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Final Report

Sudan: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRSD027;
Date of Issue: 12 October 2020	Glide number: EP-2019-000113-SDN
Operation start date: 30 September 2019	Operation end date: 29 February 2020
Host National Society: Sudanese Red Crescent	Operation budget: CHF 256,404
Number of people affected: 187 people	Number of people assisted: 78,250 people (13,041 households)¹
Red Cross Red Crescent Movement partners currently actively involved in the operation: ICRC, Danish RC, German RC, and Netherlands RC	
Other partner organisations actively involved in the operation: Government ministries, mainly Federal Ministry of Health (FMoH) and State Ministry of Health (SMoH) and State Ministry of Water Resources; Humanitarian Aid Commission (HAC), National and International Non-Governmental Organisations (NGOs / INGOs), UN agencies (WHO, UNHCR, OCHA, WFP, UNFPA & UNICEF).	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Netherlands Red Cross (NLRC) and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Sudanese Red Crescent Society (SRCS), the IFRC would like to extend gratitude to all for their generous contributions.

<Please click [here](#) for the final financial report and click [here](#) for the contacts>

A. SITUATION ANALYSIS

Description of the disaster

Sudan's states have witnessed in the past three years, seasons of heavy rains during the fall period. Damages occur to infrastructure, human and animal. In the year, the number of affected families was (39,057) families while the year 2017 was less affected, as the total of affected families reached (9,047) families either in the year (2018) The total number of affected families was (440,058). It had a clear impact on the infrastructure in most states, while harming the health of the environment. This was reflected in the spread of epidemics in a pandemic manner, the most severe of which was the cholera epidemic that affected all the states of Sudan in the years 2016, 2017, 2018.

The 2019 was an exceptional season in rain, torrential rains and floods, which resulted in significant material and human damage, which took place from 28 August through to 12 October 2019. A total of 278 suspected cholera cases, including 8 deaths (case fatality ratio of 2.88 %), were reported from four localities in Blue Nile State including Al Roseries (113), Ad Damazin (55), Wad Almahi (3) and Baw (5), and five localities in Sinnar State



Health awareness session in schools ©SRCS

¹ An average of six (6) people per household.

including Abu Hugar (80), Singa (4), Alsoky (14), Aldaly wa Almzmom (3) and Sennar (1). Some 172 cases were female (62%), and 238 (93.1%) were over five years of age.

Although response and preparedness efforts were undertaken by the MoH, the World Health Organization (WHO) and health stakeholders, including the Sudanese Red Crescent Society (SRCS), the cumulative number of cholera cases increased to 36,000 cases of cholera reported by the end of the outbreak, with a total of 11 deaths.

