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. Camp Management agencies should at all times be specific in their messaging and utilize the information shared through the HCT.

Note that these measures are primarily focused on minimizing the risk of a widespread outbreak of Covid-19 in camps and camp like settings in South Sudan and ensuring that affected populations have adequate information that enables them to make an informed decision regarding their immediate plans.

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

On Saturday the 4\(^{th}\) of April, the first positive case of Covid-19 was confirmed in Juba. Our primary responsibility as Camp Management Agencies is to prepare for the possibility that the virus spreads to the sites that we manage and to ensure that we have the correct response measures in place to, as much as possible, 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, community members and other stakeholders. Each agency is responsible for establishing their own business continuity plans to ensure that critical life saving support continues. Camp Management must be aware of any potential changes to services or to key focal point within organizations/agencies delivering services with their site.

Ensure that there are clearly established Covid-19 focal points from each agency/organization operating key life-saving activities with your site to enable fast and accurate information flow.

Ensure that when our teams are speaking with members of the community, Camp Management agencies operating in PoC sites are utilizing the key messaging approved by the HCT Plus and distributed by the
CCCM Cluster (attached to this email). For those operating outside PoC sites, this messaging may also be relevant to other camp like settings and should be adhered to where relevant.

**Where can I find further information?**


WHO Frequently Asked Questions: [https://www.who.int/news-room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)


Sphere guidance: [https://spherestandards.org/coronavirus/](https://spherestandards.org/coronavirus/)

Recommendations for adjusting food distributions: [https://www.sheltercluster.org/sites/default/files/docs/covid_sop_food_assistance_0.pdf](https://www.sheltercluster.org/sites/default/files/docs/covid_sop_food_assistance_0.pdf)


Human rights and protection considerations for Covid-19: attached with this email.

**What do we do now?**

**Coordination**

- Follow up on pre-identified gaps in key services and ensure immediate actions are taken by appropriate partners to rectify issues.
- Work with DTM, Health and Protection partners to assess the demographics of the displacement site 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.
- Implement the next phase of the contingency plan (confirmed case in South Sudan) and ensure it is updated accordingly.
- Ensure updated referral pathways for health, protection, security and communication, are distributed to relevant staff and communities.

**Service Provision**

- Support hygiene promoters to scale up handwashing and waste management with WASH partners. Where possible advocate with relevant clusters and service providers for
positioning of key commodities like soap, NFIs, buckets, chlorine, dignity kits and menstrual hygiene kits, etc.

- Utilize key areas within your site for allocating additional hand washing stations and ensure that it is clearly defined who is responsible for their maintenance.
- 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/quarantine areas), extra distribution sites to minimize groups of large people, additional shelters to minimize sharing of shelters.
- Ensure that all schools in your site have ceased operations in accordance with the directive of the Government of South Sudan.

Communication and Community Engagement

- Ensure that all members of Camp Management teams have received training on Covid-19 prevention methods.
- Ensure that all members of Camp Management PoC community engagement staff have received training on the key messaging distributed by the CCCM Cluster.
- Prior community engagement, prioritize selection of key individuals/groups that are likely to have a prominent role in influencing other members of the community during preparedness and response as part of your community engagement. This does not mean we only focus only on certain groups but a reminder that it is important to identify key entry points from all segments of the populations in displacement settings.
- Ensure that staff are strictly adhering to all infection prevention and control techniques when delivering community messaging. Such as;
  - Ensure physical distancing of 1-2 meters between each person.
  - Ensure handwashing of all attendees prior to entering the venue/beginning the session.
  - Ensure the cleaning of the venue and equipment (chairs, tables etc), prior to and after the session.
  - No hand shaking at any time.
  - Remind everyone at the beginning of any messaging that people that feel unwell should not participate.
  - Where possible, provide paper towels or tissues to participants.
  - Where possible, provide an enclosed bin for the safe disposal of paper towels and tissues.

Vulnerable Populations

- Family separations could become a key issue should some people decide to leave the PoC. Ensure to liaise with protection partners to follow up on vulnerable individuals who are not able to leave the PoC and may be separated from their families should they choose to leave.
- Engage 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.

Older persons and people with special needs – should they or their primary caregivers fall ill, it is likely that the family will require additional support from the community.

Utilize established key focal points in Camp Management teams and community structures to inform them of the change in situation related to Covid-19 in South Sudan.

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. Track, Fact Check and Debunk.

**Do:** deliver the CCCM Cluster distributed messages to all members of the camp. Be specific and honest about the risks of staying in the PoC and what services are available outside the PoC.

