

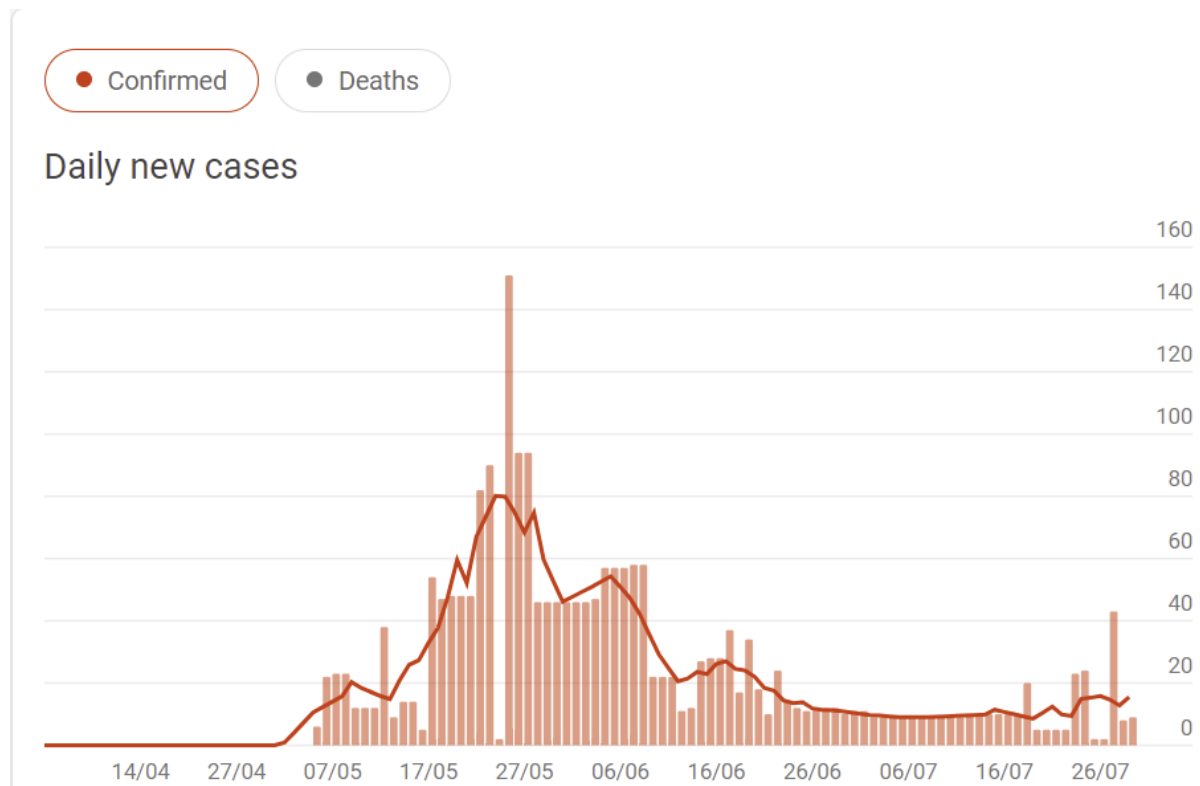
COVID-19 Preparedness and Response Operation in South Sudan

A. Situation Analysis

The general health situation across South Sudan remains fragile and the ongoing crisis has seriously affected health service delivery. Some parts of the country are inaccessible due to insecurity and impassable road network during the rainy season. Most health infrastructures are dilapidated or destroyed; essential medical and surgical equipment outdated or lacking. Management and human resource capacity is weak.

Moreover, the very porous borders with regional countries bordering South Sudan, the largely informal trade among the neighbouring countries, (Sudan, Kenya, Ethiopia, Egypt Rwanda and Uganda), regular cross-border markets, movements that are unregulated and the fact that communities in those countries depends on each other, culture and beliefs are all factors for the increased likelihood of COVID-19 cross-border by flight or land transport spread to South Sudan.

As of 05th August, 2021, 11,090 confirmed cases of COVID 19 have been identified and 120 deaths related to COVID-19 in South Sudan. For period 15 June – 15 July 2021 South Sudan experienced a 487% increase in Covid 19 infections . The country remains exposed to the virus entering undetected due to its porous and unmonitored multiple points of entry. It has created fear and anxiety among the general population. There has been a growing surge in misinformation and rumours around the SARS-CoV-2 virus causing the Covid 19 infections



Samples were collected on 6th April 2021 for genome sequencing and then sent to Uganda Virus Research institute and the findings reveal:

- Delta Variant- 4 people tested positive for this highly transmissible variant in April 2021 a 38 year old female Foreign national, 2 Ugandan females , and 1 South Sudanese. female
- Alpha Variant- 1 South Sudanese national tested positive in the month of May 2021
- Beta Variant-1 Burundian National tested positive in Month of May 2021.

In March 2021 , South Sudan received 132,000 doses of the AstraZeneca COVID-19 vaccine from the COVAX facility. It, later on, sent back 72,000 doses it failed to use up due to low vaccine uptake and lack of enough storage capacity. Since the start of the vaccination campaign in April, 56,989 doses have been used with 52,226 people having received their first COVID-19 jab and 4,763 others received their second jab.

South Sudan is expecting to receive additional 60,000 AstraZeneca vaccines in August 2021 from the COVAX facility. According to World Health Organization (WHO) South Sudan should be cautious and vigilant due to the possible spread of the deadly Delta variant from all its neighbouring countries. The projection is that in the coming weeks and months, COVID-19 cases, as well as hospitalizations and deaths in many countries will increase largely driven by increasing emergence of highly transmissible variants, relaxation of mandatory curfews and lockdowns and inappropriate incorrect use and adherence to the laid down of the required public health social & preventive measures.

The South Sudan Red Cross (SSRC) has been proactive in its response to the COVID-19 since the declaration of the SARS-CoV-2 virus as a public health emergency of international concern by the World Health Organization (WHO) in March 2020. The SSRC activated the Emergency Operation Centre (EOC) with a priority focus on COVID-19 response on 9th March, 2020. The SSRC is also actively participating in building in health emergencies and outbreak response were mobilized to disseminate key preventive messages on COVID-19. Based on the feedback from the field community need vaccines messages translated into local Languages and involvement of more community leaders as mobilizers for beneficiaries to trust the message for uptake of vaccination services.

There were 640 volunteers (334 males and 206 females) were trained on causes, signs and symptoms, transmission, prevention and control of corona virus by focal person at branch (either First Aid officer or EPR officer) who has health background. In addition to that 50 volunteers were trained on COVID-19 vaccination messages. The purpose was to equip the volunteers with knowledge and skills so that they can pass the message to community for prevention of COVID-19. SSRC staff took online COVID-19 training in IFRC platform but there is no statistical figure recorded.

Overview of Host National Society Response Plan

Since early March 2020, the South Sudan Red Cross (SSRC) has been actively involved in the government COVID-19 preparedness and response mechanisms at the national level. As a result, the SSRC has been coordinating with the Ministry of Health to prepare and implement risk communication and community engagement activities. The National Society has a COVID-19 preparedness and response plan that has been the lead in guiding this response. So far, the SSRC has trained and deployed around 400 volunteers in 17 branches. Distribution of IEC materials and dissemination is nearly completed with ICRC support.

At present, SSRC has about 250 paid staff and 12,000 volunteers organised through 17 branches and 100 units across the country. The headquarter structure includes departments of health, disaster management, CEA, WASH, Protection and communications as well as support departments comprising organisational development (OD), finance and administration including (human resources, logistics and IT units). SSRC enjoys a good reputation with local and national authorities as well as other stakeholders and communities and so access constraints are negligible than faced by other humanitarian actors in the area and holds good also in politically contested areas. SSRC have

responded to various crisis situations resulting from conflicts , floods and Ebola preparedness. Based on the previous experience on different responses and capacity of volunteer mobilization, SSRC is well placed on the ground to respond to the current evolving COVID 19 situation.

The overall goal of this response is to mitigate the risk and impact of COVID 19 by providing increased knowledge base in risk communication, hygiene promotion and psychosocial wellbeing of the community members in all states of South Sudan. Therefore, the response will support the SSRC local branches and units to mobilize volunteers on the preventive measures of COVID 19 and provide water, sanitation, and hygiene messages. The response further supports the most vulnerable people including disabled and the displaced and accordingly provides psychological first aid through trained PSS/PFA volunteers. The response will work closely with community committees to support in developing community response strategies with the CEA (community engagement and accountability) approach.

SSRC headquarters through its networks (internal and external) have sourced IEC materials, contextualized to South Sudan, and distributed to the branches for the volunteer to use during the risk communication awareness sessions with the use of public address systems like megaphones and microphones. As of 15th April 2020, 663 volunteers from 56 Payams have been trained on infection prevention control of COVID 19.

The SSRC COVID-19 country response plan activities and implementation strategy are geared towards addressing cross-cutting issues such as the water, sanitation and hygiene needs of the affected population, the psychological wellbeing and coping mechanisms of both volunteers and the community structures. The country plan is developed with a thorough consultation and collaborative process with the various technical teams, consisting of both National Society staff and Movement Partners. The response plan mainly includes the COVID 19 preventive activities under the health / Risk Communication and Community Engagement, Water and Sanitation Hygiene (WASH) and mental health and Psychosocial Support (MHPSS), under the ageis of a Community-based Disaster Risk Reduction approach.

SSRC headquarters works with its 17 branches and 58 units. The plan is implemented by the Branches under the supervision of the Head of Branches, with technical leadership held by the COVID-19 focal points. The main approach of the implementation will be Community Engagement and Accountability (CEA) to tackle the myths and rumours and provide community support function to transparently deal with the fear and trauma created by the COVID 19 spread in the country. Base on the needs in the community, there is need to train community as counsellors in addressing fear and trauma about the vaccine; establish a system for collecting and responding to rumors within the community; have multiple channels for communication; trained community leaders to work together with SSRC volunteers and form community committees within the community as monitors in community.

Overview of Red Cross Red Crescent Movement Actions in-country

The International Federation of Red Cross and Red Crescent Societies (IFRC), Partner National Societies and the International Committee of Red Cross (ICRC) have been providing input to the development of the SSRC Country Response Plan. Going forward, the Movement will provide support on Humanitarian Diplomacy, Safer Access, Logistics Support: Supplies, fleet, Movement Coordination, Monitor the evolution of the situation in-country, Mobilize external resources, as necessary. and continue to support SSRC.

Overview of non-RCRC actors' actions in country

The South Sudan Red Cross is represented on the National Task Force Response Team, which has been holding regular meetings to update stakeholders and organisations on the national preparedness

activities for COVID-19. Members of the Team include Ministry of Health, UN agencies and other International NGOs.

Needs analysis

Large sections of the population do not have access to basic health services. More than half of South Sudan's people live more than a five-kilometre walk from the nearest Primary Health Care Unit (PHCU). Health facilities are generally weak and, in some areas, have been non-existent or non-functional for years. Community awareness of the importance of hygiene practices, sanitation and health issues are generally low. Preventable diseases – namely malaria, acute watery diarrhoea and acute respiratory diseases like pneumonias – are major sources of morbidity and mortality. Children suffer particularly poor health: Infant mortality and under five mortality remain high. South Sudanese women face a myriad of hardships and obstacles in their daily lives, with high levels of poverty, low levels of literacy, pronounced gender gaps in education and the country has the highest maternal mortality rate in the world.

The lack of safe drinking water, inadequate excretal disposal and poor hygiene practices leave a large portion of South Sudan's population at persistent risk of preventable waterborne diseases. South Sudan has suffered a cholera outbreak every year since 2014 and experienced a persistent annual outbreak during 2016/17. There was no gap in the outbreaks. From 2014 onwards the outbreaks were mainly along the Nile, but not only limited to outbreaks along the river. There is a profound lack of knowledge and practice on sanitation and hygiene. South Sudan has experienced the worst floods in October 2019 and it has made the situation worse for hygiene and sanitation. The issue of drinking water is prominent in most of the rural areas as most of the bore holes have been damaged due to the floods in 2019.

There is a tremendous lack of medical facilities in country, and those that exist are non-functional or poorly equipped. Mental health services for trauma, stress, depression, and other psychological issues are virtually non-existent in the country – only one psychiatric service is open in Juba. Among communities, awareness and understanding of mental health issues remain low; notably due to the added stigma associated with mental health issues, the likelihood of seeking care is quite low. Victims of sexual violence have little or no access to appropriate medical and psycho-social care. Beyond limited service provision, the main causes are difficulties of access (for NGOs and victims) linked to the social cost of disclosure for victims. This growing context of insecurity significantly impacts the humanitarian space that is gradually shrinking in South Sudan. Many aid agencies have struggled with lack of access to reach vulnerable populations and security of aid operations as well as responsibilities of armed actors in conflict to abide by the International Humanitarian Law have been blatantly ignored. The road network is limited making logistics, especially transportation, challenging.

