FSL Cluster Meeting, Juba 1\textsuperscript{st} April, 2020:

COVID-19 prevention & response for FSLC partners
Agenda

Context:
- Global & regional (Africa) update – Paulina (FSLC)
- What is going on in South Sudan from perspective of markets and food security in response to the effects of COVID-19 – Lia (VAM)
- Vulnerability of fragile states: case of South Sudan – Alistair (FSLC)
  - Video: who is most affected?

South Sudan National response planning
- Time for some questions

Agency risk mitigation:
- Internal actions
- External actions:
  - Adapting cash transfers – Ali (CWG)
  - Adapting in-kind distributions

Risk communication & community engagement
What is COVID-19?

• Coronavirus disease 2019 or COVID-19 is a respiratory illness that can spread from person to person.

• The virus that causes COVID-19 is a **new** coronavirus first identified during an investigation into an outbreak in Wuhan, Hubei Province, China.
Epidemic of COVID-19 Cases Globally

180 countries affected

Total Confirmed: **860,181**
Total Death: **42,341**
Total Recovered: **178,301**

As of 01.04.2020
COVID-19 in Africa

Total confirmed coronavirus cases in Africa: **5,431**

As of 31.03.2020
Why Sub-Saharan Africa needs a unique response to COVID-19

The African context is unique. There are population structure differences, high prevalence of endemic diseases and limitations in terms of WASH and healthcare infrastructure.

• Malnutrition and disease means COVID-19 could be more deadly in Africa than elsewhere in the world.
• Health systems in Africa have limited capacity to absorb the pandemic.
• The rainy season coming early this year means that malaria cases will rise rapidly and peak malaria cases in 2020 may coincide with the ongoing COVID-19 pandemic.
• The strategic approach should focus on containment and aggressive preventive measures.
COVID-19 impact on Markets & food security
Global HRP: impact of COVID-19 on South Sudan

➢ No confirmed cases; health system described as ‘frail’
➢ 2,300 health facilities; 1,300 non functional
➢ Population highly vulnerable to:
  ✓ Endemic diseases
  ✓ Low immunization coverage
  ✓ Weak healthcare system
  ✓ Poor hygiene & sanitation
  ✓ Highest under 5 mortality (90.7 per 1,000 live births
  ✓ Maternal mortality (789 deaths per 1,000 live births)
  ✓ 75% child deaths from preventable diseases
Most affected population

- Vulnerable populations: women, children, disability, elderly, IDPs, returnees (extreme poor) - compromised immune system
- Underlying factors: food insecurity/ malnutrition / access WASH services / vulnerable = inability to absorb shocks
- Healthcare dependent on medical supplies: failed economy/ macro economic crisis/ oil dependency (created no jobs or multiplier only warfare!
- 80% health service provided by NGOs
Guardian video: who is most at risk and why?
National Taskforce Response Plan

High risk:

- **Juba centric**: trained response team; test laboratory; infectious disease unit – limited capacity
- Lack of testing kits, RRTs & trained healthcare workers to detect & manages cases;
- Importation through **JIA & Wau** (air travel now suspended)
- Other entry points **Nimule, Yambio & Renk** (borders closed but porous)
- **Dense congested populations**: POC & camp settings, urban slums, refugee camps
POC/ refugees/ collective centers: CCCM/ UNHCR partners

- Issues shifting from messaging about informed choice to remain or leave to containment measures!
- Issues around de-congestion: POC, collective centers, refugee camps, urban slums .... Even our own offices!!
Country preparedness & response

- Taken on EVD preparedness structures (monthly) to COVID-19 (weekly) meeting (system already in place past 18 months)
- Action plan with eight pillars:
  1. Coordination & leadership
  2. Planning & monitoring
  3. Points of entry
  4. Risk communication & community engagement
  5. Surveillance, RRTs & case investigation
  6. Laboratory
  7. The other IPC: infection, prevention & control
  8. Case management

Operations support & logistics (WFP/ LC)
Key activities

- Risk communication & community engagement
- MoH media statements
- Screening at point of entry: JIA and Nimule (porous border!)
- Establishment of incident management structure
- Contact tracing
Time to take some questions

• Please text your questions via Jitsi
• Viola will collate them and read some of them out;
• Don’t forget to add your name and organisation – otherwise we will not read out your question/ comment
**Risk analysis & mitigation:** stay calm & don’t panic

**Internal:** change habits & cultural norms – you MUST

**Most of us:** so don’t panic and follow the protocols with discipline because it will save your life and the lives of your loved ones

- Washing hands with chlorine & no touching/hand shaking
- If fever & sick isolate yourself