**Do:** direct all those that express interest in leaving the PoC to Protection desks.

**Do:** ensure that all community messaging is input into the CCCM public messaging tracking tool.

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

**Do:** use block and zone focal points, to pass updated information to the community.

**Do:** use monitoring teams, as well as those who will be checking up on the vulnerable / high risk population.
**Do:** prioritize training on COVID-19 and key messages to our staff and community leaders 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:** utilize diversified methods to spread up to date information and key messaging, such as IEC materials and radio announcements in local languages rather 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
- Radio talk show /Q&A
- If safe and necessary, house to house visits may be conducted to pass messaging to vulnerable households that may otherwise be missed by information campaigns. If this method is used, then staff should not enter the shelter and remain 1-2 meters from residents at all times.
- SMS (mobile) alerts through WhatsApp to key camp management staff

**Do:** Ensure that approved IEC materials are printed and displayed throughout the site.

**Referral Pathway and National Protocols**

**Do:** Work with Health service providers 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\(^1\) and water (and resupply) are available for populations at displacement site entrances and at communal facilities and gathering points.

**Do:** consider increased cleaning/ hygiene measures for communal facilities. Ensure that cleaning staff use appropriate personal protective equipment (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.

**Do:** consider how community facilities – such as schools – that are not being used can be best utilized to support specific aspects of the response (such as isolation or quarantine facilities)

### Reporting and information sharing with partners

**Do:** share results with partners on gaps identified by the CCCM public messaging tracking tool

**Do:** update relevant partners on rumors and myths identified to ensure that all partners are tracking, fact checking and debunking.

**Do:** ensure regular meetings of relevant partners relating to the changing situation and updated contingency planning.

Ensure close communication with partners running protection and information desks and provide updated information on response as well as collect information on community’s concerns.

### What about movements in to, out of and within displacement sites?

Personnel with potential risks of exposure to COVID-19 off-site shall not come to work for 14 days since the day of exposure, to prevent contamination to residents and host communities; those experiencing signs and symptoms suggestive of COVID-19 should not be allowed to work at the site either, until

\(^1\) When soap is not available, is recommended the use of chlorinated water (0.05%) as handwashing solution. Replace it daily.
COVID-19 is ruled out and/or full recovery is attained. Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.

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

Ensure that affected populations are aware of the need to isolate themselves in their shelter if they feel unwell. Engage with partners and community leadership structures to identify relevant support that can be delivered to those that are self-isolating.

Engage with community leadership structures to encourage site population are minimizing their contact with others, regardless of their current health status. In line with the key messaging from the CCCM Cluster, reinforce the message that physical distancing is the only vaccine available for Covid-19.

Refer to the key messages distributed by the CCCM Cluster for those with concerns about staying in displacement sites and ensure that people are aware of the risks if they stay and what services are offered in potential areas of return. Refer those that express an interest in leaving the site to Protection partners.

Consider:

- Improved monitoring at entry points, including mandatory hand washing upon entrance and exit. Consider the need to have dedicated personnel to ensure that handwashing upon entrance is complied with by all who enter.
- In conjunction with health partners, introduce screening at entry points for symptomatic patients. Any screening at points of entry must include referral pathways to relevant levels of care and screening activities should be conducted by relevant trained staff.
- Assess priority needs that will require site population to go outside – e.g. for food, health, firewood, work and other livelihoods activities.
- New arrivals to the site may require additional screening procedures, such as quarantine prior to entry, etc. which should be discussed with health cluster/actors and RRP for recommendations.
- Ensure that approved IEC materials are clearly displayed at all points of entrance/exit to the site.

**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.
- That some meetings will need to be cancelled and different forms of information flow will need to be enacted.
- Practice social distancing of at least 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 mechanisms.

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

SS COVID-19 CM Operational Guidance – 6 April 2020
The situation is evolving rapidly, and critical lifesaving activities should continue, but consider adopting mechanisms that do not draw a large crowd. Continually re-evaluate service provision and modify as necessary and in line with contingency planning.

Actions and activities should follow each Camp Management Agency’s 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 the number of people in sizeable gatherings, especially in distribution sites, attempt to limit gatherings to locations that enable individuals to keep a 1-2-meter gap at all times.
- Liaise with all partners and service providers within the displacement site for their plans to continue service provision now that a case has been confirmed in South Sudan.

**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 on 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 at least 1 meter between distribution staff and those collecting items.

**Do:** make relevant changes to the flow of distribution sites in accordance with WFP guidance (shared at the beginning of this document).

**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.

**Do:** refer to the WHO dead body management guidance and ensure locally appropriate SOPs are written and agreed upon by relevant partners.

**Do:** liaise with relevant government authorities for the allocation of additional land for burials in the event of large-scale outbreaks.

**Do:** ensure to sensitize the community that may be in close proximity to the burial site regarding the use of the site.

**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.