

South Sudan

COVID-19 Update #8

July 2020



UNHCR and Women Development Group work with a group of forcibly displaced woman with disabilities to produce face masks. So far, they have produced 9,000 masks with 60% distributed to vulnerable people in Wau, including those working on the frontlines of the COVID-19 response. © UNHCR

Key Developments

- A cumulative total of 2,437 detected cases, there are 1,173 active confirmed cases of COVID-19 in South Sudan, with 1,217 (50%) recoveries and 47 deaths.
- The Ministry of Health requested State governments to discontinue the locally imposed requirement for humanitarian personnel arriving from Juba to quarantine for an additional 14 days upon arrival into the state as this practice is inconsistent with the national COVID-19 guidelines and policies. Per national COVID-19 guidelines for inter-state travel, humanitarians are required to complete only pre-travel testing and 14 days of quarantine in Juba.
- The ongoing organized violence and current rainy season are posing challenges for the COVID-19 response in the middle of the country from Western Bahr el-Ghazal to Jonglei states. Inaccessibility related to insecurity, poor road conditions and flooding has made it difficult to adequately cover remote and hard to reach areas. Displacement due to

insecurity and floods are also occurring, which is posing additional challenges amidst COVID-19 response.

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 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 co-chaired 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 plan has been adapted to the local refugee contexts which includes risk communication and community engagement (within the hosting communities too).
 - In Maban, a local RCCE working group has been set up to coordinate the communication with communities' activities and risk communications around COVID-19 in the refugee camps and host communities. The working group mapped the effectiveness of their community engagement and found that most of the community felt involved in the COVID-19 preparation and response but due to cultural practices are finding it difficult to observe physical distancing among others. Key recommendations have been made and are being incorporated into current activities.

COVID-19 Preparedness and Response

- UNHCR and partners worked with the Ministry of Health (MoH) to complete GeneXpert machine installation. A total of UNHCR procured 5 GeneXpert machines have been installed in health facilities serving refugee camps and health workers were trained at Pamir primary health care centre (PHCC) in Jamjang, Gentile PHCC and Bunj hospital in Maban, Makpandu PHCC in Yambio, and Yei Civil Hospital.
 - UNHCR is procuring additional GeneXpert COVID-19 cartridges, on top of the ones the MoH and WHO have procured, for the rapid detection and decentralization of testing services in refugee hosting areas. So far, samples have been flown from the remote areas to Juba to be tested.
 - The GeneXpert machines are also able to test for drug resistance TB, early infant diagnosis of HIV, viral load, and Ebola virus disease.



Masks being produced by a group of forcibly displaced woman with disabilities. © UNHCR

- As part of UNHCR's COVID-19 response, UNHCR and partners have analysed data on the increase of incidences of acute respiratory tract infections (ARIs) noticed in several refugee camps and in the two referral hospitals (Bunj hospital and Pariang State hospital). Decentralized testing will be critical to further verify the situation as ARI incidence rates serves as a proxy indicator of possible COVID-19 infection.

- UNHCR and partners continue to engage refugee and IDP groups with facemask production. The finished

masks will be mainly distributed to their communities and health workers.

- In Maban, six isolation units, with a total bed capacity of 86 beds, are ready to receive patients. Construction of a new Out-Patient Department for COVID-19 response is ongoing at Gentile PHCC in Maban.
- In order to continue education activities, re-usable facemasks were provided to 255 teachers (43 women and 212 men) in Ajoung Thok and Pamir refugee camps to use while conducting education activities in the camps. The education activities include the collection of previous assignments and distribution of 10,000 copies of the 3rd assignment to accelerated learning programme students.
- In collaboration with LWF and INTERNEWS, DAFI students and teachers conducted a radio program on Jamjang FM to raise awareness about the importance of girl's education, how families can support girls, and how to access to remote education during COVID-19. Female DAFI students shared their story to encourage and motivate girls to attend schools.
- To assist in the COVID-19 response, UNHCR donated 1 ambulance and 1 pickup to the Ministry of Health in Yei and Kajo-Keji.

Protection

- Cross border movements continue unhindered mostly through unofficial crossing points despite COVID-19 border restrictions. To address this, UNHCR co-facilitated a workshop for the points of entry working group on border crossings; points of entry/exit/transit in major urban areas; and entry points to major displacement sites. An updated list of prioritized border crossing points was submitted to the National Steering Committee for their review and endorsement in order to ensure the main corridors used by newly arrived refugees and spontaneous refugee returnees, amongst others, are prioritized with COVID-19 screening and prevention measures.
- To help facilitate access to asylum and territory, UNHCR, partners and the Commission for Refugee Affairs are working with the Western Equatoria State COVID-19 Task Force to



UNHCR partner Jesuit Refugee Service held COVID-19 awareness sessions with the primary school teachers in Maban to ensure COVID-19 preventive measures are followed by listening groups during broadcasted school lessons. © JRS/William Wella

locate a suitable site that could be used as a way station for new arrivals to observe COVID-19 travel requirements before relocation to their final locations.

- UNHCR and partners are continuing to remotely register new-born babies and issue documentation. In July, a total of 483 new-born babies were registered.
- In Jamjang, to support parents with out of school children 484 parents and caretakers (274 women and 210 men) were trained on how to play with their children using in-door games. 433 children (225 girls and 2088 boys) were trained on life skills and safe behaviors.
- The local traditional bench courts continue to limit the number of court sessions in the two refugee camps in Ajuong Thok and Pamir, and Yida settlements due to COVID-19 measures, with one session per week in each refugee camp and two sessions per week in Yida settlement. This has created backlog in adjudication of cases and will negatively impact access to justice

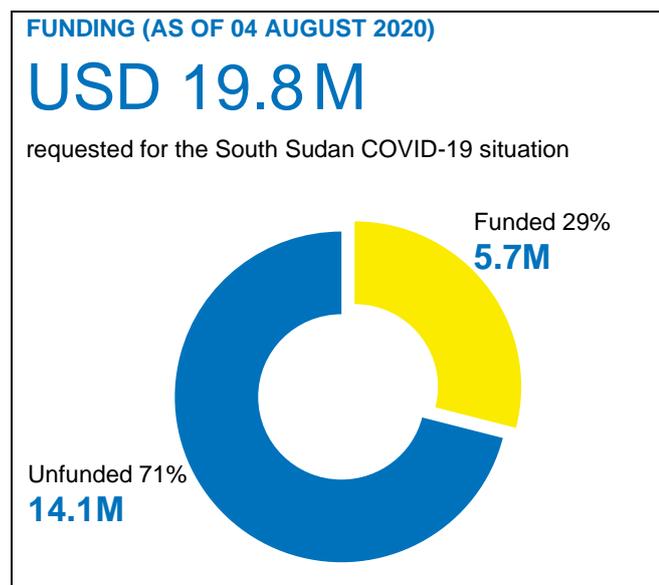
Challenges

- Movement of humanitarian personnel continue to be delayed, both in-country and internationally, with lengthy pre- and post-travel requirements of 14 days of quarantining and testing, as well as long turnaround time for testing results.
- 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 PPEs to ensure the safety of health workers in UNHCR-supported facilities and other frontline workers and staff. The impact of the regional and global supply chain is posing significant challenges.
- Changes in behaviour to promote prevention measures as well as 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 Ministry of Health at state level in refugee hosting areas as well as Internally Displaced Person areas.
- Issues of mental health and psychosocial wellbeing is 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 which is currently linked to 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 operational continuity. In locations where national staff live outside UNHCR guesthouses, the unreliability of internet data and power sources remain a challenge.



CONTACTS

Giulia Raffaelli, Communications Officer, raffaelg@unhcr.org, +39 348 728 8351

Gift Friday Noah, Assistant External Relations Officer, noah@unhcr.org, +211 92 265 4219

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