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# Emergency Plan of Action operation update

## South Sudan: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n° MDRSS004;Glide n° EP-2015-000073-SSD</b>
<b>Operations update n° 1</b>	<b>Timeframe covered by this update:</b> 6 July to 5 September 2015.
<b>Date of issue:</b> 5 October,2015	
<b>Operation start date:</b> 6 July 2015	<b>Operation new end date:</b> 20 October, 2015
<b>Overall budget allocation:</b> CHF 225,368	<b>Expected timeframe:</b> 3.5 months(revised)
<b>Operation manager (responsible for this EPoA):</b> Vinay Sadavarte, IFRC East Africa and Indian Ocean Islands	<b>Point of contact:</b> John Labor, Deputy Secretary General; South Sudan Red Cross Society.
<b>Host National Society presence (volunteers, staff, branches):</b> 3,500 volunteers (84 active and 70 staff members in Juba)	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> 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 societies. Other PNS partners: British and Finnish Red Cross societies.	
<b>Other partner organizations actively involved in the operation:</b> Action Against Hunger, IMA, Médecins Sans Frontières, Ministry of Health, Save the Children, United Nations Children's Fund, United Nations Office for the Coordination of Humanitarian Affairs, World Food Programme, World Health Organization.	

**Request to extend timeframe by 2 weeks (New end date: 20 October 2015) in order to complete a review of the DREF operation; a revision of budget, adjusting activity lines (increased volunteer and running costs, increased budget for soap procurement) to account for under-costing/over-costing; and a revision to the EPoA reflecting expanded target beneficiaries.**

## A. Situation analysis

### Description of the disaster

Since the cholera outbreak declaration on 23 June 2015 in Juba County in Central Equatoria State, during which 206 cases and 19 deaths were confirmed, the epidemic spread to at least one other state (Bor County in Jonglei State) but has since been confined to these two states in 19 communities. As of 5 September 2015, 1,718 confirmed cases and 46 deaths have been reported. The case fatality rate has significantly dropped in the past two months since the 6.6 per cent high in July 2015<sup>1</sup>, while the last death was reported in mid-August 2015, signaling an expected decline in the outbreak. Epidemiological data throughout the outbreak has identified children below five to be the most vulnerable, and cumulative weeks have seen the rate of transmission among this group grow from steadily from 14 per cent to currently 24 per cent. At the peak of fatalities, CFR for this group was almost double that of the general population<sup>2</sup>.



Children pay close attention as SSRC volunteers describe the signs and symptoms of cholera, and how to seek treatment. Photo: IFRC/Daniel Wood

<sup>1</sup> CFR for the past four epidemiological weeks has now dropped below the acceptable level of 1 per cent

<sup>2</sup> RoSS Ministry of Health and WHO, *Cholera in South Sudan SitRep #14*, 6 July 2015

The combined government and international agency effort to stem the outbreak has happened against the backdrop of a 21-month civil war that has shown few signs of letting off. A peace deal was sealed at the capital on 26 August with the President signing of the Inter-governmental Authority on Development (IGAD) Plus proposal, amidst “reservations” on key elements of the agreement, signed earlier by the dissenting leadership. On the ground, continued fighting and troop movement has been reported in all three conflict-affected states of Jonglei, Unity and Upper Nile.

On 6 July 2015 the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 225,368 from the Disaster Relief Emergency Fund (DREF) to support the South Sudan Red Cross Society (SSRC) respond to the needs of the affected population. The DREF operation was intended to support 60,000 people (10,000 households<sup>3</sup>) in Juba County Central Equatoria State over a period of three months. The DREF operation meets approximately half of the proposed overall SSRC Plan of Action for the cholera outbreak budgeted at CHF 552,000, with Movement partners in-country also supporting portions of that. The National Society has expanded its operations to Bor in Jonglei State and has begun preparedness activities in Torit in East Equatoria State (the worst-affected area in 2014’s cholera outbreak), with support from ICRC and partner national societies (PNS). Bilateral contributions stand at EUR 27,000 (including in kind) from the Austrian Red Cross for activities for Torit, USD 1,500 from the German Red Cross for Torit, EUR 3,000 from the Finnish Red Cross for Torit, EUR 20,000 from the Netherlands Red Cross for Juba, and CHF 92,832 from the Swiss Red Cross for Juba and Torit,

