

## **Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings**

### **Speakers:**

- Ms. Khardiata Lo N'Diaye, **RC/HC a.i., Niger**
- Dr. Hur Amer, Head of Medical Committee, **Dary NGO, Iraq**
- Mr. Zakayo Kalebo, Programs Manager, **World Vision, Tanzania**
- Ms. Reinhilde Van de Weerdt, Chief, Emergency Management and Support, **WHO**

### **Moderator:**

- Ms. Mervat Shelbaya, Head, Inter-Agency Standing Committee (**IASC**) secretariat

# SUSTENANCE AND SCALE-UP OF ACTIVITIES






## Challenges

- **Existing access constraints** – for security reasons; delays in obtaining access letters, causing delays/prevention of transport of staff and supplies intra/inter governorate
  - Exacerbated by COVID-19 movement restrictions
- **Staffing** – DoH staff were not paid salaries for months, leading to lack of motivation to provide services

## Coping strategies

- **Reporting and coordinating** with Access WG on incidents and hastening access letters for transport of supplies/staff
- **Coordinating and maintaining relationship** with the local health authorities, DoH and MoH to obtain staff to run the PHCCs in and out of camps and ambulance support for referrals
- **Coordinating** with sub-national and national Health Cluster, Camp Management and other partners working in the camps to ensure smooth service-provision
- **Coordinating** with Returns WG on families leaving camps – DARY team supervises and monitors the return of such families
- **Coordinating** with health authorities in return areas to follow up on families upon arrival

# SERVICE-PROVISION DURING COVID-19

- Temperature check at entrance of health facilities 
- Ensuring physical distancing inside the PHCC and waiting areas 
- Advising the beneficiaries to wear mask and sanitize hands before entering the PHCC 
- IPC training for PHCC staff 
- Conducting COVID-19 health promotion/awareness activities through static and mobile teams, mainly in camps on: 

- **Required IPC measures**
- **Signs and symptoms of COVID-19 and modes of transmission**
- **3 W - Wear mask and how to wear mask properly, Wash hand and how to wash hand properly, Watch the distance to be at least 1 meter and ensuring physical spacing.**

- Regular disinfection of all surfaces in health facilities 
- In coordination with WHO EWARN team, multiple trainings conducted for health facilities' staff focusing on case definition and reporting 

# FEEDBACK ON THE IASC GUIDANCE

The preparedness and response operations outlined in the IASC Public Health and Social Measures for COVID-19 guidance document for low capacity and humanitarian settings are applicable in Iraq with some minor adjustments.  
E.g.: Performing tests of suspected cases of COVID-19 are restricted to DoH facilities.

NGOs identify, diagnose, assess severity of the case, report and refer severe cases to the allocated healthcare facilities. These cases are then followed up by the NGO.

All other preparedness and key actions can be applied by the partners with some contextualization and adaptations.

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# OVERVIEW

World Vision implements GFD and nutrition program to refugees from DRC and Burundi who are totaling to **163,000** hosted in refugee camps Tanzania

Overcrowding is pronounced and inadequate dwellings or shelters are the norm in the refugee camps


Prior to COVID 19, each FDP served around **2,000 HH/ day**, making a total of about **4000** individual coming to each center.




## OBJECTIVE OF APPROACH

In order to address the increased risks presented by Covid-19 pandemic, World Vision and partners established clear objectives aimed at increasing protection for refugees while ensuring food services continuity. These are:

 **To Reduce** the number of refugees arriving at the food distribution points at the same time

 **To Reduce** the time spent by individual beneficiaries at the Food Distribution Points

 **To institute and manage** a supportive and respectful process that allows refugees to receive their entitlements with effective crowd control that ensured physical distancing

## Several strategies /approaches were developed and instituted:

- **Increasing** the number of distribution days from **5 to 10 days/month**
- **Increasing** the amount of food ration received during one distribution from **28 to 42 days**
- **Dividing** the beneficiaries for any given day **into two sessions** (8:00 -11:00 and 11:30-14:30)
- **Using** PA systems for **information dissemination**



## PRACTICAL APPROACHES CONT..

- Introduction of clearly defined markings
- Distribution of pre-packaged food commodities
- Fence construction to enhance crowd management and flow chart



# KEY ACHIEVEMENTS AND CONCLUSIONS

## Achievements



- Despite the contextual challenges, refugees have accepted and cooperated with physical distance while at Food Distribution Points compared to other places.
- Reduced numbers of refugees at one time at each distribution point led to an overall reduction in crowd density at FDP as well as chaos among beneficiaries.

## Conclusions



- Innovations that were introduced during the COVID 19 pandemic in refugee camps in Tanzania represent overall improvements regarding both physical and environmental factors and also strengthen our ability to ensure the dignity and safety of refugees while receiving food rations.
- Some of these interventions should be continued during times of normal food distribution even beyond COVID 19.



## Where to go for more information?

**The IASC Interim Guidance on COVID-19: Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings** and other valuable resources can be found on the IASC website: <https://interagencystandingcommittee.org/>

## Upcoming IASC Briefings

# Responding to Protection Concerns during the COVID-19 Pandemic

**Date to be announced soon on our IASC briefings page!**

**<https://interagencystandingcommittee.org/iasc-briefings-0>**

*Questions? Email us at [iasccorrespondence@un.org](mailto:iasccorrespondence@un.org)*

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