

<b>DREF Operation</b>	<b>Operation n°: MDRSS007</b>
<b>Date of Issue: 02 August 2019</b>	<b>Glide number: --</b>
<b>Date of disaster: 01 August 2018</b>	
<b>Operation start date: 16 October 2018</b>	<b>Operation end date: 28<sup>th</sup> February 2019</b>
<b>Host National Society: South Sudan Red Cross (SSRC)</b>	<b>Overall operation budget: CHF 274,994</b>
<b>Number of people affected: 0</b>	<b>Number of people assisted: 240,418 people (approximately 40,070 households)</b>
<b>N° of Red Cross Red Crescent Movement partners actively involved in the operation: 10 (IFRC, 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>	
<b>N° of other partner organizations actively involved in the operation: 11 (Ministry of Health (MoH), WHO, UNICEF, MSF, World Vision, IOM, CDC, UNOCHA, Medair, WFP, Cordaid and Samaritan Purse)</b>	

*The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Netherlands Red Cross (NLRC), ECHO, Belgian Government and Canadian Government contributed in replenishing the DREF for this operation. On behalf of South Sudan Red Cross (SSRC), the IFRC would like to extend gratitude to all for their generous contributions.*

### 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 (DRC), the disease continues to pose major public health threat at national and regional levels. According to the South Sudan Ministry of Health (MoH) and the World Health Organization (WHO), as of 28 May 2019, a total of 1,945 EVD cases, including 1,851 confirmed and 94 probable cases, were reported. A total of 1,302 deaths were reported (an overall case fatality ration of 67%), including 1,208 deaths among confirmed cases in the DRC. In May 2018, the World Health organization (WHO) elevated the risk assessment of EVD spread in the region from “High” to “very high”. This implied that South Sudan and other three neighbouring countries (Uganda, Rwanda and Burundi) had 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 developed a National Preparedness Plan of Action and activated the National Ebola Taskforce as well as constituted 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.



*Social mobilization and risk communication ©SSRC*

In support, the International Federation of Red Cross and Red Crescent Societies (IFRC), on 17 October 2018, launched a [DREF operation](#) for CHF 169,075, to establish an 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. On 24 December 2018, an [Operation Update](#) was published, extending the operation until 28 February 2019. With the timeframe extension, the operation received a supplementary allocation of CHF 105,918 which allowed for additional 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 EVD Starter kits as well as other protective gears for SDB teams; and supported the improvement of sanitation and hygiene services at the four operational field locations and in Juba.

As at now, this DREF operation is ended, however, Red Cross preparedness actions for South Sudan are carrying on under the [EVD One International Appeal for DRC](#), as part it's preparedness component and South Sudan Red Cross (SSRC) is still actively supporting the government preparedness efforts, coordinated through the national and state level Task Forces led by the Ministry of Health with support from WHO, UNICEF, CDC and other partners. In the highly at-risk locations, SSRC is currently engaged in Social Mobilization, Risk Communication and Community Engagement as well as 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.

To note, the World Health organization (WHO) declared the EVD outbreak in DRC a [public health emergency of international concern \(PHIEC\)](#) on 17 July 2019.

## Summary of current response

### Overview of Host National Society

The SSRC is an active member of the National Task Force (NTF), and two Technical Working Groups; Risk Communication, Social Mobilization and Community Engagement (RCSMCE) and Safe and Dignified Burial (SDB) Technical working groups. The SSRC is one of the implementing partners engaged in RCSMCE activities in four operational areas (high risk border towns and points of entry), namely; Nimule, Yei, Maridi and Yambio, thus complementing the efforts of the Ministry of Health in behavioral change communication with regards to EVD. SSRC has achieved the following progress towards EVD preparedness;

**Risk Communication, Social Mobilization and Community Engagement (RCSMCE):** From August 2018 until the 28th of February 2019, SSRC reached 240,418 people at community level in four operational locations through awareness sessions in schools and communities; announcements of key messages on Ebola in places of worship, and markets; house-to-house visits and mobilization of people at border crossing for screening by trained volunteers. In order to strengthen social mobilization, risk communication and community engagement on Ebola preparedness, SSRC mobilized 180 volunteers, all of them trained on EVD knowledge (Epidemiology: Origin, transmission, clinical picture as well as prevention and protection) and risk communication, social mobilization and community engagement.



*EVD awareness sessions for children in school © SSRC*

**Safe and Dignified Burial (SDB):** From November 2018 to February 2019, 86 SSRC volunteers were trained on Safe and Dignified Burials (SDB) in the four high risk locations, in addition to Juba, with six (6) SDB teams established overall (1 team in Yei, 1 in Yambio and 1 in Nimule, 2 in Maridi and 1 mobile team in Juba). Further refresher trainings and follow-up trainings will be delivered as part of the [DRC One International Appeal](#) in all the locations to enhance the SDB preparedness and response capacity of the National Society. SSRC is also the only lead implementing partner for SDB and co-leads the National SDB Technical Working Group. The SSRC also leads the SDB technical work committee at



*Maridi © SSRC*

State level in Yambio and Yei towns. To reinforce the preparedness, in addition to the trained SDB team members, SSRC has prepositioned SDB kits (each sufficient for 20 safe burials) in each of the four high risk locations, in addition to stocks positioned in Juba for the mobile team and to replenish the initial prepositioned kits if they were used. These SDB kits include the body bags, stretchers, IPC elements and PPEs.

**Psychosocial Support (PSS):** This is to provide emotional/mental/psychological assistance to not just the SDB team members and their preparation for the stressful task they may encounter, but also to the communities if and when an EVD outbreak strikes, taking into consideration human perception and reaction to such events that include fear of dying or losing their loved ones. The SSRC has trained 119 SSRC volunteers on PSS in three out of the four high risk locations namely Nimule, Yambio and Maridi. The volunteers will provide PSS assistance in addition to contributing to erasing the social stigma of EVD victims/survivors.

**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, including PNS, IFRC and ICRC. The Movement EVD Task Force meets on weekly basis to discuss operational issues as well as 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, 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. Given the continued outbreak in DRC, and as part of the extended National Preparedness Plan of Action, SSRC with support from IFRC, PNS and ICRC has revised the EVD operational plan, which will run for an additional six months (from March to August 2019) for the provision of more trainings of SSRC's staff and volunteers on Safe and Dignified, 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, including Juba with additional new four operational locations with proximity to DRC. The estimated operational budget was CHF 554,475. Out of this required amount, CHF 274,994 (50%) was mobilized through this DREF operation, while in-country PNSs (Swedish Red Cross and Danish Red Cross) contributed about 12% bilaterally to SSRC. In terms of human resource capacity, the MoH seconded a qualified health staff who continued to support the SSRC EVD operation in enhancing the preparedness and response capacity while the IFRC deployed two (2) EVD technical surge team members to provide coordination and technical support to SSRC in terms of RCSMCE and Safe and Dignified Burial (SDB).

During the reporting period, three suspected Ebola deaths were reported including one in Yei River State and two in Yambio county, Western Equatoria. The collected samples from the deceased were shipped to Uganda Virus Institute and results tested negative for Ebola. With the continued active movement of population between DRC and 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. The South Sudan Red Cross exploited 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 (SMRCCE) as well as Safe and Dignified Burial (SDB) preparedness activities. The SSRC is the lead partner for SDB of EVD deceased and SSRC/IFRC currently co-leads the SDB Technical Working Group (TWG). To ensure that the national society is adequately prepared to undertake Safe and Dignified Burial, a surge capacity with SDB expertise was deployed during the operational period to deliver SDB training as well as develop and operationalize SDB protocols.

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

At the country level, SSRC with support of IFRC coordinated the EVD preparedness operation in close cooperation and support of ICRC, and nine (9) in country Partner National Societies (PNSs). A weekly coordination mechanism was established, drawing the participation of all in-country PNSs, IFRC and ICRC. Furthermore, the IFRC deployed two (2) Ebola experts, to provide technical support to SSRC EVD operations team. Besides, IFRC is monitoring the development of the situation in DRC through the regional coordination mechanism. Through this mechanism, IFRC is facilitating information sharing with at-risk neighbouring countries.

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

The following are the main actors involved in preparedness activities:

Actor	Activity
MoH	Coordination, surveillance, case management, social mobilisation, and SDB
SSRC	RCSMCE, PSS and SDB

WHO	Technical support on coordination, surveillance and other areas
UNCHR IOM	IOM assisting in screening at multiple points of entry
WFP	Logistical support
UNICEF	RCSMCE, IPC/WASH
CDC	Technical support on Surveillance and other pillars
MSF, Medair, IMC, AAHI, World Vision, Cordaid,	Case management, IPC/WASH
Samaritan's Purse, CUAMM	Capacity building/training
UNOCHA	Coordination, Lobbying 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, as well as instituted ten Technical Working Groups, namely: (RCSMCE, SDB, Case Management, IPC/WASH, Surveillance, Border Health, Logistics, Safety, Access and Security, Laboratory and Vaccines and therapeutics). Inter-agency response in South Sudan has enhanced the country's Ebola prevention efforts and improved response capacities.

### **Needs analysis, scenario planning and risk assessment**

#### **Needs analysis**

The current Ebola Virus Disease outbreak started in North Kivu and Ituri provinces of the Democratic Republic of Congo (DRC), 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 and 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. The risk of EVD importation to South Sudan has been assessed to be very high by WHO. In regard to the risk of spread of the current EVD epidemic in the DRC, South Sudan is one of three 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, attributed to 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 behavioural 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 a network of 180 trained volunteers
- Training and establishing operational structures at the four targeted locations, ensuring readiness to provide Safe and Dignified Burial services, Psychosocial Support and contact tracing.

The additionally deployed MoH personnel and surge capacity by IFRC supported the SSRC in developing the EVD Preparedness and Response Contingency plan and ensured that the plan is reviewed, adapted and operationalized as per both the SSRC operating procedures and the National Standard Operating Procedures for EVD preparedness and response for South Sudan.

#### **Scenario planning**

Please see [EPoA](#) for scenario planning.

#### **Operation Risk Assessment**

Due to the high infectious rate of the Ebola virus, there is a duty of care towards volunteers involved in border screening, which is a high risk activities. In addition to suffering caused at individual and family levels, there is a risk that the National Society suffers huge consequences, with large compensation costs if one of the staff or a volunteer 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 have been

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 overall SSRC operational strategy has been reviewed to ensure the SSRC is properly resourced and supported to contribute to operational prevention and control activities. The SSRC SDB team members (SSRC volunteers comprising these teams) have been vaccinated with the Ebola Vaccine (Zebov) in three out of the four high risk locations namely Yei, Yambio and Nimule. The teams in Maridi and Juba have been listed for the vaccination round as it passes through these locations. The vaccinations were done by the Ministry of Health and WHO; all health care and front-line care workers in the high-risk locations have been, or are to be vaccinated.

Given the complex humanitarian situation in the country, security access remains the major challenge for SSRC to reach highly at-risk locations with social mobilization and risk communication campaigns; this is in specific locations around Yei County where there are highly deployed armed groups on the ground. In addition, logistics and communication remains major factors impeding timely reporting as well as monitoring of ongoing preparedness operation. In order to address these challenges, related to access constraint, the SSRC senior management team structures at HQ and branch, with support of ICRC, have engaged with various authorities of parties to the conflict in South Sudan for safer access of volunteers, staff and operational supplies. Most important, the SSRC is multiplying efforts to ensure its operations are transparent and independent, guided by the seven Fundamental Principles and values of the Red Cross Movement. Lastly, the SSRC through its PMER structure is strengthening the reporting mechanism through adapting use of mobile phones and online reporting platforms in order to ensure consistent and timely reporting.

## B. OPERATIONAL STRATEGY

### Proposed strategy

This DREF operation is aligned with the regional [EVD strategic plan](#) and focuses on four key pillars;

- Social Mobilisation, Risk communication and Community Engagement
- Psychosocial support (PSS)
- Safe and dignified burials (SDB)
- National Society capacity strengthening

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 the use of standard training curriculum and materials which will be adapted to the country context.

### Overall Operational objective

The overall objective of this DREF operation was 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). This includes:

1. **Social Mobilisation, Risk communication and Community Engagement:** Through this operation, SSRC supported community preparedness with EVD educational materials, health promotion and door-to-door visits. This was operationalized through the training of 180 volunteers (40 in each location) on key community approaches, awareness sessions in schools and communities, announcements of key messages on Ebola in churches, mosques, markets, house to house visits and mobilization for screening at border points of entry by these trained volunteers.
2. **Psychosocial support (PSS):** This is aimed at providing psychosocial assistance to SSRC volunteers and staff during their engagement in social mobilisation and risk communication activities in the communities. In order to effect this, SSRC delivered basic PSS training to volunteers involved in the EVD Preparedness operation in the four target locations. These volunteers further provided 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.
3. **Safe and dignified burial (SDB):** As part of its key preparedness action, six (6) teams (comprised of 8 to 10 volunteers) were fully trained and equipped to undertake SDB services in the event of an EVD outbreak in the country. During the operation, SSRC conducted the safe and dignified burial of one EVD suspected death in Yambio, which later sample collected from the deceased was laboratory confirmed negative. In addition, as part of the SDB protocol, SSRC through support from IFRC prepositioned SDB kits in each of the four operational locations under direct oversight of the SSRC Branch Management.

These priority activities are fully aligned with IFRC regional EVD strategic plan. SSRC Preparedness 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, social mobilization and community engagement, the standardization of training tools and curriculum, mobilization of surge capacity, assessing typical burial practices to inform SDB activities and collaboration with MoH, WHO, CDC, UNICEF and other relevant actors.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b>  <b>People reached: 240,418</b>  Male: 96,168  Female: 144,250</p>		
<b>Health 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	240,418
<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>
# volunteers trained on risk communication, social mobilization and community engagement RCMCE, SDB and PSS	160	180
# of people mobilized for screening and reached with key messages on epidemic knowledge, prevention and control at border screening sites and points of entry	108,000	138,418
# of volunteers conducting community engagement sessions at household and community levels (40 per location)	160	162
# of branches (Yambio, Torit/Nimule, Juba/Yei and Maridi) supported in the planning and implementation of EVD Preparedness and prevention activities	4	4
<b>Narrative description of achievements</b>		
 <p><i>SDB simulation exercise in Nimule © SSRC</i></p>	<p>From October 2018 to 28th February 2019, SSRC reached <b>102,000 people</b> (40,800 men and 61,200 women) in the four operational locations, through awareness sessions in schools and communities, announcements of key messages on Ebola Virus Disease in places of worship, schools, markets, sports centers, house-to-house visits and mobilization of commuters at points of entry for screening done by trained volunteers. SSRC volunteers also disseminated key messages on EVD and mobilized travellers for screening at border points of entry (Nimule/Uganda border, and Maridi/Uganda/DRC border) reaching a total of <b>138,418 people</b>, making the total number of people reached for both RCMCE and Mobilization for Screening at border entry points <b>240,418</b>.</p> <p>In order to strengthen social mobilization, community engagement for EVD preparedness, SSRC mobilized and trained <b>180</b> volunteers in all the four high risk areas of Yei, Maridi, Nimule and Yambio as part of this operation. The volunteers have been trained on Risk Communication, Social Mobilization and Community Engagement knowledge, prevention/protection as well as behavioural change. In addition, <b>86</b> volunteers have been trained on SDB; establishment of 6 readily deployable and functional SDB teams in all four high risk areas in addition to Juba (mobile and rapid response SDB team). A total of <b>119</b> of the same volunteers have been trained on PSS (Psychosocial Support). In total, 180 volunteers were trained on RCMCE, SDB, and PSS. Importantly, the SDB team responded and carried out Safe and Dignified Burials for</p>	

two suspected EVD related cases in Yei and Yambio, of which collected sample from the deceased tested negative for Ebola.

**National Society Strengthening:** At the end of this DREF operation, SSRC had 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 and provide SDB services. Meanwhile, SSRC is also exploring options to beef-up storage facilities for safe-keeping of EVD preparedness and response materials including personal protective equipment/utility in the target operational locations. An EVD focal person has been seconded from the Ministry of Health to assist with preparedness and contingency planning activities and providing support mainly for overall coordination and Social Mobilization training activities. Two SDB Surge capacities were also deployed to support the SDB coordination and SDB training.



*Round-table discussion with State stakeholders on Dead Body Management & SDB in Juba ©SSRC*

**Coordination:** As part of its internal coordination mechanism, the South Sudan Red Cross established a functional Movement Ebola Task force, drawing members from its technical departments and in-country PNs, 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 established a vertical coordination mechanism in which the focal persons of each EVD operational unit 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, RCSMCE TWG and Safe and Dignified Burial TWG. It also coordinates with various partners at operational level. During the DREF operation, SSRC has been actively represented in all the various weekly meetings at national level.

**Monitoring of activities:** SSRC has developed a standard reporting tool in order to ensure consistency and quality reporting from the focal persons in the operational areas. Furthermore, three 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 Preparedness plan.

**Establishment of Community Feedback mechanisms and Media Information Management:** The SSRC CEA team developed a mini KAP survey to be used to gather community perception of the Red Cross and of the Ebola Virus Disease. Meanwhile, the SSRC communication unit developed key EVD messages that are being widely shared with public through SSRC media platforms. At the Movement level, a unified message was developed and adapted by the Movement partners in regard to EVD Preparedness in South Sudan.

**Procurement of PPEs, body bags, spraying equipment, protective gear, disinfectants, etc.:** Five (5) SDB kits were procured and prepositioned in each of the four high risk locations (Maridi, Nimule, Yambio and Yei) and Juba, the capital. Each SDB kit is sufficient for carrying out 20 safe and dignified burials. The rest of the SDB kits are positioned in Juba and for use by the mobile SDB team if need arises and to replenish the prepositioned SDB kits in the four high-risk locations. In addition, SDB operational bases have been identified and can be activated immediately in the event of an outbreak, this also includes logistics arrangements setup to bridge the gap during response.

## Strategies for Implementation

**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.**

**Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened**

Indicators	Target	Actual
NS epidemic contingency/preparedness developed	1	1

**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**

# of field monitoring trips conducted	14	11
# of trainings supported by IFRC	2	1

### Narrative description of achievements

**NS Epidemic contingency/preparedness plan development:** With support of IFRC and in-country PNs and ICRC, SSRC developed an EVD Preparedness Plan which guided the EVD preparedness operation. In addition, a surge capacity was deployed to support the NS in the operationalization of this plan in the four target locations considered high-at risk entry points bordering DRC and Uganda.

**Monitoring support to NS operation:** The Regional Health Advisor and Interim DREF Delegate, conducted a monitoring visit to South Sudan from 04 to 09 February 2019. The purpose of this visit was to review the SSRC EVD Preparedness operation; assess its effectiveness and capture lessons learnt (visit reports annexed).

**NS Training support by IFRC:** SSRC SDB/WASH Coordinator participated in Safe and Dignified Burial Coordination Training organized by IFRC Regional Office Nairobi for NS SDB Staff coordinating SDB Preparedness and Response operations from 26 February to 01 March 2019.

### Challenges

- Main challenges remain with persistent insecurity and fragile health facilities in some of the target operational areas, especially in areas bordering DRC and Yei County in South Sudan; these pose significant challenge in conducting risk communication and engaging the communities living along these border regions.
- The need for information sharing among countries in preparation and response highlighted as priority.

### Lessons Learnt

- There is need to ensure that SSRC volunteers are continuously involved in conducting bi-weekly SDB simulation exercises. This should be coordinated with other implementing agencies in the operational geographical areas to enhance preparedness and readiness to respond to any suspected or confirmed EVD case (s) in the country.
- There is a need to clearly communicate to the communities on the risk of EVD transmission with regards to consumption of bush meat, to avoid passing information that are conflictual and culturally sensitive.
- Harmonization of training curriculums and standardize protocols for the key pillars to ensure equal and quality level of preparedness across key thematic areas of focus.

## D. BUDGET

An overall CHF 274,994 was allocated for this DREF operation, of which CHF 252,737 (91.90%) were spent. The balance of CHF 22,257 will be returned to the DREF.

### Explanation of variances:

Description	Budget in CHF	Expenditure in CHF	Variance in CHF	%	Explanation
Clothing & Textiles	7,600.00	-	7,600.00	0%	Attributed to wrong coding: SDB protective material and body bags coded as Medical First Aids instead of clothing and textiles
Teaching Materials	4,392.00	168.00	4,224.00	4%	Bilaterally funded under CEA by in - country partner.
Computers & Telecom	1,893.00	-	1,893.00	0%	This was wrongly coded.
Storage	-	15,365.00	15,365.00		Wrong description and coding of procurement of SDB Kits from Sierra Leone
Distribution & Monitoring	1,486.00	4,753.00	3,267.00	320%	Wrong coding of transactions related to Medical & First Aids
National Staff	-	2,452.00	2,452.00		Costs of temporary drivers for leased vehicle which is aligned to transport & vehicle cost
National Society Staff	8,000.00	18,378.00	10,378.00	230%	This is due to monitoring costs of HQ staff which were wrongly booked under this code.
Travel	10,700.00	11,961.00	1,261.00	112%	Increase in UNHAS flight ticket cost to operational areas
Office Costs	500.00	2,217.00	1,717.00	443%	This was under budgeted
Communications	495.00	1,797.00	1,302.00	363%	This was under budgeted
Financial charges	991.00	15,220.00	14,229.00	1,536%	This was under budgeted and not anticipated

Reference documents  
Click here for:  
[Operation update](#)  
[Emergency Plan of](#)  
[Action \(EPoA\)](#)

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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**.

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/6	Operation	MDRSS007
Budget Timeframe	2018/10-2019/2	Budget	APPROVED

Prepared on 18/Jul/2019

All figures are in Swiss Francs (CHF)

## MDRSS007 - South Sudan - Ebola Virus Disease Preparedness

Operating Timeframe: 16 Oct 2018 to 28 Feb 2019

### I. Summary

Opening Balance	0
<b>Funds &amp; Other Income</b>	<b>274,993</b>
DREF Allocations	274,993
<b>Expenditure</b>	<b>-252,737</b>
<b>Closing Balance</b>	<b>22,256</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	274,994	252,737	22,257
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>274,994</b>	<b>252,737</b>	<b>22,257</b>
SF11 - Strengthen National Societies			0
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC			0
<b>Strategy for implementation Total</b>			<b>0</b>
<b>Grand Total</b>	<b>274,994</b>	<b>252,737</b>	<b>22,257</b>

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/6	Operation	MDRSS007
Budget Timeframe	2018/10-2019/2	Budget	APPROVED

Prepared on 18/Jul/2019

All figures are in Swiss Francs (CHF)

## MDRSS007 - South Sudan - Ebola Virus Disease Preparedness

Operating Timeframe: 16 Oct 2018 to 28 Feb 2019

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>40,332</b>	<b>11,503</b>	<b>28,829</b>
Clothing & Textiles	7,600		7,600
Water, Sanitation & Hygiene	4,840	1,340	3,500
Medical & First Aid	23,500	9,996	13,504
Teaching Materials	4,392	168	4,225
<b>Land, vehicles &amp; equipment</b>	<b>1,893</b>		<b>1,893</b>
Computers & Telecom	1,893		1,893
<b>Logistics, Transport &amp; Storage</b>	<b>53,642</b>	<b>53,775</b>	<b>-133</b>
Storage		15,365	-15,365
Distribution & Monitoring	1,486	4,753	-3,266
Transport & Vehicles Costs	46,156	31,869	14,287
Logistics Services	6,000	1,788	4,212
<b>Personnel</b>	<b>79,190</b>	<b>66,200</b>	<b>12,990</b>
International Staff	31,706	18,087	13,618
National Staff		2,452	-2,452
National Society Staff	8,000	18,378	-10,378
Volunteers	39,484	27,283	12,201
<b>Workshops &amp; Training</b>	<b>66,468</b>	<b>72,650</b>	<b>-6,182</b>
Workshops & Training	66,468	72,650	-6,182
<b>General Expenditure</b>	<b>16,686</b>	<b>33,184</b>	<b>-16,498</b>
Travel	10,700	11,961	-1,261
Information & Public Relations	4,000	1,988	2,012
Office Costs	500	2,217	-1,717
Communications	495	1,797	-1,302
Financial Charges	991	15,220	-14,229
<b>Indirect Costs</b>	<b>16,784</b>	<b>15,425</b>	<b>1,358</b>
Programme & Services Support Recover	16,784	15,425	1,358
<b>Grand Total</b>	<b>274,994</b>	<b>252,737</b>	<b>22,257</b>