**Interim – ICCG Guidance for Humanitarian Personnel in Myanmar in the
Context of the COVID-19 Outbreak**

**Rationale**

All actors responding to humanitarian context must do all they reasonably can do to eliminate or minimize the risks of humanitarian interventions negatively impacting on the affected population. This includes physical risks to beneficiaries arising from the presence of humanitarian actors, the risk of replacing State functions through the substitution of service delivery, and compounding ethnic, religious or gender discrimination. Before taking any action, humanitarian actors must anticipate the consequences, assess potential risk factors and take measures to eliminate or mitigate such risks.

*This note is intended as a general guidance for humanitarian personnel and should not be taken as guidance for specific sectoral programming (please refer to your sector coordinator). IASC interim guidance are also available through* [*this link*](https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response)*.*

**Prevention and risk reduction within operational continuity**

Taking a “Do No Harm” approach, humanitarian actors need to be aware of COVID-19 and implement general preventive measures to reduce the risks of spreading the virus.

*Before going to IDP camps and nearby communities*

1. Make sure that **all staff, implementing partners, and other actors (including sub-contractors) are fully informed** of the virus and implement preventive measures such as handwashing and social distancing practices.
2. All staff, from direct service providers to support staff such as drivers, should **understand the risks of COVID-19** **introduction and propagation** in the IDP camp settings and nearby communities, and non-essential visit to IDP camps should be avoided to the extent possible.
3. They should be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE) ([technical guidance link](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance)), including masks ([technical guidance link](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-%282019-ncov%29-outbreak)). WHO recommends that a medical mask is not required for people who are not sick, but may be worn in some contexts. If masks are used, best practice should be followed about how to wear, remove, and dispose of them. Individuals with respiratory symptoms should wear a medical mask and seek medical care.
4. All staff should be knowledgeable and be able to transmit key message on COVID-19, including prevention and symptoms.
5. All staff, implementing partners, and other actors should adhere to instructions from the Myanmar authorities regarding infection prevention and control measures.
6. **Staff who have had close contact with patients confirmed with COVID-19 need to be quarantined for 21 days** and **NOT** come to work since the day of exposure to prevent contamination to residents and host communities. Those experiencing signs and symptoms suggestive of COVID-19 shall not come to work at the site, immediately seek healthcare and conduct actions in accordance with their organization’s policies ([case definition link](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-%282019-ncov%29)). *Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.*
7. In coordination with local health authorities and interagency coordination fora, ensure **dissemination of preventive guidance and tools**. This includes making awareness and prevention guidance available at each of our sites in the field, including registration, distribution sites, etc. in local languages.

*Operational continuity*

1. Actions and activities should follow the organization’s Business Continuity Plan or a joint Programme Criticality Exercise. **Life-saving activities should be continued** for as long as it is considered safe for both staff and the communities. Wherever possible, alternative service provision approaches should be arranged to minimize exposure for staff and communities (e.g. through local authorities, volunteers at site, etc.)
2. Any gathering in IDP camps should be avoided.
3. The design of **activities/programs may be adjusted** as necessary, such as by reducing frequency, joining up distributions with other clusters/sectors or partners, with the aim of maintaining the services whilst minimizing contact.
4. During activities/program delivery, ensure adequate space is available to **keep at least a 1-meter distance between people**. There should be no physical contact between humanitarian personnel and community members particularly during exchange of items, such as food.
5. Communicate that **persons with symptoms**, such as cough, fever, or respiratory problem should **not attend the activity** and inform those persons of the contact information of health care providers.
6. Make available **handwashing stations with soaps and/or hand sanitizer** to staff and communities on those sites and ensure service providers follow this advice, including ways to replenish soaps extra supplies.
7. Ensure that all staff and communities practice **frequent handwashing before, during and after activity**. Body temperature checks are also recommended. If a person of the community presents high temperature, they must be referred to the relevant health authorities.
8. **Clean and disinfect meeting/activity spaces** before and after use, particularly areas/surfaces touched by many people.

All technical guidance documents by WHO are available here: <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance>