

COVID-19 Response Plan

Shelter Cluster – SW/NW regions, Cameroon

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Introduction

People affected by humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, are often faced with specific challenges and vulnerabilities that must be taken into consideration when planning for readiness and response operations for the COVID-19 outbreak. They are frequently neglected, stigmatized, and may face difficulties in accessing health services that are otherwise available to the general population. In the context of this Interim Guidance, the people in humanitarian situations affected by this guidance may include internally displaced persons (IDPs), host communities, asylum seekers, refugees and returnees, and migrants when in similar situations. While further adaptations might be needed for some population groups, including those living in slums this interim guidance is issued to assist field staff to immediately respond to urgent needs.

Objective

The main objective of this document is to guide shelter cluster humanitarian activities in ensuring that planning and operational response considers critical actions to minimize the transmission risk of COVID 19 to both the humanitarian workers and populations of concern.

The guidelines are in conjunction with WHO, IASC and UNHCR guidance and will be adapted to the context which also include geographical regions. The Global Shelter Cluster also has a dedicated page with resources from other agencies and field response plans for reference. (link: <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>), and WHO Technical guidance for COVID-19 (<https://www.who.int/emergencies/diseases/novel-coronavirus2019/technical-guidance>)

Specific considerations for shelter activities intervention sites

- People living in collective sites are vulnerable to COVID-19 in part because of the health risks associated with movement/ displacement, overcrowding, increased climatic exposure due to sub-standard shelter, and poor nutritional and health status among affected populations. This may also be exacerbated by modalities of services/ assistance provision, which can involve large crowds.
- High human population and overcrowding is a key factor for transmission pathways. Shelter and NFI interventions can help reduce this risk by providing shelter options for the population at risk and integrating activities that will contribute in reducing the risk posed by high-density living conditions.
- Proper hygiene practices and enforcing social distancing are highly recommended in many contexts where humanitarian workers are working. This also included other varieties of interventions that can help reduce transmission risk, support the most vulnerable, and enhance health, safety and hygiene measures for those at risk of contracting COVID 19.
- Where displaced community are living in highly populated collective accommodation e.g. transit centers in locations where refugees transit to into a country, reception facilities, schools and other

institutions, the risk of exposure to the virus is high. Priorities on interventions should seek ways to prioritize on feasible options of creating space through extension of the facility to create sufficient space, decongestion of the population, subdividing the spaces and reduction of population density as much as possible. Advocating for Individual family accommodation is preferable over collective accommodation in the critical interventions related to shelter response.

Risk-communication and community engagement plan for COVID-19

Risk communication and community engagement, It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation.

Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

Preliminary actions to be taken on communication

- Implement cluster risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for other pandemics like Ebola and Influenza if available)
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
- Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
- Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
- Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
- Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
- Systematically establish community information and feedback mechanisms including through social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

KEY (EMERGENCY) ACTIONS FOR SHELTER AND NFI'S RESPONSE

Shelter cluster members will plan and agree on options of either having a shelter-based approach or integrated multi-sectoral approaches with other core-competencies including WASH, child protection, SGBV, Health, Food Security and Livelihood for an understanding and coordinated action. It is important to consult women and girls in the response plans and interventions that will also help address other risks affecting their gender including SGBV. Public health measures and methods would need to be adapted into the implementation activities and aligned with COVID-19 risk level in the area of operation.

The shelter cluster will ensure the following are well adhered in all the stages:

- a) Full sensitization on COVID 19 including WASH and HEALTH guidance at all the stages
- b) Shelter specific COVID 19 advice in relation to isolation as represented in table 1 on page 4 and 5 below.
- c) Every shelter distribution will need to advise community leaders on how to best isolate people who are sick or who are likely to be positive

Infection prevention and control

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community.

Step Actions to be taken

- Work with health partners in assessing infection, prevention and control capacity at all levels of healthcare system, including public, private, traditional practices and pharmacies. Minimum requirements include functional triage system and isolation rooms, trained staff (for early detection and standard principles for Infection prevention and control); and sufficient Infection prevention and control materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations.
- Assess Infection prevention and control capacity in public places and community spaces where risk of community transmission is considered high.
- Review and update existing national Infection prevention and control guidance: public health guidance should include defined patient-referral pathway including an Infection prevention and control focal point, in collaboration with case management. Community guidance should include specific recommendations on Infection prevention and control measures and referral systems for public places such as schools, markets and public transport as well as community, household, and family practices
- Develop and implement a plan for monitoring of healthcare personnel exposed to confirmed cases of COVID-19 for respiratory illness.
- Develop a cluster level plan to manage PPE supply (stockpile, distribution) and to identify Infection prevention and control surge capacity (numbers and competence).
- Engage trained staff with authority and technical expertise to implement Infection prevention and control activities, prioritizing based on risk assessment and local care-seeking patterns.
- Record, report, and investigate all cases of healthcare-associated infections
- Disseminate Infection prevention and control guidance for home and community care providers
- Implement triage, early detection, and infectious-source controls, administrative controls and engineering controls; implement visual alerts (educational material in appropriate language) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette

- Support access to water and sanitation for health (WASH) services in public places and community spaces most at risk
- Monitor Infection prevention and control and WASH implementation in selected healthcare facilities and public spaces 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
- Provide prioritized tailored support to health facilities based on Infection prevention and control risk assessment and local care-seeking patterns, including for supplies, human resources, training
- Carry out training to address any skills and performance deficits.

All shelter NF’s distribution points will need to have communication and information that clearly define the requirements in the prevention of COVID-19 at strategic shelter implementation locations. The information should be accessible and translated in the local languages. The design of the messages should always be improved based on community feedback. The messages should not promote any form of misinformation that may put people at unnecessary risk and stigmatization.

The most critical element in shelter intervention should advocate for channels that limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare and humanitarian workers and the targeted beneficiaries.

The following measures should be adopted to suit the context with the aim of reducing risks during emergency shelter and NFI distributions.

Table 1: COVID 19 advice and recommendation in relation to isolation during shelter NFI’s distributions

Shelter	
<ul style="list-style-type: none"> ▪ Data collection Shelter/NFI kits 	<ul style="list-style-type: none"> • Service providers and enumerators will be trained on how to move from house to house to collect data. The data collector’s will be provided with hand sanitizers, hand gloves and nose masks to ensure protection during data collection. • The introduction bit on data collection at each household will be integrated with sensitization on COVID-19 before the data collection exercise.
<ul style="list-style-type: none"> ▪ Distribution of Shelter/NFI kits 	<ul style="list-style-type: none"> • For distribution, avoid crowds, promote hand sanitizing at distribution sites with provision’s for handwashing facilities for beneficiaries. • Explore possibilities of door to door distributions accompanied with sensitization where possible. • Aid worker to be provided with PPEs (including nose masks, and sanitizers at the working table. • In low risk area (where confirmed/suspected case is not yet reported), after assuring all precautionary measures, distribution can be done in small groups. Ensured adequate spacing for proper social distancing before planning distribution. • Small circles should be mark in a que at distance of 2 meters from each other before starting distribution. Large gathering must be avoided.
<ul style="list-style-type: none"> ▪ Organize and clearly mark the allocated spaces at the distribution site 	<ul style="list-style-type: none"> ▪ A temperature control point will also be integrated with the key activities related to beneficiary screening at the reception points.



	<ul style="list-style-type: none"> ▪ Reception point, (identity) verification point, collection point and exit to channel off traffic and allow for personal space of at least one meter between each beneficiary. ▪ Set up hand washing area with adequate supply of hand washing solution (0.05% bleach solution) and provision of soap, the hand washing point should be marked clearly to indicate where the beneficiary should stand. ▪ The allocated area should be spacious enough to allow beneficiaries to sit/stand at least one meter apart from each other ▪ Ensure that there are clearly marked entrance and exit points in the distribution area.
<ul style="list-style-type: none"> ▪ Organize NFI packaging ahead of the scheduled distribution 	<ul style="list-style-type: none"> ▪ If not already prepositioned, offload the NFI packaged bags supplies into the temporary storage and organize the bags ahead of the scheduled distribution. ▪ Separate storage from the collection points where possible.
<ul style="list-style-type: none"> ▪ Manage the flow of human traffic at the distribution site 	<ul style="list-style-type: none"> ▪ Consider possibilities for reducing traffic and pedestrian congestion by reviewing circulation flows and possibilities for one-way systems. ▪ Manage settlement entry/exit points and options for enhanced visitor screening as well as introducing additional disinfectant (handwashing) measures. ▪ Upon arrival at the distribution site, direct beneficiaries to the hand washing area. ▪ One-meter area around the desk to be cordoned off (with a rope or tape) at the collection point if possible. This will ensure that the collection point is accessible to only one beneficiary at a time. ▪ Following the collection of the NFI pack, beneficiaries are to be directed to exit the collection site and encouraged to depart the distribution site immediately.
<ul style="list-style-type: none"> ▪ Hygiene and sanitation at the distribution point 	<ul style="list-style-type: none"> ▪ There should be no physical contact between organization staff and beneficiaries or between beneficiaries. ▪ Facilitators at the collection point should place the NFI's pack on a disinfected tarpaulin/table at the distribution point and step back, permitting the beneficiary to collect the NFI package. ▪ On completion of distribution, ensure that the distribution point (area/ tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution). Once dry, the tarpaulin should be folded away for storage/transportation and further use. The broom may be used again after bleach spraying to remove any debris. ▪ Remove all tapes, ropes and signage. ▪ Clear hand wash station and remove/store hand washing solution. ▪ It is mandatory that all staff at the distribution site perform hand sanitation and follow general hygiene practices. ▪ Hand gloves should be used by people charged with packaging, loading and offloading of the NFIs at all points from the warehouse to the distribution sites.
<ul style="list-style-type: none"> ▪ Trainings and sharing of critical information on COVID-19 	<p>Every Shelter distribution should include advise to communities on how to use shelter material in ways which allow for some level of isolation of anyone who is sick or those who have had contact with anyone who tested positive on COVID-19.</p>



	Training on life saving activities, with small groups ensuring social distancing with aspect of COVID sensitization and awareness training. The trainings should be accompanied by demonstrations on the use of disinfectants at the distribution points.
▪ Need assessment	Information can be collected through community leaders and/or elders, religious leaders, health workers and community volunteers. Data from partners working in other sectors can be helpful for cross-checking.
Evaluation of assistance (PDM)	To be implemented through community volunteers and health workers with measures taken and include aspects of sensitization and awareness raising.
On general note, If COVID-19 cases are identified in interventions areas (within the NWSW), and the risk of infection and spread of the virus on our staff, partners and beneficiaries is too high to implement distributions. Then it is recommended to suspend the activities.	

Where shelter cluster may need to support health facilities constructions, support the provision of infrastructure and construction, through extensions or retro fitting to allow isolation of identified cases in consultation with health colleagues. This may be guided by reference on information that provide guidance in the selection of Health Infrastructure for the Response to COVID 19.

CONSIDERATIONS WHILE WORKING WITH OTHER SECTORS AND STAKEHOLDERS DURING SHELTER INTERVENTIONS

Referral mechanisms may work best in consultations with the health colleagues to understand specific local vulnerabilities for a targeted shelter approach. Always refer cases with possible COVID-19 symptoms identified during the implementation of activities to the relevant health officer or health authorities. Work with health and protection staff to assess the risks of isolation so that case management is a key factor when planning shelter interventions.

Working with other sectors	
WASH Sector	In consultation with WASH actors consider strategic location for positioning of additional handwashing stations and erection of public information signage with public health information on how to prevent oneself from contracting COVID-19.
Consultation with local authorities	Consult with local authorities and acquire necessary documentation to facilitate timely implementation of the shelter interventions. This includes authorization letters from humanitarian Coordination center (HCC). are considered.
Working with the community	It will be important to consider the host community members in the area of intervention where density is high, and people share common amenities like water supply points in the areas where they live. Ensure participation of women, girls and other groups at risk of marginalization when consulting with the community to ensure that their needs and priorities.
Working with health and protection colleagues	It will be important to work in consultation with health staff to understand probable transmission locations where people congregate or gather. Working with protection colleagues will help ensure that advocacy and public messaging strategies are incorporated in the defined channels that will be used to educate the population on COVID-19 risk.



Other important considerations	In situations where adequate social distancing cannot be achieved and where facilities are not of adequate standard to provide a safe environment to inhabit, efforts must be made to reduce overall density. This can be achieved through making efforts to extend settlements and ensure proper spacing in between individual dwellings.
For specific measures relating to distributions of Emergency Shelter and NFI please consult the WFP Guidance: Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the Covid-19 Outbreak	

Shelter cluster members are encouraged to conduct assessment's in support of site assessments for high risk groups amongst the beneficiary group e.g. older persons, persons with underlying conditions such as TB, HIV, NCD's, pregnant women, girls and vulnerable community members.

The IASC COVID-19 scale-up document references key measures to be considered when settlement planning exercises are necessary to align with prevention and control standards IPC and reduce density to achieve social distancing, crowd management and better service provision.

IMPLEMENTATION CONSIDERATIONS

Plan on the best option for timely procurement of goods required for interventions on shelter. This way, you will be able to avert possible import and global supply chain challenges and thus ensure timeliness of response.

Prioritize on local solutions after making assessments on all options when selecting shelter options to make the intervention take lesser time. Examples include, using local available labour-based methods and local material purchases.

Recommendation's

COVID-19 recommendations for shelter interventions should seek guidance on minimum sphere standards and consult with other approaches outlined in UNHCR's digital emergency handbook. For example, where a beneficiaries occupy single room dwellings consider options for partitioning or relocation of vulnerable persons from such shelters since the shelters provide limited opportunity for isolation.

Summary and conclusions

Density is a key factor for transmission pathways. Shelter and settlement interventions can help reduce this risk by increasing available shelter and housing options for those at risk and, working to reduce risk posed by high-density living conditions. While enforcing social distancing may not be practical in many contexts where we work, there are a variety of interventions that can help reduce transmission risk, support the most vulnerable.



Diagram 1: Suggestions of NFI's distributions site in with precautions on COVID-19

