



**Ministry of Health  
Republic of South Sudan**

# **CHOLERA PREVENTION AND RESPONSE PLAN 2017**

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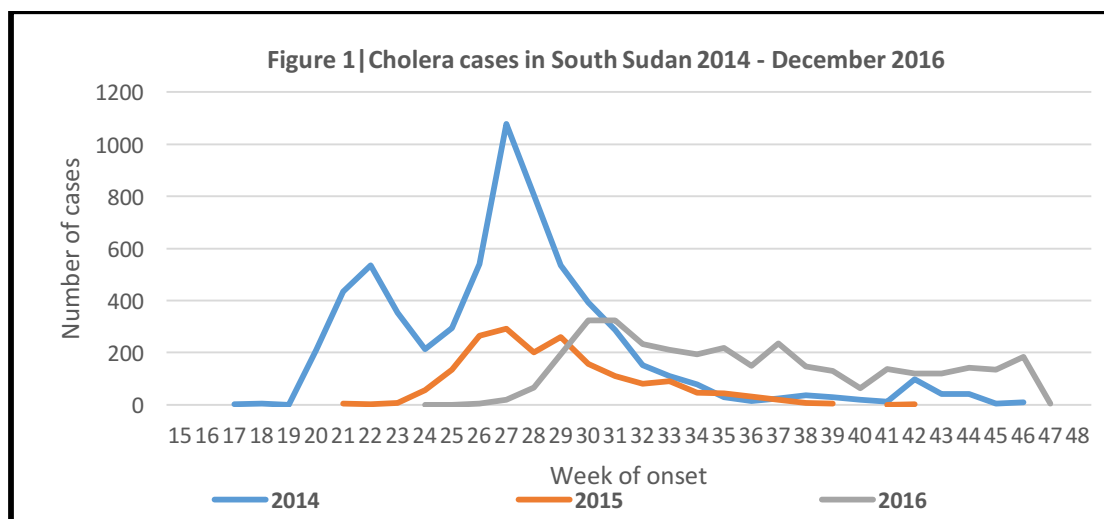
## SOUTH SUDAN CHOLERA OPERATIONAL RESPONSE PLAN FOR 2017

### 1.1 BACKGROUND

The protracted humanitarian crisis since 2013 has increased the risk of outbreaks for diseases like cholera. The crisis has left nearly 2 million internally displaced persons that are living in congested camps with barely adequate access to safe water and sanitation. The crisis has also weakened the health system thus curtailing its capacities to detect, investigate and effectively respond to emerging disease outbreaks. South Sudan has a total of 1,392 functional health facilities including 51 hospitals, 326 PHCCs, and 1015 PHCUs. The health system has been devastated by the protracted crisis with many health facilities looted and destroyed and health workers displaced. The 2010 South Sudan household survey showed that 69% of households had access to improved water sources though only 6% households were using appropriate water treatment methods. In the survey, the use of improved sanitation facilities was very low and estimated at 7%. During the crisis that started 2013, these indicators worsened thus aggravating the risk of cholera among the IDPs and host communities.

### 1.2 CHOLERA IN SOUTH SUDAN

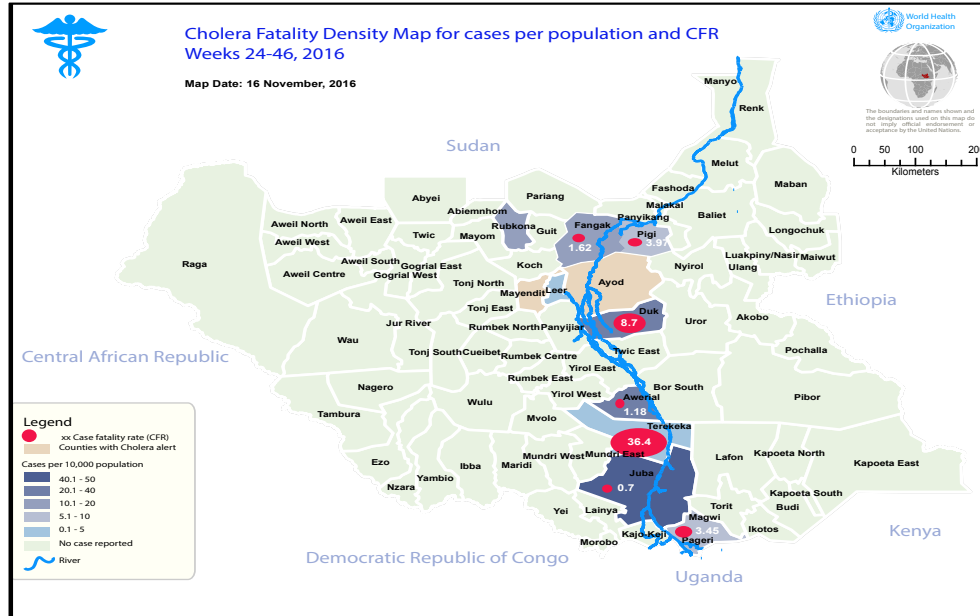
Cholera is endemic in South Sudan and its neighboring countries where recurrent outbreaks continue to be reported with both local and cross-border spread. Since the 2013 crisis, three cholera outbreaks have been reported in South Sudan in 2014, 2015, and 2016 (Figure 1, table 1). The outbreaks have typically occurred during the rainy season in states along the big rivers (Figure 2). Internally displaced persons, refugees and other areas with high concentrations of people have a higher risk of suffering cholera outbreaks and have reported cholera cases during this period.



Summary measure	2014	2015	2016
No. cases	6,421	1,818	3,307
No. deaths	167	47	58
CFR%	2.60%	2.59%	1.75%

Table 1   CHOLERA OUTBREAKS IN SOUTH SUDAN 2014-2016			
Summary measure	2014	2015	2016
No. counties affected	16	3	8
Duration (weeks)	29	19	Ongoing
Outbreak start date	24-Apr	18-May	18-Jun
Date of last case	13-Nov	24-Sep	Ongoing
Attack rate [per 10,000]	27	17	22

Figure 2 | Distribution of cholera cases and deaths in South Sudan in 2016



Overall coordination of cholera response activities is undertaken by a cholera taskforce that is Chaired by the Ministry of Health and constituted by other sectors, and health and WASH cluster partners. A full package of response interventions including standard cholera case management protocols, enhanced surveillance for early detection of outbreaks and identification of cholera transmission hotspots, environmental management, improving access to safe water, hygiene, and proper sanitation, enhancing community awareness for behavioral change, use of safe and effective oral cholera vaccines, and enhancing national readiness and preparedness were rolled out to control the outbreaks. Thus, the attack rate (cases per 10,000) for cholera reduced from 27 in 2014 to 17 in 2015 and 22 in 2016. In the same way, case fatality rate for cholera reduced from 2.6% in 2014 to 2.5% in 2015; and 1.75% in 2016 (Table 1).

**2.0 JUSTIFICATION FOR THE CURRENT PLAN**

As part of the response to the cholera outbreaks since 2014, useful lessons, experiences, best practices, and weaknesses have been identified. These have been well synthesized as part of the end-of outbreak response review meetings organized by the national cholera taskforce. These have informed the updating of annual cholera prevention and response plans. This cholera prevention and response plan is therefore informed by recommendations drawn from the cholera review meeting held from 23 to 24 November 2016. This revision is informed by best practices and evidence that has accrued in response to outbreaks in other endemic areas outside South Sudan as well as new guidelines issues by WHO to improve the effectiveness of cholera response activities.

