

Key considerations: cross-border dynamics between South Sudan and DRC

This brief summarises key considerations concerning cross-border dynamics between South Sudan and the Democratic Republic of Congo (DRC) in the context of the outbreak of Ebola in North Kivu and surrounding provinces.

In light of the DRC outbreak, South Sudan began preparedness activities in August 2018 with the development of the first South Sudan National Ebola Preparedness Plan (August 2018 – March 2019) and the formation of the National Ebola Task Force (NTF) and Technical Working Groups (TWGs). Health care workers, frontline workers, community volunteers and military personnel in high risk states were trained on EVD surveillance (detection, alert and investigation), management of suspected and confirmed cases, laboratory safety procedures, safe and dignified burials, risk communication and social mobilisation, and infection prevention and control (IPC). An Emergency Operations Center (EOC) was established in Juba and a free hotline to report EVD alerts set up (with the call-in number 6666). Rapid Response Teams (RRTs) were put in place across the country and local capacity for GeneXpert testing was established. Screening points and four isolation units were set up and vaccination of frontline health workers started.ⁱ The focus of the Second EVD Preparedness Plan (April – September 2019) shifted from initial preparedness needs to active response should a single case be confirmed. Priority activities included establishing effective mechanisms for the notification of an event, public messaging on prevention and further spread, the rapid deployment of multidisciplinary RRTs, the implementation of targeted containment measures and a coherent package of activities for the operation of isolation facilities including basic maintenance, the ability to scale up the number of staff and supplies, and streamlined local control and management in the event of patient care being launched.ⁱⁱ In November 2018, WHO conducted an assessment of South Sudan's overall Ebola readiness level and rated it 17% prepared.ⁱⁱⁱ A more recent assessment in March 2019 found the country was 61% prepared and the WHO reported in June 2019 that 2,793 frontline health workers had received prophylactic vaccination with the Merck vaccine (rVSV-ZEBOV).^{iv}

This brief provides details about cross-border relations, population movements, political and economic dynamics, conflict and insecurity, burial practices and trusted local actors in the borderlands of South Sudan. It was developed by Naomi Pendle (London School of Economics) and Ferenc David Marko (Small Arms Survey) with support from Ingrid Gercama, Theresa Jones and Juliet Bedford (Anthrologica). It builds on a rapid review of existing published and grey literature, long-term ethnographic research in the region, and findings from rapid fieldwork conducted at intervals between January and October 2019 that tracked key developments related to the threat of Ebola and preparedness efforts. Fieldwork was conducted by Beatrice Diko, James Eggo, Onyango Galdine, Ingrid Gercama, John Kenyi, Apayima Malitano, Ferenc David Marko and Naomi Pendle. Prior to finalisation the brief was reviewed by expert advisory colleagues from UNICEF, CDC, King's College London, Durham University, London School of Hygiene and Tropical Medicine and London School of Economics. Responsibility for the brief lies with the Social Science in Humanitarian Action Platform (SSHAP).

Key considerations

- **Borderlands:** The operational context of the borderlands between South Sudan, DRC and Uganda is extremely complex and areas of the borderlands have been highly contested over time.^v Since December 2013, there has been armed conflict between the South Sudan government and the armed opposition that spread into areas that border DRC and Uganda in late 2015. The recent conflict displaced over 4 million people and has been characterised by UNHCR as the fastest growing and largest refugee situation on the African continent.^{vi} Recent fighting in the Equatorias resulted in people continuing to flee to safe areas in South Sudan, DRC and Uganda, despite the Agreement on the Resolution of Conflict In the Republic of South Sudan (R-ARCSS) that was formalised in September 2018. There has also been a broader shift in South Sudan to encourage returns and incentives have been introduced by the government and the Sudan People's Liberation Army – In Opposition (SPLA-IO), potentially to enhance constituencies before the election that may be held in 2021. Yet, formal resettlement programmes and policies to guarantee returnees their basic needs have not been established. Building on the dynamics of humanitarian programming in these areas, Ebola preparedness efforts have the potential to become rapidly politicised and must be carefully negotiated in terms of local dynamics of power and authority.
- **Population movement:** The borderlands are also characterised by important historical, cultural, socio-economic and trading links. Population movement across the borderlands is significant and fluid with people moving to visit family, for economic reasons, to farm land and attend school and seek traditional and biomedical healthcare, as well as movements by internally displaced peoples (IDPs), refugees and returnees (see below). Most 'official' movement from South Sudan to the neighbouring countries and vice versa, goes via Uganda, although a large number of travellers also cross the border from DRC, including from Ituri Province (which at the time of writing continued to report active Ebola transmission). The borders between South Sudan, DRC and Uganda are highly porous and many travellers avoid the formal routes and crossing points, choosing instead to use *panya* roads (informal roads in the bush) and to cross the border at night to avoid checks and taxation. Such informal routes are also used by armed opposition groups, people trading in illicit commodities and those who fear military authorities at border posts because of recent aggressions.^{vii} For many in the borderlands, the official demarcations that separate South Sudan and neighbouring countries are seen as an impediment to informal movement and are often inconsequential to daily life. To fully understand movement, trading patterns and the crossing points being used, it is vital that local knowledge continues to be harnessed as movement patterns are constantly in flux and tend to shift quickly in response to a variety of factors.
- **Trade dynamics:** Years of instability and weak governance have left South Sudan with poor domestic productive capacity and a dependency on imports of consumable goods and services. The vast majority of official imports come from neighbouring countries Uganda and Kenya, with informal trade also flowing from DRC and Sudan (cross-border trade was recently re-opened with Sudan).^{viii,ix} Large-scale, commercial trade is predominantly through the Nimule border (bordering Uganda) although there is flourishing trade at border crossings including Lasu (bordering DRC) and Kaya (bordering Uganda, with direct road connection to

