

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

SUDAN: CHOLERA

16 September 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 185 countries.

In Brief

Appeal no. MDRSD001; Operations Update no. 3; Period covered: 23 June to 25 August 2006; Appeal coverage: 16.8%; <[Click here to go directly to the contributions list on the website](#)>.

Appeal history:

- **Preliminary Emergency Appeal** – <http://www.ifrc.org/docs/appeals/06/MDRSD001.pdf> – was launched on 2 March 2006 for CHF 1,015,000 (USD 879,484 or EUR 736,438) to assist 90,000 beneficiaries for 3 months.
- **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.
- **Operations Update no. 2** – <http://www.ifrc.org/docs/appeals/06/MDRSD00102.pdf> – dated 4 August 2006, extended the area of operation to cover the entire territory of Sudan.
- **This Operations Update further extends the operational timeframe by 4 months, until the end of December 2006.**
- **Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000.**

Outstanding needs: CHF 845,000 (USD 688,000 or EUR 536,000).

Related Emergency Appeals:

- **Appeal 05EA025** – <http://www.ifrc.org/docs/appeals/05/05EA02502.pdf> – **Southern Sudan: Humanitarian Assistance to Returnees and Affected Communities.**
- **Preliminary Appeal MDRSD002** – <http://www.ifrc.org/docs/appeals/06/MDRSD002.pdf> – **Sudan: Floods.**

Operational Summary: Cholera is still a present threat to public health in many parts of Sudan. New cases are being reported in the Central Equatoria towns of Juba and Yei as well as Lainya county, in southern Sudan. In the north, South Kordofan, North Kordofan, Darfur and Khartoum have all recorded an increase in the number of cases.

Under the overall coordination of the Government of South Sudan's Ministry of Health, and utilizing the surveillance network deployed by the World Health Organization (WHO), the situation in southern states is monitored on a bi-weekly basis. Joint Sudanese Red Crescent, Federation and MoH assessment teams were dispatched to southern Central Equatoria on 16 – 17 August. Based on the findings of the assessments, a concrete plan of action has been drawn up by the SRC/Federation. In the north, the strategy of community participation led by volunteer training – which includes health, hygiene and infection surveillance strategies – has continued, particularly in South Kordofan. With the recent flash flooding in El Obeid, North Kordofan, and the reported increase of cases in that state, the Sudanese Red Crescent, in conjunction with the Federation, undertook a rapid assessment of El Obeid town as part of its strategy of continually monitoring the situation in all states.

With the rainy season starting in earnest, causing flooding in many areas of the country, it is apparent that the cholera operation will have to continue in order to limit the potential for further outbreaks. Through this Operations Update, the Sudanese Red Crescent seeks to extend the operational timeframe of this Appeal by four months – until the end of December 2006 – to allow for the completion of planned activities.

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.

For information specifically related to this operation please contact:

- *In Sudan:* Osman Gaffer, Secretary General, Sudanese Red Crescent, Khartoum; Email: srcs@sudanmail.net; Phone: 249.183.77.20.11; Mobile: 249.912.31.88.88
- *In Sudan:* Ahmed Osman, Acting Federation Head of Sudan Delegation, Khartoum; Email: ahmed.osman@ifrc.org; Phone: 249.183.77.10.33; Mobile: 249.912.15.80.15
- *In Kenya:* Getachew Ta'a, Acting Federation Head of East Africa Regional Delegation, Nairobi; Email: getachew.taa@ifrc.org; Phone 254.20.283.52.55; Fax 254.20.271.27.77 or Charles G. Byamugisha, Disaster Management Coordinator, East Africa Regional Delegation, Nairobi; Email: charlesgodfrey.byamugisha@ifrc.org; Phone 254.20.283.51.17; Fax 254.20.271.27.77
- *In Geneva:* Amna Al Ahmar, Federation Regional Officer for East Africa, Africa Dept.; Email: amna.alahmar@ifrc.org; Phone 41.22.730.44.27; Fax 41.22.733.03.95.

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 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, a Preliminary Emergency Appeal was launched by the International Federation to enable the Sudanese Red Crescent (SRC) to respond to the emerging cholera epidemic.

Operational developments

The extraordinary wet season being experienced in many parts of the Horn of Africa has brought widespread flooding to Sudan where it is estimated that over 10,000 households have been affected by flooding. The situation remains dynamic as more areas – including the eastern, western and northern states – continue to report flooding. Following the disaster, the Government of Sudan – through the Humanitarian Aid Commission (HAC) – called upon humanitarian actors to participate in providing assistance to the affected people. The International Federation launched a Preliminary Emergency Appeal on 19 August 2006 on behalf of the Sudanese Red Crescent (SRC) to support its efforts in responding to flooding in Khartoum, Sinnar, Kassala and Hamadab states. For the Preliminary Emergency Appeal, refer to: <http://www.ifrc.org/docs/appeals/06/MDRSD002.pdf>

The initial response of more than 1,000 Sudanese Red Crescent volunteers has continued in various affected areas. Branch volunteers are working on evacuation, distribution of necessities such as tarpaulins, as well as providing first aid services, psychological support and home nursing. The volunteers are also managing temporary camps that have been set up for the displaced, helping people to erect tents, mobilizing and helping the population to dig latrines and registering newcomers at the camps. Several SRC state branches have their response teams on stand-by, should there be more flooding. These teams include people specially trained to deal with floods and health emergencies.

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As earlier predicted, the increase in cholera cases in the north has followed the rising rainfall pattern. With the current flooding situation in Blue Nile, Darfur, Khartoum, North Kordofan, Northern and Sinnar states, the SRC and the Federation have undertaken to combine AWD prevention activities in the floods response operation. Assessment teams report major water and sanitation needs for communities affected by the floods. There are concerns about the potential spread of diarrhoeal diseases, including cholera, as well as waterborne diseases which are major and continuing threats to public health.

As reported in Operations Update no. 2, AWD continues to spread northward while at the same time re-emerging in southern Sudan, coinciding with the onset of the rainy season. 11 states of northern Sudan had reported outbreaks of cholera by the end of August (with 5,404 recorded cases and 183 deaths to the end of July 2006; a considerable increase from the June figures)¹. By 31 July 2006, health authorities in southern Sudan, in collaboration with WHO, had reported a total of 17,122 cases and 505 deaths, translating to a case fatality rate (CFR) of 2.94 per cent. The majority of cases were recorded in the Juba and Yei towns as well as Lainya County in southern Sudan. The table below indicates the statistics of cholera/AWD cases in the northern part of the country.

Table 1: Cumulative statistics of AWD cases and deaths in Northern Sudan (as at 25 August 2006)

State	Number of cases	Number of deaths
Khartoum State	971	41
North Kordofan	1,518	47
White Nile	782	21
South Kordofan	532	16
South Darfur	853	23
River Nile	567	20
Kassala	444	22
Al Gazera	118	5
Gedaref	593	8
North Darfur	71	0
Others (Northern Blue Nile and Red Sea states)	124	6
Total	6,573	209

Notes:

- Some cases continue to be reported retrospectively and accordingly from the state. The Federal Ministry of Health has revised the cumulative number of AWD cases reported in northern Sudan.
- Cases of AWD reported from West Darfur have not yet been included in the cumulative number due to inconsistency in the reporting system of the West Darfur State MoH.

With cholera in 7 of the southern states and 11 northern states, there is growing concern that the low intensity spread of the disease has/will become endemic in areas adversely affected by the floods. This situation will need to be monitored continuously during the wet season and in the aftermath of the floods as the potential for a growth in outbreaks is considerably higher. The major junction town of Kosti – located on the White Nile – which is a central transit station between riverine and land transport for returnees, continues to be a concern as cases continue to be reported even though a German Red Cross intervention was led to Kosti in June to limit the effects of the outbreak.

