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Emergency Plan of Action Operation Update

Sudan: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation n° MDRSD027	**GLIDE n°** EP-2019-000113-SDN
EPoA update n° 1: 13 January 2020	**Timeframe covered by this update:** 30 September – 12 December 2019
Operation start date: 30 September 2019	**Operation timeframe:** 5 months **End date:** 29 February 2020
Overall operation budget: CHF 256,404	**DREF amount initially allocated:** CHF 256,404
N° of people being assisted: 144,000 representing 24,000 Household (HH)[1]	
Red Cross Red Crescent Movement partners currently actively involved in the operation: ICRC, Danish RC, German RC and Netherlands RC.	
Other partner organizations actively involved in the operation: Government ministries, mainly Federal Ministry of Health (FMoH) and State Ministry of Health (SMoH) and State Ministry of Water Resources; Humanitarian Aid Commission (HAC), National and International Non-Governmental Organizations (ONGs / IONGs), UN agencies (WHO, UNHCR, OCHA, WFP, UNFPA & UNICEF).	

Summary of major revisions made to emergency plan of action:

Through this Operation Update, the action is extended for a period of 2 months without additional costs. Although the number of cholera cases sensibly reduced from September 2019, suspected cases continued to be identified in the targeted areas of this DREF. Moreover, as per the OCHA Situation report dated December 5[2] a second wave of cholera cases might happen between January and February 2020 in eastern Sudan related to the onset of the local rainy season.

Therefore, an extension of the operation would allow the Sudanese Red Crescent Society (SSRC) to continue preventive actions consolidating its presence in communities where volunteers started operating between September and October.

Savings in certain budget lines due to favorable exchange rate allow for a reallocation of resources to continue activities for 2 months.

In particular, the additional 2 months will serve the SSRC to focus on:

- communities characterized by a high concentration of people, where shared amenities and services generally in unsanitary conditions and inadequate use of unsafe water increase the risk of infection;
- nomadic communities, prevalent in certain States, which due to their nature results difficult to make follow-up on the adoption of proper hygiene and sanitation practices, as well as correct safe water management.

[1] Average of 6 people/HH.

[2] OCHA Sudan Situation Report, December 5. https://reports.unocha.org/en/country/sudan/

This is considering the lack of sanitation facilities as well in place for them and often no consistent access to safe drinking water;
- different geographical areas within the same States not yet reached due to their wide geographical extension versus the number of volunteers.

With two months' time extension, the operation will end on 29 February 2020.

A. SITUATION ANALYSIS

Description of the disaster

On 8th September 2019, Sudan's Federal Ministry of Health (FMoH) confirmed four (4) cases of cholera in the Blue Nile State. Further on 19th September, an additional 124 suspected cholera cases were reported with seven (7) deaths: 6 in the Blue Nile and 1 in the Sennar States. The Ministry of Health (MoH) identified the White Nile, Gedaref, Sennar, Kassala and Khartoum as States that have the highest risks of cholera outbreak. On 22nd September the number of suspected cholera cases reached 158 and continued to rise reaching on 25th September 187 cases, including eight (8) deaths reported in the Blue Nile and Sennar States.

Although response and preparedness efforts were undertaken by the MoH, the World Health Organization (WHO) and health stakeholders, including the Sudanese Red Crescent Society (SRCS), the cumulative number of cholera cases increased between September 22 to November 16 from 187 to 333[3], with a total of 11 deaths. The outbreak expanded from November 17 from Blue Nile and Sennar Sates to Aljazira, Algadarif and South Darfur[4].

Even though as of December 12, the cholera outbreak has not yet been declared over, the curve of cases sensibly reduced in comparison with the previous months. As example between November 16 and December 5, Sudan record only 10 suspected cases with no additional deaths (OCHA Situation report, December 5)

Nevertheless, according to seasonal patterns a second wave of cholera cases is expected between January and February 2020 in eastern Sudan. This is related to the onset of the local rainy season, which differs from the country's overall rainy season.

In parallel with the ongoing cholera outbreak, starting from August 28, several cases of epidemics were recorded as direct consequence of the rainy season and floods which aggravated certain factors that contributed to the emergence of these diseases. As of December 12, as per the OCHA Situation Report[5] there were 3,974 cases of Dengue, including 11 deaths; 238 cases of Chikungunya, including 5 deaths; 368 cases of RVF, including 11 deaths and 72 cases of diphtheria, including 12 deaths. Moreover in 2019, malaria breached the epidemic threshold accounting for 12.4 per cent of all diseases surveyed by the health sector (measles, dysentery, typhoid fever, acute watery diarrhoea, respiratory infections etc.) with a mortality rate of 13 per 10,000. This is a 30 per cent increase compared to the same period last year. Over 1.8 million cases of malaria were reported from across Sudan so far in 2019, of which 250,000 cases reported in the month of November alone in the Darfur North, South and East States only.

