



DRAFT 01

Protection considerations for quarantine facilities

Protection and Community Services Sector- Syria

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Quarantine of persons is the restriction of activities or separation of persons who are not ill, but who may have been exposed to an infectious agent or disease, with the objective of monitoring symptoms and early detection of cases¹. Quarantine is different from isolation, which is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination².

Before implementing quarantine, countries should properly communicate and socialize such measures, in order to reduce panic and improve compliance:

- People must be provided by authorities of clear, up-to date, transparent and consistent guidelines, and reliable information about quarantine measures;
- Constructive engagement with communities is essential if quarantine measures are to be accepted;
- Persons who are quarantined need to be provided with health care, financial, social and psychosocial support, and basic needs including as food, water and other essentials. The needs of vulnerable populations should be prioritized;
- Cultural, geographic and economic factors affect the effectiveness of quarantine. Rapid assessment of the local context should evaluate both the drivers of success and the potential barriers to quarantine, and inform the design of the most appropriate and culturally accepted measures.

Human rights-based approach to health

Health strategies including the quarantine must address not only the medical dimensions of the epidemic but also the human rights consequences of measure taken as part of the health response.

¹ WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID19)

² Quarantine is included within the legal framework of the International Health Regulations (2005), specifically: Article 30. Travelers under public health observation. Article 31. Health measures relating to entry of travelers. Article 32. Treatment of travellers. 2 member States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate, and to implement legislation, in pursuance of their health policies, even if this involves the restriction of movement of individuals



- it is critical to ensure the availability, accessibility, acceptability, and good quality of health care, goods and services to affected populations.
- Treatment should be available to all without discrimination, and measures should be taken to ensure that no one is denied treatment for the lack of means.
- Restrictive public health measures should be implemented on the principle of proportionality. They must be necessary to protect the public interest, appropriate to achieve their protective function and the least intrusive.
- Where quarantine and isolation measures are deemed necessary, any negative impact on the enjoyment of human rights should be minimized. All persons placed in quarantine, whatever their health status, should have access to all basic necessities, including adequate food and nutrition, water and sanitation, protection and health and psychosocial care.
- Blanket quarantines are extreme measures, and they could potentially carry risks. They might affect healthy people, and there is a risk that the virus will spread more quickly and easily where large numbers of people are concentrated in crowded areas. The threat of being placed under quarantine may also discourage people from seeking medical attention.
- Privacy and confidentiality of information: individuals in quarantine must have their rights with respect to their protection of their personal health information maintained.
- Family Unity: ensuring that children do not become without parental care; approaching family separation with the best interest of the child in mind.

Main protection considerations:

1) Communication:

- Provide information through various communication means to reach the all members in the community and to account for different literacy levels (e.g. posters, community boards, door-to-door while taking precautions, poster, use of pictograms).
- Provide clear and unequivocal messages focusing on what people can do to reduce risk or which actions to take if they think they may have COVID19. Do not instill fear and suspicion among the population. Do not use medical language in communication with the general public (for example say 'people who may have COVID19' instead of 'suspected cases').
- Perceptions, rumours and feedback from people staying at quarantine site should be monitored and responded to through trusted communication channels, especially to address negative behaviors and social stigma associated with their quarantine.

2) Services:

- Address incidents of racism and xenophobia through information campaign.
- Disaggregate data related to the outbreak by sex, age and disability in order to understand the gendered differences in exposure and treatment.
- Ensure continuity of essential services including sexual reproductive health, GBV response and child protection services; integrate with additional needed services e.g. nutrition.



- Deliver dedicated training to relevant staff and volunteers on GBV&CP case management and alternative care arrangement in emergency, parental support.
- Strengthen or establish referral/coordination mechanisms between health and social welfare and ensure frontline staff are aware of these procedures for GBV and CP cases.
- Plan and make available safe and appropriate psychosocial support and psychological first aid services with a particular focus to vulnerable populations and with regard to the IASC MHPSS guidelines on COVID19.;
- People should stay informed on the virus, talk positively and emphasise the importance of effective prevention measures. Words matter, and using language that perpetuates existing stereotypes can drive people away from getting tested and taking the actions they need to protect themselves and their communities.
- Ensure that the facilities do not expose families and children to additional risks of contracting COVID19.
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3. Safety & dignity

- Space arrangements, quarantine site structures and distance between dwellings should respect privacy and cultural norms between men and women and minimise the risks of exploitation and abuse, whilst also allowing for family unity.
- Install partitions or solid barriers between families in communal shelters and introduce door locks to better protect women and girls, particularly single.
- Locate recreational spaces for children (if permitted from medical team) to play in areas where family members can watch their children; parents should keep groups of children small. Any hanging out of the older children in the quarantine place should be in a small group, should be in open than closed areas.
- If there are members of the family at high risk of severe illness from COVID19, consider an extra precaution to separate children from such individuals.
- Keep and maintain normal routine activities for children, where possible keep children in touch with their schools, this may be virtual and keep children connected to their families and friends, through phones and video chats.
- Teach and reinforce everyday preventive actions to children even in quarantine facilities, parents and caretakers play an important role in teaching children to wash their hands.
- Have a proportionate number of female health staff. If female doctors/nurses are not available, consider a female doctor rotation. In this case, women must be adequately informed of which days a female doctor will be available.
- Place persons with impaired mobility and their families close to essential facilities in the site;
- Ensure all staff including medical and technical staff, volunteers working in the site and in direct contact with quarantined people are aware of prevention of sexual exploitation and abuse (PSEA).
- Consult women, men, boys, girls, persons with disabilities, older persons to collect accurate information about their specific needs during the stay in the quarantine;
- Ensure that patient consultations and documentation are confidential and private. Separate examination rooms from public spaces or the waiting area (e.g. Establish dry walls or at least a curtain)
- Design and clearly mark separate toilet and bathing facilities for males and females and account for persons with disabilities and children.



- Provide culturally appropriate mental health services by a trained staff. Where these services are not available in the quarantine facility ensure that health workers are aware of referral agencies and procedures.

4. Ensure accountability to affected populations

- Be transparent with the affected populations by providing them with accessible and timely information on the quarantine, time to stay, health protocol, procedures and processes that affect them.
- In cooperation with protection actors, enhance the capacity of health workers to monitor, report and refer protection cases (such as abuse and exploitation) in accordance with standard operating procedures.
- Ensure the existence of credible and trusted complaint mechanism for any violation of rights or violent behaviour including sexual abuses

5. Other arrangements:

- Special arrangements need to be developed in site, such as food distribution and market attendance – all potential transmission amplification events should be identified for specific measures to be developed. Community engagement approaches will be important to facilitate the implementation of measures to reduce the risk of virus transmission during such event. For example, food and other distribution, and market attendance may need to be done in phases to avoid congregation of too many people at once. In situations of community transmission, some activities, such as recreational and other group activities, may need to be temporarily suspended, which will require the cooperation of all residents. The service provides shall focus in individual activities and support, such as MHPSS support.