# DREF Operational Update

## South Sudan: BVD Outbreak Readiness


SSRC volunteers raise household BVD awareness in Maridi via CBS/RCCE

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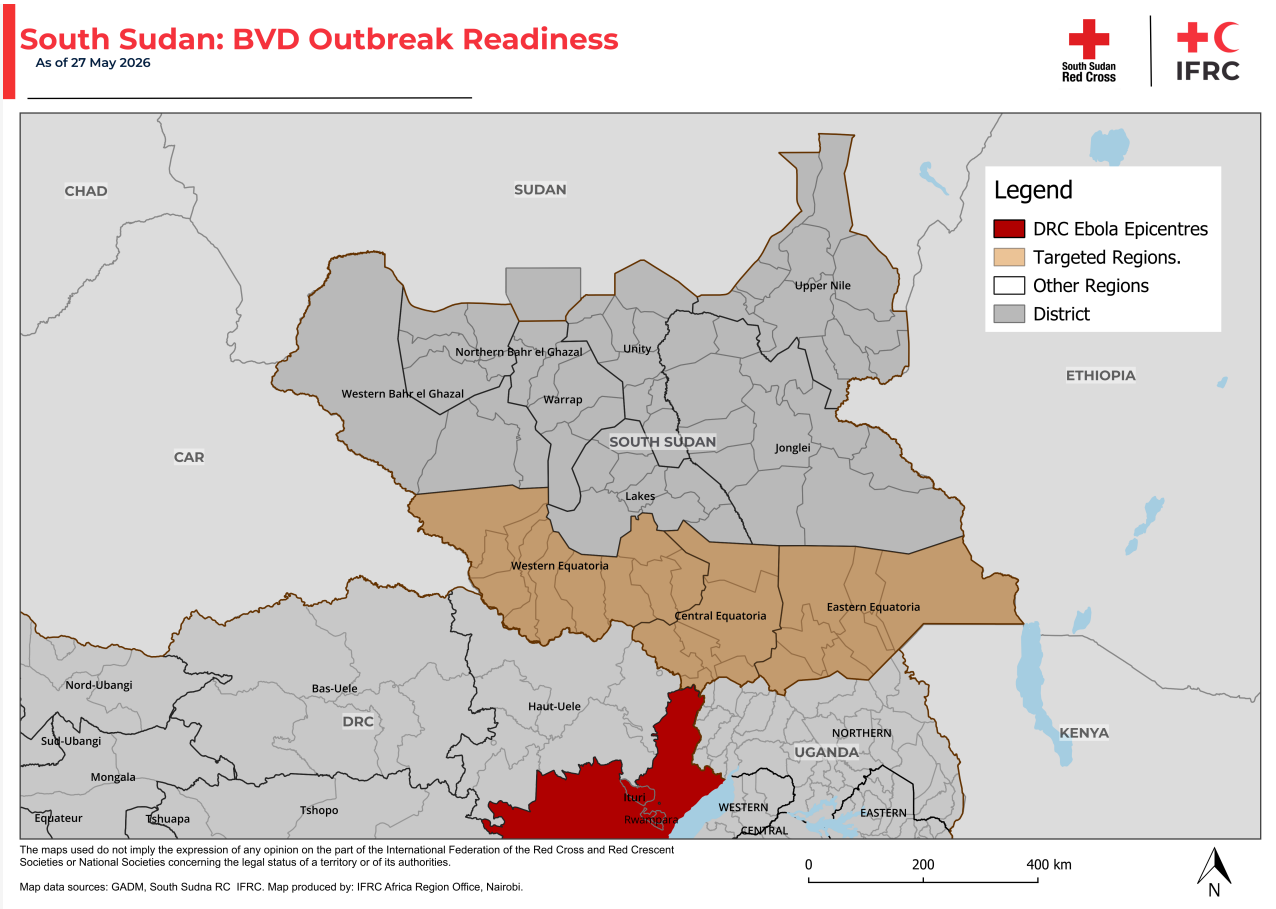
| Appeal:<br>**MDRSS019** | Total DREF Allocation:<br>**CHF 48,810** | Crisis Category:<br>**Yellow** | Hazard:<br>**Epidemic** |
| Glide Number:<br>**EP-2026-000071-COD** | People Affected:<br>**500,000 people** | People Targeted:<br>**500,000 people** | |
| Event Onset:<br>**Slow** | Operation Start Date:<br>**31-05-2026** | New Operational End Date:<br>**31-10-2026** | Total Operating Timeframe:<br>**5 months** |
| Reporting Timeframe Start Date:<br>**31-05-2026** | | Reporting Timeframe End Date:<br>**29-07-2026** | |
| Additional Allocation Requested:<br>**-** | | Targeted Regions:<br>**Central Equatoria, Eastern Equatoria, Western Equatoria** | |

# Description of the Event




A map of South Sudan showing BVD outbreak readiness areas

## Date when the trigger was met

20-05-2026

## What happened, where and when?

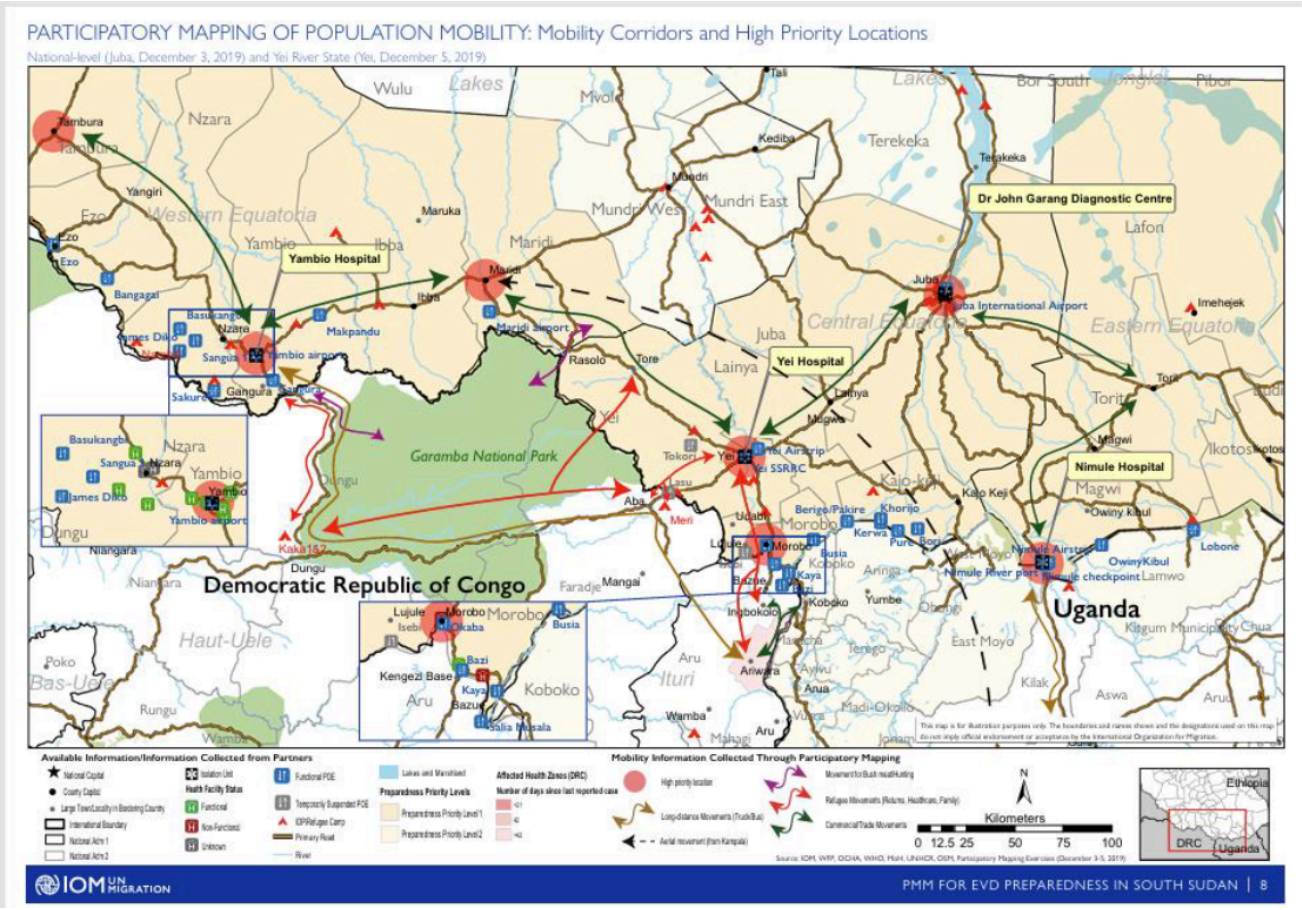
Regional Context: The regional outbreak remains primarily centered in the Democratic Republic of Congo (DRC), where the epidemic has spread across 41 health zones in the provinces of Ituri, North Kivu, South Kivu, Tshopo, and Haut-Uélé, with the latter two representing newly affected provinces with confirmed cases. In Uganda, the final official tally stands at 20 cumulative confirmed cases and 2 confirmed deaths, with 18 recoveries. According to the National Public Health Institute of South Sudan, as of 24 July, confirmed cases in the DRC continue to grow steadily, with confirmed deaths nearly doubling and suspected cases showing significant fluctuations. Given South Sudan's geographic proximity to the DRC, this epidemiological trend presents a direct threat to national health security. South Sudan remains at high risk of BVD importation, driven by porous borders, active cross-border trade, humanitarian displacement, and major transit corridors along the western and southern border interfaces with both the DRC and Uganda.

To support the regional response across IFRC Secretariat coverage, the Emergency Appeal has mobilized approximately CHF 29.5 million as of 11 July 2026, representing 56.7% in hard pledges (including in-kind contributions) and 43.3% in soft pledges.

Country Context & Situational assessment: On 15 May 2026, the Ministry of Public Health, Hygiene and Social Welfare of the DRC and the Ministry of Health of Uganda formally declared an outbreak of Ebola Disease following the confirmation of Bundibugyo Virus Disease (BVD) in both nations. Consequently, on 16 May 2026, the WHO Director-General declared the outbreak a Public Health Emergency of International Concern under International Health Regulations provisions, convening the first Emergency Committee meeting on 19 May 2026 to issue temporary recommendations to State Parties. As of 21 May, 746 suspected cases and 176 suspected deaths were reported in DRC, alongside 85 total confirmed cases (including two in Uganda) and ten confirmed deaths across both affected countries. On 20 May

2026, the South Sudan Ministry of Health and WHO, through the Health Cluster in which SSRC is a member, designated South Sudan as a high-risk country for BVD importation due to porous borders and intense cross-border population movement with DRC and Uganda. All health partners were called upon to initiate preparedness and readiness activities across core response pillars in priority border locations. This aligns with the IFRC BVD risk categorization, which places South Sudan as a Tier 1 country requiring direct preparedness actions.

Following further temporary recommendations issued by the IHR Emergency Committee on 22 May 2026 for land-bordering states, the Health Cluster continues to emphasize high operational alertness. Although South Sudan has recorded no confirmed cases to date, the risk of importation remains elevated due to porous borders, high population mobility, fragile health infrastructure, limited infection prevention and control capacity, and historical vulnerability to public health emergencies.




A mapping of mobility corridors and high priority locations in South Sudan

## Scope and Scale

The BVD outbreak situation in South Sudan has not changed since the declaration of the outbreak in DRC and Uganda on 19 May 2026. The country remains with no confirmed BVD cases, however, cumulatively there has been 26 suspected cases that that have been reported, investigated, and all of them turned negative on laboratory testing.

With the ongoing BVD outbreak in DRC, South Sudan remains at significant risk due to regular cross border movements for trade, markets, socio-cultural events and displacement, and the South Sudan Health Cluster Co-Chairs (the MOH and WHO) continue to coordinate and work with in country partners to implement BVD outbreak readiness activities across all identified high risk areas in the country.

The eight targeted locations by this DREF operation (Nimule, Juba, Yei, Kaya, Morobo, Maridi, Yambio and Kajokeji) have an estimated total population of 500,000 people and act as important corridors between South Sudan and her 2 neighbors, DRC and Uganda. The South Sudan cross border health facilities in these areas already operate with limited human resources, constrained WASH infrastructure, sub optimal IPC, and long distances to referral centers with laboratory capacity, all of which could delay detection of imported cases and increase the risk of onward community transmission.

With direct shared border crossing points with both Uganda and DRC, an unmitigated spillover of BVD into these locations could rapidly

overwhelm local health services, fuel community fear and stigma, and disrupt livelihoods dependent on cross border trade, livestock movement and daily wage labor. Cultural practices involving close physical contact during illness and funerals, and the presence of mobile and hard to reach populations, would complicate contact tracing and safe case management if preparedness is not in place before a spillover event occurs. Given the severity of Ebola and fragile health systems in South Sudan, readiness investment in surveillance, RCCE, WASH, IPC, safe and dignified burials (SDB), and rapid response capacity is essential to avert a potentially large-scale humanitarian and public health emergency.

From the onset of the outbreak in the neighboring countries, the South Sudan Health Cluster has recommended the following interventions to partners for support and this IFRC-DREF intend to contribute to that:
1. Establish a national coordination mechanism articulated with subnational levels.
2. Enhance rapidly the status of readiness to respond to BVD cases, including establishing active surveillance across health facilities, with zero reporting; enhancing community-based surveillance for clusters of unexplained deaths; establishing access to laboratories qualified to test for BVD; raising the awareness of health workers regarding BVD; training health workers on IPC precautions; establishing rapid response teams for the investigation and management of BVD patients and their contacts; establishing a mechanism for the identification and monitoring of contacts.
3. Intensify risk communication and community engagement activities, in communities residing in border areas and at points of entry, including airports and ports with direct connection with States Parties with documented BDBV detection, and provide the general public with accurate and up to date information regarding the BVD epidemic and measures to reduce the risk of exposure.
4. Exercise arrangements in place to respond to BVD through simulation exercises relating to management of BVD" alerts", including cross-border; sample referral; activation of rapid response teams and mechanisms.

## Source Information

| Source Name | Source Link |
|---|---|
| 1. World Health Organization | https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON603 |
| 2. World Health Organization | https://www.who.int/news/item/22-05-2026-first-meeting-of-the-ihr-emergency-committee-regarding-the-epidemic-of-ebola-bundibugyo-virus-disease-in-the-democratic-republic-of-the-congo-and-uganda-2026-temporary-recommendations |

# Summary of Changes

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| Are you changing the timeframe of the operation | **Yes** |
| Are you changing the operational strategy | **No** |
| Are you changing the target population of the operation | **No** |
| Are you changing the geographical location | **No** |
| Are you making changes to the budget | **No** |
| Are you requesting an additional allocation? | **No** |

**Please explain the summary of changes and justification:**

This update provides progress on the MDRSS019 South Sudan BVD readiness actions through the IFRC-DREF funding allocated on 31 May 2026 to ensure the NS is ready in case of an escalation of the outbreak in the country. The update also seeks an extension of the implementation timeframe by three months (new end date: 31 October 2026) to ensure the NS remains prepared and ready to respond as the BVD outbreak situation in neighboring DRC continues to be uncontrolled and with a major risk of cross border spillover into neighboring countries including into South Sudan.

Through previous preparedness and readiness work of SSRC in VHF outbreaks, the MOH has recognized SSRC capacity and mandated the NS to take lead in SDB work in country, alongside community level risk communication and community engagement, community-based surveillance and point of entry/exit screening.

The requested extension of the implementation timeframe for this DREF operation is mainly to ensure the procured SDB training and starter kits are delivered to South Sudan, allow the SSRC undertake the proposed SDB trainings and finalize other planned activities under this DREF operation:
• Production and radio broadcast of audio jingles on EVD/BVD epidemic preparedness. Diffusion of the messages will align to the stage of the risk evolution and inform on NS positioning.
• Continue with the outbreak monitoring, in-country and cross border coordination with the support of IFRC and stakeholders.
• Ensure NS logistic, administrative and operational capacity to scale-up for response is optimized with the completion of the procurement and dispatch of essential stationery and office supplies that will serve the immediate branches in early response in case of outbreak in country.
• Maintain strong team vigilance, real time information sharing and communication with the continuous provision of operational airtime for HQ and branch teams.
• Facilitation of a Lessons Learned Workshop to capture key operational insights to happen at the end of the intervention.

The continuation and full execution of this DREF operation remain vital to maintaining SSRC's operational readiness and response capacity in the event of a BVD outbreak.

# IFRC Network Actions Related To The Current Event

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| **Secretariat** | The IFRC Juba Country Cluster Delegation for Uganda, Tanzania and South Sudan are based in Juba, South Sudan with technical staff providing technical support to SSRC staff supporting the operations across the different operations (Programs, Finance, Administration, HR and Security).<br><br>Specific to this operation, the IFRC has convened and coordinated weekly movement partners meetings to deliberate the BVD situation in country and to support SSRC in the implementation of her BVD Outbreak Readiness Plan of Action. Through the deployed PHiE Co. surge member the IFRC has supported SSRC in BVD coordination meetings with the MOH and partners at the national level, as well at the different technical pillars that SSRC is a key player (RCCE, Surveillance and SDB). Additionally, the deployed PMER Co. is supporting SSRC with BVD operation data collection and reporting, the IFRC logistics officer is supporting with procurements, and overall, the cluster Disaster Management and Finance Delegates have been supporting SSRC in overall program and financial oversight for this operation. |
| **Participating National Societies** | There are currently seven Partner National Societies (Swedish RC, Danish RC, Netherlands RC, Swiss RC, German RC, Finnish RC, Norwegian RC) in addition to ICRC in South Sudan. They support activities in different programmatic areas of health, WASH, Protection and Disaster risk Management and security.<br><br>Specific for this current outbreak readiness, the Swedish Red Cross has availed USD 50,000 and the Finnish Red Cross has contributed Euros 100,000 to support the NS to preposition. These resources have been instrumental to SSRC complementing the DREF |

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| | allocation for community level interventions in RCCE, CBS, and POE screening of the 240 deployed volunteers. |

# ICRC Actions Related To The Current Event

ICRC has a delegation in the country that is working closely with the national society in health, protection, WASH, security and Disaster risk management. For this BVD operation, the ICRC has been instrumental in security information gathering and sharing with SSRC and all in country partners to inform planning and implementation of the DREF operation activities.

# Other Actors Actions Related To The Current Event

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| **Government has requested international assistance** | Yes |
| **National authorities** | National coordination and surveillance: The Ministry of Health has reactivated the National Public Health Emergency Operation Center (PHEOC) in Juba to coordinate preparedness and readiness, strengthen surveillance, and conduct continuous risk assessment at national and State levels. Rapid response teams have been deployed to high-risk locations bordering DRC and Uganda and along key movement corridors, including Nimule, Juba, Marid, Yambio, Yei, Bazi, Kaya and Kajokeji, to enhance event-based surveillance and early reporting.<br><br>Border and community measures: Authorities have intensified screening and monitoring at formal border points with DRC and Uganda, advising health facilities and local governments in high-risk areas to be on high alert for suspected BVD cases. The Ministry of Health has issued public advisories, activated a toll-free hotline, and urged communities to promptly report symptoms consistent with viral hemorrhagic fevers for follow up.<br><br>Regional and international engagement: South Sudan government has participated in regional coordination efforts convened by IGAD and Africa CDC, sharing information and aligning national preparedness and readiness measures with neighboring countries. These engagements aim to strengthen cross border early warning, laboratory readiness, infection prevention and control, and risk communication and community engagement in light of the outbreak in DRC and Uganda. |
| **UN or other actors** | WHO is working with the Ministry of Health to reinforce outbreak readiness systems, including support to rapid response teams, prepositioning of essential medical supplies, and training of health workers and community level cadres on viral haemorrhagic fever detection, case management, and IPC at different levels of the health system.<br><br>UNICEF and other humanitarian partners are using existing health, WASH and RCCE platforms to help disseminate public information on EVD, integrate key messages into ongoing community programmes, and maintain essential services in high-risk and border areas.<br><br>The Intergovernmental Authority on Development (IGAD), through its PREPARE project, has convened high level regional coordination on the Ebola outbreak in DRC and Uganda and is working with South Sudan and other member states to strengthen cross |

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| | border early warning, points-of-entry preparedness, laboratory capacity, and harmonised risk communication messaging. Africa CDC has engaged South Sudan's health authorities as part of regional efforts to support preparedness in countries neighbouring the outbreak area, including technical guidance and potential surge support for surveillance and response. |

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

Public Health Emergency Operations Center (PHEOC): The national PHEOC in Juba serves as the central hub for coordinating preparedness and response to public health emergencies, including VHFs and other epidemics. It brings together government departments, UN agencies, NGOs and technical partners to manage incident command, analyze surveillance data, oversee logistics and resource allocation, and ensure timely risk communication in line with International Health Regulations and IDSR.

National and State task forces, IDSR and EWARS: A National Task Force (NTF) on epidemic preparedness and response, supported by technical working groups, meets regularly to guide policy, review risk, and coordinate multi-sectoral actions. At state and county levels, State Task Forces and rapid response teams work with surveillance officers to implement Integrated Disease Surveillance and Response (IDSR), including electronic EWARS reporting from health facilities, community and event-based surveillance, and cross-border monitoring for priority diseases.

SSRCS integration to border coordination in place and RCRC coordination: SSRC is working in close coordination with the Ministry of Health and other partners at national level. SSRC is also coordinating its activities with other partners through active participation at the national steering committee meetings that bring together all partners and line ministries on weekly basis (on Thursdays) to discuss preparedness and response activities which now include VHF preparedness. SSRC also continue to coordinate its activities through the national society emergency operation center which consolidates all preparedness activities to guide decision making at management level. Other forums include the RCRC partners monthly Movement Operation Coordination (MOC) where all ongoing preparedness activities are presented. At the field level, SSRC through the branches is working closely with county health departments, state ministry of health, and other partners and this will be enhanced during the implementation of these DREF activities.

# Needs (Gaps) Identified

## Health

1. Insufficient Community-Based Surveillance (CBS) Capacity for Early Detection of disease threats in the targeted areas: The identified high-risk border counties in South Sudan lack an adequate number of trained Community-Based Surveillance (CBS) volunteers to support early detection, alert generation, and referral of suspected BVD cases. CBS functionality at prioritized high-risk border points and community entry routes remains limited, increasing the risk of delayed detection and reporting of disease threats in targeted communities.

2. Limited Trained Human Resources on EPiC for BVD readiness in the targeted areas: There is a limited pool of SSRC volunteers and Community Health workers trained in the Epidemic Preparedness and Response in Communities (EPiC) module in the targeted areas. This constrains community-level preparedness and response to BVD and other Viral Hemorrhagic Fevers (VHFs), particularly in border and hard-to-reach areas, including the 8 priority locations for BVD readiness. Strengthened capacity building is required to enhance prevention, detection, and response at the community level.

3. Inadequate Risk Communication and Community Engagement (RCCE) Coverage in targeted areas: Border communities have insufficient knowledge of BVD symptoms, transmission risks, and the importance of early reporting of disease events in their communities. Critical gap remains in timely community feedback collection, analysis and use of generated information to inform BVD readiness actions.

4. Limited Access to Safe Water and WASH Services in targeted areas: High-risk border communities face limited access to safe water and adequate WASH services, increasing vulnerability to disease transmission and undermining infection prevention and control (IPC) measures during suspected or confirmed BVD events.

5. Limited SDB capacity in the targeted areas: The 8 targeted cross border counties lack trained SDB teams, a gap that SSRC seeks to fill using this BVD operation resources. Additionally, SSRC will require at least 4 vehicles - for 2 SDB teams, a station wagon and a canopied

pickup for each team - for SDB prepositioning in readiness to respond should a confirmed case be reported in South Sudan. The vehicle rentals will be supported by complementary funding through the regional emergency appeal resources.

## Water, Sanitation And Hygiene

South Sudan continues to face significant WASH challenges, with large portions of the population lacking reliable access to safe water and adequate sanitation, particularly in rural and hard-to-reach areas where communities often rely on unsafe surface water or poorly maintained water points. Chronic shortages of soap, safe water storage containers, and functional handwashing facilities limit the adoption of basic hygiene practices, including proper hand-washing technique for disease prevention including for BVD. These gaps are further exacerbated in overcrowded IDP camps and transit sites for returnees and refugees, where WASH services are overstretched, undermining infection prevention and control and heightening vulnerability to epidemic-prone pathogens such as Ebola Virus Disease.

At both facility and community levels, chronic water shortages, poor sanitation, and weak healthcare waste management undermine effective IPC. Health facilities lack reliable water supply, storage, and backup systems needed to sustain intensive care and isolation for suspected BVD cases. Inadequate healthcare waste management, including lack of color-coded bins, sharps containers, biohazard bags, and functional incinerators, combined with training gaps among cleaners and frontline staff, increases occupational and community transmission risks.

## Protection, Gender And Inclusion

Protection, Gender and Inclusion (PGI) interventions are critical to ensure that prevention, surveillance, and response efforts are safe, equitable, and accessible in remote and hard-to-reach communities. Protection actors will work with community leaders, women's groups, youth, and persons with disabilities to identify and address gender- and protection-related risks, including stigma, discrimination, fear of isolation, and barriers to accessing health services, particularly for women, girls, and mobile populations.

Community-based awareness and feedback mechanisms will be strengthened to promote dignity, informed consent, and culturally appropriate messaging, while safeguarding measures will be integrated into all preparedness activities to prevent exploitation, abuse, and neglect. In remote border areas where formal services are limited, protection teams will play a crucial role in connecting communities to available referral pathways, fostering social cohesion across borders, and ensuring that disease preparedness measures do not exacerbate existing vulnerabilities or inequalities.

## Community Engagement And Accountability

Effective BVD preparedness along the South Sudan–DRC/Uganda border requires strong, trust-based community engagement to ensure early detection, acceptance of preventive measures and timely care-seeking in remote and mobile populations. Communities need clear, consistent and culturally appropriate information delivered through trusted local channels to address fears, rumors and stigma associated with viral hemorrhagic diseases. Engagement efforts should recognize cross-border movement, traditional practices related to caregiving and burial, and low access to formal services, while creating safe spaces for dialogue and feedback. Meaningful community participation is essential to build ownership, promote behavior change, and ensure preparedness measures are understood, accepted and sustained without exacerbating fear or exclusion.

# Any identified gaps/limitations in the assessment

N/A

# Operational Strategy

## Overall objective of the operation

The main objective of this BVD outbreak readiness DREF is to strengthen preparedness and readiness at SSRC by prepositioning Safe and Dignified Burial (SDB) kits, support participation of the NS in key BVD outbreak coordination mechanisms at national and sub national level, support the NS to complement MOH's BVD risk communication messaging through radio platforms and printing of IEC materials for distribution in target cross border areas using the already existing branch capacity, support branch and HQ capacity strengthening and in the end conduct a lessons learned workshop to review the DREF implementation experience for learning and future planning.

## Operation strategy rationale

For this BVD readiness operation, the South Sudan Red Cross builds up on experiences, lessons learnt and capacities created from previous Viral Hemorrhagic Fevers' preparedness and readiness work, the last one being in January to February this year following the Marburg Virus Disease outbreak in Ethiopia.

So far through this BVD outbreak readiness operation, SSRC has already reactivated its disaster response mechanisms and has been able to implement the following activities:

1. Coordination and partnerships: SSRC is a key member of the health cluster in South Sudan. SSRC is taking part in the National, State, and County level BVD outbreak coordination meetings, as well as pillar level meetings for RCCE, Surveillance and SDB pillars.

2. Production and dissemination of BVD radio jingles and IEC materials: SSRC being one of the key partners under the RCCE pillar is participating in MOH engagements on development of translated BVD IEC materials and radio jingles expected to be deployed for BVD RCCE messaging. Once the approved versions are available, SSRC will support with printing and distribution of these IEC materials, as well as supporting the MOH with resources for radio airtime to air the radio jingles. This is expected to be realized in the requested no cost extension period.

3. Procurement of SDB kits (training, starter and replenishment): SSRC has been recognized and mandated by the national MOH as the SDB team lead in South Sudan. As part of this operation, SSRC is procuring 4 SD training kits, 2 starter kits and 2 replenishment kits to support sub national SDB training and pre-positioning. The international procurement of these kits has been completed with support from IFRC, and shipment in country is expected in the next 2 months - thus the request for a no cost extension. The delays in procurement and shipment of the SDB kits are essentially attributed to standard procurement, shipping, administrative, and customs clearance procedures.

# Targeting Strategy

## Who will be targeted through this operation?

The intervention prioritizes locations along or near the DRC and Uganda borders (Nimule, Juba, Kaya, Yei, Morobo, Bazi, Maridi, Yambio) that have been identified by the Ministry of Health as high risk for BVD due to intense cross border movement for trade, pastoralism, family and cultural ties.

These locations—already characterized by weak health and WASH services—are further strained by the presence of displaced populations and returnees due to armed conflict, increasing the likelihood of exposure and rapid transmission in the event of a viral hemorrhagic fever introduction. Targeting these areas and populations aims to reduce outbreak risk while addressing heightened health, protection, and information gaps among the most vulnerable groups.

Targeting criteria
- Locations along or near the DRC and Uganda borders identified as high risk for BVD (Nimule, Juba, Kaya, Yei, Morobo(Bazi), Maridi, Yambio).
- Areas with high levels of cross-border movement in the 8 priority cross border areas.
- Locations with weak health and WASH service coverage within these 8 target locations.
- Border and host communities with frequent contact with travelers and traders.

- IDPs, returnees, and refugees in border and transit areas living in congested settings with limited access to health care, WASH, and reliable information.

## Explain the selection criteria for the targeted population

The operation targets cross border communities living in cross border areas along the South Sudan-Uganda, and South Sudan-DRC borders. These frontline communities are at a higher risk of exposure to BVD spillover events from the2 neighboring countries due to high cross border population movement through formal and informal `borders. The operation targets the entire population in these areas with targeted BVD messages through radio and printed IEC materials.

# Total Targeted Population

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| Women | **119,850** | Rural | **0.9%** |
| Girls (under 18) | **140,000** | Urban | **0.1%** |
| Men | **115,150** | People with disabilities (estimated) | **0.2%** |
| Boys (under 18) | **125,000** | | |
| Total targeted population | 500,000 | | |

# Risk and Security Considerations (including "management")

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| Does your National Society have anti-fraud and corruption policy? | **Yes** |
| Does your National Society have prevention of sexual exploitation and abuse policy? | **Yes** |
| Does your National Society have child protection/child safeguarding policy? | **Yes** |
| Does your National Society have whistleblower protection policy? | **Yes** |
| Does your National Society have anti-sexual harassment policy? | **Yes** |

**Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.**

| Risk | Mitigation action |
|---|---|
| 1. Insecurity and access constraints<br>Armed violence, intercommunal clashes and criminality can disrupt access to high-risk border counties, delay deployment of | Work through local SSRC branches and volunteers from target locations who can operate safely when national staff movement is restricted and coordinate closely with local authorities and |

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| teams, and endanger staff and volunteers. This could slow implementation of CBS, RCCE and WASH/IPC activities, force suspensions or rerouting, and increase operational costs for security measures and alternative transport. | community leaders on timing and routes.<br>Apply strict security SOPs, use remote support (phone/online coaching, radio RCCE, pre-positioned supplies) when field access is limited, and integrate security costs (secure transport, communications) into the budget as contingency. |
| 2. Flooding and climatic shocks<br>Seasonal flooding regularly damages roads, airstrips and health facilities, especially in Yambio and parts of Western Equatoria, cutting off communities and humanitarian supply routes. Such disruptions could delay pre-positioning of PPE and SDB kits, limit supervision and monitoring visits, and compress timelines into shorter windows when physical access is possible. | Pre-position PPE, WASH and IPC supplies in branch warehouses and health facilities before peak rainy seasons, and use diversified transport options (boats, motorbikes, air where available) for last-mile delivery.<br>Build flexible implementation plans with seasonal access mapping, allowing activities to be advanced or shifted between locations depending on flood conditions, with a small contingency for emergency air or river transport if critical gaps emerge. |
| 3. Weak health system and parallel outbreaks<br>The health system is fragile, under-funded and already strained by other epidemics (e.g., cholera) and high routine caseloads. Limited human resources, laboratory capacity and supplies mean that a EVD alert or confirmed case could overwhelm facilities, divert staff from preparedness tasks, and slow investigation and confirmation, undermining early-action objectives. | Focus Red Cross support on community-level functions (CBS, RCCE, basic MHPSS, SDB and WASH/IPC around facilities) that complement, rather than duplicate MoH services, and provide targeted training and supplies to relieve pressure on facilities.<br>Coordinate closely with MoH, WHO and partners to align with existing outbreak responses (e.g., cholera), share RRT capacity, and activate surge technical support if concurrent outbreaks threaten to derail Marburg preparedness activities |
| 4. Community mistrust, rumours and low risk perception<br>High levels of misinformation and limited prior exposure to EVD can lead to denial, stigma, resistance to contact tracing and rejection of SDB, especially where authorities and aid actors are viewed with suspicion. This could reduce uptake of preventive behaviours, hinder safe isolation and burial, and force repeated engagement efforts, stretching RCCE and CEA resources and potentially extending the operation's duration. | Use a strong CEA approach with trusted local volunteers and leaders, two-way feedback channels (hotlines, help-desks, social listening) and tailored messaging that explains EVD, addresses fears around SDB, and emphasises respect for cultural practices.<br>Regularly analyse rumours and community feedback to adapt messages and engagement methods, engaging women's, youth and religious networks to co-design solutions and build acceptance before any potential cases occur. |
| 5. Funding shortfalls and competing crises<br>Multiple concurrent crises (conflict spillover from Sudan, displacement, food insecurity and floods) create intense competition for limited humanitarian funding. Insufficient or delayed resources could limit the scale of preparedness activities, reduce volunteer incentives and logistics capacity, and necessitate re-prioritisation of targets, thereby constraining achievement of coverage and readiness indicators. | Phase activities so that the most critical, high-impact preparedness actions (training, CBS tools, key pre-positioning, core RCCE) are implemented early, while actively engaging donors and Movement partners for complementary funding.<br>Include a modest, clearly justified contingency line (e.g., 5–10 per cent) for unforeseen costs linked to access constraints or scale-up, and prepare a readiness plan for rapid revision of targets and budget should additional resources become available or significant funding gaps arise. |
| Delayed implementation, program and financial reporting | The IFRC DM Delegate who is the budget holder for the operation shall provide oversight on the DREF implementation and in country monitoring with support from the regional PMER. In country CCD finance team shall provide oversight on financial reporting in line with the approved risk mitigation measures.<br><br>For MVD readiness DREF, the narrative report has been shared and reviewed by the regional PMER, and currently the IFRC team is following up with SSRC on the financial report. |
| Procurement delays, especially of SDB kits | SSRC with support from the IFRC Juba Country Cluster Delegation reached out to Ethiopia Red Cross Society to borrow 1 SDB training kit and 1 SDB starter kit from the stockpile acquired during the MVD outbreak response operation. These |

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| | borrowed kits are expected in country by August 10th and will support the operation before the international consignment arrives in country. |

**Please indicate any security and safety concerns for this operation:**

Operations in the high-risk border counties of South Sudan face significant security and safety threats that could affect personnel, volunteers and communities.

Security concerns in target areas: The targeted locations (e.g.,Kaya, Morobo(Bazi), Yei, Yambio) are affected by In-Opposition government control areas, and criminality, leading to periodic displacement, road ambushes and attacks on civilians and aid workers. Humanitarian access snapshots report frequent incidents involving violence against staff, compounds and supplies, as well as movement restrictions, which can disrupt field missions and expose teams to elevated security risks.

Safety risks for staff, volunteers and communities: Teams operate in remote areas with poor roads, flooding, and limited communications, increasing the risk of traffic accidents, river-crossing incidents and delayed medical evacuation. Health risks include exposure to EVD or other VHFs if IPC and PPE are inadequate, plus high background burdens of malaria, malnutrition and other diseases that can affect both responders and already-vulnerable communities.

Required security protocols and measures: The operation will follow national and partner security frameworks, including context-specific security risk assessments, movement clearance procedures, curfew and route restrictions, and mandatory security briefings for all staff and volunteers. Infection-prevention protocols (training on VHF case definition, safe sample handling, PPE use, safe and dignified burials) will be strictly enforced, alongside buddy systems, communication and tracking of field teams, and contingency plans for hibernation, relocation or evacuation if the security situation deteriorates.

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| Has the child safeguarding risk analysis assessment been completed? | No |

# Planned Intervention

## Health

**Budget:** CHF 40,552
**Targeted Persons:** 500,000
**Targeted Male:** 240,150
**Targeted Female:** 259,850

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of SDB training kits procured | 4 | 0 |
| # of SDB starter kits procured | 2 | 0 |
| # of IEC materials produced and disseminated | 250 | 0 |
| # of BVD audio jingles produced aired on radio and other platforms | 2 | 0 |

### Progress Towards Outcome

As outlined in the summary of changes and operational justification, the Safe and Dignified Burial (SDB) kits have been procured but still in Shanghai and Vienna, with arrival in South Sudan anticipated within the next two months. This delay is primarily attributed to standard administrative procedures and clearing processes.

For IEC materials and radio jingles, the development of translated products for printing (IEC) and airing (radio jingles) are being finalized, an exercise led by the MOH with support from partners. Afterwards, SSRC will support the MOH in printing and distribution of the IEC materials and procuring airtime for airing the radio jingles.

## Coordination And Partnerships

**Budget:** CHF 4,238
**Targeted Persons:** 0
**Targeted Male:** -
**Targeted Female:** -

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of weekly BVD outbreak readiness and response coordination meeting attended by SSRC teams | 16 | 8 |
| # of program documentation done | 1 | 0 |

### Progress Towards Outcome

The SSRC attends regular coordination meetings at the Public Health Institute with the Emergency Operation Centre. Within this, the SSRC and the IFRC also attend SDB/IPC, Surveillance and RCCE pillar meetings on a weekly basis. So far, SSRC has participated in 8 such meetings.

## Secretariat Services

**Budget:** CHF 1,695
**Targeted Persons:** 0
**Targeted Male:** -
**Targeted Female:** -

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of financial spot checks conducted | 2 | 0 |
| # of weekly movement partners meetings held on BVD readiness | 20 | 8 |

### Progress Towards Outcome

The movement partners have been meeting once a week, attended by the SSRC, IFRC, ICRC and PNSs in the country to deliberate, plan and support SSRC in the implementation of the BVD readiness interventions.

Financial spot-checks will be done in the requested no cost extension period, after the implementation of BVD readiness activities has been accelerated.

## National Society Strengthening

**Budget:** CHF 2,324
**Targeted Persons:** 0
**Targeted Male:** -
**Targeted Female:** -

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of lessons learned workshops conducted | 1 | 0 |
| # of program monthly reports submitted in time | 4 | 2 |
| # of final DREF report (narrative and finacial) submitted in time | 1 | 0 |

### Progress Towards Outcome

- SSRC has so far shared 2 monthly reports, submitted to IFRC as weekly sitrep updates for consolidation.
- SSRC and IFRC have initiated planning for the Lessons Learned Workshop. The agenda will center on health outcomes, training evaluations, and broader insights gathered across all functional pillars of the BVD preparedness operation, i.e. Risk Communication and Community Engagement (RCCE), Safe and Dignified Burial (SDB), Infection Prevention and control (IPC) and Coordination.

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

An NDRT officer (BVD readiness/response focal person) has been engaged to oversee this DREF operation backed by the health manager and other relevant technical, finance and logistics staff at the SSRC.

## Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

SSRC's 17,000+ volunteers are drawn from all major ethnic, linguistic and religious groups, and volunteerism is formally open to everyone regardless of sex, tribe, clan or social status, which supports strong cultural representation in most branches. Youth are well represented

through branch youth committees and a National Youth Council, and women already constitute a substantial proportion of active volunteers, especially in health, WASH and PGI activities.

Gaps and how they are being addressed:
Despite this, men still outnumber women overall, and female leadership and representation of older persons and persons with disabilities remain comparatively low in some branches, particularly in conservative or remote areas. To reduce these gaps, SSRC is:
• Setting branch-level targets to increase female, youth and disability representation in new volunteer recruitment and in community-health and RCCE teams.
• Prioritizing women and young people for team-leader roles and including PGI, SGBV and child-safeguarding content in all volunteer trainings to promote inclusive practice.
• Working with community leaders to identify trusted volunteers from under-represented Ethnic groups and vulnerable categories (e.g., people with disabilities), so that Marburg-related messaging and support are culturally appropriate and accessible to all.

## Will surge personnel be deployed? Please provide the role profile needed.

A Public Health in Emergencies (PHiE) coordinator with strong background in SDB has been deployed to South Sudan since July 8th to support SSRC in the implementation of the BVD readiness DREF operation. Specific support is targeting:

- Coordination with MOH and partners in national and pillar level readiness planning
- Supporting SSRC in BVD readiness assessment
- SDB training support
- Support in strengthening RCCE, surveillance and early warning systems through EPIC and CBS training to volunteers
- BVD readiness operation and financial oversight

Additionally, a PMER Co. surge member is deployed to South Sudan and is supporting SSRC to develop digitalized data collection tools for timely data collection and reporting, support with data analysis to inform the NS and IFRC decision making on the operation, support in activity planning, monitoring and planning for a lesson learned workshop

## If there is procurement, will it be done by National Society or IFRC?

The proposed SDB kits procurement and shipment is being handled by the IFRC, while SSRC is undertaking the procurement of IPC supplies, radio jingles and BVD IEC materials with support by the CCD senior procurement officer.

## How will this operation be monitored?

The IFRC DM Delegate who is the budget holder for the operation is providing oversight on the DREF implementation and in country monitoring with support from the PHiE Co. and PMER Co. surge members. In country CCD finance team is providing oversight on financial reporting in line with the approved risk mitigation measures.

## Please briefly explain the National Societies communication strategy for this operation

Internal and external channels: Internally, SSRC is using email, WhatsApp/phone groups, regular coordination calls and situation reports (SITREPS) to share updates between HQ, branches and field teams, following existing information-management and incident-management arrangements. Externally, information on SSRC's operation is shared through coordination forums (MoH PHEOC, Health and WASH clusters), partner briefings, and bilateral updates to Movement partners and donors.

Communication with communities and accountability: Risk communication and community engagement (RCCE) is being achieved through community meetings, mobile loudspeaker campaigns, religious and traditional leaders. Later in the requested no cost extension, these approaches will be complemented by airing of radio jingles and printed or pictorial IEC materials in local languages. SSRC is strengthening Community Engagement and Accountability (CEA) by using hotlines, suggestion boxes, face-to-face feedback during outreach, and community feedback forms, with systematic logging, analysis and response to concerns in programme adaptations and messages.

Media and public communication strategy: SSRC already uses its website and social media (e.g., X/Twitter, Facebook) and will issue timely

press releases, radio interviews and social media updates on Marburg preparedness, ensuring messages are coordinated with MoH and IFRC and respect “do no harm” and data-protection principles. A brand and perception study has recommended increasing social-media presence and consistent key messages, which will inform this operation’s external communication plan.

IFRC communication support: IFRC is supporting SSRC through its country cluster delegation office and regional communications teams to develop key messages, human-interest stories, fact sheets and visibility materials aligned with Movement standards.

# Budget Overview

IFRC

## DREF OPERATION

**MDRSS019 - South Sudan Red Cross Society**
**BVD Outbreak Readiness**

Operating Budget

| | |
|---|---|
| **Planned Operations** | **40,552** |
| Shelter and Basic Household Items | 0 |
| Livelihoods | 0 |
| Multi-purpose Cash | 0 |
| Health | 40,552 |
| Water, Sanitation & Hygiene | 0 |
| Protection, Gender and Inclusion | 0 |
| Education | 0 |
| Migration | 0 |
| Risk Reduction, Climate Adaptation and Recovery | 0 |
| Community Engagement and Accountability | 0 |
| Environmental Sustainability | 0 |
| **Enabling Approaches** | **8,258** |
| Coordination and Partnerships | 4,238 |
| Secretariat Services | 1,695 |
| National Society Strengthening | 2,324 |
| **TOTAL BUDGET** | **48,810** |

*all amounts in Swiss Francs (CHF)*

Internal 6/1/2026 #V2022.01

[Click here to download the budget file]

# Contact Information

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

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Click here for the reference