OPERATION UPDATE

South Sudan | Floods

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 #1 **Date of issue:** 25/02/2025	**Timeframe covered by this update:** From 17/10/2024 to 31/01/2025
Operation timeframe: Initially 9 months and has been extended to 15 months (26/07/2024 – 31/12/2025)	**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

SSRC volunteers moving in boats to conduct awareness in the islands of Rubkona county, Unity state

To date, this Emergency Appeal, which seeks CHF 14,000,000, is 13 percent funded. Further funding contributions are needed to enable the South Sudan Red Cross (SSRC), with the support of the IFRC, to continue providing humanitarian assistance and protection to people. The appeal has been extended by an additional 6 months to support the inclusion of cholera intervention across affected parts of the country. The new end date for the Appeal is now 31/12/2025. SSRC with the support from IFRC will scale-up Health and WASH interventions in response to Cholera.

A. SITUATION ANALYSIS

Description of the crisis

Heavy rains since May this year, combined with an overflowing Lake Victoria, have caused the Nile River to burst its banks and threaten unprecedented flooding in Sudan, submerging villages and farmland. As of 15 November, about 1.4 million people remain affected by flooding across 44 counties and the Abyei Administrative Area. More than 379,000 people are flood-displaced across 22 counties and Abyei. In Upper Nile State, recent assessments identified over 32,000 flood-affected people in Renk County and 6,000 people in Maban County. In Renk and Malakal counties, humanitarian partners have reported a substantial rise in cholera cases due to inflows from Sudan, limited access to clean water and sanitation, and ongoing flooding [1].

The floods have caused extensive damage to homes and have devastated livestock and crops. Critical infrastructure has been severely damaged, cutting off supply routes and leaving communities without access to essential services such as healthcare and education for displaced people. The risk of disease outbreaks, particularly cholera and malaria, has increased significantly. As of 11 February 2025, the number of suspected cases of Cholera has risen to **29,304 cases** with **501**deaths, and a case fatality rate (CFR) of 1.5%, justifying the RC/RC Movement mobilization and underscoring the urgent need for further action. Mayom County (northwest of Rubkona, Unity State) has in the past few days become the top hot spot with cumulative cases at 585 and CFR of 8.4 %, while Rubkona has recorded overall the highest number of cases during the outbreak (over 10,000). Cholera cases have now been reported in 30 of the 80 counties in the country and across seven states and one administration area. Especially in rural areas, poor surveillance outside of health facilities and on the other hand poor access to care are contributing to underreporting and deaths that could be prevented through community-based interventions. Misconceptions and lack of awareness, coupled with poor water and sanitation infrastructure are also contributing to harmful practices, adding to the spread of Cholera in vulnerable communities. Children are the most affected population with ages 0 to 4 years at 32.5% of cases followed by 5 to 14 years at 22.8% of cases [2]. Oral Cholera vaccination (OCV) campaigns have taken place in hotspot areas, with 1,400,000 people vaccinated (out of a total of 3,200,000 doses) as of 22nd of January 2025. While the peak of the outbreak has for now been passed (in Mid-January), the outbreak continues to spread to new communities.

Flooding in the affected communities is having a particularly severe impact, especially in communities that are already highly vulnerable following previous shocks, and the impact of these floods is likely to be exacerbated by ongoing conflict, limited access to basic services, high food insecurity, and the increasing cases in cholera. Consecutive shocks have resulted in protracted displacement and complex humanitarian conditions in most of the vulnerable areas. The main consequences of the flooding disaster include the destruction of homes, extensive crop damage, and loss of livestock resulting in loss of livelihoods and food insecurity, and damage to numerous health facilities and water structures. Additionally, physical access to flooded areas is limited, and vulnerable groups particularly women, children and the elderly are exposed to greater protection risks including food insecurity. The cost-of-living crisis also exacerbates existing vulnerabilities.

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

[1] South Sudan: Floods Snapshot (As of 15 November 2024)
[2] UNICEF South Sudan Cholera Flash Update No.3 as at 22 December 2024

Through this Emergency Appeal, IFRC has supported SSRC to scale up its ongoing lifesaving and response activities and to support further early action to mitigate the escalation of the current flooding and severe cholera situation. A mini summit (signed on 11 Dec 2024) has resulted in ICRC being named as co-convener for the cholera crisis. A cholera specific file has been deployed to the ICRC and the IFRC has deployed a Public Health in Emergency Coordinator and a Community Case Management of Cholera (CCMC) Emergency Response Unit (ERU) to support the cholera response.

The 6-month timeframe extension of the appeal allows for SSRC and IFRC teams to efficiently respond to the cholera situation and ensure wider coverage of the intervention as well as enable SSRC volunteers to provide sustainable response activities in the affected communities. The extension also allows to compensate for ongoing and potential logistical and security challenges regarding the implementation of the operation.

Summary of response

Overview of the host National Society and ongoing response

The South Sudan Red Cross has 270 experienced staff, and 19,500 volunteers organised in 21 Branches and close to 102 units across the country. The National Society has a community-based operational structure consisting of Emergency Action Teams (EATs), Community-Based Disaster Response Teams (CDRTs), and National Disaster Response Teams (NDRTs) as a surge mechanism.

South Sudan Red Cross operations are guided by its strategic plan with a focus on disaster management, health, WASH, and protection. The South Sudan Red Cross enjoys a good reputation with local and national authorities, as well as other stakeholders and communities and faces few access constraints throughout the country SSRC participates in coordination forums at all levels (state and national flood taskforce). The ministry of Humanitarian Affairs and Disaster Management, in line with the role of the South Sudan Red Cross as an auxiliary to the government, has requested the South Sudan Red Cross to assist in providing support to the affected population.

More than a million people continue to be affected by the flooding across 44 counties and the Abyei administrative area with Jonglei and Northern Bahr El Ghazal states comprising about half of the affected population. With support from its partners, SSRC has conducted a needs assessment in the flood-affected areas highlighting the limitation in shelter, a limited availability of essential household items, and a lack of basic needs like food. The prices in the markets have also increased compounded by the limited access to goods from other parts of the country. Families have adopted negative coping mechanisms by sharing and rationing food and other basic needs. Access to clean water is difficult with many families resorting to using river water. The floods have caused extensive damage to homes and have devastated livestock and crops, and the waters have not receded in most parts of the affected areas. Critical infrastructure has been severely damaged, cutting off supply routes and leaving communities without access to essential services such as healthcare and education for displaced people who are sheltering with relatives, in public buildings such as schools, in churches and in the open along roadsides. Poor road conditions and flooding are affecting physical access to many counties. Non-expansive network coverage and poor connectivity are challenging information flows between branches and SSRC HQ.

SSRC has been responding to the flood-affected areas in Malakal, Bentiu, Aweil, Old Fangak and Bor and most recently also the cholera affected areas in Juba, Nimule and Renk, through the IFRC emergency appeal fund, support from ICRC and Participating National Societies (PNSs). 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 also conducted market and feasibility assessments to determine the feasibility of delivering cash assistance to the affected population. Following this, SSRC has so far distributed multipurpose cash assistance to 6,680 Households amongst the affected population in Aweil, Old Fangak, Tonj and Maiwut supported by Danish Red Cross. SSRC plans to meet 15,000HHs in total via cash assistance.

Regarding the cholera situation, SSRC is coordinating with the National Public Health Emergency Operation Centre (PHEOC) to proactively prepare to support emerging hotspots and participate in coordination mechanisms also at the State and county levels. Cholera-specific assessments were conducted in Juba and findings included limited supply of clean and safe water, poor maintenance and lack of dislodging of latrines, and absence of waste management systems. A further assessment in Unity State revealed similar findings, coupled with poor practices regarding water and sanitation and widespread misconceptions about cholera. In many areas, access to care is inadequate, highlighting the need for community-based interventions where SSRC can be a main player. A Red Cross Movement Cholera Technical Working Group (TWG) has been formed and a movement cholera response plan adopted as a guide and framework for the cholera response.

The cholera situation continues to worsen in some parts of the country with a cumulative number of **29,304** and 501deaths since the outbreak (as of 11 February 2025). SSRC Emergency team is prioritizing support to the branches with many activities competing for their time. Testing of water in the affected location has shown multiple and different sources are contaminated; Stand taps, donkey cart delivery, trucks, and household storage. Ministry of Health has given direction to the testing teams that reliable testing and prompt reporting are essential to responding to the problems with transmission.

