Republic of South Sudan

Ministry of Health

South Sudan COVID-19 Country Preparedness and Response Plan

(April to September 2020)

19 March 2020

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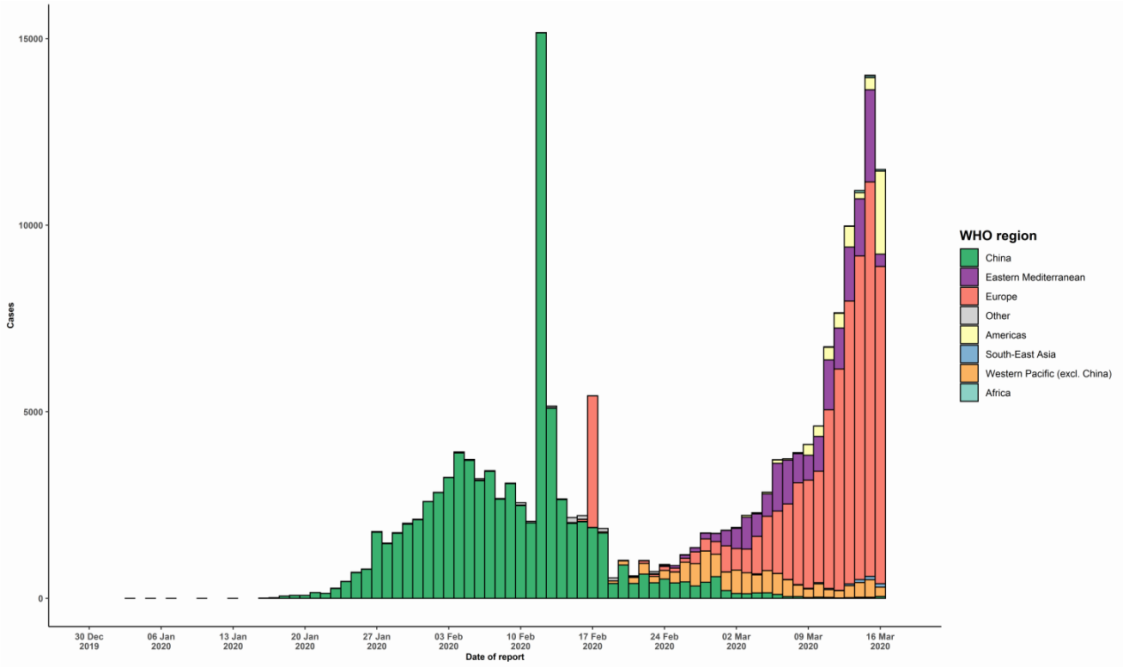
Background

Emerging and re-emerging pathogens remain a great challenge to public health. A cluster of cases of pneumonia of unknown etiology, in Wuhan City, Hubei Province was reported to WHO on 31 December 2019 Subsequent investigations revealed that the cluster was caused by a novel coronavirus, later named Coronavirus disease 2019 (COVID-19) infection with the initial cases linked to a seafood market in Wuhan. As of 17 March 2020, a total of 179,112 confirmed cases including 7,426 death have been reported from 159 countries/ territories/ areas globally. In Africa, COVID-19 cases have been confirmed in Egypt, Algeria, Morocco, Nigeria, Senegal, South Africa, Cameroon, Togo, Democratic Republic of the Congo (DRC), Cote d'Ivoire, Burkina Faso, Tunisia, Ghana, Gabon, Ethiopia, Guinea, Kenya, Equatorial Guinea, Mauritania, Namibia, Rwanda, Congo, Seychelles, Eswatini, United Republic of Tanzania, Sudan, Somalia, Benin, Liberia and Central African Republic. Whereas most of the confirmed cases in African Region are imported, Egypt, Algeria, Tunisia, Senegal, Rwanda, Morocco, Ethiopia, South Africa and Cameroon have reported local transmission of COVID-19. While new cases in China shows decline, new cases outside of china is increasing rapidly (see figure 1); hence, the WHO risk assessment indicates the risk levels in China, the Regions and Globally very 'high risk'.

Figure 1: Epidemic curve of confirmed COVID-19, by date of report and WHO region through 17 March 2020



On 30 January 2020, WHO Director -General declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) and a pandemic on 11 March 2020. Given the risk of further spread to additional countries WHO recommended that all countries enhance preparedness for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of the onward spread of COVID-19 infection.

COVID-19 Preparedness and Response Scenarios

The WHO has identified 4 potential transmission scenarios for COVID-19;

1) Countries with no cases
2) Countries with 1 or more cases, imported or locally detected (Sporadic Cases)
3) Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases)
4) Countries experiencing larger outbreaks of local transmission (Community transmission).

Based on the evolving global pattern of COVID-19 transmission, the National Task Force agreed to prepare this plan according to imported cases and community transmission scenarios. This scenario requires South Sudan to contain the transmission and minimize the spread of the COVID-19 disease.

Risk Assessment for COVID-19 importation into South Sudan

South Sudan has investigated eight alerts of suspect COVID-19, but none has been confirmed to date. The eight alerts involved a South Sudanese student that returned from China and other nationals that had just arrived back from China, France, India, Spain, etc. South Sudan has diplomatic ties with China and many countries and there are brisk international travels for business, economic investment, and education. South Sudan also has a large number of refugees, IDPS, humanitarian workers and UN personnel. Currently there are no direct flights to China and most countries with widespread transmission; hence travelers from affected countries connect through major hubs like Nairobi, Addis Ababa, and Cairo, Khartoum (where COVID-19 cases were confirmed) to Juba International Airport. Though, the risk of importation is higher through Juba international airport, other points of entry like Nimule, Wau (that receive international flights from Entebbe), Yambio, Bentiu, Poluch and Renk are also

high . There is screening at Juba international airport and other points of entry as part of EVD preparedness. The point of entry screening will need to be sustained to identify and investigate suspect cases or contacts of COVID-19. The country also has a tollfree hotline that can be used to report suspect cases for all priority diseases including alerts of COVID-19. The IDSR surveillance network is a resource that can be used to detect and investigate suspect COVID-19 cases. The country has well trained rapid response teams; two influenza sentinel surveillance sites with capacities for case identification and investigation; a PCR laboratory with capacity to test for COVID-19 if the reagents are provided; and an infectious disease unit with case management and ambulance team to manage suspect cases of COVID-19. Having said that, the system is in a dire situation and will not be able to detect, contain or manage the cases in case of local transmission. The current capacity, while limited, in the country is Juba centric which means other regions will be facing huge difficulties if cases started to appear there. In addition, the availability of testing kits, RRTs, and trained health workers to detect and manage the cases is yet another challenge to be considered.

The response strategy will entail strengthening existing capacities at the points of entry to mitigate the risk of importation and improving capacities for surveillance, contact tracing, rapid response teams, IPC and case management while ensuring that communities are sensitized on COVID-19 prevention and access to the requisite medicines and logistics for optimal outbreak preparedness and response.

Currently ongoing actions

Activation of the PHEOC and formation of the COVID-19 Taskforce

In the aftermath WHO declaring COVID-19 a public health emergency of international concern and the ensuing advice to countries to strengthen national preparedness capacities given the high risk of global spread, the South Sudan Ministry of Health activated the Public Health Emergency Operations Center (PHEOC) at low level (level 1).

Table 1: Incident Action Plan (IAP) for COVID-19

INCIDENT ACTION PLAN (IAP)			
Incident Name and Incident Action Plan Version			
Incident Name: **COVID-19 Preparedness, South Sudan**	**Operational Period (Date / Time): March 3rd, 2020 to April 2 , 2020**	**IAP Type:** Initial ☐ Update ☒ Final ☐	
Risk level: High	**PHEOC Activation level: Low level (level 1)**		
Functional IMS Position	**Name**	**Email**	**Phone**
IMS Management Leadership and Staff			
MOH Incident Manager	Dr. Angok Gordon Kuol	angokkuol@gmail.com	+211922739739
Deputy Incident Manager	Mathew Tut	tut1988@yahoo.com	+211916010382
WHO Incident Manager	Kebba Omar	jaitehkabba@yahoo.co.uk	+211912675109
Core IMS Functions			
Operations Section	Angelo Goup Thon (Lead- MOH)	majakdegoup99@gmail.com	+211929830530
	Dr. John Rumunu (Co-lead, WHO)	jrumunu@yahoo.com	+211924767490
Plans Section	Alexandre Ali	alexandreali487@gmail.com	+211924541908
Logistics Section	Michael Pajock (Lead) Timothy Orie (Co-Lead, WHO) Brian Langdon (WFP) Fiona Lithgow (WFP)	mpajock744@gmail.com oriet@who.int fiona.lithgow@wfp.org brian.langdon@wfp.org	+211922204779 +211928458791 +211922465747 +211922654670
Finance & Administration Section			
Expanded IMS Functions			
Liaison Officer	Dr Thomas Madul (MoH)		+211922078961
Safety Officer	Dr Thomas Madul (MoH)		+211922078961
Public Information Officer	Dr. Angok Gordon Kuol (MoH) Jemila Ebrahim (WHO)	angokkuol@gmail.com ebrahimj@who.int	+211922739739 +211921647851
Preparedness Branch Operations			
Current Operations Branch			
Laboratory Branch	James Ayei (MoH Lead) Pham Khan (MoH Dep. Lead) Luke Meredith (Co-Lead WHO) Denis Lodiongo (CDC)	jamesayei@gmail.com phamlaboratory@gmail.com lm695@cam.ac.uk oua1@cdc.gov	+211926144993 +211917042494 +211928597145 +211914697461
Case Management	Dr. Nyijal James (MoH Lead), Mr. Badeng Koang (MoH Dep Lead) Dr. Abdou (Co-Lead, IMC) Dr. Tony/ (Co-Lead, WHO) Dr.Markos(Co-Lead, WHO) Cushla Coffey /Grace (MSF-H)	asebushishe@internationalmedicalcorps.org wurdatt@who.int ssudan-epidem@oca.msf.org jiffarm@who.int	+211922991198 +211922001755 +211 926838383 +211 921 295 612
IPC/WASH Branch/ SDB	Mr. Munir Morris (IPC/WASH Lead) Lamax Ogwal (UNICEF) Mekonnen Hagos (UNICEF) Cushla Coffey /Grace (MSF-H) Adrian – WASH (MSF-H) Alex Freeman (IPC/WASH Co-Lead, WHO) SDB (SSRC)	wurdatt@who.int logwal@unicef.org mhagos@unicef.org ssudan-epidem@oca.msf.org jiffarm@who.int sokemawufreemana@who.int	+211922001755 +211 926838383 +211 921 295 612 +211 927 047795
Epidemiology Branch/ RRTs	Angelo Degoup (MoH Lead) Cosmas Taban (MoH Dep. Lead) Dr. Joseph Wamala (Co-Lead, WHO)	majakdegoup99@gmail.com tabancosmas39@gmail.com wamalaj@who.int	+211929830530 +211927760028 +211923362401

