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## **Camp Management Operational Guidance**

### ***Frequently Asked Questions***

*DRAFT 20 March 2020*

***These questions highlight COVID-19 specific considerations in relation to camp and camp-like settings. These considerations should be made in the context of broader risk analysis of the threats to health security, privacy and dignity of the people living in sites.***

#### ***How should my team prepare for COVID-19 response in camp and camp-like settings?***

Discuss the situation and risk in your location with your team, ensure that they can raise concerns, and work to address them with the mission's management.

Make sure that all field staff are fully informed of the virus, handwashing and social distancing practices; and how they should be behaving when interacting and discussing with those living and working in the camps, where to go with questions, the national protocols, and how to carry out specific referrals.

***Particular care should be taken with messaging to ensure that COVID-19 does not lead to exclusions of the most vulnerable or stigmatization of individuals or entire groups.***

As camp management operations involves direct engagement with IDPs and local communities, it is vital that we also take all precautions possible to ensure that our team do not increase risks of transmissions and exposure to the virus. In countries with active community transmission, ensure that your team stays home if they feel unwell. If they have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of local health authority, many countries have set up a hotline specifically for COVID-19.

WHO'S COVID-19 page : <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

Sphere Standards related to COVID-19: <https://spherestandards.org/resources/coronavirus/>

Other related documents and IEC material (internal): <https://iomint.sharepoint.com/sites/Covid19>

#### ***What to do first?***

- Assess the demographics of the camp population against the high-risk groups as identified per WHO guidance. Older persons, those with pre-existing medical conditions, are affected by COVID19 more seriously than others
- Map, assess, identify gaps and prioritize planned activities in consultation with site committees and other service providers. Share and clearly informed all stakeholders of the prioritization criteria.
- Map available services and referral pathway, ensuring all field staff and communities have access to relevant contacts and information.
- Discuss with service providers and local authorities on contingency planning, possibilities of identifying additional land, and on scaling up WASH and health services in the sites, especially for high risk populations.

#### ***Should we cancel activities and distributions in the sites?***

Actions and activities should follow the mission's Business Continuity Plan (BCP), consider:



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- Life-saving activities should be continued for as long as it is considered safe for both our staff and the communities.
- Minimize large gathering as much as possible or limit them to within blocks and zones.

### ***What are our responsibilities as Camp Managers in relation to COVID-19 preparedness and response?***

Our core responsibilities do not change. In this context, you may find that emphasis will be on the below responsibilities of camp managers:

#### **Community Engagement, Communication and Mobilization**

**Engage communities** in assessing risks, information dissemination, reporting mechanism, planning and implementing mitigation measures. Work with relevant sectors to agree on key messages as well as contextualized and translated IEC material, Check with health actors to ensure uniformity of messaging

**Do:** establish **block and zone focal points**, set up monitoring teams, as well as those who will be checking up on the vulnerable / high risk population - provide training on COVID-19 and key messages;

**Do:** Set up **hand washing committees** dedicated to training and monitoring and peer pressure to other camp residents to ensure regular handwashing – linked to WASH and need for rapid increase in supply and hand washing stations at all possible points of concern.

**Information Dissemination:** At all levels, share situation updates, national health contingency plans, risks and prevention measures, and site-level planning process and progress, as well as emergency contacts and procedures. Monitor and actively counter negative rumors or misinformation that may harm individuals or groups living within the sites

**Do** utilize diversified methods to spread messaging, such as IEC materials and radio announcements rather than door to door or mass campaigns.

**Do:** tell IDPs what to expect if they are feeling sick

**Other needs that may require engaged committees may include:**

- **Family childcare** – children not heavily affected to date, but parents may be affected and will need to upgrade capacity to care for children left at home if parents are sick.
- **Education** – likely need to close schools and other gathering locations in the case of infection detection; possible measure if it is in surrounding area/country with community transmission already (ideally linked to MoH/MoE measures in country) – will require planning on how to address large numbers of children without daily activities.

#### **Community Reporting Mechanism**

**Do:** establish community reporting mechanism that is in line with the national guidance and recommendations from health cluster/actors



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**Do:** ensure that all stakeholders are aware of the reporting mechanism, share information with partners working in the sites.

### **Referral Pathway and National Protocols**

**Do:** make sure that everyone knows the national plans and protocols on what to do

**Do:** make sure that contacts and referral pathways are clearly communicated to all site population and partners and made publicly available in the sites and surrounding areas.

### ***What can we do to improve Site Environment?***

**Handwashing/Bathing sites** assess the number of existing locations and increase options for regular handwashing, especially at camp entrances and at communal facilities and gathering points. Work with WASH and Health colleagues to assess whether chlorine solutions, soap<sup>1</sup>, or alcohol options may improve the overall effectiveness of the process.

**Do:** consider increased cleaning/ hygiene measures (including garbage bins) for communal facilities. Ensure that cleaning staff use appropriate PPE.

### **Site Planning**

Working closely with WASH and Health actors, reassess the target risk locations for disease spread and whether measures can be taken to improve **IPC options** including:

1. **Flow patterns** – can areas become “one way” and limit congestion (like traffic control that will allow people to move in a single direction to and from a market, clinic, pathways in a collective site, etc.)
2. **Timing of use of areas** – consider whether blocks or zones be allocated to limit numbers of people in given areas at the same time, and assigning turns (scheduling) for the access to communal facilities such as kitchens and religious facilities
3. **Space** – ideally at least at family level, would want to have 1-meter minimum distance between the families’ shelters. Separation tools (barriers) in collective sites, and advocacy for more space and camp preplanning if possible in tent cities/camp sites.

### ***What about movements in and out of camps?***

Movements in and out of camps and their regulations must be discussed with the authorities. Consider:

- Improve monitoring at entry points, including hand-washing station
- Assess priority needs that will require camp population to go outside – e.g. for food, medical referral, etc.
- Visitors should be minimized or restricted during the preventative quarantine period

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<sup>1</sup> When soap is not available, is recommended the use of chlorinated water (0.05%) as handwashing solution. Replace it daily.



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- New arrivals to the camp may require additional screening procedures, such as isolation prior to entry, etc. which should be discussed with health cluster/actors in country for recommendations.
- Ensure easily understandable IEC materials are visible and explained to people as they enter

### ***How do we work with 'camp committees' when we can't gather?***

Modality of working with committees inside camps will have to be re-evaluated to minimize group gatherings. Consider:

- Hold meeting only at section or block levels, set limits of number of people that can be in a single meeting. Explore technology-based options as alternatives to meetings where possible.
- Practice social distancing between attendees where meetings must go ahead.
- Ensure hand washing of all attendees upon entrance to essential meetings.
- Training of committees on COVID-19 and key messages (in small groups)

### ***How should we work with service providers and field teams to adjust distributions?***

Consider the following when planning distributions and activities in sites, make sure that these measures do not adversely impact of scale of activities, reduce coverage and leave people without assistance:

**Do:** prioritize lifesaving distributions

**Do:** Where feasible, plan for smaller-group distribution that avoid large crowds and minimize the queuing time - keeping in mind that this will mean more number and frequencies of distributions. Consider distribution of tokens with pre-allocated time slot ahead of distribution

**Do Not** merge distributions or provide too many large items at the same time since this will require more family members to turn up.

**Do:** identify or advocate for larger space to conduct distribution and reduce crowding, where possible and practical, maintain social distancing between distribution staff and those collecting items.

**Do:** ensure well equipped handwashing facilities are in place throughout the distributions (enough soap and water)

**Do:** Involve hygiene promotion actors to disseminate health messages during distributions.

### ***What should we be stocking up and pre-positioning in/near the sites?***

**Do:** ensure enough stocks of soap and buckets with taps for handwashing stations. Consider stocking laundry soap or other personal hygiene materials and tools for cleaning, as well as stocks of chlorine, staying mindful of chlorine storage and expiry dates.

**Do:** Consider stock of required PPE for health workers in the sites,



**Do:** list potential items required for site improvement, maintenance, etc. and collect quotes and identify suppliers ahead of time.

### ***How do we engage and support local authorities in making contingency plans for the sites?***

It is vital that, in our role as camp management agencies, we advocate for displacement sites to be included as part of the national and local contingency planning process and considerations.

In addition, some of the key points to discuss and consider together with the displaced and host communities, service providers, as well as local and national authorities will include:

- Prioritization for scale up of WASH and health services<sup>2</sup> in high-risk areas
- Special measures for high-risk population groups
- Advocate for the Identification of additional land for: additional health services, de-congestion, distribution set up and potential isolation areas.

### ***How can we prepare for a possible transmission, cases and community transmission?***

It is unlikely that any tracking or specific case management will fully contain COVID-19 spread once it enters into a population given past examples. In this case, community transmission will become the likely scenario. So while there are definitely measures to slow the spread, we should also be considering contingency planning for the community transmission scenario and the actions that can be taken.

1. **Isolation** – Isolation requires increased planning for the facility or camps, and it must be considered in some manner better than the current shelter options to ensure that those that are sick will self-identify and feel that their case will be treated well. This means considering the following:
  - a. Large shelter (MSU) or other option with adequate beds, IPC measures, WASH facilities, air/ventilation, etc. and food/supplies to support those isolated
  - b. Hotels or other buildings may be an option and should be pre-assessed so that rapid action can be taken to move cases to isolation areas for monitoring
2. **Support the families of those isolated**
  - a. To visit (from distance)
  - b. Receive necessary food in case the isolated person is the household head
  - c. With child and family care, if needed
3. **Dead body management** – typically this becomes a sticking point. In the case that we have community transmission in high-risk locations (large camps like Bangladesh, or rural IDP sites) there will be seriously limited health care options for critical cases. Having a socially acceptable and agreed (for IPC reasons with MoH/WASH) method for supporting families to deal with the death is very important to decrease stigma and prevent people from hiding future infections.
  - a. Do not apply cremation if not a socially acceptable method

Do not assume that Health or WASH actors will deal with dead bodies. Coordinate this early, and ideally have an organization dedicated to working with families on this early on.

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<sup>2</sup> To adequate levels, in line with people's centered Sphere project approach and the implementation of context relevant IPC measures (see link at top of document for Sphere's related standards).