

## **Camp Management Operational Guidance**

### ***Frequently Asked Questions***

*updated 19 March 2020*

***These questions highlight COVID-19 specific considerations in relation to PoCs and displacement sites within South Sudan with active Camp Management services. These considerations should be made in the context of broader risk analyses of the threats to health security, privacy and dignity of the people living in sites.***

***Particular care should be taken with messaging to ensure that we are not unnecessarily spreading fear and leading to the stigmatization of members of the community.***

***Note that these measures are primarily focused on ensuring adequate planning in the event of a COVID-19 outbreak in South Sudan, further guidance will be forthcoming on specific actions in the event of a confirmed case.***

### **How should my team prepare for COVID-19 response in camp and camp-like settings?**

As of today, there are no confirmed cases of Covid-19 in South Sudan. Our primary responsibility as Camp Management Agency is to prepare for the possibility that the virus may spread to South Sudan and to ensure that we have the correct response measures in place to limit the spread and reduce the number of infections.

You should discuss the situation and risk in your location with your team, ensure that they can raise concerns, and work to address them with the Mission's management in the POCs and local authorities in other locations.

We should prepare for remote working and reduction of the number of working team members. Establish clear communications channels and protocols between line managers, staff, daily workers and community members.

Ensure that when our teams are speaking with members of the community, they are relaying the message that as yet there are no confirmed COVID-19 cases in South Sudan, and while we need to remain vigilant and alert, we must not create a sense of panic.

## **Where can I find further information?**

WHO page: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO Frequently Asked Questions: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

IASC Guidance: [Interim Guidance on Scaling-up COVID-19 Readiness and Response Operations in Camps and Camp-like Settings](#)

IASC Guidance: [MPHSS COVID-19 Briefing note](#)

Sphere guidance: <https://spherestandards.org/coronavirus/>

## **What do we do now?**

- Map and assess ongoing activities and other COVID-19 preparedness gaps that are not currently covered in operations.
- Work with DTM, Health and Protection partners to assess the demographics of the camp population and ascertain details of those at high-risk;
  - WHO guidance has listed older persons and those with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are affected by COVID19 more seriously than others
- In consultation with relevant site committees and stakeholders, establish criteria for the prioritization of activities in the event of a confirmed outbreak. Share and clearly inform all stakeholders of the prioritization criteria.
- Reconfirm, and where needed, update referral pathways for health, protection, security and communication, ensuring all field staff and communities have access to relevant contacts and information.
- Develop plans for contingencies with service providers in our sites and where necessary RRP/UNMISS.
- Support hygiene promoters to scale up handwashing and waste management with WASH partners. Where possible advocate with relevant clusters and service providers for preposition of key commodities like soap, NFI, hand sanitizers, etc.
- Discuss with UNMISS/RRP on the timely allocation of unoccupied areas within the PoC for potential increases in services and identify specific areas where this would be possible;
  - Such services may include increased health facilities (including isolation areas), extra distribution sites to minimize groups of large people, additional shelters to minimize sharing of shelters.
- Liaise with all Education partners on their plans should the need for school closures arise, including as necessary Protection and Child Protection actors.
- In conjunction with Health teams, train Camp Management staff, community leadership structures including hygiene promoters on key messages on COVID19.
- Engaged site committees to support where needed:

- Family childcare – children not heavily affected to date, but parents may be affected and will need to upgrade capacity to care for children left at home if parents are sick.
- Education – likely need to close schools and other gathering locations in the case of infection detection; possible measure if it is in surrounding area/country with community transmission already (ideally linked to MoH/MoE measures in country) – will require planning on how to address large numbers of children without daily activities.
- Establish focal points within our teams and within the community for message dissemination, consider who will be best placed for messaging in sites utilizing existing leadership structures)

### **Should we cancel activities and distributions in the sites?**

As we do not have any confirmed cases of Covid-19 in South Sudan although the situation might evolve rapidly, critical lifesaving activities should continue but consider adopting mechanism that does not pull a big crowd. However, we should be preparing for the possibility that this will become necessary in the near future.

Actions and activities should follow the each Camp Management Agency Business Continuity Plan (BCP), consider:

- Life-saving activities must be kept going for as long as it is considered safe for both CM staff and the communities.
- Minimize gatherings of more than 50 people as much as possible or limit them to within blocks and zones.
- Liaise with all partners and service providers within the displacement site for their plans to continue service provision if an outbreak occurs.

### **What are our responsibilities as Camp Managers in relation to COVID-19 preparedness and response?**

Our core responsibilities do not change. In this context, you may find that emphasis will be on some of the core responsibilities of camp managers:

- Community engagement, communication and mobilization
- Referral pathway and practices
- Site Improvement and Maintenance
- Reporting and Information Sharing with Partners

We will discuss these in more details below.

## **Community Engagement, Communication and Mobilization**

**Do:** monitor and actively counter negative rumors or misinformation that may harm individuals or groups living within the sites.

**Do:** continue to engage communities in assessing risks, monitoring, reporting mechanisms, planning and implementing mitigation measures.

**Do:** establish block and zone focal points, set up monitoring teams, as well as those who will be checking up on the vulnerable / high risk population - provide training on COVID-19 and key messages to our staff that are in line with the current situation in South Sudan.

**Do:** ensure that we are playing a leading role in information collection and dissemination within the displacement site to ensure uniformity of messaging and to avoid over collection of data.

**Do:** share situation updates, national health contingency plans, and site-level planning process and progress, as well as emergency contacts and procedures

**Do:** Make plans on how to utilise diversified methods to spread up to date information and key messaging, such as IEC materials and radio announcements rather than door to door or mass campaigns. Work closely with Communication and Community Engagement (CCE partners)

Alternatives to consider are –

- Posting bulletin board notices of updates
- Public announcements on megaphones/loudspeakers
- Radio announcements
- House to house visits to pass messaging while keeping reasonable social distance
- SMS (mobile) alerts through WhatsApp to key camp management staff

**Do:** make plans to print and display relevant IEC materials in conjunction with Health actors.

## **Referral Pathway and National Protocols**

**Do:** **Work with Health service provider to** ensure that we have localized protocols/pathways based on the national system and ensure that these are shared with all partners in your site.

**Do:** make sure that contacts and referral pathways are clearly communicated to all of the affected population and partners within the displacement site and made publicly available in the site and surrounding areas.

## **Site Improvement and Maintenance**

**Do:** consider setting up hand washing committees dedicated to training and monitoring site residents to ensure regular handwashing – linked to WASH and need for rapid increase in supply and hand washing stations at all possible points of concern.

**Do:** work with WASH actors to ensure enough handwashing facilities with soap<sup>1</sup> and water (and resupply) are available for populations at camp entrances and at communal facilities and gathering points.

**Do:** consider increased cleaning/ hygiene measures for communal facilities. Ensure that cleaning staff use appropriate PPE.

**Do** consider increasing the number of garbage bins (or more frequent emptying) at reception points.

**Do:** Consider assigning turns (scheduling) for the access to communal facilities such as water collection points

## **What about movements in and out of camps?**

As of today, we do not need to change the movement procedures into and out of sites, however we must ensure that we are prepared to enact relevant measures in the event of confirmed COVID-19 in South Sudan.

Movements in and out of sites and their regulations must be discussed with Site Authorities and RRP/UNMISS where relevant and be inline with relevant national level health SOPs.

Consider:

- Improved monitoring at entry points, including mandatory hand-washing upon entrance and exit.
- Assess priority needs that will require camp population to go outside – e.g. for food, health, firewood, work and other livelihoods activities.
- Visitors should be minimized or restricted during the preventative quarantine period.
- New arrivals to the camp may require additional screening procedures, such as isolation prior to entry, etc. which should be discussed with health cluster/actors and RRP for recommendations.
- Ensure that easily understandable IEC materials are visible and explained to people as they enter the site.
- Establish a referral pathway with relevant health actors for suspected cases to move immediately to an appropriate facility from points of entry/exit.

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<sup>1</sup> When soap is not available, is recommended the use of chlorinated water (0.05%) as handwashing solution. Replace it daily.

### **How do we work with 'site committees' when we can't gather?**

New modalities for working with committees inside sites will have to be evaluated to minimize group gatherings. Consider:

- Hold meeting only at section or block levels, set limits to the number of people that can be in one meeting.
- Practice social distancing of 1 meter between attendees where meetings must go ahead.
- Ensure hand washing of all attendees upon entrance to essential meetings.
- Training of committees on COVID-19 and key messages (in small groups).
- Put into place community-based reporting and monitoring.

### **How should we work with service providers and field teams to adjust distributions?**

Consider the following when planning distributions and activities in sites. Ensure that these measures do not adversely impact of scale of activities, reduce coverage and leave people without assistance.:

**Do:** prioritize lifesaving distributions.

**Do:** keep in mind the need to work closely with protection actors to accommodate vulnerable populations and where relevant establish alternate distribution modalities.

**Do:** where possible, plan for smaller-group distributions that avoid large crowds and minimize the queuing time - keeping in mind that this will mean more number and frequencies of distributions.

**Do:** consider utilizing set distribution times (by block) to minimize the number of people queuing.

**Do Not** merge distributions or provide too many large items at the same time since this will require more family members to turn up.

**Do:** identify or advocate for larger space to conduct distribution and reduce crowding, or where possible advocate for the allocation of additional distribution centers.

**Do:** ensure well equipped handwashing facilities are in place throughout the distributions (enough soap and water).

**Do:** Involve hygiene promotion actors to disseminate health messages during distributions.

**Do:** where possible and practical, maintain a distance of 1 meter between distribution staff and those collecting items.

**Please note that the use of masks is not recommended by WHO unless you are coughing, sneezing, or taking care of a sick person. Additionally, regular handwashing is considerably more effective than wearing gloves for those not taking care of sick persons.**

### **What should we be stocking up and pre-positioning in/near the sites?**

**Do:** coordinate with WASH partners to ensure enough stocks of soap and buckets with taps for handwashing stations.

**Do:** coordinate with WASH partners to ensure enough stocks of chlorine, staying mindful of chlorine storage and expiry dates.

**Do:** ensure that we have enough materials for conducting burials, consider the need to increase the number of burial teams.

### **How do we engage and support local authorities in making contingency plans for the sites?**

It is vital that, in our role as camp management agencies, we advocate for displacement sites to be included as part of the national and local contingency planning process and considerations.

In addition, some of the key points to discuss and consider together with the displaced and host communities, service providers, as well as local and national authorities will include:

- Prioritization for scale up of WASH and Health services in high-risk areas
- Special measures for high-risk population groups such as;
  - Distributions direct to their shelter/residence to help them avoid crowded areas.
  - Dedicated outreach workers to routinely check on their welfare (ensuring to keep a 1-meter distance at all times).
  - Giving priority for decongestion of overcrowded shelters to remove high risk individuals from sharing with those that must travel/work in crowded areas for livelihoods.
  - Consider additional disinfecting/cleaning of shelters of high-risk individuals (WASH partners).
  - Additional distributions of handwashing materials (soap, chlorine, hand sanitizer etc.)
- Advocate for the Identification of additional land for: additional health services, de-congestion, distribution set up and potential isolation areas.