



Population Movement and Health-seeking in Response to COVID-19

South Sudan, April 2020

Introduction

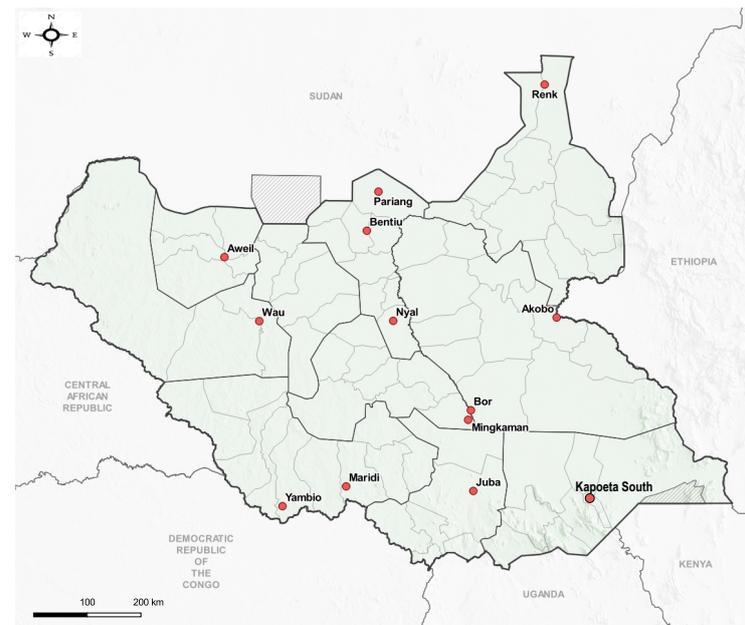
On April 5th, 2020, South Sudan's Ministry of Health reported the country's first case of COVID-19.¹ In order to ensure evidence-based prioritisation and population movements across the country, REACH conducted a qualitative assessment to better understand what health-seeking behaviours people would likely resort to if COVID-19 reached their areas, and how an outbreak might change population flow in and out of urban areas and across borders. From April 6th, 2020 to April 20th, 2020, REACH conducted **18 focus group discussions (FGDs)** including participatory mapping exercises in 13 REACH bases (Pariang, Bentiu, Nyal, Aweil, Wau, Yambio, Maridi, Mingkaman, Akobo, Renk, Kapoeta South, Bor Protection of Civilians (PoC) sites and Juba) and **5 key informant interviews (KIIs)** with community leaders, health workers, and health-based NGO staff in Juba, Kapoeta South, and Lafon counties. This assessment used a qualitative methodology that did not assess all potentially relevant locations, and as such, findings are indicative only.

Key Findings

- Findings indicate that, if COVID-19 reached their community **the vast majority of people would prefer seeking treatment at the hospital or Primary Health Care Centre or Unit (PHCC/PHCU) over traditional healers** based on the fact that a formal healthcare facility is perceived as the only place COVID-19 can be diagnosed, treated, and contained. However, **few participants reported they would stay home and call 6666**, a hotline established by a risk communication and community engagement working group to help the general public to call in for assistance once anyone showed signs/symptoms of COVID-19. This advice was given through risk communications, which people are not necessarily keen on following at the onset of COVID-19 in the country, mainly given the perception that it is difficult to distinguish COVID-19 from other common diseases in the region for which most people would seek treatment directly at a health facility.
- FGD participants reported that, if COVID-19 reached their communities, **some people would move to places with functional health facilities, while others would move to rural areas and cattle camps**, where the risks of contracting COVID-19 were reportedly believed to be less high. This type of movement runs the risk of increasing the spread of COVID-19 across the country, and the virus reaching cattle camps could have severe consequences, given the lack of basic healthcare facilities.
- Since early/mid-April 2020 when restrictions were put in place, cross-border and inter-state movement has been restricted, but **people were reportedly still crossing at informal points** or bribing the officials at border check points, mainly in pursuit of livelihood activities.

- An **increased environment of fear could reduce population movement to urban towns such as Juba town**, due to the commonly reported perception that COVID-19 was only spreading within urban centres like Juba town. For populations that are relying on urban centres to access services and employment, this could impose challenges related to reduced access to livelihoods and basic needs.
- Commonly reported risks that may reportedly impede health seeking behaviour in the event of a COVID-19 outbreak include insecurity and poor road conditions, the latter of which would reportedly hinder access but not fully prevent people from seeking treatment.
- FGD participants reported that people would likely still move away from insecure areas to areas with higher risk of COVID-19, indicating that people are likely to choose safety over health in contexts of insecurity.

