COUNTRY REPORT / SOUTH SUDAN

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FRANCOIS GRUNEWALD
FREDERICK KHAMIS

Groupe URD
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DEC CVA REAL-TIME RESPONSE REVIEW: SOUTH SUDAN

COUNTRY REPORT

DISASTERS EMERGENCY COMMITTEE

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LIST OF ACRONYMS

COVID-19	Coronavirus 19
CHS	Core Humanitarian Standard
DEC	Disasters Emergency Committee
HQ	Head Quarter
MEAL	Monitoring, Evaluation, Accountability and Learning
RTRR	Real Time Response Review
PPE	Personal Protective Equipment
SCUK	Save the Children UK
WHO	World Health Organisation
URD	Urgence Rehabilitation Développement
UK	United Kingdom
WASH	Water Sanitation and Hygiene

SUMMARY OF ANALYSIS & RECOMMENDATIONS

No.	Commitments	Quality Criterion	Analysis
1	Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Humanitarian response is appropriate and relevant	As the evolution of the pandemic was very uncertain, DEC and its Member Charities were right to apply a 'no regrets' approach
2	Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	Humanitarian response is effective and timely	DEC funding complemented other sources of funding, arriving after the initial peak of the virus.
3	Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action	Humanitarian response strengthens local capacities and avoids negative effects	Instructions to local staff and local partners on how to deal with Covid-19 were clear, and these were often provided before the DEC Covid-19 funding, showing the responsible attitude of DEC Member Charities
4	Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them	Humanitarian response is based on communication, participation and feedback	As a certain number of top-down measures are required during a pandemic, communication through local leaders and community members was of key importance.
5	Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints	Complaints are welcomed and addressed	Mechanisms were in place. However, despite the efforts made, they do not seem to be very effective.
6	Communities and people affected by crisis receive coordinated, complementary assistance	Humanitarian response is coordinated and complementary	All DEC Member Charities were very involved in a number of coordination systems at the Nairobi and field levels
7	Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection	Humanitarian actors continuously learn and improve	The timeframe of this programme is not long enough to see how DEC Member Charities are learning. However, their eagerness and engagement with the DEC RTRR shows a desire to learn and improve
8	Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers	Staff are supported to do their job effectively, and are treated fairly and equitably	Efforts had clearly been made in this respect. However, the unknown nature of the threat and uncertainty about how it will evolve have created stress and efforts to deal with it will require further engagement from management
9	Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.	Resources are managed and used responsibly for their intended purpose	Efforts to complement existing programmes and create new ones where needs had been identified were made with the appropriate rigorous approach as DEC Member Charities already have well developed procedures with many very demanding donors

KEY RECOMMENDATIONS

RECOMMENDATION N°1

Actively pursue efforts to understand how the pandemic is evolving in order to remain relevant in all activities and remain alert and able to react in the event of a new wave. Beyond the classical sources of information (WHO, special sites[1]), a series of less classical sources of information might be useful in a context where there is a lack of data. The main source concerns activity in cemeteries. In many countries, any wave of extra mortality can immediately be seen, as it leads to an increase in the number of burials.

RECOMMENDATION N°2

As most health measures and hygiene messages will be valid for many contagious risks, ensure that they get fully incorporated into routine protocols (in health structures and schools) and when there is a rapid response deployment either for a resurgence of Covid-19 or for any other epidemic outbreak. The most relevant measures concern personal hygiene, hand washing, and the establishment of hand washing stations as soon as there is a public health alert. In addition, all measures designed to protect health workers are applicable in any health crisis as they are both critical actors of the response, and are frequently agents of contamination.

RECOMMENDATION N°3

The Covid-19 Health response underlined the importance of the role of communities and community leaders. However, in order to establish the necessary level of trust, significant efforts and energy have to be invested prior to the crisis on a day-to-day basis. While this is often already done by DEC Member Charities and their partners in South Sudan, there is a need to explain the nature of health risks and to combat misinformation and dangerous rumours more than is currently the case. This requires rapid and proactive engagement with health structures, community health workers, local leaders and opinion makers (including religious ones).

RECOMMENDATION N°4:

Pursue efforts to support food security through CVA and the injection of cash into the economy (cash for work, etc.) with a specific focus on IDPs, and vulnerable groups who will suffer most from the loss of family support, particularly the elderly. This will also contribute to helping communities to develop sustainable livelihoods and resilience to further shocks. The focus elderly people should not only be on their vulnerability, but also on the strong contribution that they can make to their community, in view of their experience and knowledge.

RECOMMENDATION N°5

Reinforce monitoring systems for protection issues and develop response capacities. This will remain useful even after the Covid-19 crisis.

RECOMMENDATION N°6:

Pursue efforts to develop modalities for education in lockdown conditions (radio, etc.) as these will be extremely useful for remote and hard-to-reach areas. However, as South Sudan is a country affected by numerous risks, frequent disasters and recurring conflict, it has been observed that children's education is not necessarily seen as a priority. Thus, it is important to ensure that these new systems for education are useful for adult training, are sustainable in terms of their "business model" and are technically accessible to children.

[1] Such as: https://ourworldindata.org/coronavirus-data?fbclid=IwAR3J4TLJjPrcHWOyOM3jUvCOQl4v3JwJaRLoCBirUPFV449ADhLMCCxHibc

1. INTRODUCTION

1.1. GENERAL CONTEXT OF THE REVIEW

1.1.1. GLOBAL CONTEXT

In the context of the Covid-19 pandemic, the Disasters Emergency Committee (DEC) launched a specific COVID Appeal on 14 July 2020. By the end of August 2020, the campaign had raised over £22.5 million, including UK Aid Match.

Contrary to other DEC appeals, in response to emergencies already unfolding, this appeal adopted a proactive approach, based on the idea that responding as early as possible with preventive measures was the most effective way of stopping the pandemic. Selecting countries based on forecasts of the humanitarian needs that would be created by the COVID-19 epidemic was challenging and decisions had to be made with a 'no regrets' approach[2].

In the end, the funds raised by the Coronavirus 2020 Appeal were allocated to 14 DEC Member Charities already working in 7 fragile states in Asia (Afghanistan and Bangladesh for the Rohingya crisis), the Middle East (Yemen and Syria) and Africa (DRC, Somalia and South Sudan). These were selected as priority countries facing a critical situation exacerbated by the Covid-19 crisis. The funds were used to adapt on-going projects and to develop new projects to respond to the anticipated health and non-health impacts of the pandemic, as well as to cope with the impacts of the measures taken to stop it. Special attention was given to specific due diligence and protection measures for staff and partners.