Table 2: Cumulative caseload in Southern Sudan

State	Number of cases	Number of deaths	CFR (%)
Central Equatoria	0	No new cases confirmed	
Eastern Equatoria*	126	56	
Jonglei/Bor†	10	2	
Northern B. el-Ghazal	163	16	
Unity State**	1,460	23	1.57

¹ WHO reports for North Sudan no longer specify cholera statistics but have broadened the reporting to include all acute watery diarrhoea cases, hence the mix of dates as references.

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Upper Nile***	23	3	
Warrap state	No new cases confirmed	No new cases confirmed	
South Sudan	17,122	505	2.94
Total	18,904	605	

Key: * As at 9 August; ** as at 24 July; ***as at 7 July; † active cases reported.

Note: The figures above are indicative as the sentinel system (the surveillance network) does not have full coverage, information sources vary, and cases cannot always be confirmed to be AWD/cholera. For many states, case fatality rates cannot be concluded based on these samples.

The increase in cases of cholera/AWD in southern Sudan in general, and Central Equatoria in particular, has prompted the Government of South Sudan's Ministry of Health (MoH) to strengthen monitoring and follow up of the situation by forming a Cholera and Meningitis Taskforce for South Sudan. It is chaired by the MoH with participation of UN agencies, the Red Cross/Red Crescent Movement and international non-governmental organizations (INGOs). The taskforce draws upon the combined monitoring resources of its participants, led by a surveillance network deployed by WHO.

Red Cross and Red Crescent action - objectives, progress and impact

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/Achievements

With the rainy season underway and the resulting wide-spread flooding, the risks of further outbreaks have risen considerably. 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.

Following a report by the State Governor of Central Equatoria to the MoH pointing at the confirmed aggravated AWD/cholera, the SRC/Federation, together the MoH, expedited a response to a reported outbreak in Yei and Lainya counties by dispatching a joint assessment team to this region on 16 – 17 August 2006. The findings of the team are summarized in the following table.

Table 3: Caseloads in Central Equatoria counties affected.

County	Number of cases	Number of deaths
Lainya (1 August)	95	5
Yei (1 June)	87	1
Juba (by 17 July)	6,163	116

Note: Some cases do not fulfil case definition of AWD and stool samples are to be sent to Nairobi for laboratory confirmation.

In Lainya County, the rapid increase of new cases within the month of August, which also showed a high CFR, was alarming. In Yei, the concern is that as a destination of many returnees – mainly refugees crossing the border from the Democratic Republic of Congo – several factors could have contributed to an increase in the cases. These include overcrowding, especially in public places such as markets; lack of safe water; poor sanitation practices and sanitation facilities as well as ignorance of causes and prevention of AWD in addition to the impact of the rainy season.

Following the assessment mission, the SRC and the Federation finalized a plan of action for the southern Central Equatoria intervention, which can be replicated for other areas of southern Sudan if and when the need arises. The plan articulates the recruitment of volunteers – experienced from the Juba cholera intervention– to implement

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response activities. The activities include carrying out grassroots-level health promotion and hygiene awareness in Lainya county and Yei town; provision of tarpaulins/tents for Lainya and Yei health authorities to treat and isolate cases from the community; preparation of sanitation kits that include the necessary tools for the construction of latrines in Lainya county and Yei town and provision of oral rehydration salts (ORS), chlorine powder and tablets to the cholera-affected communities.

The national society continued to play an active role in the South Kordofan Cholera Taskforce planning committee. The programme developed for the response to the outbreak in southern states, where 224 SRC volunteers were mobilized to combat the initial outbreak in the town of Kadugli – with an approximate population of 290,000 people, has been successfully replicated in northern states, including South Kordofan. 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, and not the entire state population estimated at 1,143,000 persons, as reported in Operations Update 2.

Of the 224 SRC volunteers activated for the initial response in Kadugli, 100 remained active for a period of three weeks. 23 volunteers were trained as trainers in health. The areas covered by the training included responses to AWD, community-based first aid (CBFA), emergency health preparedness, primary health care and epidemic surveillance. The SRC health and training coordinator continued supporting the Federal MoH emergency room for AWD control.

The German Red Cross and the SRC branch in Kosti undertook cleaning and disinfecting of the river barges transporting people between the northern and southern states. The Netherlands Red Cross is carrying out Participatory Hygiene and Sanitation Transformation (PHAST) training in Juba for 15 regional volunteers. The training will empower the SRC to manage community-based hygiene awareness and sanitation issues more professionally and efficiently.

In Malakal (Upper Nile), 30 SRC volunteers carried out the following health-related services over a period of 22 days for 40,000 people:

- Distribution of 40,000 water treatment tablets;
- Treatment of 1,500 jerry cans of water with chlorine powder;
- Distribution of 4,000 sachets of ORS;
- Distribution of 20,000 bars of soap.

The Sudanese Red Crescent, in conjunction with the Federation, also undertook a rapid assessment of El Obeid town, North Kordofan, in response to the growing number of cases and the flash flooding that occurred. In Sinnar State, the local SRC branch activated 70 volunteers to conduct health and hygiene awareness campaigns so as to combat and prevent waterborne diseases, malaria, respiratory diseases as well as other infectious diseases. This was in response to the current flood situation which has rendered over 3,500 families in the state homeless, thus in need of assistance, with 1,849 families having to relocate to local camps.

Impact

- The community-based strategy undertaken by the South Kordofan Branch of the SRC in Kadugli has assisted in containing the spread of the outbreak. In addition, the capacity of the South Kordofan State coordination committee to undertake more widespread laboratory tests for AWD in outbreak areas has been strengthened.
- The assessment mission to North Kordofan has opened lines for assistance in branch activities.
- The SRC and the Federation have taken a prominent role in the MoH Taskforce meetings, providing information, prompt action and clear operations plans.
- Volunteers mobilized in response to floods in Sinnar State are assisting affected communities to limit the potential of AWD outbreaks.

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.

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Progress

The rehabilitation of 60 boreholes in Juba town is ongoing with funding from the United Nations Children's Fund (UNICEF) and in collaboration with the Department of Rural Water of the Government of South Sudan's Ministry for Rural Development and Cooperatives.

The German Red Cross supplied eight containers of chlorine to assist in the chlorination of water in Kosti town. They also provided a water bladder to a village near Kosti, which was identified as a major outbreak centre.

In Kadugli town, the SRC volunteers undertook a number of water and sanitation (WatSan) activities. The activities include:

- Chlorination of water at 181 water points in Kadugli;
- Rapid water testing, in collaboration with government departments, which found that 16 per cent of wells, 33 per cent of water containers and 76 per cent of stored household water is contaminated;
- Information dissemination among 54,847 residents of Kadugli town and surrounding villages.

Impact

- The borehole rehabilitation project has provided technical training to the SRC and Department of Rural Water staff. This will ultimately lead to improved technical capacity in water and sanitation.
- The Federation personnel in Juba have taken a lead role in the Cholera Taskforce that has been entrusted with the chlorination of the Juba town borehole and collected river water. The task force is comprised of municipal authorities and several international non-governmental organizations (INGOs).

Federation Coordination

The SRC and the Federation's Sudan delegation have actively participated in a number of other stakeholder interest group meetings. The Federation and the SRC attend cholera taskforce meetings of the northern states – whose members include the Federal Ministry of Health and WHO – and are liaising with both partners to ensure maximisation of resources.

Interested stakeholders involved in the floods response – including government departments, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF, CARE, Save the Children, and the United States Agency for International Development (USAID) – meet and maintain regular communication via email in which WatSan issues surrounding AWD and cholera are discussed.

The SRC has jointly participated in activities coordinated by the United Nations High Commissioner for Refugees (UNHCR) by distributing non-food items in returnee camps around Juba. In addition, the SRC is an avid participant in the Return and Reintegration Working Group, co-chaired by South Sudan Relief and Rehabilitation Commission (SRRC) and UNHCR.

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 continually addressed during interventions. It will continue to 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 continue to be communicated through Operations Updates.

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