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DREF operation update

Sudan: Yellow Fever Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRSD015
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Update n°1 – 21 February 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 27 November 2012 to 12 January 2013

Summary: CHF 247,437 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 27 November 2012 to support the Sudanese Red Crescent Society (SRCS) in delivering assistance to 53,359 households in 23 localities affected by yellow fever in the 5 Darfur states of Sudan.

While the containment efforts are progressing, the Ministry of Health recorded renewed cases of yellow fever since the start of the outbreak in September 2012, which has so far affected 35 out of 64 localities in Darfur. According to the Ministry of Health (MoH) / World Health Organization (WHO) reports, the total number of suspected yellow fever cases reached 849, including 171 deaths for the period between 2 September 2012 and 9 January 2013. The MoH and WHO with support from the international coordinating group in vaccine (ICG¹) launched an immunization campaign on 21 November 2012, which reached almost all of its target population (more than 90 percent). Currently, shipment of vaccines and the preparation for phase three of the immunization campaign is ongoing, with containment activities continuing parallel with the other activities.

To date, the National Society has implemented most of the planned activities. A total of 582 volunteers have been trained in basic facts of yellow fever outbreak, including contact tracing and case referral while 260 volunteers were trained in hygiene and sanitation and 75 volunteers trained in insecticide spraying. Trained volunteers then conducted house to house visits and public awareness sessions on yellow fever reaching 57,926 beneficiaries. The volunteers assisted 21,530 households with insecticide spraying for prevention of the spread of the disease and the environment of 8,184 households were assessed by trained volunteers for disease prevention purposes.



With support from IFRC, SRCS volunteers prepare for the vector control activities against yellow fever in West Darfur in December 2012. Photo/SRCS

¹ The Yellow Fever-ICG is a partnership that manages the stockpile of yellow fever vaccines for emergency response on the basis of a rotation fund. It is represented by United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF), the International Federation of Red Cross and Red Crescent Societies (IFRC) and WHO, which also serves as the Secretariat. The stockpile was created by GAVI Alliance

This operation has been planned to be implemented during three months, and completed by 26 February 2013. In line with Federation reporting standards, the final report (narrative and financial) is due 90 days after the end of the operation by 26 May 2013.

The Netherlands RC/Govt SEF has contributed to a partial replenishment of the DREF allocated for this operation. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Z Zurich and Coca Cola Foundations and other corporate and private donors.

Details of DREF contributions can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.

The IFRC, on behalf of Sudanese Red Crescent Society, would like to extend thanks to all partners for their generous contributions.

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The situation

Following the yellow fever outbreak in Darfur states, which was confirmed in September 2012, a task force comprising of the MoH, WHO, national and international NGOs and UN agencies was formed at federal and state levels and instituted various response activities. These included immunization activities in 12 high risk localities, along with other effective containment measures. It was highly recommended by the task force that parallel containment activities should be sustained during and after the vaccination campaign. The MoH requested SRCS to take a lead role in social mobilisation and preventive measure campaigns, relying on their volunteer network to implement the vaccination campaigns.

MoH/WHO launched the first phase of the vaccination campaign on 21 November 2012, targeting 12 high risk localities in West, North, Central and South Darfur. The campaign ended on 7 December 2012 and reached out to a population of 2.4 million. Recently, the second phase of the vaccination campaign was completed reaching 1.1 million persons (93 percent of the target population) in South, West and Central Darfur. Further, three shipments of vaccine are due to arrive for the third and final vaccination campaign that target 2 million people in Darfur. Phases 1 and 2 have been supported by the Central Emergency Response Fund, ECHO and the Government of Sweden. The United Kingdom's Department for International Development (DFID) and the United States Agency for International Development (USAID) are supporting phase 3 of the vaccination campaign.

Meanwhile, in line with recommendation from the task force group the containment measures will continue parallel to immunization efforts. These activities consist of social mobilization, health awareness, and vector control activities.

During the period in which these activities are ongoing, the epidemiology of the disease as presented by MoH and WHO reports² shows that the number of suspected yellow fever cases between 2 September 2012 and 9 January 2013 reached 849, including 171 deaths. So far, out of 64 localities, 35 localities are affected by the yellow fever outbreak in Darfur. About 51.5 percent of the reported cases are from Central Darfur, 9.5 percent from South Darfur, 17.4 percent from West Darfur and 21 percent from North Darfur.

