

24 MONTHS OPERATION UPDATE

Sudan Crisis - Regional Population Movement

Emergency appeal №: MDRS1001 Emergency appeal launched: 30/05/2023 Operational Strategy published: 20/06/2025	Glide №: NA
24 Months Update Date of issue: 18/09/2025	Timeframe covered by this update: From 30/05/2023 to 30/06/2025
Operation timeframe: 31 months, extended until 31/12/2026	Number of people being assisted: 1.3 million people
Funding requirements (CHF): CHF 38 million through the IFRC Emergency Appeal CHF 47.5 million Federation-wide	DREF amount initially allocated: CHF 3,965,832



Chad/Sudan border August 2023

To date, this Emergency Appeal, which seeks CHF 38,000,000 is 26.40 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move.



List of abbreviations

Acronym	Meaning	Acronym	Meaning
ARO	Africa Regional Office	MPCT	Multi-Purpose Cash Transfer
BRC	British Red Cross	MSNA	Multi-Sectoral Needs Assessment
CEA	Community Engagement and Accountability	NFIs	Non-Food Items
CHF	Swiss Franc	NGO	Non-Governmental Organization
CRT	Chadian Red Cross	NS	National Society
CVA	Cash and Voucher Assistance	NSD	National Society Development
DRC	Danish Red Cross	OPM	Office of the Prime Minister (Uganda)
DREF	Disaster Relief Emergency Fund	ORPs	Oral Rehydration Points
EHIs	Essential Household Items	PDM	Post-Distribution Monitoring
EMT	Emergency Medical Team	PFA	Psychological First Aid
EPIC	Epidemic Preparedness and Control	PGI	Protection, Gender and Inclusion
ERCS	Egyptian Red Crescent Society / Ethiopian Red Cross Society (context-dependent)	PMER	Planning, Monitoring, Evaluation and Reporting
ERU	Emergency Response Unit	PoCs	Persons of Concern
FDSPs	Frequently Displaced Persons	PSEA	Protection from Sexual Exploitation and Abuse
FGDs	Focus Group Discussions	PWDs	People With Disabilities
GBV	Gender-Based Violence	RCRC	Red Cross and Red Crescent
GRC	German Red Cross	RFL	Restoring Family Links
HCT	Humanitarian Country Team	RRS	Refugees and Returnees Service (Ethiopia)
HI	Handicap International	SAF	Safer Access Framework
HSPs	Humanitarian Service Points	SADDD	Sex, Age and Disability Disaggregated Data
ICRC	International Committee of the Red Cross	SGBV	Sexual and Gender-Based Violence
IEC	Information, Education and Communication	SSRC	South Sudan Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies	SWAT	Surface Water Treatment
IOM	International Organization for Migration	UNHCR	United Nations High Commissioner for Refugees
IPC	Integrated Food Security Phase Classification	URCS	Uganda Red Cross Society
KOBO	Kobo Toolbox (data collection tool)	USAID	United States Agency for International Development
MAEE	Ministry of Foreign and European Affairs (Luxembourg)	VIP	Ventilated Improved Pit (latrine)
MDRS1001	Emergency Appeal Code for Sudan Crisis	WASH	Water, Sanitation and Hygiene
MENA	Middle East and North Africa	WHO	World Health Organization
MHPSS	Mental Health and Psychosocial Support	WFP	World Food Programme

A. SITUATION ANALYSIS

Description of the crisis

Since the outbreak of armed conflict in Sudan on 15 April 2023, Africa Region faced a large-scale humanitarian crisis marked by one of the most significant displacement movements in recent years. Millions of people fled the violence, crossing into Chad, Egypt, Ethiopia, South Sudan, and Uganda. The mass displacement led to severe humanitarian consequences and placed severe strain on local populations, infrastructure, and access to basic services in border and reception areas.

In **Chad**, approximately 1.2 million Sudanese refugees and Chadian returnees (IOM¹) arrived from Sudan, across the border by the violence, through one of the 35 entry points along the 1,360 km border with Sudan. Out of these, 838,436 were registered by the UNHCR & Government². Nearly 820,000 were new since April 15, 2023 (according to UNHCR Data).

The refugees spread across four provinces in Eastern Chad, namely Ennedi East, Ouaddaï, Sila and Wadi Fira. The situation was recently aggravated by the Cholera Outbreak, with in the Dougui Refugee Camp in Ouaddaï Province where 120 cases were reported including 4 deaths.

Egypt received over 1.5 million people fleeing the Sudan Conflict making it the largest host country (hosting 35% of the total refugees from Sudan) where the refugees sought protection (UNHCR and Government).

Among the displaced were many women, particularly pregnant women, children, older persons, and individuals with disabilities or mental health conditions. The refugee population also included separated and unaccompanied minors. Despite the massive inflow, many refugees reported positive relationships and peaceful coexistence with the host population.

Ethiopia received 177,124 people fleeing the Sudan Conflict since April 2023 (IOM), through the Metema (West Gondar) and Kumruk (Benishangul Gumuz) border points out whom 76,085 were registered (UNHCR & Government).

Of the total arrivals, 59% were Sudanese refugees, 14% were refugees of other nationalities, and 27% were Ethiopian returnees. In the Ahmara Region, the initial reception sites at Kumer and Awlala were later evacuated to a new site at Aftit Kebele due to insecurity and attacks. In Benishangul Gumuz, refugee arrivals were redirected to Ura Camp, while returnees settled among host communities or within internal displacement sites. While the refugee reception through Metema was active, with government and partners supporting the process of new registrations, the one in Kurmuk was paused for a few months due to funding cuts but recently resumed operations. The continuous arrivals overwhelmed local capacity and infrastructure.

Libya received approximately 142,809 people fleeing the Sudan Conflict (IOM), out of whom 357,000 were registered (UNHCR & Government).

Many of those displaced faced acute humanitarian needs, particularly health care, food, and protection, with women, children and individuals with specific vulnerabilities most affected. Entry was concentrated through Alkufra and other southern border points, where limited mobility, insecurity, and strained host communities heightened pressure on already scarce services. Despite the provision of emergency assistance, gaps in resources and access constraints hindered adequate response to the scale of displacement.

South Sudan received over 1.2 million, including both Sudanese refugees and South Sudanese returnees (UNHCR & Government).

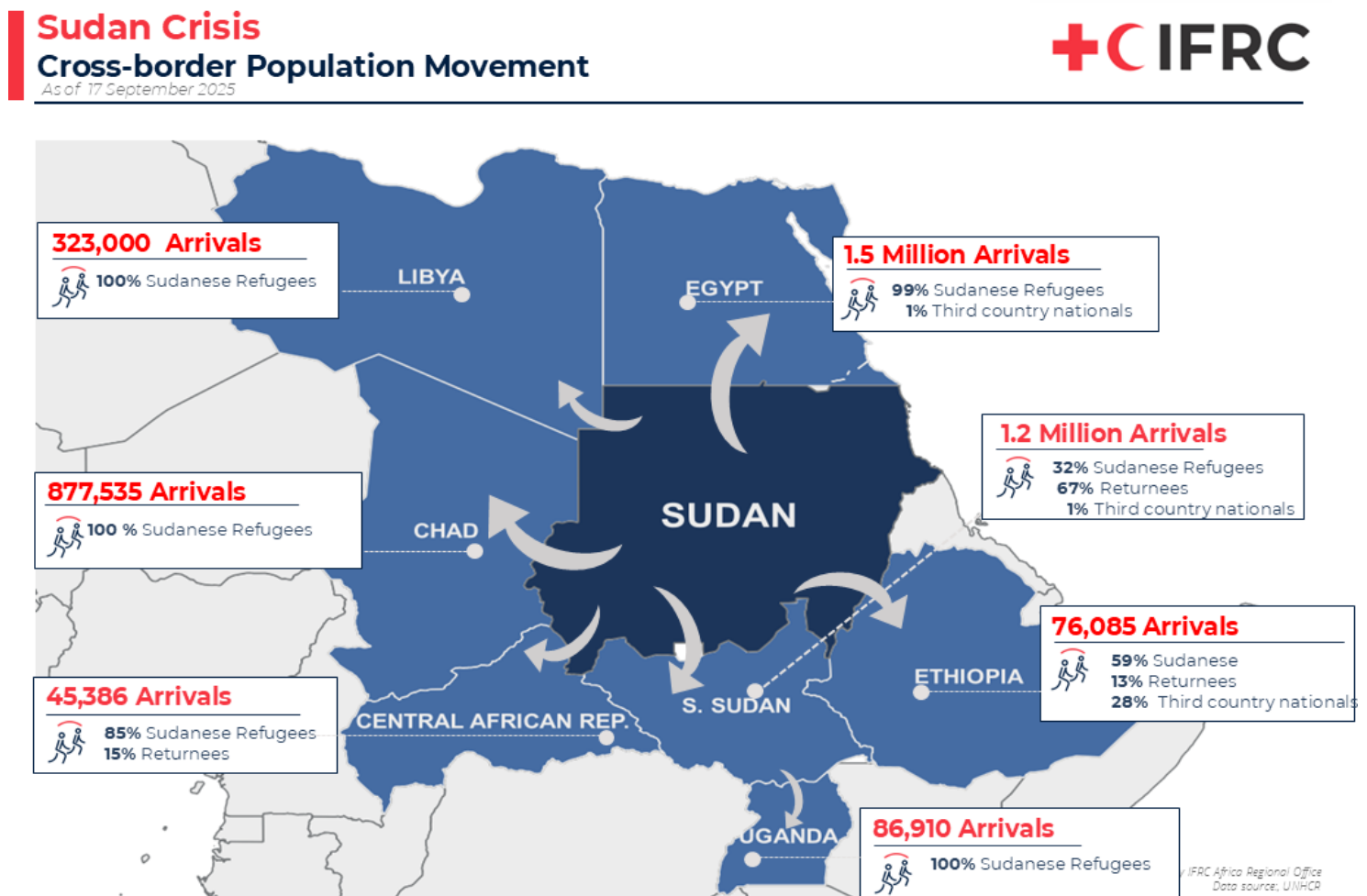
¹ <https://dtm.iom.int/node/24896>

² <https://data.unhcr.org/en/situations/sudansituation>

The influx primarily affected border regions such as Upper Nile and Unity states, as well as the Abyei Area. It placed immense pressure on an already fragile infrastructure and overstretched basic services. Transit centers like Renk were overwhelmed, with limited access to clean water, shelter, healthcare, and sanitation. The strain disrupted local economies, increased protection risks, and heightened tensions in host communities. Humanitarian agencies struggled to meet growing needs amid funding shortfalls and logistical challenges, accelerating vulnerabilities among displaced populations and host communities.

Uganda received approximately 86,910 Sudanese refugees who settled at the Kiryandongo Refugee Settlement (UNHCR & Government). Most of the new arrivals were women, children, and the elderly.

The persistent flow of refugees overwhelmed existing infrastructure and led to deteriorating conditions in health, shelter, water supply, and sanitation. The risk of disease outbreaks increased due to overcrowding and inadequate facilities.



Number of people received by each host country (UNHCR & Government)

Across all the neighbouring countries, the consequences of the Sudan conflict were far-reaching. Displaced populations faced heightened vulnerabilities, while host communities were pushed to the limits of their capacity. Essential infrastructure was under sustained pressure. The regional response was increasingly hampered by underfunding and escalating needs, with growing fears that without renewed international attention, the crisis could deepen further, compounding instability across an already fragile region.

Summary of response

Overview of the host National Society and ongoing response

Sector		Total reach by NS	Shelter, housing and settlement	Food security and livelihoods	Cash	Health and Care	WASH	PGI	Migration and settlement	CEA
Appeal	Total	1,120,842	162,278	547,461	132,747	744,325	669,607	253,541	550,455	7,359
	Male	470,756	75,992	208,162	55,549	348,917	322,218	112,966	239,391	3,293
	Female	650,086	86,286	339,299	77,198	395,908	349,389	141,575	310,794	4,066
	Children	608,347	72,842	354,757	83,493	592,792	319,159	109,147	238,830	3,033
	PWD	15,878	1,081	3,599	572	7,674	14,232	5,317	7,215	9
Chad	Total	262,422	114,027	8,958	8,703	251,897	87,972	45,261	262,692	1,685
	Male	112,841	49,032	3,783	3,742	108,316	38,688	19,892	112,841	725
	Female	149,581	64,995	5,175	4,961	143,581	51,284	26,369	149,581	960
	Children	107,593	46,751	3,186	7,136	413,112	36,889	37,934	107,593	691
	PWD	1,646	-	-	-	1,646	-	-	-	-
Egypt	Total	157,246	7,750	-	17,570	72,219	157,246	-	14,693	5,310
	Male	72,333	3565		8,082	33,451	72,333	-	7,934	2,443
	Female	84,913	4185		9,488	39,268	84,913	-	6,759	2,867
	Children	64,471	3,178		7,204	29,609	64,471	-	6024	2,177
	PWD	-	-	-	-	-	-	-	-	-
Ethiopia	Total	143,746	29,795	71,778	8,280	115,073	143,746	106,333	72,998	-
	Male	83,373	19,069	41,631	4,802	73,647	83,373	68,053	46,719	-
	Female	60,373	10,726	30,147	3,478	41,426	60,373	38,280	26,279	-
	Children	68,998	14,898	34,454	3,974	57,497	68,998	53,166	33,418	-
	PWD	7,187	1,040	3,589	414	5,754	7,187	5,317	3,650	-
South Sudan	Total	464,925	8,406	464,925	80,420	212,633	198,226	101,900	200,000	133
	Male	161,848	3,498	161,848	31,365	93,142	90,199	25,000	71,878	65
	Female	303,077	4,908	303,077	49,055	119,491	108,027	76,900	128,122	68
	Children	315,417	6,332	315,417	54,559	40,706	105,193	18,000	91,723	33
	PWD	6,873	-	-	-	102	6,873	-	3,564	-
Uganda	Total	92,503	2,300	1,800	17,774	92,503	82,417	47	72	231
	Male	40,361	828	900	7,558	40,361	37,625	21	19	60
	Female	52,142	1,472	900	10,216	52,142	44,792	26	53	171
	Children	51,868	1,683	1,700	10,620	51,868	43,608	47	72	132
	PWD	172	41	10	158	172	172	-	1	9

Sex Age and Disability Disaggregated Data (SADDD) on people reached by sector and by national society.

Chadian Red Cross (CRT)

Chadian Red Cross (CRT) conducted a robust multisectoral response to the Sudan crisis, leveraging its operational experience and strong coordination with the Chadian Government. It delivered services across key refugee-hosting sites, including Adré, Farchana, Gaga, Arkoum, and others, focusing on health, WASH, shelter, psychosocial support, and livelihoods reaching 262,422 people. CRT also invested in staff and volunteer capacity building in emergency assessments, gender protection, inclusion, and prevention of sexual exploitation and abuse.

The response was shaped by the demographic reality that 57.0% of those reached were women and 41.0% were children. Persons with disabilities accounted for 0.6% of the total reached. These figures informed CRT's prioritization of maternal and child health, disability-friendly shelters, and targeted psychosocial support. PGI interventions reached over 46,000 people, and CRT documented and responded to over 100 GBV cases, ensuring that the most vulnerable groups were at the center of the response.

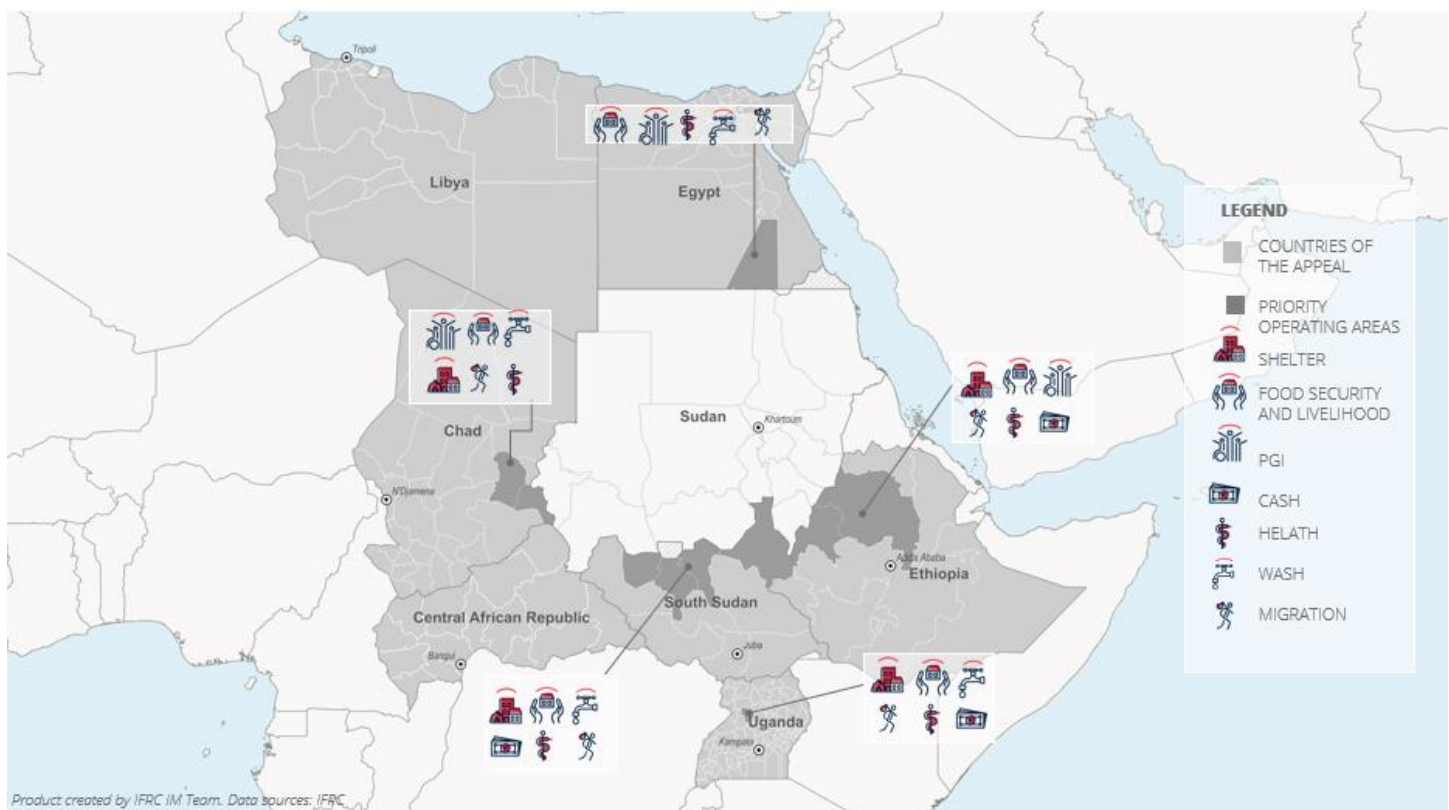
Egyptian Red Crescent Society (ERCS)

Egyptian Red Crescent Society (ERCS) operated across all 27 governorates with a strong volunteer base and infrastructure reaching 157,246 people. It established five Humanitarian Service Points (HSPs) at border crossings and transit hubs, delivering medical services, WASH, RFL, and shelter support. ERCS also facilitated safe transportation and referrals and implemented hygiene promotion and psychosocial services.

Among those reached, 54% were women and 41% were children with the response tailored to prioritize the needs of women, children, and older persons. Emergency shelter, health services, and family reunification support were prioritized. The HSPs were designed to offer privacy and dignity, and PGI principles were integrated across sectors to ensure inclusive service delivery.

Updated: 24 August 2025

Cross-Regional displacement Sudan Crisis: Cross-Regional Population activity sectors



Ethiopian Red Cross Society (ERCS)

Ethiopian Red Cross Society (ERCS) responded through HSPs at Metema and Kumruk, offering safe water, hygiene supplies, emergency health referrals, shelter, and protection services. Over 170,000 people were reached, including refugees, returnees, and host communities. ERCS also distributed non-food items, provided psychosocial support, and implemented cash assistance programs.

Of those reached, 42% were women and 48% were children, while 5% were Persons With Disabilities (PWDs). These demographics guided ERCS's inclusive programming, which included PGI training for volunteers and health workers, distribution of dignity kits, and community committees' engagements.

South Sudan Red Cross (SSRC)

South Sudan Red Cross (SSRC) focused its response on border entry points and transit centers, particularly in Renk and Unity states reaching 464,925 people. It provided emergency health services, psychosocial support, shelter, and cash assistance. SSRC transitioned from emergency relief to early recovery, investing in sustainable water systems and resilience-building.

Of those reached, 65.2% were women, 67.8% were children, and 1.5% were Persons With Disabilities (PWDs) informing the response designed to prioritize the needs of highly vulnerable populations, especially women-headed households, children, elderly and PWDs.

Uganda Red Cross Society (URCS)

Uganda Red Cross Society (URCS) implemented a multisectoral response in Kiryandongo Refugee Settlement, including mobile health clinics, sanitation improvements, hygiene promotion, protection, and RFL services reaching 92,503 people. They deployed National Disaster Response Teams (NDRTs) and trained village health teams to extend health promotion and surveillance.

Among those reached, 56.4% were women and 56.1% were children, with 0.2% identified as persons with disabilities. These demographics informed URCS's focus on menstrual hygiene management, gender-sensitive shelter design, and child safeguarding. PGI training was provided to all volunteers, and connectivity centers enabled displaced people to reconnect with their family. The response was tailored to address the compounded vulnerabilities of gender, age, and disability.

Box: Humanitarian Service Points in the Response

Humanitarian Service Points (HSPs) have become a central feature of the Movement's response to the Sudan crisis, providing safe and accessible spaces for people on the move. Across borders and along key migratory routes, they ensure continuity of life-saving assistance in areas where displaced people often arrive exhausted and with limited resources. Through HSPs, National Societies have offered a range of integrated services, including first aid, psychosocial support, water and hygiene supplies, emergency health referrals, and Restoring Family Links (RFL).

Strategically located at border crossings, transit hubs, and refugee settlements, these points serve both immediate needs—such as safe water, food, or transportation—and longer-term protection and inclusion, particularly for women, children, and persons with specific vulnerabilities. In several countries, HSPs have also been critical in connecting displaced families through free calls, charging services, and family tracing, while facilitating referrals to health facilities and specialized protection services. Their flexible, low-threshold setup has allowed National Societies to adapt rapidly to population movements, while maintaining the Movement's neutral, impartial presence in sensitive border zones.

In Chad, an HSP in Adré has provided essential services to large influxes of refugees and returnees, including water, hygiene promotion, health referrals, and psychosocial support. In Egypt, five HSPs operate along the Sudanese border and major transit hubs in Aswan, where displaced families receive medical services, safe transport, and family reunification support. In Ethiopia, HSPs in Metema and Kurmuk serve as critical entry points, providing reception, health referrals, and protection services for refugees and returnees. In South Sudan, HSPs in Renk and Aweil function as lifelines, combining first aid and psychosocial support with family tracing and reunification services.

Together, these service points remain a cornerstone of the Movement's cross-regional response, ensuring consistent, dignified, and life-saving support in a volatile and protracted crisis.

Needs analysis

Chad - The latest assessments (May–June 2025) showed over 10% of new refugee children are severely malnourished. New attacks in Darfur in April 2025 triggered another wave of displacement, with over 241,000 arrivals recorded in Wadi-Fira and East Ennedi by June 2025. Host communities, already struggling with structural poverty and fragile infrastructure, face worsening food insecurity, with nearly 330,000 people in these two provinces food insecure and 175,000 projected in IPC phase 3–5 during the lean season. Access to safe water remains critically low due to failed pumps and reliance on unsafe ponds and open wells, heightening risks of waterborne disease. The Ouaddai and Sila provinces are now battling a Cholera outbreak declared in July 2025. As of August, there were 776 cases reported and a case fatality rate of 6.8%. Shelter capacity is overstretched, with camps such as Arkoum 1 & 2 at saturation, and more than 68,000 new arrivals in Tiné urgently needing services. Overall priority needs are health and psychosocial support, food security and nutrition, WASH, shelter and NFIs, and protection.

Egypt has received over 1.5 million Sudanese refugees since the start of the conflict, including 772,059 UNHCR-registered persons (representing 73% of all UNHCR-registered refugees in the country). Women, children, older people, and people with disabilities are disproportionately affected. The humanitarian situation remains highly fluid, with more than 26,000 new arrivals registered in May 2025 alone (source: UNHCR). Border communities and urban centres hosting refugees face mounting pressure on health, shelter, WASH, and livelihoods. Needs are acute in psychosocial support, emergency healthcare, safe shelter, protection—including restoring family links—and livelihood support for vulnerable households.

Ethiopia, already hosting large numbers of refugees from multiple crises, has seen continued Sudanese arrivals since 2023, placing further strain on overstretched host communities and services. Refugees and returnees face critical needs for shelter, safe water, sanitation, and hygiene, as well as emergency health services and psychosocial support. Screening at entry points highlights demand for protection services such as restoring family links and safe reception. Livelihood support remains essential for returnees to reintegrate and reduce dependency. The needs are compounded by widespread humanitarian funding cuts, leaving significant gaps in service coverage.

South Sudan has received large influxes of returnees and refugees from Sudan, especially through Renk and Malakal, where local infrastructure and services are overstretched. New arrivals include many women, children, and older persons, often in poor health and requiring urgent medical and psychosocial support. Access to clean water and adequate shelter is limited, while food insecurity is rising amid the country's broader crisis. Protection concerns are high, particularly family separation and exposure to sexual and gender-based violence. Priority needs include health, WASH, NFIs and shelter, psychosocial support, and protection services.

Uganda continues to register arrivals from Sudan through South Sudan into Kiryandongo settlement, adding pressure to an already large refugee caseload. Most arrivals are women, children, and vulnerable groups, many with poor health conditions linked to overcrowding, inadequate shelter, and limited WASH access. Health risks include respiratory infections, diarrheal diseases, malaria, and skin conditions. Protection needs are significant, including child safeguarding, SGBV response, and restoring family links. Water systems are overstretched, requiring urgent reinforcement. Strengthening community engagement and accountability mechanisms remains critical to ensure affected people have access to information and can participate in decision-making.

Operational risk assessment

Security and Access Constraints: The volatile security environment across Sudan's neighbouring countries continues to pose risks for humanitarian staff, volunteers, and affected communities. Border areas remain exposed to sporadic violence, theft, and demonstrations, which can disrupt operations and cause temporary displacements. In some contexts (e.g., Ethiopia's Metema and Awlala camps), insecurity has forced relocations of refugees and disrupted services, while in South Sudan, localized violence and political instability constrain humanitarian access.

Across the region, poor infrastructure and seasonal flooding exacerbate mobility challenges, further limiting timely and safe delivery of assistance.

Health and Epidemic Risks: The health risks in hosting areas are acute, with overcrowding, inadequate shelter, and poor WASH conditions contributing to outbreaks and elevated morbidity. In Chad, a cholera outbreak in Dougui camp has already caused deaths and remains a major concern for further spread. Malnutrition rates among children are alarmingly high, particularly among new arrivals, compounding vulnerability to disease. In Uganda and South Sudan, congestion in settlements heightens risks of respiratory infections, diarrheal diseases, malaria, and skin conditions. Limited healthcare capacity, combined with fragile national health systems, elevates the operational risks of widespread public health emergencies.

Food Insecurity and Livelihood Strain: Food insecurity is a significant driver of vulnerability across affected areas. In Chad, rising food prices linked to border closures and shortages are pushing over 330,000 people into IPC phases 3–5 during the lean season. Host communities, already struggling with structural poverty and limited livelihood opportunities, are under additional pressure from the influx of displaced populations. Similar dynamics are evident in South Sudan and Ethiopia, where displacement erodes livelihoods and increases dependence on humanitarian assistance. The risk of escalating tensions between displaced populations and host communities is closely tied to these resource constraints.

Logistics and Operational Capacity: Across all countries, strained logistics and supply chains remain a key operational risk. Limited transport capacity, border closures, and seasonal flooding delay aid delivery and increase costs. In Egypt, supply chain disruptions have challenged the scaling up of humanitarian services, while in Ethiopia, insecurity has prevented contractors from completing critical WASH infrastructure. Humanitarian Service Points (HSPs) in multiple contexts risk being overstretched, with some camps (e.g., Arkoum in Chad) already at capacity. These constraints threaten the continuity and effectiveness of planned interventions.

Protection and Social Risks: Protection concerns are prominent in all operational contexts. Women, children, elderly persons, and people with disabilities face heightened risks of exploitation, abuse, and neglect. In Uganda, reports of sexual and gender-based violence highlight the urgent need for safe referral pathways and child safeguarding mechanisms. Refugees in Egypt face limited access to services due to their legal status which also limits their ability to work legally. Overall, social tensions between host communities and displaced populations, particularly where resources are scarce, also pose risks of conflict and reduced acceptance of humanitarian interventions.

Funding and Sustainability Challenges: A persistent funding gap remains one of the most significant risks to sustaining operations. National Societies are compelled to scale interventions beyond their original capacity (e.g., Ethiopia increasing its target population threefold), but donor funding has not kept pace. Reduced funding (as seen in South Sudan and Ethiopia following USAID cuts) threatens the continuation of essential services and undermines resilience-building efforts. This financial strain limits the ability to transition from emergency to recovery, perpetuating dependence on short-term solutions like water trucking and emergency food aid.

B. OPERATIONAL STRATEGY

Update on the strategy

Across all countries, the humanitarian situation remains acute and protracted, driven by continued conflict in Sudan, new waves of displacement, and severe strain on host communities. The needs far exceed current resources, with rising food insecurity, overstretched water and health systems, inadequate shelter, and critical protection gaps. With refugee numbers continuing to increase—Chad now hosting 1.2 million, Egypt over 1.5 million, and Uganda nearing 2 million total refugees—there is no clear prospect of voluntary returns or stabilization.

At the same time, funding shortfalls, reduced international aid, and escalating operational challenges threaten to reverse humanitarian gains. For these reasons, the IFRC, in consultation with the National Societies in Chad, Egypt, Ethiopia, South Sudan, Uganda and Libya, has decided to extend this Emergency Appeal until 31 December 2026. This is essential to sustain life-saving services, adapt to ongoing influxes, and progressively attempt a shift from emergency relief towards recovery and resilience-building for both displaced and host communities, when conditions are met.

The **Chad Red Cross** (CRT) plans to assist 260,000 people displaced from Sudan and host communities. In partnership with Movement and non-Movement actors, targeted assistance will also be provided to Wadi Fira and Sila. CRT will continue to monitor the situation and, in the event of a sudden influx, will maintain its operational capacity to rapidly deploy resources and personnel to new areas.

Based on the assessment and intervention of other humanitarian actors, and the mandate of the CRT, interventions have been focused on persons with disabilities, coverage of basic needs and livelihood support, restoring family links, health care including mental health and support, water, sanitation and hygiene (WASH), support for survivors of sexual and gender-based violence and, to a lesser extent, support for the installation and rehabilitation of emergency shelters. These interventions will be implemented through an integrated approach, in selected transit centres and camps, to complement the ongoing work of other humanitarian actors along migration routes. In addition, the CRT will also continue to integrate protection, gender and inclusion, environmental sustainability and migration, ensuring continuous risk reduction, climate adaptation and support for the reintegration of returnees. During the implementation of the response, to reduce the risk of conflict between refugees and host communities but also to ensure peaceful coexistence, the host community will always be included in the response.

In Egypt, the strategy update emphasizes scaling up first aid, MHPSS, primary healthcare, hygiene promotion, emergency shelter, multipurpose cash assistance, and protection interventions. Coordination with IFRC and Partner National Societies (PNSs) is ongoing. Targeted populations include 350,000 refugees and 100,000 host community members. The response also integrates strong community engagement, PGI standards, and National Society capacity strengthening across branches. Risk management, logistics, and security preparedness are essential components given the complex operational context and protracted nature of the crisis.

There were no changes to the planned interventions in **Ethiopia**, however the target population was increased from the initial planned 50,000 to 150,000 following the increased influx and stressed resources within the host communities which also brings in the host communities in the target population. The current planned interventions focus on recovery and resilient building activities including sustainable access to safe water through constructions, rehabilitations and installation of extension lines for community and health facilities, public sanitation structures at the new refugee and IDP camps, Livelihood strengthening through MPCT, Skill trainings and business start pack support for returnees and prepare them for reintegration and graduation from donor dependency. Meanwhile, ERCS continue to assess the situation and commit to extend the Humanitarian services while managing risks, ensure protection, dignity and accountability to affected population

There is currently no change to the **South Sudan Red Cross** (SSRC) operational strategy in response to the Sudan conflict-related population movement. The SSRC remains committed to scaling up its humanitarian response to meet the growing needs of returnees, refugees, and host communities. However, the organization's response capacity is increasingly constrained by reduced funding, which limits the scale and speed of its interventions. The SSRC is now transitioning from the emergency phase to early recovery and resilience-building efforts. This includes shifting from short-term solutions like water trucking to more sustainable water supply systems and increasing cash assistance to vulnerable families to support alternative settlement options and restore dignity and choice in recovery. These efforts are part of a broader strategy to strengthen community resilience, reduce dependency on aid, and promote long-term recovery in areas affected by displacement and disaster.

The SSRC continues to work closely with government authorities and partners under its auxiliary role, ensuring that its actions are coordinated, need-driven, and aligned with national disaster management priorities

For Uganda, the overall operational strategy remains aligned with the initially published plan, focusing on providing integrated, multisectoral support to meet the urgent needs of the refugees in Kiryandongo refugee settlement. Core areas of intervention of emergency health, water, sanitation and hygiene (WASH), protection including PGI, Restoring Family Links (RFL), and Community Engagement and Accountability (CEA) remain unchanged.

However, based on evolving needs and continuous lessons learned from implementation, adjustments have been made to enhance effectiveness and address the needs as they come. These include increasing the reach of primary health care through routine mobile clinic outreaches to places far from health facilities, strengthening safe referral pathways for protection cases, and construction of a water system to serve newly resettled populations. Coordination with the Office of the Prime Minister (OPM), UNHCR, and other humanitarian actors remains central to ensuring complementarity, while efforts to ensure volunteer well-being continue to be maintained.

The Africa Regional Office (ARO) will continue to strengthen Planning Monitoring Evaluation and Reporting (PMER) and accountability to communities' partners and stakeholders through training, providing tools and equipment as well as facilitating the host national societies to access funding for PMER activities whether from existing interventions or stand-alone funding for PMER.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements 162,278 people reached including 1,081 PWDs	Female > 18 42,997	Female < 18 43,244
		Male > 18 30,208	Male < 18 45,849
Objective	Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions		
Indicator	Actual	Target	
<i>Number of people reached with shelter support</i>	162,278	481,704	
<i>Number of people reached with cash/vouchers or in-kind assistance for repairs (material and/or labour) for shelter that is safe and adequately enables essential household and livelihoods activities to be undertaken with dignity</i>	1,436	127,425	
Chad Red Cross The Chad Red Cross (CRT) reached 114,027 people (49,032 male, 64,995 female) with shelter support. In Sila Province, CRT distributed 325 emergency kits with support from the French Red Cross. With financial support from the IFRC, 105 family shelters and 25 community sheds were constructed, 15 in Arkoum Camp and 10 in Zabout Camp. Additionally, in partnership with the Luxembourg Red Cross, 105 shelters and 25 hangars (each accommodating at least 10 households) were built in Arkoum Camp. Overall, CRT provided emergency shelter and essential household items to 18,712 households (113,402 people). Another 358 households were accommodated in collective sheds, with host families, in rental housing, or outdoors. CRT volunteers also supported other humanitarian actors, notably UNHCR. Through this collaboration, 12,994 shelters were constructed, including: 6,844 in Arkoum Camp, 1,000 in Dougui Camp, 2,500 in Farchana Camp, 1,650 in Alacha Camp, 500 in Koursingué 1 Camp, 500 rehabilitated shelters in Arkoum and Alacha Camps. Additionally, 55 sheds were built, including 40 community sheds distributed across Arkoum (19), Gaga (3), Zabout (6), Irdimi (4), Milé (3), Farchana (4), and Abéché (1 at Dobio High School). CRT also constructed three registration centers in Abéché, Gaga, and Farchana, five community hangars in Dougui Camp, and three hangars in Adré. Transit and registration centers were built and reinforced in Alacha, Dougui Camp, and Adré, along with a center for unaccompanied children (ENA) in Farchana. These services were reached through, 540 volunteers and 467 handlers. A total of 73,764 items were received, of which 51,386 were distributed to 38,770 refugees from 18,212 households. CRT also completed the rehabilitation of the Adré Humanitarian Service Point, and the UNHCR field offices in Treguine and Bredjing Camps. Shelter committees were established and trained to oversee activities, and community masons received training to ensure construction quality. The IFRC continued to provide technical support to CRT’s shelter team, focusing on shelter management, monitoring, and quality control, including the training of shelter committees.			

Despite these achievements, CRT faced significant challenges which included limited financial resources, shortage of shelter actors, insufficient skilled labor, and poor road conditions that hindered access to camps. To address these issues, CRT emphasized the need for increased funding, capacity building for volunteers, and maintenance of existing shelters to ensure refugee safety.

Egypt Red Crescent

In shelter and settlements, ERCS with IFRC support, met the most urgent needs of displaced families arriving from Sudan, and reached 7,750 persons (3,565 male, 4,185 female). Many crossed the border with little to no belongings and ERCS prioritized the provision of essential household and shelter materials to ensure immediate safety, comfort, and dignity.

A total of 2,250 mattresses and 10 beds were distributed to provide safe sleeping arrangements, while 40 family tents offered temporary shelter for those without adequate accommodation. In addition, 3,000 T-shirts were distributed, helping people restore a sense of normalcy and personal dignity after their difficult travel.

These interventions played a crucial role in alleviating the harsh living conditions faced by displaced populations, offering them basic protection and relief. Significantly, the scale of assistance remains far below the immense needs generated by the massive population movement, requiring urgent additional support and resources.

Ethiopia Red Cross

In this sector, the Ethiopian Red Cross reached a total of 29,795 people (19,069 male and 10,726 female, PWD 1,040) majorly through shelter support. With support from the German Red Cross (GRC) and the IFRC, the Ethiopia Red Cross Society distributed shelter and non-food items (NFIs) to 5,959 households, benefiting an estimated 29,795 individuals. Among these, 4,150 households received two tarpaulins each for emergency shelter construction in Benishangul and Amhara Points of Entry (PoEs).

The NFI package included blankets, mosquito nets, sleeping mats, and kitchen sets, targeting returnees and refugees, with a particular focus on elderly individuals, women, and people with special needs. Despite these efforts, the needs remained substantial due to camp relocations and a surge in new arrivals after the distribution was completed.



Distribution of NFIs by the Ethiopia Red Cross

South Sudan Red Cross

In this sector the South Sudan Red Cross reached 8,406 people (1,749 male and 4,908 female) mainly with shelter support and essential household items.

South Sudan Red Cross (SSRC) prioritized accessible areas most affected by displacement. A total of 500 returnee households were reached with Essential Household Items (EHIs) after comprehensive needs assessments and beneficiary registration, including 337 female-headed and 163 male-headed households.



