



Guidance note for Afghanistan's Women Protection Centers Operating during the COVID-19 pandemic

Photo: UN Women/ Nangyalai Tanai

Violence against women and girls and COVID-19

Violence against women and girls (VAWG) is rooted in gender inequality, discrimination and harmful cultural and social norms. Reports indicate that VAWG, particularly domestic violence, has increased in the context of COVID-19. In contexts where movement is restricted, people are confined, poverty and unemployment are increasing, and protection and health systems are weak, women and girls are at greater risk of experiencing gender-based violence. Lockdowns and quarantine measures mean that many women are confined with their abusers, with limited options for seeking help and support. This is particularly true in Afghanistan, where women have already limited access to essential services. Life-saving care and support to VAWG survivors may be disrupted when front-line service providers and systems, such as health, policing and social welfare, are overburdened and focused on

handling COVID-19 cases. Emerging evidence shows that, across Afghanistan, violence against women and girls, particularly domestic violence, has increased. Hotlines are documenting significant increases in calls related to violence against women and girls.¹ In a survey conducted by Oxfam, 97 % of female respondents said that gender-based violence has increased since the COVID-19 outbreak started.² Similarly the Johanniter Community Perception Survey – COVID 19 conducted in Kabul, Kunduz and Khost provinces highlights an increase in violence against women and girls due to the lock downs and restricted movements.³ The outcome of a remote assessment conducted by War Child Canada in Balkh, Badakhshan, Kunduz, Takhar and Kabul indicates a 35% increase in violence against women due to the pandemic in their communities.⁴

¹ UN Women (2020). [Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.](#)

² Oxfam (2020). [A New Scourge to Afghan Women: COVID-19](#)

³ Johanniter (2020). [Community Perception Survey – COVID 19 Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces.](#)

⁴ Child War Canada (2020). [Remote Assessment for GBV trends under COVID-19](#)

However, many women are unable to seek support due to the movement restrictions, disruptions of services, and lack of privacy or freedom to seek help. The strict measures put in place to curb the spread of the virus have raised hurdles and increased risks for people seeking help. Women have now very limited opportunities to find privacy away from their abusers and seek help from friends, family, service providers or women's organisations.

VAWG has serious negative consequences for women and girls, including immediate to long-term physical, sexual and psychological impacts, which prevent them from fully participating in society. The impact of violence on women and girls will be amplified in this context, where rate, severity and frequency of violence is increasing.

Purpose

Women Protection Centers must take special precautions to protect their residents, employees, and visitors from COVID-19 to mitigate the risks to contract and spread the virus. The purpose of this guidance note is to guide Women Protection Centers (WPC), hereafter mentioned as "shelters", to provide services during the COVID-19 crisis. This is a living document that will continue to evolve as the COVID-19 situation develops, and as we learn more about COVID-19. It was jointly developed by UN Women Afghanistan, World Health Organisation Afghanistan and Colombo Plan to be used by all Women Protection Centers in Afghanistan, with the Ministry of Women's Affairs' support.

The Objective of this document is to provide guidance for Women Protection Centers of Afghanistan, in the context of COVID-19 to:

- 1) Prevent survivors and their children hosted in the shelters to be affected by COVID-19;
- 2) Identify and manage cases to avoid the spread of COVID-19 inside and outside the shelters.

This note does not replace usual Standard Operating Procedures (SOPs) and protocols or guidelines for providing care and services to VAWG survivor (and any accompanying children), or SOPs for management of the Centers. It should be highlighted the urgency to continue providing all services as usual to survivors. These guidelines are in addition to existing SOP or

Physical distancing means also that most of the non-critical activities have been stopped, affecting the provision of meaningful and essential support to women and girls who are experiencing violence, including psychosocial counselling, legal aid, mediation, and vocational trainings. In the context of Afghanistan, where women's access to mobile phones and internet is limited, the remote provision of services is particularly challenging, where other countries have been able to organize to provide remote services using phones or technology.

More information can be found in UN Women Afghanistan Gender Alerts on [Ensuring Access to Services for Survivors of Violence Against Women and Girls](#) and on [Maintaining services for survivors of violence against women and girls during COVID-19](#).

guidelines in order to better respond to the unique situation of the COVID-19 pandemic in Afghanistan. These are temporary measures and may require adjustment to some of current practices to protect everyone in shelters from the coronavirus infection and to provide appropriate care.

This document should not by any means be used as a medical guidance and a guideline overarching the national and provincial guidelines of Afghanistan, set forth in fighting against the pandemic of COVID 19. If by any means a national guide or a provincial guide or an organizational internal contingency plan is developed and set forth, and if there are specific rules and regulations / guidelines set forth by the Ministry of Public Health, the Ministry of Women's Affairs, Department of Women's Affairs, the Police, the Judiciary or any other responsible authority of Afghanistan, they have to be considered superior to this guidance note.

Important note: Currently, UN Women and Colombo Plan are requiring all new residents (women and their accompanying children), to be tested by WHO approved tests and/or have completed 14 days self-isolation prior to admissions into the shelters (see section 4).

A **survivor-centered approach** places the needs and wishes of survivors at the centre of the response. It ensures that support is provided to respond to their multiple needs in an empowering and safe way, and that they are treated with dignity and respect. In the midst of this crisis, survivors need care and support more than ever. It is critical that service providers are here to listen to their concerns and fears and provide support, as well as information about COVID-19. The **safety** and **wellbeing** of all staff and clients should be prioritized. All the services should continue to be provided through a **survivor-centered approach**, in line with **do no harm principles**:

- ✓ Ensure privacy and confidentiality
- ✓ Ensure safety and security
- ✓ Consider survivor's multiple needs
- ✓ Assess risks and vulnerabilities
- ✓ Treat the survivor with dignity and respect and without discrimination

Provide information, and respect the right of the survivor to make decisions about examination, treatment and legal course of action related to VAWG.



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For any COVID-19 related questions, partners should contact the National Public Health Authority COVID-19 hotline number.

There are 7 sections in this guidance note. Please read all sections carefully with all the staff of the shelters and managers of the organization managing the shelter:

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Section 1: General measures to be followed

Preventative precautionary measures should be in place to prevent and mitigate the spreading of the virus in Women Protection Centers, noting that it is possible that residents or staff have been exposed or are carrying the virus without showing any symptoms.

Contingency planning

- ✓ Time should be set aside for a taskforce including all key staff of the shelters as well as residents to collaborate, share information, and review plans within the shelter as well as with local public health officials to help protect staff, residents, and survivors. It is critical than plans are in place for what should be done if cases of COVID-19 are suspected in the facility and if a confirmed case of COVID-19 is identified in a resident or staff.
- ✓ A COVID-19 focal point should be designated and in charge of leading and coordinating COVID-19 management, liaising with local health authorities and monitoring public health information, country and province situation as well the situation in the shelter.
- ✓ **It is critical that the shelter establishes prior contacts with local authorities and child protection to plan for residents to receive care as appropriate:**
 - Find out focal point's contact number for the provincial Ministry of Public Health and Ministry of Labor and Social Affairs to remain updated on COVID-19 related information and recently enforced government policies and procedures.
 - Find out addresses and phone numbers for the nearest clinic, hospital or quarantine center authorized for COVID-19 and contact them to get all information and make arrangement for any transport from shelter to health facility.
 - Identify safe transport options for transport from shelter to the health facility (local ambulance phone number).
- ✓ **Identify staff and residents who could be at high risk for complications from COVID-19** (those who are older or have underlying health conditions) to ensure their needs are taken into consideration. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease,

and diabetes. Keep the list updated with new arrivals.

- ✓ **Plan for staff and volunteer absences:** develop contingency plans for increased absenteeism caused by staff illness or by illness in staff's family members that requires staff to be quarantined; develop flexible attendance and sick-leave policies.
- ✓ **Identify critical job functions and positions, and plan for alternative coverage** by cross-training staff members, extending hours, or hiring temporary staff.
- ✓ Process similar to the one used to cover for staff workers during the holidays.
- ✓ Conduct weekly prevention and mitigation measures audits in the shelter and provide feedback to staff.

Training and information

- ✓ Management should inform all staff of the measures to be adopted and the measures that could protect their health and that of others, including the recommendation to stay home and seek medical attention if they have respiratory symptoms, such as coughing or shortness of breath.
- ✓ Management should organize weekly information briefings that should cover all the basic protective measures against COVID-19 and the signs and symptoms of the disease for both staff and residents, that are literacy and age appropriate.
- ✓ Training is needed for the specific procedures related
 - For cleaners: cleaning and disinfecting
 - For guards: Checking for signs and symptoms before entry, and inform visitors and newcomers about preventive measures in place.
- ✓ Post informative posters in all common rooms, targeting employees, residents, and visitors to remind about key messages, including the promotion of hand-washing (at least 20 seconds, all parts of the hand), physical distancing, respiratory hygiene, and coughing etiquette. These materials should be language and reading-level appropriate, including for children.

Facemasks⁵

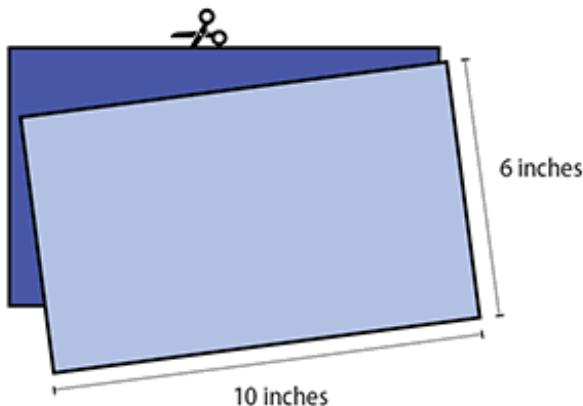
- ✓ All staff should wear face masks at all times while in shelter. Residents are encouraged to wear masks when in common areas.
- ✓ If no facemasks are available, the use of simple cloth face coverings can slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- ✓ To minimize the risk of contagion, cloth face coverings should be used by staff when outside of the shelter in public places.
- ✓ Cloth face coverings can be made at home from cotton fabric at low cost, without even needing to sow.
- ✓ Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- ✓ Face masks do not ensure full protection against the virus and should always be completed with physical distancing.
- ✓ Mask making and wearing should follow appropriate guidance.

How to put on, adjust and remove a face mask, to minimize risk of contamination of the mask:

- Before putting on a mask, wash hands for 20 seconds or use hand sanitizer.

Tutorial

1. Cut out two 25-by-15 cm rectangles of cotton fabric. Stack the two rectangles; you will sow the mask as if it was a single piece of fabric.



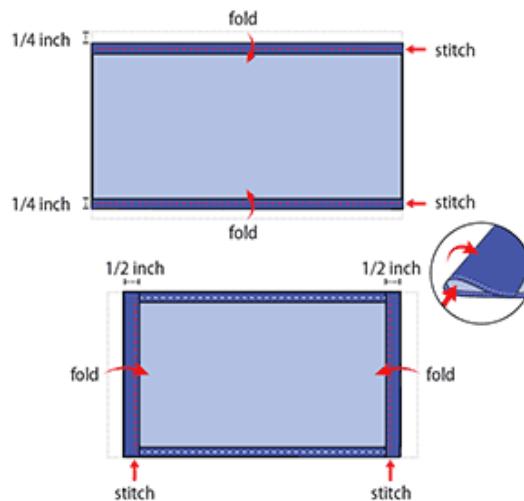
- To put on the mask, use the strings and do not touch the mask.
- Masks should not be touched at all, or risk to be contaminated.
- To adjust the mask, wash hands for 20 seconds or use hand sanitizer, adjust the mask and wash your hands afterward.
- To dispose of the mask, use the strings, put it in a no touch receptacle / trash bin and wash your hands afterward.
- Face masks cannot be re-used (unless cloth ones that need to be washed using detergent and dry before use) and need to be changed regularly, ideally twice a day for all types of face masks.

How to make a face mask⁶

Materials

- Two 25 cm x 15 cm rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric are good material.
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

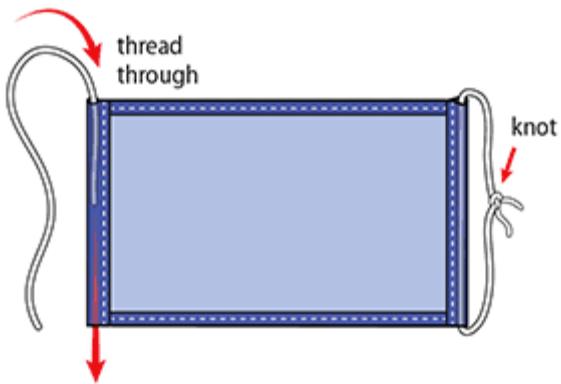
2. Fold over the long sides 0, 5 cm and hem. Then fold the double layer of fabric over 1 cm along the short sides and stitch down.



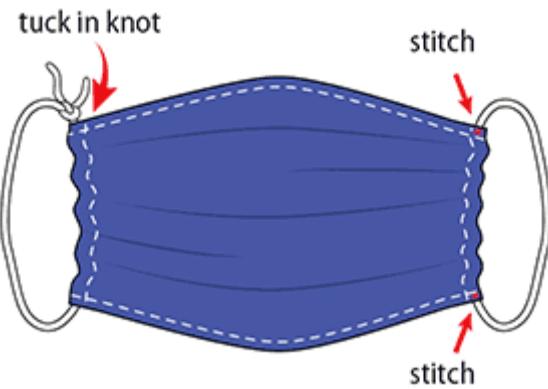
⁵ Centers for Disease Control and Prevention (2020). [Coronavirus Disease 2019 – Cloth Face Covers](#). Accessed on 21 April 2020.

⁶ Centers for Disease Control and Prevention (2020). [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#). Accessed on 17 May 2020.

3. Run a 15 cm length of 0,3 centimeter wide elastic through the wider hem on each side of the mask. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. If you only have string, you can make the ties longer and tie the mask behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the mask on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.



Safety

When working remotely, increasing reliance on the use of phone, internet, email services raises a number of concerns and dilemmas related to **safety and confidentiality**. When working remotely and contacting or providing support to survivors of violence over the phone, it is of the utmost importance to ensure the safety of both staff and survivors. Not respecting strict measures to ensure confidentiality and safety could put survivors at risk.

- ✓ Consider all the safety and confidentiality risks posed by the remote working modalities. Ensure continued safe storage of sensitive documentation.
- ✓ Consider the safety of making and receiving calls for staff, when working from home, as well as the safety of making and receiving calls for former residents when following up on their cases. There is a risk that conversations might be overheard and confidentiality breached.