IFRC supported SRCS by allocating a DREF grant towards their efforts to create awareness on basic facts for prevention and early treatment amongst the general population, as well as complement the work of other key stakeholders supporting MoH and WHO vaccination campaigns before, during and after these campaigns. With the DREF allocation, SRCS was able to mobilize its volunteers in the affected localities, who were trained on yellow fever basic facts and prevention with coordination with MoH at the federal and state levels. The trained volunteers were able to intensify the social mobilization activities, carry out household visits, conduct public awareness sessions and distribute health messages, besides participating actively in immunization activities in the target states. The volunteers also intensified the vector control activities, which include insecticide spraying campaigns and cleaning breeding sites.

² http://www.emro.who.int/images/stories/sudan/documents/YellowfeverSitReps/Situation_Report_No_15-_Yellow_Fever_Outbreak_in_Darfur_10_January_2013.pdf

Table 1: Summary of the attack and case fatality rates and status of laboratory samples per locality in Darfur during the period 2 September 2012 to 9 January 2013. (Source: Ministry of Health / World Health Organization)

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State	Locality	No of cases	Attack rate/10000 population	Deaths	CFR	Laboratory samples			
						Total(+ve YF)	(-ve YF)	Pd	
South Darfur	S. Algabal	9	6.0	7	77.8%	2	0	0	2
	Kass	25	11.8	13	52%	11	5	4	2
	Mershing	3	1.5	1	33.3%	2	1	0	1
	Kubum	8	2.6	1	12.5%	15	0	13	2
	Nyala	11	2	1	9.1%	21	3	15	3
	Ed Elfirsan	12	4.4	1	8.3%	20	3	12	5
	R. Albirdy	6	2	1	16.7%	4	1	1	2
	Shataia	1	2.4	0	0%	0	0	0	0
	Alsalam	4	4.1	1	25%	8	1	3	4
	Tulus	1	0.8	0	0%	3	0	2	1
	Belail	1	0.5	0	0%	0	0	0	0
Sub Total		81	2.4	27	33.3%	86	14	50	22
Central Darfur	Zalingei	151	49.5	29	19.2%	21	7	13	1
	Wadialih	58	33.4	14	24.1%	5	5	0	0
	Azoom	73	161.5	24	32.9%	7	2	4	1
	Nertity	101	73.1	24	23.8%	19	6	13	0
	Mukjer	18	18.5	0	0%	1	1	0	0
	Bendisi	13	24.9	1	7.7%	1	1	0	0
	Um Dukhun	17	12.6	3	17.6 %	1	0	1	0
	Rokoro	7	5.8	1	14.3%	0	0	0	0
	Sub Total		438	41	96	21.9%	55	22	31
West Darfur	Genaina	27	9	6	22.2%	8	3	5	0
	Beidha	35	10.1	10	28.6%	3	2	0	1
	Habila	18	37.2	12	66.7%	2	1	1	0
	Kernik	51	68.1	7	13.7%	8	4	2	2
	Forbranga	9	13	0	0%	5	3	2	0
	Jebel Moon	3	6.8	0	0%	2	0	2	0
	Sirba	5	7.5	1	20%	2	0	2	0
	Sub Total		148	14.9	36	24.3%	30	13	14
North Darfur	Saraf Omra	8	6.2	1	12.6%	5	1	2	2
	Alseraif	165	234.8	8	4.8%	94	9	54	31
	Kebkabyia	2	0.9	0	0%	29	1	22	6
	Waha	1	2.9	0	0%	0	0	0	0
	Elfashir	2	0.3	0	0%	1	0	1	0
	Mellit	1	0.6	1	100%	1	0	1	0
Sub Total		179	7.7	10	5.6%	130	11	80	39
East Darfur	Assalaya	1	1.1	1	100%	1	0	1	0
	Elddaen	1	3.4	1	100%	1	1	0	0
	Yassin	1	3.4	0	0%	1	1	0	0
	Sub Total		3	3.4	2	66.7%	3	2	1
Grand Total		849	10	171	20.1%	304	62	176	66

Coordination and partnerships

At the onset of the outbreak, the MoH at federal and states levels convened emergency coordination meetings with all humanitarian partners operating in Darfur states, including SRCS for reporting, monitoring of response progress and soliciting support. The joint meetings were to share the revised plans with partners and commitments to support these efforts were made as follows:

- SRCS in all localities
- Médecins Sans Frontières (MSF) Switzerland: Azoom, Wadi Saleh and Zalingay
- MSF Spain: Saraf Omra and Al Seraif
- MSF Belgium: Kass
- Save the Children: Habila, Kernik, Baida and El Genaina
- International Committee of the Red Cross (ICRC): Nertiti, Jebel Mara and additionally providing vaccines airlifted to Darfur.

Red Cross and Red Crescent action

From the onset of the yellow fever outbreak, SRCS activated its emergency response action teams at the three Darfur branches and at headquarter level, putting on alert 3,000 volunteers out of its 45,356 volunteer network across the Darfur states. With the first suspected cases reported, SRCS headquarters sent 6 medical doctors to the affected areas to support SRCS field teams to respond. Moreover, SRCS convened a meeting to inform ICRC and IFRC of its response plans and to get their support for these. SRCS and IFRC shared information with all their partners on the emerging outbreak, including the issuance of a DMIS alert.

IFRC continued to work closely with the National Society by supporting its staff and volunteers to ensure that management as well as operational issues were directed and implemented according to the principles and core values of the Red Cross Movement to meet the needs of the most vulnerable. Additionally, IFRC initiated a regional training of trainers workshop on vector control, for which SRCS nominated four participants from West, North and South Darfur.

ICRC has been providing vaccines for people in Nertiti, Jebel Mara and also airlifted vaccines to Darfur.

Despite the ongoing efforts against the yellow fever outbreak, the need for further financial and technical support is foreseen for the upcoming months, especially since the immunization activities are ongoing. This is being raised with various donors and partners.

Progress towards outcomes

Emergency health	
Outcome: Most vulnerable communities in the 23 yellow fever affected localities have increased their resilience to yellow fever outbreaks through enhanced awareness of the basic facts including the need for early treatment and use of Insecticide Treated Mosquito Nets.	
Outputs	Activities planned
<ul style="list-style-type: none"> • Preventive measures at individual level in place and the population are aware of the epidemics. 	<ul style="list-style-type: none"> • Train 10 SRCS staff (From headquarters and Darfur branches) on epidemic control for volunteers (ECV) tool kit including case surveillance and case referral. • Mobilize and train 300 volunteers in basic facts of yellow fever outbreak including contact tracing and case referral. • Conduct house to house awareness campaign to raise the community a awareness on the basic facts of yellow fever and the related preventive measures • Conduct public awareness campaigns on yellow fever through public service announcements approaches relevant to specific context. • Procure and distribute Insecticide Mosquito nets to 30,300 households (2 nets per family). • Continue the collaboration and coordination with the MoH, WHO and other stakeholders including Movement partners responding to the epidemic prevention activities such as sensitization, referrals, and education and vector control activities.

Progress: During the reporting period, SRCS mobilized and trained over 300 volunteers in basic facts of yellow fever outbreak, including contact tracing and case referral. The trained volunteers continue to conduct house to house awareness campaigns to increase community awareness on the basic facts of yellow fever and the related preventive measures such as clearing the breeding sites of the Aedes egpti vector, for instance in backyard containers and clutter like tires, buckets and water cans. In West and Central Darfur, SRCS volunteers conducted 7,270 households visits reaching 43,620 beneficiaries as well as conducting public awareness sessions on yellow fever. Approximately 8,115 education materials (leaflets and brochures) about yellow fever basic facts and its prevention were printed and distributed by the volunteers in the target areas. This was done either through their regular activities or through mass distribution in market areas.

Throughout the intervention period, SRCS continued collaboration and coordination with MoH, WHO and other stakeholders including Movement partners responding to the epidemic. Prevention activities included:

- Two SRCS volunteers from the West Darfur branch participated in the training of trainer's workshop on yellow fever, supported by MoH (Epidemiology department). Subsequently, the trained volunteers imparted training to another 30 volunteers.
- In South Darfur, 250 SRCS volunteers were trained on yellow fever basic information and prevention.
- SRCS volunteers participated in phase one of MoH's immunization campaign, which mainly included vaccination activities as well as social mobilization. As the result of this mobilization, the vaccination coverage per state was recorded to be high with North and South Darfur at 97 percent each and West Darfur at 94 percent.
- SRCS contributed to the running costs including transportation, fuel and volunteers incentives to carry out the phase one immunization activities for 13 days in Central and West Darfur.

