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Emergency Appeal Sudan: Floods

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRSD028

To be assisted: 200,000 people

Appeal launched: 11/09/2020

Glide n°: FL-2020-000176-SDN

DREF allocated: 476,272 Swiss francs

Appeal ends: 10/09/2022

Funding requirements: 12 million Swiss francs

This Emergency Appeal seeks a total of some **12 million Swiss francs** (CHF) to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Sudanese Red Crescent Society (SRCS)** to deliver assistance and early recovery support to some **200,000 people affected by floods for 24 months**, with a focus on the following areas of focus and strategies of implementation: **Shelter, Livelihood and Basic Needs, Health, Water, Sanitation and Hygiene (WASH), Disaster Risk Reduction (DRR) and Protection Gender and Inclusion (PGI)**. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. An additional CHF 273,000 DREF loan allocation is requested to scale up the operation immediately.

Federation wide footprint

The SRCS flood response is supported by the IFRC, in-country partner National Societies (PNS) and the International Committee of Red Cross (ICRC). Partners conduct bi-weekly meetings to ensure strong coordination, technical support to SRCS and complementarity. As of 8 September, in addition to the original DREF of CHF 476,272, CHF 200,000 has been committed to the response through bilateral channels (Danish Red Cross, German Red Cross, Swedish Red Cross and Kuwaiti Red Crescent) as well as soft pledges from Qatar Red Crescent and in-kind support of 1,300 food parcels from Turkish Red Crescent. In addition, PNS provide technical support through in-country HR capacity in the areas of Livelihoods and Cash (Spanish Red Cross), PGI and Psychosocial support (PSS) (Danish Red Cross), as well as overall coordination, operations management and assessment support (Danish Red Cross, Swedish Red Cross and Netherlands Red Cross). A Federation-wide reporting system will be developed to ensure joint monitoring and coordinated implementation support to the SRCS Flood Response, as well as a Movement-wide view of the support provided by all Movement partners.

The disaster and the Red Cross Red Crescent response to date

June 2020: The Sudanese Meteorological Agency (SMA) predicts above normal rainfall in the rainy season starting in June. SRCS develops a flood contingency plan with technical support from IFRC and Red Cross Red Crescent Movement Partners.

July 2020: Heavy rain experienced in multiple locations across the country causing flooding, destruction of infrastructure, houses and livelihoods, displacing thousands of people. Khartoum, Blue Nile and River Nile are amongst the most affected States.

13 August 2020: CHF 476,272 allocated from the IFRC's Disaster Relief Emergency Fund ([DREF](#)).

August 2020: IFRC Operations Manager deployed to Khartoum.



Figure 1: Sudanese Red Crescent Volunteers are mobilized to Floods affected areas (credit SRCS)

- **30 August 2020:** The Government of Sudan declares a state of emergency in Khartoum State, following severe flooding affecting all localities in Khartoum.
- **4 September 2020:** As the flooding situation is worsening, the National Security and Defense Committee declares a three-month, nationwide state of emergency, appealing for assistance from civil society, humanitarian national and international organizations to support affected population. Sixteen (16) States are reported impacted with 99 deaths, more than 100,000 houses destroyed, and 500,000 people affected. The IFRC published an information bulletin on 6 September highlighting Sudan's floods along with other African Countries. The IFRC also continued Red Cross Red Crescent Movement Coordination and made efforts to scale up the response capabilities.
- **11 September 2020:** IFRC launches an Emergency Appeal for CHF 12 Million to support 200,000 people for 24 months. An additional CHF 273,000 allocated from the IFRC's DREF.

The operational strategy

Summary of Red Cross Red Crescent response to date

On 13 August 2020, the Sudanese Red Crescent (SRCS) launched a response operation supported by the DREF with funding of CHF 476,272 to meet the immediate humanitarian needs of 17,500 flood-affected people in the three most affected States in Sudan (Blue Nile, El Gezira and Khartoum). With support from the DREF and other in-country partners, including the United Nations High Commissioner for Refugees (UNHCR), ICRC, Turkish Red Crescent (TRCS), Danish Red Cross (DRCS), Qatar Red Crescent (QRCS), Swedish Red Cross (SRCS), Kuwait Red Crescent Society (KRCS), German Red Cross (GRCS) and Netherlands Red Cross (NLRC), SRCS activated its Emergency Operations Centre (EOC) at headquarters and branch levels and has been responding to the needs of the affected population with distribution of Household Items (HHIs), Search and Rescue, distribution of Food Parcels, First Aid (FA) and Psychosocial Support (PSS).

SRCS is participating in the interagency assessment led by the Office for the Coordination of Humanitarian Affairs (OCHA) and the Humanitarian Aid Commission (HAC) of Sudan and are conducting joint detailed sectorial assessments to determine the effects of the floods, needs of the affected people and response interventions to support the affected communities to cope with and recover from the effects of the floods.



Figure 2: Sudanese Red Crescent volunteers are supporting First Aid and casualty transportation (credit SRCS)

As of 6 September 2020, the SRCS and IFRC implemented the below activities with the DREF:

- A total of 450 volunteers have been deployed in the three states targeted by the DREF, Blue Nile, El Gezira and Khartoum to assist the affected population and to conduct initial rapid assessments. More detailed assessments will be undertaken as access to affected areas improves.
- Volunteers are conducting rapid assessments, search and rescue, providing FA services and PSS and also supporting with the registration of damage to houses, livestock and properties.
- As of 31 August, SRCS had distributed 3,100 tarpaulins, 6,000 blankets, 6,000 sleeping mats, 6,000 mosquito nets, 100 kitchen sets, 100 jerrycans, and 72 sets of digging tools to the affected families in Khartoum, Northern state, El Gezira, West Kordofan and River Nile. Distributed HHIs will be partially replenished through the DREF/Appeal.

