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## Emergency Plan of Action (EPoA) South Sudan: Cholera Outbreak



<b>DREF Operation:</b> MDRSS005	<b>Glide n°:</b> <a href="#">EP-2016-000074-SSD</a>
<b>Date of issue:</b> 01 August 2016	<b>Expected timeframe:</b> 26 July – 26 October 2016
<b>DREF allocated:</b> CHF 76,839	
<b>Total number of people affected:</b> 291	<b>Number of people to be assisted:</b> 168,000
<b>Operations Manager (Responsible for EPoA):</b> Michael Charles	<b>Point of Contact:</b> John Lobor, Secretary General, South Sudan Red Cross
<b>Host National Society presence:</b> South Sudan Red Cross has a 5,250 volunteers and 240 staff throughout its 10 branches and 45 units	
<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> Ministry of Health, UNOCHA, WFP, WHO, UNICEF, MSF, Save the Children, IMA, Action Against Hunger, Oxfam, HealthLink, Medair, ADRA, PAH	

## A. Situation analysis

### Description of the disaster

South Sudan, one of the world's newest Country, has declared a cholera outbreak for the third year in a row since 2014 as it continues to face rising numbers of cases in Central Equatoria, Eastern Equatoria and Jonglei states. The start of the rainy season in the country has contributed to difficult situation of accessing safe water and sanitation, particularly in overcrowded areas such as Internal Displaced Persons (IDP) settlements, Protection of Civilian sites (PoCs) and urban residential areas. The current crisis has displaced many vulnerable people into settlements and Protection of Civilians which at the moment have become overcrowded making access to clean water difficult, as well as access to hospital, sanitation facilities and as a result this has contributed to the cholera outbreak in the Country. Putting into consideration that this is a rainy season which is also another risk factor to Cholera out break

As of 23 July 2016, the South Sudan capital of Juba in Central Equatoria State recorded a total of 233 cholera cases including 5 deaths (CFR 2.15%). Juba Teaching Hospital has been designated as a Cholera Treatment Centre (CTC). In Juba the areas of Giada, (Tiger military area). Gorom, Khor and William have been worst affected by the outbreak while Terekeka County in Central Equatoria State has reported 10 suspected cases of cholera with 4 deaths (CFR 40%). Samples have been taken for laboratory confirmation. In Jonglei, 46 suspected cholera cases with 7 deaths (CFR 15.21%) have been reported from Duk County involving 5 settlements namely, Atuek, Atul, Koyom, Moldova and Watkuac with the index case date of onset 3 July 2016. In Terekeka (Central Equatoria) 12 cases of cholera have been reported, with 5 deaths (CFR 41.66%).

As of 26 July 2016, a total of 391 cholera cases including 17 deaths have been reported in South Sudan, since the initial case was reported by the Ministry of Health (MoH) and World Health Organization (WHO).

## **Summary of the current response**

### **Overview of Host National Society (South Sudan Red Cross)**

The South Sudan Red Cross (SSRC) was actively involved in the cholera preparedness and responses in May 2014 - June 2015 and as a result, has existing capacities to respond to the current outbreak. In 2015, in response to the cholera outbreak, more than 200 SSRC volunteers were trained in Juba (Central Equatoria State), 80 in Torit (Eastern Equatoria State) and 30 in Jonglei State branches in cholera awareness social mobilization activities and Health Education (hygiene promotion).

SSRC as part of the preparedness had conducted a refresher training to Volunteers in Juba and Torit before the outbreak with the aim of starting social mobilization with financial support from the Swiss Red Cross.

