

ABSTRACT

Diseases outbreak has been occurring in Bentiu Protection of Civilians site (PoC) ever since its establishment in 2014 following December 15, 2013 conflict that erupted as a result of disputant within the SPLM/A party marked by armed conflict, rape, murder, tribal fights causing massive displacement of people into the UNMISS camp/bases seeking for refugee in what is now called the PoC. In the PoC humanitarian situation is direr no water, food, shelter and health care services. There are 9 United Nations agencies, 21 International organizations, 9 National or community based organization responding to humanitarian crisis through the clusters system; yet epidemic disease outbreaks continue to rock the PoC, the researchers' opinion is that epidemic prevention preparedness and response performance is unclear.

The purpose of the study: This study seeks to determine the Epidemic prevention preparedness and response committee (EPPRC) performance in Bentiu PoC Unity State, Republic of south Sudan.

Study design and method: A descriptive cross sectional study Design was used because of its appropriateness in capturing information from a big population section where data is captured. Performance of the EPPR team was measured at the same point in time and both quantitative and qualitative data were collected. For qualitative data, opinions of the health workers, community leaders, and health coordinators were obtained on the current practice of the EPPR in the PoC the study area. A literature review of studies conducted in the United States of America, Ghana, Uganda and Eight Countries in WHO AFRO region on epidemic prevention preparedness and response by EPPRC/T for comparison with the results from this study. For quantitative data, a sets of 15 IDSRs functions turned into questions were used to get data on individual attributes affecting EPPRC performance, the influence of Community Participation on EPPRC and influence of institutional determinants on EPPRC performance.

Findings: The findings established that the performance of Epidemic preparedness, prevention and response was found among 28 (54.9%) of respondents compared to 23(45.1%) who did not perform in EPPR. This means that slightly above half (54.9%) of the team members were ready and prepared to respond, giving generally a moderate response rate.

Individual Attributes of the EPPR Committee

The results revealed that two aspects of individual attributes are statistically associated with EPPR performance. The level of education of the EPPR member, and the cadre of the team members with [$X^2=10.025$, $p=0.018$ and 14.935 , $P=0.002$] respectively xiii

Community Participation Determinants of performance in EPPRC response on community participation determinants and level of response to EPPR, Clarity of roles and responsibility of the EPPRC members influenced their performance [$X^2=12.857$, $p=0.000$].

Institutional factors influencing EPPRC performance. Among institutional factors presented in *table 10*, the only determinant found to be associated with EPPRC performance is having sufficient number of the team members in carrying out their work [$X^2=4.104$, $p=0.043$].

Discussion and recommendation. This study provided an extensive list of the determinants of epidemic prevention preparedness and response team, particularly for closed setting such as the IDPs or refugee camp like Bentiu PoC. It also established sets of critical determinants of an EPPRC like, availability of EPPRC, established plan for action for tackling disease outbreaks, availability of surveillance system in place; established referral system; availability of treatment Centre; training of health care staff in preparedness and response; provision of health education

and presence of shelter as an isolation. Based on the study findings it is recommended EPPR team/committees be expanded and strengthened, that an established EPPRC action plan be shared widely and continually, the surveillance system should progressively improve, the referral system established in all the health facilities, establishment of treatment and isolation centers in the health facilities, training of health workers on epidemic outbreak be conducted frequently to update health workers with emerging issues, health education and community awareness.