



COVID-19 APPEAL

SOUTH SUDAN PREPAREDNESS & RESPONSE PLAN



JULY 2020 - JUNE 2021

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A NOTE FROM THE CHIEF OF MISSION

As we are all painfully aware, the COVID-19 pandemic has affected countries across the world, and the risk of a rapid spread of the virus in South Sudan remains high.

South Sudan remains one of the most complex humanitarian operating environments in the world, with persistent insecurity, poor infrastructure, and seasonal hazards, whilst nearly 4 million people remain displaced, 1.6 million internally and 2.2 million in neighbouring countries.

During this time, these individuals need our support as much as ever, and it is critical to ensure the sustained provision of COVID-19 responses that support IDPs, returnees, and host communities across the country, whilst ensuring that wider humanitarian efforts do not lapse.

I have witnessed first-hand the courage and commitment of IOM staff in South Sudan in continuing efforts to provide life-saving support to communities across the country without interruption before and since the first case of COVID-19 in the country. These efforts have included the construction of permanent handwashing facilities in key urban areas, and the training of handwashing teams to ensure operation and maintenance; procurement and distribution of critical WASH and personal protective equipment (PPE) supplies; risk communication and community engagement; screening at key points of entry, as well as coordination of the Points of Entry Technical Working Group; and the provision of key information on mobility, displacement, and returns, to inform the wider COVID-19 response.

I here note with appreciation the support already provided by USAID's Bureau for Humanitarian Assistance, the UK Department for International Development, and the European Civil Protection and Humanitarian Aid Operations (ECHO).

This notwithstanding, significant needs remain across all sectors of intervention in South Sudan. Immediate priorities include infection prevention and control measures, including continuing support for the establishment of permanent handwashing facilities across South Sudan, coupled with tailored risk communication and community engagement, as well as screening at points of entry, disease surveillance, procurement of key WASH items for household home-kits, and efforts to support responses within camps and camp-like settings. However, the pandemic is more than just an immediate health crisis, and it is important that we address the long-term consequences of COVID-19 in South Sudan, both to reduce vulnerability to future pandemics, and to address



the socioeconomic impact of the crisis, through the provision of targeted socio-economic assistance that encompasses efforts to strengthen social cohesion at the community level.

Throughout all efforts, IOM will ensure centrality of protection, including our commitment to mainstream gender equality, and age and disability considerations throughout programming, ensuring that no one is left behind within responses.

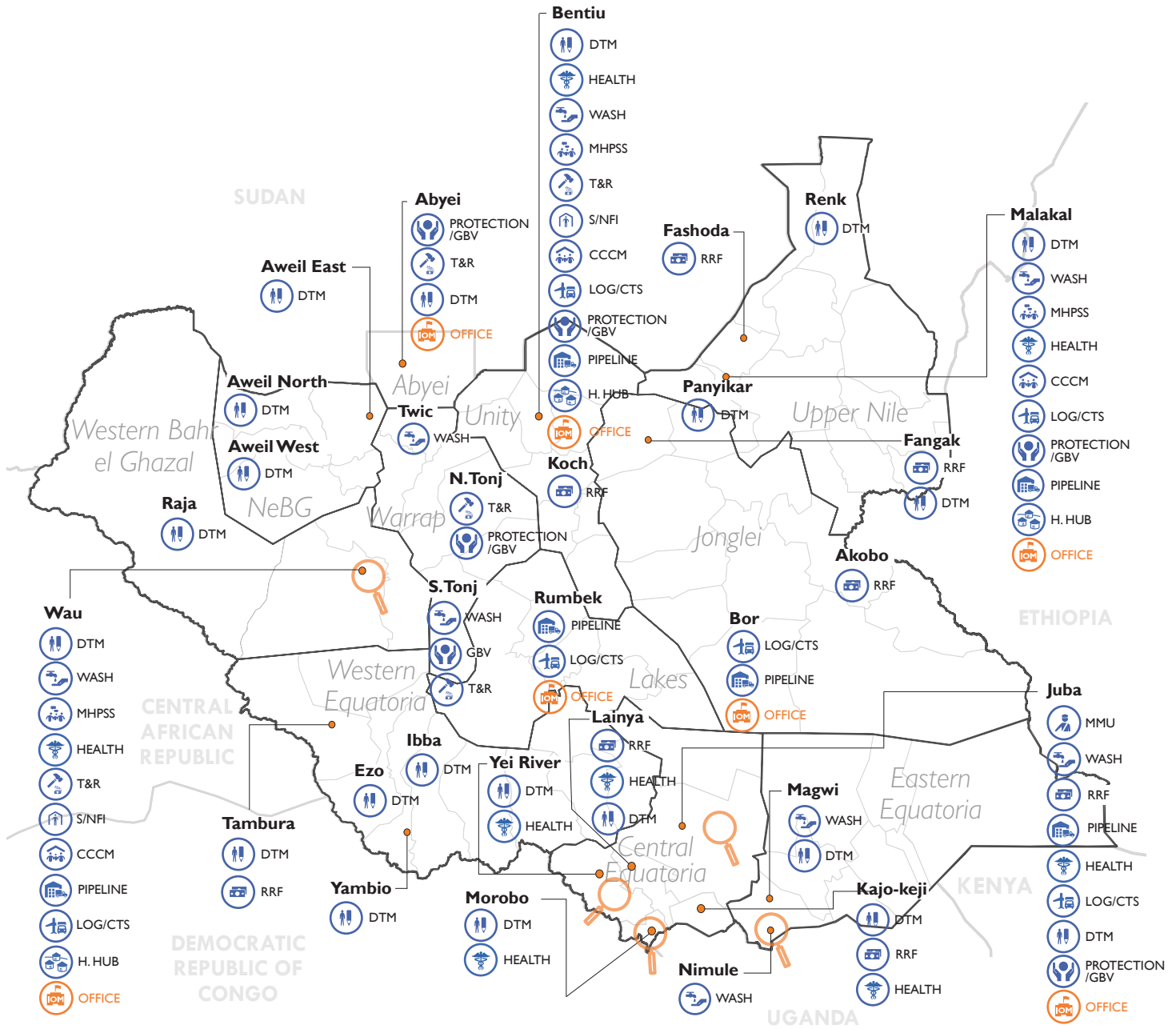
With wide operational field presence and deep technical expertise, IOM remains extremely well placed to provide integrated, consolidated, comprehensive and holistic responses to COVID-19 as we move forward, and we remain committed to working with international and national as well as with our Government of South Sudan partners in supporting COVID-19 response efforts across the country.

I hope and trust that IOM and the communities we serve across South Sudan can count on your much-needed support throughout this unprecedented and challenging period.

Jean-Philippe Chauzy

IOM SOUTH SUDAN, CHIEF OF MISSION

IOM FIELD SOUTH SUDAN OPERATIONS



PROGRAMME ACTIVITIES

- | | | | | | | | |
|--|-------------------------------------|--|---|--|------------------------------------|--|--------------------------|
| | CAMP COORDINATION & CAMP MANAGEMENT | | HEALTH | | MIGRATION MANAGEMENT | | RAPID RESPONSE FUND |
| | CORE PIPELINE | | LOGISTICS / COMMON TRANSPORTATION SERVICES | | OFFICES / STATIC PRESENCE | | SHELTER / NON-FOOD ITEMS |
| | DISPLACEMENT TRACKING MATRIX* | | MENTAL HEALTH & PSYCHOSOCIAL SUPPORT | | PROTECTION / GENDER BASED VIOLENCE | | TRANSITION & RECOVERY |
| | HUMANITARIAN HUB | | INFECTIOUS DISEASE POINT OF ENTRY SCREENING SITES | | WATER, SANITATION & HYGIENE | | |

*DTM country-wide data collection through Mobility Tracking

SITUATION OVERVIEW

« The risk of a rapid spread of COVID-19 in South Sudan is high, due to the country's weak health system, low water supply coverage, poor hygiene and sanitation services, as well as the challenge of maintaining key humanitarian supply chains through neighboring countries. This has left the South Sudanese population and residents highly vulnerable to epidemic diseases.. »

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 11 March 2020, the World Health Organization's (WHO) announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19), now constituted a pandemic: "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people".

COVID-19 is having an unprecedented impact across the globe both in terms of prompting the scaling of public health preparedness and response as well as protection of vulnerable populations.¹ Furthermore, worldwide restrictions to supply chain and travel are increasingly posing significant obstacles to humanitarian aid, possibly curtailing the timeliness of future efforts.

The first case of COVID-19 in South Sudan was confirmed on 5 April 2020, since which point a further 2,211 cases have been confirmed as of 21 July 2020, with 45 deaths. The risk of a rapid spread of COVID-19 in South Sudan is high, due to the country's weak health system, low water supply coverage, poor hygiene and sanitation services, as well as the challenge of maintaining key humanitarian supply chains through neighboring countries. This has left the South Sudanese population and residents highly vulnerable to epidemic diseases, particularly women, children, persons with disabilities, the elderly, Internally Displaced Persons (IDPs), migrants and returnees.²

While the COVID-19 response is a health issue, it is bound to create a number of knock-on effects that will have lasting

impacts on communities in South Sudan, further undermining their coping mechanisms and capacity to manage future shocks associated with disease outbreaks, extreme climatic conditions and conflict. The impact of the closure of borders and lockdown will compound the vulnerability of a population who had already been wrestling with the effects of a conflict-induced economic crisis, including rising food prices and inflation. The decline in the availability of resources may be a driver of conflict and violent competition, leading to an uptick in both localized violence and criminality.

In areas of high population density, such as displacement sites, populations are under the risk of being put under pressure to exit the sites to areas with very limited services where host communities are already facing challenges of their own. This – coupled with increased pressure or inability to generate an income for many South Sudanese who operate in the informal sector – could result in escalating tensions at the community level. As such, measures need to be in place from the beginning of the crisis to reduce the socio-economic and other impacts of COVID-19 and avoid severe shocks that will only act to exacerbate instability, bringing structural inequalities into sharper focus.

It is against this backdrop that IOM is appealing for USD 25 million to support key response activities in South Sudan across the various pillars over the period July 2020 – June 2021.

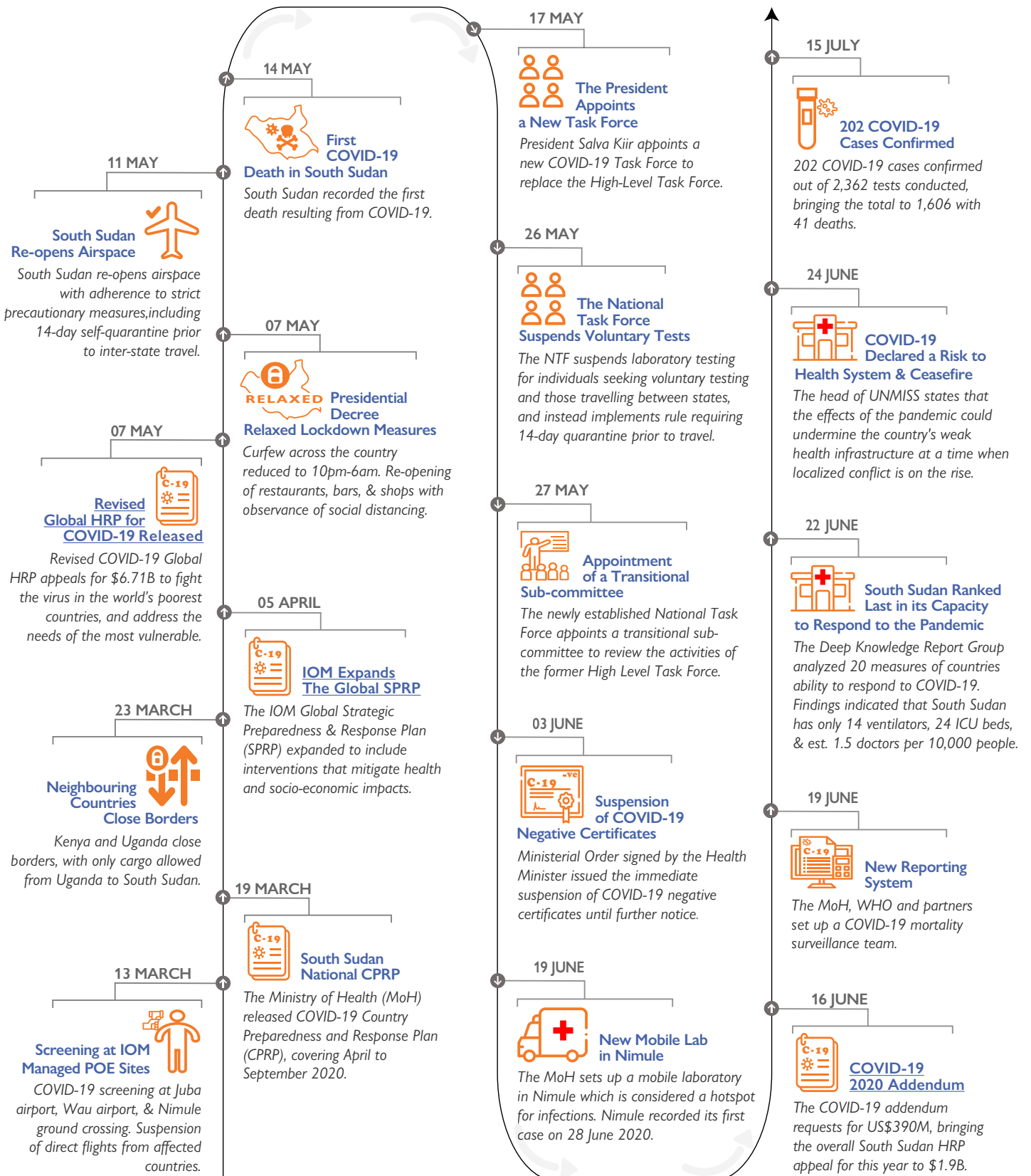
SOUTH SUDAN COVID-19 STATISTICS

As of 21 July 2020



COVID-19 TIMELINE EVENTS

Events as of 16 July 2020



IOM SOUTH SUDAN'S CAPACITY TO RESPOND TO COVID-19

In April 2020, IOM published a revised IOM Global Strategic Preparedness and Response Plan (SPRP) for Coronavirus Disease 2019 (COVID-19),³ as well as the East and Horn of Africa (EHOA) Regional Strategic Preparedness and Response Plan,⁴ both of which encompass IOM's full spectrum of work with the impacts of COVID-19. Both the SPRP and the EHOA Plan are in line with the Global Humanitarian Response Plan (GHRP) for COVID-19, launched on 25 March 2020, aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, and the forthcoming UN Framework for the Immediate Socio-economic Response to COVID-19. This Appeal is also in line with the COVID-19 Addendum to the 2020 South Sudan Humanitarian Response Plan, and the South Sudan National Response Plan,⁵ as well as being informed by the IOM South Sudan Consolidated Appeal for 2020.⁶

In coordination and partnership with relevant actors in South Sudan and in line with the WHO South Sudan Country Strategic Preparedness and Response Plan Against COVID-19 (PRP), IOM will contribute to the preparedness, response and recovery in South Sudan. IOM will build upon its strong operational footprint and existing expertise across emergency programming, including public health, encompassing infectious disease preparedness and control; transition, recovery and stabilisation interventions; and migration management programming.

IOM in South Sudan has strong implementation capacity, based on institutional experience, global mandate, and in-country presence. IOM began operations in southern Sudan in early 2005, establishing the IOM South Sudan mission after the country's independence in July 2011. Since the outbreak of the conflict in December 2013, IOM has provided support to thousands of IDPs including those seeking protection at the United Nations Mission in South Sudan (UNMISS) Protection of Civilian (PoC) sites. The Mission is now one of IOM's largest globally with over 600 international and national staff members. The head office is in Juba (Central Equatoria), with field offices in Bentiu (Unity), Malakal (Upper Nile), Wau (Western Bahr El Ghazal), and has an operational presence in Bor (Jonglei), Rumbek (Lakes) and the Abyei Administrative Area.

IOM's current programming ranges from providing lifesaving humanitarian aid, including health and mental health and psychosocial support (MHPSS), protection and GBV prevention, community-based transition recovery and stabilization initiatives, including livelihood and peacebuilding initiatives, and migration management, including supporting the Government of South Sudan in developing a new comprehensive migration policy proposal. IOM's Displacement Tracking Matrix (DTM) is the main source of data to mobility, displacement, and returns across the country, maintaining countrywide coverage to provide regularly updated information on numbers, locations and priority needs of IDPs and

returnees, as well as comparative analysis of mobility dynamics over time. DTM is conducting flow monitoring at more than 35 points of entry (POEs), convergence points and IDP sites across South Sudan in order to map population movements and their evolution as COVID-19 progresses to inform the humanitarian response.

IOM in South Sudan has extensive experience and capacity in public health, including the provision of integrated emergency lifesaving primary health care, mental health services, routine immunization, and surveillance and response to disease outbreaks, including the Ebola Virus Disease (EVD), along with providing comprehensive Human Immunodeficiency Virus infection and Acquired Immune Deficiency Syndrome (HIV/AIDS) care and treatment. IOM also has extensive experience in deploying Rapid Response Teams (RRTs) in response to disease outbreaks and emergencies, and delivers critical lifesaving health care to locations where acute needs are most severe. IOM's Migration Health Unit (MHU) works in close cooperation with national and local government actors including the Ministry of Health (MoH) and County Health Departments, as well as national and international partners in project locations. IOM's Migration Management Unit (MMU) also works with the Ministry of Interior to strengthen border management systems in South Sudan. IOM protection and GBV prevention and response capacities are deployed to ensure that COVID-19 responses mitigate protection risks at a minimum and promote human rights and gender equality, as - with all crisis - the risks and impacts of pandemics are not neutral.

IOM South Sudan will build upon lesson learned, best practices, and relationships developed with key partners through EVD preparedness activities implemented in South Sudan since September 2018, and through assuming the role of co-lead of the Points of Entry Technical Working Group (POE TWG) in South Sudan and acting as a member of the EVD Strategic Advisory Group. Globally, IOM has extensive experience in addressing border health matters and disease outbreak, preparedness and response, including EVD preparedness and response during the West Africa outbreak in 2012 to 2014, with IOM a key member of the Global Points of Entry Technical Working Group.

PARTNERSHIPS

IOM is an active member of the UN and Humanitarian Country Team and the Inter-Agency COVID-19 Coordination Group. As co-lead of the POE TWG, IOM provides guidance and support to partners, including on Standard Operating Procedures (SOPs) for detection, notification, isolation, management and referral; conducts weekly meetings; consolidates weekly screening data; and updates POE partners during weekly National Steering Committee

(NSC) meetings; co-leads multi-sectoral assessments; and regularly updates the 4W. IOM also participates closely in other relevant Technical Working Groups (TWG), including those for infection prevention and control (IPC) and risk communication and community engagement (RCCE), whilst leading the IPC/WASH in Communities, PoCs and Refugee Camps TWG Sub-committee and is co-leading the Training RCCE TWG Sub-Committee and the Rumour Tracking Sub-Committee.

IOM will work closely with relevant South Sudan Government Ministries, WHO, and with other health actors to support a holistic response that avoids gaps or duplication. IOM will also coordinate through the UN Humanitarian Country Team and the Cluster system, particularly through the Inter Cluster Coordination Group (ICCG), to ensure integrated and synergistic programming.

IOM SOUTH SUDAN'S APPROACH & OPERATIONAL STRATEGY

« ..preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that **inclusive approaches that take into account migrants, travellers, displaced populations and local communities, and that counter misinformation that can lead to anti-migrant sentiment and xenophobia, are essential in the event of an outbreak.** »

In coordination and partnership with relevant actors at global, regional and national levels, IOM South Sudan is contributing to the overall objective of the global IOM COVID-19 Strategic Preparedness and Response Plan, and the South Sudan COVID-19 National Operational and Response Plan, to halt further transmission of COVID-19 and mitigate the impact of the outbreak, including its social and economic impacts.

IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that inclusive approaches that take into account migrants, travellers, displaced populations and local communities, and that counter misinformation that can lead to anti-migrant sentiment and xenophobia, are essential in the event of an outbreak.

IOM's approach for preparing and responding to disease outbreaks and future health threats is also anchored in IOM's Health, Border and Mobility Management (HBMM) Framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

Protection, gender, GBV and disability inclusion will be mainstreamed to ensure that efforts are people-centred, inclusive and do no harm, and respond to barriers to accessing services and information of different groups, including women, persons with disabilities, older persons, female-headed households and unaccompanied or separated children.

Having maintained a continuous presence in South Sudan since 2005, including during the outbreak of conflict in 2013, IOM has acquired significant experience in maintaining operations during periods of instability, when operational challenges are heightened. In line with this experience, interventions will consider the contingencies and challenges that the COVID-19 outbreak and consequent restrictions may present, such as movement restrictions, closures of land and air ports, and impacts on overseas supply chains, including potential global stock-outs or demands on suppliers. Interventions can be implemented concurrently and plans will remain flexible and incorporate risk mitigation measures and contingency planning.



AREAS OF INTERVENTION

STRATEGIC PRIORITY 1: ENSURE A WELL-COORDINATED, INFORMED AND TIMELY RESPONSE THROUGH MOBILITY TRACKING SYSTEMS AND STRENGTHENING PARTNERSHIP AND COORDINATION STRUCTURES ESTABLISHED AT THE COMMUNITY, NATIONAL AND REGIONAL LEVELS



COORDINATION & PARTNERSHIPS

IOM South Sudan is working closely with the Government of South Sudan, UN agencies and other relevant partners, including the Center for Disease Control (CDC) to support COVID-19 preparedness and response efforts in South Sudan. IOM South Sudan will strengthen and reinforce whole-of-government responses, and support national and local coordination efforts to facilitate access to and ensure continued provision of essential services for populations in need, including displaced populations in camps and camp-like settings. This includes capacity building, advocacy, and the development of COVID-19 SOPs and other operational guidance and assistance. Main partners include: Ministry of Health; State Ministries of Health; Country Health Departments; Ministry of Interior; Ministry of Water Resources and Irrigation; Ministry of Finance; Ministry of Gender, Child and Social Welfare; Relief and Rehabilitation Commission; Juba City Council; relevant Clusters; and private sector partners, such as the Water Tankers Business Association.

- Facilitate multi-sectoral collaboration to improve the effectiveness of the COVID -19 response at State and local levels.

- As co-lead of the POE TWG, provide guidance and support to partners, including on SOPs for detection, notification, isolation, management and referral, conduct weekly meetings, consolidate weekly screening data and update POE partners during weekly NSC meetings, co-lead multi-sectoral assessments, and regularly update 4W matrix.
- At both national and state levels, ensure active participation in the COVID-19 related meetings, including the IPC/ WASH TWG, RCCE TWG, Case Management TWG, Needs Analysis Working Group (NAWG), as well as the NSC.
- Support the development and review of other relevant SOPs and guidance notes.
- Support NGOs in their COVID-19 response as required.