- Refresher training for 80 volunteers in Torit on cholera preparedness, and response (6 June 2016)
- Forty-eight (48) in Juba as part of the preparedness plan for 2016 on 8 July 2016 at Juba Regency Hotel in Juba
- Forty-four (44) Volunteers trained on 28 July 2016 at SSRC Compound in Juba

The volunteer trained so far will be added to meet the required number needed in the National Society to enable NS respond effectively

The NS has 4 trained water and sanitation Regional Disaster Response Team (RDRT) members. It has 45 Emergency Action Teams (EATs) established across the 10 states, comprising 20-25 volunteers per team. A total of 280 volunteers are trained in Participatory Hygiene and Sanitation Transformation (PHAST) and another 624 in community-based health and first aid (CBHFA) in Torit, Juba, Yambio, Wau, Aweil, Kuajok, Bentiu and Malakal Branches. The SSRC has been participating in the weekly National/State Cholera Taskforce chaired by the MoH.

The NSs cholera response plan that was developed in 2015, is currently being reviewed and revised and the target SSRC branches are now reactivating staff and volunteers involved in the 2015 response. A draft operational plan and budget has been prepared, with a focus on integrated community-based approach in social mobilization, WASH activities, Psychosocial Support (PSS), Oral Cholera Vaccination (OCV) and Rapid Diagnostic Test (RDT).

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

The IFRC South Sudan country office based in Juba is led by a Country Representative, 2 Logistics Officers, a Finance Officer, an Administrative Officer and a driver. The focus of the country office is organisational development support to SSRC and Movement coordination.

The International Committee of the Red Cross (ICRC) has a significant presence in South Sudan, with its main operations focusing on the conflict affected areas in the Country. Partner National Societies (PNS) present in country for bilateral programming are the Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross Societies, while the British and Finnish Red Cross Societies are also supporting SSRC.

A Movement Cholera Task Force has been activated and is composed of all Movement partners. However, due to the conflict ICRC is the only active Movement partner present in South Sudan at the moment. A team composed of SSRC Managers, Coordinators and Officers at the headquarter (NHQ) has been activated to continuously get updates and attend the National WASH and Health Cluster meetings at both National and State levels. The SSRC team is being coordinated by the SSRC Head of Programmes.

On 19 July 2016, the SSRC issued an alert using the IFRCs Disaster Information Management System (DMIS) and following further coordination between Red Cross Red Crescent Movement partners indicated the intention (on 27 July 2016) to request a DREF allocation to support the response to the cholera outbreak. On 28 July 2016, an Operational Strategy Call was convened with representatives from the SSRC, IFRC South Sudan, Africa Region and Geneva levels. Given the complicated situation in South Sudan, it was agreed that DREF was an appropriate modality to support the NS with their response to the cholera outbreak. The DREF allocation will enable the immediate implementation activities planned under the SSRC response plan. Partner National Societies have allocated funds to enable SSRC in preparations as it awaits the release of a DREF allocation. ICRC has installed a water treatment plant in Lologo, Juba with the capacity to produce 700,000 litres per day, facilitate water trucking to cholera affected areas, install water distribution points and will also be providing initial WASH related supplies (e.g. buckets, oral rehydration solution (ORS) etc.).

### **Overview of non-RCRC actors in country**

The National MoH of has proposed an integrated community-based approach for the intervention of the current cholera outbreak. The integrated approach will include the following components, Health Education (awareness on cholera

preparedness and response), Distribution of PUR, ORS and soap, Surveillance/Rapid Diagnostic Test (RDT), WASH, OCV (Oral Cholera Vaccination) and Psychosocial Support (PS)

In 2015, the OCV was administered by MSF to create herd immunity in the community targeting vulnerable groups in the PoC and areas with new emergency cases in combination with the SSRC social mobilisation. In 2016, MoH emphasize to all partners responding to cholera prevention should, be supplied and trained to administer OCV in target sites. Most of the cases were not reported during the previous intervention and due to insufficient logistics support, the National Ministry introduced the integrated approach of which the RDT test is introduced at the community level for early identification and response. During the 2015 cholera outbreak, there were many deaths in the communities due to the challenges above.

