



Volunteers conducting EVD awareness in Yambio county photo on 12th December 2022

Appeal: <b>MDRSS011</b>	Total DREF Allocation: -	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>N/A</b>	People Affected: <b>525,953 people</b>	People Targeted: <b>220,800 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>13-10-2022</b>	Operational End Date: <b>31-01-2024</b>	Total Operating Timeframe: <b>3 months</b>
Targeted Areas: <b>Central Equatoria, Eastern Equatoria, Western Equatoria</b>			

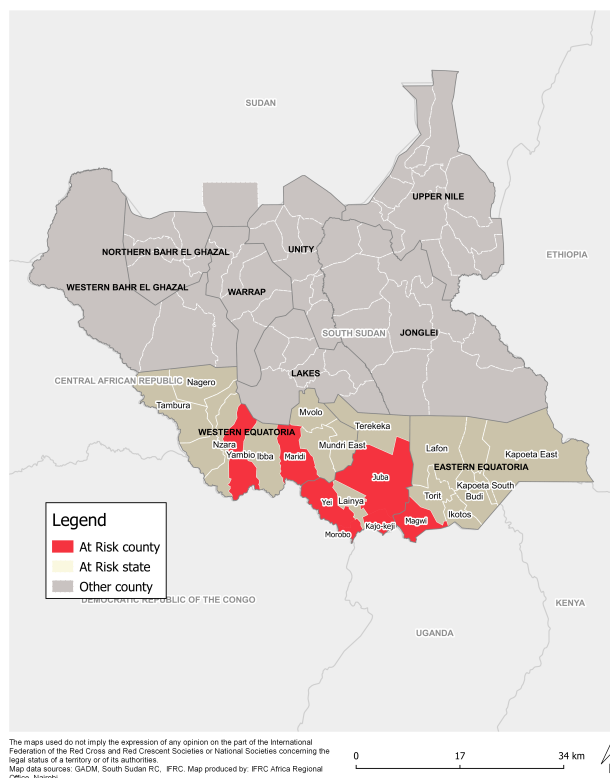
The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.



# Description of the Event



South Sudan : Ebola Preparedness  
12 October 2022



Map of South Sudan, highlighting at-risk counties

## Approximate date of impact

On 20 September 2022, Uganda Ministry of Health declared an outbreak of ebolavirus (EVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI). Following that, South Sudan Ministry of Health (MoH) also declared the country as at high risk for Ebola Viral Disease (EVD) and activated series of emergency measures on which SSRCS played a role.

## Provide any updates in the situation since the field report and explain what is expected to happen.

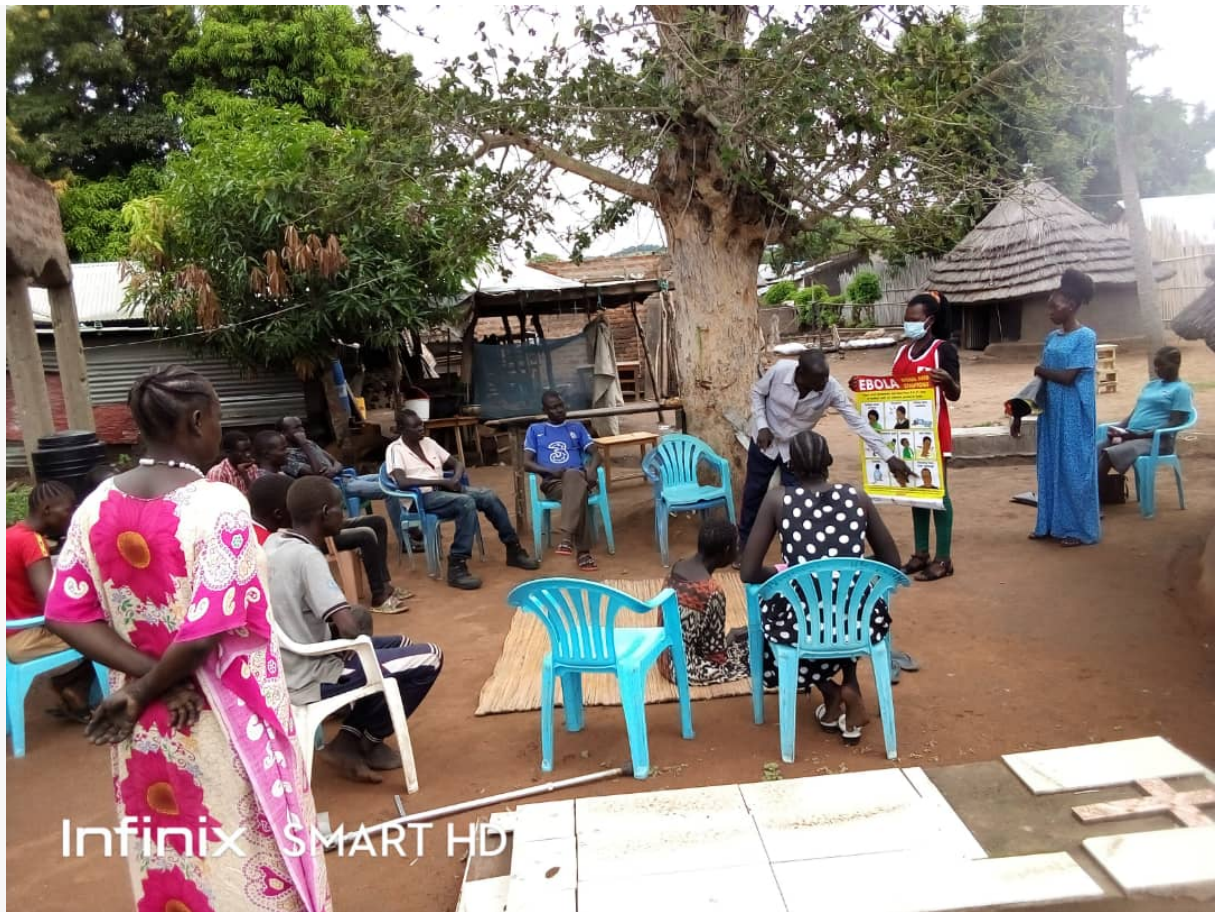
The declaration of the Uganda EVD outbreak was the first time in more than a decade that Uganda reported an outbreak ebolavirus. This followed investigations by the National Rapid Response Team of suspicious deaths that had occurred in the district earlier in the month. EVD in Uganda presented a significant public health threat to South Sudan. The continuous movement and transportation links between the affected areas, the rest of the country, and neighbouring countries were key risk-posing factors.

As an immediate response to that, on 22nd September 2022 the South Sudan Ministry of Health (MoH) activated its Emergency Operations Centre and National Steering Committee (NSC) to oversee the preparedness activities. This included a review of contingency and operational plans, establishing coordination at the national and state levels, as well as resource mobilization efforts to support interventions.

The South Sudan Red Cross focused on the following pillars of EVD Preparedness intervention: Risk Communication, Social Mobilization and Community Engagement, Safe and Dignified Burial including Infection prevention and control, Water Sanitation and Hygiene in Nimule, Yei, Kaya, Morobo, Kajo-keji, Lainya, Juba, Yambio and Maridi.

Based on the needs and planned interventions from SSRCS, the International Federation of Red Cross and Red Crescent Societies (IFRC) through its Juba Cluster launched this DREF Operation in October and a total of CHF 154,718 was approved for the response. The objective of the DREF aimed at contributing to the early detection of suspected cases and preventing the spread of EVD by ensuring the readiness of SSRCS teams and raising awareness of at-risk communities.





EVD awareness session in Nimule (September 2022)

## Scope and Scale

The Ebola Virus Disease (EVD) is a severe and often fatal illness in humans caused by Ebola Virus. It is transmitted to people from wild animals and spreads in the human population through human-to-human transmission with a high fatality rate. As per the previous outbreaks, up to 67 % of the infected cases die. Ebola can have a serious socioeconomic impact as demonstrated in the 2014/2016 outbreak in West Africa. It is estimated that the three most affected countries (Guinea, Liberia, and Sierra Leone) experienced economic losses of more than 4.3 billion USD.

The proximity of Uganda to South Sudan and its porous borders, the largely informal trade between the two countries, regular cross-border markets, movements that are unregulated, and the fact that communities on both sides of the border share language, culture, and beliefs were all factors for the increased likelihood of EVD cross-border spread to South Sudan.

It is significant to note that the EVD public health threat came against the backdrop of the fragile health situation across South Sudan, affected by flood, conflict, and hunger crises. Access to basic health services was limited due to insecurity and bad road network. Most health infrastructures were and are still dilapidated or destroyed, and essential medical and surgical equipment outdated or lacking coupled with limited human resource capacity, especially health cadres in high at-risk entry points between Uganda and South Sudan border. Besides, there was limited health literacy and low knowledge of EVD among communities along the Uganda-South Sudan border, which posed a high risk of an outbreak if urgent preparedness and preventive measures were not adopted.

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	The IFRC through its Delegation in Juba provided operational capacity and played a key role in coordinating the support from the different partners with regard to the bilateral approach in support of the SSRC. IFRR provided technical support through its DM delegate, Finance delegate, PMER Officer, and Logistics officer.
<b>Participating National Societies</b>	At the country level, SSRC continued to coordinate the EVD preparedness and COVID-19 response operation closely with the IFRC, ICRC, and (9) in-country Partner National Societies (PNSs) including, Danish Red Cross, Netherlands Red Cross, Swedish Red Cross, Norwegian Red Cross, Finish Red Cross, Norwegian Red Cross, Swiss Red Cross, Canadian Red Cross, and Turkish Red Crescent. A weekly coordination between these partners and SSRC continued over the reporting period.

# ICRC Actions Related To The Current Event

The ICRC is leading Movement coordination on security management country-wide and supports SSRCs in national emergency management forums together with other partners, particularly in conflict areas.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	The South Sudan Ministry of Health activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted four main sub-technical Working Groups, Social Mobilization and Risk Communication, Infection Prevention and Control. Besides, Inter-agency response in South Sudan enhanced the country's Ebola prevention efforts and improved response capabilities.
<b>UN or other actors</b>	<p>The following are the main actors who were involved in preparedness activities:</p> <ul style="list-style-type: none"> <li>- WHO : Technical support on coordination, surveillance, case management</li> <li>- UNOCHA: Coordination, Lobby and Advocacy</li> <li>- UNHCR: Refugees screening</li> <li>- WFP: Logistic</li> <li>- MSF: Case management</li> <li>- World Vision: Community Surveillance</li> <li>- UNICEF: Risk communication and community engagement, WASH</li> <li>- CDC: Technical support on surveillance and laboratory diagnosis.</li> </ul>

**Are there major coordination mechanism in place?**

The MoH instituted sub-working groups focusing on 5 key pillars of EVD preparedness and response, which meet on a daily basis. SSRC actively participated on 4 of these platforms. As part of its internal coordination mechanism, the SSRC established a functional Movement Ebola Task Force, drawing members from its technical departments and in-country Movement Partners, IFRC and ICRC. The Movement EVD Task Force met on a weekly basis throughout the response to discuss operational issues as well as recommend courses of action to strengthen the EVD Preparedness operations.

In order to enhance information flow from the various operational areas/units, the SSRC established a vertical coordination mechanism in which the focal persons of each EVD operational unit provided weekly progress updates to the EVD focal person at HQ for consolidation and further sharing with the various platforms, including partners, the NTF and Technical Working Groups. Externally, the SSRC is an active participant in the National Task Force, Technical Working Groups for Social and Risk Communication, Safe and Dignified Burial, and IPC (WASH), hence the NS was represented in all meetings throughout the implementation period.



# Needs (Gaps) Identified



Below are the needs for preparedness that were identified by SSRC and MoH.

- 1) Community-based surveillance (CBS). Need for refresher training and deployment for surveillance and case detection.
- 2) Risk communication and community engagement (RCCE). Need for refresher training and deployment.
- 3) Safe and Dignified Burials (SDB). Need for refresher training and mobilizing response teams which will be on standby until the response phase is triggered.
- 4) Infection Prevention and Control (IPC). With a focus on WASH and disinfection of places where suspected cases had been detected.
- 5) Psychosocial support (PSS). Need for refresher training on psychosocial first aid (PFA), sensitization, and briefing of volunteers.

The trans-border risk of Ebola between Uganda and South Sudan was significant and with the disease transmission and characteristic, the South Sudan communities could have been at a higher risk is the outbreak spread to borders. The level of alert in Uganda on the transmission equally increase the need for prevention in bordering countries. EVD is transmittable from animal to human and human to human with blood or body fluids or contaminated objects from a person sick with Ebola or the body of a person who died from Ebola. Hence, the early detection and effort to build health knowledge in communities and strengthen the capacity of both NS and health system in place was identified as key priority on the anticipatory actions to prevent the risk.



## Community Engagement And Accountability

The knowledge around the disease was observed at a main threat to the EVD risk, especially in border villages and remote areas. Community engagement being key to successfully controlling Hemorrhagic outbreaks, this was an important area to be strengthened as a preventive measure. There was then a need to enhance awareness around the risk factors for Ebola infection, transmission and protective measures (including vaccination) that individuals can take is an effective way to reduce human transmission, role of hygiene etc.

The engagement of local leaders and representative but also engagement with health workers and local authorities in the context of South Sudan needed to be scaled-up.

# Operational Strategy

## Overall objective of the operation

This DREF Operation aimed at contributing to the early detection of suspected cases and preventing the spread of EVD by ensuring the readiness of SSRC teams and raising awareness of at-risk communities.

## Operation strategy rationale

These were the strategies for implementation.

- 1) Community-based surveillance (CBS) refresher training to be supported by Danish Red Cross. At the same time, through this DREF operation, SSRC to conduct a training of 240 volunteers (30 per targeted area) in Epidemic Preparedness and Response in Communities (EPiC), which includes CBHFA, ECV, CEA (including community feedback), and PFA basics.
- 2) Risk Communication and Community Engagement (RCCE) by training volunteers to ensure awareness of communities on the risks of EVD and how to prevent it, as well as limit the spread of rumours and infodemics. RCCE teams to be embedded into the CBS teams for maximum impact. With the support gained from the local representatives, ensure right and regular information is provided to key actors and opinion leaders but also directly to communities through trusted system to prevent against any unreliable information to spread and weaken the prevention system.
- 3) Setting up of disinfection points at the 8 border entry points in targeted locations for humans and automobiles. Supported by 5 volunteers per targeted location for 12 weeks.
- 4) Preparedness for Safe and Dignified Burials (SDB) by ensuring training at national (ToT) with 16 participants, ensuring SSRC has at least two (2) SDB teams (8 people per team) ready to react if suspected death is detected. The cascaded refresher training for each of the targeted 8 locations to be conducted if a response is triggered (by a positive case confirmed) and to be led by some of the previously trained trainers.
- 5) Coordination by ensuring SSRC and the wider Membership is represented at key preparedness meetings with MoH and partners and that SSRC actions remain relevant in the wider National and County preparedness plans.



# Targeting Strategy

## Who was targeted by this operation?

Through this DREF operation, SSRC targeted 220,800 people with key EVD prevention messaging Juba, Nimule, Yei, Kajokeji, Kaya, Morobi, Maridi and Yambio, which were identified to be at risk.

## Explain the selection criteria for the targeted population

The rationale for the geographical targeting is because Nimule, Yei, Kajokeji, Kaya, Morobi, Marid and Yambio are key border entry points with Uganda and Kenya while, Juba has high levels of socio-economic interactions and the main transport route between Kampala in Uganda.

## Total Targeted Population

Women	55,050	Rural	30%
Girls (under 18)	49,500	Urban	70%
Men	55,200	People with disabilities (estimated)	5.1%
Boys (under 18)	61,050		
Total targeted population	220,800		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Due to the high infection rate of the Ebola virus, there is a duty of care towards volunteers who will be involved in high-risk activities of border screening, as they could become infected with EVD.	This risk was mitigated through proper training on PPEs procured for volunteers.

Please indicate any security and safety concerns for this operation

Safer access remained a challenge for South Sudan Red Cross to reach highly at-risk locations with social mobilization and risk communication campaigns. In order to address these challenges, related to access constraints, SSRC senior management team at HQ and branch levels engaged with various authorities and parties to the conflict in South Sudan for safer access to its volunteers, staff, and operational supplies.

## Implementation



Budget: CHF 110,498

Targeted Persons: 220,800

Assisted Persons: 154,774



## Indicators

Title	Target	Actual
# of SDB training kits replenished	1	0
# of SDB replenishment kits prepositioned	1	0
# of volunteers trained in SDB	16	101
# of supplementary SDB teams set up	2	4
# of engagement sessions with traditional and religious leaders	96	192
# of radio sessions aired weekly	8	10
# of volunteers deployed for CBS/RCCE	224	299
# of disinfection teams set up	8	9
# of volunteers engaged in disinfection activities	40	45

## Narrative description of achievements

- From October to December 2022, SSRC with support of IFRC and partners national societies, SSRC trained 101 volunteers (39 females and 62 males) on Safe and Dignified Burial (SDB) in four locations of Morobo, Lainya, Juba and Nimule. The training was facilitated by WASH/SDB coordinator and supported by health officers at those respective location. This was to ensure SDB volunteers remained knowledgeable to protect themselves against EVD infection and be able to response in case of EVD dead cases confirmed in the country. The SDB trained volunteers were part of the Risk Communication team in each location to keep them engaged.
- During the three months' preparedness operation, SSRC conducted training for volunteers and staff on Ebola Viral diseases risk communication and community engagement including Epidemic preparedness and response in the 9 locations. In which 299 volunteers (200 males, 99 females) and 15 males' staff were trained and engaged in EVD preparedness activities in the target areas of Nimule, Kaya, Kajojeji, Morobo, Juba, Yei, Maridi and Yambio. The training aimed at empowering the volunteers to be able deliver the right message to the communities in preventing EVD. The training was facilitated by SSRC staff. Those staff involved in facilitation included Health manager, Emergency health coordination, WASH/SDB coordinator and health officers the branch of target locations.
- SSRC conducted 10 radio talk shows in two locations (5 in Nimule and 5 in Yambio). These radio sessions were interactive with members of community calling during the live show. Nimule and Yambio were selected as he two were most at risk to their proximity to Uganda.
- This DREF had planned to procure one replenishment kit and one training kit, however, this was merged to the Uganda EVD preparedness stocks that were being procured. That adjustment followed the mitigation measures of the procurement delay learnt on the SDB kits procurement. This will however be prepositioned at the regional level.
- This intervention provided resources and coordination platform to engage the MoH and health partners locally. That opportunity serve to strengthen the positioning of SSRC and the coordination with local actors. One most important success was also that South Sudan Red Cross jointly with MOH and partners revised SDB Ebola Viral Disease standard protocols, including a working 72-hour SDB response plan with clear roles and responsibilities in alignment with the IFRC regional strategy.  
SSRC distributed 80 boxes of dry cell for megaphones used during EVD awareness raising in the community
- SSRC had planned to undertake disinfection activities and since no case was reported, instead procured, and distributed 240 cartons of soap, 1,775 boxes of gloves and 45 boxes of face masks. The 240 tins of cholérine already procured were distributed to all 8 locations.
- And 60 Hand washing facilities (mainly 10L buckets) distributed and installed in 10 in Maridi, 30 in Yei -10 for Morobo, 10 for Kaya and 10 for Yei, 20 in Yambio and 10 in Magwi.