As of 5 September 2015, based on the original plans, it is estimated that targets for the major activities (household visits and distributions) planned had been reached and/or exceeded. Extensive progress made in accordance with the agreed Emergency Plan of Action (EPoA) as follows (refer to Figure 1):

**Table1: Key output indicators as of 5 September 2015**

Indicator	Target	Value	Variance
# of volunteers trained at refresher workshops	60	84	40 %
# of house-to-house awareness visits conducted	10,000	32,913	229 %
# of items distributed:			229 %
Water purification packets (PUR) at 14 per household	N/A	459,900	
Oral rehydration salt sachets (ORS) at 2 per household		65,700	
Soap bars at 1 per household, cut into four pieces		21,760	
# of hand washing facilities installed	10	10	0 %

This Operations Update is requesting a revision of budget, adjusting activity lines (increased volunteer and running costs) to account for under-costing and over-costing; a revision to the EPoA, specifically the extension of activities into a new location (Gondokoro) (including the training of additional volunteers), and also a timeframe extension of two weeks in order to complete a review of the DREF operation. Please note that this has had to be postponed until the week commencing 11 October 2015, to ensure personnel were available to complete the exercise. The DREF operation will end on 20 October 2015, and a final report will be made available on 20 January 2015 (Three months after the end of the operation).

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich and other corporate and private donors. The IFRC, on behalf of the South Sudan Red Cross Society would like to extend its thanks to all partners for their generous contributions.

<click [here](#) for the contact details and [here](#) the revised DREF budget >

## Summary of current response

### Overview of Host National Society

As soon as the outbreak was declared on 23 June 2015, SSRC began mobilizing its resources to prepare for its response. An initial plan of action was drafted, largely based on a review of capacities already available as a result of the previous response in 2014. Following the National Cholera Taskforce allocation of intervention areas for agencies,

<sup>3</sup> The average household size in South Sudan is six individuals.

SSRC identified seven locations in Juba to intervene with social mobilization and WASH activities for 60,000 people (10,000 households) and these have begun implementation since 3 July 2015. Although the outbreak spread to Bor County in neighbouring Jonglei State, the situation seems to be under control, as the state is well-covered by existing contingency planning that is seeing a well-organized response from external actors and the government. A key component in Torit branch preparedness activities is in water production, through the M40 water plant handed over to the branch by the Water and Sanitation Emergency Response Unit (ERU) deployed in 2014. SSRC is operating the plant under a Memorandum of Understanding with the Torit Municipal Council and the State Ministry of Physical Infrastructure to share management and maintenance responsibilities, with a costing mechanism for water obtained used to help sustain operations.

### Overview of Red Cross Red Crescent Movement in country

The IFRC through its EAIOI regional representation based in Nairobi, Kenya; and South Sudan country representation in Juba has been providing technical assistance in the implementation of the DREF operation. The International Committee of the Red Cross (ICRC) also has a country delegation, with its interventions provides located in the conflict-affected states. In addition PNS with in country presence include: Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross National Societies, which are providing bilateral support, including in response the cholera outbreak, complementary to the DREF operation.

### Movement coordination

A Movement cholera taskforce meeting was held every week to coordinate and communicate SSRC's evolving plan of action from the beginning of the operation until 20 August 2015, when partners agreed to meet biweekly. SSRC continues to be an active participant of the National Cholera Taskforce, sharing information of its activities and since mid-August has been conducting joint interventions with other organizations, including the lead Ministry of Health and Médecins Sans Frontières-Swiss. Almost a week into implementation, SSRC and partners identified several WASH needs at some of the operational locations, some of which ICRC agreed to look into. With the confirmation of cholera in Bor, the branch there was also mobilized, supported by ICRC. In Torit, the branch has implemented WASH and social mobilization as part of preparedness, replicating much of its activities held in the same areas last year.



Since 3 July 2015, SSRC volunteers have been going house to house, raising awareness on cholera and distributing hygiene and sanitation materials such as soap and PUR sachets after demonstrating how to use them. Photo: IFRC/Daniel Wood



When possible, SSRC volunteers hold focused sessions with children, who have been shown to be most at risk during an outbreak. Photo: IFRC/Daniel Wood

### Needs analysis and scenario planning

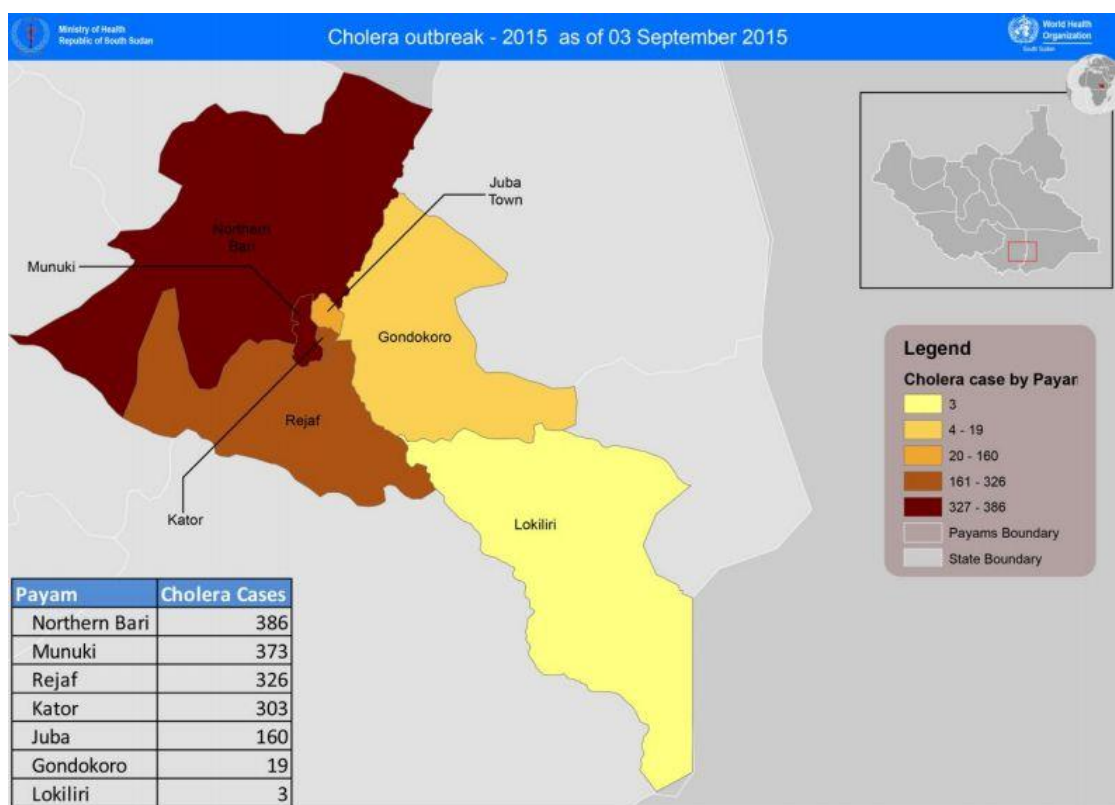
Much of the needs analysis, risk assessments and scenario planning remain the same as in the [original EPoA](#) with refinements identified from ongoing monitoring of the interventions.

The National Cholera Taskforce social mobilization and WASH sub-groups allocated intervention areas for agencies responding to the outbreak, as information on the outbreak developed and gaps in coverage were identified. SSRC was initially allocated seven locations in Juba County for its activities, all located within the Northern Bari, Munuki, and Rejaf *payams*<sup>4</sup>: Dar es Salam, Giada, Hai Tarawa, Mauna, New Site, Rock City and Seminary. Although the epidemic

<sup>4</sup> Second-lowest administrative sub-division, below county.

has been in a declining trend, this was interrupted by a recent spike in cases since late July 2015 and lesser peaks in August, driven by community transmission in new payams previously unaffected, such as Gondokoro and Lokiliri.

**Figure 1: Cumulative cholera cases by *payam*<sup>5</sup>**



## B. Operational strategy and plan

### Overall Objective

Provide immediate assistance to 225,000\* people affected by the cholera outbreak in Juba through health and hygiene promotion to help reduce the risk of waterborne and water-related diseases for the populations at risk.

*\*Revised from 60,000 people through this Operations Update, based on population sizes (actuals) identified during the implementation of the DREF operation (as of 5 September 2015).*

### Proposed strategy

The EPoA for this DREF operation has been based on the plan of action undertaken by SSRC during the 2014 cholera outbreak. SSRC's overall plan covers the administrative capitals of three states in the country, however the DREF allocation continues to focus on Juba where the outbreak is heavily concentrated. As noted (Refer "Description of disaster" section) other Movement partners have stepped in to support the other areas outside Juba.

Activities planned in the new location will follow the current strategy of blanket coverage of populations through house-to-house visits focusing on health and hygiene promotion, during which oral rehydration solution (ORS), soap and PUR will be distributed. During the implementation of the activities planned within the DREF operation, the extent of population sizes has been revealed (up to 5 September 2015, more than 30,000 households or 180,000 people have already been reached), thereby revising the operation targets to 37,500 households or 225,000 people.

A re-estimation of ORS, PUR and soap needed for distributions showed that there was enough pre-positioned ORS and there is no longer a need to procure any for the operation. During the household visits, volunteers also show beneficiaries how to prepare home-made oral rehydration solutions using readily available salt and sugar. However, soap has been completely used up – as supplies were running low, SSRC began distributing half a bar of soap but

<sup>5</sup> MoH and WHO, 3 September 2015.

this did not prevent it from running out. Some households in two areas and the majority of households in Giada did not receive soap. The revised EPoA will now include the procurement of about 668 cartons of soap (about 16,700 pieces) for replenishment (21,760 pieces were distributed through this DREF operation), which had been mobilized from stocks pre-positioned for other interventions.

Clean-up activities originally planned at water points and public areas will no longer be conducted under this revision, as volunteers also promote compound cleanliness, encouraging households to be responsible for better waste management. The costs for this have been reallocated to soap procurement. Monitoring visits have noted a general improvement on cleanliness at households previously visited by SSRC, particularly at New Site.

Other planned activities have largely remained the same, with revisions in the budget reflecting scaling-up of some activities (through an increase in number of volunteers (from 60 to 84) mobilized and expanded beneficiary targets) and cost increases in procurement, fuel and maintenance.

Summary of revised plans and targets:

- Target beneficiaries have been increased from 10,000 households (60,000 people) to 37,500 households (225,000 people), to account for underestimation of populations at targeted locations.
- Target volunteers have been increased from 60 to 84 to account for scaling up of target beneficiaries.
- Procurement of about 16,700 pieces of soap for replenishment of exhausted supplies.
- Clean-up activities have been removed to emphasise community responsibility for cleanliness.

**Table 2: Summary of the main revisions to the budget**

Activity	Original Budget	Revised Budget	Variance
Daily cost recovery for cholera focal person	CHF 900	CHF 1,710	90 %  Increased cost due to scaling up of activities resulting in more days of activity.
Procurement of soap	CHF 21,900	CHF 42,111	92%  Increased cost for replenishment of soap due to expanded targets.
Public awareness campaigns	CHF 2,727	CHF 4,000	46.68%  Due to inflationary increase in prices of rental costs for audio/visual equipment (such as loudspeakers, generators)
Cholera refresher training	CHF 9,000	CHF 4,191	-53.43%  Savings on workshop costs as training was conducted at the branch with fewer resources.
Stationery	CHF 2,576	CHF 780	-69.72%  Savings on stationery.
Vehicle maintenance	CHF 1,000	CHF 6,655	565.5%  Two of the main vehicles used to transport volunteers sustained serious damage over the course of DREF operation which needed urgent repairs.
Supervision and monitoring – fuel (IFRC)	CHF 1,000	CHF 375	-62.5%  When possible, transport for supervision and monitoring has been conducted by partners (PNS and

			ICRC) at their costs.
IFRC monitoring visits	CHF 3,000	CHF 1,000	-62-5%  The monitoring schedule involved participation of partners on rotation, after briefing on methodology. IFRC and SSRC holds overall responsibility for management of data and information.

## Operational support services

Please refer to the original [EPoA](#) for information on “Operational support services”, which remains unchanged; with the exception of for Human Resources (see below)

## Human resources

SSRC will commit following resources committed to the operation.

**Table 2: Summary of human resources mobilized for the operation**

Headquarters	Juba Branch
<ul style="list-style-type: none"> <li>• Head of Programmes</li> <li>• Health Manager (recruited early August 2015)</li> <li>• Operations Manager</li> <li>• PMER Coordinator</li> <li>• WASH and hygiene promotion coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Branch emergency preparedness and response officer</li> <li>• Branch volunteer management officer</li> <li>• 114 volunteers, including community mobilisers and the cholera focal point trained in health and hygiene promotion and WASH. This has been revised up from 60 in the original plan.</li> <li>• Two drivers and vehicles.</li> </ul>

As these positions form part of the SSRCS structure they are not part of the current DREF operation support; however, the DREF will be supporting volunteer mobilization and insurance as well as per diem for the SSRC focal point. Given that seven PNS have a presence in Juba, some technical support is available to SSRC. The Swiss Red Cross country representative is a public health specialist and is advising the SSRC. The Austrian Red Cross has deployed a short-term delegate to support water production activities in Torit.