In South Sudan, there are more than 300 active National and International NGOs and a large United Nations (UN) presence, including at least 11 Water, Sanitation and Hygiene (WASH) cluster partners active in Juba County alone: CRS, Theso/UNICEF, PAH, IHO, OXFAM, NRC, ZOA, Medair, MSF, IOM and Solidarities. For many of these organizations their activities are focused on humanitarian response for communities affected by conflict that is currently in South Sudan where thousands have been displaced internally and externally into neighboring countries like Uganda, Sudan, Central Africa Republic, Ethiopia and Democratic Republic of Congo. The larger agencies may have the capacity to extend their support to respond to the cholera outbreak. It is possible that the larger organizations may be able to extend their support to respond to the cholera outbreak; however, the capacities are already overstretched by the recent escalation in the conflict, which has seen the evacuation of staff, and withdrawal from the worst affected conflict areas, as such support to vulnerable populations in these locations is limited. The rainy season has further complicated the already complex and extremely challenging operating environment.

- MSF is doing case management and OCV
- UNICEF is leading WASH, and social mobilization and supporting Healthlink in case management,
- IOM is mapping the affected area
- WHO is supporting MoH in general coordination and surveillance
- Juba City Council have directed all water tanker operators to collect water only from specific water points. This is done with the aim of regulating the suppliers of water to only collect water from clean water sources, increasing the existing support to chlorination stations at 9 water collection points along the River Nile, delivering chlorinated water to up to 100,000 people daily.

### **Needs analysis, beneficiary selection, risk assessment and scenario planning**

The WHO has identified the probable risk factors in the 2016 outbreak as:

- Using untreated water from River Nile and water tankers.
- Lack of household chlorination of drinking water
- Eating food from unregulated roadside food vendors or makeshift markets.
- Poor hygiene practices, such as not washing hands at critical times.
- Open defecation / poor quality latrines.

Public water supply provision for drinking and domestic use in Juba is limited, with a very small piped network in operation. Half of the boreholes with hand pumps in the city are not operational and some are so saline that people cannot use them for drinking. Most of the water is supplied by a river filling station for truck vendors. Water is also provided by bicycle vendors and through locally bottled water. The provision of water is generally available at a high cost and at a very low quality.

Inflation has drastically reduced the value of people's income. Many people have depleted their limited assets and coping strategies are seriously over-stretched. The economic situation has probably been a direct factor contributing to the current cholera outbreak. A recent Oxfam report showed that majority of households in Juba are now paying 50% - 150% more for their daily water consumption. This has seen households reduce the quantity of treated and untreated water they purchase, by as much as 50%. This has led to prioritisation of water for drinking and cooking and little for domestic and personal hygiene. This in turn has contributed to deteriorating environmental conditions in many communities.

The National Cholera Taskforces on social mobilization and WASH sub-groups is chaired by the National Minister of Health. The MoH have allocated intervention areas for agencies responding to the outbreak. SSRC's initial geographical coverage will be focused on Central Equatoria State (Juba), Eastern Equatoria State (Torit) and Jonglei State (Bor) and may include other locations, as information on the outbreak develops and possible gaps in coverage are identified. SSRC

has been allocated 8 locations in Juba for its activities (Dar el Salam, Giada, Hai Tarawa, Mauna, New Site, Rock City, Seminary and Terekeka). In Eastern Equatoria and Jonglei State where cases have been reported, SSRC will as well start preparedness and awareness raising. Assessment information is currently available through the WASH cluster on the location and condition of existing water points.

## **Risk Assessment**

The security situation in many parts of the country continues to deteriorate. During the past 1 month, there has been a major escalation of the conflict in Greater Bahr el Ghazal (Wau), Central Equatoria (Juba), Eastern Equatoria (Torit, Magwi and Pageri areas), Western Equatoria (Mundri and Ezo) and of which Juba, Bor, and Torit are among the prominent areas affected by the cholera outbreak. With the increasing number of people in the IDP settlements and PoCs combined with the rainy seasons this has sparked the cholera outbreak which is expanding to new locations within South Sudan and hence putting lives of thousands of vulnerable people (elderly, women and children) at risk.

## **Beneficiary selection**

Through this DREF operation, 28,000 families (approx. 168,000 individuals) will be targeted in Bor, Juba and Torit. As appropriate, SSRC will ensure that the DREF operation is aligned with the IFRC's commitment to realize gender equality and diversity; by adapting beneficiary selection criteria that targets (women headed-households, people with disabilities). Other aspects considered will include prevention of sexual violence and gender-based violence and the protection of children.

