



Protection Principles to Mainstream in the Quarantine Response¹

This note provides guidance on how to practically mainstream protection into quarantine facilities in Syria. It is divided into four sections, representing the four key elements of Protection Mainstreaming. 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 quarantine facilities. The recommendations below are based on international standards, good practice and lessons learned from other operations, such as the Ebola response. The recommendations can help the people in charge of COVID-19 quarantine centers manage them effectively without increasing the risks.

Prioritize safety & dignity; Do not cause harm	
Structure and space arrangement	<ul style="list-style-type: none"> • Space arrangements, quarantine site structures and distance between shelters should respect privacy and cultural norms between men and women and minimise the risks of exploitation and abuse; • Partitions or solid barriers are to be installed between families in communal shelters and door locks are to be introduced to better protect women and girls particularly single; it must be ensured that common areas (showers and latrines) have good lighting; • 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, and health and psychosocial care; • Quarantine facilities should also consider that the accommodations need to be 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; • Separate toilet and bathing facilities for males and females have to be allocated and clearly marked, while also taking into consideration persons with disabilities and children; • Persons with impaired mobility and their families are to be placed close to the essential facilities in the site; • Ensure that the facilities do not expose families and children to additional risks of contracting COVID19; • If possible, a separate reception and/or triage area for women and children is to be provided, while ensuring that female staff members are present for families; • Provide safe spaces and accommodation for women, adolescent girls, 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.
Safety	<ul style="list-style-type: none"> • The safety of people being treated, her/his family and the service provider must be ensured at all times: <ul style="list-style-type: none"> ◦ Health structures and quarantine facilities should be assessed to be clear and free from explosive hazards contamination;

¹ 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 cases. 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 contamination

	<ul style="list-style-type: none"> ○ Emergency health care services in areas where hostilities have taken place are potentially exposed to explosive hazard contamination; endangering those seeking to provide medical support as well as those in need of medical care. Periodic safety audits are to be conducted with different groups of people to identify and address risks and protection issues that affect them.
Blanket quarantines and Risks	<ul style="list-style-type: none"> ● Blanket quarantines do carry potential risks: <ul style="list-style-type: none"> ○ The virus spreads more easily in crowded areas; ○ The threat of being placed under quarantine may discourage people from seeking medical attention.
Social Stigma	<ul style="list-style-type: none"> ● Avoid causing social stigma and exacerbating social tensions: In an outbreak, people may be labeled, stereotyped, discriminated against, treated separately, and experience loss of status because of a perceived link with a disease. Women and girls who are subject to violence (namely domestic violence) during the COVID-19 lockdown are at increased risks due to social stigma and discrimination; <ul style="list-style-type: none"> ○ Stigma can undermine social cohesion and drive people, particularly women, girls and boys to hide the symptoms to avoid discrimination, and prevents them from seeking health care immediately; ○ All messaging must use respectful and culturally appropriate language which avoids assigning blame for transmissions.
Continuum of care	<ul style="list-style-type: none"> ● To the best extent possible, ensure that persons in quarantine and isolation have access to services including case management, psychological first aid and psychosocial support; ● Establish referral pathways for persons in need of protection services (prevention and response to GBV should be prioritized). Particular attention should be paid to persons with specific needs, including pregnant and lactating women; persons with disabilities (especially those with seeing and hearing difficulties as well as with mental illness and learning difficulties) and children at risk (including unaccompanied and separated children) to ensure their needs are met; ● Provide culturally appropriate mental health services by trained and supervised staff. Where these services are not available in the quarantine facility ensure that health workers are aware of referral agencies and procedures; ● Ensure continuity of essential services including sexual reproductive health, GBV response and child protection services.
Gender based violence	<ul style="list-style-type: none"> ● First responders are to be trained on how to handle disclosures of GBV incidents. Health workers who are part of an outbreak response in quarantine and isolation facilities must have basic skills to respond to disclosures of GBV incidents that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner; have a solid understanding of the referral paths for further care and knowledge of treatment centers to providing care; ● To avoid doing further harm, survivors of GBV must <u>(with consent)</u> be referred to specialized actors, as per their needs. The protection sector will ensure that persons in quarantine and isolation facilities are aware of the hotline numbers where they can contact specialized GBV and protection partners; ● Ensure that procedures around gaining consent are well known, documented and upheld; ● 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 the days when a female doctor will be available.
Confidentiality	<ul style="list-style-type: none"> ● Ensure that patient consultations and documentation apply a survivor-centered approach and abide by key GBV principles: respect, confidentiality, safety and security and non-discrimination. Establish separate private examination rooms from public spaces or the waiting area (eg. establish dry walls or at minimum a curtain); ● Establish safe, accessible and confidential complaint mechanisms. These should comply with the protection from sexual exploitation and abuse (PSEA) guidelines; ● All service providers must sign the code of conduct to ensure PSEA.
Family unity	<ul style="list-style-type: none"> ● All actors working on COVID response shall strive to maintain family unity and avoid the separation of children at all cost;

