



WASH NFL distribution at Malakal Central Persian,

Appeal: MDRSS012	Total DREF Allocation: CHF 158,035	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000039-SSD	People Affected: 147,450 people	People Targeted: 66,121 people	
Event Onset: Sudden	Operation Start Date: 20-03-2023	Operational End Date: 31-07-2023	Total Operating Timeframe: 4 months
Targeted Areas: Upper Nile			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

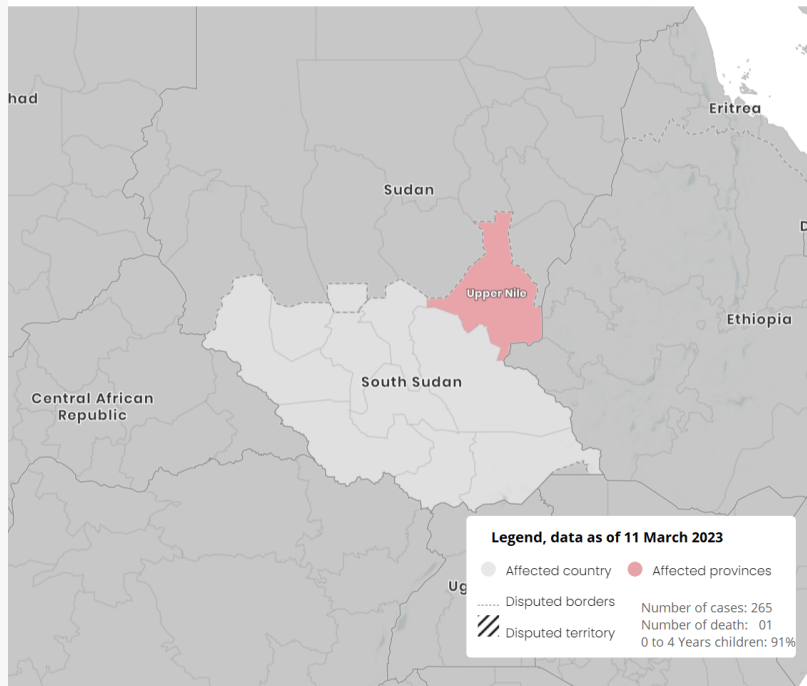
Description of the Event



+CIFRC

South Sudan, Cholera in Upper Nile, Malakal

EP-2023-00039-SSD



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

Map Sources: ICRC, UN CODs

South Sudan Cholera in Upper Nile, Malakal

Date of event

2023-03-11

What happened, where and when?

On 07 March, the Government declared the outbreak in Malakal, in the Upper Nile province after one case was confirmed. The Malakal cholera situational update of 11 March 2023 reported an increase of cases of 48% since the declaration of the outbreak by the Government. Indeed, with 265 cases recorded on 11 March, the cases continued to go upward, with some worrying figures on the group affected, including children under 4 being the majority of the cases (around 91% all along the week). Cases reported in Protection of civilian sites (POC) was a high concern and elevated risk for the displaced communities and in the county in general with the significant movement.

The South Sudan Red Cross Society through its office in Malakal joined the Ministry of Health, County Health Departments, and other Health Actors in supporting the delivery of Health Services such as Risk Communication and Community Engagement (RCCE), Oral Cholera Vaccination and mobilization of communities to have them vaccinated against Cholera.

Based on the needs and planned interventions from SSRC, the International Federation of Red Cross and Red Crescent Societies (IFRC) through its Juba Cluster launched a DREF Operation on 20 October and CHF 158,035 allocated to the response. The overall objective of this operation was to contribute towards stopping the cholera outbreak through improved hygiene and health behaviors, interrupting the chain of transmission, strengthening access to case management, and providing information to communities. The operation targeted 66,121 people (11,020 Households) for a period of four months in Malakal and the surrounding communities through RCCE, WASH, and health promotion.





General Clean up Marakal Market



mobilizers with vaccinated children during OCV campaign in Malakal, 20.03.2023

Scope and Scale

The county reported the first suspected cases on 22 February 2023. With the positive PCR test result, the Ministry of Health declared the outbreak of cholera in Malakal, Upper Nile State, South Sudan on 07 March 2023.

- Following the declaration, the MoH issued situation report number 1 with 179 suspected cases of cholera including 2 laboratory-confirmed cases and one death (case fatality ratio (CFR) is 0.6%).
- On 8th March, there were a 220 cumulative cases including one (1) death.
- On 11 March 2023 MoH reported an increase of cases of 48% since the declaration of the outbreak: 265 cases recorded.

The outbreak in Malakal has been characterized from the beginning by 32% to 39% of cases in the POC while 70% were in the communities. The spread of the outbreak to the POC was a significant threat to the overall county (both POC habitant and surrounding). In the outbreak evolution scenario, it was likely that the caseload could accelerate. Overall, case patients between 0-4years old are mostly affected with 207 (94%) of the 220 cases reported.

Even though cholera is endemic in South Sudan, the vulnerability of communities in POC and general humanitarian situation in Malakal urged a coordinated response from all actors to contain the risk of a rapid spread that could be too difficult to control. The indicators such as mortality rate, group of people affected (children under 4) and increased proportion of cases in POC being clear warnings. The POC of Malakal hosted by March 2023 more than 34,056 people leaving in critical coping mechanism. The regular movement in the county and beyond was making the situation more critical with a population considered at risk being 147,450 people from the projected scenario. This was the county population.

The risk on the population displaced further increased with the Sudan crisis later experienced in March. In early May, South Sudan has seen over 32,881 arrivals registered by UNHCR and IOM and hundreds thousands more by the end of the year 2023.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC cluster headquarters is hosted in South Sudan with a fully established office headed by the head of the delegation leading the team. In the team, there is an operations/programme/disaster management delegate, NSD delegate, logistics senior officer, finance delegate, CP3 health delegate, PMER officer, and two regional delegates for immunization and wash. This team worked closely with the National Society in providing technical guidance, development of the operation plan and during the response period.

Participating National Societies

Swedish RC has been supporting the Malakal branch for 1.5 years through an integrated humanitarian resilience-building project. The intervention benefited from the 10 prepositioned ORT kits and soap, the 41 trained health/WaSH volunteers, and the Health



Officer in place. On Monday 13th March, 30 SSRC volunteers (14M, 16F) received a refresher training on cholera risk communication.

ICRC Actions Related To The Current Event

There was no support from ICRC during this cholera response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Ministry of Health activated the Public Health Emergency Operations Centre to Response mode and all response pillars (coordination, surveillance, case management, Water, Sanitation and Hygiene (WASH)/ Infection Prevention and Control (IPC) Risk Communication and Community Engagement, (RCCE), safe and dignified burial, Points of Entry (PoE), and logistics.</p> <p>The Ministry deployed an additional multi-disciplinary rapid response team comprising of epidemiologist, laboratory, case management, infection prevention and control, water sanitation and hygiene (WASH), and risk communication and community engagement (RCCE) who conducted in-depth investigation to determine the magnitude and risk factors associated with the outbreak as well as support in scaling up the response.</p>
UN or other actors	<p>UN and other actors are part of the cluster system that was activated and supported the Government in resource mobilization and surveillance. They are part of the PHEOC and cluster coordination. The following are some of the organizations and their roles:</p> <ul style="list-style-type: none">• UNICEF provision of WASH services and supplies aside from SSRCS.• IOM provided Cholera vaccines.• WHO - supported MOH in Cholera treatment and the provision of treatment supplies.• World Vision provided WASH services in town aside from SSRCS mainly focusing on PoC and complementing WASH support in town.• MSF-Spain and IMC provided case management both in Malakal POC and Malakal town.

Are there major coordination mechanism in place?

The Ministry of Health through the National Public Health Emergency Operation Centre (NPHEOC) activated the National Incident Management System (PHEOC) at County, State, and national levels.

At the National level, the PHEOC held weekly meetings where SSRCS participated in all. Equally, the SSRCS internal EOC was activated for the purpose of coordinating internal response and resource mobilization.

South Sudan Red Cross was given the principal role of coordinating the RCCE intervention at the National level trickling down to the State and County.

Needs (Gaps) Identified



All along the outbreak evolution, the cases have been 91% to 94% children under 4. On 7th 170 of the 179 cases reported were children and on 8th March 2023 children under 4 represented 207 (94%) of the 220 cases reported, with 61% from Malakal town and 39% from Malakal Protection of Civilians Sites (POC).

Considering that Malakal is far from the capital Juba, management of Cholera was a bit challenging due to limited resources and capacities. This could contribute to the fast spreading of the epidemic considering that it was the rainy season and flooding likely to increase the spreading of the outbreak to other neighboring counties.