# **B. Operational strategy and plan**

## **Overall objective**

Contribute to a reduction in the immediate risk of cholera to 28,000 people living in areas affected by the cholera outbreak in Central Equatoria, Eastern Equatoria and Jonglei States is reduced through health and hygiene promotion and WASH activities, to help reduce the risk of waterborne and water-related diseases for the populations at risk.

## **Proposed strategy**

The Emergency Plan of Action (EPoA) for the 2016 cholera response is based on that used by SSRC during the 2014 and 2015, however, the situation in the country, particularly in Juba, was considerably different in 2015 from the current situation and cases have been reported in areas that was not affected in 2015. The EPoA for the 2016 cholera response has been revised to incorporate lessons learnt from the previous 2014 and 2015 responses. Through the DREF operation, the following have been prioritized;

- Refresher training (one day) of 158 volunteers on prevention, control and response to cholera, this will comprise: 30 in Bor, 88 in Juba and 40 in Torit. Awareness sessions for staff at NHQ and branch level will also be carried out. It should be noted that this has begun through the support of the Swiss Red Cross and the DREF allocation will be used to reimburse the expenditure incurred.
- SSRC volunteers will be mobilized for 60 days (over three months) to carry out social mobilization activities, which will include:
  - Health and hygiene promotion focused on water hygiene, food hygiene, personal hygiene and excreta disposal.
  - Distribution of ORS, soap and PUR for water treatment; and demonstration on their use.
  - Active surveillance/rapid diagnostic testing and referral;
  - Application of the OCV.
  - Support the management of water treatment plant (in partnership with ICRC) - 10 volunteers will be mobilized for 30 days.
- Environmental clean-up campaigns will be carried out (monthly) in public places (hospitals, schools etc.) and at water points. Equipment (Shovels, wheel borrows, rags, heavy duty gloves, mask and gum boots) will be procured and distributed to volunteers to complete the campaigns.

- Conduct a lessons learned workshop to inform future NS, DREF and Emergency Appeal operations

It is expected that the DREF operation will be revised as required to ensure that emerging needs can be addressed, as information on transmission and gaps in coverage becomes available. SSRC will coordinate its activities through the National Cholera Taskforce and the social mobilization and WASH sub-groups. Information from these groups will be used to redefine geographical priorities and planned interventions. All SSRC actions will be guided and adhere to the minimum standards (Red Cross Red Crescent, SPHERE and WHO).

## **Operational support services**

### **Human resources**

SSRC has the following resources committed to the operation:

#### **1. Headquarters**

- Head of Programmes, Health Manager
- DM Manager
- Finance Manger
- Communication Manager
- WASH Manager
- PSS Manager
- Operations Coordinator
- PMER Coordinator
- Logistics Coordinator

#### **2. Juba Branch**

- Branch Director
- EPR Officer
- Communication Officer
- 1 Health Focal Person
- 1 PMER FP
- 2 Field Officers
- 88 volunteers trained in cholera awareness social mobilization

#### **3. Jonglei, Bor**

- Branch Director
- Project Coordinator
- EPR Officer
- Communication Officer
- Community Mobiliser
- 30 volunteers trained in cholera awareness social mobilization

#### **4. Eastern Equatoria, Torit**

- Branch Director
- Project Coordinator
- EPR Officer
- Communication Officer
- WASH Officer
- Health Focal Person
- PMER Focal person
- 40 volunteers trained in cholera awareness social mobilization





sachets of PUR / 14 sachets of PUR per family)																	
<ul style="list-style-type: none"> <li>Support the management of a water treatment plants (in partnership with ICRC) in Juba and Torit (Target: 10 volunteers deployed)</li> </ul>																	

**Outcome 1: SSRC staff and volunteers raise cholera awareness amongst vulnerable communities in 4 locations in Juba, Torit, Terekeka and Bor**