During the pandemic staff, volunteers, teachers and community leaders were trained on SGBV Prevention and response including training on life skills education sessions. There are many areas of the country that lack access to any type of telecommunication services, or due to the remoteness of their settlements are outside the reach of other traditional means of information dissemination. This makes these groups of people vulnerable due to the lack of preventive messaging on corona virus. The volunteers and staff are not fully aware of the modes of transmission and preventive measures that are supposed to be strictly adhered to. Similarly, where information is abundant and accessible to locals (regional and international media), people have also developed fears and stresses related to COVID 19. The inability to perform regular activities with the increased number of cases and suspension of normal business activities by the government, has led to further stresses and vulnerabilities.

The overall humanitarian situation has become worse due to previous conflicts between political parties and ongoing conflicts in some states such as Jonglei, Unity and Lakes due to inter communal attack. Furthermore, the COVID 19 situation in the country has suspended most of the non-essential business activities, the international and local flights have been suspended by the government. The

public lacks knowledge and tools on the preventive measures on COVID 19 and have been curious to understand more about the transmission of COVID 19

There are general practices amongst the population in terms of forms of greetings, which normally involves personal contact such as hugging, shaking of hands etc. There are also myths surrounding the transmission of the virus that is being circulated in various forums (social media, that is conveying contradictory messages resulting in misconceptions on the severity of the virus infections and viral loads. As a precautionary measure taken by greenlighted air transportation operators to reduce the transmission of the virus through the traveling public, measures are adopted that may result in personnel not being able to travel to or from the field. In the case of personnel including the SSRC volunteers being stuck in the field where there are inadequate health infrastructures to manage cases and such cases will need to be managed at the local level with referrals addressed on a case-to-case basis depending on the condition of the patient while maintaining standard IPC protocols and guidelines

B. Operational Strategy

The Operational Plan

This plan of action is for the period July 2021-September 2021 and the overall objective is to scale up and strengthen the current SSRC COVID-19 operations and to ensure safety of SSRC staff and volunteers.

Operational objectives:

- Community sensitized in COVID 19 prevention measures and vaccinations with increased capacity, knowledge and tools used by SSRC staff and volunteers
- Increased capacity of staff, volunteers and community members to cope and deal with risks of COVID 19 before, during and after the infections have subsided

The overarching goal of this strategy is to support the COVID-19 vaccines rollout in the country as well as maintaining the standard COVID-19 prevention measures established by the South Sudan MOH High Level task force. SSRC will also provide psychosocial support to people having difficulties coping with the environment created by the COVID-19 pandemic. This will be achieved through risk communication, social mobilisation and community engagement which will include providing correct, consistent and timely updated information on the new COVID-19 vaccine(s) (availability, safety, and timelines), vaccination processes and COVID-19 Infection Prevention Control (IPC) measures. The strategy also seeks to build trust and enable greater confidence in the COVID-19 vaccine uptake among all people by employing transparency in communication, while managing any misinformation or disinformation and rumours around it. SSRC will support and encourage appropriate uptake of the COVID-19 vaccines by addressing five key areas as part of interventions under this strategy as described below:

- Create awareness and understanding of the phased approach—provide prompt, simple and focused communication on the COVID-19 vaccine(s) and vaccination processes.
- Ensure understanding and acceptance of the phased and prioritised approach to overcome concerns of the population waiting for vaccination.
- Build public confidence on the safety and efficacy of the new vaccine.

- COVID-19 appropriate behaviours—maintain and sustain key preventive behaviours: wearing masks, maintaining physical distance and hand washing with soap. (5Ws wash hands wear masks watch distance , open windows, willing to vaccinate)
- Provide infection prevention materials: soaps, alcohol-based hand sanitisers, face masks.

This operation will also focus on RCCE in which the IFRC will support SSRC to ensure effective participation of communities through the response by setting up feedback mechanisms as guided by the IFRC Community Engagement and Accountability standards, Core Humanitarian Standards (CHS) and the RCCE Strategy on COVID to collect, clean, analyse data in order to provide relevant and accurate information based of community's needs, including perceptions, fears, question and suggestions about COVID-19.

Activities:

Main activities for achieving outlined strategies in support of vaccine rollout and uptake will focus on:

- Social mobilisation and community engagement—advocacy efforts will aim to engage the maximum number of people by promoting the benefits of COVID-19 vaccine and support in building an enabling environment. Community influencers such as leaders, youth groups, women representatives will be involved as part of the campaign at national, state and lower level.
- COVID-19 prevention education—while the vaccine is an important part of COVID-19 protection, it is important to emphasize the continued practice of COVID-19 appropriate behaviours (frequent and thorough hand washing using soap and water, wearing a mask/face cover and physical distancing of 6 feet for personal safety and prevention of community transmission.
- Provision of infection prevention materials.
- Increase the capacity of staff, volunteers and community members to cope with risks of COVID 19. This will include volunteer insurance.

Key targets and indicators

RCCE

People Targeted: [Approximately 4.000.000.]

| AP code | Activities planned | Est. Start Date | Comments | Indicators |
|--|--|-----------------|--|--|
| Output 1: Communities are sensitized in COVID 19 prevention measures as well as vaccination with increased capacity, knowledge and tools by SSRC staff and volunteers | | | | % of community feedback comments which are positive statements about the COVID-19 response (as a proxy for trust) |
| AP084 | Participate in RCCE Government and interagency coordination, including sharing community feedback data | | | # of meetings attended |
| AP084 | Train staff and volunteers on RCCE approaches; | | Use the rapid 1-day RCCE COVID-19 training pack or more in-depth modules | 1120 of staff and volunteers trained on RCCE activities for COVID-19 (20 volunteers in 56 branches) |
| AP084 | Adapt/translate RCCE resources to local context and languages | | See the RCCE matrix for list and links to all resources | # of translations done |
| AP084 | Establish feedback mechanisms to track, analyse, act on and respond to community beliefs, rumours, questions and suggestions (FGDs, social media, WhatsApp groups, social mobilizers) | | Use IFRC feedback tools and share with cluster and region. Feedback log sheet EN | # of community feedback comments collected # of operational decisions made based on community feedback |
| AP084 | Establish internal mechanisms for collecting feedback from volunteers (WhatsApp groups) | | Feedback log sheet EN | # of complaint and feedback documented # of complaint and feedback systems established |
| AP084 | Social mobilization to encourage positive behaviours and address fear, rumours and stigma (loudspeaker systems, WhatsApp groups etc); Conduct awareness sessions on COVID-19 prevention to selected communities, including key messages on prevention, stigma and hygiene promotion - through street announcements, social media campaigns and posters | | See safe social mobilization guide | # of people reached through social mobilization activities |
| AP084 | Use of social media to encourage positive behaviours and address fear, rumours and stigma | | Social media guide EN FR | # of posts on social media # of people reached |

| | | | | |
|---|---|--|------------------------------------|---|
| AP084 | Build partnerships with community leaders and influencers, groups and networks and key influencers to encourage positive behaviours and address fear, rumours and stigma | | | # of community leaders/influencers/ groups supporting COVID-19 RCCE |
| AP084 | Identify and support community-led, local solutions to ending the outbreak; Orientation of community committees - including leaders and influencers; in 56 Payams on RCCE/IPC of COVID-19 | | See safe social mobilization guide | 56 # of community-led solutions supported |
| | Adapt and dissemination of IEC Materials on MHPSS (posters) | | | # MHPSS session |
| | Train community leaders and empower them to address the psychosocial challenges brought up by COVID-19 | | | # community leaders that provide PSS support |
| Output 2: Project is well managed by competent staff and timely and quality report are submitted on time | | | | |
| | Project Human resources | | | # of staff supported |
| | Branch running cost | | | |
| | Vehicle's fuel and maintenance | | | |
| | HQ admin cost | | | |

Activity list

| Activities planned / Month (August to December 2021) | | 8 | 9 | 10 | 11 | 12 |
|--|--|---|---|----|----|----|
| Communities are sensitized in COVID 19 prevention measures as well as vaccination with increased capacity, knowledge and tools by SSRC staff and volunteers | | | | | | |
| AP084 | Participate in RCCE Government and interagency coordination, including sharing community feedback data | | | | | |
| AP084 | Train staff and volunteers on RCCE approaches; | | | | | |
| AP084 | Adapt/translate RCCE resources to local context and languages | | | | | |
| AP084 | Establish feedback mechanisms to track, analyse, act on and respond to community beliefs, rumours, questions and suggestions (FGDs, social media, WhatsApp groups, social mobilizers) | | | | | |
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|--|---|--|--|--|--|--|
| AP084 | Use of social media to encourage positive behaviours and address fear, rumours and stigma | | | | | |
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| | Adapt and dissemination of IEC Materials on MHPSS (posters) | | | | | |
| | Train community leaders and empower them to address the psychosocial challenges brought up by COVID-19 | | | | | |
| <i>Project is well managed by competent staff and timely and quality report are submitted on time</i> | | | | | | |
| | Project Human resources | | | | | |
| | Branch running cost | | | | | |
| | Vehicle's fuel and maintenance | | | | | |
| | HQ admin cost | | | | | |