



Protection Cluster Recommendations/Observations on the Criticality of Humanitarian Response Plan 2020 Activities in Relation to the COVID-19 Situation in Iraq (13 March 2020)

Disclaimer: the information provided below should be considered as general recommendations on the Humanitarian Response Plan (HRP) activities to prioritize and suggestions on how to implement them due to the COVID-19 situation in Iraq. Each organization retains the final responsibility for the implementation of activities and should carefully consider the adoption of risk prevention and mitigation measures to ensure the safety and security of its staff and beneficiaries.

1. General information

1.1. Humanitarian Operations Cell

A COVID-19 Humanitarian Operations Cell (HOC) composed of the Resident Coordinator/Humanitarian Coordinator (RC/HC), Heads of UN agencies and NGO Coordination Committee for Iraq (NCCI) was established on 5 March 2020 to lead the strategic management of the humanitarian response to the COVID-19 situation, including coordination and engagement with government authorities in the Kurdistan Region of Iraq (KRI) and Federal Iraq. The HOC asked the Clusters to conduct a prioritization exercise of the HRP 2020 activities based on Programme Criticality 1 (PC1)/Programme Criticality 2 (PC2) levels, including the categorization of activities directly relating to COVID-19 containment, prevention or response. On the 9 March 2020, the list of activities was endorsed by the HOC and they were shared with the Government of Iraq and the KRI authorities for their assistance in guaranteeing humanitarian transit and access.

1.2. Prioritization of Activities

Priority activities were identified by the Protection Cluster in line with the priority criteria of (1) life-saving response, (2) sensitive protection work, (3) COVID-19 awareness-raising and hygiene outreach related to containing the virus, and (4) specific logistics activity to support 1-3. The criticality of the non-priority activities will be reassessed after a 30 day-period (expected to be conducted by mid-April 2020). These activities have been classified as non-critical within a two week to 30 days window, meaning that activities can be put on hold temporarily if required as preventative measure to limit the opportunity for transmission of COVID-19. However, after 30 days, the level of criticality of activities may be reviewed in light of contextual developments. While activities related to COVID-19 containment, prevention or response are being prioritized, the humanitarian leadership will continue to advocate with the government authorities in KRI and Federal Iraq that all identified PC1/PC2 level activities continue if practicable under current health protocols and government directives.

1.3. Generic Principles

The HOC outlined some generic principles that should guide humanitarian partners in conducting their activities including:

- Response to COVID-19 needs to be uniform across the operation;
- Large gatherings and meetings need to be minimized;

Humanitarian actors are advised to exercise common sense in all movements and activities as this may optically appear against COVID-19 guidance by the beneficiaries. If there are any concerns about their health, staff should not set out on mission as the agencies' ability to overrule governmental health protocols are limited.

1.4. Communication with Communities

All partners are encouraged to use the information materials produced by WHO in relation to the containment, prevention and response to COVID-19 when sharing information with the affected population. Partners who wish to engage in information dissemination should request the technical guidance and support of the Health Cluster prior to conducting awareness-raising activities. The WHO information documents are available here: <https://drive.google.com/drive/folders/1PB90ELMH0aQmDYRY8rcUvtNIO0eA78sU>

2. Prioritized HRP 2020 Activities

2.1. General Protection

Awareness-raising: Awareness raising activities on protection issues should continue and may also include information on the containment, prevention and response to COVID-19 if staff are trained by health actors and if information material are available. Awareness raising activities may also represent an opportunity to include joint-programmed messaging and an occasion for PSS actors to provide psychological first aid (PFA) to alleviate the stress and anxiety resulting from the situation. Prevention and mitigation measures to protect staff and beneficiaries should be put in place, including by limiting the number of persons for each activity.

Community-based protection: Community-based activities include community centres where some key activities are conducted. Community centres are an essential entry-point for access to information and services and, if allowed by government directives, may be kept open. Prevention and mitigation measures to protect staff and beneficiaries should be put in place for all activities conducted inside the community centres, including by limiting the number of persons accessing the centre and participating in activities. Other community-based activities, such as community-outreach and activities conducted by community-based protection committees, might not be a priority due to circumstances and light of government restrictions.

Community-level protection assessment: The assessment should be designed to provide information related to the protection environment and the protection needs of affected communities, 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, KIIs and possibly small FGDs 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.

Protection monitoring: Protection monitoring is important as it enables the identification of HHs and individuals in need of protection services, in addition to the collection of protection information for the purpose of analysis. Protection monitoring should be conducted jointly with other protection services, including services referrals and case management. If systematic access to individuals is limited or unadvisable 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.