- Procurement of HHIs including tarpaulins, kitchen sets, sleeping mats, candles/torch/batteries/ blankets, bamboo and plastic ropes mosquito nets and water purification tablets is ongoing. Tender processing is ongoing.
- An IFRC Operations Manager has been deployed to support the operations management of the DREF/Appeal, including support to the local procurement process with technical support from IFRC's Regional Logistic Unit (RLU)
- A second IFRC operations manager and communications expert from the East Africa CCST are on standby and will be deployed as soon as the visas are issued

Needs assessment and targeting

On Friday 4 September 2020, the National Security and Defence Committee (NSDC), declared a three-month nationwide state of emergency, appealing for (international) assistance to respond to the needs of the flood-affected population. As of this date, a total of 16 out of 18 states had been affected by the floods, more than 500,000 people affected with 99 deaths reported, 46 injured, and more than 100,000 houses destroyed. Khartoum, Sennar, Kassala, Blue Nile and El Gezira States are some of the most affected states. Many more people are expected to be affected, however, up to date rapid needs assessment data is incomplete due to inaccessibility and scope of the disaster.

Rapid needs assessments carried out by SRCS volunteers, community committees, as well as assessment findings of the Civil Defence and HAC, indicate significant damage to houses, properties, livelihood, and disruption of transport networks /road infrastructure, disrupted access to markets, health care facilities as well as water and sanitation infrastructure. According to the Ministry of Irrigation, the river Nile recorded the highest water level since 1912 in Khartoum, of 17.62 meters.

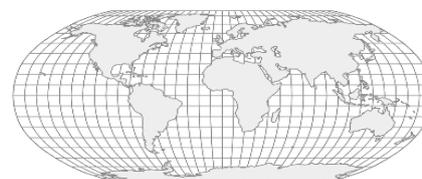
This Emergency Appeal is developed based on the information provided by the initial rapid assessments, secondary data as well as building on the ongoing DREF operation. Detailed needs assessments will be carried out while developing the Emergency Plan of Action (EPoA) and assessment cost has already been budgeted under the Appeal. Detailed assessments will inform any strategic changes to the operation and estimated disaggregated data will be provided after the assessments are completed. It will thus be crucial to support SRCS staff and volunteers to conduct detailed needs assessments as soon as possible.

Shelter and household items: Due to the floods, more than 100,000 homes were destroyed (source: NSDC), and Household Items (HHIs) and assets were washed away. Initially identified needs are to provide affected households with emergency shelter options as rains are forecasted to continue and to protect their remaining possessions. Due to many HHIs being lost or damaged beyond repairs, there is also a need for sleeping mats, blankets, and kitchen sets to prepare their own food. Provision of shelter items and household items will ensure the affected households get protection from diseases, specifically respiratory illnesses, and ensure they can maintain privacy and dignity. The number of affected and displaced families is expected to increase with the anticipation of more rains and as emergency assessments are completed in recent flood-affected areas.

In the Blue Nile State, the state with the highest number of affected people, the Bout Earth Dam, in Tadamon locality, exceeded its full capacity and collapsed on the 31 July. At least 12 neighbourhoods downstream in Bout town were flooded following the incident, affecting around 3,900 people. Most of them were rendered homeless and are now sheltering with host families or in makeshift camps near the affected area. Similar situations are being experienced throughout the country.

