



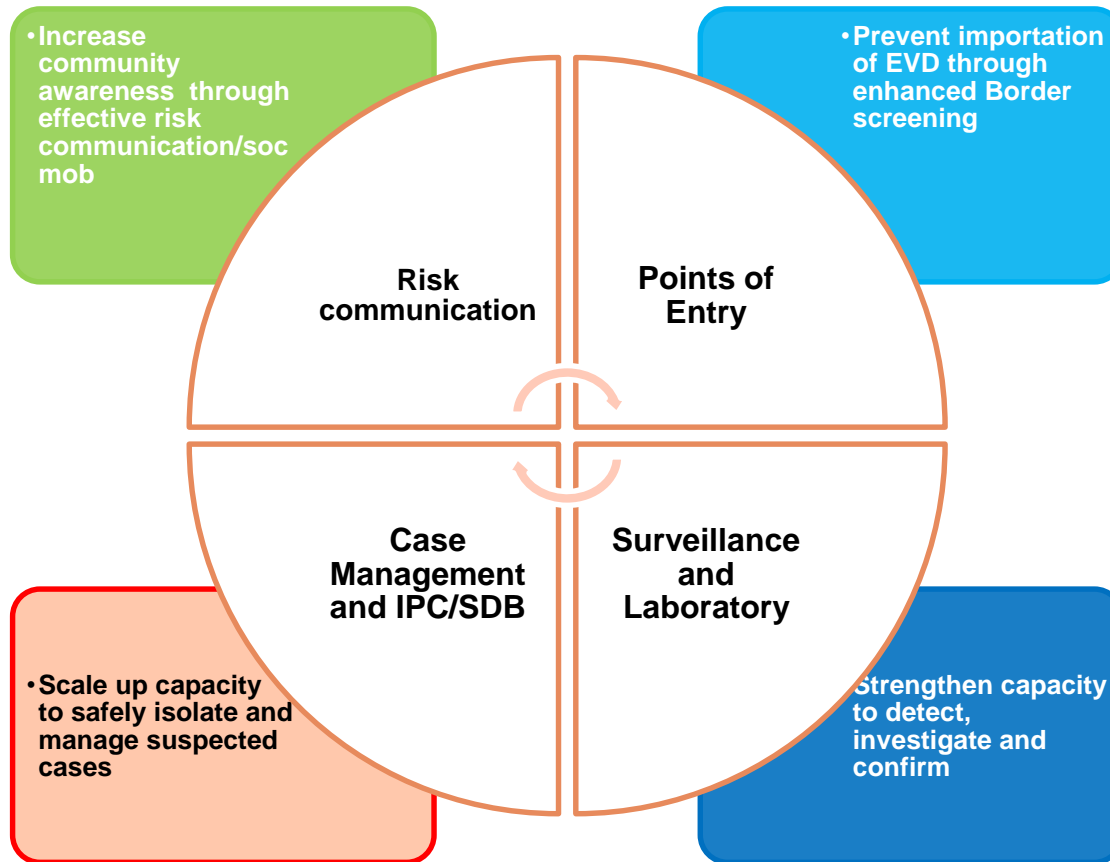
# **SOUTH SUDAN EVD TASKFORCE MEETING**

## **18<sup>TH</sup> SEPTEMBER 2018**

**Update on South Sudan's preparedness and response  
readiness capacities**

**18 Sept 2018**

# Strategic Priorities



# Multi-sectoral Coordination

## Priorities

- Activate NTF with multi-sectoral TWG (with partners involvement)
- Update Contingency Plan
- Increase the profile of the EVD preparedness at national and state Level.
- Raise resources for the preparedness actions
- Guide and monitor the preparedness activities.
- Conduct Simulation Exercise to different functions

## Progress

- NTF activated first meetings chaired by Hon Minister of Health( Tue and Thurs at PHEOC)
- Incident manager appoint
- High level advocacy visit to all the priority states led by Hon Min Health.
- Meeting with heads of security agencies to address access issues.
- Contingency Plan revised.
- TWG with partners as co-leads
- 4 strategic priorities to guide preparedness
- WFP committed to support transportation of Supplies to the priority locations



# Coordination-Gaps

- Access constrains especially in Yei River state
- Funding for the operational plan is at 8%
- Aligning existing resources(among partners) with the operational plan
- Absence of decision makers in NTF meetings



# Surveillance and Lab

## ● Priorities

- Establish an alert desk with toll free Line in PHEOC
- Print and Disseminate Case definitions
- Train 70 Case investigations teams in Yei, Nimule, Yambio, Juba and Tambura(total of 280)
- Facilitate N/SRRT to Investigate cases
- Train Lab staff on Biosafety and Biosecurity

## ● Progress

- Toll Free line 6666 is operation.
- Electronic Case definitions shared.
- 5 alert cases investigated, 1 required sample collection.
- 4 RRT deployments(Yei, Nimule and Yambio in Gbudue state)
- Biosafety training for 40 staff conducted at CPHL
- GenXpert installed at CPHL



# Surveillance and Lab-Gaps

- Training and constituting case investigation teams, contact tracers and supervisors(County and state)
- Facilitation of RRTs for prompt deployment to investigate alerts.
- Additional sample collection kits and reagents for EVD genXpert testing.