REQUIREMENTS (US\$)

 **650K**





TRACKING MOBILITY IMPACTS

Through its Displacement Tracking Matrix (DTM), IOM will inform the COVID-19 response by generating and analyzing data on population mobility. IOM will generate data through flow monitoring points at border crossings, internal transport hubs, and entry points to major displacement sites, combined with remote assessments through key informant interviews. The analysis will provide information on the impact of mobility restrictions, implementation of COVID-19 prevention measures, and identify the arising protection risks at strategic locations to inform wider preparedness and response efforts in collaboration with operational partners and within the relevant technical and coordination bodies. Specifically, the collected data will contribute to geographical prioritization and efforts to measure COVID-19 related risks and vulnerabilities at prioritised POEs, internal transit hubs and in areas of destination.

IOM's DTM team will draw on its key informant network, field presence, operational coverage, and geospatial analysis capacity to provide a comprehensive understanding of the relationship between mobility on COVID-19 and mobility through monitoring migration flows, tracking the presence of stranded migrants and vulnerable populations in border areas and other locations, and strengthening the network of key informants for remote data collection. IOM will conduct flow monitoring at more than 35 points of entry, convergence points and IDP sites prioritized

by the POE TWG, in order to map population movements and their evolution as the epidemic progresses to inform the humanitarian response. Adapting the global DTM methodology on Mobility Restriction Monitoring, IOM will provide weekly mobility and COVID-19 preparedness and response updates at selected points of entry and transport hubs through DTM's key informant network to inform flexible programming in response to mobility restrictions.

To enable the identification of risk factors related to COVID-19 and its indirect socio-economic and protection impact, IOM will undertake targeted site assessments administered by enumerators through its Mobility Tracking on a weekly basis in high-priority IDP sites in South Sudan, as well as a country-wide key informant assessment at the payam (admin 3) level. Upon request by national coordination structures and in coordination with partners, including WHO, WFP, UNICEF, CCCM actors, National Bureau of Statistics (NBS), and the Relief and Rehabilitation Commission (RRC), IOM will deliver targeted and multi-sector household surveys on COVID-19 related issues.

IOM will also utilize its biometric maintenance services to support efficient delivery of humanitarian assistance at different IDP

REQUIREMENTS (US\$)

 **1.25M**



TRACKING MOBILITY IMPACTS

sites including PoC sites for already registered households and support returnees leaving PoC sites as a result of COVID-19. The biometric maintenance services include changing checkpoints, deregistration, splitting, merging and lost and damage cards of the households.

- Undertake a countrywide payam-level assessment through the Mobility Tracking network of key informants.
- Conduct weekly assessment of mobility and COVID-19 preparedness at 19 displacement sites and 56 points of entry/transit hubs.
- Provide regular mobility and COVID-19 preparedness and response updates.
- Undertake targeted site assessments administered by Mobility Tracking enumerators in high-priority IDP sites in South Sudan.
- Undertake targeted household surveys on COVID-19 related issues as requested by national coordination structures and partners.
- Provision of biometric maintenance services to enable targeted provision of humanitarian assistance to returnees leaving PoC sites as a result of COVID-19.
- Strengthen inter-agency analysis efforts with available data and tailored analysis to support informed response.
- Joint inter-pillar assessments led by the POE TWG in the identification of new sites to assist in the mobility analysis of population movement and to identify population inflows at risk of COVID-19 transmission.

STRATEGIC PRIORITY 2: CONTRIBUTE TO GLOBAL, REGIONAL, NATIONAL AND COMMUNITY PREPAREDNESS AND RESPONSE EFFORTS FOR COVID-19 TO REDUCE ASSOCIATED MORBIDITY AND MORTALITY



RISK COMMUNICATION & COMMUNITY ENGAGEMENT



Efforts on community engagement include mechanisms to ensure misinformation and rumour spreading are mitigated, but often fall short due to long standing community mistrust and protracted displacement. Within this context, the pandemic risks engendering and exacerbating divides, contributing to the continuation and deepening of conflict and humanitarian crisis. As an active participant of the RCCE TWG, IOM will work with partners to capture reported instances of unverified information being transmitted to and within communities, as well as community understandings and interpretations of issues related to COVID-19, in order to strengthen tailored risk communication and community engagement efforts in South Sudan.

IOM's efforts will encompass Training-of-Trainers (ToT) on COVID-19 Sensitization; community sessions aimed at sensitization of the community; and mass-scale communication, while ensuring adherence to national guidelines on social distancing. ToT will be provided to men and women Community

Hygiene Promoters and other social mobilizers to enable integration of COVID-19 risk communication into routine hygiene promotion messaging and behaviour change. To enable mass-scale communication, IOM will print, distribute and display Information Education and Communication (IEC) materials across – inter alia – key traffic areas, social infrastructures, water points, communal latrines, markets, lodges/guesthouses, and handwashing stations. To reinforce these efforts, IOM will sensitize communities on the benefit of building their own handwashing stations at the household level and provide instructions on how they can do it, as well as sensitizing lodges and guesthouses on IPC/WASH preventive measures.

Recognizing the importance of radio as a communication tool for communities in South Sudan, IOM will also conduct COVID-19

REQUIREMENTS (US\$)

 **2.0M**

specific radio messaging inclusive of Protection, GBV risk mitigation, gender equality, and conflict sensitivity considerations, as well as ensuring that mobility is considered in public health messaging. Radio will also be used as a platform to promote unity and ensuring that accuracy and objectivity are maintained in radio programmes when it comes to information on COVID-19.

Recognizing that local actors are uniquely positioned to respond to disease outbreaks and their impacts by leveraging the trust that they have within their own communities when it comes to combating hate speech, stigmatization and promoting solidarity, CBOs will be supported to develop and promote messages of tolerance and peace in relation to COVID-19. They will also be provided with capacity building on conflict mitigation and resolution to be able to support in reconciliation between communities, groups and individuals perceived to be impacted by the pandemic and host communities, as well as between disease survivors, families, victims, and frontline health workers. IOM will use traditional or mass media to shape popular views by delivering messages that help prevent violent conflict and encourage solidarity.

- Provide ToT on COVID-19 sensitization for Community Hygiene Promoters to ensure integration of COVID-19 risk communication into routine hygiene promotion messaging, as well as IPC/WASH Protocols during implementation of activities, and enable Community Hygiene Promoters to lead COVID-19 sensitization sessions with WASH-related community-based groups, as well as other social structures, including organizations of persons with disabilities, women's groups, and key influencers. The targeted ToT groups will be provided with a minimum IPC/WASH package to enable replication of sensitization efforts to others in the community.
- Work with the appropriate coordination forums to develop IEC materials inclusive of Protection, GBV, MHPSS, risk mitigation and gender equality, as well as conflict sensitivity considerations.
- Print, distribute and display IEC materials in local languages at key points of congregation, including a focus on routes utilized by truck drivers.
- Support dissemination of COVID-19 related radio messages, incorporating MHPSS considerations, gender equality and GBV risk mitigation messaging, as well as elements related to stigmatization and hate-speech.
- Equip water tankers/bicycle vendors/donkey carts with megaphones to enable them to play pre-recorded messages in local languages during their daily routes of water distribution.
- Within CCCM efforts, adapt existing community engagement mechanisms to safely deliver risk communications related to COVID-19; promote COVID-19 preventative messaging through the use of mobile loudspeaker systems, door-to-door sensitization, radio, and the display of IEC materials throughout PoC sites and within CCCM mobile responses; and continue to maintain Complaints Feedback Mechanism desks to enable IDPs to provide feedback and complaints regarding services in the PoCs.
- As coordinator and co-lead of the Communications and Community Engagement Working Group and co-lead of the Rumour Tracking Subcommittee along with UNICEF, lead production of a regular rumour-tracking products designed to capture rumours, perceptions, and concerns collected across South Sudan and to issue relevant recommendations for community engagement actors.
- Conduct risk communication and community engagement initiatives in communities of transit and return along the mobility continuum to address the social dimensions of the outbreak, including stigmatization, hate-speech and the reasons for treatment avoidance.