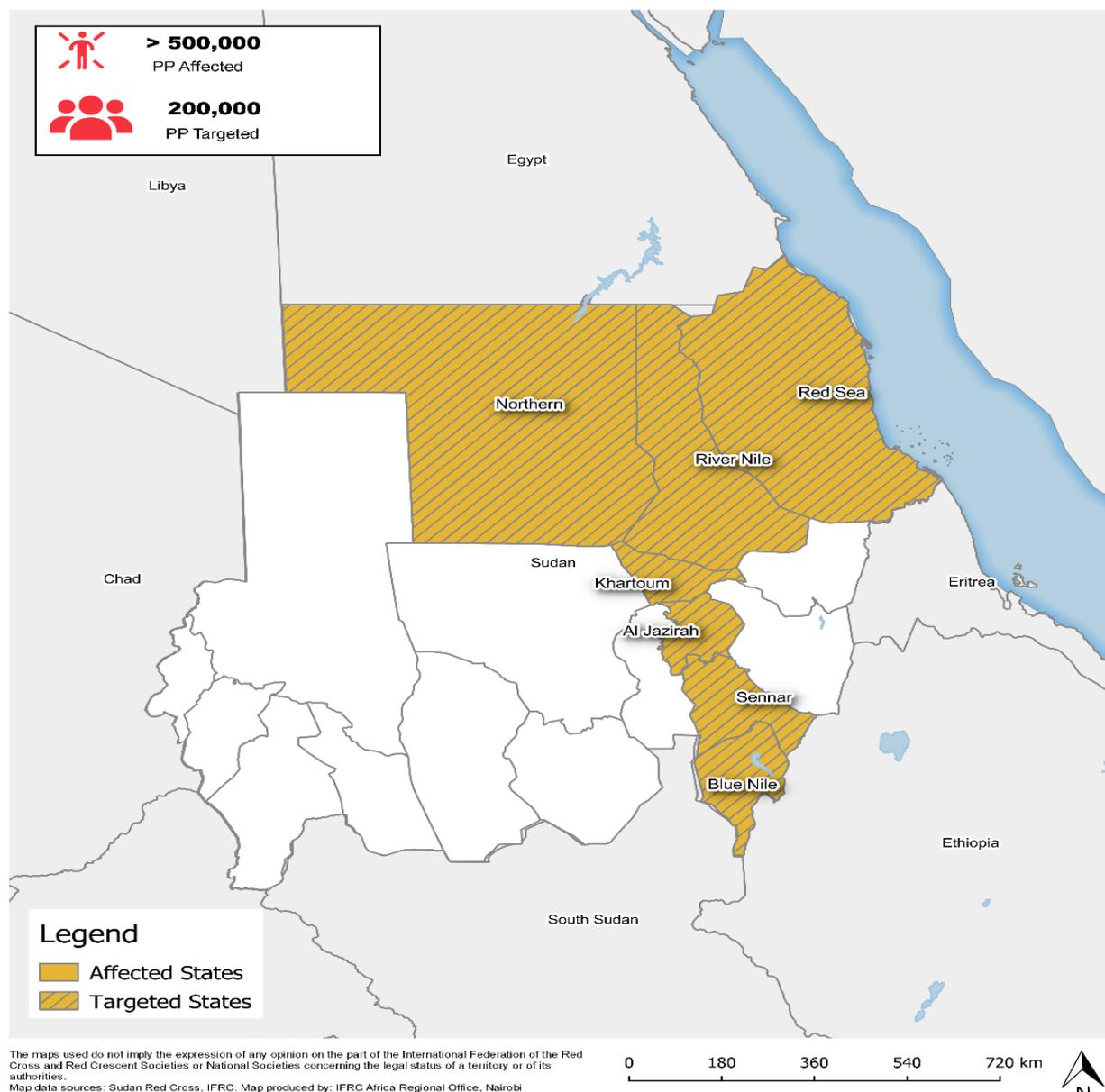
Health and care: The floods predispose the affected population to increased risk of disease outbreaks and further deterioration of health outcomes especially for children, women, the elderly, people with disabilities and other vulnerable groups across the affected communities. Recently, the SRCS has responded to a cholera outbreak and now the risk of another outbreak of cholera is highly likely in some at-risk areas. Destruction of health facility structures and disruption of access roads to critical higher health facilities has further limited access to essential health services, which have been already under pressure due to the ongoing COVID-19 pandemic. Cholera, malaria, and dengue are endemic in many of the affected areas and following the flooding, risks of water-borne and vector-borne disease outbreak will be considerably increased. Treatment for chronic infectious disease like TB may be interrupted, while population movement and sheltering in close proximity to others may increase pneumonia and other respiratory infections; infections related to stagnant water and proximity, such as skin infections like scabies and ringworm can be expected to increase; and access to medicines for chronic and non-communicable diseases will need to be addressed. The loss of lives, property, and livelihoods has had a significant psychological impact on the affected communities, and therefore provision of PSS is of paramount importance. In the medium term, extensive destruction of cropland and interruptions in

food systems may result in increases in malnutrition, while disruption in maternal and child health services provision could result in poor perinatal outcomes and decreased vaccine coverage, creating the risk of outbreak of vaccine-preventable diseases.



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Food Security, Livelihoods and Basic Needs The flood situation has predisposed affected communities to food insecurity as a result of the destruction of food crops and loss of food stocks. Throughout the period of the floods, production activities are severely disrupted, depriving the affected communities of their main sources of food and income. In addition, livelihoods of thousands of households have been affected by the death of livestock and damage to productive agricultural land.

Water, hygiene, and sanitation (WASH): Due to flooding, safe drinking water sources have been destroyed and contaminated and sanitation facilities have been severely damaged and/or destroyed. According to HAC,

the collapse of Bout Earth Dam alone will likely compromise access to potable water to more than 84,000 people who depend on it. Assistance with safe water and hygienic sanitation and a comprehensive hygiene promotion intervention is essential. With stagnant waters lying all over and inadequate solid waste disposal, flies, and vectors such as mosquitos are likely to breed and people are exposed to water (hepatitis, typhoid, cholera, diarrhoeas and dysentery) and vector-borne diseases. Vector-borne diseases like Dengue fever, chikungunya, leishmaniasis, schistosomiasis and malaria are common diseases in Sudan, hence action to destroy breeding grounds for such disease-carrying agents should be prioritised.

Protection, Gender and Inclusion Women and girls, children, elderly, migrants, people with disabilities and with underlying conditions will experience a heightened vulnerability due to the floods and the ongoing COVID-19 pandemic. Challenges will include further strain in accessing protection services, medical care, and livelihoods. Violence against children, women and girls may become even more prevalent, in a situation where access to social protection services may be discontinued. PGI will be mainstreamed throughout the intervention to ensure communities' dignity, access, participation, and safety. Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risks and coping strategies, the operation will pay particular attention to the protection and inclusion of vulnerable groups and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in hygiene promotion activities. As part of the needs assessments and analysis, a gender and diversity analysis will be conducted in all sector responses including Livelihoods, WASH, Shelter to understand how different groups have been affected, which will inform the operational strategy. All sectors will seek to meet the IFRC Minimum Standards on Protection, Gender, and Inclusion in Emergencies.

Coordination and partnerships

The IFRC Secretariat provides technical and financial support to SRCS through its East Africa Country Cluster Support Team (EA CCST) and the Regional Office for Africa which are both based in Nairobi, Kenya. An Operations manager has been deployed to Sudan to support the overall operations management and to conduct a security assessment as well as provide technical support to SRCS, in coordination with ICRC, to ensure Safer Access Framework (SAF) is followed in the response.