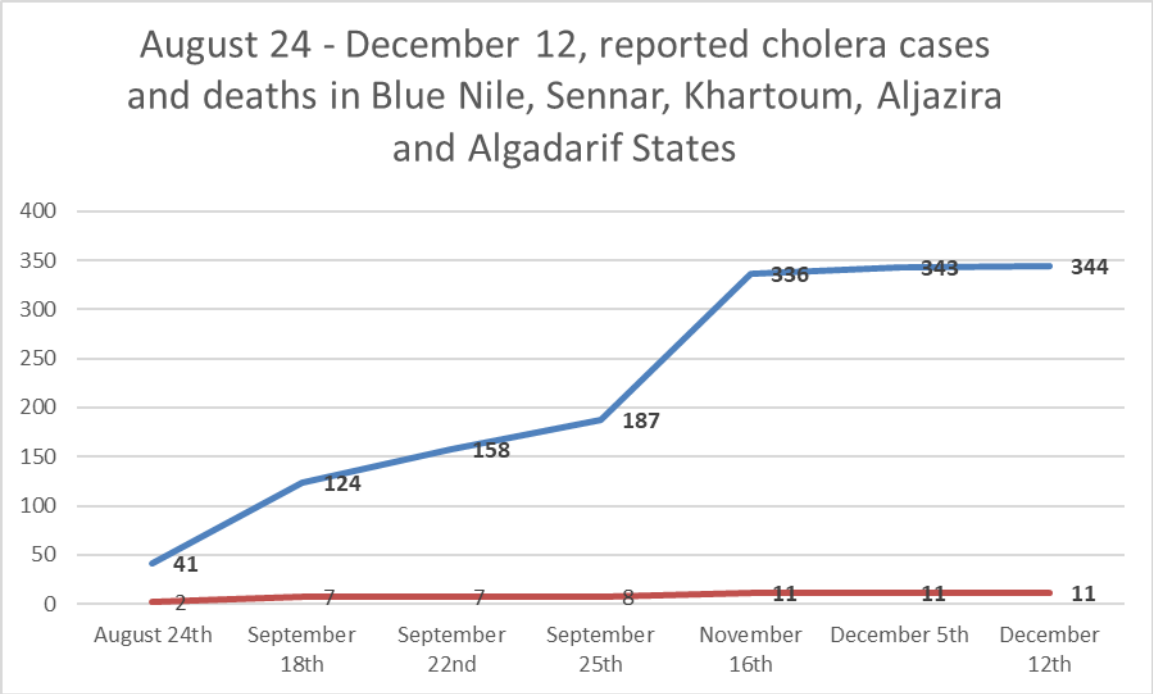
The highest number of Dengue cases was recorded in Kassala State, where the DREF operation is implemented with 3.009 cases identified. The fast spreading of these epidemic diseases is confirmed by the fact that cases were identified in different parts of the country, such as Darfur States and Eastern States.

Table 1: Epidemiological situation of cholera from August 24 and December 5.

States	Date	Cumulative number of cases	Cumulative number of deaths
Blue Nile	**24th August – 9 September**	**41**	**2**
Blue Nile Sinnar	**18 September**	**124**	**7**
	22 September	**158**	**7**
	25 September	**187**	**8**
Blue Nile; Sinnar; Khartoum; Algadarif; Aljazira	**16 November**	**331**	**11**
	5 December	**334**	**11**

[3] Cholera cases as of 16 November. 203 Blue Nile, 128 Sennar, 1 Gedaref and 1 Al Jazeera.
[4] Cases in Aljazira and Algadarif reported on the Report N. 49 from the Federal Ministry of Health, 28 August – 16 November. No link available.
[5] OCHA Sudan Situation Report, December 12. https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Sudan%20-%2012%20Dec%202019.pdf

Graph 1: Cholera cases in Blue Nile, Sennar, Khartoum, Aljazira and Algadarif States, August 24 – December 12.



Blue line: Number of suspected cases
Red Line: Number of deaths

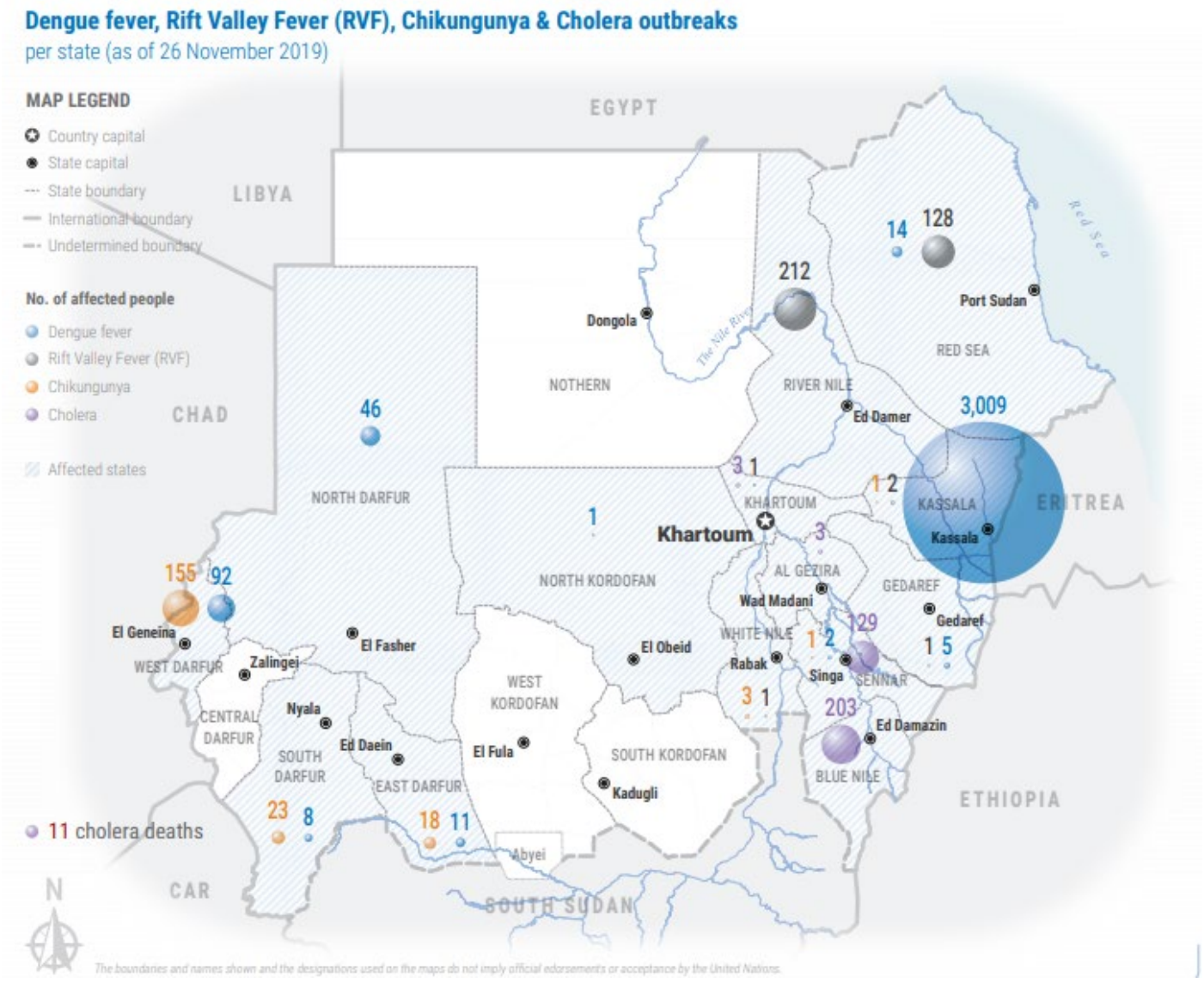
Table 2: Epidemiological situation of cholera and other epidemic diseases per state as of 16th November 2019

