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Emergency Plan of Action (EPoA) South Sudan: Cholera Outbreak



DREF Operation n° MDRSS004	Glide n° EP-2015-000073-SSD
Date of issue: 8 July, 2015	Expected timeframe: 3 months.
Operation start date: 6 July, 2015	Operation end date: 6 October, 2015
Operation manager (responsible for this EPoA): Vinay Sadavarte, IFRC East Africa and Indian Ocean Islands	Point of contact: John Labor, Secretary General; South Sudan Red Cross Society.
DREF allocated: CHF 225,368	
Total number of people affected: 300,000 ¹	Number of people to be assisted: 60,000 vulnerable people at risk from cholera in Juba
Host National Society presence: South Sudan Red Cross 3,500 volunteers and 70 staff members in Juba.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross societies. Other PNS partners: British and Finnish Red Cross societies.	
Other partner organizations actively involved in the operation: Ministry of Health, UNOCHA, WFP, WHO, UNICEF, MSF, Save the Children, IMA, Action Against Hunger.	

A. Situation analysis

Description of the disaster

Just over a year after the world's newest nation declared its first cholera outbreak in May 2014, another outbreak has been declared, as South Sudan faces rising numbers of cases. The start of the rainy season has exacerbated an already difficult situation of access to safe water and sanitation, particularly in overcrowded populations such as IDP settlements and urban residential areas. Between 22 May and 4 June, eight suspected cases and one confirmed case were recorded in Juba, seven of which were in the UN House Protection of Civilian (PoC) sites in the city², under the protection of UNMISS. The Republic of South Sudan's Ministry of Health belatedly declared the outbreak in Juba on 23 June 2015.

WHO data³ confirms that there have been 396 confirmed cholera cases and 26 deaths (CFR 6.6 per cent) recorded from 64 villages in 8 *Payams* (an administrative level below county with a minimum population of 25,000) of Juba County as of 28 June 2015. The same source back the earliest cases to 18 May in the UN House PoC camp, followed by cases at New Site, Mangatain IDP settlement, Gumbo, Gudele, Khor William and Munuki, all within the city of Juba. Children below five accounted for 14 per cent of cases, including 2 deaths. An estimated 5,000 children are at risk from

¹ Approximate population of Juba

² UNICEF, South Sudan [Humanitarian SitRep #60](#), 22 May to 2 June 2015

³ WHO, [Cholera in Juba, Central Equatoria State, RoSS – SitRep #14](#), 25 June 2015

cholera⁴. Whilst no cases outside of Juba have been confirmed, suspected cases are being reported from many locations including Torit, Bor, Bentiu, Kodok and Malakal.

On 25 June, the Juba City Council asked restaurants around the city, including Jebel and Custom Market areas, to temporarily close for a week, as part of preventive action⁵. However, there is little sign that this is being implemented. Based on the current analysis, the outbreak is expected to be on a smaller scale than 2014, however, the situation in many of the states is unclear, given the lack of access in many areas. The situation in many areas of the country over the past two months has been highly volatile, with an escalation of the conflict and subsequent population displacement. The PoC camps in Bentiu and Melut have seen large influxes of people fleeing from the fighting. There has also been instability in states outside of the conflict zone such as Western Equatoria. In such a volatile context, accurate reporting of cholera cases will be extremely challenging. This should be recognized in any analysis of the situation.

<click [here](#) for the DREF budget and [here](#) for the contact details>

Summary of the current response

Overview of Host National Society

The South Sudan Red Cross (SSRC) was actively involved in the cholera response that began in May 2014 and as a result, has existing capacities to respond to the current outbreak. In 2014 in response to the cholera outbreak, more than 200 SSRC volunteers were trained in Juba in cholera awareness social mobilization activities. In addition, the National Society has four trained water and sanitation regional disaster response team (RDRT) members. It has 42 emergency action teams established across the ten states, comprising 25 volunteers per team. A total of 210 volunteers are trained in PHAST and another 534 in community-based health and first aid. In addition, 52 supervisors and 880 active volunteers were trained as social mobilizers and 180 volunteers trained as hygiene promoters in Wau, Aweil, Warrap, Bentiu and Malakal states. The South Sudan Red Cross (SSRC) has been participating in the weekly National Cholera Taskforce chaired by the Ministry of Health.

The cholera response plan for 2014 is being reviewed and branches are now reactivating staff and volunteers involved in the 2014 response. A draft operational plan and budget has been prepared, with a focus on social mobilization and WASH activities, such as awareness campaigns and hygiene promotion, including distribution of sanitation and hygiene materials. Where possible, SSRC also plans to engage in cleaning activities, focusing on public areas such as markets and water distribution points (boreholes). With staff and volunteers already reactivated, the earliest activities planned will be refresher trainings, beginning at the headquarters and Juba branch.

Overview of Red Cross Red Crescent Movement in country

The IFRC country office based in Juba is led by a Country Representative and has a Finance and Administration Delegate, a Reporting Delegate, two Logistics Officers, a Finance Officer, an Administrative Officer and a driver. The focus of the country office is organisational development support to SSRC and Movement coordination. The country office is currently engaged with the closure of last year's [complex emergency](#) (and integrated cholera response) operation, due to end on 31 July 2015. An evaluation of the operation is currently taking place.

ICRC has a very significant presence in South Sudan, with its main operations focusing on the conflict affected states in Greater Upper Nile. Partner National Societies (PNS) present in country for bilateral programming are the Austrian, Canadian, Danish, Netherlands, Norwegian, Swedish and Swiss Red Cross societies, while the British and Finnish Red Cross societies are also supporting SSRC.

Movement Coordination

A Movement Task Force meeting was held at the SSRC headquarters in Juba on 25 June involving SSRC, IFRC, ICRC and PNS, which discussed the Movement's response to the outbreak. SSRC was seeking funding support for its proposed plan, with an initial estimated budget of CHF 552,000, covering Juba and four other locations. These locations are based on last year's outbreak and may therefore not be relevant to the current context. Following a

⁴ UNICEF, [South Sudan Cholera Response – SitRep #1](#), 26 June 2015

⁵ Radio Tamazuj, [Juba authorities close some restaurants and tea places over cholera fears](#), 26 June 2015

meeting between the IFRC South Sudan country office and the PNS present it was recommended that the SSRC consider making a request for an allocation from the Disaster Relief Emergency Fund (DREF), which would facilitate the immediate implementation of SSRC's plan, allowing preparations to be made by the National Society in advance of the launching of activities.

The Netherlands RC has made Euro 20,000 immediately available to SSRC, to begin refresher training for volunteers at the Juba national headquarter level. Additional funding would then be sought from PNS to continue the operation in Juba and to extend activities to other locations, depending on how the outbreak develops.

Overview of non-RCRC actors in country

There are more than 300 national and international NGOs active in South Sudan and a large UN presence, including most of its specialized agencies. The activities of many of these organizations focus on humanitarian response for communities affected by the conflict. The larger agencies may have the capacity to extend their support to respond to the cholera outbreak. However, the capacities of many agencies are already very overstretched by the recent escalation in the conflict. The rainy season has further complicated the already complex and extremely challenging operating environment. Agency staff have been withdrawn from some of the worst affected conflict areas, so support to vulnerable populations in these locations is limited.

Following last year's response and in anticipation of the start of the rainy season in May, health and sanitation actors should be more prepared than in 2014. The National Cholera Taskforce has established a treatment center in Juba and has scaled up surveillance nationwide. Ten government medical facilities in Juba now serve as reporting and case management centers for the outbreak. To facilitate and respond to new outbreaks, the taskforce has also prepositioned cholera investigation and patient management kits for at least 100 cholera patients in all states. An oral vaccination campaign in parts of the country is also underway, to prevent a large-scale outbreak, with almost 100,000 vaccinations already undertaken.

