
INTERIM GUIDANCE ON SHELTER AND SETTLEMENTS RESPONSE TO COVID 19

The purpose of this document is to guide UNHCR field operations in ensuring their planning and operational response considers critical actions to minimise the transmission risk of COVID 19 in populations of concern. It should be read in conjunction with [WHO](#), [IASC](#) and [UNHCR](#) guidance and adapted to the operational context. The [Global Shelter Cluster](#) also has a dedicated page with resources from other agencies and field response plans for reference.

Density is a key factor for transmission pathways. Shelter and settlement interventions can help reduce this risk by increasing available shelter and housing options for those at risk and, working to reduce risk posed by high-density living conditions. While enforcing social distancing may not be practical in many contexts where UNHCR and our partners work, there are a variety of interventions that can help reduce transmission risk, support the most vulnerable, and enhance health and hygiene measures for those suspected of contracting COVID 19 to contain transmission.

Collective accommodation (transit centers, reception facilities, etc.) increase risk of exposure and must be a **priority intervention** through extension, decongestion, partitioning and overall reduction in density by any means possible. Individual family accommodation is always preferable over collective accommodation.

KEY (EMERGENCY) ACTIONS FOR SHELTER AND SETTLEMENTS RESPONSE

- Plan and agree multi-sectoral approaches with all stakeholders for shared understanding and action. Ensure women, girls and other AGD groups are consulted on response plans and interventions, to mitigate increased risk of SGBV. Consultation methods would need to be adapted to current situation and therefore aligned with public health measures (online, phone consultations).
- Communicate critical risk and information in accessible forms and languages, to all communities in a shelter, settlement and distribution context, and based on community feedback, craft messages to counter misinformation that may put people at unnecessary risk and stigmatization
- Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare and humanitarian workers, and persons of concern.
- Introduce risk reduction measures during emergency shelter and NFI distributions, e.g. reduce crowding, ensure social distancing and promote hand sanitizing.
- Consider options for housing high-risk community members in transmission-shielded arrangements, at three levels: household-level shielding, street or extended family-level shielding and neighborhood or sector-level isolation.
- Support the provision of infrastructure and shelter construction, extensions or retro fitting to allow isolation of identified cases in consultation with health colleagues and refer to [Key Considerations for Selecting Health Infrastructure for the Response to COVID 19](#)
- Support site assessments for high risk groups amongst our POC e.g. older persons, persons with underlying conditions such as TB, HIV, NCD's, pregnant women and girls etc – work with health colleagues to understand specific local vulnerabilities for a targeted shelter approach.
- Support site assessments to access availability of suitable land to reduce density and for additional space for quarantine zones and additional health facilities – protection, including AGD considerations must be considered before planning isolation zones.
- Refer cases with possible COVID-19 symptoms identified during the implementation of activities to the relevant health officer or health authorities.

CONSIDERATIONS FOR SETTLEMENT PLANNING

- Prioritize quick actions for protecting the most vulnerable from infection by helping them to live safely and with dignity. Understand that if they are required to live separately from families and neighbors for an extended period, this may have negative consequences in terms of social support and coping mechanisms if health provision is limited. Work with health and protection staff to assess the risks of isolation so that case management is a key factor when planning shelter interventions.
- In consultation with WASH actors consider strategic location for positioning of additional hand-washing stations and erection of public information signage.
- Consider possibilities for reducing traffic and pedestrian congestion by reviewing circulation flows and possibilities for one-way systems.
- Manage settlement entry/exit points and options for enhanced visitor screening as well as introducing additional disinfectant (handwashing) measures.
- Appreciating that potential COVID-19 settlement expansions are emergency in nature we should still follow an integrated multi-sectoral Master Plan Approach (MPA) to ensure risks are understood before acquiring and developing new land. All site assessments should utilize standard assessment templates available in the [annexure of the MP document](#) on the Settlement Information Portal (*access request required*)
- Consult with local authorities and carry out community mapping exercises to identify most appropriate locations for new facilities including screening facilities and distancing to new isolation accommodation, with health colleagues and authorities. Ensure participation of women, girls and other groups at risk of marginalization when consulting with the community to ensure that their needs and priorities are considered.
- Consider the **entire** settlement, including out-of-camp contexts, where density is high and people move from areas where they live, to reach health and education facilities, social and recreational pursuits and employment locations such as businesses and agricultural fields. Consult health staff to understand probable transmission locations where people congregate or gather, and protection colleagues to ensure advocacy and public messaging strategies incorporate an AGD lens to educate the population on COVID-19 risk.
- In situations where adequate social distancing cannot be achieved and where facilities are not of adequate standard to provide a safe environment to inhabit, efforts must be made to reduce overall density. This can be achieved through making efforts to extend settlements and ensure proper spacing in between individual dwellings.
- The [IASC COVID-19 scale-up document](#) references key measures to be considered when settlement planning exercises are necessary to align with prevention and control standards IPC and reduce density to achieve social distancing, crowd management and better service provision. Principles 3 & 4 of the MPA address site carrying capacity and density and a useful absorption profiling template is included as [annex 3 to the MPA document](#).
- If feasible and required, develop a plan for site decongestion. Remote desk study assessment data can be gathered via satellite imagery / GIS assessments. SSS team in HQ can support as needed.

CONSIDERATIONS FOR IMPROVED SHELTER

- COVID-19 recommendations for improved shelter should build upon minimum standards established in the [Sphere handbook](#) and align with approaches outlined in [UNHCR's digital emergency handbook](#).
- In locations where people live in high occupancy per shelter, attempts to reduce density by providing extended, partitioned or upgraded living conditions are essential through increasing the amount of covered living space available.
- Single room dwellings provide limited opportunity for isolation, consider options for partitioning or relocation of vulnerable persons from such shelters, as mentioned above.

- Additional shelter and housing may be provided for identified cases requiring isolation where self-isolation in an existing dwelling is impossible – work with health and protections colleagues to
- ensure that isolation does not deprive people of family support and coping mechanisms or exacerbate stigmatisation.

IMPLEMENTATION CONSIDERATIONS

- In many situations, lengthy international procurement is unlikely to be the best option due to import and global supply chain challenges, and timeliness of response. When selecting shelter approaches, local solutions should be prioritized, that are quick to implement using **labour-based methods and cash**, plus local material purchases, encouraging local economic stimulus. **However**, be aware not to encourage options that put people at risk by having to take additional measures to source materials from markets, engage in extended social contact, etc. See if material delivery options exist, bulk purchase and distributions, etc – assess all options before deciding on a shelter implementation method.
- For specific measures relating to distributions of Emergency Shelter and NFI please consult the WFP Guidance: [Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the Covid-19 Outbreak](#)
This guidance is helpful regarding planning and managing distributions, crowd control and hygiene measures.
- UNHCR's [Shelter design catalogue](#) provides ample examples of emergency shelter designs along with accompanying BQ's endorsing the use of indigenous building methods for extension and upgrading
- In terms of supporting shelter approaches for health screening facilities or **isolation** accommodation, Refugee Housing Units were used effectively in the Ebola response for such purposes – see compiled [Case Studies](#) for how RHUs can be effectively used. Where they are already in-country advantages of the RHU are:
 - Quick and easy to erect, especially in countries where implementation experience exists
 - Easy to sterilize/clean
 - Easy to move, modularize and repurpose as situation evolves or viral hot spot spreads
 - Good for partners and local authorities' usage
 - Good for decongesting high-risk contexts like collective sites such as transit centers where isolation or family/individual solutions are a priority

For more information and specific queries, please contact UNHCR HQ Shelter and Settlements Section

Version 1. 31 March 2020