


www.ifrc.org
Saving lives,
changing minds.

South Sudan Annual report

 International Federation
of Red Cross and Red Crescent Societies

MAASS001

13 September, 2012

**This report covers the
period 1 July to 31
December 2011.**

*Mothers for antenatal follow up in
Lakamadi Health Facility. Photo
SSRC*



In brief

Programme outcome

Strengthened programme and management capacities of the South Sudan Red Cross (SSRC) in the process of recognition contributes to save lives and increase the resilience of vulnerable communities to recover from disaster and crisis.

Programme summary

Recognition: Immediately after independence of the Republic of South Sudan, the process towards recognition was launched in a very broad and inclusive process throughout the country and led to the adoption of a Red Cross Act by Parliament (signed by President Salva Kiir in March and gazetted officially in June 2011). A draft Constitution and the preparation for a membership drive, branch assemblies to elect governance boards preceding a General Assembly are ongoing this year.

Disaster Management: By the end of the year, a Disaster Management Department including a Coordinator as well as an Emergency Preparedness and Response (EPR) and a DRR Officer was established and began working on policies and guidance for the branches particularly with regards to needs assessments, selection of beneficiaries and distributions of non food items (NFIs).

Health: The previous National Community Health Volunteer Programme (NCHVP) – now named Community Based Health and First Aid (CBHFA) – was continued in several states but awaits re-focusing and further expansion in 2012.

As part of the South Sudan Red Cross (SSRC) Health and Care programme, the National Society (NS) worked closely with the Ministry of Health (MoH) to promote preventive measures such as maternal and child health (MCH) and support vaccination campaigns. The Japanese Red Cross contribution was earmarked for maternal health care.

National Society and Volunteer Development: Tedious and often inconclusive recruitment processes for core management staff slowed down the process to develop policies and regulations for human resources, finance, volunteers, etc.

Coordination, Principles and Values: As of October 2011, the Secretariat Delegation consolidated in its human resources and began to take a stronger support and coordination role for SSRC and Movement partners. For the lack of funding, no activities could be implemented in the dissemination programme (0% coverage) while – luckily – ICRC continued its efforts through the branch communication officers.

Financial situation

The total 2011 budget is CHF 2,027,583, of which CHF 1,570,777 (77%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 1,489,453, corresponding to 73% of the budgeted amount and 95% of the available funding.

After independence, funds from USAID (CHF 405,143) for the Emergency Appeal “Preparedness for civil unrest” were transferred to South Sudan. Since the National Society did not have an Emergency Appeal, this amount was all booked under the Annual appeal disaster Management budget.

Key issues:

- There was a gap of one month in filling the position of the IFRC Country Representative;
- Due to arrival of 5,000 NFI kits in December 2011, transport to branches and distribution was deferred to 2012;
- Delay in recruitment of SSRC positions to be financed under this budget (OD, Finance, Assistant to SG, IT Officer).

[Click here to go directly to the financial report.](#)

Number of people we have reached

Through financial support from Finnish Red Cross, the National Society was able to reach 3,800 people (Male: 1,000 and Female: 2,800) with community based health and first aid services (CBHFA) through the training of CBHFA volunteers in Jonglei State. Through the essential household items (NFI) support from the Finnish RC, a total of almost 9,000 families have been reached in five States while another 1,000 kits remained as contingency at SSRC HQ in Juba.

Programme	Number of people reached (directly and indirectly)	
	Male	Female
CBHFA	1,000	2,800
NFIs	Approx. 22,500	Approx. 22,500

Our partners

As South Sudan has many humanitarian actors, coordination of the response is crucial. Coordination within South Sudan is managed by the South Sudan Relief and Rehabilitation Commission (RRC) and the UN System, with clusters active in most areas. In addition, Movement presence in the country is broad, emphasizing the need for this operation to be coordinated and communicated between Movement partners. The following key coordination aspects are included:

- The lead agency for this operation is SSRC and will lead the planning and implementing of the operation together with its partners
- IFRC provides technical support and management of the emergency appeal, start up the Disaster Relief Emergency Funds (DREF) and Disaster Management Information System (DMIS) reports through the country delegation, regional office and zone office
- The ICRC is closely included in coordination and information, and will be linked in to the operation should the security context change or need for tracing or protection activities arise
- PNSs in South Sudan are included in the coordination of efforts and are invited to provide specific technical support as needed:
- Programmes supported by German Red Cross in Aweil (Northern Bahr-el-Ghazal), Swiss Red Cross in Unity State (and in future Malakal), Danish Red Cross in Wau, Austrian Red Cross in WatSan, Netherlands Red Cross in Central Equatoria as well as Norwegian/Swedish Red Cross societies in Lake State should provide valuable synergies to the efforts carried out in the various States
- Austrian Red Cross considers providing WatSan Kit 5 trainings for the kits already in country
- Finnish Red Cross supports Jonglei State CBHFA project through IFRC. Technical support to the project has been provided by the Finnish Red Cross Regional Health Delegate.
- Coordination within the Movement will be done in the coordination system already in place based on the Movement Cooperation Agreement signed in August 2011, and practically functioning well since then:
 - Movement platform (monthly)
 - Movement coordination meeting (bi-weekly)
 - Technical committees (often weekly) involving all concerned movement partners
- The relief efforts are coordinated with NFI and Emergency shelter clusters for each state and the Humanitarian Country Team (HCT), the United Nations Office for Coordination of Humanitarian Affairs (OCHA), various clusters (including health, WatSan and logistics) as well as the NGO Forum at national level.

Context

What is now the Republic of South Sudan was part of the British and Egyptian condominium of Anglo-Egyptian Sudan and became part of the Republic of the Sudan when independence was achieved in 1956. Following the First Sudanese Civil War, the Southern Sudan Autonomous Region was formed in 1972 and lasted until 1983. A second Sudanese civil war soon developed and ended with the Comprehensive Peace Agreement of 2005 and the formation of an Autonomous Government of Southern Sudan. A referendum for independence in January 2011 was approved by a very large majority of the population and South Sudan became an independent state on 9 July 2011.

The area of Abyei, however, where the major oil and gas resources are located, is considered a transitional area. A separate referendum of the people of Abyei should determine the future status as belonging either to Sudan or South Sudan.

In South Sudan, there is no dominant culture. The culture of South Sudan encompasses various religions, languages, ethnic groups, food and traditions. Ethnic groups present in South Sudan include the Dinka, Nuer, Azande, Shilluk, and Ndogo. The Dinkas and the Nuers are the largest of more than 200 ethnic groups. The Azande are the third largest ethnic group (non Nilotic) in South Sudan (BBC, 2011). South Sudan is at war with at least seven armed groups in nine of its ten states. The main tribes in Central Equatoria State are Bari and Mundari.

Update on General Situation in South Sudan as of January 2012

Fears of a new war resurfaced after recent fighting in several States on both sides of the eastern border areas, namely South Kordofan and Blue Nile in Sudan as well as Unity and Upper Nile in South Sudan. Recent intense clashes between various armed factions and both armed forces (SAF and SSAF, formerly

SPLA) have further contributed to a generally volatile environment in the areas around the border between the two countries. Both accuse each other to support rebel groups on the other side, among them the SPLM-North which holds large swaths of territory in South Kordofan or the SSDM/A in the North of Jonglei, Upper Nile and Unity in South Sudan. Several hundred thousand people have been forced from their homes either as Internally Displaced within the borders or as refugees, crossing mainly from Sudan into South Sudan. Several tens of thousands fled from Blue Nile across the border into Ethiopia.

Jonglei, the largest state in South Sudan, has been marred by a long history of inter-communal fighting, dating back to the civil war. The recent wave of violence is the latest in a series of large-scale clashes between the Lou Nuer and Murle which have taken place over the past year, with fighting between the two communities previously spiking in April, June and August 2011. In some areas, assistance to the victims of those clashes is still on-going. The difficult access situation due to insecurity and limited road access, even in the dry season, has constrained the humanitarian effort.

Humanitarian Situation

South Sudan is one of the poorest countries with possibly the worst health situation in the world (wikipedia.org 2011). South Sudan Human Development Index still needs to be developed, but the ranking of Sudan was 147, and will be much lower for South Sudan.

The population was recorded as 8.26 million in the 2008 census, but lack of a recent count and the fact that many Southern Sudanese migrated from their homes in the north at the time of the referendum, means this figure could be much higher. An estimated 1.5 million southerners live in Khartoum alone, many of whom may migrate south following independence. This transient population is one factor causing vulnerability on the country at present, as people travel with limited food, water and access to healthcare. Some 390,000 returnees have arrived in South Sudan since October 2010 until early June 2012. It is expected that the rate of returns will increase in connection with the secession.