Juba City Council and its partners have increased existing support to chlorination stations at eight water collection points along the River Nile, delivering chlorinated water to up to 100,000 people daily⁶. There are at least nine Water, Sanitation and Hygiene (WASH) cluster partners active in Juba County: AWODA, CRS, IAS/UNICEF, NCA, PAH, IHO, Intermon OXFAM, NRC and ZOA⁷. Response of actors involved in the cholera response is being coordinated by the WASH cluster, and each actor has assigned a geographical area. Main actors in WASH active in the cholera response are WHO (vaccination) Oxfam (water treatment) and UNICEF (hygiene promotion). Please refer to "Table 1: External actors in cholera response. Through this DREF operation, the SSRC will cover those areas where other actors aren't responding, focusing on preventative action through awareness raising / sensitization activities.

Table 1: External actors in cholera response

County	Payam	Agency	Activity
Juba	Juba Military Hospital Juba Central Prison	ICRC	Prevention of AWD activity(to confirm whether will repair the pipeline or do water trucking); Hygiene Promotion in conjunction with South Sudan RC; Hand washing points; Disinfecting latrines; Waste removal.(to be confirmed after internal discussions).
	Nile Bridge	ICRC	Cholera response activity: Emergency water supply (from river), water quality testing, chlorination (water trucks) for 50,000 people/day. This activity is pending confirmation of a cholera outbreak.
	Gudele, Gumbo	Medair	Borehole rehabilitation
	Gudele 1 and 2, Gumbo, Munuki, Hai Kuwait	CRS	Hygiene Promotion
	Kator, Hai Gabat	ACF	chlorinate tankers at Nile fillings stations
	Kator, Hai Gabat	Oxfam GB	chlorinate tankers at 2 filling stations

⁶ UNICEF, [South Sudan Cholera Response – SitRep #1](#), 26 June 2015

⁷ WASH Cluster, [Partners Map](#), 10 May 2015

	Oxfam GB	Borehole rehabilitation
Mangaten	SI	HP campaign, chlorination of water -pending authorisation letter from RRC
Mangaten	Oxfam GB/SI	WASH assessment (16 June)
Mangaten	UNICEF/WHO /MoH	WASH assessment (17 June)
Mangaten	UNIDO	WASH assessment (4 - 13 June)
Mangaten	HACO	WASH assessment (4 - 13 June)
Mangaten,Eastern side of Nile river	MEDIWR	water and sanitation provision
Mangaten, Tarkeka	IRW	Emergency latrines, HP, water trucking, hospital h-washing, NFIs
Tomping	ADCORD	Water Quality testing, mapping
Juba	ACF	Water Quality Surveillance
Northern Bari, Tomping	CADA	cleaning waste material, hygiene promotion distribution of IEC materials at HH level
Tomping, Gumbo	IHO	HP, hand washing, advocacy on safe water
	MSF-B	Possibility to donate cholera kits-tanks, chlorine to WASH Cluster for response. To confirm quantities.
UN House Juba PoC	SI/ACTED/UNI CEF/OXFAM GB/PAH	4-day WASH intervention for cholera prevention - HP (jerry can cleaning campaign, hand washing, safe excreta disposal) ; WASH assessment; water quality testing,
	SI/PAH/Oxfam GB/ACF- USA/REACH	Water point mapping

Additionally, the Government of South Sudan is currently planning to implement a cholera information sharing system through SMS which will increase the number of people reached with informative messages.

Needs analysis, beneficiary selection, risk assessment and scenario planning

As of 28 June 2015 there were 396 confirmed cholera cases and 26 deaths (CFR 6.6%) from 64 villages in eight Payams. 14% of the cholera cases are in children under-five. Children have therefore been identified as a vulnerable group. The WHO has identified the probable risk factors in the current outbreak as:

- Living conditions in a crowded IDP camp with poor sanitation and hygiene (UN House PoC camp, Juba).
- Using untreated water from water tankers.
- Lack of household chlorination of drinking water
- Eating food from unregulated roadside food vendors or makeshift markets.
- Poor hygiene practices, such as not washing hands at critical times.
- Open defecation / poor quality latrines.

Public water supply provision for drinking and domestic use in Juba is limited, with a very small piped network in operation. Half of the boreholes with hand pumps in the city are not operational. Most of the water is supplied by a river filling station for truck vendors. Water is also provided by bicycle vendors and through locally bottled water. The provision of water is generally available at a high cost and at a very low quality.

