

## Protection Cluster Recommendations and Observations on the Criticality of Protection Activities In Relation to the COVID-19 Situation on NW Syria / Turkey Hub.

As of 25 March 2020<sup>1</sup>

***Please note:*** The information provided below should be considered as general recommendations on prioritization of protection activities and their adapted implementation due to the COVID-19 situation in northwest Syria. Each organization retains the final responsibility for the implementation of activities and should carefully consider the adoption of risk prevention and mitigation measures to ensure the safety and security of its staff and beneficiaries.

- **Continuation of Protection Activities and Precautionary Measures**

The Protection Cluster recognizes that in order to continue providing life-saving and critical services in the current environment, which includes threat of spreading COVID-19 and hence some restrictions on personal movement and large gatherings, organizations will need to adapt the modalities of some services and take appropriate precautionary measures.

Activities not classified as critical can be put on hold temporarily if required, in consultation with the relevant donors, in order to limit the opportunity for transmission of COVID-19. Organizations should report such suspensions through <https://enketo.unhcr.org/x/#aPPNggEW>. The protection sector will continue to advocate with all relevant key stakeholders that life-saving and critical protection activities continue if feasible under current health protocols and directives of the relevant authorities and stakeholders.

- **Prioritized Protection Activities**

**Awareness-raising:** Awareness-raising activities on protection issues, including CP, GBV, and MA topics, should continue. Organizations may also conduct sessions on the containment, prevention and response to COVID-19, as well as combating stigma and discrimination, if staff are trained by health actors and if information material are available. Awareness-raising activities may also represent an opportunity to include jointly programmed messaging and an occasion for PSS actors to provide psychological first aid (PFA) to alleviate the stress and anxiety resulting from the situation. Prevention and mitigation measures to protect staff and beneficiaries should be put in place, including by limiting the number of persons for each activity.

Organizations are recommended to organize their work schedule to avoid crowding, possibly limiting to essential staff or enhancing staff rotation, and to conduct extensive checks on necessary stock, including of medical equipment, in case of fears of importation difficulties. Organizations should take into consideration all the recommendations set by the health cluster prior to deploying their teams (including masks and gloves for staff members), organizations might want to review the team composition and limit it to the essential members to ensure continuity.

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<sup>1</sup> These recommendations were developed based on other cluster/ sector recommendations in other operations and were revised/amended based on the protection sector response and priorities in Northwest Syria.



## Communication with Communities

In order to ensure uniformity across the response, all partners are encouraged to use the information materials produced by WHO/ Health Cluster in relation to the containment, prevention and response to COVID-19 when sharing information with the affected population. Partners who wish to engage in information dissemination should request the technical guidance and support of the Health Sector prior to conducting awareness-raising activities. The health sector information documents are available here: <https://www.dropbox.com/sh/xu6o8lp7h0e7u5n/AABLG4rF9NyNJOH2CyLUpPmPa?dl=0>

**Community-based protection:** Community-based activities are conducted in community centres, women and girls' safe spaces, and child-friendly spaces as well as through mobile outreach teams. The static centres are an essential entry point for access to information and services and, if allowed by directives of the relevant authorities, may be kept open. *Prevention and mitigation measures to protect staff and beneficiaries should be put in place for all activities conducted inside the community centres, including by limiting the number of persons accessing the centre and participating in activities.* Alternative modalities, including the creation of Whatsapp support lines/groups, outreach awareness through home-to-home and online delivery via videos etc. may be considered, while taking into account differential access to the necessary technologies. Provision of internet packages for needy families may be considered.

The most vulnerable families and children, including severe cases on the existing caseload, should be targeted with these services, including information on how to prevent and seek assistance, positive coping mechanisms, preventing stigma, and how to provide a sense of normalcy and comfort to children in stressful circumstances. Organizations can develop and broadcast messaging and information on COVID-19 through social media and other channels, including targeted messaging for key stakeholders and at-risk groups including children, parents/caregivers, pregnant women, health providers, etc. Other community-based activities, such as community-outreach and activities conducted by community-based protection committees, might not be a priority due to circumstances and light of movement restrictions.

**Protection monitoring:** Protection monitoring is important component during current situation to provide information related to the protection environment and the protection needs of affected communities, including as they relate to the impact of COVID-19 and restrictions. Key protection issues such as freedom of movement, physical safety, stigma and discrimination, access to services/assistance, and psychological well-being of the affected population. Protection monitoring should be conducted jointly with other protection services, including service referrals and case management. If systematic access to individuals is limited or inadvisable given the circumstances, protection monitoring should be conducted in an ad hoc manner targeting specifically vulnerable HHs or HHs showing particular signs of distress or needs of assistance. Protection monitoring may also be used to disseminate information about the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available.

**Service referrals:** Referral to specialized services is essential for cases identified through protection monitoring, at community centers, or through other forms of outreach. It is an integral part of case management and is therefore critical despite the potential limited availability of services provided by other humanitarian actors or public institutions. It is essential that referral pathways are regularly updated at local level, through 4Ws reporting and updating of the service mappings, including updates on any changes to working hours or access points, to facilitate referrals and related activities. Referral to

specialized services might contribute to the containment, prevention and response to COVID-19, in particular with respect to medical services or PSS activities.

**Case management:** Case management support should be maintained for existing caseload and also be provided to new cases, to the extent of partners' abilities in the current situation. New cases may emerge due to illness, hospitalization, or bereavement/death of a parent or family member and should be identified. If in-person case management is not feasible or advisable, 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. If case management services are provided at **community centers**, prevention and mitigation measures should be put in place.

**Psychosocial support:** PSS should be limited to **individual PSS** as part of the case management support. *Group activities are not advisable in the current circumstances and should only be conducted if they comply with directives of the relevant authorities, and prevention and mitigation measures are put in place.* If psychosocial support 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**. PSS can alleviate the stress and anxiety produced by the outbreak and can also 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 materials are available.

Alternative delivery modalities are urgently needed, especially to IDPs in sites, settlements, and overcrowded living spaces. Need for PSS is already high due to the erosion of protection networks due to displacement. Modalities could include WhatsApp support lines, taking into account differential access to mobile phones and internet and providing such access where possible. Field staff may also need training on delivery of PSS with the new contextual constraints.

**Individual protection assistance/ IPA:** Material or in-kind assistance, including cash for protection, is essential as it can mitigate protection risks and address Individual / family protection needs. Reduced access to assistance and services may heighten the risk of resort to negative coping mechanisms, as well as reduced economic opportunities due to COVID-19 situation, making this assistance especially relevant. Assistance including cash or in kind for protection is done through targeted assessment and distribution at the individual or HH level and therefore does not require large social gathering. Modalities of distribution may be also adapted as relevant. **Moreover for GBV cases please refer to the specific guidance developed by GBV SC note on COVID-19.**

**Advocacy:** Advocacy on ongoing protection issues and potential rights violations (eg. discrimination in access, restricted access to services, etc.) should continue.

## Child Protection

### **Pillar 1: Case Management**

Support **child protection case management systems** to:

- **Identify and address vulnerabilities** including **family separation** or children left without their primary caregiver due to illness, hospitalization or bereavement/death of a parent or primary caregivers.
- Deliver **integrated and coordinated services** including referrals and conduct regular follow-up;
- Address pre-existing protection concerns and those **aggravated by COVID-19**;

- Support the **development and review of referral pathways** to other sectors for specialized services including MHPSS and other needs

### Pillar 2: Psychosocial support.

- **MHPSS** ( based on IASC and UNICEF MHPSS guidelines/standards of practice) for children, adolescents and parents/caregivers with a focus on:
  - Supporting children to develop positive mechanisms to deal with illness, fear, isolation, worries, intensified emotions, disrupted routine and bereavement as well as prevention of social stigma.
  - Supporting **parents, caregivers** to develop self-care routines for themselves as well as develop skills to support, care and protect children in this period.
- Train and build on existing child protection teams delivering parenting programmers and psychosocial support to gain ability to deliver above in consideration of emerging urgent needs and environment that will require adjustments on delivery modalities including: home visits, provision of internet package to most vulnerable families, online sessions, videos, WhatsApp support line etc., Particular **consideration and priority** on delivery modalities to families and children in **IDP camps, settlements** living in often already constrained **living space**.

### Pillar 3: Community Engagement

- Building on the structure of child protection teams on the ground and protection focal points at district levels, conduct **targeted outreach awareness** (home to home+ online delivery) to particularly most vulnerable families and children presenting protection concerns, consideration to those severe cases who were already on child protection case management and new ones, ensuring delivery of accurate information **on how to prevent and seek assistance** as well as messages on positive coping mechanisms to caregivers and how to provide a sense of normalcy and comfort to children in stressful circumstances.
- **Develop and broadcast messaging** and information on 2019-nCoV through social media, and other channels including targeted messaging for key stakeholders and at-risk groups based on community risk perceptions (including children, parents/care givers, pregnant women, health providers etc.); including **how to prevent and seek assistance** as well as **prevention of stigma to affected families and their children**

### GBV:

For the GBV activities please refer to *Guidance Note on GBV Service Provision during the time of COVID-19 Turkey Cross Border GBV Sub-Cluster*, available at

<https://drive.google.com/drive/folders/1iXWd9T7uoYQIS5W91HOj09h8EkS8XUy2>

### Mine Action

**Risk Education:** While delivery of risk education messaging is a life-saving intervention for vulnerable populations, RE activities could be conducted through alternative modalities and when feasible, may also include information on the containment, prevention and response to COVID-19 if staff are trained by health actors and if information material is available. With many studies on the possibility of transmitting the virus through brochures, partners are invited to reach out for the health cluster for

specific guidance on the matter in case of any planned intervention or activity. Group activities are not advisable in the current circumstances and should only be conducted if they comply with directives of the relevant authorities, and prevention and mitigation measures are put in place. If possible, a hotline could be put in place for beneficiaries to receive counselling by phone should they be forced to have any sort of movement to receive awareness messaging.

**Victim Assistance:** Victim Assistance services could alleviate the stress and anxiety produced by the outbreak and can also 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 is available. Organizations are recommended to organize their work schedule to avoid crowding, possibly enhance staff rotation, and conduct extensive checks on medical equipment in stock in fears of exportation difficulties. They are encouraged to take into consideration all the recommendations set by the health cluster prior to deploying their teams (inc. Masks, gloves, and all other precautions), organizations might want to review the team composition and limit it to the essential members to ensure continuity while possibly rotating the teams.

*Specifically on PSS, kindly refer to the section above, under a. General protection.*

#### **Ongoing Monitoring of COVID-19 on Protection situation and response:**

It is expected that the current COVID-19 situation will have a significantly adverse impact on the protection situation of affected populations, including through increased restrictions on freedom of movement due to local restrictions, disruptions in assistance and services from humanitarian actors, increased levels of stress and anxiety amongst adults and children, disruption of public services and instructions, and a higher reliance on negative coping mechanisms, aggravated by reduced economic opportunities. Increased risks for women and girls include that of intimate partner violence (IPV), and disruption of life-saving services such as clinical management of rape (CMR) and MHPSS.

The Protection Cluster is committed to monitor the protection impact of the current situation through regular and ad-hoc report from PMTF, in order to guide the humanitarian response and to inform advocacy efforts. Accordingly, the Protection Cluster encourages all partners to continue monitoring, sharing info and reporting key protection issues, incidents and trends to the PROTECTION CLUSTER and sub cluster (CP, GBV, MA) coordinators, and to report any activity suspensions at <https://enketo.unhcr.org/x/#aPPNggEW> .