

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action operation update

Country /region: Disaster

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRSS005	GLIDE n° EP-2016-000074-SSD
EPoA update n° 1 Date of issue 24/10/2016	Timeframe covered by this update: 28/07/016 – 14/10/016
Operation start date: 28/07/016	Operation timeframe: 5 months and new end date 27/12/016
Overall operation budget: CHF 76,839	If Emergency Appeal operation, DREF amount initially allocated: CHF 76,839
N° of people being assisted: 26,984	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross Societies. Other PNS partners: British and Finnish Red Cross Societies.	
Other partner organizations actively involved in the operation: Ministry of Health, UNOCHA, WFP, WHO, UNICEF, MSF, Save the Children, IMA, Action Against Hunger, Oxfam, HealthLink, Medair, ADRA, PAH and others	

Summary of major revisions made to emergency plan of action:

The EPOA has been adjusted and updated to incorporate the needs and reflect the current cholera situation in South Sudan. In order to meet these needs the update seeks a no cost timeframe extension of the time frame of 2 months until 27/12/2016.

The no cost extension has been requested because of the following:

- July conflict, Funds transfer to South Sudan was affected, that it took longer than before, this affected the DREF funds transfer as well
- Insecurity in the Country affected movement, hence delayed intervention in some areas
- Ongoing cholera transmission.

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.

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). Cholera outbreaks further spreads and confirmed in 8 states countrywide. The affected states include Imatong (Torit), Eastern Lakes, Jubek (Juba), Terekeka, Jonglei(Bor), Western Bieh, Northern Liech, and Southern Liech

As of 20 October 2016, a total of 2,539 cholera cases have been reported with 38 deaths (CFR 1.4%). Although epidemic curve has gone down, interventions continued on social mobilization, water treatment and water tracking in Juba and Torit. The outbreak has now extended to Nimule, Awerial and Bentiu POC location.

Summary of current response

Overview of Host National Society

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 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, has been reviewed and revised and the target SSRC branches reactivated staff and volunteers involved in the 2015, response. An 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.

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.

There is a weekly Movement Cholera Task Force meeting chaired by SSRC and conducts joint movement monitoring of the operation.

Overview of non-RCRC actors in country

The National Cholera Task Force established, immediately after the announcement of the outbreak, chaired by Ministry of Health with support of WHO. 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 neighbouring 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 as cholera cases continued to be reported from other areas.

All partners responding to the outbreak are part of the task force, including SSRC. The Partners have different roles, largely based on their capacity and mandate, e.g.

- Case management is by MoH, WHO, MSF and others
- WASH is by UNICEF, MSF, SSRC, ICRC and others
- Social mobilization by Health link, Medair, SSRC, Oxfam and others
- 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, risk analysis 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

Risk Analysis

During intervention period, there were number of risks associated, such as insecurity in some areas, which delayed access and timely interventions, as well as road condition, economic crisis and devaluation of South Sudan Pound led to inflation and instability of price

B. Operational strategy and plan

Overall Objective

Contribute to a reduction in the immediate risk of cholera to 28,000 families in areas affected by the cholera outbreak in Juba, Torit and Bor 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.

For more information on the strategy and plan please refer to the *Original DREF Operation*

C. Detailed Operational Plan

Quality programming / Areas common to all sectors

Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation													
Output 1.1. Planning, monitoring and reporting of the activities under DREF operation in the areas of implementation.													
Activities planned:	Week	1	2	3	4	5	6	7	8	9	10	11	20
Participation in Task Force meetings													
Regular monitoring and reporting													
Lessons learnt workshop													

Health & care

Health & care			
Outcome 2	Outputs		% of achievement
Immediate risk of cholera to the health of the population is reduced through social mobilization activities in Bor, Juba and Torit over a period of three months.	Output 2.1 Capacity of the South Sudan Red Cross to respond to the areas affected by the cholera outbreak is strengthened		85%
	Activities	Is implementation on time?	
	Yes (x)	No (x)	
Recruitment of cholera focal points in the locations (Bor, Juba and Torit) (Target: Six)	x		77%
Confirmation of team leaders / supervisors in target areas	x		100%
Training / refresher training of volunteers in the affected branches (Target: 158 volunteers)	x		80%
Output 2.2:			78%

Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of cholera (Target: 28,000 families)			
Activities	Is implemented on time		% progress (estimate)
	Yes (x)	No (x)	
Conduct social mobilization activities (Target: 28,000 families)	x		100%
Awareness raising sessions conducted in public places (Target: 12 days in three months)	x		80%
Surveillance and referral of cases to CTC and health facilities	x		100%
Distribution of ORS and soap in target locations; and provide demonstration/sensitization on their use (Target: 28,000 families)	x		90%
Conduct clean-up campaigns at water points (Target: monthly)	x		50%
Conduct clean-up campaigns at public places and water points (Target: Monthly)	x		50%
Progress towards outcomes			

Water, sanitation, and hygiene promotion

Water, sanitation, and hygiene promotion			
Outcome 1 Immediate risk of cholera is reduced through the provision of safe water supply in Bor, Juba and Torit over a period of three months.	Outputs		% of achievement
	Output 1.1 Target population in the affected areas is provided with access to safe drinking water supply (Target: 28,000 families)		95%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Distribution of PUR; and demonstration on its use in target ~, locations (Target: 392,000 sachets of PUR /14 sachets of PUR per family)	x		100%
Support the management of a water treatment plants (in partnership with ICRC) in Juba and Torii' (Target: 10	x		90%

volunteers deployed)			
Progress towards outcomes			
WASH supply in Juba			
<ul style="list-style-type: none"> - Total of 19 volunteers trained as part of preparedness on surface water management - Total of 5 trained volunteers engaged at the water treatment plant daily. - Total of 12 volunteers engaged in management of water distribution points - Total of 13 water distribution points established each with 10,000 Litres tank capacity except one location with 2 tanks (20,000) - Water trucking supported by ICRC to the 13 distribution points - Daily water production of 240,000 (20,000 per location) meter cubic - 16,000 people served daily (as per Sphere standards= 15Litres per person per day) - On-going plan to repair hand pumps in Juba 			
Water Supply Torit			
<ul style="list-style-type: none"> • 20 volunteers trained as part of preparedness surface water management • 5 trained volunteers engaged on daily basis • Daily water production of 180000-200000 meter cubic • 12,000 people served daily • On-going plan to repair hand pumps in Nimule 			
Social Mobilization:			
<ul style="list-style-type: none"> - Total of 205 number of volunteers trained and involved - Total of 26,984 HH visited - Total of 392,677 sachets of Pur distributed - Total of 51,776 sachets of ORS distributed - Total of 35,616 soap distributed - Total of 41 referrals - Demonstration on usage of these supplies during HH visit 			
<i>Distribution of PUR to the visited HH, accompanied with demonstration continued in all target areas.</i>			
Challenges			
<i>Procurement process takes long time; SSRC had some stock for Cholera preparedness.</i>			

D. Budget

Budget remain the same as this is a no cost extension.

Contact Information

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

South Sudan Red Cross:

- **John Lobar, Secretary General;** mobile phone: +211 912 666 836; email: john.lobor@southsudanredcross.org
- **IFRC Country Representation: Michael Charles, Country Representative;** mobile phone: +211 912 179 511; email: michael.charles@ifrc.org

IFRC Geneva

- Tiffany Loh, DCPRR; Geneva; phone: +41 22 730 4120; email: tiffany.loh@ifrc.org

IFRC Africa Region

- **Disaster Crisis Prevention Response and Recovery:** Farid Abdulkadir Head of DCPRR Unit; Nairobi; phone: +253731 067 489; email: farid.aiywar@ifrc.org;
- **Logistics Unit:** Rishi Ramrakha, Head of Region logistics unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- Fidelis Kangethe, Partnerships and Resource Development Coordinator, Nairobi; mobile: +254 (0) 714 026 229; email: fidelis.kangethe@ifrc.org

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

- Penny ELGHADY, Acting Africa Region PMER Coordinator; Nairobi; phone: +254 731 067277; email: penny.elghady@ifrc.org

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.**