Beneficiaries carrying distributed EHIs in Aweil

Each household received a standardized EHI kit comprising 3 bars of soap, 4 mosquito nets, 3 sleeping mats, 1 tarpaulin, 2 buckets, and 3 blankets. The distribution was efficiently coordinated by the Senior Emergency Preparedness and Response Officer and the Head of Branch, with operational support from 10 trained, gender-balanced volunteers. Volunteers managed beneficiary verification, crowd control, and logistics, completing the entire process within a single day and ensuring dignified assistance.

Raja Branch conducted rapid assessment and registration across five locations in Raja Town, leading to a phased distribution of EHIs to 500 households, primarily returnees and refugees, with

inclusion of vulnerable host community members. These operations were led by the Head of Branch and supported by seven volunteers, who managed verification and distribution across all sites.

Beyond branch-level efforts, SSRC partnered with the International Committee of the Red Cross (ICRC) and the Danish Red Cross (DRC) to scale up EHI distributions in high-need counties. These joint efforts reached a total of 8,407 households, including returnees, refugees, and vulnerable host communities.

SSRC's distribution strategy emphasized: rigorous beneficiary identification and registration, community engagement and gender-sensitive volunteer deployment, efficient logistics and transparent handover processes.

The in-kind assistance comprising mats, buckets, tarpaulins, soap, blankets, and mosquito nets was vital in improving shelter conditions, hygiene, and protection against vector-borne diseases. Strategic partnerships with ICRC and DRC enabled expanded geographic coverage and technical support, ensuring timely and equitable humanitarian assistance across South Sudan.

Uganda Red Cross

The Uganda Red Cross Society reached 2,300 people (828 male, 1,472 female) in this sector specifically in shelter support, among them, 1436 (617 male, 819 female), with cash and/or in-kind assistance for repairs of shelters and other essential household items. As well, shelter support reached 30 PWDs, while cash and in-kind support reached 41 PWDs.

The Uganda Red Cross Society (URCS) enhanced shelter conditions at the reception center by installing two sleeping tents, each with a 100-person capacity. One tent accommodated males, while the other served females and children, offering improved comfort, security, dignity, and privacy for Persons of Concern (PoCs). The tents were designed with full-sized netted windows for ventilation and were sandbagged and trenched to prevent flooding.



Shelter and Non-Food Items (NFIs) distribution and support by the Uganda Red Cross.

URCS also distributed 600 shelter kits to 600 households, benefiting approximately 2,200 individuals. The kits targeted households whose shelters had been damaged by rainfall, those living in dilapidated structures, and new arrivals constructing shelters. Each kit included tarpaulins, rope, spade, hand hoe, panga, saw, axe, nails, hammer, and poles, enabling families to build waterproof shelters that provided immediate relief, restored dignity, and laid the foundation for recovery.

Despite these efforts, the displaced people continued to face shelter challenges due to extreme weather conditions, such as heavy rains and strong winds. In response, URCS constructed a communal shelter at the reception center to accommodate vulnerable and affected individuals.

Additionally, URCS supported vulnerable members of the Kiryandongo Refugee Community with food parcels during Ramadan, further addressing immediate humanitarian needs.

	Food Security & Livelihoods 547,461 people reached, including 3, 599 PWDs	Female > 18 230,695	Female < 18 108,704
		Male > 18 124,162	Male < 18 84,000

Objective:	Communities in Crisis affected areas and displaced persons recover their livelihoods through basic needs and livelihoods assistance programmes promoting integration and economic security.
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Indicator	Actual	Target
<i>Number of people who received food items through RCRC response.</i>	84,536	52,220
<i>Number of people reached with relief assistance for basic needs (non-food)</i>	494,720	88,500

Chad Red Cross (CRT)

In this sector Chad Red Cross reached 8,958 people (3,783 male & 5,175 female) who were all reached by food items. In Goz-Beida District, Chad Red Cross (CRT), supported by the French Red Cross, conducted three rounds of food kit distributions targeting vulnerable households. Each kit contained millet, sorghum, beans, oil, and salt, benefiting a total of 1,247 households, or approximately 6,733 individuals.

Separately, in response to the urgent needs of refugees and migrants in precarious conditions, CRT provided food assistance through its Humanitarian Service Point (HSP) in Adré. This intervention reached 2,225 highly vulnerable individuals, comprising 81% children and 19% pregnant women, who received biscuits and dates as part of the emergency food support.

Egypt Red Crescent Society

A total of 47,000 people (3,565 males and 4,185 females) reached with food distributed at the HSPs with the support from WFP. Due to weather and logistic challenges, the food was supplied in the form of dried food, because this was the easiest form, and was suitable for the people on the move. This was done in the 5 HSPs, along the Sudan Border along routes to Cairo, two of them, at Gustol and Argeen border crossings, as a preliminary step in April 2023, to manage the crisis and provide support to the affected people. There were three others at Abu Simble Bus station, Karkar Bus Station (which is the junction between Aswan and Abu Simble), and Aswan Train Station.

Ethiopia Red Cross

Ethiopia Red Cross with the support of the IFRC reached 71,778 people (41,631 male, 30,147 female, PWD 3,589) in this sector including 366 persons with disabilities (PWDs). Among these were 71,778 people (4,631 male, 30,147 female and 3,589 PWDs) who received food items. As well, 21,795 people (15,493 male, 14,302 female and 1,488 PWDs) received nonfood relief assistance for basic needs.

The services in Amhara were affected by active internal conflict that erupted at the end of 2024 to early 2025 and resumed in March 2025 resulting in about 900 cartons of bottled water stolen during the crisis.

South Sudan Red Cross

In this sector, South Sudan Red Cross reached 78,801 households or 464,925 people (161,848 male, 303,077 female) in this sector, with basic needs (non-food) among them 2,000 people (697 male, 1,303 female) with food items.

Uganda Red Cross

Uganda Red Cross Society (URCS), with funding from the Qatar Red Crescent distributed 600 food parcels to 600 vulnerable Muslim households feeding approximately 1,800 people (900 male, 900 female and 10 PWDs) in Kiryandongo Refugee Settlement to support them in accessing food to break their fast in the Holy month of Ramadhan in March 2025. Each food parcel contained essential items, including cooking oil, dates, wheat flour, rice, sugar, and salt. The food items were carefully selected to ensure that the beneficiaries could prepare a nutritious and wholesome meal to break their fast, offering them both sustenance and the opportunity to observe Ramadan in a manner that respects their cultural and religious traditions.

	Cash and Voucher Assistance (CVA) 132,747 people reached, including 572 PWDs	Female > 18: 48,876	Female < 18: 26,863
		Male > 18: 34,141	Male < 18: 22,867

Objective:	Displaced people and host communities in vulnerable situations have their needs addressed through the use of cash.
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Indicator	Actual	Target
<i>Number of people reached - Cash Transfer Programming.</i>	68,411	74,851
<i>Amount of cash distributed</i>	CHF 844,486	CHF 3,132,423

Chad Red Cross

The Chad Red Cross reached 8,703 people (3,742 male and 4,961 female) with cash transfer programming, distributing CHF 11,463.

To provide direct support to vulnerable populations, including migrants, the CRT with the support of the British Red Cross launched a pilot cash assistance project in Eastern Chad targeting the localities of Abéché, Oum Hadjer and Ati. The aim was to meet the needs of migrants, who are increasingly transiting through Chad, often in highly vulnerable conditions, with limited access to humanitarian assistance. In its pilot phase, a sample of 703 beneficiaries, 60% of whom were women and 40% of men, were assisted in the localities including Abéché (213), Oum Hadjer (218) and Ati (239) for a total amount of 8,004,000 XAF. The assistance composed of:

- Food assistance that is calculated based on the food SEM in Chad where the value of the ration amounts to XAF 8,000 per individual.
- XAF 9, 000 for medical assistance.
- XAF 1,000 for transport during the processing period.
- Medical health care in health centres was capped at XAF 25,000 per beneficiary.

Egypt Red Crescent Society

Egypt Red Crescent Society (ERCS) reached 17,570 people (9,541 male, 8,029 female) with multipurpose cash, distributed through electronic channels, to ensure transparency as per ERCS antifraud measures and to ensure timely reach to the beneficiaries, distributing a total of CHF 289,565.

Ethiopia Red Cross

Ethiopia Red Cross reached 8,280 people (4,802 male, 3,478 female and 414 PWDs) in this sector with a total of CHF 75,265 CHF in cash transfer.

With support from the IFRC, the Ethiopia Red Cross Society (ERCS) worked with the Metema Yohannes Administrative Office to establish two key community committees for the Multi-Purpose Cash Transfer (MPCT) process: the beneficiary selection committee and the community complaints committee. Through these committees, 1,100 households were identified, registered, and each received 7,000 ETB via bank transfer through the Commercial Bank of Ethiopia (CBE), ERCS's subcontracted financial service provider. The targeted population included returnees and host communities, with a focus on families with more than five children, children under two years, pregnant and lactating mothers, children with disabilities, and elderly-headed households.

In Benishangul Gumuz, ERCS coordinated with the Refugees and Returnees Service (RRS) and received approval to distribute cash to refugees. Supported by the Italian Red Cross, ERCS identified and registered 556 refugee households, each receiving 9,900 ETB. This process also involved both community identification and registration committees and complaints committees.

A major challenge in Metema was the lack of identification documents, which prevented over 750 beneficiaries from opening bank accounts. With support from the Vice Mayor of Metema Yohannes town and kebele leaders, temporary ID cards were issued, enabling beneficiaries to open accounts at the Kokit and Gendawuha branches of CBE.

South Sudan Red Cross

South Sudan Red Cross reached 80,420 people (31,365 male and 49,055 female) with cash transfer. Between September 2024 and June 2025, the South Sudan Red Cross (SSRC), under this appeal and other bilateral contributions from Movement partners (DRC, SWC, FRC), implemented multiple rounds of Cash Voucher Assistance (CVA) targeting returnees displaced by the Sudan crisis. Through this partnership, SSRC was able to reach 16,085 HHs with multipurpose cash assistance. The following areas were reached with cash transfer.

- Aweil Branch – Aweil Centre (June 2025) and commenced on 21 June 2025 with an orientation session for 14 volunteers (8 males, 6 females) on digital registration tools, preceded by beneficiaries' registration and Multi-purpose cash was distributed 1,500 HHs from 25–27 June 2025 to all verified returnees, supervised by NDRT member, Head of Branch, and the Project Coordinator.
- Bentiu Branch where Returnees from Sudan were targeted from 30 Sept – 3 Oct 2024 using the appeal that saw cash assistance to 1,000 returnee households. The distribution took place over four days, and seven volunteers who were engaged in both registrations were also involved in the cash distribution. All registered beneficiaries received their entitlements.
- Kuajok Branch: Gogrial West Distribution conducted MPC distribution targeting 1,000 returnee households in Gogrial West through this appeal.



Cash transfer going on in South Sudan

Uganda Red Cross

Uganda Red Cross reached 1,436 people (617 male, 819 female and 41PWDs). A total of 17,774 people (7,558 male, 10,216 female and 158 PWDs) with cash transfer worth CHF 18,524. The Uganda Red Cross Society (URCS) disbursed multi-purpose cash assistance to 291 households, benefiting a total of 1,436 individuals. The beneficiaries included persons with special needs, children at risk, women at risk, chronically ill individuals, and those whose shelters had been damaged by rain. All recipients were identified by UNHCR and verified by URCS.

Each household received a one-off cash transfer of 56,000 UGX per individual, with the total amount varying based on household size. Prior to disbursement, URCS conducted financial literacy sessions to help beneficiaries manage the funds responsibly and prioritize their most urgent needs, while also promoting financial inclusion.

Following the distribution, URCS carried out a post-distribution monitoring (PDM) exercise involving 133 respondents to assess the effectiveness of the cash assistance. The survey revealed that 95% of respondents used part of the funds to purchase food, highlighting its critical role in meeting basic sustenance needs. Additionally, 80% allocated part of the cash to health-related expenses, indicating that healthcare was also a major priority.

	Health & Care 744,825 people reached including 7,674 PWDs	Female > 18 205,266	Female < 18 190,879
		Male > 18 157,598	Male < 18 191,112
Objective:	Displaced people in vulnerable situations are provided with essential health services, including mental health and psychosocial support (MHPSS)		
Indicator	Actual	Target	
<i>Number of people reached with first aid and pre-hospital care by trained RCRC volunteers or staff in this operation</i>	49,204	33,716	
<i>Number of people assisted with emergency health care and medical treatment through RCRC primary healthcare services or different clinical Emergency Response Unit (ERU) configurations of the RCRC Movement in this operation.</i>	313,997	429,230	
<i>Number of people reached with health promotion by RCRC volunteers and staff as a response to this emergency</i>	425,316	346,503	
<i>Number of people who receive mental health and psychosocial services from RCRC in this emergency</i>	233,954	235,774	
Chad Red Cross Chad Red Cross reached 251,897 people (108,316 male, 143,581 female, 1,646 PWDs). These were reached emergency health care. Prehospital care by RCRC trained volunteers and staff reached 1,071 people (461 male and 610 female). The Chad Red Cross (CRT) responded to the Sudanese crisis by strengthening community health and first aid capacities. A total of 142 volunteers were trained and deployed in Hadjer Hadid and Adré districts in Ouaddaï province, with a focus on maternal and child health, breastfeeding, and nutritional screening. As a result, 83,389 children were screened, leading to the identification and referral of 80,986 malnourished children. In Hadjer Hadid and Adré, 8% of children had severe acute malnutrition (SAM), 23% had moderate acute malnutrition (MAM), 67% were nutritionally healthy, and 2% were malnourished with edema. In Adré alone, 11% had SAM, 24% had MAM, 62% were healthy, and 3% had edema. With support from the Embassy of Japan, CRT trained 379 volunteers in various health-related areas: 65 in GBV/PSEA, 144 in PSSBC retraining, 120 in hygiene promotion and communication techniques, and 50 in community engagement and accountability (CEA). CRT also distributed 440 dignity kits to girls aged 14–18 in five Koranic schools across the two districts. Volunteers conducted handwashing sensitization campaigns, reaching 127,663 people, 60,837 in Adré and 66,826 in Hadjer Hadid, through visits to 15,404 households in Adré and 19,930 in Hadjer Hadid.			

In Sila province, with support from the French Red Cross, CRT strengthened health services for refugees and host communities. This included nutritional support for 480 malnourished children, prenatal and postnatal consultations for 501 refugee women, and 5,546 curative consultations for children and adults. CRT facilitated 456 referrals to specialized care through partner organizations.

To enhance epidemic preparedness, CRT deployed volunteers and focal points for case finding of epidemic-prone diseases and zoonoses in Goz-Beida. Traditional practitioners were trained on community-based case definitions and early warning, while health workers were supported to verify alerts and investigate outbreaks. CRT also donated medicines and medical equipment to 35 health centers and two hospitals in Guereda and Goz-Beida, boosting local health system capacity.

In mental health, 52 volunteers and district health workers were trained in emergency psychosocial care. Outreach efforts included the formation of 389 psychosocial support groups and 17 focus groups, reaching 3,530 people. Awareness sessions covered mental health, trauma management, and available services, and were complemented by public events such as an Open Day for World Mental Health Day.

Health promotion activities reached over 87,000 people, with messages on good health practices, infant and young child feeding (IYCF), and available services. CRT produced five radio programs and distributed 1,669 dignity and hygiene kits. In total, 55 GBV cases were treated, and 34 were referred to appropriate services for further care.

Egypt Red Crescent Society

Egypt Red Crescent Society (ERCS) reached 72,219 people (33,451 male, 39,268 female) with health and psychosocial support services. Among them were 47,273 people (25,669 male, 21,604 female) reached with medical services, 15,193 (8,250 male, 6,943 female) reached with health promotion by RCRC volunteers/staff and 10,254 people (5,568 male, 4,686 female) who receive mental health and psychosocial services with a total of 101,729 MPHSS services provided.

Ethiopia Red Cross

Ethiopia Red Cross reached 115,073 people (73,647 male and 41,426 female, 5,754 PWDs) in health and care, specifically by health promotion in response to this emergency. As well, 70,570 people (40,931 male, 29,639 female, 3523 PWD) were reached with psychosocial services in response to this emergency.

With support from the International Committee of the Red Cross (ICRC), the Ethiopia Red Cross Society (ERCS) strengthened health services in Benishangul Gumuz by supplying 92 cartons of essential medical supplies and 12 cartons of medical equipment to Horazahab Health Center in Kumruk and Assosa Hospital.

ERCS trained 60 staff and volunteers in Basic First Aid (BFA) and Psychological First Aid (PFA) to serve at Humanitarian Service Points (HSPs). Additionally, 650 first aid kits were procured and distributed to trained volunteers operating at HSPs, refugee camps, and ambulances.

ERCS provided Emergency Medical Services (EMS) through ambulance referrals, reaching 714 individuals. Over 70,000 people received support at HSPs, where services included both PFA and BFA. PFA interventions involved assessing immediate needs and health conditions, providing guidance on accessing services, normalizing emotional reactions, and referring individuals to professional mental health care when necessary. Those arriving with injuries were treated with BFA and referred to nearby health posts for further care.

South Sudan Red Cross Society

South Sudan Red Cross reached 212,633 people (93,142 male, 119,491 female, 102 PWD) with health and care services, health promotion. Among them were, 60,000 (20,887 male, 39,113 females) reached with emergency health care,

10,875 (1,316 male, 9,559 female, 102 PWD) reached with Mental Health and Psychosocial Support Services (MPSS) and 146 (16 male, 130 female, 77 PWD) reached with First Aid.

In response to ongoing health threats and the cholera outbreak that emerged in late 2024 in Renk County, the South Sudan Red Cross (SSRC) implemented a comprehensive set of community health promotion and surveillance activities during the first quarter of 2025. These efforts aimed to enhance community awareness, support early disease detection, and prevent the spread of cholera and other communicable diseases.

In February 2025, SSRC conducted refresher training for 30 volunteers (10 male, 20 female), focusing on community health promotion and Community-Based Surveillance (CBS). Volunteers were deployed to raise awareness on public health risks including cholera, hepatitis E, measles, polio, meningitis, and unusual illnesses or deaths among people and animals. Through these efforts, 32,633 individuals (13,142 males and 19,491 females) were reached with life-saving health messages, and community alerts were reported via CBS mechanisms.

From 26–28 February 2025, SSRC conducted targeted training on Epidemic Preparedness and Control (EPIC) and CBS for 30 volunteers in Renk. These volunteers carried out house-to-house awareness, visiting 1,769 households and reaching 6,946 individuals (2,518 males and 4,431 females) with information on cholera prevention, symptoms, and treatment.

SSRC continued to operate five Oral Rehydration Points (ORPs) across Renk County to manage dehydration caused by cholera and other diarrheal diseases. Twenty trained volunteers, in collaboration with the County Health Department and World Health Organization (WHO), provided care and monitored cases at these sites.

The overall reach of health promotion was:

- General health promotion messages: 32,633 people
- Cholera-specific awareness (house-to-house): 6,946 people
- Total individuals reached: 39,579 (15,660 males; 23,919 females)
- Total households reached (cholera awareness): 1,769
- Volunteers involved: 30 (health promotion), 20 (ORP operations)

Uganda Red Cross Society

Uganda Red Cross Society reached 92,503 people (40,361 male, 52,142 female, 158 PWDs) with health and care. Among them were 2,100 (female) including 57 PWDs reached with emergency health care by RCRC, 82,417 (37,625 male, 44,792 female, 172 PWD) reached with health promotion and 50,780 (24,902 male, 25,875 female, 153 PWDs) reached with mental health and psychosocial support.

Between July 2024 and June 2025, the Uganda Red Cross Society (URCS) implemented a comprehensive health response in Kiryandongo refugee settlement to address the growing needs resulting from the Sudanese refugee influx. The interventions focused on emergency healthcare, first aid, disease surveillance, health promotion, and partner coordination.

Despite these efforts, the settlement faced significant challenges due to the high patient load and limited health infrastructure. The area had only three lower-level health facilities (one Health Centre IV and two Health Centre IIIs), supplemented by two health outposts and the URCS disaster mobile clinic, which served an average of 80 patients per day. The settlement also battled multiple disease outbreaks, including cholera, Mpox, and measles, exacerbated by poor WASH and shelter conditions.

The key health interventions conducted by URCS include

- Emergency Medical Services: URCS deployed an ambulance for emergency referrals and provided on-site first aid to 488 individuals, addressing acute injuries and medical emergencies.

- Mobile Disaster Clinic: Initially stationed at the reception center, the clinic expanded to conduct community health outreaches, delivering outpatient services to 17,774 people in both the settlement and host communities.
- Health Promotion and Education: URCS reached 92,503 individuals with health education messages. IEC materials were produced and disseminated in English, Arabic, Nuer, Dinka, Acholi, and Swahili, focusing on malaria, Mpox, and cholera.
- Capacity Building: URCS trained 38 community health workers and volunteers in Epidemics Preparedness in Communities (EPiC) and Community-Based Surveillance (CBS).
- Psychosocial Support: 30 URCS volunteers received training in Psychosocial Support in Emergencies (PSSIIE), equipping them to provide psychological and emotional first aid to Frequently Displaced People (FDSPs).
- Played a key role in health coordination and outbreak response by actively participating in District Task Force meetings and collaborating with partners to manage disease outbreaks effectively.



Female PoC in Uganda reading information on MPOX from IEC flyer in Arabic pinned at the connectivity centre within the reception Centre.

	Water, Sanitation and Hygiene (WASH) 666,948 people reached, including 14,232 PWDs	Female > 18 183,296	Female < 18 163,583
		Male > 18 155,320	Male < 18 164,749
Objective:	<i>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</i>		

Indicator	Actual	Target
Number of people reached with hygiene supplies	271,621	213,550
Number of people reached by hygiene promotion activities	550,581	1,026,819
Number of people reached by the RCRC for improved water source in emergencies	295,713	441,998
Number of water sources constructed or rehabilitated	2,889	140
Number of sanitation facilities constructed or rehabilitated by RCRC	9,429	2,511

Chad

Chad Red Cross reached 89,972 people (38,688 male, 51,284 female) with WASH services. Among them were 64,492 (27,732 male, 36,670 female) with hygiene promotion and 49,139 (21,130 male, 28,009 female) with improved water sources. Also, 3 water sources were constructed and 9,420 sanitation facilities.

With financial support from the IFRC, CRT ensured the distribution of drinking water to 49,139 refugees (13,455 households) in Arkoum Camp through a truck supply system. In parallel, CRT constructed three boreholes, including

one drilled in 2025, connected to two 38m³ storage tanks via a pumped delivery network. According to water point management committees, 120,000m³ of water were produced using thermal pumps, supporting rational water use and infrastructure sustainability.

CRT improved sanitary conditions by:

Constructing 400 latrines in Arkoum Camp and 100 showers for refugees in Adré.

- Monitoring and closing 190 full latrines.
- Creating 81 operational garbage dumps and distributing 600 garbage bins—300 for refugee camps (Aboutingue, Metche, Arkoum) and 300 for host communities in Adré and Hadjer Hadid.
- Conducting weekly sanitation sessions, managing household waste and animal excrement, and maintaining latrines and garbage bins.
- Training 420 volunteers in hygiene promotion and communication techniques, deployed in Adré and Hadjer Hadid with support from the Embassy of Japan.
- Reaching 29,492 people with hygiene and health promotion messages—16,769 in Adré and 12,723 in Hadjer Hadid.

In partnership with the Luxembourg Red Cross, and funded by DG ECHO and the Luxembourg Ministry of Foreign Affairs (MAEE), CRT implemented:

- Construction of 720 latrines (including 20 emergency latrines in Arkoum and 700 latrines with 150 emergency showers in Adré).
- Installation of a plastic waste recycling unit in Abéché.
- Emptying of over 1,600 full latrines at spontaneous sites in Adré.
- Hygiene promotion and awareness for 35,000 people, including 16 awareness sessions and 9 general sanitation sessions from January 2024 to June 2025.
- Outreach to 6,390 individuals on good hygiene practices.
- Monitoring and maintenance of family and community latrines.
- Training of 30 community relays.

To avoid duplication and enhance coordination, CRT actively participated in weekly WASH cluster meetings in Adré with Movement and non-Movement partners.

Planned activities for the coming months include:

- Monitoring water production, treatment, and distribution.
- Capacity building for Water Point Management Committees and Sanitation Cooperatives.
- Completion of two high-flow boreholes and extension of the water network through 10 new water points.
- Installation of delivery systems (90mm over 1,200m; 63mm over 1,000m; 32mm over 1,200m).
- Procurement of calcium hypochlorite (HTH) for water treatment and Wagtech kits for bacteriological analysis.
- Training Red Cross volunteers in surface water treatment.
- Construction of a human-powered pump (PMH) for host communities.
- Support for emergency and family latrine construction, including scrap metal slab production.
- Distribution of sanitation kits to households.
- Continued community sensitization, volunteer capacity building, and household visits to promote good hygiene practices.

Egypt Red Crescent Society

ERCS reached 157,246 people (72,379 male, 84,966 female) in WASH. ERCS provided 303,281 hygiene promotion intervention (such as awareness sessions, distributing leaflets). ERCS also distributed 157,246 hygiene kits and conducted four training courses for staff and volunteers.

Ethiopia Red Cross

Ethiopia Red Cross reached 89,972 people (38,688 Male, 51,284 female) with WASH interventions. Among them were 143,746 people (83,373 male, 60,373 female, 7,187 PWDs) reached with hygiene promotion, 141,600 (82,128 male, 59,472 female, 7,080 PWDs) reached with improved water sources and 6 water sources constructed/rehabilitated.

With support from the IFRC, ERCS installed two water tanks. One at the entry point and another at the refugee reception camp. To ensure sustainable water access, ERCS, in partnership with the Netherlands Red Cross, extended a 1.25 km water pipeline from Metema Secondary School to the health facility, rehabilitated two shallow well systems in Afit Kebele, and installed solar panels at Kokit, the main water source.

In collaboration with IFRC and the German Red Cross (GRC), ERCS distributed water storage equipment to 2,760 households (approximately 13,800 people) and hygiene supplies to 3,060 households (about 15,300 people).

Further capacity-building efforts were led by the North Gondar branch in partnership with the Netherlands Red Cross, which trained 45 volunteers and 15 Ministry of Health staff on Integrated Health and Hygiene packages, including Protection, Gender, and Inclusion (PGI).



