Republic of South Sudan

Ministry of Health

Coronavirus Disease (COVID 19) Outbreak: Standard Operating Procedure for Points of Entry (POE)

(*Camps and Camp like Settings*)

Juba, South Sudan

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Version-1

1. Introduction

Points of Entry (PoE) are specialized areas for international and /or local entry or exit of travelers[1], baggage, cargo, containers, conveyances, goods, and postal parcels into the country and/or state or any place of convergence. In South Sudan, points of entry that have been highly prioritized include those affecting Populations of Humanitarian Concern. These include Internally Displaced Populations (IDPs) residing in Protection of Civilian sites (POCs), host communities, asylum seekers, refugees (residing in refugee camps / settlements and reception centers) and returnees and migrants within camp or non-camp settings.

For this Standard Operating Procedure (SOP) manual, PoEs will specifically refer to populations living in and out of but in proximity to Protection of Civilian sites (POCs) targeting IDPs, Refugee Camps targeting refugees, and Camp like settings which will include collective Sites). The purpose of this manual is to ensure a coordinated response within the camp and camp like settings on the procedures for Points of Entry (within the camp and non-camp settings). The respective roles and responsibilities within these structures will have to be clearly agreed upon and defined among the Camp Coordination and Camp Management (CCCM), the United Nations Mission for South Sudan (UNMISS) through the Relief, Reintegration and Protection (RRP) unit, UNHCR and Commissioner for Refugee Affairs (CRA) for refugee camps and reception centers. This collaboration should help and effectively contribute to dialogue and discussions among key partners, United Nations (UN) actors and community leaders for a coordinated response.

Scaling up COVID-19 outbreak readiness and response operations in humanitarian settings is outlined within the Inter Agency Standing Committee Guideline (IASG); this scale up is for people affected by humanitarian crises, particularly those forcibly displaced and/or living in camps and camp-like settings, often faced with specific challenges and vulnerabilities, which need to be taken into consideration for readiness and response operations to the COVID-19 outbreak.

The guidelines acknowledge the extreme importance from a protection, human-rights and public health perspectives, that people affected by humanitarian crises are included in all COVID-19 outbreak readiness and response strategies, funding stream, plans, programmes, policies, and operations.

In this context of preparedness and response, humanitarian partners in collaboration with the Ministry of Health (MoH) have identified strategic PoEs targeting these populations including:

- Convergence points (Major urban centers, IDP & Refugees in camps and camp like settings); and
- Entry points with significant links to major populations centers (Major urban centers and IDP & Refugees camps and camp like settings) in South Sudan.

Aim of the SOP:

The aim of this SOP is to ensure that individual health screening for target conditions, in this case COVID-19, and other diseases of public health concern, is provided to those residing and newly arrived residents at collective sites; one has to be very vigilant and monitor that no discriminatory screening is done on any specific group. POE

[1] "Traveler" in this SOP refers to people that in camps or camp like settings and includes daily movements of IDPs, Refugees, traders, humanitarian workers and visitors

screening is relevant for all arrivals; everyone entering and exiting camps and camp like settings from the outside at the designated centers, however, for travelers arriving through non-designated centers a referral mechanism will be explored to ensure the POEs are the first contact points.

For new arrivals this may take place upon first arrival/registration at the border, at the reception centre or at the collective site. All new residents should have screening process including temperature check, identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observation of visual signs of respiratory illness, coupled with questions on presence of fever (with a temperature of 38℃/100℉) or respiratory symptoms, and questions on history of contact with a potential COVID-19 case, and history of travel in the preceding 14 days. This is in line with the South Sudan COVID-19 Surveillance Guidelines which clearly defines the surveillance definition for cases and contacts. (Annex 1: South Sudan COVID-19 Surveillance Guidelines)

In camp settings with temporary isolations or holding sites established, it needs to be arranged in advance to isolate individuals meeting the case definition of a suspect case from all other residents of the site and host community members until a referral process is completed, or a negative result is obtained. For the South Sudan context, in the POCs the CCCM partners have identified potential spaces for use as "temporary isolation sites" but this is still in discussion and not yet approved. This needs to be clarified to ensure there is a clear guidance or referral pathway once a "suspect case" is identified. In refugee camps UNHCR and its partners have established isolation sites in each camp and in the two referral hospitals in Pariang and in Bunj. This SOP provides guidance on procedures in place on "suspected cases" of IDPs or refugees returning to the POCs or refugee camps depending on their travel origin. The provision of security is crucial to ensure the enforcement of the screening procedures, to ensure physical protection of suspected cases in the temporary isolation sites, to avert any negative sentiments expressed towards COVID-19 suspects and for the protection of the health workers. This needs to be agreed upon, discussed and provided by the agency that is already mandated to ensure security within the camp and camp-like setting. Confidentially must always also be respected. In the POEs at the border points quarantine in some of the border points but there is still not yet a structured guideline. Guidelines need to be developed for scenarios where IDPs or refugees returning, or newly arriving asylum-seekers, spontaneous refugee returnees or refugees to avoid "forcible confinement". Special protection considerations should be adhered for women and children at risk, including providing suitable temporary care arrangement/ shelters for children whose families have been infected by COVID.

Health screening also serves as an opportunity to provide information on prevention measures, important behaviour and habits to maintain. As per the CCCM Cluster 'Camp Operational Management guideline' (Annex 2) ensure that when the health promotion teams are speaking with members of the community, Camp Management agencies operating in camp and camp like settings are utilizing the key messaging approved by the HCT Plus and distributed by the CCCM Cluster and other humanitarian partners. For those operating outside PoC sites, and in refugee settlements or camps, this messaging may also be relevant to other camp like settings and should be adhered to where relevant.

The safety and security of the staff/volunteer is crucial in undertaking in fulfilling their duties. This includes, ensuring they are provided with the relevant training on COVID-19 screening, ensuring the partner identified in the camp or camp like setting has the appropriate Personal protective Equipment (PPE) including enough gloves

to avoid cross-contamination -details on the description of the PPE is described in the COVID-19 POE SOP for South Sudan, as well as provision of safety on site through the support of the UNMISS in coordination with the RRP. Additionally, occupational safety/security measures which are gender-sensitive need to be considered (i.e. working hours to ensure women return home early, PSHA awareness and reporting).

Health screening will serve as an opportunity to identify: 1) Pregnant and lactating women and to provide information on prevention measures and important behavior and habits to maintain during pregnancy, delivery and for lactating; and 2) Vulnerable persons who may need extra attention.

Like other PoEs, screening points within the camps and camp like settings should be managed by trained Public Health Officers (PHOs) (Clinical officers or other health cadres working in these settings) while ensuring an appropriate gender balance where possible. PHOs or the trained health staff must be equipped with the necessary tools for identification of signs/symptoms and/or history that would lead to informed decision making on the next step i.e. to release or isolate the patient for further investigation.

Should a patient be identified at a PoE (POC, Refugee Camp, Collective site) as having signs/symptoms that meet the case definition for COVID-19 suspect s/he is immediately separated from the rest of the population and escorted to the holding area where the Secondary Screening will be conducted. Care must be taken to avoid the risk of stigmatization or violence towards anyone exhibiting COVID-19 symptoms along with their psychological state upon understanding. The screeners as first responders need to be trained on Psychological First AID (PFA) and how to handle these cases in a sensitive and human way that protects the individual from stigma/discrimination/retaliation. Aspect of confidentiality must always also be respected including details of the person's name, age, gender and other identifiers. Physical protection should also be provided to any suspected cases to avert incidents and stigmatization. In the case of individuals travelling families for instance asylum-seekers or refugees coming to seek refuge in South Sudan, or South Sudanese refugees returning home) family members or accompanying members would not be tested for COVID-19 unless the suspect patient tested positive and they were listed as contacts. In this case the Commissioner for Refugee Affairs (CRA) and UNHCR will be jointly notified as well. While the identified individual is treated (if they tested positive), all possible arrangements need to be made by the local authorities and partners operating on the ground, and in close coordination with CRA and UNHCR to maintain family unity and ensure that children or other vulnerable family members are not rendered unaccompanied. In certain POCs isolation areas have been identified but not yet approved. The recommendations[2] thus far are isolation in the shelter with family members, which may not be feasible given the high number of people living in one household and the limited space allocated to each household. The asymptomatic family members need to be quarantined separately, instead of isolating together with the sick family member for the fear of them also being infected with COVID-19.

Upon alerting the Rapid Response Team (RRT) through the toll-free line 6666, the RRT will be mobilized through the Public Health emergency operations cente; transport by the RRT will occur as soon as possible to the holding unit where the patient/traveler is for further investigation. The RRT will be responsible to take the sample and ensure the patient/traveler is transported and admitted to the nearest isolation facility. For travelers arriving at a PoE (POC, Refugee Camp, Collective site) from any affected country will be quarantined for 14 days.

[2] Refer to the South Sudan COVID-19 Case Management SOP for details

Attached as an annex is the National RRT contact details per state coordinated through the COVID-19 Epi Surveillance and Case Management RRT (Annex 3)

2. Overall objectives

i. To outline the procedures for operationalizing a system for identifying, assessing, and managing alert or suspected COVID-19 cases or potentially exposed persons (entry and exit screening) whilst ensuring confidentiality is respect and physical protection is provided for any suspected cases.

ii. To ensure public health measures and systems are put in place in entry points to camps and camp likes settings, convergence points and entry points with significant links to major population centers to identify, investigate and collaborate with the other pillar partners on contact tracing. This includes ensuring that entry points are formalized and unofficial entry points through broken fences in POCs are sealed, strengthening the capacities by ensuring health workers (Clinical officers or other health cadres working in these settings), and other partners operating at all PoEs or the POCs, collective sites and refugee camps are sensitized and given the tools to mitigate the risk, of COVID-19 spread to and or within the Republic of South Sudan. As there are already cases in South Sudan that are indicating local transmission, screening is to be conducted at PoE to the country, including at state level, health facilities, Protection of Civilian Sites (POCs) and camplike settings and other public places.

3. Key principles

Depending on the context and location, PoEs are purpose-built (e.g. permanent or semi-permanent structure such as tent or prefab) structures through which every traveler must pass and screening is conducted for all travelers/populations. However, in some contexts screening can be implemented without a structure in place. However, due to protection concerns, in this context relating to PoCs, camps, camp-like settings these structures are not optional. Particularly if people are moved to secondary screening, there is a need for private physical space. Isolation areas – if contemplated - should ideally also be gender-segregated.

These public health measures benefits all affected and identified individuals in the areas of activities irrespective of their situation, nationality or legal status (such as migrants, internally displaced persons, ,asylum-seekers, refugees and persons without documentation (at risk of statelessness) arriving to or registered in South Sudan, South Sudanese refugees returning home in self-organised manner).

The present SOPs will be implemented with full respect of protection from sexual exploitation and abuse (PSEA) which shall apply in all phases of implementation of this SOP.

At this site the following activities occur; however, in this context, for these activities to be carried out by health partners at the PoC and refugee camp gates, security needs to be in place. The roles and responsibilities of UNMISS and the competent South Sudanese law enforcement agencies here is key to ensure all entries take place in official gates, enforcement at the gates and ensure the screeners are not put at risk-in once there is a “suspected case”:

a) Primary screening (*Annex 3: Flowchart in main SOP*)

- Temperature screening (using a non-contact thermometer)
- Visual observations for signs of illness (Dry Cough, shortness of breath)

b) If necessary (if suspected case is referred from the primary screener), Secondary screening (*see Annex 5: Flowchart in main SOP*)

- Additional temperature screening (using a non-contact thermometer)
- Interview on history of travel or exposure (attended a funeral, came from an affected area (including within South Sudan) or was in contact with a suspected/confirmed case within the area[3])
- And other screening by health worker (Clinical officers or other health cadres working in these settings) as per the COVID-19 case definition signs and symptoms

c) Provision of language appropriate health education material with images for those that are illiterate (and/or advise where appropriate). The health promoters are to be trained on inclusive communication to ensure that the message is well-understood.

d) Referral of suspect cases (*see Annex 8 –COVID-19 case investigation form and Annex 9 – contact tracking form-Annexes from main SOP*) to be conducted once the Rapid Response Team (RRT) has been alerted and has arrived on site.

- If the suspected case is a child. There needs to be a mechanism in place on who will take care of the child or to allow a caregiver to stay with the child. Both need to be tested so if one of them is positive and the other is negative an alternative caregiver arrangement can be made.
- If the suspected cases is a person with disabilities (PWD), there needs to be a mechanism in place for the family members to be contacted. For adults suspected cases, if their impairment does not affect their mental functioning they can make their own decisions, but they may want to contact a caregiver (this goes for people without disabilities too), for children or persons with impaired mental functioning and cognitive abilities then the caregiver must be identified.
- There needs to be a mechanism in place on the family members to be contacted. If they don't have a caregiver or cannot find a family member. Support to such cases need to be investigated to ensure provision of support for people with impaired mental function/ cognitive abilities. This includes other persons with different physical and sensory impairments who need but are without/separated from their caregivers.

4. Overview of Entry Screening Operations

4.1 Primary screening

- Purpose: Identify populations/travelers accessing the entry/exit points who could be at risk of having COVID-19, either due to high fever (with a temperature of 38℃/100℉), signs and symptoms (dry cough, shortness of breath). This is because with asymptomatic transmission people may not show signs or may not know they were exposed. (Refer to Annex 1). Once a potential suspect is identified, the primary screener is to immediately notify the secondary screener and the traveler/suspected case isolated in the

[3] Once local transmission is confirmed in South Sudan, there is need to ensure screeners are considering the affected areas within SSD

holding area at the secondary screening area. The primary screening area should also have an area where there for dissemination of information on COVID-19 prevention and control to travelers either by distribution of pamphlets (translated in local languages and with images) or through having Health and Hygiene Promoters (HHPs) around disseminating the information either through megaphones or through talks while maintaining physical distancing.

- Can be conducted by humanitarian partners without medical background or Clinical officers and/or other health cadres working in these settings. They would need to have been trained on how to use appropriate personal protective equipment and how to mitigate the risk of getting infected by COVID-19 from potentially infected travelers/populations and how to better engage with children, persons with disabilities when they come through the entry point.

- FOR GROUND CROSSINGS: (Use Annex 5: Flowchart from the main SOP) to carry out primary screenings at ground crossings (POCs, Refugee Camp, Collective sites)
- Screening teams will be trained on the screening protocols designed to identify alert or suspect cases[4] and to avoid undue inconveniences to travelers.
- Availability of Job Aids in all POEs to assist the health workers Job Aids
    - Annex: Job Aid on hand washing
    - Annex: How to prepare 0.05% chlorine solution
    - Annex: Donning and Doffing of PPEs
- Availability of a checklist on what is needed in a Primary Screening point
- The screening point should have information on what should be reported in order to report on misconduct or ill-behavior by the screeners

4.2 Secondary screening

- Purpose: identify travelers with symptoms or exposure history whether through travel or contact with a case or attended a funeral requiring further investigation (*Annex 5 and 6 of main SOP*)
- . Usually conducted by staff with medical or public health training, such as a clinical officer or public health officer).These will be individuals that will be selected with a general clinical background (criteria can be used as per each organizational policy) and provided the necessary training for this role including ensuring protection, PFA, working with PWD is included.
- Secondary Screening area will be staffed by at least two health workers whose main tasks will entail assessing alert or suspected cases or contacts and supporting the rapid evacuation of alert or suspected cases to the designated isolation facilities[5] (where available).
- Once a suspected case is identified and reported to the National Rapid Response Team (RRT), coordinate with the RRT for referral to an isolation facility identified by the National RRT which is outside the camp setting. The isolation facility's emergency medical service personnel will arrange or provide transport for ill persons for medical evaluation, diagnosis, and medical care. It is noted, given the context, the very limited health infrastructure and care capacity within the camp and non-camp settings, thus the RRT, through the COVID-19 National Steering Committee is working towards strengthening the referral systems including the

[4] Attached in main SOP Interim Recommendations for Coronavirus disease 2019 (COVID-19) Surveillance in South Sudan, 22 March 2020 (which outlines the definitions of a suspected, probable, confirmed case and a definition of a contact

[5] Needs to be identified by Case Management partners

identification of sites for the establishment of isolation units. Depending on the severity of the cases, for mild cases the RRT may recommend home care.

- While waiting on the RRT to arrive, the suspected case needs to be temporarily isolated at the secondary screening area where there is a structure (tent, container or prefab) to keep the suspected case/s until the RRT arrives and transfers the suspected person/s. The secondary screening site should have benches with at least 1 m apart (in-case of more than 1 person brought in), proper ventilation, with a hand washing station and toilet/latrine facilities dedicated for this area only.

    a. In refugee camps / settlements UNHCR is working with its partners and the local SMOH/CHD to establish isolation sites in the camps. In case of a suspected case, it will be reported to the National RRT through the hotline 6666 and to the State RRT where established.

- Screening teams will be trained on the screening protocols designed to identify alert or suspect cases and to avoid undue inconveniences to travelers., whilst maintaining Infection prevention protocols to mitigate the risk of transmission at the PoE

5. Enhanced screening of travelers at PoE (POC, Refugee Camp, Collective site and Reception Centers)

At every PoE, inclusive information, education, and communication (IEC) materials, handwashing facilities, disinfectants, personal protective equipment (PPE), and standard operating procedures (SOPs) will be made available at POC, Refugee Camps, Collective site. An emphasis needs to be considered for persons who are illiterate, or with visual impairments consider delivering messages over broadcast on what to expect in culturally appropriate languages to help ease anxieties.

Other Operational issues:

- Screening sites should be operational during daytime according to the operational hours of the site/locations at which the residents/travelers may cross[6]. Staff should work in shifts of up to eight hours, or as necessary.
- All screeners should be trained on, and have available, appropriate PPE commensurate with perceived risk, as per WHO guidelines[7]. During primary entry screening, officers need to:
    - Maintain physical distance of at least 1 meter.
    - Ideally, build a glass/plastic screen to create a barrier between the screener and patients
    - No PPE required
    - When physical distance is not feasible, yet no patient contact, use mask and eye protection.
    - Perform hand hygiene

[6] There will need to be measures put in place on access such as during the night to avoid people trying to get access to avoid being screened or others that may tend to gain access through the fence during the night for the same purpose

[7] Updated WHO guideline

https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

All secondary screeners should be trained, on, and have available appropriate PPE commensurate with perceived risk, as per WHO guidelines[8]. During secondary entry screening, officers should need to:

- Maintain physical distance of at least 1 meter.
- Medical mask
- Gloves
- Perform hand hygiene

- All primary and secondary screeners should be trained on proper hand hygiene and have hand washing stations (either soap and water or alcohol-based hand rub, or 0.05% chlorine solution if soap or alcohol-based hand rub is not available) available for the staff and travelers.

5.2 Instructions at ground crossings (Outside POCS, Refugee Camp, Collective sites and Reception Centers)

- Screeners will follow the COVID-19 Screening Protocol for ground crossings (*Annex 5 in main SOP*).
- If the traveler requires immediate medical care, the screener will separate the traveler from others (while paying due consideration for cases of children and their mothers/caregivers as indicated above Section 3 and the first paragraph on Page 4), contact their supervisor, and notify the state surveillance officer.
- If the traveler does not require immediate medical care, the following must be conducted:
    - POE Clinical Officer/screener will measure the temperature of the traveler by the non-contact thermometer (or guide the traveler through a thermal scanner and wait for a few seconds. However, this will only be at the Nimule check point once installed). If the traveler's temperature is ≥38^{o} C, the traveler will be directed to sit for three minutes between second and third temperature readings.
    - The POE Clinical officer/screener will separate the traveler from others after the initial elevated reading. If the traveler has sustained elevation of temperature or if the traveler has any of the COVID-19 signs and symptoms including a dry cough, and difficulty breathing, the Port Health desk officer will contact their supervisor, and notify the POE clinical officer or county/state surveillance officer, to conduct secondary screening with the Case Investigation Form (which will be partially filled in-Part 1 with the screener and remaining part when the RRT arrives)[9].
    - POE clinical officer/screener or county/state surveillance officer will immediately notify state/national taskforce of any suspect cases that need further investigation and possible transportation to an isolation facility giving due consideration to preserving family unity as indicated in the first paragraph on Page 4).
    - POE Clinical officer/screener will collect Contact Tracing Forms for all companions of transported traveler as well as well as others that were sitting close to the traveler. If the passenger arrived with other companions they will be immediately notified on site, if the traveler arrived by boda

[8] Ibid

https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

[9] The Case Investigation Form should be filled in by the RRT not by the screener, the screener could fill in the first part that requires basic details like name and age. The rest should be filled in by the RRT when they arrive.

boda or bus, the other travelers will be notified as well as the bus company notified[10]. The supervisor will inform the vehicle driver/owner about the need to disinfect the vehicle before it leaves the border post.

- If a traveler has neither has an elevated temperature, dry cough or difficulty in breathing, the secondary screener will ask the traveler if, in the past 14 days, they have traveled to any of the COVID-19 affected countries or affected areas of South Sudan, or had contact with a suspected or confirmed case of COVID-19. If yes to any of the above, the traveler will be directed to complete part 1 of the Contact Tracing Form and then contact information should be collected at the screening site and shared with the RRT. The RRT should not be called out for every person that meets this definition.

6. Additional public health measures

Information and health education on COVID-19

- Provision of language appropriate information on COVID-19 prevention and control. Travelers will be informed of the 6666 COVID-19 Hotline to call in the event they develop suspicious COVID-19 symptoms.
- Travelers will also be informed about the nearest available services in the vent that they are on long term medications or if the traveler asks so.
- Information shared through:
  - One-on-one interactions between the health and hygiene promoter (HHP) and a non-suspected traveler whilst maintaining the WHO recommendations for social distancing.
  - Posters, brochures, and flyers (translated into culturally appropriate languages and translated in Arabic, English, Anuak, French as some of the most common languages spoken by asylum-seekers and refugees arriving to South Sudan)
  - Non-health worker staff, if sensitization training for non-health staff at airports and ground crossings has been conducted

Annex 1: South Sudan COVID-19 Surveillance Guidelines

Annex 2: South Sudan COVID-19 Camp Management Operational Guidance – 6 April 2020

Annex 3: National RRT contact details per state

[10] Contact tracing will be conducted through the contact tracing teams on ground led by the MOH, WHO and other Epidemiology Surveillance Technical Working Group partners