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SUPPORTING DISPLACED COMMUNITIES

COVID-19 Isolation Messaging Strategy for IDP Sites

Overview:
The COVID-19 pandemic possesses a serious threat to populations that are currently living in Somalia IDP sites. Currently, IDP sites in Somalia face poor living conditions such as limited access to water and sanitation products, congested and overly dense settlement configuration and marginality from broader Somali society. The spread of COVID-19 into IDP sites has the potential of further exacerbating some social exclusion dimensions that currently subjugate certain IDP site populations. As a result, there is a need for humanitarian stakeholders to provide messaging to communities that explain social isolation and that do not do further harm to those that may either have contracted COVID-19 or have suspected symptoms. Moreover, there is a need for partners to elaborate on key COVID-19 messaging that is more contextually applicable to the environmental situation within IDP sites. Social distancing and isolation should be articulated allowing for residents to reconfigure shelters or repurpose shelter equipment to better protect themselves from the spread of COVID-19

Messaging Strategy:
Humanitarian partners are expected to carry out COVID-19 awareness campaigns in IDP sites using the approved WHO/Ministry of Health and UNICEF awareness package. However, partners should elaborate on aspects of social isolation to ensure that communities are not putting individuals who either have COVID-19 or suspected COVID-19 symptoms in more harm.

- Referral pathways for health but additionally for other sectors should be established and disseminated at the site-level. This should be disseminated via megaphone and household level conversations with beneficiaries (adhering to recommended distancing measures).
- Hotline numbers can be access so beneficiaries receive additional COVID-19 related information and general hygiene awareness details. Hotlines numbers are the following Mogadishu (449), Garowe (343) and Hargeisa (988)
- Site-level focal points such as camp management committees (CMCs) should be trained and equipped with the tools necessary to report further messages to the IDP community and in turn, report key findings back to CCCM partners. Dissemination of COVID-related messages among communities should also be done in the relevant way to reach people at risk of exclusion, including women, children, people with disability, elderly, and people with health issues. Members of marginalized communities or minorities should also be included in messaging work. If there are district level plans developed, it is important that these plans take into account IDP populations and also that IDP leaders are aware of such plans, being able to communicate directly with local authorities.
- Personnel with potential risks of exposure to COVID-19 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

COVID-19 Terminology

- **Quarantine** is a public health measure taken in order to separate and restrict the movement of people exposed (or potentially exposed) to a contagious disease. It is meant to slow the virus's spread to lower numbers of cases occurring at one time. High numbers of patients will create large demands on hospitals and infrastructure related to social services. Currently, populations should be keeping distance in IDP sites as part of quarantine measures.
- **Isolation**, as opposed to quarantine, is when someone who is confirmed to be ill with a communicable disease separates themselves from healthy people around them. A person with COVID-19 who also has a severe disease requiring hospital treatment will be isolated in a medical facility and special measures will be taken to keep medical staff and patients safe.

- **Home care** may be an option for patients with suspected COVID-19 infection presenting mild symptoms. In order to provide care at home for someone with mild symptoms, a trained community health worker should conduct an assessment to verify whether the residential setting is suitable for providing care. The patient should be involved in making an informed decision about their care and of the nature of the disease, and when to call for further evaluation or treatment.
- **Self-isolation** involves staying at home, or in a designated area, removed from other members of the community as much as possible once exposure or potential exposure to COVID-19 occurs

  While self-isolating, individuals should:
  - Remain at home or in a designated temporary sheltering space
  - Monitor yourself for symptoms of COVID-19 for 14 days; report any symptoms to the community health worker (or health partner via emergency referral pathway) in order to receive advice and assistance
  - Avoid direct physical contact with others; keeping distance when interacting
  - Ask family, [a neighbor or friend], caregiver, or camp management committee member to help with essential errands

COVID-19 Isolation and Quarantine (Gov't and WHO Recommendations)

- If self-isolation is recommended, it is important from a humanitarian perspective that these measures also include engagement or monitoring with community health workers and / or social support who have been trained in Infection Prevention and Control.
- If there is a case of COVID-19 within a site, a community health worker should be mobilized to decipher whether or not the individual should be moved to a more isolated location. Contact should be made with the district health partner and ministry of health focal points, and through contacting the corresponding hotline for one's region.
- All mild and low to moderate risk patients with confirmed disease need to be managed preferably in a designated community health facilities (e.g. community centre, school, or separate tent) with access to rapid health advice (i.e. via adjacent dedicated COVID-19 health post, telemedicine). Should this not be possible, management at home should be considered, following WHO guidance and national or subnational capacity. If patient develops symptoms that may correspond to severe disease or complications, it is important to ensure rapid referral to hospital.
- Mild and moderate suspect cases who are not tested need to be isolated as well – either in designated facilities or in a designated temporary shelter in/near the site. Their contacts should, at a minimum, be encouraged to practice hand and respiratory hygiene, self- monitoring of symptoms and social distancing.
- For mild and moderate suspected cases, family members if possible, should look to stay with other members of their social networks allowing for the individual to practice social distancing alone within the shelter.
- For parents that are in quarantine but remain at home in separate living quarters to the children, the child protection partner working in the site will mobilize a case worker to support the family and ensure community care is available to supplement the family. The case worker should conduct daily/weekly follow up visits to ensure the children are supported and facilitate access to available recreation and education programmes and PSS. In cases of other dependents separated from their caregivers (such as people with disability, elderly), protection workers should also be mobilized to monitor their situation and provide support as relevant.
- For Children who needs to be isolated and hospitalized: Though COVID-19 is not resulting in high numbers of child casualties for now, isolated and hospitalized children under 18 years of age should have a caregiver present at all time who would be equipped to support them appropriately in line with Health guidance. This caregiver should be a parent or close family member, however, for unaccompanied minors, and if allowed, the designated social worker should visit regularly.

Note: if for health specific reasons, caregivers are not allowed to stay with children of older age groups, support should be provided to ensure remote communication regularly.

- Mechanisms must be put in place to ensure that residents on isolation are able to continue receiving essential services available on site. Camp Management Committees and CCCM partners to have updated information about individuals of a community who are under isolation with referrals made to respective sector partners assuring that services are being delivered to this individual utilizing community health workers or social support network in place.
- Temporary shelters may be constructed near IDP site for the purpose of quarantine but such direction should be led by Local Authorities (**Somalia Preparedness and Response Plan for IDPs and Vulnerable Communities, DSS April 2020)**
    - Regularly consult with women, men, boys and girls to understand the different preferences and concerns they have on isolation, the location/structure, use of and access to these facilities.
    - Ensure gender-segregated isolation, quarantine and treatment facilities are constructed, either through women-only facilities, e.g. by using existing women friendly spaces, or by including gendered partitioning within mixed facilities.

Community Shielding Technique

- A *targeted shielding approach* (Favas, C., et al., LSHTM, 2020) may be utilized in certain IDP sites to protect those most vulnerable from COVID-19 infection. Individuals and their caregivers who are most at risk are provided dedicated areas at site-level that are separated from the general site in order to minimize contact with other family members and other camp residents at lower-risk of severe disease.
    - **Clinical management in Isolation set-up (COVID-19 Confirmed cases):**
        - **High risk groups for Complications:**
            - Age > 60 years
            - Smoker
            - Cardiovascular disease
            - Diabetes
            - Hypertension
            - Immune deficiencies
            - Chronic kidney disease, Chronic Respiratory disease, Chronic Liver Disease
            - Malnutrition
            - Ongoing treatment of cancer patients
- The focus is on minimizing potential exposure while not socially isolating individuals; helping them to live in dignity, safely and separately from the general population. Sufficient support must be provided to shielded individuals, families and caregivers; including nutrition, medical care and water and sanitation services at a minimum. **There is a critical need for CCCM partners to facilitate regular contact with Nutrition, WASH and Health partners to the shielded area of the site.**
- It is important that the identification of high-risk community members be a community-led process, which supports and promotes community ownership of the approach. This should be done in close tandem with the sites camp management committee with technical support from the CCCM partner.
- Shielded zones must do as much as possible to avoid over-crowding; provide for frequent hand-washing points; and have closely accessible latrines / toilets and shower facilities, that are best dedicated to this group. To reduce the risk for caregivers, they should be perceived as 'low-risk' for complications and severe disease. They should closely monitor their own risk of exposure and health to avoid potentially exposing individuals in the shielding area.

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Community Cohesion during COVID-19

- Site-level social distancing should be a community-led strategy. Based on a specific site, some communal infrastructure such as latrines and water points may be designated for vulnerable or at-risk populations. Infection, prevention and control measures need to be developed for households, as well as common spaces tailored to the characteristics of each collective site. There may be an opportunity for CCCM partners to utilize CFW to clean community facilities within sites. While incentivizing the cleaning of community facilities is never recommended in camp-like settings, this may be something to consider due to this crisis's unprecedented nature.
- Sites that have access to additional land should consider site planning reconfiguration to provide more adequate space between shelters. Nobody should be forced out of the settlement to ensure decongestion, without providing access to designated alternative and adequate spaces. The relocation should be voluntary, informed and conducted in conditions of safety and dignity, with adequate protection for vulnerable individuals.
- It is essential that individuals or households with suspected COVID-19 are not put under more harm by members of the IDP or host community. While social distancing measures should be complied, community members should assist family members in assuring that they have ample resources during times of isolation.
- No members of the community should be forced out of the settlement if they may have COVID 19. However, community members should adhere to government procedures regarding isolation and quarantine. Community health workers should be complementing Ministry of Health protocols when it comes to providing assistance to site populations.
- A complete pause should be followed during the COVID-19 crisis. Any new eviction notice or acute threat should be reported to sub-national HLP focal points. Moreover, any acute eviction notices should be reported to the National CCCM Cluster, National HLP focal point, and National Protection Cluster.