

PROTECTION CONSIDERATIONS IN ESTABLISHING AND RUNNING QUARANTINE SITES

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Purpose and context

Quarantine sites are being established in many countries in response to the COVID-19 pandemic, including in the occupied Palestinian territory (oPt). This note aims to set out the **key protection and human rights considerations** in the setting up and running of these quarantine sites along with some **concrete recommendations** for action by the authorities, those running the sites and protection actors. Respecting human rights in quarantine sites is first and foremost a matter of rights. However, it can also be instrumental in slowing the spread of the virus. The considerations, concerns and recommended actions described here are indicative and not comprehensive.

In response to the outbreak of COVID-19 in the oPt, the Palestinian Authority (PA) and de facto authorities (DFA) in Gaza have introduced specific measures to impede the spread of COVID-19, a key feature being the introduction of compulsory quarantine for those not displaying symptoms of the virus but of uncertain status (notably returnees from abroad). The system of quarantine currently being established is a mix of home-based and formal quarantine in a dedicated site. The exact configuration in and across formal quarantine sites in the oPt remains fluid at the time of this note.

Key protection concerns

Vulnerable groups at risk

- Vulnerable people such as gender-based violence (GBV) survivors, children affected by violence/SGBV, people with pre-existing illness, or with disabilities, and those living in poverty already face many barriers accessing basic needs. In situations of compulsory quarantine protection risks, vulnerabilities and barriers increase. Such groups also become more vulnerable if they are separated from their families and support networks and living at close quarters with strangers. At the same time, control measures that do not account for the gender-specific needs and vulnerabilities of women and girls may also increase their risk of sexual exploitation and abuse.

Increased protection risks such as gender and sexual based violence, child protection, mental illness and psychosocial deterioration

- In quarantine sites, women and children, may be deprived of adequate privacy and safety measures, are more at risk of GBV and sexual exploitation. Children, when deprived of their usual liberty and freedom in overcrowded and unhygienic conditions, may have difficulty protecting themselves, self-isolating and accessing care and hygiene. Persons with disabilities, including those with hearing or visual impairments, learning or intellectual disabilities often have specific needs due to the confinement but experience greater challenges fulfilling those needs. Confinement together with fear and uncertainty can also contribute to deteriorated mental and psychosocial wellbeing and more readily expose vulnerable groups to stigma and discrimination and human rights abuse. All of this also puts certain groups at greater risk of contracting illness and infection. Authorities must take all measures to ensure the protection of vulnerable groups, and the accessibility and availability to all basic needs.

Recommendations

- 1. Adherence to human rights standards:** The State of Emergency announced by the State of Palestine and COVID-19 crisis does not absolve duty bearers of their human rights obligations. While compulsory quarantine, ordered for the emergency crisis restricts certain rights, such as the right to freedom of movement, they must be strictly necessary to protect the public and they must comply with very strict criteria stipulated under article 4 of the International Covenant on Civil and Political Rights and further elaborated in Human Rights Committee General Comment no. 29. Compulsory quarantine must be applied for the shortest time necessary, legally based, non-discriminatory, safe and fulfill basic needs such as food and nutrition, water and sanitation, health care, including essential sexual and reproductive health services. International human rights treaties and standards should be applied when quarantining people. It is crucial for authorities, non-governmental actors and international partners to apply a human rights-based approach in response to COVID-19. Not only will the response be more effective it will allow for mitigating unintended consequences of the response.
- 2. Application of core protection principles:** In addition, authorities running quarantine sites should apply core protection principles: do no harm, use of participatory approaches, feedback mechanisms, building on existing resources and capacities and adoption of multi-layered interventions and integrated support systems. They should ensure facilities are clean, allow for privacy and protection from abuse and provide people with essential supplies.
- 3. Centre-based care should be a last resort:** Decisions to quarantine vulnerable people, especially children and people with disabilities, should be balanced against public health risks. Centre-based care in quarantine sites should be a last resort as it is highly distressing and extremely difficult to provide the needed protection safeguards in such sites. Ensure sites accommodate the needs of vulnerable people, and that information including regulations and instructions, is available and accessible to everyone without discrimination, and is communicated in a way that accommodates everyone's needs.
- 4. Protection needs assessments:** The assessment should take place prior to set up and during operations, and must ensure that quarantine facilities are well-equipped and prepared in a manner that ensures humane treatment, privacy and other human rights guarantees and necessities. They should be conducted to identify individuals most at risk, including vulnerable people¹.
- 5. Data collection:** Disaggregated data collection and analysis, including sex, age, disability should occur to enable inclusion of preventative and responsive protection measures.
- 6. Engage key groups:** Involve children and families, and vulnerable groups in assessing how COVID-19 affects them differently to inform programming and advocacy.
- 7. Prevent family separation and provide sex-segregated areas:** Keep families and children/ siblings together to preserve household unity. This includes ensuring children are accompanied by family member or guardian, and separating women from men when not family members. Establishing gender-

¹ Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic (adopted on 25 March 2020); available at: <https://www.ohchr.org/Documents/HRBodies/OPCAT/AdviceStatePartiesCoronavirusPandemic2020.pdf>

segregated areas, including toilets, bathing and dressing, and adequate lighting for safety. Ensure the availability of gender-balanced staff, and access to female medical personnel.

8. **Prompt reporting and investigation of protection violations:** Ensure cases of violence and abuse including gender-based violence are promptly addressed including investigation and prosecution, and that victims receive adequate protection and support, case management and referral when needed. Preventive measures must be put in place, in addition to measures to mitigate factors contributing to abuse and violence. Safeguard children against harmful practices, exploitation, physical abuse. Immediate steps to provide a network of protection and safety for children, and criminal justice guarantees. Ensure continued education and learning opportunities and safe recreational spaces for children and people with disability.
9. **Stigma and discrimination:** Effective safeguards must be introduced against discrimination and stigma. Serious cases that amount to criminal activities must be investigated and prosecuted. Steps must be taken to raise awareness against discrimination and stigma.
10. **Provision of essential services and supplies and information:** Hygiene supplies should include menstruation-related items. People with disabilities may need accompaniment support. Ensure key health measures and services are accessible to all without discrimination, including sexual and reproductive health, mental and psychosocial support. Ensure adequate quality and quantity of nutritional food for those with special dietary needs, for instance pregnant and lactating women, children, elderly, diabetics. Ensure timely, accurate, accessible information about COVID-19 prevention and care and protection issues such as GBV, child protection, mental and psychosocial health. Given that quarantine constitutes a form of deprivation of liberty, ensure that people are provided with fundamental human rights safeguards against ill-treatment and prolonged unnecessary quarantine. This is in addition to “information about the reasons for quarantine, the right of access to independent medical advice, to legal assistance and ensuring third parties are notified of their quarantine in a manner consistent with their status and situation.”²
11. **Complaint mechanisms:** Ensure complaint and feedback mechanisms are set up and ensure access for all and prompt response to complaints.
12. **Service provider capacities:** Ensure staff in centres are trained to handle protection and human rights issues and cater for special needs and concerns. Ensure female health and care workers are accessible to meet the needs of women. Frontline workers should be sensitized to risks including GBV, child protection and elder abuse and be trained to respond. Capacity building of key personnel in relevant ministry (Health, Social Development etc.) and law enforcement with basic knowledge of human rights, gender, GBV, child protection, mental health and psychosocial support, and disability issues.

² Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic (adopted on 25 March 2020); available at: <https://www.ohchr.org/Documents/HRBodies/OPCAT/AdviceStatePartiesCoronavirusPandemic2020.pdf>