DISEASE SURVEILLANCE

IOM South Sudan will enhance national surveillance, information sharing and reporting capacities of relevant government agencies, and empower and support the mobility mapping capacity of key actors to better identify potential hotspots and mobility routes. IOM will train government counterparts and other key partners on community, facility, and evidence-based surveillance by linking mobility information to surveillance data, particularly within migrant-dense and border areas.

IOM will strengthen community event-based surveillance by linking mobility information to disease surveillance data, particularly among border communities, points of entry, migrant dense

essential to promote an unbiased and evidence-based approach to community surveillance and public health planning.

REQUIREMENTS (US\$)

 **1.0M**

- Support the Government in strengthening national disease surveillance, such as among border communities, truck drivers, and at POEs.
- Enhance capacities for case detection at the community level through engaging local leaders in case detection and reporting of suspect cases of COVID-19.



- Conduct participatory mapping exercises according to IOM's Population Mobility Mapping methodology to identify mobility corridors and convergence points at high-risk transmission areas, mobility patterns, and available services.⁷
- Provide training to key partners on community evidence-based surveillance by linking mobility information to surveillance data, particularly within migrant-dense area and border areas.
- Enhance spatial epidemiology integrating traditional surveillance data with mobility patterns and create real time dashboards.

areas, convergence points, and displacement sites. In addition, IOM will engage with national authorities and local communities to strengthen data collection and participatory mapping exercises according to IOM's Population Mobility Mapping methodology. These will be instrumental in the identification of mobility corridors and convergence points at high risk of disease transmission, achieving an improved understanding of mobility patterns including movement of trucks, available services in areas of high mobility, and assessing key vulnerabilities to inform event-based surveillance, targeted community testing, and wider national preparedness and response plans.

IOM will employ a combination of remote sensing data and field assessments to rapidly develop updated enumeration areas (EAs) for major urban centres in South Sudan, addressing major population movement since the 2008 census. The EAs will enable South Sudan's Ministry of Health, in collaboration with WHO and IOM, to roll-out randomised and targeted community testing in urban areas and large IDP sites. The data collected will be

- Rapid development of updated enumeration areas in major urban centres and support for the roll-out of household-level studies in urban areas and large IDP sites to facilitate community surveillance and promote evidence-based public health planning.
- Support health workers during outbreak investigation and contact tracing.
- Timely and regular reporting of unexpected or unusual cases of disease or death to the nearest health facility for immediate verification and investigation.
- Provide feedback to communities on case investigations and response interventions.



POINTS OF ENTRY

Points of Entry (POE) are specialized areas for international and /or local entry or exit of travellers, baggage, cargo, containers, conveyances, goods, and postal parcels into the country, state, or any place of convergence. Priority POEs for support through the National Plan have been identified by the POE Technical Working Group (TWG), which is co-led by IOM. The prioritization criteria includes the following:

- Areas in South Sudan with high incoming population flows from outbreak affected areas in neighbouring countries.
- Entry points receiving long distance commercial and general travel, including supply routes.
- Convergence points (major urban centres and IDP and refugee camps and camp-like settings).
- Entry points with significant links to major populations centers, including major urban centers, and IDP & Refugee camps and camp-like settings in South Sudan.
- Areas of diversion of population movement due to border closure (alternative routes).

IOM delivers a package of services at POEs, conducting primary and secondary screening of travellers and truck drivers at prioritized POEs, while ensuring the provision of personal

protective equipment (PPE), IPC/WASH, and RCCE at these sites, as well as adjacent communities and nearby health facilities. IOM also conducts activities at POEs and surrounding locations to raise awareness of COVID-19 risks amongst travellers, truck drivers, and border communities.

Screening will ensure inclusion of vulnerable groups, including the elderly, women and children, refugees, IDPs, persons living with disabilities (PLWD), and migrant communities. Linkages to contact tracing partners will enable follow up of contacts of confirmed cases.

IOM will provide technical support and collaborate with key front-line government and non-governmental partners to enhance capacities on border health and mobility management, namely health workers, community elders, immigration officers, border police, civil authority, airline operators, and truck drivers. IOM will also work with partners to ensure the provision of guidance and support, including developing regular updates on SOPs, including referral mechanisms, and developing capacities for IPC/WASH and risk communications at POEs and nearby Health Facilities. In collaboration with technical partners, including the WHO and CDC, IOM will contribute to the development of SOPs, training curriculums for screeners, as well as tools to establish, maintain,

REQUIREMENTS (US\$)

 **4.4M**



and assess POEs. Regular joint functionality assessments will be conducted at the POEs to identify challenges and gaps that need to be addressed. Provision of technical support and collaboration will be led by a dedicated team from relevant government counterparts including relevant line ministries (Ministry of Health, Ministry of Transport, Ministry of Interior, Immigration, Customs and Civil Aviation) and a multi-sectoral team (WHO, IOM, CDC and other partners) towards the establishment of Port Health and provision of enhancing capacity development.

IOM will facilitate and strengthen cross-border coordination bodies, and development of a Cross Border Strategy, including operational procedures on cross-border information sharing, in collaboration with the Ministry of Health, CDC and WHO. IOM will strengthen the capacities of border stakeholders, including County Health Departments (CHDs), State Ministries of Health, and Ministry of Interior, through strengthening its border management committees. In collaboration with WHO and CDC regional offices, IOM will provide technical support in the development of a truck drivers testing strategy, which will be a sub set of the overall cross border strategy.

- Conduct primary and secondary screening of travellers and truck drivers through the establishment of POEs at prioritized locations.
- Provision of medical and IPC/WASH supplies and equipment at the POEs, including cleaning and disinfection supplies, PPE, and infrared thermometers.
- Establish screening and effective COVID-19 triage in all the health facilities in the areas of presence guided by the SOPs.
- Support Health Facilities adjacent to POEs with provision of essential medical supplies, triage, training, surveillance, case detection, notification, and reporting screening activities.
- Establish and maintain WASH infrastructure, including ensuring the provision of safe drinking water through repair of non-functional nearby boreholes; sanitation facilities, including temporary latrines and hand washing stations; and ensuring safe collection and disposal of solid waste.
- Strengthen risk communication interventions at POEs, nearby Health Facilities and adjacent communities by implementing

health and hygiene promotion incorporating COVID-19 risk communication messages.

- Facilitate linkages to contact tracing partners to enable follow up of contacts of confirmed cases.
- Strengthen capacity of Ministry of Interior and other related ministries on border health and mobility management through capacity building of security and immigration actors, border police, and supporting improvements to border infrastructure and strengthening of whole-of-government responses.
- Train screeners and health workers on standard precautions and IPC for respiratory diseases using standard materials approved by the national COVID-19 Steering Committee.
- As co-lead of POE TWG, provide technical guidance and support to partners, including on SOPs for POE operations, detection, notification, isolation, management and referral; conduct weekly meetings; consolidate weekly screening data; update POE partners during weekly NSC meetings; lead joint assessments; and regularly update the 4W matrix.
- Coordinate joint supportive supervision, functionality assessments and monitoring of activities at the POE.
- Strengthen cross-border coordination bodies and facilitate establishment of additional cross-border coordination bodies, including the development of cross border strategy and operational procedures, specifically country base and cross border contingency planning and communication, coordination mechanisms.
- Support targeted and coordinated data collection, analysis and dissemination on PoEs and related preparedness/response activities, population flows of public health relevance, and populations of humanitarian concern to support strategic decisions by the STF and SC, as well as operational planning by TWG members.
- Provision of technical support and collaboration towards the establishment of Port Health and capacity building efforts, as required.

INFECTION PREVENTION & CONTROL

REQUIREMENTS (US\$)

 **3.0M**

The main routes of transmission of COVID-19 are respiratory (e.g. droplets from coughing or sneezing) and contact (e.g. when people interact with each other for some time in close proximity; and/or surfaces that have been contaminated with droplets). These droplets can then be inhaled, or they can land on surfaces that others may come into contact with, who can then get infected when they touch their nose, mouth, or eyes. As there is no specific treatment or vaccine, frequent and proper hand hygiene is one of the most important measures that can be used to limit the spread of COVID-19. In this context, it is critical to enable more frequent and regular hand hygiene by increasing access to soap, increasing access to handwashing facilities, and using proven behaviour change techniques.

The above notwithstanding, WASH service provision levels in South Sudan remain perilously low. For example, according to recent WASH Cluster data only 38 per cent of households reported access to timely and safe WASH services, such as access to an improved water source in under 30 minutes without facing protection concerns, whilst only 15 per cent households reported owning a latrine in their compound. Given criticality of handwashing in preventing the spread of COVID-19, demand for the already limited water and sanitation infrastructure at the community and household level is expected to increase.

In recent Knowledge, Attitude and Practices (KAP) Surveys conducted in urban areas in South Sudan, IOM was able to capture the extent of service provision across these urban areas vis-à-vis COVID-19 critical preparedness components, for which IOM has identified three key transmission risk factors, namely low availability of water for increasing handwashing needs, lack of infrastructure that supports hand washing behaviour, and poor personal hygiene practices.

Furthermore, most health facilities in South Sudan also lack basic WASH infrastructure. Considering that WASH is critical to ensure quality of care and protection from COVID-19, such a lack of services will place healthcare workers further at risk.

- Undertake rapid identification of safe emergency water sources, focusing on the construction/rehabilitation of



water infrastructure to accommodate for additional water supply needs.

- Construct handwashing facilities at the community level, including markets, places of worship, transportation centres, and/or next to communal water points, communal latrines, bus stops, and Women and Girls Friendly Spaces.
- Establish a network of handwashing stations across urban areas, defined according to the route of water service providers and in agreement with local authorities, to ensure daily supply and functionality.
- Set up a network of water storage tanks in most at-risk areas

of urban and peri-urban locations, equipped with water collection points, to improve water storage capacity.

- Recruit and train individuals to form Handwashing Station Teams, to ensure the daily operations and maintenance, namely cleanliness and overall conditioning, managing queues, providing sensitization towards COVID-19, guaranteeing the chlorination of the water, and ensuring the timely replenishment of water by the tankers.
- Prioritize the inclusion of safety audits and risk mitigation planning ahead of handwashing facility and water source selection, taking into consideration the needs of vulnerable groups, including persons with disabilities and the elderly.
- Establish and maintain WASH in health facilities and displacement settings, ensuring the provision of safe drinking water (including repair of non-functional nearby boreholes) and sanitation facilities (temporary latrines, hand washing stations, waste pits), as well as construction of handwashing facilities and provision of PPE, thus improving IPC within these facilities.
- Distribute COVID-19 WASH Kits to the most at-risk households through house-to-house visits (carried out following the national guidelines on physical distancing), complemented with tailored hygiene promotion at the household level.
- Training private water treatment and water tanker companies in IPC/WASH and water quality procedures, including measurements on Free Residual Chlorine (FRC) of drinking water across the water value chain, to ensure provision of good quality water.
- Procure body bags and support safe handling, management and burial of suspected and confirmed COVID-19 dead bodies in PoCs and collective sites.
- Conduct hygiene promotion activities within communities and at institutions such as health facilities, schools, places of worship, and other public places.
- Support production/distribution of reusable cloth face masks to front line humanitarian workers and vulnerable populations.

LOGISTICS, PROCUREMENT & SUPPLY MANAGEMENT

IOM South Sudan will continue to engage with relevant stakeholders to support the procurement, storage and distribution of critical supplies. Through management of the Shelter and Non-Food Items (S-NFI) and a proportion of the WASH Clusters' common pipeline program, IOM will efficiently support S-NFI and WASH in-kind COVID-19 responses, by ensuring the reliable, cost-effective and steady stream of core relief supplies to partners for distribution to crisis-affected populations across the country.

Through pipeline management, IOM will procure, transport, and manage key WASH items for household home-kits, including soap, household water treatment, household water storages, bulk water treatment and appropriate household hygiene supplies, for the benefit of 625,000 people, approximately 125,000 households. IOM will also procure, transport, and manage key S-NFI items for the benefit of 62,500 people, approximately 12,500 households. Provision of shelter materials, including plastic sheets, wooden poles, bamboo bundles, and rubber ropes will enable shelter improvements and the creation of isolation space when needed, whilst NFIs like blankets and mosquito net will assist in the provision of warmth and prevention of malaria respectively. Plastic sheets can also serve as flooring and dividers, and can be used numerous times with the proper application of disinfectants or soap.

Health and humanitarian frontline workers directly working in the COVID-19 response in South Sudan are considered to

be most at risk of infection, and protecting these workers from COVID-19 is crucial in order that they can continue to provide services to prevent the spread of the virus. IOM will therefore also support the procurement of Personal Protective Equipment, including protective goggles and gowns, examinations masks, and face shields.

IOM will work with suppliers with which IOM has long-term agreements concerning delivery of supplies to South Sudan, maximizing the short window period of availability of supplies of manufactures and vendors, due to the high demand for these supplies.

The pipeline system optimizes economies of scale, reduction of cost, harmonized quality of items, non-duplication and supply chain efficiencies. As one of the leading pipeline agencies in South Sudan, IOM maintains a strong operational presence in key logistical bases in South Sudan, and works closely with the WASH Cluster, S-NFI Cluster, and State Focal Points to ensure that activities are well-coordinated.

- Procure critical WASH, S-NFI and PPE items for distribution to partners.
- Preposition items to key hubs in Bor, Rumbek, Wau, Bentiu, and Malakal.

REQUIREMENTS (US\$)

 **7.5M**



- Ensure management of supplies, including warehousing, storing and quality control of supplies in IOM warehouse locations in Juba, Rumbek, Bor, Malakal, Bentiu, Wau, and any new identified preposition locations.
- Coordination with WASH Cluster, S-NFI Cluster, South Sudan COVID-19 Interagency Operation Group and Partners on the management of both WASH, S-NFI, and PPE supplies allocated for COVID-19 responses in South Sudan.

STRATEGIC PRIORITY 3: ENSURE ACCESS OF AFFECTED PEOPLE TO BASIC SERVICES AND COMMODITIES, INCLUDING HEALTH CARE, AND PROTECTION AND SOCIAL SERVICES

CASE MANAGEMENT & CONTINUITY OF SERVICES

IOM South Sudan will provide technical and operational support to the Government and will support continuity of critical health services, including provision of the minimum basic health package to vulnerable populations, integrating COVID-19 requirements.

IOM will continue to provide direct primary health care services to IDPs and migrants and align services to COVID-19, whilst using a service delivery model calibrated for urban areas, camps, and migratory routes, offering comprehensive primary health care services, including HIV, TB and Malaria detection and treatment. In addition, IOM will strengthen referral linkages with service delivery points and increase access to health information and services through health and hygiene promoters at the community level.

IOM's MHPSS team will conduct trainings on COVID-19 preparedness and response for health care and other frontline workers, such as burial teams, with a focus on MHPSS in epidemics, key messages, stigma and discrimination, psychological first aid, and self-care and stress management. IOM will also develop remote MHPSS Services with MHPSS Technical Working Group partners. The MHPSS helpline and tele-counselling will be available for the general population and for specific target groups, such as persons in home or facility-based quarantine or isolation and COVID-19 affected persons and their families.