A first allocation of £13m was made in July 2020, of which DEC Member Charities budgeted £10.9m for Phase 1 programmes (14 June 2020 - 31 January 2021). A second allocation was made in November and will be used for either Phase 1 or Phase 2, or both. Phase 2 programmes will run from 1 February 2021 to 31 January 2022. The Real-Time Response Review is part of DEC's accountability policy. It contributes to meeting the high demand for accountability from the British population, who donated very generously to the DEC Coronavirus 2020 Appeal. It also aims to contribute to learning and the continuous improvement of humanitarian practices.

1.2. OBJECTIVES AND SCOPE OF THE REVIEW

In line with the DEC's strong commitment to transparency, continuous learning and accountability, Groupe URD has been selected to provide MEAL services for the humanitarian programmes funded by the DEC COVID-19 Appeal.

The main tasks are:

- Carrying out the Real-Time Response Review of the DEC-funded programmes and making recommendations for improvements in aid delivery based on the main findings of the review;

[2] As data about the prevalence of Covid-19 were not available and/or accurate in most of the countries when the decision was made, the DEC secretariat used the INFORM COVID-19 Risk Index and the Global Health Security Index in order to identify the countries most at risk from the health and humanitarian impacts of Covid-19.

- Providing technical advice and guidance on MEAL related activities;
- Conducting a one-day learning and evaluation workshop during Phase 2 in order to reflect upon the improvements made since the Response Review, and inform potential themes for evaluations;
- Carrying out a meta-synthesis of evaluations, MEAL reviews and other activities.

Discussion of recommendations and co-construction of solutions are essential to ensure that a long-term process of this kind that aims to promote learning is a success. Trust has to be created and nurtured between the Groupe URD team (international and national consultants), the DEC secretariat team and DEC Member Charity staff in the field and at HQ level.

1.2.1. OBJECTIVES

As a first step of the multi-year learning process, the RTR supported real-time collective learning in order to identify lessons and adjustments for the second phase of the response. Three main objectives were presented during the inception phase based on key documentation and interviews with key stakeholders:

- **Objective 1**: Improve understanding of the **impacts of the COVID-19 pandemic on contexts**, Member Charities, their partners and key stakeholders;
- **Objective 2**: Analyse **adjustments** that have already been made and that are still needed in humanitarian programming in each country and globally;
- **Objective 3**: Facilitate **collective thinking** between DEC Member Charities about lessons and innovative ideas with regard to responding to the Covid-19 pandemic.

The primary purpose of this exercise is to generate real-time learning, in particular for the DEC Member Charities before the start of phase 2 of the Appeal. A secondary purpose is to share lessons which might be profitable to all DEC Member Charities in similar global pandemic situations.

The approach therefore included both a strong focus on context and agencies' specificities (similar programmes by different agencies in a given context) and a comparative analysis between the responses in these different situations (how contexts influence responses).

The lessons learned are aimed at **four main groups**:

- The field staff from each DEC Member Charity and their partners who will be preparing for Phase 2
- The community of DEC Member Charities and their partners in South Sudan
- The global DEC community
- The DEC secretariat preparing decisions for Phase 2

The RTRR is expected to inform the wider humanitarian community and contribute to the creation of knowledge about responding to the Covid-19 pandemic in humanitarian settings.

Recommendations are made with a specific focus on the country level and a secondary focus on the global level. These aim to:

- At operational level: assist DEC Member Charities in improving their response to the pandemic during Phase 2;
- At strategic level: assist decision makers in identifying the main lessons learned that can be helpful for both Phase 2 of the DEC appeal and more broadly for a global crisis situation similar to the Covid-19 pandemic.

1.2.2. SCOPE OF THE REVIEW

The reference framework: the review assessed programmes according to the CHS commitments, with a special focus on the relevance of responses and processes - due diligence, safe management of resources, coordination, the involvement of the population, and accountability. Effectiveness will be assessed as much as possible as activities are still on-going.

Geography: this part of the Real Time Response Review took place in South Sudan, one of the seven countries selected by the DEC for the COVID-19 Appeal. Programmes to be visited were selected through close consultation between the in-country staff of Member Charities and the Groupe URD team. The selection was based on representativity and feasibility, taking into account access and time constraints. Distance interviews were organised with staff from other Member Charities, including the ones not visited.

Timeliness: the review focused on the present situation and the level of achievement since projects started. The country studies seek to report how future decisions can be timelier, based on lessons from previous decisions which have been made on the basis of scarce information in a fast-changing environment.

2. METHODOLOGY AND LIMITATIONS

2.1. ANALYSIS FRAMEWORK AND KEY QUESTIONS

Firstly, each context is analysed in terms of politics, conflicts, economic aspects, the capacity of national institutions, the level of decentralisation, etc. This is essential to contextualise programmes, the constraints affecting them and their possible impacts. The analysis then focuses on the programmes and any lessons that can be drawn from them.

The learning process involved a **participatory approach**, with several exchange and feedback sessions and the co-construction of recommendations.

The review, collected information from a variety of sources, including quantitative data and **qualitative** information to respond to the following three key questions:

- **Key Q 1:** What has been the impact of COVID-19 on DEC Member Charities (as organisations) and their operational environment (context and needs)?
- **Key Q2:** What measures have already been taken or still need to be taken to adapt to the new working environment?
- **Key Q3:** What lessons and innovative ideas in each country can help to prepare Phase 2, and which can be of use to DEC Member Charities more broadly, and to the DEC Secretariat in their efforts towards accountability.

2.2. SOURCES AND TOOLS

The team collected information via:

- A desk review of relevant literature, evaluations and data sources provided by the DEC secretariat and gathered at country and global levels[3];
- Global-level interviews with key stakeholders from DEC Member Charities;
- Country- and field-level interviews with relevant stakeholders including field staff, local partners, government entities, local authorities, and international aid agencies;
- Discussions with affected people; through individual interviews with local Key Informants (village chiefs, local health responders, etc.), and focus group meetings (organized in a way that allowed gender disaggregated information to be collected). It is very important that the views of the population are taken into account in the Response Review. The means of identifying participants for these groups was jointly decided between Groupe URD and DEC Member Charities and their local partners to ensure that they were representative;
- Direct observation of programme activities;
- A survey of relevant stakeholders at the global / headquarters level.

