

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Sudan: Acute Watery Diarrhoea Epidemic

DREF operation n° MDRSD005

EP-2008-000086-SDN

11 June 2008

The International Federation's 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 response to emergencies. 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.

CHF 249,344 (USD 239,744 or EUR 154,387) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 360,000 beneficiaries (72,000). Un-earmarked funds to repay DREF are encouraged.

Summary: An outbreak of Acute Watery Diarrhoea (AWD) has been reported in Central Equatoria and Eastern Equatorial States. The cumulative number of reported cases currently is 640 including 45 deaths. Sudanese Red Crescent Society (SRCS) with support from the Federation plans to be involved in the control of the epidemic. The goal of its proposed action is to contribute to the control of the AWD epidemic in Central and Eastern Equatorial States and prevent its spread to other areas. SRCS will implement activities in partnership with the Government authorities and other organizations. Activities will focus mainly on hygiene promotion and health education;

household safe water treatment; chlorination of water points and active finding of suspect cases and early referral to treatment centres. This operation is expected to be implemented over three months, and will therefore be completed by September 2008. A Final Report will be made available three months after the end of the operation (by December 2008).



[<Click here to view the map and here to view the budget summary>](#)

The situation

South Sudan has been experiencing Acute Watery Diarrhoea (AWD) outbreaks almost yearly. Epidemics of AWD and/or cholera occurred in 2006 and 2007 as well. The latest outbreak of Acute Watery Diarrhoea has affected Central Equatoria and Eastern Equatorial states, with a cumulative number of cases of 640 and 45 deaths.

Acute Watery Diarrhoeas are mostly caused by viruses amongst children under five years and this is usually by rota viruses and other enteric viruses. They quickly spread and have nearly all of them short incubation periods. Acute Watery Diarrhoea in adults is mostly due to cholera, a disease caused by a special bacterial agent, the vibrio cholerae. The incubation period is very short (sometimes hours). It spreads rapidly and the worst cases are characterised by severe dehydration.

The SRCS with support from the Federation, Partner National Societies and National authorities, intends to carry out AWD control activities in the affected areas for a period of three months. The planned interventions include: support to case management in the hospital and health centres; community health and awareness campaign; hygiene promotion and chlorination of water points by the SRCS volunteers. An immediate and aggressive mobilization and health education and hygiene promotion, house to house campaign and chlorination of water points have been planned to control this epidemic.

This appeal seeks for urgent needed support for the three months intervention programme to control the spread and mitigate the effects of the current Acute Watery Diarrhoea outbreak in Central and Eastern Equatorial States (Juba and Torit) and prevent its spread into other areas (see table 1 below).

Table 1: Current epidemic situation

State / locality	Time of on set – to date	Location / source of information	Cumulative cases	Cumulative death cases
Central Equatoria - Juba	1-27 May 2008	Juba teaching hospital	343	26
Eastern Equatoria –Torit (Magwi county)	28 April-25 May	Magwi centre	52	4
	9 Feb-24 May	Parajok	131	7
	9 Feb-24 May	Owingikibul	101	8
	25 May	Kit	3	0
	26 May	Numula	6	0
	26 May	Operi	4	0
	Total			640

The above figures are from the Ministry of Health-Government of South Sudan which did the assessment in Magwi County. Four samples were taken from Juba teaching hospital and two were positive for vibrio-cholerae bacteria as the causative organism.

Coordination and partnerships

State Ministry of Health (MoH) is responsible for the overall coordination of the AWD control efforts of the various partners in Southern Sudan. SRCS will implement the control activities with support from the Federation and other Movement Partners. Technical support will be provided by the Federation delegates. SRCS will also work in collaboration with Netherlands RC, MoH, World Health Organisation (WHO) and Médecins Sans Frontières (MSF) in Central Equatoria State-Juba. SRCS will collaborate with MoH in carrying out health education and hygiene promotion, awareness raising and community mobilization activities to avoid duplication and to cover as much as possible the affected areas.

SRCS will provide volunteers and deploy them into all the affected areas to do the implementation of the community level interventions. SRCS will be responsible for monitoring the volunteers as well as providing them with key messages to pass to the community. SRCS will continue to attend coordination meetings.

Red Cross and Red Crescent action

SRCS is a member of the Epidemic Task Force and participates in several meetings organised by the Government of South Sudan MoH, State MoH and partners (WHO, MSF, UN, GOAL and many others) to draw an effective plan of action to respond to the AWD outbreak and agree on priority activities.

Furthermore, the National Society has also participated in meetings with MoH to assess the needs of the two States considered at high risk. MoH together with partners working in the health sector are conducting treatment of cases in all the affected states.

The SRCS volunteers will participate with MoH in the preventive campaign (health education, hygiene promotion and community awareness creation). In order to conduct effective health promotion and good coverage in all affected areas, SRCS volunteers will mobilize the communities and carry out health promotion including the house to house method. In addition, SRCS and the Federation discussed the current situation of the AWD outbreak in Juba and Torit and have come up with plan of action to respond to the epidemic.

The needs

The MoH has indicated some shortage in the following items (**see table 2 below**) and is requesting support from partners.

Table 2: The level of SRCS/IFRC stock and the requirements/needs

Items	Units	Available	NS needs
Cholera Kits	Kits	0	20
ORS	sachets	0	20,000
Water maker	sachets	463,000	7,200,000
Buckets and lids	Pcs	3,000	42,000
Aquatabs	Tablets	0	9,000,000
Soap	tones	20.385	144
Container plastic with taps	Pcs	0	144,000
Chlorine	Kgs	0	500
IEC materials	Pcs	0	80,000
Gum boots	Pcs	0	40
Heavy duty gloves	Pairs	0	40
Shovels	Pcs	0	40
Wheelbarrows	Pcs	0	15
Rakes	Pcs	0	40

The proposed operation

Goal: To contribute to the control of the Acute Watery Diarrhoea epidemic outbreak in Central Equatoria and Eastern Equatorial States and prevent its spread to other areas.

- Target population is 360,000 direct beneficiaries, in the two states of Southern Sudan. This is taken as equivalent to 72,000 households.
- Time frame for implementation of the operation is three months.
- 100 volunteers will be mobilized in Central Equatoria and 60 volunteers will be mobilized in Eastern Equatorial States for the implementation of planned activities.

Water, sanitation and hygiene promotion

Objective 1: To improve access to safe water at the household level in the affected areas

Activities planned

- Mobilize and recruit volunteers in the affected areas.
- Train the SRCS volunteers to conduct house to house hygiene promotion and household water treatment.
- Provisions of ORS, soap, household water treatment chemicals and chlorination of water points.
- Demonstration on effective use of household water treatment chemicals.

Objective 2: To increase awareness on good hygiene practices and sanitation in the affected communities.

Activities planned

- Mobilize and orient volunteers on hygiene promotion and key messages.
- Carry out hygiene promotion and awareness campaigns in the target communities of 72,000 households.
- Organize community clean up campaign of removing garbage and disposing off.

Emergency health

Objective 1: To increase community awareness on AWD and/or cholera and its prevention and control in Central and Eastern Equatorial States, Southern Sudan.

Activities planned

- Mobilize and orient 160 volunteers on AWD prevention, control and key messages.
- Sensitization sessions for the SRCS branch staff and SRCS volunteer leaders on social mobilization and AWD prevention, control and transmission of messages to the communities.

Objective 2: To improve on active case finding and referral to health units for early management of cases.

Activities planned

- Active case finding (ACF) of suspected cases in the community and referral to the nearest treatment centre.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its 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.

Contact information

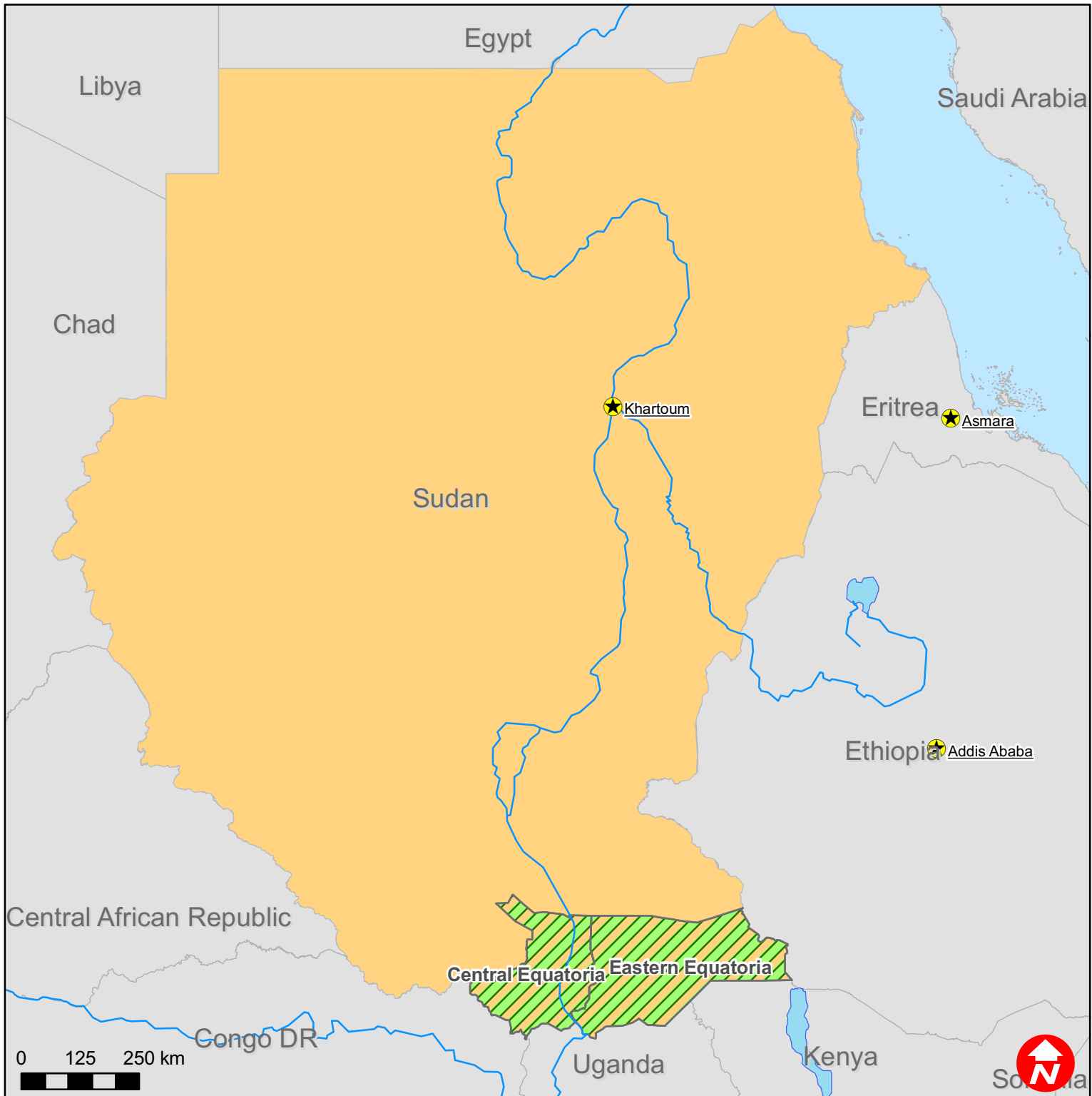
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Sudan: Epidemic



 Affected states

BUDGET 2008

PROGRAMME BUDGETS SUMMARY

Appeal no.: AWD/CHOLERA SUDAN

Name: MDRSD005

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	151,189	0	151,189
Medical & First Aid	0	0	0	0	0	0	0
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	38,250	0	38,250
Other Supplies & Services	0	0	0	0	7,650	0	7,650
SUPPLIES	0	0	0	0	197,089	0	197,089
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	0	0	0	0	0	0	0
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	0	0	0	0	3,060	0	3,060
TRANSPORT & STORAGE	0	0	0	0	3,060	0	3,060
International Staff	0	0	0	0	0	0	0
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	0	0	0	22,950	0	22,950
National Society Staff	0	0	0	0	6,405	0	6,405
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	0	0	0	29,355	0	29,355
Workshops & Training	0	0	0	0	3,325	0	3,325
WORKSHOPS & TRAINING	0	0	0	0	3,325	0	3,325
Travel & related expenses	0	0	0	0	0	0	0
Information & Public Rela	0	0	0	0	0	0	0
Office Running Costs	0	0	0	0	0	0	0
Communication Costs	0	0	0	0	306	0	306
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	0	0	0	0	0	0	0
GENERAL EXPENDITURE	0	0	0	0	306	0	306
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	0	0	0	0	16,207	0	16,207
PROGRAMME SUPPORT	0	0	0	0	16,207	0	16,207
TOTAL BUDGET:	0	0	0	0	249,344	0	249,344