DRC), whilst women traders sell their wares at the numerous smaller-scale border markets. Most informal trade with the DRC is in small goods traded from motorbikes or bicycles. Petty traders usually pay a flat rate tax per month but avoid additional customs duties unless they are stopped at a roadblock, which is why they prefer to cross border undetected. Trade dynamics between South Sudan, DRC and Uganda are a risk factor in terms of the spread of Ebola, but also provide a potential opportunity for preparedness and prevention efforts. Positive steps have been made by Ebola preparedness actors to engage with the private sector, businesses and entrepreneurial traders. This is critical, not only for their safety, but because they can access areas that many preparedness actors find difficult to work in due to insecurity dynamics, have in-depth knowledge about cross-border connectivity, and can cascade information to multiple communities.

- Health systems and care-seeking:** Across South Sudan, biomedical health services are largely provided by a patchwork of international and local non-government organisations as conflict and economic decline have continued to erode basic government-supported healthcare delivery.^x Crossing the border between South Sudan, DRC and Uganda to seek healthcare is common, particularly by those who do not have access to formal biomedical care in the areas they live.^{xi} A proportion of people who cross into South Sudan are known to continue their travel onwards to Uganda as it is perceived, in general, to have a significantly stronger and more developed health system than both South Sudan and DRC (although in reality some border areas of Uganda still have weak health infrastructure).^{xii} Those who cannot afford biomedical care in South Sudan may also cross into DRC to access non-biomedical healthcare. As such, finding the 'best available' local solutions to the challenges of Infection Prevention Control (IPC) and access to basic care must be done collaboratively at the community level and with health workers. Communities and local healthcare workers often have pragmatic solutions for overcoming barriers during an emergency situation, and these should continue to be developed and supported. Local sources of care (pharmacists, spiritual and other kinds of healers) should be more purposively included in Ebola preparedness efforts as they are often the first point of contact for many people. Women are usually the primary carers at the household level and specific efforts should be made in providing them with basic training particularly in terms of IPC for homecare and identification of symptoms. Communities should continue to be supported in making rapid alerts to health workers or via the Ebola hotline, and in the promotion of early presentation at health facilities.
- Localised response:** South Sudan has faced repeated social rupture and readjustments, and the population's ability and willingness to adapt behaviours and customary practices to save lives should not be underestimated. To align with this opportunity, Ebola preparedness strategies must continue to focus on strengthening local trust and access, working collaboratively with South Sudanese organisations including the church and other faith-based groups, women's groups, youth associations and media, in particular community and church radio which has wide coverage. Preparedness actors should also consider further developing working relationships with opposition forces and armed actors in key opposition-controlled territories where the government does not have access or legitimacy to engage at-risk and affected populations, although it is well acknowledged that this has security implications. Local actors should continue to be adequately supported in terms of technical capacity and resources (including appropriate remuneration) and more vertical interventions that focus on Ebola readiness must be aligned with longer-term humanitarian principles and ongoing health-system strengthening.
- Community-based surveillance:** Between August 2018 and March 2019, 900 health care workers, frontline workers, health volunteers and military personnel in high risk states were trained by the government and partners on EVD surveillance including detection, investigation and the management of suspected and confirmed cases.^{xiii} There remains a critical need for refresher training, ongoing capacity building and the need to more fully integrate disease surveillance activities with routine health monitoring if local populations are to continue seeing the relevance of such activities. Given the porous nature of the border areas, the associated challenges of formal screening measures and the fact that oversight of cross-border movement is limited due to the use of *panya* roads, community-led surveillance should be a critical component of all preparedness activities and linked to existing communication strategies.
- Armed and state actors:** Collaborating with armed personnel in preparedness efforts in South Sudan (pro-government state forces, militia and organised forces including police and fire services, prison guards and wildlife personnel) must be considered with caution. Although some armed actors have already had roles in preparedness activities, in the case of a confirmed Ebola event, armed actors should not be used to 'track down' suspected Ebola cases or be involved in contact tracing efforts, particularly in territory formerly held by the SPLA-IO, National Salvation Front (NAS), or other militias. The involvement of armed actors and other security personnel in critical Ebola response interventions such as contact tracing and burials could undermine trust at the local level and elevate concerns (as in the DRC) that Ebola is a 'weapon of war' and used by the government to coerce, control, displace and monitor affected populations.
- Burial practices:** Given the differences in customary burial practices between various population and ethnic groups, it is critical that these are locally assessed in great detail through consultations with chiefs and other figures of authority and at the local level. There are precedents to adapting burial and funeral practices in South Sudan, particularly during times of conflict, and people are likely to be responsive to temporarily changing practices in the context of Ebola if adaptations are carefully and sensitively negotiated by skilled facilitators. Standard operating procedures for safe and dignified burials must be adapted to granular local contexts and community personnel who are usually involved in burials must be fully engaged. Time and resources spent agreeing changes in burial practices during the preparedness phase and prior to an event will be a valuable investment. Involving the army or other security actors during safe and dignified burials should be avoided at all times.
- Communication:** Communication materials and engagement efforts related to Ebola preparedness must continue to be tailored to specific stakeholder groups and be gender sensitive. Many people, in particular women in cross-border areas have low literacy rates and may prefer inter-personal communication methods, making use of creative methods including theatre or video. Given the wide range of languages spoken across the cross border areas there is also a need for further assessment and mapping of the most appropriate and relevant languages to use when engaging different target groups and when using various modes of engagement (e.g., interpersonal methods, radio, printed materials). Two-way engagement has been shown to create a sense of trust and shared ownership, and to mitigate misinformation. Ebola messages should continue to evolve as local-level awareness and knowledge on Ebola grows. Populations engaged in cross-border areas are already calling for more detailed and tailored information on treatment, survival rates and the Ebola vaccine (particularly inclusion / exclusion criteria) and this should be interpreted positively. It is also critical that messaging should continue to be orientated away from '*Ebola is a deadly and dangerous disease*', towards reaffirming constructive messaging that focuses on the high chance of survival if a patient presents quickly for early treatment.

