CCCM Operations Guidance for COVID-19
CCCM Cluster Somalia
March 17, 2020

CCCM partners in Somalia play a critical role in administering site-level coordination which feeds up to the national level. As a result, it is imperative that CCCM partners are equipped with guidance in order to continue site-level activities supporting displaced with the ongoing COVID-19 pandemic. The objective of this document is to provide recommendations for activities and practices that CCCM partners should be engaged in as part of an overall response to the COVID-19 outbreak and redirect their approaches and support activities in situations of restricted access to operating locations.

What Partners can do right now
Ensure that field staff are fully informed of the virus, hand washing and social distancing practices; interaction and discussion with those living and working in the camps, contacts of focal persons with regards to questions, the national protocols as well as specific referrals pathways.

Particular care should be exercised with messaging to ensure that COVID-19 does not lead to exclusions of the most vulnerable or stigmatization of individuals or marginalized groups.

As camp management operations involve direct engagement with IDPs and local communities, it is vital that partners take all precautions possible to ensure that staff do not increase risks of transmissions and exposure to the virus. In locations that report active community transmission, ensure that if staff feel unwell should stay home. Staff who have fever, cough and difficulty breathing should be advised to seek immediate medical attention. See below some important links for information with ***"additional key messages and IEC information will be provided to partners on a rolling basis"***.

WHO'S COVID-19 page : https://www.who.int/emergencies/diseases/novel-coronavirus-2019
Sphere Standards related to COVID-19: https://spherestandards.org/coronavirus/
Risk Communication and Community Engagement Action Plan guidance (16 Mar): https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
WHO IEC Material on COVID-19 for beneficiaries (attached)

What to do first?
- o Assess the demographics of the site population against the high-risk groups as identified per WHO guidance. Older persons, infants and those with pre-existing medical conditions are more vulnerable to COVID-19.
- o Map, assess, identify gaps and prioritize planned activities in consultation with site committees and other service providers. Share and clearly informed all stakeholders of the prioritization criteria.
- o Map available services, nearby hospitals or clinics and referral pathways, ensuring all field staff and communities have access to relevant contacts and information.
- o Discuss with service providers and local authorities on contingency planning and on scaling up WASH and health services in the sites, especially for high risk populations.

Partners should come up with plans to continue their engagement in CCCM activities with a potential scaled back team in line with the regional-level contingency plans.

What are our responsibilities as CCCM Partner in relation to COVID-19 preparedness and response?

Our core responsibilities do not change. In this context, CCCM emphasis will be on the below responsibilities of the cluster:

Community Engagement, Communication and Mobilization
Do continue to engage communities in assessing risks, monitoring, reporting mechanism, planning and implementing mitigation measures.
Do establish block and zone focal points, set up monitoring teams, as well as those who will be checking up on the vulnerable/high risk population - provide training on COVID-19 and key messages
Do work as a cluster to agree on key messages as well as contextualized and translated IEC material, coordinate with health actors to ensure delivery of harmonize messages.
Do share situation updates, regional contingency plans, and site-level planning process and progress, as well as emergency contacts and procedures.
Do utilize diversified methods to spread messages, such as IEC materials and announcements through CMC members/camp focal points rather than door to door or mass campaigns.
Do inform IDPs what to expect if they are feeling sick.
Do monitor and actively counter negative rumors or misinformation that may harm individuals or groups living within the sites.
Do report back to the cluster on what sites have been successfully reached with community engagement and messaging in regard to the COVID-19 outbreak.

Referral Pathway and National Protocols

Do ensure that displaced community are aware of the national plans and protocols the COVID-19 outbreak.

Do ensure that contacts and referral pathways are clearly communicated to all site population and partners and made publicly available in the sites and surrounding areas.

Site Improvement and Maintenance

Do coordinate with WASH actors to ensure sufficient handwashing facilities with soap and water (and resupply) are available for populations (if possible, in communal facilities within the site)

Do consider increased cleaning/ hygiene measures for communal facilities.

Do consider increasing the number of garbage bins (or more frequent emptying) at reception points.

Do continue normal site maintenance activities unless a known outbreak has been reported in your respective region.

How do we work with Camp Management Committees when we can't gather?

The Modality of working with committees inside camps will have to be re-evaluated to minimize group gatherings.

- o Set limits of the number of people that can be in a single meeting. Where possible and practical explore technology-based options as alternatives (such as phone calls, SMS, WhatsApp etc) to meetings.
- o Have contact points within the CMCs that partners can remotely pass messages to the community and remotely monitor services and overall conditions within the site. Assure that CMC members are trained and able to carry out activities such as service and site monitoring in addition to information sharing with the community members.
- o Ensure handwashing of all attendees upon entrance to essential meetings
- o Organize training of committees on COVID-19 and the sharing of key messages (in small groups).

How do we engage and support local authorities in making contingency plans for the sites?

It is vital that CCCM partner advocate for displacement sites to be included as part of the national and local contingency planning process and considerations.

In addition, some of the key points to discuss and consider together with the displaced and host communities, service providers, as well as local and national authorities will include:

- o Prioritization for scale-up of WASH and health services in high-risk areas.
- o Special measures for high-risk population groups such as the elderly and infants.
- o Advocate for additional mobile health clinics in the area
- o Limit number of IDPs that access distribution points at one time