

Operation Update Report n°1

Sudan / Gedaref: Kalazar cases increase

DREF n° MDRSD031	GLIDE n° EP-2022-000177-SDN
Operation update n° 1 Date of issue 18 May 2021	Timeframe covered by this update: 04 March to 09 May 2022
Operation start date: 04 March 2022	Operation timeframe: 03 months and end date 30 June 2022 (01-month extension)
Funding requirements (CHF): 0	DREF amount initially allocated: CHF 46,609
N° of people being assisted: 118,963 (19,827 HH) in Gedaref and villages located in Sinnar close to the border with Gedarif	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies IFRC	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), World Health Organization (WHO), UNDP, and Global Fund.	

Summary of major revisions made to emergency plan of action:

This update aims to provide progress on the Gedaref Kalazar operation and extend for one month the operation time frame.

Administrative delay in getting funds in the field and having access to secondary data, explains the extra time requested by SRCS. The coming weeks will serve to complete the assessment and ensure it is published and shared internally and externally for the use of various partners considering the lack of those data for Gedaref and at the country level. The National Society will also ensure the completion of all the activities around sensitization and health promotion, Risk Communication, and Community Engagement (RCCE) which is crucial in aiding the uptake of essential prevention and control of the spread of Visceral Leishmaniasis (VL). Community feedback to be collected will also provide key primary data for the assessment. The response strategy and the budget remain the same.

A. SITUATION ANALYSIS

Description of the disaster

On 12 February 2022, the Director of the Department of Vector Control at the SMOH Ministry of Health (SMoH) of Gedaref State, released an [appeal statement of](#) emergency to control an alarming increase of Visceral Leishmaniasis (Kala-Azar) cases. The report indicated a continuous increase of cases throughout 2022 with 302 cases and 8 deaths reported for January only compared to the previous year's. The report showed cumulative data of 2,973 cases with 69 deaths registered in 2021; 2,137 cases with 38 deaths in 2020 and 2,098 cases with 29 death in 2019.

From the SMoH report and available information, it was highlighted that the spread of the disease was attributed to the natural condition that provides an appropriate conducive environment for the Sandfly (vector) survival that including cracked ground soil, Acacia, and Heglig trees, which are abundant in the area. The exit of key organizations supporting the VL intervention and the influx of refugees in the past 2 years from Ethiopia increase the risk of an outbreak.



As illustrated above and in line with SMOH call for support, the DREF was launched on 4th March 2022. The response was to focus on providing more information through assessment and to support preventive measures aligned with the government plan in terms of awareness messages and RCCE response strategies against VL.

Due to the endemicity of VL, less funding for preventive interventions, and population movement in the region, the risk of case increase remains high. The extension will strengthen the coordination and sustainable RCCE preventive activities, and community participation as well as allow understanding of population risk and vulnerabilities for lessons learned. The ultimate goal is to promote evidence-based decision-making and resilience for effective and sustainable local solutions.

Summary of current response

Overview of Host National Society

SRCS is mandated as an auxiliary to public authorities in the prevention and mitigation of human suffering for the benefit of the communities through public health emergencies. Therefore, SRCS is responding to this VL case increase as stipulated in the National Society (NS) statutory mandate by complementing governmental action plans and fulfilling its auxiliary function.

SRCS has a well-established working relationship with public authorities at federal, state, and local levels, good partnership and collaboration with RCRC movement partners, UN agencies, and national and international NGOs working in the state. SRCS humanitarian programs and projects include but are not limited to health, first aid, Epidemic preparedness, Disaster management, tracing for missing persons as a result of conflict, Community health volunteer programs, and water and sanitation among others. Gedaref branch has 16,740 volunteers ready for active deployment in the event of emergencies.

SRCS is engaged in the below activities:

Coordination

SRCS is liaising with the department of Integrated Vector Control department, particularly in accessing vital VL statistics and reaching out to the community. Meetings have been held in Al Quresh, East and Western Galabat, Basunda, and Al Rahad with Health Affairs executives who are in charge of locality health. The role of the locality health department is mainly to promote preventive health activities.

Community meetings have been conducted in Mahal in Eastern Galabat, Jabal Gana in AL Quresh and Al Rahad centers, Babikir in Basunda and Bandigaw in West Galabat. The community meetings raised awareness and sought permission to engage in prevention activities. The main purposes of the meetings were to get the community informed and to actively participate.