Power and conflict in the borderlands

- **Ongoing conflict:** In June 2018, the SPLA-IO, the largest armed opposition group, signed a deal with the government in Juba which was formalised in September 2018 as the Agreement on the Resolution of Conflict In the Republic of South Sudan (R-ARCSS). Since then, fighting between the SPLA-IO and South Sudan government has declined, and the SPLA-IO has continued to govern areas that fall under their control. However, as part of R-ARCSS, SPLA-IO leadership was due to return to Juba to form a transitional government in May and then November 2019. These deadlines were not met and at the time of writing, tension was increasing as uncertainty continued to shape daily perceptions of peace. Other opposition groups were not signatories to the Agreement because of ongoing grievances with the government, and significant fighting has continued between armed groups near Yei and Lainya in Central Equatoria, and around Maridi in Western Equatoria. At the time of writing, armed groups in Central Equatoria continued to carry out regular ambushes from their rural bases endangering humanitarian service delivery. In October 2019, for example, fighting between armed forces in Yei River State interrupted Ebola preparedness activities. Three IOM screening volunteers were killed in Morobo county, bordering with the DRC, and border screening activities were suspended.^{xiv}
- **Issues of land and territory:** A multitude of actors including government and different state agencies have constructed their authority through attempts to govern the border and surrounding borderlands.^{xv} The (re-)claiming of land is, for example, particularly acute around the Nimule border crossing, where numerous armed government actors report to different authorities in the central government in Juba. Foreign groups are also reported to be engaged in land-grabbing near Nimule and there are ongoing tensions related to allegations that the Uganda People's Defence Force (UPDF) barracks at Bibia encroach on South Sudanese territory.^{xvi} The Kajo Keji boundary with Moyo and Yumbe districts remains unclear and contested, adding to the challenges of border regulation there, whilst Azande borderlands between DRC, South Sudan and the Central African Republic (CAR) are less prone to territorial struggles.^{xvii} Sudan and Uganda are key guarantors to the sensitive R-ARCSS that relies on it being of political and economic benefit to these neighbouring countries. Historically, the north-western borders with DRC (and CAR) have not been of such political interest to Juba and as a result the state assertion of power over the borderlands remains less. The solution to cross-border land conflict lies in local-level initiatives but external actors should be mindful of the way that humanitarian interventions, including those for health and in relation to Ebola preparedness, and particularly if they are seen as being led from Juba, could be portrayed as linked to broader politics of the borderlands and have the potential to be used as part of ongoing border disputes.
- **Access for humanitarian actors:** The new wave of fighting between groups that did not sign R-ARCSS and government forces has rendered large areas of the border in Central Equatoria around Yei River inaccessible to humanitarian actors, with the exception of the major border crossings at Lasu (bordering DRC) and Kaya (bordering Uganda).^{xviii} International organisations, often aligned with the government in Juba, have particular challenges in forging legitimacy and operating in areas controlled by armed opposition groups and their sympathisers, whilst access is also limited by the government during their offensives and for other political reasons.^{xix} In addition, the occurrence of armed robberies, hijacks and ambushes (for example on the road from Yei to Morobo and Lasu) are common and can temporarily halt the movement of humanitarian actors. More positively, however, a meeting convened by Humanitarian Dialogue in Dar Es Salaam (Tanzania) in March 2019 brought together representatives from armed groups, the church, and local and international organisations. A discreet follow-up meeting was also held with armed forces in Uganda in August 2019. During these meetings all sides acknowledge the importance of Ebola preparedness measures including border screening and agreed to develop protocols for safe humanitarian corridors for the Ebola response and related personnel, although at the time of writing it was not known whether these would actually be established or to what degree.

Cross-border movement

- **Cross-border population movement:** As part of Ebola State Task Force activities, population movement on the South Sudan borders with DRC, Uganda and CAR is tracked on a monthly basis by IOM Ebola preparedness volunteers. A dashboard (included at the end of the brief) highlights key entry routes to South Sudan and presents the demographic profile of people surveyed. Participation in the survey is voluntary and the data collected is only indicative of actual flows.^{xx} In September 2019, 25 Ebola-dedicated Flow Monitoring Points (FMPs) were active and data were collected from 27,216 individuals on their arrival. Of respondents arriving in South Sudan, 66% had departed from Uganda and 29% from DRC (79% of whom were from Ituri Province). When asked about the point of origin for their current travel, less than 0.2% of total arrivals reported to come from territories in DRC that were affected by Ebola. 32% of individuals confirmed they had come to South Sudan for economic reasons, 18% for seasonal activities, and 13% to access health care (see below). Most movement was circular, with 73% of respondents intending to stay one week or less in South Sudan, and 56% of people arrived on foot. It was noted during observational fieldwork conducted as background to this brief, that even at official cross-border points, there are gaps in screening measures. For example, in Nimule, where screenings appeared to be well coordinated by the County Commissioner in collaboration with the police and several international NGOs and UN agencies, Ebola screening teams stop work at 8pm although people cross the border until midnight.
- **Unofficial border crossings:** The borders between South Sudan, DRC and Uganda are incredibly porous and in addition to the formal crossing points have numerous informal crossing points that cannot reasonably be monitored by response efforts. Many people who cross the border intentionally circumvent the more formal routes to avoid border-monitoring forces and some choose to travel at night to avoid checks and taxation. Border posts are frequently viewed with suspicion as they are seen as part of the political and economic apparatus of politicians and the state to collect taxes.^{xxi} Informal border crossings take on greater significance during periods of conflict as travellers and traders fear the hostile behaviour of armed groups who monitor the official border, although informal crossing points are also routinely used by illegal traders and armed groups. Multiple informal entry points are known to be located on the border between Moyo (Uganda) and Kajo Keji (South Sudan), the densely populated areas between Morobo and Lasu (South Sudan), and scarcely populated areas near Lasu, south of Yambio (South Sudan). Others will need to be locally mapped and assessed as they change frequently and rapidly. These areas are often characterised by limited state presence with local authorities being particularly influential.
- **Cross-border familial linkages:** Socio-ethnic linkages continue to be strong and extend across the borderlands of South Sudan, DRC and Uganda. Inter-marriage occurs extensively between as well as within ethnic groups in the borderlands. Families live across formal national boundaries and some split their lives between countries as a strategy to remain safe. In Nimule, for

example, intermarriage between ethnic Ma'di and Acholi people who live on both sides of the border is common, whilst Azande in South Sudan, DRC and CAR frequently marry and maintain extensive social networks.