Combining the Flood Emergency Appeal with the cholera response was a decision that was considered the most timely and efficient way to pivot and permit the branches to respond to cholera. SSRC has deployed Oral Rehabilitation Points in 14 locations (5 in Renk and 9 in Malakal) considered as hot spots for the cholera outbreak as well as deployed volunteers to conduct door-to-door Risk Communication and Community Engagement (RCCE) activities in the affected communities. Refresher trainings on RCCE is also being conducted for volunteers in the intervention areas.

As part of the efforts to curb the spread of cholera, IFRC supported the operation by the deployment of a Public Health in Emergencies Coordinator (PHiE Coord) and a Community Case Management of Cholera (CCMC) Emergency Response Unit (ERU) team. The team will be responsible for supporting the SSRC health unit/department in responding to the overwhelming cholera situation by capacitating the SSRC volunteers in setting up new standard Oral Rehydration Points (ORPs) and standardizing the existing ORPs across the cholera hot spots in the country depending on the security situation. The team will also conduct ORP training to the NS staff and volunteers and ensure that the WASH needs of the operation are met. The PHiE Coordinator will support the overall cholera response as well as other emerging public health needs.

So far, SSRC has achieved the following activities in response to the floods and cholera intervention:

Floods

- Assessments have been conducted that have informed the deployment of technical teams including National Disaster Response Teams (NDRTs).
- Distribution of Essential Household Items (EHIs) including blankets, sleeping mats, mosquito nets, jerricans, buckets, and soaps to affected families.
- Deployment of Early Action Teams (EATs), Community-Based Disaster Response Teams (CDRTs) and NDRTs to support training, assessments, distribution and post-distribution as a surge mechanism.
- Evacuation of over 2,500 households to safety and provision of psychological first aid.
- With support from Participating National Societies (PNSs), SSRC has distributed multipurpose cash to 6,680 HHs
- Distribution of WASH and HH items to 900HHs in Old Fangak.

Further activities planned under the flood's intervention

- Rehabilitation of water points in flood and cholera affected areas.
- Continuous early warning messaging on risk of flooding and early actions.
- Scale-up of distribution of Essential Household items and WASH items.

- Multipurpose cash distribution for floods affected families (ongoing).

Cholera

- The SSRC is responding to cholera in five priority locations (Malakal, Renk, Rubkona/Bentiu, Juba and Aweil), with assessments and consecutive trainings conducted in other locations.
- Emergency meeting with the IPC pillar/UNICEF to discuss collaboration on RCCE and Household Water Treatment in Juba.
- Active participation in national, state, and county-level coordination mechanisms (PHEOC, task forces) with Ministry of Health and other actors.
- Deployment of 14 ORPs in Upper Nile State (Malakal and Renk).
- Deployment of volunteers for Door-to-door community sensitization in Malakal, Aweil, Bentiu, and Juba.
- Awareness raising talks on a radio show in Malakal.
- Provision of refresher training to 100 volunteers on RCCE. Volunteers have also been providing demonstration sessions on treatment of water, handwashing, and ORS preparation.
- Deployment of Public Health in Emergencies Coordinator and CCMC ERU comprising of ERU Team Leader, WASH Delegate, Logistician, Epidemiologist, and ORP trainer to further strengthen the SSRC capacities in the response through deploying more standard ORPs across the affected areas (depending on accessibility and safety).

SSRC volunteer providing Oral Rehydration Solution to a child affected by cholera in a locally set up Oral Rehydration Point (ORP)

Further activities under the cholera intervention

- Scale-up of ORPs across affected communities in Juba.
- ORP Training for staff and volunteers from different parts of the country affected by Cholera.
- Rehabilitation of water sources in flood and cholera-affected communities.
- Construction of emergency latrine structures in cholera affected communities.
- Continuous RCCE on cholera awareness and hygiene promotion.

SSRC further plans to scale up cash distributions (a total target of 15,000HHs), procurements of additional EHIs and cholera response items, and train more volunteers in RCCE and ORP response. The IM, PMER and Comms is developing a movement picture for the floods and cholera response, including joint indicators and reporting, with the aim of capturing the collective impact of movement actors and supporting future emergency preparedness efforts.

The Government's Multi-Sectoral Cholera Preparedness and Response Plan's three-pronged approach is being implemented.

1. Heightened surveillance in all at risk areas: Early detection and containment of suspected cases and maintain/expanding the coordination platforms at national, state and county levels.
2. Immediate clinical care for any suspected cases - within 24 hours of onset of symptoms: setting up of Cholera treatment units at all high-risk areas and urgent improvement in WASH facilities at-risk areas.
3. Risk Communication and Community Engagement (RCCE) and vaccination with Oral Cholera Vaccine (OCV)

The key challenges for this cholera outbreak reported by MoH and WHO include:

- Uncontrolled outbreak in Sudan and continued conflict with a free and porous border with South Sudan means uncontrolled potential new sources of transmission from newly arrived refugees and returnees.
- Testing needs to improve to better understand contamination of water sources and to take action to control them.
- Inadequate capacity in-country to contain outbreak (health, WASH, nutrition) requiring support from government partners.
- Limited work in other locations to raise cholera awareness and ensure communication of the risks of drinking water from the river or provide alternatives to minimize this risk (clean water/chlorine tablets).
- Cold chain (transport and storage) for vaccine is a challenge in remote areas.

These challenges have also informed the need to extend the appeal by an additional 6 months to ensure SSRC manages to support the government in containing the situation and improve the level of response to cholera in affected communities. In addition, adequate time and resources are needed to ensure that the planned activities are implemented effectively.

Needs analysis

Due to the flooding disaster, the affected population suffer multiple losses including lives of family members, livestock, and properties. The affected population has been displaced and is hosted in different temporary shelters and with host communities. These temporary settings are not equipped with sufficient WASH structures to meet the water, hygiene and sanitation needs of the affected population thereby increasing their vulnerabilities to health outbreaks like cholera. There is a great need to establish water and hygiene structures to improve access to adequate WASH structures. The affected families have also lost their means of livelihoods due to the destruction of crops and livestock as well as the interrupted access to major supply routes leading to loss of daily income from businesses and labour.

Even though SSRC has supported the affected population in the immediate stages of the response through the distribution of EHIs and Cash amongst other interventions, further assessments have suggested the urgent scale-up of these interventions to meet more affected households as the needs are significant. Additionally, the affected population need to be supported with early recovery interventions to strengthen their resilience and reintegration.

The cholera situation worsened since the onset of the floods but also due to the influx of people arriving from Sudan. Both events have resulted in congested living conditions for both host and displaced populations in the affected areas, while stagnant flood water itself increases risk of infectious diseases through inappropriate water and sanitation practices, including open defecation.

The sanitation services within the settlements hosting returnees, refugees and IDPs and access to clean and safe water desperately needs 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.

The setting up of ORPs to support the affected population across the cholera hotspots by providing rehydration at the community level is a **priority** which has informed the deployment of the CCMC ERU and will support the SSRC in setting up ORPs and standardize existing ones.

The need to scale up RCCE activities through refresher training for volunteers and deployment of trained volunteers cannot be emphasized enough. Considering the wide spread of the disease, RCCE activities at a wider scale especially through radio shows and jingles will be very impactful, while also conducting community-level awareness interventions and engaging community leaders.

The needs identified in the floods and cholera-affected communities necessitate urgent scale-up of activities to address the situation and allow for a smooth transition to early recovery and resilience building.

Operational risk assessment

The floods have not receded with many of the affected population still displaced in temporary shelters. Some parts of the communities are still not accessible due to the cut-off of road networks in the area. This has contributed to a limited access to basic supplies and a hike in their prices.

The continuous movement of people from Sudan into South Sudan because of the conflict significantly increases the potential of outbreaks and new sources of transmission from newly arrived refugees and returnees. Monitoring and controlling these entry points are challenging due to limited resources and security concerns.

The lack of adequate WASH facilities within the temporary shelters has contributed to the significant spread of cholera including within the population arriving from Sudan. The absence of adequate interventions in some of these settings pose a greater risk of continuous spread of the disease amongst communities.

The recent civil unrest across the country due to the killing of South Sudanese in the neighbouring country has increased tensions and has made the government deploy military and police forces in some parts of the country. Should the situation escalate further, it may impact the progress and smooth running of this intervention.

The lack of regular flights to intervention areas (especially in those without ICRC presence or sub-delegations) makes it difficult for SSRC and IFRC staff to deploy for field operations. As not all areas are accessible due to security considerations, ICRC is supporting with Safer Access to SSRC and IFRC.

Misinformation and lack of awareness about cholera can lead to community resistance against response efforts and vaccination interventions. Engaging communities through effective risk communication and involving local leaders are essential to foster trust and cooperation.

B. OPERATIONAL STRATEGY

Update on the strategy

Considering the integration of the cholera response with the Floods appeal, the operational strategy has been modified to increase cholera intervention activities. The strategy now clearly highlights the cholera response activities in addition to the existing floods response activities acknowledging that there are overlaps with regards to Health and WASH sectors. However, the original Operational Strategy was planned on the initial realized funding. This updated strategy will require additional funding to ensure that the planned cholera response activities are implemented within the shortest time possible. The appeal has been extended by an additional 6 months to support the inclusion of cholera intervention across affected parts of the country. The new end date for the Appeal is now 31/12/2025. SSRC with the support from IFRC will scale-up Health and WASH interventions in response to Cholera.

While there is a considerable overlap between the geographical areas targeted by the initial floods operation and the cholera affected areas, the operation will expand to areas where cholera has spread due to population movement and other non-flood related reasons. For example, Malakal has been at the center of the cholera operation, and the CCMC ERU will be training participants from SSRC branches in Juba, Bentiu, Yirol, Torit, Aweil, Malakal, Bor and Terekeka. Additionally, since the declaration of Mpox in South Sudan on 7th of February and the recent surge of EVD in Uganda, the health system in South Sudan has further been threatened due to its fragility. The government and its partners are further tasked with responding to multiple diseases and preparing for other outbreaks due to its

proximity to affected countries. SSRC plans an integrated approach to all existing and emerging outbreaks to ensure that the response strategy is adapted including in overlapping areas.

Risk communication and hygiene promotion activities will be focusing on the key cholera prevention messages, using the IEC materials of the Ministry of Health. Community engagement, including feedback mechanisms, will also target more specifically the misconceptions, rumours and fears the populations have about cholera, while also collecting community feedback about any SSRC activities in flood and cholera affected areas.

A clear addition to the strategy is the community case management of cholera, i.e. establishment of oral rehydration points (ORPs) in affected communities. The ORPs will serve hotspots only during the outbreak and supporting specifically the people with cholera-like symptoms, initiating rehydration prior to referral to cholera treatment unit or center. The ORPs can be moved according to changing epidemiological situation, and they will be closed and repacked for further use as much as possible after the outbreak.

WASH interventions were largely the same prior to the cholera outbreak – however, an integrated approach to target affected communities will be applied. To ensure the meaningful impact of ORPs in any community, supporting adequate WASH infrastructure and RCCE interventions should also take place in the same community.

The operation seeks to extend the time frame of the appeal by an additional 6 months due to the following considerations:

1. Inclusion of cholera response activities into the appeal which requires more resources, planning and scaled-up interventions. The time extension will allow the SSRC and IFRC ERU team to provide lifesaving interventions and a more sustainable solutions to the cholera response through strengthening the capacities of SSRC staff and volunteers in the affected communities. The cholera situation in South Sudan continues to worsen which begs a scale-up of response activities and will require more timeframe for the intervention. SSRC will be enabled to efficiently address the cholera situation in all affected areas through the different support received.
2. Logistical challenges in the context: The arrival of the ORP kits to be deployed to the cholera affected communities has been significantly delayed due to the challenging logistical situation. Additionally, upon arrival of the ORP kits arriving in Juba, they will still need to be transported to the respective locations planned. Due to the logistical limitations in South Sudan, SSRC does not have the capacity to transport the respective kits by road and would have to depend on the logistics cluster to support these shipments which may require more planning and lead time.
3. Security and Access of the cholera affected areas: Due to the challenging security context of the country, SSRC teams and IFRC team rely on security clearances from ICRC (supporting on security) to deploy the ERU teams for the response. These security clearances depend on specific security assessments carried out by ICRC which are also time bound.
4. Transitioning and Sustainability of the intervention: this operation is planned to support the overall development of the National Society especially in cholera response. The plan is to strengthen the capacities of the SSRC staff and volunteers to setup standard ORPs, conduct adequate RCCE, provide emergency and longer-term WASH interventions in different cholera affected parts of the country during the response as well as ensure the sustainability of the operation in readiness of a future cholera intervention as well as enabling more resilient and prepared communities. SSRC also aligns this plan with the SSRC Unified plan and facilitate the transitioning of the emergency response operation into a longer term.

C. 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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of HHs targeted with emergency shelter and essential items	3,780	15,000
	# of HHs targeted with conditional cash and voucher assistance	0	10,000

Distribution of Essential HHs items to 3,870 affected families including sleeping mats, mosquito nets, buckets, and jerricans

This intervention maintains the plan to support affected families with conditional cash for shelter with the aim of restoring and supporting their longer-term recovery shelter needs. However, this activity has not been achieved due to the limited funding of the appeal.

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

Objective:	*Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# 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 for supporting 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 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, additional funding is required on the appeal to support these activities.

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	6,680	15,000
	# of Market assessments conducted	2	4

The intervention maintains the plan to target 15,000HHs with Multipurpose Cash Assistance. So far 6,680 HHs have been reached in Aweil, Tonj, Old Fangak and Maiwut through the Danish Red Cross support. The plans to register and distribute Cash to 1,500HHs in Malakal and Bentiu are currently ongoing.

Additionally, longer term support to strengthen early recovery and resilience is dependent on increased funding to the appeal.

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)	3,870	10,000
	# of volunteers providing First Aid services	0	100
	# of volunteers trained on First Aid	0	100
	# of First Aid kits procured	0	100
	# of volunteers and staff trained on cholera prevention and risk communication	350	500
	# of people reached with cholera messages	250,545	1,000,000
	# of radio talk shows conducted	4	10
	# of documentaries developed	0	1
	# of news articles published	0	2

	# of ORPs established	14	50
	# of volunteers and staff trained on ORPs	20	100
	# of people reached at the ORPs	1,470	20,000

- Provision of Psychological First Aid to evacuated flood-affected families.
- 290 volunteers have been trained in RCCE and deployed in Renk, Malakal, Rubkona, and Juba.
- IEC materials from Ministry of Health distributed in Renk town and Rubkona (public spaces).
- SSRC conducted radio shows in Juba to provide awareness on the cholera situation, supporting government (MoH) efforts
- Five Oral rehydration points have been deployed in Renk town and nine in Malakal, combined with RCCE and hygiene promotion
- Cholera-specific assessment in Bentiu town, Guit county, and Mayom country (with support from ICRC) was conducted, and recommendations were made on RCCE, ORP, and WASH interventions

The intervention plans to further scale up the training and deployment of volunteers for RCCE in coordination with the Ministry of Health to control the severe cholera situation. IFRC has deployed a Public Health in Emergencies (PHiE) Coordinator and a CCMC ERU team specifically to support the cholera response. The ERU team will be deployed to cholera hotspots across the country to train volunteers and set up ORPs if the security situation allows (upon security clearance by ICRC). However, as the security and logistical constraints can severely affect the access of the ERU team to deploy in person, it also plans to have a more centralized training of trainers from the different branches in Juba to enhance SSRC's capacity to respond to the cholera situation through the ORP trainings and deployment of ORP kits to branches of the affected states. Support to previously established ORPs will also be provided.

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	240,645	1,000,000
	# of rehabilitated water points	10	90
	# of MHM kits distributed	1,480	3,000
	# of HHs receiving EHI (buckets, jerricans, filter cloth, PUR sachets and 450 grams of soap)	3,870	15,000
	# of Emergency Latrines constructed	15	800

	# of hand washing facilities distributed	14	100
	# clean-up campaigns conducted	9	20

- Water trucking in Renk town.
- One WASH kit 5 procured for Juba.
- Disinfection of handwashing facility in Renk and Rubkona.
- Distribution of water purification kits in Renk town.
- Set up handwashing stations in Juba.
- Latrine digging kit slaps deployed to Renk for latrine construction and Aweil.
- Rehabilitation of 15 latrines in Malakal.
- Latrine construction ongoing in Aweil at Surface Water Treatment (SWAT) facility
- Rehabilitation of 10 water points including 2 boreholes in Guit (following the above-mentioned cholera assessment).
- Water quality monitoring at community level.

The intervention plans to further scale up the distribution of WASH items (buckets, jerricans, water purification kits, soaps) in the affected areas. Additionally, 80 water points across the flood and cholera-affected states will be prioritized to improve access to safe and clean water amongst the affected population. Similarly, the intervention also plans to scale up the construction of latrines in affected areas to improve the sanitation and overall health of the affected communities. WASH interventions are planned in close coordination with the health interventions, making sure an integrated approach is applied in communities most affected by cholera. For example, communities where ORPs are established, also RCCE and WASH interventions are prioritized.

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 on PGI and CEA	30	250
	# of people reached with Psychological First Aid	25	100
	# of volunteers deployed to conduct RFL services	30	30
	# of volunteers trained on SGBV	30	100

- 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 also refer affected population to available services.

- SSRC volunteers were trained in Psychological First Aid and deployed to support floods 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 in an inclusive manner 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 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 trainings on SGBV, CEA and PGI topics in new areas of the intervention (especially relating to the cholera intervention).

Community Engagement and Accountability

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of feedback mechanisms established	**2**	**3**

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 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 in order to understand the perceptions, rumors, misconceptions and fears about cholera in different communities. Communities are consulted during assessments and needs of different groups are taken into account in the design of interventions. Feedback is sought actively on the RCRC activities, including ORPs. Received feedback is analyzed and will inform the activities.

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*	3	6
	# of people reached with key early warning messages	95,680	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 2,500 floods-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 distribution of Essential HH and WASH items.
- 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 on 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:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of NDRTs deployed to support the operation	3	10
	# of refresher training for NDRTs	0	1

During the initial stages of the flood's operation, SSRC rapidly deployed 3 NDRTs to affected areas to carry out evacuation operations, first aid, and rapid assessments in coordination with the respective CBDRTs. The NDRTs also supported the implementation of Cash Distributions 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 response to cholera across the affected areas.

Coordination and Partnerships

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

SSRC is coordinating with the 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 Government's Public Health EOC taking place 3 times 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 the ERU to support the deployment of standard ORPs and build NS capacity in the Community Case Management of Cholera.

SSRC, IFRC and ICRC also conducts 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	8	3
	# of monitoring visits	1	3
	# of LLW	0	1
	# of financial spot checks	1	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 surge in Cholera cases in South Sudan, IFRC deployed an ERU CCMC team of 5 personnel including Team Leader, Logistics Delegate, WASH Delegate, ORP trainer and Epidemiologist to support the Community Case Management of Cholera.

The Public Health in Emergencies Coordinator conducted an assessment and monitoring visit to Guit county. The visit informed the decision to potentially deploy the ERU team to set up CCMC points in the affected communities to respond to the overwhelming cholera situation.

The operation will continue to rely on these technical profile support to ensure that SSRC has adequate support and resources to effectively manage the appeal. The role profiles of the CCMC ERU and other Surge support will run for the next 3 months at least.

D. FUNDING

Emergency Appeal

INTERIM FINANCIAL REPORT

All figures are in Swiss Francs (CHF)

MDRSS014 - South Sudan - Floods

Operating Timeframe: 25 Jul 2024 to 30 Jun 2025; appeal launch date: 18 Sep 2024

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	**0**
Donor Response* as per 22 Jan 2025	**926,825**
Appeal Coverage	

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	4,136	-4,136
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	0	106,500	-106,500
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	0	615	-615
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	0	0

Grand Total	**0**	**111,252**	**-111,252**

III. Operating Movement & Closing Balance per 2024/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,926,825
Expenditure	-111,252
Closing Balance	**1,815,574**
Deferred Income	0
Funds Available	1,815,574

IV. DREF Loan

* not included in Donor Response	Loan:	828,734	Reimbursed:	0	**Outstanding:** **828,734**

Emergency Appeal

INTERIM FINANCIAL REPORT

All figures are in Swiss Francs (CHF)

MDRSS014 - South Sudan - Floods

Operating Timeframe: 25 Jul 2024 to 30 Jun 2025;
appeal launch date: 18 Sep 2024

V. Contributions by Donor and Other Income

Opening Balance	**0**

Income Type	Cash	In-kind Goods	in Kind Personnel	Other Income	TOTAL	*Deferred Income*
DREF Anticipatory Pillar				171,266	**171,266**	
DREF Response Pillar				828,734	**828,734**	
Other	886,146				**886,146**	
Swedish Red Cross	40,679				**40,679**	
Total Contributions and Other Income	**926,825**	**0**	**0**	**1,000,000**	**1,926,825**	***0***

Total Income and Deferred Income	**1,926,825**	*0*

Contact information

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

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- **IFRC Africa Regional Office for Logistics Unit:** Allan Kilaka, Head of Africa Regional Logistics Unit; mail: allan.kilakaa@ifrc.org; phone: +254 0)11 383 4921

Reference documents
↘
Click here for:

- DREF Operation
- Emergency Appeal
- Operational Strategy

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.