



COVID 19 Response and Preparedness Related Measures

ANNEX I - Protection Programming

I. Protection Programming

Protection risks and violations are influenced by age, gender and other diversity factors, which can be exacerbated by the COVID-19 pandemic. As such, to enable a more effective overall response, a protection risk analysis that takes into account the specific vulnerabilities that underlie the risks faced by affected persons need to inform preparedness response plans. In order to avoid an exclusive focus on pre-defined categories of persons, analysis would highlight the experiences of men, women, girls and boys, and marginalized persons (e.g. LGBTQI persons, older persons, persons with disabilities, displaced persons or migrants, persons belonging to ethnic and religious minorities or linguistic minorities and/or indigenous peoples).

This requires the following steps:

- a. Assessing and Monitoring needs and identifying risks (ensuring the needs of those at risk are understood) Assessments should be designed to provide information related to the protection environment and the protection needs of the affected population, including as they relate to the impact of COVID-19 and government restrictions. Key protection issues should continue to be monitored, such as freedom of movement, physical safety, access to services/assistance and psychological well-being of the affected population. Methodology for the assessment may include observation and KIIs if prevention and mitigation measures are in place. **If not possible to conduct assessment in person because of lack of access or health/safety risks, KIIs should be conducted over the phone.**
- b. Developing a strategy to address the identified needs, for your sector as well as jointly with others such as the health cluster/WASH cluster/Food Security etc.
- c. Defining your cluster plan and what plan should be jointly conducted with other sectors/clusters
- d. Defining the package of services the cluster intends to deliver

- e. Jointly define what multisectoral package of services should be provided and by whom

For the purpose of COVID-19 response, it is essential to ensure that:

- a. Working with OCHA and WHO in-country to ensure protection is mainstreamed in COVID-19 preparedness and response plans
- b. Response to the COVID-19 pandemic focuses on all, including those forced to flee their homes. Particular attention should be given to vulnerable populations such as the elderly, persons living with disabilities, women and children
- c. Adapt protection monitoring to the reality created by COVID-19. The protection cluster has a key role in monitoring the protection impact of the current situation in order to guide the humanitarian response and to inform advocacy efforts. Protection monitoring should be conducted jointly with other protection services, including services referrals and case management. **If systematic access to individuals is limited or inadvisable given the circumstances, protection monitoring should be conducted in an ad hoc manner targeting specifically vulnerable HHs or HHs showing particular signs of distress or needs of assistance. Protection monitoring may also be used to disseminate information about the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available.**
- d. Statistics, analysis and programming identifies the different needs and vulnerabilities of women, men, boys and girls
- e. Early information sharing and coordination for a humanitarian response at country level is anchored and informed by robust protection analysis disaggregated by age, gender, and diversity
- f. Involve other clusters (Health, Food Security, WASH), particularly the health cluster in protection analyses by ensuring a structured approach to identifying and assessing at risk populations and how protection risks can be best mitigated
- g. A consistent and commonly agreed set of indicators between Health and Protection can also be key to harmonizing assessments and monitoring and evaluating joint interventions and programming. The use of both quantitative and qualitative indicators is vital in all phases of an assessment, as is the disaggregation of data by age, sex and diversity
- h. Protection cluster coordinators/partners who have the capacity to mainstream protection principles collaboratively build the capacity of other members (if need be)

and clusters who take part in response activities through e-learning, webinars, and on-line workshops

- i. Consider remote management and alternate modalities when conducting protection monitoring, delivering case management, referrals, MHPSS and alternative care (see here relevant tools on [case management](#), alternative care, Cash Assistance as a response modality in remote settings)

Key Protection Principles²

Protection principles inform humanitarian response to address protection issues through protection mainstreaming, protection integration or specialized protection activities. Four Protection Principles apply to all humanitarian action and all humanitarian actors:

1. Prioritize safety, dignity, and avoid causing harm
2. Meaningful access
3. Accountability
4. Participation and Empowerment

Prioritize safety & dignity, and avoid causing harm. Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks. Ensure measures to preserve the safety and dignity of the affected population are in place, such as:

- Ensure that all protection staff, members, community members/leaders engaged in activities are trained on COVID-19 self-protection and have access to necessary personal protective equipment (training requested from Health partner, where possible)
- Support health and wash preventive, preparedness and response plans
- Conduct mapping of services to adapt your programs and response to COVID-19 :see here example from the [Syria Protection Sector^{\[1\]}](#) (<https://enketo.unhcr.org/x/#GnH6GCoO>)¹
- Conduct program criticality exercise and adapt activities to COVID-19 response : [see here example from the Iraq Protection Cluster](#)

¹ The Syria Protection and Community Services sector carried out a rapid survey among its partners between 22 and 25 March 2020, using online survey. 59 organizations have responded providing an overview of the impact of the COVID-19 prevention measures on their operations in Syria

https://www.globalprotectioncluster.org/wp-content/uploads/NPC-Priority-HRP-activities-during-COVID-19-13-March-2020_FNL-002.pdf

- ❑ Ensure that individual case management, a critical protection activity and service, continues and that cases are referred to functioning service providers **who are capable of implementing appropriate preventive and mitigating measures** (safe distance, avoidance of any contact, sanitizer available, and when possible, gloves and masks).
- ❑ Consider joint messaging and programming between health and protection, CCCM and Protection, WASH and Protection, Food Security and Protection, Human Rights and Protection: see her example from the [South Sudan Protection Cluster](https://www.globalprotectioncluster.org/wp-content/uploads/Human-Rights-and-Protection-Considerations-COVID-19.pdf) (<https://www.globalprotectioncluster.org/wp-content/uploads/Human-Rights-and-Protection-Considerations-COVID-19.pdf>) Prevention and mitigation measures to protect staff and beneficiaries should be put in place, including by limiting the number of persons for each activity, ensuring the provision of protective gear and adequate training of frontline staff on preventive measures
- ❑ **In line with above, please see measures adopted by the Syria and Iraq Protection Clusters to maintain protection monitoring, case management and referrals, MHPSS as well as duty of care for staff**
- ❑ Ensure quarantine facilities preserve the safety and dignity of the affected population and are carried out in strict accordance with human rights standards and are proportionate to the elevated risk^[2]: see her example from [South Sudan Protection Cluster](https://www.globalprotectioncluster.org/wp-content/uploads/Human-Rights-and-Protection-Considerations-COVID-19.pdf) (<https://www.globalprotectioncluster.org/wp-content/uploads/Human-Rights-and-Protection-Considerations-COVID-19.pdf>) and the Syria Protection and Community Services Sector ^[3] (https://www.globalprotectioncluster.org/wp-content/uploads/Syria_Protection-considerations-for-quarantine-facilities-24032020.pdf)
- ❑ Consider potential tensions between affected population and host communities: **see here tips on Risk Communication and Communicating with Communities by WHO**

Meaningful Access: Arrange for people’s access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

- ❑ Consult with all population groups (AGD approach) to identify specific needs and challenges they may face
- ❑ Identify vulnerable groups based on a thorough analysis of risk and not on predefined categories
- ❑ Make adaptation to infrastructures to ensure services can be accessed by persons with reduced mobility
- ❑ Understand power dynamics and potential obstacles to services
- ❑ Monitor access to services, potential discrimination or discontinuation

Examples of meaningful access : transportation, isolation and treatment services for people infected or suspected of being infected need to be adapted to accommodate to the most vulnerable; ensure dedicated caregivers for children; ensure that there are facilities accepting pregnant women and that facilities are adapted to cater for people with disabilities or older people.

Accountability

- ❑ Ensure the participation of the affected population in preparedness, contingency and response plans designed to respond to the pandemic and other related protection concerns. This would effectively address potential community mistrust and panic
- ❑ Ensure appropriate mechanisms are in place through which affected populations can measure the adequacy of interventions, and address concerns and complaints
- ❑ Ensure information dissemination and awareness raising on COVID-19. Awareness raising activities should include information on the containment, prevention and response to COVID-19
- ❑ Awareness raising activities may also represent an opportunity to include joint messaging with health actors and an occasion for MHPSS actors to provide psychological first aid (PFA) to alleviate the stress and anxiety resulting from the situation
- ❑ Map and assess any on-going community-led awareness raising activities regarding COVID-19 within the community
- ❑ Support community-led initiatives to regularly update messages in-line with evolving guidance and instructions on COVID-19 from the Public Health Officers, WHO, the local Government and, if relevant, local communication and community engagement networks

- ❑ Identify standard messaging to communities on health services in the operation/context;(Somalia)
- ❑ Adopt [strategies](#) to counter social stigma, misinformation and rumours

Participation and empowerment

- ❑ Coordinate response in liaison with local authorities and civil society
- ❑ Support the development of self-protection capacities. Assist people to claim their rights, including (not limited to) the rights to shelter, food, water, sanitation, health, and education
- ❑ COVID-19 Preparedness and Response Plans are developed with the participation of community members/community representatives/community structures. This will help reduce panic and concern about the situation as well as increase efficiency of response
- ❑ On-going consultations with community members/community structures to identify and design programs that elevates positive coping mechanisms
- ❑ Deliver COVID-19 awareness-raising and hygiene outreach related to prevention and containment of the virus in accessible and appropriate languages