- Provide a minimum basic health package to vulnerable populations, integrating COVID-19 basic standard operating procedures at all levels.
- Continue MHPSS activities, such as counselling, psychological first aid, home visits and referral.
- Develop remote MHPSS services (MHPSS Helpline and tele-

counselling) in nine locations with MHPSS partners, including developing SOPs, producing training materials, conducting trainings, establishing the hotline, and the provision of ongoing supervision to hotline responders.

REQUIREMENTS (US\$)

 **750K**



- Strengthen referral linkages between IOM-supported health facilities and higher-level health care facilities.
- Support continuing medical education (CME) for health workers on SOPs, rational use of medicine, and patient assessment and care.
- Support the Health Cluster in construction of case management centres in the country.
- Conduct trainings on MHPSS considerations in the COVID-19 response for health care and other frontline workers, including psychological first aid (PFA), stress management, and stigma and discrimination.



PROTECTION



Human rights violations in South Sudan are widespread. Significant risks remain for children around forced recruitment, risks of unexploded ordnance (UXOs), exclusion, abuse, and denial of rights for persons with disabilities. Women and girls in South Sudan face increased rates and risks of conflict-related sexual violence, and other forms of gender-based violence. Studies show that rates of acceptance and perpetration of domestic violence, early and forced marriage, and abductions are underpinned by patriarchal norms and social structures.

The effects of the global pandemic, and measures taken nationally to prevent a widespread outbreak in the country has led to a notable deterioration of the protection environment, including numerous human rights violations of physical integrity, discrimination, property rights, as well as freedom of movement. The constriction of the protection environment, coupled with confinement, loss of income, isolation and increased psychosocial needs, is likely to lead to increased protection cases, most notably a spike in GBV, predominately perpetrated against women and girls. Economic impacts related to small business closures and the increased cost of essential items are likely to lead to an increase in stress and negative coping mechanisms, which could include increased intimate partner violence, child marriage, and survival sex. There are increased risks of sexual exploitation and abuse related to access to assistance and other essential services and resources. Protection violations have had a disproportionate effect on Persons with Specific Needs (PSNs), particularly women, girls, persons with disabilities, and the elderly.

IOM will enhance national capacities to ensure the protection and access to services for displaced populations and local communities. This includes protection monitoring, raising awareness, and empowering persons with specific needs to reduce vulnerabilities by mitigating protection threats and responding to incidents of protection violations. IOM will strengthen community-based protection mechanisms (CBPM) to identify and provide protection and assistance to persons with specific needs in the community, including through individual protection assistance (IPA). IOM will also conduct protection monitoring for protection concerns in the communities of operation. IOM will collaborate with the Protection Reference Group in providing guidance on incorporation of protection principles in the COVID-19 response.

IOM South Sudan will increase GBV service provision (case management and psychosocial support), and strengthen GBV referral capacity among multi-sectoral service providers, particularly health services. IOM will also support GBV risk mitigation and GBV awareness on service availability and will support the National Taskforce, GBV sub-cluster, and Protection against Sexual Exploitation and Abuse (PSEA) Taskforce with the development of measures concerning the heightened risks of GBV and sexual exploitation and abuse. To further protection and GBV prevention in the COVID-19 response IOM will:

REQUIREMENTS (US\$)



1.0M

PROTECTION

- Mainstream protection and gender in all COVID-19 programmatic interventions, with due attention to safety and security of the population and participation of women, girls, persons with disabilities, and other vulnerable groups in programming.
- Strengthen community-based protection mechanisms and social services, community engagement, and outreach mechanisms to ensure participation and enhance accountability to affected populations during the pandemic.
- Enhance capacities of national NGOs responding to COVID-19 and working with PSNs on community-based protection mechanisms, protection mainstreaming, human rights, referral pathways, IPA, and vulnerability criteria.
- Ensure minimum basic training for staff, front line health workers, and other relevant stakeholders on protection approaches, accountability to affected populations, PSEA, GBV risk mitigation, and human rights in the context of COVID-19.
- Conduct regular protection monitoring for protection concerns in the communities of operation, including discrimination and indiscriminate curtailing of rights.
- Identify and respond to cases of IPA as a result of COVID-19 to reduce the vulnerabilities of PSNs and reinforce resilience, including through quick impact projects (QIPs) and income generating activities (IGAs).
- Expand GBV service provision, including case management and psychosocial support, strengthening GBV referral pathways and capacity among multi-sectoral service providers, particularly health services.
- Conduct GBV risk mitigation and GBV awareness on service availability and support the National Taskforce with the development of key GBV and sexual exploitation and abuse prevention measures.



CAMP COORDINATION & CAMP MANAGEMENT

As the Camp Coordination and Camp Management (CCCM) Cluster co-lead, IOM South Sudan will take a leading role within CCCM COVID-19 efforts in South Sudan. IOM CCCM will support relevant stakeholders to develop contingency and response planning for ensuring continuation of services in existing displacement sites at risk, scaling up of risk communication, as well as preparedness for increased displaced populations, including the improvement of displacement sites to ensure site safety, hygiene, and livelihoods are sustained. This also includes site level platforms to ensure that up-to-date information is shared and the development of tools on site planning and contingency spaces.

IOM will utilize its care and maintenance capacity for site adaptation to new identified needs and standards that address congestion, repurposing of facilities, re-designing the layout of communal spaces to meet social distancing requirements, and improvements to infrastructure to support the response. IOM will proactively engage with communities in PoCs and other camp-like settings to understand risk perceptions, existing rumours, and sources of misinformation; understand current behaviours and existing barriers to information and critical services, such as WASH and health; promote accurate health messaging in accordance with WHO and health guidance; and identify knowledge gaps and specific needs of vulnerable populations in the event of an outbreak. IOM will also

scale up engagement and information-sharing with vulnerable populations, such as women and persons with disabilities, while simultaneously adjusting the method(s) of community messaging to adhere to social distancing recommendations for the safety of the population. IOM will promote Accountability to Affected Populations (AAP) by ensuring timely delivery of accurate, science-based messaging about COVID-19 through message tracking across all sites, which also includes rumour tracking to better counter the spread of misinformation and ensure rumours and misinformation are not targeted to minorities or vulnerable groups. IOM will ensure functional Complaint Feedback Desks and referral mechanisms to attend to the needs of displaced populations and provide feedback to concerns and grievances.

In addition, IOM will map and monitor protection desks and work collaboratively with Protection partners to update referral pathways to enable identification of protection cases and follow up on support needed.

IOM will also address the emergency S-NFI needs of displaced individuals, including improvement of living spaces in PoC sites, Collective Centres and informal settlements. This will include the provision of life saving emergency shelter and NFIs for newly displaced and most vulnerable populations, as well as shelter upgrades and partitioning for communal shelters to reduce transmission and exposure. IOM will provide care and

REQUIREMENTS (US\$)

 **1.2M**



maintenance activities in PoC sites to reduce vulnerabilities, and support decongestion of shelters in PoC sites, Collective Centres, and informal sites upon needs assessment, depending on the availability of space. This will include increasing living space in PoC sites and the CCCM Cluster potentially utilizing existing contingency space in PoC sites and Collective Centres for new arrivals, including supporting COVID-19 ready facilities with shelter and NFIs for the elderly and most vulnerable, at the request of Camp Management.

- Utilize care and maintenance capacity for site adaptation to new identified needs and standards that address congestion, repurposing of facilities, re-designing the layout of communal

spaces to meet social distancing requirements, and improvements to infrastructure to support the response.

- Support relevant stakeholders in the development and refining of COVID-19 response planning to ensure continuation of services in existing displacement sites at risk, as well as preparedness for increased displaced populations.
- Proactively engage with communities in PoCs and other

camp-like settings to scale up engagement and information-sharing with vulnerable populations, such as women and persons with disabilities.