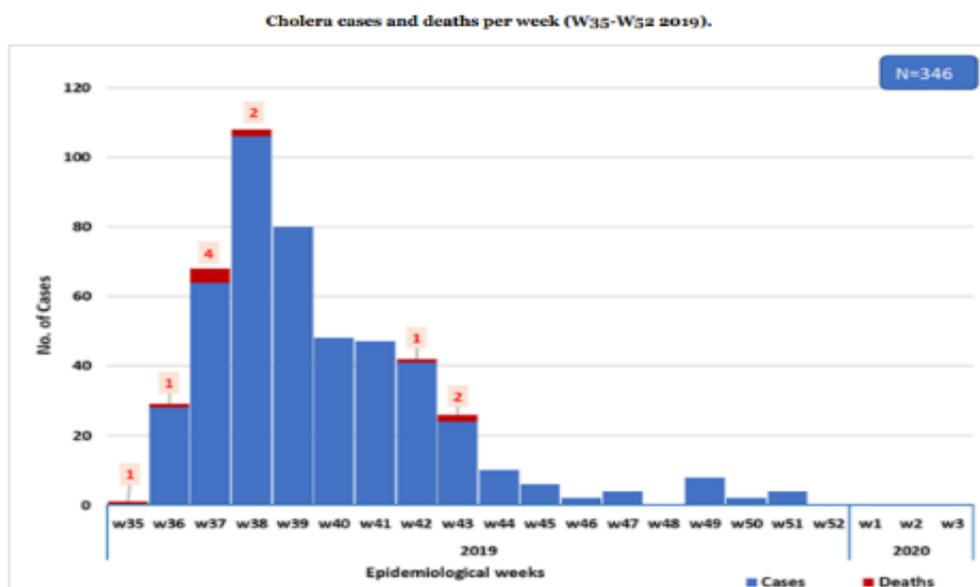


Figure 1: Cholera cases and deaths per week (W35-W52 2019)

The highest number of Dengue cases was recorded in Kassala State, where the DREF operation was being implemented with 3,009 cases identified. The Epidemics spread so fast and was confirmed in different parts of the country, such as Darfur States and Eastern States.

On 30 September 2019, a [DREF operation](#) was launched for CHF 256,404 to support the Sudanese Red Crescent Society (SRCS) in targeting 114,000 people (24,000 households) affected or at risk of communicable diseases with activities focused on health and WASH. Due to a high alert for a second wave of cases in the areas targeted by the DREF operation with the rainy season which was beginning, an [Operations update](#) was published on 13 January 2020, extending the timeframe by two months at no cost, to allow the SRCS continue its activities on the ground to ensure the outbreak was contained.

Summary of response

Overview of Host National Society

Below is an overview of activities implemented by SRCS during this DREF Operation:

- The deployment of 10 volunteers trained by the World Health Organization (WHO) and the Federal Ministry of Health (FMOH) working in shifts in two isolations centres
- The mobilisation of 300 Health and WASH technical volunteers experienced in Advocacy, Communication and Social Mobilisation (ACSM) in the Blue Nile State for the realisation of:
 - a). Case finding and referral
 - b). Health promotion including dissemination of information on Acute Water Diarrhoea (AWD) at Household (HH) and community level using Information, Education and Communication materials (IEC) developed by the FMOH
 - c). Spraying and water chlorination
- Beneficiary selection assessments in collaboration with affected communities in all States of intervention and subsequent reviews to validate and verify data.
- Training of SRCS staff and volunteers in: Cholera Case Management, Hygiene, Sanitation and Safe Water Promotion, Chlorination of Water Supply and Pool Testing, Infection Prevention and Control (IPC) measures.
- Cholera Case Management through identification and reporting of cases and suspected cases on the base of established referral pathways.
- Procurement of 18 ORP kits.
- Set up and management of ORPs by volunteers in Sennar and Blue Nile states in areas where cholera cases were confirmed by FMOH and WHO.

- Duplication and distribution of IEC materials.
- Health education sessions and community engagement activities.
- Hygiene, sanitation and safe water promotion sessions through community meetings, door-to-door visits, and realisation of sanitation campaigns.
- Training of community members on safe water storage and safe use of water treatment products.
- Monitoring treatment and storage of water through household surveys and household water quality tests.
- Participation in coordination meetings on Acute Watery Diarrhoea (AWD)/Cholera.
- Replenishment of chlorine tablets part of SRCS stock utilised at the beginning of the operation.

Overview of Red Cross Red Crescent Movement in country

Throughout the implementation of the DREF operation, the SRCS was in constant communication with the IFRC Eastern Africa Country Cluster Support Team (EACCST). A mission organised by the EACCST was realised between 10-20 November 2019 to monitor the implementation of the operation, especially its adherence with the mitigation measures presented in the EPoA, which were identified on the basis of the DREF MDRSD026 lessons learnt. The mission was also the occasion to support the NS in the revision of the operation as presented in [Operations Update 1](#).

The SRCS continued collaborating with the following in-country Movement Partners: ICRC, Danish Red Cross (RC), German RC, Netherlands RC, Spanish RC, Swedish RC, Saudi Arabia Red Crescent (RC), Swiss RC and Qatar RC. Danish Red Cross complemented DREF activities in South Darfur and Aljazira states following the confirmation of cholera cases on 17 November 2019 by MoH and WHO. The ICRC, the Qatar Red Crescent, German Red Cross and Netherlands Red Cross also contributed to curbing the rising trend of the cholera outbreak by mobilizing resources within their existing programmes.

Overview of non-RCRC actors in country

The SRCS took part in coordination meetings throughout the operation timeframe (Interagency, Cluster meetings, Emergency Response Committee meetings) organised both at National and Local level. With regards to this specific cholera outbreak, WASH and Cluster meetings are the forum where Government plans and stakeholders' contributions were discussed to ensure alignment in the response, as well as identification of gaps and complementarities.

In addition to the actions undertaken by Government actors including Federal and States Ministry of Health, UNICEF and WHO were engaged in the procurement and administration of Oral Cholera Vaccine (OCV).

- WHO and UNICEF supported local level coordination meetings in Blue Nile and Sennar to ensure the regular participation of all implementing to feed into state level task force meetings.
- WHO and UNICEF deployed senior staff from Khartoum to support the emergency coordination in areas of Health & Nutrition, WASH, and Community for Development (C4D).
- The inter-Agency Sector Coordination (ISCG) and Humanitarian Country Team (HCT) convened on weekly bases to discuss the outbreak update and support the inter-sectorial response.
- OCHA support the formulation the Humanitarian readiness and response plan.
- Health cluster partners mobilised resources and supported the response: WVI, ADDITION, IRW, ICRC, SRC, CORD, NHI, KPHF, FPDO, MSF Switzerland.

Needs analysis and scenario planning

Although during the implementation of the DREF operation new cholera cases were recorded in States different from those targeted, the action continued to focus in the States initially identified: Blue Nile, Khartoum, Sennar, White Nile, Gedaref, and Kassala States. The reason for not expanding the scope of action of the DREF, adding new States, was due to the preference of the NS to consolidate its presence in communities where volunteers started operating between September and October. The two months extension authorized through the Operation update allowed the NS to focus on:

- Communities characterised by a high concentration of people, where shared amenities and services generally in unsanitary conditions and inadequate use of unsafe water increase the risk of infection
- Nomadic communities, prevalent in certain States, which due to their nature results difficult to make follow-up on the adoption of proper hygiene and sanitation practices, as well as correct safe water management. This is considering the lack of sanitation facilities as well in place for them and often no consistent access to safe drinking water.
- To cover different geographical areas within the same States not yet reached due to their wide geographical extension versus the number of volunteers. From the summary of field visits & monitoring, there major issue was the water sources for human and animal, drinking from canals and creeks, without chlorination of water. Some targeted areas of the DREF required additional volunteers to train some additional villages and implementation of the health education campaigns, the number of beneficiaries was 450 families

Risk Analysis

As per the Sudanese Meteorological Authority, the southern parts of Sudan were subject to high levels of rain and rising water levels in the River Nile until the end of October 2019. This resulted in a deterioration of the situation for people who had been affected by previous floods. There was damage to infrastructure, including toilets and water points. However, the situation did not result in new outbreaks due to the intervention by and role of MoH and SRCS in raising awareness in the targeted areas and the distribution of chlorine tablets.

The intervention of the Sudanese Red Crescent:

- 12 meetings were carried out with the leaders of the most vulnerable and affected communities already affected by floods, focusing on protecting drinking water sources and the risk of infrastructures, including latrines.
- Activating the SRCS volunteer units in the villages to preparedness and response.
- Contingency plan in place to manage security and safety related emergencies sufficiently.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this DREF operation was to contribute to containing the ongoing cholera outbreak by reducing the case fatality and breaking transmissions routes through the implementation of **Health and WASH** interventions. The SRCS reached **13,041 households** (78,250 people) affected or at risk of communicable diseases in Blue Nile, Sennar, White Nile, Gedaref, Kassala and Khartoum States through health and hygiene promotion actions to help reduce the risk of waterborne and water-related diseases.

The activity which was social mobilisation through household visits aimed to cover the entire population of the locations but reached **78,250 people (13,041 households)** as detailed below:

- 55,000 people reached with both health and WASH community sessions.
- 13,500 people reached with house to house health sessions
- 2,750 people reached with ORP kits
- 7,000 people reached with sanitation campaigns.

Although complementary activities such as public awareness sessions and installation of handwashing facilities were also successfully carried out, additional beneficiaries were added to the total target as these activities were conducted in additional locations.

Operation Support Services

Human Resources

The following Human Resources were involved in the implementation of the operation:

At head quarter (HQ) level:

- 1 Health Director coordinating the overall action
- 1 Health Manager Coordinator supporting in the coordination of the action
- 1 Logistic manager for supporting in procurement procedures
- 1 Finance manager

At field level:

- 6 Health Branch Officers in charge of technical supervision of volunteers, reporting and collaboration with SMOH and stakeholders at state level
- At the beginning of the proposal, a target of 180 volunteers was included, and 120 were added to help implement activities in villages near the targeted areas.

The Operations Manager planned in the DREF EPoA was not recruited. Instead, the Health Director and the Health coordinator supervised activities in States each with the realisation of bi-monthly field visits. As such, the budget allocated for the Operations Manager was reallocated to per diems for HQ Staff. The modification was considered in the budget revision.

Logistics and supply chain

As per DREF EPoA, the SRCS sourced relevant relief items, delivered, and distributed them to beneficiaries selected, in a timely, transparent, and cost-effective manner. Chlorine tablets available as prepositioned stock of SRCS were utilised at the beginning of the operation and replenished through the DREF. As per lessons learnt on logistic procedures from DREF MDRD026, chlorine and aqua tabs procurement documents were shared with the IFRC Regional Logistic Unit in Nairobi for revision and approval before the signing of contracts. Moreover, the IFRC Regional Logistic Unit

supported the SRCS as well as the IFRC delegate on mission in Sudan for the completion of documentations related to the car accident happened on November 12, which insurance coverage were to the current operation.

Procurement

As per DREF EPoA, to guarantee full adherence of IFRC standard procurement procedures, specific thresholds were defined between IFRC and SRCS for the procurement of medical related items.

Warehousing

Each of the targeted Branches has a secured warehouse that was used for the storage and distribution of all supplies procured. Inventory of all procured items was updated as part of the stores' procedures management.

Communications

Branch level Information Communication and Technology (ICT) equipment was used within the DREF operation. The Branch communication units were supported by the SRCS HQ Communications Unit to package messages to communicate about progress in the operation and on the general situation. This included raising-awareness on activities implemented, as well as on the preparation of case studies/photographs for use on the IFRC websites, and social media platforms.

Publications were shared both locally and internationally on different platforms including *Facebook* and *Twitter*. Information was continuously shared with the IFRC EACCST for further dissemination with partners and donors. Communications funds budgeted were used as well by field staff for the reporting of cases/suspected cases according to the established communication channels.

Security

SRCS works closely and coordinates with Humanitarian Aid Commission (HAC), local authorities, and other partners to ensure access of the intervention areas by the SRCS volunteers and staff. The SRCS staff and volunteers strictly followed SRCS security guidelines.

All volunteers mobilised were insured as per the IFRC Global Insurance policy for 2019 and 2020.

Due to the typology of the intervention, protective equipment (gloves and face masks) were procured only for volunteers involved in chlorination activities, while gumboots and rain jacket were procured for all volunteers due to the rainy season. The same for identification jackets which were procured for all volunteers to ensure their visibility in the field.

Planning, Monitoring, Evaluation, & Reporting (PMER)

IFRC EACCST provided SRCS with necessary PMER support, especially with regards to monitoring and reporting of this DREF operation. Regular field visits by SRCS teams ensured daily/weekly supervision of activities, respect of international humanitarian standards and correct management of resources available. Continuous needs and situation assessments, in collaboration with WHO and other stakeholders, were carried out during the DREF implementation to inform decision-making.

Daily/weekly reports received by Branch Health Officers were presented to SRCS Health department staff at HQ involved in the operation for further dissemination. Interest on a wider adoption of computer-based data collection and analysis systems, such as Kobo, was expressed by the National Society during the IFRC monitoring visit. The activity was added in the EACCST support plan 2020.

Community Engagement and Accountability (CEA)

CEA was mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities. As such, volunteers involved in Health and WASH activities collected and provided feedbacks on SRCS services while they conducted sensitisation sessions, both at HH level or at community level. Due to the widespread geographical area covered versus the number of volunteers mobilised for the action, this mechanism ensured the direct and tailored provision of feedbacks to community members.

Feedbacks were reported by volunteers to Branch Health officers, who in turn reported them to Government authorities and other stakeholders. This provided an avenue to find solutions to common issues, as well as to inform Non-Red Cross members on concerns raised by community members on activities not implemented by the SRCS.

Protection, Gender and Inclusion (PGI)

Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation paid attention specifically to protection and inclusion of vulnerable groups. Gender roles have been considered when setting up distribution time and dates as well as in health promotion activities.

Administration and Finance

The DREF allocation was managed in accordance with the existing IFRC and SRCS procedures. IFRC Finance Controller based in Khartoum supported the National Society in the compilation of documents and financial reporting.

C. DETAILED OPERATIONAL PLAN

 Health People reached: 71,250 Male: 33,488 Female: 37,762		
Indicators:	Target	Actual
# of people reached weekly/State by health education sessions and community engagement activities through the distribution of IEC materials.	2,000	2,750 people per week (total: 55,000 people)
# of SRCS staff and volunteers trained on Cholera case management.	66	76
# of HH visited/State and sensitised on health through education sessions.	334	375
# of ORP kits procured	18	18
# of people benefitting from ORP	1,800 (1 ORP * 100 people)	2,750 people
# of people reached with house to house sessions on health	N/A	13,500 people
Narrative description of achievements		
<p>The following activities were implemented:</p> <ul style="list-style-type: none"> A 4-day training / refresher training on cholera case management was conducted in the 6 targeted States in collaboration with WHO and FMOH. Main topics included identification and reporting of cases / suspected cases and use and set up of ORPs. Participants of the Cholera case management training were: 6 health branch officer, 70 volunteers. In Kassala State, where Dengue fever cases had been identified, the FMOH integrated into the training information on dengue fever. One beneficiary selection assessment per targeted State was conducted, followed by two reviews to verify and validate data collected. The assessments were realised around isolation centres and near water sources to engage a higher number of people affected. The 70 volunteers trained in cholera case management conducted identification and reporting of cases and suspected cases through a passive referral system. Due to the limited time frame of the operation, no Community Based System (CBS) could be put in place. The SRCS did not create any additional or parallel structures for reporting of cases but instead used existing channels. As such, cases and suspected cases identified by volunteers have been reported to health branch officers, who are in contact with district MoH health officers. For cases or suspected cases identified in remote localities, volunteers communicated directly with the MoH. The mobilisation of 70 Health technical volunteers experienced in Advocacy, Communication and Social Mobilization (ACSM) for the realisation of: <ol style="list-style-type: none"> case finding and referral. health promotion including dissemination of information on Acute Water Diarrhoea (AWD) at household (HH) and community level using Information, Education and Communication materials (IEC) developed by the FMOH. spraying and water chlorination. 		
		 <p>SRCS- Blue Nile: Awareness session in schools</p>

