SUDAN

HUMANITARIAN CHOLERA READINESS AND RESPONSE

[Activities to support National AWD Preparedness and Response Plan 2018-19]

OCTOBER – DECEMBER 2019

Prepared by the Sudan Humanitarian Country Team

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Background

The major disease outbreaks in Sudan for the past decades are grouped into three categories based on type of transmission: water-borne, vector-borne and vaccine-preventable diseases. This is mainly attributed to low access to and coverage of safe drinking water, and sanitation, environmental sanitation and low vaccination coverage; exacerbated by weak health and WASH infrastructures. The country experienced the worst flooding since 2015 creating favourable ground for emergence and aggravation of water-borne and vector-borne diseases such as cholera, dysentery, dengue fever, malaria, etc. The most affected states by the flooding were While Nile, Kassala, Khartoum, Gezira, and North Kordofan.

On 9 September 2019, the Federal Ministry of health (FMoH) announced the outbreak of cholera in Blue Nile State. As of 25 September 2019, seven localities in Blue Nile and Sennar states had reported 187 suspected cholera cases, including eight deaths, according to FMoH and World Health Organization (WHO). In Blue Nile State, the currently affected localities are: El Roseries (87 cases), Damazine (40 cases), Wad Amahi (2 case) and Bau (1 case). In Sennar State, the affected localities are: Abu Houjar (43 cases), Singa (4 cases) and El Souki (9 cases). The current case fatality rate (CFR) in Sudan is 4.3 per cent. With proper treatment, the case fatality rate for cholera should remain below 1 per cent

The outbreak is spreading to neighbouring and adjacent localities and states despite the prompt and initial control measures put in place by health and WASH partners under the leadership of the government. Without timely and intensive scale up of control measures in high risk and adjacent states, the outbreak is likely to spread to other states. The pattern of spread during the last AWD outbreak attested the same evolution by engulfing one adjacent State after another due to population movement, poor WASH situation and other vulnerabilities. According to FMOH and WHO, eight states are at high risk; Blue Nile, Sennar, Gezira, Khartoum, Gadaref, White Nile, Kassala, and River Nile.

The Federal Ministry of Health has requested over 3 million doses of the Oral Cholera Vaccine (OCV) in order to conduct a vaccination campaign. The aim of the campaign is to contain the outbreak and prevent the spread to adjacent areas. The initial reactive campaign will target over 1.6 million people living in high risk communities in Blue Nile and Sennar states who will receive two doses of the vaccine.

To support government efforts to contain the disease and prevent further spread, humanitarian partners have developed a cholera readiness and response plan and are seeking **US$ 20,300,039** for the next three months.

This plan is built on 6 main pillars in line with global multi-sectoral interventions to control cholera and the Sudan National AWD Response Plan 2018-2019:

1. Leadership and Coordination
2. Surveillance and Reporting
3. Community Engagement
4. Water, Sanitation, Hygiene and food safety
5. Use of Oral Cholera Vaccine
6. Health System Strengthening/HSS (case management and IPC)

In addition, given the overall prevalence of malnutrition in the targeted states, nutrition response has been included under the HSS to support the case-management and IYCFC of children with malnutrition and pregnant and lactating women affected by cholera. Consistent with the national and international strategies, guidelines and protocols the proposed activities will contribute to respond and contain further spread and reduce mortalities due to water-borne (with a focus on Cholera) and vector-borne disease outbreaks in the targeted 8 States over 3 months. As per its core mandate of health security of communities, WHO will protect health and ensure health security.

Overall, partners will target 13,000 for cholera case management, 1,016,006 people (including refugees in camps at risk) with provision of direct health services, 2.5 million people who will benefit from WASH interventions, 300,000 severely malnourished children and 546,000 mothers and caregivers to access

infant and young child feeding counselling. Refugees living in camps in Kassala, Gedaref and White Nile States, and in Khartoum 'Open Areas' sites will also be targeted through a multi-sector response. Activities will also include mitigating underlying causes of high mortality like severe malnutrition in children under 5 years of age and targeting schools with WASH activities and hygiene campaigns.