**Output 1.1 SSRC staff and volunteers have the skills and resources required to respond to the cholera outbreak in 7 locations in Juba.**

Activities planned:	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<ul style="list-style-type: none"> <li>Recruitment of cholera focal points in the locations (Juba, Terekeka, Bor and Torit)</li> </ul>		x	x														
<ul style="list-style-type: none"> <li>Confirmation of team leaders / supervisors in target areas</li> </ul>			x														
<ul style="list-style-type: none"> <li>Training / refresher training of 260 volunteers in the affected branches</li> </ul>		x	x														

**Output 1.2 SSRC undertakes cholera awareness activities in 7 locations in the targeted locations**

Activities planned:	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<ul style="list-style-type: none"> <li>Conduct house-to house awareness visits in 7 locations in Juba</li> </ul>		x	x	x	x	x	x	x	x	x	x	x	x				
<ul style="list-style-type: none"> <li>Awareness raising sessions conducted in public places (markets, schools, churches, mosques etc.)</li> </ul>		x	x	x	x	x	x	x	x	x	x	x	x				
<ul style="list-style-type: none"> <li>Distribution of ORS, soap and PUR in targeted locations</li> </ul>		x	x	x	x	x	x	x	x	x	x	x	x				

**Outcome 2: Hygiene and sanitary conditions are improved in public places in 7 locations in Juba**

**Output 2.1 SSRC undertakes activities to improve sanitary conditions in targeted locations**

Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<ul style="list-style-type: none"> <li>Clean-up activities in markets, hospitals etc.</li> </ul>		x	x	x	x	x	x	x	x	x	x	x	x				
		x	x	x	x	x	x	x	x	x	x	x	x				

**Budget**

Refer to the attached 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)
- IFRC Country Representation: Michael Charles, Country Representative; mobile phone: +211 912 179 511; email: [michael.charles@ifrc.org](mailto:michael.charles@ifrc.org)
- IFRC East Africa Country Cluster: Getachew Taa; Representative for Country Cluster Office Eastern Africa and Indian Ocean Islands; Nairobi; email: [getachew.taa@ifrc.org](mailto:getachew.taa@ifrc.org)

#### IFRC Africa Region

- IFRC Africa region: Farid Abdulkadir; Disaster Management Unit; Africa Regional office; Tel: +254 20 2835 000 (mobile) + 254 731 067 489| Email [farid.aiywar@ifrc.org](mailto:farid.aiywar@ifrc.org)
- IFRC Zone Logistics Unit (ZLU): Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: [elisabeth.seck@ifrc.org](mailto:elisabeth.seck@ifrc.org)
- **IFRC Africa Region:** Fidelis Kangethe, Resource Mobilization Coordinator; Addis Ababa; phone: +251 930 03 4013; email: [fidelis.kangethe@ifrc.org](mailto:fidelis.kangethe@ifrc.org) 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):

- **In IFRC Africa Region:** Robert Ondrusek, PMER Coordinator; mobile phone: +254 731 067 277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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.

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 non-violence and peace.

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# DREF OPERATION

## APPEAL: South Sudan - Epidemic (Cholera)

Budget Group	DREF Grant Budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	23,067
Medical & First Aid	0
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>23,067</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
Dsitribution & Monitoring	0
Transport & Vehicle Costs	12,183
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>12,183</b>
International Staff	0
National Staff	0
National Society Staff	4,785
Volunteers	19,797
<b>Total PERSONNEL</b>	<b>24,582</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	4,374
<b>Total WORKSHOP &amp; TRAINING</b>	<b>4,374</b>
Travel	0
Information & Public Relations	3,950
Office Costs	1,733
Communications	1,110
Financial Charges	1,150
Other General Expenses	0
Shared Support Services	0
<b>Total GENERAL EXPENDITURES</b>	<b>7,943</b>
Programme and Supplementary Services Recovery	4,690
<b>Total INDIRECT COSTS</b>	<b>4,690</b>
<b>TOTAL BUDGET</b>	<b>76,839</b>

