Responding to Suspected and/or Confirmed COVID-19 Cases in IDP Camps/Settlements: Guidance for Lead Agencies

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This guidance was developed by the COVID-19 IDP Camp Coordination Task Force, with technical inputs and review by the Sudan Health Sector, WASH Sector, Protection Sector and ESNFI Sector. The guidance provided in this document is general basic guidance for Lead Agencies/Focal Points in IDP camps and settlements and is not intended to provide guidance on the medical protocols/response. Lead Agencies should follow the guidance of the Sudan Ministry of Health (MoH), WHO, and the camp/settlement health actor, keeping in mind that processes may vary from state to state (and camp to camp) according to capacity and resources available.

Information about affected individuals and families should be kept confidential. Where case specific information is shared with operational actors in the site, in order for them to respond and provide specific support to the case, this information should always be kept confidential.

Suspected COVID-19 Case in Camp/Settlement

- Any suspected cases of COVID-19 should be referred to the Health actor in the camp/settlement for case identification (determining whether symptoms meet COVID-19 criteria), and any onwards referral (including testing).
- Where there is no Health actor present in the camp/settlement, the case should be referred to the nearest health facility. Where the health facility is not easily accessible, e.g. it is not located near the camp/settlement, the MoH call centre/hotline should be contacted.
- Where the health provider determines that the case is a 'suspected COVID-19 case' they will organise testing and advise on the necessary actions, as per national protocols.[1]
- Where the health provider determines that the suspected individual should self-isolate in their home[2] and wait for the RRT testing and/or test results, the suspected individual case should follow the health provider's guidance.
- WASH actors should increase their actions in health facilities[3] receiving COVID cases, following Sudan WASH Sector Guidance regarding handwashing facilities; sanitation facilities; waste management systems (including for hazardous waste such as PPE); cleaning and disinfection processes, and dead body management.

[1] For example: isolation, conduct contact tracing (this could be the health actor or the RRT) and advise contacts on what measures they should take (such as self-quarantining)

[2] For example, this could be due to a lack of isolation rooms in the health facility, or lack of space in an isolation facility.

[3] As per WASH sector guidance, WASH actors should ensure that Health Facilities receiving COVID-19 cases are appropriately equipped, including with sufficient water, soap, handwashing facilities, items for cleaning and disinfection, and waste management systems including for hazardous waste. Provide support with PPE for non-medical staff, and support training of non-medical staff in health facilities on Infection Prevention and Control (IPC) and personal hygiene in coordination with health workers.

- WASH actors should support disinfection of the residential area/premises of the suspected individual with Chlorine-based products[4].
- In communal settings, WASH actors should increase hand washing facilities/soap and Ibrig[5]; support households with WASH NFIs[6]; increase water quantity, storage and monitor water quality treatment; review operation schedules; monitor queues at water points and provide messaging on physical distancing; support the disinfection of hand pump handle/water taps; build the capacity of water point committee/operators; and ensure the most vulnerable groups have access to water.
- In communal settings, WASH actors should ensure daily cleaning and disinfection of latrines, toilets and showers, and if possible, avoid sharing of facilities, especially with quarantining or self-isolating individuals. Where it is not possible to have separate facilities for quarantining or self-isolating individuals, adequate sanitisation of WASH facilities after every use should be advised. WASH actors should ensure access to disinfection material, like chlorine-based products (sodium hypochlorite or calcium hypochlorite powder).
- All households should always have soap available[7] and access to water[8]. WASH actors should refer to Sudan WASH Sector Guidance for more detailed WASH guidance.
- Coordinate with ESNFI Sector should additional key NFI items be required for larger households. Full NFI kits including plastic sheets should be distributed to affected households to adhere to self-isolation or self-quarantine. NFI items can be deliver directly to the households.
- Coordinate with ESNFI Sector should key NFI be required for isolation or quarantine centres, where they are established in/near camps/settlements.
- Actors conducting distributions should ensure that there are no large gatherings at distributions – if not already following, they should refer to the relevant sector's distribution guidance.[9]
- Work with RCCE/Health/WASH (e.g. Hygiene Promoters)/Protection actors and community leaders to increase messaging with the camp/settlement residents, ensuring inclusion of the most vulnerable families/individuals, on COVID-19 awareness and self-protection/prevention measures (e.g. wash hands frequently with soap and water for at least 20 seconds, practice social distancing of 2 metres), and monitor for any rumours or stigma. Risk Communication and Community engagement messages developed for Sudan and available in multiple languages are available for download here
- Coordinate with child protection actors (or where not present, follow the Child Protection referral guidance and coordinate with UNICEF state Child Protection Focal Points) in the case that isolation of a suspected case results in a child/children being left alone.
- Where psychosocial and other relevant support services (e.g. GBV hotline) are available in the camp/settlement, coordinate with the service providers to ensure that camp/settlement residents are aware of the services and how to access them. Where GBV services are required and there are

[4] For example, hypochlorite at 0.1% (1000 ppm) for general environmental disinfection or 0.5% (5000 ppm) for blood and body fluids large spills.
[5] Water jug
[6] As per Sudan WASH Sector Guidance. For example, additional household water storage items and soap.
[7] As per WASH standards, a minimum, 450gram/per month is available per person, plus an additional 250g/p/m for all women and girls of reproductive age.
[8] As per WASH standards, a minimum of 15-20 litres per person, per day.
[9] Sudan ESNFI Sector Distribution Guidance; IASC Interim Recommendations on Adjusting Food Distribution (WASH actors to also refer to this IASC guidance)

no GBV actors/services present/available in the camp/settlement, follow the GBV referral guidance to ensure the survivor can access appropriate services and support.

Confirmed COVID-19 Case in Camp/Settlement

As per above 'suspected case in camp/settlement' and:

- Positive COVID-19 cases should be isolated; the health actor should determine how to isolate the case[10], depending on the state context and capacity.
- For positive cases that are not referred onwards to an isolation facility or hospitalised, but are instead sent home to self-isolate, the individual should follow health protocols as advised by the health provider.
- The health provider/RRT should undertake/advise on the necessary actions to be taken, as per national protocols,[11] including advising close contacts on the protocols to be followed.

Multiple confirmed COVID-19 Cases in Camp/Settlement

As per above 'confirmed case in camp/settlement' and:

- Movement of humanitarian actors in and out of the camp likely to be limited to the delivery of essential services
- Closely monitor essential services, particularly core services relating to COVID-19 preparedness and response (including water supply, access to soap, health partner access to camp, ability of camp/settlement residents to access health facilities particularly when they are located outside of the camp/settlement). Contingency plans should be activated as necessary.
- Asses with WASH and Health actors as to whether there is a need to distribute additional household water storage items, hand washing facilities in common places, soap and Ibrig, and disinfection material like chlorine based products (sodium hypochlorite or calcium hypochlorite powder across the camp/settlement.
- Camp/settlement residents should be recommended to keep movements to a minimum.

Reporting of Suspected and/or Confirmed Cases

Suspected cases are reported to the MoH call centre through health facilities. Health facilities contact the MoH call centre (Rapid Response Team - RRT) to conduct tests on any suspected cases of COVID-19, which can take several days. Test results are reported by labs to the MoH, the referring health facility, and the patient is notified. The MoH share updates on COVID-19 cases with the WHO.

In order to support the tracking of cases at camp level and help close any information gaps, Lead Agencies should report any suspected cases, confirmed cases and/or confirmed deaths due to COVID-19 – **as reported by the Health actor** – to their State Task Force Focal Point. It is expected that a simple

[10] This could, for example, be in an isolation centre or possibly at home depending on what is available.
[11] For example: conduct contact tracing (this could be the health actor or the RRT) and advise contacts on what measures they should take (such as self-quarantining)

reporting tool will be completed on a weekly basis by Lead Agencies, along with ad hoc reporting[12] whenever a suspected or confirmed case is reported (see Appendix A for information flow). In line with the scenarios and actions outlined above, Lead Agencies should update relevant operational partners at the camp/settlement level on confirmation of a suspected or confirmed case/s of COVID-19 in the site, so that actors can respond accordingly. Case numbers in each camp should NOT be published, for example in an external sitrep or published minutes of meetings.

State Task Force Focal Points should share ad hoc reports with the following, via email: the National Task Force Co-Leads and the relevant State COVID-19 Focal Points (both the lead and co-lead). The National Task Force will share this information with the Health Cluster Coordinator, and with the ISCG through an agreed means.

FAQs

What should my organisation do if we hear reports of increased numbers of people getting sick in the camp/settlement?

Organisations working in the camp should share this information with Lead Agencies. Lead Agencies should share this information with Task Force State Focal Points who will ensure that this is shared with the WHO COVID-19 State Focal Points.[13] The WHO COVID-19 State Focal Points will ensure the necessary follow-up.

What should my organisation do if we hear reports of an unusually high number of deaths in the camp/settlement in last month?

Organisations working in the camp should share this information with Lead Agencies. Lead Agencies should share this information with Task Force State Focal Points who will ensure that this is shared with the WHO COVID-19 State Focal Points.[14] The WHO COVID-19 State Focal Points will ensure the necessary follow-up.

[12] As-hoc reporting could take place through a phone call as soon as the Lead Agency becomes aware of a suspected or confirmed case.
[13] Both the lead and the co-lead agencies that are working as COVID-19 State Focal Points should be informed.
[14] Both the lead and the co-lead agencies that are working as COVID-19 State Focal Points should be informed.

Appendix A: Information Flow for COVID-19 Case Reporting from IDP Camps/Settlements with a Lead Agency