FSL Cluster Meeting, Juba, South Sudan
12th May, 2020:
Agenda

1. COVID update from South Sudan & Africa – Justus (FSLC)

2. Addressing social stigma in the fight against COVID 19 – Viola (FSLC)

3. Market price monitoring: why so important now; and extra challenges due to COVID 19 – Lia (WFP/ VAM)

4. Heightened protection concerns around GBV during COVID 19 & what FSLC partners can do to mitigate the risk – Noreen (WFP/ GPU)

5. Importance of the use of a range of surveys (surveillance & impact) in the strategy to contain Desert Locust swarms (and the challenges of conducting them during C19) – Evans (FAO/ Crop monitoring)

FSLC update:
• Finalization of the HRP COVID 19 addendum - the numbers – Alistair
• SSHF Single & Multi cluster partners selected – who & where – Isaac
Focus on Africa
(https://africacdc.org/covid-19/covid-19-resources)

Increase over the last 2 weeks:
- Cases 104%
- Deaths 59%
- Recoveries 128%
South Sudan


Cases in PoCs
- Bentiu – 1
- Juba (Poc3) - 2

Total number of cases increased from 34 to 194 over the last 2 weeks
Addressing social stigma

Presentation By:

Viola Lole - FSL cluster Co-coordinator

Source: The stigma guidelines developed by the community engagement and social mobilization sub-committee
Addressing Social Stigma

- Addressing social stigma is a collective responsibility.
- Stigma is real and it can be the very cause of why the community is not responsive to messages.
- Stigma can drive people to hide the illness to avoid discrimination, Refrain from seeking health care immediately and, Prevent them from adopting healthy behaviors.
- There is need to Acknowledge the community culture and insist on the proper language in our communication.
- Words matter.
Dos and Don'ts on language when talking about the new coronavirus disease (COVID-19)

• DO-talk about the new coronavirus disease (COVID-19)
• Don’t-attach locations or ethnicity to the disease, this is not a “Wuhan Virus”, “Chinese Virus” or “Asian Virus”. The official name for the disease was deliberately chosen to avoid stigmatization -the “co” stands for Corona, “vi” for virus and “d” for disease,19 is because the disease emerged in 2019.
• DO-talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19”or “people who died after contracting COVID-19”
• Don’t-refer to people with the disease as “COVID-19 cases” or “victim
Do’s and Don’ts on Language …

- DO-talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”
- Don’t-talk about “COVID-19 suspects” or “suspected cases”.
- DO-talk about people “acquiring” or “contracting” COVID-19
- Don’t talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame. Using criminalizing or dehumanizing terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.
Do’s and Don’ts on language…

• DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

• Don’t-repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

• DO - talk positively and emphasize the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

• Don’t - emphasize or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

• DO - emphasize the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment
HRP COVID 19 addendum in numbers:

New caseload: **1.57 million** on top of the existing HRP target (5.3 million excluding refugees)

- Urban: 1.125 million – market dependent (not receiving safety net support)
- Rural: 447,000 – market dependent (10% IPC 2 likely to slip into IPC3+)

**Funding**: still to be mobilized, raised and secured!!

- Existing HRP minor reduction from $645 million to $643 million;
- Addendum:
  - HRP COVID enlargement $5.8 million (16 NNGOs + 6 INGOs)
  - New projects $173 million (WFP $125 million; FAO $43.5 million; $9.6 million (12 NNGOs + 5 INGOs)