Frequently asked questions
-COVID-19 FAQ-

Wednesday, 03 June 2020

INTRODUCTION
This is a dynamic document where one can find answer to questions related to COVID-19 disease and SI management of this situation at global level. The featured information will be regularly updated and communicated to the teams, mainly through direct communications that will be the reference (this document will not be updated in real-time).

This document will be updated regularly.

If you cannot find an answer to your question, please contact your usual focal point at base, country or HQ level, who will if need be liaise with HQ dedicated Tasks Forces.

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GENERAL INFORMATION

1. What is SARS-CoV-2? What is COVID-19?
Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is the name given to the 2019 new coronavirus. COVID-19 is the name given to the disease associated with the virus. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

2. Where do coronaviruses come from?
Coronaviruses are viruses that circulate among animals with some of them also known to infect humans. Bats are considered as natural hosts of these viruses yet several other species of animals are also known to be a source. For instance, the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is transmitted to humans from camels, and the Severe Acute Respiratory Syndrome Coronavirus-1 (SARS-CoV-1) is transmitted to humans from civet cats.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

3. Is this virus comparable to SARS or to the seasonal flu?
The new coronavirus detected in China is genetically closely related to the SARS-CoV-1 virus. SARS emerged at the end of 2002 in China, and it caused more than 8 000 cases in 33 countries over a period of eight months. Around one in ten of the people who developed SARS died.

The current COVID-19 outbreak caused around 7 000 reported cases in China during the first month after initial reports (January 2020), with a further 80 000 cases reported globally during the second month (February 2020). Of these first 87 000 cases, about 3 000 died. Cases are now being detected across the globe.

While the viruses that cause both COVID-19 and seasonal influenza are transmitted from person-to-person and may cause similar symptoms, the two viruses are very different. It is estimated that between 15 000 and 75 000 people die prematurely due to causes associated with seasonal influenza each year in Europe. This is approximately 1 in every 1 000 people who are infected.

Despite the relatively low mortality rate for seasonal influenza, many people die from the disease due to the large number of people who contract it each year. The concern about COVID-19 is that, unlike influenza, there is no vaccine and no specific treatment for the disease. It also appears to be as transmissible as influenza if not more so. As it is a new virus, nobody has prior immunity which in theory means that the entire human population is potentially susceptible to COVID-19 infection.


4. How severe is COVID-19 infection?
It is much higher than the mortality rate for seasonal influenza.


5. How long will this outbreak last?
Unfortunately, it is not possible to predict how long the outbreak will last and how the epidemic will unfold. We are dealing with a new virus and therefore a lot of uncertainty remains.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

6. What is the mode of transmission? How (easily) does it spread?
While animals are the original source of the virus, it is now spreading from person to person (human-to-human transmission). There is not enough epidemiological information at this time to determine how easily and sustainably this virus spreads between people, but it is currently estimated that, on average, one infected person will infect between two and three more. The virus seems to be transmitted mainly via respiratory droplets that people sneeze, cough, or exhale. The virus can also survive for several hours on surfaces such as tables and door handles.

The incubation period for COVID-19 (i.e. the time between exposure to the virus and onset of symptoms) is currently estimated at between 1 and 14 days. At this stage, we know that the virus can be transmitted when people who are infected show flu-like symptoms such as coughing. There is evidence suggesting that transmission can occur from an infected person with no symptoms (non-symptomatic persons).
7. How long is the incubation period for COVID-19?

The “incubation period” means the time between catching the virus and beginning to have symptoms of the disease. Most estimates of the incubation period for COVID-19 range from 1-14 days, most commonly around five days.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

8. What are the symptoms of COVID-19 infection?

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat, loss of sense of smell or diarrhoea. These symptoms are usually mild and begin gradually.

Some people become infected but don’t develop any symptoms and don’t feel unwell (non-symptomatic persons).

Most people recover from the disease without needing special treatment.

Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.


On May 15th, WHO published a scientific brief about the multisystem inflammatory disorder detected amongst children and adolescents. This disorder presents similar characteristics to those of Kawasaki diseases and toxic shock syndrome. A first preliminary case definition has been developed and will be updated regularly as soon as more information is available.

**Children and adolescents 0–19 years of age with fever > 3 days**

AND two of the following:

a) Rash or bilateral non-purulent conjunctivitis or mucocutaneous inflammation signs (oral, hands or feet).
b) Hypotension or shock.
c) Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP),
d) Evidence of coagulopathy (by PT, PTT, elevated d-Dimers).
e) Acute gastrointestinal problems (diarrhoea, vomiting, or abdominal pain).

AND elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin

AND no other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

AND evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19


9. What types of people are most at risk of developing a serious form of COVID-19 coronavirus infection?

While scientists are still learning about how COVID-2019 affects people, it appears that older persons as well as the following persons are more at risk of developing serious illness than others:

- Patients with chronic kidney or heart failure;
- Patients with cirrhosis;
- Patients with a history of cardiovascular disease;
- Insulin-dependent diabetics or those with complications in addition to their condition;
 Patients with chronic respiratory disorders being treated with oxygen therapy, or who have asthma or cystic fibrosis or any chronic respiratory condition likely to worsen during a viral infection;

 Pregnant women;

 Persons who are morbidly obese;

 Persons with a compromised immune system:

 o undergoing immunosuppressive therapy: chemotherapy for cancer, immunosuppressive chemotherapy, biotherapy and/or immunosuppressive doses of corticotherapy;

 o with uncontrolled HIV infection;

 o who have had solid organ or hematopoietic stem cell transplantation;

 o who are undergoing treatment for malignant hemopathy;

 o who have metastatic cancer;


 If you think you fall into this category, please report to your management.

 10. Is there a treatment for COVID-19?

 Not yet. To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019. However, those affected should receive care to relieve symptoms. People with serious illness should be hospitalized. Most patients recover thanks to supportive care. Possible vaccines and some specific drug treatments are under investigation. They are being tested through clinical trials. WHO is coordinating efforts to develop vaccines and medicines to prevent and treat COVID-19.

 The most effective ways to protect yourself and others against COVID-19 are to frequently clean your hands, cover your cough with the bend of elbow or tissue, to wear a mask and maintain a distance of at least 1.5 meter (5 feet) from people who are coughing or sneezing.

 Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

 11. How long can the coronavirus that causes COVID-19 survive on surfaces?

 It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

 If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water, or with chlorinated water. Avoid touching your eyes, mouth, or nose.

 Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

 12. Can humans become infected with the COVID-19 from an animal source?

 Coronaviruses are a large family of viruses that are common in animals. Occasionally, people get infected with these viruses which may then spread to other people. For example, SARS-CoV was associated with civet cats and MERS-CoV is transmitted by dromedary camels. Possible animal sources of COVID-19 have not yet been confirmed.

 To protect yourself, avoid direct contact with animals and surfaces in contact with animals.

 Ensure good food hygiene practices at all times. Handle raw meat, milk or animal organs with care to avoid contamination of uncooked foods

 Avoid consuming raw or undercooked animal products.

 Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

 13. What is the risk of COVID-19 infection from contact with pets?

 Current research links COVID-19 to certain types of bat as the original source, but does not exclude the involvement of other animals. Several types of coronaviruses can infect animals and can be transmitted to other animals and people. There is no evidence that companion animals (e.g. dogs or cats) pose a risk of infection to humans.

 As a general precaution, it is always wise to observe basic principles of hygiene when in contact with animals and always wash your hands frequently and thoroughly after contact and avoid contact with you face.
To protect yourself, such as when visiting live animal markets, avoid direct contact with animals and surfaces in contact with animals.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

### PREVENTION & REACTION

1. **How can I avoid getting infected?**

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

1. Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water, or with chlorinated water (the right dosage).
   **Why?** Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.

2. Maintain at least 1.5 metre (5 feet) distance between yourself and anyone.
   **Why?** When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

3. Avoid touching eyes, nose and mouth.
   **Why?** Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

4. Wear a mask (See Guidance note on protective measures in CoVID-19 context + question 5 above).

5. Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
   **Why?** Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

6. In case of any doubt regarding your health condition, or if you feel unwell:
   1. **Do not go to the doctor or hospital as you may put yourself and/or others at risk.**
   2. **Separate yourself from other people (self-isolate).** Put on a disposable mask if you have to talk to someone.
   3. **Contact support, according to your location: SI management who will put you in touch with the relevant medical reference.** You will have to describe your situation, including symptoms.

7. Keep up to date on the latest COVID-19 information.
   **Why?** COVID-19 is a new virus and scientific information are detailed and revised every day. Information on the virus, its transmission paths and the disease may help to protect you and your loved ones.

Adapted from https://www.who.int/emergencies/diseases/novel-coronavirus-2019

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2. **What if I have recently been in an affected area?**

Notify your management or HR who will provide guidance on further steps to take.

3. **What should I do if I have had close contact with someone who has COVID-19?**

Notify your management or HR who will provide guidance on further steps to take.

4. **What should I do if I have symptoms / feel sick?**

If you have fever, cough and difficulty breathing you should seek medical attention using the following prevention methods:

1. **Do not go to the doctor or hospital as you may put yourself and/or others at risk.**

2. **Separate yourself from other people (self-isolate).** Put on a disposable mask – or if not available, a tissue if you have to talk to someone.

3. **Make sure you dispose tissues and other waste in a safe way to protect others and avoid further contamination**

4. **Contact support, according to your location: SI management who will put you in touch with the relevant medical reference.** You will have to describe your situation, including symptoms.
5. Are face masks effective in protecting against COVID-19? Should I wear one?

Face masks contribute to decrease the transmission from person-to-person. However, as mentioned by WHO and CDC, the other measures of protection such as regular handwashing with soap/hydroalcoholic gel and maintaining physical distance must be respected.

Different kind of face masks exist in the market: N95 or FFP2 respirators, surgical and cloth (“barrier”) masks. The N95 and surgical masks are the most protective ones and should be worn by health care workers who are in contact with COVID-19 patients (e.g., Szarpak et al., 2020). The cloth mask are intended to be used by the general public only. During the SARS outbreak in 2003, Li et al. (2006) performed an in-vivo study about the protective performance of those two types of masks. They concluded that the N95 has a lower air and water vapor permeability compared to the surgical mask but both provide an adequate level of protection with a filtration efficiency of 97% for the N95 mask and 95% for the surgical one. To date, only a few studies have been done about testing the efficiency of cloth masks. The experimental one led by Konda et al. (2020) tested the performance of 15 natural and synthetic fabrics (cotton, silk, flannel, chiffon). They also tested with multiple layers and fabrics. It is worth to mention the filtration efficiency was higher for those ones (>80% for particles <300 nm). Moreover, cotton performed better at higher thread count. More information can be found in the following document: “Note on the capitalisation of information on the use of so-called « barrier » masks”.

To sum up, as explained by WHO and CDC, face masks should be worn by health care workers, individuals who are sick or having symptoms, and who are taking care of someone sick. If you are not sick but you are in a situation where a physical distance cannot be maintained (in public settings), you should wear a cloth mask. It is important to note that WHO and CDC provide only recommendations and countries remain free to apply them or not. It is crucial to keep yourself updated about the use of face masks in the country you are based or living in and follow local instructions.

Adapted from:


6. How to put on, use, take off and dispose of a mask?

1. Before touching the mask, clean hands with an alcohol-based hand rub or soap and water
2. Take the mask and inspect it for tears or holes.
3. Orient which side is the top side (where the metal strip is).
4. Ensure the proper side of the mask faces outwards (the coloured side).
5. Place the mask to your face. Pinch the metal strip or stiff edge of the mask so it moulds to the shape of your nose.
6. Pull down the mask’s bottom so it covers your mouth and your chin.
7. After use, take off the mask; remove the elastic loops from behind the ears while keeping the mask away from your face and clothes, to avoid touching potentially contaminated surfaces of the mask.
8. Discard the mask in a closed bin immediately after use.
9. Perform hand hygiene after touching or discarding the mask – Use alcohol-based hand rub or, if visibly soiled, wash your hands with soap and water.

Adapted from https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

7. Where can I learn more?
You may check our main sources of references:
- SI Intranet: http://intranet.solidarites.org/portal/index.html
- Local health authorities dedicated information channels

Refer to your management for any specific questions regarding local rules, regulations & advices.

SI RISKS MITIGATION MEASURES

1. What are the risks incurred in link with the COVID-19 global & local contexts?
The typical types of issues that are expected are:
- Possible health issues, either direct (being affected by the virus and/or contributing to the spread of the epidemics) or indirect (having a limited access to medical support);
- Possible self-isolation / quarantine;
- Possible movement restrictions;
- Possible disruption of activities;
- Possible stigma and/or misdiagnosis;
- Etc.

Such issues can impact either individuals (employees, beneficiaries, communities, etc.), groups of individuals, or the organization as a whole.

2. What precautions should I take if I have to work in / travel to an affected area?
SI will not arrange field activities to an affected area without a briefing on current situation, measures in place, how to react in case of issues and prior consent.