- Address emergency S-NFI needs of displaced individuals, including provision of life saving emergency shelter and NFIs for newly displaced and most vulnerable populations, and shelter upgrades to reduce transmission and exposure.

STRATEGIC PRIORITY 4: SUPPORT INTERNATIONAL, NATIONAL AND LOCAL PARTNERS TO RESPOND TO THE SOCIO-ECONOMIC IMPACTS OF COVID-19



ADDRESSING SOCIOECONOMIC IMPACT OF THE CRISIS

The economic situation in South Sudan remains dire as the country struggles to recover from the effects of conflict, with falling oil prices and COVID-19 shocks, including declining exports and foreign direct investment, and remittance inflows constraining economic growth prospects in 2020 and exacerbating socio-economic vulnerabilities. COVID-19 has further increased inflation, reaching a record high of 40.4 percent in March 2020. While the country suffered from skyrocketing prices of essential food items prior to COVID-19, the implementation of border restrictions and other prevention measures has slowed the movement of trade goods into South Sudan, further impacting prices across the country. With the lean agricultural season approaching, and the effects of floods and the locust infestation in parts of the country, commodity prices are likely to rise, decreasing the food security of already vulnerable households across the country.

While the spread of COVID-19 offers the chance for people to come together in the face of a universal threat, it also risks engendering and exacerbating divides, contributing to the

continuation and deepening of conflict and humanitarian crisis.

At the local level, the transmission of the virus has led to increased stigmatization, hate-speech and inter-group hostilities, reducing social cohesion. This is particularly pertinent in a context of sustained displacement and stretched resources due to inability to engage in livelihood activities and potentially delayed humanitarian assistance. Restrictions in movement due to COVID-19; which affect implementation of social cohesion activities at the community level, have also adversely affect the strides made in peacebuilding at the micro-local level.

It is critical to consider the short and medium-term socio-economic impact of COVID-19, through the provision of targeted socio-economic assistance that encompasses efforts to strengthen social cohesion at the community level. Socio-economic assistance will be provided through a gender lens and aim to address emerging drivers of instability and areas of fragility

REQUIREMENTS (US\$)

 **2.25M**

in the country. IOM will support host communities, returnees, and IDPs, with a focus on areas in which there is a risk that the crisis will exacerbate pre-existing grievances over access to basic services and livelihoods, as well as communities in which the socio-economic consequences of the outbreak are particularly severe.

- Undertake community based planning to assess relevant livelihood initiatives and status of access to services, including education and health, and - through an inclusive community-led process – map infrastructure and service gaps.



ADDRESSING THE SOCIOECONOMIC IMPACT

- Support rehabilitation, construction and equipping of community-identified infrastructure, ensuring universal design accessibility and adopting renewable and sustainable energy sources whenever possible.
- Reduce the socioeconomic impact of COVID-19 through the provision of community based cash-for-work schemes within the small-scale infrastructure efforts.
- Identify opportunities to integrate environmental protection (e.g. reforestation/afforestation) initiatives to safeguard livelihoods that are reliant on natural resources and simultaneously mitigate the risk of future disease outbreaks like COVID-19.
- Help provide access to income-generating activities through cash-based assistance and livelihood support projects in selected high-risk communities.
- Strengthen peacebuilding and social cohesion efforts and address drivers of conflict that are blocking returns and recovery, as well as integrating community-level peace and cohesion activities within wider COVID-19 responses.
- Identify existing Civil Society Organizations and provide tailored capacity building on conflict mediation, dialogue, and early warning mechanisms.
- Identify the socio-economic impact of families of declining remittance inflows.



FUNDING REQUIREMENTS

FUNDING APPEAL BREAKDOWN (2020-2021)

AREA OF INTERVENTION	*REQUIREMENT (US\$)
• Coordination & Partnerships	650,000
• Tracking Mobility Impacts	1,250,000
• Risk Communication & Community Engagement	2,000,000
• Disease Surveillance	1,000,000
• Points of Entry	4,400,000
• Infection Prevention & Control	3,000,000
• Logistics, Procurement and Supply Management	7,500,000
• Case Management & Continuity of Essential Services	750,000
• Protection	1,000,000
• Camp Coordination & Camp Management	1,200,000
• Addressing Socioeconomic Impacts of the Crisis	2,250,000
TOTAL	25,000,000

* IOM's needs are USD 15,000,000 for 2020 and USD 10,000,000 for January – June 2021.





APPEAL ANNEXES

REFERENCES

- 1 UN Global Humanitarian Response Plan COVID-19 (April – December 2020).
- 2 Recent IOM DTM and WHO study showed that more than a third of IDPs and returnees reside in settlements located more than 5km from a functional health facility. [IOM DTM – WHO – Health Care Access for IDPs and Returnees \(May 2020\)](#).
- 3 IOM Global Strategic Preparedness and Response Plan: Coronavirus Disease 2019 - February – December 2020, Updated on 15 April 2020.
- 4 East and Horn of Africa (EHOA) Regional Strategic Preparedness and Response Plan
- 5 COVID-19 Addendum to the 2020 South Sudan Humanitarian Response Plan
- 6 IOM South Sudan Consolidated Appeal for 2020
- 7 Due to the nature of PMM methodology which requires collaborative, group work between key stakeholders combined with different field travel arrangements, this activity will be done once there is a reduction in cases and situation is conducive for implementation aligned with the COVID-19 protocols. The activity therefore is envisaged as early recovery activity aimed to inform long term planning and interventions.



ACRONYMS & ABBREVIATIONS

4Ws	Who's doing What, Where and When	NAWG	Analysis Working Group
AAP	Affected Populations	NBS	National Bureau of Statistics
CBPM	Community-based Protection Mechanisms	NSC	National Steering Committee
CCCM	Camp Coordination and Camp Management	PFA	Psychological First Aid
CDC	Center for Disease Control	PLWD	People Living with Disabilities
CHDs	County Health Departments	PMM	Project Management Methodology
CM	Case Management	PoC	Protection of Civilian
CME	Continuing Medical Education	PoE	Points of Entry
CBO	Community-Based Organization	PoE TWG	Points of Entry Technical Working Group
COVID-19	Coronavirus Disease 2019	PPE	Personal Protective Equipment
DTM	Displacement Tracking Matrix	PRP	Preparedness and Response Plan
EAs	Enumeration Areas	PSEA	Protection Against Sexual Exploitation and Abuse
EHoA	East and Horn of Africa	PSNs	Persons with Specific Needs
EVD	Ebola Virus Disease	QIPs	Quick Impact Projects
FRC	Free Residual Chlorine	RCCE	Risk Communication and Community Engagement
GBV	Gender-Based Violence	RRC	Relief and Rehabilitation Commission
GHRP	Global Humanitarian Response Plan	RRTs	Rapid Response Teams
HBMM	Health, Border and Mobility Management	S-NFI	Shelter and Non-Food Items
HIV	Human Immunodeficiency Virus	SOPs	Standard Operating Procedures
ICCG	Inter Cluster Coordination Group	SPRP	Strategic Preparedness and Response Plan
IDPs	Internally Displaced Persons	TB	Tuberculosis
IEC	Information Education and Communication	ToT	Training-of-Trainers
IGAs	Generating Activities	TWG	Technical Working Groups
IHR	International Health Regulations	UNHCR	United Nations High Commissioner for Refugees
IOM	International Organization for Migration	UNICEF	United Nations Children's Fund
IPA	Individual Protection Assistance	UNMIS	United Nations Mission in South Sudan
IPC	Infection Prevention and Control	UXOs	Unexploded Ordnance
KAP	Knowledge, Attitude and Practices	WASH	Water, Sanitation and Hygiene
MHPSS	Mental Health and Psychosocial Support	WFP	World Food Programme
MHU	Migration Health Unit	WHO	World Health Organization's
MMU	Migration Management Unit		
MoH	Ministry of Health		

