

Guideline for Community Based Shelter Facility for Quarantine and Isolation in Relation to COVID-19 Situation

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Guideline for Community Based Shelter Facility for Quarantine and Isolation in Relation to COVID-19 Situation

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Front cover design

Public Community Team of Task Force for the Acceleration of Handling COVID-19

Foreword

Our praise and gratitude for the presence of Allah the most glorified, the most high, for the blessing of His gift, the completion of the "Shelter Facility Preparation Guidelines for Quarantine and Isolation related to Community-Based COVID-19".

As we know, the COVID-19 pandemic situation has become a global problem, including in Indonesia. The first case in Indonesia was first detected in Jakarta, but by the end of April 2020, it had been detected in all 34 provinces in Indonesia. This situation does not only affect the health sector, but also socially. One of the social impacts that needs to be anticipated is the loss of residences for those people who are mobile. With the movement of community mobility and also the increasing spread of the COVID-19 disease, there is also an increasing need for shelter facilities for isolation and quarantine related to communities affected by COVID-19, both those that are directly affected (including, positive patients, patients under surveillance, people in monitoring, and people without symptoms), and those who are not directly affected, such as people who are travelling home, *mudik*, migrant workers from abroad, or people who have been terminated or laid off from their employment.

Related to this matter, as the National Cluster Coordinator of Evacuation and Protection which includes the Shelter Sub-Cluster, the Ministry of Social Affairs, together with Shelter Sub-Cluster partners, has prepared these Guidelines for Shelter Facility Preparation for Quarantine and Isolation related to Community-Based COVID-19.

These guidelines explain the definitions, targets, concepts, and objectives of quarantine and isolation in relation to COVID-19, along with the technical criteria that needs to be considered, and the form and type of assistance that can be provided in the efforts of providing shelter. We should emphasise as much as possible, the provision of shelter for the requirements of quarantine and isolation is carried out independently or using private facilities, or, facilities that are designed for lodging purposes, all of which places the principles of Safe, Comfortable and Dignified, in the forefront. The use of public facilities is only used if it is indeed a last resort, because based on existing studies, the worst spread of COVID-19 disease actually occurs where people gather and are in public facilities and in closed rooms, such as nursing homes, yachts, boarding houses, and place of worship.

This is the first edition of these guidelines which are intended for relevant government agencies at the central and regional levels, and humanitarian organisations, as a reference in preparing Shelter facilities that are Safe, Comfortable and Dignified, for the purposes of quarantine and isolation related to COVID-19. To all those who have contributed to the preparation of these guidelines, I thank you. I hope these guidelines can be put to good use and be a reference in COVID-19 treatment activities, especially in efforts to slow the spread of COVID-19 disease and reduce social consequences that occur in the community.

Jakarta, 6 May 2020

Director of Social Protection for
Natural Disaster Victims

M. Safii Nasution, A.Ks, MP

Table of Contents

Compilation Team	2
Foreword.....	3
I. Definition of Quarantine and Isolation	5
II. Good practice and learnings related to Shelter	5
III. Technical Criteria for Community Based Independent Quarantine and Isolation.....	6
IV. Quarantine and Isolation Technical Criteria for Community Based Public Facilities.....	11
V. Types and Forms of Assistance for the Process of Providing Shelter	20
V.1. Types of Assistance	20
V.2. Forms of Assistance	20
VI. References	20

I. Definition of Quarantine and Isolation

	Quarantine	Isolation
Target	Healthy people who have a history of contact with a COVID-19 patient (People Without Symptoms), or a history of travelling, or a history of living in an area that has reported a COVID-19 case/s, or People in Monitoring status.	Sick people, obviously COVID-19 patients, or those who have symptoms of COVID-19 (Patients Under Supervision), or receive a recommendation from health workers to isolate.
Concept	Separate people who fall under the definition of quarantine / isolation from the surrounding community, with the active involvement of the local community / Head of Neighbourhood Unit / Community Unit in supporting the quarantine / isolation implementation processes, starting with the data collection of residents, involving Task Force volunteers, coordinating with the closest health facility, and offering positive consequences to resolve any existing stigmas.	
Objective	Early detection and reducing the risk of transmission from people without symptoms.	Reducing the risk of transmission.
Duration	14 days.	Until recovered, as determined by the related health worker/s.
Supervision and Referral	Supervision is carried out by the COVID-19 Task Force team at Head of Neighbourhood Unit / Community Unit / village-level government, and referred to a health facility if symptoms of COVID-19 appear.	Supervision is carried out by the COVID-19 Task Force team at Head of Neighbourhood Unit / Community Unit / village-level government, with routine / daily examinations by designated health workers. If conditions worsen, they are referred to a health service facility / referral hospital.

