

SOUTH SUDAN

Food Security & Livelihoods Cluster

Strengthening Humanitarian Response



FSL Cluster Meeting, Juba, 12th October, 2022: HNO & HRP update & Ebola prevention & response for FSLC partners

WFP food assistance in Pigi Canal County, April 2017

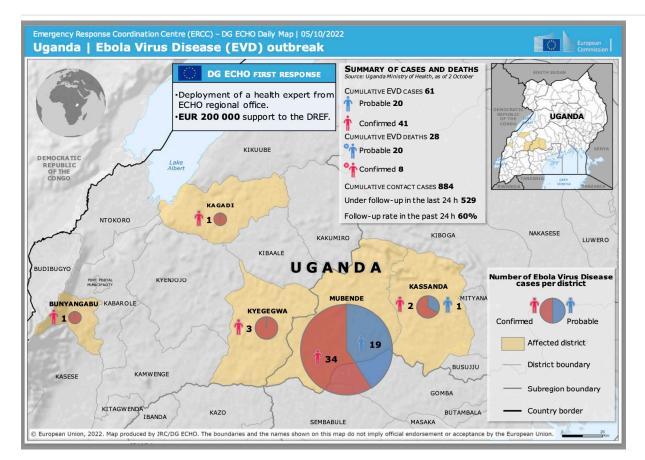
Agenda



- 1. Update from the Fisheries TWG Sarafino (FAO)
- 2. Agriculture TWG training program 2022: Cooperatives & associations Daniel (IRC)
- 3. FSLC updates
 - Ebola preparedness & response for FSLC partners Alistair
 - HNO planning & preparation Alistair
 - HRP planning & preparation Alistair

Risk analysis & Uganda outbreak: stay calm & don't panic





See two page leaflet:

Ebola prevention recommendations

UNMD & WHO (2018)

IEC materials for use by partners







Ebola is a serious disease which affects human beings and wild animals (monkeys, gorillas, and chimpanzees). An outbreak has been ongoing in the Democratic Republic of the Congo since August last year and recently confirmed cases were recorded In Uganda raising the concern of its possible spread to neighbouring countries including South Sudan.



HOW DO PEOPLE GET EBOLA?

Human beings get Ebols through direct contact with the body fluids such as blood, sellva, sears, stool, vomitus, unive, and semen of infected persons or animals and conterninated materials (e.g. bedding



Everyone is at risk but most especially those who have recently traveled to affected areas in DRC or Uganda and been in contact with side people (health workers, mourness who have dract contact with the deal bodies of infected people), and hunters while handling infected wild animals.

SIGNS & SYMPTOMS

Ebola enters the body through the mouth nose and eyes or a cut in the skin





HEADACHE















LOSS OF APPETITE



GENERAL ADVICE



WASH YOUR HANDS with some clean water



USE PROTECTIVE CLOTHING when caring for a sick person



AVOID EATING **'BUSH' MEAT** Also avoid eating fruits that



DO NOT SHARE SHARP OBJECTS such as needles, rezor



CARCASSES



EBOLA IS A SERIOUS DISEASE BUT CAN BE PREVENTED IF YOU FOLLOW THE ADVICE GIVEN



FOR MORE INFORMATION CONTACT UN CLINIC: 8920694193

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 40-60 seconds. Use hand sanitizer or chlorinated water, if soap and water are not available.





Wet hands with water.



Rub hands together and scrub everywhere.



Ringe hands with water.



Apply enough soap to cover all hand surfaces.



Wash the front and back of your hands and in between your fingers.



Dry hands completely using a single use towel or air dry.

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



Risk analysis & mitigation: stay calm & don't panic



Who's at high risk & why:

Burials & dead bodies: cultural burial practices; touching & kissing dead bodies;

- People who have been to funerals (death possibly unknown)
- Dead body management team staff

Health facilities: conducting triage at PHUs

- Frontline health workers without training & equipment
- Specialist staff in ETUs
- Other patients in poorly managed facilities

Care givers at home: 'our loved ones' – kills those you most love first!!

- Loving/ caring/ playing with infested loved ones
- Once inside the home quickly spreads
- Sick relative needs to be isolated (taken to PHU/ ETU)

Risk analysis & mitigation: stay calm & don't panic



Who's at low risk & why: 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

What can FSLC partners do: stay calm & don't panic



Specialist agencies & skilled staff: e.g. MSF, IMC, Save Children, WHO & Government health staff

- Operating primary healthcare facilities (early isolation)
- Operating Ebola Treatment Units
- Dead Body Management teams safe & dignified burials e.g. WASH partners

FSLC partners & other non specialists (most of us): #1 role is awareness raising on causes & prevention;

- Social mobilization in communities
 - Use influential people: chiefs/ imams/ pastors (who else)
 - People need to fully understand the risks
 - Moral support & encouragement (people will be very afraid!!)
- Contact tracing: isolation of sick or people those might be at risk
 - Need follow up (sickness/ temperature/ manifest EVD symptoms)
 - Specialist collection to ETU (Liberia 60% mortality rates)
- Rapid isolation & treatment: liaise with community leaders re: sick persons
 - Promote isolation
 - Prepare & re-assure communities for specialist teams in PPEs (very scary)
 - Dead will be buried & sick taken to ETUs