Services referrals: Referral to specialized services is essential for cases which are identified through protection monitoring, at community centres, or through other forms of outreach. It is an integral part of case management and is therefore critical despite the potential limited availability of services provided by other humanitarian actors or public institutions. It is essential that referral pathways and services mapping information are regularly updated at local level to facilitate referrals and related activities. Referral to specialized services might contribute to the containment, prevention and response to COVID-19, in particular with respect to medical services or PSS activities.

Case management: Case management support should be maintained for existing caseload and also be provided to new cases, to the extent of partners' abilities in the current situation. If case management in person is not feasible or advisable in the current circumstances, alternative modalities may be explored to ensure continued support, such as follow up by phone. If access to beneficiaries and capacities of case management actors are further limited, high risk cases should be prioritized for case management follow up. If case management services are provided at community centres, prevention and mitigation measures should be put in place.

Psychosocial support: PSS should be limited to individual PSS as part of the case management support. Group-based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives and prevention and mitigation measures are put in place. If psychosocial support in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure

continued support, such as follow up by phone. PSS can alleviate the stress and anxiety produced by the outbreak and can also be used to share information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available.

Cash for protection: Cash for protection is essential as it can contribute to the physical protection of the persons and address protection needs. This is particularly relevant with regards to the heightened risk of negative coping mechanisms that may result from reduced access to assistance and services, as well as reduced economic opportunities due to COVID-19 situation. Cash for protection is done through targeted assessment and distribution at the individual or HH level and therefore does not require large social gathering. Modalities of distribution may be also adapted as relevant, for instance by prioritizing the use of Financial Service Provider over cash-in-hand.

Legal assistance (civil documentation): This is an essential activity that directly relates to the legal and physical safety of the concerned individuals, the fulfillment of their fundamental rights and their access to essential services. While access to public institutions, such as courts, Civil Affairs Directorates (CAD) and other administration offices, may be fully or partially disrupted in most governorates as a result of government directives, legal assistance services should be maintained whenever possible.

Legal assistance (detention representation): This is an essential activity that directly relates to the legal and physical safety of the concerned individuals and the fulfillment of their fundamental rights. While access to public institutions and authorities, such as courts, intelligence and military authorities/offices may be fully or partially disrupted in most governorates as a result of government directives, legal assistance services related to detention should be maintained whenever possible.

Advocacy: Advocacy on ongoing protection issues and potential rights violations (eg. freedom of movement, discrimination in access, or restricted access, to services, etc.) should continue.

2.2. Gender-Based Violence

Case management: Case management support should be maintained for existing caseload and also be provided to new cases, to the extent of partners' abilities in the current situation. If case management in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone. If access to beneficiaries and capacities of case management actors are further limited, high risk cases only should be prioritized for case management follow up. If case management services are provided at community centres, prevention and mitigation measures should be put in place.

Psychosocial support: PSS should be limited to individual structured PSS as part of the case management support. Group-based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives and if prevention and mitigation measures are put in place. If psychosocial support in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone. PSS can alleviate the stress and anxiety produced by the outbreak and also be used to share information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available.

Dignity kits: The provision of dignity kits is essential to the physical and psychological well-being of women and girls and should therefore continue. The provision of dignity-kits is done at the individual level and only for cases supported with case management services.

Services referrals: Referral to specialized services is essential for cases which are identified through protection monitoring, at community-centers or through other forms of outreach, if feasible. It is an integral part of case management and is therefore critical despite potential limited availability of services provided by humanitarian actors or public institutions. It is essential that referral pathways and services mapping information are regularly updated at local level to facilitate referrals and related activities. Referrals to specialized services might contribute to the containment, prevention and response to COVID-19, in particular with regards for medical services or PSS activities.

Non-priority activity during the COVID-19 outbreak:

Awareness-raising: GBV Partners are advised to comply with the government directives in terms of avoiding grouping people and adjust their group-based activities plans accordingly. Nevertheless, awareness-raising can be done individually or through different modalities like radio/TV broadcast. Partners are advised to not expose the safety of their beneficiaries and staff at risk at any cost and ensure that the recommended precautionary measures to prevent and mitigate the spread of COVID-19 are considered during all activities.

2.3. Child Protection

Awareness-raising: Awareness raising activities on child protection-related issues should continue and may also include information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available. Awareness raising activities on child-protection are, in the current context, also an opportunity for PSS actors to provide PFA to alleviate the increase stress and anxiety resulting from the COVID-19 situation. To this end, the CP sub-cluster will develop specific CP and PSS messages in coordination with WASH, Health, Education and MHPSS actors as well as identify different modalities for delivery of activities. Prevention and mitigation measures to protect staff and beneficiaries should be put in place when awareness raising activities are conducted.

