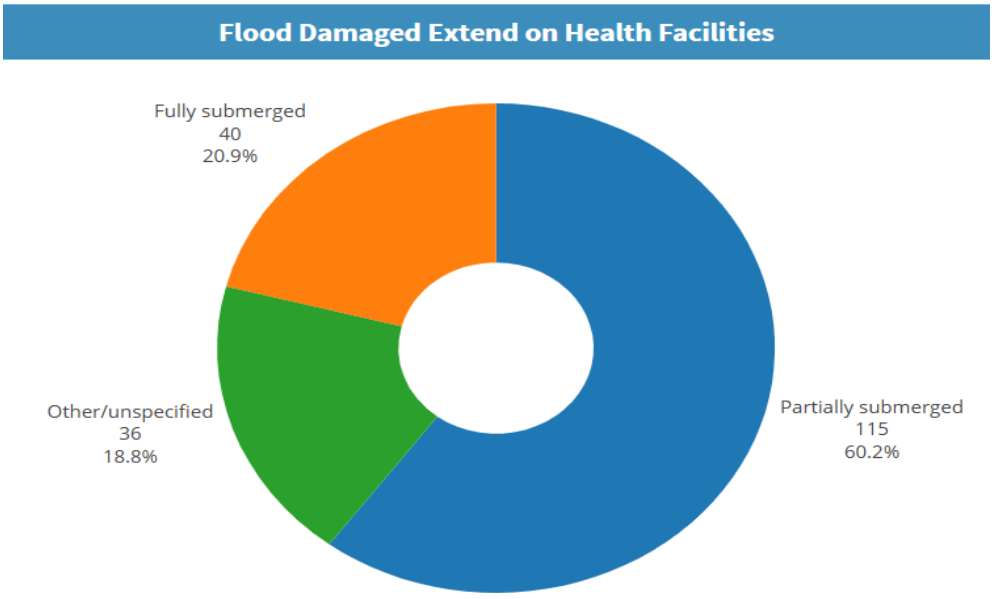
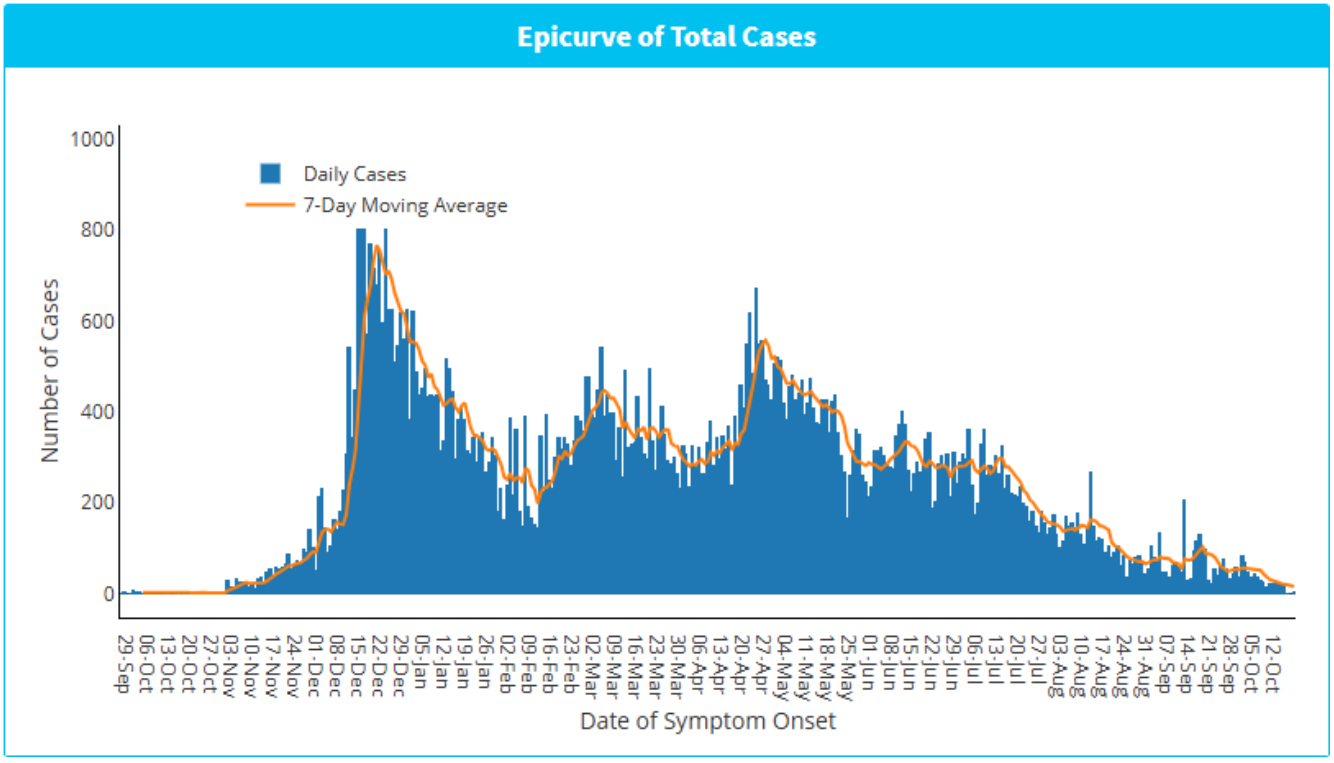


Figure 3 Flood Damaged Extend on Health Facilities1

As of 16 October 2025, South Sudan has recorded 94,549 cumulative cholera cases and 1,567 deaths, giving a Case Fatality Rate (CFR) of 1.7%, slightly above the national target of less than 1%. The outbreak has affected 55 counties across nine states and all three administrative areas, Ruweng, Greater Pibor, and Abyei. Among the reported cases, 92,906 (98.3%) have fully recovered and been discharged, while 76 patients remain admitted at various cholera treatment centers (CTCs) and units (CTUs) across the country. The outbreak remains uncontrolled although containment measures seem to have reduced the number of reported cases as shown in the epidemic curve below, however, with the rain season and anticipated flooding across the country, it is expected to trigger another wave of surge in numbers of cholera cases in the affected counties, and also new cases in the unaffected ones. The epi curve though showing a decline, there is need to sustain risk communication and running of ORPs with an aim of flattening it.



Seventeen (17) out of the fifty-five (55) affected counties continue to report cholera cases, with the latest report having 604 cases reported, with the biggest burden bearer being Mayendit (219 cases), Rubkona (99 cases) Juba (68 cases), and Aweil Centre (50 cases). While this trend reflects no newly reported infections in majority of the affected counties (38), factors such as insecurity, limited access, or reporting challenges may have also contributed to the observed zero reporting.

The Oral Cholera Vaccine (OCV) campaign has been completed in 46 counties across the 9 affected states and two administrative areas (Greater Pibor and Abyei), and a total of 8.62 million doses of OCV have been administered out of a targeted 9.94 million doses. The reported overall coverage remains at 87%, although this varies by county. A total of 25 (out of 55) affected counties have achieved over 80% coverage, the minimum acceptable coverage. Challenges in achieving targets continue to include population movement, uncertain population estimates, insecurity, and other access constraints.