Map 1: Assessed locations in South Sudan, April 2020



Seeking treatment

FGD participants reported varying preferences on whether or not to seek treatment and where to seek it from, were COVID-19 to reach their community. Among the FGD participants, the vast majority reported that most people would seek treatment if they had symptoms of COVID-19. When asked which type of treatment people would seek, most participants reported that people would likely seek treatment at formal healthcare facilities, such as a hospital or a Primary Health Care Centre or Unit (PHCC/PHCU), because formal health facilities were perceived as the only place where COVID-19 could be tested, treated and contained. In comparison, fewer participants reported that people would stay home and call 6666 as advised by the Ministry of Health and other approved risk communications from the humanitarian response.²

Population Movement and Health-seeking in Response to COVID-19

Table 1: Modes of transportation in assessed locations, before and during COVID-19 outbreak

Assessed locations	Modes of transport before Covid-19 outbreak	Modes of transport during Covid-19 outbreak
Wau	Motorbike, group vehicle, and foot	Foot
Aweil	Group vehicle, motorbike and foot	Motorbike
Renk	Private car and group vehicle	Group vehicle
Akobo	Canoe/boat and foot	Foot
Bor South	Bicycle, group vehicle and foot	Motorbike, bicycle, private car and foot
Kapoeta	Motorbike, bicycle and foot	Foot
Yambio	Motorbike and bicycle	Motorbike and bicycle
Maridi	Motorbike, bicycle and group vehicle	Motorbike, bicycle, and foot
Juba	Group vehicle, private car, bicycle and foot	Motorbike, bicycle and foot
Mingkaman	Canoe/boat and foot	Boat
Pariang	Foot	Foot
Bentiu town	Group vehicle and foot	Group vehicle and foot
Nyal	Group vehicle, foot and canoe/boat	Canoe/boat and foot

Table 2: Past major disease outbreaks causing large-scale movement

Assessed locations	Past major disease outbreaks	Past outbreaks causing movements
Wau	Cholera	None reported
Aweil	Cholera	None reported
Renk	Malaria	None reported
Akobo	Cholera	None reported
Bor South	Malaria and Flu	None reported
Kapoeta	Cholera	None reported
Yambio	Measles, Chicken pox, Ebola and Cholera	None reported
Maridi	Ebola	Ebola
Juba	Cholera and Meningitis	None reported
Mingkaman	Cholera, Measles, yellow fever and Polio	None reported
Pariang	Kala-azar	Kala-azar
Bentiu town	Cholera and Kalazar	Cholera and Kala-azar
Nyal	Cholera, Measles, Kala-azar and yellow fever	Kala-azar

Table 1: Modes of Transportation

While most FGD participants reported that the main methods of transport are ordinarily going by foot, group vehicles such as buses, or motorbike, in the event of a COVID-19 outbreak in their area, available means of transportation will reportedly be more limited than beforehand. Participants in some locations reported group vehicle and motorbike transport will largely cease to be available, causing some to use bicycles instead. Such limitations will likely primarily affect populations in urban or peri-urban areas, since populations in rural areas or (financially) vulnerable populations, generally rely less on motorized transport in their daily lives.

Table 2: Major Disease Outbreaks

While South Sudan has experienced a series of past disease outbreaks, participants across assessed locations noted that major population movement did not often occur. Unity state and Maridi county were the main areas reporting that population movement did take place in the event of an outbreak. In Unity state, FGD participants reported a series of past disease outbreaks; among these, cholera and Kala-azar were reportedly very severe, killing many people and triggering population movement within Unity state and across the Nile into Ayod and Fangak counties. Historically, people reportedly mainly moved to seek medical treatment in areas with well-established hospitals like Bentiu town, or to escape disease-affected areas. In Maridi county, a severe and highly fatal Ebola outbreak affected Maridi town in particular, prompting movement of unaffected people away from Maridi town despite roadblocks imposed by the government and despite the presence of healthcare facilities in the town. In the case of both Unity state and Maridi county, unusually high fatalities seemed to be an important catalyst for movement, though the presence of health facilities when perceived to be effective reportedly also influenced movement-related decision-making.³

Reportedly, this was mainly because of the perceived difficulty of distinguishing COVID-19 symptoms from those of other common diseases, causing many to go to a health facility as they usually would. At the same time, participants mentioned that access to healthcare facilities would likely become more difficult during the rainy season due to poor road conditions. Some participants mentioned that rural populations would initially seek treatment from the nearest health facility, but would likely travel to higher-capacity facilities, such as hospitals in state capitals if they failed to get adequate treatment in their nearby facilities.

The role of traditional medicine

Very few participants reported that people would initially seek traditional treatment if they had COVID-19 symptoms; however, some reported it as a viable secondary source of treatment. While one KI from Lafon county reported that most

Population Movement and Health-seeking in Response to COVID-19

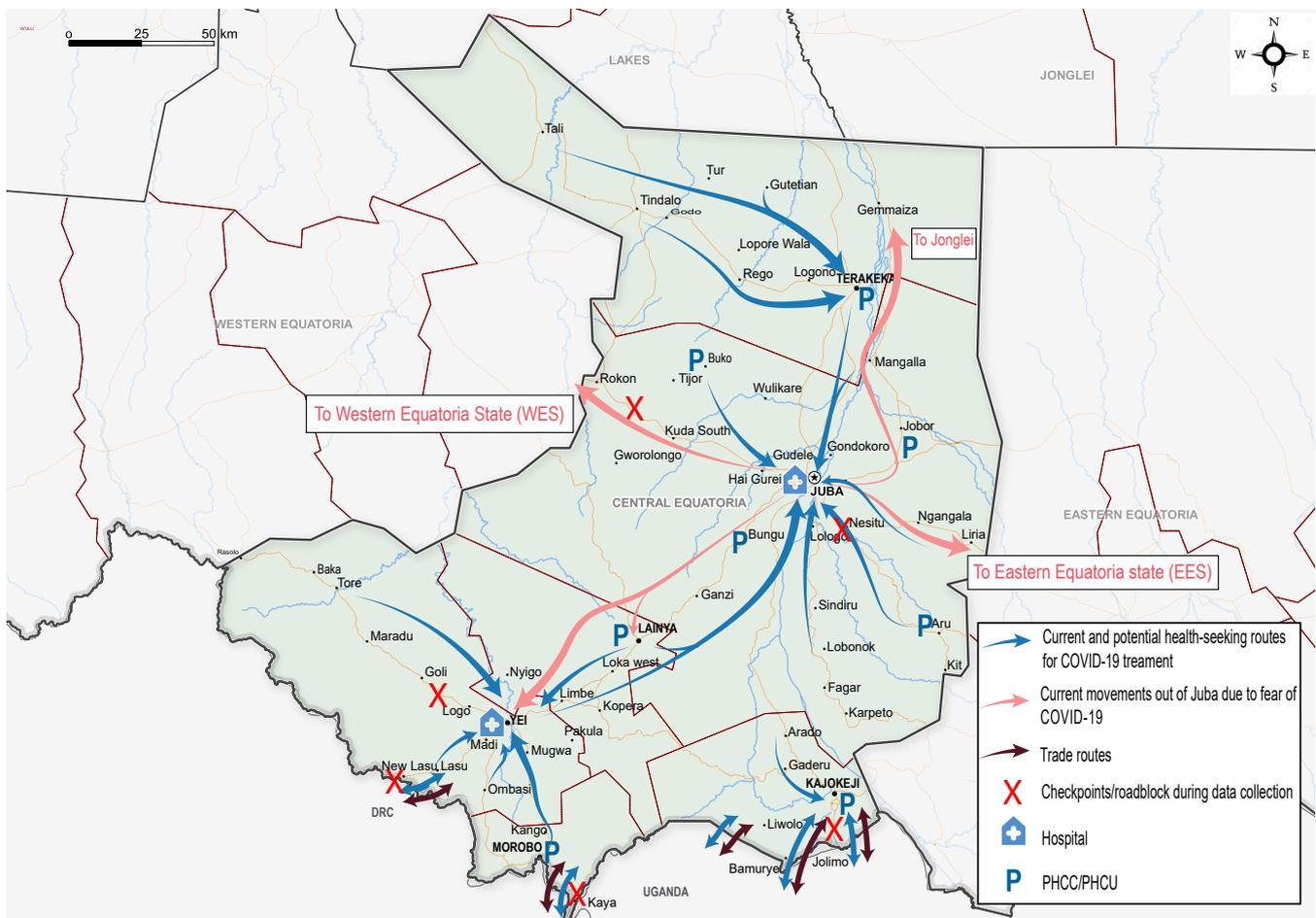
people place greater trust in traditional healers, the vast majority of FGD participants reported that people would only seek traditional medicine if formal healthcare services were not accessible, for instance due to supply or staffing shortages, physical insecurity, or high costs of treatment. Participants also noted that some may seek traditional medicine where there is a lack of awareness about proper COVID-19 treatment or if they receive specific recommendation from friends and/or family members to seek traditional treatment. Others reported that, if patients were not receiving treatment or did not see improvement in their health following formal treatment, those patients would seek alternative

