

# OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## SOUTH SUDAN: CHOLERA

16 June 2006

### APPEAL EXTENSION

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.*

#### In Brief

**Appeal no. MDRSD001; Operations Update no. 1; Period covered: 2 March to 22 April 2006; Appeal coverage: 16.8%. This Operations Update extends the operation's timeframe until the end of August 2006.**

[<Click here to go directly to the attached contributions list and here to go to the attached adjusted budget>](#)

[<Click here to go to the attached map>](#)

#### Appeal history:

- Preliminary Appeal- <http://www.ifrc.org/docs/appeals/06/MDRSD001.pdf> - launched on 2 March 2006 for CHF 1,015,000 (USD 879,484 or EUR 736,438) for 3 months to assist 90,000 beneficiaries.
- With this Operations Update no. 1, the Preliminary Appeal is now considered a full Appeal. The Appeal budget has been adjusted to reflect operational realities; however, the totals remain unchanged.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000

**Outstanding needs: CHF 844,591 (USD 697,260 or 541,750)**

**Related Emergency Appeal:** Sudan; Humanitarian Assistance to Returnees and Affected Communities. Refer to <http://www.ifrc.org/docs/appeals/05/05EA02502.pdf>.

**Operational Summary:** Though the outbreak of cholera in the cities of Juba and Yei in Southern Sudan has stabilized, new cases are still being reported and there is fear that the epidemic will spread and potentially move north. This has led the Sudanese Red Crescent (SRC) branches to continue monitoring the situation with the aim of ensuring a timely response to further outbreaks if required. At present, the Juba branch is closely monitoring the situation in Juba town to assess if further response is needed. With the onset of the rainy season, it is apparent that the cholera operation will continue past the initial closing date of 2 June 2006 and therefore this Appeal will be extended for three months, until the end of August 2006. With this Operations Update, the Preliminary Appeal is now considered a full Appeal

The Sudanese Red Crescent formed a technical health emergency committee, comprised of both technical personnel from the SRC and the Federation Sudan delegation to monitor the progress of cholera cases and to assist branches in determining their response strategies. The SRC is reviewing the successes of this committee with the aim of formalizing its role and responsibilities in future health emergencies.

The Juba branch of the Sudanese Red Crescent and the Federation sub-delegation also developed a community-based strategy which included providing people in the affected areas with chlorine to purify water, oral rehydration salts (ORS) and hand-washing soap to improve hygiene, based on an assessment of the gaps in the current response which were not being addressed under the various initiatives by other stakeholders. It was found to be both successful at the grassroots level and effective as a community-based approach. As a result, the national society is considering replicating a similar programme model in Yirol, Rumbek and for expanding activities in Terekaka.

Sudan remains a complex humanitarian environment, but the International Federation is making genuine efforts to work with the Sudanese Red Crescent and partner national societies (PNSs) to strengthen its overall position and delivery of assistance. Two long-term water and sanitation (WatSan) programmes are underway in cooperation with

## South Sudan: Cholera; Appeal no. MDRSD001; Operations Update no. 1

the Netherlands Red Cross and with the consortium of Norwegian Red Cross, Swedish Red Cross and Swiss Red Cross, present in Yirol. The Federation has proposed several initiatives and commitments that it hopes will result in real progress, they include:

- SRC National Disaster Management Plan;
- Pan-Sudan health assessment;
- Returnees assessment/deployment of Field Assessment and Coordination Team (FACT) to the South;
- Resourcing for and staffing of the main delegation in Khartoum and the sub-delegation in Juba;
- National mobilization of volunteers – and the upgrading of their skills – to build a critical mass of village health workers.

Two significant obstacles, however, remain. The first is the approval of the Federation's legal status, and the second is the matter of a memorandum between the national society in Khartoum and the Government of South Sudan (GOSS) – a document that would secure the principle of one, united national society, covering the whole of Sudan, providing full, legitimate access to all vulnerable groups. Both issues have impacted adversely on the Federation's ability to maintain momentum in Sudan, and more concretely, have delayed the issuing of the special Pan-Sudan Appeal, designed to capture the ongoing and planned programmes. The Federation will convene a high level meeting with the SRC leadership in the coming days to find solutions.

**This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".**

### Global Agenda Goals:

- **Reduce the numbers of deaths, injuries and impact from disasters.**
- **Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.**
- **Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.**
- **Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.**

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

## Background

The first cases of acute watery diarrhoea (AWD) in the south of Sudan were reported on 6 February 2006. *Vibrio cholerae inaba* was subsequently laboratory-confirmed in several stool samples by the African Medical and Research Foundation (AMREF) laboratories in Nairobi. By 20 February 2006, health authorities had reported a total of 3,478 cases and 75 deaths, translating to a case fatality rate of 2.16%, all concentrated in the Juba and Yei towns of South Sudan.

<sup>1</sup> Sudanese Red Crescent - refer to <http://www.ifrc.org/where/country/check.asp?countryid=161>

## **Operational developments**

Almost 11,446 cases have been reported in Southern Sudan since 28 January 2006. 488 cases have also been reported in Bor and Pibor in Jonglei State. Bor was of particular concern because it is the target community for a returning population of some 20,000 people (and their cattle) of which 5,000 are now staying in the Lologo transit camp just outside of Juba<sup>2</sup>.

Though the outbreak of cholera in the cities of Juba and Yei in Southern Sudan has stabilized, new cases are still being reported and there is fear that the epidemic will spread and potentially move north. This has led the SRC branches to continue to monitor the situation with the aim of ensuring a timely response to further outbreaks if required. At present, the Juba branch is closely monitoring the situation in Juba town to assess if further response is needed. With the onset of the rainy season, it is expected that the cholera operation will continue past the initial closing date of 2 June.

Now there is cholera in seven of the southern states, there is growing concern that the low intensity spread of the disease is happening. This situation will need to be monitored as with the onset of the wet season, the potential for a growth in outbreak sites is higher, especially since the major junction town of Kosti is located north of Malakal (also on the Nile) and has traditionally been a transit station for people moving to the south, east and west of Sudan. At present it is a major staging point for returnees from the north moving to the south.

Outbreaks occurred in Malakal in Upper Nile Province, where the SRC branch has been activated. Malakal is north of the initial outbreak sites further along the Nile from Juba, and there is concern that there may be outbreaks further north – where large groups of people are living under poor sanitation conditions for long stretches of time. Further west, Tonj and Wau were at risk because they are also heavily populated with returnees, and the Sudanese Red Crescent officials are concerned that the rainy season may bring a resurgence of the disease in Juba. Juba is a heavily populated city, with estimates suggesting that as many as 20 people are living in one house.

### **Growing needs**

To facilitate the continued development and implementation of the community-based approach, the Federation Sudan delegation has adjusted its budget to reflect the following operational realities:

- Developing the SRC and Sudan delegation's ability to respond quickly to new outbreaks through the development of the current community-based strategy;
- Strengthening the local coping capacity through community preparedness by providing structured and sustainable assistance to the SRC branches as well as the communities they support as a means of building community resistance to future outbreaks.

### **Longer-term needs (preparedness)**

After more than two decades, the lack of infrastructure and services in the south of Sudan makes it prone to further health emergencies. The process of developing a plan to respond to the current cholera outbreaks has heightened the need for a longer-term view to address health emergency issues through the following:

- Building the capacity of the SRC branches to respond in times of medical emergencies;
- Water and sanitation (WatSan) development in South Sudan to assist in overcoming the current limitations of the water system. Juba town is especially susceptible as it is the capital of South Sudan, and is expected to be a major population-growth area in the south.

## **Red Cross and Red Crescent action**

### **Health**

**Objective: Provide technical support to assess the health needs, extent and geographical coverage of the outbreak, and continue to provide basic health and hygiene information and support at the grass roots level to counter the spread of the outbreak.**

### **Progress**

- The Sudanese Red Crescent (SRC) formed a technical health emergency committee to monitor the progress of cholera cases and to assist branches in determining their response strategies. This committee comprised

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<sup>2</sup> WHO; Acute Watery Diarrhoea (AWD) in South Sudan; 3 April 2006, Khartoum

## South Sudan: Cholera; Appeal no. MDRSD001; Operations Update no. 1

of both technical personnel from the SRC and the Sudan delegation, and met daily to discuss the current situation. The SRC Juba branch and the sub-delegation also developed a community-based strategy focusing on the need for information and action within the community, based on an assessment of the gaps in the current response which were not addressed under the various initiatives by other stakeholders.

- The national society mobilized its volunteers to visit homes in order to promote better hygiene by urging people to carefully wash food, baby bottles and utensils as well as thoroughly cook all food.

### Impact

- The SRC is reviewing the successes of the technical health emergency committee with the aim of formalizing its role and responsibilities in future health emergencies.
- The community-based strategy, focusing on the need for information and action within the community, was found to be both successful at the grassroots level and effective as a community-based approach. As a result, the national society is considering replicating a similar programme model in Yirol, Rumbek as well as for expanding activities in Terekaka.

### Water and Sanitation (WatSan)

**Objective: provide technical personnel with support to assess the WatSan needs of the affected area, and maintain and develop the network of SRC volunteers to disseminate information and supplies to expand the current availability of treated/potable water.**

### Progress

- The national society established community-based programmes in Juba and Malakal to counter the spread of cholera. This included providing people in the affected areas with chlorine to purify water, oral rehydration salts (ORS) and hand-washing soap to improve hygiene.
- In Terekaka, 80 kilometres from Juba, volunteers were also mobilized and training was undertaken in activities such as sensitisation to the prevention of cholera, hygiene education, water chlorination and distribution of chlorine tablets to households. Volunteers also ensured activities were undertaken in the surrounding internally displaced persons (IDP) camps.

**Table 1: Emergency relief health and WatSan activities by branch**

Branch/No. of volunteers deployed	Activity			
	Cleaning market areas.	Home visits (health awareness, chlorine tablet, soap distribution and use of ORS)	Water point surveillance and chlorination of jerry cans.	Other activities.
Juba/218	The seven market areas serving a population of approximately 120,000 residents were targeted.	25,103 homes (124,035 people) visited in Muniki, Juba, Kator and Gumbo.	65 volunteers involved in water point chlorination activities in Gumbo, Muniki and Lologo.	-Referring suspected cases for medical attention. -Distribution of ORS in the community. -Health promotion. -Daily surveillance reports to local health authority.
Malakal/50 and 2 trainers	Cleaned markets in the three zones in town, northern central and southern, disposing of rubbish by incineration.	Approximately 12,000 houses (60,000 people).	25 volunteers dispersed between the three zones	-Awareness in health and hygiene within the community. -ORS distribution. -Referring suspected cases for medical attention.
Wau/100				Although not deployed for cholera, Wau experienced a meningitis outbreak in which the SRC volunteers were deployed.

## **South Sudan: Cholera; Appeal no. MDRSD001; Operations Update no. 1**

### **Federation Coordination**

The SRC and the Federation Sudan delegation have been active participants in a number of stakeholder interest group meetings. The national society has also jointly participated in the United Nations High Commissioner for Refugees (UNHCR)-coordinated activities for IDP and returnees by distributing non-food items in IDP camps around Juba.

### **Red Cross and Red Crescent Movement – Principles and initiatives**

The promotion of the Fundamental Principles of the International Red Cross and Red Crescent Movement within the target area has been addressed during the assessments. It will be further strengthened when the programme is fully operational. It will be addressed alongside the capacity building endeavour, including the provision of training to the volunteers as well as conducting awareness sessions for the affected communities.

### **Communications – Advocacy and public information**

Information generated and progress made will be communicated to concerned offices/organizations through operations updates.

*[Contributions list, adjusted budget and map below; click here to return to the title page.](#)*

# Sudan - cholera

ANNEX 1

APPEAL No. MDRSD001

## PLEDGES RECEIVED

30/05/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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### CASH

REQUESTED IN APPEAL CHF ----->					TOTAL COVERAGE	
					1,015,000	16.8%
JAPANESE - RC		29,000	USD	38,309	27.03.06	
KUWAIT - RC		100,000	USD	132,100	27.03.06	
SUB/TOTAL RECEIVED IN CASH				170,409	CHF	16.8%

### KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES						
				0	CHF	0.0%

### ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
UNITED ARAB EMIRATES - RC		6,753	USD	8,512	02.05.06	DIRECT ASSISTANCE: AMBULANCE FOR MEDICAL CENTRE IN AYLAFUN
SUB/TOTAL RECEIVED				8,512	CHF	

## PROGRAMME BUDGETS

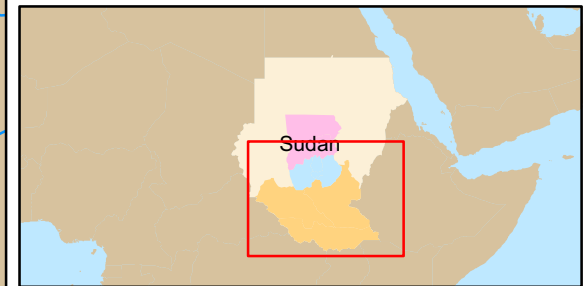
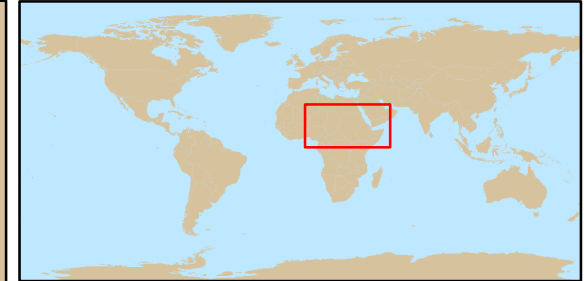
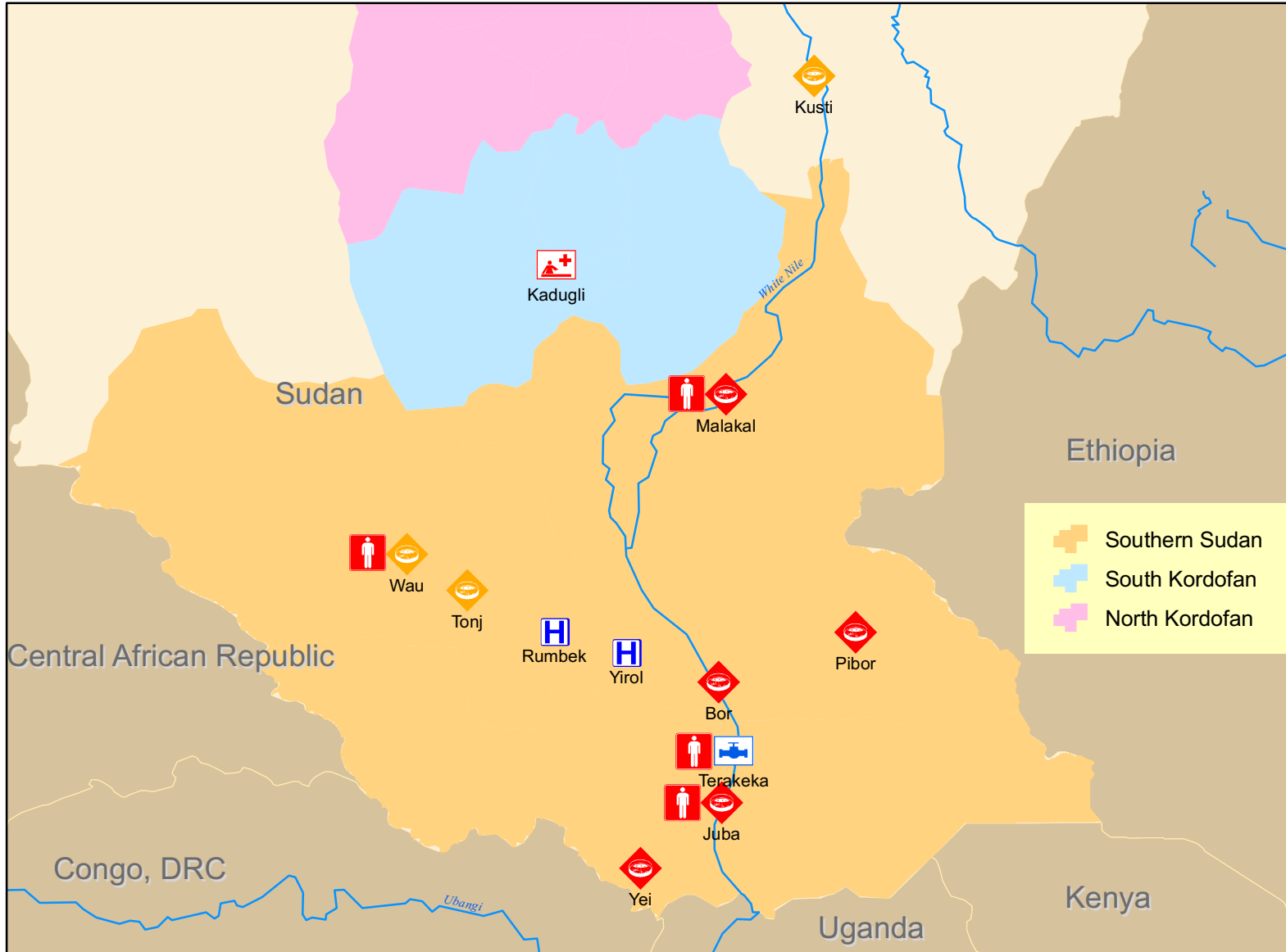
Appeal no.(s) selected:MDRSD001

Delegation code(s) selected:SD

PROGRAMME:	Health & Care							Total CHF
	PROJECT:							
	PROG TYPE:							
	CHF	CHF	CHF	CHF	CHF	CHF	CHF	
Shelter	0	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0	0
Water & Sanitation	484,000	0	0	0	0	0	0	484,000
Medical & First Aid	45,000	0	0	0	0	0	0	45,000
Teaching Materials	0	0	0	0	0	0	0	0
Utensils & tools	10,000	0	0	0	0	0	0	10,000
Other Supplies & Services	70,000	0	0	0	0	0	0	70,000
<b>SUPPLIES</b>	<b>609,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>609,000</b>
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	10,000	0	0	0	0	0	0	10,000
Computers & Telecom	20,000	0	0	0	0	0	0	20,000
Medical equipment	0	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0	0
<b>LAND, VEHICLES &amp; EQUIPMEN</b>	<b>30,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30,000</b>
Storage	5,000	0	0	0	0	0	0	5,000
Distribution & Monitoring	0	0	0	0	0	0	0	0
Transport & Vehicles cost	10,000	0	0	0	0	0	0	10,000
<b>TRANSPORT &amp; STORAGE</b>	<b>15,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15,000</b>
International Staff	144,000	0	0	0	0	0	0	144,000
Regionally Deployed Staff	0	0	0	0	0	0	0	0
National staff	74,900	0	0	0	0	0	0	74,900
National Society Staff	0	0	0	0	0	0	0	0
Consultants	0	0	0	0	0	0	0	0
<b>PERSONNEL</b>	<b>218,900</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>218,900</b>
Workshops & Training	50,000	0	0	0	0	0	0	50,000
<b>WORKSHOPS &amp; TRAINING</b>	<b>50,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,000</b>
Travel & related expenses	6,100	0	0	0	0	0	0	6,100
Information & Public Rela	5,000	0	0	0	0	0	0	5,000
Office Running Costs	15,025	0	0	0	0	0	0	15,025
Communication Costs	0	0	0	0	0	0	0	0
Professional Fees	0	0	0	0	0	0	0	0
Other General Expenses	0	0	0	0	0	0	0	0
<b>GENERAL EXPENDITURE</b>	<b>26,125</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,125</b>
Asset Depreciation	0	0	0	0	0	0	0	0
<b>DEPRECIATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Contributions & Transfers	0	0	0	0	0	0	0	0
<b>CONTRIBUTIONS &amp; TRANSFERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme Support	65,975	0	0	0	0	0	0	65,975
<b>PROGRAMME SUPPORT</b>	<b>65,975</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65,975</b>
<b>TOTAL BUDGET:</b>	<b>1,015,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,015,000</b>



# South Sudan: Cholera



- Confirmed cases
- Potential cases
- Volunteers deployed
- Health Programme
- Watsan Programme
- New office

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.

Map data sources: ESRI, DIVA