

# South Sudan

## Water, Sanitation and Hygiene Promotion during COVID-19

Response in refugee settings



A Sudanese refugee carries water from a water point in Pamir refugee camp. ©UNHCR/Elizabeth Stuart

By the time this draft guidance was finalized (07 April 2020), the Coronavirus disease (COVID-19) pandemic, which was discovered in Wuhan China in December 2019 has now spread to 209 countries globally with almost 1.4 million confirmed cases and close to 75,000 deaths. As of 7<sup>th</sup> April 2020, South Sudan has reported one (1) confirmed case in Juba. No case reported yet in the refugee locations, but to alerts (one negative and one pending).

- **Symptoms of COVID-19:** Most common are fever, tiredness, and dry cough. Less common are aches, nasal congestion, runny nose, sore throat or diarrhea (2-10%). Symptoms appear 2-14 days after infection.
- **Transmission:** Two main routes are respiratory (e.g. droplets from coughing or sneezing) and contact (e.g. surfaces that have been contaminated with droplets).

- **Environmental Survival:** Survival on surfaces (2 hours – 9 days), depends on surface, temperature, relative humidity, and specific strain. Inactivation in minutes using common disinfectants (70% ethanol or 0.5% sodium hypochlorite).
- **Protection:** The most effective way is frequent handwash, cover your cough with the bend of elbow or tissue and practice “social distancing” - at least 2 meters (6 feet) from people.

WHO emphasizes public health and social measures or actions to be taken by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of COVID-19. These measures are to reduce transmission of COVID-19 include individual and environmental measures, detecting and isolating cases, contact tracing and quarantine, social and physical distancing measures including for mass gatherings, international travel measures, and vaccines and treatments. While vaccines and specific medications are not yet available for COVID-19, other public health and social measures play an essential role in reducing the number of infections and saving lives.

Provision of adequate WASH services plays a crucial role in the prevention of COVID-19, particularly handwashing and hygiene materials, and safe water supply and sanitation services:

- Frequent and proper hand hygiene is one of the most important prevention measures for COVID-19. WASH practitioners should work to enable more frequent and regular hand hygiene through improved facilities and proven behaviour change techniques.
  - Existing WHO guidance on safe management of drinking-water and sanitation apply to COVID-19. Extra measures are not needed. Disinfection will facilitate more rapid die-off of COVID-19 virus.
  - Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices. Such efforts will prevent many other infectious diseases, which cause millions of deaths each year.
  - (WHO, 2020).
- **Key prevention messages for COVID-19 include:**
    - Frequently wash hands with soap and water and or use alcohol-based sanitizers
      - Critical times for handwashing include after coughing or sneezing; when caring for the sick; before, during and after preparing food; before eating; after toilet use; when hands are dirty; when handling animals or animal wastes.
    - Don't shake hands.
    - Avoid contact with anyone. Keep social distance of minimum 2 meters.
    - Avoid touching your eyes, nose, and mouth with unwashed hands.
    - Cover your mouth or nose with tissue or cough and sneeze into your flexed elbow.
    - Stay home and avoid travel when you have a flu like symptom.

The main purpose of this document is to provide relevant guidance to all UNHCR staff and Partners working in the refugee operations in South Sudan, to ensure effective preparedness and response to COVID-19 in the refugee camps/settlements and host communities in order to prevent or reduce transmission, thus related morbidity and mortality. This document is to be used alongside the other relevant guidelines including the UNHCR Public Health Unit COVID-19 Guideline. It will be reviewed/updated from time to time as necessary.

## Coordination

Ensure close and effective coordination of all preparedness and response activities:

- Actively participate in the Task force meetings at field and State level. Avoid face to face meetings/gatherings, thus consider meeting online via Microsoft Team, Skype, etc.
- Attend the Teleconference meeting with Public Health Unit in Juba.
- Hold bi-lateral meetings, where necessary.
- Share information and updates regularly.

## Preparedness and Response

- Consider providing life-saving WASH services for both the refugees, IDPs, returnees, asylum seekers and host communities, in consultation with UNHCR Public Health/WASH teams and in line with UNHCR WASH standards<sup>1</sup>
  - Ensure integrated, collaborative and well-coordinated approaches: WASH, Health, Nutrition, Education, Shelter, Camp Management, Protection, etc.
- Promote synergies and joint actions among partners/actors.
- Implement the existing operation continuity plan (OCP) should the situation deteriorate to the level where travels to the camps are limited.
  - Make use of / operate through the community-based staff e.g. borehole operators, guards, community health and hygiene promoters or community health workers, sanitation/hygiene volunteers, WASH committees, protection committees, etc.
- Design and implement appropriate prevention measures
- Follow/make use of the available WHO and MoH guidelines and IEC materials.

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<sup>1</sup> (UNHCR, 2020) WASH Standards and Indicators. See references.



Awareness raising using IEC materials placed in strategic areas in refugee camps. © UNHCR

### ■ Risks communication and community engagement (RCCE)

The below actions are critical in the prevention of COVID-19.

- Communicate to community leaders. Hold meeting(s) with limited number of people. Seek support and collaboration from the camp leaders.
- Constantly communicate to staff and persons of concern. House to house (door to door) sensitization is a key modality for COVID-19 messaging;
- Ensure constant message dissemination on Radio FM and using loudspeakers and megaphones.
- Support scale-up of coordinated messaging at community level (not in group settings)
- Make use of available IEC materials sent (English, Arabic).
- Share the messages with UNHCR and Partners' staff, refugees, and host community.
- Take photos and videos on handwashing, IEC distribution, demonstration, and mass communication; e.g. at water points, handwashing demonstrations, soap distribution, social distancing (no crowds or tight queues), food distribution, sharing of information - posters/ briefings; people listening to COVID news (for instance someone on loud megaphone, etc. Share the photos and videos internally, including with External and Reporting Team, and with relevant actors.

### ■ Infection Prevention and Control (IPC)

Support and strengthen WASH services in Health Facilities. Monitor IPC and WASH implementation in selected healthcare facilities using the Infection Prevention and Control Assessment Framework, the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool.

- Assess IPC capacity in public places and community spaces where risk of community transmission is considered high.
- Ensure adequate safe water supply.

- 250 litres/staff member/day + 2 days backup.
  - 100-200 litres/bed capacity/day + 2 days backup.
- Aim for higher values first and readjust if needed.
- Ensure adequate latrines
    - Construct adequate gender-sensitive latrines at Isolation centers.
    - Consider both options of emergency and permanent latrines.
    - Provide latrine cleaning materials e.g. liquid/powder soap, detergent, chlorine, brooms, hard brushes
  - Ensure adequate handwashing facilities/points.
    - Install handwashing facilities e.g. buckets, jerry cans or water tanks with taps. Consider various capacities depending on the expected number of users.
    - Make sure adequate chlorine solution or soap is available at the time.
    - Deploy health/hygiene promoters or volunteers to supervise and monitor the use, including refilling the containers and sensitizing the users.
  - Ensure good medical waste management (incinerator, placenta pit, etc.)
  - Disinfection of isolation centers, medical wards and latrines with chlorine.



*Additional handwashing buckets are being prepared for distribution in Jamjang.*  
 © UNHCR

## ■ WASH in Schools<sup>2</sup>

- Ensure adequate safe water supply as per UNHCR standards
- Ensure adequate latrines as per UNHCR standards
- Ensure adequate availability of soap for handwashing and other hygiene materials e.g. IEC materials, cleaning materials, drinking water containers and cups. Consider possibility of providing separate water bottles and or cups for each pupil/student and teacher.
- Provide support towards menstrual hygiene management
- Ensure good solid waste management

## ■ WASH in the community

- Ensure equitable access to adequate safe water supply
- Ensure adequate access to latrine facilities, particularly in hot spots
- Increase availability of handwashing facilities and soap.
- Ensure constant dissemination of prevention and control messages through house to house visits, radio programme and megaphones/speakers.
- Increase availability of IEC materials e.g. posters.

<sup>2</sup> (WHO, 2020) Key messages and actions for covid-19 prevention and control in schools. See References.

## ■ WASH supplies

- Distribution of soap during GFD: 250g per person per month. Where possible, double the quantity of soap to 500g/p/m. Distribute additional soap to health facilities, schools and other public places, as well as to persons with specific needs (PSNs).
- Provision of alcohol-based hand sanitizers, in situation where there is shortage of water supply.

## ■ Other specific considerations

- Minimize queues/overcrowding at water points (tap stands or hand pumps).



UNHCR and Samaritan's Purse fix a water point as part of COVID preparations in Yida settlement to ensure that water is available and accessible.  
 © UNHCR

- Aim at providing more safe water beyond the UNHCR minimum standard of 20 l/p/d.
- Consider additional water pumping hours and more collection time.
- Repair water systems, including leakages in the water pipelines and faulty taps.
- Use water management committees and local leaders to ensure an orderly arrangement among the users at water collection points.
- Target many persons with specific needs (PSNs) with appropriate assistance e.g. latrines, handwashing facilities, hygiene materials.
- Prioritize women and girls, and other vulnerable individuals while accessing services.
- Consider targeting host communities as well.

## Hygiene and social distancing measures during General Food Distribution

General Food Distribution (GFD) sites are very high-risk areas for COVID-19 infections and spread.



Sudanese refugee washes her hands at the handwashing stations before GFD in Ajuong Thok refugee camp.  
 © UNHCR/Bith Bol Dau

- There should be no physical contact between staff, volunteers, and beneficiaries. Emphasize hygiene measures before contact with objects (e.g. food containers).
- Instruct beneficiaries to maintain 1-2 metre distance from each other throughout the distribution process, including queuing and at sharing points. In Jamjang, this practice has been adopted and implemented successfully during the April/May GFD using markings on the ground using ashes.
- Operators at the collection point should place the food rations on the table, step back, permitting the beneficiary to

- collect the ration without any physical contact
- Provide public health and COVID-19 specific guidance for all personnel working at the distribution site.
- Make use of alcohol-based sanitizers to disinfect BIMS equipment and hands of staff regularly.
- Ensure that adequate handwashing points are set up at strategic locations before beneficiaries enter the waiting area(s). The points should be supervised by the community health workers (CHWs), community watch teams (CWTs) or any other volunteers and supplied with adequate quantities of handwash solution or soap. Ensure availability of handwashing point at the identity verification/litigation point for use by UNHCR and Partners' staff.
- Ensure that all beneficiaries wash their hands at the hand washing points before approaching the waiting area and or the identity verification checkpoint.
- Ensure that common messages on COVID-19 prevention and control, and handwashing are being disseminated in Arabic or other local languages by community health and hygiene promoters (CHHPs) and community outreach volunteers (COVs) using megaphones or speakers throughout the distribution. Demonstration of handwashing steps should be done.

#### ■ Hygiene and Sanitation Products

Refer to Interim Recommendations of the Inter-Agency Standing Committee (IASC), 23 March 2020: Adjusting Food Distribution Standard Operation Procedures in the Context of a COVID-19 Outbreak.

- **Hand wash solution (0.05% chlorine solution)** can be made from a variety of chlorine bases available in the market. Washing hands with clean water and soap is mandatory for all staff / personnel, beneficiaries and any other party involved in the process/present at the distribution site.
  - Instructions for making mild hand wash solution (0.05% chlorine solution): <https://docs.wfp.org/api/documents/WFP-0000113436/download/>
  - Instructions for making soapy water: <https://docs.wfp.org/api/documents/WFP-0000113438/download/> (Source: Centers for Disease Control and Prevention)
- **Disinfectant (0.5% chlorine solution)** can be made from a variety of chlorine bases available in the market. All washing and disinfecting solutions must be prepared prior to dispatching to the distribution point and marked clearly.
  - Instructions for making disinfectant solution (0.5% bleach solution) from liquid bleach: <https://docs.wfp.org/api/documents/WFP-0000113440/download/> (Source: Centers for Disease Control and Prevention)

Concentrated chlorine and bleach are highly toxic substances that can cause irritation and inflammation to eyes, throat and nose. When mixing and using 0.5% disinfecting solution, appropriate PPE (including impermeable coverall, apron, N95 mask, goggles and double glove i.e. inner disposable latex gloves and outer heavy-duty latex gloves) must be worn. Personnel working in collective sites need to understand the risks of COVID-19 introduction and propagation in the site, be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE).

The above measures or actions should also be applied during distribution of other WASH NFIs where beneficiaries gather together.

### Operation (Business) Continuity Plan (OCP):

This is to be finalized by each partner as soon as possible, shared with UNHCR, and to be activated once a confirmed case or upon guidance by UNHCR depending on the developing situation. The delivery of WASH services is key in the prevention of COVID-19 and therefore must be scaled up in all key locations e.g. households, health facilities, schools, distribution sites, markets and community centers.

In a **worst case scenario**, whereby, WASH staff from UNHCR and Partners are not able to access the camps or refugee population due to restricted movements or complete lockdown, essential WASH services e.g. safe water supply and Information campaigns will continue to be provided through the community-based national and incentive staff and volunteers from the host and refugee communities respectively.

Water supply systems (boreholes, solar systems, generators, tap stands, tanks, piped networks, etc.) will continue to be operated and maintained by the borehole technicians and operators, and WASH committees. Community awareness campaigns will be undertaken jointly by trained CHWs i.e. CHHPs, community outreach volunteers (COVs), sanitation volunteers and WASH committees. The senior staff will constantly monitor and supervise ongoing field activities and delivery of WASH services remotely from their offices or homes.

During the preparedness and response, the below 4Ws matrix (draft) will be utilized for purpose of ensuring smooth coordination among the actors in the delivering the WASH services:

Where	When	What	Who
Maban	March – July 2020	<ul style="list-style-type: none"> <li>• Coordination</li> <li>• Surveillance</li> <li>• Water supply</li> <li>• Sanitation</li> <li>• Hygiene Promotion (risks communication &amp; community)</li> </ul>	<ul style="list-style-type: none"> <li>• All Public Health Partners</li> <li>• RI, IMC, MSF</li> <li>• ACTED</li> <li>• ACTED</li> <li>• ACTED, RI, IMC, MSF</li> </ul>



		<ul style="list-style-type: none"> <li>engagement, handwashing facilities)</li> <li>• Infection Prevention and Control</li> <li>• Medical waste management</li> <li>• WASH NFIs (soap, buckets, jerrycans, hand sanitizers, PPEs, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• RI, IMC, MSF, ACTED</li> <li>• RI, IMC, MSF</li> <li>• UNHCR, RI, IMC, MSF</li> </ul>
Jamjang	March – July 2020	<ul style="list-style-type: none"> <li>• Coordination</li> <li>• Surveillance</li> <li>• Water supply</li> <li>• Sanitation</li> <li>• Hygiene Promotion (risks communication &amp; community engagement, handwashing facilities)</li> <li>• Infection Prevention and Control</li> <li>• Medical waste management</li> <li>• WASH NFIs (soap, buckets, jerrycans, sanitizers, PPEs, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• All Public Health Partners</li> <li>• IRC, AHA, CARE</li> <li>• SP</li> <li>• SP</li> <li>• UNHCR, IRC, AHA, CARE</li> <li>• SP, AAHI, IRC, AHA, CARE</li> <li>• IRC, AHA, CARE</li> <li>• UNHCR, SP, IRC, AHA, CARE</li> </ul>
Gorom	March – July 2020	<ul style="list-style-type: none"> <li>• Coordination</li> <li>• WASH</li> </ul>	<ul style="list-style-type: none"> <li>• ACROSS</li> </ul>
Yei/Lasu	March – July 2020	<ul style="list-style-type: none"> <li>• Coordination</li> <li>• WASH</li> </ul>	<ul style="list-style-type: none"> <li>• ACROSS</li> </ul>
Makpandu	March – July 2020	<ul style="list-style-type: none"> <li>• Coordination</li> <li>• WASH</li> </ul>	<ul style="list-style-type: none"> <li>• World Vision</li> </ul>

## Final Remark

The confirmation of an outbreak of COVID-19 in South Sudan with one positive case reported on 5<sup>th</sup> April 2020 calls for rapid scale up of surveillance; coordination; risks communication, messaging and community engagement; and infection prevention and control, as well as appropriate WASH interventions integrated with other key services.

UNHCR and Partners must urgently scale-up preparedness and response to prevent the spread of COVID-19, particularly in the congested refugee camps with huge population at high risk. Additional resources (Medical & WASH supplies, and funds) are required to be procured/mobilized urgently as possible and deployed in the field. Training of key WASH and Health staff and volunteers, particularly those based in the

community on COVID-19 preparedness and response should continue to be undertaken, in addition to equipping them with essential PPEs. Additional staff and volunteers are also needed to be recruited and engaged where necessary in order to boost the response.

## References

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