- **IDPs, refugees and returnees:** The movement of refugees is unpredictable and recent years have highlighted the potential speed and scale of unplanned movements both domestically and across borders.^{xxii} The ongoing conflict in South Sudan has resulted in 4.2 million people being displaced.^{xxiii} In November 2018 OCHA reported that 1.87 million South Sudanese were internally displaced with over 200,000 residing in Protection of Civilian sites, and that nationally, 7.6 million people were in urgent need of humanitarian assistance.^{xxiv} Further, UNHCR reported that of the 4.2 million displaced people, around 2.3 million were refugees in neighbouring countries including DRC, Uganda, Sudan, Kenya, Ethiopia and CAR.^{xxv} Despite moving to DRC during earlier periods of insecurity, the majority of South Sudanese refugees, including those from close to the DRC border, now seek refuge in Uganda as it is viewed as being more stable with a strong education system that uses English.^{xxvi} Most South Sudanese new arrivals mainly settle in Arua and Lamwo districts in Northern Uganda, whilst those with greater economic capacity often travel further (for example, a large number of refugees from Western Equatoria live in Kiryandongo near Kampala). The largest refugee settlement is in Yumbe district, with significant settlements also in Moyo and Adjumani, and many South Sudanese also live in Koboko. Since the 2018 Revitalised Agreement on the Resolution of the Conflict, humanitarians and the UN Mission in South Sudan (UNMISS) have anticipated an influx of returnees to South Sudan, whilst various incentives to encourage them to return have been offered by the government and SPLA-IO, potentially to enhance constituencies before the election that may be held in 2021. Some refugees frequently visit South Sudan to better understand the context and to develop strategies for returning (which has increased cross-border movement), whilst others are eager to return quickly to deter land grabs. Many remain unsure of the level of safety and security they would find if they returned. Recent reports by REACH highlighted that spontaneous returns have been increasingly taking place in specific areas such as Nimule town, Magwi and Torit.^{xxvii, xxviii} Some reported to be returning temporarily to cultivate land as they were struggling to live on reduced rations in settlements in Uganda. Screening such returnees is extremely challenging, particularly as most use informal crossing points and *panya* roads. In terms of human-human transmission of Ebola and other illnesses, the refugee camps in northern Uganda now represent the 'border' with South Sudan and this connection requires further study.
- **Formal, informal and illicit trade:** Although South Sudan is a resource rich country, years of instability and weak governance have left the country with poor domestic productive capacity and a dependency on imports, the vast majority of which come from neighbouring countries.^{xxix} Trading routes shift in response to insecurity dynamics, costs incurred (e.g., at customs and checkpoints) and efficiency of crossing (e.g., speed) and must be locally monitored. Kampala remains one of the most important trading hubs in the region and a high proportion of goods enter South Sudan via Nimule. Other trade passes through Kaya (a border post in Yei State) to Uganda and DRC and through Lasu, an official border crossing close to Yei city which is an important trading hub with the DRC (near Abu) and the main route to Central Equatoria (currently under government control). In Eastern Equatoria, recent renovations to the road between Tseretenya and Ikotos may lead people to use this route rather than opt for the faster Magwi-Torit road to Nimule where due to opposition activity, armed convoy has been required to secure safe passage over recent years. Since mid-2016, for example, the primary trade route between Uganda and the Yambio area has been through DRC, crossing the border at Sakure with informal tolls being extracted by various armed groups. Essential commodities were bought across from DRC to Yambio by a stream of laden motorbikes and bicycles. Small-scale trade constitutes the majority of economic activity in South Sudan with commodities including fish, cattle, bananas, millet, eggs, maize grain and flour, soda, *kitenge* fabric, clothes, shoes, cosmetics and medicine being imported from DRC and Uganda. Numerous cross-border markets are located across the borderlands between South Sudan, DRC and Uganda at which communities take advantage of historical trading relationships, loosely enforced trade rules and the availability of a range of products that are otherwise not widely available in South Sudan such as particular types of clothing, construction materials and non-food items. The majority of small-scale traders are women from female-headed households who depend on cross-border trade as their primary source of income.^{xxx} There is also a wide range of illicit trade in timber, gold, petroleum, livestock and other commodities, concentrated around the border areas between DRC, West Nile in north-western Uganda and Sudan. Well-armed poachers with links to the Sudanese ivory trade are also operative in the area, hunting for wildlife body parts (ivory, pangolin scales) as well as bush meat and crossing between Sudan, CAR and north-eastern DRC, for example in Garamba National Park. Armed groups in the region are reported to largely fund their operations through the illicit export of natural resources.^{xxxi}
- **Armed groups:** Recruitment, mobilisation and the flow of resources for armed groups continue to take place across the borders between South Sudan, DRC and Uganda as it has done historically, and armed groups operating in the Equatorial regions of South Sudan frequently seek shelter, medicine and reinforcements from the neighbouring countries.^{xxxii} The SPLA-IO has also historically sought refuge in the forested areas of the DRC and there have been recent reports of smaller NAS units regrouping around Aba, on the border of Garamba National Park in DRC. The movement of these groups is unpredictable and secretive and as soon as routes become visible they are intentionally changed to ensure movements continue to be unseen. Attempts to trace or control such movements, even in the context of Ebola preparedness, will likely have direct political implications.
- **Health seeking:** People from DRC and South Sudan seek healthcare from a variety of practitioners on both sides of the border, and as reported by the IOM, 13% of people arriving in South Sudan via FMPs in September 2019 did so to access health care.^{xxxiii} It is likely that many of these will travel on to Uganda to use health services in refugee settlements and beyond. In their 2019 Humanitarian Needs Assessment, OCHA estimated that each functioning primary health centre served an average of 50,000 people and that 4.5 million South Sudanese (close to half the population) and over 300,000 refugees did not have access to adequate health services.^{xxxiv} Many health facilities were destroyed during the conflict and the health system is limited by a chronic lack of resources (including human resources for health), limited essential medicines, weak infection prevention control mechanisms, and poor access to water and sanitation. Due to the limited access to formal quality care, home care and alternative sources of care (including pharmacists, herbalists, spiritual and other kinds of healers) are common in both rural and urban areas. Women are usually the primary carers at the household level and may therefore be at greater risk of exposure to illnesses, including Ebola. In recent years, as conflict and economic hardship escalated, a notable increase in the use of local healers was reported. Ideas of witchcraft and poisoning continue to be prevalent in these borderlands and have historically resulted in violence. Mysterious illnesses and sudden death tend to arouse particular suspicion, and lead people to seek guidance from diviners, healers or 'witchdoctors'. It is reported that people in Yei and Kajo Keji also believe that some forms of witchcraft have been imported from Uganda and DRC, and there is potential for Ebola narratives to interact with these perceptions and local beliefs.^{xxxv, xxxvi}

Localised response

- **Aid economy:** Chronic crisis has created a context of prolonged international interventions and a complex political economy of aid in South Sudan. Since the late 1980s, large-scale international aid operations have been implemented during times of both war and peace. These operations have often dwarfed local and national initiatives. For example, the South Sudan government budget for 2018-19 was equivalent to USD 584 million, whilst in 2018, UNMISS was funded to USD 1.12 billion.^{xxxvii, xxxviii} This imbalance has had massive economic, social and political implications.^{xxxix} The ongoing conflict and politics of aid influence people's perceptions of humanitarian actors, UN agencies and the peacekeeping mission. This, in turn, has ramifications for preparedness and response efforts in terms of trust, access and transference of information, particularly when engaging with communities who have recently suffered large-scale loss and abuses by different armed factions. For example, asking people for personal information and details about their movements and social relations as part of contract tracing efforts is likely to be viewed with suspicion and concern that such information could be passed on to government, opposition and rebel groups to be used as part of ongoing hostilities. In this context, surveillance as part of an Ebola response has particular connotations that should not be underestimated.
- **Trusted actors:** Preparedness and response interventions are feasible at the community level if conducted by trusted, non-militarised personnel who have local authority. This is particularly critical for Ebola preparedness and response teams operating in opposition controlled or aligned areas and who collaborate with interlocutors who are already accepted and trusted at local levels. Faith-based organisations and both local and international NGOs with positive long-term experience in high-risk areas should continue to be capacitated as key partners, not only for risk communication and engagement, but to deliver other pillars of the response. For example, in certain areas around Yambio, volunteers from the South Sudan Red Cross and representatives from the Episcopal Church of South Sudan and Catholic Church have been able to come and go freely during times of crisis. Customary chiefs (who still retain significant authority including over armed youth in some areas) and civil society leaders should continue to be engaged as important local actors. Trader and market associations that operate across the borderlands also offer a strong entry point even though their influence and reach may have declined due to the recent conflict.
- **Collaborating with local media:** Although some remote rural villages still rely on information delivered by word of mouth, radio has been reported as the dominant source of news and information for most people in South Sudan, particularly Radio Miraya (based in Juba) and the numerous church-supported radio stations that are well trusted and have significant coverage broadcasting in multiple languages.^{xl} Several well-respected organisations have implemented local media programmes in high-risk areas for many years and preparedness activities under the guidance and coordination of the Ebola State Task Force should continue to build on this earlier programming. In certain rural areas, however, lack of fuel or batteries to operate radios has resulted in a decreased reliance on radio broadcasts for information. In Yambio, for example, only one radio station is operational and partners need to contribute fuel to generate the broadcast.^{xli} Where possible, radio programming should be paired with interpersonal communication strategies (e.g., listening groups) to provide an opportunity for two-way dialogue and for listeners to ask questions around Ebola preparedness and prevention strategies.
- **Engaging with armed groups:** When, where and how to engage with armed groups in Ebola preparedness efforts continues to require careful consideration and coordination by response partners. It is likely that the response will need to work with multiple, specific interlocutors in different locations to access the various armed groups, many of whom will not necessarily be in touch with each other and may not cooperate on humanitarian issues. Identifying pathways to communicate with different armed groups must be done sensitively. Armed groups on all sides of the conflict have previously used misinformation as a means to further their objectives and this has had a negative impact on what people are willing to believe in terms of public information. With regards to opposition forces, existing governance structures should continue to be harnessed whenever possible. Many of the rebel groups have local administrative structures that include commissioners, *payam* officials and chiefs and many of the current armed opposition leaders were active officials and politicians in the South Sudan government only a few years ago.^{xlii}