Vector Control (Spraying)

60 volunteers participated in insecticide spraying for 15 days in the 6 localities while fogging was done in Mafaza. Besides the volunteers, SRCS contributed fuel for the cars. The SRCS branch health coordinator and head of the volunteer were part of the vector control supervision team working with SMOH.

Assessment

With the use of literature reviews, retrospective VL sentinel data review, and key informants interview methodologies, preliminary key assessment findings details have been collected since March 2022. And information collection among communities is still ongoing. More details on the assessment results are in the needs section.

Risk communication and health promotion

Volunteers are mobilized and have started sensitization in the communities.

Overview of Red Cross Red Crescent Movement actors in the country

The International Federation of Red Cross and Red Crescent Societies (IFRC) supports SRCS through the Sudan and Eritrea Country Cluster Delegation, based in Khartoum. IFRC Cluster Delegation consists of a Head of Delegation, National Society Development (NSD) delegate, Operations Manager, Public Health delegate, and Finance and Administration team. Additional technical support is requested through the Africa Regional Team. IFRC is providing capacity strengthening to NS on community outreaches, national society

organizational development, vector control, floods and population movement, first aid, and primary health care among others.

None of the Partner National Societies (PNSs) operating in Gedaref are linked to this intervention though they have projects in the localities and in among the Ethiopian refugee camps of Tunaydba, Um-Rakuba, and Babikir.

In the country, the movement partners meet once every two weeks to discuss and coordinate emergency response and preparedness actions. The meeting is chaired by the SRCS head of Disaster Management and all in-country RCRC movement partners are participants. Additional meetings for urgent updates are planned ad hoc with the involved partners.

Overview of non-RCRC actors in the country

Routinely, WHO supplies insecticide and fogging machines to the SMOH as part of their mandate in vector control. In the past WHO has provided Rapid diagnostic tests (RDT) rK39 as SMOH is solely responsible for all VL interventions. There are 13 testing and treatment centers in the state. There are no other partners involved. MSF-CH did have VL activities for 10 years but handed them over to SMOH two years ago.

Needs analysis and scenario planning

Needs analysis

Further to the initial data shared in the EPoA published [here](#), SRCS conducted a detailed assessment in Gederef which is still ongoing.

As initially illustrate in the plan of action, Gedaref is in the global burden of diseases and VL is endemic in the state and the country.

With the use of literature reviews, retrospective VL sentinel data review, and key informants' interview methodologies, preliminary key assessment findings details have been identified as shown below.

- Gedaref State is the main endemic area of VL in Sudan with up to an incidence rate of 75 cases per 10,000 persons per year and contributes between 2,000 and 7,000 cases to the annual global caseload estimates of 500,000 cases and 51,000 deaths.
- Acacia and Heglig trees, cracked house walls, and ground soil provide habitation for Sandflies.
- Generally, the VL data shows a declining incidence and mortality over time.
- Those aged between 5 and 14 years are more affected than other age segments.
- The months of November, December, and January as the peak of cases.
- A significant increase of VL is noted in the January months over the last four years 11% - 2018, 57% - 2019, 19% - 2020, 53% - 2021
- The main testing and treatment sites are Professor Mohamed Alhasan hospital Dooka, Bandigaw, Alnahal, Alhawata, Tabarkallah, Basunda, Um alkhair, Almogran, Kassab, Bazoora, Obstetrical , pediatric, and Gadarif hospitals.
- The first-line treatment is Sodium Stibogluconate (SSG) + paromomycin 750 with Ambisome (Amphotericin B) being the second line.
- The main preventive interventions include the distribution of treated bed nets, environmental spaying and health education, and promotion
- The main reason why people are not implementing Kala Azar protocols includes, low uptake of behaviour changes initiatives

The retrospective data analysis shows a general declining incidence over time in contrast to what was thought at the beginning. However, data for the periods of January over the years shows a spike in caseload since 2018 which raised an alarm or call by the SMOH of health to seek external assistance. Environmental factors of housing, Acacia and Heglig tree (*Balanites aegyptiaca*), Acacia (*Acacia seya*), and the river basin of Atbarah and Rahad are important drivers of the spread. The KII establishes that the SMOH is competently in charge of all the interventions ranging from treatment, prevention, and collaboration with partners. The SMOH has well-established testing and treatment sentinel sites in the state and data is captured on monthly basis.

