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Emergency Plan of Action Final Report

South Sudan: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRSS005	Glide n° EP-2016-000074-SSD
Date of Issue: 31/03/2017	Date of disaster: 19/07/016
Operation start date: 28/07/016	Operation end date: 27/12/016
Host National Society: South Sudan Red Cross	Operation budget: 76,839 CHF
Number of people affected: 4,401	Number of people assisted: 264,450
N° of National Societies 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.	
N° of other partner organizations involved in the operation: Ministry of Health, UNOCHA, WFP, WHO, UNICEF, MSF, Save the Children, IMA, Action Against Hunger, Oxfam, Health Link, Medair, ADRA, PAH and others	

The EPOA was adjusted and updated to incorporate the needs and reflect the current cholera situation in South Sudan. In order to meet these needs a 2 month no cost extension was requested 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, the world's newest Country, has declared a cholera outbreak for the third year in a row since 2014 – 2017. During these reporting period, cases continued rising in Bentiu at the Protection of Civilian sites (POC), Leer and Juba (POC) and new cases re-appeared in Minkaman (Awerial).

As of 20 January 2017, cumulatively, **4,401** cholera cases including **81** deaths (43 facilities and 38 community) (CFR 1.84%) have been reported in South Sudan involving **9 states** since the initial case was reported on the 18 June 2016, for Jubek state, 3 July 2016, in Jonglei state; 14 July 2016, for Terekeka state. These were followed by an official declaration of the Cholera outbreak on the 23 July 2016. Subsequently, other states also declared outbreaks thereafter. Declarations were made on the 15 August 2016 Eastern Lakes and Imatong states; 10 August 2016 for Fangak in Western Bieh and state; 29 September 2016, for Rubkona in Northern Liech state; 11 October 2016, for Leer and 22 October 2016, for Panyijiar in Southern Liech state; and 10 October 2016, for Pigi in Eastern Nile state

In July 2016, the conflict and rainy season contributed to difficult situation of accessing safe water and sanitation. These were of concern in overcrowded areas such as Internal Displaced Persons (IDP) settlements, Protection of Civilian sites (PoCs) and urban residential areas. The July crisis displaced many vulnerable people into settlements and Protection of Civilians sites which is overcrowded making access to clean water difficult. Furthermore, access to hospital, sanitation facilities became very difficult, further exacerbating the existing conditions and worsening the access to cholera and other health related treatment.



Volunteers conducting Social mobilization at households' level, in Juba County South Sudan. Photo courtesy SSRC

The Cholera outbreak in 2016, took longer than the previous years, with higher number of cases 4,401 compared to 1,718 cases last year, 81 deaths compared to 46 deaths during last year Cholera outbreak. Partners put efforts together to control the outbreak, the number reached by social mobilization exceeded SSRC target, nonetheless there was an increment in the cholera cases.

Summary of response

On 29 July 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) issued Disaster Relief Emergency Funds (DREF) and released CHF 76,839 to support the South Sudan Red Cross Society (SSRC) respond to the needs of the affected population to support 168,000 people (28,000 households) in Juba & Terekeka in Central Equatoria State, Bor in Jonglei and Torit & Nimule in Eastern Equatoria initially over a period of three months (28 July – 28 October 2016), then extended to 27 December 2016 due to the reasons mentioned above.

The DREF operation meets approximately more than proposed overall SSRC Plan of Action for the cholera outbreak budgeted at CHF 76,839, with Movement partners in-country also supporting portions of that. The National Society expanded its operations to Nimule and begun preparedness activities in Bor Jonglei State (which was not affected by outbreak in 2016 but new cases were recorded in 2017).

As of 27 December 2016, based on the original plans, it is estimated that targets planned for the major activities (household visits and distributions), had been exceeded. Extensive progress made in accordance with the agreed Emergency Plan of Action (EPoA) as follows (refer to Figure 1):

Figure 1. Key output indicators as of 27 December 2016

Indicator	Target	Value	Variance
# of volunteers trained at refresher workshops	158	158	100 %
# of house-to-house awareness visits conducted	28,000	44,075	157 %
# of items distributed:			
Water purification packets (PUR) at 14 per household	N/A	534,884	
Oral rehydration salt sachets (ORS) at 2 per household		47,586	
Soap bars at 1 per household, cut into four pieces		49,244	
# of Public awareness campaign conducted	12	12	100 %
# of cases referred to CTC	N/A	41	100%
# of clean up campaigns	06	12	200%

Overview of Host National Society

As soon as the outbreak was declared, Ministry of Health called for a meeting to mobilize partner's efforts to respond to the outbreak. The declaration of the outbreak came almost a month after confirming the first cholera case. SSRC being close to the communities, already had cholera preparedness and response plans in place co-funded initially by Swiss Red Cross and UNICEF. The movement identity in South Sudan was well preserved. There is good perception of the Red Cross and good acceptance. This is not the case with other humanitarian organizations. At the time the cholera declaration was made, which followed the July conflict, SSRC could not accept funding from UNICEF due to some ongoing disputes between the government and the UN. Through operational calls with Nairobi and Geneva, the

Movement agreed that a DREF application would be the best option. The SSRC which was well supported by IFRC Country Representative was allocated the DREF funds.

SSRC continued to attend daily and weekly meeting on cholera response chaired by MoH and immediately trained and deployed 88 volunteers in the selected seven location assigned by the cholera taskforce in Juba and later 40 in Nimule and Torit branch and 30 volunteers were trained in cholera preparedness in Bor. Response in other locations such as Bentiu, Yirol and Awerial was supported by Danish RC, Netherlands RC and Austrian RC.

Overview of Red Cross Red Crescent Movement in country

Before the cholera outbreak was declared, SSRC drafted preparedness and response plan to be supported by UNICEF and Swiss RC. The capacities of the SSRC were reviewed and adjusted as per the needs. Following the National Taskforce allocation of intervention areas for agencies, SSRC identified seven location in Juba to intervene with social mobilization and WASH activities which started 28 July 2016. In Torit provision of water from part of M40 kit from 2014 continued. Social Mobilization which started in June already before the outbreak, was also taking place in the communities since June 2016.

The cholera outbreak was announced while most of the Partner National Societies PNS were still out of the Country after their evacuation during July conflict. IFRC office representative in Juba facilitated the process of DREF. Before the DREF and due to the ongoing conflict around Juba, at the beginning of the outbreak, the International Committee of the Red Cross (ICRC) supported the SSRC in the initial stages of the response. This was mainly in WASH, construction of water plant, water tracking to 13 water points within communities with cholera cases.

A movement task force was formed and weekly meetings were conducted as well as monitoring of the response plan/timetable developed and followed.

Overview of non-RCRC actors in country

The National Cholera Task Force established immediately after the announcement of the outbreak, chaired by the Ministry of Health (MoH) with support of WHO in South Sudan. There are more than 300 active National and International NGOs and large UN agencies presence in South Sudan. These agencies were ready to support effort in cholera response. However, most of the agencies capacities were already overstretched by the on-going conflict in the country as well as accessibility challenges. Cholera cases continued to be reported from areas with high vulnerability and inaccessibility particularly in war affected areas such as Bentiu, Leer and the Protection of Civilians side(POC)

All partners responding to the outbreak are part of the National Task Force, including SSRC. Partners have different roles, based on their capacity and mandate, e.g.

- Case management was led by MoH, WHO, MSF and others
- WASH was led by UNICEF, MSF, SSRC, ICRC and others
- Social mobilization was led by MoH, UNICEF, SSRC, OXFAM and others

Juba city council directed all water tanker operators to collect water only from specific water points. This was done with the aim of regulating the suppliers of water to only collect water from clean water source.

Needs analysis and scenario planning

The National Cholera Taskforce social mobilization and WASH sub-groups allocated intervention areas to 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, later due to the gaps in response SSRC was added two more locations (Gumbo & Muniki) The initial 7 locations are Dar es Salam, Giada, Hai Tarawa, Mauna, New Site, Rock City and Seminary the same as last year 2015.

This year the epidemic spread to areas that had never experienced an outbreak such as Yirol Shembe and Leer, the outbreak continued from July 2016 – 27 December 2016.

Risk Analysis

The continued clashes and insecurity in the Country as well bad roads made it difficult to access some areas with outbreak, particularly in Greater Upper Nile. In some areas such as Shambe where motorboat is needed to reach people in Island, fuel shortage hindered immediate response.

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 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 was based on the previous proposal that was operationalized by SSRC during the 2014 and 2015, though, the 2016 outbreak Pattern extended to areas that had never experienced cholera outbreak before, such as Yirrol, Shambe, Bentiu and others, these areas were covered under support from other PNs mainly (AuRC, DRC & Swiss Red Cross).

The EPoA for the 2016 cholera response was revised, adjusted and updated to incorporate the needs and reflect the current cholera situation in South Sudan. In order to meet these needs the update was for a no cost timeframe extension of two months until 27 December 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

Though the strategy focuses on an integrated approach (inclusive of health and hygiene promotion, active surveillance/rapid diagnostic testing and referral, OCV), SSRC was able to implement the following according to the capacity:

- 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;
- Referral of suspected cases;
- Support the management of water treatment plant (in partnership with ICRC) - 10 volunteers mobilized/day for the entire period of cholera response.
- Environmental clean-up campaigns 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) procured and distributed to volunteers to complete the campaigns.
- Conduct a lessons learned workshop to inform future NS, DREF and Emergency Appeal operations

SSRC coordinated its activities through the National Cholera Taskforce and sub-group for social mobilization and WASH. Information from these groups was used to redefine geographical priorities and planned interventions. All SSRC actions guided and adhere to the minimum standards (RCRC, SPHERE and WHO).

The operation took care of integrating sectors, as an integrated approach used (health and WASH), volunteers trained on both health and hygiene promotion, during home visits volunteers gave out the integrated message and supplemented with demonstration and distribution of (soap, Pur & ORS). Consultation with beneficiaries, monitoring visits were carried out by movement taskforce members to seek feedback from beneficiaries on the messages delivered by volunteers and confirm demonstration done as required and items given as planned.

Operational support services

The Cholera operation was being closely supervised by the Head of Program of the SSRC with support from the Movement Task force. The Operation was being coordinated by the SSRC HQ in Juba with support of the IFRC Country Office. Due to the current inflation in the country, when the approved budget was converted to South Sudanese Pounds (SSP) from Swiss Francs, there was a lot of currency gain. Hence, it was more cost effective to carry out the interventions that earlier thought. In other words, the budget in Swiss francs was not fully spent for this reason.

Human resources (HR)

SSRC committed the following resources for cholera operation.

Table 2: Summary of human resources mobilized for the operation

Headquarters	Juba branch	Torit branch	Bor branch
<ul style="list-style-type: none">• Head of Programs• Health Manager• WASH Manager• PMER Coordinator• Hygiene promotion coordinators• WASH technical Coordinator	<ul style="list-style-type: none">• Branch Director• Cholera Focal Person• PMER focal person• Branch volunteer management officer• 145 volunteers trained on cholera prevention & 140	<ul style="list-style-type: none">• Branch Director• Integrated project coordinator• Cholera focal person• PMER focal person• 40 volunteers trained on cholera prevention and 40	<ul style="list-style-type: none">• 30 volunteers• Community mobiliser

<ul style="list-style-type: none"> • CBHFA Coordinator & the Assistant • Logistic (procurement) officer • Finance officer 	<p>participated in the response.</p> <ul style="list-style-type: none"> • One driver 	<p>participated in the response</p> <ul style="list-style-type: none"> • One driver 	
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All these positions form part of the SSRCS structure and not specific for the current DREF operation support only; though, the DREF supported volunteer mobilization and insurance as well as per diem for the SSRC staff monitoring the operation. Given the fact of having 7 PNS in Country, (Austrian Canadian, Danish, Norwegian Netherlands, Swiss and Swedish RC), some technical support was available to SSRC. Such support included advice through the cholera task force meetings.

Logistics and supply chain

All procurement for the cholera DREF Operation was done by the logistic department with guidance from the program department (Health & WASH) and in accordance with IFRC standard procedures.

Communications

Communication department played a big role promoting cholera operation by inviting media houses to visit the response sites for coverage and interviewing some staff and volunteers involved in the operation.

Security

Although security situation in the South Sudan was a challenge, the operation was not much affected only delay in reaching some areas in time due to insecurity, such as reaching Nimule used to be by road and with insecurity it was needed to travel to Uganda (Kampala) than by road to Nimule as it is at Uganda border.

Planning, monitoring, evaluation, & reporting (PMER)

There was on-going monitoring during the operation by the movement taskforce members, which helped the operation to adjust according to what gaps identified during the field visit, and at the end of the operation lessons learned workshop was conducted involving staff and volunteers who were involved in the response.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors
<p>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</p> <p>Output 1.1. Planning, monitoring and reporting of the activities under DREF operation in the areas of implementation.</p>
Planned Activities
<ul style="list-style-type: none"> • Participation in Task Force meetings • Regular monitoring and reporting • Lessons learnt workshop
Achievements
<ul style="list-style-type: none"> - Total of 44,075 HH visited with social mobilization - National task force attended every day at Juba Teaching Hospital, and weekly (Wednesdays) at Ministry of Health - Movement task force formed and conducted on weekly bases (Mondays) - Field monitoring visits conducted by SSRC staff and PNS and feed back to the Movement task force - Lessons learnt workshop conducted for volunteers participated in cholera response - Total of 41 referrals
Challenges
<ul style="list-style-type: none"> - Meetings on cholera response were many which hindered other activities

- Reports from the field reach HQ late due to internet challenges lead to late submission of SSRC response report to National Task Force
- Procurement of supplies took longer as supplies are not available in Country
- Logistic challenges, not enough vehicles to transport volunteers to the field, particularly when operations scaled up
- *Introduce mobile SMS usage for field reports*

Lessons learned

- Improve prepositioning by prepositioning at target branches to facilitate response

Health & Care

Outcome 2: 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

Output 2.2: 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)

Planned Activities

2.1.1 Recruitment of cholera focal points in the locations (Bor, Juba and Torit) (Target: Six)

2.1.2. Confirmation of team leaders / supervisors in target areas

2.1.3. Training / refresher training of volunteers in the affected branches (Target: 158 volunteers)

2.2.1. Conduct social mobilization activities (Target: 28,000 families)

2.2.2. Awareness raising sessions conducted in public places (Target: 12 days in three months)

2.2.3 Surveillance and referral of cases to CTC and health Facilities

2.2.4 Distribution of ORS and soap in target locations; and provide demonstration/sensitization on their use (Target: 28,000 families)

2.2.5. Conduct clean-up campaigns at water points (Target: monthly)

2.2.6 Conduct clean-up campaigns at public places and water points (Target: Monthly)

Achievements

- Cholera focal persons as well as the PMER focal recruited for Juba and Torit
- Total of 44,075 HH visited with social mobilization
- Volunteers team leaders and supervisors identified
- Additional 158 volunteers trained under DREF
- Number of 12 public awareness sessions conducted
- Total of 51,776 sachets of ORS distributed
- Total of 41 suspected cases referred to CTC
- Demonstrations on how to prepare both ready-made ORS and the home made.

Challenges

- Communities do not have clean water always for ORS preparation

Lessons learned

- Encourage communities to use other methods for water purifications such as boiling
- There is need to continue with awareness raising in the target communities through developmental projects to prevent recurrent out breaks

Water, sanitation, and hygiene promotion

Outcome 3

Immediate risk of cholera is reduced through the provision of safe water supply in Bor, Juba and Torit over a period of three months.

Output 3.1 Target population in the affected areas is provided with access to safe drinking water supply (Target: 28,000 families)

Planned Activities

3.1.1 Distribution of PUR; and demonstration on its use in target, locations (Target: 392,000 sachets of PUR /14 sachets of PUR per family)

3.1.2 Support the management of a water treatment plants (in partnership with ICRC) in Juba and Torit (Target: 10 volunteers deployed).

Achievements

3.1.1. Distribution of PUR; and demonstration on its use in target, locations (Target: 392,000 sachets of PUR /14 sachets of PUR per family)

During the awareness raising activities the following has been completed:

- Total of 26,984 HH visited
- Total of 392,677 sachets of Pur distributed
- Total of 35,616 soap distributed
- Demonstration on usage of these supplies during HH visit

Distribution of PUR to the visited HH, accompanied with demonstration continued in all target areas.

3.1.2 Support the management of a water treatment plants (in partnership with ICRC) in Juba and Torit (Target: 10 volunteers deployed)

WASH supply in Juba

- Total of 19 volunteers trained as part of preparedness on surface water management
- Total of 10 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)

Water Supply Torit

- 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.

Challenges

Procurement process took a long time; However, the situation was overcome as SSRC had some stock for cholera preparedness. The stocks were then later replenished through the DREF funds.

Lessons learned

- Improve on proportioning by purchasing supplies earlier enough

D. THE BUDGET

A total of 76, 831 CHF was allocated to this operation through the DREF funds. Due to the current inflation in the country, when the approved budget was converted to South Sudanese Pounds (SSP) from Swiss Francs, there was a lot of currency gain. Hence, the operation was more cost effective than earlier thought. In other words, the budget in Swiss francs was not fully spent for this reason. 46,727 CHF was spent and 30,112 CHF will be returned to the DREF funds. The main savings were around the procurement of items and volunteer costs.

Contact Information

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

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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 (NGO's) 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.

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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.

Disaster Response Financial Report

MDRSS005 - South Sudan - Cholera

Timeframe: 29 Jul 16 to 27 Dec 16

Appeal Launch Date: 29 Jul 16

Final Report

Selected Parameters

Reporting Timeframe	2016/7-2017/2	Programme	MDRSS005
Budget Timeframe	2016/7-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		76,839				76,839	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		76,839				76,839	
C4. Other Income		76,839				76,839	
C. Total Income = SUM(C1..C4)		76,839				76,839	
D. Total Funding = B + C		76,839				76,839	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		76,839				76,839	
E. Expenditure		-46,727				-46,727	
F. Closing Balance = (B + C + E)		30,112				30,112	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			76,839			76,839		
Relief items, Construction, Supplies								
Clothing & Textiles			27			27	-27	
Water, Sanitation & Hygiene	23,067		9,634			9,634	13,433	
Total Relief items, Construction, Sup	23,067		9,661			9,661	13,406	
Logistics, Transport & Storage								
Transport & Vehicles Costs	12,183		10,088			10,088	2,096	
Total Logistics, Transport & Storage	12,183		10,088			10,088	2,096	
Personnel								
National Society Staff	4,785		1,387			1,387	3,399	
Volunteers	19,797		13,180			13,180	6,617	
Total Personnel	24,582		14,567			14,567	10,016	
Workshops & Training								
Workshops & Training	4,374		4,510			4,510	-136	
Total Workshops & Training	4,374		4,510			4,510	-136	
General Expenditure								
Travel			1,114			1,114	-1,114	
Information & Public Relations	3,950		1,781			1,781	2,169	
Office Costs	1,733		978			978	755	
Communications	1,110		501			501	609	
Financial Charges	1,150		675			675	475	
Total General Expenditure	7,943		5,049			5,049	2,894	
Indirect Costs								
Programme & Services Support Recove	4,690		2,852			2,852	1,838	
Total Indirect Costs	4,690		2,852			2,852	1,838	
TOTAL EXPENDITURE (D)	76,839		46,727			46,727	30,112	
VARIANCE (C - D)			30,112			30,112		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	76,839		76,839	76,839	46,727	30,112	
Subtotal BL2	76,839		76,839	76,839	46,727	30,112	
GRAND TOTAL	76,839		76,839	76,839	46,727	30,112	