RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS THE REPUBLIC OF SOUTH SUDAN RAPID RESPONSE CHOLERA 2014

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Eugene Owusu**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The after action review meeting was held on 1 October 2015 with the following organizations and entities: (1) CERF grantees: United Nations Children's Fund (UNICEF) and World Health Organization (WHO); (2) CERF sub-grantee: Health Link (National NGO); (3) Cluster coordination: Health Cluster Coordinator and WASH Cluster Co-coordinator; and (4) UNOCHA: Humanitarian Financing Unit on behalf of the HC's office.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

The report was discussed extensively with the relevant cluster lead agencies and has been shared with the HCT.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final CERF report was shared with the CERF recipient agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 26,566,535		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,498,910
	COMMON HUMANITARIAN FUND / EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	7,161,617
	TOTAL	**10,660,527**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 17 June 2014			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-091	Water and sanitation	2,096,070
WHO	14-RR-WHO-041	Health	1,402,840
TOTAL			**3,498,910**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,194,453
Funds forwarded to NGOs for implementation	138,307
Funds forwarded to government partners	166,150
TOTAL	**3,498,910**

HUMANITARIAN NEEDS

Cholera is endemic in South Sudan and neighbouring countries. Between 2006 and 2009 southern Sudan experienced a major cholera epidemic each year in areas where conditions of safe water supply, sanitation, food safety and hygiene were inadequate and access to health care services insufficient. Typical at-risk populations were located in urban and peri-urban areas where basic infrastructure was either unavailable or inadequate, and in camps for internally displaced people or refugees where minimum requirements of clean water and safe sanitation were not met.

Following independence in 2011 the general health situation across South Sudan remained poor, with access to health services limited to some 40% of the population. The conflict which started in December 2013 resulted in a major increase in the scale of humanitarian needs with millions displaced, risks of hunger, death and disease exacerbated, and the delivery of fragile basic services further undermined. Diarrheal diseases are the third leading cause of child mortality after malaria and acute respiratory infection (ARI), at 34% of the disease burden.

On 15 May 2014 an outbreak of cholera was declared by the Ministry of Health. With heavy rains, increased population movements, malnutrition, and poor access to safe water, sanitation and health services the risk of the outbreak quickly spreading was high, including to neighbouring countries. Cases were suspected in Central Equatoria state, including in Juba, as well as in Jonglei, Lakes, Upper Nile, Warrap and Western Equatoria states. Alerts had been received from Kajokeji, Kwajok, Malakal, Manyo, Melut, Minkaman, Twic East and Yei, and from the SPLA barracks outside Juba town and were under investigation by state level rapid response teams and partners. The outbreak coincided with outbreaks of measles and hepatitis B, further stretching existing capacities and resources.

The required response was beyond the available capacity of the Ministry of Health and other local institutions. Partner-supported cholera treatment centres (CTCs), community mobilisation activities, surveillance systems and logistics arrangements were insufficient and there was a risk of high mortality rates, particularly among people in overcrowded displacement sites and other vulnerable populations already weakened by poverty and poor nutritional status.

By May 2014, UNICEF, WHO and other health partners were supporting the Ministry of Health to respond to the outbreak through the provision of emergency medical supplies to hospitals and partners; enhancing surveillance for early detection, verification and laboratory confirmation; strengthening case management and infection control; improving coordination and information management; promoting social mobilisation; and the deployment of technical officers. UNICEF and WHO staff were deployed to the CTC at Juba Teaching Hospital to ensure a coordinated and effective response to contain the outbreak.
Additional resources were urgently required to scale up activities in high risk locations across the country, triggering the request for CERF funding. As of 12 June 2014, at the time of proposal submission, the cumulative number of cholera cases reported at CTCs had reached 1,628 with a case fatality rate of 2.3%, well above the accepted emergency threshold of 1%. Discussions were held with the Humanitarian Country Team (HCT) and the Inter-cluster Working Group (ICWG) to identify most urgent needs and gaps in the response. The rapid increase in the number of cases in Juba, combined with an atypical distribution (multiple locations within Juba town suggesting that multiple water sources were contaminated), as well as initial reports of potential outbreaks in others states resulted in a clear prioritisation of the cholera response by both the HCT and ICWG.

