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ZONDER GRENZEN | SANS FRONTIERES
B E L G I U M

**"Fight Against Lineage 1 Rinderpest Virus" Project
in Southern Sudan**

**European Development Fund project number: REG/5007/005 EDF VII &
VIII**

YEAR TWO WORKPLAN AND BUDGET

"Fight Against Lineage 1 Rinderpest Virus" Project in Southern Sudan

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Overall objective: reducing poverty among those involved in livestock farming and increasing productivity, thereby improving their livelihoods and enhancing food security

Purpose: to develop and apply appropriate systems for animal disease surveillance and control to ensure the eradication of rinderpest, thereby supporting Sudan's livestock industry and sector.

Result 1 Adequate capacity established for effective project management.

Result 2 Community-based services for effectively co-ordinated delivery of rinderpest eradication and CBPP control strategies are functional in areas served by Operation Lifeline Sudan southern sector.

Result 3 Sudan is on schedule to be internationally recognized as free from rinderpest disease in 2005.

Result 4 An appropriate strategy for the control of CBPP is in place and has been tested.

ANNUAL PROJECT WORK PLAN – YEAR TWO

1. Introduction

During year one the project has focussed on introducing the strategy for the eradication of rinderpest from Sudan to all stakeholders, ensuring that mass rinderpest vaccination stopped in line with the strategy, improving outbreak reporting and investigation systems, introducing community-based surveillance systems, and developing emergency preparedness systems in case of a rinderpest outbreak. Training has been provided for CAHWs, supervisors and field veterinarians, and community dialogue has been carried out and communication materials disseminated. The project has supported regional co-ordination meetings and facilitated sessions on rinderpest eradication, and organized a review and planning meetings for project co-ordinators and counterparts in Nairobi. Rinderpest outbreak rumours have been followed up and there have been no confirmed cases of rinderpest so far in 2002. Some planned activities were not carried out so they have been rescheduled to be carried out in year two e.g. wildlife surveillance.

During the year, there has been an increase in the areas under rebel-control, when some key towns in eastern Equatoria were taken over by the SPLA. This has expanded the area that needs to be covered by the project. In addition there are areas outside the southern region of Sudan that are not under government control and therefore it will be difficult for the government to carry out surveillance and verify absence of rinderpest in these areas e.g. SPLA areas of Nuba mountains and Southern Blue Nile and parts of north-eastern Sudan under NDA control. The project proposes to make linkages with agencies working in these areas to ensure their participation in rinderpest eradication, develop systems for outbreak reporting and investigation, and carry out surveillance visits to the areas.

As a result of the expansion of rinderpest eradication activities, the project plans to utilise some of the funds that were unspent during year one to employ an additional field veterinarian with the necessary support to assist in covering the additional areas.

The focus for year two is to continue to develop and refine the systems for outbreak reporting and investigation, surveillance and emergency preparedness, to ensure that if rinderpest virus is still present that it is identified and action taken, and, if it is no longer present, to start to build up evidence that Sudan is free of rinderpest.

2. Planned Activities during Year Two

2.1 Result 1 Project Management

2.1.1 Co-ordination office

The project will maintain adequate capacity for effective project management and implementation. The project will contribute personnel, resources and running costs to the administration unit of VSF-Belgium, which will provide accounting, procurement and logistical support to the project. An administrator acts as focal point for project administration, based in the Nairobi office. VSF-Belgium will maintain a co-ordination office in Lokichokio, from where field activities will be co-ordinated.

2.1.2 Training

Training will be organized for field veterinarians (Sudanese and other nationalities) in epidemio-surveillance, rinderpest eradication verification and CBPP control as appropriate;

- one veterinarian will attend a 4-6 week training course or overseas study visit relevant to epidemio-surveillance and rinderpest eradication and/or CBPP control.
- one or more training courses will be organized for a total of approximately 30 field veterinarians in rinderpest eradication and epidemio-surveillance.

2.1.3 Community-based system for surveillance of key animal diseases

The project will continue to develop and support a community-based surveillance system, which will feed into the PACE disease surveillance system. General disease outbreak information and rinderpest surveillance information will be communicated on a quarterly basis to the PACE Programme Co-ordination Unit at OAU/IBAR but rinderpest outbreak information will be communicated immediately to the PACE Programme Co-ordination Unit (PCU) for appropriate action, as necessary.

2.1.4 Technical support and co-ordination

The project will organize annual participatory review and planning meetings in Nairobi and Lokichokio involving the major stakeholders, to promote common understanding and collaboration. The project will participate in and contribute to OLS regional livestock co-ordination meetings, which provide opportunities to review, inform and plan with field personnel and counterparts.

The project will provide technical support to OLS-SS livestock agencies on the utilization of the community-based approach for effective disease surveillance and follow up of outbreaks.

Project personnel will participate in co-ordination and standardization of strategies for rinderpest eradication and CBPP control within Sudan and with neighbouring countries by attending relevant regional workshops and meetings.

An important activity of the project will be to ensure that activities in southern sector areas are co-ordinated with those in northern sector; project personnel will attend border co-ordination meetings, OAU/IBAR and PACE regional meetings, southern Sudan livestock co-ordination meetings, and livestock co-ordination meetings between northern and southern sectors.

2.2 Result 2 Community based services for the delivery of rinderpest eradication and CBPP control strategies

2.2.1 Community-based services

The project will obtain, develop and distribute suitable materials and extension packages for raising community awareness and training of CAHWs, supervisors and veterinarians in cessation of rinderpest vaccination, rinderpest surveillance and CBPP control strategies. These will include photo cards, cloth flip charts, information sheets, manuals, community dialogue guidelines, videos, and t-shirts.

To support the long-term development of the delivery of appropriate veterinary services by private veterinary practitioners, the project will support CAHWs to carry out surveillance and, in the event of a rinderpest outbreak, rinderpest vaccination, and provide medicines/vaccines for CBPP and other diseases to the livestock keepers at cost.

2.2.2 Training of Animal Health Auxiliaries

In rinderpest lineage one risk areas, the project will monitor the existing capacity of community-based animal health services and identify the need for new supervisors and co-ordinators, or refresher training of existing supervisors and co-ordinators. Support will be provided for at least 3 veterinary auxiliaries to attend 4-5 months training courses or 2-month refresher training courses provided by VSF-B.

2.2.3 Legislation

The project will collaborate with the stakeholders involved in the development of appropriate legislation to allow privatized veterinary supervised CAHWs delivery in southern Sudan, particularly in relation to sanitary mandates.

2.2.4 Promotion of community-based initiatives and capacity

Community-based initiatives will be widely promoted since this approach has yielded highly satisfactory results during recent years. In rinderpest lineage 1 risk areas, the existing capacity of community-based animal health services will be monitored and the need for new CAHWs or refresher training of CAHWs will be identified. The project will provide support to existing or new NGO projects, or to areas with no supporting agency, to improve coverage in the lineage 1 risk areas, and will assist in community dialogue, selection and training of CAHWs, follow up and refresher training of CAHWs, and provision of equipment.

Approximately 20 new CAHWs will be given two weeks basic training and equipped. Approximately 40 existing CAHWs will be provided with refresher training.

The project veterinarians will carry a limited kit of basic medicines to allow them to treat sick animals as they go about their rinderpest and CBPP control activities. In areas where there is an established network of CAHWs and supervisors with a regular supply of medicines, livestock keepers will be referred to the nearest animal health worker to obtain services, however in areas where there are no trained animal health personnel, or personnel are trained but do not have a regular supply of medicines, it is necessary for the project veterinarians to have a small stock of medicines to meet the immediate priorities of the livestock keepers. When investigating a rinderpest rumour or carrying out surveillance for rinderpest, some livestock keepers do not want to cooperate with the veterinarian if they have other sick animals that are of more immediate concern to them unless some action has been taken to assist those animals.

In addition some key areas within the infected and surveillance zones have other major livestock disease priorities such as ECF, HS, and PPR, or may experience sporadic outbreaks of other epidemic diseases such as blackquarter or anthrax. It is hard for veterinarians and animal health workers to carry out surveillance for rinderpest if another epidemic is currently affecting the cattle, and no action is being taken to control that epidemic. In order to maintain participation in rinderpest eradication activities, the project will utilize some funds to purchase appropriate vaccines or medicines for areas that are experiencing other major disease problems and are unable to obtain these supplies from other agencies. The type of vaccine or medicine to be procured will depend on the occurrence of epidemics during the year and contingency stocks of vaccines or medicines held by other agencies. For all medicines and vaccines provided by the project (with the exception of rinderpest vaccination in the event of a confirmed outbreak), payment in line with the current OLS Livestock Programme prices will be required from the livestock keepers and this will contribute to ongoing supplies of medicines and vaccines for these areas.

2.3 Result 3 Rinderpest Eradication

The main thrust of the project will be to ensure that Sudan is on schedule to be internationally recognized as free from rinderpest disease within the timeframe recommended by PACE.

2.3.1 Border harmonization meetings

Bearing in mind the common borders of southern Sudan with Ethiopia, Kenya, Uganda, DRC and CAR, and the movement of pastoralist groups across these borders, all rinderpest eradication activities will be co-ordinated with neighbouring countries through border harmonization meetings, local meetings between field staff, and OAU/IBAR, PACE and other co-ordination meetings. These will provide opportunities for information sharing, co-ordination of strategic and operational planning, and will promote the optimal use of resources and complementary implementation of activities.

2.3.2 Support for surveillance networks

The project will continue to develop an epidemio-surveillance system appropriate to southern Sudan, in consultation with PACE, OLS Livestock programme agencies, and institutions providing laboratory support.

- *Training:* In support of surveillance networks, the project will provide training to CAHWs, supervisors, co-ordinators and vets in rinderpest surveillance, outbreak reporting,

on lineage 1 risk areas. The project will disseminate guidelines on surveillance, reporting and investigation of rinderpest outbreaks. Rinderpest outbreak information and reports will be prepared and feedback will be provided to field level.

- *Passive surveillance:* The project will ensure that all rumours or suspected cases of stomatitis/enteritis arising from outbreak reporting and active surveillance are promptly investigated.
- *Active surveillance:* A system of active surveillance will continue to be developed for stomatitis-enteritis, which will be carried out by CAHWs, supervisors, co-ordinators and field veterinarians utilizing owner interviews and clinical examination of cattle in cattle camps and markets. The systems introduced during year one will be reviewed and improved. Purposive disease searching will be carried out by project personnel, in collaboration with NGO staff and counterparts, in the main communities to the east of the Nile to improve understanding of rinderpest epidemiology in this ecosystem.
- *Wildlife surveillance:* The project will facilitate the implementation of a sero-survey of wildlife in the rinderpest lineage 1 risk areas, to be carried out by the PACE wildlife unit. The project will also raise the awareness of communities and animal health workers of the importance of reporting deaths and disease amongst wildlife.
- *Performance indicators:* Appropriate PIs will be developed for general disease surveillance, active disease surveillance, stomatitis/enteritis outbreak investigation and diagnosis, and sero-surveillance, following the recommendations of GREP.

2.3.3 Specimen submission and laboratory diagnostics

The basic laboratory facility in Lokichokio will be maintained, and the laboratory assistant will continue to be employed to carry out basic tests. She will process and forward serum and other samples to regional laboratories. Links will be maintained with appropriate regional laboratories for diagnostic support. The project will pay for the services provided by the regional laboratories. In the event of a suspected rinderpest outbreak, duplicate sets of samples will be collected; one set to be sent to the regional reference laboratory, one set to the CVL, Soba, and, when necessary, samples will be sent to the world reference laboratory in UK.

In support of laboratory diagnostics, capacity and standards, the project will maintain rinderpest sampling kits in all locations, and will work with PACE to validate the cow-side rinderpest antigen test and filter paper serum collection.

2.3.4 Emergency preparedness plan

In collaboration with all stakeholders, the project will maintain an emergency preparedness plan that takes into account the major constraints to rapid response in southern Sudan, by:

- updating existing contingency plans for the most likely rinderpest emergency scenarios,
- purchasing and maintaining at strategic points stocks of items necessary for rinderpest emergency response,
- co-ordinating with PACE Sudan, FAO and NGOs in the planning and implementation of rinderpest emergency response, including provision of technical support and transport,
- training animal health workers in rinderpest emergency response procedures.

2.4 Result 4 CBPP control strategy

2.4.1 Development of a CBPP control strategy

Epidemiological information on the dynamics and impact of CBPP will continue to be collected through general disease reporting, outbreak reports and investigation, and participatory disease searching, with follow up field and laboratory investigations. For areas where CBPP control is a priority, appropriate strategies for CBPP control will be introduced and supported with training and resources.

2.4.2 Training

Appropriate training modules will be developed for different levels of animal health workers on the CBPP control strategy and carried out in areas where the control strategy is to be implemented.

2.4.3 Support to control of CBPP and other diseases

The necessary supplies for implementing the CBPP control strategy in priority areas e.g. vaccines, cold chain, and medicines, will be procured. Links with suitable laboratories will be made for laboratory support to CBPP control.

3. Implementation Schedule Year Two

ACTIVITY	YEAR TWO (11/02-10/03)			
	I	II	III	IV
1. Project management				
1.1 Co-ordination office and project support unit maintained	X	X	X	X
1.2a One vet to attend training course/overseas study visit.			X	X
1.2b Short training course(s) for field veterinarians.		X	X	X
1.3a Support community-based outbreak and surveillance system.	X	X	X	X
1.3b Outbreak information reported on a quarterly basis.	X	X	X	X
1.3c Rinderpest outbreak information reported immediately.	X	X	X	X
1.4a Organize a participatory review & planning meeting			X	
1.4b Technical support to FAO/NGOs on use of community-based approach for outbreak follow up and active disease surveillance.	X	X	X	X
1.4c Participate in co-ordination/standardization of strategies for rinderpest and CBPP control with neighbouring countries as organized by PACE PCU.	X	X	X	X
2. Community-based systems for delivery of animal health services.				
2.1a Develop suitable materials for raising awareness, training of CAHWs, supervisors and veterinarians in rinderpest and CBPP control strategies.	X	X	X	X
2.1b Contract CAHWs to carry out surveillance,	X	X	X	X
2.1c Provide medicine/vaccines at cost		X	X	X
2.2 3 supervisors/co-ordinators trained and equipped.	X	X	X	X
2.3 Assist in the development of appropriate legislation for privatized delivery of sanitary mandate.	X	X	X	X
2.4a 20 new CAHWs given two weeks basic training and equipped.		X	X	X
2.4b 40 existing CAHWs will be given refresher training and equipped.		X	X	X
2.4c Provide support to community-based animal health services lineage 1 risk areas	X	X	X	X
3. Rinderpest Eradication				
3.1 Participate in border harmonization meetings and initiatives	X	X	X	X
3.2a Training of CAHWs, supervisors, co-ordinators and vets in rinderpest surveillance outbreak reporting, investigation and sampling; disseminate guidelines	X	X	X	X

3.2b Collate rinderpest outbreak information, prepare reports and feedback to field level	X	X	X	X
3.2c Investigate all rumours or suspected cases of stomatitis/enteritis	X	X	X	X
3.2d Active surveillance system for stomatitis-enteritis carried out by CAHWs, supervisors and co-ordinators.	X	X	X	X
3.2e Participatory disease searching in lineage 1 rinderpest areas	X	X	X	X
3.2f Sero-survey of wildlife in rinderpest lineage one risk areas by PACE wildlife unit	X	X		
3.2g Develop performance indicators for disease surveillance	X	X	X	X
3.3a Maintain system for submission of samples from field to laboratories	X	X	X	X
3.3b Maintain basic laboratory facility in Lokichokio with laboratory assistant	X	X	X	X
3.3c Maintain links with appropriate regional laboratories for diagnostic support	X	X	X	X
3.3d Provide rinderpest sampling kits in all locations	X	X	X	X
3.3e With PACE, validate cow-side rinderpest antigen test and filter papers for serum collection	X	X	X	X
3.4a Prepare contingency plans for the most likely rinderpest emergency scenarios	X	X	X	X
3.4b Purchase and maintain stocks of items for rinderpest emergency response	X	X	X	X
3.4c Co-ordinate with PACE Sudan and NGOs in planning and implementation of rinderpest emergency response.	X	X	X	X
3.4d Train animal health workers in rinderpest emergency response procedures.	X	X	X	X
4. CBPP control strategy				
4.1a Collect and map CBPP epidemiological information.	X	X	X	X
4.1b Develop CBPP control strategy.	X	X	X	X
4.2a Provide training to animal health workers in CBPP control strategy		X	X	X
4.3 Supply resources for CBPP control strategy		X	X	X