Cummulative VL Cases 2000 - 2021



Figure 1 Cumulative VL cases during periods January 2008 to 2022

The general observation in figure 1 above shows a declining incidence over time. There are five incidence peaks in 2003, 2010, 2014, 2017 and 2021

VL associated mortality 2002 - 2021

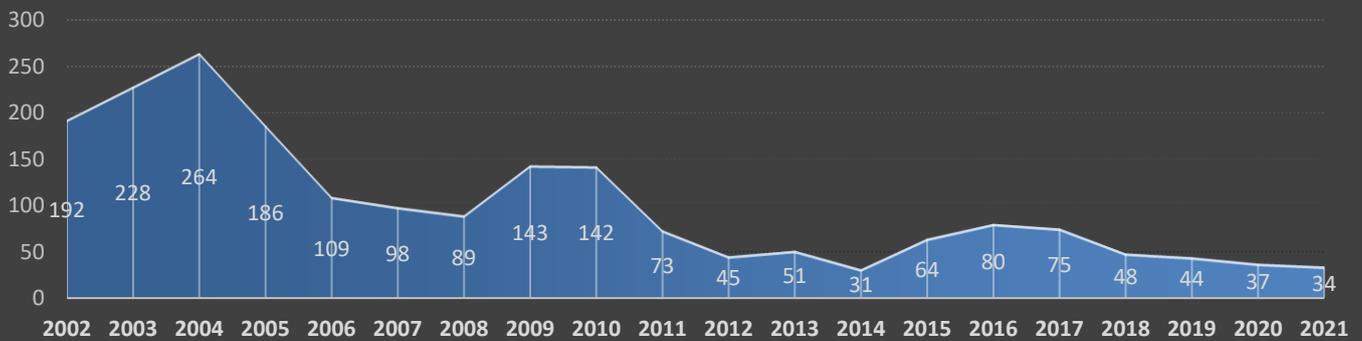


Figure 2 Cumulative VL Deaths

The general curve observation indicates an overall drop in reported VL death that can primarily be attributed to the wide utilization of insecticide-treated nets, continued residual-insecticide house spraying and health education, and promotion.

Cummulative VL Cases and death period month January (2008 - 2022)



Figure 3 Cumulative monthly cases and death from January period 2008 to 2022

In the last four years, there were 11% (2018), 57% (2019), 19% (2020), and 53% (2021) incidence increases for the same period of January. The death proportion of the cases was highest in 2013 though with the lowest incidence. During the period 2019, 2020, and 2021 the proportion of death in the cases was 3%.

The assessment reveals well-organized and established testing, diagnosis, and treatment centers in the designated number of government health facilities with a successful trend over the years. However, shrinking funding and missed mosquito nets distribution raises concerns. A follow-up with key SMOH personnel responsible for net distribution is planned.

In the last 2 years, an influx of more than 50,000 refugees from Ethiopia have settled mainly in Tunaydba, Um-Rakuba, and Babikir camps. The risk of infections is high if these refugees have no disease contact or have come from endemic areas which increase the risk of introducing them to non-endemic villages. Therefore, strengthening the surveillance system amongst displaced populations is crucial as sentinel sites can be considered passive detection. A focus group discussion and a review of the camp UNHCR epidemiological surveillance is necessary to check if any diagnosis among the refugees is planned.

Scenario planning

Based on the preliminary assessment findings, the preferred scenario is to align the activities with the SMOH intervention. These strategies remain as a continuation of assessment, RCCE, and community awareness. No scale-up of the current strategy, and no substantial revision to the proposed response in the scenario. There will be close monitoring of the situation during the next 2 months and after the end of the DREF operation. Details about the planned scenario can be found in the EPoA [here](#).

Operation Risk Assessment

Operational risks are captured in the [published EPoA](#) for reference.

SRCS is ensuring engagement with the SMOH and local authorities, staff, and volunteers in the implementation relying on already established community channels. Continuous engagement with community leaders will minimize any disruptions.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective of the response is to limit and prevent escalation of cases and mortality due to VL, by ensuring a proper understanding of the disease situation, a Community mobilization, and risk communication and awareness to 24% of the most vulnerable population in Gedaref and border localities for 2 months (118,963 people, 19,827 HH).

The strategy is to continue with the in-depth assessment, community mobilization, awareness, and risk communication. With the data already provided by the assessment, the situation is not an emergency state which could justify for the moment a scale-up of the ongoing response. Nevertheless, the assessment will be completed to improve based on the recommendations provided to be worthy of publication, so that a better understanding of the KalAzar epidemic evolution, response strategies implemented and communities KAP on KalAzar are improved. Also, the assessment would serve MoH, NS, and health/ humanitarian partners in Sudan. The assessment is mainly about verifying provided data and checking on the availability of treatment, drug supply, community awareness, and community capacity.

The initial assessment indicating the refugee population and population around planting and host communities leaving in traditional construction (with tree structures) could be more exposed and are more at higher risk. This will be integrated into the RCCE activities and for the health promotion activities of the Sudan Red Cross in support of the refugee communities as well as in the planned awareness activities.

Risk communication and community engagement

The initial plan was to implement Community-Based Health and First Aid (CBHFA). However, following the assessment and budget limitation and time, only module one that deals with fundamental principles will be implemented. SRCS is building on this to engage the community in future activities.

Awareness

Awareness raising and social mobilization done by SRCS volunteers is focusing on appropriate clothing, the use of treated nets at night, and environmental cleaning. IEC materials (posters and leaflets) have been designed and ordered. Messages will be relayed through radio, home and school visits, and community meetings.

Protection and Gender Inclusion (PGI)

Given that younger persons are more vulnerable, women who are mostly caretakers in the affected communities are being targeted to ensure the use of mosquito bed nets while sleeping. Specific FGD targeting different groups will ensure all voices are heard in the implementation with a focus on future interventions. As well, FGD is planned for in the Tunayba camps that fall within the Mafaz locality.

Pending and ongoing activities to be implemented

- Training of 140 SRCS volunteers to participate in environmental spraying
- Assessment to verify provided data, visit treatment centres
- Participating and supporting SMOH coordination meetings
- Developing and distribution of IEC materials including posters for an awareness campaign.
- Procurement of 8 megaphones for volunteer sensitization support
- FGD among women, men youth, and refugees
- Community meetings targeting, refugees, religious, community leader, women, and youth, and special groups
- Deployment of 140 volunteers on 15 days rotative frequency per month.
- Awareness activities (in schools, community meetings, on the radio)
- Lesson learned workshop in the last week of the project

More details on the strategy and support services can be found in the EPoA [here](#).

Exit strategy

The initial assessment report shows that the SMOH is competently in charge of all the activities. These activities range from testing, diagnosis, treatment, preventive and promotive. The plan of this DREF is to have evidence-based recommendations in the assessment in a way that provides support to the MoH plan for future purposes considering that VL is endemic. The call for assistance may not be the last so this request for a one-month timeframe extension is to finalize community feedback collection and communities and MoH discussions for strong basis which will inform future operations and other partners in the country.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 118,963 people (19,827 HH)

Male: 58,292

Female: 60,671

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

Indicators:	Target	Actual
#of people reach with preventive messages on Kala-Azar (118,963 people (19,827 HH))	118,963 people/ 19,827 HH	0

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

Indicators:	Target	Actual
#of volunteers/technical staff briefed on assessment process (30)	30	30
#of assessment conducted Kala-Azar health issue (01)	01	1
#of assessment report (01)	01	1
#of FGD conducted to document the operation and inform the strategy (minimum 10)	10	0

Outcome 4: Transmission of diseases of epidemic potential is reduced

Output 1.2: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing

Indicators:	Target	Actual
#of cases refer/identified in communities (1%)	1%	0
#of CBS surveillance system in place (01)	01	0

Output 4.1: Community-based disease control and health promotion is provided to the target population

#of training on CBHFA conducted (01)	01	0
#of CBHFA volunteers identified and activated for emergency response (140)	140	140
#of posters printed for sensitization (500)	500	0
#of others IEC material printed (1000)	1000	0

Progress towards outcomes

The DREF design is mainly for assessment and initial support to the prevention actions even if the SMOH appeal was towards environmental spaying, sourcing of relevant IEC materials, and general RCCE. Therefore, a flexible approach was adopted to allow SRCS volunteers to participate in the spraying activities in support of MoH.

