



Protection Sector Guidance on the Criticality of Protection Activities During the COVID-19 Situation¹

The general recommendations below are meant to provide guidance to Protection Sector partners as they make decisions on protection program criticality during the COVID-19 public health pandemic. The following guidance (*dated 23 March 2020*) is based on the situation at the time of writing; the situation is likely to evolve rapidly; all Protection Sector partners must follow any and all local and national-level guidance on COVID-19 response. The implementation of protection activities in Libya is done at the discretion of Protection Sector partner organizations and agencies. Protection Sector partners are reminded to consider both the principle of *do no harm* to affected populations and their *duty of care* to staff when deciding on their implementation of protection programming.

The criticality of the activities will be reassessed in 30 days (mid-April). The Protection Sector will monitor the impact of the humanitarian response to guide advocacy efforts. The Protection Sector encourages all partners to report key protection issues, incidents, and trends, including incidents of discrimination in access to services and health facilities in relation to the current COVID-19 emergency:

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I. GENERAL INFORMATION²

A. Coordination

Preparedness for, and eventual response to COVID-19 is coordinated through the existing humanitarian architecture, under the auspices of the RC/HC's office and leadership of OCHA through the technical sectors, with the technical guidance of the World Health Organization (WHO). All activities related to the COVID-19 response will be done in coordination with the Libyan National Centre for Disease Control (NCDC), Ministry of Health (MoH) and the Health Sector.

B. Principles

The Libya INGO Forum endorsed common principles for humanitarian operations in the context of COVID-19. The Protection Sector recommends all partners apply the principles stated by the INGOF.

In a commitment to supporting national leadership, the Protection Sector reiterates the need for coordination with relevant Libyan authorities, namely the NCDC and Ministry of Health, on all COVID-19 prevention and response activities. Humanitarian health activities and interventions fall under the remit of the Health Sector; as such, the Protection Sector reiterates the need for all humanitarian organizations to coordinate all health-related activities with the Health Sector.

The Protection Sector is committed to the principle of *do no harm* for affected populations, including the potential harm of transmitting COVID-19 as a result of humanitarian activities and movements. As such,

¹ The information provided in this note should be considered as general recommendations. Each organization and Sector is responsible for the implementation of activities in line with preventive and mitigation measures that ensure the safety and security of staff and affected populations.

² See Annex II for potential protection risks during a COVID-19 outbreak in Libya

the Protection Sector recommends minimizing large gatherings and meetings. Mitigating measures and alternative methods must be adopted.

All humanitarian staff are advised to abide by WHO's advice on mitigating the transmission of COVID-19. (Link to WHO information: [Coronavirus disease \(COVID-19\) advice for the public](#))

C. Communication with communities

All partners that plan to engage in communication with communities (CwC) activities must use the information materials produced by NCDC and WHO. All partners who wish to provide a CwC response related to COVID-19 must liaise with the Health Sector and NCDC to ensure their activities and materials are aligned with the ongoing response. The following are links to the messaging from NCDC and WHO, as shared by the Health Sector.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<http://www.emro.who.int/health-topics/corona-virus/information-resources.html>

<https://www.facebook.com/NCDC.LY/>

II. PRIORITIZED PROTECTION ACTIVITIES

A. General protection

Information dissemination and awareness raising

- Information campaigns and awareness raising on protection related key messaging can be a critical or lifesaving activity and should continue. Awareness raising can be done in conjunction with Psychological First Aid to alleviate ongoing stresses and trauma related to the COVID-19 pandemic, the ongoing hostilities in Libya, or other traumatic incidents.
- All awareness raising activities should, when feasible and appropriate, include key information on COVID-19 (including transmission and individual preventive measures to adopt).
- **Information dissemination related to COVID-19 MUST be coordinated with the Health Sector and NCDC.**
- Material should be made available in other languages, particularly for refugee and migrant populations (e.g. Somali, Tigrinya, French, etc).

Mitigating measures should include, but do not have to be limited to:

- *Conducting awareness raising individually*
- *Using social media and other means for information dissemination, including leaflets; posters; SMS; WhatsApp/Viber/Signal; Facebook, and other social media platforms.*

Individual case management

- Individual Case Management is a critical protection activity and should continue for individuals currently receiving case management services.
- Case management of newly identified or referred cases should be limited to urgent cases only, and only if the service provider is able to implement appropriate mitigating measures (safe distance, avoidance of any contact, sanitizer available, and when possible, gloves and masks).

Mitigating measures should include, but do not have to be limited to:

- *Telephone follow up for existing cases*
- *Ensuring in-person case management is done in a location that does not amass large crowds*
- *Additional ways to minimize exposure, as listed above, should be considered and applied.*

Psychosocial support (PSS)

- PSS should only be done on the individual level and not in group settings. Psychological First Aid (PFA) can provide a necessary reprieve from both the stresses of the ongoing hostilities and the strains the pandemic puts on the well-being of affected populations.

Mitigating measures should include, but do not have to be limited to:

- *The Protection Sector **recommends against** all group PSS programming at this time*

- *Individual PSS and PFA can utilize the same mitigating measures discussed in the case management bullet point above.*

Protection monitoring (in detention centres)

- Protection monitoring in detention centres should only continue when integrated with other activities, however, due to the susceptibility of detainees to respiratory illness and the overall situation in detention centres, extensive mitigating measures need to be taken to protect both staff and affected populations.
- Protection monitoring in detention as a stand-alone activity is not recommended at this time due to the need for extensive mitigating measures recommended. Protection monitoring of releases from detention centres and of newly released populations can be an appropriate alternative.

Mitigating measures should include, but do not have to be limited to:

- *Use of gloves and masks*
- *Social distance (no physical interaction)*

Protection monitoring and community-level protection assessments (out of detention)

- Protection monitoring and community-level protection assessments are critical protection activities due to existing protection threats, including the ongoing conflict in Libya.
- Community-level protection assessments will allow for the identification of and information collection about protection risks and coping mechanisms adopted by communities for the ongoing hostilities and a potential COVID-19 outbreak.
- Protection monitoring should also be done in conjunction with other activities that have been deemed critical, such as referrals to urgent and specialized services or case management.

Mitigating measures should include, but do not have to be limited to:

- *Use of telephonic interviews of key informants;*
- *Avoidance of focus group discussions;*
- *Monitoring through observations by teams.*

Referrals to services

- Referrals to services are critical protection activities and should continue when cases are identified either through the course of protection monitoring, case management, or other points of contact with protection staff.
- Protection partners should continue to utilize existing referral pathways and referral mechanisms, including the red-flag form and Inter-Agency referral SOPs and form.
- Service Mapping of humanitarian and public institution should continue, particularly in light of restrictions linked to COVID-19. This will help in identifying functional referral pathways or alternative interventions available.

Mitigating measures should include, but do not have to be limited to:

- *Face to face interactions should follow the same mitigating measures in the case management point above.*
- *Partners can chose to use the red-flag form for all referrals at this time as a mitigating measure, if the organization deems this to be an appropriate mitigating measure.*

Legal assistance

- Legal assistance, including counselling, information sessions, and legal representation are critical protection activities that ensure individuals are able to access and fulfil their rights.

Mitigating measures should include, but do not have to be limited to:

- *Legal assistance in the form of one to one counselling or representation for individual cases is a critical activity and must adhere to the mitigating measures stipulated in the points above.*
- *Legal assistance services must take additional precautions when working in buildings that often attract large crowds, and service providers should be aware of potential closures or changes in working hours implemented by the government or relevant ministry.*

Advocacy

- Advocacy is a critical protection activity that should continue, and with minimal guidance needed on mitigating measures to be put in place.
- Advocacy could focus on sensitizing the authorities on the importance of not detaining migrants and migrants in detention centers that could become a cluster of the epidemic.
- If not possible, advocacy should focus on ensuring the minimum hygiene and non-food items, such as soap or sanitizer are available in the premises.

B. Child Protection

Awareness raising

- Sensitization activities on child protection related issues should continue and may also include information on the containment, prevention and response to COVID-19 in collaboration with WHO and NCDC, and if staff are properly trained by health actors.
- Taking protective measures in consideration, Psychological First Aid (PFA), can be provided aiming at alleviating stress and anxiety. Children might not have access to, or might find it difficult to understand, publicly available information on COVID-19. Unaccompanied and Separated Children may be particularly challenged in accessing timely and relevant information and health services shall be prioritized.

Case identification and referral

- The identification and referral of CP cases for access to specialized services remains critical. It is important to consider that the number of CP cases identified and referred are expected to increase due to child protection risks related to the COVID-19 situation.
- Referral pathways and service mappings must be regularly updated to identify if specialized service providers are capable to respond in the current context.

Case management

- Support should be maintained for the existing caseload and also be provided to new cases, to the maximum extent of partners' abilities in the current situation. If in-person case management 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.

Recommendations on alternative modalities and mitigation measures for CP actors

The Child Protection Working Group recommends adopting alternative methodologies to deliver services whenever possible, including through phone calls, mass messaging or other available online means including WhatsApp groups, Skype, Facebook pages and YouTube channels which can be used as an alternative to direct face-to face service provision.