No	State	Cholera		Dengue		Chikungunya		Rift Valley Fever	
		New	Cumulative	New	Cumulative	New	Cumulative	New	Cumulative
1	Blue Nile	0	203	0	0	0	0	0	0
2	Sennar	0	128	0	2	0	1	0	0
3	Red Sea	0	0	0	9	0	0	3	126
4	River Nile	0	0	0	0	0	1	0	176
5	Kassala	0	0	47	2009	0	1	0	2
6	North Darfur	0	0	0	32	0	0	0	0
7	South Darfur	0	0	0	4	0	24	0	0
8	West Darfur	0	0	0	57	1	49	0	0
9	East Darfur	0	0	0	11	0	16	0	0
10	Khartoum	0	3	0	0	0	0	0	2
11	Northern Kordofan	0	0	0	1	0	0	0	0
12	Algadarif	0	1	0	2	0	0	0	1
13	Aljazira	0	1	0	0	0	0	0	0
14	White Nile	0	0	0	0	0	3	0	1
Total		0	336	47	2127	1	96	3	307

According to the Sudan Metrological Authority (SMA), rainfall in Sudan has been persistently above average throughout most of the 2019 season. Intensive heavy rains during August and September resulted in above-average flooding and waterlogging in many of the major flood-prone zones of Sudan.

Over the past couple of months, Sudan has, besides Cholera, been affected by several vector-borne disease outbreaks including Dengue Fever, Rift Valley Fever (RVF), Chikungunya and most recently diphtheria. Malaria has as well breached the epidemic threshold with over 1.8 million cases of malaria reported across Sudan so far in 2019. These outbreaks can be linked to the recent floods in the country that have left large pools of stagnant water, which are breeding sites for vectors such as mosquitoes. Government authorities and humanitarian partners are actively responding to these outbreaks across the country, providing health assistance, and vector control interventions.

Picture 1: Dengue Fever, Rift Valley Fever, Chikungunya, and Cholera Outbreaks in Sudan per state as of 26th November 2019 (OCHA Sudan Situation Report)



Summary of current response

Overview of Host National Society

In addition to the actions undertaken by the National Society in the aftermath of the cholera outbreak described in the DREF MDRSD027 Emergency Plan of Action (EPoA), below an overview of activities implemented by the SRCS through the DREF:

- Beneficiary selection assessments in collaboration with affected communities in all States of intervention and subsequent reviews to validate and verify data;
- Training of SRCS staff and volunteers in:
  - Cholera Case Management
  - Hygiene, Sanitation and Safe Water Promotion
  - Chlorination of Water Supply and Pool Testing

    - Infection Prevention and Control (IPC) measures
- Cholera Case Management though identification and reporting of cases and suspected cases on the base of established referral pathways;
- Procurement of 18 ORP kits;
- Set up and management of ORPs by volunteers in Sennar and Blue Nile states, specifically in areas where cholera cases were confirmed by FMoH and WHO;
- Duplication and distribution of Information Education and Communication (IEC) materials;
- Health education sessions and community engagement activities;
- Hygiene, sanitation and safe water promotion sessions through community meetings, door-to-door visits and realization of sanitation campaigns;
- Training of community members on safe water storage and safe use of water treatment products;
- Monitoring treatment and storage of water through household surveys and household water quality tests;
- Participation in coordination meetings on Acute Watery Diarrhoea (AWD)/Cholera;
- Replenishment of chlorine tablets part of SRCS stock utilized at the beginning of the operation.

Overview of Red Cross Red Crescent Movement in country

Throughout the implementation of the DREF operation, the SRCS has been in constant contact with the IFRC Eastern Africa Country Cluster Support Team (EACCST). A mission organized by the EACCST was realized between 10-20 November to monitor the implementation of the operation, especially its adherence with the mitigation measures identified on the base of the DREF MDRSD026 lessons learnt. The mission was the occasion to support the NS as well in the revision of the operation on the base of the evolving epidemiological situation.

The SRCS continued collaborating with the following in-country Movement Partners: ICRC, Danish Red Cross (RC), German RC, Netherlands RC, Spanish RC, Swedish RC, Saudi Arabia Red Crescent (RC), Swiss RC and Qatar RC. See Movement partners 4W matrix in the EPoA.

In particular Danish Red Cross duplicated DREF activities in South Darfour and Aljazira states following the confirmation of cholera cases on November 17 by MoH and WHO. The ICRC, the Qatar Red Crescent, German Red Cross and Netherlands Red Cross have been contributing as well to the cholera outbreak thought the mobilization of resources within their existing programmes.

Movement Coordination

The SRCS, ICRC and Participating National Societies (PNSs) continues taking part in National level interagency and sectorial meetings. The SRCS maintains updated PNSs on the evolution of epidemics in country, as well as on NS plans to prevent and respond to them, towards which PNSs contribute to. At field level, Branch directors play an extremely important role in the management of Movement partners support. This especially through ensuring complementarity of actions with Governmental actors and other stakeholders.

Overview of non-RCRC actors in country

The SRCS continues taking part in coordination meetings (Interagency, Cluster meetings, Emergency Response Committee meetings) organized both at National and Local level. With regards to the current cholera outbreak, WASH and Cluster meetings are the forum where Governmental plans and stakeholders' contributions are discussed. This ensures alignment in the response, as well as identification of gaps and no overlaps.

In addition to the actions undertaken by the Governmental actors including Federal and States Ministry of Health and other stakeholders highlighted in the DREF EPoA, during the reporting period UNICEF and WHO have been engaged in the procurement and administration of Oral Cholera Vaccine (OCV).

It is worth mentioning that OCHA do not provide any longer in its Situation reports detailed information on actions undertaken by different actors in response to the cholera outbreak as done previously. This is partially linked to the fact that other epidemics diseases occurred during the implementation of the action, with high picks requiring constant monitoring.

Needs analysis and scenario planning

Needs analysis

Although during the implementation of the DREF operation new cholera cases were recorded in States different from those targeted, the action continued to focus in the States initially identified: Blue Nile, Khartoum, Sennar, White Nile, Gedaref, and Kassala States.

The reason for not expanding the scope of action of the current DREF, adding new States, is due to the preference of the NS to consolidate its presence in communities where volunteers started operating between September and October. In particular, a two months extension will allow the NS to focus on:

- communities characterized by a high concentration of people, where shared amenities and services generally in unsanitary conditions and inadequate use of unsafe water increase the risk of infection;
- nomadic communities, prevalent in certain States, which due to their nature results difficult to make follow-up on the adoption of proper hygiene and sanitation practices, as well as correct safe water management. This is considering the lack of sanitation facilities as well in place for them and often no consistent access to safe drinking water
- to cover different geographical areas within the same States not yet reached due to their wide geographical extension versus the number of volunteers.

Scenario Planning

Although the cholera situation in Sudan is the one represented as per table below by the Most likely scenario, activities undertaken by the SRCS in the framework of this operation continue to be defined by the best-case scenario. No new State was added in the operation. The SRSC responded to new cases in new States either with proper means and/or with the support of PNSs.

Best case scenario	Most likely scenario	Worst case scenario
The cholera outbreak is contained with no further spreads being reported in new States. This will be based on the FMoH, WHO, UN agencies and SRCS actions including case management, social mobilisation and provision of water purification chemicals and cholera kits. The security situation remains calm and enable access to affected communities	New cases will be reported in States identified as at risk of cholera outbreaks; however, the situation will be contained through the already established CTCs and the Isolation Centre in the Blue Nile State and/or new ones, the set-up of Oral Rehydration Points (ORP) as well as scaling up of sanitation and hygiene promotion activities.	The outbreak spreads across the country, affecting more states thus overwhelming the capacity of the Government and humanitarian actors to contain it. The security situation deteriorates, including internal movement of population, impacting the ability of the implementation of response efforts.
SRCS Action		
SRCS will continue implementing Health and WASH activities, including identification and referral, awareness raising, water control and water purification through the use of chemicals.	SRCS conducts case management, in addition to identification and referral, in states considered at risk. This will be done at community level through the management of ORPs and in coordination with the Government.	SRCS revises the response plan to ensure the outbreak is contained, requesting surge support as well.

Operation Risk Assessment

In addition to the risks assessment already identified in the DREF EPoA, the new risks identified are:

- likely second wave of cholera cases between January and February 2020 in eastern Sudan, related to the onset of the local rainy season, which differs from the country's overall rainy season;
- crisis into a crisis with the new epidemics as consequence of heavy rainy season and floods that aggravated certain factors that contributed to the emergence of these diseases.

B. OPERATIONAL STRATEGY

Overall Operational Objective

The overall objective of this DREF operation is to contribute to containing the ongoing cholera outbreak by reducing the case fatality and breaking transmissions routes through the implementation of **Health and WASH** interventions in favour of **24,000 Households** (144,000 people) affected or at risk of communicable diseases in Blue Nile, Sennar, White Nile, Gedaref, Kassala and Khartoum States.

