



South Sudan - Anticipatory Actions for EVD Outbreak



EVD risk communication and community engagement in Nimule (September 2022)

Appeal: MDRSS011	DREF Allocated: CHF 154,718	Crisis Category: Orange	Hazard: Epidemic
Glide Number: N/A	People at risk: 525,953 people	People Targeted: 220,800 people	
Event Onset: Imminent	Operation Start Date: 2022-10-13	Operation End Date: 2023-01-31	Operation Timeframe: 3 months
	Targeted Areas:	Central Equatoria, Eastern Equatoria, Western Equatoria	

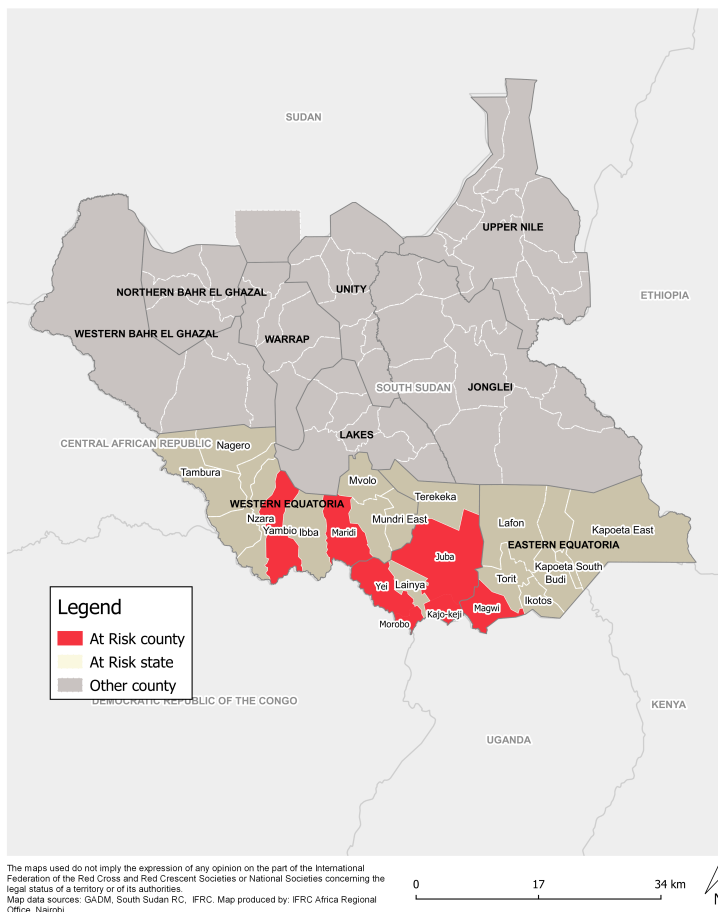
Description of the Event

Approximate date of impact

Suspected cases were detected in South Sudan on 30th September and declared negative after testing at the Juba Teaching Hospital. However, given the porous borders between Uganda and South Sudan, and the regular economic and cultural exchanges, it is uncertain how long it will be before a case is declared, or if a case will be declared. This is the main reason it is necessary to ensure readiness and preparedness in a speedy manner.



South Sudan : Ebola Preparedness
12 October 2022



Map of South Sudan, highlighting at-risk counties

What is expected to happen?

As of 10 October, 54 EVD cases have been confirmed in Uganda, including 9 health care workers according to the Ministry of Health. A total of 39 deaths (19 confirmed and 20 probable) have been declared, with a case fatality rate of 35%. Some 16 suspected cases are also currently admitted at hospital, with a cumulative 1,110 contacts of which 668 are being followed-up.

During the last National task force meeting, it was highlighted that a case had moved from Mubende to Kampala and died in Kiruddu hospital in Kampala, prepared by family members and repatriated back to Mubende for burial.

Above shows there is spread of the virus across Uganda, reaching the Capital city, which has major transportation route into Juba, with daily traffic for economic and cultural reasons. This means there is need to ensure readiness of Red Cross Teams and provide communities with much needed information on how to prevent the spread of EVD.



EVD awareness session in Nimule (September 2022)

Why your National Society is acting now and what criteria is used to launch this operation.

The rapid spread of EVD in Uganda with a case fatality rate of 35%, coupled with the fact that there is no vaccine yet for this lesser known strain of the Ebola Virus, are the main reasons for South Sudan RC to revamp its preparedness work. In addition, since the 2018-2019 trainings, volunteers trained in SDB, RCCE and other key EVD preparedness and response pillars have not received refreshers which are now much needed. This will help to restructure the various teams for community surveillance and case detection.

Scope and Scale

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

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

It is significant to note that the current EVD public health threat comes against the backdrop of the fragile health situation across South Sudan, affected by the ongoing flood, conflict, and hunger 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 is outdated or lacking coupled with limited human resource capacity, especially health cadres in high at-risk entry points between Uganda and South Sudan border. Besides, there is limited health literacy and low knowledge of EVD among communities along the Uganda-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 Risk Communication and Community Engagement (RCCE) strategies and actions.

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. The Ministry of Health has mapped out high-risk entry points, namely; Nimule, Juba, Kajokeji, Yei, Kaya, Morobo, Maridi & Yambio which will be prioritized for EVD preparedness.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	Yes
If yes, please specify which operations	MDRSS007 - South Sudan EVD Preparedness, following 2018 EVD Outbreak in Eastern DRC.

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent

Following the 2018 EVD outbreak in the Democratic Republic of Congo (DRC), the South Sudan Red Cross, with support from the IFRC, engaged in EVD preparedness actions in Nimule, Yei, Yambio, and Maridi which ended in 2019.

There have been a few suspected cases declared in South Sudan since the outbreak in Uganda, which means the National Society needs support to prepare its teams for a potential outbreak in the country. This is all the more as the ongoing strain of the EVD virus circulating in Uganda is the Sudan Ebola virus species, which is different from the Zaire Ebola virus species (which affected DRC in 2018), and has no known vaccine. Hence, it is important to revamp the preparedness actions in South Sudan, to limit the risks of spread.

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

Based on previous EVD preparedness in 2018, a few lessons were recorded, which will help the National Society in its ongoing efforts to ensure for an eventual outbreak.

- 1) Ensure early involvement of partners and joint country planning to ensure inter-agency readiness to take appropriate action in suspected or confirmed cases.
- 2) Preparedness across key thematic areas of focus. SSRC has trained teams and 5 SDB starter kits are available for an initial response, however, since the training was done in 2018, there is a need to conduct a refresher.
- 3) It is key to involve community leaders, including traditional healers and religious leaders to support risk communication and community engagement. This will help to limit the spread of the disease given the porous South Sudan-Uganda borders.
- 4) There is a need to communicate tailored messages to the communities on the risk of EVD transmission with regards to the consumption of bush meat, to avoid passing information that is conflictual and culturally sensitive.

Current National Society Actions

Coordination	<p>SSRC has been participating in all relevant coordination platforms both at the national and county levels. In addition, the National Society attends weekly meetings with Movement partners in the country to update them on the activities and gaps where support is needed.</p> <p>The National Society is part of the following 4 key pillars for EVD preparedness:</p> <ul style="list-style-type: none"> - Risk Communication,
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	<ul style="list-style-type: none"> - Community Surveillance including screening at borders and entry points - Infection Prevention Control though with a focus on Hygiene promotion and disinfection - Safe and Dignified Burial. <p>SSRC also takes part in the IFRC Regional EVD preparedness meetings with the health team and ensures weekly supervision of activities and feedback information to Branch Coordinators, with whom they share regular updates.</p>
<p>Health</p>	<p>From November 2018 to February 2019 during the last EVD preparedness Operation, 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). In addition, 119 SSRC volunteers were trained in on PSS in namely Nimule, Yambio and Maridi, while there is residual capacity on EVD knowledge (Epidemiology: origin, transmission, clinical picture as well as prevention and protection) and risk communication, social mobilization and community engagement through 180 previously trained volunteers.</p> <p>The Logistics unit of the South Sudan Red Cross Society has taken stock of available preparedness material currently positioned in its Juba warehouse. These stocks were obtained thanks to previous EVD preparedness operations funded by the DREF in 2018 and through the DRC EVD Emergency Appeal of 2018 -2020 and include:</p> <ul style="list-style-type: none"> - 5 SDB starter kits - 6 SDB training kits - 50 Sprayers - 267 gumboots - 10,496 latex gloves - 456 SDB replenishment kits - 54 respirators - 957 classic expert coverall - 3,900 gloves - 1,000 disposal aprons - 2,739 eye googles. <p>Thanks to the above capacity, SSRC has with its own funds, engaged awareness at this stage.</p>

Movement Partners Actions Related To The Current Event

<p>IFRC</p>	<p>The IFRC has a Delegation in Juba and will provide operational capacity and play a key role in coordinating the support from the different partners with regard to the bilateral approach in support of the SSRC. IFRC Cluster Delegation is also providing technical and coordination support required to deliver the work of SSRC including human resources, logistics, and supply chain; information technology support (IT); communications; security; PMER; partnerships and resource development; and finance and administration.</p>
<p>ICRC</p>	<p>The ICRC is leading Movement coordination on security management country-wide and supports SSRCs in national emergency management forums together with other partners, particularly in conflict areas.</p>

<p>Participating National Societies</p>	<p>There are nine Partner National Societies (PNS) operational in-country: Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Netherlands Red Cross, Norwegian Red Cross, Swedish Red Cross, Swiss Red Cross, and Turkish Red Crescent and have indicated their willingness to support the EVD preparedness efforts.</p> <p>SSRC has started discussions with the Danish Red Cross to support Community-based surveillance training of trainers and volunteer-level cascading, while Swedish Red Cross would be supporting WASH/disinfection activities.</p>
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Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>The South Sudan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC) 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). The MoH has also requested humanitarian partners to support preparedness plans in country, and it is agreed that SSRC will take the lead for Safe and dignified burials (SDB). National Society and MoH will work on a MoU to formalize this agreement.</p>
<p>UN or other actors</p>	<p>The following are the main actors involved in preparedness activities:</p> <ul style="list-style-type: none"> - WHO : Technical support on coordination, surveillance, case management - UNOCHA: Coordination, Lobby and Advocacy - UNHCR: Refugees screening - WFP: Logistic - MSF: Case management - World Vision: Community Surveillance - UNICEF: Risk communication and community engagement, WASH - CDC: Technical support on surveillance and laboratory diagnosis.

Are there major coordination mechanisms in place?

The MoH instituted sub-working groups focusing on 5 key pillars of EVD preparedness and response, which meet on a daily basis. SSRC is actively participating on 4 of these platforms. 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 as recommend courses of action to strengthen the EVD Preparedness operations.

In order to enhance information flow from the various operational areas/units, the SSRC has also established a vertical coordination mechanism in which the focal persons of each EVD operational unit provide weekly progress updates to the EVD focal person at HQ for consolidation and further sharing with the various platforms, including partners, the NTF and Technical Working Groups. Externally, the SSRC is an active participant in the National Task Force, Technical Working Groups for Social and Risk Communication, Safe and Dignified Burial, and IPC (WASH). It also coordinates with various partners at State operational level.

Anticipated Needs



Health

Below are the current needs for preparedness as identified by SSRC and MoH.

- 1) Community-based surveillance (CBS). Need for refresher training and deployment for surveillance and case detection. While the training will be supported by PNS in-country, the IFRC through the DREF will support the deployment of volunteers to support surveillance and alerts.
- 2) Risk communication and community engagement (RCCE). Need for refresher training and deployment. These teams will be embedded in the CBS teams for enhanced efforts and increased impact.
- 3) Safe and Dignified Burials (SDB). Need for refresher training and mobilizing response teams which will be on standby until the response phase is triggered. Given the National Society still has stocks from previous preparedness, only the replenishment kit and 1 training kit will be prepositioned.
- 4) Infection Prevention and Control (IPC). With a focus on WASH and disinfection of places where suspected cases have been detected.
- 5) Psychosocial support (PSS). Need for refresher training on psychosocial first aid (PFA), sensitization, and briefing of volunteers.

Operational Strategy

Overall objective of the operation

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

Operation strategy rationale

To achieve its objective, SSRC will engage preparedness activities in below key areas:

- 1) Community-based surveillance (CBS) refresher training to be supported by Danish Red Cross. At the same time, through this DREF operation, SSRC will conduct a training of 240 volunteers (30 per targeted area) in Epidemic Preparedness and Response in Communities (EpiC), which includes CBHFA, ECV, CEA (including community feedback) and PFA basics. The two trainings will allow the deployment of all 240 volunteers to support community case detection and referral to relevant health care facilities. In addition, the CBS teams will raise alerts on suspected cases to Boma Health Teams (grassroot level of MoH), which shall then determine whether or not to reach out to SDB teams on standby.
- 2) Risk Communication and Community Engagement (RCCE) by training volunteers to ensure awareness of communities on the risks of EVD and how to prevent it, as well as limit the spread of rumours and infodemics. RCCE teams will be embedded into the CBS teams for maximum impact.
- 3) Setting up of disinfection points at the 8 border entry points in targeted locations for humans and automobiles. This will be supported by 5 volunteers per targeted locations for 12 weeks.
- 4) Preparedness for Safe and Dignified Burials (SDB) by ensuring training at national (ToT) with 16 participants, ensuring SSRC has at least two (2) SDB teams (8 people per team) ready to react if suspected death is detected. The cascaded refresher training for each of the targeted 8 locations will be conducted if a response is triggered (by a positive case confirmed) and will be led by some of the previously trained trainers. The operation budget will then be revised to accommodate this change.

5) Coordination by ensuring SSRC and the wider Membership is represented at key preparedness meetings with MoH and partners and that SSRC actions remain relevant in the wider National and County preparedness plans.

To support above strategy, the in-country IFRC Health and Immunization Delegate will support SSRC teams with coordination while the Cluster Disaster Management Delegate will provide operational leadership.

Targeting Strategy

Who will be targeted through this operation?

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

Explain the selection criteria for the targeted population

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

Total Targeted Population

Women:	55,050	Rural %	Urban %
Girls (under 18):	49,500	30.00 %	70.00 %
Men:	55,200	People with disabilities (estimated %)	
Boys (under 18):	61,050	5.10 %	
Total targeted population:	220,800		

Risk and security considerations


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


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

Please indicate any security and safety concerns for this operation


Safer access remains the major challenge for South Sudan Red Cross to reach highly at-risk locations with social mobilization and risk communication campaigns. In addition, logistics and communication remain major factors impeding timely reporting as well monitoring of ongoing preparedness operations. In order to address these challenges, related to access constraints, 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 to its volunteers, staff, and operational supplies.

Planned Intervention

	Community Engagement And Accountability	Budget	CHF 6,816
		Targeted Persons	220800
Indicators		Target	
# of IEC material produced		4000	
# of feedback systems set up		1	
# of community consultations and dissemination sessions setup		8	
Priority Actions:		<ul style="list-style-type: none"> • Ensure production of IEC material with EVD prevention messaging • Provide information to members of the community, healthcare workers, and volunteers on the MoH EOC hotline so they can reach out for information or share feedback. • Hold live interactive radio talk shows with communities with an aim of providing feedback and EVD myths. This is already budgeted under the health section. 	

	Secretariat Services	Budget	CHF 0
		Targeted Persons	220800
Indicators		Target	
# of monitoring visits conducted		3	
Priority Actions:		<p>Below are services that will be provided by IFRC to support SSRC in delivering planned activities:</p> <ul style="list-style-type: none"> • Mobilizing in-country health and immunization delegate to support SSRC with readiness activities. • IFRC Logistics services will be engaged for the timely procurement of required SDB kits replenishment kits and training kits. • In country Disaster management delegate to provide operational leadership and setup. • Cluster Finance and PMER to provide technical support on reporting, accounting, and resource management. 	

	Health	Budget	CHF 110,498
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		Targeted Persons	220800
Indicators	Target		
# of volunteers engaged in disinfection activities	40		
# of disinfection teams set up	8		
# of volunteers deployed for CBS/RCCE	224		
# of radio sessions aired weekly	8		
# of engagement sessions with traditional and religious leaders	96		
# of supplementary SDB teams set up	2		
# of volunteers trained in SDB	16		
# of SDB replenishment kits prepositioned	1		
# of SDB training kits replenished	1		
Priority Actions:	<p>1) Community health promotion, activities will include:</p> <ul style="list-style-type: none"> • Conduct 8 County level trainings in each of the target areas to ensure teams are set up for CBS. Each training shall be for 30 volunteers and community health volunteers and will last 5 days as it includes community feedback modules. This will be funded by the Danish Red Cross. • Conduct EPiC training for 240 volunteers (8 per targeted location) to support community health promotion and RCCE. These trainings will be held at county level and shall each last 4 days. • Deploy 224 volunteers for 2 days a week for 10 weeks in all 8 targeted areas for community health promotion. Volunteers shall ensure community surveillance, with embedded CBHFA and RCCE for maximum impact through HH visits, conduct FGDs, and community meetings. Volunteers will be deployed on a rotational basis, with Nimule and Juba having the highest numbers. They will also support alerts to SDB teams on suspected cases. • Engagement of religious /traditional leaders to obtain their support in raising awareness of EVD in each identified area. A session shall be held in each targeted location once a week for 3 months. • Conduct radio awareness sessions on EVD risks and prevention methods through talk shows with MoH focal points (8) and radio spots. Each target location shall have a weekly show for the duration of the operation. <p>2) Safe and Dignified Burials (SDB) Preparedness, activities shall include:</p> <ul style="list-style-type: none"> • Conduct a 5-day SDB training (SSRC Supervisors and MoH staff) for 16 people in the targeted areas. This training will ensure SSRC has at least 2 SDB teams (8 people per team) positioned in Kaya 		

and Kajokedi.
Indeed, through past preparedness, SSRC already had SDB teams set up in Juba (1 team), Yei (1 team), Nimule (1 team), Yambio (1 team) and Maridi (2 teams). One of the teams in Maridi shall be detached to Morobo (30 minutes flight away), to ensure all eight (8) targeted locations have a team ready to respond under short notice and with minimal preparedness. Cascaded refreshers will be conducted as necessary only in the event a response phase is triggered for this operation.

- Replenishment of the training kit which will be used during this operation for the teams in Kaya and Kajokeji.
- Prepositioning of one (1) SDB replenishment kit, to ensure SSRC has sufficient supplies in the event response is triggered.

3) Infection Prevention and Control activities shall focus on disinfection through setting up 8 border disinfection stations in targeted locations with the provision of water/soap, cleaning equipment, etc to support the disinfection of humans and automobiles every day for 3 months as border entry points. This will be manned by 5 volunteers in each location, deployed on a rotation basis.

	National Society Strengthening	Budget	CHF 37,404
		Targeted Persons	220800
Indicators		Target	
# of lessons learned workshop conducted		1	
# of MoUs prepared and signed with MoH on SSRC role in SDB		1	
# of SoPs prepared and disseminated on SDB teams response to alerts		1	
# of Branch staff mobilized		3	
# of weekly supervisory visits conducted at county level		12	
# of monthly monitoring visits conducted		3	
Priority Actions:		<ul style="list-style-type: none"> • SSRC will work with MoH and partners to deliver this plan and will ensure joint planning through various set coordination platforms. • Ensure SSRC participation in all relevant coordination platforms • Develop MoU with MoH outlining the role of SSRC in SDB for viral hemorrhagic fevers • Set up and disseminate standard operating procedures (SoPs) for rapid response to SDB alerts by the CBS team. • Mobilize 3 SSRC Branch staff (health, RCCE, and WASH) to support the implementation of activities and participate in county-level sub-committees (SDB, RCCE, IPC, WASH, and PFA). 	

- Ensure weekly supervision of activities and feedback information to the Branch Coordinator
- Ensure monthly IFRC monitoring visits by in-country health and immunization delegate.
- Conduct lessons learned workshop.

About Support Services

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

In total, 240 volunteers (30 volunteers per location for 8 locations) will be engaged

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

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

SSRC procurement unit will ensure the timely provision of IEC materials, with support from the CEA team. In addition, all fleet and transportation of teams will be managed by SSRC.

At the IFRC level, the Logistics and Procurement unit will use its expertise and contacts to ensure SSRC has much-needed SDB material prepositioned. This will be done in line with IFRC Procurement standards.

How will this operation be monitored?

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 will be conducted by the SSRC Health Manager and IFRC Ebola Experts. These visits will help identify critical challenges in the field and guide the operationalization of the EVD contingency plan.

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

SSRC shall use its social media platforms and traditional media for communicating with the public, about its EVD preparedness actions. Media briefings will be supported by the communication team, depending on the necessity as guided by the Deputy Secretary for programs.

IFRC Juba Cluster Delegation Communication focal point will also provide support and guidance as necessary.

Budget Overview



DREF OPERATION

MDRSS011 - South Sudan Red Cross Society Anticipatory Actions - EVD Outbreak

Operating Budget

Planned Operations	117,314
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	110,498
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6,816
Environmental Sustainability	0
Enabling Approaches	37,404
Coordination and Partnerships	0
Secretariat Services	0
National Society Strengthening	37,404
TOTAL BUDGET	154,718

all amounts in Swiss Francs (CHF)

Contact Information

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

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