The planned assessment is ongoing with preliminary findings shared. Remaining weeks will allow feedback collection, to improve and collect additional primary data.

Although there are 1% active community case findings, this is not feasible within the initial time frame. The established surveillance subsystem is sufficient for the moment for case detection activities and those activities will continue.

Strengthen National Society

Outcome 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

Indicators:	Target	Actual
#of volunteers involved in the operation who has conducted the required briefing (140)	140	140
#of staff involved in the operation (05)	05	5
#of volunteers insurances (140)	140	140
#of NS monitoring visit from branch (05)	05	3
#of community feedback system in place (01)	01	0
Progress towards outcomes		
<p>140 volunteers are identified though only 70 are engaged for respecting 15 days only work for volunteer SRCS policy. At any given time in the country, 1500 volunteers are covered for the period 2022 by SRCS. The key staff directly involved in this operation are 1) Branch Health Coordinator, 2) the Branch Head of Volunteers, 3) a driver, 4) 2 finance officers (Branch and HQ), and the head of DM with support from the public Health delegate. This report is a brief update on the implementation. Strong communication and collaboration resettled to ensure the completion of activities within the 3 months.</p>		

International Disaster Response

Outcome S1: Outcome 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.

Indicators:	Target	Actual
#of coordination meeting held with partners on this response (06)	06	2
# of radio message diffusion (50)	50	0
#publication on Social media (at least 2)	02 minimum	1
#media coverage to on this operation (03)	03	1
#of monitoring mission and technical support from IFRC (new)	02	1
Progress towards outcomes		
<p>VL case increase forms part of the general health forum meetings in the state. There are no separate VL coordination meetings as envisaged in the EPoA but NS is keeping strong coordination with MoH and WHO regarding the activities planned and the complementarity in the MoH response plan. Radio messages are being prepared for broadcast. The branch communication has displayed a Facebook page, Twitter, and SRCS WhatsApp group. The intention is to publish the assessment as a scientific study/finding on the NS page and ensure proper risk communication and community involvement is conducted during the remaining time.</p>		

D. Financial Report

The allocation and budget remain unchanged at CHF 46.609 to be spent within the 3 months. Ending 30 June 2022.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

APPEAL CODE - COUNTRY - OPERATION NAME

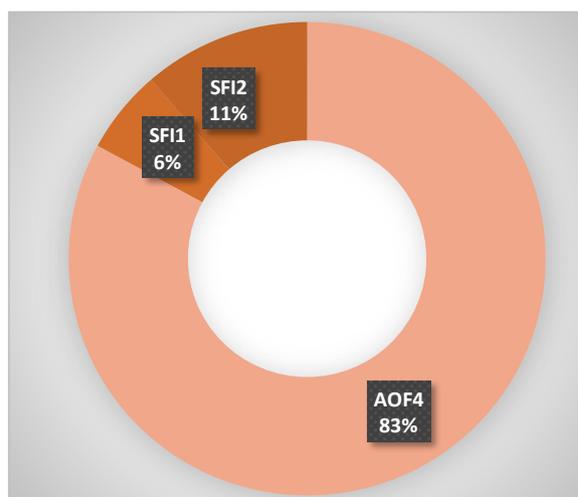
20/02/2022

Budget by Resource

Budget Group	Budget
Medical & First Aid	2,195
Teaching Materials	13,129
Relief items, Construction, Supplies	15,324
Transport & Vehicles Costs	8,602
Logistics, Transport & Storage	8,602
National Society Staff	2,464
Volunteers	5,855
Personnel	8,319
Workshops & Training	4,760
Workshops & Training	4,760
Travel	4,572
Office Costs	626
Communications	614
Financial Charges	948
General Expenditure	6,760
DIRECT COSTS	43,764
INDIRECT COSTS	2,845
TOTAL BUDGET	46,609

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	38,649
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SF11	Strengthen National Societies	2,665
SF12	Effective International Disaster Management	5,295
SF13	Influence others as leading strategic partners	
SF14	Ensure a strong IFRC	
TOTAL		46,609