IFRC, in-country PNSs and ICRC conduct a bi-weekly meeting with SRCS to discuss the ongoing operations, to ensure continued coordination on planning and implementation of activities to guarantee there is no overlapping and duplication of efforts. There are eight PNSs' present in Sudan, Danish Red Cross, German Red Cross, Netherlands Red Cross, Swedish Red Cross, Swiss Red Cross, Spanish Red Cross, Qatar Red Crescent and Turkish Red Crescent. Various in-country partners are providing bilateral support to the flood response, complementary to the Appeal. Close coordination with ICRC will be ensured, specifically on Safer Access.

The Government of Sudan (GoS) has established a coordination mechanism for the Flood response, the Flood Task Force. The SRCS participates in the Task Force and is working in close coordination with the Ministry of Irrigation, the HAC, the Metrological Department, Civil Defence, MoH and other key stakeholders. The coordination with other key humanitarian actors will be enhanced further.

Community Engagement and Accountability (CEA)

CEA will be mainstreamed throughout the response to guarantee maximum and meaningful participation of the affected communities. When assessing and selecting communities for interventions and before applying the targeting criteria, the trained CEA teams and volunteers, will guarantee the participation and access of all community members in the dialogue. A feedback and complaints mechanism will be developed to ensure community views are integrated into the design, implementation, and evaluation phases of the operation. Hygiene and health promotion sessions will be instrumental in collecting feedback and responding to community concerns. Communication and dissemination of the Fundamental Principles of the Red Cross and Red Crescent will be included in the CEA activities and approach to ensure access and acceptance. The CEA activities will be integrated with COVID-19 and other disasters.

PMER

PMER in the cluster, region and SRCS will support the detailed needs assessment that will be conducted to inform the benchmark setting. Programme planning, implementation, monitoring and evaluation will be conducted with close collaboration with all stakeholders. Participatory monitoring, remote monitoring and real-time evaluation will be carried out at all levels. An induction workshop is proposed at the beginning of the response to acquaint everyone with all the tenets of the Appeal and what is required of them; reporting

requirements and templates will be shared in this workshop. A lessons' learnt workshop and evaluation will be conducted towards the end of the Appeal.

Targeting

The geographic targeting considers 1) the number of population in need 2) the number of agencies and gaps in these districts; 3) the typology of needs in each of the sectors, and; 4) the presence and capacity of the SRCS in these areas. The following seven States will be targeted: Sennar, Blue Nile, Khartoum, El Gezira, Red Sea, River Nile and Northern State, with El Gezira, Sennar and Khartoum being the States with the highest number of affected population.

The household and individual targeting considers the following criteria, primarily, the most vulnerable and at-risk population across all sectors, based on the following: Protection, Gender and Inclusion (PGI) criteria: elderly, people with disabilities or chronic diseases (diabetes/hypertension / heart disease/cancer / epilepsy/cancer patients on chemotherapy); women and girls headed households, children or youth with no family members in charge. Complementarily, each sector has its own set of targeting criteria that will support prioritization within these groups. Targeting and prioritization will follow as soon as detailed needs assessment data is available.

Operation Risk Assessment

Blue Nile state: security risk HIGH

Security conditions in Blue Nile state are affected by clashes between the Sudanese Armed Forces (SAF) and the Sudan People's Liberation Movement/Army-North (SPLM/A-N), particularly in the Nuba Mountains. However, associated volatility also affects Blue Nile and West Kordofan states, where each has a significant presence of armed groups. Access in many areas is extremely limited by government forces, and the presence of landmines, notably on the Kadugli–Kauda and Kadugli–Talodi roads (South Kordofan), and the road linking Kurmuk (Blue Nile) with the Ethiopian border.

To ensure that participating Red Cross Red Crescent personnel are adequately protected and the programme activities can be implemented, adequate security risk mitigation measures need to be implemented. This includes, but is not limited to, situation monitoring and providing timely security advice to field personnel. Red Cross Red Crescent personnel should be clearly identifiable by wearing the Red Cross Red Crescent visibility items. All Red Cross Red Crescent personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). All security measures of both the Movement and the Government will be strictly respected by all volunteers and staff involved in the operation in order to reduce risks. There is a security consultant in-country who will conduct and produce a security risk assessment focusing on IFRC staff, assets, facilities, and projects/programmes in selected areas of Sudan and make recommendations to assist in mitigating security and safety-related risks and improve the IFRC set up. The IFRC Regional Security Unit will continue engaging in security and safety support to the operation, staff and assets deployed. It will also keep the focus on collecting, analysing safety, and security information to protect and support the IFRC and NS staff involved in the response operation. It is imperative to follow the good practices of the good coordination and cooperation with external stakeholders deployed within the operating context. Maintaining close security and safety coordination with ICRC, UN Agencies and INGOs can positively contribute to the real-time, in-depth reading of the operating environment.

Security

Security risks vary considerably between different regions. The overall threat environment in the central and north-eastern parts of the country is less severe than in the south and west, where conflicts in Darfur and along the South Sudanese border pose serious concerns. Though, petty theft can be a problem in northern urban areas. Violent crime is rare in the capital Khartoum, Omdurman (Khartoum state), Port Sudan (Red Sea state) and surrounding areas (such as the 'Gezira triangle' south-east of Khartoum). Social unrest is an increasing problem in Sudan, largely driven by socio-economic grievances. Militancy poses a low threat. Road traffic accidents are a salient risk due to poor driving standards.

Clashes occur regularly between the Sudan People's Liberation Movement/Army-North (SPLM/A-N) and the Sudanese army in South Kordofan and Blue Nile states, and the security situation along the border with South Sudan is volatile. Armed clashes also continue in the Darfur region, where the risk of kidnapping is also high.

