

## **RECOMMENDATIONS FOR PROVIDING SHELTER INTERVENTIONS IN THE CONTEXT OF THE COVID19 PANDEMIC**

This document aims to provide guidance in providing shelter assistance relative to the response, mitigation, and recovery against COVID-19 and other possible disasters that might occur to minimize the risk of exposure of personnel, partners, and beneficiaries. Adjustments should be in line with instructions provided by the World Health Organization (WHO), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), and Inter-Agency Task Force (IATF).

The main underlying approaches are:

- ✓ Zero transmission of the disease
- ✓ Provision of timely and appropriate shelter assistance
- ✓ Adapt work-plan and activities to reduce close contact
- ✓ Prioritize health and safety of staff, workers, and their surrounding communities

### Recommended Actions:

#### Coordination

- Coordinate with relevant authorities (Provincial/Municipal/Barangay Health Offices) regarding the activities planned to be conducted in their area. (e.g., Assessment, Distribution of shelter assistance, and/or Construction of shelter/facility)
- Secure Authorization prior to the activity. This may be acquired from the National Task Force (NTF) or Regional Task Force (RTF) or with the Local Task Force (LTF) concerned depending on the scope of covered areas. Utilize online application if applicable.
- Communicate with beneficiaries in advance of your work. Use alternative modalities (e.g., phone calls, SMS, or online means) to avoid unnecessary social contact and gathering.

#### Assessment

- Consider using reliable secondary information (as appropriate) to minimize physical visits to the community.
- Consider conducting interviews and surveys over the phone, especially with communities where contacts have been previously established. All available technology applicable should be the first considered medium.

- In household-level interviews and one-on-one format are necessary, aid workers should wear personal protective equipment (mask, gloves and face shield), maintain at least two (2) meters distance away from the interviewee, and conduct the interview outside the house, when possible.
- On the day of the assessment, put appropriate labels/signs/notices to avoid the formation of crowds and to ensure sufficient physical distancing. Instruct beneficiaries and clearly mark out spaces to maintain at least two-meter distance from each other. Ensure that there is no physical contact between beneficiaries, chairs and a sufficient number of protective equipment (e.g. masks, gloves and face shield) are provided to those who do not have masks.
- While strictly observing minimum health protocols, ensure that insights of male and female are both gathered.

## Delivery Modalities

### Home Delivery (In-Kind Assistance)

- Avoid entering the house, apartment, and/or entrance hallway; if feasible, propose beneficiaries to meet outside.
- Advise the beneficiary to prepare a chair or small table outside their house that will serve as a “drop-off point” for any in-kind assistance to be provided to them.
- Items should be sanitized using a simple high concentration disinfectant solution after the items have been placed at the drop-off point.
- Directly deliver to households of beneficiaries who are elderly, pregnant or breastfeeding women, people with disabilities, and/or with pre-existing/chronic underlying conditions.

### Distribution Point (In-Kind Assistance)

- Visit potential distribution sites/premises ahead of time to ensure the venue is appropriate in terms of safety and space requirements. Participants are complying with physical distance measures and the minimum health standards as prescribed by the DOH and the authorizing agency. As much as possible, the area of distribution should be shaded and not done in open space.
- To avoid the congregation of people and any misperceptions and confusions, communicate the field visits as well as eligibility to receive aid criteria in advance by phone or SMS – directly to the household or to the community leaders.
- Provide information or briefing, preferably both verbally and in writing, and the measures that organizers are taking to make the activity safe for the staff, partners, and communities, as the case may be, and in the appropriate language understood by the beneficiaries. Consider having people who know Filipino Sign Language and the use of photos, graphics, or posters during the activity.

- Ensure that beneficiaries observe minimum health standards, such as the wearing of protective mask and maintaining the prescribed distance of two (2) meters,
- All staff are required to wear the prescribed PPE (face mask and face shield) and other parameters as part of protection control measures - avoid touching face, perform hand sanitation regularly and follow general hygiene practices.
- Establish a clear route/pathway of distribution– from reception, verification, and collection to exit points in order to channel traffic and ensure that people will not congregate in one area or bump into each other.
- Set up hand washing points with an adequate supply of water and a hand wash solution. Seventy percent (70%) alcohol-based hand sanitizer may be most practical. Establish an isolation room for participants who would feel unwell during the conduct of activities.
- Upon arrival at the distribution site, direct beneficiaries to the supervised hand washing area and then to the health screening area to have their body temperature assessed using a noninvasive (handheld/no-touch) thermometer.
- Only beneficiaries/staff cleared during screening shall be allowed to enter the premise. Those who have flu-like symptoms will be referred to the doctor-on-duty or to the Barangay Health Emergency Response Team (BHERT) in accordance with the DOH prescribed protocol
- On completion of the distribution, ensure that the distribution point (room/area/tarpaulin) is swept clean and sprayed with disinfectant.
- When considering the delivery of aid using cash modality, ensure sufficient evidence to confirm that markets are operational and accessible, and cash is identified as the preferred modality of your targeted beneficiaries.

## Construction Activities

### Planning Phase

- Basic Personal Protective Equipment (PPE) related to construction safety such as gloves, hard hats and glasses should be provided to workers depending on the tasks they are assigned to. In addition, each worker should be provided with two or more reusable face masks (not surgical/medical graded masks).
- Provide a handwashing station with the provision of clean water and soap and disinfection products in the construction site.
- Preferably, every worker should be provided with a basic set of tools needed for the tasks they are assigned to. Using the same tool by multiple workers should be avoided. If tools are shared or stored for later use by another person, these needed to be disinfected/cleaned.
- Engage workers coming from the proximity of the project area (possibly from the same block) and avoid involving labor from farther city or municipality.
- Supervision should be strengthened, including COVID-19 prevention principles and supervisors oriented on their new responsibilities.
- If possible, prior to starting construction work, coordinate with health partners to check the site and ensure appropriate measures are adopted.

- If the implementation is done directly by the partner, try to rely on local laborers and supplies as much as possible to minimize lengthy movements across different communities.
- If the implementation is done through contractors, try to find a local contractor to minimize movements across different communities.

### Prepare your workforce

- Any person below twenty-one (21) years old, those who are sixty (60) years old and above, those with immune deficiencies, comorbidities or other health risks, and pregnant women, including those who reside with the aforementioned, shall not be part of the workforce for construction projects except as may be allowed under the Revised Omnibus Guidelines issued by the IATF.
- Contractors or hired workers should submit a health declaration form. If possible, workers and other staff should have been tested to COVID-19 or has health certificates that they are fit to work.
- Organize awareness sessions for the contractors and laborers on the preventive measures as indicated by the Department of Health and WHO, in particular:
  - Handwashing, respiratory hygiene and disinfection
  - Maintain a physical distance of 2 meters (6') from others
  - Avoid touching eyes, nose and mouth with unwashed hands.
  - When coughing or sneezing, cover the mouth with a tissue and throw it into the closed bin immediately. If you do not have a tissue, cough or sneeze into your flexed elbow.
  - Do not spit.
- Preventive messages should be printed and clearly displayed on site. Consider providing an additional printed copy of the key prevention messages for all workers to disseminate in their families (and communities);
- Workers should be clearly informed on protocols to follow in case they or their family members get sick.
- Advise workers to wash their clothes frequently (daily).
- Aside from COVID-19 safety protocols, ensure that your workforce is oriented on the health and safety protocol in construction.

### During Construction

- Do not allow overcrowding at the project site.
- Encourage both beneficiaries and laborers to follow social distancing guidelines; if possible, conduct work when there are fewer people in the shelter.
- Only essential visitors (workers, supervisors, and managers) should be allowed on site and sign in the logbook provided.
- To the most possible extent, workers should maintain a physical distance of 2 meters (6') from others at all times. Performing activities that must be conducted in

proximity should be avoided when possible. If these activities must take place, workers should wear masks.

- If possible, construction workers should be separated, and tasks allocated, so they do not overlap. It is suggested to establish work shifts to be also applied for break, lunch and prayer time.
- In spaces where queuing may happen (including latrines and handwashing stations), consider marking a safe distance of 2 meters (6') on ground or railings.
- If a worker develops COVID-19 symptoms on-site, the following actions should be followed:
  - Avoid touching anything.
  - Cough and sneeze into a tissue and put it in a closed bin, or in their flexed elbow in case they do not have tissues.
  - Return home and self-isolate or seek medical care in case of severe symptoms.
  - All surfaces and tools s/he may have recently touched should be cleaned and disinfected.
- Meetings on site should always be avoided. Instruction to workers should be given in open spaces and maintaining a physical distance.
- If construction activities happen in an enclosed space, the site should be ventilated as much as possible, for example, leaving doors and windows open during the working day.
- Due to potential sudden access restrictions, all materials and equipment should be carefully and safely stored before leaving the site at the end of every day.
- When receiving and unloading goods and construction materials, workers should always keep a distance from the drivers. When possible, drivers should remain in their vehicles. If drivers must unload the goods for safety reasons, they should do so without the help of the workers, and they should wash or clean their hands before and after. Any contact between deliverers and receivers should be avoided (including delivery papers and pens for signature, etc.). It is recommended that everyone needs to sign the paperwork, have their own pen or wash their hands after.
- Put warning signs to inform the people and avoid accidents.

## Hand Washing, Hygiene and Cleaning

- Encourage workers to wash their hands regularly with clean water and soap for at least 20 seconds or clean them with a 70% alcohol-based hand sanitizer.
- Clean the WASH facilities regularly during the day, establish a clear cleaning, disinfection and maintenance plan.
- Tools, reusable PPE, and frequently touched surfaces should be cleaned and disinfected frequently (at least daily).
- If possible, appropriate latrine facilities should be made available inside the compound and be kept clean. In any case, workers should be encouraged to wash their hands before and after using the latrines.

- Dedicated eating and break and prayer areas should be identified on-site, and access should be staggered to reduce the risk of congestion. Workers should keep physical distance while eating, praying and having a break.
- Advise workers to bring their own food and eating utensils.
- Provide safe drinking water dispensers and encourage workers to carry an individual water container/cup.
- All solid waste (excluding construction materials) should be put immediately in closed bins or closed bags and not left for someone else to clean up.

### Upon Completion

- The facility should be carefully cleaned and disinfected prior to the handover.
- All waste, construction materials, tools and equipment should be removed from the site and disposed of safely and properly.

### COMMON REQUIREMENTS FOR ALL TYPES OF ACTIVITIES AND DELIVERY MODALITIES

- All staff are mandatorily required to wear face masks, avoid touching their faces, perform handwashing regularly and follow general hygiene practices.
- All activities should be accompanied by COVID-19 related awareness-raising information and, subject to availability of material, distribution of information, education and communication (IEC) and risk communication materials that are in line with the national guidelines, and account for contextual factors in the Philippines, including behavioral norms, customs, and local practices.
- Ensure community engagement and beneficiary participation, clear communication, and feedback mechanisms (preferably phone, emails) are in place. Community engagement and participation are necessary at all stages of decision-making to ensure that affected populations' needs will be met; that they accept and own the interventions; that there is equal participation in governance processes and the decisions that affect their lives; and community resilience is strengthened.
- Limit the administrative documentation requirements that require physical contact such as the signing of receipt forms etc.

### References:

- Department of Health Memorandum No. 2020-0157 Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measures Against COVID-19
- World Health Organization (WHO) Technical Guidance – COVID-19
- NTF NDRRMC Memo Circular No. 1 s 2020 Interim Protocols for Humanitarian Assistance During Community Quarantine
- DPWH Department Order No. 39 s 2020 Revised Construction and Safety Guidelines for the implementation of infrastructure projects during the COVID-19 Public Health Crisis
- Global Shelter Cluster