Burial practices

- **High-risk burial practices:** Burial and funeral rituals play an important role in South Sudanese society and 'proper' burials are seen as essential for both the deceased and the living.^{xliii} Components of customary burial practices in the borderlands have been identified as potential transmission risk factors in the context of Ebola, including the preparation of the body for burial (washing, touching and dressing the deceased). Funeral rites can be lengthy, involve the congregation of a large number of people who travel long distance to attend (including from other countries), often require the deceased to be transported from the place of death back to their natal village, and may include the public display of the body.^{xliii} Particular groups may have an elevated risk profile. For example, young people (such as those in the South Sudanese Scouts Association) play an important role in helping the grieving family to dig a grave, carry the casket and provide hospitality to those attending the funeral.
- **Adapting burial practices:** There are clear precedents in which South Sudanese communities have altered their customary burial practices in response to conflict and other public health emergencies including Ebola. During the Ebola outbreak in Yambio in 2004 for example, it was documented that burials were conducted in accordance with local traditions and that 'genuine funeral ceremonies' were held whilst ensuring the use of SDB methods.^{xliii} A number of participants who were engaged in rapid fieldwork in Yei River State in August 2019 suggested that finding alternative burial practices would be possible to keep families and communities safe, although likened it to "*losing your child in the bush, when you run from the rebels*". The adaptation of customary burial practices and the modification of standard operating procedures for safe and dignified burials must be locally negotiated as a key element of preparedness work and should involve mental health and psychosocial support colleagues as good practice.
- **Politicisation of burial sites:** The role of ancestors is significant for all ethnic groups across South Sudan and burial sites are considered an important sign of land ownership.^{xliii} There is a risk that changes in burial practices may be used to imply changes in land rights, particularly in the contested borderlands. In recent years, cases of Ugandan communities accusing South Sudanese communities of performing burials in strategic areas in order to strengthen land claims have been reported.^{xliii}

If you have a direct request concerning the response to Ebola in the DRC, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Juliet Bedford (julietbedford@anthrologica.com), Olivia Tulloch (oliviattulloch@anthrologica.com) and Santiago Ripoll (s.ripoll@ids.ac.uk). Key Platform liaison points: UNICEF (ebraud@unicef.org); WHO (fallerom@who.int); IFRC (ombretta.baggio@ifrc.org); GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk); Communication Commission in DRC (jdshadid@unicef.org); CASS in DRC (scarter@unicef.org); UNICEF in South Sudan (gaurairajan@unicef.org)