Case identification and referrals: The identification and referrals of CP cases to enable access to specialized CP services remains critical. It is of particular importance considering that the number of CP cases identified and referred are expected to increase due to the heightened child protection risks related to the COVID-19 situation.

Case management: Case management support should be maintained for existing caseload and also be provided to new cases, to the maximum extent of partners' abilities in the current situation. Individual PSS can be integrated into the case management support. If case management in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone. If access to beneficiaries and capacities of case management actors are further limited, high risk cases only should be prioritized for case management follow up. The current risks associated with COVID-19 requires the CP sub-cluster to identify alternative care arrangements for children whose caregivers fall ill or who are quarantined or hospitalized.

Legal assistance (civil documentation): This is an essential activity that directly relates to the legal and physical safety of the concerned children, the fulfillment of their fundamental rights and their access essential services. While access to public institutions such as courts, Civil Affairs Directorates (CAD) and other administration offices may be fully or partially disrupted in most governorates a result of government directives, legal assistance services should be maintained whenever possible.

Legal assistance (detention representation): This is an essential activity that directly relates to the legal and physical safety of the concerned children and the fulfillment of their fundamental rights. Legal actors should receive the referrals of cases of children who have been arrested or have been held for screening or investigation purposes. COVID-19 prevention activities will also be required to support children in detention facilities, state houses and prisons.

2.4. Housing, Land and Property

Awareness-raising: Awareness raising activities on HLP-related issues should continue and may also include information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available. Prevention and mitigation measures to protect staff and beneficiaries should be put in place, including my limiting the number of persons for each activity.

Legal assistance: This is an essential activity that directly relates to the fulfillment of some fundamental rights of affected individuals and their access to assistance. While access to public institutions such as courts, Compensation Committees and sub-Committees as well as other administration offices may be fully or partially disrupted in most governorates as a result of government directives, legal assistance services should be maintained whenever possible.

Advocacy: Advocacy on ongoing HLP-related issues and potential rights violations should continue.

2.5. Mine Action

Mine-risk education: This is an essential type of awareness-raising activities that directly relates to the physical protection from the risks posed by mines and unexploded ordinances. Awareness raising activities may also include information on the containment, prevention and response to COVID if staff are properly trained by health actors and if information material are available. Risk management approach should be used when planning for door-to-door sessions or sessions with ‘large’ number of beneficiaries.

Clearance and survey: This is an essential type of activity that directly relates to the physical protection from the risks posed by mines and unexploded ordinances. While public institutions, such as the Directorate of Mine Action and the Iraq Kurdistan Mine Action Agency, may be fully or partially disrupted in most governorates a result of government directives, clearance and survey operations should be maintained whenever possible.

Victim assistance: The provision of multi-sectoral assistance and services to victims of mines and unexploded ordinances will remains critical. Case management support should be maintained for existing caseload and also be provided to new cases, to the maximum extent of partners’ abilities in the current context. If case management in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone.

3. Monitoring of the situation

It is expected that the current COVID-19 situation will have either directly or indirectly a significantly adverse impact on the protection situation of affected populations, including through increased restrictions on freedom of movement due to government restrictions, reduced assistance and services from humanitarian actors, increased levels of stress and anxiety amongst adults and children, disruption of public services and instructions, higher reliance on negative coping mechanisms aggravated by reduced economic opportunities, child protection risks including the possible separation of children from their primary caregiver, physical violence and neglect.

The Protection Cluster is committed to monitor the protection impact of the current situation in order to guide the humanitarian response and to inform advocacy efforts. Accordingly, ***the Protection Cluster encourages all partners to continue monitoring and reporting key protection issues, incidents and trends to the governorate-level Protection Working Groups (PWGs) and CP and GBV WGs for their sharing of information with the Protection Cluster Coordinators*** (please check the [link](#) to the updated Protection Cluster organogram).

In addition, partners are encouraged to report access related issues to OCHA Head of Sub-office who are continuing their functions as Access WG focal points.

Location	Name	Position	Phone	E-mail
Dohuk	William Strangio	Head of sub-office	+964 751 135 2877	strangio@un.org
Ninewa	Sarah Olive Otuku	Head of sub-office	+964 751 740 3577	otuku@un.org
Kirkuk & SAD, Suly	Eveline Viehboeck	Head of sub-office	+964 782 780 4620	viehboeck@un.org
Baghdad, Anbar, Diyala	Birgit Velt	Humanitarian Affairs Office	+964 782 780 6094	velte@un.org