## C. Detailed Operational Plan

### Quality programming / Areas common to all sectors

Quality programming/ Areas common to all sectors			
Outcome 1: Response is evidence based and demonstrates accountability to key stakeholders	Outputs		% of achievement
	Output 1.1: Regular monitoring of context, health information and of the response activities is carried out		90%
	Output 1.2: The SSRC has effective coordination with other actors involved in Cholera response		90%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	

1.1.1	Develop a monitoring framework for the operation.	X		100%
1.1.2	Measurement of transmissions rates in targeted locations.		X	0%
1.1.3	Daily reporting of volunteer activities to Juba Branch.	X		100%
1.1.4	Daily incentive for Cholera Focal person.	X		100%
1.1.5	Weekly reporting of Juba Branch to HQ.	X		100%
1.1.6	Compilation and analysis of the reports to adapt strategy as needed	X		90%
1.1.7	Final review of operation.		X	10%
1.2.1	Attend MoH and Juba State taskforce meetings.	X		On-going
1.2.2	Attend cluster meetings	X		On-going
1.2.3	Share information through SSRC and RCM taskforce meetings.	X		On-going

### **Progress towards outcomes**

#### **Output 1.1: Regular monitoring of context, health information and of the response activities is carried out**

A monitoring sheet was developed to supplement an existing supervision checklist, which was the only tool currently used by the National Society in emergency operations. Volunteers were introduced to this monitoring sheet during refresher trainings on 3 July 2015 and have since been using it in addition to their reporting form. The SSRC PMER coordinator also held a reflection session on 7 July 2015 regarding the use of these tools to identify weaknesses and improve data collection. Based on learnings from that, a monitoring framework was designed and its tools agreed upon in consultation with the SSRC head of programmes, health and CBHFA coordinators and Juba branch director on 13 July 2015. In the absence of a formal pre-operation assessment, the tools were adapted from IFRC's PHAST baseline survey tool and attempted to form basic "trending" baseline indicators on using retrospective questions that will help the programme to measure the impact of its social mobilization. SSRC monitoring teams supported by all Movement partners accompanied volunteers in the field, collecting information that has continuously adapted its programme design to improve the quality of intervention. The majority of this work has been completed and the first phase of surveys for 120 households is expected to be completed on 9 September 2015, a month before a planned end line or review exercise is to take place.

Transmission rates were not independently measured at the targeted locations. All data on transmission relies on Ministry of Health/WHO Cholera Situation Reports, which receives data from official cholera treatment centres (CTCs) around Juba. However, SSRC monitoring visits to CTCs serving its intervention areas found that some cases registered and treated were not reflected in the official data but could not determine if this was because of stricter confirmation tests (such as laboratory positive testing which is not conducted at CTC level) at national level. In any case, SSRC's informal strategy is to conduct follow-up visits with public awareness campaigns in areas reporting new cases of cholera as discovered by monitoring visits to CTCs.

The IFRC Africa zone, East Africa and Indian Ocean Islands (EAIOI) regional representation in collaboration with the IFRC South Sudan country representation and SSRC have developed a Terms of Reference; and are in the process of finalizing the methodologies to be used, which is expected to include using the Open Data Kit (ODK) software for mobile data collection. The two-week extension of the operation timeframe accommodates the planned activities for this review.

#### **Key challenges:**

- Despite existing reporting mechanisms and tools, there was no SSRC programme staff responsible for compiling the data from volunteers and reporting on progress. The immediate result is that daily reporting from the volunteers to the branch was not well managed and a monitoring plan and indicator tracking were not in place.
- The existing volunteer reporting form only tracked numbers of households visited and distribution items for the social mobilization activities, while a supervision checklist only verified activities. A second monitoring form which aims to track simple hygiene and sanitation indicators is an attempt to add to qualitative information collected from the field.

- While the volunteers are experienced and highly capable social mobilisers, a significant number of them have literacy issues<sup>6</sup>. With this in mind, the monitoring form at the moment is designed to capture simple responses but volunteer team leaders are instructed to debrief with the teams at the end of each day to ensure that more detailed observations are recorded in their reports.

