



Mozambique Protection Cluster's Guidance Note on Prevention and Mitigation of COVID-19

23 March 2020

I. What is Covid-19?

Coronaviruses are a large family of viruses. The most recently discovered coronavirus, first identified in the Hubei region (China) in December 2019, causes COVID-19. In severe cases, COVID-19 may result in pneumonia, severe acute respiratory syndrome, kidney failure or death. While a majority will experience mild flu-like symptoms, certain groups are more vulnerable to the disease. Vulnerable groups include, but are not limited to, older persons, persons with underlying health conditions such as HIV/AIDS, heart disease, asthma or cancer. Some 292,142 cases have been reported at the global level¹ and one confirmed case is reported in Mozambique as of 22 March 2020. WHO has recommended "all countries to increase their level of preparedness, alert and response to identify, manage, and care for new cases of COVID-19".²

II. Key Considerations During Infectious Disease Outbreak

A holistic, people-centered approach to humanitarian work is called for, including during prevention, mitigation and preparedness stages of a response to an infectious disease. In doing so, responses should take into consideration the consequences of outbreaks on communities and pay special attention to the needs of vulnerable groups.³ To achieve this, the Protection Cluster in Mozambique highlights the following key considerations:

a. Human Dignity⁴

People should be seen as human beings, not just cases. People have the right to live their life in dignity⁵ and to be involved in shaping the response. Dignity entails more than physical well-being; it demands respect for the whole person, including the values and beliefs of individuals and affected communities, and respect for their human rights.

¹ Source: World Health Organization

² WHO, "Critical preparedness, readiness and response actions for COVID-19" 19 March 2020 (accessible at: <https://drive.google.com/drive/folders/1PCrCo5vD5pLmNb4U0hrYgh91AyID4Kui>)

³ Vulnerable groups include women, children, older persons, persons with disabilities, persons with chronic disease such as HIV/AIDS, see also: "The Sphere Standards and the Coronavirus Response" (accessible at: <https://spherestandards.org/wp-content/uploads/Coronavirus-guidance-2020.pdf>)

⁴ UDHR, art. 1

⁵ Human dignity is the central value underpinning the entirety of international human rights law



b. Impartiality and non-discrimination

Assistance must be provided solely on the basis of need. No one should be discriminated against on any grounds of status, including age, gender, race, color, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, and national or social origin. Authorities should take all necessary measures to address incidents of racism and discrimination, and information campaigns will be a cornerstone of this effort.⁶

c. Community Engagement

The right to participate in public affairs is vital to the enjoyment of other human rights. There is strong evidence that health promotion policies are most effective when the community has had an opportunity to influence them. This applies also in the case of responses to outbreaks, where the trust of the public is essential to ensuring a successful response.⁷

Hygiene is a central element in preventing and mitigating the spread of COVID-19. Hygiene promotion with a focus on handwashing is therefore critical but can only work if the communities are fully engaged. Existing community perceptions and beliefs can support or hinder a response, so it is important to understand and address them. Social norms, such as handshaking, may need to be modified to prevent disease transmission. Disease prevention and treatment methods need to be targeted to each community. Communication and information-sharing on COVID-19 must be targeted, use local languages and information must be in multiple formats to address barriers in access to information related to literacy, language and disability.

Women, older persons, children, persons with disabilities, refugees, IDPs, and persons with HIV/AIDS experience heightened vulnerabilities within a community and become even more vulnerable in emergencies. Certain groups might not seek assistance due to fear of social stigma associated with underlying health conditions and fear of discrimination or retaliation. Stigma can undermine social cohesion and prompt possible social isolation of groups which can result in more severe health problems and difficulties controlling a disease outbreak. By understanding these issues, we can support the capacity of vulnerable populations, give them priority assistance, and engage them in decision-making processes for preparedness, risk reduction and response.⁸ Evidence shows that stigma and fear around infectious diseases hamper the response. Therefore, the way “we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease”.⁹

⁶ The Humanitarian Charter, p. 4 (accessible at: <https://www.spherestandards.org/wp-content/uploads/2018/07/the-humanitarian-charter.pdf>)

⁷ Human rights messages in relation to the Coronavirus (OHCHR)

⁸ “COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement” p. 2 (accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf)

