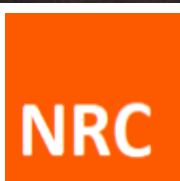


# Cholera Emergency Response Report

August, 2025  
Education in Crisis (EiC)



*Funded by:*



NORWEGIAN  
REFUGEE COUNCIL

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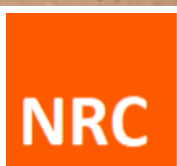


# Cholera Emergency Response Report

Promoting health at IDPs and host communities in  
South Kordofan state, Sudan.



*Funded by:*



NORWEGIAN  
REFUGEE COUNCIL

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### **Acknowledgement Note**

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# Abbreviations

<b>AAP</b>	<b>Accountability to affected persons</b>
<b>AWD</b>	<b>Acute watery diarrhea</b>
<b>CFM</b>	<b>Community Feedback Mechanisms</b>
<b>CFR</b>	<b>Case fatality rate</b>
<b>CTC</b>	<b>Cholera treatment centre</b>
<b>CTU</b>	<b>Cholera Treatment Units</b>
<b>DRR</b>	<b>Disaster risk reduction</b>
<b>EiC</b>	<b>Education in Crisis</b>
<b>FRC</b>	<b>Free residual chlorine</b>
<b>GCT</b>	<b>Group Cash Transfers</b>
<b>HCs</b>	<b>Host communities</b>
<b>IDP</b>	<b>Internally displaced person</b>
<b>SoH</b>	<b>Secretariat of Health</b>
<b>LRC</b>	<b>Local response committees</b>
<b>MSF</b>	<b><i>Médecins sans Frontières</i></b>
<b>NRC</b>	<b>Norwegian Refugee Council</b>
<b>OCV</b>	<b>Oral Cholera Vaccines</b>
<b>ORPs</b>	<b>Oral Re-hydration Points</b>
<b>ORS</b>	<b>Oral Re-hydration Solution</b>
<b>PHP</b>	<b>Public health promoters</b>
<b>RCCE</b>	<b>Risk communication and community engagement</b>
<b>SRRA</b>	<b>Sudan Relief Rehabilitation Agency</b>
<b>SSS</b>	<b>Salt-sugar solution</b>
<b>SWM</b>	<b>Solid waste management</b>
<b>WASH</b>	<b>Water, sanitation, and hygiene</b>
<b>WHO</b>	<b>World Health Organization</b>



# Executive summary

---

**C**holera emergency response intervention funded by NRC Sudan aimed to reduce on the spread of the disease through comprehensive health education, including mass awareness raising, water, sanitation, and hygiene (WASH) promotion, distribution of sanitation materials, especially soap, and community engagement, ultimately working to contain the outbreak and prevent further spread of cholera in Heiban County and beyond. Cholera is an extremely virulent acute diarrheal disease caused by the ingestion of food or water contaminated with the **bacterium *Vibrio cholerae***.<sup>1</sup>

It affects both children and adults and can kill within hours if left untreated. EiC targeted about 300 households in IDP and host communities of the Dillir camp area in Heiban. EiC recognizes that cholera is a disease of inequity that continues to disproportionately affect the world's poorest and most vulnerable communities. The organization aimed to promote sustainable livelihoods and resilient communities with focus on educating communities, raise awareness on key issues that compromise the wellbeing of individuals such as ignorance, health disasters, climate change, among other crises.<sup>2</sup>

The cholera outbreaks in the Nuba mountains compounded the already complex humanitarian crises, fragile health systems, and aggravated by climate change posing challenges to outbreak response.

This report outlines the project objectives, implemented activities, measurable outcomes, the key findings, and recommendations for action to help reduce the spread of cholera disease in the region. The cholera emergency response intervention successfully reached out to **521** households directly benefiting from the information sharing and distributed materials (soap). EiC sensitized more than **6,500** individuals in the county on cholera prevention best practices. EiC remains committed to sustaining and expanding this initiative to ensure that every individual within the Dillir IDP camp area and HC settlements are informed on the spread, prevention of the disease by maintaining a safe and healthy environment.

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<sup>1</sup> Médecins Sans Frontières. 2025. "Management of a Cholera Epidemic." Accessed September 1, 2025. <https://medicalguidelines.msf.org/en/viewport/CHOL/english/1-1-introduction-and-epidemiology>

<sup>2</sup> Education in Crisis., 2025. Strategic Plan 2025 - 2029: Left Behind, Right Behind. p.5 <http://www.eduincrisis.org>

## ■ Introduction

Education in Crisis (EiC) delivered under an integrated and coordinated plan that combines health, water, sanitation and hygiene (WASH), risk communication in IDP and HCs and successfully implemented an emergency response to prevent the spread of cholera disease in Heiban Dillir areas. EiC reached out to more than 500 most at-risk households with lifesaving messages on how to prevent the spread of the disease, as well as distributed sanitation and hygiene materials, and trained members on usage focusing on key moments to wash hands. The initiative envisaged healthy IDP and host communities in Heiban by reducing the spread of cholera disease in IDP, and host communities in Heiban county. Sudan entirely with more than 33.5 million people-including 5.7 million children under five -are at risk.

## Message from Director



On behalf of Education in Crisis (EiC), I convey my earnest gratitude to the Norwegian Refugee Council (NRC) for its continued collaboration in South Kordofan state, Sudan and all key stakeholders who contributed to the success of our cholera response project in Heiban county. Recognizing the interconnection of education, wellbeing, and economic empowerment, EiC supports programs that bridge education with health, nutrition, and resilient livelihoods. Your support has been instrumental in helping to promote health and wellbeing of vulnerable communities of Dillir IDP camp areas affected by the cholera outbreak in Sudan. Together, we've demonstrated the power of partnership in times of crisis, and we're grateful for your trust and collaboration. I thank our team, local authority, community leaders, partners, and the communities we've served for their dedication and resilience.

## **Background of the cholera emergency response**

In the beginning in the month of May, the civil authority in the Nuba Mountains, Sudan declared cholera as a health emergency and called for support from national and international actors to jump in to contain the spread of cholera disease and save lives. Despite its global impact, many at-risk communities in Sudan do not have an effective cholera prevention, readiness, and response plan that can help curtail the spread of this deadly disease<sup>3</sup>. By the beginning of July, the outbreak had resulted in more than 560 reported cases, with the highest concentrations in Kudi B Camp, Kudi, Kauda, and Amkor while spreading rapidly to the neighboring areas.

Every case of cholera is preventable with access to safe water, proper sanitation and hygiene services, and oral cholera vaccines, and in most cases, death can be prevented by early re-hydration<sup>4</sup>.

## **Goal of the project**

To reduce the spread of cholera diseases among people in IDP, host communities, and refugee settlements.

## **Objectives of the project**



To provide a rapid response and support vital to contain the spread of a cholera outbreak



To quickly put in place health promotion activities-educating people to limit the spread of cholera and reduce the number of people who fall sick or die



To conduct water and sanitation activities and inform people about available treatment centers

<sup>3</sup> UNICEF Sudan Country Office. "Cholera Outbreak in Sudan." Flash Update, June 18, 2025.

<sup>4</sup> World Health Organization., 2024. "Cholera." Fact Sheets. December 5, 2024. <https://www.who.int/health-topics/cholera>



## ■ Definitions of cholera cases used in the field

### ■ WHO standard case definition<sup>5</sup>

In an area where the disease is not known to be present

- A patient aged five years or more develops severe dehydration or dies from acute watery diarrhoea

In an area where there is a cholera epidemic

- A patient aged five years or more develops acute watery diarrhoea, with or without vomiting.

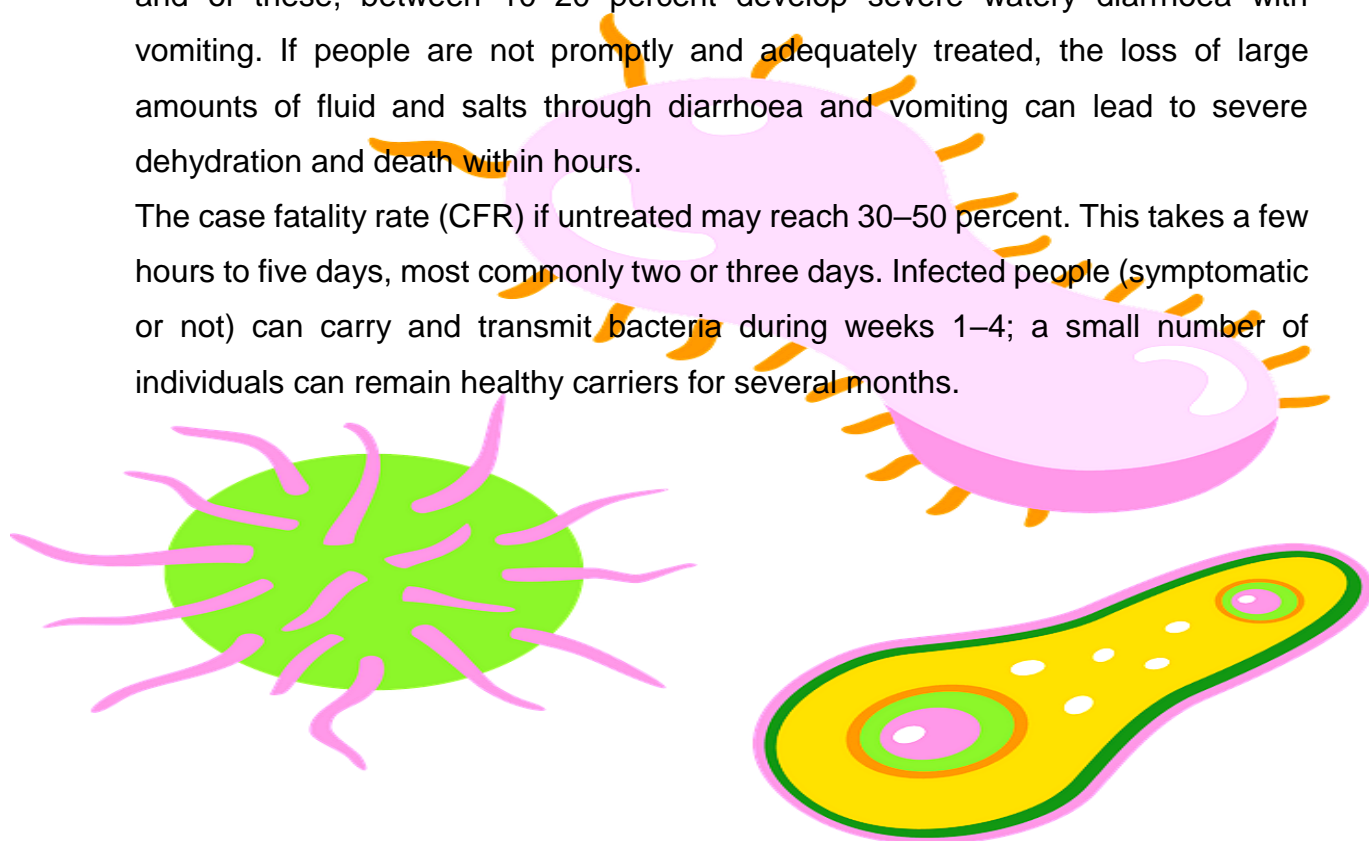
### ***Médecins sans Frontières (MSF)<sup>6</sup> definition***

- In an area where there is a cholera epidemic: Any patient presenting three or more liquid stools and/or vomiting for the last 24 hours

## **Period of communicability**

Only about 20 per cent of those infected develop acute, watery diarrhoea (AWD), and of these, between 10–20 percent develop severe watery diarrhoea with vomiting. If people are not promptly and adequately treated, the loss of large amounts of fluid and salts through diarrhoea and vomiting can lead to severe dehydration and death within hours.

The case fatality rate (CFR) if untreated may reach 30–50 percent. This takes a few hours to five days, most commonly two or three days. Infected people (symptomatic or not) can carry and transmit bacteria during weeks 1–4; a small number of individuals can remain healthy carriers for several months.



<sup>5</sup> WHO Regional Office for Europe., 2024. Emergency preparedness, readiness and response plan for cholera in the WHO European Region. Copenhagen. P.2

<sup>6</sup> Ibid., Médecins Sans Frontières. 2025

# Key points about cholera Incubation

## Characteristics

- Cholera is extremely contagious; it can be picked up very easily. Communities in which people are moving about a lot, gathering, dispersing, etc, can import and export cases to new areas very rapidly.
- Cholera – of all types – is characterized by acute watery diarrhoea and vomiting.
- Dehydration occurs very rapidly and can kill if not treated quickly.
- Poor social and economic environment are risk factors for cholera outbreaks.
- Population displacement and refugee camps are high-risk situations.

## Dehydration

Dry mouth

Difficulty, incapable to drink

Sunken eyes

Skin pinch

Letargic



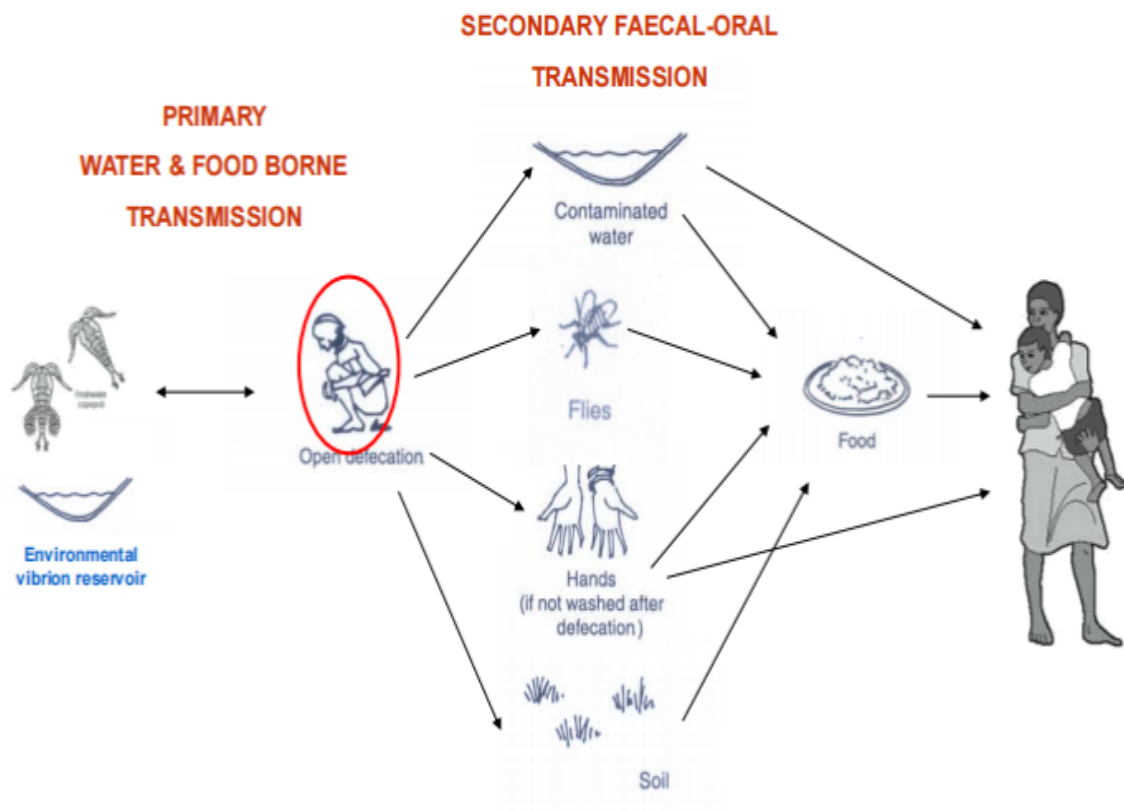
Graphics Source: from Bauernfeind et al. (2024)



## How cholera is transmitted through the fecal-oral route

1. **Contaminated water and/or food** – although seafood has been blamed in the past, this is a less common problem than with raw/under cooked food.
2. **Person-to-person transmission** is the most common means of infection, mainly through direct contact with contaminated hands.
3. **Corpses of cholera patients are highly infectious** through body fluids – physical contact during funeral ceremonies is also a major medium.
4. **Cholera treatment centers** can serve as sources of contamination if hygiene/sanitation and isolation measures are inadequate.

## Mode of transmission



Data Source: Cholera\_WatSan in Emergencies Course, 2023

# Cholera Prevention Activities and out comes

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## Sensitization and Awareness



We reached to **278** high at risk households in areas of Locholo, Kambara, Habul, and Karindi through door to door visits to increase awareness about cholera disease prevention

EiC conducted **3** mass awareness sessions reaching to more than **5063** people directly and about **2500** indirectly in Heiban, Longolo markets during active market days and IDPs at Dillir camp area. We prepared [key lifesaving messages](#) to be communicated to the communities at risk. Handouts of notes (flyer) containing best cholera prevention practices relevant for easy use we given to some people and key community leaders.



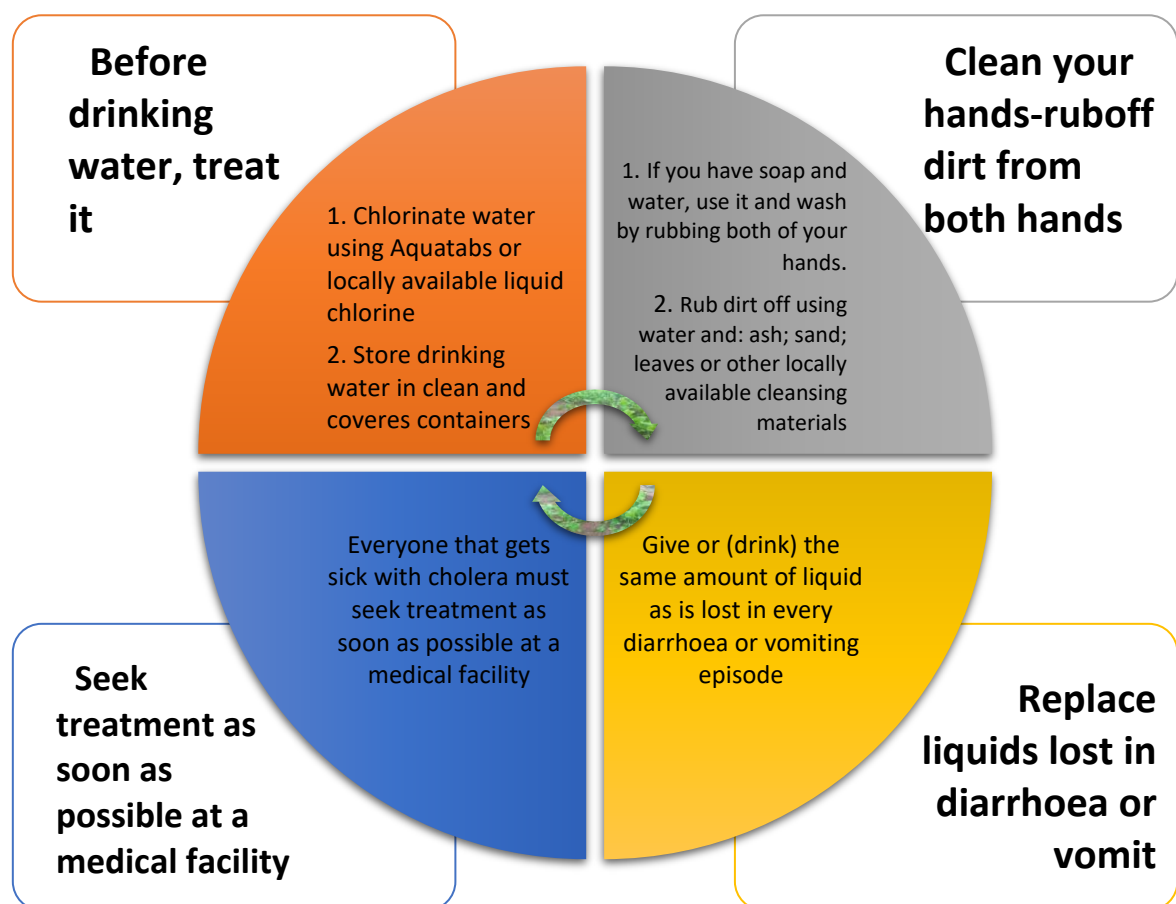


## Risk Communication and Community Engagement (RCCE)

- EiC conducted Risk Communication and Community Engagement (RCCE) campaigns to promote hand washing, safe water use, food hygiene and early health-seeking behaviour. For example, we encouraged individual to wash hands before eating, after visiting latrine/bush/toilet, and to wash raw foods thoroughly with clean water before eating.

### Four key hygiene messages for communities

This were the key messages to help people prevent the spread of cholera disease



- Use of water from clean containers and sources: Many cholera outbreaks are initially transmitted via contaminated drinking water. As the outbreak runs its course, many more sources of transmission develop, such as infected food handlers.
- Use locally acceptable means of communication to raise the community's awareness of the hygiene implications of sensitive issues, such as sharing food eaten from same dishes. A key risk factor during communal meals, for example, is unhygienic hand washing, such as when attendees use the same water from a single container (as opposed to pouring clean water onto hands).

## Training on cholera prevention measures

We reached to **278** households through door to door visits distributing soap and training them on cholera prevention especially hygiene practices like no open defecation, use of water from clean sources, and above all washing hands with clean water and soap or other locally available materials like ashes



## Distribution of cholera prevention supplies (soap)

We distributed soap to **521** households reaching to about **5,063** direct beneficiaries with an average of 7 people per HH.





## Key findings

- a) Negligent behavior: Ending the public health impact of cholera could be within our reach, however there is a significant hygiene and sanitation negligence associated to behaviour especially open defecation, usage of water from open wells that may easily be contaminated. This calls for a behavior change communication strategy among communities.
- b) The new trend of cholera pandemic – is characterized by the number, size and occurrence of multiple outbreaks; the spread of cholera to areas previously decades free of cholera; and alarmingly high mortality rates.
- c) Women are often more at risk of cholera than men because they tend to be responsible for basic house hold work like fetching water, caring for those who are sick in the home, and may not be aware of the necessary precautions to prevent transmission of cholera.



d) Dillir areas of Heiban and similar communities have poor social and economic environment and unstable living conditions among the IDPs and HCs related to;

Insufficient water supply; the camp area does not have borehole and people are forced to draw water from congested nearby sources and easily from wells (surface water)

Poor sanitation and hygiene practices; according to report from camp administrator, 95% of IDPs and HCs do not have pit latrines. IDPs in Dillir camp are grouped into **18 blocks** and each block has a range of **220 to 270 people per block** making them highly vulnerable;

**Underlying diseases and conditions:** Persistent malnutrition among IDPs and other diseases can increase susceptibility to cholera.

e) **Environmental and seasonal factors:** Cholera epidemics often start at the end of the dry season or the beginning of the rainy season, when water sources are limited and become brackish and/or highly polluted.

Reductions in water resources often force people to concentrate at fewer water sources, thus increasing the risks of contamination and transmission. Heavy rain can also trigger a cholera outbreak, for example, when contaminated water from latrines and open defecation spots cross-contaminates shallow wells, leaky pipes or other unprotected water sources.





## Challenges

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- ✦ Inaccessibility and limited functional infrastructure especially roads to hill tops and far to reach areas of Heiban county continue to affect the quality and timeliness of cholera interventions
- ✦ Logistics remains a critical challenge evident in high transportation costs, hiked fuel prices and supply shortages continue to slow delivery of efficient response
- ✦ Misinformation of communities on the project objectives: We had to resolve higher concerns rumoring cash injection program that brought thousands of people from outside Dillir areas. This was good for sensitization but expectations could not be met.
- ✦ **Low coverage of pit latrines/toilets:**  
According to the EiC [mini survey](#) for basic knowledge and practices among residents in Dillir camp areas, **97% of IDPs do not have/use pit latrines**. This means that **every 4** out of **5 water sources remain unsafe**, and over a third of household water are susceptible to contamination from source or handling. This lessens the impact of the education on cholera prevention
- ✦ Resistance to water chlorination to misinformation, coupled with poor access to better health services, continues to hinder WASH efforts. People still prefer to consume untreated water and from open wells during rainy season. This exposes masses to cholera infections resulting from contaminated water.

## Conclusion

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It is core that access to safe water and sanitation is essential for public health, and WASH services protect displaced people and local communities from diseases such as cholera. While EiC cholera prevention initiatives in Dillir's cholera-affected areas have been comprehensive, incorporating risk communication campaigns, WASH interventions, and community engagement, sustaining momentum requires continued funding. It is notable that humanitarian partners in Sudan need \$50 million to support response operations through 2025, but 82% of these funds remain unmet.<sup>7</sup> EiC implores more flexible and timely funding critical to maintaining progress and preventing further cholera escalation. Without sufficient support, gains may be reversed, and the outbreak could spread within and beyond borders. This justifies the urgent need for partnership and funding to address this critical crisis.

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<sup>7</sup> United Nations Office for the Coordination Of Humanitarian Affairs (UNOCHA) Sudan., 2025. Cholera Operational Update 3 July 2025. <http://www.unocha.org/sudan>

## Recommendations

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**Behavior change communications strategy:** Expanding outreach to under-served areas, countering misinformation, building trust in vaccines and water safety, and supporting localized campaigns through acceptable means and community influencers like chiefs as well as renowned leaders. This would involve developing enhanced information, education and communication (IEC) materials.

**Provide flexible resources:** There is a significant decrease in cholera funding world-wide, yet Sudan remains the epicenter of cholera amid conflict and collapsing infrastructure. The donor fatigue to fund developmental initiatives is clearly communicated through change in focus to emergency response. However, there is need for flexible funds to enable the sustained hygiene promotion campaigns, vaccine deployment and clean water access.

**Maintaining services and expanding capacity health facilities:** It is vital to support establishment of oral re-hydration points (ORPs) and cholera treatment centers (CTCs) within the IDPs or HCs, train frontline health-care workers, improve case tracking and reporting systems, and reinforcing mobile teams for early detection and timely care.

**Water quality, sanitation and infection prevention:** “Without enough safe water for drinking, cooking and personal hygiene, it is difficult to maintain good health and fight off illnesses. Without proper sanitation, water supplies can become contaminated and diseases can spread rapidly”.<sup>8</sup> EiC considers that apart from replenishing hygiene and water treatment stocks, expanding chlorination and improving testing and sanitation, rehabilitating and solarizing systems, particularly in IDP camps can be a most sustainable initiative to explore.

**Data collection analysis and use:** Develop functional data health systems that provide up to date trends, predict likelihoods of occurrences, map geographic hotspots and will enhance decision-making at field level to ensure a cohesive response.

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<sup>8</sup> Norwegian Refugee Council., 2025, Water, sanitation and hygiene (WASH) promotion. <https://www.nrc.no/what-we-do/activities-in-the-field/water-sanitation-and-hygiene-wash>



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<https://medicalguidelines.msf.org/en/viewport/CHOL/english/1-1-introduction-and-epidemiology>
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- 5) United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Sudan., 2025. *Cholera Operational Update 3 July 2025*.  
<http://www.unocha.org/sudan>
- 6) UNICEF Sudan Country Office. "Cholera Outbreak in Sudan." Flash Update, June 18, 2025.
- 7) World Health Organization., 2024. "Cholera." Fact Sheets. December 5, 2024.  
<https://www.who.int/health-topics/cholera>
- 8) WHO Regional Office for Europe., 2024. *Emergency preparedness, readiness and response plan for cholera in the WHO European Region*. Copenhagen.

## Appendices

### Appendix I: Mini cholera survey for knowledge, attitude and practice baseline data

Please note: surveys should be based on the indicators in the approved log framework in index 3.

**Households (10% of households picked randomly in each location)**

**Name of location:**.....

**Date of survey:**...../...../.....

Demographics				
1.	Name of village			
2.	Total number of people in household	Adult male	<5 male	5-15 y/o male
		Adult female	<5 female	5-15 y/o female
3.	Female- or male-headed?	Female	Male	
4.	Number of people in family able to read and write	Female	Male	
5.	Date of interview			
6.	Interviewer			
Water				
1.	From where do you get your drinking water?	River	Open well	Gravity system
		Hand pump	Ponds on road	Other
	How many containers for water collection do you have?			Total litres
	How many containers do you use every day for your whole family?			Total litres
	Do you have a separate container for storing drinking water?		Yes	No
2.	Can you show me how you take water from that container if you want a drink?	Uses a clean utensil	Uses dirty utensil	
		Uses hand	Container has tap	
3.	Do you consider your drinking water to be safe for drinking?	Yes	No	
	Explain answer			
4.	Do you treat your drinking water?	Yes	No	
	If not, why?			
	If yes, what do you use?	Aquatabs	Liquid bleach	



		powder bleach	Other				
<b>Hygiene</b>							
1.	When do you think are the important times to wash your hands?	after using the toilet		before eating			
		before preparing food		after handling children's excreta			
		after feeding and watering animals		other:			
2.	With what do you wash your hands	soap	ash	water only	other:		
<b>Observations</b>							
3.	Are there faeces seen lying around the outhouse?			Yes	No		
4.	Ask to wash your hands – were you offered soap?			Yes	No		
<b>Latrine and sanitation</b>							
5.	Where do the adults in your family defecate?						
	During the day?			Latrine	Bushes	river	Other:
	At night?			Latrine	Bushes	River	Other:
6.	Where do small children (<5) defecate:						
	During the day?			latrine	bushes	River	Other:
	At night?			latrine	bushes	River	Other:
7.	Do women and girls have safety problems when defecating at night?			Yes	No	If yes, explain:	
8.	What do you do with the faeces of small babies?			Put in latrine	Bury them	Dog eats them	other:
<b>Household health</b>							
	Has anyone in your household had diarrhoea (three or more loose stools in 24 hours) over the past two weeks?		Yes		No		
	If yes, who was it?		Men		Women	Children < 5	
	Is anyone sick in your household at the moment?		Yes		No		
	If yes, list illness		Men		Women	Children < 5	
	Have you heard about cholera?		Yes		No		
	Do you know anyone that has cholera in this village?		Yes		No		
	What do you think causes cholera?		Dirty water		Dirty food		
			Dirty hands		Evil spirits		
	How do you prevent you and your family from getting cholera?		Treat water with chlorine		Cook food properly		
			Wash hands with soap		Clean water containers		
	Have you heard of ORS?		Yes		No		
	Have you heard of sugar and salt solution?		Yes		No		

	Can you tell me how to make sugar and salt solution? (Record amounts, and whether correct.)			
	Do you know of other home-based re-hydration methods?		Yes	No
	If yes – list them		1. 2. 3. 4.	
	When would you use these re-hydration methods?	Cholera	Any diarrhoea	Other
	Who in the family would not use them?	Adult male	Adult female	Child <5
			Child over 5	Other
	Why do these members of the family not use the re-hydration method?			



## Appendix II: Important questions for Rapid Assessment

---

1. Is it cholera?  
Yes ☐ No ☐ Not Sure ☐  
Has it been confirmed – Yes ☐ No ☐ Not Sure ☐  
how,.....  
by whom?.....
2. What case definition is used or proposed?  
.....  
.....  
.....
3. How many cases and how many deaths have been reported?  
.....(*insert number*)
4. Is it an outbreak?  
Yes ☐ No ☐ Not Sure ☐
5. When was the last outbreak?...../...../.....(*insert date*)
6. Is this an endemic or non-endemic area? Yes ☐ No ☐ Not specific ☐
7. What is the geographic distribution of cases? (*List places with confirmed cases*)  
.....  
.....  
.....
8. What population is at risk? .....(*Insert number*)
9. What is the weekly incidence rate, CFR and attack rate?
10. What is the age and sex distribution of cases?
11. What does the epidemic curve look like?
12. Is the outbreak spreading? How quickly is it likely to spread?
13. What is the emerging transmission picture? Is it point-source or dispersed?
14. Are there cultural practices taking place or coming soon, for example, community activities such as circumcision ceremonies?
15. Which areas are at highest risk? Why?
16. Is any response in place yet? Who are involved? Are there any co-ordination arrangements in place?
17. Is the environment rural, urban or closed (refugee/IDP camp)?

## Appendix III: Logical Framework

### Goal: Cholera Emergency Response: Promoting health at IDP and host communities

The project aim is to reduce the spread of cholera disease among people in IDP, host communities, and refugee settlements.

**Objective:** is to provide a rapid response vital to contain the spread of a cholera outbreak. It is to quickly put in place health promotion activities - educating people about how to help to limit the spread - plus water and sanitation activities, inform people about available treatment centers and vaccinating in an emergency response so as to help limit how far an epidemic spread and reduce the number of people who fall sick or die.

To reduce the spread of cholera disease among people in IDP, host communities, and refugee settlements



Input	Activity	Output	Outcomes	Impact
Human resources/staff Bar soap Transportation means Communication equipment/public address system Exhibition equipment esp. Jerrican, bucket and kettle.	<ol style="list-style-type: none"> <li>Needs assessment and community mobilization</li> <li>Procurement and distribution of basic hygiene and sanitation materials like soap and sanitizers</li> <li>Conduct cholera awareness and sensitization.</li> <li>Training of people on cholera prevention healthy tips.</li> </ol>	<ul style="list-style-type: none"> <li># of people trained and cholera local response committees formed</li> <li>Quantity of goods/services provided</li> <li># of people mobilized to attend training on cholera prevention</li> <li># of sensitization sessions conducted on cholera</li> </ul>	<p>A community where individuals have the knowledge, skills and appreciation for hygiene and sanitation</p> <p>Individuals appreciate the life messages spoken</p> <p>People use the goods like soap to wash hands always.</p>	Healthy and cholera free IDP and host communities in Sudan.



Logical Framework Cholera Emergency Eesponse Project				
Intervention Logic		Objectively Verifiable Indicators of Achievement	Sources and Means of Verification	Assumptions
<b>Overall Objective</b>	A healthy-cholera free IDP and host communities	Percentage of households in IDPs and Host communities free from cholera and other water borne diseases	Annual Health report by SoH and county as well as regional level	Data on cholera outbreaks is regularly collected by SoH There's annual budget for health reports production
<b>Specific Objectives</b>	To reduce the spread of cholera disease among people in IDP, host communities, and refugee settlements	<ul style="list-style-type: none"> <li>Number of cholera cases verified</li> <li>The rate of hygiene at household and community level</li> </ul>	Record of cholera cases at health facility/ORP Survey report on cholera outbreak, response and control	Communities disclose/report information about patients suspected to be sick of cholera Resources are allocated by SoH and partners to collect data.
<b>Expected Outcome s/Results</b>	<ul style="list-style-type: none"> <li>Households use soap distributed to wash hands during key moments like after visiting Pit Latrine/toilet, before eating, after helping cholera patient</li> <li>Cholera aware communities in Dillir areas of Heiban</li> <li>Individuals trained on cholera prevention best</li> </ul>	<ul style="list-style-type: none"> <li>Number of households who have received soap for hand washing</li> <li>Schedule showing time allocated for the awareness sessions in Dillir area</li> <li>Level of knowledge about cholera signs and symptoms and basic prevention measures at house holds</li> <li>Proportion of households having and using pit latrines/toilets.</li> </ul>	<ul style="list-style-type: none"> <li>Cholera emergency response plan</li> <li>Beneficiary distribution list</li> <li>Cholera Key messages flyers distributed.</li> </ul>	Communities attend the sensitization and training sessions Individual beneficiaries use the soap to wash hands to prevent cholera Health facilities have capacity to manage cholera cases.

	practices like no open defecation, hand washing.			
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Distribution of soap to house holds</li> <li>• Sensitization of communities on cholera out break</li> <li>• Training of individuals on cholera prevention best practices.</li> </ul>	Project personnel allocated responsibilities, demonstration kit like bucket, water and soap, cholera prevention training manual, supplies like soap.	Breakdown of the budget Purchase invoices Field visit schedule	The weather conditions do not interfere with the response schedule Traders have enough stock of soap Public transport means are available for hire.





# PREVENT ACUTE WATERY DIARRHEA/CHOLERA



## Appendix VIII: Basic Information

### Manual

#### What causes AWD/Cholera?

- Acute watery diarrhea is caused by bacteria called *Vibrio cholerae*.
- Cholera is severe form of acute watery diarrhea caused by bacteria infection of the intestine
- The source of infection is usually from faeces of an infected person through contaminated hands, water, and food.
- Flies usually carry contaminated faeces from one source and contaminate uncovered drinks and foods
- Cholera can spread rapidly in a population and kill many people before it is treated.

#### What are the symptoms of cholera?

- Acute watery diarrhea
- Vomiting and leg cramps
- Dehydration and shock due to rapid loss of body fluids
- Without quick treatment, death can occur within hours

### Dehydration

Dry mouth

Difficulty, incapable to drink

Sunken eyes

Skin pinch

Letargic



**REMEMBER: WASH IT, BOIL IT, PEEL IT,  
COOK IT OR FORGET IT!!**

- Mainly through drinking water and eating contaminated foods with contaminated hands
- Eating raw or undercooked food
- Open defecation, especially near water points.
- Living in unhygienic environment.
- People without good sanitation and hygiene practices are more at risk of cholera, and acute watery diarrhea.

#### Prevention of acute watery diarrhea

- Drink water that is treated with chlorine or boiled.



- Food should be thoroughly washed in clean water and in separate but clean containers, before cooking.
- Eat food that has been thoroughly cooked and while still hot
- Wash fruits and vegetables before eating or cooking
- Avoid foods sold by vendors in the open market

- As much as possible eat only food that you have prepared or trust how it has been prepared.
- Do not eat uncooked vegetables and salads unless you wash them properly.
- Make sure all fecal matter is properly disposed in a pit toilet or buried deep if there's no toilet.
- Wash your hands with clean water and soap after you visit the toilet. before and after every meal.

Source: UNICEF



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- Give patients oral re-hydration solution (ORS), mixed with boiled/chlorinated water and drink in large amounts
- Drink plenty of fluids like boiled or chlorinated water to replace body fluids lost through diarrhea and prevent dehydration.
- Severe cases should receive immediate medical attention from a recognized health facility.

# Cholera Emergency Response Report

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