Table 2: Summary of response activities in various locations (1 October 2012 to 5 January 2013)

Type of activity	No. of volunteers	No. of beneficiaries	No. of IEC material distributed	Location
Orientation/training sessions for volunteers and community leaders	30	-	30	SRCS branch
	30	-	-	SRCS branch
	-	25 (community leaders)	25	SRCS branch
Health education sessions	28	2,000	2,000	AlGenena market
	28	1,470	500	Bedah school
	34	2,110	100	Haraza, Arara, Mestry, Bedah administration units
	15	2,000	200	Mukjar, Mukjar market area
	27	6,726	-	Nertati
Households visits	19	2,220	3,860	Zalingi, Zallinji market area, Terib, Serba villages
	25	21,000	-	Mukjar
	20	20,400	1,400	Wadi Salih - Bendisi
Total	256	57,951	8,115	

Challenge: The trend and scope of the disaster is increasing and the efforts needed for containment are likely to go beyond the three months planned for the response operation. In this regard, SRCS plans to continue contributing to the MoH's plan in containment activities related to volunteers costs, thus more resources are needed to fulfil these plans.

Water, sanitation and hygiene promotion

Outcome: The spread of the outbreak is minimized through the provision of vector control activities in 23 localities.

Outputs	Activities planned
<ul style="list-style-type: none"> Vector control measures at community level in place, community sensitized and mobilized in 21 localities. 	<ul style="list-style-type: none"> Mobilize and provide refresher training for 50 volunteers in the safe use of spraying equipment. Train 260 SRCS volunteers from 23 Darfur localities on hygiene and sanitation. Procure 50 insecticide spraying equipment Procure safety clothing and other material for use by the volunteers during spraying campaigns Conduct insecticide spraying campaigns including treating existing standing water in 23 localities.

Progress: In cooperation with MoH (Malaria department), SRCS trained 75 volunteers on the safe usage of insecticides spraying machines as part of the vector control activities. Following that, volunteers were able to spray about 21,530 households so far, as part of the spraying campaigns conducted in West and Central Darfur. A total of 60 spraying machines were procured and distributed to various locations for use by SRCS volunteers. A total of 27 volunteers participated with MoH in the Entomological survey for the *Aedes egpti* vector and were able to inspect 8,184 households. Recently, 4 participants from SRCS were nominated to participate in the regional training of trainers on vector control, conducted by IFRC. Following this, the trained participants will further provide training to SRCS volunteers in the operational areas.

Challenge: The house-to-house spraying took more time than planned, making it a challenge to cover all the affected areas.

Logistics

Outcome: Provision of logistical support in line with the operational priorities to reinforce and facilitate timely delivery of humanitarian assistance

Outputs	Activities planned
<ul style="list-style-type: none"> Coordinated mobilization of goods, reception of all incoming goods and efficient dispatch of goods to the final distribution points. 	<ul style="list-style-type: none"> Support the procurement and mobilization of emergency stocks and control supply movements to distribution points. Provide logistical support in transportation of supplies, staff and volunteers in the response sites of the crisis as required.

Progress: The procurement of spraying machines and 2,700 litres of insecticides was done at federal level and these were shipped to the distribution points according to priorities.

Communications - advocacy and public information

Outcome: Steady flow of timely and accurate information between the field and other partners is maintained

Outputs	Activities planned
<ul style="list-style-type: none"> Smooth flow of information on the operation is ensured for all concerned stakeholders, including beneficiaries and partners supporting the operation. 	<ul style="list-style-type: none"> Produce news releases, public service announcements, fact sheets, video and photographs for publication on all relevant media outlets at local, national and international level as appropriate. Hire competent spokespersons for the operation and link them to the media and key stakeholders Launch a nationwide mass media campaign on yellow fever basic facts. Produce weekly information bulletins for dissemination to key partners and stakeholders Organise media field trips to affected areas as appropriate Monitor media coverage on yellow fever and SRCS response to the emergency informing relevant departments on emerging trends. Produce final documentary and/or conduct a lessons learned workshop on the SRCS response and intervention throughout the emergency situation.

Progress: Distribution of education materials (leaflets and brochures) to the public was carried out in the market areas in Zallinji, Mukjar and Algeniena. The number of people reached was estimated to be about 6,000 in the target areas. SRCS branches and headquarters regularly monitored media coverage on yellow fever and responded to the relevant emergency trends.

Contact information

For further information specifically related to this operation please contact:

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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.

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.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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