

CCCM, SHELTER AND NFI SECTOR GUIDELINES ON COVID-19

PREPAREDNESS AND RESPONSE PLANNING

As the sector prepares for the COVID -19 virus outbreak that has been recorded in Nigeria, the sector partners have adapted the IASC guidelines for camp and camp-like settings, UN Nigeria recommended guidelines on COVID, WHO Covid-19 guidelines and the Nigeria federal government guidance's on COVID-19. As guided by the Health Sector, a tailored response is to continue providing essential basic lifesaving humanitarian assistance while highlighting the impending Covid-19 outbreak as well as other existing outbreaks such as Lasa fever.

The recommendations suggested in this document will focus of the three groups of people that is; IDP, Host community and staff in the preparedness, prevention and response approaches. Existing coordination mechanisms will be used and not layered upon for this response. The CCCM, Shelter and NFI sector will work closely with other sectors including the Health, WASH, Education, Protection, Food Security and Livelihoods to streamline the information shared and preparedness.

A. PREVENTION AND PREPAREDNESS RESPONSE.

Camp management agencies who are operating daily in the camp sites interact directly with the crisis affected population through individual and community engagements, monitoring and supporting of field operations of other humanitarian partners. It is therefore important that CCCM partners are well informed and cautious of the high risk of exposure and transmission of the virus. As such, Sector partners through the CCCM Technical Working Group have come up with recommendations that will guide CCCM partner staff and provide a plan for preventing and responding to IDPs and host communities.

1. The basic hygiene practices such as frequent washing of hands, use of sanitizers, social distancing, Isolation, health checks etc will continue to be emphasized.
2. W.H.O led staff training on the COVID-19 virus for both information and TOT purposes to pass on the information to local leadership, community volunteers and IDPs/host communities.
3. Out of camp IDPs will be targeted for community mobilization and
4. Staff should be well equipped with needed hygiene and protective kits (PPE kits) while carrying out their duties in the field.
5. Counseling and psycho-social services should be provided to staff by CCCM partner agencies for the well-being of their mental and physical status.
6. Increase in capacity of CCCM community volunteers in locations and by Partner agencies.
7. Coordinated response with the government and other sectors in this response for using already existing site/camp coordination mechanism.
8. Ensure that staff receive a medical check up especially temperature testing before travel to field locations or immediately after the staff arrive at the field duty station.
9. Self-isolation of staff that are from traveling within or outside of the country for at least 14 days before reporting back to the field location.
10. Ensure business continuity plans as well as contingency plans are in place by both partner agencies and the sector.
11. Ensure that staff adhere to the government guidelines and restrictions such as movement, and reduced implementation of nonessential activities.

Preparedness response plans for IDPs and host communities.

In order to ensure that IDP and host communities are fully aware of the COVID-19 virus and the world health Organization and federal/state government COVID-19 Response plan, guidance and protocols, CCCM partners together with SEMA/NEMA government officials will engage the North East Nigeria conflict affected population in Borno, Yobe and Adamawa through the following guidance recommended by the CCCM technical working group.

