

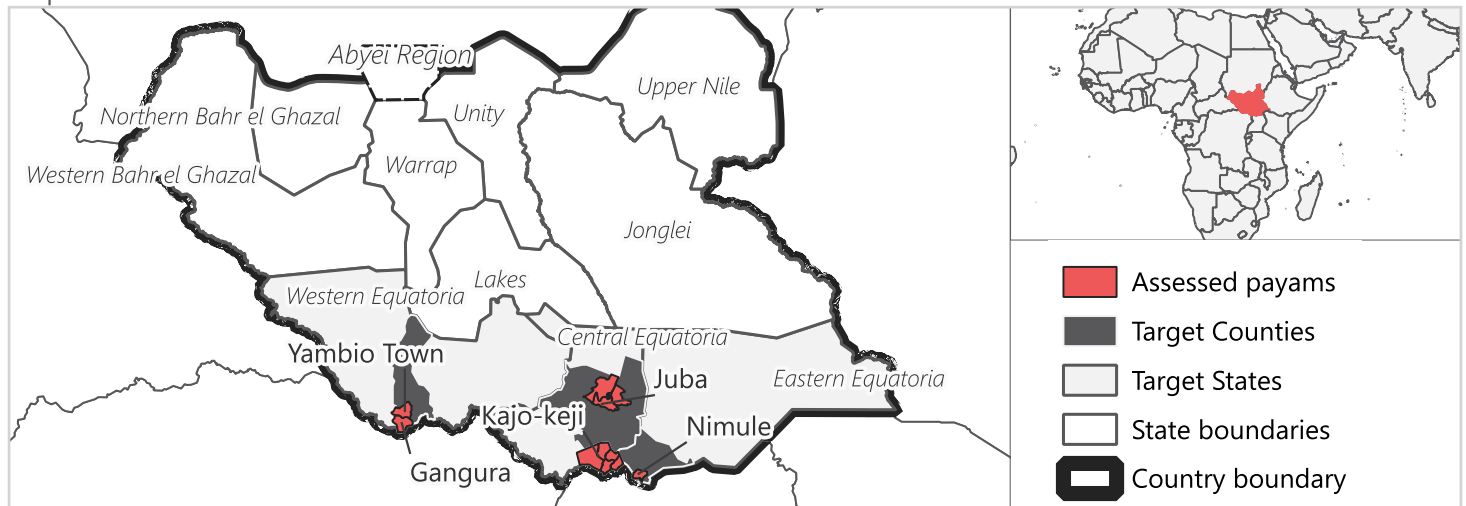
Rapid Ebola Virus Disease Knowledge Assessment in High-Risk Areas

July 2026 | South Sudan

Context & Rationale

South Sudan faces an elevated and sustained risk of **Ebola Virus Disease (EVD) importation**, driven by an active outbreak of the Bundibugyo strain in the Democratic Republic of Congo and confirmed cross-border transmission into Uganda. While the outbreak seems to have slowed in Uganda, where no new cases were reported as of late June, reported cases in DRC had risen up to 3200, including 1405 deaths, by late July 2026.¹ **Strong social, cultural and economic ties and porous borders with both DRC and Uganda make the importation of the Bundibugyo Vstrain of EVD (BVD) a likely event in South Sudan**, with a recent study estimating a probability of nearly 70%.² In anticipation of this, South Sudan's Public Health Emergency Operations Center has formed an EVD Steering Committee and related coordination and operations structure. Despite this, **emergency preparedness in South Sudan, in particular with regard to Risk Communication and Community Engagement (RCCE) is faced with a near absence of current data on knowledge about EVD**, with the most recent such study dating to 2019.³ In coordination with RCCE partners, REACH conducted a mixed methods assessment in Juba, Yambio (including Gangura) and Nimule, all three of which form part of the 15 locations designated as high-risk of EVD importation by the National Public Health Institute. The assessment consisted of a quantitative KAP survey, adapted from a CDC toolkit, as well as 6 Focus Group Discussions to provide deeper insights into the themes of EVD knowledge, cross-border mobility, reporting and care-seeking pathways as well as trusted health information channels to support RCCE actors in adapting EVD messaging to at-risk populations.⁴

Map 1: Assessed Areas



Key Messages

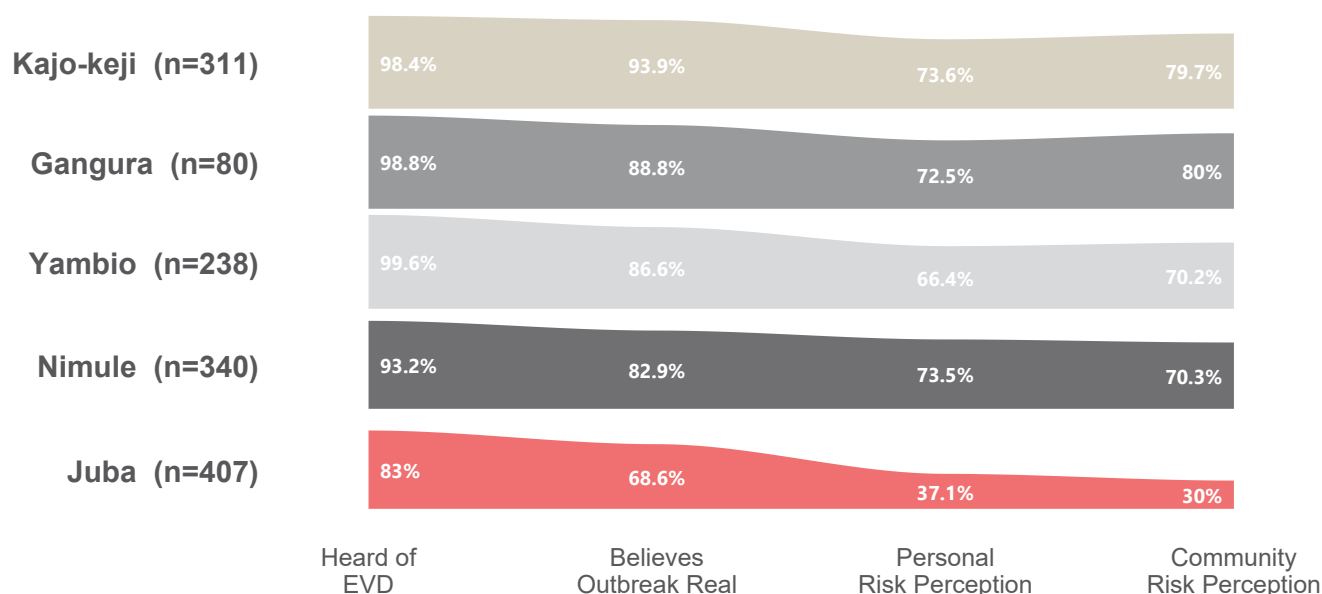
- Despite widespread awareness of EVD, findings indicate some respondents do not believe outbreaks are occurring in neighbouring countries, as well as relatively low levels of risk perception, especially in Juba.
- Health workers and the radio seemed to be the most widely used and trusted sources of health information, but qualitative information suggests more remote communities may not have access to either.
- Respondents seemed able to recall some common symptoms of EVD, but both survey findings and qualitative data indicate a widespread desire for additional information.

As a result of its engagement with the RCCE pillar, REACH's data collection tools were adapted by GOAL to conduct data collection in Kajo-keji, also a designated high-risk location. The results presented in this report cover all four of the targeted locations, with data on Kajo-keji stemming from GOAL.

This report is part of a [series of related outputs](#) on the current BVD outbreak, including a [review of mobility patterns across DRC, Uganda and South Sudan](#), as well as rapid assessments of [schools](#) and [public health infrastructure](#) in DRC.

Knowledge of EVD

Figure 1: Proportion of respondents reporting awareness of EVD, belief in the outbreak being real, personal risk and risk to their community



Awareness

Awareness of EVD was reported to be high in all assessed locations. Only in Juba nearly a fifth of all respondents reportedly had not heard of EVD, potentially signalling that RCCE messaging successfully reaches populations in locations along the southern borders but does not sufficiently target Juba as a high-risk Point of Entry.

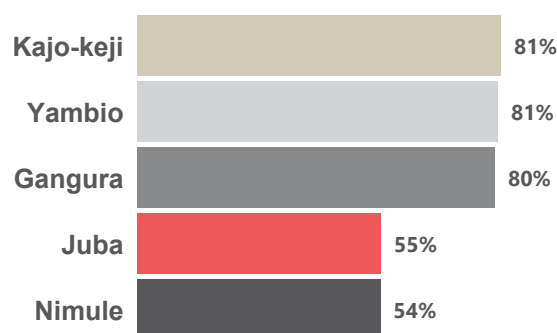
It is unclear whether there was specific awareness of Bundibugyo Virus Disease (BVD), or whether EVD knowledge may be the result of RCCE efforts during previous outbreaks. Of those that indicated awareness of EVD, not all seemed to believe that there was a current outbreak in neighbouring countries, or that there was a risk to themselves or their communities (see Figure 1).

Perceived Risk

The mismatch between EVD messaging as an acute danger and a lack of cases in South Sudan may be reducing perceived risk even in high-risk areas. In addition to FGD participants in all locations confirming they had never encountered EVD (unlike other diseases), some also pointed out that bush meat is a staple of local diets with no observable repercussions, which may negatively influence opinions about the reliability of risk messaging that identifies consumption of bush meat as a key risk factor.⁵

Despite this, FGD participants in all locations also pointed out that they considered everyone in their respective areas to be at risk of contracting EVD. In locations such as Yambio and Nimule, FGD participants seemed acutely aware that cross-border exchanges may increase the risk of EVD importation, with many asking for protective equipment and WASH facilities to enhance preparedness and in one instance even suggesting isolating visitors temporarily.

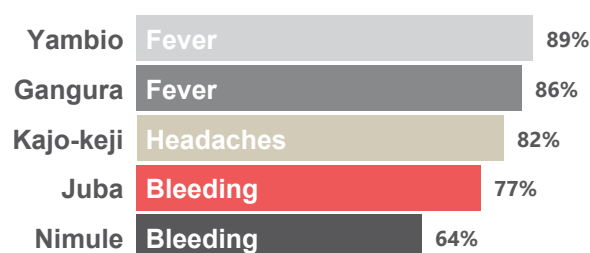
Figure 2: Proportion of respondents expressing demand for more information about EVD



Signs and Symptoms

Common symptoms of EVD were often recalled, but FGD participants indicated they would not be able to reliably tell the difference between EVD and other infectious diseases with similar symptoms such as Malaria (see Figure 3). Both survey results and FGD data furthermore pointed to a **high demand for more EVD-related awareness** (see Figure 2).

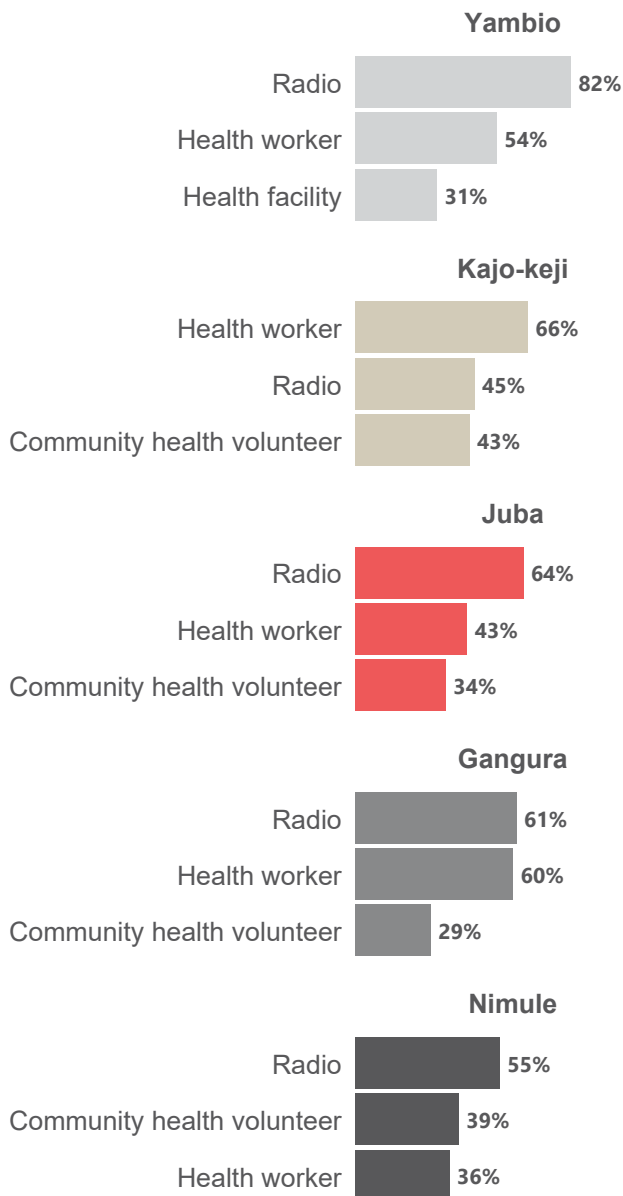
Figure 3: Most commonly mentioned EVD symptom



Health Information

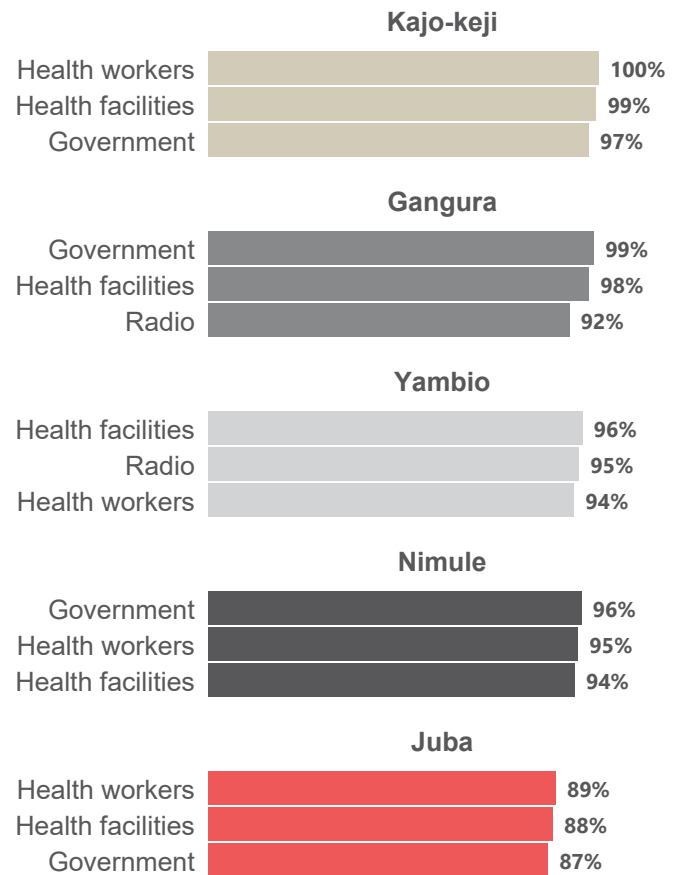
Radio, health workers and health facility staff are likely to represent impactful health information pathways for urban and semi-urban areas, with most respondents in all locations mentioning these as the most common sources for health information (see Figure 4). RCCE messaging in South Sudan already heavily relies on radio transmissions, with large media channels such as Eye Media broadcasting BVD hotline awareness across much of the country.

Figure 4: Top 3 reported sources for health information



However, FGD participants in multiple locations indicated that not all community members had access to radio. While they also reported sharing information from the radio with neighbours and other community members, it was noted that in more remote locations communities may not have devices to listen to radio, or even receive radio signals at all.

Figure 5: Top 3 most trusted sources for health information. *Note that the assessment did not investigate how information from the government may reach individuals.*



While among the most common health information sources, radio messaging may not be the most trusted channel, especially versus in-person awareness. Information coming from health workers, directly from hospitals and from the Ministry of Health or the government more broadly was far more often reported as the most trusted option (see Figure 5). Some FGD participants further pointed to local community leaders as a trusted information source. In Yambio, local leaders were noted to enjoy high levels of trust as they commonly live in the same settlements and as such are unlikely to betray the interests of their own communities. Both in Yambio and in Nimule, participants also indicated they would follow the advice of local community leaders trained specifically on EVD.

In locations where communities may not have access to radio or hear directly from health workers, **community leaders tied into local hierarchies and trained on EVD may therefore be an effective channel for public health messaging.** Other FGD participants also noted a preference for in-person awareness campaigns, or even the use of megaphones to inform communities with otherwise little access to information.

Cross-border Mobility

Both the South Sudan-DRC and the South Sudan-Uganda border areas are characterized by high porosity and mobility that is difficult to control or monitor. Shared histories and close economic ties mean that official border crossings are often inconsequential to daily life, and FGD respondents across all locations indicated effectively no restrictions on personal mobility.⁶ Reported reasons for crossing involved both commercial and personal reasons, such as purchasing food items or visiting family members across the border. In Yambio, which is relatively further away from the nearest border crossing than Nimule and Kajo-keji, respondents also pointed out that even those who do not cross the border into DRC do regularly visit the weekly border market.

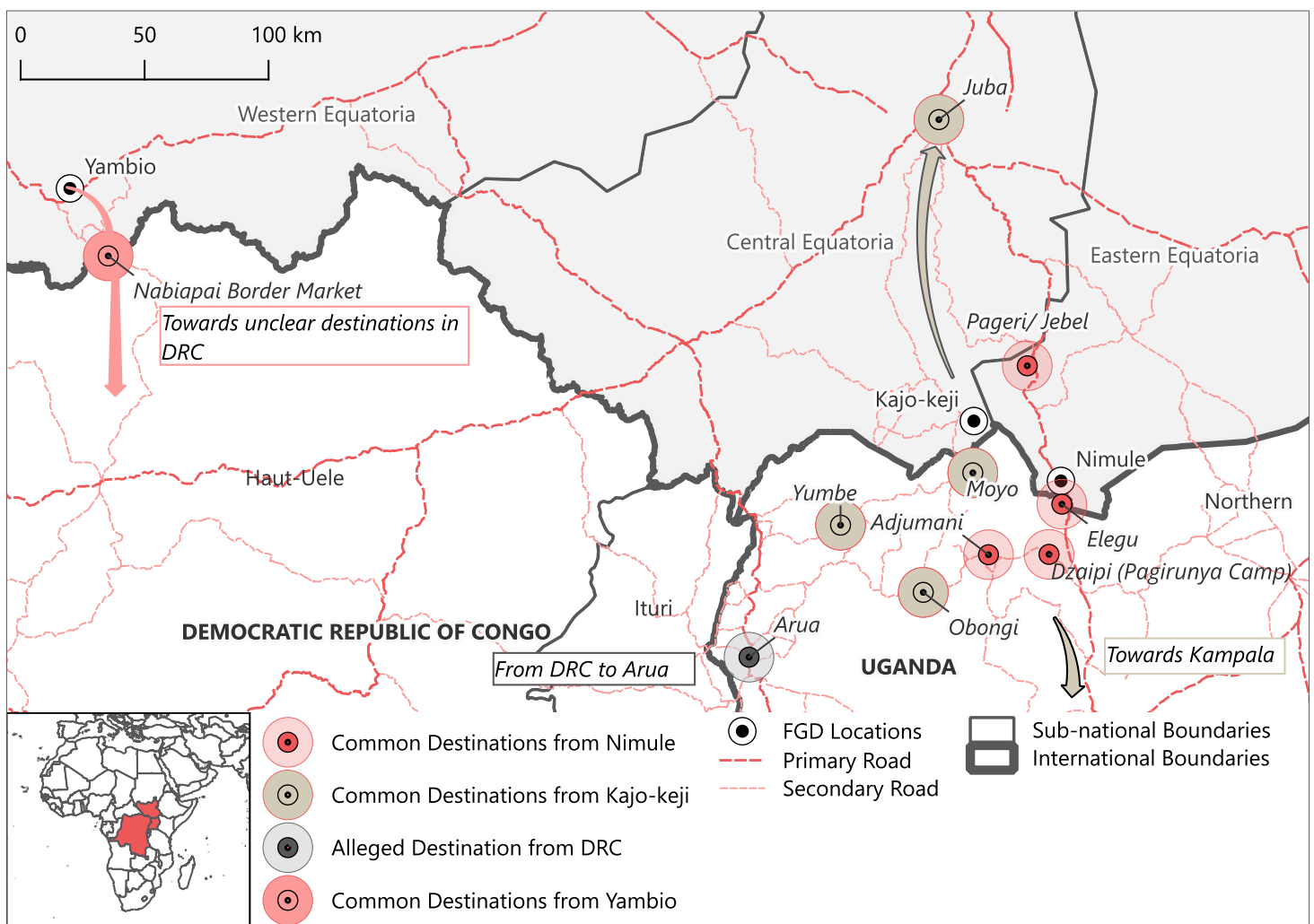
These cross-border dynamics also mean that border closures are unlikely to be effective in preventing the spread of BVD. The use of informal routes, often driven by the avoidance of checks and taxation has been documented during a previous EVD outbreak, but was also reflected by FGD participants who pointed out they would be unwilling to respect any restrictions on cross-border movement.⁷ As per a recent WHO warning, border closures are therefore likely to increase the risk of EVD spreading.⁸

Common Routes

In addition to diffuse, every-day cross-border mobility, movement patterns also seem to follow more concentrated routes toward urban centres and refugee settlements. While no particular location in DRC was mentioned by FGD respondents in Yambio, common destinations from Nimule and Kajo-keji included Elegu, Pagirinya Camp and Adjumani, as well as Moyo, Obongi and Yumbe respectively, but also occasional transfers to Juba or Kampala (See Map 1).

Community-reported movement patterns may correspond to likely transmission pathways in the current outbreak, particularly routes linking Ituri and Haut-Uele to the Uganda and South Sudan borders. A recent analysis of spread patterns shows that BVD transmission appears to have followed major road networks in DRC, including to areas in Ituri province along the border with Uganda.⁹ Respondents' awareness of the Ituri-Arua corridor (see Map 1), corroborated by reports of cross-border movement suggests this route is sufficiently well-established to warrant consideration as a potential BVD transmission pathway despite lying outside the geographic focus of the assessment.¹⁰

Map 1: Cross-border Mobility (Data from FGD). Note that FGD respondents mentioned having heard of passenger transport from DRC to Arua but had not done the route themselves.



Screening

Screening seemed to be active around official border crossings with DRC and Uganda, but FGD participants noted concerns about selective and porous testing.

In Nimule and Kajo-keji, screening was reportedly not conducted at night and did not commonly target local residents crossing the border. In Yambio, some participants even noted that they were not aware of any screening at all, despite regularly crossing the border to DRC. In multiple locations, screening was also described as opaque, with little explanation of the process at checkpoints, raising concerns with communities about the reliability of the screening procedures.

Screening was considered an important protective measure, with FGD participants across all locations demanding more extensive checks in public places beyond official border crossings. Participants had no material concerns about the usefulness of screening and indicated that avoidance of checkpoints via informal crossings related only to taxation or the risk of administrative fines rather than to health screening as such.

Care-seeking Behaviour and Reporting

FGD participants reported willingness to report suspected cases, but survey results pointed to low levels of awareness about the hotline in some locations. Higher reported levels of hotline awareness are likely to be the result of recent awareness campaigns in places such as Yambio or Gangura (see below). Some FGD participants also raised concerns about the functionality of the hotline as a reporting mechanism, fearing insufficient response times in their respective communities. FGD participants across all locations also indicated their willingness to approach health authorities for suspected cases but appreciated the anonymity of the hotline, as well as its use being toll-free.

Highest and lowest reported awareness levels of the EVD hotline across all assessed locations:

73% in Gangura

24% in Kajo-keji

Cost of treatment may drive risky care-seeking strategies, with some women FGD participants indicating that seeking treatment at a hospital may require the consent of a male household member as well as taking up additional income-seeking activities and as such, herbal remedies may be preferred as a first treatment step. In addition, participants raised **concerns about community members not quarantining to avoid loneliness or out of fear of the treatment itself.**

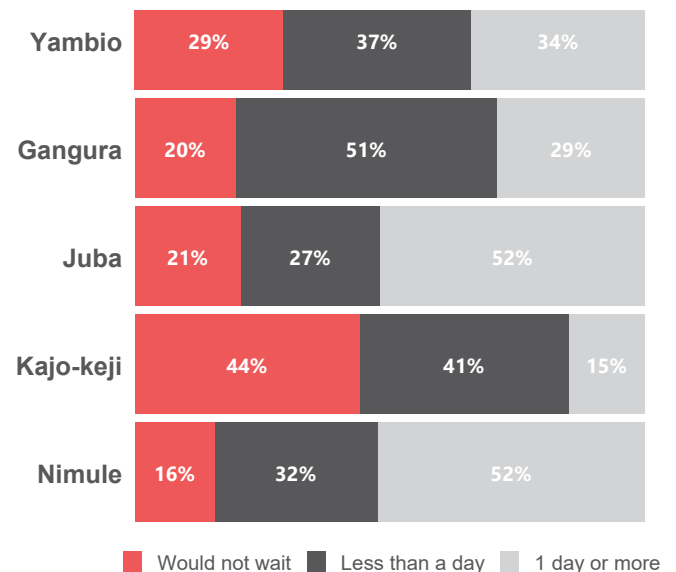
Safe and dignified burials

Despite EVD awareness, physical touch is considered an important part of traditional burial rites in many South Sudanese communities. FGD participants in Yambio, where around a fifth of the surveyed population indicated they would wash the body of an EVD victim, pointed out they were aware of tensions around restrictions of traditional burial practices in DRC and considered this a potential source of tension in their own communities as well. However, they also noted that **restrictions openly and clearly backed by health workers would be considered acceptable**, likely due to high levels of trust in health workers.

22% of respondents in Yambio reported they would wash the body of an EVD victim

Survey results further indicate that the willingness to wait for health workers before a burial strongly varies by location. Especially in Kajo-keji, most respondents seemed to be unwilling to wait even a single day (see Figure 6). In such locations, **rapid deployment of health personnel is likely to become essential in the case of a BVD outbreak in South Sudan.**

Figure 6: Reported willingness to wait for health personnel before burial



ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

Methodology Overview

The rapid EVD assessment used a mixed-method design consisting of a KAP survey tool adapted from a CDC toolkit for EVD, alongside Focus Group Discussions with highly mobile populations to further contextualize survey findings. A total of 1065 individual surveys were conducted from 29 June to 11 July 2026 in Juba, Yambio and Nimule; additionally, 6 Focus Group Discussions were conducted in Yambio and Nimule during the same period.

