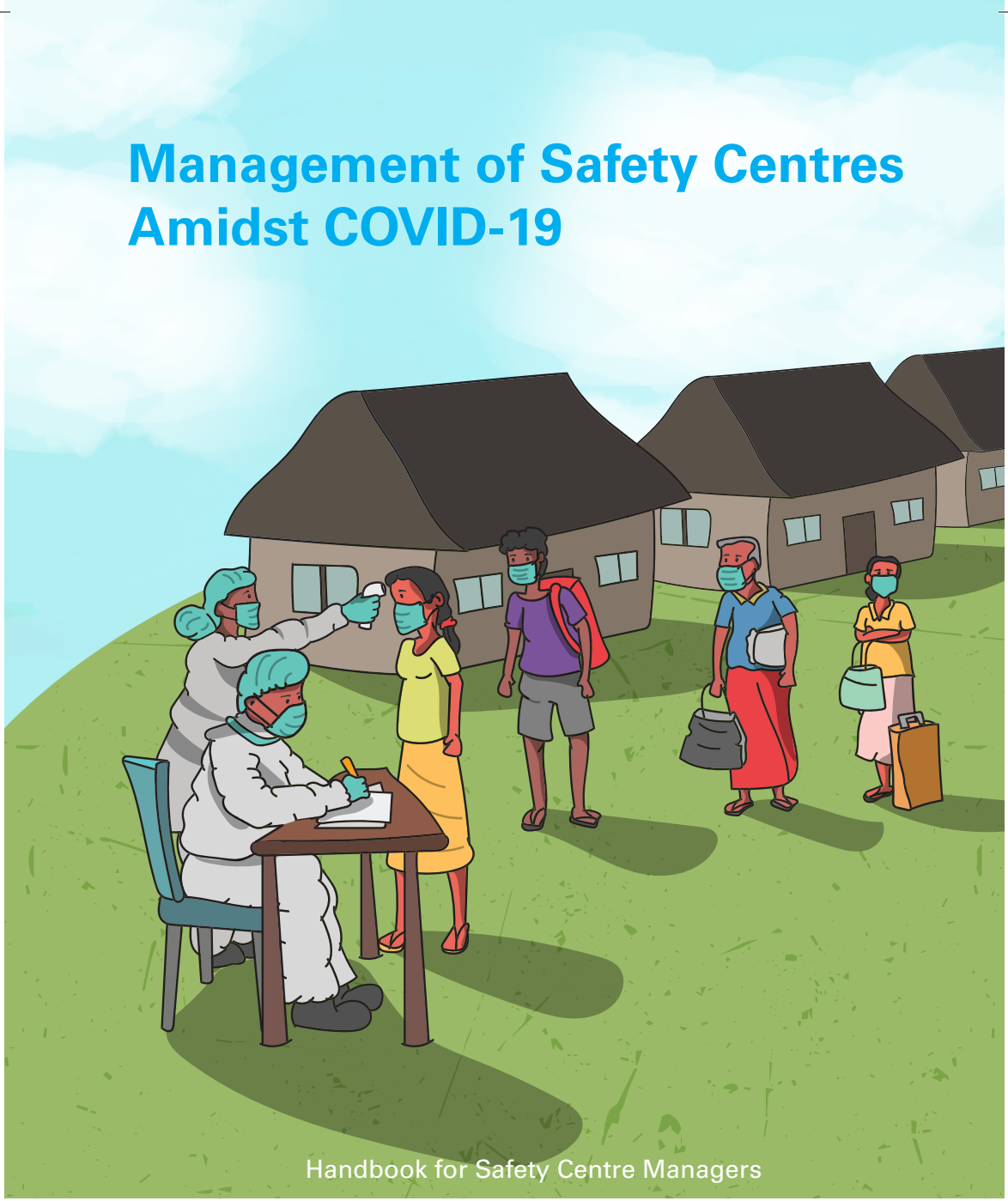
Management of Safety Centres Amidst COVID-19



Handbook for Safety Centre Managers

DMC SRI LANKA

UNFPA

IOM UN MIGRATION

unicef for every child

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Acknowledgement

With the new normal in the COVID-19 context, it is vital that management of safety centres during natural disasters is sufficiently thought through, planned and necessary capacities built to provide urgent lifesaving support to affected people ensuring their safety, security and dignity.

To provide managers with the necessary skill and knowledge on safety centre management standards amidst COVID-19, this booklet was developed at the initiative of the Disaster Management Centre (DMC) with the support of the Disaster Preparedness and Response Division (DPRD) of the Ministry of Health, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and International Organization for Migration (IOM).

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The development of this Handbook was made possible by the initiative and effort taken by the DMC to organise the online trilingual training which was well received by the participants. The DMC teams' expertise in reviewing the content for improvement and consistency, is greatly appreciated.

Glossary of terms

To ensure gender and age sensitive safety centre management, it is important that all actors are informed of the basic concepts. These define the different roles, responsibilities and opportunities that are present for men, women, girls, boys and other genders. Misunderstandings of the concepts may hinder, the delivery of response and can compromise the wellbeing of individuals and can create an unsafe environment for those within safety centre settings. As such, the following definitions are provided to support the preparedness, response and recovery during humanitarian emergencies:

Child:
For the purposes of this guideline, any persons below eighteen years of age are considered a 'child'. The status of any child needs to be decided based on available factors, accordingly:

Unaccompanied child:
A child who has been separated from his/her family members and currently living with unknown persons.

Separated child:
A child who has been separated from his/her own parents but living with relatives.

These two categories require legal protection. Any child falling under these categories need to be directed to the Probation Officers for alternative care arrangements.

Single parent child:
If a child is living with either father or mother (single parent), the child may need social protection Therefore, the government is responsible for assessing the families to determine actions to be taken.

Children with special needs:
A child with long-term physical, psychosocial, intellectual or sensory (visual and hearing) impairments comes under this category. These impairments can lead to physical, communication or sociocultural barriers that limit their equal participation in society placing the child at greater risk in a humanitarian setting. The rights of a child with disabilities are the same as those of everyone else.

Sex:
Male and female sex or sexual differences are biological differences in the body determined at birth. A genetic mutilation can lead to transgender features in people blurring the distinct biological differences between men and women.

Gender:
The characteristics and constructions of person's identity based on culturally and socially determined factors. It is attributed based on a person's sex and is influenced by age, race, religions, country, media, wider community etc. and can change over time and from place to place.

Gender norms:
Gender norms are a part of social norms that relate specifically to gender differences. They are not formal but are informal, deeply entrenched and widely held beliefs about gender roles, power relations, standards or expectations that govern human behaviours and practices in a particular social context and at a particular time.

Gender roles:
The different expectations of individuals, groups, and societies based on individuals' sex and based on each society's values and beliefs about gender. Gender roles are the product of the interactions between individuals and their environments, and they give individuals cues about what sort of behaviour is believed to be appropriate for what sex.

Gender-based violence:
Is the umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Psychosocial wellbeing:
It is a state of well-being in which every individual realises his or her own potential, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community (WHO, 2012).

Mental Health and Psychosocial Support (MHPSS):
The term refers to any type of local or outside support that aims to protect or promote psychosocial wellbeing and prevent or treat mental health conditions.

Preface

Sri Lanka, an island nation, is prone to natural disasters caused by floods, cyclones, landslides, tsunami, drought and coastal erosion with increasing instances of environmental pollution related hazards as well. Though the disasters in Sri Lanka are mostly hydrometeorological in nature, epidemics such as dengue are highly prevalent in the country too. The global pandemic COVID-19 has significantly affected Sri Lanka since early 2020 and the impacts are visible across many sectors, affecting different aspects of human lives.

The largest natural disaster in terms of severity and scale to affect Sri Lanka was the 2004 Indian Ocean tsunami which caused extensive damage and loss to human lives, infrastructure, economy, reversal of development gains and most importantly the daily livelihoods and psychosocial wellbeing of affected communities. Since then, the country's disaster management system underwent significant changes with more emphasis on all phases of the disaster management cycle: i.e. mitigation, preparedness, response, coordination of relief, rehabilitation, and reconstruction. In this regard, providing humanitarian and emergency relief during disasters to the displaced and vulnerable communities, especially children, women and people with disabilities is a key concern. This requires significant resources, well organised and effective mechanisms involving key government authorities, and support from volunteers and other international and local non-governmental organisations.

Climate change impact to Sri Lanka is felt severely due to its vulnerability as an island nation along with the changes happening in the country's socioeconomic and development aspects due to increasing population density in key cities. In this backdrop and considering the prevalent uncertainties due to COVID-19 global pandemic, it is imperative that proactive and detailed planning measures are adopted when setting up safety centres to provide temporary shelter for communities who are likely to get affected, due to the high probability of disaster occurrence during adverse weather conditions. It is also imperative to take additional precautionary measures to mitigate the risk outbreaks of COVID-19 among the displaced population and to avoid any additional threat to the country's public health system.

By evaluating the multidimensional risks of managing safety centres and /camps in the new normal, this booklet has been developed at the initiative of the Disaster Management Centre (DMC) with the support of the Disaster Preparedness and Response Division (DPRD), Ministry of Health, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and International Organization for Migration (IOM). The booklet's prime objective is to ensure that the key components of camp management of providing assistance and protection to persons seeking temporary shelter are followed as per accepted

international standards and best practices, and is an outcome of an online or virtual training conducted on the theme of "Management of Safety Centres Amidst COVID -19" by the said organisations, in June 2021. This publication is designed as a succinct, quick guidance to create a basic understanding in managing safety centres and camps with specific emphasis of being mindful of the COVID-19 pandemic. Different sections of this booklet provide specific guidance on important aspects and needs of displaced communities such as, providing required mental health and psychosocial support, establishing a child friendly environment and creating awareness about gender sensitive issues that may arise in a disaster setting. This booklet will be useful and informative reading material for all government officials, administrators, staff of the DMC and the National Disaster Relief Services Centre (NDRSC) involved in the management of safety centres at grassroot level. Moreover, it will also provide an insight to the officers of humanitarian agencies, international and local non-governmental organisations and volunteers who are involved in providing much needed humanitarian support and relief assistance during and post disaster period.

