Public Health ERU – South Sudan

Case Study

CONTEXT

In South Sudan, a cholera outbreak started in September 2024 with a background context of floods, an uncontrolled epidemic in neighboring Sudan and population displacement. The outbreak was officially declared by the Ministry of Health in October 2024. As of January 2025, a cumulative total of 24,418 cholera cases and 475 deaths, with a case fatality rate (CFR) of 1.9% were reported.

The IFRC and Movement partners responded to support the South Sudan Red Cross (SSRC). In January, the Public Health Emergency Response Unit Community Case management of Cholera (PH ERU CCMC module) was requested and deployed subsequently. The Swiss Red Cross led the deployment, in collaboration with Canadian, German, Norwegian and Spanish Red Cross. This was the first time of a deployment to a conflict affected country.

Success factors

1. **Effective in fragile contexts** – under the security framework of ICRC & in close collaboration with IFRC and SSRC, Oral Rehydration Points (ORPs) were established in remote and conflict affected areas with limited access to health care, ensuring early access to treatment for patients with acute watery diarrhea.
2. **Early Capacity Building & Handover** – Several trainings on running ORPs were facilitated at different levels, leading to the establishment of Master Trainers, ORP Supervisors, and Volunteers. The first ORP was jointly set up by the ERU team and SSRC staff, while all subsequent ORPs were independently established and managed by trained SSRC staff.
3. **Sound Coordinated Monitoring** – The ORPs were well-embedded in the nation-wide cholera response. Data from the SSRC ORPs informed operational decisions in a comprehensive and timely manner.
4. **Local Sourcing** – Establishing local procurement for ORP kits enabled the continuation of the response beyond the ERU phase, allowing SSRC to increase the number of ORPs and scale up the response.

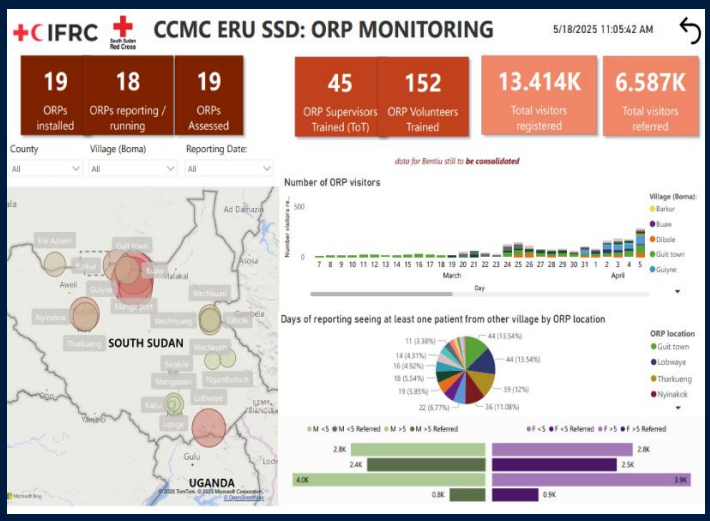
Recommendations

1. **Evidence-based decision making** – ERU deployments should be informed by assessments to determine feasibility and suitability. This will ensure that a clear operational strategy is in place before a full deployment.
2. **Ensure Community Engagement** – ORPs are established based on community assessments. The monitoring system should also capture and address feedback from communities, ensuring their voices inform decision-making throughout the response.
3. **Explore Hybrid Approaches** – For future ERU deployments in fragile contexts, where field access may be restricted, clear approaches should be established to enable hybrid or remote collaboration. This includes developing reliable methods to validate field reports and ensure the quality of data when direct access is limited.

What is the Public Health ERU: CCMC module?

The CCMC module supports oral rehydration therapy for cholera through Oral Rehydration Points (ORPs) at community level. Mild and moderate cases receive ORS at the ORP and for home use. Severe cases are referred to a nearby health facility. The CCMC ERU team works closely with the ONS to strengthen their capacity and enable them to manage ORPs.

Visit the Catalogue of Surge Services on IFRC GO for more information.



PH ERU CCMC dashboard showcasing the operational data

ORP Station managed by SSRC Staff and Volunteers

Additional considerations

ERU delegates and NS Counterparts – To ensure effective handover and transfer of capacities, the NS should identify and assign counterparts to work directly with ERU delegates. Activities in ORPs should be designed with the primary aim of strengthening and capacitating the NS.

Data collection systems (e.g. Nyss/KoBo) – To effectively monitor ORPs, the chosen system should be assessed at the start of the deployment. Data visualization and reporting tools should also be incorporated to ensure timely communication and support informed decision-making.

Referral mechanism – Clear referral pathways must be established at the start of the operation. ORPs can manage mild and moderate dehydration, but severe cases must be referred to a nearby health facility. Referral also applies to children under 5, pregnant women, and individuals with pre-existing conditions (e.g., malnutrition).

Working in conflict-affected contexts – When field access is restricted, alternative ways to validate data quality must be established (e.g., short phone surveys or verification calls). Moderated messenger groups for ORP supervisors and volunteers can also be used to promote peer learning and support.

Key Achievements: January to May 2025

- **19 ORPs installed in 8 regions**
- **13,414 people reached through the ORPs**
- **152 volunteers trained in ORP management**
- **45 ORP Trainers trained**
- **11 National Society Staff trained**
- **20 ORP kits locally procured**

NS Staff and volunteers CCMC training session

Swiss Red Cross

For more information contact surge@ifrc.org

South Sudan Red Cross