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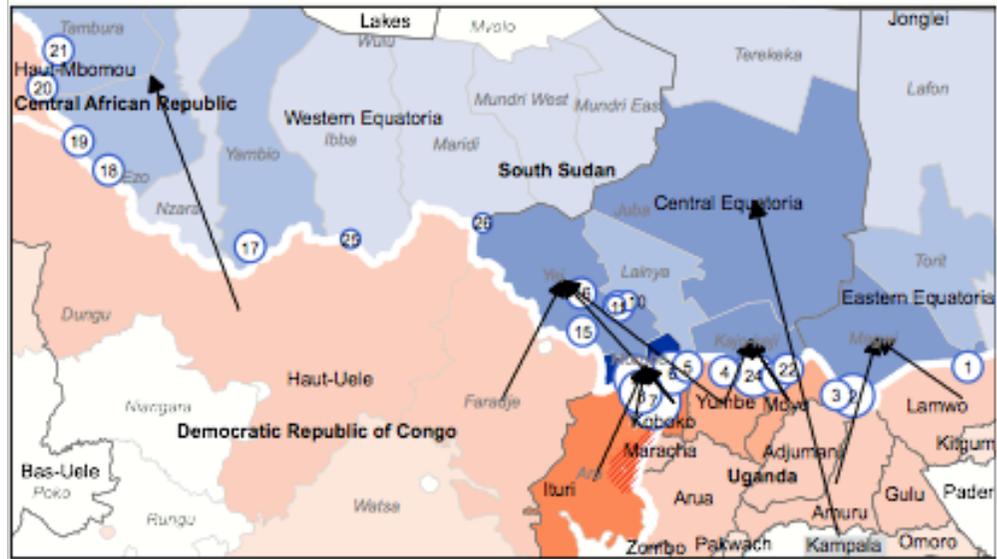
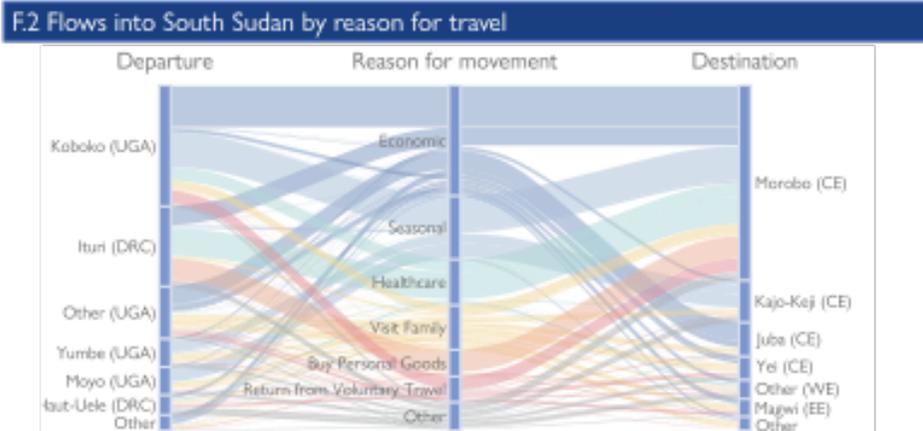
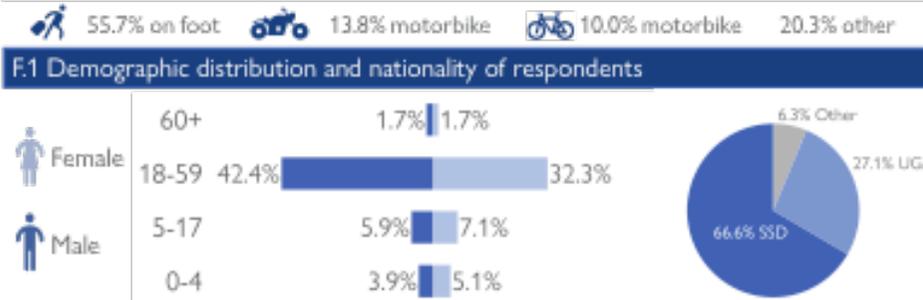


27,216 people surveyed on arrival to South Sudan
3.2 average group¹ size

As part of IOM's Ebola Virus Disease (EVD) preparedness activities, DTM operates Flow Monitoring Points (FMPs) on the borders with Uganda (UGA), the Democratic Republic of Congo (DRC) and the Central African Republic (CAR). In total, 25 EVD-dedicated FMPs were active in September, including two new ones in Nabanga (Ibba County) and Rasolo (Yei County). Lutaya FMP in Yei Town was deactivated on 16 September and did not record any incoming respondents. This dashboard highlights key entry routes to South Sudan (SSD) and presents the demographic profile of people surveyed on arrival from the three neighbouring countries at risk of EVD transmission. Participation in the survey is voluntary and the data collected is only indicative of actual flows.

Key insights

- The total number of people surveyed on arrival from countries at risk of EVD decreased slightly relative to August (-4.9%).
- 66.4% of respondents departed from Uganda, 29.2% from DRC (79.3% of whom from Ituri) and 4.4% from other countries.
- Less than 0.2% came from DRC territories affected by EVD²: 45 individuals from Ariwara and 1 from Irumu in Ituri, and 2 from Goma (Nord Kivu). In addition, 30 individuals came from Kasese district in Uganda (Elegu and Kerwa FMPs).
- 9.9% reported Juba County as their intended destination.
- 31.9% came to South Sudan for economic reasons, 18.4% for seasonal activities and 13.3% to access health care.
- Most movement is circular, with 72.7% of respondents intending to stay a week or less in South Sudan.



Notes: [1] Individuals travelling together are surveyed as a group, which usually corresponds to the household. [2] Territories including health zones with confirmed cases during the current outbreak (WHO). [Rounding] Percentages may not add up to 100% due to rounding error. [Map] The boundaries on this map do not imply official endorsement or acceptance by the Government of the Republic of South Sudan or IOM. This map is for planning purposes only. IOM cannot guarantee that this map is error free and therefore accepts no liability for consequential and/or indirect damages arising from its use.

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