Very rapid inflation has drastically reduced the value of people's income. Many people have therefore already depleted their limited assets and coping strategies are seriously over-stretched. The economic situation has also probably been a direct factor contributing to the current cholera outbreak. A recent Oxfam report showed that the majority of households in Juba are now paying 50% - 150% more for their daily water consumption. This has seen households reduce the quantity of treated and untreated water they purchase, by as much as 50%. This has led to prioritisation of water for drinking and cooking and little for domestic and personal hygiene. This in turn has contributed to deteriorating environmental conditions in many communities.

Interviews conducted on 27 June 2015 involving cases admitted in Juba Teaching Hospital, revealed knowledge gaps on how cholera is spread. The cases from distant locations like Jebel Lado and Jezira in Gondokoro reported using untreated water from the River Nile, while cases from New Site reported obtaining their water from a combination of unprotected wells and water tankers. Cases from the rest of the locations including Gudele, Gumbo, Jebel, Munuki, Khor William and Lologo, are obtaining their water from water tankers. None of the interviewed cases were undertaking household chlorination of water, using water purification tablets. Some cases reported using Aluminum Sulphate, which is only effective for reducing the turbidity of the water. Intensive interventions in the form of social mobilization and health education on cholera presentation and prevention, improving access to safe drinking water, latrine use and good personal and food hygiene are therefore required to prevent further escalation in Juba and spread to other counties outside of Juba.

Despite assurances that the MoH and its partners are better prepared than last year, the difficult operating environment could result in a challenging and protracted response. At the recent peak last week, WHO recorded a ten per cent case fatality rate compared to two per cent in 2014. The CFR is currently fluctuating between 6.6 and 8 per cent⁸. The WHO notes a current trend of “sustained and consistently increasing community transmission” with a weekly peak in the last fortnight.

Risk Assessment

The situation in many parts of the country remains volatile. During the past two months, there has been a major escalation of the conflict in Greater Upper Nile. Malakal, an area affected by last year’s outbreak, has experienced severe fighting in recent weeks. In the past few days it has been reported that the town is now under the control of the opposition. There has been a report of a suspected cholera case in Kodok. The conflict has also intensified in Unity State, notably around Leer. Many agencies, including ICRC, were forced temporarily to withdraw staff from the area. Conflict has also recently affected Western Bahr el Ghazal, Lakes and Western Equatoria states.

Currently the main security challenge in Juba is criminality. With the intensification of the economic crisis, crime has become a major concern. Car-jacking is a constant threat and usually targets aid agency vehicles. Vehicles are frequently stopped by armed people on roads in Juba County and the occupants robbed. Criminality has become more violent in recent months, with several agency staff having been injured in attacks. However, the targeting of aid agencies is not ideological, but simply because they have very visible assets.

The relationship between the GOSS and the international and aid communities has continued to deteriorate in 2015. The already strained relationship has been further weakened by open criticism of the government and the decision by the UNSC, to impose sanctions on individuals involved in the conflict. The recent expulsion by the government of the UN Deputy Special Representative, led to widespread condemnation by the international community. The government has recently passed an NGO Bill that could severely constrain the ability of NGOs to undertake neutral and independent humanitarian action. Whilst an exclusion clause for the Red Cross Movement has been included in the bill, it is ambiguous and may not provide the Movement with protection from the provisions of the bill. The impact of the strained relationship with the government could potentially curtail the activities of humanitarian actors and limit the effectiveness of their response.

B. Operational strategy and plan

Overall objective

Provide immediate assistance to 60,000 people affected by the cholera outbreak in Juba through health and hygiene promotion to help reduce the risk of waterborne and water-related diseases for the populations at risk.

Proposed strategy

This operation is based on the plan of action undertaken by SSRC during the 2014 cholera outbreak. However, the situation in the country, particularly in Juba, was considerably different in 2014 from the current situation. The targeted locations in Juba are different and locations outside of Juba have not yet been determined. This will depend on

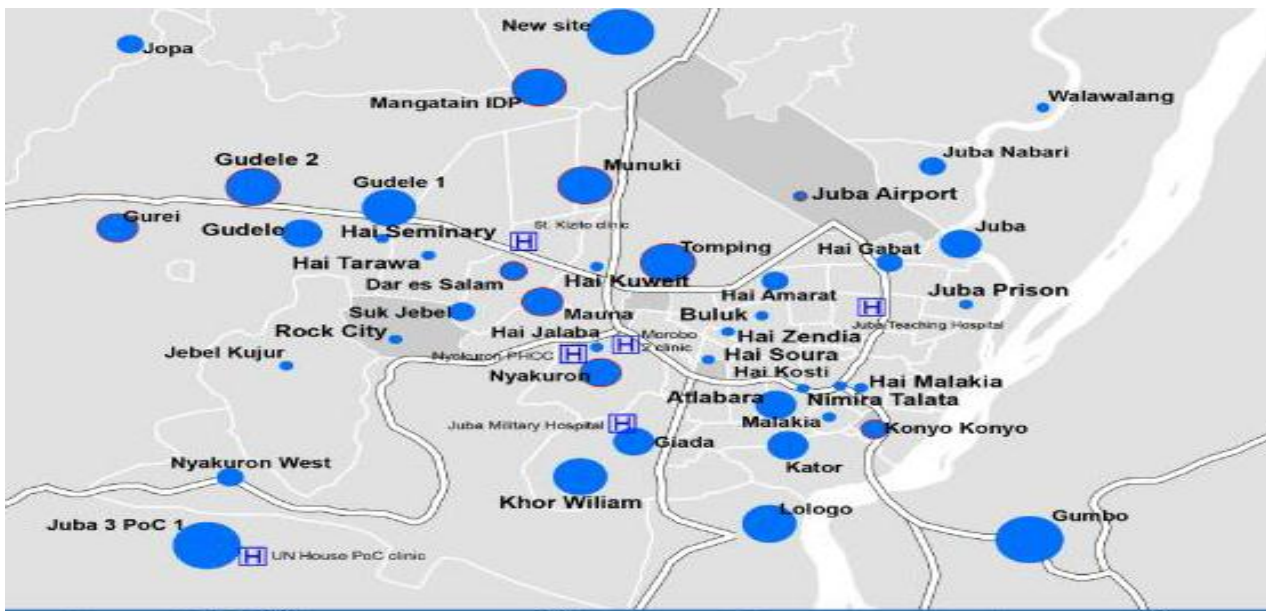
⁸ A controlled outbreak is defined as having a fatality rate of one per cent or below.

emerging needs, as clearer information on transmission and gaps in coverage becomes available. Plans therefore remain embryonic and will be refined as information becomes available. Whilst SSRC's initial plan includes several areas of the country, the DREF will focus on Juba. Other areas may be considered in DREF revisions as needed.

The social mobilization and WASH sub-groups of the National Cholera Taskforce have allocated intervention areas for agencies responding to the outbreak. SSRC's initial geographical coverage will be focused on Juba and may include other locations, as information on the outbreak develops and gaps in coverage are identified. SSRC has been allocated seven locations in Juba for its activities:

1. Dar es Salam
2. Giada
3. Hai Tarawa
4. Mauna
5. New Site
6. Rock City.
7. Seminary

Figure 1: Summary of the seven locations that the National Society will target in Juba



Activities in Juba will focus on health and hygiene promotion, including cleaning campaigns and households visits, during which ORS, soap and PUR will be distributed. SSRC will coordinate its activities through the National Cholera Taskforce and the social mobilization and WASH sub-groups. Information from these groups will be used to redefine geographical priorities and planned interventions. Population movement in Juba makes it difficult to define accurately target populations in the seven Juba locations allocated to the NS. Population data is currently being sought on these areas.

Assessment information is currently available through the WASH cluster on the location and condition of existing water points. The risk factors for transmission are evident from WHO information obtained from cholera patients interviewed at Juba Teaching Hospital (see needs section). No assessments will therefore be undertaken before launching social mobilization activities in the seven Juba locations. The effectiveness of the interventions will be measured by transmissions rates in these locations.