In the same way, the updated plan incorporates responses tailored to respond to the changing trends of cholera transmission in South Sudan. The plan includes responses tailored to the humanitarian context of the country.

Given the cholera response evaluation recommendations and the social, health and WASH challenges the country is facing; and the weakness of the national health system, a National Cholera Operational Response Plan is needed to improve coordination of partners, help monitor the evolution of the outbreak and mobilize resources from donors and partners. It will streamline the work of the National Cholera Taskforce, technical working groups and health and WASH partners. This response plan covers the period January to December 2017.

### 3.0 OBJECTIVES OF THE RESPONSE PLAN

#### 3.1 OVERALL OBJECTIVE

To reduce mortality and morbidity due to cholera in South Sudan, through effective preparedness and response at all levels

#### 3.2 SPECIFIC OBJECTIVES

- 3.2.1 To strengthen the coordination of epidemic preparedness and response at all levels
- 3.2.2 To ensure adequate prepositioning of cholera buffer stock and other medical supplies in all the states
- 3.2.3 To enhanced surveillance activities at all levels to reduce the spread of outbreak
- 3.2.4 To improve case management and infection control protocols at health facility level
- 3.2.5 To ensure comprehensive WASH interventions in all IDP sites and within the host communities at community and facility level
- 3.2.6 To strengthen social mobilization and health promotion activities
- 3.2.7 To develop communication strategies and key messages.
- 3.2.8 Complementary use of safe and effective oral cholera vaccines to prevent and control cholera outbreaks.

### 4.0 IMPLEMENTATION STRATEGY

As part of the cholera prevention and response activities in 2017, a comprehensive package of services will be offered in an integrated manner to households, communities, institutions, and public places to mitigate the risk of cholera outbreaks. This integrated package of services works well for emerging cholera outbreaks that are promptly detected by an effective surveillance system before the disease spreads out of the index community or village. The strategy can also be used to rapidly interrupt transmission for declining outbreaks by targeting communities with new probable or confirmed cholera cases. For established cholera outbreaks, the strategy is best used to slow disease spread by targeting transmission hotspots. This integrated package of services at household level is presented by thematic area in Table 2.

**Table 2 | Integrated package of services for cholera prevention and control**

No.	Thematic Area	Package of services
1	Coordination and regulation	1. Household inspection for compliance to minimum sanitation and hygiene standards including: <ul style="list-style-type: none"> <li>a. Presence of pit latrine/toilet</li> <li>b. Proper use of latrine/toilet</li> <li>c. Evidence of open defecation in compound</li> <li>d. Availability of hand washing facility</li> <li>e. Presence of garbage can or pit</li> </ul>

No.	Thematic Area	Package of services
		<ul style="list-style-type: none"> <li>f. Presence of drying rack for cooking utensils</li> <li>2. Agree with household head and village head on a time bound plan to address the gaps</li> <li>3. Follow up visit to assess progress in addressing the gaps</li> <li>4. Enhance inspection of the following public places for compliance with recommended hygiene and sanitation standards:               <ul style="list-style-type: none"> <li>a. Schools</li> <li>b. Markets</li> <li>c. Food establishments and restaurants</li> <li>d. Institutions – military; police, prisons</li> </ul> </li> </ul>
2	Social mobilization and communication	<ul style="list-style-type: none"> <li>1. Good community engagement through respect, two-way conversation, appreciation of local efforts, and help communities to use local resources to solve local problems</li> <li>2. Door-to-door health education on cholera prevention guided by 3-5 key messages               <ul style="list-style-type: none"> <li>– Boil or treat drinking water and keep it in a clean, covered, narrow mouthed container</li> <li>– Wash hands with safe water, soap/ash/lime after contact with feces and before eating</li> <li>– Use latrine or bury feces 30 meters from any water body</li> <li>– Cook food well and eat it hot; only eat fruits and vegetables you have peeled yourself</li> </ul> </li> <li>3. Provide information leaflet with 3-5 messages on cholera prevention</li> </ul>
3	Water, Sanitation, and Hygiene	<ul style="list-style-type: none"> <li>1. Health education on making water safe before drinking by boiling or treating</li> <li>2. Point of use water treatment (POUWT) demonstration (using Aquatabs or PUR)</li> <li>3. Supply WASH cholera kit at household level*</li> </ul>
4	Case management	<ul style="list-style-type: none"> <li>1. Educate households to start cholera treatment at home:               <ul style="list-style-type: none"> <li>– Prepare and give ORS immediately to people with watery diarrhoea and continue drinking while travelling to nearest health facility</li> <li>– People with watery diarrhoea should immediately go to the nearest health facility or cholera treatment center for treatment</li> </ul> </li> <li>2. Demonstration on mixing the standard and homemade oral rehydration solution</li> <li>3. Provision of 3-5 ORS sachets</li> </ul>
5	Surveillance	<ul style="list-style-type: none"> <li>1. Conduct door-to-door active case search to identify suspect cholera cases/deaths using the simplified case definition**</li> <li>2. Initiate all suspect cholera cases identified on ORS and refer them to the nearest health facility or cholera treatment center</li> <li>3. Report all identified suspect cholera cases/deaths to the surveillance/ambulance team for line listing/transfer to hospital</li> </ul>
6	Oral cholera vaccine	<ul style="list-style-type: none"> <li>1. Conduct preventive two-dose oral cholera vaccination campaign to mitigate the risk of cholera in hotspot areas.</li> <li>2. Target households in cholera transmission hotspot or community with a probable or confirmed cholera case with single-dose OCV</li> <li>3. Conduct limited social mobilization for communities targeted with single-dose OCV by engaging local leaders</li> </ul>

**\*WASH cholera kit minimum**

- 1. Multipurpose soap hand washing (400g/person/month)
- 2. Aquatabs – 20 liters [for underground water source]
- 3. PUR sachets – 20 liters/ Filter cloth [turbid water source]

**\*WASH cholera kit plus**

- 1. Multipurpose soap hand washing (400g/person/month)
- 2. Aquatabs – 20 liters [for underground water source]
- 3. PUR sachets – 20 liters/ Filter cloth [turbid water source]
- 4. Rigid jerry can – 20 liters [safe storage]
- 5. Bucket with lid – 20 liters [filtration]

No.	Thematic Area	Package of services
	<b>**Suspect cholera case</b>	
	Any person with lots of watery diarrhoea	
	<b>**Suspect cholera death</b>	
	Any person who dies after having lots of watery diarrhoea	

## 5.0 CASE PROJECTIONS FOR 2017

To project cholera cases expected in 2017, we used attack rates from the cholera outbreaks of 2014, 2015, and 2016 (Table 3).

**Table 3 | Cholera case projections for 2017**

Summary measure	Value
AR 2014 (cases per 10,000)	27
AR 2015 (cases per 10,000)	17
AR 2016 (cases per 10,000)	22
Mean AR 2014-2016	22
SD 2014-16	5
AR (cases per 10,000) for best case scenario	17
AR (cases per 10,000) for worst case scenario	27
Projected pop. For 2017	12,834,555
Expected cases worst case scenario for 2017	21,819
Expected cases best case scenario for 2017	34,653

AR - Attack Rate; SD - Standard Deviation;

## 5.1 PROJECTED NEEDS FOR THE 2017 CHOLERA RESPONSE

Based on the projected cholera cases for 2017, we estimated the quantities of case management and WASH supplies to support the cholera response in 2017 (Table 4).