**At home:** hand washing facilities with chlorine at your door

- Limit visits from family & strangers
- Anyone with fever & recently attended burials (quarantine for 21 days if you think you might have been in contact with EVD)

**At work:** same as at home – set up hand washing & temperature tests (airport)

- Remind one another; regular meeting & training
- Mass awareness with colleagues, family & friends
- Be ruthlessly disciplined
Our own agency/organization response & risk mitigation plans

**Internal adaptations:** focuses on self/family/place of work including field office

- Preventive measures & messaging for staff (taking time for people to ‘get it’)
- Staffing/welfare: some departures underlying health/family concerns
- Procurement: thermometers, buckets, hand washing stations etc.
- Plans for isolation, clinics, hospitals .... Even repatriation of remains
- New communication: online meetings e.g. ICCG, NAWG, FSLC meetings, SSHF reviews online!
What can FSLC partners do: stay calm & don’t panic

External: FSLC partners & other non health specialists: #1 role is awareness raising on causes & prevention; Continue to deliver critical services: food/ livelihood kits/ livestock support (vaccination & treatment)

Social mobilization in communities
- Use influential people: chiefs/ imams/ pastors (who else)
- People need to fully understand the risks – knowledge & understanding
- Moral support & encouragement (people will be afraid!!)

Contact tracing: isolation of sick or people those might be at risk
- Need follow up (sickness/ temperature/ manifest CVD symptoms)
- Specialist collection to treatment facilities

Rapid isolation & treatment: liaise with community leaders re: sick persons
- Promote isolation
- Prepare & re-assure communities for specialist teams in PPEs
- Dead will be buried (safe & dignified) & sick taken to treatment centres
External adaptations

programs & logistics supporting our beneficiaries

- Contracts with CPs .... New approaches, hand washing
- Focus on life saving activities: food, livelihoods & livestock (HRP essentials)
- Distributions: smaller meetings; avoid gathering (guidelines on distributions for Ebola converted to COVID-19)
- Scale up assistance for most food insecure areas (IPC 4/ pockets phase 5) & most vulnerable populations: prepositioning supplies & 2 – 3 months rations/ cash transfers
- Maintain supply routes: food/ seeds/ vaccines
Adapting cash transfer interventions – Ali (CWG)
Adapting in kind distributions in the context of COVID-19

Adapted standard SOPs to **minimize risk of exposure (partners & beneficiaries):**

- **Clearly mark allocated space:** entrance/ reception/ hand washing/ temperature check/ sheltered covered area (seating 1 m apart **for those with fever**) / exit
- **Rations organized ahead of distribution;**
- **Do not permit crowding around FDP** (1 meter)/ cordon off collection point desk/ 1 beneficiary at a time
- **Manage flow of traffic** through the distribution site:/ fever client takes separate / different routs (does not mix) – NOTE **will receive ration irrespective of temperature test;**
- **Hygiene priority:** distance between CP & beneficiary at all times; place ration on table step back + then beneficiary collects;

  **Simple, steady flow of people, fever and no fever do not mix; maintain space.**
From Ebola: IEC materials for use by partners

Hand Washing
Wash hands with soap and water for 20-30 seconds. If hands are dirty, wash hands with soap and water, not with hand sanitizers, for 40-50 seconds. Use hand sanitizer or chlorinated water, if soap and water are not available.

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands together and scrub everywhere.
4. Wash the front and back of your hands and in between your fingers.
5. Rinse hands with water.
6. Dry hands completely using a single use towel or air dryer.

When to Wash Hands
- After using the latrine
- After changing diapers or cleaning a child who has used the latrine
- After blowing your nose, coughing, or sneezing
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound

Adapted from World Health Organization: WHO
To COVID-19 IEC materials for use by partners
Corona spreading to countries with lower literacy levels (third wave coming)!

- In South Sudan: the elderly, women, other vulnerable people (plenty all over the country) – with very limited level of reading;
- Issues of translation into many language but doesn’t solve the problem of those that can’t read;
- Need to shift from written to more pictorial, audio & video messaging: content in multiple formats (great WHO pencil cartoons)
- Greater inclusion; Support & work closely with the UNICEF C4D team on risk communication & community engagement
COVID-19 and Stigma

Diseases can make anyone sick regardless of their race, tribe or ethnicity or where they live!

• People of Asian or European descent are not more likely to get COVID-19 than any other South Sudanese.

• Stopping stigma can help communities withstand or recover quickly from difficult situations, such as disease outbreaks.

• Communicating the facts that viruses do not target specific tribes or ethnic groups, and how COVID-19 spreads can help stop stigma.