	<ul style="list-style-type: none"> Standard procedures for documenting and referring childrens' cases between child protection and health services should be developed to ensure that children receive safe, appropriate, family-based care and support if separated. At the same time, safe and regular communication mechanisms should be established between children and family / caregivers who are temporarily separated. No separation should be initiated before conducting a proper medical consultation and assessment on the reasons for separation and the excepted risk. Alternative care should be provided for children that have been separated as a result of COVID 19 in line of the best interest of the child – institutional care should be avoided and priority should be placed for family unity and reunification.
<i>Provide non-discriminatory, inclusive access to assistance and services</i>	
<i>Access to assistance</i>	<ul style="list-style-type: none"> Treatment inside the quarantine and isolation facilities 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, or because of their status/ social group, Including those lacking civil documentation/national ID; Persons with disabilities and older persons may face difficulties in gaining access to medical care services and treatment. Due consideration should be given to facilitate access to services. Persons with disabilities and older persons will need adapted accommodation and necessary support and health care. Necessary steps must be taken to ensure that their special needs are met during their stay at the quarantine and isolation facilities.
<i>Data Disaggregate</i>	<ul style="list-style-type: none"> Disaggregate data of people staying at quarantine and isolation facilities by sex, age, disability and gender for response services and appropriate assistance.
<i>Accountability</i>	
<i>Complaints mechanism</i>	<ul style="list-style-type: none"> Establish appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints, including in isolation centers where possible; In cooperation with protection actors including GBV, MA and CP, enhance the capacity of health workers to monitor, report and refer protection cases (such as abuse and exploitation) in accordance with standard operating procedures. Additionally, protection actors need to have access to quarantine and isolation facilities to assess the protection needs that health staff might not be able to assess or identify; Ensure the existence of harmonized, credible and trusted complaint mechanism for any violation of rights or violent behavior including sexual abuse, exploitation and violence.
<i>Referral system</i>	<ul style="list-style-type: none"> Authorities and humanitarian community to ensure that persons in the quarantine and isolation facilities have access to referral activities through hotline services; Strengthen or establish referral/coordination mechanisms between health, protection and social welfare actors and ensure frontline staff are aware of these procedures for GBV and CP cases and other protection related cases.
<i>Community participation and empowerment is essential</i>	
<i>Engage community</i>	<ul style="list-style-type: none"> Health and Hygiene promotion, and other containment measures inside the quarantine facilities are critical but can only work if the community is fully engaged. This requires establishing and maintaining trust and enlisting the participation of key individuals to help ensure full coverage.
<i>Consultation</i>	<ul style="list-style-type: none"> Consult women, men, boys, girls, persons with disabilities, older persons to collect accurate information about their specific needs in order to plan and deliver appropriate and timely response and support during the sty in the quarantine;