Individual surveys followed a multi-stage sampling protocol based on gridded population sampling, a systematic walking protocol and the last birthday method, and were designed to produce representative insights for the assessed areas of each town. Due to practical limitations during field work, such as deviations from the sampled grid, results should be considered indicative.

Deviations also meant that in addition to Yambio town itself, surveys were conducted in Gangura payam in Yambio County, which was purposively selected given its proximity to the DRC border and relevance to cross-border transmission risk.

Focus Group Discussion participants were selected purposively against a target profile of boda-boda drivers, traders or small business owners, and women as caregivers. Data collection tools for the individual surveys and the FGDs were shared with GOAL, who independently conducted data collection using nearly identical tools in Kajo-Keji during the same period.

For further detail, please consult the assessment's [Terms of Reference](#).

GOAL Data

Data from Kajo-keji (311 individual surveys, 3 FGD) was collected by GOAL, following a representative sampling approach.

Limitations

- Sampling did not follow a strict probability draw. In Yambio, populations closer to the Yambio-Nabiapai road to DRC were sampled purposively to provide more insights into semi-urban high-risk areas. In Juba and Nimule, deviations were dictated by practical constraints in the field.
- As a result, findings are indicative of the populations in the assessed areas. They are representative of neither the three towns as a whole, nor of the payams or counties in which data collection took place.
- The assessed areas do not cover the entirety of each town. In particular, coverage within Yambio was concentrated toward the parts of town nearer the DRC road.
- Surveys where the respondent did not consent were not recorded, so no estimate of the refusal rate is available.
- FGD participants in Yambio did not fully match the target profiles. While target profiles (boda-boda riders, cross-border traders, women as care-givers) were represented as FGD participants, groups were largely mixed, which may make the qualitative insights for Yambio less rich than for the other locations.
- Despite the intention to collect further qualitative data through KII, no KII were conducted.
- Population data used to design the sample are modeled estimates from 2020 and may not fully reflect current population distribution.

Endnotes

- 1 World Health Organization. *Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda*. 2026. [Link](#).
- 2 The Lancet Infectious Diseases. *Size of the 2026 Ebola outbreak and risk of cross-border spillover from Bundibugyo virus in Ituri Province, DR Congo, and its implications for preparedness: a recalibrated stochastic modeling study*. 2026. [Link](#).
- 3 UNICEF. *Formative Study on Knowledge, Attitudes and Practices in Relation to Ebola Virus Disease (EVD) in South Sudan: Summary of Key Findings*. 2019.
- 4 Center for Disease Control and Prevention. *A Guide to Adapting and Using Knowledge, Attitudes, and Practices (KAP) Surveys During and Ebola Response*. 2022. [Link](#).
- 5 EVD-related messaging is often linked to bush meat due to the risk of human-to-human transmission along its supply chains. Because bush meat is central to local diets across South Sudan (and DRC), incautiously formulated messaging is likely to invite scrutiny. See: Social Science in Humanitarian Action Platform (SSHAP). *Key considerations: bushmeat in the border areas of South Sudan and DRC*. 2019. [Link](#).
- 6 Social Science in Humanitarian Action Platform (SSHAP). *Cross-Border Dynamics Between South Sudan and DRC*. 2019. [Link](#).
- 7 Ibid.
- 8 World Health Organization. *Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern*. 2026. [Link](#).
- 9 IMPACT Initiatives. *Regional Overview Mobility Map, DRC*. 2026. [Link](#).
- 10 Displacement Tracking Matrix (IOM). *DRC — Ituri: Population Mobility Mapping for Epidemic Preparedness and Response*. May 2026. [Link](#).



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