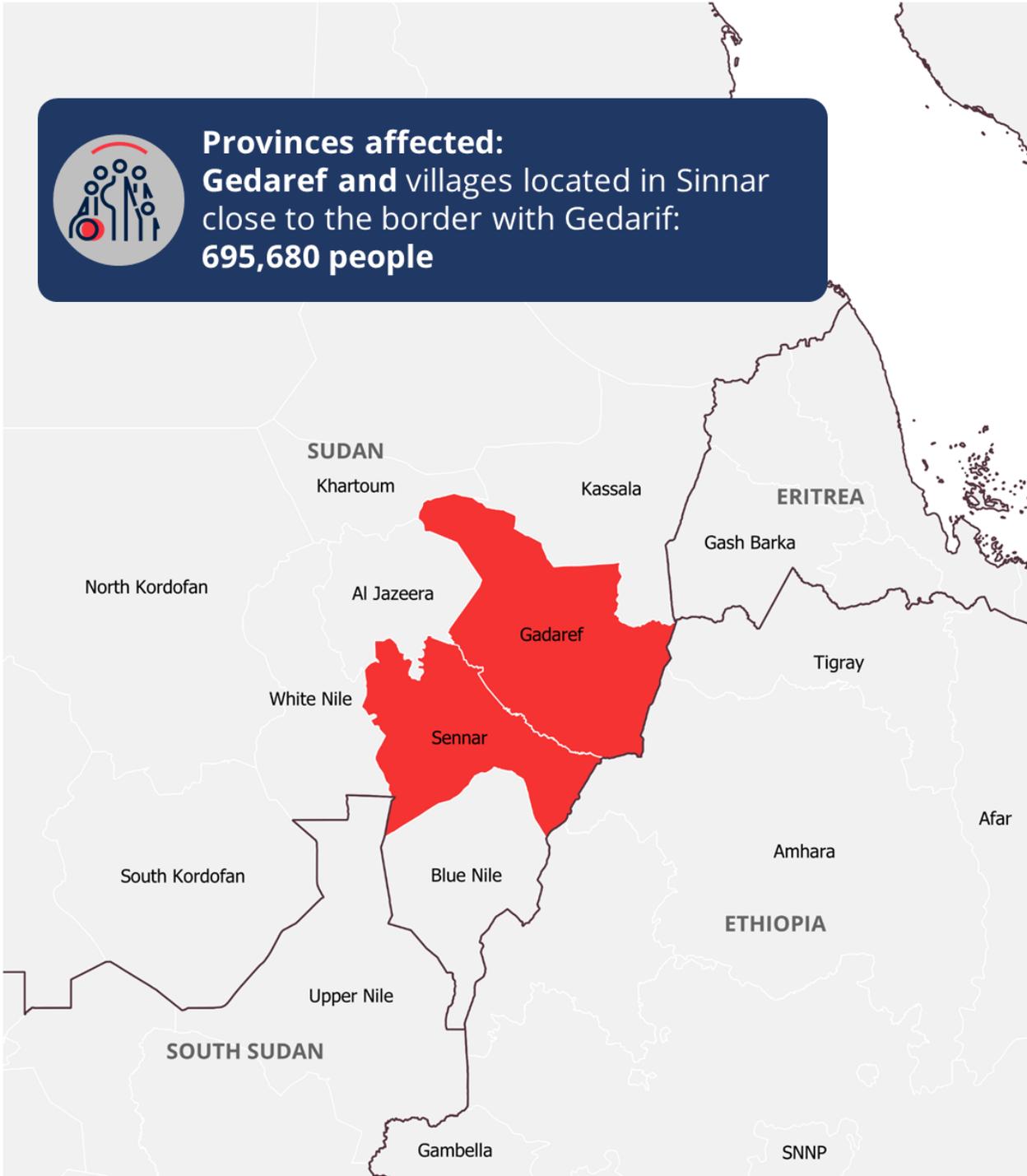


Sudan/Gedaref: Kalazar cases increase

Glide [EP-2022-000177-SDN](#)



Provinces affected:
Gedaref and villages located in Sinnar
close to the border with Gedarif:
695,680 people



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.



Reference documents



Click here for:

- Previous Appeals and updates
- [Emergency Plan of Action \(EPoA\)](#)

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For In-Kind donations and Mobilization table support:

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

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@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.