Armed clashes in South Sudan are significantly undermining this response

The South Sudan Red Cross Society (SSRCS) has been responding to the floods and cholera situation since its onset. SSRC continues to support community preparedness and early-action activities such as clearing waterways, maintaining drainage channels, and managing solid waste. SSRCS continue to replenish pre-positioned non-food items in strategic locations, based on available internal resources, to ensure rapid access to relief items to support affected population. SSRCS supported the evacuation of communities from flood-prone areas to temporary safe havens and evacuation centres.

Through this appeal, SSRC has made significant strides in responding to both floods and cholera reaching to 605,638 people through a range of interventions including set up and running of oral rehydration points (ORPs), cholera awareness campaigns, community-based surveillance, distribution of essential household items, cash voucher assistance and hygiene promotion campaigns. SSRC has also played a key role in dyke rehabilitation, evacuation of vulnerable individuals, and WASH infrastructure restoration in flood-affected areas.

Since March 7th, 2025, attack to military camps in Nassir County and subsequent arrest of the first vice president and others, the country has been witnessing armed clashes resulting to deaths, displacements and fear. These Armed clashes are severely disrupting the response to both flooding and cholera outbreak. It has caused insecurity restricting humanitarian access to affected areas, delaying the delivery of essential supplies and services. The violence has displaced hundreds of thousands into overcrowded shelters with poor sanitation, increasing the risk of cholera transmission. This conflict has also damaged critical infrastructure such as health facilities and roads, making it harder to reach vulnerable communities. Additionally, resources are being diverted to address security concerns, while community mistrust in conflict zones hampers public health efforts. Together, these factors are compounding the humanitarian crisis and undermining effective response operations

Cholera continues to impose a significant health burden on already flood-affected and displaced communities. The interaction between seasonal flooding, poor WASH infrastructure, population movements, inaccessibility of some of the affected areas due to insecurity and poor road network has exacerbated transmission risks, particularly in low-lying counties of Unity, Jonglei, and Upper Nile States and health facility strain in high-burden counties like Rubkona and Mayendit threaten to disrupt routine healthcare services delivery.

The combined impact of severe flooding, a nationwide cholera outbreak, displacement, and escalating armed clashes impact mental health and psychosocial well/-being of the affected people. Families have experienced repeated displacement, loss of livelihoods, damage to homes, and separation from loved ones, while fear of renewed violence and disease transmission continues to heighten anxiety and emotional exhaustion. Overcrowded displacement sites with limited privacy and basic services further increase protection concerns, including heightened risks for women, children, older persons, and persons with disabilities. Volunteers and frontline responders are similarly exposed to high levels of stress due to continuous emergency operations, insecurity, and exposure to traumatic events.

With the extension of the appeal, SSRC will scale up provision of essential households' items, multipurpose cash distribution, Health including PSS, PGI and WASH interventions, expand cholera response to newly affected counties of Jonglei and Unity, and strengthen community disaster preparedness. Planned activities include expanding oral cholera vaccination campaigns and rehabilitating damaged water points. The extension will also support training of volunteers, risk communication, and logistical support to reach remote and conflict-affected areas. These efforts are crucial to prevent further disease spread, mitigate flood risks, and protect vulnerable populations amid ongoing climatic and security challenge.

Figure 3:SSRC volunteers during EHIs to flood IDPs in Juba.

Summary of response

Overview of the host National Society and ongoing response

SSRC continues to scale up its response activities to the flood-affected areas in Upper Nile, Warrap, Central Equatoria, Jonglei, and Western Equatoria states, and cholera-affected across 9 states and 3 administrative areas, through the IFRC emergency appeal fund, support from ICRC, and Participating National Societies.

Figure 4: SSRC volunteers attending to patients in ORP in Pibor

SSRC has scaled up its operation in areas where cholera cases continue to persist such as Unity State (Bentiu, Mayen, Leer and Rubkona), Jonglei State in Duk, Warrap State (Gogrial West County), Central Equatoria (Juba) through the training and deployment of volunteers for RCCE, Deployment of ORPs and through WASH activities. SSRC distributed Essential Household Items (EHIs) including sleeping mats, mosquito nets, jerricans, buckets and soaps in the early stages of the intervention to support the immediate needs of the affected population. SSRC has so far distributed multipurpose cash assistance to 7,680 Households amongst the affected population in Aweil, Bentiu Old Fangak, Tonj and Maiwut, including through support by Danish Red Cross. SSRC maintains its original target of 15,000HHs through cash assistance by direct funding through the appeal and bilateral contribution from movement partners other activities including community engagement through early warning messages and mainstreaming PGI activities by capacity building for volunteers and awareness activities, SSRC also extended capacity building to community members.

On Cholera response, SSRC continue to mobilize, train and deploy volunteers across 9 states and 3 administrative areas with focus on Cholera hotspots especially where cases are persistent to provide Risk Communication and Community Engagement (RCCE) activities, response through setting up of Oral Rehydration Points (ORPs),

Management of surface water treatment plan and supporting Household Water Treatment (HHWT) and referrals of severe cases to nearest health facilities for treatment. As part of Cholera response SSRC also supported by Rehabilitation of Water sources and construction of emergency latrines in communities and settings with adequate WASH infrastructure with the aim of improving the WASH conditions and ensuring a sustainable intervention.

