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Emergency appeal operation update

South Sudan: Complex emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal: 12 month summary update	Appeal n° MDRSS003; GLIDE n° OT-2014-000001-SSD
Date of Issue: 29 April, 2015	Timeframe covered by this update: Jan – Dec 2014
Operation start date: 9 January 2014	Operation end date: 31 July 2014
Appeal budget: CHF 4,762,989 + 1,995,377 bilateral = 6,758,366 total	Appeal coverage: 33% of CHF 4,762,989
DREF allocated: CHF 286,695	Total estimated Red Cross and Red Crescent response to date: CHF 1,582,427
Number of people affected: 1.1 million IDPs and 500,000 refugees.	Number of people to be assisted: 450,000 vulnerable IDP's and/or people living in cholera affected areas.
Host National Society South Sudan Red Cross: It has 10 branches with 600 volunteers of which 272 Volunteers involved in Cholera response 65 staff.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross. Other PNS partners; British, Finnish Red Cross New Zealand and Japanese Red Cross Societies.	

Appeal history

- A **DREF** operation was launched on 9 January 2014 and CHF 286,695 allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to assist 40,000 persons.
- An **Emergency Appeal** was launched on 4 March for CHF 4,702,572 to assist 105,080 persons. Operations updates n° 1 and n° 2 have subsequently been published to provide updates of the response operation in March and April 2014 respectively.
- A **revised Emergency appeal** seeking CHF 6,758,366 to assist 450,000 people with cholera response, provision of safe water and sanitation, health activities and distribution of non-food items and shelter was issued on 21 July 2014. The appeal was extended for an additional 6 months and will be completed by 31 July 2015.
- A **6 month summary update** of the operation was provided on 9 September 2014
- Operations update n°3 was issued on February 2015.



Water purification demonstration by SSRCS volunteers in Gudele in May 2014. Photo/ SSRCS

<click [here](#) to view the contact details and [here](#) for the interim financial report >

A. Situation analysis

Description of the disaster

The internal conflict that started in the capital city of Juba in South Sudan on 15 December 2013 rapidly spread to other parts of the country. The conflict has created long term humanitarian consequences for the affected population, including large displacement in the country and into neighbouring countries (Uganda, Ethiopia, Sudan and Kenya). Despite ongoing negotiations and a recent commitment to peace, the situation remains tense and unpredictable, in particular in the Jonglei, Unity, and Upper Nile states. According to OCHA as of 8 January 2015 approximately 1.5 million men, women and children remain displaced. 1.1 million people were reported to be displaced within the country and over 434,000 people have fled to neighbouring countries.

The cholera outbreak declared by the Ministry of Health on 15 May, 2014 resulted in a reported 6,141 cases and 139 deaths. Due to a large and concerted national and international operation, the epidemic has been declared over with only two new cases reported in October 2014 (WHO).

Despite operational challenges and huge demands the South Sudan Red Cross (SSRC) supported by partners and the International Committee of the Red Cross (ICRC), continues to be active through its ten branches across the country.

Summary of the current response

In the 12 months since the launch of the operation South Sudan Red Cross (SSRC) has responded to the needs of the population affected by the conflict, inter communal violence and cholera. Volunteers and staff supported by partners, have been active providing water, relief distributions, first aid and emergency health care and health messaging to affected populations.

A total of 26,622 households in Western, Eastern and Central Equatoria, Jonglei and Lakes states have benefitted from these activities. Up to 10 staff and 455 volunteers have received training in disaster management, healthcare, psychosocial support, water and sanitation, beneficiary communication, security, first aid, monitoring and evaluation and financial management.

After the Ministry of Health formally declared a cholera outbreak in South Sudan in May, 2014, a cholera taskforce led by SSRC and supported by Movement partners was established to support SSRC planning and responding to the cholera outbreak. During this response SSRC was also supported by a Water and Sanitation Regional Disaster Response Team (RDRT), IFRC Field Assessment and Coordination Team (FACT) an M40 Water and Sanitation Emergency Response Unit (ERU) and a Community Health Module ERU (CHM).

With the cholera outbreak under control in October 2014, cholera activities were subsequently scaled back. The ERU activities in Torit, Eastern Equatoria ceased after a 4 month operation. Demobilisation training and handover of hardware to SSRC occurred shortly after. Water distribution in the Tongping protection settlement in Juba also ceased due to its closure in December.