II. Good practice and learnings related to Shelter

Based on previous experiences, both in Indonesia and in other countries, the provision of shelter, especially for quarantine or isolation purposes, is strongly recommended to be carried out independently and not to use public facilities. This is because being in an independent facility can guarantee the application of existing health protocols, particularly related to COVID-19, which is to maintain a distance from others and the application of regular clean and healthy living patterns. In shared / collective / public shelter facilities, these things become very difficult to do. Therefore, the use of private residences or official housing is **highly recommended** for use in quarantine or isolation purposes.

Other good practices is to use places of lodging, such as hotels and motels (or the like), education and training centres, social rehabilitation centres, and hajj dormitory's as the next choice, bearing in mind that these places are designed to accommodate individuals to reside. In several regions of Indonesia, such as in the Special Capital Region of Jakarta, West Java, and Southeast Sulawesi, local governments work closely with the private sector in using hotels or other accommodation to ensure the quarantine and / or isolation process runs smoothly, combined with a checklist of preventative

measures for the spread of COVID-19 and also training for workers and / or volunteers who manage the shelter.

The use of other public facilities such as government offices, village halls and sports facilities (indoor and outdoor) **can be used only if the choice of independent quarantine and / or independent isolation is not available/possible and there are no accommodation facilities that can be used.** At public facilities, more resources are required, and also, steps to prevent the spread of COVID-19 need to be strictly applied to prevent the spread of the disease between occupants. This is because, based on existing studies, the spread of the worst diseases actually occur amongst people who are in confined spaces, such as nursing homes, cruise ships, dormitories, and places of worship.

The use of schools and boarding schools is not recommended and can only be used as a last resort. Public school buildings or other education units are not designed to be used as a places to reside, even temporarily, and in many instances, the facilities and infrastructure of schools / other education units become severely damaged and ultimately will adversely affect the quality of children's education going forward.

The use of places of worship is also a consideration in the provision of shelter. However, the aspect of inclusiveness should be noted, where access to shelter facilities is intended for everyone. Particularly for places of worship, it is necessary to coordinate with local residents, religious leaders, and local traditional leaders to consider access for prospective shelter users who have different religions and / or beliefs.

III. Technical Criteria for Community Based Independent Quarantine and Isolation

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
Definition	The process of carrying out independent quarantine and isolation implemented at home or at a place that is not managed by government while still following the directions of local officials and under the supervision of designated health workers.	
Intervention types	Monitoring both temperature and symptoms carried out independently but monitored by an officer/worker or actively carried out by the officer/workers who directly visit the location.	Daily monitoring of temperature, symptoms and any signs of change by the health worker. Provision of medication as appropriate with the symptoms and according to the advice and knowledge of the health worker. Providing psychological counselling services.
Mask	Use a mask only if in contact with outsiders.	

