



**Organization for
Responsive
Governance**

Public Perception Survey Report on COVID-19

South Sudan

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ORG appreciates the financial support provided by the Swiss Federal Department of Foreign Affairs (FDFA) to facilitate the conduct of this survey. ORG works in partnership with the Juba-based Human Security Division of Switzerland.

Interviews for this survey were conducted by 20 passionate and dedicated focal persons of ORG, located in Yambio, Nimule, Juba, Yei, Mvolo, Rumbek, Wau, Kuajok, Tonj, Aweil, Bentiu, Paluoch, Malakal, Bor, Akobo, Pochalla, Torit and in protection of civilian camps (PoCs) in Juba and Malakal. The focal persons are civil society leaders with busy schedules in their respective organizations. Despite their busy schedules, they found time to conduct interviews and send completed questionnaires to ORG's team in Juba. Every single sentence in this report is built on the interviews they conducted. ORG is immeasurably thankful to all the focal persons for their partnership, immense contributions to this survey and ultimately the fight against COVID-19 in our country.

Some of the focal persons are based in locations with extremely limited communication facilities. ORG is aware that humanitarian agencies operating in those locations have been supportive to the organization's focal persons, providing them capabilities to print, scan and transmit questionnaires. This free goodwill support of those humanitarian agencies is invaluable to this survey and ORG remains grateful to all who have contributed.

EXECUTIVE SUMMARY

1. Overwhelming 86% of respondents believe there is COVID-19 in South Sudan. Reasons for this belief include confirmation of the disease in Juba, fatalities reported in Juba and continuous reports of new infections.
2. Overwhelming 67% of respondents identified FM radio stations as their first source of information about COVID-19. Other sources of public information about this pandemic included international non-governmental organizations (INGOs), friends and relatives, government officials and national NGOs.
3. This survey confirmed misconceptions about COVID-19 among members of the public around the country. Some believe the disease affects white but not black people, it is not active in hot places such as South Sudan and it is for old people only. These identified misconceptions should constitute an important focus for future public awareness campaigns on the pandemic.
4. An overwhelming 97% of respondents believe COVID-19 is dangerous. The four main reasons advanced for this belief include: (1) the disease kills, (2) it kills quickly, (3) it has no cure and (4) many people have died of it around the world including in South Sudan. This perception strongly designates the COVID-19 infection as being synonymous with a death sentence and amounts to a misconception. This misconception needs to be demystified through public health awareness on the pandemic.
5. About 91% of respondents believe COVID-19 caused changes in the lifestyle of the people in the areas where they live. Some of the changes they mentioned included stalled businesses, increased hunger, robbery, sexual and gender-based violence (SGBV); fear of infection, hindered marriages, restricted movement of people and closure of schools and places of worship.
6. This survey also confirms that COVID-19 has specific implications on the lives of women. These include loss of loved ones, high risk of SGBV and reduction in income levels, undermining the ability of women to cater for their families. To mitigate these effects, respondents recommended direct government support to woman, public awareness on COVID-19 especially at grass roots level and law enforcement on SGBV.
7. An overwhelming 94% of respondents said they knew the public health guidelines to prevent of COVID-19, indicating that public awareness about the pandemic was quite effective. However, they said they had difficulties adhering to some of the guidelines, particularly maintaining social distance, no hand shaking, staying home when one has flue symptom and wearing face masks. To enhance adherence to these preventive measures, they recommended more public awareness and provision of face masks, water and soap in public spaces.

INTRODUCTION

Overview

This report presents the outcome of a public perception survey on COVID-19 in South Sudan. The data analyzed in this report was collected in South Sudan's 10 states between the 1st and the 31st of May 2020.

South Sudan confirmed its first case of COVID-19 on April 5, 2020. Around that time, the disease had devastating effects, particularly unprecedented loss of lives in Italy, Spain and the United States – stable countries with well-established health facilities.

Confirmation of the disease in South Sudan was obviously bad news for a country struggling to stabilize itself and recover from over six years of a devastating civil war that considerably weakened institutional and logistical capacities to effectively respond to emergencies to the scale of this global pandemic.

However, the Revitalized Transitional Government of National Unity (RTGoNU) took a quick step to constitute a High-Level Taskforce on COVID-19 (HLTF), later converted to National Taskforce Committee on COVID-19 (NTFC) to lead the country's response to the pandemic. The HLTF commenced its work with meetings almost on daily basis, defining the country's response to the pandemic and issuing public health guidelines and directives on prevention of this disease (Annexure 1, page 19).