Bilateral in country partners Austrian Red Cross, Canadian Red Cross, Danish Red Cross, Netherlands Red Cross, Norwegian Red Cross, Swedish Red Cross, and Swiss Red Cross, have made valuable contributions to the joint SSRC cholera plan of action and response to the conflict.

The major donors and partners of this appeal include: Austrian Red Cross, Canadian Red Cross and Canadian Government, China Red Cross(Hong Kong branch), Finnish Red Cross and Finnish Government, Japanese Red Cross, Norwegian Red Cross and Norwegian Government, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, Taiwan Red Cross organisation, Netherlands Red Cross (Silent Emergency Fund) and UNDP.



On behalf of the South Sudan Red Cross Society, IFRC would like to sincerely thank all partners for their generous contributions and support.

Coordination and partnerships:

Following on from the excellent cooperation and coordination achieved during the cholera response, the National Society partners continue to work collaboratively where possible.

The Movement Operations Committee (MOC) continues to convene monthly and is represented by the majority of Partners including ICRC and is chaired by SSRC. Technical committees in Health, Disaster Management, Communications and Organisational Development meet regularly as required to share information and coordinate ongoing emergency and development activities at a technical level.

Programme and project partner mapping is conducted annually and updated where required. USD15 million of bilateral partner activity was identified during 2014.

A partnership meeting convened by SSRC was held in Nairobi in September, 2014 and the outcomes document was signed by IFRC, 8 National Society Partners in attendance and the ICRC. The main objective of this meeting was to bring all the movement partners together to share the NS strategic plan for the next five years. Partners agreed to review the plans to develop their strategies for supporting South Sudan Red Cross.

The movement framework agreement between IFRC, SSRC and ICRC, signed in January, 2014 will be reviewed in early 2015 and in consultation with partners improvements on cooperation and project management will be included in the revision.

The SSRC Secretary General, IFRC country representative and Head of Delegation for the ICRC, continue to convene the monthly movement platform meeting. This platform serves to address and implement strategic movement priorities including review and approval of new activities.

The operationalization of the Movement security framework has proved problematic at times with the increasing frequency of security issues, nature and number of activities and different movement security standards, procedures and priorities. Whilst this issue has not compromised safety a review scheduled for 2015 aims to improve harmonisation and complementarity.

Operational Challenges

- During the conflict that erupted on 15 December 2013, the SSRC lost 9 vehicles and 8 motorbikes from Jonglei, Unity and Upper Nile branches. SSRC activities were also hampered by damage to branch infrastructure in Malakal, Bentiu and Bor. In response to this, the ICRC and IFRC have gifted replacement vehicles to SSRC and Branch buildings have been rehabilitated with the support of partners and ICRC.
- During the May to October rainy season, many roads were inaccessible creating delays and challenges in logistics and transfers of stock and travel personnel. The importance of prepositioning has been highlighted supported by lessons from the Cholera outbreak. As a result preparedness initiatives with additional NFIs and Cholera supplies are being supported by IFRC and partners.
- Some delays in reconciling working advances have impacted timely and accurate financial reporting for the operation and in response, an IFRC finance development delegate supported by the Norwegian Red Cross and new finance software supported by the Norwegian Red Cross is assisting SSRC to streamline its transaction processes.
- A longer-term IFRC finance and administration delegate will be recruited in March to strengthen financial accountability and will support the production of appeal related financial reports. Delays in recruiting the Federation Country Representative and successive Operations Managers have resulted in a lack of continuity impacting momentum, implementation, monitoring and reporting.
- Depleted HR management capacity and personnel vacancies at branch and HQ level have resulted in increasing demands on other staff. An IFRC led planning initiative supported by the Canadian Red Cross HR Delegate is assisting the SSRC Secretary General with strategic workforce planning.
- Increased demands, competing plans and the absence of an M&E framework to support the appeal revision in July has meant that the overall monitoring and reporting in the second half of the year has been challenged. As a result the majority of activity reporting is anecdotal, qualitative in nature and whilst demonstrating significant activity, is weak in its measurement of outcome success. An IFRC reporting delegate will be recruited in March to consolidate and review activity data and compile final reports for donors. Long-term PMER capacity building

support to SSRC has been provided by Swedish RC since 2013. Planning, monitoring, evaluation and reporting skills among SSRC staff are improving.

- Some activities under the plan of action having not taken place due to insufficient appeal coverage, changing priorities or insufficient capacity of SSRC, the appeal was revised and extended for 6 months until 31 July 2015 to enable ongoing data analysis, contingency planning, and purchase of relief items for pre-positioning and for an independent evaluation to be conducted.

Operational implementation

Quality programming/needs assessment	
Outcome 1: The quality of the operation is ensured by strong situation monitoring, data collection and information management at community, branch and HQ level and solid communication between the levels.	
Outputs	Implementation progress
1.1 The emergency appeal, plan of action and activities are revised and updated as necessary, based on emerging needs	<ul style="list-style-type: none"> • Process for revision of the emergency appeal was completed in July and revised appeal published. • A review of the POA was undertaken in consultation with partners and SSRC in December and the proposal for an extension was supported. • 10 staff and volunteers from Juba branch were trained on needs assessment on 19 March, in Juba, to be able to carry out assessments where needed and train staff and volunteers in other targeted branches. • A refresher training for 20 staff and volunteers on needs assessment was conducted in Juba in April, 2014.
1.2 Beneficiary communication plan is implemented to ensure that target communities have access to relevant, accurate and timely information and that mechanisms are in place to collect and use their feedback	<ul style="list-style-type: none"> • Overall, a total of total of 83 volunteers were trained in Beneficiary communication in June and July. 30 Volunteers (16 females and 14 males) received training in beneficiary communications in Juba, conducted by a team from the IFRC regional office, 26 volunteers were trained (10 females and 16 males) in Awerial County in Lakes State and 27 volunteers (13 females and 14 males) trained in Juba. This training was conducted by the SSRC communications coordinator. • Approximately 1,530 people were reached with cholera messages using mobile cinemas in Torit during June. • SSRC participated in 8 radio talk shows on 97.5 FM during August and September in the local language. Topics included the role of mothers and leaders in cholera prevention, disinfection of water and open defecation.
1.3 Information collection and management system is developed and implemented that reflects in real time the status of the operation.	<ul style="list-style-type: none"> • A monitoring system was put in place in the first quarter, including indicator tracking table. This however did not cover cholera response or subsequent activities after the revision of the appeal.
1.4 Security procedures are put in place to ensure the safety of all SSRC staff and volunteers.	<ul style="list-style-type: none"> • Overall 106 volunteers received security related training between August and November. <ul style="list-style-type: none"> - A Stay Safe security workshop was conducted for the Yambio branch in Western Equatoria for 24 participants. - A Stay Safe security workshop was conducted for the Wau branch in Western Bahr el Ghazal Region for 24 participants. - A Stay Safe security workshop was conducted for the Wail branch in Northern Bhar el Ghazal Region, Warrap and Abyei for 24 participants. - A Stay Safe security workshop was conducted for the Juba branch in Central Equatoria for 26 participants. - Radio operator training was conducted for eight SSRC radio room volunteers in Juba.

Progress: 10 staff and volunteers from Juba branch were trained on needs assessment on 19 March, in Juba, to be able to carry out assessments where needed and train staff and volunteers in other targeted branches. A refresher training for 20 staff and volunteers on needs assessment was conducted in Juba in April, 2014.

The SSRC Communication Coordinator and the IFRC Beneficiary Communication Advisor conducted the trainings on Beneficiary Communication and Accountability. The aim was to equip volunteers with improved skills and knowledge of how to better interact with beneficiaries and communities and respond to their questions and complaints. Main topics covered were overview of SSRC and activities; Fundamental Principles and Code of Conduct for staff and volunteers, Communication skills and approaches, conflict resolution and management. The trained volunteers were mainly the frontline volunteers.

The Hygiene/cholera messages used in public service announcement and drama Beneficiary Communications were developed in collaboration with Internews a local media company.

An IFRC security delegate with support from the New Zealand Red Cross was also recruited for 5 months to support the operation and to develop SSRC security capacity. Due to the re-emerging conflict in the north, high criminality in Juba and rural inter-communal violence, security procedures and risk assessments were developed and provided for SSRC and partners. The high turnover in the SSRC security focal point position has been challenging and this position currently remains vacant. Despite this a number of branches and volunteers received practical training and the SSRC radio room remains operational.