Overall Operational Strategy

The current operations update does not modify the strategy of the action, but rather prolong it to consolidate actions undertaken since September 30. Therefore the action will continue to:

- contribute to the containment of the current cholera outbreaks through the implementation of activities which reflect needs on the ground and follow guidance provided by the FMoH and SMoHs;
- mobilize 30 volunteers/state for a total of 180 volunteers in the 6 targeted states;
- maintain SRCS visibility through procurement of operational items and visibility materials (branded jacket);
- assess and monitor the situation to ensure its alignment with the evolving situation on the ground;
- realize a lesson learnt workshop to review the implementation improve future operations;

Support Services

Human Resources

The following Human Resources have been involved in the implementation of the operation:
At head quarter (HQ) level:

- 1 Health Director coordinating the overall action;
- 1 Health Manager Coordinator supporting in the coordination of the action;
- 1 Logistic manager for supporting in procurement procedures
- 1 Finance manager

At field level:

- 6 Health Branch Officers in charge of technical supervision of volunteers, reporting and collaboration with SMoH and stakeholders at state level;
- 180 volunteers (30/state in the 6 targeted States) involved in Health and WASH activities, divided as per follow:
    a) 10 volunteers/State for a total of 60 volunteers engaged in Health activities;
    b) 10 volunteers/State for a total of 60 volunteers engaged in sanitation, hygiene and water promotion activities;
    c) 10 volunteers/State for a total of 60 volunteers engaged in chlorination activities.

On the base of the evolving situation, volunteers allocated differently between the areas of intervention to respond to needs and/or scale up activities at community level.

The Operations Manager planned in the DREF EPoA was not recruited. Instead, the Health Director and the Health Manager supervise activities in 3 States each with the realization of bi-monthly field visits. As such, the budget allocated for the Operations Manager was reallocated to per diems for HQ Staff. The modification has been considered in the budget revision.

Logistics and supply chain

As per DREF EPoA, the SRCS sourced relevant relief items, delivered and distributed them to beneficiaries selected, in a timely, transparent and cost-efficient manner. Chlorine tablets available as prepositioned stock of SRCS were utilized at the beginning of the operation and replenished through the DREF. As per lessons learnt on logistic procedures from DREF MDRD026, chlorine and aqua tabs procurement documents were shared with the IFRC Regional Logistic Unit in Nairobi for revision and approval before the signature of contracts. Moreover, the IFRC Regional Logistic Unit supported the SRCS as well as the IFRC delegate on mission in Sudan for the completion of documentations related to the car accident happened on November 12, which insurance coverage were to the current operation.

Procurement

As per DREF EPoA, to guarantee fully adherence of IFRC standard procurement procedures, specific thresholds have been defined between IFRC and SRCS for the procurement of medical related items.

Warehousing

Each of the targeted Branches has a secured warehouse that is used for the storage and distribution of all supplies procured. Inventory of all procured items was updated as part of the stores procedures management.

Communications

Branch level Information Communication and Technology (ICT) equipment is used within the DREF operation. The Branch communication units are supported by the SRCS HQ Communications Unit to package messages to communicate about progresses in the operation and on the general situation. This includes raising-awareness on activities implemented, as well as on the preparation of case studies/photographs for use on the IFRC websites, and social media platforms.

Publications are shared both locally and internationally on different platforms including *Facebook* and *Twitter*. Information is continuously shared with the IFRC EACCST for further dissemination with partners and donors.

Communications funds budgeted are used as well by field staff for the reporting of cases/suspected cases according to the established communication channels.

Security

SRCS works closely and coordinates with Humanitarian Aid Commission (HAC), local authorities, and other partners to ensure access of the intervention areas by the SRCS volunteers and staff. The SRCS staff and volunteers strictly follows SRCS security guidelines. The Security focal point for SRCS makes sure to participate in Security forum and/or be part in other communication channels to triangulate information.

All volunteers mobilized were insured as per the IFRC Global Insurance policy for 2019 and will be insured in 2020 due to timeframe extension of the operation.

Due to the typology of the intervention, protective equipment (gloves and face masks) were procured only for volunteers involved in chlorination activities, while gumboots and rain jacket were procured for all volunteers due to the rainy season. The same for identification jackets which were procured for all volunteers to ensure their visibility in the field.

Planning, monitoring, evaluation, & reporting (PMER)

IFRC EACCST is providing SRCS with necessary PMER support, especially with regards to monitoring and reporting of this DREF operation. Regular field visits by SRCS teams ensure daily/weekly supervision of activities, respect of international humanitarian standards and correct management of resources available. Continuous needs and situation assessments, in collaboration with WHO and other stakeholders, are carried out during the DREF implementation to inform decision-making.

Daily/weekly reports received by Branch Health Officers are presented to SRCS Health department staff at HQ involved in the operation for further dissemination. Interest on a wider adoption of computer-based data collection and analysis systems, such as Kobo, was expressed by the National Society during the IFRC monitoring visit. The activity was added in the EACCST support plan 2020.

SRCS will be responsible for providing an operational and financial report (2 months after the end of the operation). This way, the IFRC EACCST can consolidate and ensure publishing within 3 months from the end of operation.

At the end of the operation, a lesson learnt workshop will be organized by SRCS with IFRC and other stakeholders, to reflect on implementation. This workshop will allow for informed planning in future operations planned and implemented by SRCS, but also will allow the NS to reflect on its disaster readiness status, given that it is prone to cholera outbreaks.

Community Engagement and Accountability (CEA)

CEA is mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities. As such volunteers involved in Health and WASH activities collect and provide feedbacks on SRCS services while they are conducting sensitization sessions, both at HH level or at community level. Due to the widespread geographical area covered versus the number of volunteers mobilized for the action, this mechanism ensures the direct and tailored provision of feedbacks to community members.

Feedbacks are reported by volunteers to Branch Health officers, who in turn report them to Governmental authorities and other stakeholders. This allows to find solutions to common issues, as well as to inform Non-Red Cross members on concerns raised by community members on activities not implemented by the SRCS.

Protection, Gender and Inclusion (PGI)

Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation pays particular attention to protection and inclusion of vulnerable groups base and on gender and diversity analysis. Gender roles are considered when setting up distribution time and dates as well as in health promotion activities.

Administration and Finance

A Project Grant Agreement has been signed between the SRCS and IFRC articulating roles and responsibilities of each party in the implementation of this DREF operation. The management of the DREF allocation is carried out in accordance with the existing IFRC and SRCS procedures.

IFRC Finance delegate based in Khartoum supports the National Society in the compilation of documents as per IFRC standards.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 110,520
Male: 54,154
Female: 56,366

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target:	Actual
# people reached weekly/state by health education sessions and community engagement activities through the distribution of IEC materials	2,000	1,535

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target:	Actual
# of SRCS staff and volunteers trained on Cholera case management	66	66

Progress towards output

One beneficiary selection assessment per targeted State was conducted, followed by two reviews to verify and validate data collected. The assessments were realized around isolation centres and near water sources to engage a higher number of people affected.

A 4-day training / refresher training on cholera case management was conducted in the 6 targeted States in collaboration with WHO and MoH. Main topics included identification and reporting of cases / suspected cases and use and set up of ORPs. Participants of the training were: 1 health branch officer/ branch, 10 volunteers/State, for a total of 6 health branch officers and 60 volunteers.
In Kassala State, where Dengue fever cases had been identified, the MoH integrated into the training information on dengue fever.

Output 1.2: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target:	Actual
# of HH visited/States and sensitized on health through education sessions	334	285

Progress towards output

The 60 volunteers trained in cholera case management have been conducting identification and reporting of cases and suspected cases through a passive referral system. Due to the limited time frame of the operation, no Community Based System (CBS) has been put in place. The SRCS have not created any additional or parallel structure for reporting of cases but has instead used existing channels. As such, cases and suspected cases identified by volunteers have been reported to health branch officers, who are in contact with SMoH health officers. For cases or suspected cases identified in remote localities, volunteers have been communicating directly with the MoH.
SRCS collaborated with WHO and the MoH on the management of cases which required further management through their transfer to cholera treatment centres (CTC). While conducting sensitization activities, SRCS volunteers have transferred information to community members on how to identify and refer cases. The identification and reporting activities are ongoing in Sennar, Khartoum, and Blue Nile states, where cholera is still present.

Current overview of cholera treatment centres (CTC):

- Sennar: 30 CTCs, of which 5 functional in Sinja, Sinnar, Wd Elnile, Elsoki & Esat Sinnar.
- Khartoum: 3 CTCs ready, of which 1 CTC is currently used in Omdurman.
- Blue Nile: 7 CTCs ready, of which 5 are currently in use.
- White Nile: 10 CTCs ready. None currently in use.
- Al Gadarif: 3 CTCs ready. None currently in use.
- Kassala: 4 CTCs ready. None currently in use.

CTCs were established by MoH during the cholera outbreaks in 2016 and 2017 which interested up to 18 States. The SRCS has an outstanding Memorandum of Understanding (MoU) with the MoH for the support it in the management of CTCs, including in the realization of curative actions, during outbreaks.

The duplication and dissemination of IEC materials (30,000 posters, 8 drawings), which design was developed in collaboration with the FMoH, is ongoing. Due to changes in WHO policies on how to treat water borne diseases, a limited number of posters have so far been ordered. A committee composed by the SRCS, MoH and WHO is deciding on new drawings for new posters and brochures. Once finalized, orders will be then submitted for printing. The new posters and

brochures will include general information on prevention of water borne diseases, as well as on safe hygiene practices and environmental (water source) protection.

Health education sessions are ongoing in all 6 states covered by the DREF, both at community and household level. These activities are integrated by mobile cinema sessions and radio awareness realized by the MoH. In North Kordofan State only, mobile cinemas as preparedness are taking place on SRCS volunteer's own initiative. IFRC shared video "The history of cholera" for wider dissemination and to be used for community engagement.

The 60 volunteers involved in the three (3) main Health activities i) Identification and reporting of cases; ii) set-up and manage ORPs and iii) conduct health education sessions and community engagement activities have been organized on a rotational base, so as each volunteer has contributed to the success of the entire operation and has maintained a good level of knowledge on the different activities. The volunteers have been mobilized 3 days/week.

Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target: 18	Actual
# of ORP kits procured	18	18
# of people benefitting from ORPs	1,800 (1 ORP * 100 people)	N/A

Progress towards output

18 ORP kits have been procured. Due to the exchange rate savings have been made in this particular budget line. The 60 volunteers trained on cholera case management have set up and managed ORPs in Sennar and Blue Nile states in areas where cholera cases were confirmed by the FMoH and WHO,
At the time of the reporting data in number of people benefitting from ORPs have still to be compiled.

Water, sanitation and hygiene

People reached: 110,520
Male: 54,154
Female: 56,366

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of reduction of cholera cases in the target areas	0 cases	0 cases

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of SRCS staff and volunteers trained on Sanitation, Hygiene and Safe water promotion	66	66

Progress towards output

Ongoing WASH and Health coordination meetings between stakeholders are led by MoH and WHO both at National and State level. The SRCS ensures its participation at both levels.

A 2-days training / refresher training on Sanitation, Hygiene and Safe Water Promotion was conducted in all 6 targeted States. Participants of the trainings were: 1 health branch officer/Branch and 10 volunteers per targeted state for a total of 6 health branch officers and 60 volunteers. The trainings were conducted by SRCS, MoH, WHO and UNICEF, with UNICEF taking the lead.

