



## COEXISTING WITH COVID-19 IN SOUTH SUDAN: ACCOMPLISHMENTS FROM APRIL - JULY 2020

### August 2020

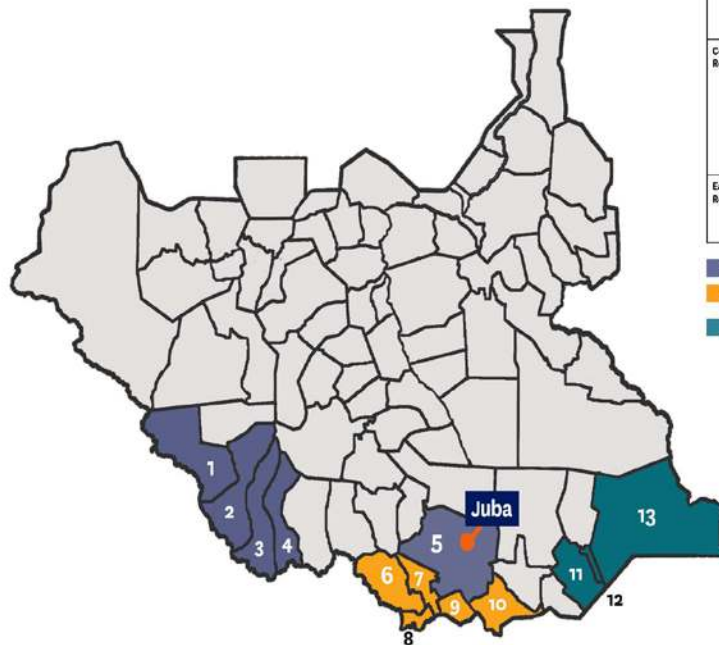
The CORE Group Polio Project in South Sudan implements integrated Community-Based Surveillance (CBS) activities for four priority diseases: Acute Flaccid Paralysis (AFP) for polio, measles, Ebola Virus Disease (EVD), and COVID-19. With support from USAID’s Ebola Preparedness funds in August 2019, the CGPP expanded its surveillance portfolio to include EVD interventions beginning in October 2019 in nine-high risk border counties of Magwi, Kajo-Kei, Lainya, Morobo, Yei, Yambio, Nzara, Ezo and Tambura.

Following the formation of the Revitalised Transitional Government of National Unity (RTGNU), relative peace in the project areas has expanded access to areas previously under control of the opposition group. When the project began its integrated disease surveillance operations in January 2019, four of the nine focal counties had been silent for more than two years; violence in Yei, Lainya, Morobo and Kajo-Keji prevented access to the populations there. In late May, the project for the first time was able to begin reporting AFP cases. This access has opened the door to additional surveillance activities to improve the health outcomes of the local populations there.

### ADAPTIVE MANAGEMENT AND LEVERAGING STRENGTHS

After the first case of COVID-19 was confirmed on April 5, CGPP South Sudan rapidly leveraged its existing community-based network and surveillance system to integrate COVID-19 response in four additional counties and thus increasing community coverage to a total of 13 remote counties in Central, Eastern and Western Equatoria states. These communities are deemed high risk based on geographic proximity to Kenya, Uganda, the Democratic Republic of Congo (DRC) and the Central Africa Republic (CAR).

**SOUTH SUDAN**



CGPP Implementing Partners by County	
Western Equatoria Region	1 Tambura
	2 Ezo
	3 Nzara
	4 Yambio
Central Equatoria Region	5 Juba
	6 Yei
	7 Lainya
	8 Morobo
	9 Kajo-Keji
	10 Magwi
Eastern Equatoria Region	11 Budi
	12 Kapoeta South
	13 Kapoeta East

- World Vision South Sudan (WVSS)
- Support for Peace and Education Development Program (SPEDP)
- Organization for People's Empowerment Needs (OPEN)

The CGPP surveillance system has been effective in insecure environments and where the population has limited access to health facilities. It involves a network of unpaid community key informants (CKIs) at the community level. CKIs are those individuals who are more ‘plugged in’ to the daily flow of community life and would likely be aware of a person with signs and symptoms suggestive of EVD, polio, measles or COVID-19. CKIs are supervised by Boma Health Promoters (health workers based at the primary health center at the lowest administrative unit) who link community key informants to public health services and CGPP project supervisors. CKIs are faith-based leaders, chiefs, headmen, traditional birth attendants, traditional healers, local clinic owners, women and youth leaders, and teachers. Their role in outbreak prevention and response cannot be overstated.



While practicing physical distancing, a Boma Health Provider addresses Community Key Informants in Loa boma in Pageri payam on April 17, 2020.

The nature of the CBS system structure through the network of CKIs also provides a network to share health messages and actively listen to community concerns. The project integrates COVID-19 awareness messaging on prevention and detection into the ongoing sensitization for polio, EVD and measles to educate the community on the novel disease and address misinformation and miscommunication, particularly among rural communities that are oftentimes excluded due to lack of access to health information. The project’s Behavior Change Communication (BCC) Advisor is finalizing the development of a pictorial flipbook incorporating AFP, measles, EVD, and COVID-19. Low-literate BHPs and CKIs use the job aide during household visits and group discussions. In response to the need to maintain physical distancing during COVID-19, the BCC Advisor designed large print banners of the four diseases to be easier seen from two meters away.

## ACCOMPLISHMENTS IN LIGHT OF COVID-19

From April through June 2020, the project conducted 9,453 house-to-house visits and 968 visits in public places, reaching approximately 155,000 community members with key preventive messages to create awareness and increase knowledge on Infection Prevention and Control measures and promote early detection and reporting of suspected COVID-19 cases, EVD, measles and polio. There are a total of 128 BHPs and 1,238 CKIs supporting the project; as of July 29, the project had trained 97% of BHPs and 83% of CKIs. With the expansion of surveillance to four new counties - Juba, Budi, Kapoeta South and Kapoeta North - additional BHPs will be brought on, while keeping in mind that target areas may change depending on the future path of COVID-19.



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The CGPP's workforce reported a total of four (4) EVD alerts (down by one case from the previous quarter); 18 suspected AFP cases and 250 suspected measles cases through the CBS system. Of these, 72.2% suspected AFP cases and 23.6% of the suspected measles cases were geo-coded as a measure to improve accountability. Most of the suspected measles cases reported came from Yambio, Ezo, Nzara and Tambura counties in Western Equatoria, bordering the DRC and the CAR.

## OPPORTUNITIES AND CHALLENGES SPECIFIC TO COVID-19

Under the COVID-19 emergency, current interventions focus on active case detection and reporting, risk communication and community engagement (RCCE), and contact tracing and follow up. (CGPP South Sudan also supports national independent campaign monitoring for polio and measles, including polio campaign social mobilization within project catchment areas.) Two national non-governmental organizations (NGOs) - Support for Peace & Education Development (SPEDP) and Organization for People's Empowerment & Needs (OPEN) – and international NGO World Vision implement activities for all four diseases utilized the network of CKIs who are familiar to the community, trusted by the community and are well-informed of community events. Depending on community involvement as critical in a country with an extremely fragile health system and where 80 percent of the population live in rural area without access to functioning health facilities.

“The people’s involvement in the disease outbreak and response such as COVID-19 is vital to detect symptoms, prevent the spread and initiate control measures. The role of the volunteers is very essential, particularly in areas with no health facilities to ensure that diseases are reported early to the health authorities for a quick response,” said CGPP South Sudan Secretariat Director Anthony Kisanga in a published interview with World Vision on June 11, 2020.

Social stigma driven by fear and misinformation is a chief concern, Kisanga explained. Most people are aware of COVID-19 but do not adhere to IPC measures such as social/physical distancing, handwashing hygiene or use of face masks. However, there is a pervasive fear of testing due to the possibility of a positive result. Individuals who test positive and share results with family and friends face the risk of being rejected and end up afraid and isolated. This fear of rejection leads to COVID-19 patients refusing to reveal contacts to avoid further discrimination. Quarantine means the risk of job loss and loss of income. These behaviors result in harmful effects: individuals are not getting tested, hiding their illness, refusing to reveal their contacts and not practicing healthy behaviors.

There is also the fear that “once you have COVID-19, that means you are going to die.” In response, CGPP South Sudan is successfully training BHPs as contact tracers who are equipped with accurate, up-to-date information on recovery rates; these trusted community members are replacing stigma and fear with messages of hope. CGPP-trained contact tracers “are trusted and people can open up to them and talk to them and reveal their contacts.” They support contact tracing of confirmed COVID-19 cases, follow up with positive cases and encourage those with mild symptoms to stay home. As of July 29, South Sudan reported 2,305 COVID-19 cases, 1,175 recoveries and 46 deaths.