	Dr.Abraham(Co-Lead, WHO) Sharmila Shetty (CDC)	abenegoa@who.int sshetty@cdc.gov	+211926838383 +211914280877
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Border Health/PoE	Zacharia Modi (Lead) Macham Mabior (PHO) Dr. Derebe Kintamo (Co-Lead, IOM) Dr. Alice Igale (Co-Lead, WHO)	zm4123@gmail.com dkintamo@iom.int ladua@who.int	+211925803233 +21192009005 +211921667188 +211920999951

The Government in addition established the COVID-19 Taskforce to coordinate the process of developing a comprehensive COVID-19 action plan to guide implementation and resource mobilization. The COVID-19 Taskforce consists of the following pillars: overall coordination and leadership; planning and monitoring; points of entry; risk communication and community engagement; surveillance, rapid response teams and case investigations; laboratory; infection prevention and control; case management, and operations support and logistics. Each of the pillars is led by a Government Technical officer, supported by a lead partner and other support partners.

The COVID-19 Taskforce currently convenes weekly on Mondays in the PHEOC to review the current situation and progress of preparedness activities. The current priorities are informed by the incident action plan, extensive consultations among the technical working groups (TWG) and implementing partners (IP) (see table 2), and the overall COVID-19 country preparedness and operational response plan.

Table 2: Pillar Technical Working Groups Lead Agencies

Pillar	Lead Agency
Pillar 1: Country-level Coordination, Planning & Monitoring	MOH/WHO
Points of Entries	MOH/IOM
Case Management	MOH/WHO/IMC
Infection Prevention & Control	MOH/UNICEF
Risk Communication and Community Engagement	MOH/UNICEF
Surveillance, Rapid Response Teams, and Case Investigation	MOH/WHO
National Laboratories	MOH/WHO
Operational Support and Logistics	MOH/WHO/WFP
Preparedness in refugee camps (POCs)	MOH/UNHCR

Other priority activities that are currently underway

- The South Sudan Ministry of Health has issued several media statements on Novel Coronavirus to alert the public about the pandemic, the activities in progress, and the planned interventions.
- The Ministry of Health and partners completed a baseline assessment of national preparedness capacities for preventing and responding to the Novel Coronavirus.
- Screening of travelers is ongoing in Juba International Airport (JIA) including investigations and follow-up of suspect cases and contacts.
- The media has been engaged and messages have been disseminated on radio and in public places to inform public.
- Adaptation of key guidelines including the screening procedure at the airport, the international arrivals health form, case definition, case investigation form, line lists, and contact lists are already underway.
- Sensitization of key stakeholders including screeners at JIA and health workers has been initiated.
- Investigation and provision of supportive care to suspect cases is ongoing with at least two suspect cases investigated by the rapid response team while one suspect case has been managed in the treatment center.
- Contact tracing teams have been established to monitor travelers returning from China through either phone calls or physical follow up for at least 14 days after returning to South Sudan.

Preparedness and Response Mission

Scaling up preparedness and response activities through enhancing surveillance; screening at designated points of entry and risk communication; while addressing critical gaps in case management, infection prevention and control and rapid response teams and harnessing the capacities in other pillars to prevent and mitigate the risk of importing COVID-19 into South Sudan.

Planning assumptions

That the initial suspect cases will most likely be imported through Juba International Airport (JIA) or other major points of entry. The strengthening of the current screening at the points of entry (especially Juba international airport) should facilitate the identification of suspect cases and contacts travelling from China. In the same way, the surveillance system i.e. event-based surveillance through the tollfree hotline and indicator-based surveillance through the IDSR network currently has the capacities to pick up any signals of COVID-19 local transmission. Given the risk communication at the JIA, it is expected that there will be cooperation from the international travelers to promptly report any disease symptoms that occur within two weeks of returning from affected countries. It is also critical that preparedness and response activities are effectively coordinated by a well-established incident management team in the PHEOC that is facilitated to implement priority activities as laid out in the incident action plan.

Priority locations for the current plan

This plan will focus on strengthening capacities for COVID-19 preparedness and response in the high-risk areas of Juba and beyond based on the patterns of movement and vulnerability of populations.

Preparedness plan period

The planned activities will be implemented over an initial period of six months.

Preparedness strategies

To attain the objectives of the current plan, the COVID-19 Taskforce will rely on the following strategies:

- Utilizing the activated PHEOC and deploying the incident management system and functions that are tailored to the scale of the threat for effective coordination of COVID-19 preparedness activities.
- Given the high-risk of case importation and local transmission, sustaining the port health services at prioritized points of entry which builds on existing capacities established as part of EVD preparedness will be supported. This is a part of ongoing national efforts to comply with the

international health regulations (IHR (2005).

- Harnessing existing event and indicator-based surveillance including the national tollfree hotline, the PCR testing capacities in the national public health laboratory, the infectious diseases unit for effective case management and harnessing capacities that are cross-cutting with EVD preparedness. Inclusion of forced displacement settings (IDPs, refugees, and other persons of humanitarian concern) in the national COVID-19 surveillance, preparedness and response planning and activities; all measures taken will be aligned with the rights and needs of refugees and asylum seekers in a nondiscriminatory manner including in calculations of needs in stockpiles various items. Funding permitting and limited to operational capacity, UNHCR and its implementing partners may supplement national responses to cater for needs in refugee camps. A multisectoral and one-health approach to ensure effective engagement and preparedness across sectors.

Expected results for implementing the COVID-19 preparedness plan

Pillar 1: Country-Level Coordination, Planning and Monitoring

- PHEOC activated and corresponding notice issued
- Incident management team established for effective coordination of preparedness activities
- The IAP and overall COVID-19 preparedness and operational plan developed
- Resources mobilized to facilitate implementation of COVID-19 IAP and preparedness and operation plan
- Regular coordination meetings conducted to review and monitor implementation
- Regular situation updates issued and press briefings to enhance stakeholders and public awareness.
- Set response objectives in coordination with IM, IMS head of sections and selected partners.
- Develop COVID-19 Preparedness Incident Action Plan and associated documents.
- Establish weekly COVID-19 situation updates.
- Provide situational awareness through GIS/mapping and other knowledge preparedness activities.

Pillar 2: Risk Communication and Community Engagement:

- COVID-19 risk communication strategy and guidelines developed.

- Risk communications messages around non-pharmaceutical interventions for COVID-19 prevention developed
- Appropriate channels for COVID-19 communication identified and utilized.
- Mechanisms for COVID-19 rumor monitoring and management established.
- Communities mobilized to contribute to the alert system and contact training
- Communication messages and channels regularly assessed for effectiveness and coverage.

Pillar 3: Surveillance, Rapid Response Teams and Case Investigation

- COVID-19 case definitions for cases and contacts reviewed and disseminated for use in communities, health facilities and designated points of entry
- Tools and guidelines reviewed, updated and disseminated for effective cases and contacts surveillance
- Relevant software deployed for effective cases and contacts surveillance
- Train health workers and sensitize communities and other stakeholders on COVID-19 case identification and reporting
- Guidelines for respiratory disease outbreak investigation and sample collection developed
- Guidelines developed for effective samples collection and management
- Rapid response teams promptly deployed to investigate suspect cases

Pillar 4: Points of entry:

- Point of entry guidelines, tools, and plans reviewed to incorporate COVID-19 capacities
- Stakeholders including civil aviation, security, immigration, and airlines operators sensitized on COVID-19.
- Public health officers trained on COVID-19 and addition public health requirements for COVID-19 at points of entry.
- Effective screening of travelers for COVID-19 at designated points of entry.