The DREF will support the launching of the planned activities in Juba. Preparation is taking place for refresher training of 60 volunteers in Juba. The Netherlands RC has made Euro 20,000 available to SSRC to undertake initial preparatory activities. Community activities will be commenced in the next few days in Juba, once funding is available. Some PNS partners in Juba have expressed an interest in providing financial support for the operation. In some cases, this funding

would be tied to current locations where specific PNS are supporting SSRC activities. ICRC has also indicated that it may support cholera related activities in Greater Upper Nile, particularly Bor and Malakal.

Operational support services

Human resources

SSRC has the following resources committed to the operation

Table 2: Summary of human resources mobilized for the operation

Headquarters	Juba Branch
<ul style="list-style-type: none"> • Head of Programmes • Acting Health Manager • Operations Manager • PMER Coordinator • WASH Officers • Community Mobilisers 	<ul style="list-style-type: none"> • Branch Director • 60 volunteers trained in health and hygiene promotion and WASH.

As these positions form part of the National Society's structure they are not part of the current DREF operation support. However, the DREF will be supporting volunteer mobilization and insurance as well as per diem for the SSRC focal point. Please note that it is expected that volunteers will be mobilized seven days per week for twelve weeks, which is the normal practice of the SSRC in these responses; however consideration will be taken to avoid their burn out.

Given that seven PNS have a presence in Juba, some technical support is available to SSRC. The Swiss RC Country Representative is a Public Health specialist and is advising the national society. Other technical support could be available through PNS. Offers have already been made of additional technical support. However, this should only be considered where a clear capacity gap exists.

Logistics and supply chain

The IFRC logistics team will provide support to SSRC as required. The national society has recently opened a new warehouse in Juba. Stock remaining from the 2014 cholera operation has recently been transferred from three IFRC warehouses, to the new SSRC facility. This includes materials that will be used for the current operation such as the ORS. The DREF will support the replenishment of the items used during the operation to ensure ongoing preparedness.

Communications

There is no specific communication allocation in the budget, but SSRC communications manager will integrate existing activities aimed at delivering key messages, stressing the neutrality of the Red Cross Red Crescent Movement. And as previously mentioned, the Government of South Sudan is currently planning to implement a cholera information sharing system through SMS which will increase the number of people reached with informative messages.

Security

ICRC provides security support to SSRC in Juba and in other locations. All PNS in South Sudan have security management agreements with ICRC. IFRC therefore only manages security for its own national staff and delegates. SSRC has a radio room that was established during last year's operation. However, this only operates on weekdays during office hours and does not provide an effective tracking system. Outside of Juba, branches work closely with ICRC sub-delegations to ensure effective security management.

Planning, monitoring, evaluation and reporting (PMER)

Regular monitoring of context, health information and of the response activities outlined will be carried out by SSRC with technical assistance from IFRC and PNS to ensure that the operation is informed by any evolving situation. A monitoring framework for the operation will be developed. Moreover, a final review of the operation will be completed.

Contact information

For further information specifically related to this operation please contact:

- **South Sudan Red Cross:** John Lobor, Secretary General; mobile phone: +211 912 666 836; email: john.lobor@southsudanredcross.org
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For Resource Mobilization and Pledges:

- **In IFRC Zone:** Penny Elghady, Resource Mobilization Coordinator; Addis Ababa; phone: + 254 721 486 953; email: penny.elghady@ifrc.org

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

- **In IFRC Zone:** Robert Ondrusek, PMER Coordinator; mobile phone: +254 731 067 277; email: robert.ondrusek@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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

South Sudan Red Cross :Cholera Outbreak

6.7.2015

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	4,848
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	44,508
Medical & First Aid	12,264
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	61,621
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	3,965
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	3,965
International Staff	0
National Staff	0
National Society Staff	900
Volunteers	113,933
Total PERSONNEL	114,833
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	12,000
Total WORKSHOP & TRAINING	12,000
Travel	6,000
Information & Public Relations	7,273
Office Costs	2,576
Communications	1,845
Financial Charges	1,500
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	19,194
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	13,755
Total INDIRECT COSTS	13,755
	0
	0
TOTAL BUDGET	225,368