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
availability		
Privacy / Beds	Separate bedrooms for each occupant.	
Terrace or open space access	<p>Adjust to allow good ventilation, lighting and [space] for physical activity (if possible).</p> <p>An open space should be made available with sufficient sunlight to sunbathe for one's health, for exercise/sport, and provide exposure to fresh air and avoid stress, yet maintaining infection prevention action.</p> <p>There is an information board to post education material, communications and information, including important phone numbers.</p>	
Location	<p>Not situated in a crowded settlement and more than a 2-metre distance between other houses.</p> <p>Access for four-wheeled vehicles.</p> <p>Buildings and location are safe from other hazards like floods, landslides, tsunami or earthquakes.</p>	
Clean water availability	<p>Availability of clean and sufficient water as by applicable standards and ensure there is a good clean water supply system (there are water reservoirs and channels for public toilet facilities, areas for hand washing, and washing clothes and eating utensils / equipment</p> <p>Clean water facilities are cleaned with disinfectant a minimum of 1x a day.</p>	
Hand washing facilities with soap	<p>Separate hand washing facilities with soap are provided for each occupant, and always cleaned and disinfected.</p> <p>Do not reuse the same wash cloth. It is better for quarantined persons to use tissue paper.</p> <p>Provide a closed rubbish bin for used tissues and other waste. Refer to the waste management procedures.</p> <p>Provide hand sanitiser whenever possible.</p> <p>Clean water facilities must be cleaned with disinfectant a minimum of 1x a day.</p>	

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
Public toilet units (with hose or tap, bucket and scoop)	<p>Should be separate from other occupants of the house. If this is not possible, toilets must be cleaned frequently (at least once a day and after use by a quarantined person) with disinfectant.</p> <p>Adequate availability of clean running water.</p> <p>Ensure accessibility is tailored to the needs of occupants and in close proximity to the treatment location, and is not used by other people.</p> <p>Provide personal hygiene kits (for example toothpaste, toothbrushes, soap, combs, etc.) in individual containers and do not share with others. Also, provide a sufficient amount and the appropriate type of sanitary pads for women.</p>	
Washing clothes	<p>Separate from other family members, and soak in detergent when washing.</p> <p>Use a mask and rubber gloves while washing.</p> <p>Wash hands with soap for 20 seconds after washing clothes.</p>	
Drainage	<p>Water drains that do not flow to the outside environment can be channeled directly to the Waste Water Treatment Plant (WWTP) or to an existing septic tank; the condition of the septic tank should comply with Indonesian National Standards (SNI¹).</p>	
Waste	<p>Waste is disposed of into a separate plastic bag located in the room; wear a mask and gloves when removing from the room.</p> <p>Wash your hands with soap after removing waste.</p> <p>Education on infectious waste handling and communications with the health department related to waste management includes infectious waste, tissue waste, waste contaminated with bodily fluids, and sanitary waste.</p>	
Ventilation	<p>Natural ventilation.</p> <p>There are sufficient windows that can be opened with good and smooth airflow (60 litres / second).</p> <p>For each separate room, one ventilation / window (single air flow) is</p>	

¹ Existing studies show that the virus that causes COVID-19 is detected in human waste (both from feces and urine).

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
	<p>recommended.</p> <p>Rooms also need good ventilation to maintain comfort (from heat and cold).</p>	
Food logistics	<p>Provided by family or residents in accordance with agreements made or by utilising local government funds that are managed by local residents.</p> <p>Ensure all food served is clean, including when using food delivery services.</p> <p>Serve a nutritious and balanced diet. Also adjust to the needs of the occupants (for example soft food for the elderly).</p> <p>Provide access to drinking water.</p>	
Eating equipment	<p>Use your own eating equipment (cutlery / crockery); do not share with other occupants; wash using water and dishwashing soap.</p> <p>Use gloves when collecting eating equipment. Avoid touching the face when moving and cleaning eating equipment that have been used.</p> <p>Wash your hands with soap after cleaning eating equipment</p>	
Lighting	<p>Have adequate lighting and electricity sources (that can be supported with electricity sources / backup lighting).</p> <p>Ensure lighting is bright in the main rooms, hallway and toilet.</p>	
Medical equipment	<p>Tailored to the requirements and guidance of local health workers.</p> <p>Provision of medications and first aid, especially for those who have other congenital diseases.</p>	
Entertainment access	<p>There is access to entertainment such as television, books or internet.</p>	
Worship facilities	<p>Separate from other occupants and use ones own worship equipment. Worship equipment must be washed every day.</p>	
Security	<p>There are officers who conduct monitoring in coordination with the local task force.</p> <p>The Neighbourhood Unit / Community Unit (Neighbourhood Unit /</p>	