- 2,250 households or 13,500 people visited (375 of HH visited per State) and sensitised on health education through house to house sessions with messages about diarrhoea, caring for the infected, and flies' control. Some villages reached were out of the EPOA, this explains the surpassing of number of people reached.
- A total of 55,000 people (2,750 per week for 20 weeks) were reached with community health promotion.
- SRCS collaborated with WHO and the MoH on the referral of cases which required further management through their transfer to cholera treatment centres (CTC). While conducting sensitisation activities, SRCS volunteers informed community members on how to identify and refer cases. CTCs were established by MoH during the cholera outbreaks in 2016 and 2017 covering up to 18 States. The SRCS has an outstanding Memorandum of Understanding (MoU) with the MoH to support it in the management of CTCs, including in the realisation of curative actions, during outbreaks.
- SRCS printed and disseminated IEC materials (30,000 posters, 8 drawings), which design was developed in collaboration with the FMOH.
- 18 ORP kits have been procured and support SRCS to reach 2,750 people throughout operational timeframe. The 70 volunteers trained on cholera case management have set up and managed ORPs in Sinnar and Blue Nile states in areas where cholera cases were confirmed by the FMOH and WHO.



SRCS Elgadarif: Household visit

Challenges

- The health messages and posters were insufficient to support the other villages around the targeted areas
- Increased transportation costs for volunteers

Lessons Learned

- The desire to fulfil RC humanitarian mandate and the spirit of going where others do not were factors that inspired and motivated institutional volunteers during the performance of activities in the most remote communities.
- The National Society's logistics system should establish shorter processes to acquire materials during emergencies.
- The distribution plan should provide for natural events that may postpone or suspend a distribution and take the necessary measures.



Water, sanitation and hygiene

People reached: 62,000

Male: 29,140

Female: 32,860

Indicators:	Target	Actual
% of reduction of cholera cases in the target areas.	0 case	0
# of SRCS staff and volunteers trained on Sanitation, Hygiene and Safe water promotion.	66	66
# of volunteers mobilised to conduct chlorination activity.	60	66
# of litres of water purified with 600 litres of liquid chlorine at water points.	60,000 litres	60,000 litres
# of chlorine tabs distributed at HH level.	60,000	60,000
# of people reached weekly/State by hygiene and safe water promotion sessions (same as under health sector).	2,000	2,750 people per week (total: 55,000 people)
# of volunteers mobilised to conduct hygiene and safe water promotion sessions.	60	66
# of sanitation campaigns conducted.	36	40
# of people reached by sanitation campaigns.	6,000	7,000
Narrative description of achievements		

The following activities were conducted:

- There was a significant decrease in cholera cases in the targeted areas, but field survey that was to be implemented by the Ministry of Health was not carried out due to the COVID-19 emergency.
- Throughout the operation, SRCS participated in WASH and Health coordination meetings between stakeholders, led by MoH and WHO both at National and State level.
- A 2-days training / refresher training on Sanitation, Hygiene and Safe Water Promotion was conducted in all 6 targeted States. Participants of the trainings were: 1 health branch officer/Branch and 10 volunteers per targeted state for a total of 6 health branch officers and 60 volunteers. The trainings were conducted by SRCS, MoH, WHO and UNICEF, with UNICEF taking the lead.
- A 1-day training / refresher training on Chlorination of Water Supply, Pool Testing and Infection Prevention and Control (IPC)) has been conducted in all 6 targeted States in collaboration with the MoH and UNICEF. Participants of trainings were: 1 health branch officer /Branch and 11 volunteers per targeted State for a total of 6 health branch officers and 66 volunteers.
- Following the training, volunteers cascaded their knowledge to community members on safe water storage and safe use of water treatment products. A total of 60,000 aqua tabs have been distributed to affected communities by the SRCS, and clarification of the correct way of using pills and storage. Household surveys and household water quality tests have in parallel being realised by volunteers to monitor the treatment and storage of water, there were observations during these visits of some families on the method of storing and treating water chlorination, who were trained again to learn the correct methods



SRCS Sinnar: Test and chlorination the drinking water in schools

The following purchases were made, SRCS warehouses were refurbished, and finished the activities in this in the field:

- 1) Distribution of pool testing equipment.
 - 2) Distribution of 600 litres of liquid chlorine to be used at water points level.
 - 3) Distribution of 60,000 Aqua tabs to be distributed at HH level on the base of assessments.
 - 4) Distribution of 70 pairs of rubber gloves and masks to be used by health branch officers and volunteers involved in chlorination activities.
- The 230 volunteers involved in the WASH activities have been mobilised for 12 weeks in sanitation, hygiene and water promotion activities and chlorination activities.
 - The 66 volunteers engaged in hygiene promotion conducted to door-to-door on sanitation hygiene and safe water promotion. Sessions at household level give the occasion for volunteers to monitor the treatment and storage of water, and to perform water tests.
 - A total of 40 sanitation campaigns were conducted by the 230 volunteers on sanitation, hygiene, and safe water promotion in collaboration with community members and the MoH. A total of 7,000 people were reached by the sanitation campaigns.
 - The procurement and distribution of 50 sanitation toolkits per state has been finalized (a total of 300 sanitation toolkits, including wheelbarrows, spades, rakes, pickaxes, heavy duty gloves, face masks).
 - A total of 55,000 people (2,750 per week for 20 weeks) were reached with safe water promotion sessions.

Challenges

The plan targeted specific villages, the other villages near the targeted areas also needed assistance, especially the follow-up of the leaders of these villages our volunteer activities. In future operations, SRCS will consider expanding the DREF area as well as including the leaders of the high-risk villages in ongoing response(s).

Lessons Learned

The communities expressed the desire for initiatives in Hygiene campaigns with SRCS, and they requested more visits, and awareness session. After completing the period of activities, some volunteers confirmed that they are continuing to do Hygiene campaigns & awareness session their communities in cooperation with the local community.

A distribution of soap and jugs has been donation for schools, with a soap carton and five jars for each school as part of the continuation of community activities at the end of the response to increase health education in the area to mitigate future risks. This activity was carried out by SRCS units and volunteers from the same areas.

Strengthen National Society

Indicators:	Target	Actual
# of volunteers ensured.	180	300
# of IFRC monitoring missions conducted.	2	1
# of lessons learnt workshops conducted.	1	0
# of feedback mechanisms established	2	1
Narrative description of achievements		
<p>The 300 volunteers (70 technical volunteers in Health and 230 volunteers involved in the WASH activities) mobilised were insured under IFRC scheme for 2019, the number of volunteers increased after timeframe extension was granted.</p> <p>One monitoring mission was conducted by the Disaster Management Delegate from the EACCST between 10-20 November 2019-- White Nile and Sennar states were visited. The field visit gave the occasion to interact with Branch coordinators and volunteers acquiring a better insight of the situation, above all in terms of stakeholders' roles. The visit covered the following activities: CTCs, hygiene promotion, distribution of water chemicals and water control.</p> <p>As for the CEA mechanism, due to the widespread geographical area covered versus the number of volunteers mobilised for the action a decision was made for volunteers involved in Health and WASH activities to collect and provide feedbacks on SRCS services while they are conducting sensitisation sessions, both at HH level or at community level.</p> <p>The lesson workshop could not be conducted due to COVID-19 restrictive measures.</p>		
Challenges		
<p>The biggest challenge was to provide logistics and transportation between localities within the state due to the bad roads and the long distances.</p>		
Lessons Learned		
<ul style="list-style-type: none"> • The access to communities was complicated due to poor condition or lack of roads. The time it took to travel to each one made for long workdays, especially training days and field visits to follow-up. • The availability of supplies in the field was affected by delays in transport to the field. • There was no database of active volunteers 		

D. Financial Report

The overall allocation for this operation was CHF 256,404 out of which CHF 244,657 (95%) were spent. A balance of CHF 11,747 will be returned to the DREF pot.