Constraints.

- Whilst the beneficiary communication training took place, a beneficiary feedback mechanism has not been implemented due to competing SSRC priorities.
- The joint ToT for beneficiary communication and security was held, but supported through Finnish Red Cross organisational development funds. The roll out of the training to 50 volunteers from all 10 branches did not take place due to funding constraints.
- While SSRC did take part in radio chat shows lack of time and funding prevented them from establishing their own regular radio chat show.
- Procedure development, training and software purchase for information management did not take place due to other priorities.
- A planned mid-term evaluation did not take place due to the revision process of the plan of action. An independent review will take place at the completion of the appeal in July 2015.
- The planned procurement of VHF radios for ten branches was cancelled as this activity was covered by the ICRC.

Health and Care

Outcome 2: The immediate risks to the health of the conflict affected population with particular attention to internally displaced (IDPs), are reduced.

Outputs	Implementation progress
2.1 First aid services and referrals provided to persons in need of emergency health care	<ul style="list-style-type: none"> • A total of 11,468 people reached with first aid services (dressings) in Juba Military hospital supported by ICRC for the period January – December 2014.
2.2 Epidemic control and disease prevention is carried out in vulnerable and conflict affected communities	<ul style="list-style-type: none"> • 514 households were reached with messages on cholera, malaria and diarrhoea in Awerial ,Lakes state. • 58 volunteers in Awerial have been trained and are providing hygiene promotion services to 4,500 IDPs in Ahou displacement settlement in Awerial. • In Awerial 29 962** IDPs (9772 male 20,190 female) received hygiene promotion visits and information between January and December 2014.
2.3 Decreased risk for polio and measles infections in high risk IDP communities through social mobilization activities.	<ul style="list-style-type: none"> • Social mobilization activities started in 3rd week of March for cholera and meningitis in Awerial. This was followed by polio and measles campaigns in the 3rd week of April. 58 volunteers were involved and 2,000 households reached.

Progress: SSRC volunteers with support from ICRC, continued to provide First Aid (dressings of gunshot wounds) at the Juba Military Hospital from December 2013 to December 2014, assisting 11,468 patients. Health and hygiene promotion were also part of SSRC's activities at the protection settlement in Tongping, Juba. Up to 46 volunteers including volunteers from within the community in Tongping were trained on hygiene promotion and were involved in the activities. 211,149 people were reached in Tongping during the reporting period with access to clean water. 112, 025 children were reached with hygiene promotion and 16,827** dirty jerry cans were cleaned at the site.

In Ahou in the Lakes State SSRC implemented hygiene promotion activities for internally displaced persons (IDPs) from Jonglei state. The activities are implemented by SSRC staff and volunteers from Jonglei who were also displaced. The number of SSRC volunteers also reduced from 58 to 30 as IDPs moved out of the area during July due to flooding.

A total of 57 volunteers have been trained in Psychological First Aid (PFA) in Central Equatoria, Jonglei and Lakes states. The trainings have enhanced the capacity of volunteers to understand PSS and provide services to the children in the CFS and the host community. The trainings targeted the three branches mostly affected by the conflict and with a high number of IDPs or returnees. A total of 20 volunteers (4 females, 16 males) were trained in Psychosocial First Aid (PFA) in Bor from 12 -14 August, 2014 culminating in the launch of a Child-Friendly Space (CFS) in Bor public primary school in August.

In Minkamen, 20 volunteers were also trained from 22 - 24 September, 2014. The volunteers were drawn from the IDP population and host community. After the training, a CFS was also launched in Minkamen in 1 primary school which has 1,444 pupils. 17 SSRC volunteers also received training on psychosocial support (PSS) in Juba in April.

In September community-based psychosocial support(PSS) outreach programmes reached 177 people in the UN House (Protection of Civilians site 3), Juba, targeting community leaders, teachers and women (mothers).

Psychosocial support programmes and training is supported by the Danish and Netherlands Red Cross and the IFRC PSP reference centre.

Constraints

- Planned RAMP surveys did not take place as this activity is to be supported by Netherlands Red Cross in 2015.