**Table 4 | Projected case management and WASH supplies for the 2017**

Summary measure	Scenario	
	Best case	Worst case
Expected cases	21,819	34,653
IV patients	16,364	25,990
Bed capacity total	623	990
No. beds in IV section	187	297
No. beds in ORS section	436	693
ORS in total (liters)	218,187	346,533
IV Fluids total (liters)	130,912	207,920
HTH total (kg)	3,491	5,545
Water total (liters)	2,181,874	3,465,330

## 6.0 DRAFT CHOLERA PREVENTION AND RESPONSE PLAN, REPUBLIC OF SOUTH SUDAN FOR 2017

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
<b>1. To strengthen the coordination of epidemic preparedness and response at all levels</b>	Provide technical and financial support to the national and state emergency task forces	Technical and financial support given	85% of funds raised	Programme reports	Support being given on an on-going basis	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	50,000
	Update Cholera preparedness and response plan periodically to guide preparedness and preventive activities	Cholera contingency plan updated promptly	Annual review meeting	The contingency plan is available before the outbreak season	The contingency plan is not updated and the recent outbreak was managed reactively	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	
	Streamline communication and information sharing among stakeholders	Partners receiving updates regularly	Daily/ Weekly Cholera situation report	Copies of updates in disseminated and available in designated website	Situation reports are disseminated through mainlining list	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	
	Develop/ update TORs for the various working groups to clarify roles	TORs for all working groups developed/ Updated with clear roles and responsibilities	100% of TORs developed	TORs are available and in use	TOR available at national level. There is need to develop/adapt for SMOHs	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	
	Monitor working groups to ensure speed and urgency in	Monitoring framework developed with clear checklist	<ul style="list-style-type: none"> <li>• Daily/ Weekly minutes during the outbreak</li> </ul>	Monitoring framework document and reports	Working groups monitored through taskforce meeting, there is	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban,</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	



Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	responding to cholera outbreaks		<ul style="list-style-type: none"> <li>And in inter-epidemic period weekly during EPR meetings</li> </ul>		need to have use checklist	Rural Water and Sanitation		
	Update the integrated package of services delivered at household level to include new evidence on interventions e.g. OCV	Integrated package of services updated with new evidence based interventions included and disseminated	An integrated household package updated	Availability of the document at the required level	Integrated package used for outbreak response. To be updated and replicated in future outbreaks in all areas.	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> <li>•Local governments</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> </ul>	
	Maintain/deploy surge teams with emergency public health officers, epidemiologist, data/ information managers to hotspot areas to strengthen cholera sentinel surveillance, early detection, and response.	Effective technical guidance provided to ensure surveillance, monitoring and timely information sharing	n° of surge team members deployed	<ul style="list-style-type: none"> <li>• Cluster/EPR meeting minutes at state and national levels</li> <li>• Availability of guidelines and operational protocols</li> </ul>	Clusters/EPR in process of deploying surge teams	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH Partners</li> <li>• Local governments</li> </ul>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMoH</li> </ul>	200,000
	Strengthen/Reactivate the Cholera Taskforce at National and State levels upon	The cholera taskforce strengthened and reactivated at all levels at the onset of the outbreak	n° and composition of participants per taskforce meeting	Minutes of taskforce meetings at national and state levels	National and State Taskforce strengthened	<ul style="list-style-type: none"> <li>•MOH</li> <li>•SMOHs</li> <li>•WHO</li> <li>•Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>•Other Health Partners</li> <li>•WASH Partners</li> <li>•</li> </ul>	10,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	confirmation of cholera outbreak			List of participants		•Local governments		
	Advocate for multisectoral engagement of all stakeholders to mobilize resources in support of the cholera preparedness and response	More ministries, partners and donors contributing and actively participating in cholera taskforce meetings	all relevant sectors, partner agencies represented in the task force meeting	<ul style="list-style-type: none"> <li>List of partners participating</li> <li>Advocacy reports</li> <li>minutes of task force meetings</li> </ul>	Ministry of Water Resources, City Council in Juba, Health and WASH cluster partners are participating but more is needed to bring others on board	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> <li>WHO</li> <li>Line Ministry responsible for Urban, Rural Water and Sanitation</li> <li>Local Government, Ministry of Information, Ministry of Interior</li> </ul>	<ul style="list-style-type: none"> <li>Other Health Partners</li> <li>WASH Partners</li> </ul>	
	Support regular monitoring and supportive supervision of the public health activities in the IDP camps and communities	Effective public health interventions in the IDP camps and communities	n° of supervision visits	<ul style="list-style-type: none"> <li>Programme reports</li> <li>Monitoring reports</li> <li>Supervisory visit reports</li> </ul>	Health partners currently support this in the PoC and IDP sites and community based interventions	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOH</li> <li>WHO</li> <li>Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>Other Health Partners</li> <li>WASH Partners</li> </ul>	160,000
	Disseminate the updated South Sudan Cholera Preparedness and Response technical guidelines, reporting tools and protocols to use in the cholera preparedness and response at all levels	Technical guidelines, SOPs updated and disseminated	100% of health facilities provided with technical guidelines and SOPs	<p>Technical guidelines, tools and SOPs available at all levels</p> <p>Distribution list</p>	Cholera tools and guidelines are available but need to be updated	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> <li>Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	150,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Form a committee to oversee the establishment of the Public Health Emergency Operations Centre (PHEOC) for stronger technical coordination, decision making and policy advice	<ul style="list-style-type: none"> <li>Well-equipped EOC to coordinate and respond to cholera outbreak</li> <li>Functioning strategic working groups with clear TORs</li> <li>SOPs developed</li> <li>Trained EOC staff</li> </ul>	<ul style="list-style-type: none"> <li>Fully functioning PHEOC</li> <li>SOPs</li> </ul>	<p>EOC activities' reports</p> <p>Training reports</p> <p>Procurement ledger</p>	No NHEOC at present but its functions are carried out by EPR under the supervision of the DG of Preventive Health Services	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> <li>WHO</li> <li>Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	1,200,000
	Liaise with relevant government organs to ensure enactment of public health legislation (safe water, food vending, sanitation etc.) to address cholera risk factors and behaviors	Public health Act enacted with clauses addressing cholera risk factors	Memo of declaration of PH Act	Availability of the Act at all levels	There is draft Public Health Bill which needs to be updated	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> <li>WHO</li> <li>Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other interested partners</li> </ul>	10,000
	Engage government and partners to invest in long term strategies for preventing cholera outbreaks in hotspot areas	<p>Improved access to safe water through investment in water treatment plants in high risk areas</p> <p>Increased latrine ownership and use</p>	Population accessing safe water supplies in cholera hotspot areas	Household survey in hotspot areas		<ul style="list-style-type: none"> <li>MoH</li> <li>SMoH</li> <li>WHO</li> <li>Line Ministry responsible for Urban Rural Water and Sanitation</li> <li>Local governments</li> </ul>	<ul style="list-style-type: none"> <li>WASH and Health Cluster partners</li> </ul>	900,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
		through implementing strategies to reduce the prevalence of open defecation	Households with improved latrine					
	Update the South Sudan National Cholera Preparedness and Response, Guidelines	South Sudan National Cholera Preparedness and Response Guidelines updated to include enhanced surveillance, diagnostics, and use of OCV for cholera prevention and control in high-risk and vulnerable populations	<ul style="list-style-type: none"> <li>Updated guidelines available for use</li> </ul>	<ul style="list-style-type: none"> <li>Availability of updated guidelines</li> <li>n° of copies produced and distributed at all levels</li> <li>Delivery note</li> <li>Distribution lists</li> </ul>	Guidelines last updated in 2011	<ul style="list-style-type: none"> <li>MoH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health Partners</li> <li>WASH Partners</li> </ul>	200,000
<b>2. To enhance surveillance and laboratory capacities at all levels in order to reduce the spread of outbreak</b>	Strengthen surveillance and reporting from all health facilities including major private facilities in cholera risk prone counties through IDSR training including refresher trainings on cholera	Strong reporting system set up  IDSR training done widely	<ul style="list-style-type: none"> <li>n° of private health facilities reporting</li> <li>n° of trained health personnel in private sector</li> <li>n° of support visits</li> </ul>	Surveillance bulletins  Training reports  Field visit reports	Nothing done in the private health facilities	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> </ul>	100,000
	Advocate to donors to support capacity building for cholera response by	Resources available to support capacity building for partners and MoH staff to	<ul style="list-style-type: none"> <li>No. of partners supported for cholera capacity building</li> </ul>	Donor reports  Activity reports	No targeted efforts to support capacity building	<ul style="list-style-type: none"> <li>MoH; Clusters (Health; WASH)</li> </ul>	<ul style="list-style-type: none"> <li>WHO, UNICEF, other partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	partners and MoH staff	enhance cholera response	<ul style="list-style-type: none"> <li>No. trained HCW</li> </ul>		of partners on cholera			
	Maintain a roster of trained professionals to support cholera response	Adequate surge capacities for cholera investigation and response	<ul style="list-style-type: none"> <li>Presence of an up dated roster of trained cholera experts</li> </ul>	Roster of experts	No roster of experts	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO, UNICEF, cluster partners</li> </ul>	
	Establish joint Government-Partners rapid response team at state level	Joint Government-Partners RRT established to support investigation and response activities	<ul style="list-style-type: none"> <li>No. joint Government-Partners RRTs trained</li> </ul>	Training reports	Government-led RRTs at national and state levels	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO, Health cluster</li> </ul>	
	Training of partners on the implementing the integrated approach	Skilled partners with capacity to implement the integrated approach	<ul style="list-style-type: none"> <li>No of partners trained</li> </ul>	Training reports	Partners not trained to support the response	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO, clusters – Health and WASH</li> </ul>	
	Procure adequate cholera RDTs and Carry Blair and ensure they are readily available to facilitate early warning and trigger early response	Early detection of outbreaks and rapid initiation of containment measures to prevent rapid spread.	Number of kits procured and deployed to support rapid case identification	Stock levels of kits at peripheral levels	Inadequate access to RDTs and Carry Blair	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO and partners</li> </ul>	
	Strengthen alert desks and surveillance/rapid response teams in all high-risk areas	Strengthened case reporting and response mechanisms	% of alerts investigated within 72 hrs. by SRRT	Alert desks and RRTs available in all high-risk areas	All states have RRTs in place	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Update the line list to include water and sanitation variables	water and sanitation variables added to the line list	Updated line list available	Copies of updated line list	Existing Line list updated in March 2014	<ul style="list-style-type: none"> <li>MoH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health partners</li> <li>WASH partners</li> </ul>	
	Carry out outbreak investigation including risk assessments in areas reporting alerts	Risk assessments done in new outbreak areas	% of alerts investigated	<ul style="list-style-type: none"> <li>Risk assessment reports</li> <li>IDSR/ EWARN event logs</li> </ul>	Assessments done in the IDP camps & host communities	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health Cluster partners</li> </ul>	140,000
	Cholera risk and vulnerability mapping to re-define cholera transmission hotspots to focus multisectoral interventions including OCV	Cholera transmission hotspots redefined and mapped to allow targeted response	<ul style="list-style-type: none"> <li>Cholera hotspots map</li> </ul>	Epidemiology reports	Current hotspots need to updated	<ul style="list-style-type: none"> <li>MoH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>Other Health Cluster Partners</li> </ul>	
	Line list and map all cholera cases and deaths at facility and community levels	All cases and deaths appropriately line listed		<ul style="list-style-type: none"> <li>Lines lists;</li> <li>outbreak investigation reports</li> <li>Maps produced</li> </ul>	Format of line list developed and shared with all states.	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Health partners managing cholera treatment facilities</li> </ul>	10,000
	Establish AWD sentinel surveillance site sites in cholera transmission hotspots	<ul style="list-style-type: none"> <li>Timely detection of new outbreaks for prompt response to prevent widespread outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>Number of sites established</li> </ul>	Complete and timely IDSR reports	<p>Timeliness reporting at 85%</p> <p>Completeness of reporting at 65%</p>	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Health partners managing cholera treatment facilities</li> </ul>	50,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Cross-border engagements and coordination of cholera preparedness, prevention, and response	<ul style="list-style-type: none"> <li>Mechanisms for cross-border surveillance and response including: mechanisms for sharing surveillance data on a regular basis; cross-border RRTs; synchronizing interventions for cholera prevention and response</li> </ul>	<ul style="list-style-type: none"> <li>Number of cross border meetings</li> <li>Number of cross-border RRT investigations</li> <li>Cross border protocols and plans</li> <li>Cross border simulations</li> </ul>	Meeting minutes; outbreak investigation reports; surveillance reports; cross-border surveillance protocols; cross-border surveillance plans; number of simulation exercises	No cross-border surveillance and response mechanisms for disease outbreaks; existing cross-border arrangements under polio could be exploited to enhance cross-border surveillance and response to disease outbreaks	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	
	Training of Public Health Officers and partners in cholera hotspots on water quality surveillance	<ul style="list-style-type: none"> <li>Public Health Officers and partners trained to conduct water quality surveillance in cholera hotspots</li> </ul>	<ul style="list-style-type: none"> <li>Number of public health officers trained in water quality surveillance</li> </ul>	Training reports	Water quality surveillance undertaken by WASH cluster partners	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO, Min of water; WASH</li> </ul>	
	Conduct regular water quality surveillance hotspot areas on a quarterly basis	<ul style="list-style-type: none"> <li>Regular water quality surveillance undertaken to detect areas with contaminated water sources</li> </ul>	<ul style="list-style-type: none"> <li>Number of water quality surveillance surveys</li> </ul>	Survey reports	Water quality surveillance undertaken by WASH cluster partners	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO, Min of water; WASH</li> </ul>	
	Produce cholera situation reports	<ul style="list-style-type: none"> <li>Daily report</li> <li>weekly epidemiological reports</li> <li>Wide distribution of products to stakeholders including donors</li> </ul>	<ul style="list-style-type: none"> <li>n° of information products</li> </ul>	Daily and weekly reports released on time	Daily cholera Sitrep is being produced but weekly reports are not regular	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Support the national public health reference laboratory (NPHRL) to initiate antibiotic sensitivity; serogroup testing; and isolation of cholera and other enteric pathogens	<ul style="list-style-type: none"> <li>Antimicrobial sensitivity and serogroup testing</li> <li>Isolation of cholera and other enteric pathogens</li> <li>Laboratory surveillance initiated</li> </ul>	<ul style="list-style-type: none"> <li>n° of samples received</li> <li>n° of sample processed</li> </ul>	Laboratory reports from NPHRL and outside laboratories	<ul style="list-style-type: none"> <li>NPHRL is already performing bacteriologic tests, confirmation</li> </ul>	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health Cluster Partners</li> </ul>	200,000
	Support Wau Teaching Hospital Microbiology laboratory to test for cholera and other pathogens	Capacities for isolating cholera and other pathogens established in Wau Teaching Hospital	Number of samples tested  Number of isolates	<ul style="list-style-type: none"> <li>Laboratory reports</li> </ul>	No capacities for bacteriological isolation in Wau Teaching Hospital	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	
	Designate, train, and facilitate state lab focal points to coordinate sample management and shipment	State Laboratory Focal Points trained and designated	n° of lab. staff trained	<ul style="list-style-type: none"> <li>Training reports</li> <li>Activity reports</li> </ul>		<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health Cluster Partners</li> </ul>	
	Support the national lab to meet the extra needs of the outbreak including HR, incentives,	Improved lab performance	Turnaround time for sample testing	Laboratory assessment reports	Long turnaround times of 5-28 days	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health Cluster Partners</li> </ul>	



Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	supplies, power backup							
	Initiate systematic process of strengthening microbiology laboratory management to facilitate accreditation	Accredited microbiology laboratory	Accreditation level	Laboratory assessment reports	No systematic process for strengthening laboratory management	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>CDC</li> <li>AMREF</li> </ul>	
	Secure a consultant to support the microbiology lab to establish capacities for additional tests including cholera serogroup and sensitivity testing	<ul style="list-style-type: none"> <li>Additional laboratory strengthening capacities</li> </ul>	Capacity to conduct culture, sensitivity, serogroup testing		Consultant contract expired	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>CDC,</li> <li>AMREF</li> <li>UNICEF</li> </ul>	50,000
	Secure opportunities for microbiology training for NPHL staff	<ul style="list-style-type: none"> <li>Training of lab. staff on diagnosis, confirmation and surveillance of cholera at NPHRL</li> </ul>	<ul style="list-style-type: none"> <li>n° of trainings secured</li> <li>n° of lab. staff trained</li> </ul>	Training reports		<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>CDC</li> <li>UNICEF</li> </ul>	30,000
	Identify and designate focal points in NPHRL for electronic sample registration and feedback on test results	<ul style="list-style-type: none"> <li>Streamlined sample registration</li> <li>Improved feedback mechanism</li> </ul>	<ul style="list-style-type: none"> <li>Samples for which feedback is done</li> </ul>	Laboratory assessment reports  Activities reports		<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>Health cluster partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Establish internet capacity and telephone connectivity to the NPHRL to improve communication and feedback	Internet and telephone connectivity secured	Availability of internet  Telephone connectivity	Activity reports	No internet or telephone connectivity	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>UNICEF</li> </ul>	10,000
	Develop guidance for involving the lab in operational research and shipment of samples abroad	Operational research and sample shipment guidelines developed	Availability of research and sample shipment guidelines	Activity reports	No guidelines in place	MoH	<ul style="list-style-type: none"> <li>WHO,</li> <li>CDC,</li> </ul>	35,000
	Regular shipment of isolates to regional laboratories for quality control testing	Quality control testing conducted on regular basis	n° of isolates tested in regional lab	Lab assessment reports	Regular quality control testing of isolates is lacking	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>CDC,</li> <li>AMREF,</li> </ul>	30,000
	Promote active case finding in the community and referral of cases to health facilities to ensure early rehydration of cholera cases using the Boma Health Initiative	Enhanced case detection and reporting	n° of field and health facility visits	<ul style="list-style-type: none"> <li>Field visit reports</li> <li>Health facility record review reports</li> <li>Utilization rates of the CTCs</li> </ul>	Ongoing case finding at community level at limited scale	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other Health and WASH partners</li> </ul>	60,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Conduct IDSR and RRT training for health workers (case definition, outbreak investigation, disease surveillance, contact tracing and specimen management)	Trained health workers (HWs) in IDSR and RRT.	<ul style="list-style-type: none"> <li>n° of IDSR trainings</li> <li>n° of RRT trainings</li> </ul>	Training reports	<ul style="list-style-type: none"> <li>RRT trainings done in all 7 stable states</li> <li>IDSR and case management of priority diseases done in other states but are yet to be done in some states</li> </ul>	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> </ul>	50,000
<b>3. To improve case management and infection control protocols at health facility level</b>	Deploy HWs to affected areas with low response capacities	Technical Officer rapidly deployed in key areas of concern	<ul style="list-style-type: none"> <li>n° of HWs deployed</li> <li>n° of missions conducted</li> </ul>	Mission reports	Presence of WHO officers in the states that are being repurposed	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> <li>WASH partners</li> </ul>	80,000
	Make available cholera case management flowcharts during the pre-epidemic season	Cholera case management flowcharts produced and distributed during the pre-epidemic season at all levels	<ul style="list-style-type: none"> <li>n° of flowcharts printed</li> <li>n° of flowcharts distributed</li> </ul>	Activity reports  Distribution lists	Copies of Cholera case management Flowcharts came in when outbreak was ending	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	20,000
	Train a core team of SPLA medical corps (in the pre-epidemic period) to provide core cholera prevention and response interventions in military locations	Core team of SPLA medical corps to provide cholera prevention and response interventions in Military locations	n° of SPLA medical corps trained	Training reports	No cholera response team within the medical corps	<ul style="list-style-type: none"> <li>MoH</li> <li>SMOHs</li> <li>SPLA</li> </ul>	<ul style="list-style-type: none"> <li>ICRC/SSRC</li> <li>WHO</li> <li>UNICEF</li> <li>Other Health and WASH Partners</li> </ul>	40,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	and areas with active conflict							
	Support health facilities in military locations to isolate and manage cholera cases	Military facilities in New site, Kator, Gorom, Gondokoro, Luri supported to manage cholera cases	n° of military facilities with capacities for cholera case management	Activity report	No capacities for cholera management in military facilities	<ul style="list-style-type: none"> <li>MoH</li> <li>CES MOH</li> <li>SPLA</li> </ul>	<ul style="list-style-type: none"> <li>ICRC/SSRC</li> <li>WHO,</li> <li>UNICEF</li> <li>Other health cluster partners</li> </ul>	
	Train health workers in Teaching and state hospitals on cholera and outbreak investigation and response & IPC	Enhanced surge capacities in hospitals for responding to cholera and other disease outbreaks	n° of staff trained	Training reports	Need for additional training to streamline response	<ul style="list-style-type: none"> <li>MoH</li> <li>CES MOH</li> <li>JTH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> </ul>	
	Conduct daily and weekly coordination meetings in areas affected by cholera	Daily coordination meetings to streamline response in affected areas	n° of meetings conducted	Minutes of the meetings	No meetings conducted to monitor response	<ul style="list-style-type: none"> <li>MoH</li> <li>JTH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>UNICEF</li> <li>MedAir</li> <li>IOM</li> <li>MSF</li> <li>Other health cluster partners</li> </ul>	
	Establish system for rapid patient referral in outbreak areas	Coordinated ambulance services to improve access to life-saving care	Coordinated ambulance referrals and utilization of cholera treatment facilities	Activity reports	Underutilization of cholera treatment facilities	<ul style="list-style-type: none"> <li>MoH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Health cluster partners</li> </ul>	50,000
	Conduct cholera case management and safe dead	800 HWs trained	n° of HCWs trained	Training reports	At least 400 HWs so far trained	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOHs</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Health Cluster partners operating</li> </ul>	180,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	body management training for all HWs at CTCs, CTUs, and ORPs during the pre-epidemic period						cholera treatment facilities	
	Establish CTCs, CTUs, and ORPs (including mobile ORPs for areas in conflict/insecurity )	CTCs, CTUs, and ORPs established in strategic areas to improve access to timely rehydration	n° of cholera treatment facilities established	Programme reports	One CTC at JTH  MSF and Medair to set up two more in Juba	• MOH	• WHO • MSF • Medair • UNICEF • HLSS • Other health partners	15,000
	Ensure availability and accessibility to safe water and sanitation in major hospitals and CTCs	Major hospitals and CTCs with safe water and sanitation	n° of cholera treatment facilities with adequate safe water and sanitation	Programme and partner reports	UNICEF and OXFAM supporting this response, however main water supply at hospital level has challenges	• MOH • SMOHs • Ministry of Water • Local Authorities	• WHO • UNICEF • Other Health and Wash cluster partners	
	Maintain payment of incentives to health workers supporting the cholera response activities.	Incentives paid to HWs for a period of six months	n° of HWs enrolled	• Programme reports • Payment statements	No incentives paid yet	• MOH	• WHO • UNICEF • Other health and WASH cluster partners	200,000
	Regular monitoring and supervision to ensure proper	Adherence to case management protocols	Number of treatment centers supervised	• Supervision reports	Number of sites supervised	• MoH	• WHO, health cluster	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	case management practice							
<b>4. To ensure adequate prepositioning of cholera buffer stock, other medical supplies and equipment in all the states</b>	Procure and preposition cholera/diarrhoea kits and other emergency medical supplies in all high-risk areas	Kits and emergency supplies procured and prepositioned	<ul style="list-style-type: none"> <li>No. of kits available</li> <li>Quantity of other emergency supplies</li> </ul>	Distribution reports	Currently 7 ORS kits and DDKs in Country	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health and WASH partners</li> </ul>	360,000
	Pre-position emergency supplies in hotspots	Emergency supplies transported to high risk areas	No. of high risk areas provided with cholera buffer stock	Distribution reports	Seven Kits are proportioned and 3 kits already donated to the CTCs	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health and WASH partners</li> </ul>	24,000
	Procure laboratory reagents, consumables and other supplies for the NPHRL in Juba	Reagents, consumables and other supplies and equipment procured	Quantity of lab. items	Distribution reports	2400 rapid tests available and 300 piece of carry Blair	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> </ul>	15,000
	Procure Stockpiles of OCV to be deployed for cholera response	Correct quantities of OCV procured	<ul style="list-style-type: none"> <li>No. of OCV available</li> <li>Targeted population</li> </ul>	Procurement and programme reports	OCV has been quantified and procured for campaigns in Bentiu and Juba POCs	<ul style="list-style-type: none"> <li>MOH</li> <li>SMOH</li> </ul>	<ul style="list-style-type: none"> <li>WHO</li> <li>Other health partners</li> </ul>	60,000
<b>5. To Implement oral cholera vaccine campaigns in high risk and</b>	Conduct preventive 2-dose OCV campaigns for vulnerable populations	Vulnerable populations vaccinated using OCV	Coverage for 2-dose preventive campaigns	Vaccination reports	Preventive OCV vaccinations conducted during the epidemic period	<ul style="list-style-type: none"> <li>MoH</li> </ul>	<ul style="list-style-type: none"> <li>WHO,</li> <li>UNICEF,</li> <li>Other Health cluster partners</li> </ul>	300,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
vulnerable populations	during the pre-epidemic period							
	Conduct single-dose reactive vaccination as complementary intervention for stopping transmission in cholera hotspots	Transmission reversed in cholera transmission hotspots	Coverage survey for single-dose campaign	Vaccination reports	Reactive campaigns conducted late in the outbreak	• MoH	<ul style="list-style-type: none"> <li>• WHO,</li> <li>• UNICEF,</li> <li>• MSF,</li> <li>• Other Health cluster partners</li> </ul>	
	Conduct ring vaccination with OCV and other traditional interventions as a strategy for rapid containment of cholera transmission	Ring vaccination with OCV and other interventions are used as a strategy for rapid containment of cholera transmission	Coverage survey	Activity report	Ring vaccination used for first time during the 2015 outbreak in Juba with promising results	• MoH	<ul style="list-style-type: none"> <li>• WHO,</li> <li>• UNICEF,</li> <li>• MSF,</li> <li>• Other Health cluster partners</li> </ul>	
	Operational research during OCV deployment	New findings to improve OCV use in outbreaks	n° of studies conducted	Study reports	Two studies done during the 2015 cholera outbreak	• MoH	<ul style="list-style-type: none"> <li>• WHO,</li> <li>• UNICEF</li> <li>• MSF</li> </ul>	
	Institutionalize the case-centered approach and deploy it as an intervention in closed settings; emerging outbreaks; and declining	Case-centered approach deployed to interrupt transmission	Attack rates in intervention areas	Regular epidemiological analyses	the integrated approach is used currently but needs to be augmented with the case-centered approach	• MoH	<ul style="list-style-type: none"> <li>• WHO, UNICEF, Health and WASH cluster partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	outbreaks with sporadic cases							
<b>6. To strengthen WASH preparedness for rapid response during an outbreak</b>	Consolidate the National WASH Cluster Cholera TWGs into a Cholera Preparedness Working Group to consolidate lessons learned from 2015 response & implement recommendations to ensure preparedness for timely & effective response	Updated WASH Cluster Cholera preparedness and response plan, which will include communication/info sharing strategy and exit strategy activities		WASH Cluster website	Group soon to be consolidated to begin activities ASAP	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cholera TWiGs + gvt, Cluster Coordinators</li> </ul>	1000000
	Ensure preparedness of State Level Clusters for Cholera response in Cholera risk States/Counties	State Cholera response plans for at risk States/Counties		WASH Cluster website	State Cholera response plans exist for some key areas; to be updated based on lessons learned	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	WASH Cluster State Focal Points	
	Baseline surveys for affected and at-risk States/Counties	KAP surveys		WASH Cluster IM database	Plans to harmonise indicators & methodologies for common datasets across all States	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	WASH Partners in at risk States/Counties	



Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Increase the number of WASH staff equipped with WASH-specific skills sets for participatory Hygiene Promotion in Emergencies	WASH Cluster Hygiene Promotion in emergencies training package (3-day training)		No. of trained community hygiene promoters (CHPs) & agency hygiene promoters (HPs)	WASH Cluster Hygiene Promotion in Emergencies training package already developed by the Global WASH Cluster Hygiene Promotion Project	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cluster Coordinators</li> <li>• HP TWiG</li> </ul>	
	Ensure availability of WASH Cholera supplies in at risk locations	Prepositioning of static WASH Cholera supplies (chlorine, Hygiene kits etc.) in key locations		Monthly WASH Core Pipeline stock lists	Calculations on quantities to be guided by UNICEF Cholera tool kit & WASH Cluster Cholera Technical Guidelines 2014	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Core Pipeline managers</li> <li>• WASH Cluster Coordinators</li> </ul>	
	Define roles & responsibilities of WASH/Health/Social Mobilization partners before an outbreak	Responsibilities Matrix for WASH/Health/Social Mobilization		Responsibility matrix disseminated to all partners & on WASH Cluster website	InterCluster Matrices of roles & responsibilities for the WASH Cluster & WASH Cluster Technical guidelines 2014 available	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• Cholera preparedness working group that will include government, Health &amp; social mobilization working group</li> </ul>	
	Finalize cholera IEC materials including field testing and approval from MoH	WASH Cholera IEC materials		Monthly WASH Cluster Core Pipeline stock list  Printed copies of materials	WASH specific IEC materials (draft) developed but not field tested, approved and printed	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• HP TWG</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Mapping of WASH implementing partners capacity to respond to cholera outbreak in affected locations	3W maps		Infographics distributed on a weekly basis	Undertaken during cholera response 2015	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cluster IM</li> </ul>	
<b>7. To ensure access to safe drinking water</b>	Water source rehabilitation/repair (boreholes, water yards, hand dug wells etc.):  The ones previously used for drinking purposes will be prioritized	Improved water points		GIS Map of rehabilitated water points	Will include basic bacteriological tests to ensure the absence of faecal contamination after repairs are complete.	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> </ul>	600,000
	Installation of surface water treatment plants (SWATs):	SWAT		SWAT	<p>Can take up to few weeks to be installed</p> <p>Need to incorporate an exit strategy.</p> <p>Full involvement of the local water corporation and communities is required to find a cost recovery</p>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
					mechanism in order to maintain operation of the plants			
	Chlorination of piped water systems	Network Chlorination with Free Residual Chlorine maintained at 0.6 mg/l and verified twice a day.		FRC reports	Urban Water Corporation is operating water treatment at Juba Station Treatment Plant. An adequate supply of fuel, chlorine and aluminum sulfate needs to be ensured	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• SSUWC, MEDIWR</li> </ul>	
	Household water treatment: <ul style="list-style-type: none"> <li>• Affected HH and neighbors and/or vulnerable HH.</li> <li>• Key hot-spot area served by tankers</li> <li>• Key hot-spot areas served by bicycle vendor collection at riverside</li> </ul>	Targeted distribution of water purification/Chlorine products to vulnerable households		Households with water treatment products		<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Free Residual Chlorine (FRC) surveillance & bacteriological testing at water points and Household (HH) level	<ul style="list-style-type: none"> <li>• FRC of 0.6 mg/l after reaction time at all water points.</li> <li>• FRC of 0.1 mg/l after 24 hours and at household level.</li> <li>• Zero Coliform at HH level</li> </ul>		FRC reports	Increase of the regular FRC levels, especially in PoCs and other IDP sites will be done gradually and accompanied with strong community sensitization	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> </ul>	
<b>8. To contribute to reducing the risk of cholera and AWD through appropriate HP activities &amp; acceleration of the widespread adoption of safe hygiene practices</b>	Promote handwashing with soap at critical moments at: <ul style="list-style-type: none"> <li>• Households – urban, rural</li> <li>• IDP sites outside PoCs</li> <li>• PoCs</li> <li>• Schools &amp; child friendly spaces</li> <li>• Markets</li> </ul>	<ul style="list-style-type: none"> <li>• Community mobilization using participatory hygiene promotion methods &amp; mass media</li> <li>• Handwashing demos</li> <li>• Distribution of soap to most vulnerable groups</li> <li>• Installation of handwashing facilities</li> </ul>	<ul style="list-style-type: none"> <li>• n° of hygiene promotion talks shows focusing on hand washing conducted</li> <li>• n° of pieces of soap distributed.</li> <li>• n° of hand washing stations</li> </ul>	<ul style="list-style-type: none"> <li>• Core pipeline requests for soap</li> <li>• Presence of handwashing facilities at targeted sites</li> <li>• Soap in targeted households</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cholera preparedness &amp; response plan (requires updating to incorporate lessons learned 2015)</li> <li>• Hygiene promotion strategy detailing preventive and outbreak phase activities developed. Will be updated based on lessons learned</li> <li>• Hygiene promotion guidance notes and job aids/IEC materials developed during 2015 response. To be finalized as part of preparedness activities</li> </ul>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cholera TWiGs/Cholera preparedness working group</li> <li>• WASH Partners in at risk States/Counties</li> <li>• Coordinate with Education Cluster for all school-related activities</li> </ul>	100,000
	Promote proper storage and use of safe water at Household level/point of use (safe water chain): <ul style="list-style-type: none"> <li>• Households – urban, rural</li> <li>• PoCs</li> <li>• IDP sites outside PoCs</li> </ul>	<ul style="list-style-type: none"> <li>• Key messages on Point of Use Water Treatment</li> <li>• Distribution of Cholera hygiene kits (including storage containers &amp; water treatment products)</li> <li>• Jerry can cleaning campaigns</li> <li>• Monitoring of FRC</li> </ul>	<ul style="list-style-type: none"> <li>• n° of IEC materials disseminated and distributed</li> <li>• n° of cholera hygiene kits distributed</li> <li>• n° of campaigns conducted.</li> </ul>	<ul style="list-style-type: none"> <li>• n° of Community Hygiene Promoters (CHPs) trained on FRC testing</li> <li>• FRC testing reports</li> <li>• PDM reports</li> </ul>				

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Promote safe excreta disposal by available means: <ul style="list-style-type: none"> <li>• Latrines</li> <li>• Excreta disposal bags (peepoo bags)</li> <li>• “Cat method”</li> </ul>	<ul style="list-style-type: none"> <li>• Hygiene promotion sessions on safe excreta disposal using means available to targeted population</li> </ul>	n° of hygiene promotion sessions/ talk Shows conducted	Availability of leave-behind 1 pager IEC materials on safe excreta disposal	<ul style="list-style-type: none"> <li>• Point of use water treatment technical guidelines/guidance notes to be developed by Water Supply TWiG</li> </ul>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Cholera TWiGs/Cholera preparedness working group</li> <li>• WASH Partners in at risk States/Counties</li> <li>• Coordinate with Education Cluster for all school-related activities</li> </ul>	
	Monitoring of hygiene promotion activities to evaluate impact of hygiene promotion activities in terms of Knowledge, Attitude and Practices.	<p>Baseline and endline surveys</p> <p>Post distribution Monitoring</p> <p>KAP surveys</p>	n° KAP surveys conducted	<p>PDM survey reports</p> <p>KAP surveys</p>	Plans to harmonise indicators & methodologies for common datasets across all States	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	WASH Partners in at risk States/Counties	
	Increasing latrine coverage nationwide is a long/medium term project, and although ensuring safe disposal of excreta should be key in the long-term cholera response, due to	<p>Increased number of households having access to safe drinking water sources</p> <p>Increased number of household having access to latrine</p>	<p>% of households having access to latrine</p> <p>% of households having access to safe</p>	<p>Discussion/workshop report</p> <p>KAP Survey report /NBS report</p>	For safe excreta disposal, latrine construction will not be the priority in a cholera outbreak; however, the ongoing construction of emergency latrines initiated before	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH Partners in at risk States/Counties</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	the scale and size of the areas affected or at risk for emergency response, the provision of toilets at family level is of a lower priority, than the provision of safe water supply and hygiene promotion. It is unlikely that good latrine coverage will be achieved in the short term with limited resources and time.		drinking water sources	KAP survey report/NBS report	the outbreak will be maintained.  The technical groups (TWiGs) will need to assess the risk sanitation practices and come up with the most adequate solutions that can be implemented in the short-term (e.g. use of excreta disposal bags, cat method).			
	Provide toilets with hand washing facilities at CTCs, and health facilities where cholera patients might go. This is the responsibility of health cluster partners, but WASH Cluster can support when requested and if	CTCs are well equipped with basic WASH facilities	n° of hand washing facilities provided	Formal requests to WASH partners for provision of WASH at health facilities;		<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> <li>• TWiGs</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	resources are available.							
	Regular cleaning and disinfection of latrines in PoCs/IDP sites & provision of cleaning/disinfection agents  Promotion of importance of latrine maintenance/cleanliness during Cholera outbreak	Safe cholera free environment in PoC/IDP sites	n° of disinfection kits distributed.  n° of sanitation and hygiene Education sessions conducted	Cleaning and disinfection kit distribution list  Hygiene session attendance sheets		<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• Line Ministry responsible for Urban, Rural Water and Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• WASH partners</li> </ul>	
<b>9. To mobilize and empower communities, policy makers, opinion leaders for Cholera prevention and control</b>	Reduce high risk behavior among vulnerable communities by raising knowledge levels through mass media including community media.  Increase knowledge and acceptance of OCV among	(80 %) Targeted population is knowledgeable about at least three Cholera preventive behaviors  (80%) Targeted population is knowledgeable and seek cholera vaccinated demarcated sites	% of vulnerable population knowledgeable about cholera prevention.  % of people accepting OCV in cholera affected communities	<ul style="list-style-type: none"> <li>• Media partners' reports</li> <li>• Reports from Radio</li> <li>• Networks on no. of radio talk shows, radio spots, programs broadcasted</li> <li>• Vaccination coverage Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Free airtime is provided on Radio Miraya</li> <li>• Engagement with 22 radio stations</li> <li>• BCC Media Action Cholera partnership</li> <li>• Communicating with Communities (CWC) – Internews</li> <li>• Community Media</li> </ul>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Health, Nutrition and WASH partners</li> </ul>	600,000

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	Cholera affected communities (Community Identified for OCV)							
	Collaborate with Bureau of Religious Affairs and partners to promote Cholera prevention and control at community level.	Religious leaders engage communities on Cholera prevention and control issues at community level.	n° of religious leaders engaged on cholera prevention and control	Reports from State Council of Churches and Islamic Councils  Accountability framework drafted and implemented	Religious leaders have are currently being oriented on Cholera prevention and control, however, there's no accountability framework in place.	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH Partners</li> <li>• Bureau of Religious Affairs</li> <li>• State Council of Churches</li> <li>• Muslim Councils</li> </ul>	
	Intensive community engagement programs implemented in vulnerable and affected areas	Families and communities have appropriate skills to practice Cholera prevention and control behaviors.	% of families and communities having skills on cholera prevention and control through practices.	KAP midline	KAP currently being implemented and will be used to establish baseline targets.	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	
	Collaborate with the Ministry of Education Science and Technology (MoEST) and partners to implement Cholera in Schools	Children in schools will have improved Health and Hygiene practices to prevent Cholera	n° of meetings held with MoEST	Reports from schools implementing Cholera and WASH in School program in Cholera endemic	Cholera video shows and hygiene promotion sessions are currently being implemented in schools, however, it has not been	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MoEST</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	



Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	program with linkages with WASH in School program			and vulnerable states	integrated in the WASH in schools program			
	Engage political actors and policy makers for develop/formalize bi-laws and legal frameworks for proper implementation of cholera prevention and control program	Bi-laws for food and water vendors are formalized, implemented and monitored to prevent and control Cholera	n° of bi-laws developed and implemented	Bi-laws and legal frameworks drafted	Bi-laws have been drafted in the past but not properly monitored	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• Juba City Council</li> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	50,000
	Strengthen capacities of Media practitioners in rumor and misinformation management	Media practitioner have capacities in rumor and misinformation management	n° of media round table sessions/shows conducted.	Training reports	Press briefs are currently being held but in an adhoc manner	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> <li>• Media Houses</li> </ul>	
<b>10. To strengthen use of harmonious approaches, interventions and communication package among clusters and implementing</b>	Coordination management are leading integrated prevention and response activities	Health, WASH and Nutrition integrated communication response is coordinated	n° of meetings held	TOR for 2015 and 2016 is finalized		<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	50,000
	Formalize Integrated Social Behavior Change	Integrated SBCC framework is used for guiding Cholera	Integrated SBCC	Integrated SBCC framework	Integrated SBCC framework is	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
<b>partners for cholera prevention and control.</b>	Cholera Prevention, Preparedness and Response Communication Framework with MoH and partners w/ theory of change.	prevention and control activities at national and state level	framework formalized	<p>available at national level</p> <p>MoH and partners endorsed State specific strategies available and progress reports on implementation plans (CES, EES, Jonglei, Bentiu, Upper Nile)</p> <p>Pre-tested audience specific packages available for caregivers of children &lt;5 yrs, 10 yrs +, male and female caregivers 18+, food and water vendors, religious and community leaders, media and policy makers.</p>	<p>currently being drafted</p> <p>Training module available but needs to be extended beyond a one-day training</p>		<ul style="list-style-type: none"> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	
	Generate evidence at regular intervals to support Cholera	Policies and social and behavior change program at national and state level is evidence- informed.	n° of evidence studies/knowledge products generated and	<ul style="list-style-type: none"> <li>• KAP baseline</li> <li>• Monthly epidemiological analysis for state teams</li> <li>• KAP midline</li> <li>• Scientific paper on cholera</li> </ul>		<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	

Objectives	Activities	Outputs	Indicators	Means of Verification	Current Status	Responsible Entity	Collaborating Partners	Budget USD
	communication initiatives.		disseminated for decision making					
	Frontline workers and Public Health officers of SPLA and organized forces have appropriate knowledge and skills to promote cholera prevention and control at community level	Frontline workers have capacities to mobilize families and communities for cholera prevention and control	n° of Health workers trained on cholera prevention and control among the public and organized forces	Extended Training Module developed  n° of training reports	281 SMs/HHPs and 829 trained in 2015	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	
	Harmonized framework, training packages, IEC materials, State work-plans, guidelines, key messages, etc. are shared with partners for synergies and consolidated results	Harmonious approaches, interventions and messages used by clusters and other implementing partners	n° of harmonized frameworks, IEC materials, work plans etc. towards cholera prevention	<ul style="list-style-type: none"> <li>• Partners actively participate in development of the integrated framework</li> <li>• Extended training module developed and used for trainings</li> <li>• IEC materials are shared with all partners,</li> </ul>	Training packages, IEC materials, State work-plans, guidelines, key messages available but need to be updated	<ul style="list-style-type: none"> <li>• MOH</li> <li>• SMOHs</li> <li>• MEDIWR</li> </ul>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• Other Health and WASH partners</li> <li>• Nutrition partners</li> </ul>	
<b>Total Budget Estimates</b>								<b>6,734,000</b>