International Organization for Migration (IOM)
The UN Migration Agency

COVID-19 Preparedness and Mitigation of Community Transmission
SMS Guidance on Implementation in Sites and Site-like Settings

Note – *The below guidance is intended for Site Managers (DRM Offices), Site Management Support, and all humanitarian actors or CBOs providing services in Sites, especially Collective Centres where residents frequently live in overcrowded conditions and are at high risk of community transmission of COVID-19. See text in red italics for sectors affected by particular issues.*

All the below guidance must be applied in line with Ethiopian government public health measures, including restrictions on gathering size (as of time of issuing this guidance, limit is max. 15 persons in a meeting/gathering, but this may be further reduced, and additional measures may be applied).

IOM Site Management Support - DRAFT 1, 23 March 2020

Site Management and Administration

1. Recommend that Site Administration (Woreda DRMO), **monitor of all incoming (international and national) staff** (all sectors) that are working in and with the camp or collective centre population, and apply any restrictions as recommended by the Ethiopian Ministry of Health (MoH), to prevent introduction of COVID-19 cases into the camp or collective centre population through the service provider staff.
2. **Agencies and government offices working in sites to develop and apply clear protocols for site-based/mobile staff on work from home and sick leave** to ensure that even flu and other respiratory infections are not introduced, and that staff have full understanding of importance of informing supervisors and site/camp administration staff should they have symptoms.
3. Recommend the creation of a **COVID-19 Task Force** at various levels of site/camp – both high-level and block/local level – to serve as focal points and streamline planning and any preparedness/response activities (any in-person meetings should be in line with Ethiopian government restrictions).

Representation and Engagement

1. **Ensure clear engagement** and information dissemination at all levels on the risks and prevention measures – *to the extent possible, when in-person meetings are suspended, and telecommunications are limited. Consider broadcasting of official public health messages by PA system (e.g. mounted on a vehicle).*
2. **Establish hand washing committees** dedicated to training and monitoring and peer pressure to other camp residents to ensure regular handwashing – *where a WASH actor is present in the site, this should be led by them. Rapid increase in supply and hand washing stations is needed, at all possible points of concern.*
3. **WASH committees** to focus on upgraded regular surface cleaning, disinfection, etc.
4. Plan for engaged committees to support needs as they occur:
    a. **Family childcare** – children are not heavily affected to date, but parents and grandparents may be affected and will need to upgrade capacity to care for children left at home if parents are sick. This may include community support through neighbours.

b. **Education** – current school closures in Ethiopia may be extended – inputs from from *Education and Child Protection* clusters/AoRs will be required input to address large numbers of children without daily activities.

Site Environment / Site Planning

1. Working closely with *WASH and Health actors*, reassess the hotspot locations for risk of disease spread and whether **IPC** measures can be improved, including:
    a. **Flow patterns** – where possible, introduce "one way" systems for pedestrians to reduce congestion and contact (allowing people to move in a single direction to and from a market, clinic, WASH facilities, etc. in collective sites).
    b. **Timing of use of areas** – consider whether scheduling of use of communal facilities (e.g. kitchens, WASH facilities, etc., needs to be introduced by block/zone, to limit numbers of people present at the same time.
    c. **Space** – ideally at least at family level, 1-meter minimum distance between the families' shelters or living spaces. Introduce separation tools (barriers) in collective sites, and advocate for more space wherever possible. *This will require the support of Shelter and/or SMS actors.*
2. **Handwashing/Bathing sites** – linked to above: need to assess the number of existing sites and increase options for regular handwashing. Cooperation of *WASH and Health actors* to assess whether chlorine solutions, soap, or alcohol options may improve the overall effectiveness of the process.

Crisis Preparedness – for transmission, cases and community transmission

A note on preparedness measures: it is to be anticipated that community transmission will occur. This means that, while public health measures can slow the spread, we should also contingency planning for community transmission in Sites, including:

1. **Isolation –** Isolation requires increased planning for the facility or sites/camps, and it must be in some manner superior to the standard shelter options, to ensure that those that are sick will self-identify and feel that their case will be well treated. This means that *Site Management and government and humanitarian Health actors* must consider the following:
    a. Large shelter (MSU) or other option with adequate beds, IPC measures, WASH facilities, air/ventilation, etc. and food/supplies to provide for those isolated.
    b. Other public buildings nearby may be an option and should be assessed and agreed upon so that rapid action can be taken to move cases to isolation areas for monitoring.
2. **Support the families of those isolated**
    a. To visit (from distance, if permitted by government rules).
    b. Receive necessary food in case the isolated person is the household head – will require coordination with *the food distribution actor*.
    c. With child and family care, if needed.
3. **Dead body management** – Having a socially acceptable and agreed (for IPC reasons *with MoH/WASH*) method for supporting families to deal with the death is very important to decrease stigma and prevent people from hiding future infections. *Site Management and government and humanitarian Health actors* should discuss as early as possible and agree the method, location and procedures for dead body management.