** The figures are cumulative with many people receiving assistance multiple times over the period

Outcome 3: Reduction of risk and improved early community case management capacity of cholera in target communities

Outputs	Implementation of activities.
3.1 Community based cholera prevention and hygiene promotion including household level water treatment support is provided to the target population	<ul style="list-style-type: none"> • 25,414 households were visited by volunteers in Juba and 1208 households visited in Torit between May and June during the SSRC social mobilisation campaign. • 3696 pupils received hygiene messages in 31 schools in Juba and Torit between July and August.
3.2 Community based case management, referral and surveillance is established in identified areas	<ul style="list-style-type: none"> • Case management was not undertaken by SSRC as this role was being filled by local and national authorities. • In July four community operated Oral Rehydration Points (ORPs) in Torit and one ORP in UN house (in Juba) were established by SSRC. A cumulative number of 261 suspected cholera were attended and 101 patients were referred to cholera treatment centres in both Juba and Torit.
3.3 Access to safe water and storage is provided to populations in cholera affected areas.	<ul style="list-style-type: none"> • 5.6 million litres of water were purified in Torit, Eastern Equatoria by SSRC branch volunteers and the IFRC ERU over four rotations between July and October. • Approximately 7000 beneficiaries per day received water from two ERU distribution points.
3.4 The skills and resources of SSRC HQ and branches are available for efficient epidemic response.	<ul style="list-style-type: none"> • 455 volunteers received training in social mobilisation, health and hygiene for the cholera response and 272 were utilised in subsequent activities. • A one-day refresher training was provided by SSRC in collaboration with UNICEF to 340 volunteers in 5 locations (Juba, Gumbo, Yei, Lainya and Torit) on cholera and cholera prevention and 178 volunteers were subsequently deployed. • A Cholera/Ebola focal point was recruited for the Juba branch in July to train volunteers and undertake preparedness.

Progress :In May 2014 an outbreak of Cholera began in Juba and quickly spread to other areas. The Ministry of Health (MOH) subsequently declared a national cholera outbreak in the country. SSRC supported by in country partners quickly developed a 2-week response plan. Based on this plan, and in coordination with the national taskforce on cholera led by the MOH, response activities were initiated through social mobilization in Payams of Kator, Rejaf and Munuki in Juba

County. The activities were implemented through house-to-house visits, use of loud speakers and drama shows in schools.

During June, this campaign was also conducted in Torit, Eastern Equatoria. Water purification (PUR) and oral rehydration solution (ORS) were also distributed by volunteers in areas assigned for SSRC as part of prevention and response. Four emergency latrines were also constructed by SSRC volunteers at the Oral Rehydration Points (ORPs) in Torit during the cholera response in July, 2014. The ORPs were established to rehydrate the suspected cholera patients before they were referred to the Cholera Treatment Centres (CTCs) for treatment.

Also in June at the request of the SSRC the IFRC mobilised surge support specifically in response to the cholera outbreak. A four person Field Assessment and Coordination Team (FACT) was mobilised. Following their assessment an M40 water and sanitation emergency response unit (ERU) supported by the Austrian and Swedish Red Cross was deployed to Torit. 16 delegates from five National Societies contributed to 4 rotations of personnel. The ERU was decommissioned in September after an exit strategy was formalised with the community and handed over to the SRC. The ERU was split into two functioning modules and is now prepositioned with the branches in Torit and Juba.

The ERU module M40, consisted of three parts: Treatment/Distribution and Trucking/Basic sanitation and hygiene promotion. This module provides treatment of up to 600,000 litres of water a day, for up to 40,000 people. It can also provide limited sanitation and hygiene promotion for a population of up to 5,000 people. The M40 has an integrated distribution and trucking capacity for the transport of treated water to dispersed populations with a capacity of up to 75,000 litres a day and the possibility to set up nine different storage and distribution points.

A community health module (CHM) ERU was also activated. Three (CHM) ERU delegates were deployed to support cholera operation in South Sudan. Their main role was to support national society in training volunteers in health promotion and setting up of oral rehydration points (ORP).

Water, Sanitation and Hygiene promotion	
Outcome 4: The risk for water and sanitation related diseases are reduced in affected communities.	
Outputs	Implementation progress
4.1 Daily access to safe water is provided to IDPs, in line with the Sphere standards to 13,790 people	<ul style="list-style-type: none"> 7000 displaced people, on average, received 15 litres of water per day at the Tongping protection settlement in Juba. The amount steadily reduced as occupants relocated pending the closure of the camp which occurred in December.
4.2 The target population has increased awareness on how they prevent diseases through hygiene practices to 77,500 people	<ul style="list-style-type: none"> Hygiene promotion activities by SSRC volunteers in Tongping settlement benefited approximately 14,520 people between January and December. 2,000 households in Juba in Central Equatoria state received Hygiene messages also as part of NFI distribution which was implemented in March.

Progress: During the cholera response displaced communities as a result of conflict were also affected by Cholera. These activities are also reported under outcome 3 and 4.

From January to December, SSRC through 30 volunteers managed two water points which provide cleaned water to internally displaced persons (IDPs) in the Tongping site in Juba. Trained volunteers also ensured the maintenance of the water points and supply system and carry out regular water quality monitoring. Spare parts and fuel were procured to ensure the maintenance of the supply system.

Refresher training on water supply system and maintenance are held regularly, usually every week, to ensure new and existing volunteers have the necessary skills to manage water points. Volunteers are deployed at all water facilities for sensitizing the community on proper handling, use and storage of water. These were implemented through group sessions and megaphones.

The volunteers also discard dirty jerry cans and advise owners to wash them before entry to fetch water. 14,894 Jerry cans were cleaned between January and June, 2014. For the upkeep and maintenance of water points at Tongping camp, SSRC also assisted to raise the level of ground and prevent water logging by spreading murrum at water points. Other support included replacement of tap stands, repair of damaged pipe network, provision of fuel and oil for running water points.

An water and sanitation Regional Disaster Response Team (RDRT) also was deployed for 3 weeks, to support training of SSRC staff and volunteers on maintenance and operation of the water points in Tongping. The RDRT also assisted in setting up monitoring systems for water supply and hygiene activities to ensure necessary data was collected.

SSRC contributed to the health and wellbeing of the population by continuing with development health activities which complimented the response to the conflict and cholera outbreak. These activities include Community Based Health and Care (CBHFA) in Wau and Chukudum and the water and sanitation capacity building project in Aweil.

Shelter and Non Food Items (NFIs)	
Outcome 5: Improved living situation for conflict affected and vulnerable families through the provision of emergency shelter and basic household items.	
Outputs	Implementation progress
5.1 Shelter assistance is provided to conflict affected and vulnerable families.	<ul style="list-style-type: none"> • 1000 families received shelter kits in Terekeka and Tijor county in Central Equatoria state.
5.2 Covering shelter and basic household items are provided to affected households.	<ul style="list-style-type: none"> • 2,000 families in Central Equatoria state received NFI kits in March. • 2,000 families received NFI kits in Jonglei state in June. • 3,000 NFI kits were distributed to Families in greater Mundri, Western Equatoria state. • 500 family kits were distributed in Tigor Pajam ,Central Equatorial in December 2014 to displaced families. • 1,930 returnee families were supported with non-food relief items in central equatorial in November. • 500 dignity kits were distributed in Mundri.
<p>Progress: The following Non Food Items were distributed to households: buckets, blankets, soap, ORS, PUR sachets, kitchen sets, tarpaulins, sleeping mats and mosquito nets.SSRC also distributed second hand clothes which had been donated from local associations in Juba.</p> <p>The proper use of the water purification sachets and ORS were demonstrated at each distribution centre during the cholera outbreak. In April 1000 NFI kits funded by Netherland Red Cross were distributed to affected households in Bor town and in June 1,000 kits funded by Swiss Red Cross were distributed to returnees in Pariak County in Jonglei state.</p> <p>All distributions were carried out in coordination with shelter cluster, state authorities and state cluster leads. In Pariak County, 500 dignity kits, consisting of hygiene materials, targeting households with girls and women between ages 15 and 45 were also distributed. Also in June, ICRC supported SSRC with 3,000 NFI kits. IFRC procured 2,000 NFI kits and initiated procurements for 1,000 standard shelter kits which have now been distributed in Central Equatorial. Procurements of NFIs, stretchers, protective gear, and First Aid kits by SSRC were possible through the bilateral support of the Netherlands Red Cross.</p> <p>Needs assessments were followed by NFI distributions in Greater Mundri of Western Equatoria State in two counties, Mundri East and Mundri West. Dignity kits were also distributed to 500 women of child-bearing age. 500 households (350 in Tukoro and 150 in Nyikabor Boma, Terekeka County, and Central Equatoria State) also received NFIs and shelter kits on 26 September, 2014. The beneficiaries reached are vulnerable families and victims of inter-communal fighting which occurred in early August, 2014.</p>	