Solarized water system in Metema, Ethiopia

South Sudan Red Cross

South Sudan Red Cross reached 198,226 people (90,199 male, 108,027 female, 1,963 PWDs) with WASH interventions, hygiene promotion. Among them 119,022 (23,916 male, 95,106 female, 1,963 PWD) reached with hygiene supplies, and 104,974 people (42,013 male, 62,961 females, 6,873 PWDs) reached with improved water sources. They constructed/rehabilitated 57 water sources and 5 sanitation facilities.

To address poor hygiene conditions and promote safe sanitation practices, SSRC conducted three environmental clean-up campaigns in Geger PHCU, Halaka, and Magara informal settlement, led by volunteers and staff. These efforts aimed to reduce health risks caused by waste accumulation.

SSRC also improved access to sanitation facilities by:

- Constructing and handing over three blocks of latrines in Geger and Halaka.
- Installing two VIP latrine stances at Renk Girls Secondary School.
- Building five blocks of semi-permanent latrines and bath shelters in Zero Camp.
- Supporting 13 households in open defecation-prone areas with plastic slabs for temporary latrines.

SSRC implemented targeted hygiene promotion to reduce disease risk and improve public health. Trained volunteers conducted door-to-door hygiene education, reaching 4,482 individuals (2,142 males and 2,340 females) across 616 households. As part of the campaign:

- 8,350 jerrycans were cleaned and disinfected using 1% Mother Chlorine Solution to ensure safe water storage.
- 20 hygiene promoters (10 male, 10 female) were trained in emergency hygiene promotion.
- 110 menstrual hygiene kits were distributed to displaced women and girls during relocation to Aweil and Ajuong Thok.

With support from the Swiss Red Cross through the Humanitarian Response (HR) Project, SSRC implemented key water supply activities in Renk and Malakal:

- In Renk's Zero Camp, SSRC delivered 450m³ of clean water via trucking, reaching 22,500 individuals.
- The Renk Surface Water Treatment (SWAT) system, with a daily capacity of 45m³, served approximately 2,250 people.
- One community water point was rehabilitated in Old Emtidad Residential Area.

In Malakal, the SWAT system supported by the Swedish Red Cross produced 1,200m³ of water in May 2025, consistently supplying 3,334 individuals with 15 liters of safe water per person per day.

In total, SSRC ensured sustained access to clean water for over 28,000 individuals, reducing the risk of waterborne diseases and strengthening community resilience.

At the time of reporting, the ICRC had withdrawn support for water trucking. To address this gap, SSRC initiated the construction of a water extension pipeline from the Nile treatment point to transit centers, although this venture remains cost intensive.



Surface water treatment system in Renk supported by ICRC and NLRC

Uganda Red Cross

Uganda Red Cross reached 82,417 people (37,625 male, 44,792 female, 172 PWDs) with WASH services. Among them were 2,100 women reached with hygiene kits, 82,417 people (37,625 male, 44,792 female, 172 PWDs) reached with hygiene promotion and 2,718 (1,022 male, 1,295 female, 21 PWDs) reached with improved water sources. Also, 4 water systems were constructed /rehabilitated.

The Uganda Red Cross Society (URCS) implemented a range of WASH interventions in Kiryandongo refugee settlement to improve access to safe water and sanitation services, particularly for newly resettled displaced persons (FDPs) and persons with special needs. Despite these efforts, the sector continued to face challenges, including insufficient water supply per capita, limited household-level sanitation, and the absence of humanitarian partners supporting latrine construction.

As of the reporting period, sanitation coverage stood at 57%, while average water availability was 9.2 liters per person per day, below the SPHERE minimum standard, reflecting pressure on existing infrastructure due to rising displacement.

The key achievements included:

Water Supply Infrastructure:

- Established a Surface Water Treatment Plant to produce safe water.
- Trucked 11,526,000 liters of clean water using URCS's 10m³ and UNHCR's 15m³ water bowsters, reaching over 50,780 individuals in both the settlement and host communities.
- Extended the water supply pipeline to Cluster B, connecting to the Oxfam T70 reservoir and UNHCR water system, and established eight new water collection points, reducing overcrowding.

Hygiene Promotion:

- Reached 82,417 FDPs through household visits and communal gatherings, promoting safe practices in water handling, waste management, excreta disposal, food hygiene, and personal hygiene.
- Responded to the cholera outbreak in February 2025 by distributing Aqua tabs and soap with clear usage instructions for water purification.



URCS hygiene promoters conducting hygiene promotion at one of the water sources and Water container cleaning campaign in Cluster B.

Sanitation Improvements:

- Distributed latrine digging kits to 2,000 households, organized into 100 groups of 20 households.
- Produced and distributed 500 ferro-cement dome slabs for household latrine construction.
- Installed plastic waste bins in high-population communal areas, including the reception center, health facilities, markets, and connectivity centers.
- Constructed a five-stance drainable VIP latrine at the reception center.
- Built a borehole in Cluster D to improve access to safe water.

Menstrual Hygiene Management (MHM):

Distributed MHM kits to 2,100 women and girls of reproductive age, prioritizing schoolgirls, unaccompanied and separated minors, and survivors of sexual and gender-based violence (SGBV).

	Protection, Gender and Inclusion 254,541 people reached including 5,317 PWDs	Female > 18 51,484	Female < 18 90,091
		Male > 18 38,649	Male < 18 74,317

Objective	The different people impacted and displaced are safe from harm including violence, abuse and exploitation, discrimination and exclusion, and their needs and rights are met
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Indicator	Actual	Target
<i>Number of children welcomed in child-friendly spaces</i>	2,272	82,000
<i>Number of people reached by protection, gender and inclusion programming</i>	254,495	452,937

Chad Red Cross

The Chadian Red Cross reached 46,261 people (19,892 male, 26,369 female) with PGI interventions. In response to the Sudanese crisis and the resulting population movement in Eastern Chad, the Chadian Red Cross (CRT) implemented a series of Protection, Gender, and Inclusion (PGI) interventions to address the urgent needs of women, children, and other vulnerable groups. Despite these efforts, protection gaps remained significant, particularly in refugee camps and the Adré transit site, where the number of new arrivals continued to grow.

Chadian Red Cross (CRT) recorded 113 cases of Gender Based Violence (GBV): 75 in Adré (including 10 cases of sexual violence, 62 physical assaults, and 38 in Hadjer Hadid (including 4 sexual violence, 32 assaults, and 2 forced marriages). Most GBV cases occurred in refugee camps. Volunteers sensitized 18,815 people on GBV and PSEA, 4,829 in Adré (840 men, 2,780 women, 1,209 girls) and 13,986 in Hadjer Hadid (3,314 men, 6,502 women, 4,170 girls), covering 4,547 households.

The region faced critical protection concerns, including unaccompanied and separated children, sexual and gender-based violence (SGBV) before and during displacement and risks of sexual exploitation, especially in remote areas with itinerant workers and armed actors. Although HIAS provided individual case management for at-risk children, including unaccompanied minors, health services and referral pathways for SGBV survivors were not systematically mapped or disseminated. Child- and women-friendly spaces and educational activities were also lacking along migration routes.

In response to the PGI situation, Chad Red Cross:

- Conducted awareness-raising activities on PGI in Adré and Hadjer-Hadid, reaching 46,261 people.
- Treated 89 GBV cases, with 34 referred to specialized services.
- Established one child-friendly space at the Humanitarian Service Point (HSP) in Adré.
- Created community dialogue frameworks on gender equality in 10 health areas of Goz-Beida district.
- Formed 35 mothers' clubs involving 875 participants in Guereda (25) and Goz-Beida (10).
- Assisted 23 unaccompanied children (18 boys, 5 girls), who were cared for and handed over to appropriate services.
- Trained 97 CRT staff on Prevention of Sexual Exploitation and Abuse (PSEA).
- Documented 124 protection cases across 13 camps and the Kerfi site.
- Held 45 awareness sessions on peaceful coexistence and 13 educational talks for camp and site leaders.

- Conducted 13 discussions with camp leaders on judicial procedures.
- Recorded 55 additional protection incidents in camps and transit centers.

CRT organized multiple training sessions, including:

- 8 retraining sessions for OPJs and APJs on criminal and civil procedures.
- 1 training on KOBO data collection for protection incident documentation.
- 2 trainings on asylum procedures.

These sessions targeted military personnel, community leaders, CRT volunteers, and beneficiaries across intervention areas.

Egyptian Red Crescent Society

As part of its commitment to Protection, Gender, and Inclusion (PGI), the Egyptian Red Crescent Society (ERCS) integrated targeted activities to strengthen accountability and safeguard the dignity of those it serves. A key achievement was the delivery of Protection from Sexual Exploitation and Abuse (PSEA) and safeguarding training, reaching 100 volunteers and staff across different branches. These sessions enhanced awareness of protection principles, equipped participants with the skills to identify and respond to risks of abuse and reinforced safe and inclusive practices within humanitarian operations. By embedding PGI standards into its programming, ERCS not only improved volunteer and staff capacity but also fostered a stronger culture of accountability and trust with communities.

Ethiopia

Ethiopia Red Cross reached 106,333 people (68,053 male, 38,280 females, 5,317 PWD) with PGI services. Along with the trained volunteers in 2023, ERCS organized refresher training in integrated Health and hygiene including PGI. The session was organized in Metema PoE reaching 60 PP including 45 volunteers and 15 health care workers. Among the topic covered in PGI include but not limited to

- Core principles of PGI (dignity, access, participation, safety)
- Understanding gender equality and equity
- Addressing discrimination and exclusion based on gender, age, disability, etc.
- Promoting meaningful participation of diverse groups

With the Netherlands RC support, women and girls of reproductive age received dignity kits, and all data reports adhered to disaggregation by gender. However, age disaggregation has not been considered, it is taken as action to the improvement in reporting.

South Sudan Red Cross

The SSRC reached 101,900 people (25,000 male, 76,900 female) protection gender and inclusion interventions. These efforts not only addressed urgent protection needs but also laid the groundwork for more resilient and inclusive communities.

The South Sudan Red Cross (SSRC) carried out a series of Protection, Gender, and Inclusion (PGI) interventions in Renk and surrounding areas during the first quarter of 2025. These activities were designed to address immediate protection and mental health needs while also contributing to long-term community resilience, dignity, and inclusive humanitarian response.

To strengthen inclusive programming, SSRC conducted a four-day training on Diversity, Access, and Protection from 16th to 19th March 2025. The training brought together 41 participants, including 27 women, 14 men, and two persons with disabilities. Its objective was to build the capacity of staff and volunteers to implement non-discriminatory humanitarian programs that respond to the needs of marginalized and at-risk groups.

Earlier, between 12th and 14th February 2025, SSRC organized a training on Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) and Child Protection (CP). This session equipped 27 volunteers and 7 staff members with the skills to identify, prevent, and respond to safeguarding concerns, particularly during emergency operations.

In support of inclusive WASH programming, SSRC handed over several disability-friendly sanitation facilities, including latrine blocks fitted with ramps to ensure accessibility for individuals using wheelchairs. This initiative reflected SSRC's commitment to promoting dignity and meeting the needs of people with disabilities in humanitarian settings.

To address growing psychosocial needs, SSRC deployed 20 trained volunteers to conduct house-to-house sensitization in Renk Transit Centre over six days. These sessions focused on key issues such as early and forced marriage, domestic violence, rape, alcohol abuse, and child abuse. A total of 5,237 individuals, 2,232 men and 3,005 women—were reached, helping communities better understand how to provide basic psychosocial support to affected individuals and families.

SSRC also implemented Restoring Family Links (RFL) phone call services, with 19 volunteers engaging with affected populations. Through this initiative, 3,419 individuals were reached, including 2,173 women and 1,246 men, helping reconnect families separated by displacement.

Further community engagement efforts focused on sexual violence prevention. SSRC conducted 40 awareness sessions that reached 800 individuals, 527 women and 273 men. To deepen understanding and foster dialogue, volunteers facilitated Focus Group Discussions (FGDs) across several locations, including 20 sessions in Renk North, 21 in Renk South, 10 in Geger, 5 in Halaka, and 5 in Wunthou.

Uganda Red Cross

Uganda Red Cross reached 47 people (21 male, 26 female) with PGI services through implementation of a range of Protection, Gender, and Inclusion (PGI) interventions in Kiryandongo refugee settlement to ensure that the needs of all individuals including children, women, men, and persons with disabilities, were considered throughout its humanitarian response. Gender-sensitive approaches were integrated across all sectors, and all deployed volunteers and operational staff received training on PGI principles to promote inclusive and dignified assistance.

During the operation, URCS made 91 external referrals for persons of concern (PoCs) to access protection services, psychosocial support, and other forms of assistance based on their specific needs. However, a major challenge in the settlement remained the absence of a dedicated protection house. This gap left survivors of sexual and gender-based violence (SGBV) and individuals at risk without a safe space to receive psychosocial support and pursue justice. As a result, many victims were forced to return to environments shared with their perpetrators, increasing their vulnerability and exposure to further harm.

To address these challenges, URCS carried out several protection activities across the settlement. A total of 83 community volunteers and staff were trained on essential themes, including Community Engagement and Accountability (CEA), the Safer Access Framework (SAF), and PGI principles. These trainings equipped personnel with the knowledge and tools to engage communities effectively and uphold protection standards.