COVID-19 Response

As of 9 September, Sudan has reported 13,437 confirmed cases of COVID-19, including 833 deaths. Refugees and IDPs have faced a significant burden of COVID-19, including due to the collapse in informal sector work following movement restrictions. The SRCS has taken an active role in COVID-19 prevention, having reached more than 180,000 people with risk communication and community engagement (RCCE) and health and hygiene promotion activities related to COVID-19, and has provided support to 2,000 cases in isolation.

On 31 January 2020, IFRC launched a global [Emergency Appeal](#) (further revised in February, March and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Preventing transmission and reducing the health impacts through health and WASH interventions;
- Reducing the socio-economic impact; and
- Strengthening National Societies.

The Emergency Appeal focusses on ensuring the implementation of effective and relevant activities to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preventing and suppression transmission of the virus. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeals while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision.

As such, the National Society actions' dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and build upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO) launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

The strategies envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside of this emergency appeal is available on the [COVID-19 operation page IFRC GO Platform](#).

Proposed Areas for intervention

The operation aims to provide **immediate assistance and early recovery support to 200,000 people affected by floods for a period of 24 months**. This operation will promote a continuum of response to recovery to resilience building approach in the affected areas while building the capacity of SRCS at Branch and local levels.

Areas of Focus



Shelter

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 3,020,000

Proposed intervention

Due to the floods, more than 100,000 homes were destroyed, and household items and assets were washed away. Based on initially identified needs, the priority is to provide affected households with emergency shelter options as rains are forecasted to continue and to protect their remaining possessions. In addition, there is urgent

need for essential Household Items (HHIs). Provision of shelter items and household items which will ensure the affected households get protection from diseases, specifically respiratory illnesses, and ensure they can maintain privacy and dignity.

SRCS aims to reach 40,000 Households with emergency shelter and/or HHI support through provision of adequate temporary shelter materials and HHIs. SRCS will provide technical support to affected communities on safe shelter construction to ensure that emergency shelter constructed meet sphere standards.

To date, SRCS has distributed 3,100 tarpaulins, 6,000 blankets, 6,000 sleeping mats, 100 kitchen sets, 100 jerrycans, and 72 sets of digging tools to the affected families in Khartoum, Northern state, El Gezira, West Kordofan and River Nile. Distributed HHIs in the Appeal targeted States will be replenished through the Appeal and additional HHIs will be procured and distributed.

Shelter Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.

- Assessment of shelter needs, capacities, and gaps (emergency phase)
- Identification, registration, and verification of beneficiaries in different target groups
- Procurement and distribution/replenishment of HHIs for
- Procurement and distribution/replenishment of emergency shelter (made of Tarpaulins, Bamboo, and rope)
- Conduct Post Distribution Monitoring
- Assessment of shelter needs, capacities, and gaps (recovery phase)
- Feasibility study on recovery housing options (cash, safe resettlement options, in situ repairs for both displaced and non-displaced populations)
- Damaged house repair and rehabilitation activities
- Construction of safe and adequate housing for most vulnerable people based on established vulnerability criteria, including adaptations for People Living with Disabilities, location and finding durable solutions for most vulnerable displaced groups (HLP rights). Additional hygiene and infrastructure support as needed based on funding and specific needs.

Shelter Output 1.2: Technical support, guidance and awareness-raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

- Technical support provision to volunteers on build back safer guidance and shelter awareness-raising activities
- Identification and assessment of local building practice and development of IEC materials (flyers, posters, awareness materials)
- Identification and mobilization of volunteers for shelter intervention
- PASSA training of volunteers and roll out in selected communities to promote flood-resistant construction and safe shelter and settlements awareness.
- Based on the recovery options chosen for repairs/rehabilitation, technical trainings and quality control modalities set up.
- M&E and lesson learned workshop in conjunction with all Movement actors working on flood-resilient reconstruction.



Livelihoods and basic needs

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 1,225,000

Proposed intervention

The current floods have not only caused serious displacement of households, loss of lives and property but has also threatened or resulted into destruction of livelihoods, resulting into loss of income for the affected communities, negatively impacted their purchasing power. A significant amount of farmland and livestock has been destroyed. In addition to the floods, the COVID-19 pandemic is also a social and economic shock with a direct impact on people's capacity to cover their basic needs and continue their livelihood activities. The pandemic negatively impacts community coping capacities and deepen food and nutrition insecurity. The Livelihood and basic needs strategy respond to severe food insecurity and basic needs of the flood-affected population. The operation will also provide livelihood restoration packages with provision of trainings, agricultural inputs, and productive assets. The livelihoods component will target provisioning for basic needs to support to 40,000 households affected by floods.

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Livelihoods and basic needs Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).

- Conduct livelihoods assessments to determine recovery needs
- Assessment of markets to determine the feasibility of using cash to support livelihoods recovery
- Cash assistance is provided for livelihoods restoration

Livelihoods and basic needs output 1.3: Household livelihoods security is enhanced through food production, increased productivity, and post-harvest management (agriculture-based livelihoods).

- Livelihoods replacement activities undertaken to replace lost productive assets
- Livelihoods strengthening: Livelihoods trainings to households on crop production and post-harvest techniques,
- Post-training and distribution monitoring

Livelihoods and basic needs Output 1.5 Households are provided with unconditional/multipurpose cash grants to address their basic needs

- Targeting and registration of households for cash assistance,
- Cash feasibility study and market assessment
- Distribution of unconditional multipurpose cash grants to families,
- Post distribution monitoring to determine the use of cash as well as impact



Health

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 1,925,000

Proposed intervention

The floods predispose the affected population to increased risk of disease outbreaks. Destruction of health facilities and disconnection of access roads to critical health facilities has further limited access to essential health services, which are already under pressure due to COVID-19. Different diseases are endemic in many of the affected areas and following the floods, risks of water-borne (e.g. cholera), water-based (e.g. parasites living in stagnant waters) and vector-borne (e.g. dengue, malaria) disease outbreak increases. Likewise, disruption in essential health services over the medium term may create a large cohort of unimmunized people, increasing the risk of outbreaks of vaccine-preventable diseases such as measles. The loss of property, livelihoods, and loss of lives has had a significant psychological impact on the affected households, and therefore the need for psychosocial support is evident.

Following the displacement of populations, inaccessibility of health facilities and some communities being cut off from basic services, increased morbidity is anticipated. The proposed interventions will seek to meet the primary health care, emergency health and psychosocial needs of the affected populations.

In the context of the COVID-19 pandemic, community and primary health activities are crucial and will be scaled-up holistically alongside the risk communication and community engagement (RCCE), especially in crowded areas, such as markets, transport hubs, etc., and hygiene promotion approaches. Personal Protective Equipments (PPEs) for volunteers and frontline workers will be distributed and accessible handwashing and disinfection facilities in key community areas. As health authorities are overwhelmed responding to the COVID-19 epidemic, it is essential to support the continuation of essential health services, such as vaccination, primary health care, sexual and reproductive health, as well as maternal, new-born and child health.

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

- Undertake detailed assessments to identify health needs

Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

- Procurement and distribution of 350 First Aid kits
- First aid training to 175 volunteers,
- Provision of first aid services to affected people

Health Outcome 2: Transmission of diseases of epidemic potential is reduced

Health Output 2.1: Community-based disease control and health promotion is provided to the target population

- Rapid rollout of National Society trainings in Epidemic Control for Volunteers
- Conduct health promotion activities in targeted communities,
- Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness, and health promotion, complemented by the use of social media.
- Adaptations of other health and programmatic activities and workstreams to ensure the response does not create increased risk of transmission of COVID-19

Health Output 2.2: Vector-borne diseases are prevented

- Procurement and distribution of mosquito nets
- Vector control

Health Output 2.3: Transmission of new cases is limited through support for vaccination campaigns

- Social mobilisation for vaccination campaign
- CEA support for vaccination campaign

Health Outcome 3: Less severe cases of disease or malnutrition are treated in the community, with referral pathways for severe cases established

Health Output 3.1: Cholera cases are managed in the community, with referral established for severe cases

- Establish oral rehydration points (ORPs) in affected villages and train volunteers to prepare ORS
- Conduct case detection and referral of cases to nearest ORPs
- Train volunteers on identification of signs and symptoms of cholera, community-based surveillance (CBS) and first response following MoH guidelines
- Support MoH and health actors in community-based health surveillance for infectious diseases and outbreaks

Health Outcome 4: The psychosocial impacts of the emergency are lessened

Health Output 4.1: Psychosocial support provided to the target population as well as to Red Cross Red Crescent volunteers and staff

- Identification of and training for volunteers in psychosocial support

- Assessment of PSS needs and resources available in the community
- Provide PSS to people affected by the crisis/disaster
- Provide PSS to staff and volunteers



Water, sanitation and hygiene

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 1,630,000

Proposed intervention

The floods have caused severe damage to water and sanitation infrastructure as well as disruption of normal service provision and access to water sources, predisposing the affected population to cholera infection and other waterborne and vector-borne disease outbreaks.

Soap will be distributed as per SPHERE Standard 20g per person per day to the affected communities and messages on handwashing including personal hygiene will be disseminated to the targeted affected communities. Digging tools will be procured for drainage of stagnant water and for digging of latrines while Sand plats will be procured and distributed to the community with technical support of WASH Volunteers.

Provision of Safe drinking water will be assured through training of WASH Volunteers who will carry out Household Water Treatment Training for affected households and by distribution of Chlorine tablets to the Households. Vector control activities will be carried out including spraying campaigns and draining of stagnant water to prevent malaria (and diarrhoea during and after the floods. Insecticides and spraying pump will be procured, and in coordination with State Ministry of Health, Cleaning and sprayer campaigns will be conducted, to reduce the risks of diseases. Clean-up/environmental sanitation campaigns are to contribute to a clean and safe environment for the flood-affected people. Hygiene promotion activities focusing on personal hygiene, water safety and storage, excreta disposal and food handling will be incorporated and coordinated within the campaigns.

Population to be assisted: Through this Appeal, SRCS will undertake WASH interventions targeting 200,000 people in 7 States.

WASH Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities
Continuously monitor the water, sanitation and hygiene situation in targeted communities

WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

- Distribute aqua tabs for water purification, adding a filtering cloth
- Procure tanks for safe water storage
- Train communities on maintaining water storage equipment
- Procure water testing equipment and chemicals
- Volunteer training on use of aqua tabs,
- Awareness sessions to affected families on correct and effective use of chlorine tablets,
- Train population of targeted communities on safe water storage and safe use of water treatment products
- Monitor treatment and storage of water through household surveys and household water quality tests.

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

- Assessment to identify the number of damaged latrines
- Procure and erect temporary latrines

- Ensure toilets are clean and maintained community mobilization
- Equip toilets with handwashing facilities, anal cleansing material or water and menstrual hygiene disposals and ensure they remain functional.
- Reconstruct household latrines

WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

- Develop a hygiene communication plan.
- Train volunteers to implement activities from communication plan.
- Design/Print and distribute IEC materials

WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

- Distribution of hygiene kits,
- Train population of targeted communities in use of distributed hygiene kits.
- Distribution of soap to targeted communities



Protection, Gender and Inclusion

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 75,000

Proposed intervention

Women and girls, children, elderly, migrants, people with disabilities and with underlying conditions will experience heightened vulnerability due to the flood and the ongoing COVID-19 pandemic. Challenges will include further strain in accessing protection services, medical care, and livelihoods. Violence against children, women and girls may become even more prevalent, in a situation where access to social protection services may be discontinued. PGI will be mainstreamed throughout the intervention to ensure communities dignity, access, participation, and safety. All sectors will seek to meet the IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies.

Population to be assisted: All sectors will be guided to ensure that dignity of the community is maintained throughout the response, all the affected communities are able to access services that they require, participation of affected community in determination of services that they get and that the security of the affected communities is always maintained. Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay attention to protection and inclusion of vulnerable groups and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in hygiene promotion activities. As part of the needs assessment and analysis, a gender and diversity analysis will be conducted in all sector responses including Livelihoods, WASH, Shelter, Health to understand how different groups have been affected, which will inform the operational strategy.

Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable.

Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.

Hold basic ½ day training with IFRC and NS staff and volunteers on the IFRC PGI Minimum Standards

Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children

Develop Standard Operating Procedures (SoPs) for Protection/SGBV and child protection including mapping of referral pathways.

Hold basic ½ day training with IFRC and NS staff and volunteers on addressing SGBV

Hold basic ½ day training with IFRC and NS staff and volunteers on addressing child protection

Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard

Map and make accessible information on local referral systems for any child protection concerns



Disaster Risk Reduction

People targeted: 200,000

Male: 96,000

Female: 104,000

Requirements (CHF): 530,000

Needs Analysis & Proposed intervention

The flood situation in Sudan is cyclical and has been affecting the country every year. Despite the cyclical nature of the floods, the communities in Sudan are not well prepared. There are no sufficient early warning systems developed and disseminated to enable the communities to anticipate and respond to the seasonal flooding. The emergency appeal will therefore enable the SRCS to develop and disseminate Early Warning systems to better prepare communities to respond to flooding events.

In addition to the establishment of early warning systems, the SRCS will also ensure continuous efforts in preparedness and early action at the community level. The operation will also be used to enhance the SRCS' disaster response and resilience capacities through investment and strengthening of contingency plans for the SRCS as well as community contingency plans.

Communities in Sudan are not well prepared and have limited capacities to anticipate and prepare for flooding and other climatic disasters. The SRCS through this emergency appeal will enhance its capacities and community level capacities in climate change adaptation. This will include supporting the communities to construct resilient shelters that can withstand climatic disasters. The climate change adaptation interventions will also seek to strengthen capacities and knowledge of communities in utilising appropriate crops to ensure food security. The IFRC will also support the SRCS to strengthen its disaster risk management strategies as well as SoPs for community response teams for future operations.

The DRR programme will target communities and households reached through other programmes such as shelter, health, WASH, food security and livelihoods, by building their resilience in a complementary approach. It also aims to expand further to include schools, community groups and the population at large. Importantly, the SRCS will be supported in developing its longer-term approach and role in disaster risk reduction at community level as well as institutional preparedness to respond to disasters and crises.

DRR Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster

DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

- Develop early warning and early action systems linked with local or national meteorological systems
- Develop contingency plans and improve them through simulation drills
- Form and train community disaster response teams
- Facilitate mitigation and preventive activities for risks identified
- Develop and disseminate targeted messages and communication assets (social media material) for media, volunteers, local and traditional leaders, schools and other stakeholders to trigger community preparedness actions

DRR Outcome 2: Communities in disaster-affected areas adopt climate risk-informed and environmentally responsible values and practices

DRR Output 2.1: Contributions to climate change mitigation are made by implementing green solutions

- Ensure recovery programmes are aware of and apply eco-system based and environmentally sustainable nature-based solutions where feasible

Strategies for Implementation

Requirements (CHF): 3,595,000 overall

Based on the SRCS' demand for technical expertise and coordination to operationalize this operation, the following programme support functions will be put in place to ensure an effective and efficient response: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration. Leadership engagement will be supported through webinars and training sessions based on the needs identified by the SRCS' management throughout the implementation of the Emergency Appeal.

Strengthen National Societies

Requirements (CHF): 1,885,000

Through this operation, the IFRC will strengthen not only the SRCS' disaster response capacities but will also ensure strengthening of the SRCS' Preparedness for Effective Response. During the 24 months the IFRC will facilitate trainings to staff and volunteers as well as supporting the NS to strengthen its preparedness and response capacities.

Preparedness for Effective Response

The floods caused severe damages in communication infrastructure, logistics and communication equipment. Floods have destroyed roads and bridges, hindering evacuation, search and rescue as well as an emergency response to some areas. The Emergency Appeal will support the strengthening of the National Society preparedness for effective response and will provide support towards building the capacity of the SRCS Emergency Operations Centre.

National Society Development

The effective response of SRCS is highly dependent on the strength and capacity of its volunteers including youth members who are the backbone of the operational and coordination systems to deliver timely and high-quality humanitarian services. To have effective, motivated, and protected volunteers, SRCS will further develop its volunteer management and youth development systems, support youth programmes and provide insurance for its active volunteers. SRCS will put in place an effective organizational infrastructure to respond to the emerging operational needs. This will include digital transformation activities for effective coordination of responses within and between the national coordination office and branches which are the centers of humanitarian response. This also includes the enhancement of communications and collaboration systems and facilities. The SRCS leadership will ensure continued management and supervision of activities of the SRCS for improved accountability. These activities are expected to enhance SRCS' capacity to adapt and respond to humanitarian needs during the response and ensure sustainability of the organization after the response operation was been concluded.