II. FOCUS AREAS AND PRIORITIZATION

The number of beneficiaries targeted for assistance under the National Cholera Response Plan was estimated at 116,000 across ten states, with the seven states of Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile and Warrap considered as highest risk.
Funds received through this CERF allocation were focused towards strengthening prevention and treatment to contain the cholera outbreak. The CERF funded response was organised with Health and WASH cluster partners, under the leadership of UNICEF and WHO as fund recipients and respective UN Cluster Lead Agencies.
The health response was framed by the National Cholera Task Force, under the auspices of the Ministry of Health and WHO, established immediately following the outbreak The following were identified as priorities: (1) strengthening the technical aspect of the response at central level through establishment of a Cholera Command and Control Centre (C4); (2) deploying short-term emergency public health officers, epidemiologists, data/information managers to support health authorities and partners during the response; (3) strengthening case reporting and response mechanisms by establishing alert desks and additional surveillance/rapid response teams for all high-risk areas (to include areas with high concentrations of displaced persons); (4) enhancing the surveillance system whereby all data on cholera cases and deaths at the facility and community level are line-listed and mapped for better targeting of containment measures; (5) establishing cholera testing services at the national public health reference laboratory; (6) conducting capacity building of health workers on outbreak investigation, disease surveillance, contact tracing and specimen collection; (7) ensuring adequate care through appropriate case management of cholera patients, and (8) increasing availability and accessibility of oral rehydration sites for cholera patients within health facilities, procuring and prepositioning cholera/diarrhoea kits, other emergency medical supplies, and essential laboratory supplies including reagents and consumables for the reference laboratory in Juba.
The following activities were prioritised by UNICEF for the CERF funded response: (1) undertaking a campaign on cholera prevention and control, early detection, rapid response, and treatment of cholera, essential to preventing the spread of the outbreak and reducing excess mortality and morbidity; (2) delivering an integrated package of high impact interventions targeting health and WASH activities with a strong component of behaviour change communication to control and prevent further spread of cholera, and (3) carrying out prevention activities to ensure that this highly contagious disease did not spread further, especially along the River Nile as well as in the overcrowded PoC sites.

CERF funded activities were focused geographically in Central Equatoria state (due to the high number of confirmed cholera cases there) as well as other high risk states of Jonglei, Lakes, Unity and Upper Nile, including locations along the River Nile and Protection of Civilian (PoC) sites with high concentrations of displaced people. A reprogramming request approved by the CERF Secretariat in October 2014 allowed for the inclusion of Eastern Equatoria state due to the high number of cholera cases seen there in the third quarter of 2014.

III. CERF PROCESS

Based on a well-established coordination system, the South Sudan HCT in collaboration with clusters and the ICWG mobilised humanitarian stakeholders through an intensified programme of meetings and other coordination mechanisms following the onset of the cholera outbreak. This allowed for planning and real time prioritisation of actions as new needs emerged. While the clusters prioritised within the National Cholera Response Plan were Food Security and Livelihoods, Health, Non-food Items and Shelter, Nutrition,

Protection and WASH, the Health and WASH clusters were prioritised for funding through this CERF allocation due to the life-threatening nature of the situation.

The process to develop the funding proposal was facilitated by OCHA and consultations were conducted in conjunction with UNICEF and WHO in their roles as Cluster Lead Agencies. An iterative process of prioritisation and re-prioritisation led to the identification of, and agreement upon, the most urgent, important and viable activities with potential to have greatest positive impact on the population at risk. This included dialogue and planning between UN agencies and NGO partners, and consideration of ongoing efforts to mobilise funds from other sources.

The CERF proposal was submitted in line with the National Cholera Response Plan that had been developed in-country by UNICEF, WHO, the Ministry of Health and other actors, and which provided a comprehensive operational framework to address the needs of the population in affected areas. A National Cholera Taskforce was established and meetings held regularly. The taskforce was supported by three sub committees - Surveillance and Case Management, WASH, and Social Mobilisation.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 116,000[1]				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Water and sanitation	43,249	59,723	102,972
	Health	35,470	36,930	72,400

BENEFICIARY ESTIMATION

With the funding made available through this CERF allocation an estimated 137,540 people were reached. This is significantly higher than the initially planned figure of 66,200 that was based on risk analysis conducted by the WHO-led Surveillance and Case Management sub-committee of the National Cholera Task Force. The additional reach of CERF funded activities was due mainly to two factors: the mobilisation of community volunteers who were able expand the distribution of cholera treatment items; and the support of the Social Mobilisation Network of the state level Ministry of Health (SMoH) which increased the dissemination of awareness messages on cholera prevention and control behaviours to populations outside PoC sites.

In estimating the unique number of beneficiaries reached, efforts were made to avoid any significant double-counting as a result of different activities undertaken by different implementing organisations. Beneficiary figures were compiled by state and by type of activity for both the Health and WASH clusters. Since the activities of both clusters were essentially targeting the same beneficiaries, the higher of the numbers of beneficiaries reached by the two clusters in any given state was considered to be the unique number of beneficiaries reached in that state.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	28,466	61,737
Male	37,734	75,803
Total individuals (Female and male)	66,200	137,540
Of total, children under age 5	9,930	28,883

[1] At the time of submiting the CERF application in early June 2014 the overall number of people affected by the crisis was estimated to be 116,000, as defined by the National Cholera Response Plan.

CERF RESULTS

Through this CERF allocation an estimated 137,540 direct beneficiaries were assisted, containing the spread of the outbreak and reducing mortality due to cases of cholera and AWD through an integrated package of high impact activities. Adequate case management was ensured, emergency response capacity was improved by the prepositioning and distribution of life saving emergency supplies to CTCs, Oral Rehydration Points (ORPs), Out Patient Departments (OPDs) and treatment points. WASH activities included a strong component of behaviour change communication to address high risk practices.

WASH cluster

A total of 52 ORPs and two cholera treatment units (CTUs) were established. 9,495 people suffering from acute watery diarrhoea / bloody diarrhoea were treated, mostly in Central Equatoria and Eastern Equatoria and with some cases in other affected states. The National Cholera Taskforce, in consultation with its Social Mobilisation sub-committee, used the Social Mobilisation Network of the State Ministry of Health to disseminate cholera prevention and control messages. Social mobilisers reached 29,480 at-risk households, counselling families on cholera prevention behaviours. This included demonstrating hand-washing with soap, the use of chlorine tablets and PUR©, and highlighting the need for rehydration through the intake of Oral Rehydration Solution (ORS). A nationwide radio campaign in 8 languages was launched, involving 36 radio stations, 6,300 radio spots promoting cholera prevention and control behaviours, and a hand-washing jingle.

The CERF funding ensured that the cholera affected population had access to safe water, sanitation and other supplies through the procurement and distribution of cholera prevention products to at least 80% of the population in affected areas. UNICEF, in its role as pipeline manager for these supplies, worked with WASH partners to provide timely services to 100% of CTCs/CTUs. The type of services provided varied from one location to another but in general included provision of safe water, training of health care givers in cholera waste handling and chlorination, provision of hand washing facilities with chlorinated water, and cholera waste management. In Juba County in Central Equatoria State, for example, the CERF funding made water purification tablets, soap and jerry cans available, and strengthened the response through the provision of technical support. UNICEF ensured access to safe water with an average of 12 – 25 litres per person per day, monitoring the quality of water trucked to different locations in Juba. Sanitation facilities in the Juba Teaching Hospital, CTCs, PoC sites and other affected locations were supported along with enhanced hygiene promotion. In Malakal PoC site, Melut, Rom/Detang and Wau Shilluk in Upper Nile State, water sources for an estimated 50,000 people living alongside the river were chlorinated; soap, buckets and water purification chemicals distributed; and garbage collected.

CERF funding supported the identification and training of 243 key stakeholders from the community or working for local authorities.. Participants included representatives from Juba Urban Water Cooperation, Juba City Council, key line Ministries, community and religious leaders, teachers, Home Health Promoters and social mobilizers, each playing a major role in the response. In addition, 50 chlorinators were trained in disinfecting tankers drawing water from the River Nile to increase the provision of safe drinking water.

Health cluster

Functional coordination forums were established both at national level (in Juba) and sub-national level (in Malakal, Torit), involving all partners supporting the response. Daily situation reports and weekly epidemiological surveillance bulletins produced and disseminated

CTCs and ORPs were established in key locations at short notice in response to ongoing developments and analysis of high risk locations. The case fatality rate was reduced to 2%, and in some locations to 1%, through strengthened case management. Rapid response teams were strengthened and expanded, with verification and response to 86% of all cholera alerts taking place within 48 hours. 16 full DDKs and 153 ORS module kits were distributed to support the response in the states of Central Equatoria, Eastern Equatoria, Unity and Upper Nile. 6,421 cases were detected and managed through reinforced disease surveillance systems, with rapid verification of events and deployment of epidemiologists.

Regular supervision and monitoring of the health situation and field activities was conducted, including 12 field assessments and verification / monitoring visits to locations reporting suspected cases of cholera.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

The CERF allocation facilitated the rapid delivery of services to the affected population resulting in the containment of cholera transmission. CERF funds supported the Clean Juba campaigns in locations with high numbers of cases, and ensured the provision of water treatment products and soap. CERF funds also enabled a rapid response to the sudden increase in the number of cholera cases in Wau Shilluk in Upper Nile State during July 2014, and were crucial for starting the cholera response in Eastern Equatoria state in the third quarter of 2014. The CERF allocation strengthened emergency response capacity at state level by supporting the strategic prepositioning and distribution of life saving emergency supplies, made available to the MoH and other health actors. ORPs and CTCs were established in key locations at short notice.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

The CERF allocation enabled UNICEF to respond to time critical requirements in cholera affected areas and to put in place adequate measures to prevent the spread of cholera to other vulnerable areas. A good example is the coordination with WASH and health partners to respond quickly in Wau Shilluk. The CERF funds also enabled UNICEF to obtain and make available time critical WASH items which were in short supply following the outbreak. The CERF allocation enabled the timely scale up the emergency response in the affected states and counties. The funds improved the availability of essential medical drugs and other emergency supplies through primary health care facilities. Rapid deployment of epidemiologists and Technical Officers to the field was critical in saving lives, and the allocation was instrumental in putting community surveillance systems in place.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

The CERF allocation was among the first contributions received to support the National Cholera Response Plan and was complemented by other resources, including those made available through UNICEF's internal loan mechanism. The CERF contributed 33% of all funds received for the response, with a further 67% mobilised from other sources.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☐ PARTIALLY ☒ NO ☐

Implementation of the CERF funded activities required effective coordination between humanitarian actors in order for targets to be met. Coordination was underway prior to submission of the CERF proposal, and UNICEF and WHO had already supported the development of a comprehensive National Cholera Response Plan with Government entities and other actors. The CERF funds served to reinforce the coordination mechanisms and structures, including the National Cholera Taskforce and its three sub-committees, as well as state-level coordination platforms. The availability of supplies was coordinated under the core pipelines managed by UNICEF and WHO as Cluster Lead Agencies, enhancing effectiveness in filling critical gaps in the availability of critical supplies.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

N/A.

