



UNHCR
The UN Refugee Agency

CAMP/SITE MANAGEMENT INTERIM OPERATIONAL GUIDANCE FOR COVID-19 READINESS AND RESPONSE



FREQUENTLY ASKED QUESTIONS (FAQs)

Drafted by UNHCR's Camp Coordination and Camp Management team (Global CCCM Cluster)¹, this document has been developed for all UNHCR field operations taking place in camps and similar collective environments. It aims to provide guidance on key considerations and actions to incorporate into preparedness and operational planning with regards to COVID-19. This document should be read alongside other relevant guidance published by [WHO](#), [IASC](#) and [UNHCR](#). Some of these guidelines as well as further document relevant to adapting Camp Management response in the present context can be found on the [Global CCCM Cluster website](#).

COVER PHOTOGRAPH:

A Syrian refugee woman puts a face mask on a boy as a precaution against the spread of coronavirus, in al-Wazzani area in southern Lebanon.

UNHCR / A. Hashisho

¹ UNHCR acknowledges earlier IOM operational guidance (of 16 March 2020) as the basis for the structure of these FAQs

Introduction

This document highlights COVID-19 specific considerations in relation to camp and camp-like settings, and is intended to assist in guiding operations where camp/site management⁵ is being implemented. Although the guidance - structured around questions from the field - is intended for camp/site managers, UNHCR senior managers/ heads of offices, field coordinators and other staff (e.g. programme, protection) should be aware of the guidance and the operational implications in order to provide appropriate support, including to partners implementing camp/site management programmes. This guidance should be considered in the context of a broader risk analysis taking into account the protection concerns and other threats to health, security, privacy and dignity of the people living in collective sites.

For simplicity, and in line with the IASC Interim Guidance for Scaling-Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations Including Camp and Camp-Like Settings, relevant locations⁶ will be referred to as collective sites from hereon in the document. This guidance applies to any any collective location where UNHCR or its partners implement activities, regardless of the formality of such arrangement, or the rural or urban context.



Jordan. Social distancing measures at Za'atari camp to combat COVID-19. UNHCR/ M. al-Taher/ March 2020

² This can include direct Camp/Site Management, Camp/Site Management Support, Mobile Approaches and Area-based Approaches

³ Camps and camp-like settings which include formal or informal collective sites and settlements - such as camps, reception/transit/evacuation centres, collective centres or informal settlements



Preparing for COVID-19 response in collective sites – where to start?

- Discuss the situation and risk in your location with all staff working in collective sites, and ensure discussions are also including implementing partner/s and your local counterpart representing the authorities. Maintain an open communication to raise concerns, and work to address them with the sub-office or country management team. Include clarification of terms and abbreviations routinely used by public health professionals to ensure full comprehension. Where possible discuss the situation with the displaced persons (see below on information and contribution to preparedness and response activities).
- Make sure that all UNHCR staff working in, or providing support to, collective sites are fully informed on the virus, on the recommended practices (handwashing and social distancing practices, use of PPE and/or covering of mouth and nose, etc.) and on how they should behave when interacting and discussing with those living and working in the sites, where to go with questions, what the national protocols are, and how to carry out specific referrals. **Particular care should be taken with messaging to ensure that COVID-19 does not lead to exclusion of the most vulnerable or stigmatisation of individuals or entire groups of persons of concern** (see below on communication).
- Where camp/site management is implemented in partnership, confirm that the partner has also received the advice and is implementing the recommended practices. Support should be provided to the partners in implementation, as needed, in order for them to be able to implement activities outlined below, including possible amendments to project agreements and switching to remote management and monitoring.
- ‘Personnel working in collective sites need to understand the risks of COVID-19 introduction and propagation in the site...Personnel with potential risks of exposure off-site shall not come to work for 14 days since the day of exposure, to prevent contamination to residents and host communities; those experiencing signs and symptoms suggestive of COVID-19 should not be allowed to work at the site either, until COVID-19 is ruled out and/or full recovery is attained. Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.’⁵



IASC Iterm
Guidance



What immediate actions can be done by camp/site management?

- **Analyse population data** available for each site, to assess the following:
 - Demographics of the collective site population against the high-risk groups as identified per WHO guidance to identify those most vulnerable to the infection. Older persons, those with pre-existing medical conditions, are at risk to be affected by COVID-19 more seriously than others.

⁴ For UNHCR-specific human resources directives, see HR and Admin questions on UNHCR Intranet and consider the Stay and Deliver Policy

- Sex/age breakdown as well as specific characteristics of the families and individuals, to assess the particular needs they might have and heightened exposure to protection risks they may face, as a collateral impact of COVID-19 response measures (e.g. percentage of disabled population requiring assistance with access to services, traditionally provided by family members; number of single-headed households with children).
 - This data should be shared and discussed with relevant actors working in the collective site, and inform the development of readiness and response plans, as well as enhanced protection approaches. If the data is not available, consider alternative ways that this information could be obtained, for example, in consultation with community leaders or camp/site committees etc.
- In consultation with service providers and camp/site committees/representatives, work on **site management business continuity plans**, including identifying priority life-saving services that should be maintained for as long as and to the extent possible, and may require full or partial redesign to include relevant mitigation measures or new modalities such as remote management or delegation of certain activities, where possible, to existing community structures with remote monitoring. Also identify additional services or activities that will be required to prepare for, mitigate the impact of and respond to COVID-19, beyond addressing only the health implications (see also under specific responsibilities question).
 - Assess **existing services and facilities** (including through available infrastructure mapping) and analyse how their **physical location or use might contribute to risk of external COVID-19 transmission** in the collective site (e.g. common water points with host population, school shared among several camps).
 - Map **health and other services put in place specifically for COVID-19** and ensure clear referral pathways exist and that all field staff and communities have access to relevant contacts and information.
 - Initiate pre-identification of households and individuals with specific needs and vulnerabilities known to community-based, protection or social services (available names, phone numbers, relatives) and who might require more frequent contact and attention (incl. prioritisation for interventions) throughout the crisis.
 - Ensure that the most appropriate **information dissemination methods** have been identified, including trusted formal and informal communication channels (demographic data can also help inform the strategy for different sites with regard to [community engagement](#)). Tailoring community engagement interventions for gender, language, and local culture improves communities' uptake with interventions. Verify **two-way communication mechanisms, including for feedback/complaints, are still in place** and can be accessed despite movement restrictions and possible remote management.



COVID-19:
How to include
marginalized
and vulnerable
people in risk
communication
and community
engagement

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- Discuss with service providers and local authorities on developing **site-specific contingency plan**, including the following areas:
 - Possibilities of identifying additional land for decongestion (including for potential isolation).
 - Scaling up essential WASH and health services in the sites, especially for high-risk groups.
 - Considerations for ways in which high-risk groups could be supported to be able to maintain social distance (e.g. alternative service/assistance modalities).
 - Capacity and willingness of the community to continue to run or identify new community-led initiatives which provide support to high-risk groups.
 - Particular situation of children education and occupation, should school close (higher number of children staying at home might increase transmission likelihood and GBV concerns).
 - Modification of existing service and assistance modalities to prevent and mitigate the virus transmission (e.g. specific schedules at water points, extended distribution period for less persons, etc.).



How should Site Management engage and support local authorities in making contingency plans and formulate response plans for the sites?

- It is vital that, in the role of camp/site management agency, Site Management advocates for displacement sites to be included as part of the national and local contingency planning process and considerations, in particular where services are otherwise shared between host communities and the displacement site residents.
 - Discuss all plans together with the displaced and host communities, service providers, as well as local and national authorities. Such discussions should take into consideration the required measures for social distancing and might need to eliminate face-to-face elements.



WHO COVID-19

- Familiarize yourself and key displaced community leaders with special measures for high-risk population groups and COVID-19 management plans (dedicated isolation facility, admission criteria and procedures, etc.) of the local authorities, likely based on [WHO guidance](#).



What are specific responsibilities of Camp/Site Managers in relation to COVID-19 preparedness and response?

The core responsibilities of Camp/Site Managers aimed at coordination of all activities in the collective sites do not change and they should continue to fulfil all the functions for as long as possible and/or with alternative modalities. However, to assist with the preparedness and response to this specific health emergency and considering the impact on [Sphere standards](#), you may find that emphasis will be on the below particularly relevant responsibilities:

SPHERE
Standards

■ Community Engagement, Communication and Mobilization

- Continue to engage communities in assessing risks, monitoring, reporting mechanism, planning and implementing mitigation measures, through modalities compatible with social distancing and other prevention measures (e.g. ensuring that community leaders can be reached or can reach camp/site management without physical contact/through phone) and selecting particular community influencers (incl. religious authorities and traditional leaders and other gender-sensitive profiles).
- Work in advance with the community to establish focal points in line with the way in which the collective site is organised (e.g. male and female block and zone focal points), and other relevant structures such as monitoring teams or community task teams, and/or community volunteers that will check up on the vulnerable / high risk population (incl. consideration of their PPE).
- In collaboration with health actors ensure that site management staff and identified focal community members (focal points/committees/community volunteers, etc.) are trained on COVID-19 and key messages, as well as handling of suspected cases. If specific site-level FAQs need to be developed ensure that this is done in collaboration with health actors and any other relevant actor.
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- Ensure the provision of clear messaging that focuses on what people can do to reduce the risk, and what actions to take if they think they have COVID-19.
- Share situation updates, national health contingency plans, and site-level planning process and progress, as well as emergency contacts and procedures.



IFRC Guidance
FGD guide for Communities

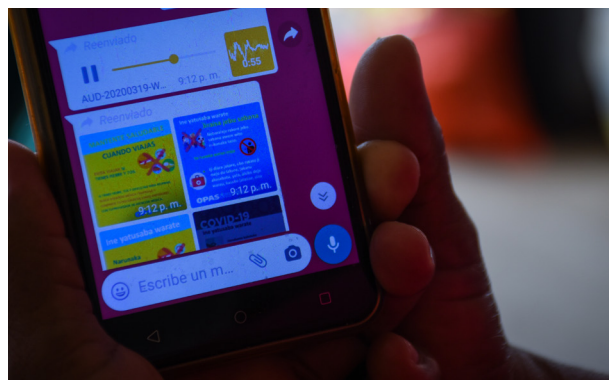


IFRC - Guide to run
FGDs with community volunteers

- Utilize diversified methods (adapted to local languages and understanding of persons with intellectual and other disabilities) to spread messaging limiting social contacts, such as information, education and communication (IEC) materials, mobile messages and radio announcements rather than door to door or mass campaigns. If public notice boards are used, take into consideration the likelihood of crowds gathering.
- Perceptions, rumours and feedback from camp residents and host communities should be monitored and responded to through trusted communication channels, especially to address negative behaviours and social stigma associated with the outbreak. Consider organising small Focus Group Discussions (FGDs) with a health actor, limiting participation to a safe number of participants, in order to better understand the community's perceptions, questions, suggestions and rumours regarding COVID-19 (consult guidance on relevant FGD questions for communities and for volunteers).
- Develop specific protocols for groups with special needs or demographic profile to address their needs (e.g. child care and distance education/ occupation if schools closed).
- Ensure efforts are made to have messages reaching e.g. older persons, persons with disabilities, involve them in design and maintain contacts with them to find out if messaging is effective (collaborate with protection actors' networks among these group that pre-date COVID).
- Establish a **community reporting mechanism** that is in line with the national guidance and recommendations from health cluster/sector/actors

■ **Functioning Referral Pathways and National Protocols**

- Ensure site-level response plans are aligned with national and local plans and do make sure that everyone knows the national plans and protocols on what to do. Ensure that displaced persons are included in the local contingency plans and identify any points for advocacy.
- Make sure that contacts, their backup, as well as referral pathways are clearly communicated to all site population and partners and made publicly available in the sites and surrounding areas.
- Ensure dedicated transfer vehicles and ambulances are available for each site.



Brazil. UNHCR holds information sessions on COVID-19 with Warao community. UNHCR/ A. Ferreira/ March 2020

■ Site Improvement and Maintenance

- Work with WASH actors to ensure enough handwashing facilities with soap⁵ and water (and resupply) or other appropriate solutions are available for populations at camp entrances and at communal facilities and gathering points (and other locations as needed), taking specific care to ensure that such facilities are accessible to older persons, persons with disabilities and others who may have limited mobility.
- As health systems will likely be stressed during the outbreak, there should be an increased emphasis on general public health measures (i.e. disease prevention), including verification that all WASH systems in the collective site (or surroundings if provided through national systems) are functioning and water is treated as per WASH standards. Consider increased cleaning and disinfection and associated supplies for communal facilities. Ensure that cleaning staff use appropriate PPE.
- Consider increasing the number of garbage bins (or more frequent emptying) at reception points. Also ensure that medical and hazardous wastes are adequately managed.
- Consider assigning turns (scheduling) for the access to communal facilities such as kitchens and religious facilities, taking account of the need to limit exposure to the virus by older persons and other groups at heightened medical risk.
- Work with shelter actors to address issues of overcrowding and shelter upgrades, where possible and necessary.

■ Camp Management Business Continuity and repositioning of supplies

- Identify essential services in the camp that need to continue to function through the use of essential staff and/or focal points from among the displaced communities.
- Reposition Personal Protection Equipment (PPE) for all essential staff (incl. health workers) in the sites. Should standard PPE not be available, consider alternatives as advised by the health authorities and actors (incl. possibility of fabrication on site).
- Ensure all sectors (in particular WASH/health) have enough stocks (3 months minimum) available on the site (consider several locations), respecting expiration dates and storage conditions – in particular soap and buckets with taps, personal hygiene materials and cleaning tools, as well as chlorine. Identify focal points from among the displaced communities able to access and use the stocks if movement restrictions are implemented.

■ Use of infrastructures and crowd control/social distancing

Work closely with WASH, Health and Site planning actors to reassess the target risk locations for disease spread and whether measures can be taken to improve infection prevention and control (IPC) options, including:

- Mobility and flow patterns in the site – limit congestion in high traffic and waiting areas, assess specific at-risk locations (e.g. a narrow path with no possibility to keep distance when crossing), provide “one way” circulation directions and signs in public spaces and facilities (health clinics, distribution centres, common areas).



UNHCR Hygiene Promotion Guidelines 2017



Technical WASH Guidance for COVID-19 Preparedness and Response (UNHCR, 2020)

- Use of public spaces and facilities – incl. opening hours of and limitations to number of persons in “offices” of camp management or humanitarian agencies, kitchens and religious spaces.
- Living and public space – work with shelter/site planning actors to provide separations, if necessary repurpose certain public spaces to improve safe-distance mobility (e.g. open a school yard, if school closed, to make a safe distance passage). Evaluate feasible temporary camp decongestion measures (e.g. use of agricultural land earmarked for future development).



What kind of information should we share with the displaced communities?

Key Messages to be provided to the displaced population on behalf of Camp Management should be about

- Current situation and changes in regular and planned camp management activities (like registration, coordination, monitoring, setting up of systems, community participation, etc.), and how they will be run from now, as well as the foreseen duration of the change.
- How each and all among the displaced and partners can contribute to a safe and healthy environment that limits the virus spread. Importance of frequent hand hygiene, respiratory etiquette, and environmental cleaning and disinfection, as well as the importance of maintaining physical distances and avoidance of close, unprotected contact with people with fever or respiratory symptoms.
- Preventive measures in the camp; limited/restricted movements in the camp areas and outside.
- Preventive measures in the household; what to do and what to avoid.
- What to do/Referral pathway when having symptoms of Covid-19/feeling sick .
- What to expect if a family member feels sick
- Information about self-confinement or quarantine (depends on how this is organized in the specific collective site).
- Preemptive information on the likely rise in protection incidents, including intimate partner’s abuse and other forms of GBV, and how to report/where to go for help for survivors.
- How to reach Camp Management (focal points, phone numbers, and social media
- Focal points for the displaced population.
- How/where updated information can be found.
- Contact with host population and external partners.



UNHCR Risk Communication and Community Engagement (RCCE) for COVID-19 guidance



What about restrictions on movements in and out of collective sites and within the sites?

Movements in and out of collective sites and their regulations must be based on applicable legal framework, discussed with the authorities and any restrictions time-bound. Consider:

Improve provision and monitoring of WASH services at entry points, including hand-washing stations.

- Assess priority needs that will require the camp population to go outside and with what frequency – e.g. for food, medical referral, cash, livelihoods, protection – and which of these movements are essential for survival (or need to be covered through alternative means).
- Visitors should be minimized or restricted during the preventative quarantine period and restricted once a COVID-19 case is confirmed in the site.
- New arrivals to the site may require additional health screening and containment procedures, such as quarantine prior to entry, etc. which should be discussed with health and protection cluster/sector/actors in country and authorities for recommendations (setting up monitoring mechanisms). In camps/sites accepting new arrivals and/or returning residents health actors may (depending on local risk assessment) recommend to:
 - Establish a quarantine area and facilities for their accommodation
 - If not feasible, suggest new arrivals or returning residents to self-quarantine and ideally utilise separate WASH facilities (WASH actors may set-up additional or re-purpose existing ones) so they do not share with non-self-quarantined population
 - If family reunification, all family should go to self-quarantine (they will be monitored and services will be provided to them individually).
- Ensure easily understandable information, education and communication (IEC) materials on COVID-19 are available and explained to people as they enter the site
- Residents should be advised to keep to their assigned living area (zone, block) and not to visit other areas, unless absolutely necessary (as contextually agreed). Social practices being detrimental to household isolation and/or high-risk population (e.g. children spending days with distant relatives, or sleeping with grandparents) should be temporarily discouraged.



IASC Guidance
on Adjusting
Food
Distributions in
the Context of
the COVID-19
Outbreak



How should Camp/Site Management work with service providers and field teams to adjust activities involving large crowds (e.g. distributions, registration)?

Consider the following when planning distributions and crowd activities in sites, ensuring that risk mitigation measures do not adversely impact the foreseen scale of activities, reduce coverage and leave people (some or all) without assistance:

- **Prioritize** lifesaving and non-delayable distributions.
- Where feasible, **plan for smaller-group distribution** that minimize the queuing time and crowd density - keeping in mind that this will increase the number and frequency of distributions or increase the time the distributions require, as well as attending staff. Consider use of tokens with pre-allocated time slot.
- **Consider manpower needed to transport/carry the items** – increasing rations or providing a number of bulk items will require more family members to attend.
- **Identify or advocate for an alternative**, larger space to conduct distributions, reduce crowding, as much as possible and maintain social distancing between distribution staff and those collecting items, as well as the beneficiaries.



UNHCR
Registration
and Assistance
Recommendations
COVID-19



UNHCR Cash-based Interventions COVID-19



WHO's Severe Acute Respiratory Infections Treatment Centre Guidance



PAHO/WHO Tool 18 - Management of Dead Bodies



UNHCR Interim Guidance on Shelter and Settlements Response to COVID-19



UNHCR Key Considerations for Selecting Health Infrastructure for Response COVID-19

- Ensure **well equipped handwashing facilities** are in place throughout the distributions (enough soap and water).
- **Involve hygiene promotion actors** to disseminate health messages and IEC materials during distributions. If **cash** is used to cover some basic needs, **frontload payments as soon as possible** before financial services and markets become disrupted and contact-less modalities should be privileged.
- If necessary (in particular when isolation/self-distancing is required), put in place door-to-door or ready-made pick up distribution of goods.
- **Extend working hours to reduce queuing** – e.g. run shops or the water pumps for longer than usual or change the opening times so that queues don't form. Mark social distancing intervals so people queuing don't contaminate one another. Disinfect communal infrastructure contact surfaces.



How to prepare for possible external transmission, case management and community transmission?

Should there be cases of COVID-19 infection in the collective site, isolation measures will likely be put in place by the relevant authorities and you should follow with health, protection, shelter and other relevant actors on their modalities, which could include (depending on feasibility):

- Self-isolation at home/family dwelling;
- Dedicated separate zone/space of the site;
- Purposeful building/erecting of isolation facility at the site (with adequate beds, IPC measures, WASH facilities, air/ventilation, service provision and psychosocial support);
- Arrange support to the families of isolated individuals.
 - Possibility of visit, respecting infection prevention measures including physical distancing and/or mobile communication;
 - Service and assistance provision, if required (e.g. if the isolated family member is the breadwinner);
 - Temporary foster care for minor children and/or other vulnerable individuals (e.g. disabled or elderly) being normally taken care of by the isolated/sick family member;
- Dead body management
 - Socially acceptable and agreed method to support families to deal with the death
 - Physical disposal of bodies – identify and agree on roles and responsibilities, methods respecting IPC directives (MoH/WASH)
 - Funeral rites and procedures & social distancing
 - Protection and assistance services for the bereaved family members
- Consider the implications of identification of cases in host community – could lead to local lock down, restrictions on the movements of people and goods (including displaced persons, humanitarian workers reaching the collective site), or anti-displaced rhetoric requiring setting up (together with protection) of an appropriate forum between the host and displaced communities to exchange in a constructive manner.



How can we reconcile social/physical distancing (or remote management) and working with camp/site committees?

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

- Holding smaller section/block-level meetings; limit number of persons attending a single meeting in line with national/WHO recommendations; explore technology-based options as alternatives to meetings where possible.
- Ensure physical distancing between attendees where meetings must go ahead (at least 1 m apart) and enhance awareness on respiratory etiquette.
- Ensure hand washing facilities are available and used by all attendees upon entrance to those essential meetings.
- Training of committees on COVID-19 and key messages (in small groups).



Sudan. COVID-19 awareness for internally displaced in West Darfur. UNHCR/ Ana Biurrun Ruiz/ March 2020

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Guidance for COVID-19 readiness and response
Frequently Asked Questions
(FAQs)

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