As a global shelter cluster member, practitioner, coordinators and academics. What has COVID meant to you?

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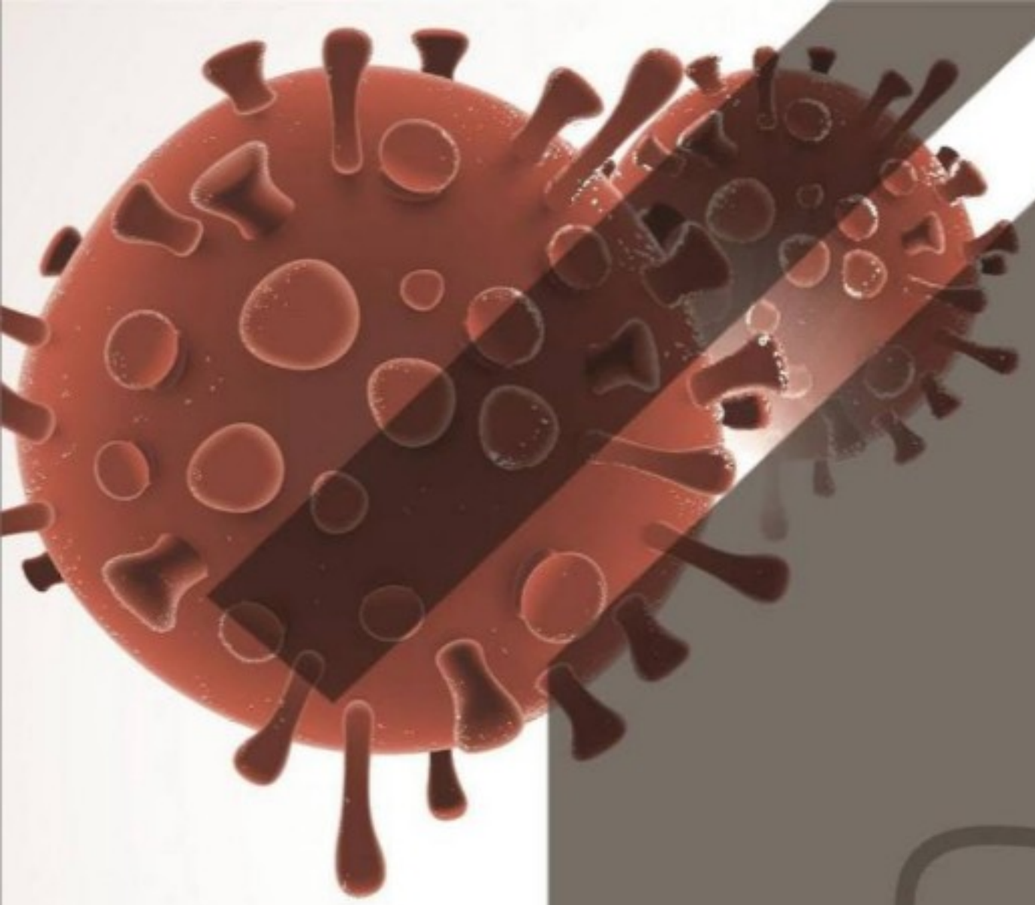

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COVID-19

Global Shelter Cluster annual meeting

Thematic session COVID and Shelter 08.10.2020

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Agenda

Topic	Speaker
1. Welcome (5 mins)	Seki Hirano GSC SAG (CRS)
2. Global HRP for Covid-19 response and the role of shelter in it (5 mins)	Cecilia Schmoelzer (IFRC) Angel Pascual (UNHCR)
3. Reflecting on Covid -19 Shelter and health infrastructure interventions/ coordination (20 min) • Distributions • Adequate shelter • Adequate settlement • Reducing over crowdedness • Quarantine facilities • Health infrastructure • Ventilation	Cecilia Schmoelzer (IFRC) Claire O'Reilly (ARUPS)
4. Discussions **Reflection on the type of S+S programming in response to COVID** **How are you preparing for the future? (25 mins)** • AOB - announcements	**All** Emma Weinstein-Sheffield (CARE/ Oxford Brookes) Indonesia Shelter Cluster

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Global HRP for Covid-19

Strategic priorities

PP. 20–23

The Global HRP is articulated around three strategic priorities. Several specific objectives are linked to each priority, detailing the outcomes that the Plan aims to achieve. They are underpinned by a series of enabling factors and conditions.

Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

Decrease the deterioration of human assets and rights, social cohesion and livelihoods.

Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

Planning and building **isolation areas and medical facilities** according to health criteria.

1.3

Prevent, suppress and interrupt transmission: slow, suppress and stop virus transmission to reduce the burden on health-care facilities, including isolation of cases, close contacts quarantine and self-monitoring, community-level social distancing, and the suspension of mass gatherings and international travel.

1.4

Provide safe and effective clinical care: treat and care for individuals who are at the highest risk for poor outcomes and ensure that older patients, patients with comorbid conditions and other vulnerable people are prioritized, where possible.

1.6

Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services.[3]

Decrease the deterioration of human assets and rights, social cohesion and livelihoods.

Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

Specific objectives

2.1

Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social safety nets and humanitarian assistance.

2.2

Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.

2.3

Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items.[4]

Distributing **essential humanitarian assistance** in a way that avoids spreading the disease.

3.1

Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.

3.2

Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.

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Key achievements

HEALTH

Over 123,400 tests delivered to 18 Humanitarian Response Plan (HRP) countries, with an additional 1.06 million planned for 23 HRP countries.

4.7 million pieces of Personal Protective Equipment (PPE) delivered to 16 HRP countries and 1.2 million PPE to 11 Refugee Response Plan countries.

More than 18 million people have been provided with essential health care services.

More than 9.5 million people (including children, parents and primary caregivers) provided with mental health and psychosocial support services.

WATER SANITATION AND HYGIENE

At least 35 million people reached with critical WASH supplies (including hygiene items) and services.

FOOD AND AGRICULTURE

Significant scale-up of seed and agricultural input provision ahead of planting seasons across GHRP countries to assist millions of people.

Food assistance scaled-up in 14 countries until persons of concern can be transitioned to existing social protection programmes.

EDUCATION

Approximately 93.6 million children and youth supported with distance/home-based learning in GHRP countries.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

In excess of 1 billion people across 56 countries reached with COVID-19 messaging.

PROTECTION

More than 2.8 million people accessed protection services.

Over 23 million refugees, IDPs and migrants received COVID-19 assistance.

Almost 5 million women accessed Sexual Reproductive Health services in 25 GHRP countries.

Gender Based Violence services were maintained or expanded in more than 25 countries.

LOGISTICS

Common services supported 375 organizations.

As of 29 June, the passenger transport service was used by about 5,300 passengers reaching 43 destinations.

Eight humanitarian response hubs in Belgium, UAE, China, Ethiopia, Ghana, Malaysia, Panama and South Africa were established to facilitate cargo movement to transport essential assistance including test kits.

SOCIAL PROTECTION

More than 5.7 million households assisted through social protection systems in a number GHRP countries.

DUTY OF CARE

COVID-19 MEDEVACs organized and arranged by a dedicated 24/7 UN MEDEVAC Cell. As of end June, sixteen medical air evacuations were carried out.

COVID-19 RESPONSE

SEE MORE RESPONSE ACHIEVEMENTS ON: WWW.UNOCHA.ORG

The achievements shown above are a non-exhaustive selection of humanitarian activities conducted since the launch of the GHRP. Further achievements will be presented in the next GHRP information updates and on www.unocha.org

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GLOBAL HRP FOR COVID-19, JULY 2020 UPDATE

Find the missing sector…

What happened to the

- Distribution of essential humanitarian assistance (NFI) while following preventive measures?
- Measures to decongest, reduce overcrowding, improve shelter quality to reduce transmission, stabilize mental health, reduce GBV risk, etc.?
- Construction of Isolation wards and temporary medical facilities?

Does this reflect the reality on the ground?

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Updated HRP from July 17th

Shelter is gaining recognition not only as basic need (often reported as second important after food) but also as critical to support the envisaged health (limit spread of disease) as well as protection outcomes (e.g. to mitigate GBV).

Partners have scaled up efforts to decongest and reduce human density in **shelters and settlements**, identifying and establishing places of treatment, isolation and quarantine as well as non-food item distribution and shelter upgrades. Housing units and tents have been distributed and a guidance disseminated on planning of high-density settlement infrastructure to facilitate essential health services. Country level Shelter clusters have engaged with Health clusters and local authorities to collaborate on quarantine, isolation and expansion of medical facilities for triage and testing. Vulnerable households have also received material to expand their shelters to reduce overcrowding and upgrade inadequate shelter conditions including hygiene facilities.

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The COVID-19 situation has highlighted the critical links between the adequacy of shelter and health outcomes. Overcrowded shelter, camp and camp-like conditions remain the unfortunate reality for many crisis-affected people, posing considerable challenges to attempts to reduce the transmission of COVID-19. Displaced persons face increasing health risks as COVID-19 cases continue to emerge in their cramped living quarters, which often include overcrowding, inadequate sanitation, poor nutrition and limited access to health care facilities and services such as testing, which also mean that controlling and responding to transmission is a near impossible task.

As a matter of illustration, the Colombia COVID-19 Joint Rapid Needs Assessment reported that 53 per cent of people in need highlighted shelter as the main priority after food (95 per cent) and before source of income (45 per cent). The COVID-19 response is forcing the reprioritization of shelter activities to the detriment of durable and transitional shelter solutions and it is likely to also affect funding capacity for essential life-saving winterization activities later in the year. In addition, the economic impact and limitations in transport of goods is leading to a reduction in the availability of basic non-food items as well as construction material supply and an overall increase of prices of these essential items for the sector.

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5 ways **Shelter and Settlements** programs **help mitigate** the spread of **COVID-19**

Distributing **essential humanitarian assistance** in a way that avoids spreading the disease.

NFI distribution / Construction site safety

Inadequate shelter can increase respiratory diseases which aggravate the impact of the virus.

Adequate shelter In terms of thermal comfort, ventilation etc.

Decongesting and reducing human density in settlements to maintain social distancing and reduce transmission.

Adequate settlements, space and basic facilities

Expanding the shelters of vulnerable households to **reduce overcrowding** and mitigate the spread of the virus.

Adequate shelter in terms of space, possibility to separate

Planning and building **isolation areas and medical facilities** according to health criteria.

Adequate emergency health infrastructure

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Distributing essential humanitarian assistance

Distributing **essential humanitarian assistance** in a way that avoids spreading the disease.

NFI Distributions (Mozambique, IOM)

Fotos: Clara Gomez, IOM)

WAIT
6 feet apart. Avoid close contact.

- At all moment
-

WEAR
a cloth face covering.

EVERYONE and at all moment

WEAR

Gloves if you are staff and use hand sanitizer regularly

WASH
your hands often or use hand sanitizer.

EVERYONE and Regularly

INFORM (Information, Education and Communication)

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Construction site safety – for COVID

Distributing **essential humanitarian assistance** in a way that avoids spreading the disease.