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
	Community Unit level task force) can also coordinate with the local village-level government / disaster management agency for assistance and security maintenance.	
Accessibility	<p>All rooms (beds, toilet facilities, washing facilities, prayer rooms, other spaces to rest) need to accommodate accessibility needs for all occupants, including persons with physical disabilities (e.g. using wheelchairs), sensory disabilities (e.g. visual impairment and hearing loss / impairment), mental disability, and intellectual disability like the elderly.</p> <p>Assistants / companions also need to understand the impact and risk of COVID-19 on persons with disabilities and prevention of transmission. Companions must be in healthy condition, have no symptoms, and are not in a high-risk group of contracting COVID-19 (such as the elderly, pregnant women, those who have other illnesses).</p> <p>Mobility aids (such as wheelchairs, crutches, walkers and canes / walking sticks) should be cleaned as often as possible using antiseptic or disinfecting fluids.</p>	
Evacuation access	<p>Have access to evacuate, especially if COVID symptoms appear. There is a list of emergency numbers such as the head of the task force from Neighbourhood Unit / Community Unit / Village level government, and focal points for community health centre / hospital-health service facilities.</p> <p>Coordinate with the nearest health service facility for referral if the health conditions worsen.</p> <p>Have an evacuation plan (using an ambulance, or other mode of transportation) and also consider if there are other disaster threats such as earthquake, flood, landslide, and tsunami, where evacuation procedures need to keep in mind distancing and quarantine and / or isolation procedures.</p>	
Relationships with surrounding residents	<p>Dissemination (of information) and education of surrounding residents needs to be carried out to mitigate stigma (negative perceptions), discrimination, and rejection from local residents.</p> <p>The community understands the risks, and the efforts that must be carried out in coordinating with facility workers if conditions start to deteriorate, and have a good understanding of the existence and</p>	

Parameters	Independent Quarantine (house, boarding house, hotel, apartment, etc.)	Independent Isolation (house, boarding house, hotel, apartment etc.)
	<p>function of the shelter facilities provided.</p> <p>Coordination needs to be carried out under local government structures (Neighbourhood Unit / Community Unit / village-level government) as well as with local security forces so that there is no social upheaval.</p> <p>The surrounding community helps to maintain a situation that is conducive to the facility environment.</p>	
Family	Must understand how to prevent infection: good hand washing with soap, coughing and sneezing ethics, how to clean furniture, how to disinfect in the house, how to prepare food, how to wash clothes, how to communicate with people in quarantine.	Must understand how to prevent infection: good hand washing with soap, coughing and sneezing ethics, how to clean furniture, how to disinfect in the house, how to prepare food, how to wash clothes, how to communicate with people in isolation.
Health Worker accommodation	Not required.	Not required, as health workers must carry out daily monitoring.
PPE Worker / who performs direct treatment	Not required.	Gloves, surgical masks, aprons (if there is a risk of splashing).

IV. Quarantine and Isolation Technical Criteria for Community Based Public Facilities

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
Definition	The process of quarantine and isolation is carried out in a public facility and is managed by the government or third party who continues to follow the direction of local officials with supervision by designated health workers, both in permanent and non-permanent buildings.	
Intervention types	Monitoring both temperature and symptoms carried out independently but monitored by	Daily monitoring of temperature, symptoms and signs of change by the health worker

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	an officer/worker or actively carried out by the officer/workers who directly visit the location.	<p>Providing medicine as appropriate with the symptoms as according to the advice and knowledge of the health workers.</p> <p>Providing psychological counselling services.</p>
Mask availability	Always wear a mask. There is a supply of cloth masks for a minimum 14 days use.	Always wear a mask. There is a supply of medical masks (2-3 masks per day) for a minimum of 14 days.
Privacy / Beds	If it is not possible to separate bedrooms, then there must be a minimum distance of 2 metres between beds and divided by curtains or screens for privacy and to prevent the spread of disease. Male and female occupants must be separated.	<p>It is strongly recommended to treat confirmed patients in a single dwelling room with a separate door and air ventilation system to avoid mixing air between rooms.</p> <p>If it is not possible to separate bedrooms, then there must be a minimum distance of 2 metres between beds and divided by curtains or screens for privacy and to prevent the spread of disease. Male and female occupants must be separated.</p> <p>Note: positive cases should not be mixed with Patients under Supervision / People in Monitoring (consult with the local health department).</p>
Terrace or open space access	<p>Adjust to allow good ventilation, lighting and [space] for physical activity (if possible).</p> <p>An open space should be made available with sufficient sunlight to sunbathe for one's health, for exercise/sport, and provide exposure to fresh air and avoid stress, yet maintaining infection prevention action.</p> <p>There is an information board to post education material,</p>	