The information collected and analysed falls into four categories:

- Global issues behind the DEC COVID-19 Appeal (timing, discussions with main medias, difficulties in front of this specific situation and its uncertainties)

[3] The DEC team already gave the review team access to Covid 19 appeal background information and projects documentation via a tailored access to Box.

- General information about the COVID-19 pandemic in each of the countries concerned (time of first detection, information about virus circulation, measures taken by the national authorities)
- Specific information linked to the different projects (duty of care, health-specific responses, the adaptation of existing projects, projects addressing new issues) in terms of population targets and accountability mechanisms (towards population and local authorities), adaptative management, etc.
- Key lessons and adaptations that have been recorded by each of the DEC Member Charities in their operations.

2.3. CHALLENGES AND CONSTRAINTS

The situation in South Sudan is challenging for aid actors, as it was for the team undertaking the review.

Access constraints: Access was already difficult in South Sudan before the pandemic due to long distances, the difficulty of gaining access to humanitarian flights, rainy season conditions, conflict and insecurity. The combination of the conflict and the pandemic made this even more challenging. Field visits and interaction with communities were therefore limited thus affecting the quantity and quality of information gathered and the capacity to analysis it.

Limited involvement of affected people. While the review tried to gather feedback from communities about programmes and about their priority needs, the involvement of affected people was limited, due to access constraints. This is where national consultants, with the help of DEC Member Charities' field staff, proved extremely useful.

Information gaps / problems of data quality / no generation of new data. The review team collected and compiled relevant available information. But situations and trends can evolve quickly. Numerous unknown factors remain regarding the way the virus spreads and the most effective way to prevent it from spreading and to treat infected people. Qualitative information has been prioritized as it is often best suited to identifying difficulties, challenges, solutions and good practices.

Time constraints / no in-depth evaluations: Time dedicated to this Real-Time Response Review was limited. The main findings/lessons learned and recommendations had to be shared in advance in order to be incorporated into Phase 2. The team conducted seven country studies, prepared stand-alone short country reports (10 to 20 pages + annexes) with country-specific lessons learned and recommendations. However, the country studies were conducted with the aim of informing a review of the overall approach and to facilitate rapid learning on DEC-funded programmes in the context of a wider response to a global crisis. Given the limited timeframe, it proved to be a challenge to cover diversity properly (gender, age, social fabrics, disability, etc.) and other cross-cutting issues.

3. POLITICS AND SECURITY IN SOUTH SUDAN: A PANDEMIC IN A WAR CONTEXT

3.1. POLITICS

After decades of civil war, a peace agreement led to a referendum on independence for South Sudan, which was held from 9 to 15 January 2011. Despite the difficult logistics in this immense country, the referendum was a success, with over 90% of those who voted supporting independence, which was officially granted on July 9. Salva Kiir Mayardit, a Dinka from Gogrial county was appointed as South Sudan's first president, and Riek Machar, a Nuer, was named South Sudan's first vice-president. The two men had been comrades in arms during the fight against the north under John Garang, but tensions between them eventually led to the start of the South Sudanese Civil War. Several phases of conflict, marked by extreme violence against civilians have alternated with some calmer periods, with fragile ceasefires brokered with the help of regional mediators and the UN Mission in South Sudan. Corruption, inter-ethnic confrontations, and regular tension with Khartoum over oil issues have created an extremely volatile political environment where violence regularly erupts, creating waves of displacement and suffering.

3.2. THE ROLE OF NATIONAL INSTITUTIONS

As the WHO has put it, "Due to severe shortages in human resources the country relies on inadequately trained or low-skilled health workers. There is also an inequitable distribution of health workers both among the states and between urban and rural areas, where the majority of the population lives (Health Strategic Plan (2011-2015) Government of South Sudan Ministry of Health)". Most healthcare workers are on the payroll of NGOs. The health reference pyramid is largely ineffective and dysfunctional. Many hospitals in the field barely comply with hospital standards and often even with standards used for simple dispensaries. Energy supplies are often unreliable, while basic equipment, consumables and safe access to water and sanitation are frequently lacking. Despite the efforts of the Ministry of Health, WHO, UNICEF and many NGOs, the situation was already grim before Covid-19 hit South Sudan.

3.3. SECURITY AND ACCESS

South Sudan, where the immensity of the country and the bad road conditions make travel difficult, is one of the most dangerous places for aid workers. The overall picture in recent years is of shrinking humanitarian access in South Sudan. Humanitarian activities are hampered by the extremely challenging physical environment, growing violence against aid workers and assets, and a growing number of bureaucratic impediments.

Despite discussions between the government and warring parties on the political dimension of the pandemic, negotiation efforts did not yield significant results. The country's ongoing political and security situation is not improving significantly and any hopes that the Covid-19 pandemic might stimulate peace are vanishing. The upturn in inter-communal violence in Jonglei and other states clearly indicates that Covid-19 has slowed the implementation of the peace agreement. At the same time, it is clear that the pandemic is not entirely to blame for the difficulties in delivering aid. Insecurity-induced inaccessibility has affected the population's ability to access basic services, including much needed Covid-19 assistance. Different rebel factions have continued their military operations and have therefore impeded the movement of Covid-19 related equipment, in particular PPE.

3.4. THE COVID-19 SITUATION IN SOUTH SUDAN

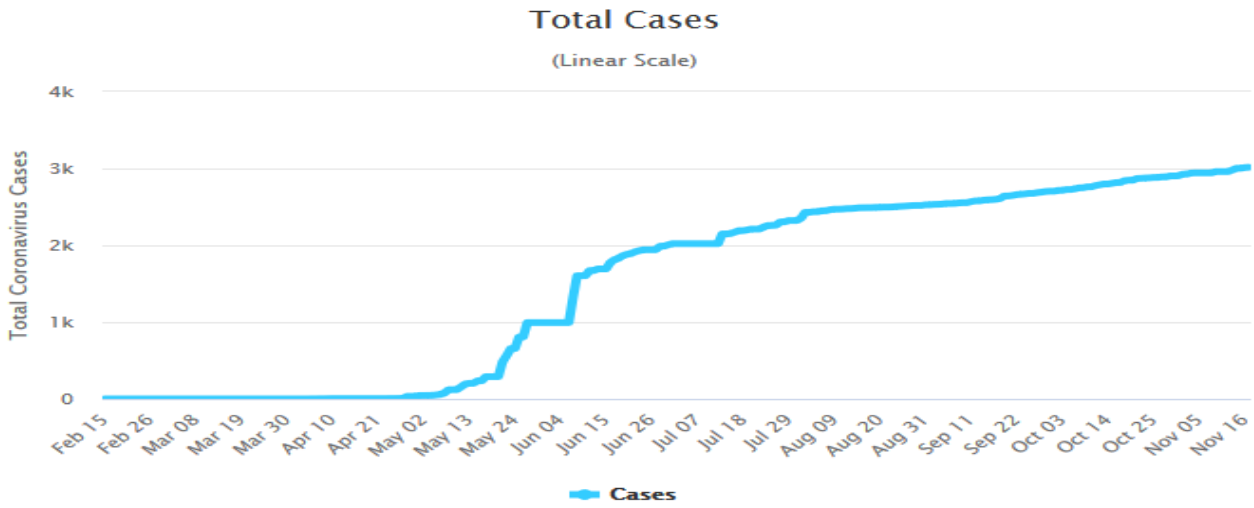
The SARS-CoV-2 virus was confirmed to be present in South Sudan on 5 April 2020. And, as in many countries, the first confirmed cases were UN workers coming back from R&R or missions to Headquarters.

