Key activities for Preparedness and Response to COVID-19 in UNHCR operations

The following is a breakdown of key considerations for COVID-19 preparedness and response to support regional and country operations in planning and resource mobilization. These are based on WHO technical guidelines and UNHCR guidance for operations and where relevant operation or site level outbreak preparedness and response plans.

**Coordination and planning**
- Adequate staffing to participate in country and district level COVID-19 coordination structures to ensure refugees are included in country-specific national operational plan with estimated resource requirements (medicines, supplies).
- Ensure appropriate staff capacity (including remote support options) for public health, WASH, shelter staff for coordination, planning and supervision of preparedness and response actions at country and field level.
- Map areas most at risk: areas where people are living in particularly overcrowded conditions, with higher densities, with less space for expansion, more in contact with population at risk or with higher proportion of vulnerable population.

**Laboratories**
- Determine national and district level testing and laboratory capacity.
- Provide support to laboratory capacity (including for surge) in refugee settings including host community with equipment, supplies (swabs, viral transport media, furniture and refurbishments, packing materials and personal protective equipment (PPE).
- Plan for laboratory transport and staff training including on specimen collection techniques.

**Point of Entry (PoEs)**
- Develop protocols for situations where individual health screening for COVID-19 may be required by the national authorities at POEs based on risk assessment, including arrivals from country with community transmission of COVID 19.
- Establish facilities for screening in privacy and referral mechanism for suspect cases.
- Support authorities or partners to disseminate latest disease information to new arrivals.
- Support equip and train partner or MOH staff in appropriate actions, protection considerations and ensure adequate PPE and handwashing facilities at the border.

**Surveillance, rapid response teams, case investigation**
- Epidemiological surveillance - through UNHCR HIS if in place -, alert notification, case investigation and case reporting implemented in camp settings following national and WHO’s guidance.
- Training of rapid response teams, health staff, community health workers on case definitions, isolation procedures, referral mechanisms for suspect cases, and contact tracing
- Procurement of medicines and medical supplies including PPE, equipment for health facilities (see below).
- Print and disseminate WHO/MoH case definitions in consultation rooms and have the details of COVID-19 designated facilities for appropriate destination triage.
- Dedicate transfer vehicles and ambulances for all suspected or confirmed COVID-19.
- Consider establishing expanded screening and appropriate referral pathways in community settings (e.g. fever clinics).
- Establish contact tracing system and quarantine or isolation options (see below).
• Plan for cost of referral and inpatient care

**Case Management**

• Staff training on case definitions and case management.
• Plan for availability of appropriate medical equipment, medical supplies, isolation facilities and support for referral facilities
• Establish or reinforce screening and triage protocols at all points of first access to the health system, including primary health care centres, clinics, and hospital emergency units.
• Establish COVID-19 treatment areas within health facilities (rooms/ward/unit) or designate separate COVID-19 facilities.
• MHPSS for patients, families and self-care for health care staff (partner and government)
• Establish COVID-19 surge plan.  
  o Repurposing of wards for severely or critically ill patients.
  o Community facilities for isolation of mild or moderate patients or for self-isolation at home.

**Infection Prevention and Control**

• Procurement of supplies and infection prevention materials in health care facilities including PPE for health workers (face masks, N95 masks, goggles, glasses, gowns, gloves) and supplies.
• Allocation and use of PPE as per [WHO guidance](https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf)
• IPC measures during patient retrieval and transport and that ambulances and other patient transport vehicles are disinfected properly.
• Ensure WASH minimum standards in health facilities, reception centres, transit centres, community centres, women’s centres and points of entry. These include handwashing, enhanced water supply, sanitation as well as adapted management of medical waste. Renovation and enhancement of health facilities to facilitate flow and reduce congestion – use the WASH & Energy for healthcare facilities checklist to identify and address gaps;
• Construct or erect isolation facilities if not available (RHUs repurposed, hospital tents, semi-permanent structures)
• Special arrangements need to be developed in relation to site-specific potential transmission amplification events, such as food and other in-kind distributions and market attendance.
• For operations with camp settings, explore if public water and sanitation infrastructure can be adapted or expanded in such a way that the set-up of water points and communal latrines allow for social distancing and other infection prevention measures.

**Risk Communication and Community Engagement**

• Use an [AGDM](https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf) approach conduct early and ongoing assessments to identify essential information about at-risk populations and other stakeholders (their perception, knowledge, preferred and accessible communication channels, existing barriers that prevent people to uptake the promoted behaviors).
• Undertake risk communication and community engagement with emphasis on hygiene promotion, hand washing with soap, respiratory hygiene.

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2 WASH resources available on this site: [https://wash.unhcr.org/covid-19-resources/](https://wash.unhcr.org/covid-19-resources/)
Use different modes of communicating with communities – IEC materials, radio spots, help lines, community outreach volunteers, hygiene promoters, and community health workers among others.

Establish two-way means of communicating with communities to allow opportunities to explore their concerns, address misconceptions and rumours, and adapt messaging.

Consultations and engagement of community volunteers and community leaders including women.

Disseminate information from WHO or host Government sources relating to COVID-19 to ensure that accurate and consistent information is widely disseminated and translated to local/refugee language.

In urban settings consider undertaking a survey (using the methodology of the health access and utilization surveys) to assess awareness, knowledge, attitudes, misconceptions and preferred means of communications etc.

**Logistics and supplies**

- Procurement plans need to take into consideration the size of the population to be served – site residents and surrounding host communities and potential market disruptions.
- Plan for and stockpile medicines and supplies for the management of potential COVID-19 cases and their contacts, as well as those needed for all routine services. This includes equipment for health facilities including referral facilities (oxygen concentrators, pulse oximeters, oxygen giving sets, etc.). See [link](#).
- Where possible support referral health facilities with oxygen cylinders and a system for replenishment, oxygen concentrators, and other essential equipment and supplies, calculated based on prevailing risks of COVID-19 incidence among site residents and surrounding host communities.
- Consider ventilators for higher level secondary care facilities. These require highly trained nursing and medical staff and stable power supply which are often not in place in many resource limited settings.

**Maintain essential health services**

- Work with partners to prioritize, rearrange and deliver essential activities correspondingly to decrease the POCs’ risk as well as optimize wellbeing.
- Adjust facilities and workflow to limit potential exposure of health facility users to COVID-19 infection.
- Repurpose the health system and redistribute health workforce capacities for COVID-19 care and regularly evaluate the impact.