

**Protection Considerations for Community-Based Isolation Centers  
Syria Protection Cluster (Turkey)  
29 April 2020 – Working Document**

**Overview:**

This note provides guidance on how to integrate protection into Community-Based Isolation Centers<sup>1</sup> and other similar facilities in Syria and is organized according to the four key pillars of Protection Mainstreaming: 1) participation and empowerment; 2) meaningful access; 3) safety, dignity, and do-no-harm; and 4) accountability.

The content is not meant to be exhaustive but presents examples of key actions that should be taken to ensure the incorporation of protection elements in the management of such centers. The recommendations below are based on international standards, good practice and lessons learned from other operations, including the Ebola response.

**1) Community participation and empowerment is essential**

- Engage the community and consult with them about the intended isolation measures, in order to reduce the risks of panic or stigma and to improve compliance, before implementation.
- Establish and maintain trust and ensure the participation of key individuals to help ensure full coverage. Health, hygiene promotion, and other containment measures inside the quarantine facilities are critical but can only work if the community is fully engaged.
- Consult all groups, including women, men, boys, girls, persons with disabilities, and older persons, to collect accurate information about their specific needs in order to plan and deliver appropriate and timely response and support during the stay in the quarantine.
- Provide communities with clear, accessible, up-to date, transparent and consistent guidelines and reliable information about isolation measures. Children should receive information tailored to their age and needs.
- Ensure that isolation measures do not unintentionally promote the stigmatization<sup>2</sup> of infected persons including children and persons with disabilities.
- Assess cultural, geographic, and economic factors, including child protection and gender considerations, to evaluate both the drivers of success and the potential barriers to community-based isolation; let these inform the design of the most appropriate and culturally accepted measures.

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<sup>1</sup> Community-based Isolation Centers are for clinical management of mild cases in isolation, to alleviate pressure on health facilities and prevent transmission due to travel. They are different from quarantine measures and related inter-sectoral needs, which are for individuals who may be at risk but are not presenting symptoms and for the community at large due to COVID-19 mitigation measures. In the COVID-19 Preparedness and Response Plan for Northwest Syria, community-based isolation, i.e. separation and restriction of movement, is recommended for individuals with suspected or confirmed COVID-19 infection with mild symptoms and without any underlying chronic condition (lung, heart, renal failure or immunocompromising condition). The community-based isolation is conducted by trained health personnel, including community health workers, Infection Prevention and Control (IPC) workers, and other supportive staff to basic health care services.

<sup>2</sup> <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

## 2) Meaningful access: a human rights-based approach

- Ensure that treatment inside community-based isolation centers is available to all without discrimination. Take measures to ensure that no one is denied treatment either for the lack of means or because of their status/ social group.
- Facilitate access for persons with disabilities and older persons, who may face barriers including to medical care services and treatment, including through adapted accommodation and necessary support and health care.
- Ensure that lack of civil documentation or national ID does not affect access to services.
- Adapt psychosocial support to reach children and their caregivers in community isolation, particularly focusing on support to cases where children and caregivers are separated due to COVID-19. Coordinate with Child Protection actors for delivery of parenting programmes in community isolation, addressing issues including fear of isolation, illness, stigma and bereavement.
- Respect the principle of family unity. In cases where separation of caregivers from children is deemed necessary, health actors and child protection actors should coordinate, uphold the best interests of individual children, and find alternative temporary care solutions on the ground through child protection case management. These decisions should integrally involve children and parents/caregivers. Children and caregivers/parents should be provided means to remain in communication while interim measures are in place.
- Where isolation measures are deemed necessary, minimize any negative impact on the enjoyment of human rights. All persons placed in isolation, 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. The needs of children as well as vulnerable populations should be prioritized including ensuring access to caregivers and sign language translators as indicated.
- Include in any rapid assessment physical accessibility considerations, ensuring that all people, including older persons and persons with disabilities, can function as independently as possible within the facilities with their caregivers.
- Enable the continuation of personal care, for persons with disabilities who rely on caregivers to assist them with their essential daily activities, e.g. toileting, bathing and dressing, eating and communicating, to continue in isolation where all necessary precautions are taken to reduce the risk of transmission, as is the procedure for health staff.
- Respect the rights of individuals in isolation to the privacy and confidentiality of their personal health information.

## 3) Prioritize safety & dignity, and avoid causing harm

- Ensure that space arrangements, site structures and distance between dwellings respect the privacy and cultural norms between men and women and minimizes the risks of exploitation and abuse, whilst also allowing for family unity.
- Ensure that spaces where children will be isolated with families, parents and/or caregivers are adequate to their wellbeing, safe and child friendly in order to minimize negative effects to their emotional and physical development.
- Install partitions or solid barriers between families in communal shelters, and introduce door locks to better protect women and girls, particularly those who are single.
- Work together with protection actors to designate, to the extent possible, adequate recreational space for children.

- Provide where possible a separate reception and/or triage area for women and children, and ensure that female staff members are present for families. Have a proportionate number of female health workers. If enough female workers are not available, consider a female medical team rotation. In this case, women and girls must be adequately informed of which days a female medical worker will be available.
- Place persons with impaired mobility and their families close to essential facilities in the site;
- Ensure that all staff, including medical and technical workers, as well as volunteers working in the site and in direct contact with quarantined people, had been briefed/trained on prevention of sexual exploitation and abuse (PSEA) ensuring monitoring mechanism in place.
- Provide safe spaces and accommodation for women, adolescent girls, and adolescent boys and for younger children. Special care should be given to separated and unaccompanied children, child-headed households, underage mothers, and single women and single mothers who face a greater risk of sexual violence.
- Provide culturally appropriate mental health services by a trained staff. Where these services are not available in the isolation facility ensure that health workers are aware of referral agencies and procedures.
- Ensure that patient consultations and documentation are confidential and private. Separate examination rooms from public spaces or the waiting area, using for example dry walls or at least a curtain.
- Design and clearly mark separate well-lit toilet and bathing facilities for males and females and account for persons with disabilities and children.
- Create accessible and barrier free (including washrooms) for persons with disabilities, as well as for others who have difficulties with mobility due to other underlying physical conditions. Place persons with impaired mobility and their families close to the essential facilities in the site.
- Ensure that the facilities do not expose families and children to additional risks of contracting COVID19;

#### 4) Ensure accountability to affected populations

- Establish a harmonized, credible, friendly and trusted complaints mechanism through which affected populations can evaluate the adequacy of interventions and/or report an violation of rights or violent behavior, including sexual abuse, exploitation, and violence. Address concerns and complaints received.
- Coordinate with protection actors operating in the area, including GBV, MA and CP, and enhance the capacity of frontline health workers to monitor, report and refer protection cases (such as abuse and exploitation) in accordance with standard operating procedures, including through hotline services.
- Allow protection actors access to the facilities to assess protection needs that health staff might not be able to assess or identify.
- Provide accessible, transparent, and timely information to the population on the health protocol, procedures and processes that affect them, including the isolation and length of stay. Ensure that adequate and tailored information is provided to children in consistency with their age.
- Distribute available awareness and training materials on Prevention of Sexual Exploitation and Abuse (SEA) to humanitarian staff and beneficiaries. Incidents should be reported to the PSEA Hotline\* **+90 530 915 1895 (Arabic); +90 530 915 1897 (English); +90 537 040 7080 (Other Language)**

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