- Identification and thorough sensitization of all community leadership ranks in the camp and host communities about the COVID-19 virus and the possibility of outbreak in the camp sites and host community.
- Wide dissemination and sensitization of the community on the COVID-19 virus in all CCCM capacitated camp sites and host communities. The information to be disseminated will be provided by WHO and ministry of health/government.
- All disseminated information on COVID-19 should be professionally translated in the three main local languages, and the medical explanations and guidance's provided by WHO/MHO.
- The COVID -19 information disseminated to IDPs and host communities must it simple to understand without difficult medical terminology. The staff providing the sensitization/dissemination should be well trained on the virus and should avoid instilling fear, suspicion or rumors while carrying out sensitization.
- Crowd control/management taking into consideration of the social distancing will be observed when carrying out sensitization, dissemination and distribution activities. CCCM teams in the field will support humanitarian partners to operationalize their COVID-19 SOP on distributions. Humanitarian partners sensitization approaches such as FGD, townhall meetings and any other gathering will also be monitored for adherence to SOPs and minimum standards while taking caution not to stigmatize persons of concern.
- Key COVID-19 messaging through radio programs, audio recordings, Visual messaging, video documentation, complaints desk, field visit/assessments and pigeonholes among other have been recommended for use on fast proper information dissemination and countering of rumors and suspicions.
- Capacity building and full community engagement/ participation in the dissemination, planning and implementation of preparedness plans through community volunteers, leaders and organized groups is highly encouraged. Identified persons in the community should be trained and equipped with the full knowledge on COVID-19 virus and the risks of an outbreak.
- Already existing CCCM Rapid response teams will be strengthened and capacitated to support WHO personnel and volunteers in screening, alert notification and referral of suspected cases for diagnosis.
- The CCCM teams will conduct individual and joint assessment exercises in the different LGA locations to determine and map out the high-risk populations, camp sites, humanitarian partners capacity to respond or available services for response such as isolation facilities, medical facilities etc.
- The information obtained from the assessment will then be used to monitor, determine and enforce/recommend satisfactory or/and alternative provision of basic services and assistance to IDPs and host communities incases where field SOPs have recommended for closure of market places, postponement routine distributions and restricted movements in and out of the camps.

- Collaboration between the CCCM teams, biometric registration teams and the health and WASH team to respond to new arrivals screening and registration. COVID-19 SOPs from DTM and WHO will be adhered to in such cases. Special attention should be also be given to country boarder camps such as Banki, Ngala and Damasak due to the free movement of persons between Nigeria and Cameroon, Niger and Chad respectively.
- Clear referral pathways from WHO/MOH will be followed to guide the CCCM teams, in the referral and reporting of identified/suspected cases in the camps and host community. CCCM monitors and contact persons need to have clear guidelines and information on how to handle a self-declared case or reported cases in the community in case of an outbreak.
- Revitalized sanitation and hygiene campaigns will be carried out daily in the camp sites while emphasizing the washing of hands, cleaning of WASH facilities, less human to human contact, “no face touching, etc.. coordination with the WASH sector will be mandatory to avoid duplication of activities and efficient resource utilization.
- Land identification and advocacy to be carried out as one of the key requests from the government through the DHC office so as to acquire land for decongestion, camp extension for shelter needs and other facilities such as isolation centers.

RECOMMENDATION ON THE PREPAREDNESS AND RESPONSE PLANNING IN HOST COMMUNITIES.

Over 75% of IDPs live in the host communities and it is therefore pivotal to include out of camp COVID-19 preparedness and response plans to cater for both IDPs and their host communities. The following are some of the recommendations suggested.

- There already exist community leadership structures within the host communities – these should be included in the COVID-19 CCCM training and sensitization plans.
- In order to have a wide reach of services, host communities will be divided into clusters/zones and the leadership structures be identified. For a start, we shall Begin with Maiduguri as a pilot and progressively expand to deep field locations progressively.
- Coordination, information receiving, sharing and dissemination centers to be established at every zone – zoning to be based on the IOM DTM community center data on population.
- Joint Host community assessment to be conducted by NEMA, SEMA, UNHCR, IOM, WHO, and INGOs working in the host community. Part of the objective will be map out health facilities in every zone.
- Referral mechanism to be upscaled and it should be linked to the health sector.
- Need to involve markets and Business centers management departments. They should form part of the Rapid Response team.
- Work with WASH, WHO and related government departments to establish public hygiene promotion points.
- Relevant government agencies and service providers to support with mapping of vulnerable and most at risk groups in every zone.
- Psychosocial support to be integrated in the plans – engage with humanitarian community – including Nigeria Red Cross, MoE, MoH, MoWA, National Orientation Agency, State Ministry of Psychiatry to be involved in providing psychosocial support.
- State media, including all the media houses to be engaged in advocacy and message dissemination.



- Government to advocate for resources to implement the Joint CCCM COVID-19 Rapid Response plans.