Pillar 5: National Laboratories

- Capacities for COVID-19 testing and confirmation established in South Sudan
- Guidelines developed for effective samples collection and management

- Mechanism established for effective in country testing and international reference testing

Pillar 6: Infection Prevention and Control:

- Guidelines adapted for infection prevention and control for COVID-19
- Health workers in the infectious disease unit trained on standard precautions and IPC measures for respiratory diseases.
- Health workers in major hospitals especially those dealing with vulnerable groups such as pregnant and lactating women, people with chronic illness and elderly, in priority counties targeted and trained on standard precautions and IPC measures for respiratory diseases.
- Functional IPC committees established in target counties and health facilities.
- Triage system established for effective ARI triage in target health facilities
- IPC teams established to follow up on exposed health workers in target counties and health facilities.
- Establish hand washing stations in health facilities and selected public places.
- Establish triage points and temporary holding places in health facilities.
- Systems established for effective collection and disposal of contaminated medical waste in target health facilities
- General IPC guidelines developed and deployed for use at health facility and community level
- A functioning national IPC program established.

Pillar 7: Case Management:

- Guidelines for SARI management developed and deployed.
- Health workers in the treatment unit trained on SARI management guidelines and COVID-19 supportive care
- Dedicated ambulance team trained and available for COVID-19 patient transportation
- Medicines and food available for COVID-19 patients in the treatment unit
- Burial teams trained and facilitated to support COVID-19 preparedness

Pillar 8: Operational Support and Logistics:

- Logistics focal point established to link with all the pillars and stakeholders.
- Quantification for COVID-19 logistical needs finalized and disseminated
- Requisite COVID-19 logistics procured and prepositioned

- Local suppliers identified and LTAs established for procuring critical supplies like medical masks, VTMs, and triple packaging
- Support other logistical and supplies chain needs for effective COVID-19 preparedness.

Key Performance Indicators

The WHO operational planning guidelines to support COVID-19 country preparedness and response include an annex on key performance indicators (table 3). These are presented in the table below.

Table 3: Key performance indicators

Category	Indicator
Epidemiology situation	Number of countries with cases
	Number of confirmed cases worldwide
	Number of countries with local transmission
	Number of countries with imported cases
	% of countries in which there are cases that were not directly associated with travel to areas affected by community spread
	% of alerts, suspects or confirmed cases detected at Points of Entry
	% deaths reported among reported cases
	% of cases who are healthcare workers
Global response – Program management	% CPRP budget funded
	% of funds received for the CPRP implemented
Global response – Supply	Country requesting PPE has received stockpiles
Global response – R&D	Country if eligible is enrolled in clinical trials*
Country readiness – Capacity	Preparedness index & Operational readiness index
	Country has activated their public health Emergency Operations Centre or a coordination mechanism for the COVID-19 event
	Country has prepared a referral system to care for COVID-19 patients
Country – Surveillance and rapid detection	Country has reported the first COVID-19 case to WHO within 24 hours of confirmation as per IHR requirements
	For the first 10 suspected cases in a country, percentage of lab results available within 72 hours
IPC & Biosafety	% of acute healthcare facilities with triage capacity*
	% of acute healthcare facilities with isolation capacity*
Country – Risk communication and community engagement	Country has reported to have contextualized their risk communication and community engagement strategies
	Number of individuals reached with tailored information (frequency) (% of those that took action - changed course)*

The COVID-19 National Task Force with support of the Technical Working Groups will coordinate the reporting against these indicators. Indicators presented with an asterisk might not be tracked in South Sudan as these do not apply or cannot be measured.

Besides the globally agreed indicators in the above table, the South Sudan COVID-19 National Task Force will also track the following indicators:

- Number of COVID-19 alerts
- Number of confirmed COVID-19 cases
- Number of confirmed imported COVID-19 cases
- Number of counties with evidence of local transmission
- Percentage of counties in which there are cases that were not directly associated with travel to areas affected by community spread

Table 4: Summary budget for the COVID-19 preparedness & operational plan 1 April to 30 Sept 2020

#	COVID-19 Pillar (according to Global Guidelines)	Abbreviation	Budget (USD)			
			Required	Secured	Gap	%
1	Country-level Coordination, Planning & Monitoring	CPM	1,842,520	-	1,842,520	17%
2	Risk Communication and Community Engagement	RCCE	1,163,100	597,480	565,620	11%
3	Surveillance, Rapid Response Teams & Case Investigation	S-RRT-CI	1,752,225	-	1,752,225	16%
4	Points of Entry	PoE	732,080	-	732,080	7%
5	National Laboratories	Lab	348,726	-	348,726	3%
6	Infection Prevention and Control	IPC	767,520	-	767,520	7%
7	Case Management	CM	1,325,000	-	1,325,000	12%
8	Operational Support and Logistics	OSL	2,946,791	-	2,946,791	27%
Grand Total (USD)			**10,877,962**	**597,480**	**10,280,482**	**100%**

Detailed costing matrix is attached, & the detailed list of prioritized preparedness and operational activities is tabulated below.

Overall proposal – **$ $10,877,962 of which $597,480 were mobilized.**

Preparedness and operational response activities, responsible pillar and indicators

Table 5: Preparedness and operational response activities and responsible pillar and indicators

	Preparedness and operational activities		
S. No.	**Activity / Task**	**Responsible**	**Indicators**
Objective	**Coordination**		
	Activate the PHEOC and issue the activation notice	PHEOC manager	PHEOC activated for COVID-19
	Develop and implement the COVID-19 IAP	IM/ Plans	COVID-19 IAP developed
	Develop the overall COVID-19 preparedness and operational plan	IM/ Plans	COVID preparedness plan developed
	Conduct weekly coordination meetings to review the situation and progress on implement core preparedness activities	IM/IMS team	COVID-19 meeting minutes
	Sensitize the PHEOC Technical Officers on the COVID-19	IM/IMS team	Technical Officers sensitized
	Sensitize other key stakeholders including agencies; NGOs, major health facilities in high risk areas	IM/IMS team	Stakeholder sensitization sessions
	Liaise with other sectors; foreign missions; and other stakeholders through regular high level meetings for effective COVID-19 preparedness	IM	Number of sectors engaged in COVID-19 preparedness
	Resource mobilization strategy to facilitate implementation of COVID-19 IAP and preparedness and operational plan	IM/IMS team	Resource mobilization strategy developed
Objective	**Surveillance and risk assessment**		
	Review and disseminate the surveillance case definition for COVID-19	Epi Team	COVID-19 case definitions disseminated
	Review, update, and disseminate the case investigation form; line-list; contact form and international health arrivals form and guidelines for investigating and following up suspect cases; and contacts	Epi Team	COVID-19 tools developed and disseminated
	Develop a form in EWARS for capturing all the alerts that are being reported and investigated in South Sudan	Epi Team	EWARS deployed to support COVID-19 preparedness

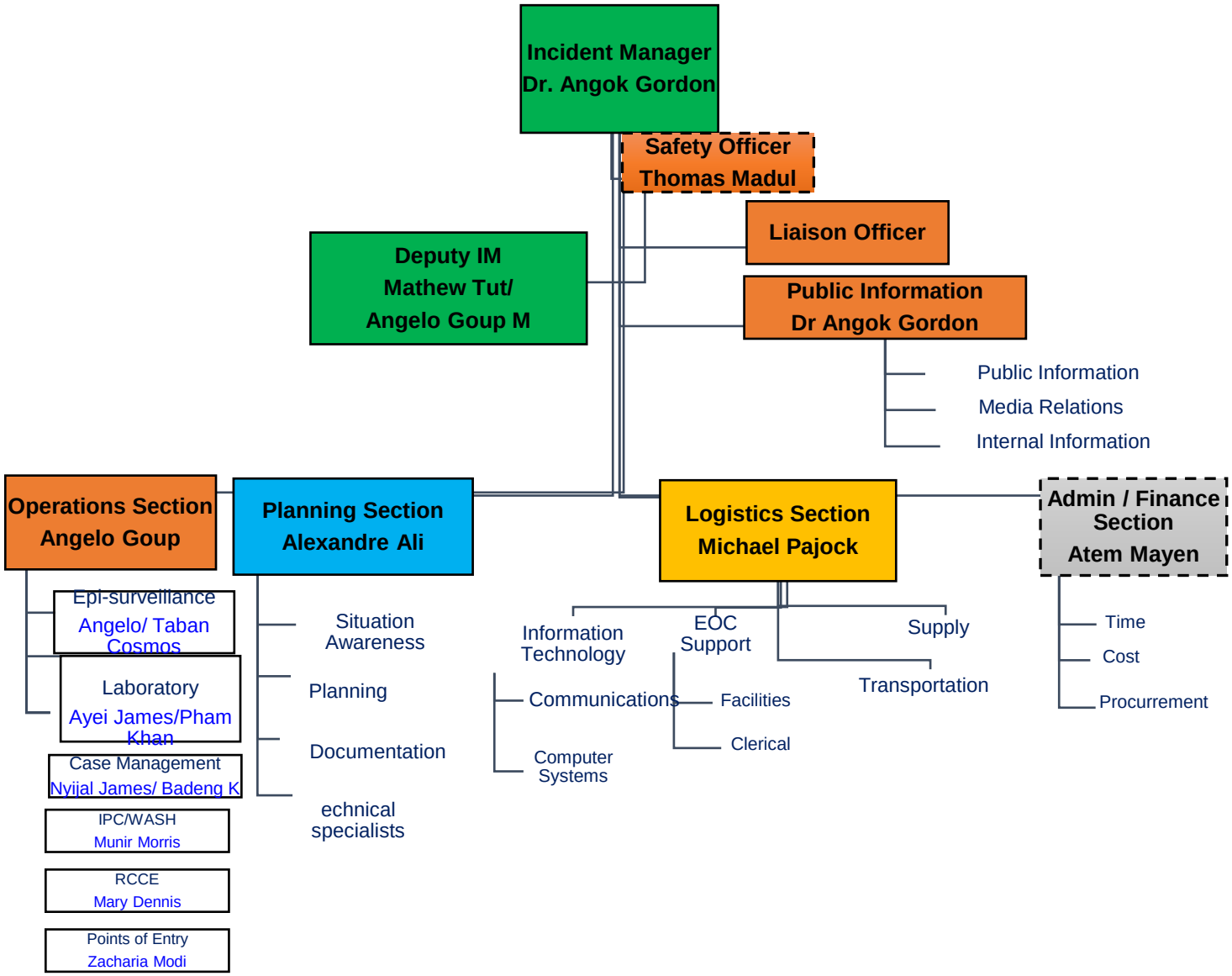
	Preparedness and operational activities		
S. No.	**Activity / Task**	**Responsible**	**Indicators**
	Establish; orient; and deploy contact tracing teams	Epi Team	COVID-19 contact tracing teams deployed
	Develop guidelines for contact tracing of respiratory illness cases	Epi Team	COVID-19 contact tracing SoPs finalized
Objective	**Rapid Response teams**		
	Develop guidelines on respiratory disease outbreak investigation	Epi Team	Updated COVID-19 outbreak investigation
	Develop guidelines on biological sample collection for respiratory pathogens	Epi Team	COVID-19 guidelines for sample collection finalized
	Train the NRRT on respiratory disease sample collection and outbreak investigation	Epi Team	RRTs trained on COVID-19 investigations
	Deploy RRTs to investigate suspect COVID-19 cases	Epi Team	COVID-19 alerts investigated promptly
Objective	**Points of Entry**		
	Develop and disseminate clear guidelines for managing COVID-19 suspect cases and contacts arriving into South Sudan fromCOVID-19 affected countries.	PoE team	Travel Guidelines Finalized and disseminated
	Review and update the PoE tools (international arrivals health form; screening procedure; line listing matrix)	PoE team	Updated PoE tools deployed for use
	Sensitize PoE screening staff, including asylum seekers reception staff, on COVID-19 and the updated procedures and tools	PoE team	Effective COVID-19 screening at PoE
	Sensitize civil aviation; airlines operators; security; immigration; and other stakeholders at the PoE on COVID-19 and measures instituted at PoE	PoE team	PoE stakeholders sensitized on COVID-19
	Train PoE staff to detect, and manage COVID-19 suspect cases and contacts at the PoE	PoE team	PoE trained for effective COVID response
	Regular monitoring visits to strengthen screening at JIA and other PoE	PoE team	Regular PoE monitoring visits
	Monitor & disseminate statistics of travelers screened & those arriving from COVID-19 affected countries at major PoEs	PoE team	PoE travel trends analyzed and published
Objective	**Laboratory**		
	Secure primers/probes and positive quality control materials for COVID-19 PCR assays	Lab team	In-country capacities to test COVID-19

