



SSRC volunteers Lainya Unit Yei Branch had serious house to house awareness - 13/03/2023

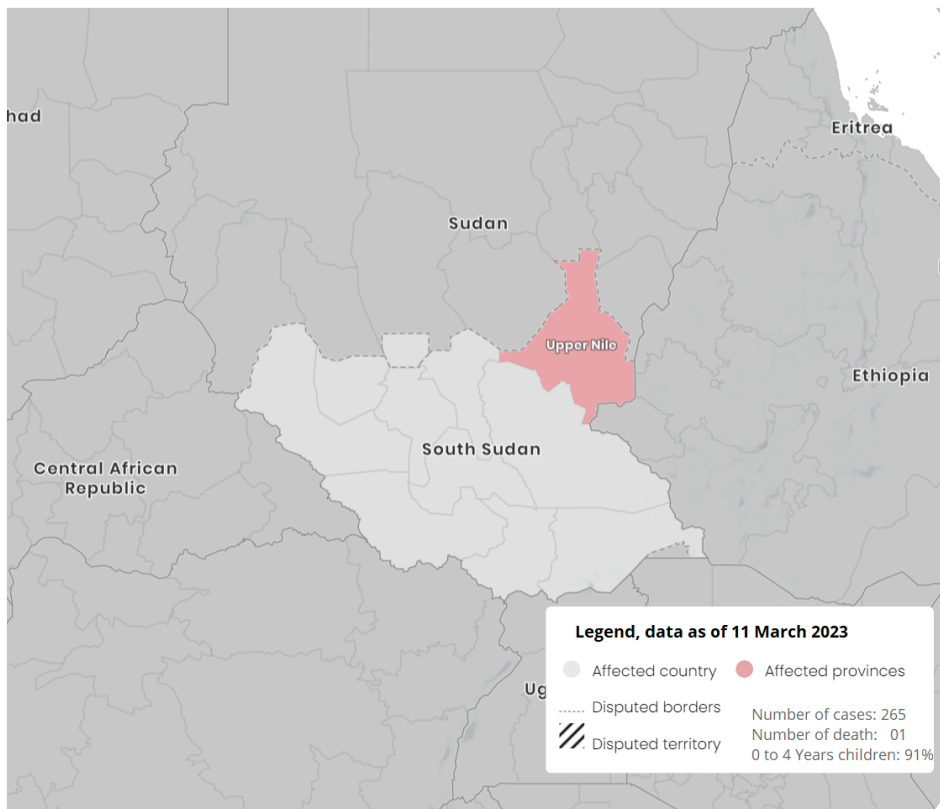
Appeal: MDRSS012	DREF Allocated: CHF 158,035	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000039-SSD	People Affected: 147,450 people	People Targeted: 66,121 people	
Event Onset: Sudden	Operation Start Date: 2023-03-20	Operation End Date: 2023-07-31	Operation Timeframe: 4 months
	Targeted Areas:	Upper Nile	

Description of the Event



South Sudan, Cholera in Upper Nile, Malakal

EP-2023-00039-SSD



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, Data sources: IFRC, OSM contributors, Map box.

Map Sources: ICRC, UN CODs

South Sudan Cholera in Upper Nile, Malakal

What happened, where and when?

On the 22 of February, Medicines' San Frontiers Spain (MSF Spain) in Malakal, Upper Nile State received an alert of increasing cases of acute watery diarrhea and vomiting in children aged 1 year and below. Two samples were collected and tested positive for cholera on rapid diagnostic testing (RDT). Additional nine samples were collected and transported to the National Public Health Laboratory in Juba on 02 March 2023 for culture and polymerase chain reaction (PCR) testing. Two out of the nine samples tested positive for *Vibrio cholerae* on PCR testing. On 25 February 2023, the Ministry of Health received notification of a suspected case of cholera from Malaka, Upper Nile State. Since then, Malakal county continue to receive more alerts of increasing cases of acute watery diarrhoea and vomiting.

On 07 March, the Government declared the outbreak in Malakal, in the Upper Nile province after one case was confirmed. The Malakal cholera situational update of 11 March 2023 reported an increase of cases of 48% since the declaration of the outbreak by the Government. Indeed, with 265 cases recorded on 11 march, the cases continue to go upward, with some worrying figures on the group affected, including children under 4 being the majority of the cases (more than or equal to 91% all along the week) and cases now reported in Protection of Civilian sites where more than 34,056 people are leaving in critical coping mechanism.

The situation is prompting the support from South Sudan National Society to the Government's effort to eliminate the disease. Both the town population and PoC overall population mentioned above are at risk. SSRC activated

branches and in accordance with its role with the Government has attributed some response pillars to support by county MoH to strengthen the response.



SRCS volunteers doing social mobilisation SRCS volunteers doing social mobilisation

Scope and Scale

1) Epidemic evolution and current situation:

- The county reported the first suspected cases on 22 February 2023.
- With the positive PCR test result, the Ministry of Health hereby declared a confirmed outbreak of cholera in Malakal, Upper Nile State, South Sudan on 07 March 2023, and issued situation report number one with:
 - 179 suspected cases of cholera include 2 laboratory-confirmed cases and one death (case fatality ratio (CFR) is 0.6%).
 - Children from 0 to 4 years were already 170 (95%) of the 179 cases reported.
 - Caseload repartition is as follows: 109 (61%) are from Malakal Town, while 70 (39%) are from Malakal Protection of Civilians Sites (POC).
- As of 11 March 2023, cumulatively Malakal recorded
 - 265 suspected cholera cases, 6 new admissions on that day, and death remain one cumulatively (CFR-0.38%).
 - The trend of children under 4 remain the one of the main concern of this outbreak (91% of the total cases).

So far cases have been reported from two (2) locations: Malakal town and POC. The County Protection of Civilian Camp and host community are then the main at risk areas and the movement between the two communities and surrounding county are high factors for a likely escalation of the ongoing outbreak. The population at risk is considered in the current scenario at 147,450 people, the County population.

2) Risk of escalation

Malakal County is one of the main city in Upper Nile state and has IDPs camps names PoC established for years which record between 39% to 29% of the reported cholera cases since the outbreak started. The Malakal PoC site was born out of the civil war that started in South Sudan on 15 December 2013. At the time, civilians were fleeing from indiscriminate and deliberate attacks and their only place of refuge was the UNMISS Base in Malakal. To date, it remains a crucial safe haven for 34,056 IDPs/civilians (source: DRC April 2021 population head count) who still perceive the security environment outside the PoC site as unsafe, with the PoC site continuing to serve as a critical coping mechanism for populations facing risk in Malakal and beyond.

The cholera situation can escalate further with the seasonal population movement usually experienced either for agricultural or seasonal movement. With the seeding season and Ramadan starting soon, a lot of movement is usually experienced for seed trading between the counties and/or the main cities, and also usually more flux to the rural areas, mainly agro-pastoral. The risk to see an escalation in the coming weeks is to consider.

The ongoing rains are likely to affect further the already minimum facilities and the leaving condition in the PoC, in the

overall county and surrounding counties and provinces. The rainy season differs by location, but it generally Noting that occurs between April and November. The lowland areas of the Upper Nile province and surrounding provinces receive the highest rainfall, same as border states which are most endemic cholera and currently experiencing floods. The outbreak in surrounding counties and especially living conditions in the POC newly created division with poor WASH facilities are existing aggravating factors. In the complex situation and unpredictable impact of the coming floods period, stopping the risk of transmission is important to address the risk of seeing this outbreak spread beyond the current scope.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population groups?	No
Did the National Society respond?	No
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	-

Lessons learned

South Sudan Red Cross Society has built on this plan with the experience that has been earned by the previous projects implemented, including DREF operations linked or not to the epidemic responses. To increase effectiveness and efficiency, the lessons learned below are integrated into the planned intervention from the planning stage to reporting:

- Joint planning has been ensured with branches and countrywide partners, following the learning from past DREF assistance, as this has proved to provide synergies and avoid duplications in the implementation stage.
- On volunteer selection, training, and management, the use of community-based volunteers to conduct social mobilization and community-based surveillance has worked before under previous health interventions considering the logistical challenges and insecurities, especially in Malakal. In addition, training volunteers on different pillar modules has demonstrated effectiveness in reaching out to more populations. These two approaches will be integrated into the volunteers' selection and management.
- Community-based health promotion approaches being used by SSRC as part of the Boma health initiatives have proved to be successful in the management of community-based diseases and are being replicated in many areas within SRCS health programs. This will also be upscaled in Malakal.
- The initiative by the health cluster to conduct and update cholera hotspots in South Sudan has assisted in strengthening the prevention of diseases. Malakal as part of the hotspots has had a lot of cluster coordination activities. This mapping is going to assist in forecast-based support interventions.
- The NS has a strong community disaster response team in Jonglei state which has assisted in local community responses and SSRC plans to upscale this into Malakal and to integrate DM wash and health within the same teams.
- CEA interventions have led to increased community participation in SSRC activities leading to more ownership, accountability, and acceptance. This will be scaled up in all SSRCS interventions.
- The initiative by the health cluster to conduct and update cholera hotspots in South Sudan has assisted in strengthening the prevention of diseases. Malakal as part of the hotspots has had a lot of cluster coordination activities. This mapping is going to assist in forecast-based support interventions.

Current National Society Actions

<p>Community Engagement And Accountability</p>	<p>The National Society has in place a CEA system that will support the Cholera response activities in Malakal, and a hotline from a local network provider has been activated for the purpose of receiving community feedback. CEA will be mainstreamed in the operation and be coordinated by the CEA focal point person who will closely be in the cycle with the national CEA protocols.</p>
<p>National Society Readiness</p>	<p>SSRC has a branch in Malakal County. Volunteers have previously dealt with Cholera cases before but there is a need for refresher training. Currently, the Malakal branch has 41 volunteers who were trained on acute watery diarrhoea in Malakal and will be deployed for the cholera response. SSRC also has trained National Disaster Response Team members who will be mobilized for the whole period of the operation to support the Branch in carrying out day-to-day interventions. SSRC has a Health & WaSH Officer and the EP&R Officer in Malakal who form a strong base for this response at the branch level. The NS Headquarter Health Department staff will from time to time provide backstopping in the carrying out of the interventions in collaboration with CEA, Branch development, and the PMER team. In Malakal, SSRC is supported by Swedish RC through ICR project focusing on humanitarian response with actions in DM/DRR, health, WaSH and protection. However, last few months most of the support of this project has gone to the displaced from the conflict in Kodok. This ICR project however is ending in 2 weeks time.</p> <p>The national society will also leverage on the ECHO funded Programmatic Partnership project's flexibility on responding to disease epidemics, depending on where outbreaks occur across the country.</p> <p>As the current outbreak is not in the same area and there are a lot of floods risk areas mainly in neighboring counties parts of Malakal county, the National Society is monitoring the floods situation in relation to any occurrence of diarrhea cases which could add another cholera outbreak hotspot and spread the disease.</p>
<p>Assessment</p>	<p>SSRCS is working hand in hand with MOH and National Public Health emergency Operation Centre (NPHEOC) in following up the situation in Malakal from time to time.</p>
<p>Coordination</p>	<p>South Sudan government through the Ministry of Health has activated the National PHEOC with comprises all actors in the Health Sectors both line ministries and agencies. South Sudan Red Cross Society has been given a leading role in coordinating RCCE activities at the National level and is being represented by the Emergency Health coordinator Internally the National Society has equally activated its EOC for the purpose of triggering internal response and resources with the involvement of IFRC and the PNSs. The office of the Branch Development Manager has equally triggered alerts to the local branches for the purpose.</p>
<p>Resource Mobilization</p>	<p>South Sudan Red Cross is working with IFRC and PNSs to Mobilize resources for the Cholera response.</p>
	<p>South Sudan Red cross has a national-level multi-hazard Contingency as well Malakal branch contingency plan of which epidemics is one of the hazards focused on the plans, MHPC indicates that one case of cholera requires imme-</p>