treatment with a traditional doctor/herbalist.

Impact of insecurity on health-seeking behaviour

Across all assessed areas, most FGD participants reported that, in contexts of violence and/or insecurity, most people would prioritize their personal safety over their health. People would reportedly move from insecure areas to areas with higher COVID-19 risk, or avoid seeking healthcare that required movement to or through insecure locations even if they were sick. FGD participants from Akobo, Bor, and Wau towns and a KI from Lafon county reported that movement was restricted in their

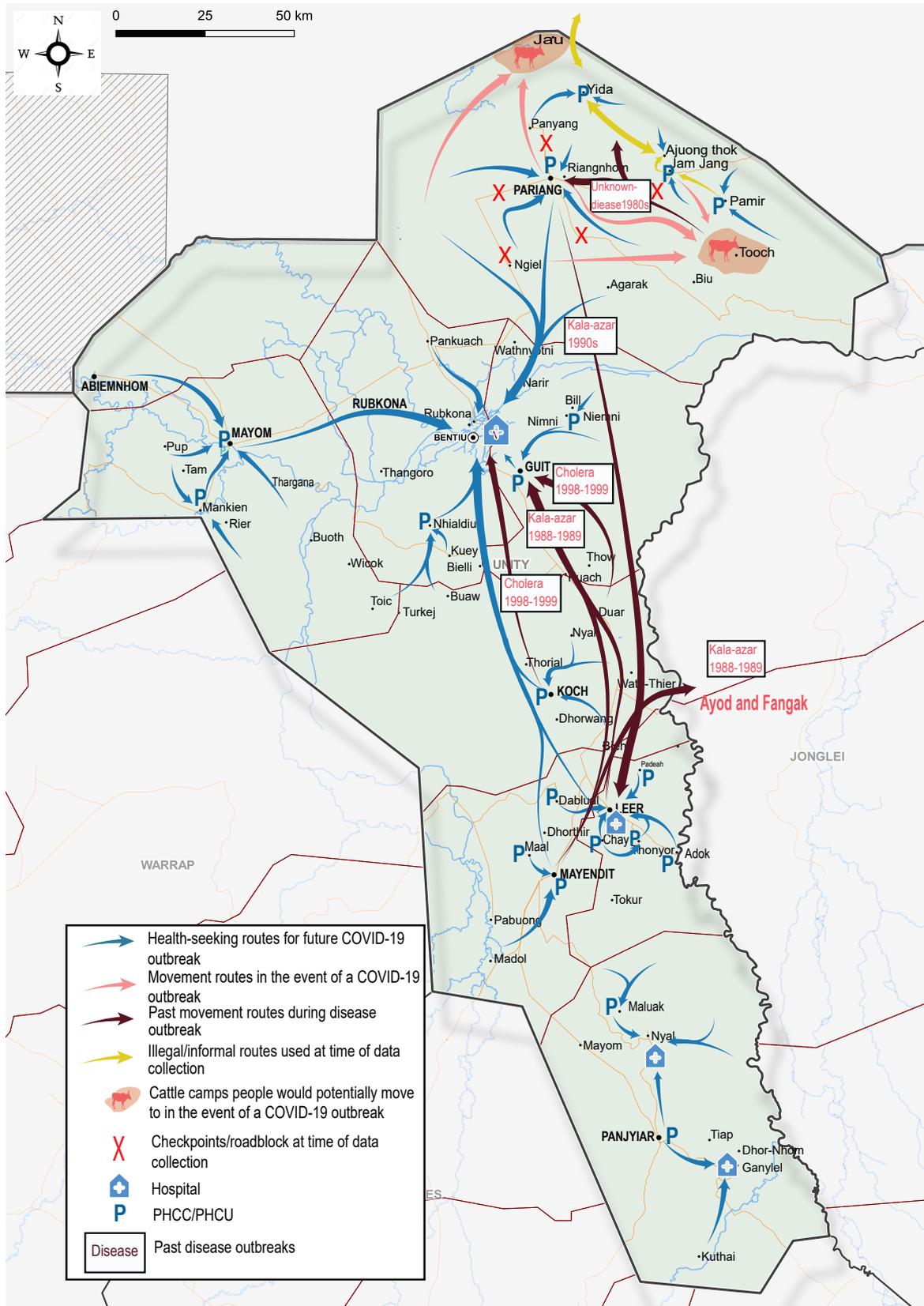
Map 2: Major treatment locations and potential health-seeking routes in Central Equatoria state (CES), April 2020



- Despite cross-border movements and temporary inter-state movement restrictions, people have reportedly continued to move in and out of the state through informal points.
- Findings indicate that there is a wide variety of ideas when it comes to movement to and from urban areas. For instance, FGD participants in Juba town reported that people were leaving the town due to a belief that COVID-19 is concentrated there, a belief that was commonly reported by participants in other assessed locations as well as a reason preventing movement towards urban areas.
- Although FGD participants within Central Equatoria state (CES) reported that those in rural areas would seek healthcare in Juba in the event of a COVID-19 outbreak in their area, those in neighbouring states reported that people are afraid to come to Juba due to the perception that COVID-19 is concentrated there.
- FGD participants reported that rural populations in CES would likely seek healthcare treatment in Juba given the perception that Juba is the only place with good healthcare facilities.

Population Movement and Health-seeking in Response to COVID-19

Map 3: Major treatment locations, potential health-seeking and movement routes in the event of COVID-19 outbreak in Unity state, April 2020



Population Movement and Health-seeking in Response to COVID-19

- In Pariang, refugees and the local population were reportedly using informal/illegal routes for movement across and near the border due to government restrictions.
- It was reported in Pariang that, if COVID-19 cases came to the area, many people would move to surrounding cattle camps. Participants' preference for movement towards cattle camps instead of towards locations with healthcare facilities may have been related to the higher prevalence of road blocks reportedly set up in the area. Some health-seeking movement towards Pariang town would also reportedly occur.
- Most FGD participants in central and southern Unity state reported that people would only move in the event of a COVID-19 outbreak, when they learn where COVID-19 can be treated.
- FGD participants in Bentiu town reported that in the event of a COVID-19 outbreak, the population would likely not move given perceptions of insecurity in the surrounding areas.

counties due to insecurity, which was perceived to be a bigger threat than a potential outbreak of COVID-19 in these areas. In Mayendit and Leer counties, some areas were reportedly inaccessible due to insecurity, potentially impacting future health-seeking behavior. In the event of a sudden outbreak of insecurity in the area, decision-making of whether or where to displace would be made at the family level by the head of the household.⁴

COVID-19 risk communication and dissemination of information

FGD participants and KIs in Bentiu, Yambio, Mingkaman, and Kajo-keji towns mentioned that the majority of the rural population had only received informal information about COVID-19 from people coming from towns, PoC sites, and refugee camps, a consequence of the lack of widespread risk communication in rural areas at the time.

Population movement and COVID-19

FGD participants reported that both **cross-border and inter-state movements have reduced since the onset of COVID-19 government restrictions, but people were reportedly still crossing illegally through informal routes or were bribing officials at check points.** The main motivations for both cross-border and inter-state movement reportedly were accessing markets, seeking livelihood activities, accessing healthcare, and accessing food. In Pariang and Kajo-Keji counties, people were still crossing into and out of South Sudan to access food distributions, both Sudanese entering South Sudan through Pariang county and South Sudanese travelling to Uganda through Kajo-keji county. Traders in Pariang county were reportedly still crossing to Sudan to buy goods, and traders near the Ugandan border with South Sudan close to Kajo-Keji county reportedly regularly crossed into South Sudan.

On the other hand, FGD participants from Wau and Mingkaman towns reported that rural populations were actually moving towards towns to access resources and/or join friends and family, to prevent being cut-off during a potential lockdown.

Meanwhile, population movement into Akobo town, including inflows from neighbouring refugee camps in Ethiopia, reportedly continued with no reinforcement of the recent border restrictions.⁵

Concurrently, response measures in PoC sites and IDP camps for COVID-19 have been uneven, and movement in and out of these locations has varied as a result. Following the onset of COVID-19 in South Sudan, as cases raised to four, gates were blocked at Bentiu, Malakal and Juba PoC sites, temporarily limiting movement of IDPs as well as the United Nations Mission in the Republic of South Sudan (UNMISS) and humanitarian service providers.⁶ FGD participants reported that, in Bentiu PoC site, some IDPs were reportedly starting to move to the rural areas where they perceived they would have less contact with potential carriers of COVID-19 during the time of assessment. In Mingkaman, population movements to and from IDP sites were reported as still ongoing at the time of assessment, while in Wau, the Diocese church closed several IDP collective centers to reduce COVID-19 spread. IDPs were ordered to evacuate the sites on the 6th of April 2020; by the 12th of April, the population of these IDP sites had decreased from an estimated 3,743 individuals (in March 2020) to a just few households.⁷ While some moved into Wau PoC Adjacent Area (AA), others likely moved elsewhere in Wau town and the surrounding area.

When asked whether a COVID-19 outbreak in their area would cause population movements to change, responses were divided: a majority said movements would likely reduce with people staying where they were in the event of a COVID-19 outbreak in their area, but others reported that if COVID-19 cases were to be reported in their area, people would move elsewhere. Reportedly, **some would move to areas with functional health facilities, while others would move to rural areas and cattle camps perceived as safer from the disease.** This movement was reportedly likely to occur due to fear of contracting the virus, as well as gaining or maintaining sufficient access to healthcare and other resources.

Most FGD participants reported that if COVID-19 came to an area, vulnerable groups such as the elderly or those with other pre-existing health conditions would use the same routes or engage in the same population movement as the general population.

Conclusion

Overall, FGD participants reported a preference for seeking treatment at formal health facilities, as opposed to traditional care, in response to COVID-19 symptoms. Findings suggest that particularly rural populations might have lacked sufficient formal information on COVID-19 at the time of the assessment. Regarding population movement, findings indicated that, overall, movements are likely to reduce were COVID-19 to spread across the country. However, movement might increase in more insecure parts of the country, as people are generally reported to prioritise personal safety over health. Participants reported that cross-border movements have generally reduced since the onset of COVID-19 government restrictions, but people were reportedly still crossing illegally through informal routes or were bribing officials at check points. Commonly reported drivers of movement intentions included fear of contracting the disease, gaining or maintaining access to healthcare services, and accessing other resources. Generally, prospected movement intentions related to COVID-19 seem to align with previous experiences of major outbreaks in the country, during which people reportedly commonly stayed put, while particularly severe outbreaks with high fatality rates reportedly triggered movements to other areas that were perceived to be safer or having better-established healthcare infrastructure. In short, while population movement will likely remain relatively minimal across the country compared to pre-COVID-19 times, certain movements, particularly related to accessing healthcare services and resources, moving to areas that are perceived to be better protected from the virus, as well as escaping conflict-related insecurity, seem likely to continue, carrying high risks of spreading the virus to unaffected areas.

Endnotes

1. WHO Africa. [South Sudan confirms first case of COVID-19](#). 5 April 2020.
2. Joint Press Release. South Sudan's Ministry of Health, WHO, UNICEF, UNDP, and CDC [National Public Health Emergency Call Centre Launched in Juba](#). 14 May 2020.
3. REACH. Ebola preparedness Focus Group Discussions, Maridi town. October 2019.
4. REACH. Central and Southern Unity FGDs Nyal, August 2019
5. ANADOLU AGENCY. [COVID-19: Ethiopia closes schools, bans public events](#), 16 March 2020.
6. IOM DTM. COVID-19 [Preparedness: Mobility Update Week 3](#) (6 - 12 April 2020).
7. Ibid.