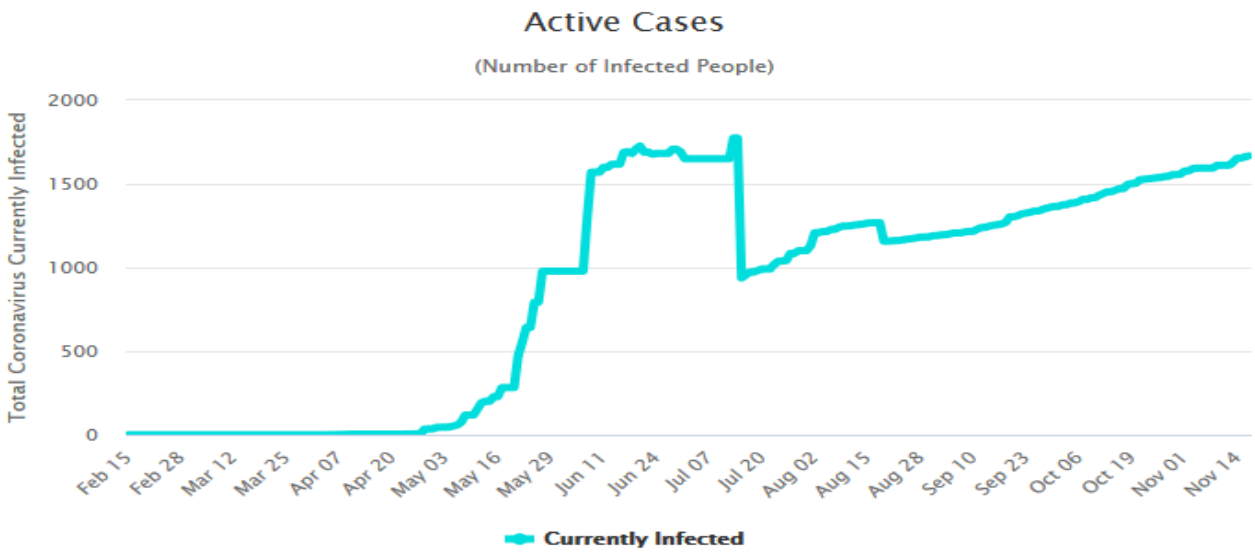
Rapidly, the Ministry of General Education announced that large parts of the education system would be operating through distance learning via radio and television. On 13 April, South Sudan suspended internal flights and public transportation due to fear of an explosion of the number of cases, given the lack of means in the country to treat serious cases: for a population of 14 million people, it only 4 ventilators at that time.

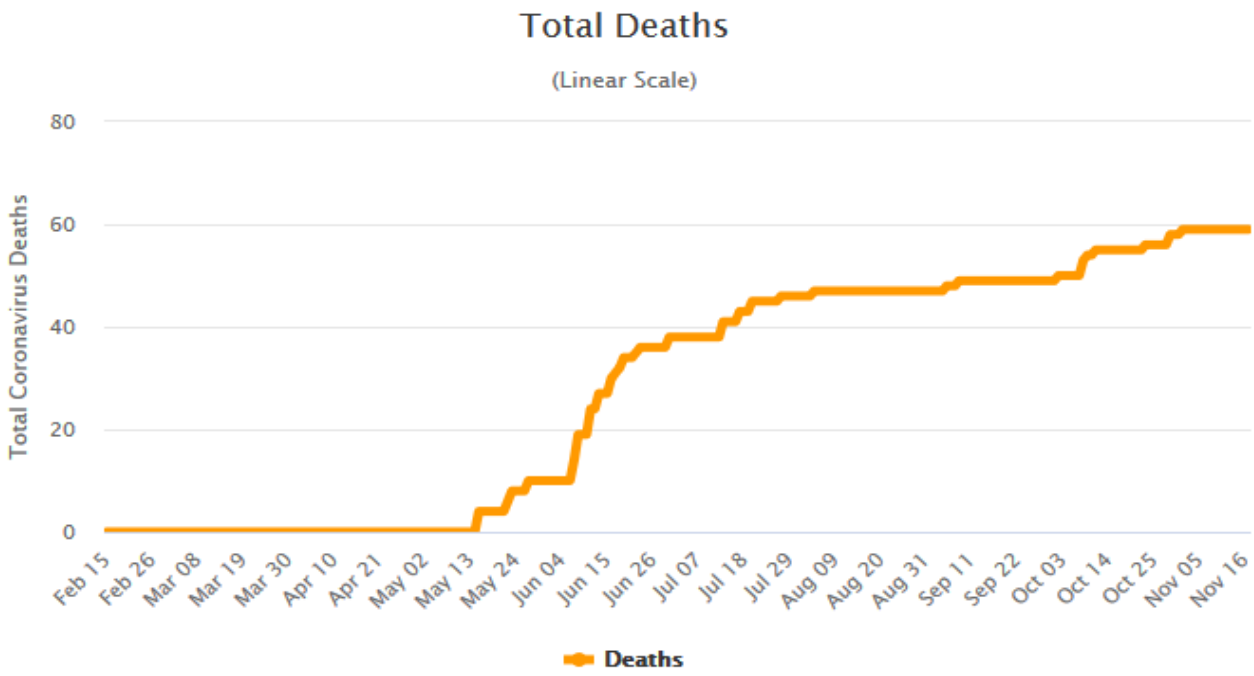
In view of the limited spreading of the virus in the country, and the devastating effects of curfews and lockdowns, South Sudan began the process of reopening on 7 May, despite the fact that the number of cases was still increasing. Private means of transportation, such as moto taxis, were allowed to have one passenger, and tuk-tuks were allowed to have two passengers, if both the driver and the passengers wore face masks. Shops were allowed to reopen with a maximum of five occupants at a time. On 12 May, airports were reopened for local, regional, and international flights. Schools reopened in September after six months of closure. It is to be noted that a significant number of ministers and cabinet members and their families were tested positive

Despite the fact that many cases are likely to have gone unreported, the curves of the main key health indicators have shown a relatively reassuring picture. For reasons that are still unknown, the virus has not followed the curves seen in many European and American countries.