<p>Activation Of Contingency Plans</p>	<p>diate activation of the plan as well as resource mobilization for a response.</p> <p>Therefore, SSRCS has activated its IMS to facilitate the Cholera response of readiness to respond. Generally, the NS has been consistent in supporting and participating in National events across the country. The South Sudan National Public Health for emergency Operation Centre has continued to coordinate the Cholera operations.</p> <p>The NPHEOC has activated its Rapid Response Team and its National Multi-sectoral plan at the National as well as at State levels.</p> <p>The RCCE and Health cluster meetings with stakeholders are taking place on weekly basis and SSRCS is part of these structures.</p>
<p>Health</p>	<p>Upon receipt and declaration of cholera, SSRC activated its EOC and held a movement partner meeting to update on the situation and plans.</p> <p>SSRC Malakal branch participated in joint task force meetings in Malakal chaired by the state ministry of health.</p> <p>SSRC deployed a health officer from HQ in Juba to support the local branch in Malakal. The deployed officer is vastly experienced with cholera response from previous responses. UNICEF on the ground invited SSRC's local branch on how to collaborate in the response. The deployed health officer is thus participating in these meetings in support of the Malakal branch.</p> <p>The National Society has in place prepositioned stock such as Chlorine tablets, Soap, and Oral rehydration Salts sachets. Additionally, 41 volunteers were trained in health-related topics including the prevention of acute watery diarrhoea in the Malakal branch, and will be trained on cholera deployed 30 and 10 will be on standby should cases escalate and affect neighboring counties.</p>

Movement Partners Actions Related To The Current Event

<p>IFRC</p>	<p>The IFRC cluster headquarters is hosted in south Sudan with a full established office headed by head of delegation leading a team. in the team there an operations/programme/disaster management delegate, NSD delegate, logistics senior officer, finance delegate, CP3 health delegate, PMER officer and two regional delegates for immunization and wash. this team has been working closely with the national Society in providing technical guidance and development of the operation plan.</p>
<p>ICRC</p>	<p>ICRC provides support based on its mandate in conflict-affected areas and in Malakal, the ICRC has a sub-delegation office providing security advisories to responding teams.</p>
<p>Participating National Societies</p>	<p>Swedish RC has been supporting the Malakal branch for 1.5 years through an integrated humanitarian resilience-building project. The intervention benefits from the 10 prepositioned ORT kits and soap, the 41 trained health/WaSH volunteers, and the Health Officer in place. On Monday 13th March, 30 SSRC volunteers (14M, 16F) already received a refresher training on cholera risk communication.</p>

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>Currently, the National Ministry of Health together with the State Ministry of Health supporting the Malakal County Health department through</p> <ul style="list-style-type: none"> • Action of the National Incident management system to provide technical and operational guidance on the evolving situation in Malakal County. • Distribution of reporting tools such as case definitions to the health facilities and community level to strengthen surveillance. • Intensified surveillance activities including risk assessment, outbreak investigation, active case search, community surveillance, and contact tracing. • Risk Communication and Community sensitization, activities • Isolation, Case management, and IPC • Deployment of RRT to support County Health department team responses. <p>Despite the ongoing joint effort, the gaps remain and South Sudan Red Cross with other partners is supporting them. The main role repartition to cover these gaps are defined as follows:</p> <ul style="list-style-type: none"> • In the health cluster, SSRC in coordination with UNICEF has been allocated RCCE activities in Malakal County including in POCs. In Malakal town, zonal coordination of UNICEF/SSRC volunteer networks will guide the implementation to avoid duplication • Treatment and ORP are currently managed by MoH with MSF support • On WASH two partners, SSRC and world vision have been allocated the implementation roles. SSRC will be focused on community-level activities for the water testing free residual chlorine at HH level, latrines and water safe access, hygiene, etc. <p>Follow meetings will be held between SSRC, world vision and UNICEF to ensure wash activities are not duplicated.</p>
<p>UN or other actors</p>	<p>UN and other actors are part of the cluster system that has been activated and are helping the Government in resource mobilization and surveillance. They are part of the PHEOC and cluster coordination. The following are some of the organizations and their roles:</p> <ul style="list-style-type: none"> • UNICEF provision of WASH services and supplies aside from SSRCS • IOM provides Cholera vaccines. • WHO - supports MOH in Cholera treatment and the provision of treatment supplies • World Vision provides WASH services in town aside from SSRCS mainly focusing on PoC and complementing WASH support in town. • MSF-Spain and IMC provide case management both in Malakal POC and Malakal town <p>A meeting on sectoral components will be held between SSRC, world vision, and UNICEF to ensure wash and health activities are not duplicated.</p>

Are there major coordination mechanisms in place?

The Ministry of Health through the National Public Health Emergency Operation Centre (NPHEOC) has activated the National Incident Management System (PHEOC) at County, State, and national levels.

At the National level, the PHEOC is held weekly as SSRCS participates in all. Equally, the SSRCS internal EOC was activated for the purpose of coordinating internal response and resource mobilization.