Section 2: How to prevent and control infection in the shelters

Physical distancing measures, together with frequent hand hygiene and respiratory etiquette, are the main measures to prevent transmission of COVID-19.

Staff management

- ✓ **Inform and explain** about all preventive measures for COVID-19 to all staff. All staff should be aware and have a good understanding of these guidelines. Do regular refresher trainings and awareness raising, and provide updated information as the situation evolves.
- ✓ **Minimize people's access to the shelter to the strict minimum:**

- Particularly during the lockdown period, essential staff (care takers, guards, case worker, nurse, doctor, cook, and cleaner) should minimize back and forth travel to the shelters and consider working in shifts of 3, 4 or 5 consecutive days, while maintaining coverage of all critical posts.
- Working hours for office staff are to be in line with the government imposed curfews and regulations.
- On staff doctors should remain readily available for women and their children.
- Volunteers and part-time workers of the shelters should not visit the shelter and provide services

remotely if possible (for example, vocational skill trainers, etc.

✓ **Remote work:**

- As much as possible, and particularly for provinces under lockdown, office staff should work from home and limit attending the office to strict essential visits.
- Non-essential staff may go home and provide services over the phone as possible and relevant (for example, counselor/psychologist, legal officer, etc. can continue to provide counseling, information, etc. over the phone). When working remotely consider the safety risks for the staff, [see safety section below](#).
- Ensure all staff, and particularly caseworkers, have access to all the tools they need to continue to safely provide support, for example laptop, mobile phones, mobile phone credit. Liaise with donors as needed to cover the budget needs arising from the crisis.
- ✓ **Wear a mask:** It is mandatory for all staff to wear masks at all times, either regular face mask or home-made cloth mask (for more information on how to make and safely handle mask, [see section above on Facemasks](#)).
- ✓ **If unwell, stay at home:** Staff should be advised that if they develop fever or symptoms of respiratory infection while at work, they should immediately inform their supervisor, put on a face mask, if not already wearing one, leave the workplace, and self-isolate at home. They should be encouraged to seek medical attention, even if symptoms are mild.



grade fever (37.3 C or more). Sick people must not come to work. **Staff with family members who have COVID-19 symptoms should also be encouraged to stay home, isolate themselves and seek medical guidance.**

- **Implement flexible sick-leave policies** and to the extent possible flexible attendance policies (e.g., telework, staggered shifts).
- **Follow up on employees with unexplained absences** to determine their health status.
- **Employees who are elder, pregnant, and/or with health issues** are advised to stay at home as they are high risk. Management will advise when these employees are to return to work.

Procurement

- ✓ Consider developing a list of local vendors with full contact details to provide essential supplies, equipment and food.
- ✓ Purchase non-perishables food items and bulks of other items such as rice, oil, beans, flour, conserves and etc. to last at least for 4 months
- ✓ Prepare for extension of lockdown period and stock up on non-perishable food and essential supplies, medicine, dignity kits, soap, sanitizers, face masks (medical and simple cloth, medical only for those with symptoms). Essential items include: Dettol, disinfectant wipes and chlorine based bleach.
- ✓ Purchasing of any medicine and medical items at least for 4 months (paracetamol, cough syrup for productive or "wet" cough, antihistamines like cetirizine, digital thermometer, alcohol based hand sanitizers)
- ✓ Purchasing of all hygiene items for 4 months
- ✓ Purchasing of all detergent items for 4 months
- ✓ Purchasing preventative detergent for COVID-19 for 4 months
- ✓ Purchasing gas for kitchen and gas heaters for 2 months (1000 Kg)
- ✓ Purchasing enough fuel for generator (400 liter)
- ✓ Purchasing clothes extra clothes for women and their children (1 seasonal attire)
- ✓ Purchasing extra bedsheets

Finance

- ✓ Request funds from donor for 6 months, and any additional COVID-19 related expenses to be shared with donor for a 6 month coverage for approval.
- ✓ Contact donors to support with budget issues, with clear request of budget needs arising from the COVID-19 situation, as necessary.
- ✓ Transfer enough funds to all sub-offices for 4 months for projects operation cost.

- ✓ Sufficient funds kept in main office and provincial offices in case of emergencies. Organisations are responsible for determining the sufficient amount to be kept in each shelter.
- ✓ Properly managing and disinfecting physical cash. During this time staff will be encouraged to handle money properly due to cleanliness.
- ✓ Coordinating with banks to ensure the availability of bank services.
- ✓ Incorporating online banking practices for future transactions.
- ✓ All efforts will be made to ensure staff salary is processed on time.
- ✓ In case of bank closure, cash payment will be considered and properly recorded to assure compliance with donor requirements.
- ✓ Staff will be required to keep record of any out of pocket payment made for work purposes and will be reimbursed later.
- ✓ Donors will be notified of any adjustments in procurement procedures due to COVID-19.
- ✓ All external audits are temporarily postponed until further notice.

Limit Travel and Transportation

- ✓ Vehicles to be disinfected whenever used.
- ✓ Drivers are required to wear masks.
- ✓ Organisations should seek VIP card from the government to be able to move around during emergency cases.
- ✓ Continue to provide transportation to staff, especially essential staff who will continue to work.
- ✓ No more than 3 people per vehicle, until further notice.
- ✓ Vehicle will be maintained as usual.
- ✓ After use, the vehicles will be returned, to the shelter with a full gas tank for emergency purposes.
- ✓ Each shelter is to keep a Driver on-duty for emergencies during the night shift (one driver each night in rotation).
- ✓ Essential travel should be permitted only on governmental orders or through the leadership of the organization for the purpose of essential reintegration, urgent medical care, court cases, or staff traveling to or from home and work.
- ✓ Non-essential travel should be avoided at all times, including from the center to center.
- ✓ In all cases of travel there should be no more than three people in car, all should wear masks inside the car.
- ✓ In public, practicing social distancing (1.5 meters apart) **must be observed**.

Coming in and out of the shelter

- ✓ **Guards should ensure that any individual entering the shelter follow careful protocol procedures:**
 - **Signs and symptoms screening:** When possible, guards should screen staff and visitors for signs and symptoms of COVID-19 upon every entry before entering the facility, asking for symptoms of COVID-19 such as shortness of breath, fever, or cough. If no-touch thermometers are available, it may be appropriate to use them to actively take each person's temperature.
 - Employees and visitors exhibiting slight symptoms and/or have a temperature over 38C should not be allowed to enter the shelters and be advised on where to seek medical attention.
 - **Hand washing:** Washing hands with soap, or using hand sanitizer, at the gates is compulsory for all entering the premises, and before touching anything else.
 - **Mask wearing:** Wearing a mask is compulsory for all staff and visitors. They should be provided with one if they do not have one, or not enter.
 - **Equipment:** When bringing equipment, medicine or provisions, unpack the items in one place, carefully disposing off all packaging, clean the area, and wash hands with soap and water for 20 seconds again. They can then proceed to washing any washable provisions.
- ✓ **Minimize all movements in and out of the shelter:**
 - None of the resident survivors should go outside of the shelter during the lockdown period, unless for health care and other emergencies.
 - Extend stay for all current residents living in the shelter, at least until after lockdown is lifted.
 - Limit the children's access to places outside the WPC premises, i.e. schools, field trips, and visiting outside.
 - For provinces not under lockdown, minimize regular court cases and postpone any external travels until further notice. Negotiate with Courts, Police, Judiciary, Clients and their families if required and possible.
 - M&E monitoring visits should be postponed or stopped for the time until it is declared safe to travel
 - See section on **Visitors section** below.
- ✓ **Staff should respect all precautionary measures outside of the shelter:**
 - Staff should maintain a physical distance of at least 1.5 meter from others in public places

- Cover any cough or sneeze, frequently wash their hands, and avoid touching their nose, eyes and mouth.
- To the extent possible, avoid touching high-touch surfaces in public places (door handles, handrails). Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Clean all surfaces and equipment in your house, morning and evening and after every use.
- Wash your hands after touching surfaces in public places. Consider always carrying a small hand-sanitizer with you.
- Wear face masks in public places.

Visitors

Visitors should not be allowed to come to the centers, unless given special permission for an urgent requirement or for reintegration. If preventive measures cannot be respected because of lack of protective materials, visitors should not be permitted.

- ✓ All visitors should be screened for signs and symptoms or significant risk for COVID-19 including close contact to a confirmed case, and no one with signs, symptoms or close contact to a confirmed case should be allowed to enter the premises. This includes visitors for mediation process.
- ✓ A limited number of visitors who pass screening can be allowed for emotional care.
- ✓ Alternatives to in-person visiting should be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors. Such barriers should be cleaned after each visit.
- ✓ Before entering, visitors should be instructed about wearing a mask, washing their hands before entering and after leaving the shelter and keeping distance of 1.5 meter from residents.
- ✓ Visitors should be limited to one at a time to preserve physical distancing.
- ✓ Direct contact by visitors with residents with confirmed or suspected COVID-19 should be prohibited.

Cleaning

- ✓ Liaise with local government public health authorities on regular professional disinfection procedures for the shelters, if possible and affordable.
- ✓ **Ventilation:** All rooms and common areas should be ventilated daily. Keep the Shelter ventilated as much as possible.

✓ **Protection for cleaners:** Cleaners should wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consider using long sleeve gowns, goggles or face shield, and boots or closed toe shoes.

✓ **Clean AND disinfect** several times per day, and at least twice a day, surfaces and objects that are frequently touched, especially in common areas, using **detergent and disinfectant**. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., tables, desks, phones, doorknobs, light switches, handles, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).

✓ **Cleaning:** Visibly dirty surfaces should first be cleaned with a detergent (commercially prepared or soap and water), after that a disinfectant should be applied to kill the virus. Cleaning only will not kill the virus.

✓ **Disinfecting:** Cleaners may use a diluted concentration of 5% concentrated liquid bleach – only – to disinfect the environment. Use 1 cup of liquid bleach in 9 cups of water. For 2% bleach, use 3 volumes of bleach in 7 volumes of water.



After the bleach has been allowed to remain in contact with the surface for at least 10 minute, it may be rinsed off with clean water. It is not encouraged to use Dettol as a disinfectant. Solution with at least 70% of alcohol can also be used.

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners

- indicated for use on these surfaces. Soap/detergent and water, can be used to clean if applied more than 20 seconds, then use 70% alcohol based solution to disinfect.
- When use of bleach is not suitable, e.g. telephone, remote control equipment, door handlings, buttons in the elevator, etc. then **alcohol 70% can be used**.
 - ✓ **Shared equipment:** Staff should clean shared equipment several times per day and based on the amount of usage (e.g., radios, service weapons, keys, handcuffs).
 - ✓ **Bathroom:** All surfaces of shared toilets must be cleaned and disinfected several times a day, particularly toilet seats, sink, tap, buckets, mugs, door knobs.
 - ✓ **Laundry:**
 - Machine washing with warm water at 60–90°C (140–194°F) with laundry detergent is recommended. The laundry can then be dried according to routine procedures.
 - If machine washing is not possible, linens can be soaked in hot water and soap in a large basin using a stick to stir and being careful to avoid splashing. After removing form the basin, please use a chlorine based detergent to soak for 30 minutes before rinsing with clean water, and let the linens dry fully in sunlight.
 - ✓ **Washing dishes, silverware, and table linen:** The usual procedures should be used.

Preventive measures:

- ✓ Make provisions for all preventative measures:
 - Every room should contain Alcohol-based hand sanitizer or facilities to wash hands with soap and water, particularly at the entrance of the shelter as well as masks, tissues and appropriate waste disposal (no touch closed receptacle or bin)
 - All bathrooms should contain large bottles of hand soap and paper towels for hand washing. Shelter in-charge are responsible for making sure that the bathrooms always have hand soap and paper towels in them.
 - Staff and residents should wash their hands every hour (even more if they need to) – hands should be washed at least 10 times a day.
- ✓ Consider checking on each resident on a daily basis for the development of a fever (≥ 38 C), cough or shortness of breath.

Physical distancing in the shelters

Physical distancing in the facility should be instituted to reduce the spread of COVID-19. It is important that all staff and residents keep a distance of 1.5 meter from each other:

- ✓ **Adapt activities to reduce direct contact with no more than 5 residents at a time.**
- ✓ All meetings of more than 5 people are not allowed until further notice. Meetings should be organized outside as much as possible and should not be conducted in small and confined space. All meetings need to strictly adhere to the physical distancing rule.

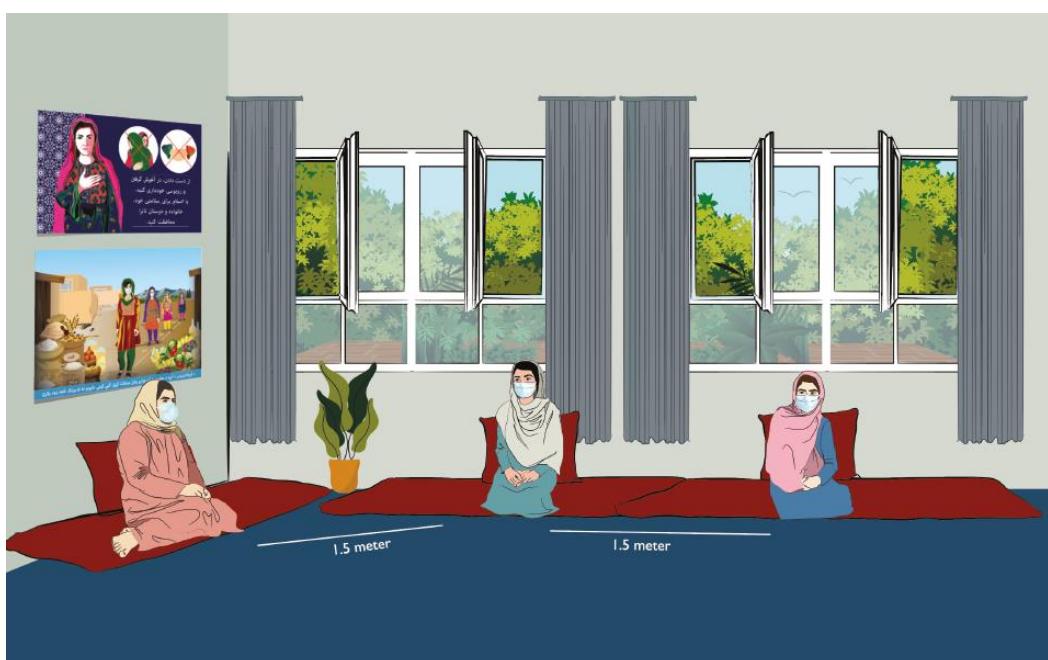


Illustration: UN Women / Zarina Faizi

- ✓ Always ensure physical distance of 1.5 meter between all people in the shelter (whether residents or staff) during activities and meals.
- ✓ For group activities ensure physical distancing, if not feasible cancel group activities.
- ✓ Stagger meals to ensure physical distance maintained between residents or if not feasible, close dining halls and serve residents individual meals in their rooms.
- ✓ Require residents and employees to avoid touching (e.g., shaking hands, hugging, or kissing).
- ✓ Residents must not share beds; each resident must have a separate bed. If required put additional mattresses on the floor in the office room or any administrative room. Make sure that mattresses are at least 1 meter apart and residents sleep head to toe.
- ✓ As much as possible, put residents in different rooms, using for instance office and administrative rooms. Alternate space should have all provisions for