Years of war have left the country with poor health facilities and limited access to clean water. South Sudan has very poor health indicators including an under-five infant mortality rate of 112 per 1000 and a maternal mortality rate of 2,054 per 100,000 live births¹.

In September 2010 the UN² released what it called 'Scary Statistics' about South Sudan. It includes facts such as:

- One out of seven women who become pregnant will probably die from pregnancy-related causes
- Only about 10% of children are fully vaccinated
- Malaria is considered hyper-endemic in Southern Sudan, accounting for more than 40% of all health facility visits and 80% of households do not have treated bed nets.
- More than 70% of women aged 15-49 have no knowledge about HIV prevention
- Only 6.4% of the population have access to improved sanitation facilities.
- For every 1,000 primary school students there is only one teacher.
- 85% of adults do not know how to read or write.
- A 15 year-old girl has a higher chance of dying in childbirth than completing school.

According to the World Bank³, 51% of the population is below the age of eighteen and 72% below the age of thirty. 83% of the population is rural, with 78% of households depending on crop farming or animal husbandry as their primary source of livelihood. Sudan is in the early stages of a generalized HIV and AIDS epidemic. The prevalence of HIV is estimated at 3,04%. With over 70% of the population under the age of 30¹ the country's stability and future depends on its ability to target young people in its relief and development programming².

¹ Southern Sudan centre for Census, statistics & Evaluation 2010, statistical yearbook.

² "Needs assessment of young people in Central Equatoria State, Population Council, Southern Sudan, March 2011.

Progress towards outcomes

Disaster Management

Programme purpose
To save lives, protect livelihoods, and strengthening recovery from disasters and crisis
Programme component 1: DM structural support and capacity building with development of SOPs for emergency response
Component outcome 1: A DM unit has been established at headquarters level
Component outcome 2: Branch Capacity Assessments have identified priority areas for building the branches' emergency response capacity
Component outcome 3: Standard Operating Procedures have been developed in all branches

Achievements

While the DM Department was finally established in December with a Coordinator, Emergency Preparedness and DP/Disaster Risk Reduction Officers, the capacity assessments on disaster response as well as the development of Standard Operational Procedures (SOPs) and Disaster Management Policy could only be taken on as of early 2012.

Programme component 2: Building Community Resilience in Eastern Equatoria
Component outcome 1: Improved capacity of communities in Komiri payam to identify and address their risks in food security
Component outcome 2: Enhanced engagement of male and female youth in paid employment or voluntary community services in Komiri payam
Component outcome 3: Strengthened capacity of local authorities, agriculture workers, MoAF and South Sudan Red Cross to deliver relevant community-based food security initiatives in Komiri payam

Achievements

The Canadian Red Cross supported food security project in the east of Torrit (Chukudum) commenced implementation towards the end of the year. The identification of beneficiaries as well as appropriate and adapted seeds and tools, however, took time way into the first quarter of 2012.

Human resource changes at branch level made the anchoring in the branch structure and capacity difficult. The security and feasibility of the access route to Chukudum needs to be permanently assessed. The National Society headquarters does not have the competence and capacity to support such a programme which is not anchored in the main activity vectors of the National Society.

Programme component 3: Meeting needs of stranded returnees and displaced persons by providing Non Food Items in five target states
Component outcome 1: Timely and effective relief assistance is provided to a total of 1,250 targeted households (6,000 beneficiaries) returning from Sudan and/or displaced affected by civil unrest.

Achievements

The first lot of non food items (NFIs, comprising tarpaulins, blankets, jerry cans, sleeping mats, ORS, mosquito nets) for 5,000 families supported by the Finnish Red Cross was supplied to the respective branches in the northern States throughout third and fourth quarter of 2011 and gradually distributed to most vulnerable returnees under the Appeal MASS001 which was split from the previous all Sudan population movement appeal after independence with the exception of Bentiu for security reasons and

difficulties to identify specific target groups. Ad-hoc trainings in assessment, beneficiary selection, distribution and monitoring to accompany the distributions began systematically in January 2012 for the second lot of 5,000 families in five branches with the support of the newly established DM Department. 1,000 NFI kits each were supplied to Kwajok/Tonj, Aweil, Bor and as contingency Juba while the initial consignment of 1'000 for Bentiu was split to distribute to 600 returnee families stranded in transit sites around Renk in Upper Nile.