	Preparedness and operational activities		
S. No.	**Activity / Task**	**Responsible**	**Indicators**
	Develop SoPs for collection, packaging, and transport of respiratory samples	Lab team	SoPs for sample management finalized
	Ship samples for reference and quality control testing	Lab team	Mechanism for effective sample shipment established
	Laboratory trainings on the COVID-19 testing and sample management for lab staff	Lab team	Effective sample management
Objective	**Infection Prevention and Control (IPC)**		
	Adapt guidelines for infection prevention and control for COVID-19	IPC team	IPC COVID-19 guidelines finalized
	Train the health workers in the infectious disease unit on standard precautions and IPC measures for respiratory diseases.	IPC team	HCW trained on IPC precautions for respiratory pathogens
	Train health workers in major hospitals in priority counties on standard precautions and IPC measures for respiratory diseases.	IPC team	Improved IPC in major hospitals
	Establish functional IPC committees in target counties and health facilities.	IPC team	Functional IPC committees
	Establish triage system for effective ARI triage in target health facilities.	IPC team	ARI triage established in HFs
	Establish IPC teams to follow up exposed health workers in target counties and health facilities	IPC team	Mechanism for following up exposed HCW
	Establish hand washing stations in health facilities and selected public places.	IPC team	HW stations established in HF
	Establish triage points and temporary holding places in health facilities.	IPC team	Triage and temporary holding in HF
	Establish systems for effective collection and disposal of contaminated medical waste in target health facilities	IPC team	Effective waste management in HF
	Develop and deploy general IPC guidelines for use at health facility & community level	IPC team	IPC guidelines available for use in HF
	Establish a functioning national IPC program	IPC team	Functional IPC program
Objective	**Effective COVID-19 case management**		
	Develop and deploy guidelines for SARI management	Case mgt team	SARI management guidelines deployed

	Preparedness and operational activities		
S. No.	**Activity / Task**	**Responsible**	**Indicators**
	Train health workers in the treatment unit on SARI/COVID-19 management guidelines and supportive care	Case mgt team	Treatment Center HCW trained on SARI/COVID-19 case management
	Train a dedicated ambulance team that is equipped and available for COVID-19 patient transportation	Case mgt team	Ambulance team trained in COVID-19
	Avail recommended medicines, supplies, & food for COVID-19 patients in the treatment unit	Case mgt team	Effective management of COVID-19 cases
	Train and equip burial teams to support COVID-19 preparedness	Case mgt team	Burial teams trained in COVID-19
Objective	**Effective Risk Communication and community engagement**		
	Develop the COVID-19 risk communication strategy	RCCE team	COVID-19 risk communication strategy finalized
	Develop and validate the COVID-19 risk communication guidelines	RCCE team	COVID-19 risk communication guidelines finalized
	Develop and pre-test risk communications messages around non-pharmaceutical interventions for COVID-19 prevention	RCCE team	COVID-19 messages developed
	Identify and utilize appropriate channels for COVID-19 communication	RCCE team	Effective communication channels utilized
	Establish mechanisms for COVID-19 rumor monitoring and management	RCCE team	Rumor monitoring established
	Mobilize communities to contribute to the alert system and contact training	RCCE team	Community support to COVID-19 interventions
	Regularly assess communication messages and channels for effectiveness and coverage	RCCE team	Communications messages assessed and updated regularly
Objective	**Planning and information management**		
	Regularly review preparedness objectives scaled to the situation and operational mode	Plans team	Response tailored to context
	Develop and update the COVID-19 Preparedness Incident Action Plan and associated documents	Plans team	Planning documents developed to guide preparedness

	Preparedness and operational activities		
S. No.	**Activity / Task**	**Responsible**	**Indicators**
	Prepare and publish regular (weekly) COVID-19 situation updates	Plans team	Regular situation reports published
	Provide situational awareness through GIS/mapping and other information management approaches	Plans team	Situation awareness maps disseminated
Objective	**Logistics**		
	Establish a logistics focal point to link with all the pillars and stakeholders	Logs team	Logistics focal point to coordinate preparedness
	Quantify the COVID-19 logistical needs for optimal preparedness	Logs team	Effective quantification of COVID-19 logistical needs
	Procure and preposition the requisite COVID-19 logistics	Logs team	COVID-19 logistics prepositioned
	Identify local suppliers and establish LTAs for procuring critical supplies like medical masks, VTMs, and triple packaging	Logs team	Mechanism for rapid procurement of COVID-19 logistics
	Other logistical and supplies chain needs supported for effective COVID-19 preparedness	Logs team	COVID-19 logistics in place for optimal preparedness

Figure 2: Organization of South Sudan COVID-19 Task Force


Incident Manager
Dr. Angok Gordon
Safety Officer
Thomas Madul
Liaison Officer
Deputy IM
Mathew Tut/
Angelo Goup M
Public Information
Dr Angok Gordon
Public Information
Media Relations
Internal Information
Operations Section
Angelo Goup
Planning Section
Alexandre Ali
Logistics Section
Michael Pajock
Admin / Finance Section
Atem Mayen
Epi-surveillance
Angelo/ Taban Cosmos
Laboratory
Ayei James/Pham Khan
Case Management
Nyijal James/ Badeng K
IPC/WASH
Munir Morris
RCCE
Mary Dennis
Points of Entry
Zacharia Modi
Situation Awareness
Planning
Documentation
echnical specialists
Information Technology
Communications
Computer Systems
EOC Support
Facilities
Clerical
Supply
Transportation
Time
Cost
Procurrement