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Emergency Plan of Action (EPoA)
South Sudan: Ebola Virus Disease Preparedness

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRSS007	**Glide n° XX**
Date of issue: 17 October 2018	**Expected timeframe:** 3 months
Operation start date: 16 October 2018	**Expected end date:** 16 January 2019
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 169,075	
IFRC focal point: Philip Hayes, IFRC Program Manager, South Sudan Country Office	**NS focal person:** John Lobor, Secretary General.
Total number of people exposed: no information available yet	**Number of people to be assisted:** 108,000 people[1]
Host National Society presence (n° of volunteers, staff and branches): South Sudan Red Cross (SSRC) has 256 national staff, 12,901 active volunteers, some NDRT trained staff, BDRT/Emergency Action Teams and 16 branches nationwide. Currently the Danish Red Cross is supporting training of NDRTs in WASH, Logistics, Health and Disaster Management (DM). The DREF operation will target four (4) areas, i.e. Yei River, Yambio, Nimule and Maridi which are the major entry points into South Sudan from DRC. SRRC will deploy 14 National staff (2 DM, 2 WASH, 2 Health, 2 Logisticians, 2 PMER, 2 CEA and 2 for Coordination) and 180 volunteers (45 volunteers per area on social mobilization, Safety Dignified Burial and PSS) who will be directly involved in the Ebola preparedness and prevention activities and supervision.	
Movement Partners of the Red Cross and Red Crescent Societies Present in South Sudan and supporting this preparedness initiative are: the IFRC, the ICRC, Netherlands Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Austrian Red Cross, Turkish Red Crescent, Swedish Red Cross and Swiss Red Cross.	
Other Partner organisations actively involved in the operation: Ministry of Health (MoH), WHO, UNICEF, MSF, World Vision, IOM,CDC, UNOCHA, and WFP	

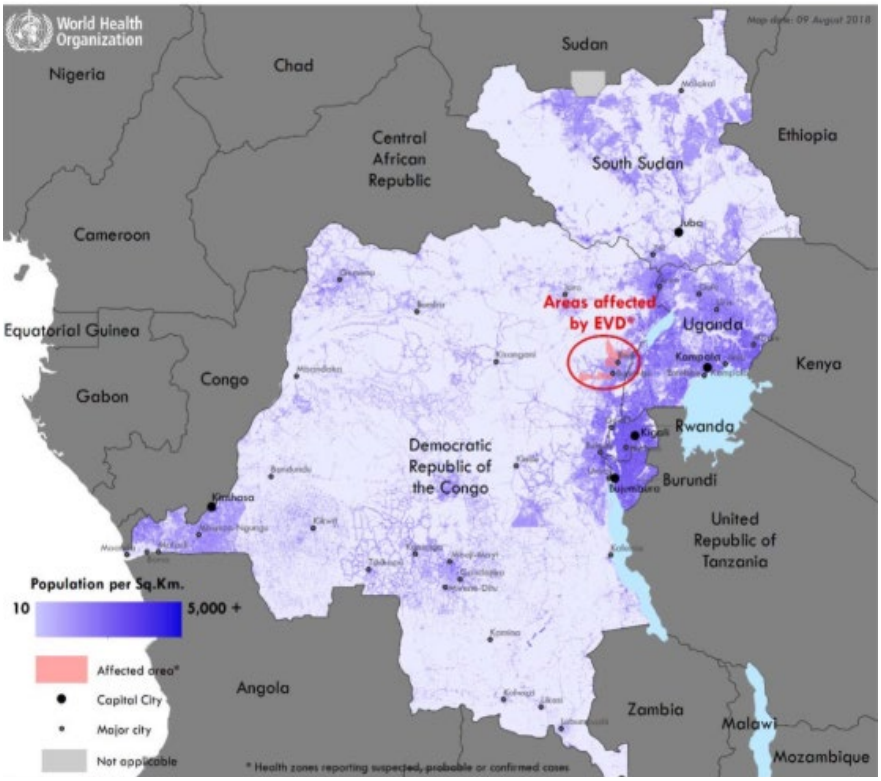
A. Situation analysis

Description of the disaster, summary of the current response

The current outbreak of Ebola Virus Disease (EVD) in North Kivu and Ituri provinces is the 10th EVD epidemic declared in the Democratic Republic of Congo (DRC) since the first outbreak of 1976. Following the declaration of the outbreak on 1st August, as of 9 October 2018, there has been a total of 194 cases (159 confirmed and 35 probable), including 120 deaths. This precedes the outbreak declared in May 2018 in the Equateur province; however, there are no proven epidemiological links between the two outbreaks. North Kivu is a densely populated province with a total population of 8 million. It borders four other provinces (Ituri, South Kivu, Maniema and Tshopo), as well as Uganda and Rwanda. Moreover, the province has been experiencing intense insecurity and a deteriorating humanitarian crisis, with over one million internally displaced people and high rates of cross border movement to and from neighbouring countries. DRC is also responding to four additional outbreaks- cholera, measles, Monkey pox, and circulating vaccine derived poliovirus type2 (cVDPV2). The general health situation across South Sudan remains fragile and the ongoing crisis has seriously affected health service delivery. Some parts of the country are inaccessible due to insecurity and impassable road network during the rainy season. Most health infrastructures are dilapidated

[1] In each area, volunteers will be working in pairs, and each pair will target 10 households per day, i.e. 150 households per day and for 30 days worked, 4500households, i.e. 4 areas equivalent to 108 000people. This figure will increase as mobile cinemas, campaigns figures are not included. Population estimates are difficult in each of these areas due to conflict and movements.

or destroyed, and essential medical and surgical equipment outdated or lacking. Management and human resource capacity is weak. Moreover, there are refugees from DRC in parts of Former Western Equatorial State (WES) and Yei River state. The very porous 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.



Map showing affected areas of the 10th EVD outbreak in DRC and proximity to South Sudan ©WHO

The risk of EVD importation to South Sudan has been assessed to be very high by WHO. In relation 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. The proximity to the areas currently reporting EVD cases in DRC requires a standby capacity to manage EVD and other viral haemorrhagic fever (VHF) outbreaks. South Sudan did not respond to the EVD in DRC when the outbreak occurred two months ago. This was because the cases were deep inside the DRC, and at the time the risk to South Sudan was minimum. Currently the EVD is getting closer to the borders of the South Sudan, 100km away in one case. This really puts South Sudan at risk, and as such, an immediate response is required.

Overview of Host National Society

South Sudan Red Cross is participating in the National Ebola Taskforce as of 27 September 2018 following the alert on 21st September. The taskforce is composed of the following technical Working Groups: Surveillance and Laboratory, Screening at Entry Points, Case Management -IPC/SDB and Risk Communication /Social mobilization. Based on the developed national EVD preparedness plan, that was supported by WHO and the MoH and is in line with the IFRC Regional Preparedness Plan, SSRC will be focusing on social mobilization and safe and dignified burials through:

- Volunteer training on Safe and Dignified Burials as well as social mobilization
- Volunteer deployment for social mobilization and awareness raising
- Development of NS Contingency Plan for EVD
- Surge deployment of health personnel
- Prepositioning of stocks following the IFRC Logistics Nairobi recommendation of the following (quantity in brackets): Ebola starter kits (4), SDB kit (3), PPE kit (4), posters. These would be for the four locations. The number of teams would be 6 as planned initially, but this may be increased as per the needs
- WASH facilities on entry points
- The NS will engage and deploy 10 volunteers in all the 4 locations: 120 for social mobilization and SDB, 40 for PSS which is important to provide emotional support to families affected in case of an outbreak and 8 team leaders for field coordination of the 160 volunteers. The implementation will also be supported by Branch Coordinators and the HQ and Regional DM Coordinators.

Overview of Red Cross Red Crescent Movement in country

- In-country Movement partners of the SSRC include ICRC and Partner National Society which are the Netherlands Red Cross, Swedish Red Cross, Danish Red Cross, Canadian Red Cross, Swiss Red Cross, Austrian Red Cross, Turkish Red Crescent Norwegian Red Cross and Finnish Red Cross.
- The IFRC has a presence in country and support from the Country Cluster Office (for Eastern Africa) and a Regional Office for Africa in Nairobi. SSRC has requested the support of IFRC with deployment of a health specialist to help shape the preparedness strategy, as no other PNS in country has an Ebola contingency plan.
- Based on ongoing coordination between IFRC and ICRC, roles and responsibilities will be shared among partners.
- There is an internal weekly taskforce meeting on Ebola comprising all the movement partners, with information from the meetings also shared.

Overview of non-RCRC actors in country

The main non-Red Cross Red Crescent actors present and active in the area include MoH, WHO, UNICEF, MSF, and other NGOs. Tentatively, MSF will be responsible for case management, MoH for surveillance and laboratory, and WHO and UNICEF for development and printing of IEC material. As of 1st of October WHO has elevated the risk assessment of EVD being spread in the region from High to "Very High". This implies that South Sudan and the other three neighbouring countries, (Uganda, Rwanda and Burundi who are already implementing DREF funded EVD preparedness activities) must develop and test operational readiness for a potential EVD response. The four (4) identified screening sites i.e. Nimule River Port and Yei river state, Yei airport, Kaya and SSRC offices, have started entry screening of travellers. One suspected EVD death alert from New Site in Juba was investigated and tested negative on Polymerase Reaction Chain (PRC) for Ebola, Marburg, Rift Valley Fever, Crimean Congo Haemorrhagic Fever. The incident management system was activated (chaired by the Incident Manager) and two national taskforce meetings, chaired by honourable Minister of Health and co-chaired by the Incident Manager, were held on 25th and 27th September 2018 at the Public Health Emergency Operations Centre (PHEOC) in Juba. The major themes of discussion included activating Technical Working Groups (TWG) on Safe and Dignified Burials (SDB), Case Management and Infection Control TWG, social Mobilization TWG, Surveillance and Laboratory TWG. Various organizations are part of these working groups including WHO, Ministry of Health, UNICEF, SSRC, MSF, Medair, UNOCHA, among others partners. The partner mapping around the different thematic areas has been fast tracked for better coordination and implementation of the EVD preparedness plan. All the groups have held meetings.

Needs analysis, targeting, scenario planning and risk assessment

The current Ebola Virus Disease outbreak is in North Kivu and Ituri provinces, DRC, and is located approximately100km away from the South Sudan border and 400km from the capital, Juba. The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 50%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet, but experimental vaccines and therapeutics have been developed and successfully tested in previous and current DRC outbreaks. Vigilance against the spread is important due to potential population movement, contributed by the ongoing in country conflicts especially in the states bordering DRC. An emphasis on contact tracing and active case finding at community level for early detection as well as safe management of burials of suspected and confirmed cases to prevent and limit spread of the disease are essential. This will, in turn, require community understanding and support for EVD prevention through risk communication, social mobilization and community engagement. As such, it is extremely important and urgent to prepare for a potential outbreak at any targeted area/district of the country, to prevent the disease and limit its impact. Volunteers are willing to support, but have limited knowledge, means and tools. The proximity of DRC to South Sudan exposes the population along the border areas at risks of contracting the Ebola Virus Diseases and any suspected case may trigger panic among the communities. In this regard, there is a need for awareness raising among communities and potential psychosocial support for the SSRC staff, volunteers and communities living in identified highly at-risk areas. It is important to train the volunteers and the communities on PSS basic skills and knowledge in order to enable them to attend to the anxiety, depression, and other emotional distresses faced by survivors, frontline healthcare workers, and their affected families.

There is limited health literacy and low knowledge on EVD, which poses a high risk of an outbreak if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensified prevention training around EVD, social mobilization, with promotion and public awareness campaigns through selected evidence-based social behavioural change communication (SBCC) and Community Engagement and Accountability (CEA) strategies and actions.

To support close working relationship with Ministry of Health, which will be essential to ensure adequate preparedness and an effective response if an outbreak were to occur, as well as to support capacity of SSRC staff and volunteers, SSRC strongly recommends the secondment of medical personnel from the Ministry of Health for three months. This person will provide technical backstopping to SSRC EVD preparedness team, including harmonising the preparedness response and contingency planning in line with Ministry of Health response modalities.

Enhancing national capacity in safe and dignified burial protocols and development of an operational plan for teams (vehicles, sampling procedures, mobilization of teams, alert system etc.) is essential in the event of an outbreak. There are no statistics on population movement between South Sudan and DRC through the high-risk areas, but due to the in-county conflict it is highly likely people are moving. There were also other concerns raised in one of the Movement meetings, such as the lack of infrastructure to respond if there would be an identified case of EVD, including isolation stations, transportation, designated burial site, etc.

There is an expectation from the South Sudanese Government that SSRC will take lead on safe and dignified burial activities based on SSRC's role in dead body management after the 2016 conflict. SSRC, through this DREF, will request surge to immediately support in SDB training and development of a contingency that will include a clear operational strategy should an outbreak occur. ,.

The vaccines and therapeutics Technical Working Group has reached out to WHO Geneva vaccine team to provide guidance on the development of the protocol for compassionate use of the EVD vaccine and development of human resource in country capacity (Human and cold chain). The government is coordinating with the relevant sectors to improve access to high risk locations that are currently inaccessible due to insecurity. WHO informed the Ministry of Health of the procedure that has to be followed to have vaccines in the country and once the requirements are met, the vaccines will be made available.

The critical preparedness gaps currently are:

- The absence of a designated isolated facility in Juba or any of the high-risk states, which is one of the greatest concerns due to the current categorization of South Sudan as "Very High Risk". WHO is currently working with the MoH to have isolation facilities in Juba and Yei. A site has already been identified in Juba, with identification of a location for Yei being taken up as a priority and is in progress.
- The slow pace of EVD preparedness activities due to limited resources (knowledge, financial, material/logistics) available in country.

Targeting

Targeting will be countrywide, with the Ministry of Health and partners prioritising areas bordering DRC, as well direct entry routes connecting to South Sudan. Locations include Yambio, Nimule, Yei and Maridi, Wau, Juba and Yei Airport and Kaya border, however, the SSRC is targeting Yambio, Nimule, Yei and Maridi on social mobilization and SDB. SSRC made the decision to target these areas as (i) they are the main entry points from DRC to South Sudan (ii) are based on harmonised operational planning and mapping agreed upon by the Ministry of Health and key members of the EVD National Task Force. Targeted areas for prevention activities will primarily be locations bordering Uganda and DRC respectively, as shown below;

Rationale for selection of the target locations

Based on different criteria, such as proximity (to DRC border), free population movement, lack of other partners operating in this areas (due to inaccessibility and insecurity) and strong Movement presence and access, the following four areas have been identified as high risk and priority sites for preparedness activities for South Sudan Red Cross (SSRC):

1. Yei River state where four border points (Yei airstrip, Lasu, Bazi, Kaya, and Okaba) have been prioritized for screening;
2. Yambio - Gbudue state, where four border points (Gangura, Sakure, Nyaka, & Yambio airstrip) have been prioritized for screening;

3. Nimule border post and Nimule River port have been prioritized for screening;
4. Maridi which experiences freedom of movement between South Sudan and DRC

These areas were also identified as high ‘at-risk areas’ by the MoH, and the Movement was requested by MoH to cover these locations.

The map below shows the South Sudan Administrative areas and indicates the 4 areas (red arrows) bordering DRC where SSRC will work in.

Besides the current risk of EVD importation from DRC, South Sudan has reported three indigenous outbreaks in the past. The outbreaks occurred in 1976, 1979, and 2004. These trends therefore suggest that even without the risk of EVD importation from the current outbreak in DRC, South Sudan harbours the reservoirs for EVD since the greater Equatorial region shares the same ecological features with endemic locations in DR Congo.

Estimated population in the areas is 341,433 as indicated in the table below and SSRC will target 108,000 people, which translates to 32% of the population according to the capacity based on the proposed number of volunteers to be involved.

No	Location	estimated Population
1	Yei	288,172
2	Nimule	35,261
3	Maridi	18,000
4	Yambio	152 257
Total		**341,433**

SSRC has presence in these areas with some ongoing supported activities such as DM, Communication and Integrated Health, WASH and PSS. The volunteers are however not trained yet on Ebola preparedness. The plan is to train a total of 160 volunteers in the 4 locations and carry out the following activities;

- ToT for staff and selected volunteers on SDB and social mobilization
- Training staff and volunteers in social mobilization and safe and dignified burials. The contingency plan being developed as part of this EPoA will include a clear strategy on how to operationalise the SDB teams if an outbreak should occur, procurement and prepositioning of SDB kits
- Social mobilization on EVD through mobile cinemas and house to house sessions
- Support monitoring visits from the HQ
- Chlorine concentrations and usage training
- The training proposed is as indicated in the table below

Type of Training	Number of participants
Social mobilization SDB and risk communication and CEA	120 (30 in each of the four areas)
PSS	60 (15 in each of the four areas)
Training of staff on SBD risk communication and CEA to supervise the work of the 180 volunteers	10

Scenario planning

This emergency plan of action is based on the possibility of an Ebola outbreak in South Sudan. The preventive approach adopted here relies essentially on the quickest deployment of an Ebola expert who will support SSRC in the development of the contingency plan to allow better preparedness in place. Such an expert is urgently needed to spearhead the Ebola response and to coordinate with the different stakeholders. South Sudan has a National level Ebola contingency plan and this current plan synergises and augments the National Plan preparedness plan from.[2]

Best Scenario 1: A suspected or confirmed case is detected at an entry point
Preparedness : Establishment of a multi-sectoral EVD crisis committee composed of NS, PNs, IFRC and ICRC with an activation of operational coordination mechanism, while externally participating in the National EVD Task force and established working groups with partners operating on the ground and supporting Ebola preparedness actions; SSRC will engage its trained community-based volunteers in screening activities at Points of Entry as well as carrying out risk communication, social mobilization and engagement initiatives at community level; SSRC coordination with relevant line ministries (MoH) and non-movement partners.
Planning hypothesis: One (1) case detected (at one of the entry points) to be treated with approximately 30 contacts (or 100 to 150 contacts in the case of a flight) to trace. This case could either die with need to manage the body or heal with need to manage the sequelae. Epidemic located at an entry point.
Most probable Scenario 2: One to five cases of the EVD are detected at a health facility with contamination of health staff.
Preparedness: Establishment of a multi-sectoral EVD crisis committee composed of NS, PNs, IFRC and ICRC with an activation of operational coordination mechanism, while externally participating in the National EVD Task force and established working groups with partners operating on the ground and supporting Ebola preparedness actions**;** SSRC will engage its trained volunteers in screening activities at Points of Entry as well as carrying out risk communication, social mobilization and engagement initiatives at community level; Establishment of an early detection system (primary and secondary screening), swap/packaging and transport of samples; Establishment of an isolation mechanism; Prepositioning of a secure transport device of cases, mechanism for taking care of the first cases; Focus on awareness raising sessions/training of health workers, communities and other key actors on risk communication; Infection prevention and control at all levels; Establishment of operational SDB teams

[2] See Annex South Sudan Ebola Contingency plan

in key location (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).
Planning hypothesis: One (1) to five (5) cases detected (in a health facility) with about 30 cases to be traced and one (1) to four (4) dead bodies to be managed (health staff included). Epidemic localized to a community.
Worst Scenario 3 : Groups of cases are detected in rural / urban communities with reports of unexplained deaths or deaths due to haemorrhagic syndrome
Preparedness: Establishment of a multi-sectoral EVD crisis committee composed of NS, PNs, IFRC and ICRC with an activation of operational coordination mechanism, while externally participating in the National EVD Task force and established working groups with partners operating on the ground and supporting Ebola preparedness actions; Set up an early detection system (primary and secondary screening), swap/packaging and transport of samples. SSRC will engage its trained volunteers in screening activities at Points of Entry as well as carrying out risk communication, social mobilization and engagement initiatives at community level; Establishment of an isolation mechanism; Pre-positioning of a secure transport device of cases, case care mechanism; Focus on Risk Communication and Training of Health Workers, infection, prevention and control, Effective National Coordination including at decentralized levels; Establishment of operational SDB teams in key locations (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).
Planning hypothesis: A dozen cases reported and detected, possibly in a wider area, with about 50-100 contacts to trace. About three (3) to nine (9) deaths to manage.

Operation Risk Assessment

In the event of a confirmed outbreak in South Sudan, this DREF preparedness operation would need to be revised to ensure that the NS is properly resourced and supported to cope with larger scale operational prevention, control and response activities which may lead to the launching of an Emergency Appeal and the deployment of technical surge support to be able to respond to the outbreak. In case there is an outbreak, it is important to note that if the National Society staff and volunteers are not protected it could lead to huge consequences on individual and family level but also with large compensation costs if one of the staff and volunteers are incidentally infected with the virus, as some of them will be engaged in the high-risk activities of SDB and IPC. This risk will be mitigated through proper training on SDB by Red Cross experts and experienced surge capacity who would be deployed to support the operation in case Ebola reaches South Sudan. In addition, the IFRC volunteer insurance scheme (or alternative) would be provided to ensure coverage to volunteers and staff in case of work related accidents. South Sudan Red Cross has limited Human Resource capacity on PSS, as such, more trainings will be required. Although SSRC had trained several volunteers on CEA, further volunteer training would be required, with an emphasis on specificities linked to risk communication and community engagement related to Ebola.

B. Operational strategy

The proposed operation is aligned with the Regional EVD Strategic Plan and is consistent with the IFRC Disaster Preparedness and Response strategy and hence focuses on the below key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC), specifically Safe and Dignified Burials (SDB)
3. Psychosocial support (PSS)[3]
4. National Society Capacity Strengthening and development of an EVD contingency planning[4]
5. Participation in the coordination of the national response (National Task Force) and technical working groups designated specifically for EVD preparedness and response.

[3] The training of volunteers on PSS will ensure that in case there are cases and deaths the people are provided with PSS including the surrounding community members. Ebola PSS will therefore need to be structure in advance.

[4] This is a work in progress since one year

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. The Preparedness DREF operation will focus on the following to complement other actors' actions to date:

- Specialised training of staff and volunteers to be involved in the operation on social mobilization/risk communication, feedback mechanisms and safe and dignified burials.
- Understanding community perceptions and beliefs in relation to Ebola and training for community volunteers on how they can engage with communities (CEA) around Ebola
- Establishing key messages and approaches on EVD, such as addressing the myths and rumours around Ebola for acceptance by the communities
- Engage and work closely with community and opinion leaders, including religious leaders, traditional healers, women's groups, youth, etc.
- Establish a feedback system for tracking, analysing and responding to community rumours – this is a big issue for Ebola and can impact the effectiveness of social mobilization and overall Ebola response
- Use of innovative approaches to social mobilization, using radio shows and mobile cinemas as well as house to house visits.
- SSRC will carry out community-based surveillance/active case finding during the social mobilization process and reporting the cases.
- Simulation exercises on EVD activities especially on SDB as well as PSS involving at all levels the community members and their leaders.
- Training and equipment of staff and volunteers on mobile data collection
- Procurement of visibility materials for the volunteers, production of prevention posters, SDB kits, body bags and other items as per the SOPs needed for SDB
- Other basic NFIs such as megaphones, batteries, plastic boots, gloves, sprayers (15 litres), chlorine, stretchers,-antiseptic soap, pickaxes, bibs, etc.

The procurement of personal protective equipment will be done with the support of IFRC logistics office in Nairobi as well as the skilled persons for training of SSRC staff and volunteers.

Logistics and Procurement

Procurement:
Local procurement will be carried out in accordance with the IFRC standard procurement procedures. Current procurement plans will include the sourcing of SDB kits, Body bags (ICRC to provide) and PPE kits for training and preparedness activities. As these items will not be available locally they shall be procured via Logistics Procurement Supply Chain Africa Unit with support from Geneva Medical procurement team. These items will be prepositioned in Juba, South Sudan, ready to be deployed in the event of an outbreak:

Warehousing: Warehousing plays a significant role in this operation. The National Society will use their national warehouse to store items in advance of training or response activities. The targeted areas have no warehousing facilities as such rub halls shall be erected alternatively renting a warehouse. Or using other partners storage spaces based on assessment.

Security
To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). ICRC will manage security and access to field locations.

Human resources
The South Sudan Red Cross will mobilise and train 160 volunteers (40 volunteers per location) to carry out the planned activities as stipulated within this Emergency Plan of Action. In addition, one personnel with strong medical background will be seconded from the Ministry of Health and surge deployed to provide technical support in the preparedness of key activities. Additional support from the in-country PNs, IFRC and

ICRC will be also sought, to further provide technical as well operational support during the preparedness response.

State	Operational areas	Number of Team
Eastern Equatoria	Nimule Border	40 vols and (1) field focal person
Central Equatoria	Yei	40 vols and (1) field focal person
Western Equatoria	Maridi	40 vols and 1 field focal person
	Yambio	40 vols and 1 field focal person

To ensure effective preparedness response, each operational area will be provided with 40 volunteers trained on social mobilisation in order to reach targeted communities with Ebola prevention key messages. In addition, of these total volunteers, SSRC will train a pool of 40 volunteers (10 per location) on dignified and safe burials. At the operational level, the field focal persons will coordinate activities with other partners and report regularly to the Disaster Management Manager. At national level, DM Manager together with technical heads of department (WASH, Health and PSS) will coordinate and report regularly to the Executive Emergency committee composed of SSRC senior Management, IFRC, PNs and ICRC.

Lastly, SSRC recommends surge personnel during the preparedness response that will be expected to fulfil the following roles and responsibilities;

- Develop an appropriate EVD contingency plan for SSRC.
- Identify gaps in staff and volunteers and develop a training curriculum on social mobilization, SDB, PSS and CEA.
- Develop a Terms of Reference for an in-country Ebola coordinator.
- Guide coordination of activities among the movement partners in EVD response strategies.
- Develop training curriculum and train ToTs on social mobilization, SDB, PSS and CEA.
- Assess the capacity gaps and provide recommendations

In terms of profile, the person should have experience in responding to EVD emergencies and developing the appropriate tools required to respond. The person should also have experience in designing training curriculums for EVD response. The person should be strong in coordination mechanisms among the movement and outside of the movement.

The Ministry of Health seconded person should have the following profile and experience:

- Medical background
- Experience in diseases outbreaks including Ebola
- Capacity to train and provide guidance
- Flexibility in offering field support

Planning, monitoring, evaluation, & reporting (PMER)

The SSRC PMER will support development of tools and spearhead the lessons learnt workshop.

During the preparedness response, SSRC will ensure continuous monitoring of the activities through its branches. Meanwhile at national level, SSRC in close coordination with the IFRC, PNs and ICRC will monitor the progress of the operation and provide necessary technical expertise. The monitoring and reporting of the operation will be undertaken by the National Society. Brief weekly updates will be provided to the IFRC on general progress of the operation, and regular monitoring reports will be provided in a detailed indicator tracking.

The overall operation is being coordinated by the Disaster Management Manager under the supervision of the Secretary General. The Disaster Management Manager and focal point of the Federation will coordinate and monitor the implementation of the project in collaboration with the Ministry of Health and stakeholders. Regular reports on the implementation will be produced and shared with key stakeholders

C. Detailed **Operational Plan**

Health
People targeted: 108,000
Male: 43,200
Female: 64,800
Requirements : CHF 113,540.00

Needs analysis:

The SSRC is highly expected to respond to the EVD and lead on safe and dignified burials if EVD spreads to the country. Currently the country is working on a national contingency plan from which responsibilities will be assigned. SSRC did not commit to take responsibility from the National Level until it is clear of its internal capacities and plans. South Sudan experienced Ebola as indicated in the table below:

No	Year of outbreak	Affected Locations	Number of cases	Deaths	Case fatality
1	1976	Western Equatoria, Nzara and Maridi	284	151	53%
2	1979	Western Equatoria, Nzara and Maridi	34	22	65%
3	2004	Western Equatoria and Yambio	17	7	41%

This said the SSRC has no experienced personnel once an EVD outbreak occurs, thus, it will need technical support for volunteers and staff training on various topics. Training of trainers and community educators training on psychosocial support is also required along with simulation exercises on EVD activities on SDB and PSS. Risk communication and community engagement on key EVD messages, community perceptions and community feedback are also important in the social mobilization activities. The main activities to be implemented will be focussed on:

- Request an experienced Ebola RDRT/surge delegate to offer technical support in the contingency planning, SDB as well as in social mobilization and PSS.
- Development of the training curriculum for the volunteers and staff on social mobilization, SDB and PSS and CEA
- Staff and volunteers training on SDB, PSS, CEA
- Establishing operational team for SDB including their logistical means (trained team with supervision, alert and mobilisation system, materials, reporting) Implementation of CEA activities (mobile cinema, radio show), rumour and feedback tracking mechanisms
- Procurement of NFIs such as SDB kits and other materials for SDB.

- Conduct simulation exercises on SDB
- Establish community-based surveillance/active case-finding teams in affected and surrounding villages (if affected persons).

Population to be assisted:
It is estimated that the population to be assisted/ provided with social mobilization will be 108,000 equally distributed among the 4 areas- Nimule, Yei, Maridi and Yambio whereby 15 pairs of volunteers will visit 10 households per day for 30 days in the three months. The population to be assisted is in the 4 anticipated areas. The NS will engage and deploy 112 volunteers in all target areas for social mobilization and SDB, 60 for PSS and 8 team leaders. The implementation will also be supported by Branch Coordinators, HQ and Regional DM Coordinators. Surge personnel and a Ministry of Health seconded person will support all trained staff and volunteers on preparedness and response strategies.

Programme standards/benchmarks: The activities under this section will follow strictly WHO regulations and standards for preventing and controlling the spread of Ebola virus. This shall include establishing plans to ensure that the trained volunteer teams are operational. The training shall include simulation exercises which will gear the team ready to respond on need.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached with community-based epidemic prevention and control activities (Target: 108,000)															
	Health Output 1.2: Epidemic prevention and control measures are carried out.	- # 120 volunteers trained on risk communication, social mobilization and community engagement and SDB (Target: 120) - # of flyers distributed (Target: 2,000) - #4 branches Yambio Branch, Torit Branch, Juba Branch and Maridi sub branch supported in the planning and implementation of EVD prevention activities - # of contact tracing and community surveillance teams set up (Target: passive through household visits)															
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
AP021	Training of Trainers (ToT) on social mobilization and safety and dignified burial																
AP021	Training of 120 volunteers in PSS, social mobilization and safety and dignified burial																
AP021	Distribute flyers and posters with Ebola messages to the communities within the 3 months.																
AP021	Provide support to the Branch in the planning and implementation of EVD prevention activities																
AP021	Carry out community-based surveillance and contact tracing (if affected persons) using mobile phone for data collection																
AP021	Establish community-based surveillance/active case-finding teams in affected and surrounding villages (if affected persons)																

AP021	Procurement of disinfection material (chlorine, sprayers etc)																
AP021	Participate in coordination meetings																
AP021	Procurement of visibility material for staff and volunteers (T shirt, jacket)																
AP021	Procurement of 4 starter kits, 4 personal protective equipment (PPE) kits, 3 SDB kits for use in the operation trainings																

P&B Output Code	**Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population**																
		- # volunteers trained on social mobilization (Target: 120) - % of 4 targeted communities that have a team of 15 volunteers trained on social mobilization - % of targeted states conduct sessions of mobile cinema per month (Target: 4)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Household visits to the people and sharing key messages																
AP021	Community engagement by the volunteers through meetings with leaders and the people																
AP021	Implement sessions of mobile cinema on EVD disease in the 4 areas (10 sessions per month per volunteer pairs)																
AP021	Produce and broadcast educational radio show on EVD (two times per month)																
AP021	Multiplication of sensitization tools produced by MoH (posters, leaflet, flyers, etc)																
AP021	Translation and editing of video for mobile cinema from English to Local Arabic																

AP021	Training of community leaders on rumour tracking and feedback mechanism (4 communal and religious leaders)				■													
AP021	Establish a rumour and feedback tracking mechanism					■												

Strategies for Implementation
Requirements CHF 32 096 AP0002

P&B Output Code	**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.**								# NS epidemic contingency/preparedness developed								
	Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP001	NS develops and review (as this seems to happen at different points in time?) an Ebola Contingency plan and preparedness in line with relevant national contingency plans available	■				■				■			■				
P&B Output Code	**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**							# of monitoring field monitoring trips conducted									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP058	Ensure continuous monitoring of activities	■	■	■	■	■	■	■	■	■	■	■	■				

P&B Output Code	**Outcome S2.1: Effective and coordinated international disaster response is ensured**								*# of trainings supported by IFRC (Target 2)*								
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP058	IFRC monitoring visits			■	■												
AP046	Deployment of surge staff to support development of an EVD plan and response mechanics, formulation of trainings and their delivery		■	■	■	■											
	Coordination Meetings		■	■	■	■											

Budget

The overall budget for this operation is CHF 169,075.

DREF OPERATION

MDRSS007: South Sudan EVD preparedness 17/10/2018

	Budget Group	DREF Grant
530	Water, Sanitation & Hygiene	1,800
540	Medical & First Aid	29,700
550	Teaching Materials	8,896
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**40,396**
592	Dsitribution & Monitoring	11,000
593	Transport & Vehicle Costs	4,650
594	Logistics Services	3,000
	Total LOGISTICS, TRANSPORT AND STORAGE	**18,650**
600	International Staff	16,000
662	National Society Staff	9,760
667	Volunteers	36,150
	Total PERSONNEL	**61,910**
680	Workshops & Training	34,500
	Total WORKSHOP & TRAINING	**34,500**
700	Travel	1,500
730	Office Costs	500
740	Communications	300
760	Financial Charges	1,000
	Total GENERAL EXPENDITURES	**3,300**
599	Programme and Services Support Recovery	10,319
	Total INDIRECT COSTS	**10,319**
	TOTAL BUDGET	**169,075**

Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the South Sudan Red Cross National Society

- **Executive Secretary:** John Lobor, Secretary General; mobile phone: +211 912 666 836; email: john.lobor@southsudanredcross.org

IFRC South Sudan Country Office:

- Michael Charles, Country Representative ; mobile phone +211 912 179 511; email: michael.charles@ifrc.org
- Philip Hayes, Programmes Manager ; mobile phone : +211 916 908 282; email philip.hayes@ifrc.org

In the IFRC

IFRC Africa Regional Office for Regional Disaster Management Unit:

- Adesh Tripathee, Head of DCPRR; phone: +254 780 930278; email: adesh.tripathee@ifrc.org;

In IFRC Geneva

- Eszter Matyeka, DREF Senior Officer; phone: +41 75 4198604; email: eszter.matyeka@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

IFRC Africa Regional Office for Resource Mobilization and Pledge:

- Kentaro Nagazumi, Head of Partnership and Resource Development, phone: +254 202 835 155; email: kentaro.nagazumi@ifrc.org;

For In-Kind donations and Mobilization table support:

IFRC Africa Regional Office for Logistics Unit:

- RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org ;

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

I**FRC Africa Regional Office:**

- Fiona Gatere, PMER Coordinator, phone: +254 780 771 139; email. fiona.gatere@ifrc.org