### **Output 1.2: SSRC has effective coordination with other actors involved in the Cholera response**

As an active member of national- and state-level cluster sub-groups in Social Mobilization and WASH which meet weekly, SSRC's strategy is to respond in areas and locations which best meet gaps identified by the National Cholera Taskforce. SSRC enhanced its social mobilization campaigns by distributing cholera Information, Education and Communication (IEC) materials produced by the WHO and UNICEF, distributed to all actors through the MoH. These materials, mainly in the form of posters and banners, used by the volunteers during the household visits as part of their hygiene promotion demonstrations. Using information collected by its monitoring activities, SSRC continues to share updates on its own operation at these cluster and taskforce meetings, attended by the headquarters health coordinators and head of programmes.

#### **Key challenges:**

- Dedicated cholera response staffing must be ensured by SSRC, particularly to devote resources to attend cluster and sub-group meetings, which can take up a lot of time away from implementation if not managed well. SSRC must be well represented and information shared to ensure visibility and good coordination with other actors on the ground. In last year's operation in Torit, the programme manager identified coordination meetings as one of the major activities that affected implementation in the early days of response in the context of understaffing.
- The SSRC cholera intervention package is perceived to be one of the most complete: through the strength of its volunteers it is the only organisation conducting blanket coverage of populations, conducting household visits and distributing soap, PUR and ORS packets. Since mid-August 2015, the MoH, through the National Cholera Taskforce, has requested SSRC to conduct joint interventions in strategic locations, complementing targeted oral vaccination campaigns, as part of ongoing response to new cases of cholera. An unintended challenge of SSRC's improved profile may lie in its limited ability to meet further expectations as a national actor in health intervention – there is constant pressure for SSRC to expand its coverage and this revised DREF operation already accommodates an extra location.

## **Water, sanitation and hygiene promotion**

Water, sanitation and hygiene promotion				
Outcome 1: SSRC staff and volunteers contribute to the reduction of Cholera cases in vulnerable communities in eight locations* in Juba.	Outputs			% of achievement
	Output 1.1: SSRC undertakes cholera awareness activities in seven locations in Juba.			87.5%
	Output 1.2: SSRC undertakes activities to improve sanitary conditions in targeted locations.			100%
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
1.1.1	Recruitment of cholera focal point for Juba.		X	100%
1.1.2	Confirmation of team leaders / supervisors in target areas		X	100%

<sup>6</sup> 70 per cent of adults in South Sudan cannot read or write.

1.1.3	Training / refresher training of 114 volunteers in Juba (complement of the Netherlands RC supported one at Juba branch level).  <i>*Revised from 60 to 114 volunteers to cover new location; and account for scale up of beneficiaries (refer to Proposed strategy section*)</i>	X		73.6%
1.1.4	Conduct house-to house awareness visits in eight locations in Juba.	X		87.5%
1.1.5	Awareness raising sessions conducted in public places (markets, schools, churches, mosques etc.).	X		10%
1.1.6	Procurement of soap and PUR (ORS already in stock).	X		100%
1.1.7	Distribution of ORS, soap and PUR in targeted locations.	X		87.5%
1.2.1	Clean-up activities in markets, hospitals etc. with areas prioritized based on needs.		X	
1.2.2	Clean-up campaigns at functioning water points.  <i>*Cancelled through this Operations Update; and emphasis now on community responsibility for cleanliness</i>			NA
1.2.3	Installation of basic hand-washing facilities (buckets with soap)	X		100%

### **Progress towards outcomes**

#### **Output 1.1: SSRC undertakes cholera awareness activities in seven locations in Juba.**

On 3 July 2015, SSRC's Juba branch conducted two refresher workshops for 50 volunteers (31 women and 19 men). A second batch of 34 volunteers (21 women and 13 men) was trained on 29 July. A volunteer was also appointed as the cholera focal point for the branch. The workshops were conducted by the branch emergency preparedness and response officer, and the SSRC headquarters community-based health and first aid (CBHFA) officer. All the volunteers from the first batch were active in last year's response and are, therefore, experienced and well-versed with the methodology employed. Many of these are locals from the same communities they will be working with and between them can speak a wide variety of local languages. From 4 July 2015, these volunteers were divided into two groups of several teams to conduct household visits at two sites simultaneously. During the reporting period, six of the seven original locations were completed and household visits are being completed at the final site of Giada.

As of 5 September 2015, volunteers have visited 32,913 (approximately 197,478 individuals) distributing 459,960 PUR packets, 65,700 ORS sachets and 21,760 soap bars. At each home, volunteers speak to the household members, promoting hygiene and awareness on the signs and symptoms of cholera and conduct demonstrations of how to use the ORS, as well as of the PUR packets, each of which provides 10 litres of clean water at the end of the purification process. As part of SSRC's social mobilisation strategy, the operation will now move into a second phase of mass public awareness campaigns, following up in the locations where household visits have concluded. Audio equipment including loudspeakers and mobile generators have already been procured and a group of 20 volunteers are now being trained to conduct activities under this component, which will include live drama/theatre and public speeches. The plan is for two daily sessions two days a week for the remaining four weeks of the DREF operation.

Children below ten have been identified as the most vulnerable group during this current outbreak, representing almost a quarter of all cholera cases recorded so far, with under-fives recording the most cases by age group at 238 cases<sup>7</sup>. Although there has been no formal targeting of this age group through SSRC's strategy of blanket coverage strategy with its social mobilisation activities, where possible, volunteers attempt to identify groups of children and conduct complementary sessions with them, particularly on hand washing.

#### **Output 1.2: SSRC undertakes activities to improve sanitary conditions in targeted locations.**

Meanwhile, the WASH department completed its assessment on water and sanitation facilities and identified several locations for installation of hand washing facilities.

In total, 10 hand washing facilities (a water container on a stand with tap, bucket and soap) were installed in early

<sup>7</sup> RoSS Ministry of Health and WHO, *Cholera in South Sudan SitRep #75*, 5 Sep 2015

September 2015. At New Site, three were installed at the John Garang Primary School, two at the Angels Nursery and Primary School and one at the Bright Future Nursery School. At Giada, three were installed at the Giada Model Primary School. An additional facility was also installed at the SSRC Juba branch compound for daily use of the volunteers returning from the field.

With the support of ICRC, water production and tankering services have also begun for New Site since mid-August. Austrian Red Cross provided technical support for WASH assessment and trainings, including water quality testing.

**Key challenges:**

- The early weeks of the DREF operation raised some crucial concerns on implementation and logistics as key Juba branch staff were unavailable at this critical starting point, including a cholera focal person planned for but not yet recruited. A focal person was appointed by mid-July 2015, and has since worked closely with the headquarters health programme and logistics, with improvements to the organisation of volunteers visible by August 2015.
- SSRC maintains prepositioned stock of ORS, PUR and soaps used in the social mobilization distributions. Supplies for a week are brought from its warehouse to the national headquarters in Juba so that volunteers can take their daily requirements to the field. However, early logistical miscommunication as well as an under-estimation of procurement budget resulted in a shortage of soap, which has resulted in some households not receiving soap. To address this, SSRC operations coordinator assigned a dedicated DM officer to the warehouse to manage movement of stock, while an arrangement was made with a local supplier for a weekly procurement of soap (due to limited storage space at the branch). From mid-August 2015, soap pieces were also halved to stretch supplies. While this solved the problem temporarily, soap again ran out in early September 2015 due to the funds allocated for soap being exhausted. The revised budget includes soap procurement for replenishment of prepositioned stocks.

**D. Budget**

- See attached revised budget

## Contact information

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

- **South Sudan Red Cross:** John Lobor, Secretary General; mobile phone: +211 912 666 836; email: [john.lobor@southsudanredcross.org](mailto:john.lobor@southsudanredcross.org)
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**For Resource Mobilization and Pledges:**

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Please send all pledges for funding to [zonerm.africa@ifrc.org](mailto:zonerm.africa@ifrc.org)

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

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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 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.

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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**.

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# DREF OPERATION

## South Sudan:Cholera

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	11250
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	46656
Medical & First Aid	12480
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>70,386</b>
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	9190
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>9,190</b>
International Staff	0
National Staff	0
National Society Staff	3000
Volunteers	116916
<b>Total PERSONNEL</b>	<b>119,916</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	4191
<b>Total WORKSHOP &amp; TRAINING</b>	<b>4,191</b>
Travel	4000
Information & Public Relations	0
Office Costs	780
Communications	1650
Financial Charges	1500
Other General Expenses	0
Shared Support Services	0
<b>Total GENERAL EXPENDITURES</b>	<b>7,930</b>
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	13,755
<b>Total INDIRECT COSTS</b>	<b>13,755</b>
<b>TOTAL BUDGET</b>	<b>225,368</b>