It is the fervent hope that, these practical guidelines will be helpful to the managers in charge of administering safety centres to ensure the safety, dignity, and overall well-being of the displaced and affected communities seeking shelter in temporary safety centres, thus assisting them in post disaster recovery efforts in rebuilding the livelihoods of the displaced and affected to lead productive lives.

Section one

DISASTER INDUCED DISPLACEMENT

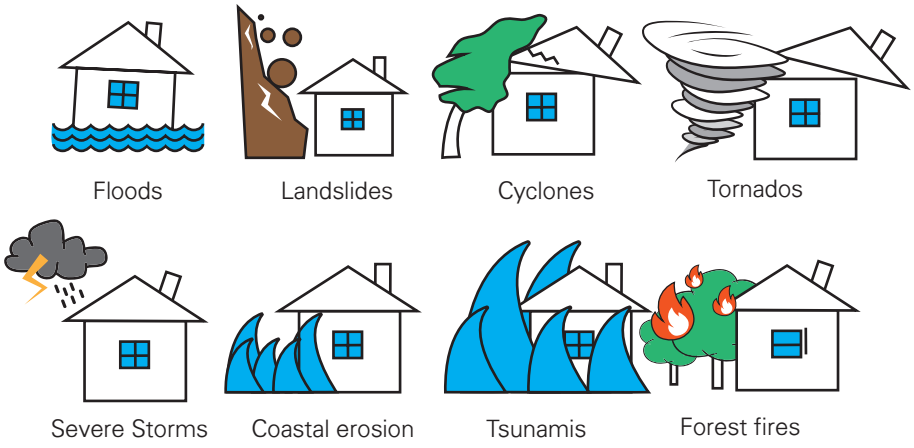
Sri Lanka is highly vulnerable to adverse impacts of climate change with an increasing trend of frequent and recurrent natural disasters affecting the lives of its inhabitants.

1.1. Disaster induced displacement

Disaster induced displacement refers to situations where people are forced to leave their homes or places of habitual residence as a result of a disaster or to avoid the impact of an immediate and foreseeable natural hazard.

According to Nansen Initiative (2015) , such "displacement results from the fact that affected persons are exposed to a natural hazard in a situation where they are too vulnerable and lack the resilience to withstand the impacts of that hazard". This term is mostly used to identify forced movements of people triggered by sudden onset / extreme events in their environment.

1.2. Disasters that could induce displacement:



1.3. National and international policies and frameworks guiding the management of temporary displaced persons affected by disasters

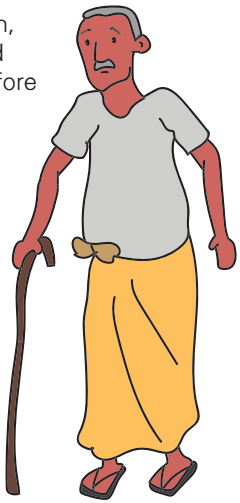
Sri Lanka's preparedness and response to disasters are guided by the Disaster Management Act No. 13 of 2005, which is the legal basis of the National Policy on Disaster Management (2013). The Disaster Management Act provides for the establishment of the National Council for Disaster Management (NCDM), the Disaster Management Centre (DMC), the preparation of disaster management plans at national and sub-national levels, declaration of emergency, awards of compensation, among others. Meanwhile, the National Policy on Disaster Management articulates the agreed overarching principles and preferred outcomes for disaster management in Sri Lanka, including policy directives to

reduce human and economic impacts of disasters, and coordination. Overall disaster management is at present overseen by the State Ministry of National Security and Disaster Management through its four institutions: Disaster Management Centre (DMC), Department of Meteorology, National Building Research Organization (NBRO) and the National Disaster Relief Services Centre (NDRSC). The DMC is vested with the responsibility to facilitate emergency response, recovery, relief, rehabilitation, and reconstruction in the event of any disaster. The NDRSC coordinates safety centre management and emergency relief including award of compensation for damages at district and divisional levels in coordination with all other agencies.

The Sendai Framework (2015-2030) recognises that the State has the primary role to reduce disaster risk, but that responsibility should be shared with key stakeholders including local governments and private sector stakeholders. With a national vision of "Towards a Safer Sri Lanka" and a wider mission of "effective disaster management for safety and resilience of lives and properties", the National Disaster Management Policy (2013) provides guidance for participatory, multi-agency, multi-stakeholder engagement in line with national and international standards for effective disaster relief and response.

1.4 Impact of disasters on women, men, boys and girls

While disaster fatality and injuries are common to all, women, children, the elderly and persons with disabilities face special risks due to their unique vulnerabilities. Risks include risk of facing physical, sexual and emotional violence while in displacement, with increase in risk of separated from family members. Breakdown of critical systems and services (health, education, nutrition and protection) could also cause severe physical and psychological impacts on these vulnerable groups, and therefore require special attention from duty bearers.



Section two

ESTABLISHING A "CHILD FRIENDLY" ENVIRONMENT

Due to children's physical, economic, social and political fragility, children are highly vulnerable to natural or human-made disasters, health emergencies and climate change induced extreme weather events. In areas with other prevailing vulnerabilities, such as poverty, they are also increasingly vulnerable to chronic nutrition deprivation, food insecurity, increased school dropout, child labour, trafficking and exploitation. Therefore, it is important to ensure that the effect of stressful experiences and its consequences are minimised during an emergency response.

Children with special needs

Children with disabilities are more vulnerable during disaster or emergency situation. In a safety centre setting,

"All humanitarian actors, including all officials providing services in temporary shelters are responsible for respecting, supporting and promoting the rights of children with disabilities."

- Safety centre managers need to identify and address risks and barriers that prevent children with disabilities from equally accessing goods, services, spaces and information.
- Facilities and services should be designed for access and use by all children to the greatest extent possible and should include reasonable accommodations or adjustments for children with disabilities.
- It is always relevant and necessary to disaggregate individual and qualitative data by disability, as children with disabilities are present in every context.

Children's needs are unique

- Children, both girls and boys, who have watched their loved ones die in a landslide or flash flood would display post-disaster trauma behaviours such as being afraid of loud noises and keeping silent.
- Losing family members, friends, relatives and their belongings (including educational material, toys, clothes etc.) due to a disaster have a devastating impact on a child's mental health.
- Lack of privacy in a temporary safety centres and lack of proper lighting in toilets, bathing places and in living areas, may cause anxiety among adolescent girls.
- Children do not like to be left alone in temporary safety centres without parents or relative.
- Children do not like to be photographed by visitors or humanitarian aid workers, without asking for their permission first .

Forms of physical pain mentioned by children, 2017

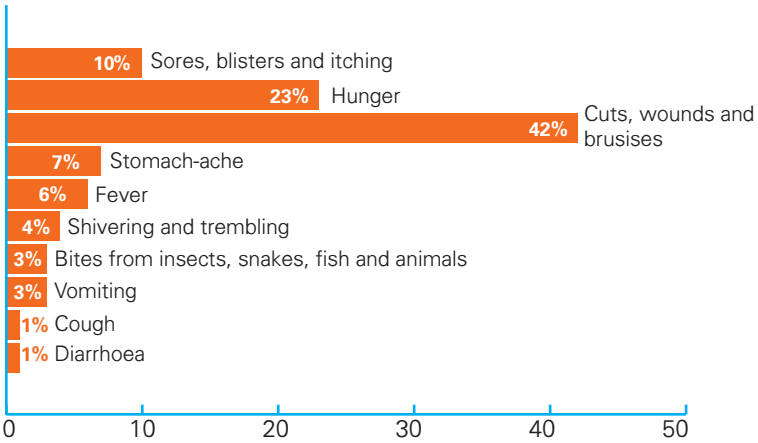


Figure 1: Types of physical pains mentioned by children after a disaster incident in Sri Lanka

Forms of emotional distress mentioned by children, 2017

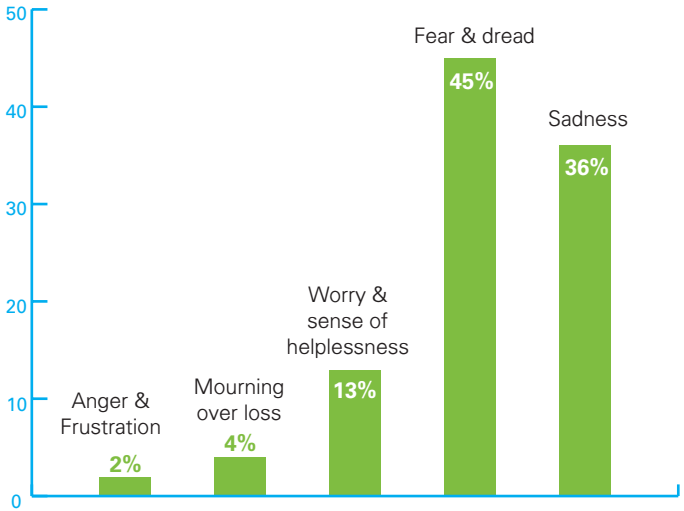


Figure 2: Types of emotional distress mentioned by children after a disaster incident in Sri Lanka.

3.1. Ensuring the protection of children in safety centres

In 2017, the National Child Protection Authority (NCPA) and UNICEF jointly developed a set of guidelines on child friendly safety centre management. Safety centre managers play a crucial role in ensuring the safety and wellbeing of children in displacement as parents and caregivers may not be able to provide 100% protection to children in a displaced situation.

However, during the COVID-19 pandemic, safety centres may have to be managed by limited number of Government officials - unlike in the previous setting where the relevant child protection officials and actors could support the NDRSC and DMC officials at the local levels.

Given below are basic standards to consider in a safety centre to ensure children's safety and wellbeing:

1. Regular updating and maintenance of gender, age and disability disaggregated data in the safety centre

To identify basic needs and provide adequate services to men, women and children in a temporary shelter setting, it is very important to maintain gender, age and disability disaggregated data. Different age groups, gender and disabilities have different needs.

For example, for children between 0 – 5 years food and nutrition security is priority. To enable nutrition and food security for infants, mothers should be provided with adequate knowledge on infant and young child feeding counselling as well as adequate private space, away from the crowd to feed her infant. In addition, this group of children require regular observation from Community Health Officials for vaccination, nutrition and weight monitoring. These facilities should be made available for mothers and parents of young children.

For adolescents, the inherent risks of humanitarian emergencies increases their vulnerability to violence, poverty, separation from families, sexual abuse and exploitation. Emergency situations can disrupt protective family and social structures, peer networks, schools, and religious institutions and can greatly affect the ability of adolescents to protect themselves and practice safe sexual and reproductive health behaviours. Their new environment in a safety centre can be violent, stressful, and/or unhealthy. Adolescents, especially adolescent girls, who live in crisis settings are highly vulnerable to sexual coercion, exploitation, and violence. Safety centre managers should consider the needs of especially vulnerable adolescents such as young people living with HIV, orphans, separated/unaccompanied adolescents survivors of sexual violence, adolescents heading households, adolescents with disabilities, adolescent

carers, pregnant adolescents, adolescent mothers, and young girls who are at increased risk of sexual exploitation.

Examples of different needs of different age groups to consider in safety centres:

0 – 5 years
Nutrition, Infant & Young Child Feeding
Food Security
Protection
·Health & immunization

6 – 10 years
Food security and nutrition
Protection
Education
Health (physical & psychological)
Water, sanitation & hygiene
Privacy

11 - 18 years
Food security
Protection from sexual exploitation, abuse & trafficking
Health (physical, psychological & reproductive)
Water, sanitation & hygiene
Privacy

2. All children living in the safety centre require regular monitoring/ observation from adults to mitigate possible violence against children (abuse, molestation, sexual harassment/abuse, trafficking etc.)

- Identify common concerns of safety centre management and child protection to coordinate intervention strategies to address child protection risks.
- Ensure the availability of dedicated spaces for children, such as playgrounds and safe spaces for children to relax, entertain and recover from the traumatic experience. An adult should always be present and monitor younger children in such spaces.

- Use regular safety audits and other approaches to (a) monitor children's access to service delivery and site infrastructures and (b) identify obstacles and safety risks that affect children. For example, check and ensure proper lighting, gender-segregated WASH facilities, perimeter security, privacy space to change clothes etc.
- Include protective and responsive actions that are culturally, gender, age and disability appropriate. All information should be available in both local languages and in child-friendly language.
- Include an adequate representation of children/adolescents in community-based participation, decision-making and governance systems/structures related to safety centre management.
- Jointly design and set up adequate, safe and confidential channels and referral pathways to ensure that sensitive information, including information related to incidents affecting children, are immediately reported to child protection actors
- Collaborate with children to find solutions for their protection concerns related to safety centre management and implement those. Consider children's perspectives, including those of children with disabilities, when identifying solutions.
- Collaborate with child protection actors and service providers to advocate for the provision of necessary civil documentation (birth/death certificates, identification cards, etc.) by relevant authorities.
- Advocate for service delivery that is accessible to and appropriate for all children within the safety centre.
- Advocate for gender balance in the safety centre management staff and workforce to ensure children are given proper attention, care and protection on time.
- Ensure that all staff and inhabitants of the safety centre are aware of the Child Helpline (1929) and other helplines available as well as the respective District Child Protection Unit in case any child requires referral or support.
- ·Ensure that children are not sent out of the safety centre with anyone other than their family or relative. This is essential to prevent possible abuse of children or child-trafficking.
- Mechanisms to report and prevent violence against boys and girls, including sexual and gender-based violence, domestic violence should be put in place.

3. Maintaining a separate child-friendly space for children for learning and recreational activities

Establishment of a Child Friendly Space (CFS) is intended to be a rapid/short-term emergency intervention to a natural disaster or conflict situation. This will improve a child's sense of normality and structure by providing children and adolescents with a safe environment to play, socialize, learn and express themselves.

The CFS provides protection and psychosocial support through regular and structured activities for children under the supervision of caring adults. The activities will give children the opportunity to express their feelings, thoughts and opinions and learn important skills that supports their normal development.

If children do not have access to school, the CFS can also be an arena for educational activities. The CFS also provides a "time-out" for the caregivers. While selected adults (volunteers/ supervisors) will take the responsibility for the daily activities at the CFS.

Section three

INTRODUCTION TO 'GENDER SENSITIVE' SAFETY CENTER MANAGEMENT

United Nations Populations Fund (UNFPA)

Humanitarian emergencies compound existing gender inequalities, increasing risks of gender-based violence and sexual exploitation and abuse. Women and girls are disproportionately affected by natural disasters, epidemics and other forms of emergencies and face multiple forms of inequalities making them vulnerable. Disability, sexual orientation, gender identity and age may worsen inequalities. The impact of violence can more often be fatal if the survivor/ victim is not able to seek critical support services. In most cases this could have long lasting impacts on one's self-respect and physical and emotional wellbeing. Additionally, as emergencies unfold food insecurity and, economic stress, health insecurities exacerbate stress levels within families and communities. Most often the reproductive health needs of women are compromised or overlooked as non-essential needs within a disaster context.

One in four
women and girls above the age of 15 years (24.9%),

have experienced physical and/ or sexual violence by a partner or non-partner.

- Women's Wellbeing Survey (2019)

4.1. Importance of considering gender in Safety centre management and coordination

- To promote dignity for all within the safety centre setting and that everyone has a voice in the design and management of the safety centre while addressing the requirements of all individuals.
- To ensure the safety of all.
- To ensure everyone has equal access to resources and opportunities, and recovery is equitable.
- To ensure ownership and promote the participation of women and men equally as leaders in safety centre management and coordination which will also address barriers and norms on gender equality.

4.2. Guiding principles and approaches to address Gender Based Violence

Survivor-centred approach:
This approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach is based on the following :

- Safety: The safety and security of the survivor and her/his children is the primary consideration.
- Confidentiality: Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- Respect: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- Non-discrimination: Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Rights-based approach:
A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, ethnicity or religion, has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

Community-based approach:
A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct consultation with women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions and build on existing community-based protection mechanisms.

Humanitarian principles:
The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the Minimum Standards and are essential in maintaining access to affected populations and ensuring an effective humanitarian response.

'Do no harm' approach:
'do no harm' approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.

4.3. Key actions for gender sensitive safety centre management

Needs Assessment to include the following basic information:

- Population Demographics
- Number of households displaced and family size.
- Number of female and male displaced persons according to age.
- Number of women and child headed households disaggregated by age and sex and the number of dependents within these households.
- Number of persons with disability and specific needs, sick, elderly persons those with specific needs disaggregated by age and gender.
- Number of pregnant and lactating women.

Strategic Planning and Implementation:

- Response should be based on the needs assessment and should address needs of individuals regardless of gender. Aid distribution should be conducted in a transparent manner with a feedback mechanism to monitor irregularities.
- Lactating and pregnant mothers should be identified, monitored, provided with relevant information, additional care and nutrition ensuring safe and healthy deliveries and health and safety of infants.
- Women-friendly safe spaces to offer an environment assuring physical and emotional safety for those who have suffered trauma, stress and abuse as a result of the emergency.
- Safe and culturally sensitive areas to be allocated for women and children without risk of sexual and gender based violence.
- Referral mechanisms to be in place to ensure thet needs of victims and survivors are addressed in a holistic manner (health, psychosocial, legal and justice)

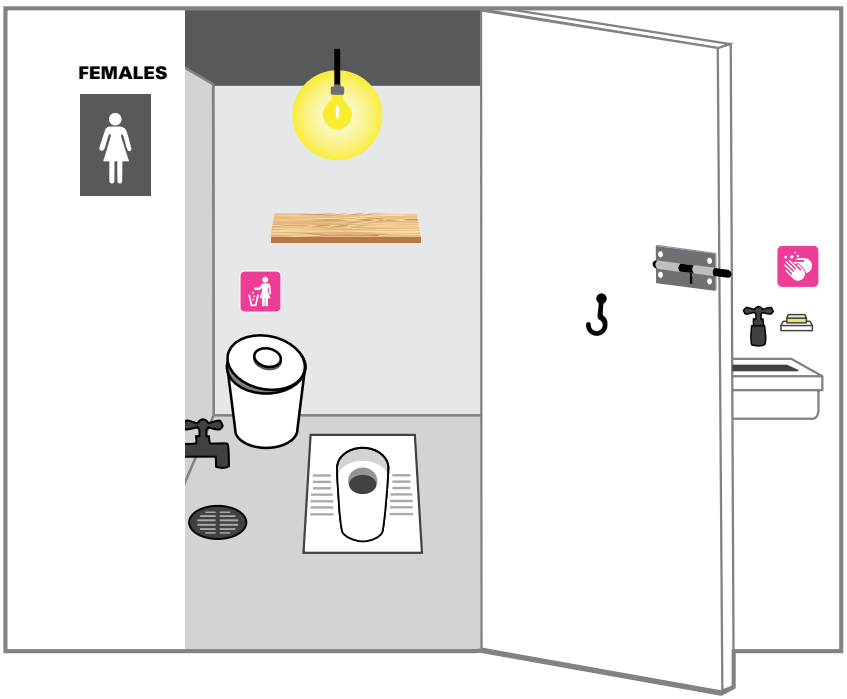
Monitoring and Evaluation:

- Ensure a safe and accessible feedback mechanism within the safety centre
- Safety Audits to be conducted with the participation of community within Safety Center settings, women development officers and civil society partners.

4.4. Guidelines for gender sensitive safety centre management

- Include women and girls in the design of the safety centre and as part of the safety centre management committees.
- Provide separate toilets and bathing spaces for women and men with facilities and appropriate material supply for menstrual hygiene management; showers and latrines with doors that can be locked from inside, provision to hang clothes within the washroom, adequate space, natural light and good ventilation within the facilities and facilities located close to camps. Ensure safe waste disposal mechanisms for used sanitary napkins (closed bins) and availability of sanitary napkins at sick rooms/safe centres with information on proper disposal and hygiene.

Female friendly toilet



Adequate numbers of safely located toilets separated (with clear signage) from male facilities.

Trash bins (with lids) to dispose of used menstrual materials

Night time light source both inside and outside of the toilets

Clear signs instructing girls and women to dispose of menstrual waste in the trash bin

Some units should be accessible to people with disabilities.

A shelf and hook for hygienically storing belongings during usage.

Safe and private toilets with inside door latch

Walls, door and roof are made of non-transparent materials with no gaps or spaces.

Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.

- Ensure clear instructions for women and girls on the disposal of menstrual hygiene waste. Ensure buckets, soap and other necessities for hygiene health, and, private areas, are provided.
- Ensure water and food collection routes are well lit with accessibility for women and girls.
- Identify safe food distribution points taking into consideration the vulnerabilities of women and girls who are disabled, women and child heads of households, pregnant and lactating women.
- Identify and address supplementary food and sanitation needs of pregnant and lactating women.
- Establish a protection focal point and desk for prevention and response to SGBV within the safety centre sites.
- Ensure safe living areas for unaccompanied and vulnerable females (female-friendly spaces).
- Establish protocols for care of survivors and victims of sexual and gender-based violence including referral pathways for case management.
- Integrating menstrual health and hygiene management into humanitarian response to ensure women and girls have the necessary resources and facilities at the safety centres.

Menstrual Hygiene Management (MHM) and Why it matters?

·Girls who get blood on their clothes are often subject to teasing.

Social norms may most often lead women and girls to feel menstruation is shameful, dirty or unhealthy.

Without access to good menstrual materials and private toilets or washrooms for changing, girls and women may not have the confidence to continue with their day to day activities.

Menstruation is very personal; women and girls do not want others to know they are menstruating, even other women and girls.

Source: A Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response

Effective response - Basic components

MHM materials & supplies

Appropriate menstrual materials (pads, cloths, underwear).

Additional supportive materials (e.g. soap, bucket) for storage, washing and drying.

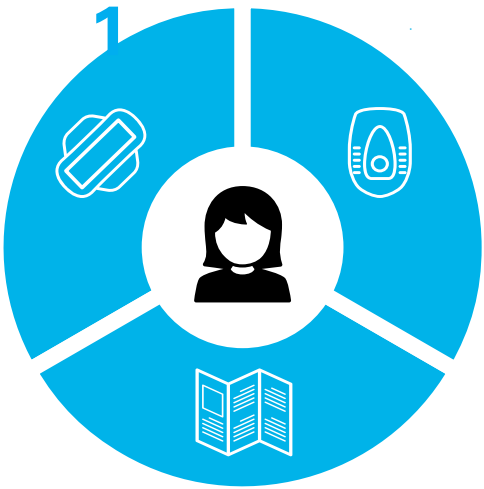
Demonstration on how to use MHM materials.

MHM supportive facilities

Safe and private toilet and bathing facilities with water for changing, washing and drying menstrual materials.

Convenient and private disposal options for menstrual waste.

Waste management systems in place for menstrual waste.



3 MHM information

Basic menstrual hygiene promotion and education.

Basic menstrual health education (especially for pubescent girls).

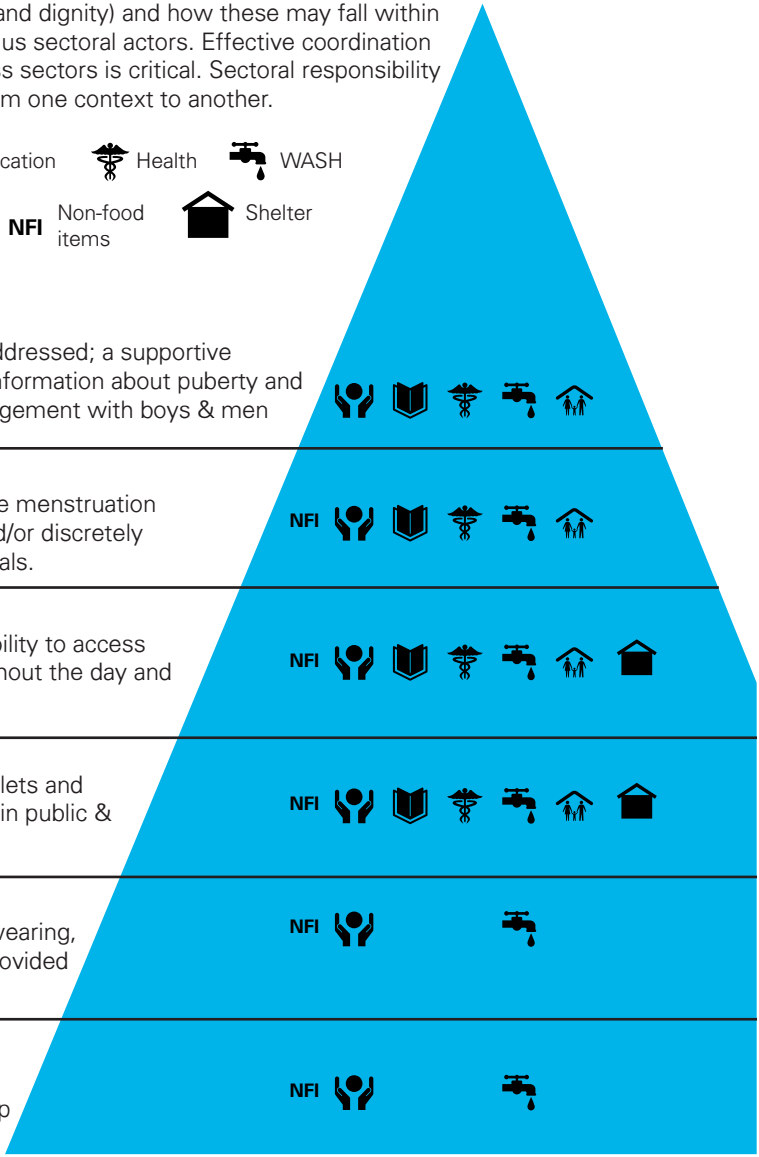
Address harmful cultural or social norms related to menstruation.

Hierachy of MHH Needs

Providing an MHM response requires a range of sectors to identify which elements or activities may fall within their mandate. Figure 1 depicts the range of MHM considerations (e.g. basic materials and supplies, information, facilities, safe ty, privacy and dignity) and how these may fall within the responsibility of vario us sectoral actors. Effective coordination and communication across sectors is critical. Sectoral responsibility may vary considerably from one context to another.

Protection Education Health WASH

Camp Coordination Camp Management (CCCM) **NFI** Non-food items Shelter



Dignity
Harmful cultural norms addressed; a supportive environment; access to information about puberty and reproductive health; engagement with boys & men

Privacy
Ability to privately manage menstruation including to wash, dry and/or discretely discard disposable materials.

Safety
A secure environment; ability to access facilities of choice throughout the day and night

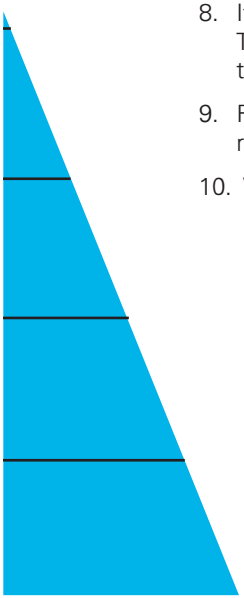
Facilities
Private female friendly toilets and washrooms at home and in public & institutional spaces

Information
Practical information on wearing, washing and disposing provided materials

Basic materials and supplies
Pads, underwear and soap

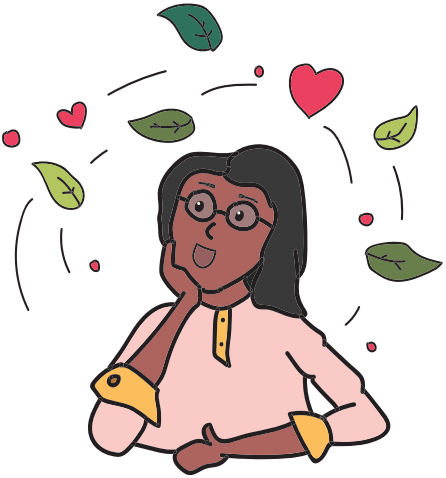
4.5. Key messages for disaster-affected communities

1. Be cautious of strangers and persons offering to provide protection for you and/or your children.
2. Be mindful of strangers offering employment, shelter, money and food in exchange for personal favours – you may be at risk of exposing yourself and/or your children to harm, abuse, exploitation or unwanted sexual advances.
3. Using violence and force during disaster–affected situations would NOT help communities/individuals in distress.
4. No one has the right to touch you or demand any form of sexual actions from you.
5. You have the RIGHT to report abuse, harassment, exploitation and sexual bribery even if it's inflicted by humanitarian workers, officers providing relief or any other personnel operating within the safety centre site.
6. Do not go far from your shelter or family unaccompanied. Always travel with a trusted person, especially after dark.
7. If anyone makes you feel uncomfortable in any way, TELL someone you trust and ASK for help immediately. YOU have the right to receive protection, care and support. DO NOT blame yourself, as it is not your fault. If you feel unsafe contact 119 / 0112444444.
8. If you know or have heard of someone being hurt, abused or exploited, TELL him/her that you believe them. Make them feel safe and encourage them to report the incident to a trusted party.
9. REASSURE victims and survivors that it is not their fault. RESPECT their right to privacy and HELP them access the services they need.
10. Violence against women and girls is a punishable offense.



Section four

PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)



Psychosocial Wellbeing

is a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community (WHO, 2012).

2.1. Understanding Psycho-social Wellbeing in a Safety Centre Setting

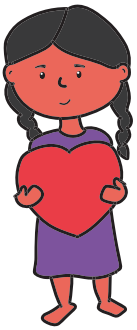
People living in safety centres may have more difficulties in self-isolating and adhering to relevant hygiene recommendations and these living conditions may exacerbate feelings of fear, anxiety, confusion, frustration, anger and withdrawal.

In addition to these stressors, the COVID-19 pandemic also aggravates threat to both the physical and mental health of temporarily displaced population and to their psychosocial well-being.

Further, social stigma related to COVID-19 can lead to further stresses for those affected. Therefore, Mental Health and Psychosocial Support (MHPSS) should be adapted to the COVID-19 situation.

2.2. Importance of addressing MHPSS needs during emergencies

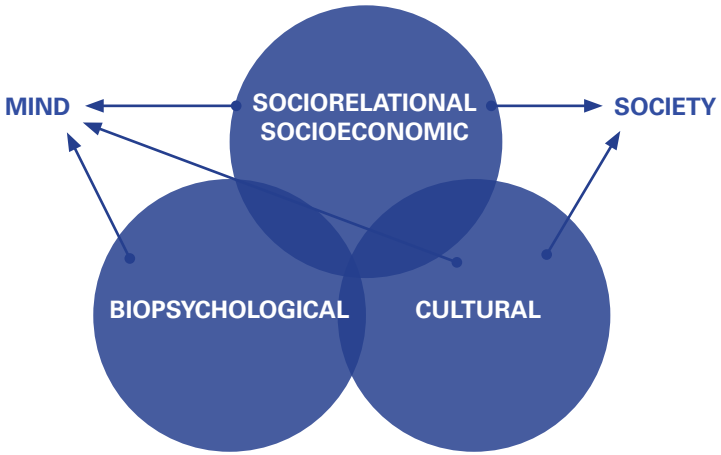
MHPSS needs of social and psychological nature are important to be identified and addressed. The following subgroups are prone to increased risk during an emergency.



- Women: pregnant women, mothers, single mothers, widows – refer Section 3
- Children: from new-born to young persons of 18 years of age, separated or unaccompanied children orphans and undernourished/under stimulated children. – refer Section 2
- Elderly people over 60 years of age, especially when they have lost family members who were caregivers
- Extremely poor people with an income level less than LKR.162 per day.
- People who have been exposed to extremely stressful events/trauma (e.g. people who have lost close family members or their entire livelihoods, suffered rape etc).
- Persons with pre-existing, severe physical, neurological or mental disabilities or disorders.
- Persons experiencing severe social stigma: who were tested positive for COVID-19, those who cared for infected individuals, people with severe mental disorders, survivors of sexual violence;

"Just as 'psychological' and 'social' processes in human beings are interrelated and interdependent, most of our needs are also interrelated. When one important need is met (or not), this can affect all other aspects of life.

Therefore, psychosocial support is the process of facilitating resilience within individuals, families and communities by addressing their psychological and social needs."



Sorce: Schinina (2012).

The three spheres are equally important, interdependent and mutually influencing in defining psychosocial needs, resources and responses.

Figure 3 -The model of a psychosocial approach to programming in emergencies and displacement

2.3. Mental Health and Psychosocial Support needs

Problems of social nature

- pre-existing social problems (e.g., stigmatization due to COVID-19).
- Emergency- induced social problems (e.g., family separation; destruction of homes/community structures, increased gender-based violence etc.).
- Humanitarian aid-induced social problems (e.g., undermining of community structures or traditional support mechanisms etc.).

Problems of psychological in nature

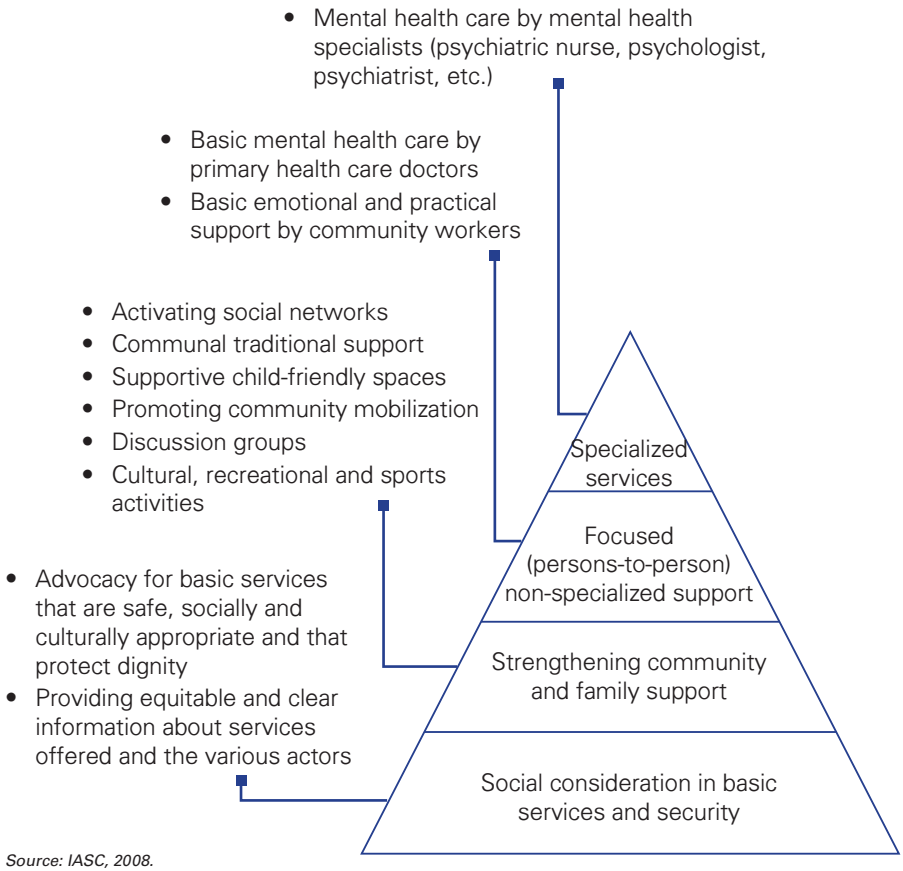
- Pre-existing problems (e.g., severe mental disorder; alcohol abuse etc.).
- Emergency-induced problems (e.g., grief, non-pathological distress; depression and anxiety disorders, including post-traumatic stress disorder (PTSD) etc.).
- Humanitarian aid-related problems (e.g. anxiety due to a lack of information about supply distribution etc.).

Once MHPPS needs are identified, it is important to support and link these individuals for professional support in order to:

- Eliminate or reduce the risk of psychosocial injury; if not addressed – long term aspects involving physical, mental, social and overall functionality of the individual would be disrupted.
- Reduce distress among the people.
- Support persons experiencing distress to be resilient and to ensure psychosocial recovery
- Contribute to prevention and control of the range of social problems arising, especially among those most affected.
- Prevent, treat, and rehabilitate the mental disorders occurring as a direct or indirect consequence of the disaster or emergency.
- Support parents/caregivers of people with pre-existing severe physical, neurological, mental disabilities or disorders.

For overall improvement of psychosocial wellbeing and functioning

2.3. Responding to MHPSS needs in safety centres during COVID-19



Source: IASC, 2008.
Note: For an explanation of the different layers, see IASC, 2008, pp. 12-13.
Figure 4: Intervention Pyramid for MHPS (IASC, 2008)

As depicted in the figure above, MHPSS services require a layered system of complementary and interconnecting support that meets with the needs of different groups. All layers of the pyramid, including social considerations of the individuals in obtaining basic services and security, strengthening community and their family support during challenging times, focused (person to person) non-specialized support and some of the specialized services are important and should ideally be implemented concurrently, with the aim of keeping the affected persons at the lowest possible level of service-care

2.4. The Role of the Safety Centre Manager

Provide practical, humane support to people in safety centres – learn about basic psychosocial support or Psychological First Aid (PFA).

For further learning opportunities on PFA, please refer the WHO manual on PFA has already been adapted and translated into Sinhala (2013) and Tamil (2013), Remote Psychological First Aid during COVID-19, Online Psychological First Aid Training for COVID-19, Basic Psychosocial Skills Module developed in Sinhala and Tamil.

Principles of Psychological First Aid (PFA)

LOOK for	**LISTEN** How the Safety Centre Manager	**LINK** Helping people/children
• Information on what has happened and is happening • Those who need help • Safety and security risks • Physical injuries requiring medical attention • Immediate basic and practical needs • Emotional reactions	• Approaches someone • Introduces oneself • Pays attention and listens actively – Active listening allows you to focus your energy on the 'here and now', give your full attention to the person, maintaining eye contact appropriately, having a relaxed and open posture, and clarify your interpretation of what is being said to ensure you understand completely • Accepts others' feelings • Calms the person in distress • asks about needs and concerns • helps the person(s) in distress find solutions to their immediate needs and problems.	• Access information – mapping of existing resources in the centre. • Connect with loved ones and social support. • Tackle practical problems • Access services and other help. • Link people in need of more specialized or specific assistance with existing MHPSS services in their own districts. Maintain or intensify coordination with partners and MHPSS Working Groups in the districts, to ensure a harmonized approach and adequate coverage. Referral pathways for person with mental health conditions should be updated regularly.

Children Specific:

LOOK for	LISTEN refers to how the Safety Centre Manager	LINK is helping people/ children
• children with obvious urgent basic needs • children with serious distress reactions • separated children, children with health conditions and disabilities • Observe for safety	• Ask about children's needs and concerns • Listen to children and help them feel calm	• access basic needs and services • cope with problems • access information regularly • request specialist support if needed (Probation officers, NCPA)

DO

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.

DON'T

- Don't exploit your relationship as a safety centre manager
- Don't make false promises or give false information
- Don't exaggerate your skills – it's alright to say you are unable to help
- Don't force help on people and don't be intrusive
- Don't pressure people to tell you their story
- Don't share the person's story with others
- Don't judge the person for their actions or feelings

Safety centre managers are often exposed to distressing emotional experiences. If required steps are not taken for self-care, this can lead to burnout and can affect the mental health and interpersonal relationships of the managers. Therefore, safety centre managers and interested community members should be provided with orientation and training on basic MHPSS, supervision and monitoring and evaluation.

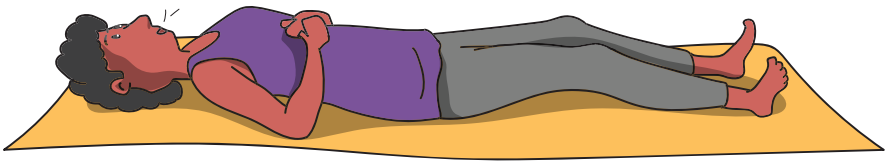
Here are some tips for self -care:

- Develop a peer-support system among Safety Centre Managers, hold debriefing sessions as and when necessary where Case Managers come together to check-in with each other on how they are feeling;
- Engage in deep breathing and relaxing techniques.
(see next page for instructions)

- Social support: stay connected to existing support networks of friends and family and try to form support networks with peers and colleagues in the field. Connecting with people who have been through a similar experience can help provide assistance with solving problems or sharing coping strategies, as well as some comfort that manageris not alone.
- Self-care: take some time each day to pause and reflect on your experiences by writing, debriefing with an immediate senior, or talking informally with a colleague. Part of sustaining yourself is about reviewing your expectations and focus on what is realistic to achieve within this complex environment.
- Know your own signs of stress and monitor your own wellbeing. seek help if you are struggling to cope.
- Organisational support to Camp Managers to cope:
    - Ensure the camp management staff is well-briefed on what to expect in their roles and working conditions
    - Check-in regularly regarding the role and workload
    - Acknowledge efforts
    - Enable and enforce appropriate breaks and work hours
    - Provide confidential counselling and critical incident support

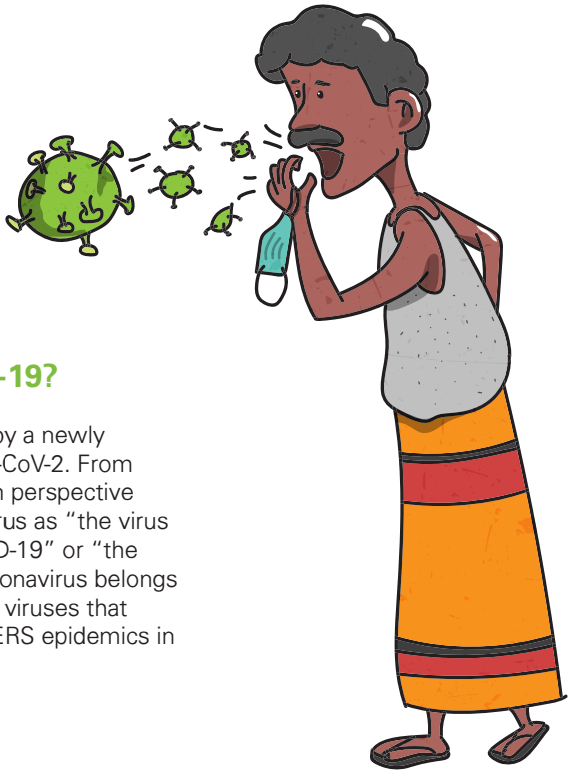
Deep breathing exercise

1. Sit or lie flat in a comfortable position.
2. Put one hand on your belly just below your ribs and the other hand on your chest.
3. Take a deep breath in through your nose, and let your belly push your hand out. Your chest should not move.
4. Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out.
5. Do this breathing 3 to 10 times. Take your time with each breath.
6. Notice how you feel at the end of the exercise.



Section five

ADDITIONAL CONSIDERATIONS OF COVID-19 AND ITS IMPACT ON SAFETY CENTRE MANAGEMENT DURING DISASTERS



What is COVID-19?

COVID 19 is caused by a newly identified virus SARS-CoV-2. From a risk communication perspective WHO refers to the virus as "the virus responsible for COVID-19" or "the COVID-19 virus". Coronavirus belongs to the same family of viruses that caused SARS and MERS epidemics in the past.

The COVID-19 pandemic has created unique challenges for emergency Safety Centre managers, public health officials, and other emergency planners.

Even as the nationwide vaccination effort ramps up, the need to consider the virus's spread and impact will remain significant, throughout 2021 and potentially beyond.

Spread of COVID-19

Droplets

These droplets are expelled when a person with COVID-19 coughs, sneezes un-hygienically or speaks loud, and these droplets are likely to spread up to one meter distance.

Direct contact

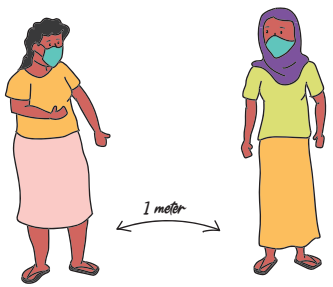
Persons infected with COVID-19 can transmit the disease from person to person through direct contact (kissing and hugging).

Indirect

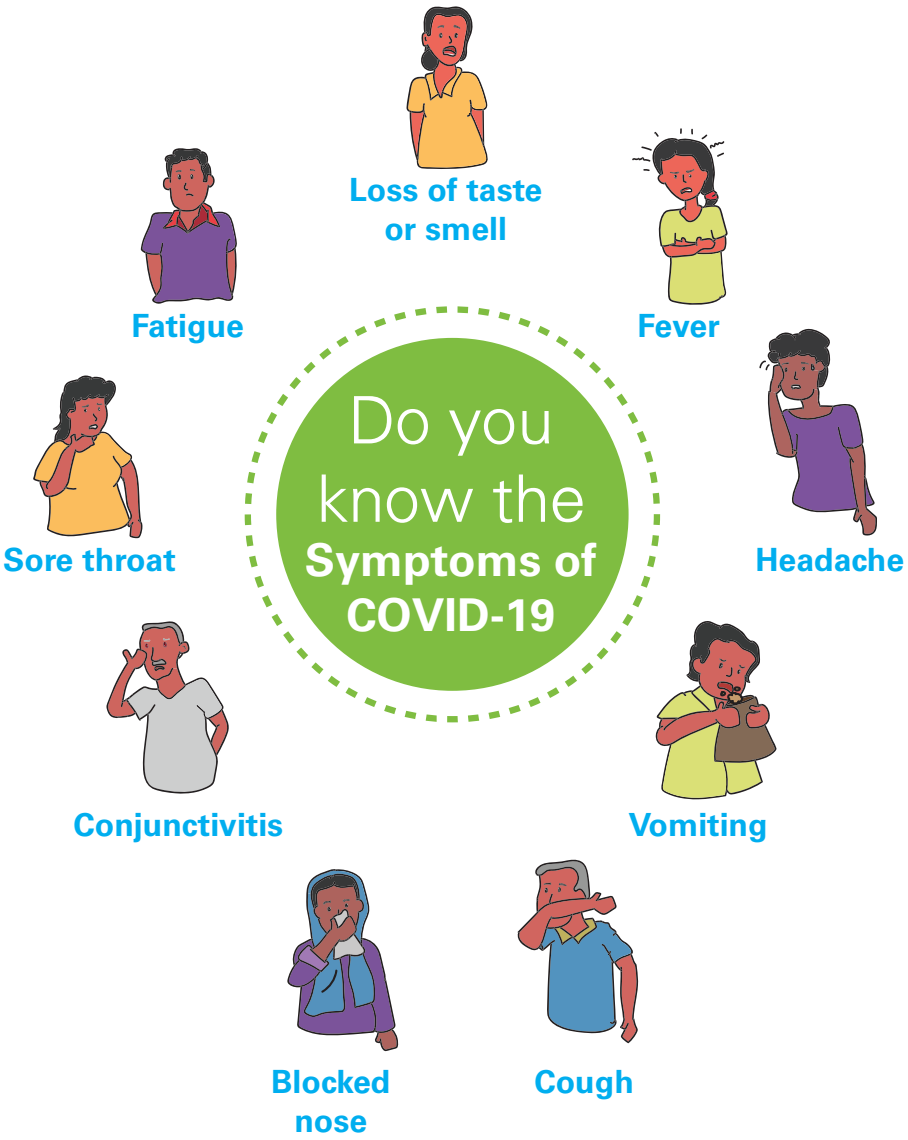
Droplets can land on objects and surfaces of the vicinity such as tables, doorknobs, and handrails and remain for a considerable time. Touching these objects or surfaces, and then touching their eyes, nose or mouth can infect a person

Most of the persons who get infected show little or no symptoms, while some develop the severe form of the disease needing hospitalisation and intensive care treatment, and may even cause death.

Maintaining a one-meter distance between individuals in public adhering to good health habits such as proper handwashing, proper coughing and sneezing etiquette, wearing a mask in the correct manner, and vaccination against COVID-19 can help us to reduce the risk and spread of the disease.



If you experience some or all of the above symptoms, you may have Covid-19. **Please contact a doctor or health worker and get tested.**



COVID-19 Preventive behaviors to follow

What are the COVID-19 preventive behaviours that we should follow?

1. Wash hands at least for 20 seconds with soap and water or use an alcohol-based hand rub

2. Cover cough and sneeze with elbow or a tissue. Dispose tissue to a dustbin with lid

3. Maintain at least one-meter distance from others

4. Always wear a clean mask properly

5. Routinely clean surfaces using proper disinfectants

6. Avoid crowded places

7. Avoid close-contact settings

8. Avoid closed and confined spaces

CALL 1999

Stay at home if you don't feel well.
Call 1999 if you have symptoms (fever, cough, cold, sore throat, difficulty in breathing, diarrhea or feel unwell)

5.1. Preparedness phase: steps to follow in identifying temporary safety centres during the COVID-19 pandemic

Preparedness is the key to effective and efficient management of safety centres. This is even more important during COVID-19 pandemic.

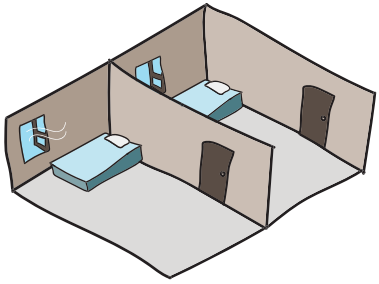
- Clearly understanding the risks of different hazards, vulnerabilities and the capacities in your area is crucial.
    - **Natural disaster risks:** the District Disaster Management Unit can support you by sharing the risk maps and other information that they have already collected and compiled.
    - **COVID-19 risks:** the Medical Officer of Health (MOH) of the area can help understand the risk of COVID-19 spread to identify areas where the disease is currently spreading fast, so that additional safety measures in safety centre management planning.
- Update the list of safety centres in the area. Depending on the risk of COVID-19, additional safety centres may be required to maintain adequate physical distancing among the family units to be housed in the safety centre. The general rule in sphere Handbook should be to double the standard minimal space required from 3.5 m2 to 7 m2 per person. Families should be accommodated together keeping a reasonable distance between family units.
- Given that handwashing and hand hygiene are key infection prevention mechanisms for COVID-19, ensure adequate water, soap and sanitizer supplies are provided in arranging toilet and water supply facilities.
- To reduce the risk of overcrowding toilets and hand washing points, consider increasing the number of facilities in the safety centre.
- To reduce the risk of overcrowding at toilets and hand washing points, consider increasing the number of facilities in the safety centre.
- Handwashing points are required at different areas of the safety centre; entrance, toilets, sick room, kitchen and dining areas.

- Gather and stockpile adequate quantities of:
  - Face masks (reusable cloth masks can be used): 2 per person per week would be sufficient for routine purposes.
  - Soap and disinfectants.
  - Complete sets of Personal Protective Equipment (PPE) to be used in the event of detecting a suspected patient and thereafter. Two sets of PPEs per safety centre would be sufficient, provided additional sets are available at divisional level. PPEs to include at least a coverall/gown, surgical face mask, hand gloves and an eye shield.
  - Infra-Red (IR) Thermometers: two per safety centre would be ideal, but one per center is adequate, provided replacements are readily available from divisional level in case of malfunctioning.

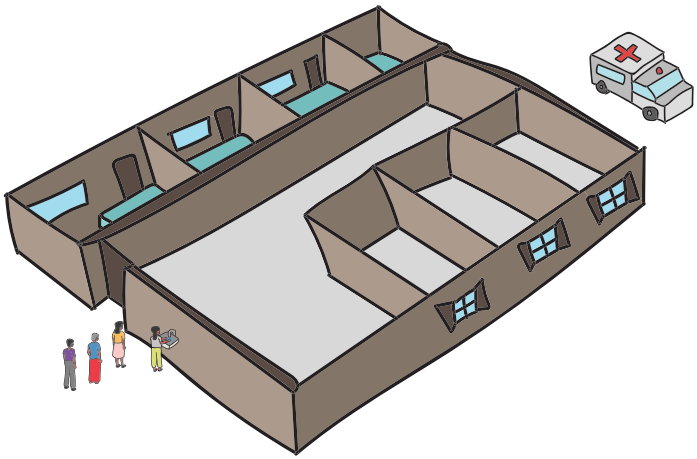
5.2. Additional steps to take when managing a safety centre during COVID-19

When establishing a safety centre, always take steps to reduce person to person contact and transmission of the disease. Follow the guidance provided in the 'preparedness phase' thoroughly.

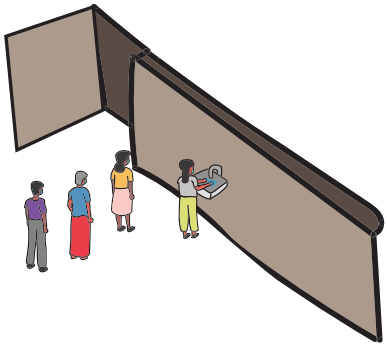
- Ensure adequate ventilation, without compromising the safety and the privacy of the residents.



- Ensure that there is always adequate spacing between family units inhabiting the safety centre.

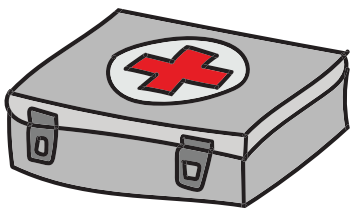


- Keep the perimeter of the safety centre protected to prevent unnecessary movement of persons to and from the safety centre. Keep the number of entrances to the safety centre to a minimum, preferably a single entrance with a handwashing station. It is also important not to block any doorways and gates identified as emergency exits.

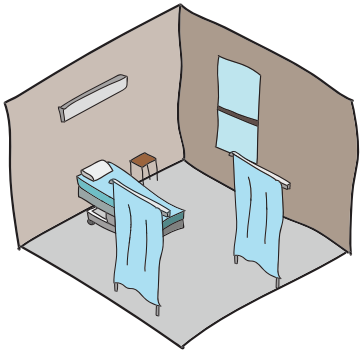


- To facilitate tracing of contacts of COVID-19 cases, please maintain records of residents including their dates and times of arrival. Same information should be recorded in respect of staff and other visitors to the safety centre. This could minimize any inconvenience in tracing the contacts if the necessity arises.

- Have a first aid box containing basic drugs and medical supplies required to treat minor ailments and injuries including facemasks, sanitizers, gloves during the pandemic time.



- If a separate room could be identified as a first aid room, this could also be used as an examination room for any mobile health clinic. Ensure this room has good ventilation, natural sunlight, a handwashing point, separate toilet if possible, bed, closed bin to dispose possible contaminating items such as tissues, used facemasks and screen for privacy.

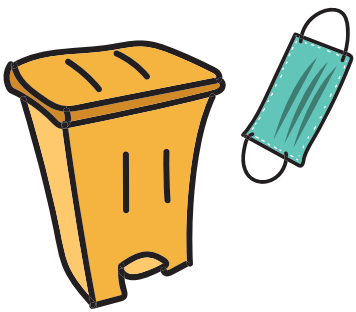


- Screen residents for fever, travel history, possible contact history with COVID-19 cases and any symptoms suggesting a respiratory infection by interviewing briefly and checking for fever by measuring temperature using an IR Thermometer.

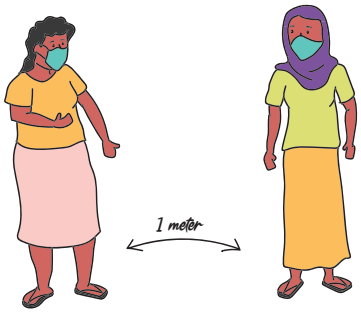
Use IR Thermometer:

- For initial screening of inmates
- For daily fever surveillance
- For screening of supporting staff and visitor

- Always ensure facemasks are worn by all inmates, health care workers and other supporting staff as well as the visitors. It is also important to discard the used face masks safely, adhering to the guidelines. Keep a separate waste bin for used masks and PPEs ideally a pedal operated, or bin with a lid, in yellow colour.

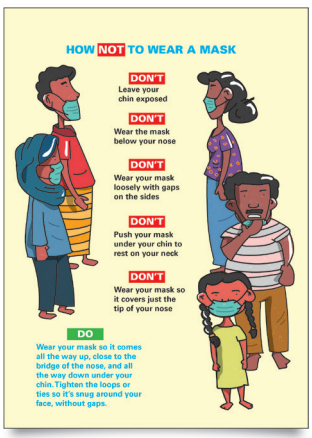


- Display and disseminate health education material from the very first day for the residents regarding the importance of:
  - Keeping 1m distance from each other at all times, especially, in queues and other communal areas such as washing, bathing dining and recreation areas. Mark lines with 1-meter distance in queuing areas.



- Hand washing with soap and running water at critical times and whenever it gets contaminated/dirty.
- Proper wearing of face masks.
- Avoiding exposure to any element that may lead to flu like illnesses (e.g.: getting wet in the rain).

- Use the posters, banners, public address systems, television, multimedia projector or digital displays to disseminate health education material.



- Continuously ensure that minimal number of staff is working in contact with residents. Limit the entry of outsiders to the safety centres.

PRIORITY

High priority: Prevention of the introduction and spread of the COVID-19 virus to the safety Centres.

Given the nature of the COVID-19, the disease could suddenly be introduced or emerge from within the safety centre at any time. So, always be vigilant and continue to maintain the safety measures.

- Health care workers may have to wear appropriate PPE if dealing with persons suspected of having COVID-19 infection.
- Implement and monitor IPC measures including hand washing and hand hygiene, regular cleaning and disinfecting of common surfaces, items and toilet areas. Everybody, including managing staff, visitors and returning inmates (those who would be allowed to leave the safety centre for essential purposes) should wash their hands with soap and water before entering the safety centre .
- Allocate separate toilets for infected male and female inhabitants and provide separate bins for the disposal of sanitary napkins, baby diapers and other waste. In women toilets, make sure small adjustments are made to facilitate proper hygiene management such as hooks/board (refer: Guidelines for Gender sensitive safety centre management) to hang cloth and more space in toilets. Ensure sanitary napkins and hygiene information is available at sick/resting rooms and ensure safe disposal of the used napkins within the camp.
- Clean the toilets several times a day with an appropriate disinfectant solution. You can develop a roster from safety centre inhabitants to carry out these duties while the safety centre is functional.

5.3. Ensuring health and safety of the residents

It is important to keep track if one or more residents are showing symptoms of COVID-19. Follow below steps:

1. Check body temperature using an IR thermometer: twice daily of all staff members, visitors and persons in the safety centre.
2. All inmates of the centre should be checked at least once a day for;
    - Fever,
    - Cough,
    - Difficulty in breathing,
    - Runny nose,
    - Sore throat,
    - Anosmia (loss of sense of smell)
    - Body aches and pains
    - Diarrhoea

Beware! Dengue Fever also may share similar symptoms such as headache and body aches of COVID-19. At times, one person may be infected with both COVID-19 and Dengue.

DO'S

Ensure proper disposal of waste

An extra effort should be made in seperating and disposal of used face masks, PPE, and any other clinical waste. Coordinate with the local authority staff and the Public Health staff segregate waste (clinical and non-clinical waste) and disposal of waste as per local guidelines.

Keep the Safety Center always clean !

General purpose disinfectants could be used to disinfect the common areas at least daily, and dwelling areas, every other day. It is important, not to use, any PPE intended to be used to handle suspected or confirmed cases of Covid-19, for routine spraying of disinfectants. General purpose PPEs, used to handle agro-chemicals, is sufficient for this purpose. Public health field staff would oversee the entire process of cleaning and disinfection.

Follow special disinfection procedure, If a suspected Covid-19 case is found within the Safety Center

Use hypochlorite solution, and/or 70% alcohol, with the support and the guidance of the public health staff, as per the existing guidelines.

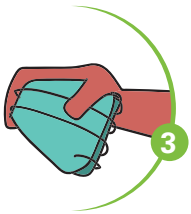
Provide additional water supply above the usual requirement

Specially to cater the increased usage for hand washing and cleaning procedures. In situations where water supply is extremely limited, at least 30L per person per day should be available.

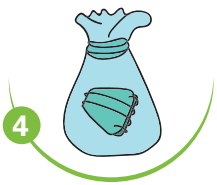
How to dispose the face mask properly

Remove the mask

Fold the mask in half



Wrap it with the ear loops



Put the mask in a plastic bag

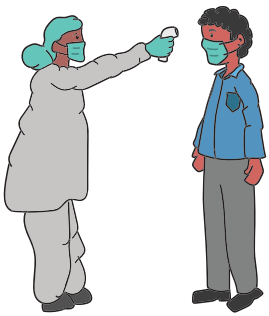
Dispose the plastic bag into a bin with a lid

Wash your hands for atleast 30 seconds

DON'TS

Don't distribute meals to crowds: Meals distribution should be done with compliance to health guidelines.
Cooked meals from outside would be the choice at the initial stage. Preparation of such meals should be done under the supervision of the field health staff. However, community cooking within the safety centre should commence as early as possible to reduce the risk of introduction of disease into the safety centre from outside. If community cooking is practically not possible for any valid reason, supply of such food from a single source is encouraged.

Don't share personal items. Limit sharing of cups, plates, spoons to family units at all times.



As much as possible, restrict the number of supporting staff entering the safety centre:
permission granted only to those who perform essential functions inside the safety centre. Visitors to the safety centre should not be allowed at any time.

Discourage the movement of residents in and out of the safety centre:
unless for an extremely important or an urgent reason, to minimize the COVID-19 spread and transmission to and from the Safety centre. Movements should be managed and recorded by the safety centre management to facilitate any future surveillance activities.

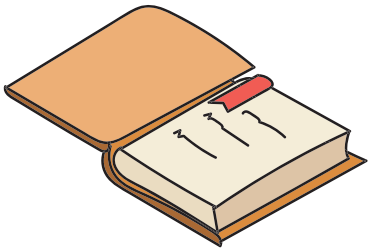
Distribution of donations should be discouraged within the safety centres: Discourage the distribution of all non-essential items. All essential relief items should be taken over by the safety centre management (or preferably by the divisional staff) and distributed in an equitable and transparent manner among all inmates. Handing over of items by the donors directly to the inmates should not be allowed to minimize the risk.

5.4. Steps to follow if an inmate is suspected of COVID-19 infection

A person with suspected symptoms of acute respiratory tract infection could be identified at the initial screening at the entry to the centre, during the symptom surveillance, during the screening of staff and visitors at the entrance to the safety centre or by self-reported persons.

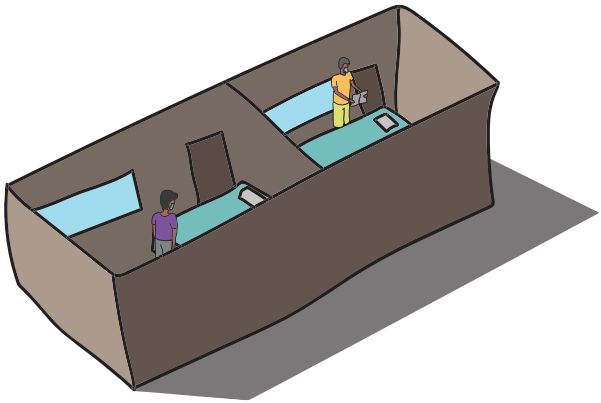
Such identification from a safety centre, should be handled carefully to ensure dignity and safety of the person(s), encourage isolation of the individual, and ensure prompt referral for treatment , to avoid public outrage.

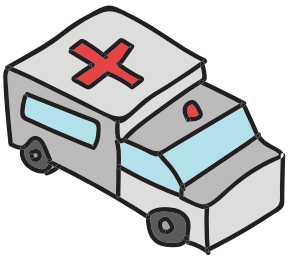
Notify of all suspected persons with symptoms of Acute Respiratory Tract Infections to the Medical Officer of Health (MOH) directly or through any of the field health staff.



A register should be maintained of all such patients at the safety centre.

Keep all identified persons in isolation and seek medical guidance. Ensure identified persons adhere to COVID-19 preventive guidelines. Provide necessary items such as facemasks, sanitizers and closed waste bins to support adherence to these guidelines.





Under the guidance of the Medical Officer of Health, obtain the assistance of **1990 Suwaseriya** ambulance service to transfer patients if symptoms of patients are severe ill.

5.5. Steps to follow if a confirmed case or close contacts of COVID-19 are found from the safety centre

If a patient referred to the hospital is found to be positive for COVID-19 or if a close contact of a confirmed case is found in the safety centre, the situation should be managed under the guidance of the Medical Officer of Health.

A. The message should be communicated to the inmates of the safety centre and all possible measures should be taken to prevent any unnecessary panic. All support should be given to public health staff to identify immediate family members and other close contacts of the patient.

B. Support any quarantine, testing, isolation procedures that may be instituted by the public health staff. Additional protective measures should be taken under the guidance of the public health staff, from this point onwards.

C. Provide extra security and protection for residents in such situations to prevent any unwanted movement of people to and from the Safety centre to avoid possible risk of spreading the disease.

5.6. Decommissioning safety centres during the COVID-19 pandemic

A. Adopting a methodical, systematic and safe strategy for the decommissioning of safety centres should be according to the existing guidelines.

B. Additional disinfection with general purpose disinfectants in the presence of owners/partners/stakeholder of premises (ex. principals and parents of schools, priests and "Dayakas" of temples etc.), would reassure them further.

C. Ensure the availability of items such as disinfectant liquid, soap, facemasks etc in sufficient quantities.

D. Ensure proper cleaning and disinfection of all objects and surfaces (floors, tables, chairs, doorknobs, window frames, switch buttons and other equipment and furniture) that are frequently used.

COVID-19 can spread fast in crowded places. Infection Prevention and Control (IPC) measures and handwashing behaviours would minimize the spread of such contagious diseases in a large gathering.

Improper waste disposal can lead to the spread of Dengue. Poor water and sanitation can lead to the spread of water borne diseases.

5.7. Empathising with the displaced population

Anyone can be infected by COVID-19!

Do not discriminate or stigmatize if someone is infected with COVID-19 despite all the measures prescribed in this booklet, that person should not be blamed or victimised.

Bibliography

- COVID-19 guidance based on humanitarian standards: https://spherestandards.org/coronavirus/
- Camp coordination and Camp management: Gender equality and specific sectors: https://www.gihahandbook.org/media/pdf/en_topics/Safety Center_coordination_and_Safety Center_management.pdf
- IASC Reference Group on MHPSS in Emergency Settings with the IASC Global CCCM Cluster. Mental Health and Psychosocial Support in Emergency Settings: What should Camp Coordination and Camp Management Actors Know?
- Mental Health and Psychosocial Support (MHPSS) reference materials - IASC Guidelines on MHPSS in Emergencies, IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement and COVID-19 Guidance and Toolkit for Mental Health and Psychosocial Support (MHPSS) Teams
- Search and Rescue Guidelines during COVID-19 and Camp Management Guidelines during COVID-19: https://drive.google.com/file/d/1PTDFH4k1Z0kgJeBAxTclSoxNR5oRtcNW/view
- Minimum Standards for Prevention and Response to SGBV during Emergencies, UNFPA
- Our Voices Matter: The views of children on emergency preparedness and response in Sri Lanka, 2017, Save the Children and UNICEF

Key Contact Numbers

Name	Contact Number
Disaster Management Call Centre	117
Hotline to Receive Advice on COVID-19	1390
SMS Solution and Hotline to Manage Home Quarantined Covid-19 Patients in Western Province	1904
Emergency and Rescue Service - Fire Service Department	110
National Help Desk	118
Police Emergency Hotline	119
24 Hours Trilingual Health Hotline	1999
Ministry of Women and Child Affairs and Social Security 24 Hr Hotline	1938
National Mental Health Hotline	1926
CCC line (Free Telephone Counselling Service in Sri Lanka)	1333
National Child Protection Authority	1929
Government Information Center	1919
Ambulance Service	1990
Ministry of Women & Child Affairs and Social Security - Social Security Division	011 2887349
Sri Lanka Police Child and Women Bureau	011 2444444
Department of Social Services	011 2187050

Stay safe!

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