

# South Sudan

## COVID-19 Update

10 April 2020



*Sudanese refugees observe physical distancing during a general food and soap distribution.*  
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### Key Developments

- South Sudan confirmed its first four COVID-19 cases this week. All cases are United Nations personnel. The UNHCR Representation will continue working very closely with the Government, World Health Organization (WHO) and relevant actors to advocate for patient confidentiality and curb stigma regarding COVID-19 cases. UNHCR staff are telecommuting and reduced its movements to displaced sites since 06 April. Alternative implementation modalities have been put in place to continue delivery assistance to the people under the Agency's mandate.
- A rise in negative sentiments of the local public against foreigners and humanitarian has been reported following the report of the first confirmed case. The High-Level COVID-19 Task Force and President Salva Kiir have made public statements against hate and xenophobic speech, citing Article 29 of the Media Act, this week.
- Reports received from some field locations indicate deployed national state security staff are preventing humanitarian staff from entering and IDPs from leaving the UNMISS

Protection of Civilian (PoC) sites, as a preventative measure to further spread of the corona virus to South Sudanese citizens. Affected PoC sites so far include: Malakal.

- The South Sudan National COVID-19 Task Force has been renamed the South Sudan National COVID-19 Steering Committee to avoid confusion with the High-level COVID-19 Task Force, which is chaired by President Salva Kiir.

## COVID-19 Coordination

- UNHCR is participating in the National COVID-19 Steering Committee and its various technical working groups, headed by the Ministry of Health (MoH) and the WHO. UNHCR is working to ensure that refugees and other persons of concern are included in the national preparedness and response plan. In refugee hosting areas, the local COVID-19 Task Force is co-chaired by local authorities and UNHCR.
- Any suspected case is immediately reported to the COVID-19 National Steering Committee through the MoH Public Health Emergency Operation Incident Manager and WHO, who deploys the Rapid Response Team. In support to national preparedness and response efforts, UNHCR and partners developed a COVID-19 contingency plan focused on refugee-hosting areas as well as operations continuity plans to ensure the continued delivery of critical life-saving activities and protection interventions.
- UNHCR is a part of the UN COVID-19 Contingency Planning Working Group. The UN COVID-19 preparedness plans and guidelines builds on the resources and facilities established as part of the ongoing UN Ebola preparedness, which includes UNHCR's persons of concern.
- UNHCR is working closely with its partners to share information, adapt and enhance the delivery of activities to refugees, IDPs and host communities. UNHCR, partners, and local health authorities are adapting the national plan to the local refugee contexts which includes mass communication and community engagement (including refugee hosting communities).



*UNHCR and partners hold a meeting with refugee leaders in Makpandu refugee camp. © UNHCR/Aisha Abdulsalam*

## COVID-19 Preparedness

- The National Steering Committee in collaboration with UNICEF has translated the COVID-19 IEC materials into multiple languages including refugee's native language of Arabic, Annuak, French, and Zande. UNHCR and partners are optimizing available communication avenues including megaphones, posters, influential local community leaders, community-based networks and FM radios to broadcast COVID-19 messages
- 10 isolation and treatment sites have been identified in the two largest refugee hosting areas. In Jamjang, the construction of five isolation centers at primary health care centres [2 in Ajoung Thok and 3 in Pamir] are nearing completion. The construction includes the building of 4 latrines and 2 tap stands. In Maban, isolation and treatment sites have been identified in all the 4 refugee camps and at Bunj hospital. Prepositioning of medicines and supplies have been done for each site.
- Preposition of nutrition supplies, up to 12 months for some programmes, is completed. The supplies which will be used to support various nutrition programmes include: blanket

supplementary feeding, outpatient therapeutic program which manages severe acute malnutrition; targeted supplementary feeding for those with moderate acute malnutrition in children, pregnant and breast feeding women, and people with chronic illnesses; therapeutic milk supplies for the management of severe acute malnutrition cases with major medical complications at stabilization centres.

- Prepositioning of core-relief items comprising of sleeping mats and soap to Maban is completed. The delivery of soap, buckets, blankets, kitchen sets and refugee housing units to Jamjang is underway following the re-opening of the main road in mid-March.



## Protection

- The South Sudan Commission for Refugee Affairs (CRA) reaffirmed that refugees will have access to territory and asylum during the COVID-19 pandemic.
- Despite the Government directives and communications on border closures; movement of refugee returnees, refugees and asylum seekers are still observed through unofficial border crossing points. This raises concern about the spread of COVID-19, as there are no precautionary measures in place. UNHCR is working in South Sudan and the six surrounding countries to amplify messaging on possible risks and implications which is crucial to minimize transmission of COVID-19 among persons of concern.
- UNHCR is working with IOM and WHO to prioritize refugees, asylum seekers and refugee returnees at border entry points in the screening and quarantine procedures to ensure that the right to asylum and access to territory are respected.
- UNHCR is working with UNICEF, REACH, IOM to map out COVID-19 potential outbreak areas and identify risk areas.
- UNHCR's protection desks, located in internally displaced sites, has recorded an overall increase in interests of IDPs to return to their area of habitual residence. Due to security concerns, UNHCR has not been able to access several areas to continue to assist those interested and IDPs with specific needs.

## Challenges

- Due to the rising anti-UN, anti-foreigner sentiments, movement has been limited for UN staff. This, in addition to the already restricting COVID-19 counter measures, has reduced UNHCR's footprint in displacement sites to provide direct protection interventions and monitoring activities.
- With the first confirmed case of COVID-19, the bottlenecks in the supply chain are expected to increase, due to cross border restrictions which could affect also transportation of goods. This will potentially impact procurement of supplies for existing as well as COVID-19 response programmes.
- Securing medical supplies and personal protective equipment is still challenging as several countries have put strict export restrictions with immediate effect on the number of products (gloves, goggles, mouth caps, coveralls) that can be purchased.

## Business and Operations Continuity Plan

- UNHCR will be staying and deliver for refugees, asylum seekers, refugee returnees, IDPs and those at risk of statelessness during COVID-19.
- UNHCR's Business Continuity Plan (BCP) was triggered with the confirmation of the first COVID-19 case. UNHCR began full teleworking modalities on 06 April. Connectivity remains the main challenge for most staff.
- UNHCR developed its 'worst case scenario' operations continuity plan at national level and in some key locations. With a dynamic situation, the plans reflect alternative implementation modalities for non-life saving activities in a context of COVID-19 outbreak and lockdown.

UNHCR, with help from a team of refugee builders, worked through the weekend to construct emergency isolation units using the refugee housing units at primary health care centres in Ajoung Thok [pictured] and Pamir refugee camps, Unity State.

*"I am proud to be a part of this project because I am helping to protect my community from COVID-19," said John Musa, a 28-year-old Sudanese refugee, adding that the money he earns as a builder will help him stock up on food and other essentials so his wife and two children don't have to venture out to the market too often and risk exposure. "I want them to be safe and stay at home."*

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