## Community Engagement And Accountability

**Budget:** CHF 6,816

**Targeted Persons:** 220,800

**Assisted Persons:** 154,774

### Indicators

Title	Target	Actual
# of community consultations and dissemination sessions setup	8	9
# of feedback systems set up	1	1
# of IEC material produced	4,000	1,600

### Narrative description of achievements

SSRC engaged target communities in various activities including the use of radio, community gatherings and door to door. In total, there were nine (9) organized community consultations and dissemination sessions conducted during this operation. These sessions provided communities the platform to engage SSRC and MoH teams on understanding the disease, how its spread, prevented and uncovering myths.

SSRC established feedback system that provided communities with opportunity to reach the NS for information and rumor reporting. Further SSRC through this DREF, printed and distributed 1,600 posters and 15,000 leaflets.

From October to December 2022, there were 154,774 people (78,629 females and 76,145 males) that had been reached in Nimule, Yei, Kaya, Morobo, Kajo-keji, Lainya, Juba, Yambio and Maridi with EVD preventive messages by volunteers using house to house and social places like markets, water points, churches and school's approach.

This approach was used to every person in the community is reached with EVD prevention messages. T



## Secretariat Services

**Budget:** CHF 0

**Targeted Persons:** 220,800

**Assisted Persons:** 1

### Indicators

Title	Target	Actual
# of monitoring visits conducted	3	1

### Narrative description of achievements

- Monitoring visit was conducted in Nimule and Juba branch in January 2023.

### Lessons Learnt

- Preposition of stocks is essential for preparedness.
- Refresher courses are essential for staff and volunteers and should systematically factor the level and capacity of the receivers.



## Challenges

- Knowledge retention is an issue which needs to be looked into.



## National Society Strengthening

**Budget:** CHF 37,404

**Targeted Persons:** 220,800

**Assisted Persons:** 1

## Indicators

Title	Target	Actual
# of monthly monitoring visits conducted	3	3
# of weekly supervisory visits conducted at county level	12	6
# of Branch staff mobilized	3	17
# of SoPs prepared and disseminated on SDB teams response to alerts	1	1
# of MoUs prepared and signed with MoH on SSRC role in SDB	1	1
# of lessons learned workshop conducted	1	1

## Narrative description of achievements

From 12 to 14 December 2022, a team comprising of SSRC PMER Coordinator, Emergency Health Coordinator and WASH advisor NLRC conducted a monitoring visit to Nimule border points with main objectives to train RCCE volunteers on data collection, follow up and verify the items supplied to support EVD in Nimule Border points.

SSRC had planned to conduct 12 supervisory visits, however on 6 visits were conducted due to travel limitations to some areas. However, though not all supported by the DREF allocation, SSRC instead mobilised more staff from the initial planned 3 to 17 to ensure adequate monitoring of activities.

From 23rd to 31st January, IFRC Juba cluster PMER focal person carried out a monitoring mission to support and facilitate the lessons learned workshop in EVD target areas of Nimule, Yei, Juba, Maridi, Yambio and Mundri. With Support of SSRC PMER Coordinator and Emergency health Coordinator, the lessons learned workshop was conducted in Juba, Nimule, Maridi, Yambio and Yei. The main objective was to review the progress to date against the planned objectives/outputs/activities in the agreed Emergency Plan of Action (EPoA) and Budget for the DREF operation, establish key achievements, issues [challenges], and lessons learned within the DREF operation to date, support SSRC to ensure compliance with the agreed standard operating procedures [relevant to DREF operations), support the NS in drafting the final report for the EVD.

## Challenges

### Operational Challenges

1. Dual tasking existing staff increased workload and affected monitoring and mentoring of field staff in all the eight locations involved in the EVD preparedness activities implementation.
2. Delay cash transfer to locations without bank services such as Kaya, Morobo and Lainya
3. Limited logistic capacity in some locations/units especially in Nimule, Kajokeji affected implementation.
4. Limited fund to hire additional human resource to implement EVD preparedness activities.
5. Lack of internet access made communication with some locations like Nimule, Kaya, Morobo and Lainya very difficult including sending of weekly report.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRSS011
Budget Timeframe	2022-2023	Budget	APPROVED

Prepared on 02/Jan/2024

All figures are in Swiss Francs (CHF)

### MDRSS011 - South Sudan - Anticipatory Actions EVD Outbreak

Operating Timeframe: 13 Oct 2022 to 31 Jan 2023

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>154,718</b>
DREF Anticipatory Pillar	154,718
<b>Expenditure</b>	<b>-75,619</b>
<b>Closing Balance</b>	<b>79,099</b>

#### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	110,498	71,818	38,680
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		1,265	-1,265
PO10 - Community Engagement and Accountability	6,816		6,816
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>117,314</b>	<b>73,083</b>	<b>44,231</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services		2,536	-2,536
EA03 - National Society Strengthening	37,404		37,404
<b>Enabling Approaches Total</b>	<b>37,404</b>	<b>2,536</b>	<b>34,868</b>
<b>Grand Total</b>	<b>154,718</b>	<b>75,619</b>	<b>79,099</b>

[Click here for the complete financial report](#)

### Please explain variances (if any)

With the outbreak control in Uganda and given that no confirmed cases were added to the initial caseload, the South Sudan planned surveillance and volunteers system was maintained only for a reduce time.

Some activities such as disinfection activities also were cancelled since no case was reported.

Furthermore, expenditures linked to displacement and travel visits were limited to the access. Access being restricted in some areas following Government measures.

This explained the main variances and the balance of CHF 79,099. This closing balance will returned to the DREF pot with the closure of MDRSS011 – SS EVD Preparedness operation.



# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRSS011
Budget Timeframe	2022-2023	Budget	APPROVED

## FINAL FINANCIAL REPORT

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PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		1,265	-1,265
PO10 - Community Engagement and Accountability	6,816		6,816
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<b>Grand Total</b>	<b>154,718</b>	<b>75,619</b>	<b>79,099</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRSS011
Budget Timeframe	2022-2023	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 02/Jan/2024  
All figures are in Swiss Francs (CHF)

## MDRSS011 - South Sudan - Anticipatory Actions EVD Outbreak

Operating Timeframe: 13 Oct 2022 to 31 Jan 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>28,100</b>	<b>10,494</b>	<b>17,606</b>
Water, Sanitation & Hygiene	16,000		16,000
Medical & First Aid	7,700		7,700
Teaching Materials	4,400		4,400
Other Supplies & Services		10,494	-10,494
<b>Logistics, Transport &amp; Storage</b>	<b>22,000</b>	<b>5,956</b>	<b>16,044</b>
Distribution & Monitoring	2,000		2,000
Transport & Vehicles Costs	10,000	5,956	4,044
Logistics Services	10,000		10,000
<b>Personnel</b>	<b>40,870</b>	<b>24,616</b>	<b>16,254</b>
National Society Staff	6,000	24,616	-18,616
Volunteers	34,870		34,870
<b>Workshops &amp; Training</b>	<b>20,944</b>	<b>19,499</b>	<b>1,445</b>
Workshops & Training	20,944	19,499	1,445
<b>General Expenditure</b>	<b>33,361</b>	<b>10,439</b>	<b>22,922</b>
Travel	6,000	4,388	1,612
Information & Public Relations	16,600	2,653	13,947
Office Costs		1,266	-1,266
Communications		2,766	-2,766
Financial Charges	10,761	-634	11,395
<b>Indirect Costs</b>	<b>9,443</b>	<b>4,615</b>	<b>4,828</b>
Programme & Services Support Recover	9,443	4,615	4,828
<b>Grand Total</b>	<b>154,718</b>	<b>75,619</b>	<b>79,099</b>

# Contact Information

For further information, specifically related to this operation please contact:

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[Click here for reference](#)

