



Responding to protection risks during the COVID-19 pandemic A Protection Cluster Operational Footprint

Purpose

COVID-19 is affecting communities worldwide, including in countries already impacted by armed conflict or disaster. Field Protection Clusters (FPCs) strive to continue delivering protection programs and services through alternative modalities, and address protection risks and rights violations that may affect the effectiveness of health response; protection issues triggered or exacerbated by COVID-19 and related measures; protection issues preceding the outbreak that persist and cannot be forgotten.

This “Operational Footprint” on COVID-19:

- Identifies a minimum package of critical activities to be implemented feasibly in all protection cluster operations¹
- Aims to increase predictability and clarity for key stakeholders what can be expected from FPCs
- Intends to foster shared learning and best practices across operations
- Provides a framework of key protection actions for the country chapters of the Global Humanitarian Response Plan (GHRP), the revisions of country Humanitarian Response Plans and of National Peace and Development Plans

This Operational Footprint is complemented by a series of technical guidance developed by the Global Protection Cluster (GPC).

Operational Footprint

To safely deliver on its “Operational Footprint”, FPCs and operational partners will rely on key enablers:

1. Remote and community-driven approaches, including mobilisation of community volunteers and community-based organisations, for protection monitoring and for service delivery and assistance, particularly case management.
2. Risk communication and community engagement (RCCE), including responsive and customised Communication with communities (CWC) and support to local networks for rights awareness-raising and information sharing campaigns, taking into consideration people with special needs.
3. Working with other sector partners for protection monitoring and referrals to protection actors.

The Operational Footprint focuses on five key protection deliverables:



¹ This includes all 25 operations with active Protection Clusters/Sectors as well as 7 operations with current Protection Working Groups. See Annex 1 for detailed list of current operations supported by GPC.



1. Effective, safe, dignified, and inclusive health response

Protection actors will support health and other actors to ensure that COVID-19 measures are safe, dignified, non-discriminatory, and to identify and minimize barriers to accessing services. This will include supporting service providers in adapting assistance modalities and medical protocols to be inclusive and adapted to the special needs of vulnerable and marginalized populations, across age, gender and diversity factors. For example, persons with disabilities and older people as well as women/minor/single-headed households – particularly when primary care-givers are isolated in accordance with health protocols.

Guidance and advocacy including on quarantine centres and shielding measures

Trainings

Operational support

2. Protection monitoring and protection analysis

Protection analysis will highlight dynamics and trends in protection risks and rights violations, including their interlinkages with COVID-19 and operational impact. FPCs will share regular updates with inter-cluster, HC/RC, HCT, donors, authorities, and others to guide collective and sectoral decision-making.

Protection monitoring and assessment will use remote or community-based monitoring, multi-sectoral assessments, and secondary data, including from National Human Rights Institutions (NHRIs).

Key issues to monitor, analyse and report on include: violence, abuse, exploitation, coercion, and deliberate deprivation – including related to GBV and child protection, self-protection strategies, (negative) coping mechanisms, and social cohesion; access to public health information and medical services (prevention, testing, and treatment); access to other essential services (WASH, shelter, food security and livelihood); changes in laws and policies and their implementation particularly to identify abuse of power in the context of declaration of state of emergency, rights of people deprived of their liberty, or situations of discrimination and stigmatization of specific populations (e.g. displaced persons and other marginalized groups); arbitrary or discriminatory restrictions to freedom of movement, as well as forced displacement and forced returns.

Harmonised protection needs assessment and monitoring

Regular Situation Reports

Monthly Protection Briefs and Analysis

3. Protection advocacy

FPCs will ensure that the voices and priorities of affected people are heard. The GPC global advocacy will support field priorities and messaging.

Protection actors will engage with authorities to ensure COVID-19 measures are strictly necessary, proportionate, limited in time, and neither arbitrary nor discriminatory in nature or in their application – and to facilitate access and freedom of movement for timely protection service delivery subject to minimum health and safety requirements.

FPCs will sustain advocacy with parties to armed conflict on respect for IHL/IHRL, particularly to prevent and stop attacks on civilians and their assets, or violations hindering access to health and other essential services, and to protect humanitarian and medical personnel and assets, and critical services infrastructure. FPCs will also advocate with local authorities and service providers to ensure the protection and confidentiality of health information, and prevent and address stigmatization, abuse, exploitation, and discrimination in accessing health (prevention, testing, and treatment) and other essential services, particularly for vulnerable and marginalised populations.

Advocacy messages and campaigns



4. Protection awareness raising activities and campaigns

Protection actors will strive to strengthen risk communication and community engagement (RCCE) channels and build responsive approaches to Communicating with Communities (CwC), information sharing and awareness raising with affected communities.

Approaches will engage national and community networks and be adapted to linguistic, cultural, age/gender and disability needs on: public health information; rights awareness regarding COVID-19 measures imposed by authorities; conditions and pathways to essential services; and information on what to do in case of abuse, exploitation, or discrimination.

Rights awareness and information dissemination culturally adapted and through appropriate channels

5. Protection service delivery

Protection actors will provide *in situ* or remote case management, particularly for child protection, GBV survivors, older people, and persons with disabilities, and psychosocial support. Where appropriate, cash will be used as an assistance modality to the most vulnerable populations.

FPCs will use community-driven approaches, volunteers, and networks to prevent, mitigate, and address protection risks.

FPCs will also ensure that comprehensive referral pathways are adapted to support affected populations to access services through self-referral and community-based solutions – e.g. community focal points and volunteers; collaboration with non-protection actors for monitoring and identification of cases, particularly in locations where protection actors have no access.

Alternative modalities for case management

Adapted referral pathways

Community-driven protection

Individual Protection Assistance (IPA), including Cash for protection

MHPSS

Operations where the National Protection Cluster is not activated

The GPC will directly support the implementation of the operational footprint in all operations where Protection Clusters are activated. For other operations in the GHRP, the GPC recommends adherence to the same minimum operational footprint, and is ready to provide support – together with the Areas of Responsibility and other expert organisations – based on requests and build on existing coordination structures in accordance with the new IASC Scale-up Protocols. The support package of the GPC includes: (1) Introductory Training on Centrality of Protection & Protection Mainstreaming; (2) Training on protection coordination tools; (3) Support to develop COVID-19 contextualized Protection Strategies, (4) Support to set up COVID-19 Field Protection Working Groups; (5) Support in designing specific projects, programmes and response modalities; (6) Provide remote support through specialised staff – and deploy them whenever possible.

Overarching operational principles

These activities will be implemented in accordance with public health and staff safety measures and recommendations, and IASC policy and programmatic standards. Engagement between protection and health clusters will be guided by the (draft) Joint Operational Framework between the Global Health Cluster and the GPC.

Human rights-based approaches, participation and empowerment of affected populations, accountability to affected populations, survivor-based approach, respect for codes of conduct, Protection from Sexual Exploitation and Abuse (PSEA), and Child safeguarding will remain central to the protection response and implementation of this Operational Footprint.



Annex 1: Field Protection Clusters / Sectors / Working Groups Requirements

Country	Protection Requirements for COVID-19 Response		Adjusted Protection Requirements for non-COVID-19 Response		Total Protection Requirements	
	US\$	% of country total	US\$	% of country total	US\$	% of country total
Afghanistan	9.3 M	9%	59.9 M	9%	69.2 M	9%
Bahamas	No HRP		Not in GHRP		N.A.	
Burkina Faso	5.0 M	8%	17.1 M	6%	22.1 M	7%
Burundi	3.8 M	10%	17.3 M	13%	21.1 M	13%
Cameroon	13.5 M	14%	39.3 M	13%	52.8 M	13%
Central African Republic	3.1 M	2%	32.5 M	8%	35.6 M	6%
Chad	2.0 M	2%	15.9 M	3%	17.9 M	3%
Colombia	3.0 M	2%	93.0 M	44%	96.0 M	24%
Congo DR	24.0 M	8%	133.6 M	7%	157.6 M	7%
El Salvador	No HRP		Not in GHRP		N.A.	
Ethiopia	13.9 M	4%	42.4 M	4%	56.3 M	4%
Guatemala	No HRP		Not in GHRP		N.A.	
Haiti	7.8 M	7%	18.8 M	6%	26.6 M	6%
Honduras	No HRP		Not in GHRP		N.A.	
Iraq	71.2 M	27%	97.3 M	24%	168.5 M	26%
Libya	3.6 M	9%	31.6 M	35%	35.2 M	27%
Mali	9.8 M	21%	34.5 M	10%	44.3 M	11%
Mozambique	2.0 M	3%	27.4 M	4%	29.4 M	4%
Myanmar	2.7 M	6%	34.6 M	16%	37.3 M	14%
Niger	13.0 M	17%	20.9 M	5%	33.9 M	7%
Nigeria	82.5 M	10%	20.4 M	9%	102.9 M	10%
Pacific	No HRP		Not in GHRP		N.A.	
Palestine	1.0 M	2%	33.7 M	10%	34.7 M	9%
Philippines	5.0 M	6%	Not in GHRP		5.0 M	6%
Somalia	10.6 M	6%	74.8 M	7%	85.4 M	7%
South Sudan	15.3 M	7%	87.0 M	6%	102.3 M	6%
Sudan	2.1 M	2%	70.7 M	5%	72.8	5%
Syria	12.8 M	3%	377.0 M	11%	389.8 M	10%
Ukraine	4.9 M	10%	51.0 M	32%	55.9 M	27%
Venezuela	0.6 M	1%	68.6 M	9%	69.2 m	8%
Yemen	7.8 M	4%	150.8 M	5%	158.6 M	5%
Zimbabwe	6.7 M	8%	21.3 M	3%	28.0 M	3%
TOTAL	273.4 M	7%	1.7 B	8%	2.0 B	8%

Sources: GHRP May 2020; HRPs 2020; COVID-19 Plans and reports from Cluster Coordinators and Co-coordinators.

