

South Sudan

COVID-19 Update #9 August 2020



Sudanese refugees observe COVID-19 preventative measures during the bimonthly general food and double soap ration distribution in Jamjang. © UNHCR/Bith Bol Ayuel Dau

Key Developments

- The cumulative total of confirmed COVID-19 cases in South Sudan is 2,532, including 1,189 active confirmed cases, 1,296 (51.1%) recoveries, and 47 deaths.
 - No COVID-19 positive cases recorded among refugees in camps so far.
- The requirement for an additional 14 days of quarantine imposed in some states following
 inter-state travel was lifted. The discontinuation of this policy will ease humanitarian
 movement across the country. Notwithstanding, for all persons arriving in South Sudan
 from abroad, adherence to 14 days of quarantine and COVID-19 negative certificate (72
 hours prior to arrival) are still required.
- Jonglei State was placed under a three-month state of emergency beginning 13 August 2020. President Salva Kiir issued the declaration due to the unfolding humanitarian situation, the incidents of sub-national violence that started at the beginning of the year and flooding.



COVID-19 Coordination

- UNHCR is participating in the National COVID-19 Steering Committee and its various technical working groups, headed by the Incident Managers from the Ministry of Health (MoH) and the World Health Organization (WHO).
- In support of the national response and preparedness efforts, UNHCR and partners are implementing contextualized COVID-19 preparedness and response as well as operation continuity plans to ensure the continued delivery of critical life-saving activities and protection interventions. In refugee hosting areas, the local COVID-19 Task Forces are cochaired by local authorities and UNHCR. Within several refugee camps, refugee leaderships have organized their own COVID-19 Task Force to better coordinate the response within their communities.
- UNHCR is working closely with its partners to share information and enhance the delivery
 of activities to refugees, IDPs, refugee returnees and their host communities. The national
 COVID-19 plan has been adapted to the local refugee contexts which includes risk
 communication and community engagement (with both refugee and hosting communities).

COVID-19 Preparedness and Response

- Five GeneXpert machines have been installed, but require cartridges, to begin COVID-19 testing at Pamir primary health care centre (PHCC), Gentile PHCC, Makpandu PHCC, Yei Civil Hospital, and Maban County hospital.
 - COVID-19 cartridges have been dispatched by the Ministry of Health to Western Equatoria. This will allow the testing for the local population, including refugees living in the Makpandu refugee camp.
 - For more information, listen to UNHCR Senior Public Health Officer's interview on this project [link].
- In Jamjang, UNHCR's partner IRC completed the 20 square meters expansion of the Pamir PHCC laboratory, ensuring adequate functioning.



Handwashing stations have been set up at distribution sites earlier in the year to integrate into distribution procedures.

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- UNHCR and Jesuit Refugee Service distributed 400 pieces of soap to persons with disabilities in Maridi IDP site. Tippy taps were installed at Lalama and Maku IDP sites as a precautionary measure for COVID-19.
- Risk communication and community engagement activities continued with the use of nationally approved information materials. Awareness raising was done door-to-door, through small community level meetings respecting social distancing measures, and talk shows on local radio stations. During these activities, UNHCR and partners are also addressing rumours and misinformation about COVID-19. In Wau, over 7,474 households were reached with door to door COVID-19 messages and 16,835 persons were reached through megaphone messages. 660 face masks were distributed to volunteers and IEC materials were distributed to 1172 people.



Protection

- Despite COVID-19 border restrictions, cross border movements continue mostly through unofficial crossing points with no screening measures in place. In July and August 2020, the South Sudan Relief and Rehabilitation Commission, UNHCR and partners recorded 6,144 South Sudanese refugee returnees from neighbouring countries, bringing the total number of refugees who have returned in a self-organized manner to 30,281 since the outbreak of COVID-19 in the region.
- Passenger buses from Sudan have resumed cross-border transport, with some routes not having COVID-19 screening.
- UNHCR and partners are continuing to remotely register new-born babies and issue documentation. In August, a total of 483 new-born babies were registered.
- While school remain closed, until further notice due to the COVID-19 pandemic, UNHCR continues to support children and parents with education related projects.
 - o In Maban, awareness and information dissemination sessions were conducted on prevention of teen pregnancy while being out-of-school. SGBV advocates reached a total of 1,232 community members (622 women and 610 men) in Batil and Gendrassa refugee camps.
 - UNHCR and Lutheran World Federation (LWF) completed a back to school survey in Ajuong Thok and Pamir refugee camps. The survey will help UNHCR and partners assess the readiness for schools re-opening considering COVID-19. The survey covered 21 preschools, 9 primary schools, 2 vocational schools and 2 secondary schools.
- In order to monitor possible protection challenges due to COVID-19 measures, UNHCR and partners conducted SGBV trend analysis in Maban. The highest trends that were reported were physical violence, psychological and emotional incidences. The root causes, mapping of risk areas and recommendations were noted to inform redress. Information dissemination was also conducted for survivors of SGBV on psychological and emotional abuse in Yusuf Batil and Doro refugee camp's women centres.
- The Protection Cluster and the Office of Human Rights created an illustrated guide presenting protection and human rights considerations for the COVID-19 response in South Sudan, to ensure maximum reach [link].

Challenges

- Insecurity and flooding in certain areas hinder COVID-19 response in some refugee
 hosting areas and internally displaced settlements, especially in Central Equatoria and
 Jonglei.
- The most critical shortage is the lack of COVID-19 testing kits and viral transport medium (VTM). The global demand is exceeding the production and availability of testing items. There is a continued need for more personal protective equipment (PPE) to ensure the safety of health workers in UNHCR-supported facilities and other frontline workers and staff. The impact of the disruption in the regional and global supply chain is posing significant challenges.
- Changes in behaviour to promote prevention measures as well as counter stigma on COVID-19 cases continue to be a challenge among all communities refugee, IDP, and their hosts. This is likely to have an impact also on health seeking behaviour. UNHCR and

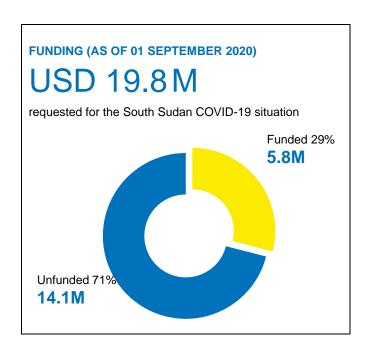


- partners continue its sensitization and awareness raising through community health volunteers, hygiene promoters, community-based networks, local leaders. WHO and State Ministry of Health in refugee and IDP hosting areas.
- Issues of mental health and psychosocial wellbeing are of concern. For refugees who
 sought psychosocial support through community interaction, social gatherings or the
 observance of religious rituals, physical distancing measures and mobility restrictions also
 affect their ability to cope with emotional distress. In addition, stigma brought about by
 suspected COVID-19 cases results in some instances in people opting not to seek health
 services.

Business and Operations Continuity Plan

UNHCR is staying and delivering for refugees, asylum seekers, refugee returnees, IDPs and those at risk of statelessness during COVID-19.

- UNHCR, through essential movements and continued coordination with partners and community-based networks, is ensuring lifesaving and protection assistance to its persons of concern continues with the necessary COVID-19 precautionary measures in place.
- Following the first confirmed cases of COVID-19 in South Sudan in March, UNHCR's offices are implementing their Business Continuity Plans. Implementation is tailored to local conditions and situations taking into account staff safety, health and security as well as operation continuity. In locations where national staff live outside UNHCR guesthouses, the unreliability of internet data and power sources remain a challenge.



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