# Case Management/IPC/SDB

## Priorities

- Establish Isolation sites in priority locations of Juba, Yei and Nimule
- Adapt IPC guidelines and conduct cascade trainings
- Preposition case management supplies in all the five priority states.
- Conduct Comprehensive training for Case management , ambulance and burial teams(Juba, Yei and Nimule, Yambio, Tambura/Ezo).
- Preposition ambulances for transporting suspects (Juba, Yei and Nimule, Yambio, Tambura/Ezo).

## Progress

- Isolation site in identified in Juba, Nimule and Yei( facilities not established.
- EVD orientation done for health workers in Nimule(26), Yei(30), Juba(40), maridi(30) and Yambio(30)
- Mini PPE kits prepositioned in Yambio, Yei, Nimule and Maridi.
- VHF500 PPE kit prepositioned in Juba
- MSF B has committed to lead case management in event of a confirmed case, currently assessing Yei



# Case management and IPC- gap

- Funding and materials for establishing and equipping isolation sites in Juba, Yei, Nimule
- Funds for comprehensive Case management and IPC trainings in the priority states
- Procurement and prepositioning of PPE Kits and other IPC supplies
- Ambulances for moving the suspected cases (Nimule, Yei, Yambio, Juba)





# Risk Comm/Soc Mob

## Priorities

- Develop a risk communication strategy
- Review and update IEC materials/Jingles.
- Conduct stakeholder engagements in high risk states.
- Print and Disseminate IECs and air Radio Jingles and spots.
- Train Volunteers and HHPs on EVD social mobilization.
- Orientation for Journalists to improve quality of risk communication messages

## Progress

- Risk communication strategy developed.
- Jingles in Arabic, Zande and Bari are airing on radio stations that allow free broadcasts
- UNICEF has committed to fund training and IEC materials production
- Orientation of 20 Journalists conducted
- Stakeholder engagements in Nimule, Yei, Yambio Tambura and Maridi.
- Trained 30 HP focal persons



# Risk com/Soc Mob

- Orientation of community leaders at state level
- Knowledge attitude and Practice(KAP) study
- Trainings(community volunteers, partners )
- Supportive Supervision



# Points of Entry

## Progress

### Priorities

- Identify and map priority points of Entry.
  - Establish screening points in line with IHR requirements.
  - Establish referral pathway for all screening points.
  - Engagement airlines to implement the IHR notification procedures and as travelers to fill screening forms.
  - Review contingency Plan for Points of Entry.
  - Identify Ambulance for JIA for suspected cases.
  - Recruit, train and pay 98 staff for the 14 sites
- 35 Points of Entry identified, geocodes obtained for 15
  - 14 PoE(nimule 2, Yei-4, JIA,Wau Airport, and Yambio 4 and Ezo) prioritized for establishment of screening points.
  - Active screening ongoing in 6 sites (JIA, Wau, Nimule, Gangura, Sakure and Yambio aprt(over 100,000 travellers screened)
  - IOM deployed team to YRS for assess, second team leaves on Thurs.(kaya, bazi, Okaba)
  - Works ongoing at JIA to scale up the structure.
  - 50 PPE Kits deployed to Yei
  - Trained **34**(12,



# PoE Gaps

- Only 6 out of 14 priority areas have functional screening.
- Resources(Funds, materials) to establish and run 8 priority screening sites and scale up Nimule Screening point.
- Recruitment and training and Supervision



# Operational Plan Budget; Sept-Dec 2018

Thematic Area	Cost in USD	Partners
Strategic leadership and coordination	56,900	WHO, HC, UINCEF, CDC USAID, DFID, JICA, ECHO, WB
Border health and points of entry	174,688	WHO, WFP, UNHCR, OCHA, IOM, CDC, USAID, CDC
Surveillance and laboratory	581,770	WHO, CDC, UNHCR, AMREF
Risk communication and social mobilization	258,768	WHO, UNICEF, USAID
Case management, IPC and SDB	1,904,489	WHO, MSF-B, IOM, CDC, ICRC, IMC, USAID, UNICEF, ALIMA, IRC, SCI
<b>TOTAL IN USD</b>	<b>2,976,615</b>	





# Thank you