It is important to recall that Covid-19 and the measures implemented to prevent it from spreading have had dramatic consequences beyond health. Many people have lost their jobs, the South Sudanese Pound has lost a lot of value and prices have therefore gone up, making life difficult for many families.


Total Cases
(Linear Scale)
Total Coronavirus Cases
4k
3k
2k
1k
0
Feb 15
Feb 26
Mar 08
Mar 19
Mar 30
Apr 10
Apr 21
May 02
May 13
May 24
Jun 04
Jun 15
Jun 26
Jul 07
Jul 18
Jul 29
Aug 09
Aug 20
Aug 31
Sep 11
Sep 22
Oct 03
Oct 14
Oct 25
Nov 05
Nov 16
Cases

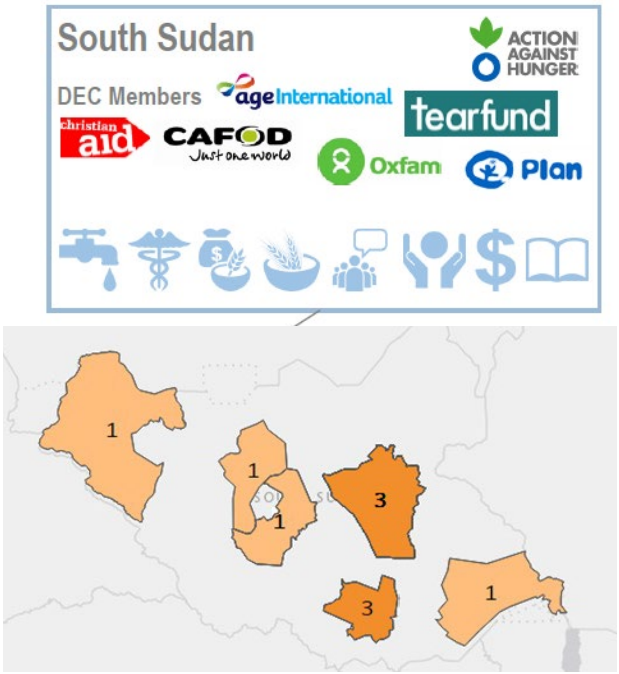

Active Cases
(Number of Infected People)
Total Coronavirus Currently Infected
2000
1500
1000
500
0
Feb 15
Feb 28
Mar 12
Mar 25
Apr 07
Apr 20
May 03
May 16
May 29
Jun 11
Jun 24
Jul 07
Jul 20
Aug 02
Aug 15
Aug 28
Sep 10
Sep 23
Oct 06
Oct 19
Nov 01
Nov 14
Currently Infected


Total Deaths
(Linear Scale)
Total Coronavirus Deaths
80
60
40
20
0
Feb 15
Feb 26
Mar 08
Mar 19
Mar 30
Apr 10
Apr 21
May 02
May 13
May 24
Jun 04
Jun 15
Jun 26
Jul 07
Jul 18
Jul 29
Aug 09
Aug 20
Aug 31
Sep 11
Sep 22
Oct 03
Oct 14
Oct 25
Nov 05
Nov 16
Deaths

Sources : WHO

4. SUMMARY PRESENTATION OF DEC-SUPPORTED ACTIVITIES IN SOUTH SUDAN

Map 1 – DEC-funded projects in South Sudan



The projects funded by the DEC are located in:

- the Juba area
- Northern Somaliland and Puntland.

Types of funded programmes/activities: The priority sectors funded by the Covid-19 appeal are:

- Health,
- Water Sanitation and Hygiene,
- Economic Security (Food, Livelihoods and Multi-purpose Cash Assistance)
- and Protection.

Significant effort has been made to coordinate with:

- WHO, local Health Ministries and other NGOs through the Health Cluster
- UNICEF, local authorities and local NGOs through the WASH cluster
- All agencies involved in Food Aid, CVA and Livelihoods interventions through the Food Security Cluster
- IOM, local authorities and NGOs involved in IDP programmes through the CCM Cluster
- HCR, ICRC and other NGOs involved in Protection through the Protection Cluster, in particular the GBV sub-cluster.
- All DEC Member Charities were involved in the global overview and coordination process under OCHA, including the preparation and use of the OCHA Global Covid-19 process.

NGO	Type of programme	Sector	Modalities	Areas
CAFOD	New Programme in an existing operational area	Preventive Health (preventive and control measures) GBV management (case management and counselling services) Food aid for targeted families WASH AAP through complaint handling mechanisms	Through national NGO partner: Titi Foundation	Juba city
Christian Aid	New Programme in an existing operational area	Protective health activities for communities and health workers Livelihoods to support households to cope with negative impacts of Covid-19 AAP and support capacities of local partner in Protection	Through national NGO partner: Africa Development Aid (ADA)	Ayod county Fangak county
OXFAM	New Programme in an existing operational area	Complementing ongoing Covid-19 response in WASH (safe WASH Infection Prevention and Control and gender responsive WASH) Improve hygiene knowledge and practice for the prevention of Covid-19 Improve access to food and markets for most vulnerable	Direct implementation and support to national/local administrations	Juba Aboko Rumbek
Action Against Hunger	New Programme in an existing operational area New Programme in a new operational area	Support quarantined families with food WASH and IPC site management Health and WASH: Ensure that Nutrition centres meet Covid-19 IPC requirements	International NGO partner	North bar El Ghazel Juba
Plan International	New Programme in an existing operational area to complement existing projects	Child Protection Food security support to vulnerable families through Cash and Voucher programmes Support to alternative earning programmes Covid-19 awareness programmes	Direct implementation	Kapoeta
Tearfund	Continuation of existing COVID programme	Prevention and surveillance Awareness on Covid-19 management best practice	Direct implementation	Uror County
Helpage International	New programmes in known areas	Prevention and awareness to the importance of Older persons in the society Food security support to the elderly	Working though partners (HDC)	In 7 states

5. MAIN FINDINGS

5.1. GLOBAL IMPACT OF COVID-19

5.1.1. HEALTH IMPACT

Though the health impact of Covid-19 in South Sudan is not as bad as was initially feared, the outbreak has underlined the overall lack of preparedness for a large-scale outbreak of a contagious diseases. This lack of capacity has been partly mitigated due to the Ebola preparedness activities that have been developed in recent years.