C. Gender-Based Violence

Case management

- Case management support should be maintained for existing beneficiaries and 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, only high-risk cases should be prioritized for follow up.***
- Immediately put in place Infection, Prevention and Control (IPC) measures in accordance with standards at all service delivery points in coordination with Ministry of Health, and Health Sector.
- If case management services are provided at Women and Girl's safe spaces or Community Day Centers, prevention and mitigation measures should be put in place, notably: *Remote support to survivors and remote support to staff.* It is possible to maintain some level of support for survivors and staff alike, even under extremely restricted circumstances. It is important that staff are engaged actively in decision-making so that they feel a sense of ownership, control, and connectivity during the rapidly changing crisis.

GBV support hotlines

- Organizations should ensure that support GBV hotlines are operational and review extending the working hours and increase efforts to ensure community networks are aware of the number.

- If organizations have helplines regarding their services, it is very important that non-GBV staff are also trained in PFA and GBV Referrals.
- Should people call and ask questions regarding COVID-19, operators (normally case workers) may share information on the containment, prevention and response to COVID-19 if are properly trained by health actors and if information material is prepared in coordination with WHO and National Center for Disease Control (NCDC).
- GBV specialists should work to reinforce staff capacity as entry points shift to telephone.

Psychosocial support

- PSS can alleviate the stress and anxiety produced by the outbreak and 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 and approved by NCDC.
- PSS Should be limited to individual structured PSS. If not feasible or advisable in the current circumstances, alternative modalities, such as follow- up by phone, may be explored to ensure continued 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.

Dignity kits

- The provision of dignity kits is essential to the physical and psychological well-being of women and girls and should therefore continue. When distributing dignity kits, information on the containment, prevention and response to COVID-19 can be incorporated, if staff are properly trained by health actors and if approved information material are available.
- Distribution for groups should continue only if they comply with directives from authorities and if all required prevention and mitigation measures are put in place.

Services referrals

- Referral to specialized services is essential for cases which are identified through protection monitoring, at community day centers or through other forms of outreach activities. It is also an integral part of case management and is therefore critical despite potential limited availability of services.
- It is essential that referral pathways and services mapping information are regularly updated at local level to facilitate referrals and related activities. All GBV actors must contribute to efforts to update referral pathways and coordinate with local primary and secondary healthcare facilities to ensure that services still available are correctly reflected.

Cash and in-kind assistance for mitigating or addressing protection incidents, including GBV

- Cash and in-kind assistance are done through targeted assessment and distribution at the individual or HH level. It can also contribute to mitigate negative coping mechanisms.

Women and Girls Safe Spaces

- Create common guidelines specific to COVID-19. to ensure that Women and Girls' Centres, Child Friendly Spaces where caseworkers operate are not crowded and are able to adhere to distancing guidance. This may include putting a cap on the number of women and girls

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. Awareness-raising can be done individually or through different modalities like Social Media channels. Partners are advised to not expose the safety of their beneficiaries and staff at risk and ensure that the recommended precautionary measures to prevent and mitigate the spread of COVID-19 are considered during all activities.

D. Mine Action

All of the following activities are life-saving activities that directly relate to the physical protection of the local population from threats to their physical well-being posed by unexploded ordnance (UXO) and other explosive hazards.

Explosive Hazard Risk Education (EHRE)

- The Mine Action Sub-sector recommends that all face-to-face sessions are suspended. Remote RE activities, such as radio messaging and leaflet distribution should continue. RE material distribution should also be specifically targeted at migrants and refugees, prior to potential releases from detention centres.

Survey/mapping

- The Mine Action Sub-sector recommends that desk research and other non-interactive survey activities continue. Where direct interaction with the local population are indispensable, for example community liaison, strict COVID-19 risk mitigation measures must be observed (face mask, gloves, no handshakes, safe distance with interlocutor, etc). All meetings with more than 2 persons should be avoided.

Clearance

- Clearance is a critical activity that should be maintained whenever possible. Responses to Explosive Ordnance Disposal emergency call-outs should especially continue, while observing strict COVID-19 risk mitigation measures.

ANNEX I: GUIDANCE AND SUPPORT MATERIAL ON COVID-19 RESPONSE

- [National Guideline for Novel Corona Virus COVID-19, English Version](#) (Libyan National Centre for Disease Control)
- [WHO Technical Guidance- Coronavirus disease \(COVID-19\)](#) (WHO)
- [The Sphere Standards and the Coronavirus Response](#) (SPHERE)
- [Social Stigma Associated with COVID-19: A Guide to Preventing and Addressing Social Stigma](#) (WHO, IFRC, UNICEF)
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance: COVID-19 Preparedness and Response](#) (IFRC, WHO, UNICEF)
- [COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement](#) (IFRC, OCHA, WHO)
- [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#) (IASC Reference Group on Mental Health and Psychosocial Support)
- [Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings](#) (IASC, IFRC, IOM, UNHCR, WHO)
- [Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings](#) (CARE)
- [The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific](#) (UNFPA)
- [Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Deliver](#) (IRC)
- [Feasibility and Acceptability of Mobile and Remote Gender-based Violence \(GBV\) Service Delivery: A study of innovative approaches to GBV case management in out-of-camp humanitarian settings](#) (IRC)
- [Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1](#) (The Alliance for Child Protection in Humanitarian Action)
- [COVID-19 Guidance and Advice for Older People](#) (HelpAge International)
- [Protecting Older People During the Coronavirus \(COVID-19\) Pandemic](#) (HelpAge International)
- [Human Rights Dimensions of COVID-19 Response](#) (Human Rights Watch)
- [Inter-Agency Contingency Planning for Humanitarian Assistance](#) (IASC)

ANNEX II: POTENTIAL PROTECTION RISKS OF A COVID-19 OUTBREAK IN LIBYA

- Displaced communities residing in Libya frequently live in informal settlements or unfinished buildings and structures that lack adequate access to water, sanitation, and hygiene facilities, which puts displaced and host communities, both Libyan and non-Libyan, at risk of being unable to adequately respond to a public health crisis such as the COVID-19 pandemic.
- The economic fragility likely to correspond with a COVID-19 outbreak would exacerbate a number of protection risks in Libya. If the informal economy falters in the event of an outbreak, at risk communities who depend on the informal labour market for their income will be unable to meet their basic needs, including paying for their rental accommodations. Vulnerable families and individuals could then be at a heightened risk of eviction, and a response will need to be adequately planned to address this. Economic fragility could also lead to a rise in petty crime by criminals or extortion by non-state armed actors.
- The COVID-19 pandemic has been accompanied globally by anti-foreigner sentiment by both state actors and host communities and could lead to targeted violence on the part of migrants and refugees as well as discrimination in accessing medical care or other essential services. The lack of legal documentation or formal status for many migrants and refugees, and exposure to subsequent risks, could also be exacerbated during a COVID-19 outbreak.
- Legal status, discrimination, and language barriers may limit access to otherwise publicly available preventative materials, health care and social services.
- Migrants and refugees in detention are at a heightened risk of being unable to access critical medical care for COVID-19 in a timely manner due to evolving access constraints partners face in reaching detention centres and a lack of established pathways for the movement of COVID-19 cases into the national healthcare system from detention. The conditions in detention centres could further exacerbate a COVID-19 outbreak given the prevalence of respiratory illness in detention centre populations.
- Migrants and refugees who are released from detention may be unaware of local explosive hazard contamination and forced to seek shelter in contaminated areas, leading to a heightened risk of explosive hazard incidents. Release to cease the spread of COVID-19 should incorporate Explosive Hazard Risk Education materials in the standard assistance package.
- The rise of harmful stereotypes and resulting stigma and pervasive misinformation related to COVID-19 can potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling the disease outbreak. Stigma and misinformation increase the likelihood of preventing potential infected persons from seeking care immediately and motivate hiding sick people and/or evading treatment to avoid discrimination.
- Heightened parental anxieties might lead to an increase in violence against children at home.
- If parents have to go out for work and children have to stay at home due to schools being shut, it has implications on the safety and security of children.
- If caregivers are infected, quarantined, or pass away, this could lead to protection and psychosocial issues for children.
- Unaccompanied children are at risk of not receiving appropriate support due to the lack of a caregiver present and often stable accommodation with access to water and hygiene facilities. They are also at risk of psychosocial distress due to the isolation, illness, fear of the disease and separation from their families. There is limited support for unaccompanied children that are already at risk.
- As primary caretakers of the sick and elderly, women are more exposed to diseases, increasing their vulnerability to infection. Feeding and washing persons infected with the virus increase the risk they face of contracting the disease. Gender roles are also such that health care workers and health facility service staff (e.g. cleaners, cooks), particularly at a community level, tend to be predominantly female, a factor that contributes to higher exposure and possible infection rates for females than males in most countries.³

³ Coronavirus (COVID-19) Guidance Document, Prepared by: UNFPA Asia-Pacific Regional (10th March 2020).

- Confinement and self-isolation as mitigating measure against spread of virus, leads to societies shutting down. Previously tempered violent situations and offered safety networks for survivors living with perpetrators will be limited.
- Confinement at home or other measures obliging women and girls to stay home in unprotected situations increase the risk of GBV, including sexual harassment, abuse and domestic/intimate partner violence. When women are primarily responsible for food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household.
- Experience from other public health crisis found that women and girls faced increased exposure to sexual exploitation and abuse.
- With limitations on people's movement due to high alert, women and young people may not be able to access necessary assistance or services.