Scaling Up COVID-19 Outbreak, Readiness and Response Operation in Humanitarian Situations – Including Camp and Camp-like Settings.

SUMMARY OF THE IASC GUIDELINES FOR CCCM CONTEXT

OBJECTIVE

To discuss necessary multi-sectoral needs and considerations expected of CCCM in scaling-up readiness and response for the COVID-19 outbreak in collaboration with State government/agencies.

Some issues for Consideration:

- Integrating of Protection in all plans - persons of Concern (POCs) should not be used as scapegoats, stigmatized, discriminated, criminalized, exploited or prevented from accessing necessary services and information due to their status.
- Plan needs to be needs to be aligned with existing humanitarian coordination mechanisms already in place at national, local and site levels where possible.
- Risk factors remain key pointers in planning. Some of the identified ones include, but not limited to – movements across the border, IDPs in isolated areas, government capacity, logistics capacity eg transportation in case of referral from deep field locations, access to some of the locations – security and bad roads, Capacity of health workers – only concentrated in Maiduguri, and not in field locations, humanitarian community, mass gatherings – distribution, Mosques and market areas among others.
- How to deal with personnel at risk of exposure – apply guidelines from Federal Government.

Coordination and Planning

- Camp based Specific COVID-19 outbreak readiness and response plan needs to be developed and adopted to each collective camp/site, based on the prevailing risks, capacities and gaps.
- A multi-disciplinary outbreak response team needs to be established to implement this plan.
- Measures should be taken for physical re-planning of the site, to the extent possible, taking into consideration adequate IPC, social distancing, crowd management and to prevent large gathering of people.
- Modalities of service and assistance provision on site such as distributions, need to be planned in such a way that large gatherings.
- Negotiation for additional space for potential isolation needs to be carried out as part of preparedness, ahead of cases being identified.
- Need to integrate other activities such as camp decongestion, expansion and camp planning, highlighting the need to have space for establishing isolation spaces in IDPs camps. Over congested camps are more susceptible to spread of viral infection.
- Should it be feasible and required, a plan for site decongestion needs to be developed.
- Personnel working in collective sites need be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE).
- Map out the existing community structures to support with clear message dissemination.
- Need for capacity building for the identified community structures - Rapid Response Team to support with capacity building and other needs.
- Strengthen referral mechanism - Perceptions, rumours and feedback from camp residents and host communities should be monitored and responded to through trusted communication channels, especially to address negative behaviours and social stigma associated with the outbreak.
- Map the most vulnerable POCs in highly congested camps that are likely to be at immediate risk.
- Integration of protection in response and prevention – isolation rooms to be gender sensitive.

- Establish mechanism on psycho-social support - carefully deal with stigma and sense of isolation which are likely to be experienced.
- Development of business continuity plan and prioritize on essential and none essential activities and how to operationalize the plan.
- Need to preposition NFIs and Shelter materials and to work closely with WASH sector and partners to improve on service delivery, including provision of hygiene promotion materials.

Preventive Measures:

- Health screening to be conducted for new arrivals at the border, reception centre or at the camp.
- Temporary isolations - individuals who are suspects from other residents of the site/camp and host community, until a referral process is completed, or a negative result is obtained.
- Health screening can also serve as information receiving and dissemination hubs.
- Infection Prevention and Control (IPC) measures need to be developed for households and for common spaces. Standard IPC protocols need to be followed[1].
- If a health facility is present on-site, it needs to be well equipped eg a functional triage system, training of staff, materials and supplies, including PPE.
- WASH services in health facilities are critical and minimum standards in handwashing, water supply, sanitation and management of medical waste should be in place.
- The implementation of all IPC measures requires optimal coordination, planning and supervision with the WASH and Shelter Clusters and their partners.

<u>What Happens in case there is a confirmed/suspected case at the camp/camp-like setting or Host Community?</u>

- Contacts need to be identified and monitored for 14 days, even when quarantine or isolation is not possible.
- Emphasis should be on restriction of contact with others and limitation of movements outside of home.
- Community-based surveillance (CBS) should be encouraged whenever it is feasible for the early detection of COVID-19 cases in sites and surrounding communities.
- The rapid response team for collective sites needs to be available to respond to investigation of alerts and referrals of suspected cases and alerts coming from surrounding host communities.

Prepared by UNHCR, CCCM Maiduguri Sub Office

[1] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance