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The COVID–19 global pandemic dramatically changed lives, economies, and ways of working in 2020. The World Health Organisation (WHO) declared the COVID–19 outbreak a global pandemic on March 11th and called upon governments around the world to scale up their response to contain the pandemic. As many cities and entire countries went into lockdown, the most vulnerable, including those living in densely populated camps, did not have the option to isolate or to work remotely. In addition to existing risks and threats, forcibly displaced and stateless populations faced a heightened risk of COVID–19 due to more densely populated conditions, lack of access to adequate health care, and restricted delivery of critical services.

Myanmar announced the first case of COVID–19 in the country on March 23 and shortly thereafter, the Government of Myanmar started to enforce regulations and a partial lock down to prevent the potential spread of the virus. The COVID–19 pandemic presented a new challenge for many humanitarian organisations and required fast adaptation of activities and ways of working to prevent transmission while continuing life–saving activities. In Sittwe camps, COVID–19 introduced additional challenges as the authorities used the pandemic as an excuse to further violate the rights of Rohingya and Kaman communities.

8.1 Contingency Planning

Many humanitarian organisations regularly develop contingency plans for potential emergencies, such as extreme weather events or conflict escalation.

OXSI updates its seasonal contingency plan annually and was prepared, while closely monitoring the development of COVID−19, to develop a contingency plan for responding to the pandemic.

Contingency plans that include clear "triggers" help teams know when to activate a specific part of the plan. For the COVID−19 plan, OXSI colour−coded the different levels of response according to easily−observable triggers:

Yellow:

Preparedness

Orange:

Risk reduction.
(pandemic announced; cases in Myanmar but outside of OXSI's area of work)

Red:

Response.
(cases declared in OXSI's area of work)

The contingency plan clearly indicates which activities continue and which are paused at each level of response. In addition, the plan includes activity guidelines that outline, at each level, specific changes to activities and ways of working to reduce the transmission of the virus while continuing to provide life−saving assistance. This also involved defining the necessary Personal Protective Equipment (PPE) needed for staff at each phase of the response for different activities based on their exposure risk. (8A Activity Guidelines)

Together with the contingency plan, OXSI developed several SOPs and guidance notes to ensure that teams safely implemented programme activities. As with any modifications, OXSI involved gender, protection, and accountability staff in the creation of the guidelines and SOPs and focused on addressing risks to frontline staff and the groups most vulnerable to the crisis.

In addition, OXSI set up emergency teams composed of national staff from each department to carry out lifesaving activities in case of limited access to camps.

Focus on equity − gender, protection, and inclusion

The COVID−19 pandemic affects men and women differently, and this understanding is the first step to creating effective and targeted communication campaigns. The Gender and Protection Coordinator conducted training for all OXSI staff to discuss the additional challenges that women face during the pandemic. These challenges include a higher risk of contracting the virus because the majority of healthcare workers and caretakers in the home are women; an increase in domestic violence and limited ability to seek help due to isolation; lower knowledge and exposure to information; loss of autonomy and social support networks; and limited access to healthcare, especially for "non−essential" concerns. OXSI included this information in messaging for communities, and created a gender checklist for COVID−19 response activities for internal use. (8B Gender Checklist).

8.2 Adapting Activities

A new emergency response rolled out in an organisation's area of ongoing implementation may involve the cancellation or modification of activities and the introduction of new activities.

For the OXSI team, the development of the contingency plan involved creating some new activities (see next section) as well as dividing current activities into two broad categories:

- Critical life−saving assistance that had to continue during all levels of the COVID−19 response, while making sure staff conducted these activities as safely as possible.

- Activities considered too high−risk or not in line with COVID−19 infection prevention and control (IPC) measures that could either be paused or significantly altered to lower or prevent the risk of transmission. The contingency plan, along with activity guidelines, outlined the modifications taken to each of these activities at different risk levels.

Examples of OXSI life−saving activities that continued regularly during 2020 and the adaptive measures put in place include:

OXSI Life−Saving Activity	Adaptive Measures during COVID−19
Monthly distribution of hygiene kits	OXSI prepositioned several months' stock of hygiene kits in camps in case of loss of access. The first adaptation of the Hygiene Kit SOP included physical distancing during distribution, handwashing before entering the distribution area, etc. Once the situation reached Level 3 (response), the SOP was again adapted and staff began distributing the kits door−to−door while wearing PPE, distancing, and never entering households. (8C Hygiene Kit Door to Door Distribution)
Desludging of latrines and operation of the STS	Again, OXSI ensured adequate stock of materials in camps to operate the STS and carry out desludging activities. The Sanitation Team prepared to manually desludge overflowing latrines in all camps for a period of one month in case of access constraints. Sanitation staff split into two teams that alternated work days to reduce the total number of people in contact with one another.
Solid waste management	Instead of organising mass cleaning campaigns, OXSI engaged communities to take responsibility to clean their surroundings by themselves. OXSI environmental cleaners, dressed in appropriate PPE, still collect waste from public waste bins and deliver it to the incinerators, which continue to operate safely.
Hygiene promotion sessions	To avoid gathering people in large groups, OXSI switched to conducting hygiene promotion sessions through megaphones, audio files, and with door−to−door visits only, while wearing PPE, maintaining physical distance, and conducting discussions outside with a maximum of five people. Additional COVID−19 IEC was developed to facilitate information sharing. (8D COVID19 IEC)

To ensure staff safety and to decrease risk for frontline staff in carrying out essential activities, all staff received cloth masks, and staff carrying out essential activities received additional PPE such as gloves, goggles, and even full body suits (for specific activities in case of a large outbreak in camps). OXSI provided training on how to use, dispose of, and care for the PPE. Handwashing facilities were installed in any OXSI camp offices that didn't already have them, near dedicated buckets for disposing of used PPE (regularly taken to incinerators).

In addition to modifying existing activities, OXSI introduced a new set of activities to curb transmission of COVID-19. These activities aligned well with OXSI's ongoing WASH activities and did not require extensive training, except for the new physical distancing guidelines, which initially proved difficult for teams accustomed to gathering communities for educational sessions.

The new activities included the distribution of communal handwashing stations and additional soap. OXSI provided a bucket with a tap to serve as a handwashing station for every two shelters, while the shelter residents contributed to the provision of handwashing stands, which could simply be a plastic stool to hold up the bucket. The communities also agreed to maintain the handwashing stations by refilling the water and taking turns contributing soap.

In addition to communal handwashing stations, OXSI started regular disinfection of WASH infrastructure components frequently handled by many people (eg. handpump handles, latrine door handles, etc.) and messaging on COVID-19 prevention using megaphones. OXSI conducted training of staff and communities about COVID-19 symptoms, transmission, and prevention.

As the pandemic response continued, it became necessary for agencies to track and measure progress and changes resulting from COVID-19 as well as from the response itself. OXSI worked closely with the Communicating with Communities (CWC) inter-agency group to develop and implement a community perception survey to track COVID-19 related information and use the findings to modify the response. OXSI integrated the questions into a Knowledge, Attitudes, and Practice (KAP) survey as a baseline assessment in late May 2020 to understand community perceptions and needs. The OXSI gender needs assessment carried out later in 2020 also examined the effects of COVID-19 on communities, staff, and the project. OXSI adapted its messaging to address the gaps found in these assessments, such as the need for more information about symptoms, how COVID-19 is transmitted, and what to do if someone develops symptoms.

The provision of handwashing stations and soap was key in the fight against COVID-19 transmission.

8.3 | Modifications of Ways of Working

In some cases, a new emergency will also involve a change in ways of working, particularly when faced with access restrictions.

Due to the nature of the COVID-19 emergency, the preventive measures put in place by governments could decrease humanitarian access to vulnerable communities. From previous experience and given that access had become steadily more difficult for years, OXSI knew that entry to the camps could be denied, and in addition to changing WASH activities, also implemented adaptations to the ways of working in 2020.

Immediately, OXSI assessed the need for staff to go into camps on a daily basis and started to focus on ensuring that camp-based staff had everything needed to work independently in camps with frequent communication to staff outside. This required training for some staff and the provision of more laptops, cell phone credit, and the set up of electricity in camp offices that did not yet have it. Both Oxfam and SI enforced a work from home policy and scheduled office work attendance for critical operations only. With some international staff getting stuck outside of Myanmar or in Yangon for extended periods, it was also important to set up regular online meetings to ensure effective coordination mechanisms were in place within the consortium team at all levels and with other stakeholders.

The remote management systems put in place rely on the expertise of camp-based teams, some of whom had to quickly take on new responsibilities and learn new skills. The teams' adaptation and ability to continue to manage the programme uninterrupted validated OXSI's overall approach, which focuses on increased ownership and decision-making at community level, as well as the effort to slowly localise the response. In fact, the success of the management systems in place during most of 2020 informed OXSI's development of future programming to focus on strengthening technical expertise and facilitating processes to formalise partnerships and transition services to community groups or local entities in camps. OXSI also plans to support these community groups in camps in their discussions with duty bearers to identify durable solutions.

When the threat of COVID-19 limited staff access to camps, OXSI set up hotlines to receive complaints from communities through camp-based accountability staff. Each camp had a mobile phone for staff to receive feedback, and the phone number was posted on bulletin boards and spread by camp-based staff conducting COVID-19 awareness sessions. Feedback on cases was also given via the same channel. Although hotlines are not ideal in the camps, where cell phone ownership is low, particularly among women and girls, this provided a temporary alternative for those who did not feel comfortable going to OXSI offices to file complaints.

OXSI set up hotlines for collecting and responding to feedback for those who did not feel comfortable filing complaints face-to-face.

8.4 Coordination

Coordination between organisations, clusters, and the government is extremely important when facing a new emergency.

In Rakhine, an inter–agency task team was established at the end of March to work on a coordinated response. OXSI joined the taskforce to provide technical support for WASH–related activities and plans. The Rakhine State Government (RSG) organised a parallel task team, and while the two teams initially did not communicate well, the humanitarian task team quickly adapted to the instructions of the RSG.

Most other working groups operating in Sittwe also took on new tasks and activities during the COVID–19 pandemic. For example, the Communicating with Communities (CwC) working group regularly tracked

rumours and sent out reports to agencies. This was helpful for agencies to hear about and respond quickly to any misinformation being circulated. Protection agencies monitored and sent out reports about individual and community access to information, ability to respond to and prevent COVID–19, access to resources and services, and key protection risks linked to COVID–19. The Hygiene Promotion Technical Working Group coordinated on key messaging and IEC development and translation. Every cluster and working group discussed the COVID–19 response and worked together to fill gaps.

A coordinated response is a key protection principle and especially crucial at the start of a new emergency to ensure full coverage of needs.

8.5 Principled Programming

In a rapidly–evolving new emergency, humanitarian agencies must continue to hold themselves accountable in practising safe programming, adhering to humanitarian principles and standards, and upholding their values.

While many countries did their best to quell the spread of COVID–19, some struggling democracies and highly repressive states used the pandemic as an excuse to violate human rights. Due to the complex human rights crisis in Sittwe, OXSI remained vigilant during the COVID–19 response and continued to try to ensure principled action.

For example, when cases emerged in Myanmar, authorities requested the assistance of humanitarian actors to support COVID–19 quarantine and isolation centres, including the request to OXSI to provide WASH services. The set–up of these centres was not transparent in terms of management, conditions, and occupancy. OXSI had concerns that the centres pose protection risks for Rohingya communities and could cause harm as well as destroy trust between

communities and the organisations working in camps who would be perceived as collaborators in these facilities. At the same time, it was important that the facilities had proper WASH facilities, and OXSI's intervention could minimise the overall harm caused.

To assist with these difficult decisions, OXSI created a checklist to assess each situation on a case–by–case basis. The checklist was shared with other agencies and clusters to promote and influence a discussion on a principled humanitarian response that does not create further harm to strained communities. With the use of this checklist, OXSI assessed and confidently assisted several quarantine facilities in camps with the construction of latrines and bathing spaces, as well as with the provision of hygiene kits.

OXSI WILL not support: if ANY of the following criteria or conditions are met due to risk of causing harm, undermining our values & humanitarian principles:

There is direct support or active collaboration with armed actors, including the Police Force and other groups that might infringe humanitarian principles and OXSI values.

Support sites are where incidents of threats, coercion, violence, blackmail or sexual exploitation and abuse have occurred or suspected to have occurred.

Women and girls do not have access to care by preferred gender.

Sites do not have gender segregated facilities for women and girls who are quarantined/isolated from their households/families.

Family separation occurs without the best interests of the child or children in mind.

Individuals are forced to incur costs associated with their isolation/quarantine or associated processes.

No considerations for child protection and the safeguarding of vulnerable adults are taken into account.

If any responses are YES, OXSI will NOT support.

OXSI might support: if through our activities we are able to mitigate, reduce, or address the following conditions and/or risks (more analysis will be needed):

We might consider supporting if the following criteria and conditions are met:
People in sites have limited access to communication and information and OXSI can ensure individuals have unfettered access to timely and relevant communication/ information.
Specific needs for vulnerable individuals exist and OXSI's support can ensure their specific needs are better understood and met appropriately.
Sites do not have gender separated facilities and OXSI's support can ensure increased gender and protection analysis, and the construction/installation of separate facilities for different genders with protection considerations.
There are unclear or unofficial plans regarding stay(s) and OXSI's support to site management will lead to the development and communication of a clear plan for people's stay.
Where OXSI can influence and ensure women and girls have access to care by preferred gender.
Where OXSI can influence and ensure family separation does not occur.
Where it is clear and communicated that individuals will not be forced to incur costs associated with their isolation/quarantine or associated processes.
Child protection and PSEA measures have been considered and a safeguarding complaints mechanism is in place.

*If some/all responses are YES, follow up with management to discuss further and if agreed, review the green criteria.

OXSI WILL support: (community–led and government–led initiatives), IF we are informed and/or involved in the rationale for setting–up of facilities, management arrangements (with a focus on ensuring people's safety and protection during their stay), and ALL of the following criteria/conditions are met:

We will support if ALL of the following criteria and conditions are met:
Sites are free from involvement of armed actors and other groups that might infringe humanitarian principles and OXSI values.
Communities in the surrounding area(s) of the quarantine or isolation centre and the main target group(s) of the centre have been consulted, informed, and acknowledge such arrangements as an appropriate solution for the specific local context to reduce the spread of infection in the community while respecting safety and dignity of the individuals hosted.
People admitted to the site(s) have done/do so voluntarily.
People in the site have unfettered access to timely and relevant communication and information.
The site has gender separated facilities for personal hygiene and sleeping.
Women and girls have access to care by preferred gender and their specific needs are considered.
Families and children/siblings are kept together.
Specific needs for vulnerable individuals are being met.
Costs associated with the stay are not incurred by individuals/families.
There is a clear and communicated plan for the stay, including details on transportation, admission and release processes.
Activities adhere to WHO standards and guidance, if applicable.
People in the site are safe and the site is free from incidents of threat, coercion, violence, blackmail or sexual exploitation and abuse, or suspected incidents.
People's dignity and privacy (including data privacy) are not infringed.
Site management is transparent and has community acceptance and/or involvement.
Verification is possible through MEAL activities or Protection Monitoring.
Child protection and PSEA measures have been considered and a safeguarding complaints mechanism is in place.

*If ALL responses are YES, proceed with support by completing the Safe Programming Matrix and discussing with management