South Sudan Red Cross has been given the principal role of coordinating the RCCE intervention at the National level trickling down to the State and County.

Needs (Gaps) Identified



Water, Sanitation And Hygiene

In this current Cholera situation, the Ministry of Health has regretted that the Lack of adequate WASH services may pose serious challenge for effective prevention and control of Cholera. It is, therefore, critical not only to sustain the existing water, sanitation and hygiene services but also scale up these to reach the unserved and under-served vulnerable population, as well as meet the increased demand.

Malakal county is not spared as far as water and sanitation challenges are concerned which may exacerbate the situation. Volunteers will be trained on hygiene promotion and linked with Government structures for sustainability of the interventions after the operation.



Health

Considering that Malakal is far from the capital Juba, management of Cholera is a bit challenging due to limited resources and capacities. This might contribute to the fast spreading of the epidemic considering that it is rainy season and flooding is likely to increase the spreading of the outbreak to other neighboring counties. There is a need for intensification of prevention messages against health risks as well as stopping the spread and hence the need for speeding up this operation.

Malakal has several gaps that would contribute to the fast spread of the epidemic. Being hard-to-reach areas access to basic Health as well as the availability of latrines, safe water, and health care is very limited. This will in one way or another affect case management as cases increase due to limited capacities to manage the outbreak. The knowledge levels on health intervention related to disease prevention are equally a challenge among community members, coupled with an inadequate capacity for logistic and health promotion among staff and volunteers for both SSRC and MOH. There are some limitations in risk communication and community engagement due to gaps in the current capacity in delivering preventive messages as well as unavailability of IEC materials such as Banners, fliers, and posters to support community access to information about the disease.

Generally, cholera affects all members of the public, however, vulnerability varies based on several factors. Malakal is an underdeveloped county that lacks many basic facilities such as water facilities, a road network, modern health facilities, and other amenities. The large number over 80 % of the population resides in areas with poor health standards coupled with poor hygiene practices. Makakal County has a population of 66,121 of which 22,040 are males and 44,081 are female. The poverty levels are high and persons living in places with unsafe drinking water, poor sanitation, and inadequate hygiene are at the highest risk for cholera. Cholera generally affects underprivileged groups owing to the fact that they might not afford to purchase certain commodities. Generally, children and other vulnerable groups like those with disability and migrants/IDPs in POC due to border trade are at higher risk of getting cholera and in most cases, the end result could be fatal.

Operational Strategy

Overall objective of the operation

The overall objective of this operation is to contribute towards stopping the cholera outbreak through improved hygiene and health behaviors, interrupting the chain of transmission, strengthening access to case management,

and providing information to communities. The operation targets 66,121 people (11,020 Households) for a period of 4 months in Malakal and the surrounding communities through RCCE, WASH, and health promotion.

Operation strategy rationale

SSRC approach in this response is to increase awareness on prevention through volunteer Risk Communication and hygiene promotion- as well as provision of Chlorine for water treatment in collaboration with the MoH, Local Authorities, and other actors like UNICEF, WHO, and MSF, IOM, IMC and World Vision. In order to sustain the interventions in Malakal County, SSRC will ensure strengthened capacity of the Branch volunteers through refresher trainings and linkage with MOH structures at both County and POC level. The volunteers will be oriented on Epidemic Control and Community Based Surveillance and other important orientation sessions to enable them carry out RCCE activities. The volunteer activities will target Cholera Hotspots, communities with existing cases and also prioritized the surrounding communities, trading areas and areas along watercourses.

As Malakal County has water and sanitation challenges, the operation will focus on supporting families with water treatment and behavior change on hygiene practices. All these interventions will be done in collaboration with MoH and other relevant stakeholders. As stated, only 6 cases admitted by 11 March 2023. The NS plans to scale up interventions if cases continue to rise through updating the DREF and requesting for more funds to support with RCCE and WASH intervention.

The SSRC will ensure the implementation of activities under the DREF are harmonized with actions under the SSRC implemented ECHO programmatic partnership project on Epidemic Preparedness and Response to avoid overlap. The PPP locations are Aweil south and Fangak counties, however the project has flexibility to respond to epidemics to any part of the country. The budget for the entire operation for this response from SSRC is 207,000 CHF and the gap of approximately 39,000 CHF will be supported by the flexibility budget of the PPP. In case the response goes beyond as the NS plans for escalation, the PPP can stop gap. The focus will be on RCCE and hygiene promotion under PPP

South Sudan Red Cross through its active branches will keep monitoring the potential suspected diarrhea cases.

