

South Sudan

COVID-19 Update

20 April 2020



Sudanese refugees observe physical spacing while waiting to wash their hands before entering the general food distribution site in Ajuong Thok refugee camp. © UNHCR/Elizabeth Marie Stuart

Key Developments

- There are four confirmed cases of COVID-19 in South Sudan, all of them UN staff, 3 in Juba and 1 in Torit.
- On 16 April 2020, the High-level Task Force on COVID-19 directed the Ministry of Health to begin testing samples from those showcasing symptoms based on the case definition in Juba. The Government would like to test at least 500 samples per week. [LINK]
- On 13 April 2020, the High-Level Task Force on COVID-19 suspended all passenger travels to and from Juba and from state to state in a bid to contain the spread of COVID-19. [LINK] This comes on top of several other directives to limit the movement of people including suspending international flights, closing land borders, restricting local taxis and boda bodas, closing non-essential shops, [LINK] and implementing a night-time curfew [LINK]



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 Inter-Agency CVOID-19 Operations Group and the Humanitarian Country Team. The UN COVID-19 preparedness plans and guidelines build on the resources and facilities established as part of the ongoing UN Ebola preparedness, which includes UNHCR's persons of concern.



UNHCR conducts an awareness raising in the Wau Protection of Civilian Area Adjacent. © UNHCR/Garang Athian

 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).

COVID-19 Preparedness

- Thirteen DAFI scholarship students (4 women and 9 men) are continuing with their studies online at Soba secondary school's ICT centre in three shifts to adhere to physical distancing requirements and other COVID-19 prevention measures and symptoms.
- Procurement of additional COVID-19 medical items and Infection Prevention and Control items is underway. Prepositioning of core relief items, nutrition supplies and medical items is ongoing with some 50 x 40 MT trucks dispatched from Juba to the field locations since mid-March 2020.
- The distribution of two-month worth of Blanket Supplementary Feeding Program (BSFP) was completed in Makpandu refugee camp. BSFP distributions are ongoing in three other refugee-hosting areas. The BSFP is a nutrition programme targeting children aged 6-23 months and pregnant and lactating women.
- Training of health workers has been intensified based on key lessons and best practices from the onset of COVID-19 response. The trainings include biweekly training by WHO and Ministry of Health as well as trainings by UNHCR partners and UNHCR.
- UNHCR and its partner, the International Rescue Committee (IRC), conducted an analysis on how to address responses to suspected cases among persons of concern. Suggestions



included: methods of isolation, communication channels to relevant officials and frontline health workers, engagement with the state and local rapid response teams, risk communication and community engagement, community perceptions, repurposing of medical supplies, and availability of guidance materials. Challenges included: connecting to the national emergency toll free line, delays in collection and transportation of samples, limited number of frontline healthcare workers, capacity building of healthcare workers, insufficient infection prevention and control supplies, misinformation, and anxiety.

- UNHCR South Sudan developed three guidance documents on COVID-19 adapting to the refugee contexts and addressing different areas of intervention: Public Health, Nutrition/ Food Security, and on WaSH. These technical documents have been circulated to all public health partners.
- UNHCR and partners have finalized two standard operating procedures. One on the communication of suspected COVID-19 cases and test results from refugee setting and the other on Referrals of patients in the event of COVID-19 outbreak in a refugee camp



Acting Director General of Eastern Equatoria State Ministry of Health, Ms Teresa Dabi, receives two UNHCR family tents to assist in the COVID-19 response plans. © UNHCR/Samuel Paul

• UNHCR donated six family tents and six solar lanterns to the State Ministry of Health in Yambio (2 for Yambio Hospital, 2 for Nzara and 2 Ezo Counties) as part of the UNHCR support to the State COVID-19 preparedness.

• UNHCR and partners Humanitarian Development Consortium (HDC) and Danish Refugee Council (DRC), in collaboration with the subnational WASH cluster, has begun distributing extra soap and buckets to 809 of the most vulnerable families in Malakal Protection of Civilian site.

- UNHCR and its partner Action Africa Help International (AAHI) began construction of 100 emergency latrines at health facilities, reception centres, general food distribution sites, schools and child-friendly spaces in Ajuong Thok and Pamir refugee camps and in some health facilities and schools in the host community.
- UNHCR is discussing with WFP on inpatient feeding for COVID-19 admitted cases, with WFP to provide food rations and high energy biscuits and UNHCR and partners will be expected to provide the cooking logistics.
- The distribution of two-month general food ration (in-kind and in-cash) and double soap allowances is completed in all refugee locations (Gorom, Makpandu, Lasu, Jamjang and Maban).
- UNHCR and partners are involved in community messaging on COVID-19 prevention and symptoms throughout its ten offices across South Sudan. Ensuring that messaging reaches the most vulnerable, women, older persons and persons with disabilities. Different modes of communicating with communities include banners, radio spots, help lines, community outreach volunteers, hygiene promoters, and community health workers among others to ensure wide outreach.



Protection

- A church in Wau gave an eviction notice to IDPs being hosted on their grounds (5,500 individuals) over COVID-19 fears. The Protection Cluster supported partners to negotiate with church leadership for a protection-oriented relocation plan. The majority of IDPs left voluntarily before the given deadline. Others relocated to another IDP site. UNHCR supported all 42 identified vulnerable persons to be placed under family care. All relocations took place within the municipality. Protection monitoring will continue in all locations where the affected IDPs returned to.
- UNHCR and its partner Women Development Group (WDG), in collaboration with IOM and UNMISS supported 100 families to voluntary return from the Wau Protection of Civilian site to their places of origin due to COVID-19 fears in the congested site. A total of 1,500 IDPs have registered to return within the state.



• From 2 April, there were no new refugee arrivals to the UNHCR reception centre in Yida.

A woman's group meet to create crafts while observing COVID-19 prevention measures in Gendrassa refugee camp Maban. © UNHCR/Mary Donya

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