Refer to your management if you have specific questions regarding this.

3. What measures are in place at country & bases levels to mitigate the risks incurred?
Each country team sets specific measures (& rules) to mitigate the incurred risks on employees, beneficiaries and local communities, in accordance with SI global policies, WHO global guidelines and each host country rules & regulations.

Two guidelines were particularly designed to provide a safety & security framework:
- Individual Safety measures: available from SI Intranet
- Safety & Security SOP on operations in COVID-19 contexts: available at each country level

These measures can cover a wide range of topics and can sometimes change on a short notice: movement restrictions, re-prioritization of activities, specific communications, etc.

It is important to note that SI is not a specialized health organization. We are working in close collaboration with health actors and follow their guidelines.

4. Who are the focal points with regards to measures in place at base & country levels?
Focal points remain the usual ones (line manager, Field Coordinator, Country Director as a general case), unless otherwise communicated from your base, country or HQ level management.

You may also check our main sources of references:
- SI Intranet: http://intranet.solidarites.org/portal/index.html
5. What measures are in place at HQ level to support country teams in managing safety & security?

A dedicated mechanism has been working in HQ from February, to work on both preparedness and response. It has since then been developed and divided into several thematic ones, to cope with the global scale of the situation. All Departments are involved.

**Functioning of CoVid instances set up at SI**

Objectives of COVID-19 Management Committee and both task forces are:
- Alerts follow-up
- Adaptation of the organization
- Production of guidelines & frameworks: SOPs, Memos, technical notes, etc.
- Global inter-NGO coordination

6. How to formalize the adjustments of signatories made in the COVID-19 context in the face of the changes in the organizational charts?

The delegations of signatures carried out in the COVID-19 context in the face of GAPs or difficulties related to TT situations must be discussed with the Desk and formalized through an update of the table of signatories of the country, which will ensure traceability for future external audits. As a reminder, the delegations of signature must be made in priority from N to N+1.

**SI HUMAN RESOURCES MITIGATION MEASURES - NATIONALS**

1. What about medical coverage during this global crisis?

The medical costs management remains the same at global level, irrespectively of each country's specific situation (SI internal system, public health insurance system or private health insurance system).

Refer to your HR Department for details on your specific situation.

2. I think I am "most at risk" of developing a serious form of infection, what should I do?

Each national team will proactively identify the people "most at risk" (see the dedicated question in the first part of this document, above), in order to anticipate any risks that may or may not be incurred in the course of its usual...
work. SI will follow the official recommendations issued by each country and those at risk will follow the official rules specific to their case. If no specific action is taken, the persons at risk will follow the same rules as the rest of the employees, and will be under the same contractual system as the rest of the employees.

If, and only if, no official action is taken and SI believes that the safety of its national employees, with a risk of co-morbidity, is at risk, SI will reserve the right to take further action.

If you have any questions about your specific circumstances, please contact your Human Resources Department.

3. I am delocalized & I would like to go back home, what can I do?

Depending on the context, if there is an existing risk of movements shut down, managers will discuss the necessity of a preventive return to home location for delocalized employees. The organization and costs linked to this preventive repatriation to home-based location, if decided, will be covered by SI.

4. Is there any change in leaves policy? Can I take leaves as usual?

The management of leave requested by our employees remains the same during this period.

We would like to remind everyone that during this period, we ask every employee who is able to perform his or her duties to do so. Indeed, SI aims to ensure optimal service, given the constraints, to beneficiaries by maximizing all activities that can be carried out. If a person does not wish to work for personal reasons, his/her absence must be justified and dedicated leave must be taken.

5. Y-a-t-il des changements contractuels liés à la crise COVID ?

In order to mitigate the consequences of the crisis on our employees, to retain them as long as possible and in the best possible conditions over time, while respecting the local labour law rules of each country and our donor accountability, SI will set up a leave and contractual management mechanism, specific to each mission and each labour law, on a country-by-country basis as of May 1st.

Also, in view of the discrepancy in the measures provided for by each labour law in the countries in which SI works, SI has decided to set up social minima in order to reduce the differences on a global scale and ensure a common base.

For more details specific to your country, please refer to the internal memo published for your country or contact your human resources department.

6. Can I get psychological support?

Should you feel stressed because of the COVID-19, please refer to your HR Department for locally identified external psychological support.

SI HUMAN RESOURCES MITIGATION MEASURES - INTERNATIONALS

1. Can I leave or return to my mission of assignment?

Given security, logistics and health constraints, and given the facts that each local environment changes on a daily basis, we request all internationals to get in touch with their Country Director, HR Department or Line Manager before taking any decision and/or validating any international trip.
All employees travelling from abroad to their country of assignment must respect a period of 14 days of "self-isolation" (individual confinement), regardless of their country of origin or travel plan. It is strongly recommended that the period of confinement takes place in the capital, i.e. in the city of arrival from abroad. Should the Country Team decide that the containment period should take place outside the capital city, special arrangements must be made to limit the risk of potential contamination by the employee, as per validated SOPs.

**Additional or more restrictive measures may be implemented at the discretion of the Country Director and the Desk Manager in HQ, based on changes in local contexts.**

HQ visits have been put on hold under further notice. Derogations can be validated by the HR Director and the Director of Operations, in which case the same "self-isolation" as mentioned above must apply.

### 2. Can I get psychological support?

Remote psychological support is available to all internationals, as usual. You can get in touch with Eutelmed, our service provider, at any time: dial +33 1 40 26 07 32 (indicate that you are employed by “SI” or “Solidarites International” when calling).

**Refer to your HR Department in case of doubt in this regard.**

### 3. Can I get medical support through SI health insurance?

Medical teleconsultations remain available as usual, through MSH (SI medical insurance) website. On your personal panel, go to “Your health / Medical teleconsultation” on the website. This service is free of charge; costs will be covered by MSH.

**Refer to your HR Department in case of doubt in this regard.**

### 4. I think I am "most at risk" of developing a serious form of infection, what should I do?

Each mission will proactively pre-identify people who are "most at risk" (see dedicated question in the first part of this document above), in order to offer them a temporary preventive withdraw from the field / office to protect them from any extra-risk should they be infected by COVID-19.

**Refer to your HR Department in case of doubt in this regard.**

### 5. Is there any change in the break policies?

In order to avoid being stuck abroad, no SI international employee may take leave or transit through countries subject to travel bans from the country of assignment authorities. This includes obligations of quarantine in an uncontaminated third country prior to entry into the territory, obligations of quarantine in state-run facilities prior to entry into the territory, or the obligation of a health certificate upon entry into the territory, which is currently not reliably obtainable.

SI furthermore appeals to the responsibility and individual consciousness of each employee to refrain from taking holidays in countries showing a high prevalence or countries that have taken confinement measures.

When a destination goes into prohibited status, any break to that destination can be called into question, up to 48 hours before the employee boards the plane.

Exceptional derogations (death of a close relative, etc...) can only be granted after validation by the Director of HR and the Director of Operations.

Transport tickets (flights, train, etc.) for break taken outside the country of employment must systematically be taken as refundable. For this reason, an exceptional increase of 350 EUR\(^3\) in the break allowance will be temporarily granted starting from 01-MAR-2020 until further notice in order to take into account the additional cost related to this requirement.

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\(^3\) Refer to your HR Department for USD exchange rate
Si will reimburse non-refundable and unused tickets taken up to 15-MAR-2020 by an employee, if he can prove actual payment\textsuperscript{4}. Any non-refundable ticket taken from 16-MAR-2020 onwards (date from which Si asked to book refundable tickets) will not be refunded by Si in the event of cancellation for any reason.

Personal expenses incurred other than transportation to the country of destination (e.g. hotel reservations, car rental, etc...) will not be reimbursed by Si.

The break allowance and reimbursements are to be paid in the country of assignment (no payment to the employee's global account).

6. May Si staff who are teleworking from their country of residence receive their perdiem?\textsuperscript{5}

In accordance with the expatriates’ employment contract\textsuperscript{5}, it has been established that there is no per diem during telework by expatriates when the telework is carried out from the country of residence. This applies regardless of their personal situation in that country of residence.

### SI PROGRAMS MITIGATION MEASURES

1. What are the general instructions in terms of program adjustments?

In line with our global strategy of being a player in the fight against epidemics and their prevention across all our sectors of intervention, we must therefore adapt and rethink current programmes now and anticipate the development of new activities along three main operational lines, in accordance with national recommendations:

1/ Reinforcement of Covid-19 infection prevention actions for the protection of the most vulnerable populations in all our areas of intervention.

2/ When our operational and financial capacities allow it, development of actions to fight and control the epidemic in our areas of intervention and extension - if possible - to nearby epidemic outbreaks.

3/ Protection of workers (internal SI & local partners/subcontractors)

From now on, it is mandatory for everyone to carry out a review of the activities and carry out a new risk analysis with the prism of the COVID-19 epidemic in order to define the related mitigation measures for the continuation of the ongoing actions.

2. What is the most important information about responding to COVID-19 epidemics?

- Social distancing is the central measure to prevent infection with the COVID-19 virus.
- The application of barrier gestures helps to slow down the progression of the epidemic and consequently allows the protection of the most vulnerable.
- The WHO technical guidelines - and the Sphere\textsuperscript{®} standards by extension - for the provision of safely managed WASH services are sufficient in the prevention of COVID-19 virus (in particular, chlorine facilitates the destruction of the COVID19 virus). Additional measures are not necessary
- Frequent and proper hand hygiene is one of the most important measures to prevent infection with the COVID-19 virus.

3. Are WASH activities the only activities concerned by an adaptation in a COVID-19 situation?

No, all our programs and businesses are concerned by the adaptation of existing activities and the implementation of mandatory measures and WHO recommendations (notably social distancing).

4. What is the role of the COVID-19 Program Task Force? Can I mobilize it directly?

- Define the framework for adapting our existing programs and developing new activities specific to the COVID-19 global health crisis;
- Support the teams in the implementation and adaptation of our programs based on the updating of our risk analyses and the implementation of measures to mitigate the impact of the crisis;
- Raise and manage program alerts;

\textsuperscript{4} Refer to your Administration Department for details on documents required

\textsuperscript{5} The contract states « In addition, [Name SURNAME] will receive a fixed allowance per 30-day period, “Per Diem”, in order to finance personal expenses (food, hygiene...). This monthly allowance is defined for each field office in accordance with the amounts defined in the Annex I of the contract. »
• Identifying, monitoring and capitalizing on information / documentation / lessons learned internally and externally on the key elements of the crisis and widely disseminating the results in order to improve our response and the adaptation of our operational procedures.

• Produce technical recommendations for the prevention and control of the epidemic and the protection of our personnel in the sectors of intervention of SI.

• Adaptation of the technical support provided by the programme and head office support teams: hotline, creation of specific tools, development of technical guidelines, etc.

A regular review of the literature produced is planned as knowledge and epidemic dynamics evolve.

The COVID-19 Program Task Force is made up of members of the headquarters programme team (Desk Programme Referents and Technical Referents): the field teams cannot contact the Task Force directly, but can send their technical and programme support requirements via the usual communication channels.

5. What resource documents are produced, where can I find them?

Cf. Referencing table - Documents General Coordination CoVid

Dissemination of documents by e-mail as and when required + posting on the intranet.

6. I have a problem revising my programmatic risk analysis or implementing activities, who should I discuss it with?

Using standard communication channels: Programme Managers should speak to their Technical/Programme Coordinator or Deputy Country Programme Director, who in turn should speak to the Programme Desk Referees. The latter will put them in touch with a technical referent according to the need expressed and the technical competence required.

Expression of needs and positioning / feedback on documents

Field TOWARDS HQ

COVID-19 Management Committee

Program Task Force

Support Task Force

Excel Sheet – Feedbacks and questions
Programs - Share Point CoVid

Desk manager
Desk level

Country Director
Coordinators

Excel Sheet – Feedbacks and questions global & support - Share Point CoVid
7. Do air-conditioning systems increase the risk of spreading the virus?

It is generally advised to avoid generating air flows / particles "aerosolization" from contaminated surfaces. This is all the more important as you are in a closed space and if ambient air is not renewed (closed windows). As air conditioning systems create an air blow, they de facto increase the projection distance of contaminated particles, if any.

8. In a framework of efficiency of activities and resources, can we estimate the impact of social distancing vs. the impact of handwashing vs. the impact of disinfecting surfaces vs. the impact of other barriers?

To have more impact, a combination of barriers must be used. On the other hand, disinfecting a household where there is a sick person is not too valuable, as contamination is continuous. On the contrary, it becomes more valuable in the extreme case of death and once the corpse has been moved from the house and, in the hospital, when the patient is changed in the room.
9. In more detail, can we estimate the impact of handwashing vs. the impact of handwashing + hand disinfection in the daily life of a household?

Washing hands thoroughly, according to the recommended method, and for 30-60 seconds should be sufficient.