The following tasks will be given priority in the current response:

1. Prevention Engage in initiatives for environmental cleanliness, hygiene, and health promotion from house to house, such as risk communication. This will be accomplished by sending out 30 volunteers twice a week for four (4) months (as the disease evolves). These 30 volunteers will be oriented on CEA modules. SSRC will also support social mobilization to promote immunization. The NS will support the OCV Campaign which the Government has not indicated on dates yet but SSRC will support Community mobilization and continue for the MoH OCV. OCV is approved by the government and other partners are doing the actual vaccination in Malakal POC and Malakal town. To complement this SSRC is doing social mobilization for OCV uptake

2. Reducing transmission with contact tracing and CBS

The 30 SSRCs volunteers will be oriented on contact tracing and CBS to support the MOH initiatives in the same considering that as the cases start increasing, the MOH will be overwhelmed hence the volunteers will be able to cover the gap. The orientation trainings will be facilitated by the MOH staff following their guidelines.

3. Improve hygiene condition and access to safe water

Distribution of WASH supplies, including liquid hand soap and domestic chlorine, to households in selected facilities, together with training on how to use the supplies (14 sachets of domestic tablet chlorine per household, 2 pieces of handwashing soap per household). For this exercise, all 30 volunteers will be under the strict observation of SSRC staff.

In the assigned zonal areas, SSRC will do emergency latrines depending on the needs and hence the smaller number of 20 latrines and these are temporary latrines. We will not install ORPs because this will be done by MSF and MoH. OR salts will be distributed at HHs level

4. RCCE and Social mobilization

In order to measure knowledge, attitudes, and perceptions about cholera and generally Water Sanitation and Hygiene (WASH), volunteers will mobilize communities, demonstrate appropriate hand washing techniques, The response will Purchasing 30 T-shirts, 120 flipcharst and other visibility materials with anti-cholera messages for volunteers and NS personnel. SSRC periodically obtains data on the current situation from MoH/NPHEOC, notifies SSRC Branches, and would dispatch volunteers if the situation worsen. The gathered data and the outbreak's development will be further analyzed and used to guide adjustments to the operating approach. 30 volunteers will be deployed in total to support the execution of this mission. Four NS employees will be in charge of keeping supporting hygiene promotion initiatives. The IFRC has a Disaster Management Delegate in the country who will offer oversight guidance on operation with support from in country health delegate for africa. The NS will base its response on the Community Engagement and Accountability (CEA) principles. Throughout the operation, SSRC will make sure that community interaction and feedback methods are incorporated and mainstreamed. By setting up a feedback station throughout the distribution and sensitization events as well as the door-to-door visits, the NS will be actively engaged in gathering community input. A post-distribution monitoring will also be carried out if necessary. Community representatives, such as civic leaders, women's organizations, religious leaders, and youth organizations, will be chosen to work with on the social mobilization campaigns and community sensitization in order to secure community engagement. The feedback or rumors received by NS RCCE/CEA focal persons will be analyzed and shared with pertinent stakeholders through the activation of various committees, such as the CEA, RCCE committee, with the aim of gathering feedback and communicating to the community in various ways, such as developing IEC to address specific issues, providing feedback through volunteers, and radio programs. The NS has the chance to utilize the already-established CEA platforms, such hotlines and suggestion boxes, within the Ministry of Health. The general members will be reached out to through a variety of methods.

5. Coordination with involved partners

The coordination will be intensified through the clusters already set up by the NPHEOC. This will help to improve management and coordination of the Cholera outbreak response operation.

Targeting Strategy

Who will be targeted through this operation?

The response will target Malakal County and the POC as there are other organizations working there. The outbreak trend for the moment shows a majority of those affected are children below five years. The highest proportion of cases is reported among patients aged 1 – 4 years with 221 (83%) of the 265 cases reported. Male children (248) represent 56% of the cases. 191 (72%) cases are from Malakal Town, while 74 (28%) are from Malakal POC. The POC is run by Danish Refugee Council with several organizations operational and has a strong coordination mechanism in place.