As a result of the Sudan conflict, throughout the operational period of this DREF, the population of Malakal town continued to grow due to the presence of returnees fleeing the conflict. Besides the returnees, Malakal has continued to receive people who fled their homes due



to conflicts and hunger within the state. This increase in population, overwhelms the municipality water and sanitation facilities leading to poor hygiene practices coupled with poor access to sanitation facilities and hence mass open defecation providing fertile environment for cholera transmission. In addition, the poor black cotton soil does not support pit latrine construction, which adds more pressure to sanitation intervention.

There was a need for intensification of prevention messages against health risks as well as stopping the spread and hence the need for speeding up this operation.

Malakal had several gaps that would exacerbate fast spread of the epidemic. Being hard-to-reach areas, access to basic Health as well as the availability of latrines, safe water, and health care is very limited. This in one way or another affected case management as cases increased due to limited capacities to manage the outbreak. The knowledge levels on health intervention related to disease prevention were equally a challenge among community members, coupled with an inadequate capacity for logistic and health promotion among staff and volunteers for both SSRC and MOH. There were some limitations in risk communication and community engagement due to gaps in the current capacity to deliver preventive messages as well as unavailability of IEC materials such as Banners, fliers, and posters to support community access to information about the disease. With the planned OCV and MoH expressed gaps on Social mobilization and messaging, NS was needed to join effort for the best achievement.

It is worth to note that South Sudan is endemic to cholera and main reason of persistence of the outbreak has been persistent floodings, conflict displacement, poor access to health, water and sanitation services, poor socio-economic conditions and acute food insecurity. With the cholera outbreak ongoing in several areas in Sudan the displacement crisis witnessed since Mars 2023 has increase the risk factors in bordering provinces such as Upper Nile and escalate the transmission. The daily surge of refugees and returnees coming from Sudan continue to poses a significant public health risk for South Sudan. The DREF for cholera scope was not able to address this situation evolution but efforts and actions engaged during this intervention has benefit during the early hours in terms of coordination at HQ and Upper Nile level. The population movement operation was launched to support the displaced communities in parallel to ongoing efforts from WHO and others partners to address the cholera situation in the complex humanitarian context.



Water, Sanitation And Hygiene

The Malakal outbreak was right at the beginning of the rainy season which increased the risk of escalation. The rains likely deteriorate the already precariousness of the WASH facilities and overall community practices. Especially for the most vulnerable groups like displaced and children for instance already affected.. The rains were expected from April in average.

SSRC identified lack of adequate WASH services which posed a serious challenge to the effective prevention and control of Cholera. It was therefore agreed to sustain the existing water, sanitation, and hygiene services and also scale up these to reach the unserved and under-served vulnerable population, as well as meet the increased demand.

Operational Strategy

Overall objective of the operation

The overall objective of this operation was to contribute towards stopping the cholera outbreak through improved hygiene and health behaviors, interrupting the chain of transmission, strengthening access to case management, and providing information to communities. The operation targeted 66,121 people (11,020 Households) for a period of 4 months in Malakal and the surrounding communities through RCCE, WASH, and health promotion.

Operation strategy rationale

- South Sudan Red Cross 30 Volunteers (16 Female and 14 Male) and other 60 SSRC Volunteers were orientated on epidemic prevention (cholera) with an aim to carry out awareness on cholera prevention and social mobilization for vaccine campaign.
- A total of 911 households benefited from WASH NFIs in Malakal main prison and Malakal south IDPs. During the distribution, 1,952 bars of soap, 505 buckets with tap, and 105 buckets without tap were given to prisoners, and 4 buckets with tap per block in Malakal main prison.
- SSRC Conducted a mass campaign with other partners, and distributed water disinfection to 6,661 Households with Aqua SAFE/ PUR in four Payams after the general meeting and demonstration at the SSRC compound with all the Cholera State Taskforce team.
- The SSRC volunteers reached 6,393 households with a population of 33,323 (Females 17,056 and 16,267 males) with cholera key messages in Malakal town and POC side with health messages on the way to prevent cholera through drinking clean water, practicing good hygiene using latrine, treating water at households' level and 611 (324 Female and 289 Male) with severe diarrhea and vomiting referred for further investigation and treatment at the nearest facilities.



Targeting Strategy

Who was targeted by this operation?

The response targeted Malakal County and the POC. Children aged between 1-4 were the main target since they were the majority of the group affected.

Explain the selection criteria for the targeted population

The rationale for the selection of the targeted population was based on the social, economic, and environmental factors and gaps identified in the UNOCHA sitrep dated 13 March 2023. The response targeted Malakal County. The outbreak trend indicated that more children below 5 years were more affected than others. Hence, the targeting for the scenario focused on: - People living in geographically at-risk areas and villages with the outbreak. The geographical at-risk areas included Malakal town along watercourses, fishing communities, and POC as well as group with physiological vulnerabilities with a focus on people with disabilities, women in lactation and pregnant, children, elderly.

Total Targeted Population

Women	22,040	Rural	0%
Girls (under 18)	11,040	Urban	100%
Men	22,041	People with disabilities (estimated)	18.3%
Boys (under 18)	11,000		
Total targeted population	66,121		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Renewed eruption of violence with increased displacement as a result. Between September and December last year, around 30.000 people moved to the POC / other improvised IDP areas in Malakal/Kodok.	ICRC was consulted regularly for security briefings.
Increased rainfall resulting to flooding causing poor to access to affected communities	The response relied heavily on the local volunteers.
Increased infection through movement of people affecting other districts apart from Malakal.	There was countrywide coordination and intensification of messages.
Deployed staff and volunteers get infected	Staff and volunteers were provided with PPES and insurance.

Please indicate any security and safety concerns for this operation

As is in the EPOA, coordination and monitoring of the gaps were conducted as Malakal County is one of the main cities in Upper Nile state and has IDP camps named PoC established for years, which recorded between 39% to 29% of the reported cholera cases since the outbreak started.

The Malakal PoC site was born out of the civil war that started in South Sudan on 15 December 2013. At the time, civilians were fleeing from indiscriminate and deliberate attacks and their only place of refuge was the UNMISS Base in Malakal. During the reporting period, it remained a crucial safe haven for 34,056 IDPs/civilians (source: DRC April 2021 population headcount) who still perceive the security environment outside the PoC site as unsafe, with the PoC site continuing to serve as a critical coping mechanism for populations facing



risk in Malakal and beyond. Malakal has been in conflict since and the security situation is not all that stable, and access to other locations within the upper Nile state is very difficult due to road conditions and insecurity.

During the implementation of cholera, SSRC had to train volunteers within their location to avoid movement and encounter insecurity issues, this was to mitigate any potential security risks to volunteers and staff, the Safer Access Framework and security tips were shared with volunteers and staff engaged in the operation with support from the ICRC who have a field office in Malakal.

During the implementation, a conflict that erupted on 15 April 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) continues to have devastating consequences for civilians. In addition to the thousands of people killed and injured, millions of people have now fled their homes in search of safety, both inside Sudan and across its borders to neighboring countries, mostly Chad, Egypt, and South Sudan. Malakal County being one of the entry points, received thousands of refugees, returnees, and asylum seekers which have led to devastating conditions with the risk of outbreaks.

Implementation



Budget: CHF 58,433

Targeted Persons: 66,121

Assisted Persons: 33,323

Indicators

Title	Target	Actual
Number of community members oriented on on PSSie	240	240
number of volunteers oriented on on PSSie	20	20
Number of ORCS satchets procured and distributed	400,000	400,000
number of volunteers trained on cholera prevention	45	60
number of people reached with radio programmes	66,121	33,323
number of radio programmes conducted	24	3
number of ICE materials printed	2,000	120

Narrative description of achievements

- A total of 60 volunteer trainings in ECV, RCCE, WASH.
- Over 33,323 people reached through door to-door cholera prevention awareness and risk communication activities.
- IPC support was provided to treatment centers through disinfection of wards and CTCs by volunteers.
- . IEC materials on cholera and PSSie were developed, produced, and distributed.
- Mass Aqua tab and Pur purification (Point of Use Water Treatment) at Malakal northern and eastern blocks in coordination and partnership with WASH partners (UNICEF, WVI, SSRC, SI) and WASH Cluster SNC Upper Nile targeting 5,000HH.
- Over 33,323 of people reached with local radio programmes in Malakal.
- . ORS were purchased and distributed.

Lessons Learnt

- Joint planning was ensured with branches and country wild partners, following the learning from past DREF assistance, as this has proved to provide synergies and avoid duplications in the implementation stage.



- On volunteers' selection, training and management, the use of community-based volunteers to conduct social mobilization and community-based surveillance from previous health interventions worked well considering the logistical challenges and insecurities especially in Malakal. In addition, training of volunteers on different pillar modules have demonstrated effectiveness in reaching out to more populations. These two approaches will be integrated to the volunteer's selection and management.
- Community based health promotion approaches which were used by SSRC as part of the Boma health initiatives proved to be successful in management of community-based diseases and is being replicated in many areas within SRCS health programs. This will also be upscaled in Malakal.
- The initiative by the health cluster to conduct and update cholera hotspots in the South Sudan assisted in strengthening prevention of diseases. Malakal as part of the hotspots has had a lot of clusters coordination activities.

Challenges

- Influx of returnees and IDPs with higher need of humanitarian support
- Some families are ignorant to observe hygiene practice as well as to treat their drinking water using distributed (PUR/Aqua SAFE).
- Lack of ambulance to transport sick cases from the far IDP sides to the nearest health facility for further treatment.



Water, Sanitation And Hygiene

Budget: CHF 44,419

Targeted Persons: 66,121

Assisted Persons: 33,323

Indicators

Title	Target	Actual
number of child & disability friendly hand washing facilities (for public places) procured	15	4
number of pool testers procured	5	5
number of emergency latrines at ORPs or Health Facilities constructed	20	2
Number of water source mapped	0	2
number of water testing kits	12	0
number of reached people with hygiene promotion exercises	66,121	33,323
number of water points tested	12	100
number chlorine tablets procured and distributed sachets	462,847	96,000

Narrative description of achievements

- The blanket chlorination campaign of water points and households was started on 4th April 2023 and led by the Malakal municipality council with the participation of WASH/health partners which SSRC is part of. IEC materials were distributed to various households during these campaigns
- The SSRCS Supported the Mass Aqua tab and Pur purification (Point of Use Water Treatment) at Malakal northern and eastern blocks in coordination and partnership with WASH partners (UNICEF, WVI, SSRC, SI) and WASH Cluster SNC Upper Nile targeting 5,000HH.
- Two latrines were constructed against the target of 20, MSF and MOH filled the gap.



Lessons Learnt

- Continue with hygiene messages in the community to increase the understanding of the families for better health practice, especially on the water treatment at home.
- Provision of adequate clean and safe water, especially in the cholera outbreak and high-risk locations.

Challenges

- Some families are ignorant to observe hygiene practices as well as to treat their drinking water using distributed (PUR/Aqua SAFE).
- Inadequate access to safe and clean water due to limited WASH supplies.
- There was inadequate funding for partners to respond to the cholera outbreak in Malakal.
- Overcrowding in the POC due to the continued influx of IDPs poses a major challenge.
- Challenge to the limited WASH facilities in the POC.



Community Engagement And Accountability

Budget: CHF 4,279

Targeted Persons: 66,121

Assisted Persons: 33,323

Indicators

Title	Target	Actual
Number of Community consultations and dissemination of feedback held	8	4
Number of feedback collection and reporting mechanisms set	1	1

Narrative description of achievements

- Improved collaboration with Ministry of Health/State Epidemiologists and other partners
- Community acceptance and participation.
- Increased community knowledge and awareness of cholera prevention and control
 - Improved community perception and good hygiene practices

Lessons Learnt

Continue to advocate for investment in cholera response.

There is need for finalization of the national Cholera response plan and budget for resource mobilization.

Challenges

- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other public health emergencies.



Secretariat Services

Budget: CHF 5,641

Targeted Persons: 66,121

Assisted Persons: 0



Indicators

Title	Target	Actual
Number of monitoring visits conducted	2	1

Narrative description of achievements

- Due to security concerns in the area only one monitoring visit was conducted. Technical support was mainly offered remotely.

Lessons Learnt

- Remote support came in handy.

Challenges

- The Security situation could not permit various missions as planned.



National Society Strengthening

Budget: CHF 45,263

Targeted Persons: 66,121

Assisted Persons: 0

Indicators

Title	Target	Actual
Number of volunteers insured	30	30
Number of staff mobilized and supported	3	5

Narrative description of achievements

- Volunteers were regularly briefed on security, access, and potential risks.
- . Volunteers and staff were provided with adequate PPEs for their protection.
- . Training and feedback were conducted to the volunteers.
- . Radio slots/ coverage given as part of dissemination.
- . Only 4 community consultations were conducted due to the area's security situation.
- The lesson learnt workshop did not take place in Malakal as initially planned. The intended Lessons learnt workshop did not happen due to security uncertainties towards the end of the response in Malakal the team opted to do a desk review instead in Juba led by PMER from IFRC and NS response team and support services were involved.