URCS also conducted 21 SGBV awareness sessions using diverse community engagement methods such as drama plays, meetings, and mobile cinema screenings. These sessions reached 2,321 PoCs and helped raise awareness about the risks and consequences of SGBV, as well as available support mechanisms.

To support family reunification, URCS deployed Protection of Family Links (PFL) volunteers who provided tracing services for vulnerable individuals separated by conflict and displacement. In addition, URCS established and equipped connectivity centers that served 24,501 frequently displaced persons (FDSPs). These centers offered free Wi-Fi, phone charging, and call services, enabling individuals to reconnect with loved ones and maintain vital communication links.

Through integration with the Children Affected by Armed Conflict project, URCS expanded its child protection efforts. This included the distribution of school kits to the most vulnerable school-aged children and the planning of further activities such as training schoolteachers on child protection and safeguarding, constructing changing rooms for girls in selected schools, and installing a child protection shelter.



Volunteers conducting community sensitization on SGBV through drama in a community gathering in Kiryandongo Refugee Camp, Uganda

	Migration 551,185 people reached including 7,215 PWDs	Female > 18 162,878	Female < 18 147,872
		Male > 18 79,538	Male < 18 160,897
Objective:	Specific vulnerabilities of displaced populations and people on the move are analyzed, and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholder		
Indicator	Actual	Target	
<i>Number of needs assessments conducted</i>	22	9	
<i>The number of humanitarian service points to HSPs providing humanitarian services to people on the move along migration routes.</i>	13	22	
<i>Number of people on the move along migration routes who are provided with humanitarian services (assistance, protection, or both) through Humanitarian Service Points (HSPs).</i>	208,728	770.000	
<i>Number of people reunited with their families through RFL services</i>	126,869	174,301	
<i>Number of people supported in official procedures</i>	54.118	11,865	
Chad In this sector, the Chad Red Cross reached 262, 422 people (112,841 male, 149,851 female). Among them were 135, 658 people (58,333 male, 77,325 female), supported with humanitarian services at Humanitarian Service Points (HSPs), 126,765 people (54, 509 male, 72,256 female, 1646 PWDs) reached with Restoring Family Links (RFL)and 1,012 men supported in official procedures.			

The Chadian Red Cross (CRT) played a central role in responding to the migration crisis along the Chad–Sudan border, particularly following the escalation of conflict in Sudan and the mass displacement from the Darfur region. One of the key milestones in this response was the opening of a Humanitarian Service Point (HSP) in Adré, located just a few hundred meters from the border. From the launch of activities in June until the end of August 2024, a significant influx of migrants and displaced persons was recorded. A total of 7,881 migrants were registered across four HSPs: 1,716 in Adré, 2,308 in Abéché, 2,057 in Ati, and 1,800 in Oum-Hadjer. Approximately 70% of these migrants were men, while 30% were women.

CRT's migration activities focused on guiding people on the move toward services that could not be provided locally. Since the opening of the Adré HSP, a referral mechanism was established to ensure timely support. As a result, 59% of those seeking services such as refugee status were referred to UNHCR, 27% of individuals with health concerns were referred to Handicap International (HI), and 8% were referred to Médecins Sans Frontières France (MSFF) for medical treatment.

In parallel, CRT continued its work to restore family links in eastern Chad with support from the International Committee of the Red Cross (ICRC). To strengthen this service, 14 focal points were trained to oversee and implement Restoring Family Links (RFL) activities. Communication points established in the region enabled 126,765 people to reconnect with their families, with 4,704 individuals using designated spaces to charge their phones. To expand this service, CRT planned to open an additional communication point at the Adré HSP.

In partnership with the Italian Red Cross (IRC), CRT scaled up its interventions in eastern Chad to meet the growing needs of displaced populations and vulnerable communities. Protection remained the primary focus, with activities including the establishment of psychological support mechanisms, distribution of essential kits, improved access to basic social services, and the creation of safe spaces for survivors of gender-based violence (GBV). The IRC also supported CRT in building partnerships with local and international actors to ensure an integrated and sustainable humanitarian response, contributing to the resilience of affected communities.

As part of the Emergency Appeal for Population Movement, CRT and IRC organized a workshop on migration and the protection of people on the move in Adré, bringing together key stakeholders in the migration sector. They also established joint committees to promote social cohesion, conducted awareness campaigns on migrant rights and available services, and organized information sessions for displaced people and host communities. These sessions covered topics such as health, menstrual hygiene, non-communicable diseases, and environmental protection. To support these efforts, 45 volunteers in Adré were trained in psychosocial first aid.

Additional achievements included the pre-positioning of 500 AME kits, 300 dignity kits, and 300 first aid kits, the provision of hygiene equipment to health centers, and the evaluation and rehabilitation of water points in Adré.

Recognizing the scale of unmet migration needs, CRT extended its response through the end of 2025 and plans to further extend to the end of 2026. Planned activities include training volunteers and community sensitization in Migration Service Point (MSP) management and psychosocial first aid, establishing additional HSPs in high-movement areas, and strengthening the capacity of existing HSPs to ensure comprehensive service delivery.

Egypt

Egypt Red Crescent reached 14,694 (7,978 male, 6,715 female) people in the migration sector with humanitarian services at the Humanitarian Service Points (HSPs). Restoring Family Links (RFL) services including phone calls and internet access reached 12,940 people, successfully reconnecting 32 people separated from their families. One RFL workshop was also conducted for volunteers.

Five humanitarian service points were set up to receive refugees in Argeen and Qustol borders, Karkar bus station, and Abu Simbel in Aswan. Additionally, another service point was established at the Aswan train station. Egypt Red

Crescent also facilitated transportation 1,754 people on the move, through renting cars and buses to transport them from Abu Simbel service point to their destinations.

Ethiopia

Ethiopia Red Cross reached 72,988 people (46,719 male, 26,729 female, 3,650 PWD) with humanitarian services at the HSP. The 2 established HSP have been effectively providing services for arrivals since the beginning of the operation, by providing multiple services both at Kumruk and Metema point of entries. Main the services provided include PFA aimed to reduce stress and trauma and help them to develop a coping environment by assessing immediate needs including health condition, normalizing reactions, providing physical support including emergency food package and basic FA services, linking to professional help and necessary guiding information of where the services can be accessed. The HSP is set to provide privacy and ensure dignity of arrivals is protected. Total of 44,708 (24,997F) people were reached with PFA services, 1,418 people with BFA, 36,288 people with emergency food and water,

With the support from ICRC, ERCS has set the phone charging and free phone services at the HSP, where arrivals can access linkage to their families. A total of 14,852 people managed to link up with their families through free call services where 80% were successful. A total of 44,708 accessed the phone charging services.

However, the HSP in Ethiopia faced several challenges including active conflict in Metema and humanitarian funding cut in Kumruk, which forced the service suspension for 2 to 3 months, and later the situation normalized and resumed the services.

South Sudan

South Sudan Red Cross reached 200,000 people (71,878 male, 128,122 female, 3,564 PWD) with humanitarian services at the humanitarian service points. SSRC focused its migration sector efforts on the implementation and operationalization of 2 Humanitarian Service Points (HSPs), particularly in border areas affected by displacement. To ensure that staff and volunteers were adequately prepared to establish and manage these HSPs, SSRC conducted



A group photo after HSP training in Renk



Humanitarian Service Point (HSP) Training in Aweil

Specialized training sessions in Aweil and Renk.

These trainings were facilitated by regional staff from the International Federation of Red Cross and Red Crescent Societies (IFRC), based in Addis Ababa, Ethiopia, and Yaoundé, Cameroon, alongside two co-facilitators from SSRC. The sessions were designed not only to equip participants with the necessary skills to run HSPs effectively but also to enable them to train additional staff and volunteers across South Sudan, thereby expanding the reach and sustainability of the initiative.

In Renk, 18 volunteers (10 men and 8 women) were trained to manage the HSP, while in Aweil, 10 volunteers received training to operate a mobile HSP located in Kiir Adeem, near the South Sudan–Sudan border. These efforts marked

a significant step in strengthening SSRC’s capacity to provide essential services to people on the move, ensuring protection, dignity, and access to support in areas experiencing high levels of displacement.

Uganda

One needs assessment was conducted prior to the response to establish the gaps and needs but also reached 72 people (41 male, 31 female, 1 PWD) with humanitarian services through Humanitarian Service Points (HSPs) and Restoring Family Link (RFL) Services

	Community Engagement and Accountability (CEA) 9690 people reached including 212 PWDs	Female > 18 3,354	Female < 18 2,677
		Male > 18 1,234	Male < 18 2,425
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Indicator		Actual	Target
<i>Number of established feedback mechanisms</i>		3	12
<i>Number of community feedback comments collected.</i>		2,190	5,465
<i>% of complaints or feedback about the RCRC operation which receive a response through established community communications</i>		100%	100%

Chad Red Cross (CRT)

The Chad Red Cross reached 1,685 people (725 male, 960 female) in its CEA interventions. These were the people who gave feedback.

The Chad Red Cross (CRT) placed community engagement at the heart of its humanitarian response, ensuring that both refugees and host populations were actively involved in the implementation of project activities. Throughout the operation, CRT prioritized inclusive participation, integrating Community Engagement and Accountability (CEA) across all sectors.

To strengthen this approach, 50 volunteers were trained (17 women and 33 men) in CEA and Kobo, with 25 persons trained in each of the health districts of Adré and Hadjer Hadid. The volunteers were deployed to collect feedback and complaints from the community, visiting intervention areas three times a month. A structured complaints and feedback mechanism was established to ensure that community voices were heard and responded to.

Since August 2024, a total of 1,685 feedback entries were collected, 742 from Hadjer Hadid and 943 from Adré. Of these, 1,465 were responded to, representing an overall response rate of 87%. The feedback comprised 60% suggestions, 27% questions related to the project, and 13% expressing gratitude. On a monthly basis, an average of 137 feedback entries were collected in Hadjer Hadid and 200 in Adré. CEA (CEA) was implemented transversally across all CRT activities, with volunteers gathering a significant amount of information from the field. This data was progressively relayed to the national level for further analysis and integration into program planning and decision-making. This way, CRT strengthened transparency, accountability and community focus in its interventions.

Egyptian Red Crescent

The Egyptian Red Crescent (ERCS) surveyed 5,310 Sudanese (1,026 families) in Greater Cairo Area with a Multi-Sectoral Need assessment (MSNA), including their medical needs, challenges to access health care, disabilities, etc. This was supported by strengthening CEA capacity of ERCS through training 100 volunteers and staff in CEA activities.

Ethiopia Red Cross

Communities have been in the center of operation throughout the implementation period. The service desk established at HSP effectively provided relevant information for arrivals. Community committees established for beneficiary selection and registration, complaint committee were actively engaged for MPCT process. Volunteers selected from respective communities continued with service provision, including hygiene promotion, environmental cleaning, PFA, BFA, services. The engagement of community leaders has been very useful, in providing temporary cards to returnees for opening Bank accounts to receive cash. The Metema zone Mayor played a very important role in ensuring all beneficiaries were registered and received ID. The planned PDM was not possible due to the security situation in Metema, while it is planned for Kumruk after cash distribution to refugees.

Uganda Red Cross

Uganda Red Cross reached 231 (60 male, 171 female and 222 PWDs) with Community Engagement and Accountability (CEA) where they provided feedback submitted requests, raised complaints, and/or offered suggestions. The majority of the feedback, totalling 1,455 entries, consisted of requests for essential support such as family tracing, shelter kits, food assistance, mosquito nets, educational support, medical care, and cash assistance. Additionally, 608 reports highlighted protection-related issues including domestic violence, reductions in food rations, and theft, underscoring the daily challenges faced by FDSPs.

This was as a result of strengthened its (CEA) in Kiryandongo refugee settlement by establishing three dedicated CEA information desks. These desks served as humanitarian service points where Frequently Displaced Persons (FDSPs) could directly interact with URCS, share concerns, and actively participate in shaping the quality of humanitarian services provided.

URCS also received 74 inquiries related to its services and those of partner organizations, including questions about job opportunities and other forms of humanitarian support. Furthermore, 47 individuals offered constructive suggestions aimed at improving service delivery, while 82 FSDPs expressed appreciation for URCS interventions. These commendations specifically recognized the quality of healthcare services, improved access to water, and the dedication of volunteers who provided essential sanitation and health information through household visits.

URCS successfully handled 95% of the feedback received, with referrals made to relevant partners for further case management where necessary. Through these CEA mechanisms, URCS ensured that community voices were heard, responded to, and integrated into the ongoing humanitarian response, reinforcing transparency, accountability, and inclusivity in its operations.

Enabling approaches

	National Society Strengthening 153,797 people reached, including 750 PWDs	Female > 18 30,939	Female < 18 42,814
		Male > 18 34,171	Male < 18 45,873
Objective:	National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in responding to displacement and disasters is well defined and recognized.		
Indicator		Actual	Target
Number of volunteers involved in the operation		987	4,042
Number of volunteers involved in the response, who are insured.		987	4,042

Number of branches responding.	42	24
Number of branches which started branch development as part of the current response activities (including software and infrastructure investments.	75	20
Number of staff/volunteers trained in first aid	325	585
Number of volunteers/staffs trained in MHPSS (including psychological first aid and other MHPSS related trainings)	469	915
Number of staff and volunteers trained in PGI including referrals	341	663
Number of staff/volunteers trained on WASH service delivery and hygiene promotion	420	1,325
Number of staff, volunteers and leadership trained on community engagement and accountability	101	463
Number of volunteers trained in migration topics	131	64
Number of review/learning/coordination meetings conducted on supply chain and logistics	1	5

Chad Red Cross

The Chad Red Cross reached 800 people (480 men and 32 female) with National Society Development (NSD) interventions. These included 200 volunteers (120 male, 80 female) involved in the response who were all insured; 300 volunteers and staff (173 male, 127 female) trained on First Aid; 379 staff and volunteers trained in MHPSS (245 male, 134 female), 300 staff and volunteers (173 male, 127 female) trained on PGI including referrals; 420 staff and volunteers (244 male, 176 female) trained in WASH and hygiene promotion; 100 staff, volunteers and leadership (60 male, 40 female) trained in CEA and 102 staff and volunteers (55 male, 47 female) trained in migration topics.

Other national society strengthening initiatives included construction and rehabilitation of a HSP in Adre, the refurbishment of the CRT's office and accommodation in Hadjer Hadid, for the creation of an operational base in Eastern Chad among others. CRT, with the support of this appeal, will continue to strengthen its capacities in all sectors.

Egypt Red Crescent

Egypt Red Crescent (ERCS) reached 2,925 people (1,346 males and 1,579 females) through NSD activities. Key achievements included providing insurance for 2,500 volunteers, organizing one Restoring Family Links (RFL) workshop, and delivering four WASH training courses. ERCS also strengthened institutional accountability by conducting PSEA and safeguarding training, alongside CEA sessions for 100 staff and volunteers. In addition to PFA/CBHFA training for 225 staff and volunteers.

Ethiopia Red Cross

To ensure quality programming, ERCS has provided capacity building sessions for staff and volunteers engaged in the operation including MHPSS, BFA, WASH, and MPCT. The NS experienced staff change during this reporting period, where the HQ coordinator and Kumruk project coordinators were recruited after the former coordinator's resignations.

South Sudan Red Cross

South Sudan reached 18 volunteers and staff (8 male, 10 female) with MHPSS training, 41 volunteers and staff (27 male, 14 female) with PGI training including referral pathways, and 28 volunteers and staff (16 male and 12 female) with training in migration topics.

This appeal also supported the establishment of a dedicated emergency unit within the NS that has since its establishment in 2023 when the war broke out in Sudan, been leading the response. The unit is headed by an operations manager leading a team comprising of emergency health, emergency wash, PMER, logistics and emergency finance coordinator.

Uganda Red Cross

Uganda Red Cross reached 72 people (41 male, 31 female) with its national society strengthening interventions. This included 1 staff/volunteer /leadership trained in CEA. As well one review meeting on supply chain and logistics was conducted.

At the onset of the operation (July to December 2024), 72 volunteers were actively engaged, and all were provided with insurance coverage. Currently, the volunteer team has been streamlined to 63 members, all of whom remain insured. During this period, all 72 volunteers received training on PGI, CEA, and SAF. In addition, 25 volunteers were trained in Water, Sanitation, and Hygiene (WASH), while 30 volunteers completed training in Mental Health and Psychosocial Support in Emergency (MHPSSiE).



Coordination and Partnerships

Objective:

Technical and operational complementarity is enhanced through cooperation among the IFRC membership, with the ICRC, as well as with key external actors.

Indicator	Actual	Target
<i>Number of Movement coordination meetings organized, and updates are provided to Movement partners</i>	25	165
<i>Number of external stakeholder and cluster coordination meetings organized</i>	18	126
<i>Number of national societies that are part of their national government's Disaster/Displacement Response Mechanism</i>	2	6

Chad Red Cross

The Chad Red Cross (CRT) strengthened coordination and partnerships throughout its response to the population movement crisis in Eastern Chad. From the outset of the operation, three partner national societies including the Italian Red Cross, the French Red Cross, and the Luxembourg Red Cross maintained an active presence in the country. CRT convened regular movement meetings, including strategic and consultation sessions, with all partners, including the International Committee of the Red Cross (ICRC), to align priorities, coordinate interventions, and identify operational gaps.

In 2025, the British Red Cross (BRC), which had previously supported CRT remotely from its regional office in Dakar, expanded its involvement by deploying a program manager to assist CRT in its migration response in the East. This strengthened collaboration led to the organization of a partner roundtable in February 2025, hosted by CRT. The

event highlighted CRT's role as a key local actor in delivering long-term humanitarian assistance amid the complex and protracted crises affecting Chad. Participants discussed the complementary roles of movement partners and examined the long-term implications of the Sudan Crisis.

BRC further conducted two high-level visits to Eastern Chad. The first visit, in July 2024, was led by the BRC's Africa Director, and the second, in September, by the BRC President. These visits aimed to assess urgent humanitarian needs through direct engagement with refugee populations, particularly women and to jointly evaluate CRT's operational capacity building needs in the region.

Through these coordinated efforts and strategic partnerships, CRT strengthened its leadership role in the humanitarian response, ensuring that its actions were guided by collaboration, community engagement, and a shared commitment to addressing the evolving needs of displaced populations in Chad.

Egyptian Red Crescent

Effective coordination remained a cornerstone of the response, with the Government of Egypt and relevant authorities playing a leading role in facilitating access, regulatory oversight, and overall guidance to ensure humanitarian efforts were aligned with national priorities.

The United Nations (mainly WHO and WFP), in its role as an implementing partner, worked closely with the Egyptian Red Crescent and other stakeholders to harmonize interventions, avoid duplication, and enhance the quality of assistance provided to affected communities. In parallel, strong collaboration was maintained with Participating National Societies (PNSs), notably the Qatar Red Crescent, whose bilateral financial contributions added significant value to the response especially in Health.

There is interest in bilateral engagement from Italian Red Cross, with discussion still ongoing to support health services provided for Sudanese refugees. Engagement was also pursued with the Government of Japan, which explored opportunities to support humanitarian operations through funding and partnership mechanisms. Together, these multi-layered coordination efforts fostered synergies between national authorities, international organizations, and Movement partners, ensuring a unified, transparent, and accountable response that maximized impact for vulnerable populations.

Ethiopia Red Cross

The coordination in Ethiopia is very strong among the RC network, established at 3 levels, where all Operations updates are shared at different schedules. The NS is a member of national preparedness and response, where they participate in coordination mechanisms at different levels. Regions where the project is implemented, the NS attends the coordination meeting coordinated by DRM and OCHA, where activities are aligned, to the need not duplicate the services or violate the country policy and guidelines.

South Sudan Red Cross

Weekly movement coordination meetings continued to happen, where updates on the response were shared and discussed. Outside of the movement, IFRC accompanied SSRC to national task force meetings and HCT forum in Juba.

Uganda Red Cross

A lessons learned meeting was organized where movement partners were invited. Updates on the implementation and lessons learned were shared.



Secretariat services

Objective: Effective and coordinated international disaster response is ensured

Indicator	Actual
Number of global and regional surge deployed	25
Number of goods procured and delivered (in metric tons and value)	CHF 181,749
% of goods requested and delivered through approved LRs	100%

Chad Red Cross

The International Federation of Red Cross and Red Crescent Societies (IFRC, through this appeal, provided a range of secretariat services support to the Chadian Red Cross (CRT) in this response to the population movement crisis.

In Planning, Monitoring, Evaluation, and Reporting (PMER), the IFRC supported ongoing data collection for the Indicator Scoreboard survey and gathered information on the interventions of Movement partners in Chad. A mapping of sectoral activities was created to visualize partner engagement across different sectors. The IFRC also contributed to situation reports and operational updates under the Regional Emergency Appeal and developed a data collection tool to monitor sectoral activities. Technical support was provided to CRT in the field to strengthen data collection, monitoring, and reporting capacities.

In terms of human resources and surge support, thirteen rapid response personnel were deployed since the beginning of the operation. The IFRC Bangui Cluster, which covered both the Central African Republic and Chad, finalized the establishment of a permanent office in N'Djamena. This office, staffed by approximately ten personnel, enabled closer monitoring of the operation's implementation. Rapid response staff worked alongside CRT counterparts to carry out activities under the emergency appeal, providing direct support and coordination.

Security remained a critical concern throughout the operation. The situation in most affected areas was volatile and unpredictable, with access constraints impacting the delivery of aid. A comprehensive security risk assessment was conducted across all intervention zones, including the capital, N'Djamena. The IFRC's operational base in eastern Chad, originally built in 2004, was rehabilitated to restore its functionality. Based on the findings of the security assessments, the IFRC updated its security management framework, including policies, procedures, and guidelines to mitigate identified risks and threats.

Egyptian red Crescent

Throughout the response, the delegation played a crucial role in strengthening the overall operation by providing continuous technical support in key areas such as operational management, Planning, Monitoring, Evaluation and Reporting (PMER), and financial management. This included guidance on strategic decision-making, coordination of activities, and ensuring that implementation remained aligned with set objectives and standards. The delegation also contributed to building local capacities by offering coaching and mentoring to staff, improving reporting systems, and supporting transparent and accountable use of financial resources. These efforts collectively enhanced the quality, efficiency, and accountability of the operation, ensuring that humanitarian assistance was delivered in a timely and well-coordinated manner.

South Sudan Red Cross

The delegation throughout the response provided technical support on operation management, PMER, procurement and finance.

Uganda Red Cross

The IFRC secretariat supported URCS in fast-tracking procurements and making payments directly to suppliers. These included items such as visibility materials, IEC materials and items procured to provide aid to the FDPs.

Operational Strategy

Selected Parameters	
Reporting Timeframe	2023/5-2025/6
Operation	MDRS1001

INTERIM FINANCIAL REPORT

Prepared on 26 Aug 2025

All figures are in Swiss Francs (CHF)

MDRS1001 - Sudan Crisis Regional Population Movement

Operating Timeframe: 30 May 2023 to 31 Dec 2025; appeal launch date: 30 May 2023

I. Emergency Appeal Funding Requirements

Total Funding Requirements	38,000,000
Donor Response* as per 26 Aug 2025	10,031,815
Appeal Coverage	26.40%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	333,225	989,770	-656,544
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	709,331	837,812	-128,481
PO04 - Health	722,109	522,240	199,869
PO05 - Water, Sanitation & Hygiene	1,345,709	754,951	590,758
PO06 - Protection, Gender and Inclusion	508,869	306,286	202,583
PO07 - Education	0	0	0
PO08 - Migration	947,667	674,281	273,387
PO09 - Risk Reduction, Climate Adaptation and Recovery	3,156,461	1,445,799	1,710,662
PO10 - Community Engagement and Accountability	18,105	122,843	-104,738
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	7,741,476	5,653,981	2,087,495
EA01 - Coordination and Partnerships	1,305,600	769,890	535,710
EA02 - Secretariat Services	2,520,953	-482,494	3,003,447
EA03 - National Society Strengthening	1,210,879	2,873,529	-1,662,650
Enabling Approaches Total	5,037,432	3,160,924	1,876,508
Grand Total	12,778,909	8,814,906	3,964,003

III. Operating Movement & Closing Balance per 2025/06

Opening Balance	443,201
Income (includes outstanding DREF Loan per IV.)	12,862,478
Expenditure	-8,814,906
Closing Balance	4,490,774
Deferred Income	0
Funds Available	4,490,774

IV. DREF Loan

* not included in Donor Response	Loan :	3,660,000	Reimbursed :	0	Outstanding :	3,660,000
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Operational Strategy

Selected Parameters			
Reporting Timeframe	2023/5-2025/6	Operation	MDRS1001

INTERIM FINANCIAL REPORT

Prepared on 26 Aug 2025

All figures are in Swiss Francs (CHF)

MDRS1001 - Sudan Crisis Regional Population Movement

Operating Timeframe: 30 May 2023 to 31 Dec 2025; appeal launch date: 30 May 2023

V. Contributions by Donor and Other Income

Opening Balance						443,201
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Austrian Red Cross (from Austrian Government*)	2,779,536				2,779,536	
British Red Cross	328,629				328,629	
DREF Response Pillar				3,522,631	3,522,631	
European Commission - DG ECHO	585,050				585,050	
Italian Government Bilateral Emergency Fund	1,877,612				1,877,612	
Italian Red Cross	100,000				100,000	
Japanese Red Cross Society	49,223				49,223	
On Line donations	37,697				37,697	
Red Cross of Monaco	28,447				28,447	
Saudi Red Crescent Authority	101,814				101,814	
Saudi Red Crescent Authority (from Saudi Arabia Gove	1,500,000				1,500,000	
The Canadian Red Cross Society	96,979				96,979	
The Canadian Red Cross Society (from Canadian Gov	83,421				83,421	
The Netherlands Red Cross	771,617				771,617	
The Netherlands Red Cross (from Netherlands Govern	946,455				946,455	
Turkish Red Crescent Society			53,367		53,367	
Total Contributions and Other Income	9,286,480	0	53,367	3,522,631	12,862,478	0
Total Income and Deferred Income					13,305,679	0

Contact information

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

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Reference documents



Click [here](#) for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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.