However, the response clearly lacks resources, and therefore those from DEC, although late in arriving, have been very useful in consolidating some of the health programmes, in particular for the protection of health staff.

One of the difficulties, largely inherited from a lot of the debates and rumours about Ebola, was the number of people who did not believe that Covid-19 really existed. This meant that additional efforts were required by DEC Member Charities in all their Covid-19-related operations in South Sudan.

5.1.2. NON-HEALTH IMPACT

Food and economic security

The measures taken to limit the spread of the virus had a significant impact on the socio-economic situation of many families, in particular in urban settings such as Juba, where many families depend on casual labour for their day-to-day survival.

The lockdown, movement restrictions, and constraints on trade and the circulation of goods affected both the formal and informal economic sectors at all levels. Markets somehow remained open, but were much less active. Though crop farming, livestock farming and fishing activities in remote rural areas were not really affected, trade in agricultural products was impacted by the overall slowing down of the economy.

The large IDP populations in many states, who depend to a great extent on aid (including food distributions) and piecemeal work, are particularly vulnerable to these socio-economic impacts, especially fewer job opportunities and higher market prices.

Protection

As is often the case in degraded economic contexts, the social fabric has deteriorated. Crime has increased, as have cases of GBV and early pregnancy. Another significant problem is the rising number of suicides, apparently linked to insufficient space for families with the COVID lockdowns and restrictions on movements.

Education

When schools were closed by the authorities, there was a risk that young people would lose a year if no alternatives were found. One DEC Member Charity developed a radio-based system for broadcasting classes. Although it is too early to fully assess the impact of this innovation, feedback from a few people seems to indicate that it was very well appreciated.

5.1.3. WORKING WITH LOCAL PARTNERS

While some DEC Member Charities deliver assistance directly, many have shifted to working through partners, and a few have a mixed approach.

Activities implemented through local partners adopted a certain number of precautionary measures:

- Rigorous adherence to and follow up of Covid-19 protocols for the security of staff and beneficiaries;
- Better planning of travel: due to travel restrictions, the increased cost of flights, and limited options for land movements, better planning was necessary.
- The more limited transport options led to cargoes taking longer to arrive and increased their cost. This required regular dialogue between DEC Member Charities and their partners as the constraints were often more stringent in the field;
- Due to the restrictions regarding field visits, security clearances were required for all movements.

However, working through local actors had real added value. Their presence in the field meant that they were available at the right time, particularly at the beginning of the crisis. They were extremely helpful in accelerating the pace of activities in the difficult context of the Covid-19 crisis, through their capacity to identify and address the needs of vulnerable groups, in particular elderly people.

It was nevertheless important to help them by providing health guidance, training and, above all, protective equipment. This is where the direct involvement of DEC Member Charities' staff made sense. In addition, dealing with complex importation procedures for PPE and medical materials, as well as managing complex anti-terrorist legislation on resource flows, often requires an international presence.

1.1.1. COORDINATION

Aid coordination:

Globally, the most important challenge in terms of coordination emerged before the DEC money was available. In a matter of a few days or weeks, all coordination systems had to shift to virtual. This concerned all levels:

- Field- Juba
- Juba-HQ
- Juba DEC -Juba overall coordination (with OCHA, health cluster, education cluster, food security clusters, etc.). Though the situation was relatively messy to begin with, the interviewees underlined that it improved relatively quickly.

- However, expensive technology was needed to be able to work properly despite a poor internet connection. This was partly possible in Juba, but the main challenges were in the field.
- With the decrease in global humanitarian funding for South Sudan and the attention being shifted to the Covid-19 response, coordination in the non-health sectors became even more important in order to achieve synergy and avoid duplications.

With national authorities

At the Juba level, the MoH and other national institutions had to respond to the Covid-19 crisis with limited means and capacities. This was even more difficult at the state level and below.

Specific coordination with the Juba municipal authority for the Juba IDP response was largely ineffective and non-operational.

1.2. IMPLEMENTING THE DEC SUPPORTED COVID RESPONSE

1.2.1. DUTY OF CARE

Many measures had to be put in place as of April for the safety of aid workers (international and national staff). Luckily, the pandemic started when the country had already prepared local contingency plans for Ebola. When the pandemic was declared, specific measures were thus introduced. In all agencies, including DEC Member Charities, aid workers were advised to follow a certain number of measures, including wearing masks and avoiding physical contacts. A certain number of measures were taken and further consolidated and expanded when DEC resources became available:

- IPC (hand-washing stations with hygiene soaps) were installed in offices and operational areas;
- Virtual meetings and remote technical support became the "modus vivendi"
- Awareness groups through WhatsApp were often created to facilitate exchanges and the sharing of information
- Regular catch-up meetings on Covid-19 prevention were organized to ensure that everybody was aware of the evolution of the pandemic and related protocols;
- Staff rotation systems were organised, minimizing contact by limiting the number of people simultaneously in work places;
- Transportation arrangements were organised for staff
- Emergency/isolation rooms were set up for suspected cases
- Most field travel was suspended
- International staff and some national staff were evacuated and redirected to their normal place of residence
- Internet upgrading and the allocation of technical support for field staff with limited access to internet was central to all agencies, including DEC Member Charities

1.2.2. ADAPTING ONGOING ACTIVITIES

It is worth noting that, in many cases, programs and attention were shifted to the Covid-19 response, hindering the capacity of many actors to keep other programmes active. The fact that DEC programming was designed partly to facilitate the continuation of existing programmes, on the condition that specific Covid-19 protocols could be put in place, was widely appreciated.

Implementing planned programmes under new constraints was not easy. Different ways of adapting them had to be found, many of them resulting in extra costs. This is one area where DEC resources were greatly appreciated:

- For agencies involved in Nutrition, such as AAH, DEC resources facilitated and consolidated changes to community screening of malnutrition (using Family MUAC) and ensured that this screening could be implemented in a safe, 'Covid-19 compliant' way.
- In order to limit the concentration of people in one area, rather than conducting mass campaigns, door-to-door messaging was carried out by teams wearing masks and respecting basic procedures;
- Most DEC Member Charities were involved, in one way or another, in capacity building activities (for their staff, their partners or for local actors). They all had to adjust these activities by reducing training activities, limiting the number of participants, or deploying distance learning when it was possible (despite the poor connectivity). This resulted extra resources, which were partly covered thanks to the DEC COVID Appeal;
- A few DEC Member Charities distributed seeds through trade fairs In order to limit the concentration of people at these fairs, they had to shift to cash for seeds rather than In-kind Trade Fairs. However, this was far from easy given the very weak banking system in South Sudan.