Explain the selection criteria for the targeted population

The rationale for the selection of the targeted population is based on the social, economic, and environmental factors and gaps identified in the UNOCHA sitrep dated 13 March 2023. The response will target Malakal county. The outbreak trend for the moment does indicate that more children below 5 years are more affected than others. Hence, the targeting for the current scenario is focused on - People living in geographically at-risk areas and villages with the ongoing outbreak. The geographical at-risk areas include Malakal town along watercourses, fishing communities, and POC. The community leaders. - Group with physiological vulnerabilities with a focus on people with disability, women in lactation and pregnant, children, elderly.

Total Targeted Population

Women:	22,040	Rural %	Urban %
Girls (under 18):	11,040	0.00 %	100 %
Men:	22,041	People with disabilities (estimated %)	
Boys (under 18):	11,000	18.30 %	

Total targeted population:

66,121

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Increased infection through movement of people affecting other districts apart from Malakal.	Countrywide coordination and intensification of messages
Deployed staff and volunteers get infected	Staff and volunteer are provided with PPES and insurance
Renewed eruption of violence with increased displacement as a result. Between September and December last year, around 30.000 people moved to the POC / other improvised IDP areas in Malakal/Kodok.	Consult ICRC regularly for security briefings.
Increased rainfall resulting to flooding causing poor to access to affected communities	Utilizing local volunteers and community based volunteers in the implementation.

Please indicate any security and safety concerns for this operation


Safer access remains the major challenge for South Sudan Red Cross to reach highly at-risk locations with social mobilization and risk communication campaigns. In addition, logistics and communication remain major factors impeding timely reporting as well monitoring of ongoing preparedness operations. In order to address these challenges, related to access constraints, SSRC senior management team at HQ and branch levels are engaging with various authorities and parties to the conflict in South Sudan for safer access to its volunteers, staff, and operational supplies

Malakal is currently facing violence from armed groups that continues to displace people. access to Malakal is only through greenlight from ICRC for movement partners. This response will therefore utilize the ICRC security clearances for staff and volunteers.


The head of the branch is responsible for the security of staff and volunteers deployed in this operation and reports directly to the NS health manager. IFRC monitoring team and PNSs who are under the ICRC security umbrella will seek clearances before traveling to the field for technical support and monitoring exercises. This has been the normal practice for the implementation of activities in South Sudan.

Planned Intervention

	National Society Strengthening	Budget	CHF 45,263
		Targeted Persons	66121
Indicators		Target	
Number of volunteers insured		30	
number of staff mobilised and supported		3	
Priority Actions:		<ul style="list-style-type: none"> • mobilise staff to response • ensure volunteers are insured • provide operation logistical support 	

	Health	Budget	CHF 58,433
		Targeted Persons	66121
Indicators		Target	
Number of community members oriented on on PSSie		240	
number of volunteers oriented on on PSSie		20	
Number of ORCS satchets procured and distributed		400000	
number of volunteers trained on cholera prevention		45	
number of people reached with radio programmes		66121	
number of radio programmes conducted		24	
number of ICE materials printed		2000	
Priority Actions:		<ul style="list-style-type: none"> • Orient SSRC volunteers, staff, and community leaders on cholera risk communication and CEA in Upper Nile State (Malakal town, POC, and surrounding Counties) and other States and conduct house to house • Purchase and distribution of ORS (45 Cartons) • Conduct house-to-house social mobilization on cholera prevention in hot spots. • Develop and produce IEC materials on cholera • Conduct radio talk shows on cholera risk communication at the 	


	<p>Branch Level</p> <ul style="list-style-type: none"> • Orientation of community leaders in Malakal town and POC on PSSie • Volunteers orientation in Malakal town and POC on PSSie • Procure IEC materials on PSSie
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	Water, Sanitation And Hygiene	Budget	CHF 44,419
		Targeted Persons	66121

Indicators	Target
number of child & disability friendly hand washing facilities (for public places) procured	15
number of pool testers procured	5
number of emergency latrines at ORPs or Health Facilities constructed	20
Number of water source mapped	
number of water testing kits	12
number of reached people with hygiene promotion exercises	66121
number of water points tested	12
number chlorine tablets procured and distributed sachets	462847