[2] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-**	**Responsible entity**
During the proposal development and submission process a range of queries regarding the inclusion of preventive activities resulted in delays. Standard protocols to address and contain disease outbreaks, including cholera, include both treatment and preventive components.	Recognise that standard protocols for the response to disease outbreaks include preventive activities, which form an integral part of the lifesasving response.	CERF Secretariat
During proposal development and submission delays occurred due to the need to resolve queries about the perceived duplication of activities between participating agencies. Where similar activities were proposed, joint planning was taking place to ensure a clear division of labour and avoid duplication - however this was not sufficiently well communicated to, or understood by, the CERF Secretariat.	Recognise that in multi-cluster responses, all efforts should be made to ensure that there are synergies and complementarities in the planning process, while avoiding duplication. Joint planning should be encouraged.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-**	**Responsible entity**
During proposal development and submission delays occurred due to the need to resolve queries about the perceived duplication of activities between participating agencies. Where similar activities were proposed, joint planning was taking place to ensure a clear division of labour and avoid duplication - however this was not sufficiently well communicated to, or understood by, the CERF Secretariat.	Undertake comprehensive inter-agency discussions about the planned distribution of activities and ensure sufficient clarity in the presentation of project proposals to potentially reduce the length of the application process.	OCHA, UNICEF, WHO
While coordination between the CERF funded agencies was well organised during the proposal development stage, it can be further strenthened during project implementation and reporting.	Reinforce information exchange between CERF funded agencies throughout implementation and reporting.	UNICEF, WHO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	01.06.14 – 30.11.14
2. CERF project code:	14-RR-CEF-091	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Water and sanitation		☒ Concluded
4. Project title:	Emergency Cholera Response – South Sudan		

7.Funding				
	a. Total project budget:	US$ 16,693,645	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 7,161,617	▪ *NGO partners and Red Cross/Crescent:*	US$ 138,307
	c. Amount received from CERF:	US$ 2,096,070	▪ *Government Partners:*	US$ 166,150

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	28,466	43,249	The project reached more beneficiaries than initially planned due to the mobilisation of community volunteers who reached a larger number of households to distribute cholera treatment items and provide prevention messaging. In addition, the support of the Social Mobilisation Network of the state level Ministry of Health (SMoH) increased the dissemination of awareness messages on cholera prevention and control behaviours to populations outside PoC sites.
b. Male	37,734	59,723	
c. Total individuals (female + male):	66,200	102,972	
d. Of total, children under age 5	9,930	21,624	

9. Original project objective from approved CERF proposal

General Objective: To reduce mortality and morbidity due to cholera in South Sudan through effective preparedness and response at all levels.

Specific Objectives:

- To reduce morbidity and mortality rates associated with the cholera outbreak through comprehensive WASH interventions in all Protection of Civilian (PoC) sites, IDP sites and within the host communities at community and facility level
- To ensure effective case management for affected patients, timely access to health care services and safe isolation and infection control practices at health facility level
- To ensure timely surveillance, investigation, case reporting, laboratory confirmation and response mechanisms to cholera outbreaks in different locations, reducing the spread of the epidemic
- To ensure adequate medical supplies prepositioned in all high risk areas
- To prevent and reduce the spread of cholera and limit illness and death by early prevention, detection and treatment at the community level
- To increase knowledge of families, and communities on cholera prevention and control; and
- To strengthen capacity of home-health visitors, hygiene promoters, health workers and community volunteers in promotion of cholera prevention and control at household and community level, early detection, referrals and reporting.

10. Original expected outcomes from approved CERF proposal

- Reduced cholera morbidity and mortality through implementation of effective and standard case management and appropriate infection control practices
- Cholera affected population in high risk areas have access to safe water, sanitation and supplies for effective response

- Comprehensive WASH preventive activities undertaken in CTC/CTUs

The indicators for measuring these results are:

- 80% of cholera affected persons provided with safe water treatment products
- At least 80% of Cholera affected households with access to safe water
- 100 % of cholera high risk locations receiving WASH cholera preventive supplies
- 100% of CTCs/CTUs receiving WASH preventive services
- 11,000 of at risk households (HHs) in CES, Upper Nile and Jonglei directly reached with knowledge on cholera preventive and control practices, particularly on:
- Hand-washing with soap
- Use of chlorine tablets or PUR for water treatment
- Disposal of Human waste in toilets/latrines
- Handling of food safely
- Cholera signs and symptoms and for early reporting and seeking treatment
- At least 250 community volunteers, leaders, teachers, social mobilizers trained in promoting cholera prevention and control activities (Revised indicator following re-programming request)
- At least 120,000 people reached nationally with cholera prevention and control messages.
- 5,480 people with Acute Watery Diarrhoea/Acute Bloody diarrhoea (AWD/ABD) treated
- At least 30 ORPs set up in Central Equatoria State and the other high risk and conflict affected states supported by UNICEF and its partners (Revised indicator following re-programming request)
- 5 sessions targeting community health workers conducted on cholera case management

11. Actual outcomes achieved with CERF funds

Against the selected indicators, the following results have been achieved:

- 95,000 cholera affected and at risk people were provided with safe water treatment products (144% of the target of 66,200)
- Around 15,800 cholera affected and at risk households accessed safe water
- 100% of cholera high risk locations received WASH cholera preventive supplies
- 100% of CTCs/CTUs in Central Equatoria, Eastern Equatoria and Upper Nile States received WASH preventive services
- 29,480 at risk households (HHs) in CES, Upper Nile and Jonglei directly reached with knowledge on cholera preventive and control practices, particularly on:
  - Hand-washing with soap
  - Use of chlorine tablets or PUR for water treatment
  - Disposal of Human waste in toilets/latrines
  - Handling of food safely
  - Cholera signs and symptoms and for early reporting and seeking treatment
- 243 community volunteers, leaders, teachers, social mobilizers trained in promoting cholera prevention and control activities undertaken in Central Equatoria, Jonglei, Upper Nile and Eastern Equatoria states.
- At least 176,000 people reached nationally with cholera prevention and control messages.
- 5,784 people with Acute Watery Diarrhoea/Acute Bloody Diarrhoea (AWD/ABD) treated
- 52 ORPs set up in Central Equatoria State, Eastern Equatoria State and Upper Nile State supported by UNICEF and its partners
- 8 sessions targeting community health workers conducted on cholera case management

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Within the design of the original proposal it was assumed that social mobilisation activities could be undertaken through NGO partners. Given access issues faced by some NGOs in reaching locations outside PoC sites, the National Cholera Taskforce in consultation with the Social Mobilisation group, co-led by UNICEF and the MoH, decided to use the Social Mobilisation Network of the State Ministry of Health to reach people outside PoC sites. The support from this network contributed significantly to reach more people than planned with knowledge and awareness for cholera prevention and control behaviours.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐

No specific evaluation of the project has been undertaken although UNICEF undertakes evaluations of its programmes on an ongoing basis as part of its general operating practices.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	01.06.14 – 30.11.14
2. CERF project code:	14-RR-WHO-041	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency Cholera Response – South Sudan		

7.Funding				
	a. Total project budget:	US$ 9,872,890	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 0	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 1,402,840	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	28,466	35,470	The total number of beneficiaries reached was slightly higher but broadly in line with planned targets.
b. Male	37,734	36,930	
c. Total individuals (female + male):	66,200	72,400	
d. Of total, children under age 5	9,930	15,204	

9. Original project objective from approved CERF proposal

General Objective: To reduce mortality and morbidity due to cholera in South Sudan through effective preparedness and response at all levels.

Specific Objectives:

- To ensure effective response to the outbreak at central and state levels through establishment of the national Cholera Command and Control Centre (C4) and state emergency multi-sectoral task forces
- To ensure effective case management for affected patients, timely access to health care services and safe isolation and infection control practices at health facility level
- To ensure timely surveillance, investigation, case reporting, laboratory confirmation and response mechanisms to cholera outbreaks in different locations, reducing the spread of the epidemic
- To ensure adequate medical supplies prepositioned in all high risk areas

10. Original expected outcomes from approved CERF proposal

Expected outcomes

- Effective coordination structure through emergency task force and cholera command and control centre in which all partners and agencies involved in outbreak control are involved in order to harmonise response and allow for better sharing of information and resources.
- Effective surveillance system for improved reporting system for cholera to obtain better quality data for risk assessment as well as for understanding the actual burden of the disease in place.
- Mortality due to cholera through implementation of effective and standard case management and appropriate infection control practices reduced to less than 1%.
- Mechanism for responding to and investigating all outbreak alerts/rumours within 48 hours of notification in place.
- Adequate cholera/diarrhoea kits and other emergency supplies including laboratory supplies procured and strategically pre-

positioned.
- Regular monitoring and assessments conducted to monitor the cholera outbreak response interventions.
- Information products developed and widely disseminated to all the appropriate audience, key donors and stakeholders.

11. Actual outcomes achieved with CERF funds

- Fully functional coordination forums were established both at national (Juba) and sub- national (Malakal, Torit) levels, involving all partners that were supporting the response
- Disease surveillance systems established in the states of Central Equatoria, (Juba County), Eastern Equatoria and Upper Nile, to contain the cholera outbreak through rapid verification of events and prompt deployment of epidemiologists. Over 6421 cases were detected and managed for disease.
- Mortality rate due to cholera reduced to 2%, and in some locations to below 1%, indicative of strengthened case management processes at CTCs
- Rapid response teams established to support rapid verification and response to cholera alerts, with 86% of all alerts responded to within 48 hours.
- 16 full DDKs and 153 ORS module kits distributed to support the cholera response, mainly in Central Equatoria, Eastern Equatoria, Unity and Upper Nile states.
- Regular supervision and monitoring of the health situation and field activities, including 12 field assessments and verification / monitoring visits to locations reporting suspected cholera
- Daily situation reports and weekly epidemiological surveillance bulletins produced and disseminated

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 1
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
No specific evaluation was performed for this CERF funded project. However, WHO carried out a Technical Review of WASH Preparedness and Response Interventions to the Outbreak of Cholera in South Sudan in 2014 (report attached).	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-091	Water, Sanitation and Hygiene	UNICEF	Al-Sabah Hospital, State Ministry of Health	Yes	GOV	$125,944	24-Sep-14	20-Jun-14	Due to the rapid spread of the cholera cases in Juba and other states, and limited capacities of the humanitarian partners to conduct outreach activities outside the PoCs, the National Taskforce in consultation with the Social Mobilization group decided to use the Social Mobilization Network of State Ministries of Health to reach populations outside the PoCs. For communication activities, the payments are generally made once the services are delivered. As such, the activities were initiated before the payment was made to the partner.
14-RR-CEF-091	Water, Sanitation and Hygiene	UNICEF	Bor County Health Department	Yes	GOV	$40,206	1-Aug-14	15-Jul-14	Following the cholera case in Bor in July, social mobilisation activities were immediately rolled out after the outbreak while the payment request was being processed during the two week period
14-RR-CEF-091	Water, Sanitation and Hygiene	UNICEF	Health Link	Yes	NNGO	$138,307	2-Sep-14	15-Jul-14	Based upon prior discussion with Heath Link, while the partnership agreement was being finalised between UNICEF and Health Link, the activities were started by Health Link to ensure that there was no gap in the humanitarian response.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ARI	Acute Respiratory Infection
AWD/ABD	Acute Watery Diarrhoea/Acute Bloody Diarrhoea
C4	Cholera Command and Control Centre
CERF	Central Emergency Response Fund
CRP	Consolidated Response Plan
CTC	Cholera Treatment Centres
CTU	Cholera Treatment Unit
DDK	Diarrheal Disease Kit
EES	Eastern Equatoria State
HCT	Humanitarian Country Team
HHs	Households
ICWG	Inter Cluster Working Group
IDP	Internal Displaced Person
IOM	International Organisation for Migration
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	Out Patients Department
ORP	Oral Rehydration Point
ORS	Oral Rehydration Solution
PoC	Protection of Civilians
RC/HC	Resident Coordinator/Humanitarian Coordinator
SMoH	State Ministry of Health
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation