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Camp Management Operational Guidance

Frequently Asked Questions

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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. Call before visiting medical facilities and 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 space, 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.
- Ensure that adjustments made to operation modality do not limit access to services for the vulnerable groups (single headed households, unaccompanied and separated children, elderly, persons with disabilities).

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 – there will likely be need to close schools and other gathering locations in the camps – following MoH and MoE recommended measures in country; which 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, soap¹, 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 limiting movements to within blocks or zones, assigning turns (scheduling) for the access to communal facilities such as kitchens and religious facilities, as ask to enforce social distancing measures when using them
3. **Space** – family shelter units should be separated by a sufficient distance between them. In collective centers, consider increasing the distance between groups/floors and set up separation dividers or barriers. Advocate for more space and land necessary for separation.

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
- Additional procedures might be required for new arrivals, such as screening and testing prior to entry, etc. This should be discussed and implemented upon recommendations and in close collaboration with health cluster/actors in country.

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



- 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. Also consider stocking laundry soap or other personal hygiene materials and tools for cleaning, required PPE for health workers, and cleaning teams, as well as stocks of chlorine, staying mindful of chlorine storage and expiry dates.

Do: list potential items required for site improvement, maintenance, etc. and collect quotes and identify suppliers ahead of time. Assume that supply chain maybe challenging for the next few months.



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, migrant and host communities, service providers, as well as local and national authorities will include:

- Prioritization for scale up of WASH and health services² 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 tracking or specific case management will fully contain COVID-19 spread once it enters into a population and community transmission will become the likely scenario. 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.

Isolation – Isolation requires increased planning for *both facilities and capacities* within the camps, and the procedures and process must encourage those that are sick to self-identify, avoid suspicion and feel that they will be treated well if they go to isolation facilities. Planning should be done with Health, WASH and protection actors, and may include:

1. **Facilities:** consider the conversion of communal facilities such as community buildings or set up of large storage unit, etc. to set up isolation quarters. Other options such as hotels or rentals in the area, can be considered for the isolation of individuals if they were pre-assessed and considered suitable. Facilities must have sufficient accommodation space and infrastructures to ensure the implementation of ICP measures and be set up in close collaboration with health actors. Capacity assessment must consider the total number of people that can be hosted, looking at bedding, WASH infrastructures, temperature/ventilation, and provision of assistance (medical and non-medical). Overcrowded facilities and inadequate infrastructures/assistance could have serious consequences and contribute to spread the disease and increase risks for the population isolated and for staff working in these facilities.
2. **Capacities:** consider staffing needed to help run the facility and support the provision of non-medical assistance to persons isolated– food, water, personal hygiene items, clothing etc. and) on site. Recruit staff and/or mobilize partners (civil protection, red cross/crescent societies), provide them extensive training with the help of health agencies, and ensure that staff have personal protective equipment
3. **Isolation of vulnerable individuals:** If children or persons with specific needs are to be isolated ensure close communication with their families in coordination with protection actors.
4. **Severely ill persons:** If possible, severely ill patients should be transferred to a health facility or separated treatment units within the site.

² 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).



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Do: Work with the health sector to define SOPs regarding the isolation of individuals and treatment of severely ill persons

Do: It might be challenging to recruit support staff in disease outbreak situations; plan for sufficient funding, training, and insurance coverage, in close collaboration with health agencies

Do: Consider the need to provide mental health and psychosocial support to persons isolated and their families, and community mobilization activities to avoid the stigmatization of persons isolated

Do: Advocate against the isolation of entire groups/populations (i.e beyond individuals showing symptoms of the disease) in closed environments as a preventive measure, as it can contribute to spread the disease among the population rather than prevent transmission

Do: consider careful isolation facilities arrangements, taking into account protection risks and the need to prevent family separation, particularly for children

Support the families of those isolated

- To visit (from distance– elderly, people with medical condition excluded ; consider the use of methods to keep contact– phone, What’s app, Skype, letters, photos etc.)
- To receive necessary assistance in case the isolated person is the household head and usually in charge of receiving assistance
- To identify alternative care arrangements for children, elderly, persons with disabilities etc., in case their main care giver is placed in isolation – consider working with protection actors and community members

Dead body management – typically this becomes a sensitive point. In the case that we have community transmission in high-risk locations (large camps or rural dispersed IDP sites) there will be seriously limited health care options for critical cases. In case of death, define socially and culturally acceptable methods to manage dead bodies and assist families, abiding by IPC measures as defined by health authorities and WASH agencies. Do not apply cremation if not a culturally acceptable method

Take specific measures to prevent decrease and prevent stigma, as it could prevent people from hiding future infections 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.