Through the operation, the IFRC will strengthen the SRCS disaster response capacities through:

- Strengthening the Emergency Operations Centre (EOC),
- Conducting a PER assessment of SRCS and development of a plan of action,
- Staff and volunteer trainings,
- Establishment of guidelines and SoPs for disaster response,
- Enhance the NS capacity in Logistics and procurement,
- Strengthen financial management systems for the NS,
- Enhance capacity of local branches by supporting and facilitating BOCA exercises
- Ensure volunteers safety and wellbeing by supporting institutionalisation of duty of care
- Conduct lessons learnt and operational review to inform future operations

Ensure effective international disaster management

Requirements (CHF): 630,000

The East Africa CCST is working to strengthen its presence in Sudan through the recruitment of long-term staff to support the whole implementation of the operation. An Operations Manager is already engaged and based in SRCS, working closely with the Disaster Management Department.

The SRCS has requested additional surge support from the IFRC to assist the initial development of the Emergency Plan of Action and immediate response actions. The IFRC will implement the following:

- Deploy a DM Delegate from the EA CCST to support the development of a strategy as well as determining in consultation with the SRCS and Movement partners surge needs,
- Deploy a communications officer from the cluster to support the SRCS in profiling the emergency and raising awareness,

- Deploy a PRD delegate to engage donors and diplomatic missions in Sudan to mobilize funding for the operation,
- Deploy surge capacity in WASH, Livelihoods/Cash, Shelter and Health,
- Deploy surge capacity in Logistics, Finance and Administration to provide adequate operation support from the early stage of the response.
- Ensure a coordinated approach with in-country Movement partners including human resources available to support the response,
- Strengthen the CEA capacities of the SRCS through the development of systems, staff and volunteer trainings.
- Establish community feedback systems (including rumour and/or perception tracking) to adapt and improve the operation based on the needs and capacities of the targeted people.

In addition to the above, the East Africa CCST will continue to provide strategic and technical support to SRCS throughout the implementation period of the emergency appeal.

Influence others as leading strategic partners

Requirements (CHF): 585,000

Through the Partnerships and Resource Development, the IFRC will be able to support and position both the SRCS and the Federation as a partner of choice for local and international organisations. The East Africa CCST will support the SRCS to position itself through development of policies and strategies for donors and partners' engagement.

Communication

Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to the floods response operation, needs of the affected people and Red Cross Red Crescent response through the development of key messages, press releases, high-quality and compelling photo, video materials—as well as social media activities that can be used by the media and Movement partners.

The IFRC communication department will also use the response to profile the SRCS and ensure visibility of the presence of SRCS across the country and the impact of the work the SRCS is doing.

Proposed activities

- Develop a contingency plan,
- Organise and coordinate partners meetings,
- Develop Harmonised information management tools, indicators, and reporting systems.

Ensure a strong IFRC

Requirements (CHF): 495,000 CHF

The country team in Sudan will receive support from the East Africa CCST and the Regional Office to ensure accountability through the establishment of strong monitoring systems for activities as well as financial management by the SRCS.

At the beginning of the operation the IFRC will deploy surge capacity to develop a robust emergency plan of action. The surge capacity will also ensure capacity building of the SRCS staff, volunteers and branches. Ensure effective IFRC support in management, logistics, finance, and administration.

Logistics Procurement and Supply Chain Management Procurement will be done partially locally, partially internationally through IFRC Operational Logistics Procurement and Supply Chain Management in Nairobi. Both procurements will be done in strict compliance with IFRC procurement procedures. The Operations Manager currently deployed to Sudan has a strong procurement background and is supporting SRCS with conducting local procurements. Supply Chain support and capacities are being assessed and additional rapid response support will be considered once the full SC strategy is developed.

Finance management: Financial management of the operation will be supported by IFRC Finance Controller based in Khartoum as well as through monitoring and support missions from the EA CCST Finance delegate based in Kampala.

Human resources: SRCS has strong DM, Health, Shelter and PGI expertise at HQ and in some of the branches. The East Africa CCST and Regional Office have three staff ready to be deployed once visas are issued: One Communication expert, One Operations Manager and One Partnership and Resource Mobilisation Expert. PNSs in the country have technical HR expertise available to support the Appeal implementation in the areas of Livelihood, Cash, PGI and PSS as well as on Operations Management, Coordination and Assessment. Surge deployment identified profiles include Head of Operations, Shelter, Health, WASH, IM, Finance and Administration and Logistics. Global surge alerts will be launched to support the operationalization of the response in the country and provide adequate support and technical expertise to the SCRS. HR capacity and gaps will be further assessed, and the HR support structure will be adjusted accordingly.

More details will be presented in the Emergency Plan of Action.

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRSD028 – Sudan Floods

Funding requirements - summary

	Needs in CHF
DISASTER RISK REDUCTION	530,000
SHELTER	3,020,000
LIVELIHOODS AND BASIC NEEDS	1,225,000
HEALTH	1,925,000
WATER, SANITATION AND HYGIENE	1,630,000
PROTECTION, GENDER AND INCLUSION	75,000
MIGRATION	
STRENGTHEN NATIONAL SOCIETIES	1,885,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	630,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	585,000
ENSURE A STRONG IFRC	495,000
TOTAL FUNDING REQUIREMENTS	12,000,000

Jagan Chapagain
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates

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

Sudan Red Crescent Society (SRCS)

- Dr Afaf Ahmed Yahya, Secretary General of Sudanese Red Crescent Society; phone: +249 901 230 869 Email: afaf.yaya@srcs.sd

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In IFRC Geneva:

- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; Email: Nicolas.boyrie@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, phone: +254 110 843978, Email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, Email: rishi.ramrakha@ifrc.org ; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, Email: philip.kahuho@ifrc.org; phone +254 732 203081

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.