

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

4 August 2006

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 185 countries.

In Brief

Appeal no. MDRSD001; Operations Update no. 2; Period covered: 23 April to 22 June 2006; Appeal coverage: 16.8%. <[Click here to go directly to the attached contributions list](#)>.

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.**
- **Operations Update no. 1** – <http://www.ifrc.org/docs/appeals/06/MDRSD00101.pdf> – **dated 16 June 2006 extended the operation timeframe by 2 months and confirmed the Preliminary Appeal as a Full Appeal.**
- **Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000.**

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

Related Emergency Appeal: Southern Sudan; Humanitarian Assistance To Returnees And Affected Communities – <http://www.ifrc.org/docs/appeals/05/05EA02502.pdf>.

Operational Summary: Though the outbreak of cholera in the Southern Sudan cities of Juba and Yei has stabilized, new cases are still being reported and there is fear that the epidemic will possibly spread north, with the Ministry of Health (MoH) confirming that nine states in the north have recorded cases of acute watery diarrhoea (AWD) and cholera. The confirmation of cholera in Kosti, White Nile State, is of major concern as this town is a major cross road for people moving north, south and west and thus increasing the potential for further spreading of cholera. With the onset of the rainy season, it is apparent that the cholera operation will continue and there is a growing concern that further outbreaks will be recorded. The Federal MoH estimates that 14 million people are at risk with half of that number at very high risk.

This Operations Update expands the geographical area of response to include the entire territory of Sudan. The branches of South Kordofan and White Nile have been activated and are supporting the response planned by the Federal MoH with human resources and supplies. In the spirit of the Operational Alliance concept, the Sudanese Red Crescent (SRC), the International Federation and the partner national societies (PNS) in Sudan, particularly the Austrian Red Cross and the German Red Cross, are working collectively to maximize the effectiveness of resources available.

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.**

South Sudan: Cholera; Appeal no. MDRSD001; Operations Update no. 2

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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, Kenya. By 20 February 2006, health authorities had reported a total number 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. Following these reports, an Emergency Appeal was launched by the Federation to enable the Sudanese Red Crescent (SRC) to respond to the emerging cholera epidemic.

Operational developments

The Federal Ministry of Health (MoH) regards this outbreak as a persistent threat to public health, with cases being reported from 31 northern state localities in 9 out of 15 states. A population of over 14 million people is "at risk" and over 4 million people are at "high risk"¹. With a total caseload of 2,058 and 83 deaths on 19 June 2006, the case fatality rate of 4.0 % is very high, leading to the conclusion that control measures at state and community levels need improvement. This has led the SRC branches to continue monitoring the situation with the aim of ensuring a timely response to further spread. The Juba branch of SRC continues to closely monitor the situation in Juba town.

The Federal MoH called a meeting of the "Cholera Task Force" to brief donors and non-governmental organizations (NGOs) on the current AWD and cholera situation in northern Sudan. During the meeting, it was confirmed that AWD and cholera is spreading northward and that the current AWD epidemic has affected seven northern states, including the nation's capital, Khartoum with 636 reported cases. The table below illustrates the confirmed cholera cases in the northern part of Sudan.

Table 1: Confirmed cholera cases in northern Sudan as at 13 June 2006

| State | Number of cases | Number of deaths |
|----------------|-----------------|------------------|
| Khartoum State | 636 | 33 |
| N.Kordofan | 452 | 9 |
| White Nile | 347 | 8 |
| South Kordofan | 213 | 7 |
| South Darfur | 76 | 4 |
| River Nile | 41 | 4 |
| Other States | 42 | 3 |
| Totals | 1,807 | 68 |

Note: Of the 130 cases tested for AWD in the North, 70 were positive.

¹ FMOH Sudan, [Cholera Task Force Meeting](#), 13 June 2006

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With cholera in seven of the southern states and nine states of the north, there is a growing concern that the low intensity spread of the disease will remain for a longer period. This situation will need to be monitored as with the onset of the wet season, the potential for a growing number of outbreak sites is higher. In fact, the major junction town of Kosti – north of Malakal – which is a transit station for people moving to the north, south and west has now reported some cases.

The programme developed for the response to the outbreak in the south now needs to be expanded to incorporate the situation evolving in the north. This Update expands the geographical area of response to cover the whole territory of Sudan. The budgets for the south and north have been separated for administrative and logistic reasons, and also to secure clear resource allocation from different donors. However, the totals remain unchanged.

Though Sudan remains a complex humanitarian environment, the Federation is making genuine efforts to work with the SRC and PNSs to strengthen the national society's (NS's) overall position and delivery of assistance. Two long-term water and sanitation (WatSan) programmes are underway in cooperation with 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 began several initiatives and made commitments to improve health disaster preparedness and response capacity against infectious disease outbreaks. They include:

- A permanent SRC National Disaster Management Plan;
- Implementation of the Pan-Sudan health assessment proposals;
- Returnees assessment and 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;
- Implementation of the new strategy of SRC community health volunteers in South Kordofan;
- Close collaboration with the MoH in health disaster surveillance and control.

However, two significant issues remain. The first is the status agreement that is yet to be concluded between the Government of South Sudan (GoSS) and the Federation Secretariat. The second is the Memorandum of Understanding (MoU) which is still under discussion between the NS and the GoSS. 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 and the SRC leadership are actively working to progress these processes.

Red Cross and Red Crescent action

The actions stated below are specific to the recent activities undertaken in northern states. For an overview of activities in southern states, refer to Operations Update no.1.

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 SRC called a meeting of the Technical Health Emergency Committee. This committee which is comprised of technical personnel from the SRC, the Sudan delegation and some PNSs, met to discuss the current situation. In the spirit of the Operational Alliance, all Movement partners have been kept informed of the situation. The Austrian Red Cross and the German Red Cross have pledged immediate assistance to the SRC response in Kadugli, South Kordofan State and Kosti – White Nile State.

The SRC has deployed 225 volunteers in Kadugli, South Kordofan to support activities of the MoH, including supporting the MoH's emergency room for AWD control activities. The MoH trained 46 SRC volunteers on prevention and water safety; they in turn trained 180 volunteers.

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Activities undertaken by the SRC volunteers in Kadugli town and surrounding villages during the reporting period include chlorination of water at the water points, clean-up campaigns and health education targeting the containment of the spread of AWD and cholera.

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 South Kordofan State coordination committee has started to undertake more widespread laboratory tests for AWD assessment, to better target outbreak areas. The community-based strategy undertaken by the South Kordofan branch in Kadugli is designed to provide health and hygiene information covering the town's population of 1,143,000 persons.

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 SRC established community-based activities in line with the Federal MoH's plan of action to counter the spread of cholera in Kadugli. This included chlorination of water and provision of oral rehydration salts (ORS) as well as hand-washing soap to improve hygiene.

Impact

The daily participation of the Sudan delegation's health coordinator for South Kordofan and the branch programme coordinator in the State Coordination Group – together with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and other NGOs – has been a powerful incentive for the volunteer training reformulation plan.

Due to large scale population movements in the South Darfur corridor, it is likely that epidemic outbreaks will spread further and require a more decentralized approach and greater human resource as well as transport capacities to the affected areas. This will increase the geographical area coverage through intensified outbreak notification. In addition, the current multiple outbreaks in village areas will certainly prompt to better target WatSan activities throughout the states in the future.

Federation Coordination

The SRC and the Sudan delegation continue to be active participants in a number of stakeholder interest group meetings, including the Cholera Task Force meetings with the Federal MoH and WHO, and are liaising with both partners to ensure optimal use of available resources. The delegation in Khartoum has also established a network of bilateral information channels with donors and other health NGOs at Khartoum level. Interaction with the Sudan's health ministries is moderated through SRC branches. This allows for precise targeting of activities, since the progress of the epidemic is not uniform.

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 is being addressed and will be reported in the next Update.

Communications – Advocacy and public information

Information generated and progress made since the start of this operation will continue to be communicated to concerned offices/organizations through Operations Updates.

[Contributions list below; click here to return to the title page.](#)

Sudan - cholera

ANNEX 1

APPEAL No. MDRSD001

PLEDGES RECEIVED

28/07/2006

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|-------|----------|----------|------|-----------|------|---------|
|-------|----------|----------|------|-----------|------|---------|

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 | |