Main underlying approaches:

- Reduce access to site
- Adapt work plan and activities to reduce close contact
- Increase overall level of hygiene of the site
- Prioritize health and safety of staff, workers and their surrounding communities
- Increase awareness of the workforce

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CONSTRUCTION SITE SAFETY PROTOCOL
FOR COVID-19 CONTEXTS

Version 1.5 - July 16th, 2020

CRS

CRS Recommendations

CONSTRUCTION SITE SAFETY DURING COVID-19 PANDEMIC

HEALTH SECTOR COX'S BAZAR

SHELTER/NFI SECTOR
Cox's Bazar, Bangladesh

Guidance note - Construction site safety recommendations
Minimize spread of infections in light of COVID-19

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Providing Adequate Shelter

Inadequate shelter can increase respiratory diseases which aggravate the impact of the virus.

Expanding the shelters of vulnerable households to **reduce overcrowding** and mitigate the spread of the virus.

- Setting up and running adequate temporary shelter arrangements (collective shelters) including Covid-19 prevention measures.

- Providing cash-based support for rental assistance and hotel accommodation to prevent eviction or not finding accommodation.

UNHCR, Peru: New collective shelters

Hotel accommodations

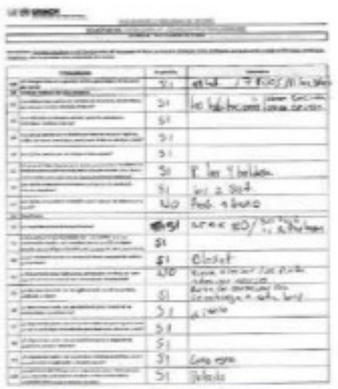
1. Define use

Tipologías para el apoyo en la respuesta a la emergencia Covid-19 en HOTELES:

- ***Alojamiento temporal humanitario***: Utilizado para personas de interés, en tránsito/desalojadas de sus viviendas evitando que lleguen a ser contagiadas.
- ***Aislamiento preventivo***: Personas con síntomas de Covid-19, pacientes leves o con otras necesidades médicas, así como el personal médico.
- ***Aislamiento Previo al alta médica***: Para personas que superaron la fase crítica de la enfermedad generada por Covid-19 en un hospital pero aún deben permanecer en aislamiento previo al retorno a sus hogares.
- ***Adecuación para atención hospitalaria***: Usadas para la hospitalización de pacientes leves a moderados, de forma que se libere la infraestructura hospitalaria para atención de pacientes con infección por COVID-19.

2. Assessment

3. Bidding & selection



UNHCR, Americas: CB for shelter

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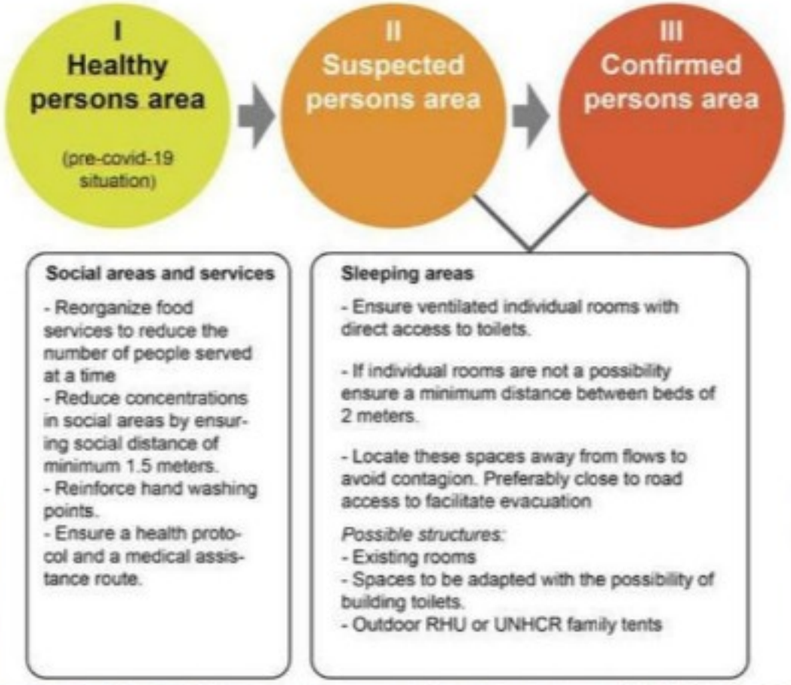
Decongest and reduce overcrowding

Expanding the shelters of vulnerable households to **reduce overcrowding** and mitigate the spread of the virus.

Decongesting and reducing human density in settlements to maintain social distancing and reduce transmission.

- Reorganizing and expanding temporary shelter arrangements (collective shelters, camps) ensuring social distancing measures and better hygiene and health protocols can be followed



UNHCR Colombia: Adapting/expanding existing collective shelters

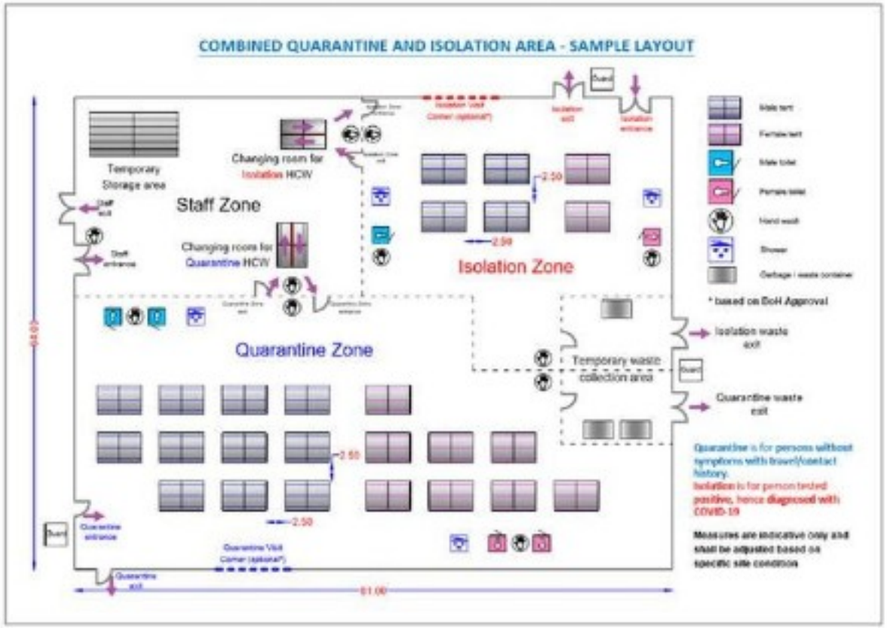
Planning and building **isolation areas and medical facilities** according to health criteria.

Setting up Quarantine and Isolation areas

Collaboration between Health and Iraq Shelter Cluster (UNHCR, WHO):

- Scenario planning for deterioration of health care system
- Development of guidance for planning and setting up quarantine and isolation spaces in camps, including SOPs on Home Quarantine/Isolation as last resort.

Facilities	Best scenario	Deteriorating Stage 1	Deteriorating Stage 2	Stage 3 worst case scenario
Isolation wards	Coping with epidemic trend	Coping with epidemic trend	**Coping with critical cases only**	**Not coping with all critical cases**
ICUs	Coping with epidemic trend	Coping with epidemic trend	Deteriorating Mixed **Moderate/ Severe cases**	Not coping **Severe cases**
Quarantine rooms	Coping with epidemic trend	Deteriorating: **Cases with contact history and at higher risk**	Turned into isolation areas **Mild cases**	Turned into isolation areas **Moderate cases**



https://www.sheltercluster.org/response/iraq

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Planning and building **isolation areas and medical facilities** according to health criteria.

Expanding/ building Health Care facilities

- Isolation and Quarantine centres with focus on IDPs and returnees who have to be quarantined when arriving back in their country (e.g. Venzuela, Colombia, Ecuador, Panama, etc.)
- Setting up or temporary health facilities to support the treatment of Covid-19 patients (Brazil, Colombia, Ecuador, Peru, etc.)

UNHCR Ecuador: Expansion of health infrastructure using RHUs

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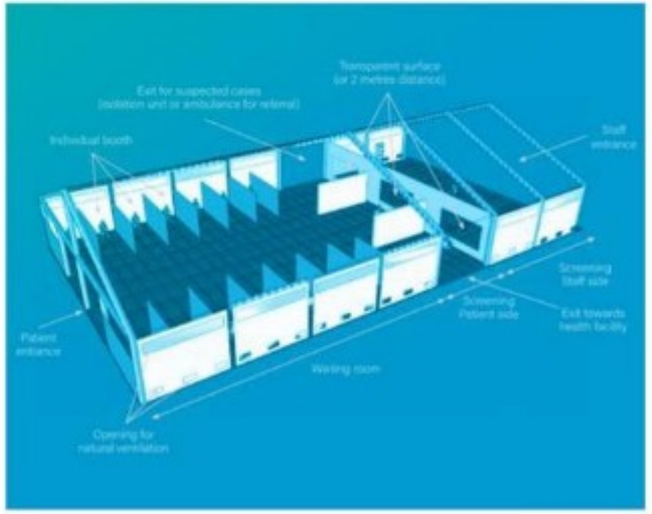
Planning and building **isolation areas and medical facilities** according to health criteria.

World Health Organization

March 2020

Severe Acute Respiratory Infections Treatment Centre

Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities



https://www.who.int/publications/i/item/10665-331603

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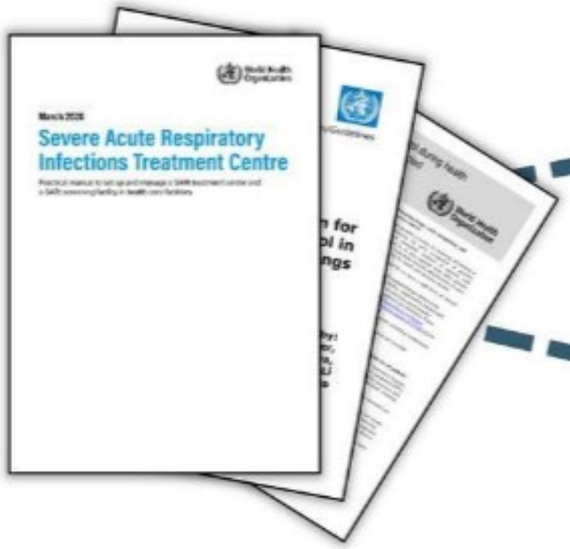
Ventilation and Covid-19

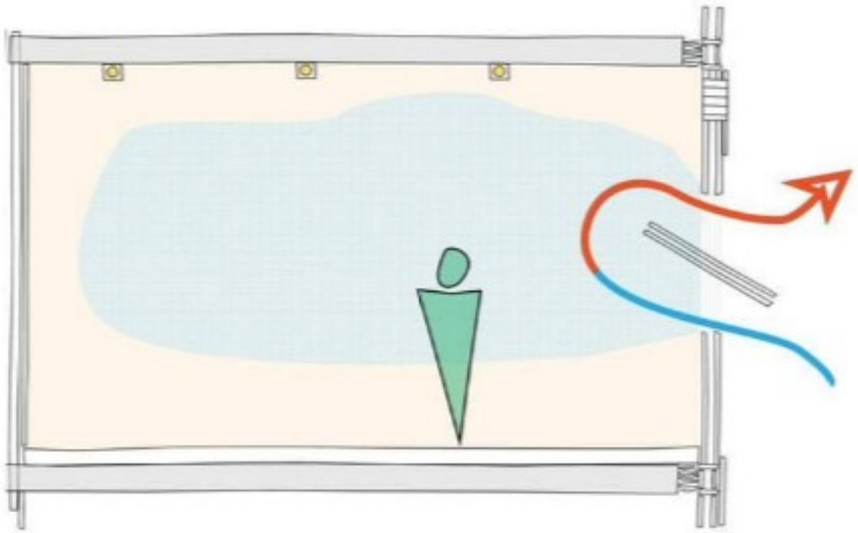
From emerging technical guidance → **To practical application in the field**



https://www.alpinter.com/product/xpert-tent-24/

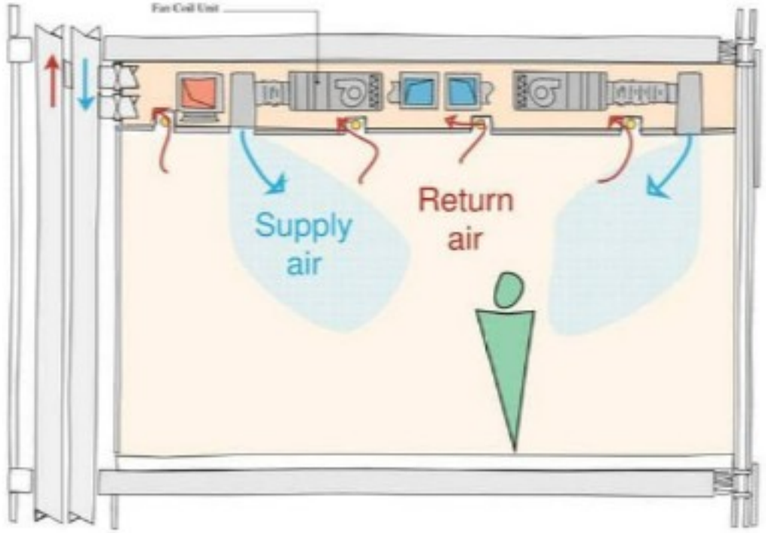
Ventilation and Transmission of Covid-19

Natural Ventilation



- Airflow through openings to external air – e.g. windows

Mechanical Ventilation



- Airflow driven by fan through ductwork
- May be part of a Heating Ventilation and Air Conditioning System (HVAC)
- Can involve some of the air from the room being recirculated

Natural Ventilation considerations

How much ventilation is **available?**

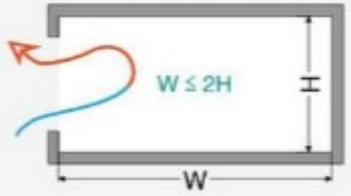
How much ventilation do you **need?**

Natural Ventilation considerations

How much ventilation is **available?**

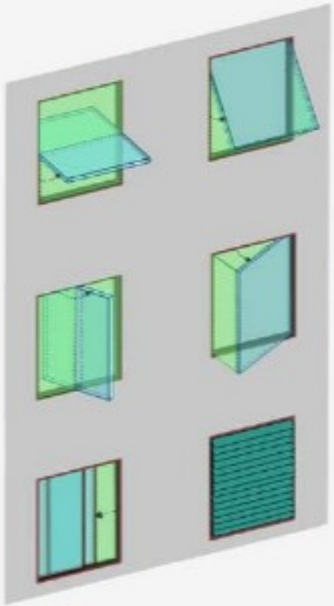
Configuration

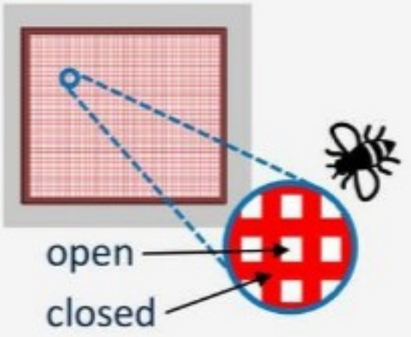
Single Sided



Double sided - "Cross ventilation"

Size of openings





Free area: Area of window less the frame and other obstructions like insect mesh

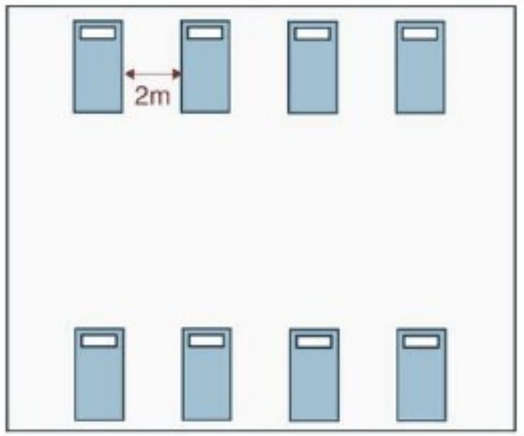
It's only an opening if it's open

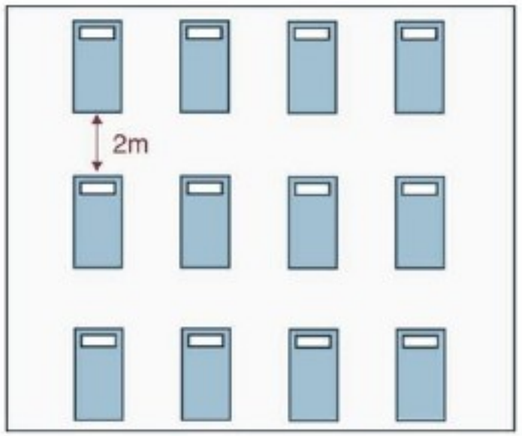
Natural Ventilation considerations

How much ventilation do you **need?**

- For general ward rooms: **60 l/s/patient**
- For airborne precaution rooms ('critical ward'): **160 l/s/patient**

More patients → more ventilation required





You may have space for more patients but do you have enough ventilation?

Natural Ventilation considerations

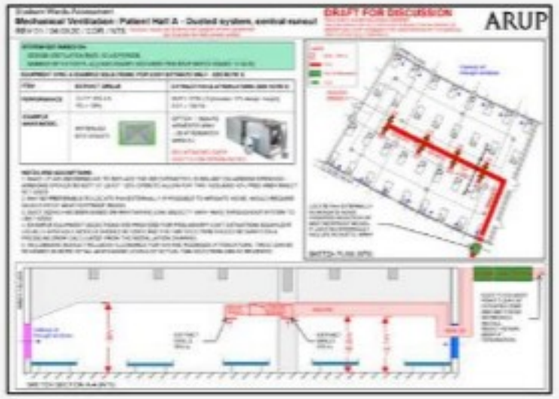
What if available ≠ required?

1. Increase what is available

a. Increase area of opening

- Simple (?)
- Cheap (?)
- Able to return to original use?

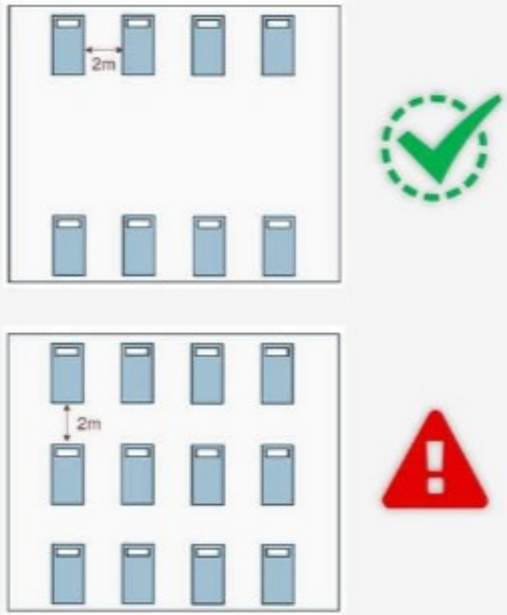
a) b. Add mechanical ventilation



- Design required
- Expensive (?)
- Operate/maintain
- Space for ducts & equipment

2. Reduce requirement

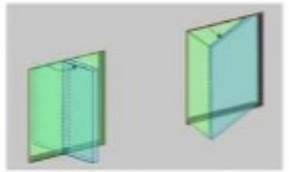
Limit the number of patients based on ventilation



Natural Ventilation – key points

- Look at the “current” guidance
- A space that appears to have plenty of ventilation may be deceptive!

Will air be effectively distributed



How much <u>open</u> area is there? And will it be kept open?

The number of patients that fit might exceed the number you can provide with ventilation

claire.oreilly@arup.com

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5 ways **Shelter and Settlements** programs **help mitigate** the spread of **COVID-19**

Distributing **essential humanitarian assistance** in a way that avoids spreading the disease.

NFI distribution / Construction site safety

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Adequate emergency health infrastructure

Which type of programming has your organization implemented to tackle COVID- 19 related issues?

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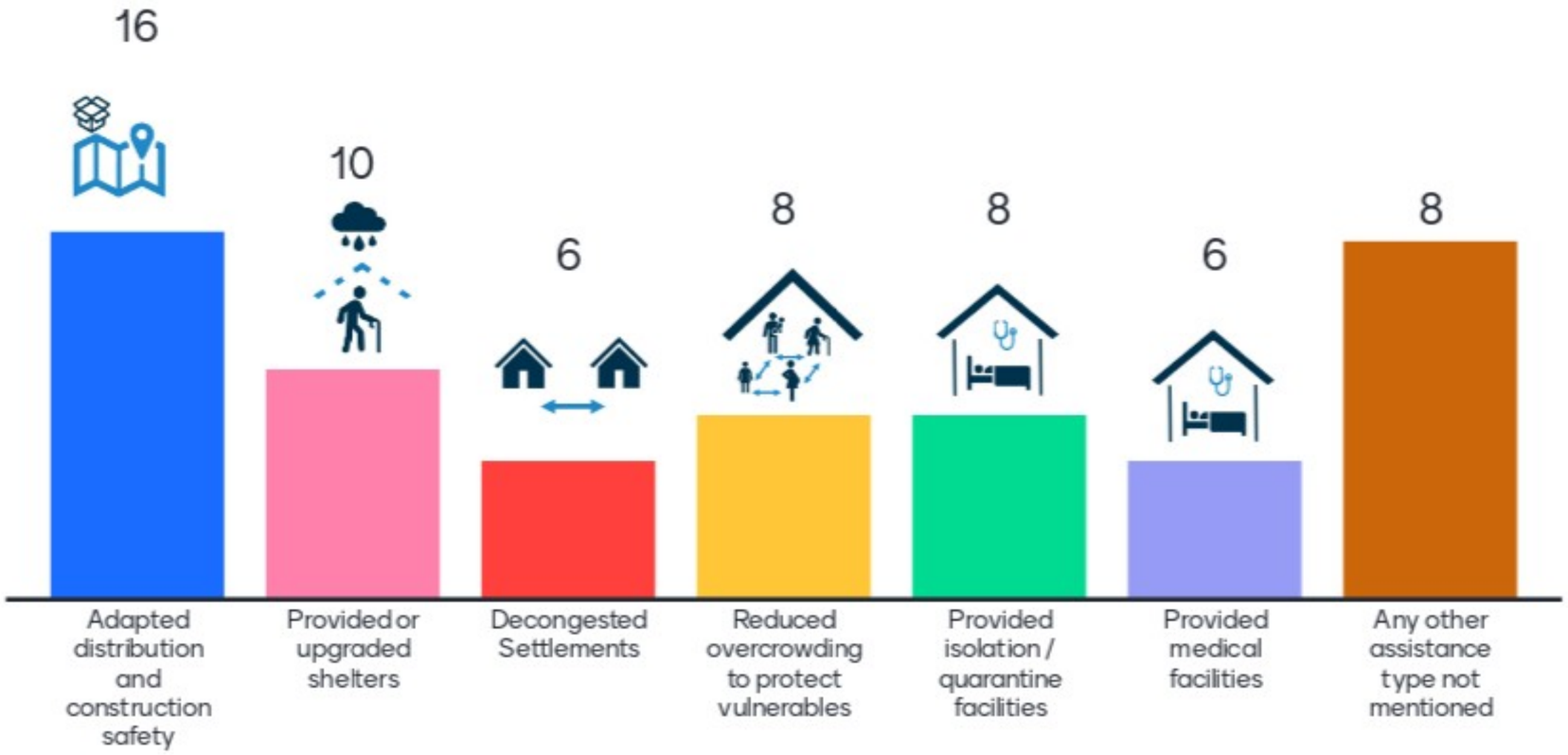

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Challenges and Consequences of COVID-19

Particularly for NFI distributions:

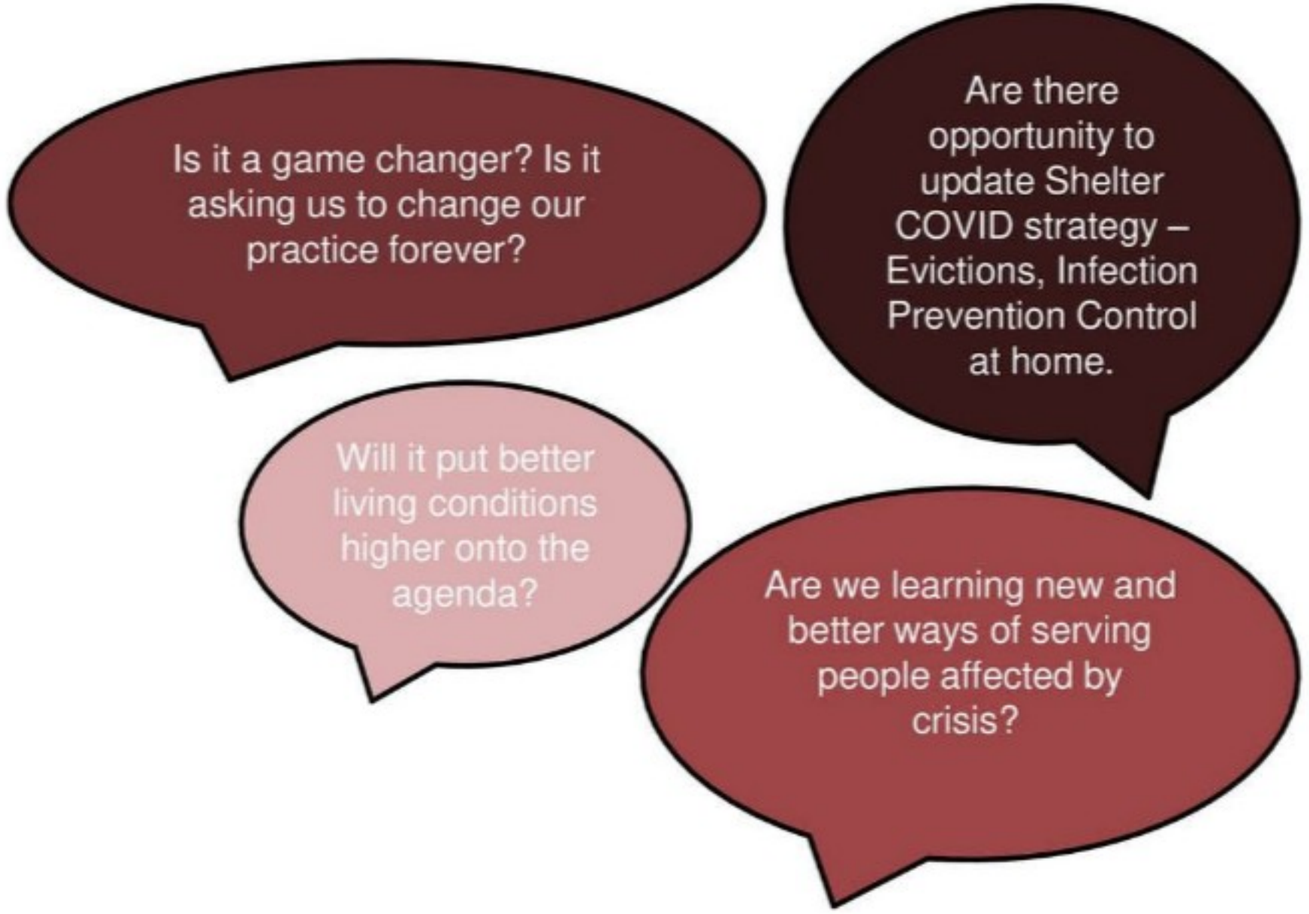
- breaks and delays in pipelines for international procurement and depletion of local market stocks for items in high demand
- Social distancing regulations and other measures such as movement restrictions (lockdown) etc. add considerably to time and effort for distributions.

→ **Reduced coverage of HHs per day slows down provision of essential support and amounts to at least triplicating operational costs!**

- Coordination between sectors, especially Health and Wash but also Food security is absolutely critical for scenario planning as well as implementation. However collaboration with other sectors has proven to be challenging also with various other actors such as with health authorities.
  Partially because of limited capacity being overwhelmed with the challenges of the response but also because of lack of appreciation for the importance of adequate shelter for health and more holistic approaches.
- Support to health care facilities not necessarily reported as shelter intervention.

→ **Very little or NO funding for shelter received through the Covid-19 HRP**.

How are you preparing for the future?



How are you preparing for the future?

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Close collaboration between shelter and health actors

Opportunity to update strategy

Research to prove and quantify the impact of shelter on health

Response to evictions is going to be critical as savings dry up, government assistance ends, previously frozen utilities bills need to be paid and obviously many jobs/livelihoods have not returned

work harder to link shelter to health, education, livelihood,..gather more evidences to attract more interest

Acknowledging that for many, Covid is not top of their list of issues to be considered.

Messaging continuing to be developed on the broader impacts of shelter/housing on other sectors/areas of life (not just health)

Advocate to make sure that regular shelter programs will be ongoing

make the most of remote work

How are you preparing for the future?

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Build strong local shelter cluster coordination leads.

Increasing promotion/advocacy of MANAGING space at both shelter and settlements level. Not just provision of space, but management of space. This will require significant engagement with local/national actors.

11

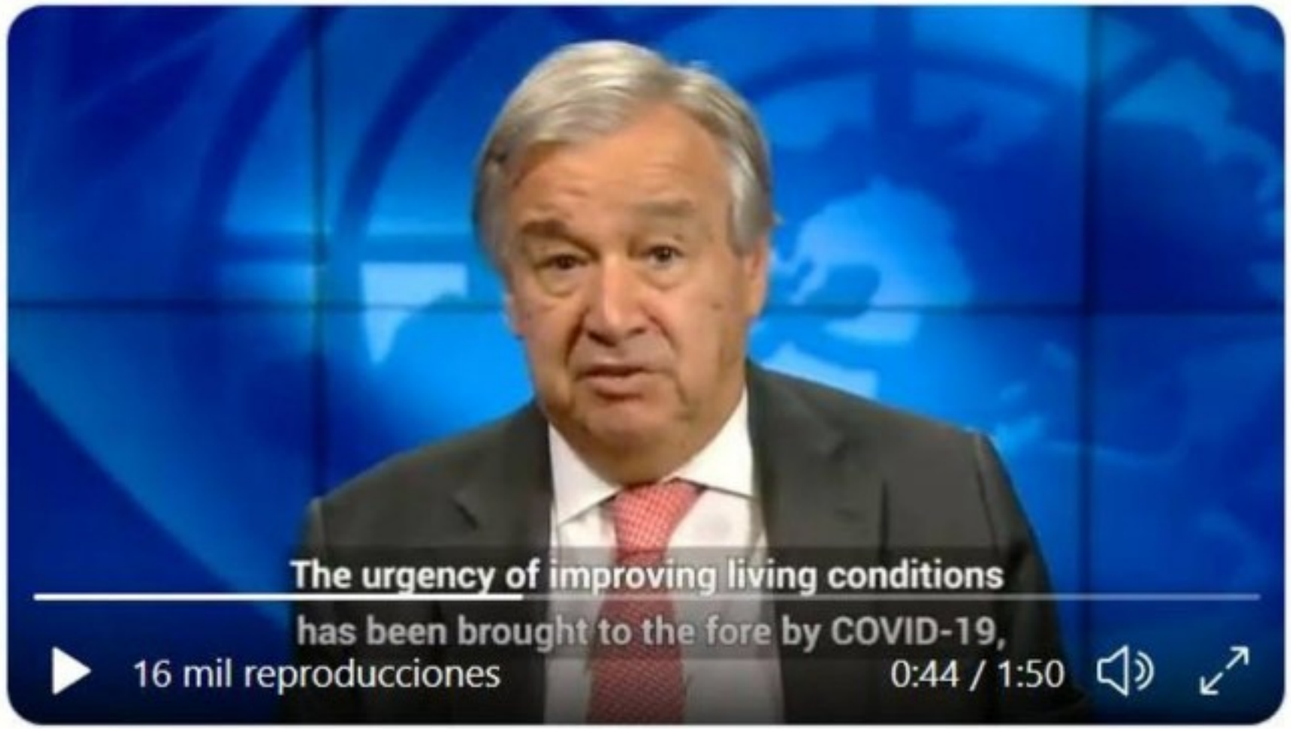
https://twitter.com/antonioguterres/status/1312907101342056448

#WorldHabitatDay

António Guterres
2.080 Tweets

Seguir

#WorldHabitatDay



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Guidance, Information and tools

Shelter and Health Multi-sectoral Learning Day 14th May 2020

Learning Day in brief

- 20 presentations and 8 breakout groups
- Representatives from Health, WaSH, Shelter
- Humanitarian and development researchers and practitioners
- Physical and mental health conditions linked to homes and settlements

'*Towards Healthier Homes*' report at CARE Insights

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Tracking the recommendations...

1. An 'Environmental Health' inter-cluster Working Group should be formed, including Health, Shelter and WaSH experts.
2. The Shelter Sector, working in collaboration with other humanitarian and development actors and academics, should develop evidence of the beneficial impacts of improved shelter on mental and physical health. This report identifies a non-exhaustive list of further research that can inform practice.
3. A priority list of health-related standards and/or indicators should be developed, along with the means to allow it to be context-specific.
4. Context analyses should incorporate prevailing health risks and their relationship to housing, including community perceptions, plans and priorities.
5. The Shelter and Settlements Sector should use the current public interest in global health generated by COVID-19 to reinforce an understanding of the impacts of living conditions on mental and physical health.

Mentimeter

Environmental Health lens: how do we 'mainstream' health in shelter and leverage the co-benefits of healthier homes?

- Continue to gather emerging **research evidence from varied sources**
- Roadmap for Research (InterAction) chapter: need for **evidence synthesis** and **first steps in field research** to evidence connections between shelter and health
- Health questions being built into **GCRF project activities** e.g. in Malawi
- **Collaborative research with Health** partners - we need their expertise

AOB

- Anyone would like to share any events links etc.….?
- Feed back form on the session – leave message on anything you would like to follow up with.

https://ee.humanitarianresponse.info/x/sv6oXV96

Take care.