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	<p>communications and information, including important phone numbers.</p> <p>Each occupant must maintain a minimum 2 metre distance from one another, hence there needs to be an open space wide enough (4m² per person) or used on a rotation basis.</p>	
Location	<p>Not situated in a crowded settlement and more than 2-metre distance between other houses.</p> <p>Access for four-wheeled vehicles.</p> <p>Buildings and location are safe from other hazards like floods, landslides, tsunami or earthquakes.</p>	
Clean water availability	<p>Availability of clean and sufficient water as by applicable standards and ensure there is a good clean water supply system (there are water reservoirs and channels for public toilet facilities, areas for hand washing, and washing clothes and eating equipment.</p> <p>Clean water facilities must be cleaned with disinfectant a minimum of 2x a day.</p>	
Hand washing facilities with soap	<p>The hand washing facilities with soap are to be used only for people in quarantine.</p> <p>The minimum number of hand washing facilities with soap is one facility for each occupant.</p> <p>Provide paper tissue to dry hands. Do not provide a dry cloth.</p> <p>Provide a closed rubbish bin for used tissues and other waste. Refer to the waste management procedures.</p> <p>Create distance markers for occupants who are waiting in line.</p> <p>Provide hand sanitiser whenever possible.</p> <p>Clean water facilities must be cleaned with disinfectant a minimum of 2x a day.</p>	
Public toilet units (with hose or tap, bucket	<p>There should be 1 toilet made available for every 20 patients and these should be separated between men, women, children, and health workers</p>	

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
and scoop)	<p>Toilets are to be cleaned with disinfectant a minimum of 2x a day. Inside the toilet facility provide disinfectant products for users to access before and after every use.</p> <p>Create distance markers for occupants who are waiting in line.</p> <p>Ensure that there is a safe septic tank (impermeable and does not pollute the environment).</p> <p>Ensure accessibility is tailored to the needs of occupants who are located close to the treatment locations.</p> <p>Adequate availability of clean running water.</p> <p>Provide individual personal hygiene kits (for example toothpaste, toothbrushes, soap, combs, etc) that are not to be shared with others. Also, provide a sufficient amount and the appropriate type of sanitary pads for women.</p> <p>The existence of toilet units must be evaluated according to existing needs that considers the number of units with potential users (to reduce the length of queues), separating queues / using a separate toilet unit for vulnerable groups (for example, the elderly), and ensuring there are toilet units that can be used for groups of people with special needs</p> <p>Ensure adequate lighting inside the public toilet units and in the access between the toilets and the bed. Also ensure privacy between male and females using the public toilet units.</p>	
Washing clothes	<p>Separate from other people in quarantine, and soak in detergent when washing.</p> <p>Use a mask and rubber gloves while washing.</p> <p>Wash hands with soap for 20 seconds after washing clothes.</p>	
Drainage	<p>Water drains that do not flow to the outside environment can be channeled directly to the Waste Water Treatment Plant (WWTP) or to an</p>	

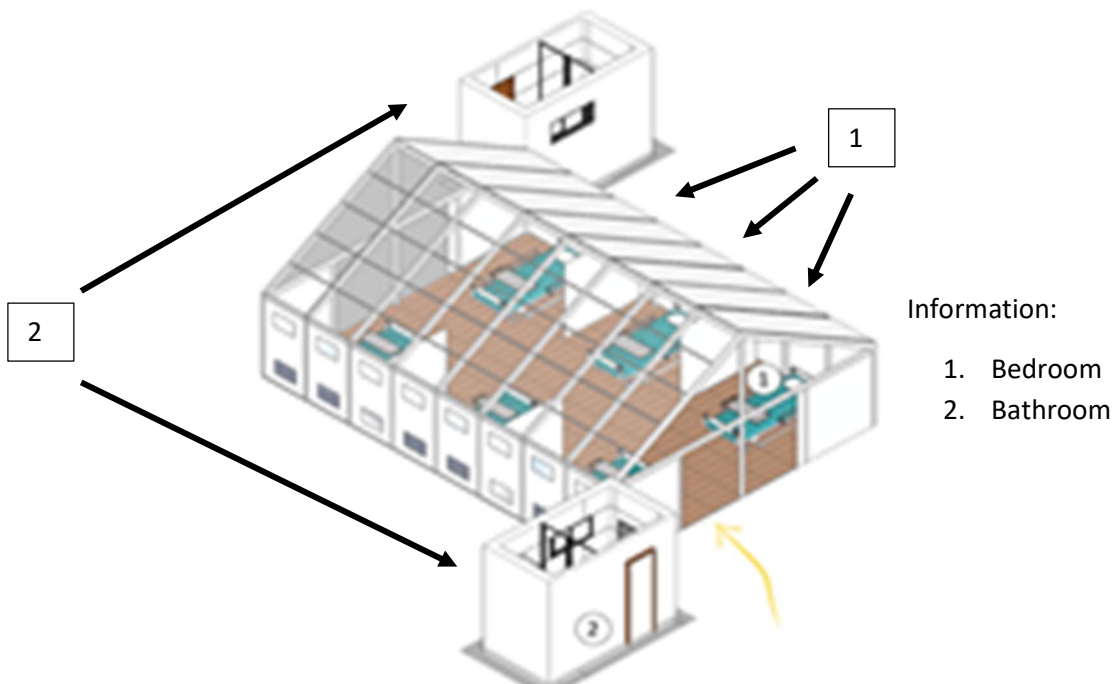
Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	existing septic tank; the condition of the septic tank should comply with Indonesian National Standards (SNI ²)	
Waste	<p>Waste is disposed of into a separate plastic bag located in the room; wear a mask and gloves when removing from the room.</p> <p>Wash your hands with soap after removing waste.</p> <p>Education on infectious waste handling and communications with the health department related to waste management includes infectious waste, tissue waste, waste contaminated with bodily fluids, and sanitary waste.</p>	
Ventilation	<p>Natural ventilation.</p> <p>There are enough windows that can be opened with good and smooth airflow (60 litres/second).</p> <p>Separate ventilation between isolation rooms, single airflow (<i>non-recirculating</i>).</p> <p>Rooms also need good ventilation to maintain comfort (from heat and cold), especially for collective / public facilities.</p>	
Food logistics	<p>Provided by family or residents in accordance with agreements made or by utilising local government funds that are managed by local residents.</p> <p>Provided by the local government (can also be a mutual cooperation system within the community by delivering fast food or cooking prepared outside the quarantine area)</p> <p>Ensure all food served is clean, including when using food delivery services.</p> <p>Serve a nutritious and balanced diet. Also adjust to the needs of the occupants (for example soft food for the elderly).</p> <p>Provide Access to drinking water.</p> <p>There is a small table behind the door / partition / curtain to leave food</p>	

² Existing studies show that the virus that causes COVID-19 is detected in human waste (both from feces and urine).

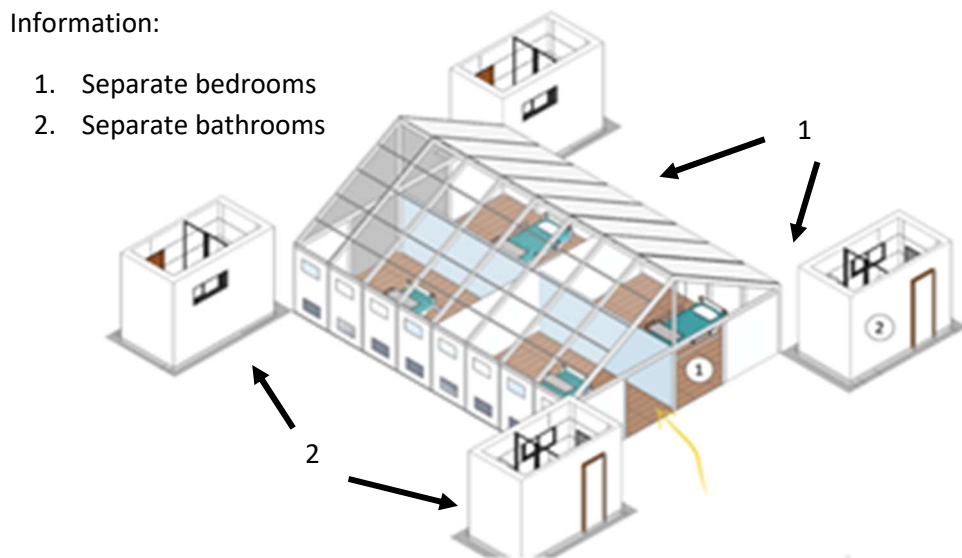
Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	or other items.	
Eating equipment	<p>Use your own eating equipment (cutlery / crockery); do not share with other occupants; wash using water and dishwashing soap.</p> <p>Use gloves when collecting eating equipment. Avoid touching the face when moving and cleaning eating equipment that have been used.</p> <p>Wash your hands with soap after cleaning eating equipment.</p>	
Lighting	<p>Have adequate lighting and electricity sources (that can be supported with electricity sources / backup lighting).</p> <p>Ensure lighting is bright in the main rooms, hallway and toilet.</p>	
Medical equipment	<p>Tailored to the requirements and guidance of local health workers.</p> <p>Provision of medications and first aid, especially for those who have other congenital diseases.</p>	
Entertainment access	There is access to entertainment such as televisión, books and internet.	
Worship facilities	<p>There is enough space for every person to perform their means of worship.</p> <p>Worship is performed separately, with each occupant keeping a distance of at least 2 metres from the other person worshipping.</p> <p>Worship equipment (for example, holy books, prayer mats, prayer beads) must be owned by each occupant and not shared. Equipment needs to be washed every day.</p>	
Security	<p>There are officers who conduct monitoring in coordination with the local task force.</p> <p>Head of Neighbourhood Unit / Community Unit (Neighbourhood Unit / Community Unit level task force) can also coordinate with the local village-level government / disaster management agency for assistance and maintain security.</p>	
Accessibility	All rooms (beds, public toilet facilities, hand washing facilities, prayer rooms, other spaces to rest) need to accommodate accessibility needs	

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	<p>for all occupants, including persons with physical disabilities (e.g. using wheelchairs), sensory disabilities (e.g. visual impairment and hearing loss/impairment), mental disability, and intellectual disability like the elderly.</p> <p>Assistants / companions also need to understand the impact and risk of COVID-19 on persons with disabilities and prevention of transmission. Companions must be in healthy condition, have no symptoms, and are not in a high-risk group of contracting COVID-19 (such as the elderly, pregnant women, those who have other illnesses).</p> <p>Mobility aids (such as wheelchairs, crutches, walkers and canes / walking sticks) should be cleaned as often as possible using antiseptic or disinfecting fluids.</p>	
Evacuation Access	<p>Have access to evacuate, especially if COVID symptoms appear. There is a list of emergency numbers such as the head of the Task Force from Neighbourhood Unit / Community Unit / Village level government, and focal points for community health centre / hospital-health service facilities.</p> <p>Coordination with the nearest health service facility for referral if the health conditions worsen.</p> <p>Have an evacuation plan (using an ambulance, or other mode of transportation) and also consider if there are other disaster threats such as earthquake, flood, landslide, and tsunami, where evacuation procedures need to keep in mind distancing and quarantine and / or isolation procedures.</p>	
Relationships with surrounding residents	<p>Dissemination (of information) and education of surrounding residents needs to be carried out to mitigate stigma (negative perceptions), discrimination, and rejection from locals.</p> <p>The community understands the risks, and the efforts that must be carried out in coordinating with facility workers if conditions start to deteriorate, and have a good understanding of the existence and function of the shelter facilities provided.</p> <p>Coordination must be carried out with the local government structure (Neighbourhood Unit / Community Unit / Village-level government) as well as with local security forces so that there is no social upheaval.</p>	

Parameters	Quarantine at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc.)	Isolation at designated public facilities (hajj dormitory, village hall, government building, emergency tent, etc)
	The surrounding community helps to maintain a situation conducive of the facility environment.	
Family	<p>Must understand how to prevent transmission: good hand washing with soap, coughing and sneezing ethics, how to clean furniture, how to disinfect in the house, how to prepare food, how to wash clothes, how to communicate with people in quarantine.</p> <p>Family and relatives are only allowed to visit at a distance of 2 metres and wear a mask. They cannot make physical contact for the duration of the quarantine period, and must understand how to prevent infection.</p> <p>A specific room is provided for visitors who expect to be separated from the quarantine house / facility.</p>	<p>Must understand how to prevent transmission: good hand washing with soap, coughing and sneezing ethics, how to clean furniture, how to disinfect in the house, how to prepare food, how to wash clothes, how to communicate with people in isolation.</p> <p>Family and relatives are only allowed to visit at a distance of 2 metres and wear a mask. They cannot make physical contact for the duration of the isolation period, and must understand how to prevent infection.</p> <p>A specific room is provided for visitors who expect to be separated from the isolation house / facility.</p>
Health workers	Not required.	<p>The needs of medical personnel, health personnel and support staff (for example cleaners) must be adjusted to the standards and protocols set by the national and district Task Force.</p> <p>Accommodation must be made available and in a separate location with close and easy access, and have adequate facilities.</p>
PPE Worker / who performs direct treatment	Not required.	Surgical masks, gowns, aprons, gloves, eye protection.



Picture 1. Basic Illustration Example of a COVID-19 Quarantine Facility that uses Public Facilities



Picture 2. Basic Illustration Example of COVID-19 Isolation Facility that uses Public Facilities

V. Types and Forms of Assistance for the Process of Providing Shelter

V.1. Types of Assistance

The types of assistance for the process of providing shelter as a temporary facility for quarantine and isolation purpose can be carried out through various options, including among others:

- a) Assistance for people affected by COVID-19 for rent / house contracts
- b) Assistance for people affected by COVID-19 who are staying / lodging at a relatives house
- c) Assistance in the provision of temporary housing through cooperation with the private sector (for example: hotel, guesthouse, dormitory, boarding house, etc.)
- d) Assistance in building temporary housing for rent
- e) Assistance in house repairs / improvement
- f) Assistance in building individual temporary housing
- g) Assistance in carpentry tools for house repairs
- h) Assistance in building camp / collective temporary housing
- i) Assistance in the procurement of temporary housing in public facilities (for example, government office, village hall, training hall/dormitory, government-owned guesthouse)
- j) Assistance in emergency housing
- k) Relief incentive assistance for people affected by COVID-19
- l) Technical assistance in providing temporary housing facilities

V.2. Forms of Assistance

The assistance provided needs to pay attention to the general guidelines for preventing the spread of COVID-19, including minimising contact (for example by using *cash* transfers), keeping a distance, using cloth masks, and washing hands regularly with soap. The forms of assistance for people affected by COVID-19 can be in the form of:

- a. money;
- b. goods;
- c. man power;
- d. incentive;
- e. psychosocial support service assistance; and / or
- f. technical guidance and assistance for the process of providing shelter

VI. References

1. WHO, March 2020, Severe Acute Respiratory Infections Treatment Centre: practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities
2. Ministry of Health, 2020, Guidelines for the Prevention and Control of Coronavirus Disease (COVID-19) Revision-4, 23 March 2020
3. Ministry of Health Circular SE HK.02.01/MENKES/202/2020 on Self-isolation Protocol on Handling Corona Virus Disease (COVID-19)

4. CDC, 2004, Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2
5. Ministry of Social Affairs, 2019, Humanitarian Shelter Guidelines, 2019
6. Sphere, 2018, Humanitarian Charter and Minimum Standards in Humanitarian Response