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## Emergency Plan of Action Operation Update South Sudan: Ebola Virus Disease Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n° MDRSS007</b>	<b>GLIDE n° xyz</b>
<b>EPoA update n° 01; date of issue:</b> 24 December 2018	<b>Timeframe covered by this update:</b> 9 October to 30 November 2018
<b>Operation start date:</b> 09 October 2018	<b>Operation timeframe:</b> 4.5 months with an end date of 28 February (initially 3 months with an end date of 9 January 2019)
<b>Overall operation budget:</b> CHF 274,994	<b>DREF amount initially allocated:</b> 169,076 CHF
<b>N° of people being assisted:</b> 108,000 people gender disaggregated (approximately 18,000 households)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> SSRC, IFRC, the ICRC, Netherlands Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Austrian Red Cross, Turkish Red Crescent, Norwegian Red Cross, Swedish Red Cross and Swiss Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health (MoH), WHO, UNICEF, MSF, World Vision, IOM, CDC, UNOCHA, Medair, WFP, and Samaritan Purse.	

### Summary of major revisions made to emergency plan of action:

The Republic of South Sudan is on high alert and continues to register progress in enhancing capacities for EVD case detection, investigation, prevention and response in all priority pillars. A scale-up in preparedness measures, including an increase in volunteer trainings and equipment, are required as the outbreak in DRC continues to worsen and spread, with new clusters of cases emerging. As of 19 December, there have been 560 confirmed and probable cases in DRC. This coupled with the continued movement of populations between the DRC and South Sudan border, lack of capacity of the health system to respond to EVD cases, as well as on-going instability increases the potential of an outbreak in South Sudan. The WHO risk level of the outbreak spreading to South Sudan has been increased from high to very high both at national and regional levels.

During the reporting period, three suspected Ebola death were reported -1 in Yei River State and 2 in Yambio county, Western Equatoria. The collected samples from the deceased were shipped to Uganda Virus Institute and results have tested Negative for Ebola.

The South Sudan Red Cross is exploiting the expertise and experiences of the Red Cross Red Crescent Movement in previous Ebola outbreaks in West Africa to currently engage in Social Mobilisation, Risk Communication and Community Engagement as well as Safe and Dignified Burial preparedness activities. The SSRC is the lead partner for Safe and Dignified Burials of EVD deceased and SSRC/IFRC currently co-lead the SDB Technical Working Group. In order to ensure there is adequate capacity to deliver SDB services, technical surge capacity has been deployed by IFRC to support the development of a clear SDB strategy and contingency plan that will guide interventions. For these essential interventions to be implemented, a timeframe extension and an additional DREF allocation to allow implementation.

The revised plan covers January and February 2019 for:

- Provision of more trainings of SSRC's staff and volunteers on Safe and Dignified Burial (SDB), Risk Communications and Community Engagement (RCCE) as well as Psychosocial Support (PSS).
- Procurement and pre-positioning of additional Personal Protective Equipment (PPE) and Starter kits as well as other protective gears for SDB teams.
- Improve Sanitation and hygiene services at the four operational field locations and in Juba.

In order to continue this operation, additional **105,918 CHF** is required and an extension of the DREF period by one and half months with a new end date of 28 February 2019.

## A. SITUATION ANALYSIS

### Description of the disaster

Since the declaration of the Ebola Virus Disease (EVD) outbreak on 1<sup>st</sup> August 2018 in North Kivu Province in the Democratic Republic of Congo, the disease continues to pose a major public health threat at national and regional levels. According to Ministry of Health and World Health Organization (WHO), as of 30 November, 434 EVD cases (386 confirmed and 48 probable), including 252 deaths, have been reported in 11 health zones in North Kivu Province and three health zones in Ituri Province in the DRC. The overall trend in weekly case incidence reflect continued community transmission in several cities and villages in North Kivu province in the DRC. There is no confirmed EVD case yet in South Sudan. However, the WHO has elevated the risk assessment of EVD spread in the region from “High” to “very High”. This implies that South Sudan and other three neighboring countries (Uganda, Rwanda and Burundi) have to develop and test operational readiness for a potential EVD response. In order to enhance public health preparedness, the Ministry of Health of South Sudan have developed the National Preparedness Plan of Action as well activated the National Ebola Taskforce and five Technical Working groups (*Risk Communication, Surveillance - borders and points of entry screening, Laboratory, Infection Prevention and Control, Case Management and Safe and Dignified Burial*) and bringing participants from International, National Non-Governmental organizations and Civil Societies.

The South Sudan Red Cross is actively supporting the government preparedness efforts, coordinated through the national and state level Task Forces led by the Ministry of Health with support from World Health Organization (WHO), UNICEF, CDC and other partners. In the highly at-risk locations, the South Sudan Red Cross is currently engaged in Social Mobilization and Risk Communication SDB preparedness activities in four main entry points; Nimule, Yei, Maridi and Yambio. Key SSRC intervention activities include:

- Social Mobilization, Risk Communication and Community Engagement.
- Supporting EVD screening at 2 ground Points of Entry (Nimule and Yambio).
- Psychosocial support training for volunteers.
- Safe and Dignified Burials (SDB) training and equipping of volunteers.

### Summary of current response

#### Overview of Host National Society

The South Sudan Red Cross is an active member of the National Task Force (NTF), and two Technical Working Groups; Social Mobilization and Risk Communication and safe and Dignified Burial Technical working groups. To complement the efforts of the Ministry of Health and to enhance Public Health preparedness, SSRC, with technical support of the IFRC, is currently engaged in Social Mobilization and Risk Communication activities in four operational areas (high at-risk entry points), namely; Nimule, Yei, Maridi and Yambio. As of the reporting period, SSRC has achieved the following progress towards EVD preparedness;

**Risk Communication, Community Engagement and Social Mobilization:** From August until the 30<sup>th</sup> of November 2018, SSRC has reached 29,355 people (gender disaggregated) in four operational locations through awareness sessions in schools and communities; announcements of key messages of Ebola in churches, mosques, and markets; house-to-house visits and mobilization of people at border crossing for screening by the trained volunteers. In order to strengthen social mobilization, community engagement on Ebola preparedness, SSRC has mobilized 160 volunteers, of which forty (40) have been trained on Ebola Social Mobilization and Risk Communication in Yambio county of Western Equatoria State with further training being delivered to 120 volunteers in Yei, Maridi and Nimule.

**Safe and Dignified Burial Preparedness:** During the reporting period, 30 volunteers were trained on Safe and Dignified Burial (SDB). Further follow-up trainings will be delivered in the operational locations of Yambio, Yei, Maridi and Nimule in order to enhance the SDB preparedness and response capacity of the National Society. One fully trained and constituted SDB team is being created in each location ready to be deployed. The SSRC SDB teams consist of locally recruited and experienced volunteers appreciating great respect from the local communities. (Most of the volunteers have been engaged in previous cholera outbreaks) Meanwhile, the first lot of SDB materials under the DREF arrived in Juba on 20<sup>th</sup> November and currently stored in the SSRC warehouse in Juba. The materials will be prepositioned in the 4 target locations as soon as proper storing facilities have been identified and confirmed. WFP will assist with the logistics. The first in Yambio, second in Yei, the two locations the training and prepositioning will be carried out within the first two weeks of December.

**Coordination:** As part of its internal coordination mechanism, the SSRC has 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 meets on weekly basis to discuss operational issues as well recommend courses of actions to strengthen the EVD Preparedness operations. In order to enhance information flow from the various operational areas/units, the SSRC has also established a vertical coordination mechanism in which the focal persons of each EVD operational units provides weekly progress updates to EVD focal person at HQ for consolidation and further sharing

with 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 Case Management and WASH. It also coordinates with various partners at State operational level.

**Resource Mobilization:** The SSRC has updated the EVD Preparedness Plan of Action, with key priority pillars of intervention including Social Mobilization and Risk Communication, Safe and Dignified Burial, and Psychosocial Support. The revised plan covers, January to March 2019, for the provision of more trainings of SSRC's staff and volunteers on Safe and Dignified Burial, Risk Communications and Community Engagement as well as Psychosocial Support. Procurement and pre-positioning of additional PPEs and other protective gears; improve Sanitation and hygiene services at the four operational locations and in Juba. The estimated operational budget is **554,475.50 CHF**. Out of this required amount 64% has been met through the initial approved DREF and additional contribution from in-country PNs (Danish Red Cross, Netherland Red Cross and Swedish Red Cross). The current funding gap is **111,854 CHF**, which is being requested as a second allocation through the DREF. In terms of human resource capacity, the MoH seconded staff is currently supporting the SSRC EVD operations team in enhancing preparedness and response capacity at the four highly at-risk locations. As part of SSRC's capacity building support, the IFRC has deployed two (2) technical surge EVD experts to provide technical support to SSRC.

### **Overview of Red Cross Red Crescent Movement in country**

At the country level, SSRC with support of IFRC coordinates the EVD preparedness operation in close cooperation and support of ICRC, and 9 Partner National Societies (PNSs). A weekly coordination mechanism has been established, drawing the participation of all in-country PNs, IFRC and ICRC. Furthermore, The IFRC has deployed two (2) Ebola experts, currently providing technical support to SSRC EVD operations team. the IFRC also mobilizes on behalf of the SSRC to avail further resources in order to heighten the EVD preparedness operations. Besides, IFRC is monitoring the development of the situation in DRC through the regional coordination mechanism. Through regional coordination mechanism, IFRC is facilitating information sharing with at-risk neighboring countries.

### **Overview of non-RCRC actors in country**

The following are the main actors involved in preparedness activities:

<b>Actor</b>	<b>Activity</b>
MoH	Coordination, surveillance, case management, social mobilisation, and SDB
SSRC	Social Mobilisation, Risk Communication & Community Engagement and SDB
WHO	Technical support on coordination, Surveillance, case management
UNCHR	Refugees screening
WFP	Logistic
UNICEF	Risk communication and community engagement, WASH
CDC	Technical support on surveillance and laboratory diagnosis
MSF, Medair	Case management
World Vision	Surveillance
UNOCHA	Coordination, Lobby and Advocacy

The South Sudan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted five main sub-Technical Working Groups; (Risk Communication, Surveillance - borders and points of entry screening, Laboratory, Infection Prevention Control, Case Management and Safe and Dignified Burial). Inter-agency response in South Sudan has enhanced the country's Ebola prevention efforts and improved response capabilities. Earlier in November, a high-level coordination meeting of U.N. agencies and other humanitarian partners led to the formation of a strategic advisory group whose purpose is to provide technical support to the Ebola national task force in areas such as surveillance, risk communication, psychosocial support, rapid response, and safe and dignified burials.

### **Needs analysis and scenario planning**

#### **Needs analysis**

The current Ebola Virus Disease outbreak is in North Kivu and Ituri provinces, DRC, and is located approximately 100km away from the South Sudan border and 400km from the capital, Juba. The proximity of DRC to South Sudan, the very absorbent border with DRC, 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 are all factors for the increased likelihood of EVD cross-border spread to South Sudan. The risk of EVD importation to South Sudan has been assessed to be very high by World Health Organization. In regard to the risk of

spread of the current EVD epidemic in the DRC, South Sudan is one of the countries prioritized to enhance operational readiness and preparedness based on the WHO EVD Preparedness Checklist.

It is significant to note that the current EVD public health threat comes on the backdrop of the fragile health situation across South Sudan, affected by the ongoing crisis. Access to basic health services is being limited due to insecurity and bad road network. Most health infrastructures are 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 DRC and South Sudan border. Besides, there is limited health literacy and low knowledge on EVD among communities along the DRC-South Sudan border, which poses a high risk of an outbreak if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensive prevention training around EVD, social mobilization, with promotion and public awareness campaigns through selected evidence-based social behavioral change communication (SBCC) and Community Engagement and Accountability (CEA) strategies and actions. The South Sudan Red Cross is currently scaling up its operations in the four highly at-risk entry points through;

- Prevention of EVD importation in South Sudan through Social Mobilization, Community Engagement and Risk Communication activities done through network of 180 trained volunteers and staff.
- Training and establishing operational structures at the four dedicated locations, ensuring its readiness to provide Safe and Dignified Burial services, Psychosocial Support and contact tracing services.

The additionally deployed surge capacity by IFRC is currently supporting SSRC with a comprehensive review of SSRC` Ebola prevention and preparedness interventions, ensuring contingency plans are developed, operationalized and adapted to the changing context.

### **Operation Risk Assessment**

Due to the high infectious rate of the Ebola virus, there is a duty of care towards volunteers who will be involved in high risk activities of border screening. In addition to suffering caused at individual and family level, there could be a risk that the National Society will suffer huge consequences, with large compensation costs if one of the staff and volunteers is incidentally infected with the virus. This risk is being mitigated through proper training on screening, SDB & Infection Prevention and Control (IPC) by IFRC Ebola experts deployed to support the SSRC EVD operation. PPEs are being procured for volunteers and the IFRC volunteer insurance scheme is provided to mitigate the risks of high compensation on the part of the National Society and duty of care. Besides, due to the growth and spread of the outbreak in DRC, the DREF and overall SSRC operational strategy has been reviewed to ensure the SSRC is properly resourced and supported to contribute to operational prevention and control activities. SSRC SDB team members have been classified as front-line Health Care Workers and as such to be included in the EVD vaccination program.

Given the complex humanitarian situation in the country, safer access remains the major challenge for South Sudan Red Cross to reach highly at-risk locations with social mobilization and risk communication campaigns; this is specific to locations around Yei County where there are heavily armed actors on the ground. In addition, logistics and communication remains major factors impeding timely reporting as well monitoring of ongoing preparedness operation. In order to address these challenges, related to access constraint, SSRC senior management team at HQ and branch levels are engaging with various authorities and parties to the conflict in South Sudan for safer access of its volunteers, staff and operational supplies. Most importantly, the SSRC is redoubling its effort to ensure its operations are transparent and independent, guided by the movement fundamental principles and values. Lastly, the SSRC through its PMER structure is strengthening the reporting mechanism through adapting the use of mobile phones for online reporting platform in order to ensure consistency and timely reporting.

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

The proposed operation is aligned with regional EVD strategic plan and focuses on four key pillars;

- **Social Mobilisation, Risk communication and Community Engagement;** through this, SSRC is supporting community preparedness with educational materials, health promotion and door-to-door visits. This is being operationalized through training of 160 team of volunteers (40 in each location) on key community approaches through awareness sessions in the schools and communities, announcements of key messages of Ebola in the church/mosque/street/market, house-house visits and mobilization for screening done by the trained volunteers.
- **Psychosocial support (PSS):** This is aimed at providing emotional assistance to SSRC volunteers and staff during their engagement in social mobilisation and risk communication activities in the communities. In order to address this, SSRC is delivering basic PSS training to team of its EVD preparedness operation in the four locations. These volunteers will further provide PSS assistance at community level, especially during preparedness to mitigate stigma and discrimination of returnees/refugees from the DRC, being hosted by the local communities in the target operational areas.

- **Safe and dignified burial (SDB):** SSRC with support of IFRC will trained in total 160 SSRC's volunteers from four target locations and Juba capital on safe and dignified burial. The trained volunteers will form the core team to be mobilized in the event there is an outbreak of EVD in South Sudan. Personal protective equipment and materials will be strategically prepositioned in the target areas along with appropriate vehicles ready to deploy when and if required. The SDB teams will form part of the national rapid response teams at national and state levels. SSRC will lead on safe and dignified burial in South Sudan with technical lead support of the Federation on EVD preparedness and response.
- **National Society capacity strengthening:** The IFRC has deployed two (2) Ebola experts, to train, provide technical support and backup to SSRC EVD operations team. The IFRC has also mobilized and availed required resources and logistics to SSRC in order to heighten the NS EVD preparedness operations. SSRC's staff and volunteers will be trained on Risk Communication and Community Engagement to enhance their Social Mobilization activities. Further training will be provided on Psychosocial Support. The SSRC's staff and volunteers are currently being trained in safe and dignified burial in readiness to respond to any outbreak of EVD in South Sudan.

The IFRC regional strategic plan will complement SSRC EVD preparedness measures in terms of standard IEC materials, prepositioning of Personal Protective Equipment (PPE) and their proper use. In addition, the regional strategy will promote standard training curriculum and materials that will be adapted to the country context. Through this DREF operation the IFRC will procure and preposition kits in a strategic location for potential deployment in the event of an outbreak.

### Overall Operational objective:

To establish an SSRC EVD response structure and mechanisms, allowing timely and effective implementation of risk mitigation, detection and response measures in the event of suspected EVD cases in the four areas (Nimule, Yei, Yambio and Maridi), with possibility to increase to six including, Juba and Wau Airports in South Sudan. In line with the Government of South Sudan's Preparedness Plan and based on indications of National Task Force Partners, SSRC developed an Ebola Preparedness Plan of Action for conducting activities in areas where it demonstrated its added value in responding to previous emergencies (Cholera Outbreaks and other Epidemics), these include;

- Social Mobilisation, Risk communication and Community Engagement; through this, SSRC is supporting community preparedness with educational materials, health promotion and door-to-door visits. This is being operationalize through training of 160 team of volunteers (40 in each location) on key community approaches through awareness sessions in the schools and communities, announcements of key messages of Ebola in the church/mosque/street/market, house-house visits and mobilization for screening done by the trained volunteers
- Psychosocial support (PSS): This is aimed at providing emotional assistance to SSRC volunteers and staff during their engagement in social mobilisation and risk communication activities in the communities. In order to address this, SSRC is delivering basic PSS training to team of its EVD preparedness operation in the four locations. These volunteers will further provide PSS assistance at community level, especially during preparedness to mitigate stigma and discrimination of returnees/refugees from the DRC, being hosted by the local communities in the target operational areas.
- Safe and dignified burial – SSRC to take lead on safe and dignified burial with technical lead support and backup of IFRC on behalf of Movement Partners and ICRC.
- National Society capacity strengthening – Train and equip the NS staff and volunteers as frontline workers for EVD preparedness and interventions. Support and strengthen the SSRC coordination role at the EVD National Task Force and Technical Working Groups at national and state levels.

These priority activities are fully aligned with IFRC regional EVD strategic plan. Therefore, SSRC preparedness plan will be supported and guided through the regional strategic plan in terms of prepositioning of materials, training of SSRC volunteers and staff in SDB, risk communication, community engagement, the standardization of training tools and curriculum, mobilization of surge capacity, assessing typical burial practices to inform SDB activities and collaboration with WHO and other relevant actors.

### C. DETAILED OPERATIONAL PLAN

 <p style="color: red; font-weight: bold;">Health</p> <p style="font-weight: bold;">People reached: 29,355</p>		
<b>Outcome 1: The immediate risks of EVD transmission to target population living near to the DRC border are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>

# of people reached with community-based epidemic prevention and control activities	108,000	29,355
<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with community-based epidemic prevention and control activities	108,000	29,355
# volunteers trained on risk communication, social mobilization and community engagement and SDB	160	70
# of volunteers conducting community engagement sessions at household and community levels (40 per location)	160	70
# of contact tracing and community surveillance teams set up (Target: passive through household visits)		0
# of branches (Yambio Branch, Torit Branch, Juba Branch and Maridi sub branch) supported in the planning and implementation of EVD prevention activities	4	4
<b>Progress towards outcomes</b>		
<p>From 4<sup>th</sup> week of August until the 30<sup>th</sup> of November 2018, SSRC has reached 29,355 people (gender disaggregated) in the four operational locations through awareness sessions in the schools and communities, announcements of key messages of Ebola in the church/mosque/street/market, house-house visits and mobilization for screening done by trained volunteers. In order to strengthen social mobilization/community engagement on Ebola preparedness, SSRC has mobilized 160 volunteers, of which forty (40) have been trained on Ebola Social Mobilization and Risk Communication in Yambio county of Western Equatoria state with further training being delivered to 120 volunteers in Yei, Maridi and Nimule operational areas. Given the complex humanitarian situation in the country, safer access remains the major challenge for South Sudan Red Cross to reach highly at-risk locations with social mobilization and risk communication campaigns; this is specific to locations around Yei County where there are heavily armed actors on the ground. In addition, logistics and communication remains major factors impeding timely reporting as well as monitoring of ongoing preparedness operation.</p> <p><b>National Society Strengthening:</b> As of the reporting period, SSRC has established functional EVD structures at the four operational locations, closely supported by SSRC HQ dedicated EVD personnel. Each location has an EVD operational team consisting of 40 volunteers under the leadership of focal persons, well trained to provide Psychosocial Support, awareness on Ebola key messages as provide SDB services. SSRC, with the support of IFRC and in country PNs will deploy four (4) vehicles in the next two weeks in order to facilitate movement of volunteers during social mobilization campaigns as well as on standby to respond with SDB services in case of EVD outbreak. Meanwhile, SSRC is also exploring options to beef-up storage facility for safe-keeping of EVD preparedness and response personal protective equipment/utilities in the target operational locations.</p> <p><b>Coordination:</b> As part of its internal coordination mechanism, the South Sudan Red Cross has established a functional Movement Ebola Task force, drawing members from its technical departments and in-country PNSs, IFRC and ICRC. The Movement EVD Task Force meets on weekly basis to discuss operational issues as well recommend courses of actions to strengthen the EVD Preparedness operations. In order to enhance information flow from the various operational areas/units, the SSRC has established a vertical coordination mechanism in which the focal persons of each EVD operational units provides weekly progress updates to EVD focal person at HQ for consolidation and further sharing with various platforms, including partners, the NTF and other Technical Working Groups. Externally, the SSRC is an active participant in the National Task Force, Social and Risk Communication TWG, Safe and Dignified Burial TWG as well Case Management and WASH-TWG. It also coordinates with various partners at operational level. During the reporting period, SSRC has been actively represented in all the various weekly meetings at national as well state levels.</p> <p><b>Monitoring of activities:</b> During the reporting, SSRC has developed a standard reporting tool in order to ensure consistency as well quality reporting from the focal persons in the operational areas. Furthermore, three supportive field visits were conducted by the SSRC Health Manager and IFRC Ebola Experts. These visits helped to identify critical challenges in the field and guided operationalization of the EVD contingency plan.</p> <p><b>Establishment of Community Feedback mechanisms and Media Information Management:</b> The SSRC CEA unit will engage in establishing mechanisms that will enable SSRC to receive feedback on its EVD preparedness operations, this will be done through training of dedicated volunteers on CEA in Ebola Prevention and Control. Meanwhile, the SSRC communication unit has developed key EVD messages that are being widely shared with public through SSRC media platforms. At the movement level, a unified message will be developed and adapted by the Movement partners in regard to EVD Preparedness in South Sudan.</p> <p><b>Procurement of PPEs, body bags, spraying equipment, protective gear, disinfectants, etc.:</b> This is being procured through the IFRC and the regional office in Nairobi.</p>		

## Strategies for implementation

Strategies for Implementation		
<b>S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and prepare epidemic contingency.</b>		
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened	Target	Actual
Indicators: # NS epidemic contingency/preparedness developed	1	1
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators: # of monitoring field monitoring trips conducted	14	11
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators: # of trainings supported by IFRC (Target 2)	1	1
<b>Progress towards outcomes</b>		
<p><b>NS Epidemic contingency/preparedness plan development:</b> During the reporting period, the IFRC with contribution of the DREF, in-country PNSs and ICRC supported the development of SSRC Ebola Preparedness Plan of Action that guides the ongoing operations. In addition, surge capacity has been deployed to support the NS in the operationalization of this plan of action in the four selected operational locations considered highly-at risk entry points bordering DRC and Uganda. Two surge delegates have been deployed as part of this operation – (i) Strategy/Planning surge deployed from 6 November to 11 December 2018 and (ii) a WASH/SDB surge. Both surge delegates will be extended until the end of February.</p>		

## D. BUDGET

### South Sudan: EVD preparedness

Budget Group	DREF Grant
500 Shelter - Relief	0
501 Shelter - Transitional	0
502 Construction - Housing	0
503 Construction - Facilities	0
505 Construction - Materials	0
510 Clothing & Textiles	7,600
520 Food	0
523 Seeds & Plants	0
530 Water, Sanitation & Hygiene	4,840
540 Medical & First Aid	23,500
550 Teaching Materials	4,392
560 Utensils & Tools	0
570 Other Supplies & Services	0
571 Emergency Response Units	0
578 Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>40,332</b>
580 Land & Buildings	0
581 Vehicles	0
582 Computer & Telecom Equipment	1,893
584 Office/Household Furniture & Equipment	0
587 Medical Equipment	0
589 Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>1,893</b>

590	Storage, Warehousing	0
592	Distribution & Monitoring	1,486
593	Transport & Vehicle Costs	46,156
594	Logistics Services	6,000
	<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>53,642</b>
600	International Staff	
640	International Staff (RDRT WASH)	31,706
661	National Staff	0
662	National Society Staff	8,000
667	Volunteers	39,484
669	Other Staff Benefits	0
	<b>Total PERSONNEL</b>	<b>79,190</b>
670	Consultants	0
750	Professional Fees	0
	<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
680	Workshops & Training	66,468
	<b>Total WORKSHOP &amp; TRAINING</b>	<b>66,468</b>
700	Travel	10,700
710	Information & Public Relations	4,000
730	Office Costs	500
740	Communications	495
760	Financial Charges	991
790	Other General Expenses	0
799	Shared Office and Services Costs	0
	<b>Total GENERAL EXPENDITURES</b>	<b>16,686</b>
830	Partner National Societies	0
831	Other Partners (NGOs, UN, other)	0
	<b>Total TRANSFER TO PARTNERS</b>	
599	Programme and Services Support Recovery	16,784
	<b>Total INDIRECT COSTS</b>	<b>16,784</b>
	<b>TOTAL BUDGET</b>	<b>274,994</b>

## Reference documents

Click here for:  
Previous Appeals and updates  
Emergency Plan of Action (EPoA)

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## For In-Kind donations and Mobilization table support:

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## For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and peace.