National and international organizations teamed up with the Taskforce to fight the pandemic and mitigate its effects on South Sudan. As part of this effort, these agencies quickly integrated COVID-19 response to their programs. Public institutions, faith-based groups, youth, women, people with disabilities, national and international agencies, the mainstream media and various South Sudanese social media platforms started contributing in their own ways in the fight against this pandemic.

This level of mobilization against COVID-19 in South Sudan may only be compared to the momentous mobilization for the 2011 Southern Sudan Referendum in which 98.83% of voters chose independence for South Sudan¹. Everyone tried to do their part!

The pandemic hit the country at a time when the reconstituted state and county governments were not established by the RTGoNU. However, care-taker administrators in the states and counties

¹ The Carter Center (2011), Observing the 2011 Referendum on the Self-Determination of Southern Sudan Final Report (online): https://www.cartercenter.org/resources/pdfs/news/peace_publications/election_reports/FinalReport-Sudan-2011-Self-Determination-Referendum.pdf

provided leadership in the fight against the pandemic at those levels. They established subnational COVID-19 taskforces and worked in collaboration with national and international agencies in fighting the pandemic.

About two and half months into the national response to COVID-19 in South Sudan, ORG with financial support from the Swiss Government conducted this survey to understand public perception about this pandemic and to gauge the level of effectiveness of the national response to the disease.

Purpose of this survey

The main purpose of this survey was to understand public perception about COVID-19 and how effective the current fight against the pandemic is in South Sudan. It was meant to provide reliable and evidence-based feedback from citizens. ORG hopes that institutions responding to the pandemic may use this information to strengthen their interventions.

Methodology of the survey

This survey used questionnaires to generate public opinion. Respondents completed the questionnaires on their own. Those who could not do so on their own were interviewed by ORG's Focal Persons who then completed the forms for them. Completed questionnaires were then transmitted electronically to ORG's Program Officer in Juba for analysis and report writing.

Locations covered included Yambio, Nimule, Juba, Yei, Mvolo, Rumbek, Wau, Kuajok, Tonj, Aweil, Bentiu, Paluoch, Malakal, Bor, Akobo, Pochalla, Torit and protection of civilian camps in Juba and Malakal. These locations were selected for a number of reasons, including being state capitals, locations with communication facilities, strategic locations close to borders, areas with records of conflicts and remote locations.

This survey was very small, targeting only 200 respondents including businessmen, businesswomen, teachers, religious leaders, chiefs, male and female youth, payam/boma administrators, farmers and cattle keepers. Due to logistical challenges, only 125 completed questionnaires were received and used to develop this report. Of the 125 questionnaires, 64% represented male and 36% represented female participants. About 43% of the respondents studied up to college while 38% and 19% completed secondary and primary school respectively.

Obviously, 125 is a small sample size and may not necessarily provide an accurate representation of the opinions of the entire population of the country. However, the results obtained in this survey are consistent with literature and experience on the pandemic in South Sudan.

It is important to clarify and emphasize that this survey was focused on public knowledge of the disease, their level of awareness and adherence to preventive measures. It has not covered the response elements of COVID-19 testing, contact tracing and management of cases.

ORG's interactions with the public through radio talk shows and direct engagements in public places revealed that the public generally refers to COVID-19 commonly as CORONA or CORONAVIRUS. As such, the name used in the interview questionnaire for this survey was CORONAVIRUS instead of the name of the disease, COVID-19 (Annexure 2, page 21). The intention was to be simple and use the name most familiar to respondents. However, the report uses the name COVID-19.

KEY OBSERVATIONS

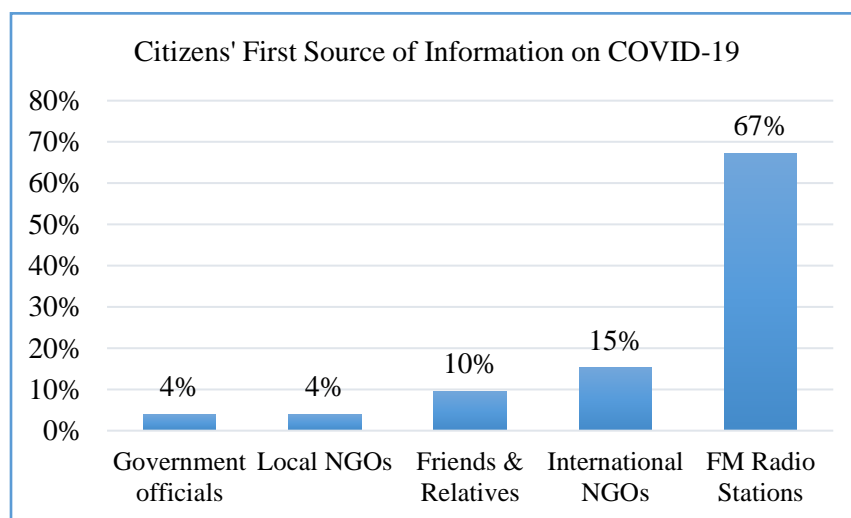
1. What do you know about COVID-19?

The general understanding of COVID-19 among the respondents was that, the disease kills in a short time and has caused loss of thousands of lives globally.

2. From whom did you first get information about COVID-19?

Overwhelming 67% of respondents identified FM radio stations as their first source of information about COVID-19. International non-governmental organizations (NGOs) constitute about 15% while friends and relatives constitute 10%. Other sources included government officials and local non-governmental organizations as shown in Fig. 1.

Fig. 1: First source of information about COVID-19



This result presents FM radio stations as the leading source of information in the country and a suitable tool for educating the public about preventive measures on this pandemic. Perhaps with restrictions on public meetings, FM radio stations serve as the main channel of public awareness.

Respondents, especially in protection of civilian camps, indicated reliance on information from international NGOs. This underscores the importance of international organizations integrating COVID-19 risk communications in their programming.

The low ranking of government and local NGOs as source of information on the pandemic is contrary to their wide coverage in the country. However, absence of state and county governments in the first couple of months when COVID-19 was confirmed in the country partly explains this paradox. In addition to local FM radio stations, local government officials in South Sudan

generally use public rallies, education institutions, social and religious events to pass information to the public. Restrictions on these events and closure of education institutions as preventive measure against COVID-19 have likely reduced the ability of local authorities to disseminate information on the pandemic.

Meanwhile effectiveness of local NGOs as source of public information may have been constrained by a number of factors including restrictions on public meetings for information dissemination and transition of activities and funding from common areas of programming such as peacebuilding, food security and resilience building to emergency response to COVID-19.

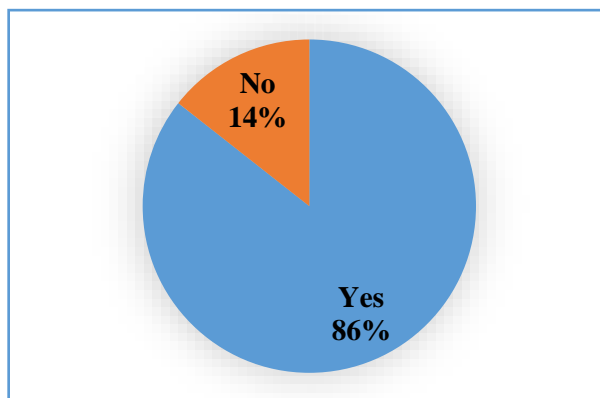
Given their wide public reach throughout the country, the fight against COVID-19 will be more effective with strong involvement of government and local NGOs.

3. Awareness on COVID-19

(a) Is there awareness being done in your state about COVID-19?

An overwhelming 86% respondent said, there is on-going public awareness on the pandemic in their states. This indicates that the public is being informed about preventive measures against the disease.

Fig. 2: On-going public awareness on COVID-19



(b) If yes, who is carrying out the awareness and in which areas?

Respondents mentioned various agencies and sources of public awareness on the pandemic in their respective locations. These include the National Taskforce on COVID-19, government, ministry of health, FM radio stations, social media, internet, civil society, social workers in the community and international organizations. Respondents commonly mentioned several international organizations by name and mainly their acronyms. These include ICRC/Red Cross, UNICEF, IOM, NPA, IMC, MSF, WHO, WFP and World Vision.

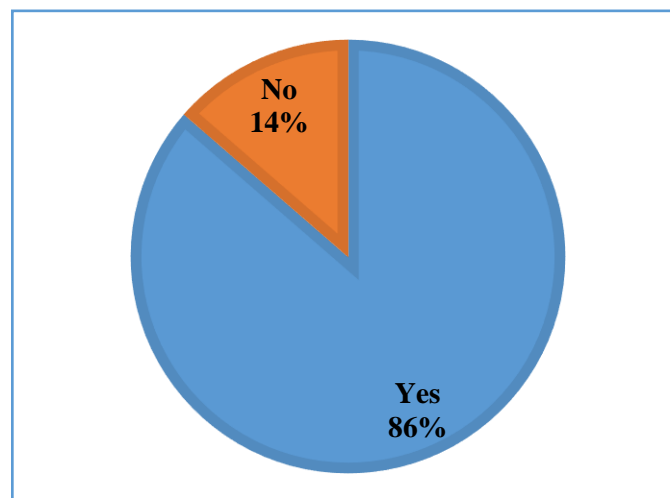
This result indicates massive response to COVID-19, involving government, local and international non-governmental agencies. However, the multiplicity of partners identified in this result calls for effective coordination to ensure complementary maximum public outreach and impact.

4. Perception of the presence of COVID-19 in the country.

(a) Do you believe there is COVID-19 in South Sudan?

Overwhelming 86% of respondents believe there is COVID-19 in South Sudan. This partly demonstrates the effectiveness of the public health awareness on the pandemic. However, the 14% of respondents who do not believe that there is COVID-19 in the country represents a substantial population size. If this percentage of the population ignores the public health guidelines on the pandemic, they may increase the risk of contracting and transmitting the disease to family members, workmates and other members of the public. This calls for more public health awareness and enforcement of strict adherence to public health guidelines on the pandemic, targeting public place spaces and facilities.

Fig. 3: Belief in the presence of COVID-19 in South Sudan



(b) Why?

Some of the common reasons respondents believe there is COVID-19 in South Sudan included the following:

- (a) Cases have been **confirmed in Juba**
- (b) It has **killed people** in Juba
- (c) **Many cases are announced** over the radio
- (d) **Regular announcements** on the radio that this disease is dangerous

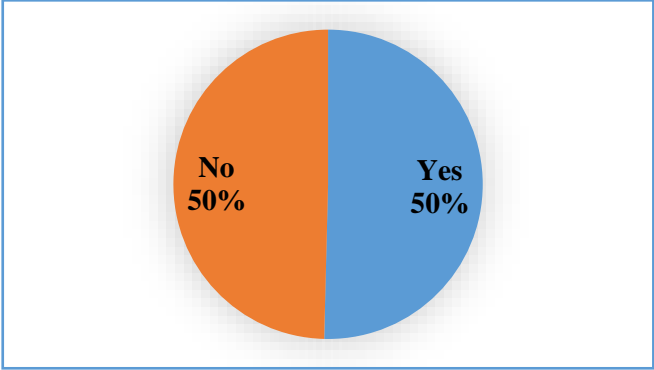
(e) **The cases are increasing**

These responses indicate that public information on the pandemic is effective and presents an opportunity to share key messages about this disease in a regular and continuous manner.

5. Community knowledge of infections of COVID-19.

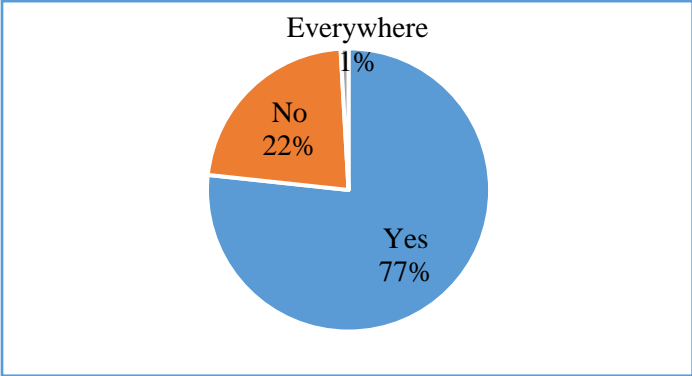
(a) Do you know of someone who is confirmed to have been infected with COVID-19?

A substantial 50% of respondents said they knew of someone infected by the pandemic. By the time the data for this report was collected, there were 816 confirmed cases of COVID-19 in South Sudan². This represents about 0.007% of the 11,193,166³ population of the country. It is highly unlikely that 50% of the respondents would know someone in such a small fraction of the population. It is therefore possible that most of the respondents understood the question to mean having heard about people infected COVID-19 in the country.



(b) Is that in the area where you live?

About 77% of respondents said the known confirmed cases of the disease were in their areas. By the time of this survey, cases of COVID-19 were confirmed in ten of the sixteen locations where respondents were interviewed. Knowledge of cases in areas where one lives may increase the need for personal adherence to safety measures about the disease.



² Sudd Institution (2020)

https://www.suddinstitute.org/assets/Publications/5ece18a4baed3_TheNatureAndMagnitudeOfTheCOVIDOutbreak_Full.pdf

³ Worldometers (online) <https://www.worldometers.info/world-population/south-sudan-population/>

6. What are people saying about COVID-19 in your area?

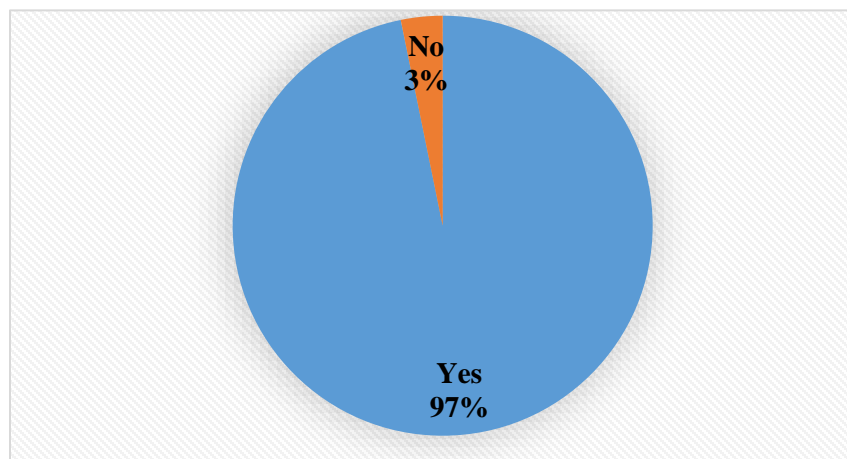
Responses on what people say about COVID-19 in their areas show mixed perceptions. Some people feel COVID-19 is real, dangerous, spreads easily and kills people. Meanwhile others believe the disease affects white but not black people, that it is not active in hot places such as South Sudan and that it is for old people only.

These results show that there is correct understanding of the disease but there are also myths about it among the population. This calls for more concerted public health awareness to demystify the myths about the pandemic while strengthening public knowledge. The identified myths may constitute important focus of public campaigns to demystify the myths about COVID-19.

7. Perception of COVID-19 as dangerous

(a) Do you think COVID-19 is dangerous?

An overwhelming 97% of respondents believe COVID-19 is dangerous. Reasons for this fear is provided in the sub question (b) below. This fear of COVID-19 among the population may be used as an opportunity to motivate people to adhere to public health guidelines on prevention of the disease.



(b) Why?

Public fear about COVID-19, as expressed by respondents, centers around four things: (1) the disease kills, (2) it kills quickly, (3) it has no cure and (4) many people have died of this disease around the world including in South Sudan. A report released by the Sudd Institute on May 27, 2020 puts the death rate of COVID-19 in South Sudan at 1% of confirmed cases⁴. This death rate

⁴ Sudd Institution (2020)

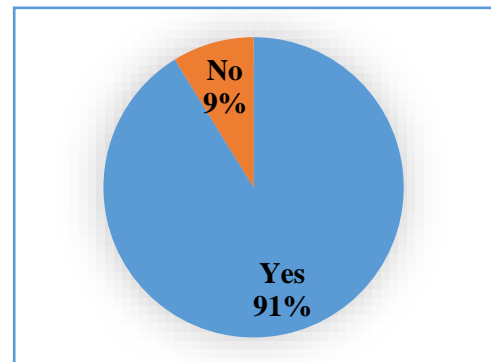
https://www.suddinstitute.org/assets/Publications/5ece18a4baed3_TheNatureAndMagnitudeOfTheCOVIDOutbreak_Full.pdf

does not necessarily suggest that COVID-19 infection is a death sentence. To avoid unnecessary fear and possible stigmatization of victims of this disease, it may be important to clarify this in public health awareness.

8. Social changes caused by COVID-19

(a) Has COVID-19 caused any changes in the life-style of people in your area?

About 91% of respondents stated that COVID-19 caused changes in the lifestyle of the people in the areas where they live. If this percentage constitutes an actual representation of the South Sudanese population, it will mean changes caused by COVID-19 are felt by a substantial majority of the population. How these changes reconfigure the South Sudanese society and the life-style of the population is obviously subject to further investigation.



(b) If yes, mention any 3 major changes COVID-19 has caused to people in your area

Changes in lifestyle of people, as observed by respondents mainly include:

- (1) It has affected the economy of the country and business is stuck
- (2) It has increased hunger as people no longer hustle freely
- (3) It has caused fear of infection among people
- (4) It becomes an excuse for failures in responsibilities at family and public levels
- (5) Marriages have stopped
- (6) Increase in robbery by the criminals due to no business
- (7) SGBV has increased
- (8) Restricts free movement of people
- (9) Closure of schools
- (10) Closure of places of worship

Relevant government institutions and supporting partners – national and international agencies need to take note of these identified effects of the pandemic on the population and collaborate in proactively mitigating any harmful effects of this disease. For example, the economy, gender-based violence and alternatives to restrictions on travels, closure of schools and places of worship need well thought-out response initiated and led by respective line ministries.

9. Perceived effects of COVID-19 on women

(a) What are the effects of COVID-19 on women in your area?

The common effects of the pandemic on women, as summarized below from respondents, focus mainly on issues of livelihoods.

- (1) Small business that support women have been locked down
- (2) It has reduced their income
- (3) Makes life hard to live with their children
- (4) Widows are now becoming hopeless
- (5) Intensive domestic work like general cleaning
- (6) Death
- (7) There is high risk of gender-based violence

The effects of the pandemic on women need to be mitigated. There are already government institutions, national and international agencies with programs on women's economic empowerment, livelihoods, gender-based violence and trauma healing. In the context of the COVID-19 pandemic, these programs need to be strengthened and expanded.

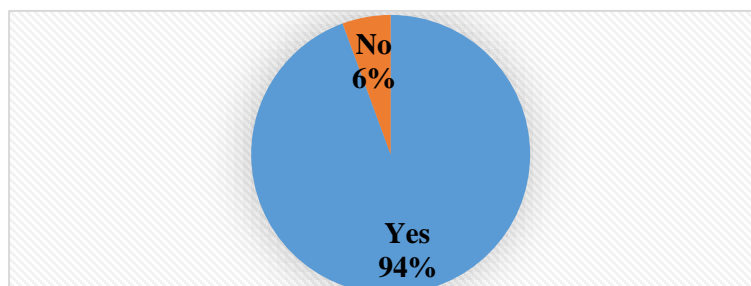
(b) How can the effects of COVID-19 on women be addressed?

- (1) Government should provide support to women
- (2) Continuous public awareness on COVID-19 especially at grass roots level.
- (3) We should all be concerned about COVID-19 on sanitation not just women.
- (4) By following COVID-19 guidelines.
- (5) Law enforcement on gender-based violence

10. Public health guidelines on prevention of COVID-19

(a) Do you know the guidelines on prevention of COVID-19?

An overwhelming 94% of respondent said they knew the public health guidelines on the prevention of COVID-19. This indicates that public health education about the pandemic was quite effective.



Quite importantly, the guidelines were released in a consistent and regular manner by the HLTF. They were read out either by the Chairperson or Deputy Chairperson of the HLTF and usually covered on the national television, the South Sudan Broadcasting Corporation (SSBC). Upon release by HLTF, copies of the guidelines would quickly go viral on South Sudanese social media platforms. Individuals on the social media became sources of information to their family members. This partly explains why relatives and friends constitute the third main source of information on COVID-19 to their families as shown on Fig. 1, page 7.

However, the frequency of release of public information and guidelines by the HLTF dwindled considerably especially since the HLTF was transformed into the NTFC. Based on these results, regular release of reliable and consistent public information by the leadership of the NTFC on COVID-19 is a matter of priority in the fight against this disease.

(b) If yes, which ones do you know?

Respondents correctly mentioned some of the main guideline on prevention of COVID-19.

- (1) Avoid congestion of people in one place
- (2) No public gathering and no public events
- (3) Frequent washing of hands with water and soap and use of alcoholic sanitizer
- (4) Stop hand shaking with people
- (5) Keep social/physical distancing
- (6) Stay at home at home when you have flu symptoms
- (7) Wearing face mask

Posters, banners, and messages on prevention of COVID-19 have always included the COVID-19 emergency call number 6666. However, the responses from participants never mentioned this number. This either demonstrates that members of the public do not necessarily regard this emergency call number as part of the guidelines on prevention of COVID-19 or this question was not specific enough to elicit responses on the number. Whichever the case, maintaining awareness on all these preventive measures remains important.

(c) Which ones are difficult to follow?

Responses provided indicate that the public finds difficulties observing most of the preventive measures on COVID-19. However, only avoiding crowds was not mentioned among the guideline's, participants find difficult to follow.

- (1) Social distancing
- (2) Stop hand shaking
- (3) Staying home when one has flu
- (4) Wearing face mask

The main purpose of public health awareness on prevention of COVID-19 is not only for the public to know the preventive measures on the disease but most importantly for them to observe them. While future survey needs to investigate why people find difficulties observing most of the guidelines, some recommendations in subsection (d) below appear to provide a clue. Respondents recommended more awareness and provision of items for prevention of the disease.

(d) How can people be helped to follow the guidelines better?

Respondents emphasized the need for more public awareness on prevention of COVID-19 and provision of items necessary to facilitate adherence to the guidelines on the pandemic.

- (1) Continuous public awareness
- (2) Recruit more teams to create awareness in the community
- (3) Provide enough face masks and hand sanitizers
- (4) Provide water containers and soap in all the public places
- (5) Putting up posters with the guidelines to promote easy follow up of preventive measures

To enhance public adherence to the guidelines on prevention of COVID-19: first, health awareness on the pandemic should focus on and emphasize the importance of adherence to the guidelines on prevention of this disease. Second, provision of face masks and water and soap for washing hands in public places or at homes should be increased. This may reduce the chances of people failing to adhere to the preventive measures on the pandemic because they may not afford face masks or water and soap in public places or at homes. Third, it may be appropriate to begin insisting that people entering public spaces like shops, buses, health facilities and markets wear face masks and wash hands as a pre-condition.

CONCLUSIONS

The public is largely aware that there is COVID-19 in the country and generally understands the pandemic as a virus easily transmitted from one person to another, it kills very fast and has no cure. This public perception of COVID-19 causes people to strongly fear this disease. While this fear may result in stigmatizing victims of this virus, it may be used positively to encourage adherence to preventive measures against this pandemic.

There are myths about COVID-19 among members of the public as explained in the document. If not addressed, this misconception may undermine efforts to fight the virus in the country.

There is massive public awareness on COVID-19 in the country. This awareness is carried out by many actors including, government, ministry of health, FM radio stations, social media, internet, civil society, social workers in the communities and international organizations.

FM radios have been the main source of public information on COVID-19. For a total of 67% it was the first source of information on the pandemic.

The public strongly believes that COVID-19 has caused changes in their life-style. Understanding these changes and providing measures to proactively help society mitigate their effects on the population is an important task for the government and its partners.

The public appears quite aware of the guidelines on prevention of COVID-19. However, this public knowledge of the guidelines does not necessarily translate to adherence. People appear to lack the tools necessary to facilitate adherence.

RECOMMENDATIONS

1. The NTFC should strengthen enforcement of the guidelines on prevention of this disease to ensure strict adherence. This should include wearing masks and washing hands with soap or using hand sanitizers as mandatory conditions for people to access public spaces like shops, buses and health facilities.
2. The NTFC should emulate the strategy of the HLTF of regularly releasing reliable and consistent public information, guidelines and explanations on the status of the pandemic in the country.
3. Awareness creation on COVID-19 should address myths about the virus including misconceptions such as: this virus is inactive in hot countries like South Sudan, affects only white people but not black people and is for old people only.
4. Agencies supplying materials particularly face masks, water, soap and sanitizers for prevention of COVID-19 should make them more available in public places like bus parks, markets and health.
5. FM radio stations should continue to be used more to disseminate information and educate the public about COVID-19 as it has proven to be a very effective means of increasing awareness.
6. National and international NGOs should continue to integrate and maintain COVID-19 awareness in their programming.
7. Given their wide public outreach, national NGOs including community-based organizations and faith-based groups should be funded to disseminate information on the pandemic throughout the country, including in remote locations.
8. Public information from the NTFC should include number of fatalities and locations where the disease is confirmed, to allow citizens visualize the reality and scale of the pandemic and hence the need to adhere to preventive measures.
9. Public awareness messages on COVID-19 should clarify and emphasis that while the disease is dangerous, it is not synonymous to death sentence and any infected person or survivor shall remain a member of the society.
10. Government, national and international NGOs and faith-based institutions should undertake combinations of interventions to mitigate the effects COVID-19 on women, particularly economic constraints and SGBV.
11. Messages in awareness campaigns should encourage the use of the COVID-19 emergency call number, 6666.

ANNEXURE

Annexure 1: Non-exhaustive summary of decisions, directives and actions

A non-exhaustive summary of decisions, directives and actions taken by the High-Level Taskforce/National Taskforce Committee on COVID-19 included the following:

March

- (1) Formation of High-Level Taskforce on COVID-19.
- (2) Suspension of direct flights between South Sudan and some affected countries.
- (3) Immediate closure of all public and private education institutions.
- (4) Suspension of all events – sports, religious and socio-cultural events.
- (5) Closure of Juba International Airport.
- (6) Closure of borders for passenger vehicles and buses.
- (7) Closure of bars, tea places and overnight clubs.
- (8) Directs half-day work hours at public institutions except security and medical institutions.
- (9) Resolved to establish screening points at border crossing posts.
- (10) Called on public to report new entrants to the country to relevant authorities.
- (11) Authorized apprehension, arrest, quarantine and mandatory testing for evaders of border crossing.
- (12) Authorized enforcement of public health guidelines on COVID-19, arrest and prosecution of violators in competent courts of law.
- (13) Approved allocation of three million dollars to cater for the needs of South Sudanese students studying in COVID-19 affected countries.

April

- (1) Resolved to delay the rotation of Korean Contingent with UNMISS for three extra weeks
- (2) Informed the public that government did not order total lockdown of the country and didn't intend to do so at that state.
- (3) Assured the public that government was doing all it could to mitigate social impact of the measures instituted by the to prevent importation and spread of COVID-19
- (4) Urged members of the public to adhere and observe the government's directives on social distancing, stay home, wash hands with soap and water, never shake hands or hug.
- (5) Resolved to establish state taskforces and Steering Committees to boost efforts of the government in fighting the COVID-19 pandemic at local levels.
- (6) Clarifies that the three million dollars mean for students studying in COVID-19 affected countries would only cover students on government scholarships.

- (7) Directs community leaders that, until the COVID-19 crises is over, funerals and religious rituals should end with burials only.
- (8) Suspended all internal flights from Juba to states and from states to Juba and between states.
- (9) Directed the Ministry of Electricity and Dams and Juba Electricity Distribution Company to provide hotline electricity services to 8 major health facilities and South Sudan Broadcasting Corporation.
- (10) Directed impounding of humanitarian goods destined for sale, arrest and prosecution of culprits.
- (11) Informed public of the change from announced door-to-door food distribution to community-based distribution to be supervised by RRC and WFP.
- (12) Directed administrators of defunct states to form unified state taskforces on COVID-19 in capital of the ten states.

May

- (1) Waived COVID-19 testing requirement for all humanitarian workers traveling to states provided they are quarantined for 14 days prior to the travel.
- (2) Release of a Protocol on quarantine and movement of the diplomatic corps, the United Nations Mission in South Sudan, UN agencies, international and regional organizations, and all the international NGOs.
- (3) Appointment of members of National Taskforce committee on COVID-19.
- (4) Urged members of the public to report suspicious cases to the nearest health facility or call the Ministry of Health's toll-free hotline 6666.
- (5) Directed all health facilities, especially, private hospitals and clinics to share information or report suspects of COVID-19 infection to relevant health personnel at Dr. John Garang Infectious Disease Center or call the Ministry of Health's toll-free hotline, 6666.
- (6) Advised the public and families of deceased due to COVID-19 infection, that burial is conducted according to strict protocols and guidelines by especially trained health care workers and remains of victims of the disease should not be transported to their ancestral homes for burial.
- (7) Directed the civil aviation to open flights to states and the region.
- (8) Resolved to place a moratorium on the travel of more than one hundred and twenty people who planned to travel to Akon, Warrap State.
- (9) Decided to forcefully confine and quarantine cases number 7 – 34 at their houses and instructed police to ensure all these cases were confined in their compounds at all times.

Annexure 2: Survey Questionnaire



Organization for
Responsive
Governance

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ORGANIZATION FOR RESPONSIVE GOVERNANCE QUESTIONNAIRE ON COVID-19

Introduction:

This questionnaire is administered by the Organization for Responsive Governance (ORG) the purpose is to understand citizens' perception of the Coronavirus disease and what they think should be done to enhance the effectiveness of the response to this pandemic. The outcome of this assessment will be shared with relevant authorities and stakeholders involved in responding to the COVID-19 pandemic.

Instruction:

Complete this form and send copy to ORG by email, WhatsApp or through telephone call to read out the answers.

Respondent:

State: _____ **County/Block:** _____ **Date:** _____

1. Sex Male Female

2. **Level of education:** Primary School Secondary School College or University

#	Question		
1	What do you know about CORONAVIRIS?		
2	From who did you first get information about CORONAVIRUS?		
	a. FM radio station	Yes	No
	b. Government officials	Yes	No
	c. Local non-governmental organizations	Yes	No
3	a. Is there awareness being done in your state about corona virus?	Yes	No
	b. If yes, who is carrying out the awareness and in which areas?		
4	a. Do you believe there is Coronavirus in South Sudan?	Yes	No
	b. Why?		

5	a. Do you know of anyone who is confirmed to have been infected with Coronavirus?	Yes	No
	b. Is that in the area where you live or in another place?	Yes	No
6	What are people saying about Coronavirus in your area?		
7	a. Do you think Coronavirus is dangerous?	Yes	No
	b. Why?		
8	a. Has coronavirus caused any changes in the life-style of people in your area?	Yes	No
	b. If yes, mention any 3 major changes Coronavirus has caused to people in your area		
9	a. What are the effects of Coronavirus on women in your area?		
	b. How can the effects of Coronavirus on women be addressed?		
10	a. Do you know the guidelines on prevention of Coronavirus?		
	b. If yes, which ones do you know?		
	c. Which ones are difficult to follow?		
	d. How can people be helped to follow the guidelines better?		

Name of Focal Person: _____ **Sign:** _____ **Date** _____