Sudanese Development Call Organization (NIDAA)

Community-Led Cholera Response in Sudan

INTEGRATING RCCE APPROACHES INTO CHOLERA PREVENTION AND CONTROL

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Current Humanitarian & Epidemic Context in Sudan

Sudan, located in Northeast Africa,

with an estimated population of 48 million

people.

🗓️ April 2023: War begins → Displacement & health collapse → Aug 2025: Cholera outbreak spreads nationwide

🚶 12M displaced

7.7M IDPs (half are children)

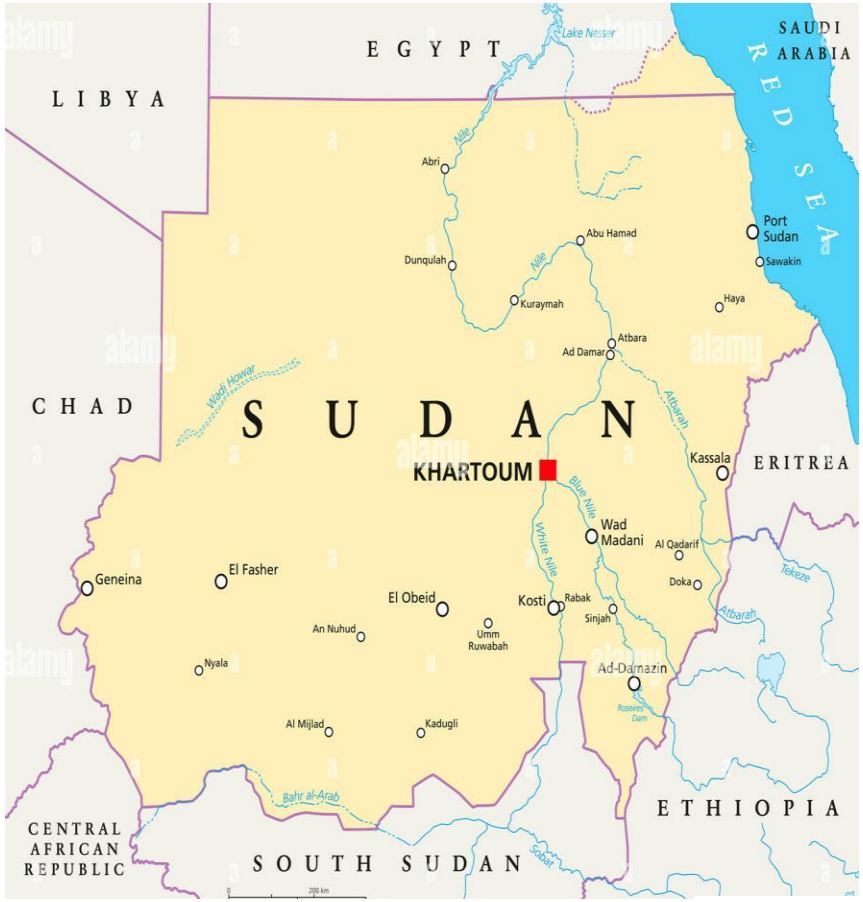
🏥 2/3 hospitals non-functional

40,000+ conflict deaths

💧 48,768 suspected cases

1,094 deaths (CFR 2.2%)

17 of 18 states affected



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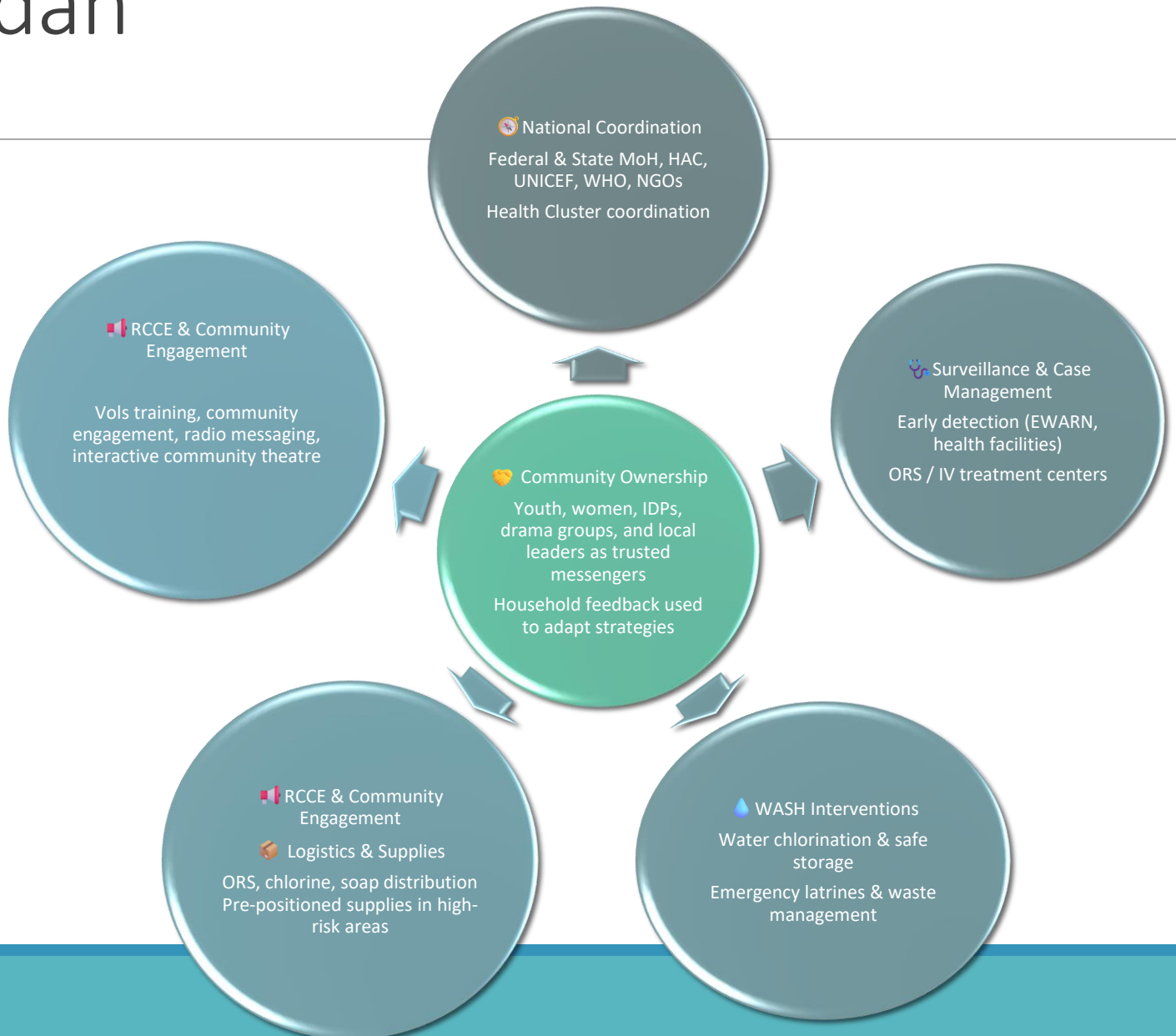
Cholera Response Framework in Sudan



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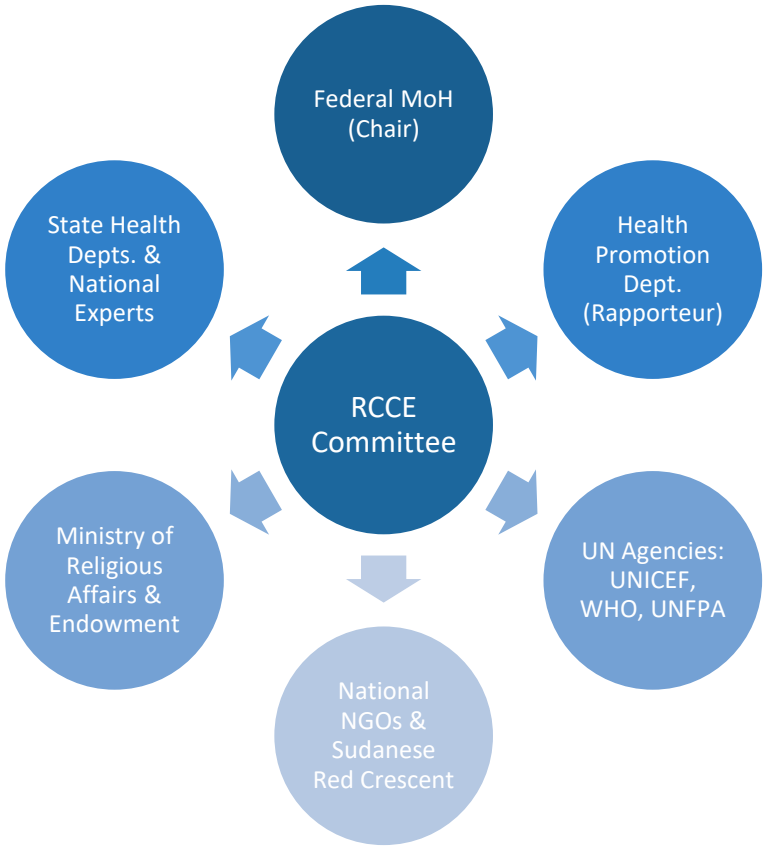
RCCE Committee – Composition



RCCE Committee – Mandate and Operations

Mandate

- Ensure a **unified and coordinated response** to public health threats and emergencies.
- Facilitate **timely information sharing** among partners to guide decision-making.
- Develop and oversee the **National RCCE Plan for emergencies**.
- Strengthen **preparedness and response coordination** across federal and state levels.
- Leverage the **collective capacity of partners** (UN, NGOs, government, media) to maximize impact.

Operations

Meetings: Weekly, monthly, and ad hoc emergency sessions when urgent issues arise.

Core functions:

- Joint planning and coordination of RCCE activities.
- Monitoring and evaluating RCCE interventions at federal and state levels.
- Coordinating with technical entities to gather information.
- Organizing conferences and press briefings.
- Strengthening state-level RCCE committees.

Community-Led RCCE Activities Supported by NIDAA & UNICEF

👥 **Volunteers**

215 trained (in partnership with State MoHs)

🏠 **Household Visits**

Reached **201,144 people**

🗣️ **Dialogue & Awareness Sessions**

50 sessions → 6,434 participants

📻 **Radio Messaging**

Broadcasts in **6 local languages + Arabic**

Reached ~**6 million people**

🎭 **Interactive Theatre**

23 shows → 8,819 reached

unicef
for every child

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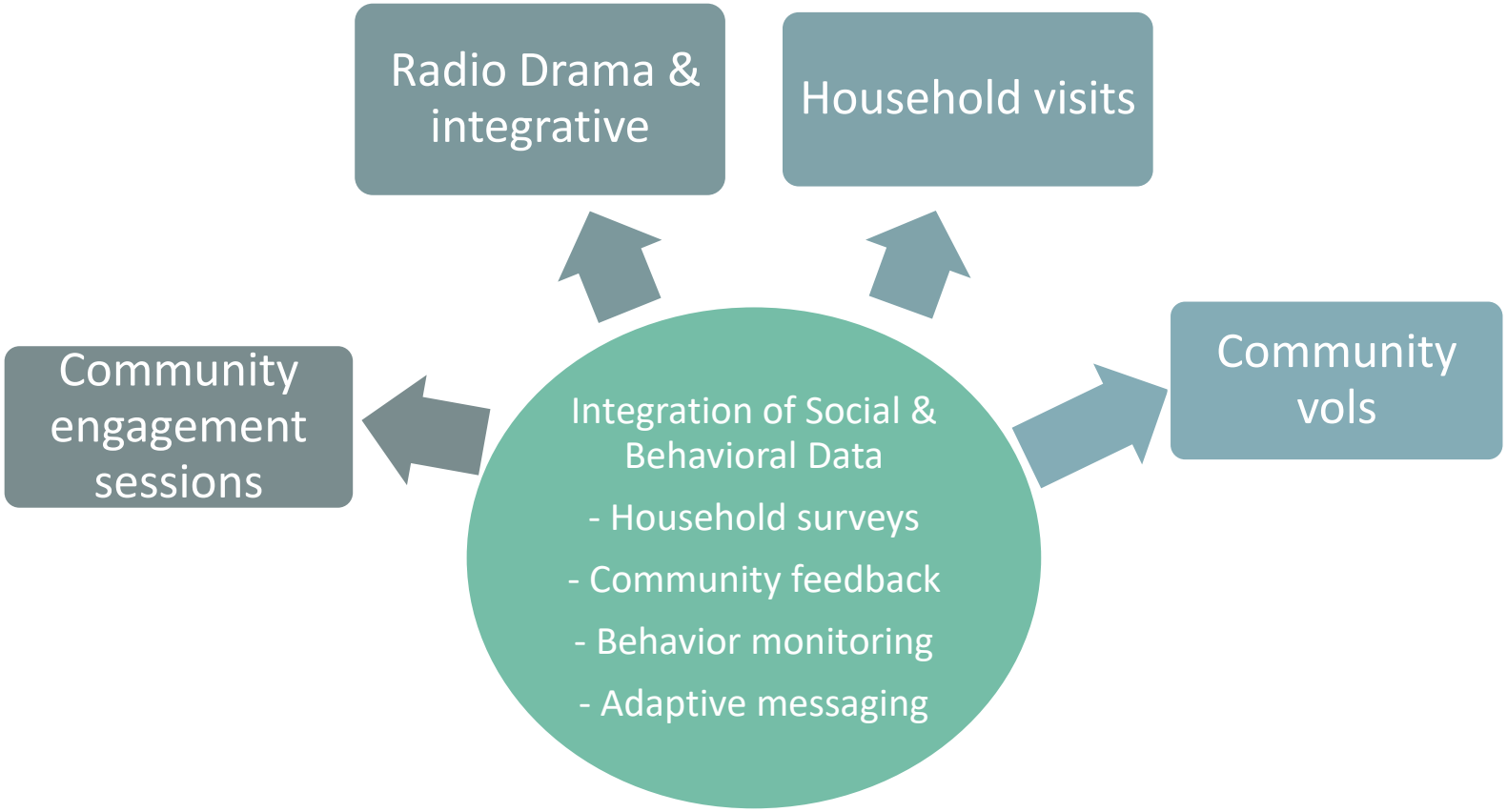
Integrating Social & Behavioral Insights into RCCE



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Turning Insights into Change: Adapting RCCE through Household Evidence

In South Kordofan, household surveys showed that although latrines were widely available, only 12% of people were practicing handwashing, and almost 90% were still using untreated water. In Blue Nile, the situation was similar, but diarrhea rates were even higher at 18%. This was revealed through a combination of household data collection and focus group discussions.

Accordingly, our messaging shifted. Instead of general awareness, we focused on very practical behaviors: washing hands with soap, treating drinking water, and using latrines consistently. Communities themselves began organizing cleaning campaigns, and in several sites people even dug new latrines to reduce open defecation.

This adjustment in messaging, grounded in local evidence, turned information into action. Communities not only heard the messages, but also acted on them, leading to reduced diarrhea cases and stronger ownership of prevention efforts.

Teaching proper handwashing through community theatre in BN

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Household visits in SK and BN

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Telling kids Good Hygiene Practices in Khartoum

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Results and Impact

- 🟢 **Stabilized districts** with reduced transmission
- 🚫 **Zero new cases** reported in some sites post-intervention
- 🗣️ **Dialogues corrected misconceptions** and reinforced safe practices
- 🤝 **Behavior change sustained** through trusted community networks

Limitations & Constraints

🏚️ **Weak infrastructure** for WASH and health services

⚔️ **Conflict setting** disrupting access, mobility, and service delivery

📉 **Limited supply chains** for chlorine, ORS, and soap

🌐 **Communication barriers** due to low radio coverage and frequent power outages

📊 **Insufficient real-time data** to guide rapid RCCE adjustments

🗂️ **Bureaucratic procedures and approval delays** at federal and state levels slowing implementation

💰 **Funding limitations** restricting scale-up and continuity of RCCE interventions

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Lessons Learned & Call to Action

📊 **Local data & community ownership** are central to cholera response.

🧼 **SBC must be paired with commodities** (chlorine, ORS, soap) for impact.

👥 **Volunteer networks** ensure rapid and sustainable outbreak response.

🤝 **Call to Action:** Sustain collaboration with **MoH, UNICEF, WHO, and NGOs** to scale and strengthen RCCE.

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