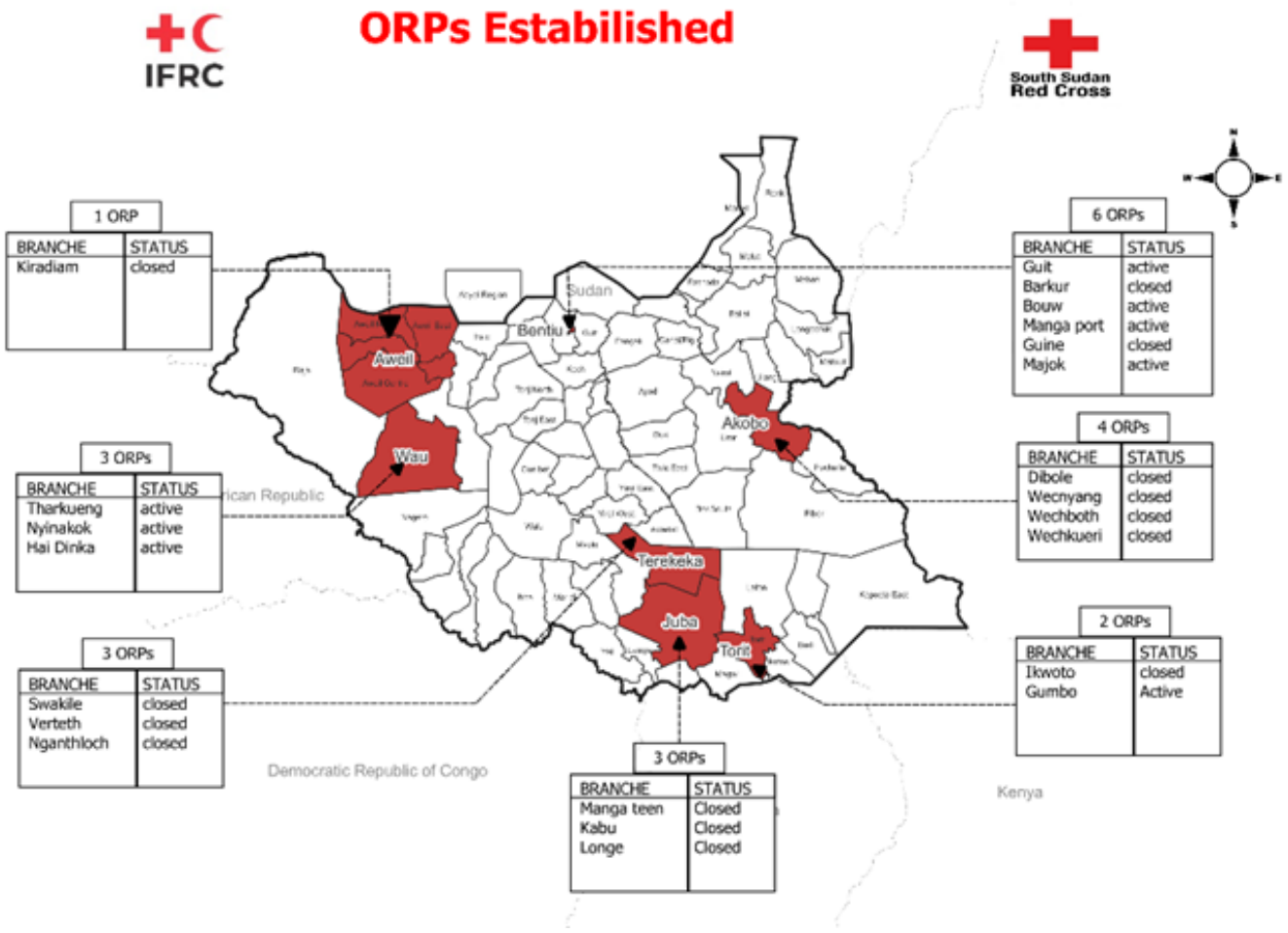
IFRC through this Emergency Appeal has supported SSRC in scaling up its intervention through mobilising financial resources and deploying a Public Health in Emergency Coordinator and a Community Case Management of Cholera (CCMC) Emergency Response Unit (ERU) late last year to support the cholera response primarily through the establishment of standard ORPs and other lifesaving interventions informed by continuous monitoring and assessments of the evolving situation however the ERU and the Surge team have since closed after supporting capacity building and transitioning the activities to be fully managed by SSRC. The ICRC being named a co-convener to the cholera response continue to provide financial, technical and security coordination support to the response. The Participating National Societies in country continue to support SSRC bilaterally including towards the cholera response through their respective programming.

The South Sudan Red Cross is working closely with the National Public Health Emergency Operations Centre (PHEOC) to proactively prepare for potential cholera outbreaks. SSRC also participates actively in coordination mechanisms at national, state, and county levels to ensure an integrated and timely response.

In many of these areas, access to healthcare remains inadequate, water, sanitation, and hygiene (WASH) practices and widespread misconceptions about cholera prevention and treatment underscoring the urgent need continued community-based interventions such as Oral Rehydration Points (ORPs) and Risk Communication and Community Engagement (RCCE) activities, areas where SSRC has strong comparative advantage. To enhance coordination and harmonization of efforts, a Red Cross Movement Cholera Technical Working Group (TWG) has been established, and a Movement Cholera Response Plan has been adopted to guide and align response actions across the country.

So far. 20 ORPs are installed and 6 ORPs are running in general while the rest have been closed and 45 trainers (supervisors) and 160 volunteers were trained

Branche	Number of ORPs
Guit	3
Akobo	4
Rubkhona	2
Torit	1
Wau	2
Juba	2
Pibor	2
Aweil	1
Tetereka	3
	20



Map Showing status of ORPs established

SSRC continue to deploy volunteers to conduct door-to-door Risk Communication and Community Engagement (RCCE) activities in the affected communities. Refresher training on RCCE is also being conducted for volunteers in the intervention areas.

So far, SSRC has achieved the following activities in response to the floods and cholera intervention:
Summary of Cholera Response Achievements so far:
The cholera response efforts focused on three main pillars: Water, Sanitation, and Hygiene (WASH), Risk Communication and Community Engagement (RCCE), and infection prevention and control.

Thematic Area	Activity	Details / Achievements
	Water Supply	- 45,000 CB litres/day to 3,000 people in Renk - 50,000 CB litres/day to 3,334 people in Malakal
	Water Treatment & Safe Storage	- 951 HHs reached with treatment demos - 500 jerricans & 500 buckets distributed in Tonj North - 3,165 soaps distributed - 18,144 PURs distributed
	Hygiene Promotion	- 8,330 people reached with HPiE messages - 1,321 HHs reached in Upper Nile State - 300 soaps distributed to Renk Prison inmates
RCCE & Case Management	Public Awareness	- 605,638 people reached with cholera messages - Awareness in Rubkona, Awiel, Torit, Gogrial West, Wau, Bentiu - 17/30 social place sessions conducted - 10/36 radio talk shows aired - 1,200 IEC materials distributed
	Volunteer Training	- 581 volunteers trained (target: 280) - 35 ORP TOTs trained - 160 ORP volunteers trained - 2/3 refresher trainings held - 0/130 community leaders trained
	ORP Establishment	- 4 National Master Trainers - 45 Branch Supervisors trained - 36 ORPs established (target: 40) - 36 joint ORP site assessments - 18 active ORPs, 12 closed - 19,000 patients registered, 10,000 referred
	ORP Supplies	- 40 ORP kits procured - 450 ORS, 3,000 sanitizers, 300 aprons, 2,200 masks distributed
	Coordination & Review	- Mid-term cholera response review workshop conducted
Flood Response	Risk Communication	- Strengthened messaging on flood risks
	Needs Assessment	- Conducted in Bor, Old Fangak, Mundri, Maiwut
	Household Support	- 3,000 HHs received EHIs (blankets, mats, nets, jerricans, buckets, soaps)
	Team Deployment	- EATs, CDRTs, NDRTs deployed for surge support
	Evacuation & PFA	- 34,500 HHs evacuated in Old Fangak - Psychological First Aid provided
	Cash Assistance	- 7,680 HHs received multipurpose cash
	WASH & EHI Distribution	- Ongoing distribution in newly identified areas
	Warehouse Readiness	- Stock capacity for 13,000 HHs ensured
	Infrastructure & Messaging	- Rehabilitation of water points - Early warning messaging in Bor, Malakal, Old Fangak, Pibor

Planned Flood Activities	Continued Support	- Scale-up of EHI & WASH item distribution - Ongoing multipurpose cash distribution

Needs analysis

Current Floods Situation

The sustained heavy rainfall and resultant widespread flooding as of October 2025 have created an acute humanitarian and public health crisis, dramatically escalating the risk of cholera outbreak. An estimated 639,225 people are affected across 26 counties in six states, with Jonglei and Unity accounting for over 92% of the caseload. This massive scale of displacement and infrastructure damage constitutes the primary driver of current and future cholera vulnerability.

Approximately 222,968 people are displaced, forced to shelter on higher ground in 16 counties. Displacement sites, such as Thoanhuom in Unity State, are severely overcrowded with limited WASH facilities, overwhelming traditional coping structures. This overcrowding and inadequate sanitation provide ideal conditions for immediate cholera transmission, which has since been witnessed with a spike in cases in the county. At the same time, the overcrowded shelters are increasing risks of gender-based violence, exploitation, and family separation. Limited access to clean water and sanitation heightens exposure to waterborne diseases, while damaged health facilities and disrupted services leave women, children, and persons with disabilities without adequate care. Loss of livelihoods and food insecurity are equally exacerbating vulnerabilities, leading to negative coping strategies. Children are facing heightened risks of abuse, neglect, and interruption of education due to school closures and unsafe learning environments

The floods have severely compromised essential health services. As of October 2025, at least 191 health facilities have been impacted. In Unity State, a current cholera hotspot, multiple Primary Health Care Units (PHCUs) across the country are severely affected, with some completely flooded, such as in Mayendit, Unity state, requiring services to be relocated, and others only accessible by canoe.

The widespread inundation has mixed floodwater with contaminated sources, directly fuelling the rise of health risks, including diarrhoea and respiratory infections further exacerbating Cholera infections. Overstretched WASH facilities in displacement areas are a major concern, increasing cholera and waterborne disease risks. A focused intervention plan for WASH in high-risk counties like Duk, Mayendit, Rubkona requires urgent scale-up.

The sanitation services within the settlements hosting returnees, refugees and IDPs and access to clean and safe water, desperately need to be improved. Urgent support is needed to improve the WASH services in the temporary settings, including the construction of latrines, distribution of latrine kits, water purification kits, and improvement of sanitation systems. Access remains severely constrained due to impassable roads, submerged airstrips, and docking points, especially in Unity, Upper Nile, and Jonglei States. This logistical barrier hinders both the delivery of life-saving aid and effective disease surveillance, such as sample collection, as seen in Mayendit. Flooding is also outpacing local dyke and drainage efforts, underscoring the gap between local capacity and the scale of the crisis. Priority needs include boats to enable movement, evacuation, provision of essential shelter materials and protection services, especially in crowded IDP camps and highlands and help them with early recovery. There is a need to also enhance community level engagement and continue risk communication on both Cholera and flood risk reduction measures.

Figure 5:Community members scoping water out of their households in Old Fangak

Current Cholera Situation

As of mid-October 2025, South Sudan has recorded 94,549 cholera cases and 1,567 deaths. Although the national epidemic curve shows a downward trend following three waves, this decline remains highly volatile. Projections indicate a possible surge of approximately 1,836 new cases within the next four weeks, with a potential peak around 22 December 2025, driven by factors such as the rainy season, flooding, population movements, and waning immunity.

The 2025 response demonstrated the impact of Oral Cholera Vaccine (OCV) rollout and improved case management, providing a strong foundation for future preparedness. After achieving 50% OCV coverage in April 2025, weekly cholera cases declined substantially—approximately 44% faster week-to-week compared to pre-intervention trends. A total of 8,623,298 individuals were vaccinated, reaching 87% of the national target. Building on this success, the 2026 strategy must focus on three core pillars: Proactive vaccination campaigns; Resilient WASH infrastructure; Rapid-response case management.

Immediate Priorities

To address the ongoing cholera outbreak and related risks, SSRC will focus on three immediate priorities. First, flood mitigation and WASH support will be scaled up through community-led cash-for-work programs for dike reinforcement and drainage clearance, alongside the delivery of clean water and sanitation facilities to overcrowded displacement sites where WASH services are overstretched. Second, water quality monitoring will be intensified, coupled with the distribution of household water treatment kits to prevent contamination in flood-affected areas. Third, efforts will target reducing the cholera mortality rate, which currently stands at 1.7%, above the target of <1.0%, by improving case identification and management, particularly for severe dehydration cases.

Complementing these priorities, SSRC will implement key operational actions to strengthen the response. Oral Rehydration Points (ORPs) will be established across cholera hotspots to provide timely community-level rehydration, leveraging SSRC's current capacity and available kits for nationwide scale-up. Risk Communication and Community

Engagement (RCCE) will be expanded through refresher training for volunteers and mass outreach via radio shows, jingles, and community-level campaigns, engaging local leaders to drive behaviour change. Prepositioning of cholera kits (PUR, ORS) will be prioritized in high-risk areas identified on the Cholera Risk Map, including Rubkona, Mayendit, Renk, and Duk. Finally, surveillance systems will be strengthened through intensified active surveillance and contact tracing in counties reporting new cases such as Unity State counties, Renk, Duk, Tonj North, and Juba—supported by SSRC's recently trained network of community-based surveillance volunteers to detect sporadic cases and prevent escalation.

Operational risk assessment

The confluence of sustained flooding, cross-border population movement, and heightened insecurity poses an extreme, multi-layered risk to the humanitarian response in South Sudan, drastically increasing the likelihood of a protracted and high-mortality cholera crisis through early 2026. The continuous inundation remains the primary access barrier, directly driving supply shortages and hindering rapid epidemic response efforts.

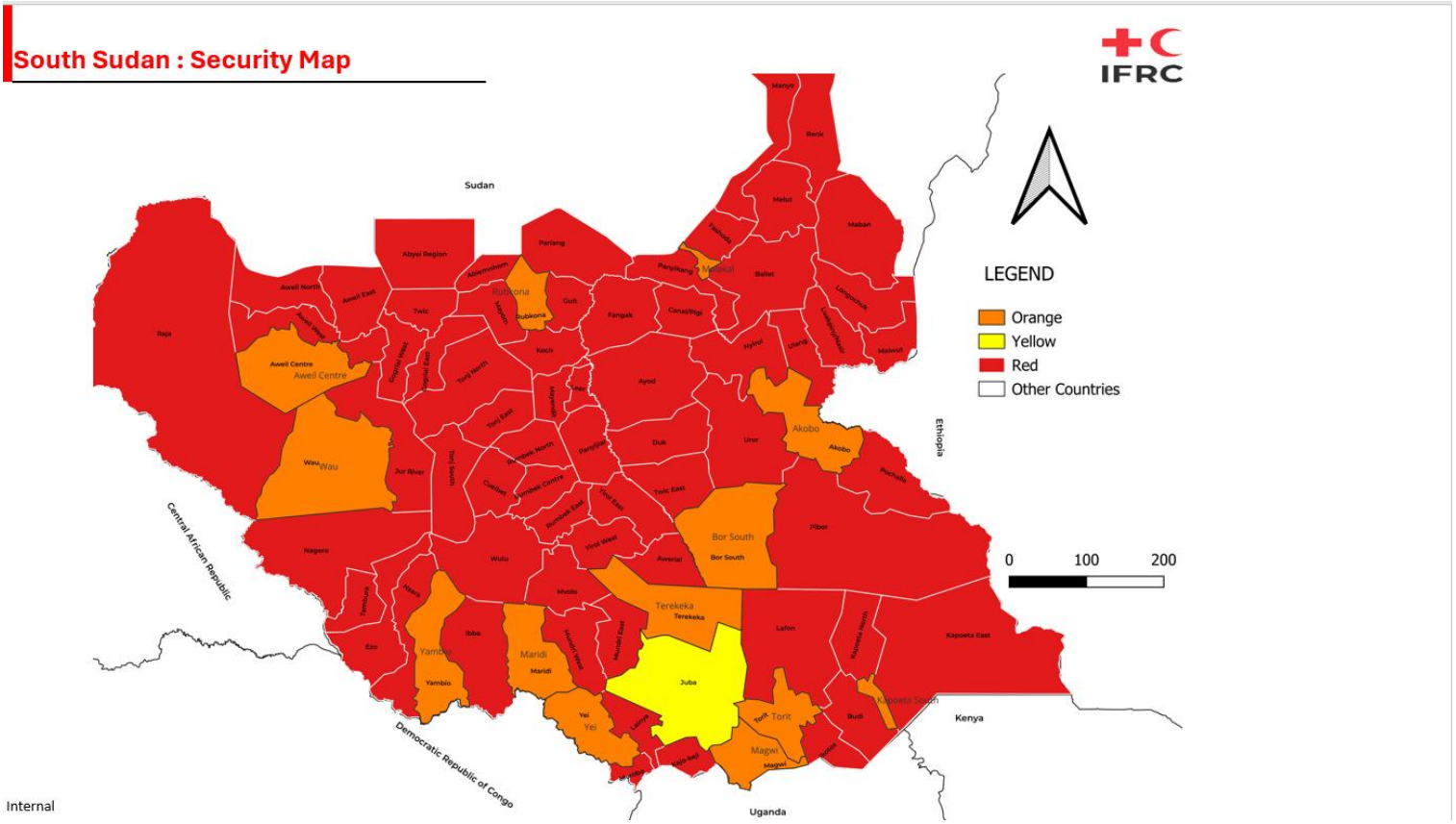
Floods have yet to recede across key areas, leaving 222,968 people displaced and forcing them into highly overcrowded temporary shelters. This sustained level of displacement, affecting over 639,000 people across 26 counties as of October 2025, continues to overwhelm local resources. The displaced families are forced into overcrowded shelters or informal sites, increasing risks of gender-based violence, family separation, and exploitation. Limited access to clean water and sanitation heightens vulnerability to waterborne diseases such as cholera, while damaged health facilities and disrupted services have left women, children, and persons with disabilities without adequate care. Loss of livelihoods and food insecurity exacerbate coping challenges, is leading to negative survival strategies. Children are facing heightened risks of abuse, neglect, and interruption of education due to school closures and unsafe learning environments. Restricted mobility and insecurity in flood-affected areas are also hindering humanitarian access, leaving many without timely assistance. These needs are concentrated in hotspot counties where flood exposure overlaps with pre-existing vulnerabilities, requiring urgent protection interventions alongside Extensive road network severance renders large parts of the affected communities inaccessible. This limited access severely constrains the deployment of basic supplies and has contributed to significant price hikes for essential goods, making intervention logistics both costly and extremely slow.

The disruption of health service delivery is acute, with at least 191 health facilities impacted. Logistically, the lack of regular commercial flights to intervention areas, especially those without an ICRC or sub-delegation presence, remains a major obstacle. The logistic cluster no longer provides logistical support to all the affected areas at free cost, and most locations are served based on demand, which leads to significant delays of item delivery.

The current cholera outbreak (94,549 cases and 1,567 deaths as of mid-October 2025) is compounded by simultaneous crises, creating ideal conditions for further spread. The uncontrolled and continuous movement of populations from conflict-affected Sudan into South Sudan presents an uncontrolled and significant source of new cholera transmission from newly arrived refugees and returnees. The porous border makes monitoring and controlling these entry points challenging due to limited resources and security concerns, directly contributing to the disease load. The existing lack of adequate WASH facilities within temporary shelters and newly formed displacement sites, such as the overcrowded centers in Unity State, continues to fuel the significant spread of cholera, including within the newly arrived populations. The absence of sustained WASH interventions in these settings poses the greatest risk of continuous disease transmission across communities. There is an ongoing challenge to improve testing capacity to better map the contamination of water sources and inform control actions. Similarly, misinformation and a lack of awareness about cholera symptoms and prevention lead to community resistance against response efforts and essential vaccination interventions.

Insecurity directly impacts the ability of responders to reach and sustain interventions in critical hot spots.

The recent escalation of hostilities in Nasir, Upper Nile, has drastically increased tensions. This insecurity leads to increased internal displacement, which in turn causes the further spread and transmission of cholera by moving infected people into new areas.



South Sudan IFRC Security Map

Despite the urgent and massive need for a scale-up of interventions in newly confirmed and expanding hotspots, the IFRC Emergency Appeal is still underfunded. The lack of resources restricts the ability to deliver the necessary comprehensive response. The Ministry of Health (MoH) and WHO have cited the lack of adequate in-country capacity across health, WASH, and nutrition sectors to contain the current scale of the outbreak, requiring sustained support from government partners. This financial constraint directly limits the intended level of intervention and compromises the timely delivery of lifesaving aid. These challenges continue to inform the need for a scale-up of the intervention, especially in newly confirmed hotspots. SSRC is continuously liaising with its partners and, through this IFRC Emergency Appeal, mobilizing resources and providing lifesaving interventions promptly.

Update on the strategy

The South Sudan Red Cross continues to align its operations with the Government's Multi-Sectoral Cholera and Floods Preparedness and Response Plan. This response strategy emphasizes early action, comprehensive case management, surveillance, and community engagement to address the evolving humanitarian needs across the country.

Due to persistent cholera outbreaks, increasing flood risks, and ongoing armed clashes, SSRC has requested to extend this Emergency Appeal by six months to 30 June 2026 to ensure continuity of lifesaving services and completion of critical health and infrastructure interventions. Armed violence has significantly disrupted access to vulnerable communities, delayed planned activities, and increased the urgency for sustained humanitarian presence and flexible response mechanisms. The plan for 1 January to 31 December 2026 will account for and full expend the projected remaining balance of funds of CHF 1,016,309.

The plan for the extension is as follows:
SSRC will intensify surveillance in all at-risk areas, with a specific focus on Points of Entry used by refugees and returnees from Sudan. Fixed vaccination posts and health screening stations will be established to detect and contain new sources of infection early.

Oral Rehydration Points will continue to be set up in high-risk areas experiencing cholera spikes. Trained Trainers from branches such as Akobo and Torit will be deployed to conduct on-site training for branch staff and volunteers, ensuring localized expertise and continuity despite access challenges. SSRC will implement an integrated approach where ORPs and Risk Communication and Community Engagement (RCCE) activities are paired with WASH infrastructure support. This includes rehabilitation and construction of water sources and sanitation facilities to ensure emergency treatment is backed by sustainable risk reduction. RCCE activities will be scaled up using Ministry of Health-approved IEC materials. Community engagement will specifically address misconceptions, rumours, and fears about cholera to improve vaccine uptake and community participation in response efforts.

To reach isolated communities, SSRC will leverage ICRC's Red Flight, UNHAS flight services, and Logistics Cluster support to pre-position ORP kits and WASH supplies from Juba to identified hotspots. SSRC will rely on ICRC support to ensure safer access for staff and volunteers. Enhanced security assessments will guide deployment decisions, and support will be provided for evacuated personnel to maintain operational continuity.

For the remaining months of the appeal in 2025, SSRC will prioritize the following key activities:

- Pre-positioning Oral Rehydration Point (ORP) kits and WASH supplies in Juba to enable rapid deployment to affected areas.
- Deployment of Trainers of Trainers (ToTs) to conduct localized capacity-building sessions in high-risk branches.
- Scaling up Risk Communication and Community Engagement (RCCE) and hygiene promotion campaigns in persistent cholera hotspots.
- Rehabilitation of critical water points and construction of communal latrines to improve access to safe water and sanitation.
- Establishment of surveillance and vaccination posts at Points of Entry (POEs) to strengthen early detection and prevention measures

During the twelve-month extension, the South Sudan Red Cross (SSRC), with IFRC support, will focus on scaling up critical interventions to address the ongoing cholera outbreak and related humanitarian needs. Key priorities include:

- The expansion of integrated Oral Rehydration Points (ORPs) and WASH interventions in newly affected counties, alongside the deployment of Surface Water Treatment Plants (SWAT) in Bentiu and three additional sites to improve access to safe water.
- SSRC will also implement conditional cash assistance for shelter recovery, subject to improved access, and strengthen community-based surveillance (CBS) through the training and deployment of CBS volunteers.
- Continued coordination with the Ministry of Health (MoH) and partners will ensure a unified response and effective data sharing.
- Given the severity of the cholera situation, SSRC will intensify risk communication and community engagement to promote social behavior change and adoption of preventive measures in affected and newly affected counties.
- Community-based surveillance will be sustained and expanded for early detection and rapid response to new cases.
- SSRC will pre-position and establish ORPs in current and emerging hotspots, supported by community referral systems for severe cases requiring treatment at cholera units and centers.
- Distribution of WASH non-food items (NFIs) and household water treatment tablets will target both current and newly affected areas, while SSRC will mobilize communities for Oral Cholera Vaccination (OCV) campaigns in collaboration with national authorities and partners.

- To ensure an effective and coordinated response, SSRC will strengthen partnerships with local authorities, humanitarian actors, and the private sector. Systems for data collection, reporting, and sharing will be maintained and enhanced to monitor progress and support evidence-based decision-making throughout the extension period.

Summarized completed activities and those planned and prioritized below

Sector	Activities Completed	Planned Activities *(Extension to June 2026)*
Health Response	- Set up and running Oral Rehydration Points (ORPs) - Cholera awareness campaigns - Community-based surveillance	- Expansion of ORPs to newly affected areas Oral Cholera Vaccination (OCV) campaigns - Refresher Training of volunteers for cholera response. - Sustained surveillance and rapid scale-up in new areas - Community referral systems for severe cases
MHPSS	- Provide Psychological First Aid (PFA) to affected individuals through trained volunteers and refer to relevant/ specialized services.	- Map, reinforce and expand referral pathways for individuals experiencing severe distress or pre-existing mental health conditions. - Provide Psychological First Aid (PFA) to affected individuals through trained volunteers and refer to relevant/ specialized services. - Establish and support safe spaces in displacement sites and high-burden areas. - Provide information on normal reactions to stress, loss and grief and strengthen community coping mechanisms and resilience through awareness raising sessions - Train staff and volunteers working in Health, WASH, Protection, and Disaster Response in PFA and safe referral.
Cash Voucher assistance	- Cash grants - Market assessments conducted	- Continuing with cash grants to targeted households
WASH Interventions	- Distribution of essential household items - Hygiene promotion campaigns - Restoration of WASH infrastructure	- Rehabilitation of damaged water points Distribution of WASH NFIs and water treatment tablets Strengthened hygiene promotion in new counties - training on the proper use of household water treatment chemicals and conduct post-distribution follow-up to ensure they are used correctly - refresher training on the operation of the Kit 5 unit - Chlorine-based disinfection of wells and boreholes in areas affected by floods and cholera
Risk Reduction, climate adaptation and Recovery	- Dyke rehabilitation - Evacuation of vulnerable individuals	- Continued flood risk mitigation activities Strengthened coordination with local authorities and partners
Community Engagement & Preparedness	- Community mobilization and awareness	- Enhanced risk communication and social behavior change through community awareness campaigns, engaging community leaders and volunteers,

		interactive community dialogues and feedback and rumor tracking systems - Strengthened disaster preparedness and resilience building through Community-Based Disaster Risk Reduction (CBDRR) plans and livelihood diversification programs
Protection, gender and inclusion	- Volunteers oriented to PGI and CEA - Conducting Psychological First Aid (PFA) - Conducting RFL services - Training volunteers on SGBV - Conducting referral services	- Conducting Psychological First Aid (PFA) - Conducting RFL services - Conducting referral services
Logistics & Coordination	- Coordination meetings and operation set up - Warehouse construction	- Logistical support to reach remote/conflict-affected areas Data collection, reporting, and sharing systems Coordination with humanitarian partners and private sector

SSRC will rely on ICRC support for Safer Access to continue operations. Interventions will prioritize the duty of care of staff and volunteers using enhanced security assessments to determine feasible deployment. Support for evacuated personnel will be ensured.

The operation will continue to prioritize interventions in cholera-affected communities, and SSRC will continue to implement the planned activities and adapt the current operational strategy (Operational Strategy) as well as coordinate with the different internal and external partners, especially the Ministry of Health, to ensure a collaborative and coordinated approach to the intervention.

B. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Shelter, Housing and Settlements		Female > 18: **56,250**	Female < 18: **50,000**
		Male > 18: **18,750**	Male < 18: **25,000**

Objective:	*Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions*		
	Indicator	**Actual**	**Target**
Key indicators:	*# of HHs targeted with emergency shelter and essential items*	5980	15,000
	# of HHs targeted with conditional cash and voucher assistance	820	10,000

- SSRC successfully distributed 5,980 emergency household items (EHIs) to affected families, including blankets, sleeping mats, mosquito nets, jerricans, buckets, and soaps.
- Post-Distribution Monitoring (PDM) exercises were conducted, covering 334 households, exceeding the target sample size. Findings confirmed that the items were appropriate, useful, and the distribution process was fair and well-organized. Strong community engagement was observed, with local leaders and volunteers actively facilitating the distribution and using digital tools for data collection. Focus group discussions involving both recipients and non-recipients helped identify gaps and improve future targeting.
- SSRC maintained its plan to provide conditional cash assistance for shelter recovery, although implementation has been delayed due to logistical challenges in accessing affected areas.
- Need assessments were conducted in Bor, Old Fangak, Mundri, and Maiwut, informing targeted interventions.
- 3,000 households received EHIs in newly identified areas, enhancing their immediate coping capacity.
- SSRC deployed Emergency Action Teams (EATs), Community-Based Disaster Response Teams (CDRTs), and National Disaster Response Teams (NDRTs) to support assessments, distributions, and surge operations.
- In Old Fangak, SSRC facilitated the evacuation of 34,500 households to safety and provided psychological first aid to affected individuals

Livelihoods		Female > 18:	Female < 18:
		Male > 18:	Male < 18:

Objective:	*Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*		
	Indicator	**Actual**	**Target**
Key indicators:	*# of HHs receiving in-kind food assistance*	0	2,000
	# of HHs receiving seedlings and tool kits	0	2,000

There is a great need to support the affected population (especially the most vulnerable) with basic needs and livelihood assistance to meet their food needs and improve their income sources through the distribution of cash and in-kind food assistance, as well as seedlings and toolkits. This intervention has an early recovery and longer-term focus to support the reintegration of the affected population as well as strengthen their resilience. However, this activity has not been completed due to the limited funding of the appeal.

Multi-purpose Cash

		Female > 18: **33,750**	Female < 18: **30,000**
		Male > 18: **11,250**	Male < 18: **15,000**

Objective:	*Households are provided with unconditional/multipurpose cash grants to address their basic needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of HHs supported with cash grants	7,680	15,000
	# of Market assessments conducted	2	4

- The intervention maintains the plan to target 15,000HHs with Multipurpose Cash Assistance. So far 7,680 HHs have been reached in Aweil, Bentiu, Tonj, Old Fangak and Maiwut including through support from the Danish Red Cross support. Currently, there is a cash transfer planned for two locations, Old with 1,000 HHs and Mundri with 1,000 HHs. There is a need to include a cash intervention supporting livelihood intervention.
- Two market assessments on CVA modalities were conducted by SSRC found that while markets were functioning in many areas, their capacity varied significantly between urban and rural settings. The assessments highlighted that cash assistance could offer greater flexibility and dignity to recipients, especially for individual cases with diverse needs. However, it also emphasized the importance of conducting localized market assessments before implementing CVA at scale, due to limited market integration across states. Risks such as inflation, access barriers, and misuse were identified, with recommendations for thorough risk analysis and tailored response options. Overall, the assessments concluded that CVA was feasible in select areas, if market functionality and beneficiary access are carefully considered in delivery of the cash.

Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

		Female > 18: **380,750**	Female < 18: **320,000**
		Male > 18: **209,990**	Male < 18: **169,350**

Objective:	*Strengthening holistic individual and community health of the population impacted through community-level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of HHs receiving Essential Household items (mosquito nets, mama kits)	5980	10,000
	# of volunteers providing First Aid services	100	100
	# of volunteers trained on First Aid	100	100

	# of First Aid kits procured	30	100
	# of volunteers and staff trained on cholera prevention and risk communication	590	500
	# of people reached with cholera messages	605,638	1,000,000
	# of radio talk shows conducted	10	10
	# of documentaries developed	1	1
	# of news articles published	1	2
	# of ORPs established	36	400
	# of volunteers and staff trained on ORPs	231	100
	# of people reached at the ORPs	31,000	20,000

- SSRC trained and refreshed 100 volunteers in first aid skills, who were then deployed to provide lifesaving services across cholera-affected counties.
- Four National Master Trainers and 45 Branch Supervisors were trained to support cholera response operations. Additionally, 25 CBS supervisors were trained as Trainers of Trainers (TOTs) in October 2025, with plans to cascade training to community-based surveillance volunteers.
- A total of 36 ORPs were established nationwide, supported by 136 trained volunteers. Currently, six ORPs remain functional in Torit, while 30 have been closed following successful operations. The initial target of reaching 20,000 people at ORPs was exceeded, with 31,000 individuals served due to increased demand.
- SSRC reached 605,638 individuals with cholera prevention messages through various platforms including radio, community gatherings, and printed materials. Awareness campaigns were conducted in high-risk areas such as Rubkona, Awiel, Torit, Gogrial West, Wau, and Bentiu.
- Out of the planned activities, 17 out of 30 social place sessions and 10 out of 36 radio talk shows were successfully conducted. Furthermore, 1,200 IEC materials were distributed to support public education efforts.
- A total of 581 volunteers were trained, surpassing the initial target of 280. This included 35 ORP TOTs and 160 ORP volunteers. Two out of three planned refresher training courses were completed, although training for community leaders (target: 130) is yet to commence.
- SSRC conducted 36 joint assessments of ORP sites in collaboration with CHD/SMOH. To support ORP operations, 40 ORP kits were procured and distributed, along with 450 ORS sachets, 3,000 sanitizers, 300 aprons, and 2,200 masks.
- A mid-term cholera response review workshop was conducted to evaluate progress and inform future planning

Figure 6Figure 6: Group photo of the 25 SSRC CBS TOTs with the trainers.

	Water, Sanitation and Hygiene	Female > 18: **350,000**	Female < 18: **273,550**
		Male > 18: **251,660**	Male < 18: **218,800**

Objective:	*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached with hygiene promotion	459,003	1,000,000
	# of rehabilitated water points	50	90
	# of MHM kits distributed	1,480	3,000
	# of Emergency Latrines constructed# of hand washing facilities distributed	15	800
	# clean-up campaigns conducted	14	100
	# of volunteers trained on the operation of the Kit 5 unit and proper use of household water treatment chemicals	9	20
	# of Chlorine-based disinfected wells and boreholes	69	100

- Through various channels including radio, door-to-door visits, community gatherings, and posters, 459,003 people have been reached with hygiene promotion messaging. Specifically, 8,330 individuals (4,792 female, 3,478 male) received key hygiene messages via SMS in Melut, Wadakona, Kodok, and Malakal payams, targeting areas with rising cholera cases and insecurity.
- 300 pieces of B29 multipurpose soap were distributed to inmates at Renk Prison to support hygiene in confined settings.
- SSRC supplied 45,000 CB litres of water daily to 3,000 individuals in Renk, and 50,000 CB litres daily to 3,334 individuals in Malakal, benefiting returnees, refugees, and host communities.
- 951 households across Kodok, Melut, Wadakona, and Malakal received demonstrations on household water treatment and safe storage.
- In Aliek Payam, Tonj North County, 500 jerricans and 500 buckets (20L each) were distributed to promote safe water storage.
- 3,165 pieces of soap and 18,144 PUR sachets were distributed to support household-level water purification.
- Borehole spare parts were delivered to Awiel, Kuajok, Tonj, and Wau to support water infrastructure maintenance.
- One WASH Kit 5 was delivered to Bentiu. A Surface Water Treatment Plant (SWAT) will be deployed in Bentiu, with plans to expand to three additional sites.
- Handwashing facilities were disinfected in Renk and Rubkona, and new handwashing stations were set up in Juba.
- Water purification kits were distributed in Renk town.

- Latrine digging kits and slabs were deployed to Renk and Aweil to support latrine construction.
- Rehabilitation of water points is ongoing in Tonj, Kuajok, Wau, and Bentiu.
- Water quality monitoring continues at the community level to ensure safety and compliance.
- SSRC plans to scale up distribution of WASH items (buckets, jerricans, purification kits, soaps) in cholera-persistent areas.
- 80 water points across flood and cholera-affected states will be prioritized for rehabilitation to improve access to clean water.
- Further activities include household and communal latrine construction to enhance sanitation coverage.

Protection, Gender, and Inclusion

Female > 18: **3,713**	Female < 18: **3,300**
Male > 18: **1,238**	Male < 18: **1,650**

Objective:	*Communities identify the needs of the most at-risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination, and other non-respect of their human rights, and address their distinct needs*		
Key indicators:	*Indicator*	**Actual**	**Target**
	# of volunteers oriented to PGI and CEA	60	250
	# of people reached with Psychological First Aid (PFA)	250	100
	# of volunteers deployed to conduct RFL services	30	30
	# of volunteers trained on SGBV	30	100
	# individuals receiving safe referrals	109	250
	# individuals receiving RFL services	600	1,000

- SSRC volunteers were trained on SGBV, CEA, and PGI to ensure a community-centered approach and inclusion of vulnerable groups. Volunteers are also informed of referral pathways for SGBV cases.
- SSRC volunteers were deployed at the initial stages of the operation to conduct Restoring Family Links operations and referred the affected population to available services.
- SSRC volunteers were trained in Psychological First Aid and deployed to support the flood-affected population at the initial phase of the operation.
- The training for volunteers on ORPs will also have PGI considerations to adapt the approach in delivering life-saving Oral Rehabilitation Therapy for cholera-affected communities. RCCE activities will be carried out inclusively, such as providing accessibility and communication in local languages.
- The ORPs will also be deployed in strategic parts of cholera-affected communities through the engagement of community leaders and different groups.
- The number of individuals seeking Psychological First Aid (PFA) services significantly increased, resulting in 250 people being reached, more than double the initial target of 100. This surge is attributed to enhanced awareness-raising efforts and increased exposure to distressing disaster-related events.
- The operation will continue to have a PGI-centered approach to ensure that affected communities are fully included in all activities and the most vulnerable groups access aid in a dignified manner. SSRC will continue to provide refresher training on SGBV, CEA, PGI, PSS Provide Safe Referrals, Provide RLF services, support on

GBV risk mitigation for the sectors involved in the operation (cash, shelter, health and wash) in new areas of intervention (especially relating to the cholera intervention)

Community Engagement and Accountability

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of feedback mechanisms established	**4**	**3**

- A comprehensive CFM report was provided by branches during this reporting period, and integration has been strengthened during RCCE activities.
- Meetings and focus group discussions with community leaders and different groups (women, men, people with special needs and elderly) were conducted to understand specific needs and cholera perception amongst the communities.
- Community feedback mechanisms (suggestion boxes, community feedback committees, use of hotline and forms) have been established in the intervention areas to address any complaints with regards to the intervention as well as clarify misconceptions around the cholera outbreak.
- Community leaders and different groups are engaged to understand the perceptions, rumors, misconceptions and fears about cholera in different communities. Communities are consulted during assessments and needs of different groups are considered in the design of interventions. Feedback is sought actively on the RCRC activities, including ORPs. The feedback received is analyzed and will inform the further activities. An example that has been put into consideration is that some community members reported that the ORPs were too far to reach due to poor road conditions because of flooding and insecurity. SSRC will therefore set up additional ORPs closer to displacement sites or using mobile teams to reach isolated communities. The other feedback received was that some beneficiaries indicated that they were unaware of the operating hours. SSRC will therefore strengthen its community engagement through local radio, posters in public spaces, and collaboration with community leaders to spread information.

Risk Reduction, climate adaptation and Recovery

Female > 18: **187,500**	Female < 18: **166,667**
Male > 18: **62,500**	Male < 18: **83,333**

Objective:			
	Indicator	**Actual**	**Target**
Key indicators:	*# of rapid needs assessments conducted*	6	6
	# of people reached with key early warning messages	100,954	500,000
	# of Emergency Actions Team trained	20	50

	# of Emergency Action kits procured	0	50
	# of community action plans	0	5
	# of CBDRTs trained (including on CVA)	20	50

- Over 3,500 flood-affected HHs were evacuated to safety by trained SSRC volunteers.
- SSRC has conducted assessments at branch levels, which informed the deployment of technical teams, including NDRTs, as well as the distribution of Essential HH and WASH items. New assessments were conducted in Bor, Juba, Mundri, Maiwut, and Old Fangak
- Emergency Action Teams (EATs), Community-based Disaster Response Teams (CBDRTs) were also deployed to support the distributions and post-distribution monitoring exercises.
- The Emergency Operations Centre of SSRC is actively providing support for the Floods and Cholera situation, backed by the Public Health Emergency Operations Centre led by the Ministry of Health.

Enabling approaches

National Society Strengthening

Objective:			
	Indicator	**Actual**	**Target**
Key indicators:	*# of NDRTs deployed to support the operation*	15	10
	# of refresher training for NDRTs	0	1

- SSRC rapidly deployed 15 NDRTs to affected areas to carry out evacuation operations and rapid assessments in coordination with the respective CBDRTs. The NDRTs also supported the implementation of the Cash intervention and the distribution of EHIs to registered families. The NDRTs additionally supported the deployment of ORPs in Renk and Malakal. The operation will mobilize and deploy more NDRTs to support the scale-up of ORPs in new areas where Cholera cases are spiking and ensure continuity by building local volunteers' capacity

Coordination and Partnerships

Objective:			
	Indicator	**Actual**	**Target**
Key indicators:	*External coordination meetings established*	1	1
	# of internal coordination meetings established	6	2

- SSRC is coordinating with the Ministry of Humanitarian affairs and ministry of Health to provide life-saving intervention in response to the floods and, most especially, the cholera situation. SSRC, together with IFRC, attends the cholera working group, chaired by the Government's Public Health EOC, taking place weekly.
- Internally, SSRC chairs the Cholera Task Working Group meeting attended by PNSs, ICRC, and IFRC to discuss and take necessary action to intervene in the cholera-affected communities. One of the actions agreed in the meeting is the deployment of Community Case Management of Cholera ERU to support the deployment of standard ORPs and build NS capacity in the Community Case Management of Cholera.
- SSRC, IFRC, and ICRC also conduct a weekly meeting to discuss in detail the activities of the ERU and actions to support the operation.

Secretariat Services

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Surge profiles deployed	10	3
	# of monitoring visits	3	3
	# of Lessons learnt workshop	1	1
	# of financial spot checks	3	3

- IFRC initially deployed 3 surge profiles during the Floods, including an Operations Manager, IM Coordinator, and Public Health in Emergencies Coordinator. However, due to the rise in Cholera cases in South Sudan, IFRC deployed an ERU CCMC team of 5 personnel, including a Team Leader, Logistics Delegate, WASH Delegate, ORP trainer, and Epidemiologist, to support the Community Case Management of Cholera. Further 2 cycles of rotation occurred for public health in emergencies coordinator
- Initial deployment of the Public Health in Emergencies Coordinator supported assessments and monitoring visits to Guit County. The visit informed the decision to deploy the ERU team to set up CCMC points in the affected communities to respond to the overwhelming cholera situation. Over the cause of the ERU and after its exit two rotations were done for the public health in emergencies coordinator surge. The last PHiE coordinator rotation ended in August 2025, a role that was picked by the delegation public health delegate based in Uganda who has been conducting monitoring and support missions to this operation. At the time of this operations update, the public health delegate was in South Sudan monitoring the operation and conducting community-based surveillance training to staff and volunteers of SSRC.
- One case study was published for the Public Health ERU Community Case management of Cholera deployed to support the response to the outbreak of Cholera in South Sudan.
- On the other hand, the disaster management delegate continues to support and monitor implementation while fiancé, PMER and logistics staff provide their technical support. The disaster management delegate has continued to accompany SSRC in national flood task force meetings held biweekly and organized by UNOCHA. So far, three financial spot checks and three operations monitoring missions have been conducted.
- One lesson learnt workshop was conducted to examine the overall achievements, strengths, successes, challenges and lessons learned of the program/activities. The workshop provided a space to interact with the Ministry of Health, as well as opportunities for interaction among staff from different branches, and among

SSRC, IFRC, ICRC and PNSs staff. The workshop focused on the SSRC Cholera response pillars; Coordination and leadership, Risk Communication and community engagement, Surveillance, ORPs, Community WASH/IPC.

Figure 7: Participants attending the cholera response lesson learned workshop

C. FUNDING

Financially, the appeal has received CHF 3,174,843, including a DREF loan of CHF 828,734. Current expenditure stands at CHF 1,242,494, leaving a balance of CHF 1,932,349. Of this, approximately CHF 919,040 is already committed for payments scheduled between October and December 2025. The remaining CHF 1,016,309 will be utilized during the extension period ending 31 December 2026.

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Reference documents

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Click here for:

- DREF Operation
- Emergency Appeal
- Operational Strategy
- Operations Update 1
- Operations Update 2
- Six Months Operations Update

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.