E-PROTECT training from WHO



- •WHO has now elevated the risk assessment of Ebola Virus Disease (EVD) spreading in our central Africa region from, 'High' to 'Very High'.
- •This implies that South Sudan and the other three neighboring countries (i.e. Uganda, Rwanda and Burundi) must develop and test their operational readiness for a potential EVD response.
- •In line with this, WHO has developed an online course called, ePROTECT which is an occupational health and safety briefing that covers the basic information that can assist you in protecting yourself and others should the EVD eventuate here in South Sudan.
- •To start the ePROTECT session, click on the link below and 'register' by using your UN official email address and enroll. This ePROTECT course is available in English and French. A Certificate of Achievement is awarded after finishing the course with 80 % or more on the final assessment:

https://openwho.org/courses/e-protect

Humanitarian Needs Overview (HNO) process for 2023

Deliverable for the HNO:

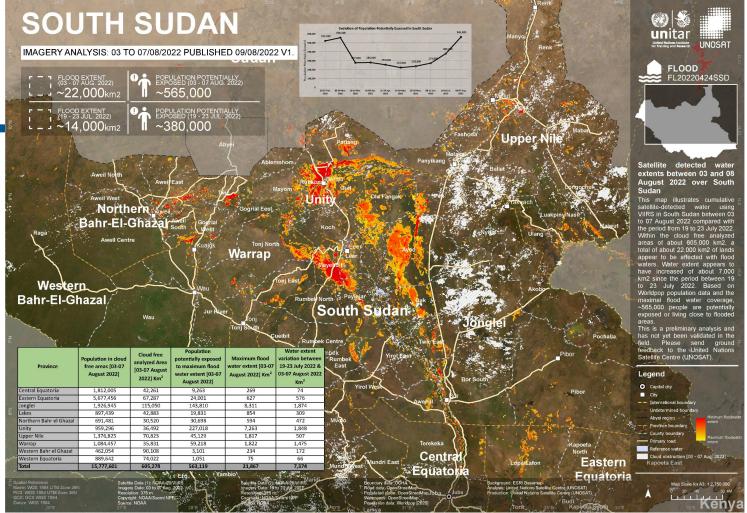
- Final cluster deadline Oct 28th then finally endorsed by Nov 24th
- Update the HNO narrative from early 2022 (used FSL HNO sector analysis data)

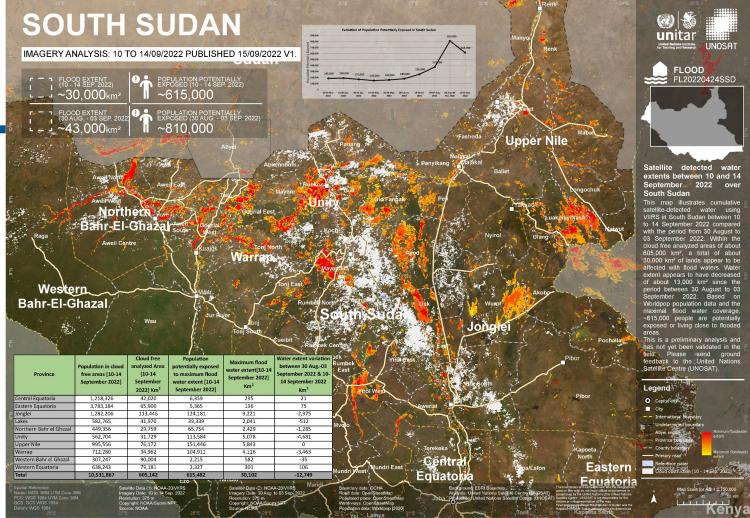
Context: 4th year flooding, food prices, conflict, funding shortfalls (global impact war & commodity/ fuel prices), year on year growing levels of vulnerability, record cereal gap from 2021 harvest, climate change

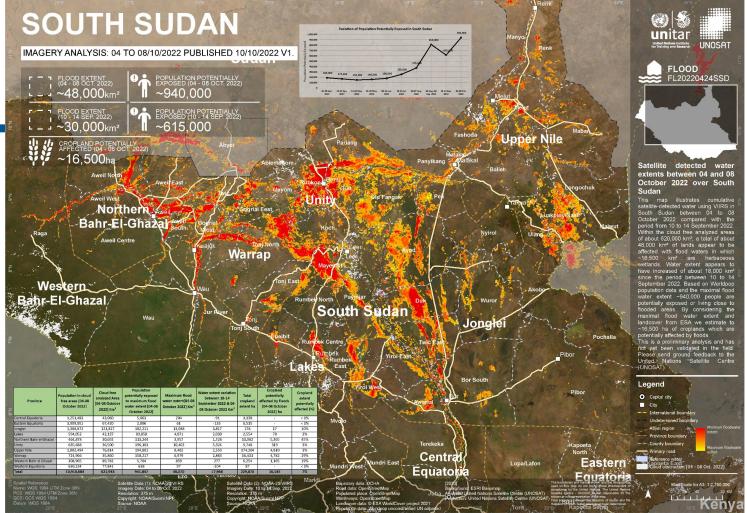
Process:

- **FSNMS** (FSL & Nut + some WASH) and ISNA (REACH & clusters)
- FSNMS \rightarrow IPC Oct $3^{rd} 15^{th}$ (on-ging)
- Key messages approx.. 19th Launch TBC
- Feeds into HNO: narrative/ PiN/ severity mapping (FSL & Nutrition = IPC maps);









Humanitarian Response Plan (HRP) process for 2023

Deliverable: final cluster deadline Nov 4th then finally endorsed by Dec 8th



Process:

- Consultations Oct 17 21st: WFP, FAO & SAG;
- 2022 three Cluster Objectives → HRP activity/ indicator matrix → HRP strategic objectives
- Note also co-insides with New FSLCC (Jean Loic Gueize) from Oct 17th;
- Consultations Oct 24 28th: INGO & NNGO top 20 in person (plus online hybrid)
- Narrative: final draft submission Nov 4th

Project module **Nov 4 – 21**st: training/IMOs upload/ partner proposal writing/ review & approval