- The direct provision of cash was sometimes seen as the best way to support people, including the many IDPs around Juba, as the provision of in-kind aid was made difficult by the transport limitations.
- The delays resulting from COVID preventive measures impacted the implementation of several existing programmes and led to the prolongation of programme activities
- The training of staff became much more complicated and had to be organized in phases, thus taking up more time and resources
- Lockdown affected procurement and slowed down supply chains

1.2.3. DEVELOPING NEW ACTIVITIES

Many of the new activities were largely in line with "best practice" in health crisis management:

- Some were linked to the development of specific health activities related to the Covid-19;
- Others were related to activities that were not in place but necessary due to the pandemic: more WASH programming, more support to Nutrition, more support to alternative educational systems.
- Responding to the specific impact of Covid-19 in relation to protection.
- As it took some time to clearly identify needs and how these were evolving, many programmes were just designed when DEC money became available. So even though DEC Covid-19 funding was not available for the first part of the response (this was covered by other resources), it became ready when the new phase of needs was clearer.

1.2.4. ACCOUNTABILITY & COMMUNICATION

Over the years, many DEC Member Charities have put in place complaints and feedback mechanisms, such as hotlines, complaints/feedback boxes and, more importantly, monitoring visits and discussions with communities and local leaders. While technology-based systems have not been very effective in South Sudan, where telephone and internet are largely dysfunctional, or at least unreliable, field visits were the most effective way to create opportunities to listen to people. In the complex context of Covid-19 in South Sudan, field visits, monitoring missions and direct contact were limited for months due to Covid-19 management protocols, thus limiting opportunities to access bottom-up information. All activities involving travel were thus limited. Visits to relief activities and recovery programs changed in frequency. The provision of technical support became extremely difficult, and took up a lot of time, energy and resources.

2. LESSONS AND RECOMMENDATIONS

2.1. LESSONS LEARNT

In South Sudan, as in most parts of Africa (apart from South Africa and North Africa), Covid-19 did not turn out to be the devastating killer that had initially been feared. However, given that little was known about how the pandemic would evolve, the decision to allocate resources raised by the DEC COVID 19 Appeal to South Sudan made complete sense as part of a 'no regrets' approach, in view of the extremely precarious humanitarian situation in the country.

DEC Member Charities operating in South Sudan have been there for many years and know the context and its specific challenges very well. They showed that they had the capacity to adapt their programmes and to develop new ways of working to cope with the specific challenges of the Covid-19 crisis. It will be important to continue to support them to ensure that they continue to adapt and are able to prepare for the possible evolution of the pandemic and the possible arrival of a vaccine.

But it is important to keep in mind that South Sudan is a context where there are many other health risks beyond Covid-19: different water-borne diseases, outbreaks of smallpox or even Kalahazar infection, the Ebola and Marburg viruses, etc. make South Sudan a complex epidemiological terrain.

South Sudan is also a complex socio-anthropological context that has been partly torn apart by ethnic rivalries. It is nevertheless a context where communities are strong and where it is necessary to engage with community-based mechanisms in order for aid operations to have a chance of success.

The main adaptive strategies implemented by DEC Member Charities include:

- Adapting programmes by implementing new activities focused on "making the environment and behaviours safer". However, in many areas, the continuation of the conflict, the significant logistical constraints and the late arrival of the DEC resources, meant that these activities were only implemented quite late in the course of the year and the pandemic.
- Developing new programmes aimed at addressing specific needs related to the pandemic (in terms of Education, for lockdown and isolated contexts, and in terms of Economic Security/Livelihoods). Even though they started late, these programmes will be useful anyway in the South Sudan context.

Among the essential lessons learnt from of this Covid-19 response, the following should be highlighted:

- Implementing programmes to confront an unknown threat whose evolution is uncertain evolution is extremely challenging. Information about how the threat is evolving is therefore of paramount importance in order to adapt programmes and operational modalities properly. However, it proved difficult to get this information despite participation in meetings with the Health cluster as health surveillance is very weak in South Sudan.
- Awareness-raising, working with local leaders and opinion makers, in particular with religious authorities, and community engagement and sensitization, are critical elements of the response: they allow staff to operate in a secure environment, and they allow the right messages to be disseminated and fake news/negative rumours to be managed in the best possible way.
- The fact that the response to this "health crisis" has been designed with a more inclusive and holistic approach, taking into account not only the health consequences of the pandemic, but also its impact on other sectors (Education, Protection, and Food Security), has proved essential.
- A high level of agility and fast communication all along the chain, from the field to the UK, and from DEC Member Charities to the DEC Secretary, was very useful and was appreciated by the Member Charities.
- It is important to keep in mind that in South Sudan, with the distance, the logistical constraints and the frequent insecurity, delivering aid is, and will remain, extremely challenging. Health crises have an added complexity in that they often leave room for all kinds of rumours, and misinformation. DEC Member Charities have tried to counter these as they can easily become sources of insecurity.

Although not available for the first part of the response, DEC resources came at the right time for many DEC Member Charities who were struggling to find flexible money to further adapt existing programmes and respond to new emerging needs.

2.2. KEY RECOMMENDATIONS

RECOMMENDATION N°1:

Actively pursue efforts to understand how the pandemic is evolving in order to remain relevant in all activities and remain alert and able to react in the event of a new wave. Beyond the classical sources of information (WHO web sites, special sites, such as ihttps://ourworldindata.org/coronavirus-data?fbclid=IwAR3J4TLJjPrcHWOyOM3jUvCOQl4v3JwJaRLoCBirUPFV449ADhLMCCxHibc, etc.), a series of less classical sources of information might be useful in a context where there is a lack of data. The main source concerns activity in cemeteries. In many countries, any wave of extra mortality can immediately be seen, as it leads to an increase in the number of burials.

RECOMMENDATION N°2

As most health measures and hygiene messages will be valid for many contagious risks, ensure that they get fully incorporated into routine protocols (in health structures and schools for instance) and when there is a rapid response deployment either for a resurgence of Covid-19 or for any other epidemic outbreak. The most relevant measures concern personal hygiene, hand washing, and the establishment of hand washing stations as soon as there is a public health alert. In addition, all measures designed to protect health workers are applicable in any health crisis as they are both critical actors of the response, and are frequently agents of contamination.

RECOMMENDATION N°3

The Covid-19 Health response underlined the importance of the role of communities and community leaders. However, in order to establish the necessary level of trust, significant efforts and energy have to be invested prior to the crisis on a day-to-day basis. While this is often already done by DEC Member Charities and their partners in South Sudan, there is a need to explain the nature of health risks and to combat misinformation and dangerous rumours more than is currently the case. This requires rapid and anticipatory engagement with health structures, community health workers, local leaders and opinion makers (including religious ones).

RECOMMENDATION N°4:

Pursue efforts to support food security through CVA and the injection of cash into the economy (cash for work, etc.) with a specific focus on IDPs, and vulnerable groups who will suffer most from the loss of family support, particularly the elderly. This will also contribute to helping communities to develop sustainable livelihoods and resilience to further shocks. The focus elderly people should not only be on their vulnerability, but also on the strong contribution that they can make to their community, in view of their experience and knowledge.

RECOMMENDATION N°5

Reinforce monitoring systems for protection issues and develop response capacities. This will remain useful even after the Covid-19 crisis.

RECOMMENDATION N°6:

Pursue efforts to develop modalities for education in lockdown conditions (radio, etc.) as these will be extremely useful for remote and hard-to-reach areas. However, as South Sudan is a country affected by numerous risks, frequent disasters and recurring conflict, it has been observed that children's education is not necessarily seen as a priority. Thus, it is important to ensure that these new systems for education are useful for adult training, are sustainable in terms of their "business model" and are technically accessible to children.

ANNEX 1 – ANALYSIS FRAMEWORK

Objective 1 /	Better understand the impacts of Covid 19 pandemic on contexts and needs (+global level on organisations- no flight, HR problems, etc.)										
Objective 2 /	Analyse adaptations already done and still needed in humanitarian programming in each country (and at HQ level?)										
RTE key questions	Lines of enquiry / Sub-questions			Related CHS criterion	indicators/info to collect	Desk R.	Ext. S.	KII	Field obs.	FGD
		L1	21 Main measurable / commonly agreed consequences of the pandemic on each context (health - e.g. situation of the health system, caseload - and non-health related - e.g.specific focus on food security, livelihood, domestic violence, etc. impact on air traffic, on mobility, on supply chain, logistics). More broadly - political / economical consequences of the pandemic / how it has influenced key stakeholders and perhaps influenced power dynamics		C1	nb of covid cases (country/camp levels) + mortality and morbidity rate if available	X	x			
					Impact on the country health system and staff	X	X			
					economic indicator at HH level		X			
					dynamics in food markets		X	X	x	
					dynamics in access to labor		X	X	x	
					level of domestic violence	X	X	X		

ANNEX 2 – GENERAL QUESTIONNAIRE

RTE key questions	DEC Sec	DEC members - strategic level	DEC members - country level	DEC members local partners	Local actors (authorities and pop.)	Other IA organisation	General questionnaire
Key Q 1 / What has been the impact of covid 19 on DEC members and their operational environment (context and needs)?			X	X		X	1.1 What are the main consequences of the pandemic in your country/region (Political, economical, in terms of power dynamics?) What are the main consequences in terms of health and non-health related - e.g. food security, livelihood, domestic violence, etc.? What was the impact in terms of mobility, on human resources, on supply chain & logistics? On Security?
			X		X	X	1.2 How is the sanitary situation being monitored - who with what system in place and what resources - how accessible and reliable the information is at country level?
			X		X	X	1.3 What are the measures taken by the Authorities and their impact on aid actors and their ability to deliver? How did aid agencies cope with the safety measures and movement restrictions? What consequences on their programme / for the pop.?
			X	X		X	1.4What was the impact of the covid crisis on humanitarian programming and coordination (3 levels to look at - a. with national authorities; b. with the wider aid community; c. among DEC members) - What leassons learnt?
			X	X	X	X	1.5 What is covid 19 impact on participation of local population to the project cycle? What is covid 19 impact or influence over accountability mechanisms? Over access to information / communication with aid actors?
Key Q2 / What are the measures already taken or stiil needed to adapt to the new work environment?		X	X				2.1 What are the measures in place for the safety of aid workers (int. & nat. staff)?
			X	X			2.2 What are the measures in place for the safety of local implementing partners? Has the role of local partners evolved during the pandemic? If yes to what extent? What has changed?
			X		X		2.3 What are the measures in place for the safety of the local populations / beneficiaries?
		X	X	X		X	2.4 What are the main changes brought or still required to existing humanitarian programming as a consequence of the covid 19 pandemic? What has changed the most in the way humanitarian actors work? Has the pandemic contributed to encourage or reinforce the localisation process for example?
			X	X		X	2.5 What are the most important changes to health interventions in connection with covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X		X	2.6 What are the specific changes brought to non-health interventions in connection with the covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X			2.7 What are the main M&E challenges faced by DEC members as a consequence of the pandemic? Was a solution found? Did it provide deliver according to expectation? What lessons learnt if any?
			X	X		X	2.8 Were covid 19 related risks well identified and were mitigation measures adpated / efficient? What are the key lessons learnt during this pandemic situation from an operational point of view? If any.
				X	X		2.9 What does exist in terms of complaints and feed back mechanisms
			X	X			2.10 What were the main specific measures taken regarding gender and environmental issues in relation to the covid crisis? Any lessons learnt worth sharing?
Key Q3 / What are the lessons learnt and innovative ideas in each country that can benefit the group?		X	X				3.1 What differences has it made to members to access the DEC funding (and ultimately to people)? What difference has it made / financial / programmatic?
		X	X				3.2 Was DEC proactive enough or reactive enough? Was it a struggle for partners to access DEC funding or respond to this appeal? DEC funding mechanism is flexible – but do members realise that? Do they know how to optimise this flexibility?
		X	X				3.3 How ready were DEC and its members as a collective to respond?
		X	X				3.4 Any multiplying factor(s) that might have been generated/initiated (any leverage effect) by DEC appeal?
		X	X				3.5 What consequences the delay to respond (from March to July) might have had? Was it a bad or a good thing?

Siège du Groupe URD
La Fontaine des Marins
26170 Plaisians – France
Tel : +33 (0)4 75 28 29 35

urd@urd.org

www.urd.org

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