<p>Priority Actions:</p>	<ul style="list-style-type: none"> • Distribution of WASH supplies, including liquid hand soap and domestic chlorine to households. Demonstrations will accompany in the distributions • Conduct testing water points • Conduct hygiene promotion sessions • procure water purification powder • Water source mapping • Procure child & disability friendly hand washing facilities (for Health Facilities dealing with the cholera cases) • Orient volunteers on HPiE with focus on AWD and cholera • Procure IEC materials on HPiE • Construct emergency latrines at ORPs or Health Facilities. In the assigned zonal areas, SSRC will do emergency latrines depending on the needs and hence the smaller number of 20 latrines and these are temporary latrines. We will not install ORPs because this will be done by MSF and MoH. OR salts will be distributed at HHS level • Procure local materials (poles, nails, ropes iron sheet for door) • Procure plastics slab • Conduct water quality monitoring • Procure pool testers for water quality monitoring with acces-
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	<ul style="list-style-type: none"> sories • Procure soap, turplin (plastic sheet), Jericans, buckets and filter cloth • Procure and distribute disinfection items such as chlorine to the Health Facilities dealing with the cholera cases
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	Secretariat Services	Budget	CHF 5,641
		Targeted Persons	66121
Indicators		Target	
Number of monitoring visits conducted		2	
Priority Actions:		<ul style="list-style-type: none"> • Conduct monitoring missions • Mobilizing in-country delegation staff for operation and supports services as necessary to ensure follow-up meetings, and support the monitoring, reporting, accounting, and resource management. The operation manager at the delegation level will play the coordination role among the teams and will play the main role from the operational side. • The delegation will guide on trainings requirements and have technical oversight of the operation. 	

	Community Engagement And Accountability	Budget	CHF 4,279
		Targeted Persons	66121
Indicators		Target	
Number of Community consultations and dissemination of feedback held		8	
Number of feedback collection and reporting mechanisms set		1	
Priority Actions:		<ul style="list-style-type: none"> • Setting up feedback collection and reporting mechanism • Community consultations and dissemination of feedback systems 	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The response will be supported by HQ staff and volunteers. The staff will provide technical expertise in the operations, while volunteers will bring on board skills of conducting community health promotion through engagements with government and non-government structures as well as the community. Overall, 30 volunteers will be deployed to support the implementation of this operation in Malakal county. They will be supervised by 1 NDRT and other relevant sector heads such as CEA, WASH, Health, PMER, and Communication who will also be deployed once in

a while to support the activities. IFRC has a Disaster Management Delegate in the country who also support the operation in liaison with in country Africa health delegate, Juba Cluster NSD, Finance, and PMER who from time to time be able to monitor and support the operation.

If there is procurement, will it be done by National Society or IFRC?

All procurement are meant to be distributed and will be done by the NS through a tender process which take 7 days. No cash activities are planned for this intervention.

How will this operation be monitored?

The monitoring of the response will be done by the PMER unit of the NS and other relevant sectors to this operation. Monitoring visits are scheduled once a month for the whole period of the operation. These will be integrated monitoring visits with the country IFRC Delegate who from time to time provide technical guidance. A monitoring plan will be developed in the field for the NDRT who will always be there to support the day-to-day activities of the volunteers. The IFRC cluster office will also monitor and support the operation remotely with at least one visit by either PMER, DM delegate, NSD, or Finance. A lesson learnt workshop will be organized by the PMER unit of the NS with all relevant stakeholders of the operation.

Please briefly explain the National Societies communication strategy for this operation.

A range of beneficiary communications tools has been established, including a radio discussion, door-to-door visits, and distribution and pasting of IEC materials in strategic areas. If supported and planned properly, these tools will be key to delivering sustainable behavior change, not just on cholera but across health and disaster preparedness in general. The communications department will play a major role in ensuring that the communication strategy is in place and supported and that the visibility of the operation is promoted. Frequent visits to collect materials for publication will be done by the department with support from the IFRC cluster Office.

Budget Overview



DREF OPERATION

MDRSS012 - South Sudan Red Cross Cholera outbreak

Operating Budget

Planned Operations	107,131
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	58,433
Water, Sanitation & Hygiene	44,419
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	4,279
Environmental Sustainability	0
Enabling Approaches	50,904
Coordination and Partnerships	0
Secretariat Services	5,641
National Society Strengthening	45,263
TOTAL BUDGET	158,035

all amounts in Swiss Francs (CHF)

Contact Information

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

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- **IFRC focal point for the emergency:**
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