Priority Activities in Public Health, WASH, Shelter and Settlements for Preparedness and Response to COVID-19 in UNHCR Operations

5th April 2020

The following is a breakdown of key considerations to guide planning and resource allocation for COVID-19 preparedness and response to support UNHCR regional and country operations in Public Health, WASH, Shelter and Settlements programmes. While some of the activities are more relevant in camps or settlements it is important to assess the availability of all services outlined. These are based on the Strategic preparedness and Response Plan for COVID 19 and UNHCR guidance for operations and, where relevant, operation or site level outbreak preparedness and response plans.

Pillar 1: Coordination and planning

- Adequate staffing to participate in country and district level COVID-19 health sector and intersectoral coordination structures to ensure refugees are included in country-specific national operational plans with estimated resource requirements (medicines, supplies). The main entry points for UNHCR will be ministries of health and ministries of public works.
- At site or sub-national level activate and/or participate in multi-sectoral, multi-partner coordination mechanisms to support preparedness and response
- Ensure appropriate staff capacity (including remote support options) for public health, WASH, and shelter staff for coordination, planning and supervision of preparedness and response actions at country and field level.
- Ensure adequate partner staffing and capacity to support all preparedness and response capacities
- Conduct initial capacity assessment and risk analysis, including mapping of vulnerable populations
- Map areas most at risk: areas where people are living in particularly overcrowded conditions, with higher densities, with less space for expansion, more in contact with population at risk or with higher proportion of vulnerable population.

Pillar 2: Risk Communication and Community Engagement

- Use an AGDM approach conduct early and ongoing assessments to identify essential information about at-risk populations and other stakeholders (their perception, knowledge, preferred and accessible communication channels, existing barriers that prevent people from adopting the promoted behaviors).
- Undertake risk communication and community engagement with emphasis on hygiene promotion, hand washing with soap, respiratory hygiene and correct messaging on COVID-19.

- Use different modes of communicating with communities –IEC materials, radio spots, help lines, community outreach volunteers, hygiene promoters, and community health workers among others.
- Establish two-way means of communicating with communities to allow opportunities to explore their concerns, address misconceptions and rumors and adapt messaging.
- Consultations and engagement of community volunteers and community leaders including women.
- Disseminate information from WHO or host Government sources relating to COVID-19 to ensure that accurate and consistent information is widely disseminated and translated to local/refugee language. UNHCR has adapted materials available on the intranet in multiple languages UNHCR Communicating with Communities
- In urban settings consider undertaking a (phone) survey (using the methodology of the health access and utilization surveys) to assess awareness, knowledge, attitudes, misconceptions and preferred means of communications etc.

Pillar 3: Surveillance, rapid response teams, case investigation

- Epidemiological surveillance (through UNHCR HIS if in place), alert notification, case investigation and case reporting implemented in camp settings following national and WHO's guidance including national protocols for reporting of infectious diseases. See UNHCR Surveillance Guidance for COVID 19.Training of rapid response teams, health staff, community health workers on case definitions, isolation procedures, referral mechanisms for suspect cases, and contact tracing
- Procurement of medicines and medical supplies including PPE, equipment for health facilities (see UNHCR List of Medicines and Medical Supplies for COVID 19).
- Print and disseminate WHO/MoH case definitions in consultation rooms and have the details of COVID-19 designated facilities for appropriate destination triage.
- Dedicate transfer vehicles and ambulances for all suspected or confirmed COVID-19.
- Consider establishing expanded screening and appropriate referral pathways in community settings (e.g. "fever" clinics).
- Establish contact tracing system and quarantine or isolation options (see below).
- Plan for cost of referral and inpatient care.

Pillar 4: Point of Entry (PoEs)

- Develop protocols for situations where individual health screening for COVID-19 may be required by the national authorities at POEs based on risk assessment, including arrivals from country with community transmission of COVID 19.
- Establish facilities for screening in privacy and a referral mechanism for suspect cases. Designate an appropriate place, separate from other new arrivals , where new arrivals who

meet the definition of a suspected COVID-19 case can be interviewed in a safe (including provision of personal protective equipment) and dignified way away from others.

- Any suspected cases should be granted access to medical follow up by establishing arrangements with local medical facilities for isolation, treatment, and other support services that may be required, including for sample collection and transport for laboratory testing. Protocols and referral pathways should be established to guide safe transport of patients and their close contacts to designated medical facilities
- Support authorities / partners to disseminate latest disease information to new arrivals.
- Support equip and train partner /MOH staff in screening procedures and protection considerations
- Ensure adequate PPE, handwashing and sanitation facilities at the border.

Pillar 5: Laboratories

- Availability of testing is centralized through MoH, ensure full inclusion and access to testing for refugees and other POCs in line with the national strategy and keep abreast of latest developments in country on testing for COVID-19.
- Determine national and district level testing and laboratory capacity.
- Provide support to laboratory capacity (including for surge) in refugee settings including host community with equipment, supplies (swabs, viral transport media, furniture and refurbishments, packing materials and personal protective equipment (PPE).
- Plan for laboratory transport and staff training including on specimen collection techniques.
- Adopt and disseminate standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID-19 diagnostic testing

Pillar 6: Infection Prevention and Control

- Assess IPC 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 IPC); sufficient IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations
- Assess IPC capacity in public places and community spaces where risk of community transmission is considered high
- Train health care staff in IPC and establish IPC focal point per facility to monitor adherence to IPC measures
- Procurement of supplies and infection prevention materials in health care facilities including PPE for health workers (face masks, N95 masks, goggles, glasses, gowns, gloves) and supplies.
- Allocation and use of PPE as per UNHCR PPE
- Record, report, and investigate all cases of healthcare-associated infections
- Ensure soap distribution in-kind or through CBI (450 grams per person per month)

- Ensure Infection Prevention and Control measures during patient retrieval and transport and that ambulances and other patient transport vehicles are disinfected properly.
- Ensure WASH minimum standards[1] in health facilities, reception centres, transit centres, community centres, women's centres and points of entry. These include handwashing, enhanced water supply, sanitation as well as adapted management of medical waste.
- Renovation and enhancement of health facilities to facilitate flow and reduce congestion — use the WASH & Energy for healthcare facilities checklist to identify and address gaps;
- Construct or erect isolation and treatment facilities if not available (tents, RHUs repurposed, hospital tents, semi-permanent structures) with individual isolation the preferred option. See Health Infrastructure Options
- Special arrangements need to be developed in relation to site-specific potential transmission amplification events, such as food and other in-kind distributions and market attendance in line with UNHCR Guidance Adapting registration and assistance distribution in the context of COVID 19
- For operations with camp settings, explore if public water and sanitation infrastructure can be adapted or expanded in such a way that the set-up of water points and communal latrines allow for social distancing and other infection prevention measures.
- Ensure safe burials following guidance here Dead body management in context of COVID-19

Pillar 7: Case Management

- See Operational considerations for case management of COVID-19 in health facility and community
- Staff training on case management with a focus on severe cases requiring oxygen therapy
- Plan for availability of appropriate medical equipment, medical supplies, isolation facilities and support for referral facilities
- Establish or reinforce screening and triage protocols at all points of first access to the health system, including primary health care centres, clinics, and hospital emergency units.
- Establish COVID-19 treatment areas within health facilities (rooms/ward/unit) or designate separate COVID-19 facilities.
- MHPSS for patients, families and self-care for health care staff (partner and government)
- Establish COVID-19 surge plan[2].
    - Repurposing of wards for severely or critically ill patients.

[1] WASH resources available on this site: https://wash.unhcr.org/covid-19-resources/

[2] Designate 10 beds per suspected COVID-19 case and expand by a factor of 3- 5 if cluster of cases and 5- 8 if community transmission. Source : https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf

- Community facilities for isolation of mild or moderate patients or for self-isolation at home.
- Continuously assess burden on local health system, and capacity to safely deliver primary healthcare services
- Ensure that guidance is made available for the self-care of patients with mild COVID-19 symptoms, including guidance on when referral to healthcare facilities is recommended

Pillar 8: Logistics and supplies

- Plan for and stockpile medicines and supplies for the management of potential COVID-19 cases and their contacts, as well as those needed for all routine services. This includes equipment for health facilities including referral facilities (oxygen concentrators, pulse oximeters, oxygen giving sets, etc.). See link.
- Where possible support referral health facilities with oxygen cylinders and a system for replenishment, oxygen concentrators, and other essential equipment and supplies, calculated based on estimated caseload of COVID cases among site residents and surrounding host communities.
- Consider ventilators for higher level secondary care facilities but only if sufficient capacity of available - highly trained nursing and medical staff and stable power supply (which are often not in place in many resource limited settings).

Pillar 10 Maintain essential health services

- Work with partners to prioritize, rearrange and deliver essential activities correspondingly to decrease the POCs' risk as well as optimize wellbeing.
- Adjust facilities and workflow to limit potential exposure of health facility users to COVID-19 infection.
- Repurpose the health system and redistribute health workforce capacities, including through task sharing, for COVID-19 care and regularly evaluate the impact.
- See Continuity of Essential Health and Nutrition Services in Context of COVID

Shelter and Settlements considerations

- Social distancing is on of the key preventative actions to COVID-19,
  The Guidance on Shelter, Settlements and NFI Response to COVID-19 covers a range of suggested shelter, settlement and NFI related activities. Key interventions in camps and locations identified at high risk of infection should aim to reduce density and improve protective environment for PoCs. Interventions should be prioritized on locations where:
  i. Shelter provision is currently inadequate and PoCs are living in overcrowded shelter conditions and

ii. Settlements are high-density and decongestion, extension and allocation of additional land is possible to reduce population density and therefore transmission risk.

- Reallocate resources (staff, materials, etc.) from low-risk locations to prioritize populations at risk to improve shelter conditions and interventions supporting:
    i. Decongestion of high-risk collective accommodation (transit centres, reception centres, etc.) and
    ii. Support isolation measures for at-risk groups and infected people for reduced transmission to other population groups.