Health and Care

Programme purpose
Enable healthy and safe living
Programme component 1: CBHFA (Community Health and First Aid <i>in action</i>) programme formerly called National Community Health Volunteer Project (NCHVP)
Component outcome 1: Community members are able to carry out basic first aid to address minor common illnesses at household level
Component outcome 2: Stigma and discrimination on people living with HIV/AIDS in the community is reduced

Achievements

South Sudan Red Cross Society Health and Care department made a strategic decision to use CBHFA approach as the main approach in SSRC community health projects. Despite that fact the actual Health and Care department is still developing the implementation of the CBHFA programmes progressed well in Jonglei State (Bor town) while implementation slowed down in other states such as Bentiu due to lack of a CBHFA officer in place. A baseline survey was conducted in Bor town and findings of the baseline assisted in identifying gaps in the project implementation. Refresher trainings were organised to built the capacity of the RC volunteers to better respond to the needs of the communities e.g. sensitisation about HIV prevention and promotion of hygiene. All RC volunteers have been trained on basic first aid and they are sensitising the community members on how to prevent accidents such as burns and how to provide first aid. It should be noted that volunteers in Bor town have taken an active stand in stigma reduction beyond HIV AIDS only as they have been helping a leprosy community that has been isolated from the other community and has been without any assistance for a long time. Volunteers do household visits in the leprosy community and through their example aim to influence the other community members.

Whereas the NCHVP focus was on trainings the CBHFA programme is aiming at implementing community based preventive and promotive work in the target communities through trained volunteers, who are supported by the branch coordinators and the National CBHFA coordinator based in Juba. The Health and Care Department has analysed the programmes and found out some gaps e.g. insufficient number of trained CBHFA Master trainers (currently the NS has only one master trainer) and weaknesses in systematic step by step implementation of the CBHFA approach. There is a need to strengthen the whole project cycle from community based assessments to monitoring and evaluation, however with the use of CBHFA tools this improvement can be achieved. Through systematic PMER (Project monitoring and evaluation) system impact of the community based work can be captured better. . A CBHFA baseline study is planned to be conducted in March 2012 to assist in streamlining the CBHFA programme nation-wide.

Programme component 2: Improved Community Health in Warrap state
Component outcome 1: The health status of targeted communities, particularly women and children, is improved.

Achievements

With the sudden death of the Branch Director of Warrap based in Kwajok in November, almost all activities came to a standstill. However, implementation of some of the Canadian Red Cross supported water, sanitation and hygiene (WASH) activities went on with significant challenges as to the identification of suitable water resources and the limited volunteer capacity.

Programme component 3: Mother & child health intervention

Component outcome 1: Pregnant women's awareness of the importance of antenatal follow-up is raised in the target area.

Component outcome 2: Maternal mortality is reduced in the target area due to safer deliveries.

Achievements

The maternal, newborn and child health (MNCH) programme supported by the Japanese Red Cross and German Red Cross in Mundry were implemented successfully and according to plan. The National Society and MoH conducted assessments of targeted areas and three Primary Health Care centres (PHCs) were identified from Mundri West and East counties. This included Minga, Lakamadi and Bangolo PHCs.

The project focused on the midwives/TBAs at community level who were provided with necessary capacities to create awareness on importance of regularly attending antenatal clinics. A total of 15 midwives/TBAs from Bangolo, Minga and Lakamadi PHCs (5 Midwives/TBAs per PHC) were selected to attend a three day workshop related to maternal and child health. They were trained on various topics including child spacing, ante natal and post natal care, vaccination, personal and domestic hygiene, nutrition, midwife preparedness as well as breastfeeding and referrals. In turn, the midwives educated 137 pregnant women on safe delivery, importance of breast feeding and visiting the health care units for immunization. The number of pregnant women reached was low as the midwives commenced education session in December 2011. The midwives were encouraged to get to know all pregnant women in their catchment areas and educate them on importance of going to the health facilities for regular antenatal check up and post natal care.

A total of 393 delivery kits were distributed to the three PHCs (131 kits/PHC). These kits were given to mothers in their third trimester (when pregnancy is more than six months). They would go a long way in ensuring safe and clean delivery for mothers. The kits contain two baby dresses, a set of cot tie/razor blade/gloves, one baby bed net, one bar of soap, one towel, one baby blanket, one basin, four metres of cotton cloth, two metres of plastic sheet and one roll of cotton wool.

The midwives based at the PHCs have a good working relationship with community-based midwives, of which most are traditional birth attendants (TBAs). This collaboration will ensure safe deliveries for women who deliver at home in future.

Organisational Development/Capacity Building

Programme purpose

Build strong Red Cross and Red Crescent Societies

Programme component 1: Towards securing South Sudan Red Cross Core Costs and Basic Infrastructure needs

Component outcome 1: Permanent core staff, basic running costs and indispensable infrastructure improvements at South Sudan Red Cross HQ and branches are funded for 2011 with a long term commitment to support core staff costs

Component outcome 2: A new office building is constructed that can accommodate new South Sudan Red Cross staff and additional partners

Component outcome 3: Income Generating Programmes for South Sudan Red Cross HQ and for 50% of the branches are contributing to the funding of the core costs as from 2012

Achievements

The recruitment of several core staff was still ongoing at the end of the year but proved to be more difficult and time-consuming than expected. Several positions had to be re-opened after a first round with several dozen applications proved inconclusive.

The new pre-fabricated office building has been completed and houses several partners as well as the finance, health and communication departments of SSRC. However, the rental earnings from the income generating projects at national level appear to be unrealistic for the time being mainly due to the overall general economic situation in the country.

Programme component 2: Membership drive & volunteer management

Component outcome 1: The National Society has adopted policies and applications for Society membership and volunteer management

Component outcome 2: A Volunteer management system has been developed and disseminated to all ten state branches

Component outcome 3: A database has been developed to register members as well as volunteers, their training background and availability

Component outcome 4: A membership & volunteer drive has been launched in all ten state branches.

Component outcome 5: By the end of 2012, National Society will have recruited 5,000 members and registered 3,000 volunteers

Achievements

Based on provisional policies approved by the interim senior management, the membership drive was prepared by the end of 2011 and launched in January 2012. More than 2,000 members paying 10 South Sudan Pounds (SSPs) each were recruited within two months in the ten branches. Volunteer management policy and database are work in progress. A Volunteer Coordinator was recruited in July 2012.

Principles and Values

Programme purpose

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

Programme component 1: Advocate for greater understanding of the Humanitarian Principle and Values amongst the returnees and the host communities.

Component outcome 1: Peaceful co-existence between returnees and host communities

Component outcome 2: Basic economic stimuli amongst the vulnerable youths from both host and returnees communities

Component outcome 3: Local communities aware of basic precautions on risk reduction related to disease control and prevention

Achievements

The focus being very much on establishing the human resource base for the core structure as well on the recognition process, no achievements can be reported up until the end of 2011. No specific funding was earmarked for this component either.

Overall Constraints or Challenges

Human Resources (HR)

- Lack of HR officer/manager, policy and procedures
- Difficulty in attracting and retaining competent staff

Finance

- General increase in cost of living.
- Lack of well implemented financial reporting system within SSRC

Security - countrywide

- The general security situation in the whole country and particularly in Juba deteriorates gradually in terms of criminality and harassment of international staff and the local population in newly settled wider urban agglomerations.

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.

www.ifrc.org
Saving lives, changing minds.



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

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 nonviolence and peace.

Contact information

For further information specifically related to this operation please contact:

- **South Sudan Red Cross:** Arthur Poole, Secretary General: +211 912 146 506, email: info@southsudanredcross.org
- **IFRC Country Representation:** Peter Iseli, Country Representative: +211 955 977 258, email: peter.iseli@ifrc.org
- **IFRC Zone:** Daniel Bolaños, Disaster Management Coordinator, Nairobi: +254 731 067 489, email: daniel.bolanos@ifrc.org

- **IFRC Regional Logistics Unit (RLU):** Ari Mäntyvaara, Logistics Coordinator, Dubai: +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyaara@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator; phone: +251-93-003 4013; fax: +251-11-557 0799; email: loic.debastier@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Nairobi; phone: +254.731.067.277; email: robert.ondrusek@ifrc.org