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to the target population

Indicators:	Target	Actual
# of volunteers mobilized to conduct chlorination activity	60	60
# of (litres of) water purified with 600 litres of liquid chlorine at water points	60,000	55,590

# of chlorine tabs distributed at HH level	60,000	55,590

Progress towards output

A 1-day training / refresher training on Chlorination of Water Supply, Pool Testing and Infection Prevention and Control (IPC)) have been conducted in all 6 targeted States in collaboration with the MoH and UNICEF. Participants of trainings were: 1 health branch officer /Branch and 10 volunteers per targeted State for a total of 6 health branch officers and 60 volunteers.

Following the training, volunteers have started cascading their knowledge to community members on safe water storage and safe use of water treatment products. To date a total of 55,590 aqua tabs have been distributed to affected communities by the SRCS. Household surveys and household water quality tests have in parallel being realized by volunteers to monitor the treatment and storage of water.

The following procurements are ongoing to replenish SRCS stock, as well as to continue activities in the field:

1) Procurement of pool testing equipment.
2) Procurement of 600 litres of liquid chlorine to be used at water points level.
3) Procurement of 60,000 Aqua tabs to be distributed at HH level on the base of assessments.
4) Procurement of 70 pairs of rubber gloves and masks to be used by health branch officers and volunteers involved in chlorination activities.

The 120 volunteers involved in the WASH activities have been mobilized for 3 days/week and divided as per follow:

- 60 volunteers (10 volunteers/state) engaged in sanitation, hygiene and water promotion activities;
- 60 volunteers (10 volunteers/state) engaged in chlorination activities.

Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached weekly/state by hygiene and safe water promotion sessions	2,000	1,535
# of volunteers mobilized to conduct hygiene and safe water promotion sessions	60	60
# of sanitation campaigns conducted	36	30
# of people reached by sanitation campaigns	6,000	5,400

Progress towards output

Hygiene and Safe Water Promotion Sessions through community meetings and door-to-door visits have been conducted by the 60 volunteers trained on sanitation hygiene and safe water promotion.
Sessions at household level give the occasion for volunteers to monitor the treatment and storage of water, and to perform water tests.

Some 30 sanitation campaigns have been conducted by the 60 volunteers trained on sanitation, hygiene and safe water promotion in collaboration with community members and the MoH.

The procurement of 50 sanitation toolkits per state (a total of 300 sanitation toolkits, including wheelbarrows, spades, rakes, pickaxes, heavy duty gloves, face masks) have not yet taken place. At the time of the reporting the Comparative Bid Analysis (CBA) process was ongoing. Nevertheless, volunteers started conducting sanitation campaigns using materials available at community level. Sanitation toolkits procured will ensure the continuation of the activity also beyond the implementation of the DREF.

Strategies for Implementation

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers insured	180	60

S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual

# of IFRC monitoring missions conducted	2	1
# of lessons learnt workshops conducted	1	0
# of feedback mechanism established	2	0

Progress towards outcomes

The 60 volunteers mobilized have been insured under IFRC scheme for 2019. Due to the timeframe extension requested through this Operations Update, a new subscription will be made for 2020.

One monitoring mission was conducted by the Disaster Management Delegate from the EACCST in charge of Sudan between 10-20 November. White Nile and Sennar states were visited. The field visit gave the occasion to interact with Branch coordinators and volunteers acquiring a better insight of the situation, above all in terms of stakeholders' roles. The visit covers the following activities: CTCs, hygiene promotion, distribution of water chemicals and water control.

During the field visit a car accident involved two IFRC staff and one SRCS staff. No physical damages on passengers of the IFRC vehicle were reported, but only body car damages. On the base of IFRC Fleet rules a fixed amount will be recovered regardless of fault.

As for the CEA mechanism, due to the widespread geographical area covered versus the number of volunteers mobilized for the action a decision was made for volunteers involved in Health and WASH activities to collect and provide feedbacks on SRCS services while they are conducting sensitization sessions, both at HH level or at community level. This would have ensured the direct and tailored provision of feedbacks to community members. Due to the complementarity of the action with the sensitization one, no additional funds are required for its implementation.

A lesson learnt workshop will be conducted at the end of the action. The EACCST will share example of lesson learnt reports drafted by East Africa National Societies to be used as example.

D. BUDGET

Variations in Revised Budget, at

	Original budget				Revised budget				Variance	Comment
Description	**Quantity**	**Unit**	**Unit cost**	**Total cost CHF**	**Quantity**	**Unit**	**Unit cost**	**Total cost CHF**	**CHF**	
Procure 18 ORPs kits (3 ORPs/State)	18	kit	250.00	4,500.00	18	ORP	102	1,836.00	-2,664.00	Unit costs lower than budgeted due to exchange rate.
Mobilize 60 volunteers * 3 days/week * 14 weeks over 5 months * 15CHF/day for conducting Health activities	2,160	days	15.00	32,400.00	2,520	days	15.00	37,800.00	5,400.00	Additional months of mobilization of 60 volunteers
Procure 50 sanitation toolkits/State, for a total of 300 sanitation toolkits, including wheelbarrows, spades, rakes, pickaxes, heavy duty gloves, face masks to conduct sanitation campaigns	300	kit	100.00	30,000.00	300	kit	70	21,000.00	-9,000.00	Unit costs lower due to exchange rate
Mobilize 60 volunteers * 3 days/week * 14 weeks over 5 months * 15CHF/day for conducting Sanitation, Hygiene and Water promotion activities	2,160	days	15.00	32,400.00	2,520	days	15.00	37,800	5,400.00	Additional month of mobilization of volunteers
Procure 600 liters of liquid chlorine to be used at water points level	600	litres	3.00	1,800.00	600	litres	1.97	1,182	-618.00	Unit cost lower due to exchange rate
Procure 60,000 Aqua tabs to be distributed at HH level on the base of assessments;	60,000	tabs	0.10	6,000.00	60000	tabs	0.03	1,800	-4,200.00	Unit cost lower due to exchange rate
Vehicle costs for field monitoring (Mileage)	17,000	km	0.76	12,920.00	12,500	km	0.76	9,500	-3,420.00	Decreased number of km. Field visit bi-monthly instead of weekly.

