IFRC

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 #3 **Date of issue:** 02/04/2025	**Timeframe covered by this update:** From 17/10/2024 to 23/03/2025
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

To date, this Emergency Appeal, which seeks CHF 5,000,000, is 20 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. As reported in Operations Update 2 this appeal has been extended by an additional 6 months with a new end date 31/12/2025 to support the inclusion of cholera intervention across affected parts of the country.

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 28 March 2025, the cumulative total for cholera cases has risen to 44,097 and 799 deaths with a case fatality rate (CFR) of 1.7%. The currently most affected counties include Akobo (Jonglei), Nyirol (Jonglei), Aweil West (NBGZ), and Gogreil West (Warrap) in addition to the previously reported affected locations. A

[1] South Sudan: Floods Snapshot (As of 15 November 2024)

total of 43 counties across 9 states have now reported cholera cases across the country with Nyirol being the latest. Out of the counties reporting more than 30 cases within the few weeks, high proportion of severe dehydration was reported in Nyirol (95.2%), Panyijiar (100%), Ikotos (100%) and Jur River (97.9%), while in Akobo this has reduced from 100% to 59.7% – in the absence of reliable data on cases and deaths in many counties, this can be a useful indicator reflecting poor/delayed access to care. Unity state accounts for the highest burden of cholera cases currently at 41% followed by Jonglei state at 16%. Wau county is newest area to report the disease and Pibor (874), Akobo (340) and Rubkona (245) have been reporting increase within the last 14 days. This re-emphasizes the need of the RC movement to continuously scale up its operation to provide immediate lifesaving intervention across the most affected counties.

Figure 1 SSRC volunteers during the ORP training on Infection Prevention Control protocols in Guit town

Especially in rural areas, poor surveillance outside of health facilities and poor access to care contribute to underreporting and deaths that could be prevented through community-based interventions. Misconceptions and lack of awareness, coupled with poor water and sanitation infrastructure also contribute to harmful practices, that facilitate the spread of Cholera in vulnerable communities. In response to the cholera outbreak in South Sudan, the Ministry of Health, in collaboration with WHO, UNICEF, and other partners, launched reactive oral cholera vaccination campaigns in Renk, Malakal, Rubkona, Juba, Bor South, Mayom, and Aweil West counties, targeting over 2.13 million people. Similar campaigns are planned for other counties experiencing outbreaks. Given the current overcrowding in displacement sites and the limited access to safe water, sanitation, and hygiene, the risk of cholera transmission remains high[2]. With support from the International Coordination Group (ICG), 4.1 million doses are secured for use in areas with confirmed cases to control the cholera outbreak in hotspots nationwide. The vaccination sites have seen a significant turnout of people eager to be vaccinated, representing a crucial step toward their health and safety [3].

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, based on available internal resources, to ensure rapid access to relief items in the event of flooding. SSRCS supported the evacuation of communities from flood-prone areas to temporary safe havens and evacuation centres.

This Emergency Appeal runs until 31 December 2025 allowing SSRC to provide immediate lifesaving interventions as well as ensuring a more sustainable approach to strengthen communities and bolster resilience to enable them to curb the spread of the disease and minimize the risk of a future outbreak. Even with the challenging security situation, SSRC continues to provide support to the affected communities through its local channels and community-based volunteers.

[2] WHO – News and Press Release 18 Feb 2025
[3] WHO – News and Press Release 18 Feb 2025

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.

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). Most recently, SSRC has scaled up its operation in new hotspots including Akobo, Wau, Terekeka and Ikotos 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 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 7,680 Households amongst the affected population in Aweil, Benitiu Old Fangak, Tonj and Maiwut including through support by Danish Red Cross. SSRC still plans to meet 15,000HHs in total via cash assistance if more resources are realized.

Regarding the cholera response, SSRC has been mobilizing its volunteers across cholera affected areas to provide Risk Communication and Community Engagement (RCCE) activities, response through setting up of Oral Rehydration Points (ORPs), supporting Household Water Treatment (HHWT) and referrals of severe cases to nearest health facilities for treatment. This is 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. In addition to this, 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) 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. 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 (PNSs) in country continue to support SSRC bilaterally including towards the cholera response through their respective programming.

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. Further assessments in Unity State and Akobo 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 such as oral rehydration points (ORPs) and RCCE, 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.

SSRC 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 PHiE Coordinator supports the overall cholera response as well as other emerging public health needs and will continue to monitor and assess the outbreaks in the country to inform strategic decisions and actions for the response.

Since the deployment of the ERU, there has been a training of SSRC staff and volunteers on setting up standard ORPs. The participants of the training were selected from 7 branches of SSRC overseeing the cholera hotspots. These participants were further trained practically during the setting up of the ORPs at the communities. A total of 20 ORP kits have been imported into the country and stocked at SSRC warehouse. Out of these, 11 ORP kits have been deployed to Bentiu, Akobo, Ikotos and Terekeka. The ERU deployment has also been instrumental in developing SSRC capacities both technically and resource-wise (ORP kits) in managing the cholera response through strengthening the knowledge and practices of SSRC staff and volunteers towards the response to the disease and ensuring that SSRC have adequate tools and resources needed for the intervention currently and in the future. The trained SSRC personnel are now able to deploy to support their counterparts in the different communities in setting up the ORPs and providing on-spot training to increase the knowledge and technical capacities across the SSRC network.

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 7,680 HHs
- Distribution of WASH and HH items to 900HHs in Old Fangak.
- Restocking of Essential Household Items in the SSRC warehouse to enhance readiness for further events

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 especially for the upcoming rainy season
- Scale-up of restocking and distribution of Essential Household items and WASH items.
- Multipurpose cash distribution for floods affected families (ongoing)

Cholera

- SSRC has scaled up its intervention to newly identified cholera hotspots including Akobo, Wau, Ikotos and Terekeka
- 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) which has been currently closed but provided lifesaving intervention to 1,270 people. An additional 17 ORPs have been deployed to to Bentiu (5), Akobo (4), Wau (2), Kuajok (2), Pibor (2) Terekeka (1) and Ikotos (1). Out of these numbers, 11 are fully functional and the remaining 6 are currently being set up by trained SSRC staff and volunteers.
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- So far, an additional 340 people have been reached through the ORPs bringing the total number to 1,810. 191 people have been referred to health facilities for further treatment.
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- Awareness raising talks on a radio show in Malakal.
- Provision of refresher training to 550 volunteers on RCCE. Volunteers have also been providing demonstration sessions on treatment of water, handwashing, and ORS preparation.
- Deployment of volunteers for Door-to-door community sensitization in Malakal, Aweil, Bentiu, Akobo, Terekeka, Wau (Jur River), Pibor and Juba. Cumulatively, 380,685 have been reached with cholera prevention messages in all the intervention areas
- Deployment of Public Health in Emergencies Coordinator and CCMC ERU comprising of ERU Team Leader, WASH Delegate, Logistician, Finance/Admin, 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).
- Training of 24 Trainers on standard Oral Rehydration Points set-up and operation. These trainers have further trained 56 volunteers bringing the total number of trained SSRC personnel on ORPs to 80. These SSRC staff and volunteers are responsible for the running of the ORPs.
- Weekly Cholera TWG chaired by SSRC and participated by all movement partners in country.

Further activities under the cholera intervention

- Scale-up of ORPs across affected communities in Wau, Akobo, Pibor, Ikwotos, Terekeka, Aweil, Kuajok, Tonj, Bentiu
- Scale-up of 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
- Procurement and delivery of HHWT filters in cholera affected communities to enhance water filteration and access to clean water.

Mobilisation of volunteers to support OCV campaigns in coordination with the Ministry of Health. SSRC further plans to scale up cash distributions (a total target of 15,000HHs), procurements of additional EHIs and cholera response items including ORP replenishment kits and train more volunteers in RCCE and ORP response. The IM, PMER and Comms are 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.

Needs analysis

More than a million people were 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 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.

According to a Knowledge and Management Series for Health by WHO in January 2025 (Cholera in South Sudan) [4], the drivers of the transmission and spread of the disease includes:

B. Introduction of V. Cholerae O1 Ogawa Serotype which is identical to the one of the ongoing outbreaks and different from previous outbreaks in South Sudan, indicates likely cross border introduction or transmission.
C. Population displacement and movement caused by flooding and conflict promoting the spread of the disease to and between counties. Additionally, it leads to overcrowding in camps or temporary settlements with weak health infrastructure.
D. Inadequate water, sanitation and hygiene conditions and practices in many areas, particularly in camplike settings, forcing reliance on water from unsafe sources and open defecation amplifying transmission.
E. High susceptibility: Although almost 4.4 million doses of OCV were distributed during 2014-2017 and 2022, immunity from vaccination wains quickly over time - especially for the one-dose regimen. This together with high birth rates and migration results in a large pool of susceptible individuals.
F. Sub-optimal health seeking behaviour: Some counties report cases delaying seeking treatment at a healthcare facility, increasing the risk of community transmission. Additionally, movement of symptomatic individuals to place of origin for treatment have been reported, promoting spread between communities.

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. Testing of water in the affected location has shown multiple and different sources are contaminated; stand taps, donkey cart delivery, trucks, and household storage.

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.

[4] WHO – Knowledge and Management Series for Health_Cholera in South Sudan, Jan 2025

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 communities affected by the floods and cholera situation are still in need of basic household items as well as cash to enable them to meet their basic needs and help them with early recovery. 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 in some areas 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 civil unrest in January 2025 across the country has increased tensions. Furthermore, the recent escalation of hostilities in Nasir, Upper Nile has led to increased tensions, displacements and limitation of access thereby leading to an increase in cholera cases in those communities due to further spread and transmission as well as consequently limiting SSRC to efficiently respond in the hotspots identified. Consequently, the situation has also led to the premature evacuation of the ERU team from the cholera affected community in Bentiu and is limiting the team to deploy other cholera affected communities as duty of care of staff and volunteers also needs to be prioritized. 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. Similarly, it poses a challenge in the deployment of the ORP kits from Juba to identified cholera hotspots. The Logistics Cluster supports the deployment of the ORP Kits from Juba to the affected locations upon request. However, the Logistics Cluster no longer accepts Service Request Forms (SRF) for airlifts to Akobo which implies that the replenishment supply chain for the Akobo branch will have to rely on either ICRC flights or road transport via logistics cluster convoys. As not all areas are accessible due to security considerations, ICRC is supporting Safer Access to SSRC and IFRC as well as supporting the transportation of IFRC and SSRC colleagues via the ICRC Red Flight.

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.

The key challenges for 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.
- Recent escalation of hostilities in Nasir and other parts of the country increasing the tensions and limiting access to cholera affected communities. Additionally, the situation has increased internal displacement causing the further spread and transmission of the disease.
- 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 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 to mobilise resources and provide lifesaving interventions in a timely manner. However, the appeal is still underfunded thereby leading to constraints in level of intervention intended considering the need on the ground.

G. 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 strategy will require additional funding to ensure that the planned cholera response activities are implemented within the shortest time possible. The appeal was extended to support the inclusion of cholera intervention across affected parts of the country and scale up the Health and WASH interventions in response to Cholera.

For cholera the strategy is aligned with 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)

SSRC continuous to assess and monitor the cholera situation and with support from partners, scale up its response operations to newly identified hotspots. The approach of this appeal is now country-wide and will provide support to cholera affected communities as long as they are in South Sudan and gaps exist. Furthermore, the operational strategy continuous to adapt an integrated approach to ensure that immediate response is provided through ORPs and RCCE while a more sustainable intervention is ensured through the WASH interventions including via rehabilitation/construction of water sources and sanitation facilities.

The operation also prioritizes the capacity strengthening of SSRC to the response through the Training on ORPs set-up facilitated by the ERU team. The initial set of trained ToT participants were from SSRC branches in Juba, Bentiu, Yirol, Torit, Aweil, Malakal, Bor and Terekeka. These ToTs are now deployed to other parts of the country to further conduct on spot trainings for the SSRC branch staff and volunteers during the set-up of the ORPs in cholera affected

communities. Recently, other areas including Akobo and Ikwotos (covered by Torit branch) have also become a priority despite not being affected by floods.

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.

WASH interventions were largely the same prior to the cholera outbreak – however, an integrated approach to target affected communities is being 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 will continue to prioritize interventions in cholera affected communities and SSRC will continue to implement the planned activities as well as coordinate with the different internal and external partners especially the Ministry of Health to ensure a collaborative and coordinate approach to the intervention.

H. 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, this activity has not been achieved 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. The plans to register and distribute Cash Malakal is currently on hold due to the ongoing conflict in the area. This highlights the complexity of the situation for the affected population as there will be more people affected by both floods and conflict.

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

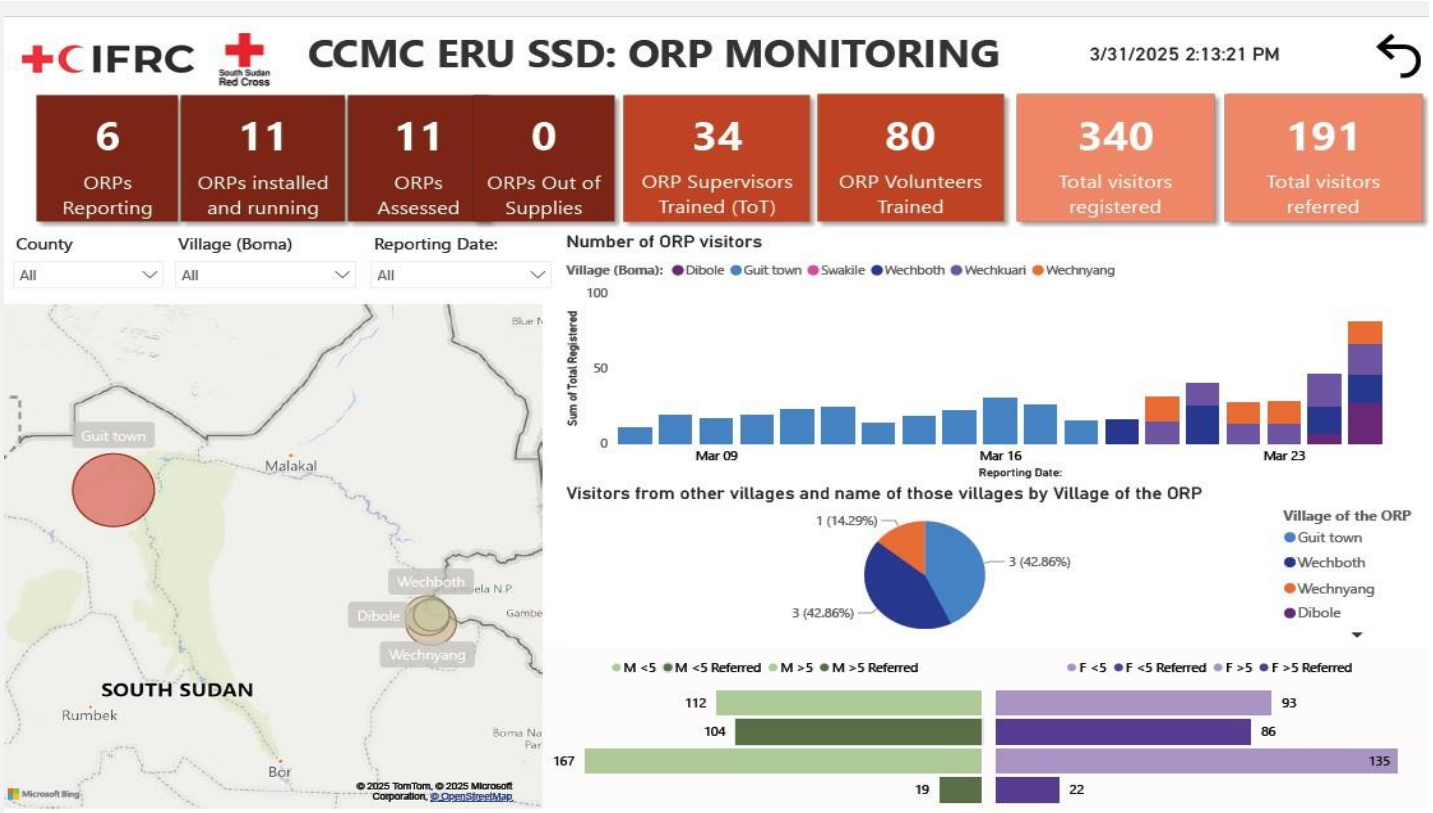
Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*		Female > 18: **380,750**	Female < 18: **320,000**
		Male > 18: **209,990**	Male < 18: **169,350**

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	550	500
	# of people reached with cholera messages	380,685	1,000,000
	# of radio talk shows conducted	4	10
	# of documentaries developed	0	1

	# of news articles published	0	2
	# of ORPs established	25	50
	# of volunteers and staff trained on ORPs	80	100
	# of people reached at the ORPs	1,810	20,000

- Provision of Psychological First Aid to evacuated flood-affected families.
- 550 volunteers have been trained in RCCE and deployed in Renk, Wau, Pibor, Malakal, Bentiu, Akobo, Ikotos, Terekeka, and Juba.
- IEC materials from Ministry of Health distributed in Renk town and Rubkona, Bentiu (public spaces).
- SSRC conducted radio shows in Juba to provide awareness on the cholera situation, supporting government (MoH) efforts
- Five (5) Oral rehydration points were deployed in Renk town and nine (9) in Malakal reaching 1,470 people, combined with RCCE and hygiene promotion. Most recently, additional ORPs have been set up in Guit, Terekeka, Ikotos and Akobo reaching 340 people so far bringing the total number to 1,810.
- 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.
- Similarly, assessments were conducted in Akobo and Wau which informed the deployment of volunteers for RCCE and deployment of ORPs for lifesaving interventions. 40 in Mayom, 30 in Guit, 30 in Pibor, 30 in Wau and 30 in Akobo.
- Since the arrival of the ERU team, 24 ToTs were trained on setting up of ORPs and the ToTs are now being deployed to other parts of the country (especially areas that are not greenlighted for the deployment of the ERU team). The ToTs have now trained an additional 44 volunteers bringing the total to 68.
- SSRC is currently scaling up the ORP Training of Trainers in Wau with the support of the ERU team.
- Deployment of 17 ORP kits to Bentiu (5), Akobo (4), Wau (2), Kuajok (2), Pibor (2) Terkeka (1) and Ikotos (1). Out of these numbers, 11 are fully functional and the remaining 6 are currently being set up by trained SSRC staff and volunteers.
- The data collection system for the ORP sites to enhance reporting on number of people reached has been setup in 6 of the functional ORPs and those for the remaining ORPs is being set up.

Figure 2.ORP installation sessions with SSRC trained ToTs in Akobo



Indicator	Female (n)	Female (%)	Male (n)	Male (%)	Total
# of MoH staff trained in ORP management disaggregated by sex	0	0.0	0	0.0	0
# of Movement staff / volunteers trained as ToT for ORP training disaggregated by sex	14	41.2	20	58.8	34
# of RCRC volunteers trained as ORP operators by CCMC ERU or other trainers disaggregated by sex during the reporting period	32	40.0	48	60.0	80
# of volunteers (not from RCRC) trained as ORP operators	0	0.0	0	0.0	0

The intervention plans to further scale up the training and deployment of volunteers for RCCE and ORPs in coordination with the Ministry of Health to control the severe cholera situation. IFRC deployed a Public Health in Emergencies (PHiE) Coordinator and a CCMC ERU team specifically to support the cholera response. The ERU team has been strengthening SSRC capacities through providing training to SSRC staff and volunteers as ToTs who are further been deployed to cholera hotspots across the country to train more volunteers and set up more ORPs.

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*		
	Indicator	**Actual**	**Target**
Key indicators:	*# of people reached with hygiene promotion*	380,685	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

- Scale up of RCCE in newly identified cholera hotspots including in Akobo, Wau, Pibor, Ikotos and Terekeka
- 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 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:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# 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	5	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.

As part of the cholera scale up response, an additional 2 NDRTs were deployed to Terekeka and Ikotos to support the set-up of ORPs.

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 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 Lessons learnt workshop	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.

I. FUNDING

Selected Parameters			
Reporting Timeframe	2024/7-2025/3	Operation	MDRSS014
Budget Timeframe	2024-2025	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 02 Apr 2025

All figures are in Swiss Francs (CHF)

MDRSS014 - South Sudan - Floods

Operating Timeframe: 25 Jul 2024 to 31 Dec 2025; appeal launch date: 18 Sep 2024

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	-5,000,000
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 - Strenghten 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	**-5,000,000**
Donor Response* as per 02 Apr 2025	**1,128,814**
Appeal Coverage	**-22.58%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	111,767	-111,767
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	123,653	-123,653
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	0	647	-647
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	10,848	-10,848
Grand Total	**0**	**353,414**	**-353,414**

III. Operating Movement & Closing Balance per 2025/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,128,814
Expenditure	-353,414
Closing Balance	**1,775,400**
Deferred Income	0
Funds Available	1,775,400

IV. DREF Loan

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/7-2025/3	Operation	MDRSS014
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 02 Apr 2025

All figures are in Swiss Francs (CHF)

MDRSS014 - South Sudan - Floods

Operating Timeframe: 25 Jul 2024 to 31 Dec 2025; appeal launch date: 18 Sep 2024

I. Contributions by Donor and Other Income

Opening Balance						**0**
Income Type	**Cash**	**InKind Goods**	**InKind Personnel**	**Other Income**	**TOTAL**	***Deferred Income***
DREF Anticipatory Pillar				171,266	**171,266**	
DREF Response Pillar				828,734	**828,734**	
European Commission - DG ECHO	190,148				**190,148**	
Japanese Red Cross Society	28,552				**28,552**	
Red Cross of Monaco	14,099				**14,099**	
Swedish Red Cross	40,679				**40,679**	
Swiss Red Cross	200,000				**200,000**	
The Canadian Red Cross Society	156,304				**156,304**	
The Netherlands Red Cross	499,032				**499,032**	
Total Contributions and Other Income	**1,128,814**	**0**	**0**	**1,000,000**	**2,128,814**	***0***
Total Income and Deferred Income					**2,128,814**	*0*

Contact information

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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.