Explanation of variances:

- **Water, Sanitation and Hygiene:** 28% positive variance due to savings on sanitation toolkits which was highly overbudgeted.
- **Storage:** 25% positive variance due to overbudgeting.
- **Distribution and Monitoring:** 100% negative balance, due to distribution costs of 99CHF that were not budgeted for.
- **National Staff:** 93% positive balance due to incorrect coding at budgeting stage. These costs were actually National Society Staff costs, not IFRC National Staff costs.
- **National Society Staff:** 97% negative variance, due to the same reason as for National Staff: NS staff costs were budgeted under National Staff (IFRC) and should have been budgeted under National Society Staff costs. As explained under HR section, the Operations Manager planned in the DREF EPoA was not recruited. Instead, the Health Director and the Health coordinator supervised activities in States each with the realisation of bi-monthly field visits. As such, the budget allocated for the Operations Manager was reallocated to per diems for HQ Staff.
- **Travel:** 25% negative balance due to an additional IFRC monitoring mission.
- **Office costs:** 75% negative balance due to allocation of training stationary costs to office stationary.
- **Communications:** 134% negative variance due to underbudgeting of communication and airtime budget for the operation.
- **Financial charges:** 20% positive variance because financial charges were overbudgeted.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/08	Operation	MDRSD027
Budget Timeframe	2019/09-2020/02	Budget	APPROVED

Prepared on 08/Sep/2020

All figures are in Swiss Francs (CHF)

MDRSD027 - Sudan - Cholera Outbreak

Operating Timeframe: 30 Sep 2019 to 29 Feb 2020

I. Summary

Opening Balance	0
Funds & Other Income	256,404
DREF Allocations	256,404
Expenditure	-244,657
Closing Balance	11,747

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	69,119	77,175	-8,056
AOF5 - Water, sanitation and hygiene	128,056	98,838	29,217
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	197,174	176,013	21,161
SFI1 - Strengthen National Societies	42,967	56,492	-13,524
SFI2 - Effective international disaster management		1,694	-1,694
SFI3 - Influence others as leading strategic partners	16,263	10,458	5,805
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	59,230	68,644	-9,414
Grand Total	256,404	244,657	11,747

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/08	Operation	MDRSD027
Budget Timeframe	2019/09-2020/02	Budget	APPROVED

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MDRSD027 - Sudan - Cholera Outbreak

Operating Timeframe: 30 Sep 2019 to 29 Feb 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	52,780	38,216	14,564
Water, Sanitation & Hygiene	52,780	38,216	14,564
Logistics, Transport & Storage	16,620	14,657	1,963
Storage	2,700	2,015	685
Distribution & Monitoring		99	-99
Transport & Vehicles Costs	13,920	12,543	1,377
Personnel	102,795	101,547	1,248
National Staff	34,200	2,054	32,146
National Society Staff	3,525	37,721	-34,196
Volunteers	65,070	61,771	3,299
Workshops & Training	24,660	22,597	2,063
Workshops & Training	24,660	22,597	2,063
General Expenditure	43,900	52,708	-8,808
Travel	10,000	12,538	-2,538
Information & Public Relations	28,200	29,621	-1,421
Office Costs	2,400	4,213	-1,813
Communications	2,400	5,619	-3,219
Financial Charges	900	718	182
Indirect Costs	15,649	14,932	717
Programme & Services Support Recover	15,649	14,932	717
Grand Total	256,404	244,657	11,747

Contact information

Reference documents



Click here for:

- [Operations Update 1](#)
- [DREF Operation](#)

In the National Society

- Secretary General, Sudanese Red Crescent Society: Afaf Ahmed Yahya email: afaf.yaya@srcs.sd

In the East Africa Cluster.

- John Roche, Head of cluster, email: john.roche@ifrc.org phone: +254 780 436 710

In Regional Office for Africa

- Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Francisca Kilel, Ag Head of Partnership and Resource Development, Nairobi, email: francisca.kilel@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office: Phillip Kahuho**, PMER Coordinator, philip.kahuho@ifrc.org, phone: +254 732 203 081



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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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