Perdiem for HQ staff for field visits (3 people * 12 days / month * 4 months) - 2 teams: 1 East states 5 days/months + 1 South state 7 days/month	27	days	25.00	675.00	144	days	16.00	2304	1,629.00	Increased number of days for missions from Health director and Health coordinator versus hiring of one Operations Manager
Accommodation for HQ staff for field visits (3 people * 12 days / month * 4 months) - 2 teams: 1 East states 5 days/months + 1 South state 7 days/month					144	night	27.00	3888	3,888.00	Accommodation costs for monitoring missions not previously budgeted for
Perdiem Branch Health officers for monitoring visits (6 people * 16 days over 5 months)	90	days	15.00	1,350.00	96	days	15.00	1440	90.00	1-month extension of activities
Photocopying, stationary, papers	6	States	400.00	2,400.00	7	states	500.00	3500	1,100.00	Number of units increased: 6 states + HQ, not previously considered. Unit costs decreased in line with actual cost.
Communication costs (Airtime and Internet)	6	states	400.00	2,400.00	7	states	500.00	3500	1,100.00	Number of units increased: 6 states + HQ, not previously considered. Unit costs decreased in line with actual cost.
Transportation of kit and equipment in the field	1	lumpsum	1,000.00	1,000.00	1	lumpsum	3,425.00	3425	2,425.00	Increased in line with actual costs
1 Ops Manager * 3 months	3	months	500.00	1,500.00	0	months	500.00	0	-1,500.00	Deleted. Position not filled in. Tasks covered by Health Director and Health manager.
Set up Feedback mechanism	1	lumpsum	700.00	700.00	0	lumpsum	0.00	0	-700.00	Activity implemented with no costs.
Volunteers' insurance (IFRC to ensure volunteers on behalf of the NS)	180	people	1.50	270.00	180	people	3.00	540	270.00	Added insurance for 2020
Running costs IFRC office (communication, stationary)					4	months	300.00	1,200	1,200.00	Included as not previously budgeted for
2 monitoring mission IFRC	2	missions	5,000.00	10,000.00	2	missions	4,500.00	9,000	-1,000.00	Decreased in line with actual costs.
IFRC vehicle insurance					1	lumpsum	1,000.00	1,000	1,000.00	Added following car accident during DREF monitoring visit. As per IFRC Fleet rules all vehicle damage claims are subject to a CHF1,000 deductible regardless of fault.

DREF OPERATION

MDRSD027 - SUDAN - CHOLERA OUTBREAK

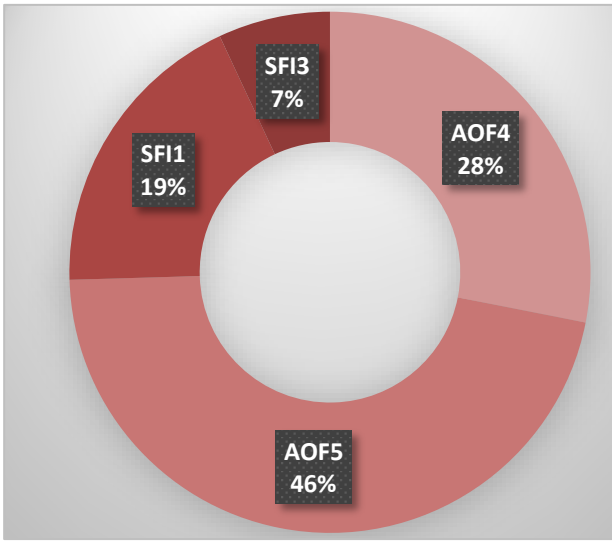
30/09/2019

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	36,298
Relief items, Construction, Supplies	**36,298**
Storage	2,700
Transport & Vehicles Costs	13,925
Logistics, Transport & Storage	**16,625**
National Staff	39,600
National Society Staff	7,632
Personnel	**117,972**
Workshops & Training	23,960
Workshops & Training	**23,960**
Travel	9,000
Information & Public Relations	28,200
Office Costs	4,100
Communications	4,100
Financial Charges	500
General Expenditure	**45,900**
DIRECT COSTS	240,755
INDIRECT COSTS	15,649
TOTAL BUDGET	**256,404**

Budget by Area of Intervention

AOF4	Health	72,032
AOF5	Water, Sanitation and Hygiene	119,090
SFI1	Strengthen National Societies	47,453
SFI3	Influence others as leading strategic partners	17,828
	TOTAL	**256,404**



Reference documents ↘

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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For IFRC Resource Mobilization and Pledges support

- IFRC Africa Regional Office for resource Mobilization and Pledge: Franciscah Cherotich Kilel, Senior Officer, Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Illah Ouma, Acting PMER Coordinator, email: illah.ouma@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.