National Society Capacity Building	
Outcome 6: The overall preparedness and response capacity of the National Society at Headquarters and branch level is increased sufficiently that the National Society has the human and material resources to respond to rapid onset emergencies.	
Outputs	Implementation of activities.
6.1 National Society branches that were directly and adversely affected by the conflict are returned to minimum operational capacity	<ul style="list-style-type: none"> • Some bilateral support was provided by Danish Red Cross to the Jonglei state branch in Bor to repair damages caused by the conflict and purchase of furniture. • As the situation in Bentiu and Malakal continue to be fluid, no rehabilitation support in the near future is being proposed.
6.2 The overall preparedness and response capacity of the National Society at headquarter and branch level is increased sufficiently that the National Society has the human and	<ul style="list-style-type: none"> • National Disaster Response training was conducted for 21 participants 5 female 16 male supported by Netherlands Red Cross. • 45 SSRC volunteers received training on the M40 Water ERU. • 9 volunteers in Juba received training in June as pump mechanics to

<p>material resources to respond to rapid onset emergencies.</p>	<p>carry out rehabilitation and maintenance of hand pumps in Juba. The trained volunteers assessed 11 hand pumps and rehabilitated two.</p> <ul style="list-style-type: none"> • A focal person at Juba branch continued to cover the Ebola preparedness, as the cholera intervention was closed. A total of 24 SSRC volunteers were trained on Ebola prevention in Juba and 21 were deployed at Juba International Airport where they continued to assist in the t screenings of arriving passengers. • Two SSRC health staff and a national health official attended an IFRC Ebola contingency planning workshop in December in Nairobi.
<p>Progress: Whilst some planned capacity building activities did not occur, the National Society ensured that its volunteer force received significant training before and during the cholera response. As result SSRC and its volunteers were able to position themselves as key providers of social mobilisation and messaging in health. Capacity building in disaster management is currently being supported by the Danish Red Cross and Netherland Red Cross.</p>	
<p>Constraints</p> <ul style="list-style-type: none"> • Planned support to the warehouse construction has been deferred until 2015 due to building delays. The IFRC has extended its own warehouse lease to accommodate the stocks of SSRC and some partners. 	

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jul 15

Appeal Launch Date: 04 Mar 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/1-12	Programme	MDRSS003
Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	PSS010
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		4,762,989				4,762,989	
B. Opening Balance							
Income							
Cash contributions							
Canadian Red Cross		113,956				113,956	
Canadian Red Cross (from Canadian Government*)		160,100				160,100	
China Red Cross, Hong Kong branch		22,151				22,151	
Finnish Red Cross		97,585				97,585	
Finnish Red Cross (from Finnish Government*)		361,768				361,768	
Japanese Red Cross Society		86,217				86,217	
Norwegian Red Cross		90,822				90,822	
Norwegian Red Cross (from Norwegian Government*)		159,741				159,741	
Red Cross of Monaco		36,608				36,608	
Swedish Red Cross		203,571				203,571	
Swiss Red Cross		133,000				133,000	
Taiwan Red Cross Organisation		26,532				26,532	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)		60,909				60,909	
UNDP - United Nations Development Programme		19,153				19,153	
C1. Cash contributions		1,572,110				1,572,110	
Inkind Personnel							
Austrian Red Cross		8,900				8,900	
C3. Inkind Personnel		8,900				8,900	
Other Income							
DREF Allocations		286,695				286,695	
Services Fees		330				330	
C4. Other Income		287,025				287,025	
C. Total Income = SUM(C1..C4)		1,868,035				1,868,035	
D. Total Funding = B + C		1,868,035				1,868,035	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		1,868,035				1,868,035	
E. Expenditure		-1,417,122				-1,417,122	
F. Closing Balance = (B + C + E)		450,914				450,914	