her and her accompanying children's basic care and essentials, such as bed, drinking water, food, dignity kits and some items to keep them entertained/ engaged.

Limit sharing of items and objects

- ✓ All residents must use separate towels from other household members, both for drying themselves after bathing and for drying hands after every wash with soap and water. All towels must be thoroughly dried after each use and washed with detergent regularly.
- ✓ Residents must not share bedsheets, clothes with each other and must not store their clothes and other belongings together.
- ✓ Restrict sharing of personal devices (books, electronic gadgets) with other staff or residents.
- ✓ Residents should not share plates or silverware.

Section 3: Information to be shared with all staff and residents

- ✓ The COVID-19 Focal Point should ensure that weekly information sessions with updates and refreshers are provided to both staff and residents on the following information:
 - **Inform and explain about COVID-19, its symptoms and its transmission** (see [Annex about COVID-19](#))
 - **Update them regularly** with new information and clarify their questions or doubts using verified information from government, local health authorities and WHO sources.
 - **Provide updates on the lockdown and the situation in the province and in Afghanistan**
 - **Hand hygiene** means regularly and thoroughly clean hands: Staff and residents should wash their hands every hour (even more if they need to) – hands should be washed at least 10 times a day. Wash your hands often with soap and water for at least 20 seconds, especially:



Illustration: UN Women / Zarina Faizi



Physical Distancing means that all staff and residents should maintain a distance of 1,5 meter from everyone. It also includes refraining from hugging, kissing, or shaking hands between residents and staff.



- ✓ **Wearing masks and how to handle masks** (see section How to put on, adjust and remove a face mask, to minimize risk of contamination of the mask)
- ✓ **Inform and explain about all preventive measures for COVID-19 to all survivors and staff residents, including guards.**
- ✓ **Children Awareness Raising Session:** Children should receive a child-friendly COVID-19 training consisting of:
 - A brief orientation concerning the current pandemic situation. This session should share minimal information that does not aggravate or elicit panic amongst the children. However, the children need to understand why their visitations with their mothers, outdoor activities, as well as school attendance has temporarily stopped.
 - A training on hand washing, respiratory etiquette, physical distancing during this time as well as to identify COVID-related symptoms and notify staff if they are feeling ill (have a cough, fever, and/or experiencing shortness of breath).
 - [Resource to explain COVID-19 to Children](#)
- ✓ Re-assure clients that support services will still be available in some capacity, even if the modality changes, and that they will not be alone. Be careful to listen to their fears, questions, suggestions, as well as what will work best for them.
- ✓ Explain to all residents, including staff that they must report fever, coughing, sore throat, headache or general malaise immediately to the shelter in-charge, for their own wellbeing and of other residents.
 - Reassure them that they will not be expelled from the shelter home if they develop symptoms and that you will make arrangements for their proper care and treatment as per advice of health workers/hospital.
 - Reassure them that they will be supported throughout the whole process by the shelter staff and receive the best care possible.
 - Reiterate that most persons with COVID-19 will likely have mild symptoms and not require hospital care.
- ✓ Frequent reminders to all residents about hygiene measures must be given and new survivors must be given orientation on these measures.
- ✓ Explain to all residents and staff the measures that will be taken if any one of them shows symptom of COVID-19 ([Please refer to section 5 below](#))

- ✓ Residents might have anxiety and questions related to COVID-19 and lockdown or about newcomers coming to the shelter. Provide them with correct information based on verified news about the situation and provide regular counseling to build confidence and trust.
- ✓ Reassure them about all the preventive measures put in place, including for newcomers, to minimize risk of contracting the infection.
- ✓ Ensure and encourage access to psycho-social counselling.
- ✓ Regarding **breastfeeding**, it should continue even if the mother or the child is suspected or confirmed to have COVID-19, with proper hand washing and mask wearing or face covering. More information about breastfeeding in times of COVID-19 can be found [here](#).

Section 4: New admissions into shelter conditional on WHO approved testing and/ or 14 day self-isolation

Shelters should not accept new admissions unless the woman and her accompanying children have all been tested and/or have completed 14 days self-isolation. Together with partners, UN Women and Colombo Plan are exploring ways that women who require residential shelter due to violence can safely self-isolate, and/ or that women and children requiring shelter services can undergo a WHO approved test.

- ✓ It is important to note that temperature check does not constitute a reliable COVID-19 test, since people carrying the virus may not show symptoms, including fever. The use of paracetamol and other pain killers can also mask the fever symptom.
- ✓ For new admissions, follow the usual admission protocol, and inform them about COVID-19 and the prevention measures put in place in the shelter ([see Section 3](#)). Ensure that children are provided with child-friendly information. Ensure that all preventive measures for entering the shelter are respected ([see Section 1](#)), particularly washing hands before touching anything else in the shelter.
- ✓ As a precautionary measure, it is **mandatory** that any newcomers and accompanying children **who have not been tested** be put in self-isolation for a period of 14 days.
- ✓ They must be provided all care while maintaining preventive measures, from a distance, even if they do not appear to be sick or have any symptoms of COVID-19.
- ✓ Even though you may be worried about a current resident or newcomer spreading infection in your shelter, be kind, respectful and responsible towards

the survivor. Give her every care while maintaining all steps of prevention.

Preparations of the isolation rooms

Isolation should only be an option if it can be strictly and safely put in place, for both residents and staff. Partners should seek the support of local health authorities for guidance on setting up and managing isolation. It is critical to ensure enhanced physical distancing, mask wearing, hand washing and cleaning and disinfecting protocols for rooms and people in isolation rooms.

- ✓ The isolation rooms should be at good distance from other rooms, and all protocols related to physical distancing, hand washing and mask wearing should be adhered to. Enhanced cleaning protocols should be put in place daily in the isolation rooms.
- ✓ As possible, two separate isolation rooms should be set, one for newcomers and one for suspected cases.
- ✓ Prepare at least one room for 14-days isolation for any new comers or residents with mild symptoms of COVID-19 who cannot be taken care of in quarantine centers.
- ✓ It should be avoided to put newcomers and residents showing mild symptoms in the same room.
- ✓ Office spaces or other spaces not usually used can be considered, if properly arranged with lights, beds and entertainment materials.
- ✓ Alternate space should have all provisions for her basic care and essentials, such as bed, drinking water, food, dignity kits and some items to keep her (and any accompanying children) engaged.

- ✓ Home-made partitions and curtains can be used to separate residents.
- ✓ Equip the isolation rooms with all necessities you usually provide to all residents and provide additional materials for their entertainment and to keep them (and any accompanying children) occupied (books, boys, games, handicraft materials, colors, and paints, paper). These materials need to be regularly disinfected with chlorine-based surface cleaners.
- ✓ Allow the survivor to keep her mobile phone, or provide one, so she can communicate with the psychosocial counselor (after explaining rules for their safety while using mobile phone). Phones should also be cleaned.
- ✓ Make sure to provide food and medicine in separate cutlery and crockery not to be used by any other clients.
- ✓ It is advisable that any person in isolation for 14-days should have a separate toilet to reduce chances of transmitting any infection.
 - If not possible, toilets should be disinfected after the use by residents in isolation (and any accompanying children).

Step 1: Provide survivor with all the orientation and welcome messages as you usually do and add the following:

- ✓ Explain to the newcomer that they are welcome at the shelter and because of the ongoing COVID-19 epidemic you will need her to take some protection measures. Reassure her that whatever her responses are, she will receive care and not be sent away.
- ✓ Explain that, as a precautionary measure, she (and any accompanying children) will need to stay in a separate room for 14 days, whether she is showing symptoms or not, irrelevant of her travel history. Explain that this is a rule put in place for all newcomers, and not just her.
- ✓ Explain that she will receive all services of the shelter, accommodation, food, dignity kits (and any other items you usually provide to all survivors)
- ✓ Inform her about the special arrangements made for her (and any accompanying children) to be engaged and entertained while in isolation (access to a mobile phone and access to psychosocial counselling by phone).
- ✓ Explain all the information about COVID-19 from the guidance notes attached to this protocol and clarify any questions she may have.

- ✓ Explain to her the rules for her safety while using mobile phone. Let her know that the psychosocial counselor will contact her on the mobile phone.

Step 2: Fill your usual intake form and also ask the survivor and any accompanying children the following questions:

1. Have you or anyone in your family travelled recently?
 2. Have you been in close contact with someone who has displayed symptoms of COVID-19?
 - a. If positive, Refer to Section 5 for guidance
 3. Have you had any COVID-19 symptoms?
 - a. If positive, Refer to Section 5 for guidance
- ✓ During the 14 days of isolation, if the new resident (or any accompanying children) develop symptoms related to COVID-19. Please follow all instructions as given in **section 5: What steps should be taken if a resident shows symptom of COVID-19**.

Taking care of residents during isolation

- ✓ Please communicate to the survivor in isolation and all other resident survivors and staff that residents in isolation must be treated with respect and dignity. The isolation and other precautionary measures should not be an excuse for ill-treatment of the survivors in isolation.
- ✓ During the period of 14 days of isolation, make a plan for provision of care services and daily routine for the new resident (and any accompanying children)
- ✓ Make arrangements for case management, information sharing and psychosocial support through phone.
- ✓ Provide psychosocial counseling by phone at least once per day (using her own mobile phone or mobile phone provided from shelter home that she can use during her 14-day isolation).
- ✓ Survivors kept in isolation rooms be provided with a mobile when necessary so they can communicate with the psychosocial counselor and supportive family and friends, (after explaining rules for their safety while using mobile phone). You may need to support them with recharging their mobile data.
- ✓ All meals should be provided to the new resident at the door to her room. You may leave the meal on the floor by the door and inform the new resident to collect it. After she finishes her meal, she should clean the utensils with detergent and return at the door step. Staff or other resident responsible for kitchen can take the utensils and clean them with a

- detergent again, dry them and then wash their hands.
- ✓ Staff of the shelter and other residents should communicate with the resident and include her in conversations from outside her door. If new resident does not have any symptoms you can also keep the door open and speak with her from outside her door and while maintaining sufficient physical distance of 1.5 meter. Find creative ways to keep the resident engaged and included even from afar.
 - ✓ After the resident successfully completes 14 days in self-isolation and does not develop any symptoms,
- welcome her back into collective activities and spaces of the shelter. Integrate her fully in all the activities of the shelters, while maintaining all prevention measures for all residents.
- ✓ Before her integration, speak to all the other residents and prepare them for her integration into the collective space and activities. Reassure them that she has successfully completed 14 days of prescribed isolation and as per government guidelines she (and her children) do not need to remain in isolation.

Section 5: What steps should be taken if a resident shows symptom of COVID-19

Early identification, isolation and care of COVID-19 cases is essential to limit the spread of the disease in the shelters. Residents should be encouraged to disclose any symptom, and ensured that they will receive appropriate care and be taken care of during the whole process. Resident who displays symptoms of cough, fever ($> 38C$), fatigue and breathlessness may need to be taken to a health facility for testing and appropriate care, based on the advice of health authorities. **In case of symptoms, even mild symptoms, if testing is not available, residents should be placed in isolation, as a precaution.** Options are being explored to provide safe spaces for women in quarantine and that women and children requiring shelter services can undergo a WHO approved test.

- ✓ It is critical that the shelter establishes prior contacts with local authorities and child protection to identify healthcare facilities and procedures for residents to receive care as appropriate and advised by health authorities.
- ✓ If a resident displays and discloses symptoms, it is critical to ensure enhanced physical distancing, mask wearing, hand washing and cleaning and disinfecting protocols.
- ✓ Enhanced cleaning and disinfection of the whole shelter should be conducted straight away.
- ✓ Relevant health authorities should be kept informed of the shelter situation for help if necessary.
- ✓ Any resident who displays symptoms of cough, fever ($> 38C$), fatigue and breathlessness could possibly

have COVID-19. Remember that just because a resident shows symptom of COVID-19 does not mean they have COVID-19. Only a proper WHO approved test at the hospital can confirm this.

- ✓ Explain to them that their symptoms suggest that they might have COVID-19, and that you will inform the health authorities.
- ✓ Ask them if they are pregnant or have any pre-existing health condition (heart, lungs, diabetes, cancer, asthma and repetitive infections) and note if they are particularly undernourished.
- ✓ If a resident shows symptoms of COVID-19, notify the COVID-19 Focal Point who should alert shelter management, local health authorities and donors.
- ✓ WHO recommends that COVID-19 patients be cared for in a health facility to the extent possible, in particular patients with risk factors for severe disease which include age over 60 and those with underlying comorbidities e.g. obesity, high blood pressure, diabetes. A clinical assessment is required by a medical professional with respect to disease severity, for the resident to be transferred to a health facility with the capacity to treat COVID-19. All preventive measures must be ensured when residents are transferred to a health facility.
- ✓ Other residents who have been in close contact with the person should also be considered, particularly those staying in the same room.
- ✓ **Based on the guidance of the health authorities,** they may need be taken to a health facility for testing and appropriate care. In the meantime:

- If not already wearing a mask, give them and other residents who have been in contact, a face mask to wear right away and demonstrate how to wear it and take it off, ensuring that they wash their hands first. **See section 1** on how to make and handle face masks.
- Move the suspected case with accompanying children into a separate room for self-isolation immediately, following **enhanced physical distancing, mask wearing, respiratory etiquette and hand washing**.
- Reassure them that you will take all measures to take care of them.
- Explain that COVID-19 is highly infectious but the majority of infected persons recover without medical intervention. But it is important to be kept safe and in isolation until they recover and are tested negative for COVID-19.
- ✓ Follow advice of doctors from the health facility and inform your managers/head of organization for support and necessary action.

If health authorities advises that resident and her accompanying children should be taken care of in health facility (hospital, clinic or quarantine center), follow the following steps:

With the hospital

- ✓ In consultation with the hospital, arrange for safe transportation of the resident to the health facility.
- ✓ With the survivor's agreement in writing on releasing information about her health updates, inform hospital that you would like regular updates about her progress. Keep close follow up of her progress at the health facility.
- ✓ Ensure safety and security at the health facility by speaking to available authority highlighting the needs of the survivors and support required, while ensuring respect and confidentiality.

With the affected resident:

- ✓ Explain to the resident(s) that they will be admitted at the health facility/hospital/quarantine center for addressing their symptoms related to COVID-19.
- ✓ Explain to them that their test result should take a couple of days and if they test negative, you will arrange to bring them back to the shelter. And if they test positive, they will be kept in the hospital in isolation until they recover, which can take up to several weeks. Help them understand that isolation means that they cannot have any visitors and only

health workers will be allowed to meet with them to provide appropriate care.

- ✓ Reassure them that you will follow up with the health facility to check on their status.
- ✓ Ensure that they can reach support services:
 - If they wish to call a trusted friend or family member please facilitate that.
 - Let them go to the health facility with their mobile phone and charger (if any) or provide one if they do not have one. Give them your phone number in case they need to reach you, under a code name that does not reveal that this is related to violence. **If they don't have a phone, provide them with one.**
 - Provide them with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. They may store the number under a code name, or you may print tiny cards that can easily be hidden, and do not reveal numbers are for services related to violence.
 - Show them how to erase any trace of phone calls, texts and messages.
- ✓ When following up with the resident, follow guidance on remote service provision, particularly making sure she is safe to speak freely.
- ✓ Let the resident ask and clarify any questions they may have about the process. Provide them clear information based on government health advisory only. If you do not know the answer to their question let them know you will find out and let them know.
- ✓ Please note that if the resident with symptoms is accompanied by their child or children, they may also be taken to the hospital. They will also be admitted and kept in isolation with the mother so that infections are not passed on to them from any infected person. Please provide age-appropriate information to the children as well, for instance using this resource to explain COVID-19 to Children.
- ✓ Make sure that both the resident and her child/children receive counseling from your counselor before they are sent to the health facility.
- ✓ Referral to local authorities might require sharing the residents' personal information. Please ensure mother and children safety needs are communicated with confidentiality of their case history.

With the rest of the residents:

- ✓ Inform all the residents in a factual and calm manner what has been decided in consultation with the hospitals. Explain to them that all measures will

be taken to continue to keep the shelter and all residents protected from infection. Repeat information on prevention measures and ask residents to report any symptoms of symptoms of cough, fever and breathlessness.

- ✓ If the resident tests positive
 - All personnel and residents with a history of physical contact with the resident should be isolated for 14 days.
 - If they develop any signs during that period, they should be tested and receive medical care.
 - Other residents who have no history of contact with the positive case should be advised to do enhanced physical distancing and hand washing, and encouraged to disclose any signs, and be put in isolation if they develop any sign.
- ✓ Once the resident has been moved to the health facility, immediately and fully clean and disinfect the room where she was staying and the entire shelter. Clean all surfaces as advised above and ensure all residents practice all hygiene measures.

If the hospital discharges her because she tested negative for COVID-19 / has been treated:

- ✓ Welcome her back and include her in all the activities of the shelter as per usual, while maintaining preventive measures.
- ✓ Residents and accompanying children should only be welcomed back in the shelter after being cleared by medical authorities and tested for COVID-19 negative twice in 48 hours, to ensure that they are no longer contagious. If only tested negative once, the resident(s) should be put in isolation for 14 days.
- ✓ Provide them with all usual care services, including psychosocial counseling.

Section 6: Safety plans for when survivors leave the shelter

In crisis situation, safety planning is particularly critical. A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, after a survivor leaves or in the reintegration process. It is important to prioritize early safety planning and regular follow-up with particularly vulnerable clients. Survivors of violence should be supported to prepare for situations of quarantine, lockdown, or “shelter-in-place”. Stigma affecting survivors of violence, particularly residents of shelters, and people who have contracted COVID-19 should be considered.

If the hospital advises that resident should be kept at the shelter under self-isolation, follow the following steps:

- ✓ Explain that she (and any accompanying children) will need to stay in a separate room for 14 days. Resident(s) should be placed in a room for suspected cases, separate from newcomers.
- ✓ Explain that she will receive all services of the shelter, accommodation, food, dignity kits (and any other items you usually provide to all survivors).
- ✓ Inform her about the special arrangements made for her (and any accompanying children) to be engaged and entertained while in isolation.
- ✓ Explain all the information about COVID-19 from the guidance notes on COVID-19 above and clarify any questions she may have.
- ✓ Explain to her the rules for her safety while using mobile phone. Let her know that the psychosocial counselor will contact her on her mobile phone. Guide her to save the phone number of the counselor on her mobile phone. If she doesn't have a phone, provide her a phone.
- ✓ Residents with similar symptoms can share the room if required but must maintain at least 1.5 meter distance from each other and practice all measures of prevention.
- ✓ Provide enough fluids, and medication if any as advised by the doctor/hospital.
- ✓ Monitor symptoms of the resident for any changes in symptoms such as fever or difficulty in breathing.
- ✓ Keep doctor/hospital updated and follow their advice if symptoms develop during the 14 days of isolation
- ✓ Follow guidance under [Section 4 on Taking care of residents under isolation](#).

- ✓ Consider reaching out more often to reintegrated cases and reaching out to women who have left the shelter in the last years, as they may face increased risks with the COVID-19 situation.
- ✓ If residents are to be re-integrated make sure their home environments are safer both health wise and relationship wise for them to be under lockdown. If it is not safe, accommodate in the shelters until issues resolved.
- ✓ Residents should not leave the shelter during the lockdown except for medical emergencies.
- ✓ If reintegration of clients is to take place or if the clients are to leave the WPC by any means, inform all relevant authorities such as MoWA or DoWA and Police as is usually done in the centers.
- ✓ Prepare safety plans with all survivors when they leave the shelter to ensure continuity of care in normal circumstances.
- ✓ Help your clients to prepare for the possibilities:
 - Do they have someplace safe to stay that is not with the abuser?
 - If not, are there any steps they can take to help minimize harm at home? For instance, ways to reach out for help safely within the house, identifying a neighbor they can seek help from, planning for an emergency escape, staying in a room where other people are.
- Provide them with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. If they have phones, they may store the number under a code name, or you may print tiny cards that can easily be hidden, and do not reveal numbers are for services related to violence.
- Brainstorm ways that they can safely call for help and access support.
- Explore ways that they can plan with their neighbors to signal that they need help.
- ✓ Include plans for their safety should there be a possible repeat of lockdown in the future.
- ✓ Include plans for safety for survivors who leave for hospital for COVID-19 related testing or treatment.
- ✓ Include plans for safety of survivors should they be moved to a quarantine facility at any stage.
- ✓ Make sure to provide mobile phones to survivors and share phone numbers of counselors, case managers and helpline that will be available to provide remote support and any local shelter providers. Show them how to erase any trace of phone calls, texts and messages.

For more information and guidance about safety planning, information can be found [here](#), in English.

Section 7: Self-care for staff and residents

- ✓ Infection prevention and control activities may affect the mental health and well-being of residents and staff, especially the use of personal protection equipment (PPE) and restriction of visitors and group activities.
- ✓ Residents and staff should be encouraged to access psycho-social counselling.
- ✓ Organize small group sessions with the shelter psychologists for staff, residents and their children, following all preventive measures of physical distancing and mask wearing.

Residents and staff

- ✓ You can adopt some simple techniques to manage your stress levels by developing a daily routine and focusing on basic needs: take adequate rest, eat nutritious meals on a regular schedule, exercise regularly, practice deep breathing, and remain connected with family and well wishers. Talking to people you trust can help.

- ✓ If you or any of your family members need to speak with a counselor, contact the counselor of the shelter or any other on your list of referrals.

Shelter staff:

- ✓ As a shelter service provider addressing violence against women, remember that it is natural to feel sad, stressed, confused or angry during a crisis and as you attend to the needs of survivors during the COVID-19 outbreak.
- ✓ If any of your family members is tested positive for COVID-19, practice all measures described above and in the guidelines. If you need to take leave to attend to your family member's wellbeing, speak with your supervisor and plan a replacement.
- ✓ If you or any of your family members need to speak with a counselor, contact the counselor of the shelter or any other on your list of referrals.

Shelter management:

- ✓ Put systems in place to ensure that staff are getting the support they need and to prioritize this as the outbreak continues. This could include:
 - Ensuring and encouraging staff and residents' access to psycho-social counselling.
 - Creating space to ask staff about their concerns, their needs, and their ideas for moving forward. Give time to talk freely, whether about work, or the situation more generally. Do this at every stage of the outbreak, whether in-person or continuing remotely.
 - Observing good hygiene protocols; work to reduce risk.
 - Sharing resources for managing stress and maintaining emotional wellbeing.
 - Ensuring that staff have phone numbers and information about support services that are available to them.
 - Checking in regularly by phone or WhatsApp as a form of emotional support. Creating chat groups or other relevant ways for staff to connect and support each other.

Checklist

- A multidisciplinary planning committee or team has been created to specifically address COVID-19 preparedness planning, with a designated COVID-19 focal point in charge of coordinating COVID-19 management, liaising with health authorities and monitoring public health information, country and province situation, and the situation in the shelter.
- Coordinate with local public health officials to receive the most up to date information, and have plans in place in case of cases in the shelter. This should include:
 - Find out focal point's contact number for the provincial Ministry of Public Health and Ministry of Labor and Social Affairs to remain updated on COVID-19 related information and recently enforced government policies and procedures.
 - Find out addresses and phone numbers for the nearest clinic, hospital or quarantine center authorized for COVID-19 and contact them to get all information and make arrangement for any transport from shelter to health facility.
 - Identify safe transport options for transport from shelter to the health facility (local ambulance phone number).
- Organize trainings and regular refreshers for all staff about the guidelines, with specific training for cleaners and guards.
- Organize weekly information and refresher sessions for residents and staff to update them about the situation, help them understand the implications of, and basic prevention and control measures for, COVID-19, including:
 - Signs and symptoms of respiratory illness, including COVID-19.
 - How to monitor residents for signs and symptoms of respiratory illness.
 - How to keep residents and staff safe (proper hand hygiene and proper use of face masks). Training should include demonstrations and be regularly conducted.
 - Staying home when ill.
- Put in place hygiene practices as per section 3 and 4, including frequent cleaning of high-touch surfaces, bathrooms, and shared resident and staff equipment (at least once a day, multiple times a day if possible); frequent hand washing; maintaining distances; protocols for coming and out of the shelter (see section 1).
- Ensure that all staff are wearing masks when in the shelter, following guidance on how to handle masks.
- Ensure signs and symptoms screening and hand washing before entry in the shelter.
- Informational materials (e.g., brochures, posters) on COVID-19 (symptoms and prevention measures) and relevant policies have been developed or identified for residents. These materials are language and reading-level appropriate, including for children.
- Ensure availability of alcohol-based hand sanitizer/hand-washing stations, masks, tissues and no-touch receptacles in every room.
- Weekly audit prevention and mitigation measures in the shelter and provide feedback to staff.
- Stock up on non-perishable food and essential supplies, medicine, dignity kits, soap, sanitizers, face masks for at least 4 months. Consider developing a list of local vendors with full contact details to provide essential supplies, equipment and food.

References:

- This guidance note was adapted from the Protocols for shelter homes operating during lockdown and COVID-19 pandemic developed by the National Women's Commission Nepal and the World Bank and Colombo Plan Afghanistan COVID-19 Infection Prevention and Control (IPC) Guidelines.
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- WHO, [Q&A on coronaviruses \(COVID-19\)](#). Accessed on 16 April 2020.
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Annex – Information about COVID-19⁷

What is a coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus which causes coronavirus disease is known as COVID-19.

What is COVID-19?

COVID-19 is an infectious disease caused by a newly discovered coronavirus. The outbreak of COVID-19 was first reported in Wuhan, China on December 31, 2019, and has since spread to 170 countries globally.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are:

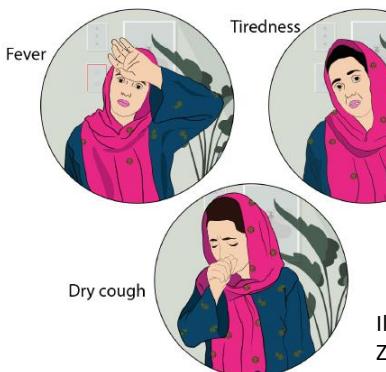


Illustration: UN Women / Zarina Faizi

- Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually.
- It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill.
- Some people become infected but don't develop any symptoms and don't feel unwell.

People with fever, cough and difficulty breathing should seek medical attention.

Consequences of COVID-19

- Most people (about 80%) recover from the disease without needing special treatment.
- Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.

Vulnerability to COVID-19

- People of all ages and health statuses are susceptible to COVID 19.
- Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

⁷ WHO, Q&A on coronaviruses (COVID-19). Accessed on 16 April 2020.

How does COVID-19 spread?

- ✓ People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground.
- ✓ People can catch COVID-19 if they breathe in these droplets from a person infected with the virus.
 - This is why it is important to stay at least 1.5 meter away from others.
- ✓ These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.
 - This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.
- ✓ Many people with COVID-19 experience only mild symptoms. This is particularly true in the early stages of the disease. It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill. Some reports have indicated that people with no symptoms can transmit the virus.

What can I do to protect myself and prevent the spread of disease?

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with soap and water or an alcohol-based hand rub.
 - **Why?** Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands. Soap and water will dissolve the virus just as it dissolves grease on your hands or utensils.
- Maintain at least 1.5 meter distance between yourself and others, particularly with anyone who is coughing or sneezing.

- **Why?** The virus is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 1.5 meter), through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is important to keep distance with everyone since recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.⁸
- Avoid touching eyes, nose and mouth.
- **Why?** Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good **respiratory hygiene**. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- **Why?** Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home or isolated if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
- **Why?** National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

[Resource to explain COVID-19 to Children](#)

⁸ Centers for Disease Control and Prevention (2020). [Coronavirus Disease 2019 – Protect Yourself](#). Accessed on 21 April 2020.