Lessons Learnt

N/A

Challenges

N/A



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRSS011
Budget Timeframe	2022-2023	Budget	APPROVED

Prepared on 02/Jan/2024

All figures are in Swiss Francs (CHF)

MDRSS011 - South Sudan - Anticipatory Actions EVD Outbreak

Operating Timeframe: 13 Oct 2022 to 31 Jan 2023

I. Summary

Opening Balance	0
Funds & Other Income	154,718
DREF Anticipatory Pillar	154,718
Expenditure	-75,619
Closing Balance	79,099

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	110,498	71,818	38,680
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		1,265	-1,265
PO10 - Community Engagement and Accountability	6,816		6,816
PO11 - Environmental Sustainability			0
Planned Operations Total	117,314	73,083	44,231
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services		2,536	-2,536
EA03 - National Society Strengthening	37,404		37,404
Enabling Approaches Total	37,404	2,536	34,868
Grand Total	154,718	75,619	79,099

[Click here for the complete financial report](#)

Please explain variances (if any)

The CHF 140,310 allocated by IFRC through the DREF pot were used to achieve the above results. The unspent closing balance of CHF 17,725 will be returned to the pot as per the IFRC procedures.

This balance comes in majority from the low consumption of the branch supervision costs. As such, the unspent balance of NS staff and volunteers' costs variances result from the final structure put in place at NS level to complete the planned activities finally didn't need the initial budget. To meet the targeted communities in POC and Malakal surrounding communities, the cost required for supervision at branch level was slightly less than initially planned with the operation center set-up at county level, while monitoring mission and general coordination required more budget with the population movement in the borders. Furthermore, the changing in the situation with the

Sudan displacement required to scale-up the support from Secretariat and HQ NS to the branch, explaining the overconsumption of the general expenditures.

For the variances under the Relief items, Construction, Supplies categories, this is due to the coding of all the supplied and items under a unique cost category (Medical) while it was budgeted in separate codes.



DREF Operation

Selected Parameters			
Reporting Timeframe	2023/3-2023/11	Operation	MDRSS012
Budget Timeframe	2023	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 02/Jan/2024

All figures are in Swiss Francs (CHF)

MDRSS012 - South Sudan - South Sudan Cholera Outbreak Upper Nile

Operating Timeframe: 20 Mar 2023 to 31 Jul 2023

I. Summary

Opening Balance	0
Funds & Other Income	158,035
DREF Response Pillar	158,035
Expenditure	-140,310
Closing Balance	17,725

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	58,433	140,230	-81,797
PO05 - Water, Sanitation & Hygiene	44,419		44,419
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		80	-80
PO10 - Community Engagement and Accountability	4,279		4,279
PO11 - Environmental Sustainability			0
Planned Operations Total	107,131	140,310	-33,179
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	5,641		5,641
EA03 - National Society Strengthening	45,263		45,263
Enabling Approaches Total	50,904		50,904
Grand Total	158,035	140,310	17,725

DREF Operation

Selected Parameters			
Reporting Timeframe	2023/3-2023/11	Operation	MDRSS012
Budget Timeframe	2023	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 02/Jan/2024

All figures are in Swiss Francs (CHF)

MDRSS012 - South Sudan - South Sudan Cholera Outbreak Upper Nile

Operating Timeframe: 20 Mar 2023 to 31 Jul 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	52,118	55,431	-3,313
Water, Sanitation & Hygiene	38,969		38,969
Medical & First Aid	8,218	55,431	-47,213
Teaching Materials	4,931		4,931
Logistics, Transport & Storage	29,860	15,021	14,839
Transport & Vehicles Costs	29,860	15,021	14,839
Personnel	29,947	6,618	23,329
National Society Staff	5,479	1,393	4,086
Volunteers	24,468	5,225	19,243
Workshops & Training	12,387	17,189	-4,802
Workshops & Training	12,387	17,189	-4,802
General Expenditure	24,078	37,488	-13,410
Travel	8,218		8,218
Information & Public Relations		43	-43
Office Costs	4,383	6,210	-1,827
Communications	1,735	1,328	407
Financial Charges		1,864	-1,864
Other General Expenses	9,742	13,993	-4,251
Shared Office and Services Costs		14,051	-14,051
Indirect Costs	9,645	8,564	1,082
Programme & Services Support Recover	9,645	8,564	1,082
Grand Total	158,035	140,310	17,725

Contact Information

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[Click here forreference](#)