Below is a summary of activities and budget

Summary of the Activities and Budget	
Leadership and Coordination	530,800
Surveillance and Reporting	753,000
HSS/Case Management and Infection Prevention and Control (IPC)	1,620,830
Community Engagement	1,926,000
WASH/ Environmental Health/ Food Safety	13,510,000
Nutrition	1,959,409
Grand Total	**20,300,039**

Summary budget by Agency

Agency	Budget
World Health Organization (WHO)	7,417,040
United Nations International Children's Emergency Fund (UNICEF)	10,102999
United Nations High Commissioner for Refugees (UNHCR)	2,780,000
Grand Total	**20,300,039**

Breakdown of Readiness and Response Activities for Three Months

Key Intervention	Major Activities	Target Population	Budget (US$)	Partners
Leadership and Coordination	Cholera Command and Control Centre (4Cs) co-chaired by FMoH, and WHO will be supported by the health, nutrition and WASH sectors to establish centres in five priority states with potential expansion to the all eight prioritized states. This includes recruiting qualified national staff and short-term international consultants to coordinate effective implementation of integrated health, WASH and Nutrition responses and ensure complementarity and alignment with government-led interventions.	1,016,006	330,000	WHO, UNICEF, UNHCR
	Deploy WHO surge capacity and support for sub-national health cluster coordination and technical support in the targeted eight States for effective information management, monitoring and coordination at State and locality levels	1,016,006	200,800	WHO
Sub total			**530,800**	
Surveillance and Reporting	Train, provide tools (printed format and guidelines) and support field investigation missions of Rapid Response Team (RRT) in 66 prioritized localities in eight prioritized states.	1,016,006	198,000	WHO
	Initiate and strengthen Community Based Surveillance (CBS) in 66 high-risk localities in the 8 targeted States (including the Refugees and IDPs in camps and vulnerable host communities)	1,016,006	135,000	WHO
	Train around 200 health workers and managers on case definitions, event-based surveillance, active case-findings, and contact tracings	1,016,006	140,000	WHO
	Establish community surveillance points formulated by volunteers of MSGs and CMWs			UNICEF
	Train laboratory technician and provided with laboratory supplies including RDTs (Cholera, dengue, malaria), sampling material, reagents, equipment and Personal Protective Equipment (PPE) and in-country and international transport of samples.	1,016,006	280,000	WHO
Sub total			**753,000**	
Case Management and Infection Prevention and Control (IPC)	Train and supervise (from state and national level) 200 CTC workers in 8 States on case management and IPC to improve access to treatment and ensure adherence to national and international protocols and guidelines contributing to reduction in Case Fatality Rates (CFR%). Capacity development of health care workers, and community workers on AWD/ Cholera standard case management	1,016,006	180,000	WHO UNICEF
	Establish 24 ORT corners at facility level, and community care centers for treatment of mild and moderate cholera cases.		600,000	UNICEF
	Establish isolation centres and cover the operational cost of running 21 CTCs (2/state and 5 for refugees in camps as very high risk. WHO procurement of Cholera kits for in-patient care, equipment and infection prevention and control supplies for CTCs.			WHO
	Deploy surge capacity/staff to support case management and infection prevention in CTCs in most affected States in terms of travel cost and DSA.	1,016,006	140,000	WHO
	Procure and distribute Health related supplies such as AWD Kits/community level, PHC kits, Malaria drugs LLITNs, ORS, and packs of Zinc tablets.	12000	120,830	UNICEF
	Locally procure essential drugs, medical supplies, and medical equipment to bridge the gaps in life saving free of charge medicines in the targeted 8 States.	1,016,006	580,000	UNICEF WHO
Sub total			**1,620,830**	
Community Engagement	Train and involve field staff on use of mobile phone camera and videos to develop and disseminate local culturally acceptable information packs for awareness raising material, TV spots…etc.	1,016,006	80,000	WHO

	Community Engagement to promote public awareness towards preventing Cholera and water related diseases with use of multi-communication channels and approaches (mobile theatre performance, drama shows, sessions at communities' level, schools and other public places that include mosques, markets, restaurants, water suppliers and food sellers, house-to-house visits campaign in high burden areas, mobile video as well as public events using sound system equipment.	1,016,006	540, 000	UNICEF
	Orientation and advocacy meetings targeting the community leaders, women, religious, youth and adolescent groups (girls and boys) through the C4D Taskforce Platforms	500		
	Train 1800 volunteers per state and the selection process should prioritize the training of revolutionary committee members (i.e youth and adolescents)	1800	64,000	UNICEF WHO
	Mass communication campaign through designing, pretesting, production, and distribution of the communication materials, broadcasting of dialogues, Public Services Announcement, drama series through traditional and advanced media channels (radio, TV, Facebook, WhatsApp) Produce messages in different forms based on the community's access to information (i.e., Radio, TV and social media benefiting from existing Listening Groups platforms)	1,016,006	150,000	UNICEF WHO
	Evidence generation, monitor and evaluate the impact of the activities by conducting baseline sample to understand the situation and design message accordingly. Monitoring behavioural change process and recommend the needed intervention for a long-term change to support the prevention.	1,016,006	300, 000	UNICEF WHO
	Communication for Development (C4D) to target eight million people through various approaches, such as mass communication channels, local media and interpersonal communication and community engagement activities led by the revolutionary committees and students. Production and distribution of IEC/BCC materials, radio/TV messages such as pamphlets, posters, brochures, few visibility products as per need	1,016,006	1,552,000	WHO UNICEF
	Refugees - Health promotion and supply of health promotion (IEC) materials	484,496	80,000	UNHCR
Sub total			**1,926,000**	
WASH/ Environmental Health	**WASH**			
	Water and food safety supplies and equipment for the regular water quality monitoring in the 8 states	2,500,000	450,000	WHO
	Upgrading the water surveillance system through the WHO technical support for timely and comprehensive data collection analysis and dissemination in the 8 states	2,500,000	150,000	WHO
	Emergency operational cost for the water and food samples collection and analysis with sanitary	2,500,000	600,000	WHO
	Emergency Technical and operational support to the state's water and food quality laboratory in 8 targeted states (including deployment, capacity building and supplies)	2,500,000	100,000	WHO
	Equipment and supplies for the Integrated vector management with focus in the mosquito control for malaria, Dengue fever and Chikungunya	2,500,000	350,000	WHO
	Entomological surveillance activities for the vector detection and mapping	2,500,000	150,000	WHO
	Operational and technical support to the integrated vector management activities to emergency reduce the vector density and thus the vector disease related mortalities and morbidities	2,500,000	750,000	WHO
	Capacity building for the Partners staff on the IVM and WQ	2,500,000	100,000	WHO
	Operational and technical support to ensure the tight infection control measures at isolation centers	13,000	180,000	WHO
	Emergency procurement of supplies and equipment for the Infection prevention	13,000	340,000	WHO
	Train the staff on the Infection prevention measures	13,000	80,000	WHO
	Activate WASH sector coordination forums at state and Locality levels as a part of the overall cholera coordination forum.	2,500,000	260,000	UNICEF

	Build the capacity of WASH response team and community members at state, Locality and community levels on WASH related cholera response and prevention with focus on women participation Strengthen/activate WASH monitoring/information Management systems at state, Locality and community levels			
	Assessment, mapping and testing of the improved water sources. Water supply flocculation, disinfection, storage and distribution for the affected and at-risk population water sources, water transportation means and households including in schools. Water quality testing at source, transportation means and household levels. Construction/rehabilitation of improved water sources and distribution systems for the affected/at risk population including in schools.	2,500,000	4,900,000	UNICEF
	Conduct hygiene promotion and cleaning campaigns and programmes at state, locality, community and household including in schools. Distribution of handwashing soap and hygienic water transportation and storage jerry cans. Construction of emergency latrines including in schools for the severely affected population with no access to improved sanitation.	**2,500,000**	2,600,000	UNICEF
	Refugees - Hygiene kits Provision (jerry cans, Personal Hygiene kits and soap), Hygiene awareness - AWD/cholera, Hand washing facilities at communal facilities and public/institutional facilities, Distribution of IEC materials, Clean up campaigns and drainage works, Household water purification products, Provision of chlorine and chlorination, capacity building, WASH in schools including rehabilitation of latrines and water supply infrastructure)	484,496	2,500,000	UNHCR
Sub total			**13,510,000**	
	Nutrition			
Nutrition	Provision of life saving treatment of complicated Severely Malnourished (SAM) girls and boys less than five years old through provision of medicines such as 2nd line medicines and medical supplies for the inpatient care at the stabilization canters. Strengthen referral linkages between CTC & OTPs centers and apply the international protocol for fluid management for children with AWD/Cholera and SAM Promote optimum IYCF practices among admitted SAM children	300,000	563,240	WHO UNICEF
	Procurement and Provision of the laboratory reagents and supplies for the routine testing essential for the inpatient care of severe acute malnourished children at the stabilization canters. Procurement and distribution of essential nutrition supplies	300,000	100,000 16,169	WHO UNICEF
	Training of the health and nutrition staff working at the Stabilization centres to improve the quality of inpatient SAM training.	300,000	80,000	WHO
	Ensure adequate skills and knowledge for health and nutrition staff through staying joint working and supporting at the Stabilization canters		60,000	WHO
	Coordinate with health and WASH sectors to support awareness campaigns to increase awareness about malnutrition		40,000	WHO
	Ensure the availability of critical lifesaving nutrition supplies to meet the needs of all estimated SAM cases			UNICEF
	564,000 mothers and caregivers accessing infant and young child feeding counselling through UNICEF-assisted mother support groups including RUTF supplies	546,000	900,000	UNICEF
	Refugees - Targeting children 6-24 months, Breastfeeding promotion and IYCF, Screening and referral scale-up, focused on MAM and children at-risk	67,830	200,000	UNHCR
Sub total			**1,959,409**	
Grand Total			**20,300,039**	