Disaster Response Financial Report

MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jul 15

Appeal Launch Date: 04 Mar 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/1-12	Programme	MDRSS003
Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	PSS010
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,762,989			4,762,989		
Relief items, Construction, Supplies								
Shelter - Relief	476,213		96,863			96,863	379,350	
Shelter - Transitional			983			983	-983	
Construction - Facilities	279,500		946			946	278,554	
Construction Materials	88,200		400			400	87,800	
Clothing & Textiles	253,069		816			816	252,253	
Food			2,228			2,228	-2,228	
Water, Sanitation & Hygiene	482,353		101,416			101,416	380,936	
Medical & First Aid	105,243		14,828			14,828	90,416	
Teaching Materials	5,687		5,125			5,125	563	
Utensils & Tools	229,363		51,655			51,655	177,708	
Total Relief items, Construction, Sup	1,919,628		275,259			275,259	1,644,368	
Land, vehicles & equipment								
Vehicles	147,550						147,550	
Computers & Telecom	166,784		8,364			8,364	158,420	
Office & Household Equipment	15,964		1,779			1,779	14,185	
Total Land, vehicles & equipment	330,298		10,142			10,142	320,156	
Logistics, Transport & Storage								
Storage	75,500		55,245			55,245	20,255	
Distribution & Monitoring	156,900		50,440			50,440	106,460	
Transport & Vehicles Costs	88,220		74,218			74,218	14,002	
Logistics Services			33			33	-33	
Total Logistics, Transport & Storage	320,620		179,936			179,936	140,684	
Personnel								
International Staff	525,000		166,202			166,202	358,798	
National Staff	37,200		52,093			52,093	-14,893	
National Society Staff	178,598		42,178			42,178	136,420	
Volunteers	518,480		179,810			179,810	338,670	
Other Staff Benefits			342			342	-342	
Total Personnel	1,259,278		440,625			440,625	818,653	
Consultants & Professional Fees								
Consultants	58,000		167			167	57,833	
Professional Fees	58,505						58,505	
Total Consultants & Professional Fees	116,505		167			167	116,338	
Workshops & Training								
Workshops & Training	218,797		25,899			25,899	192,898	
Total Workshops & Training	218,797		25,899			25,899	192,898	
General Expenditure								
Travel	50,000		63,000			63,000	-13,000	
Information & Public Relations	20,069		18,869			18,869	1,200	
Office Costs	51,033		25,177			25,177	25,856	
Communications	54,210		13,825			13,825	40,385	
Financial Charges	10,800		2,223			2,223	8,577	
Other General Expenses			18,279			18,279	-18,279	
Shared Office and Services Costs	121,052		97,679			97,679	23,373	
Total General Expenditure	307,164		239,051			239,051	68,114	
Operational Provisions								

Disaster Response Financial Report**MDRSS003 - Republic of South Sudan - Complex Emergency**

Timeframe: 09 Jan 14 to 31 Jul 15

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Interim Report

Selected Parameters

Reporting Timeframe	2014/1-12	Programme	MDRSS003
Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	PSS010
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,762,989			4,762,989		
Operational Provisions			150,299			150,299	-150,299	
Total Operational Provisions			150,299			150,299	-150,299	
Indirect Costs								
Programme & Services Support Recov	290,699		85,311			85,311	205,388	
Total Indirect Costs	290,699		85,311			85,311	205,388	
Pledge Specific Costs								
Pledge Earmarking Fee			7,532			7,532	-7,532	
Pledge Reporting Fees			2,900			2,900	-2,900	
Total Pledge Specific Costs			10,432			10,432	-10,432	
TOTAL EXPENDITURE (D)	4,762,989		1,417,122			1,417,122	3,345,867	
VARIANCE (C - D)			3,345,867			3,345,867		

Disaster Response Financial Report

MDRSS003 - Republic of South Sudan - Complex Emergency

Timeframe: 09 Jan 14 to 31 Jul 15

Appeal Launch Date: 04 Mar 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/1-12	Programme	MDRSS003
Budget Timeframe	2014/1-2015/7	Budget	APPROVED
Split by funding source	Y	Project	PSS010
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	4,762,989		1,868,035	1,868,035	1,417,122	450,914	
Subtotal BL2	4,762,989		1,868,035	1,868,035	1,417,122	450,914	
GRAND TOTAL	4,762,989		1,868,035	1,868,035	1,417,122	450,914	