⁹ IFRC, UNICEF, WHO, “Social Stigma Associated with COVID-19” p.2 (accessible at: https://drive.google.com/drive/folders/1y_m8OtLBizYo3JJ13YqfkoRMm6syt9vY)



d. Human needs of affected communities and broader medical needs

Long-term and additional needs beyond the infectious disease cannot be forgotten. For affected people, psychosocial care contributes critically to their sense of self and emotional healing. Lessons learned from other disease outbreaks, such as Ebola in West Africa, have shown that when maternal and reproductive health, non-communicable diseases, injury, child health care and other issues are left unattended, both for affected people and beyond; this led to more maternal deaths, insufficient childhood immunizations leading to disease outbreaks in the following year and no continuous care for patients with non-communicable diseases.

e. Protection from Sexual Exploitation and Abuse (PSEA)

Vulnerable groups to COVID-19 may face additional risks towards Sexual Exploitation and Abuse (SEA). Therefore, it is imperative to ensure clear messaging regarding PSEA and entitlements to health and other sectors assistance to be incorporated in community engagement activities and materials and ensure its dissemination at health services, WFS, CFS and other relevant spaces. Access to safe SEA reporting mechanism must be facilitated by all agencies involved in the response and the PSEA Network will ensure referral of allegations to the agency/organization of concerned, working closely with GBV and CP for referral of SEA survivors to assistance services. PSEA capacity building and information to staff, partners and relevant personnel will be provided on regular bases and adapted to the moving working arrangement modalities.

III. Gender Implications

Women experience increased risks of gender-based violence, including sexual exploitation and abuse (SEA). Moreover, cultural factors may restrict their access to information on outbreaks and availability of services. Women might experience interrupted access to sexual and reproductive health services, including to family planning. In response, humanitarian workers must ensure community engagement teams are gender-balanced and information on the particular needs of women, for example single mothers who cannot avoid close contact with children, must be accounted for. Even though the needs of women and girls are often amplified during public health emergencies, programs that support women and girls are often however disrupted. Long-term negative effects on women and girls due to disrupted service provision are likely to cause their physical and mental health to suffer and impede their access to education, livelihoods, and other critical support.¹⁰ Community engagement, through focus group discussions, radio shows dedicated to women, protection focal points or women friendly spaces are key to ensure the particular needs of women are met.

¹⁰ CARE, "Gender Implications of COVID-19 outbreaks in development and humanitarian settings" Exec. Summary, p. 1 (accessible at: https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121)



a. Gender and access to technology

Confinement at home, camps or other measures obliging women and girls to stay home in an unprotected situation might increase the risk of GBV, including sexual harassment, abuse and intimate partner violence (IPV). It is important to assess if women and girls have independent and safe access to internet, phones or other communication methods that would allow basic services to continue if freedom of movement was restricted/quarantined. If not, alternative delivery modalities, including for access to prevention information, should be implemented whenever possible.

b. Reduction in availability/ access of women and girls to GBV services

GBV risks will tend to arise due to restricted movements, increased demand and limited access to public services and basic commodities; and an increase in the gendered demand for women to act as caregivers while still performing other domestic and income-earning roles. It is important to assess and revise GBV referral pathways to reflect any changes in service operation hours or access points. Disseminate rapidly and continue to monitor and update regularly. Position IEC materials related to GBV prevention and services at COVID-19 screening desks. Incorporate Protection-trained staff into these screening areas. Revise and disseminate “lifesaving” GBV messages in coordination with other sectors and integrate Protection staff into COVID-19 health response teams.

IV. Protection of Children During Infectious Disease Outbreak

There is insufficient research on COVID-19 to make a conclusion on the susceptibility of children to COVID-19. Nevertheless, children remain vulnerable during disease outbreaks, both because of risk of illness but also due to disruptions to their family life, access to education and other vital services.

a. Caregiver and Child Friendly Communication

Younger children might not have access to or might find it difficult to understand publicly available information on COVID-19. It is important to recognise that “messages aimed at adults will be seen and heard by children, who may not be developmentally or emotionally ready to understand their content.” All sectors must work together to ensure that lifesaving messages (even those that are aimed only at adults) are phrased in a manner that avoids causing undue distress to children or their caregivers.¹¹ Awareness raising campaigns about COVID-19, including its contents and manner of dissemination, may be misunderstood or they may lead to stigmatization of at-risk groups. Community messaging has to be tailored to the needs of specific target group, such as children, and use appropriate language to ensure children and their caregivers understand the

¹¹ The Alliance for Child Protection During Humanitarian Action, “Guidance Note: Protection of Children During Infectious Disease Outbreaks” p. 23 (accessible at: https://alliancecpa.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184)

messages. Lack of information, incorrect information, rumors and messaging that does not use child-friendly language, can induce psychosocial distress amongst children¹² and hamper preventative measures.

An example of child-friendly communication using images:¹³



b. Case management

Specifically, Child Protection actors need to be informed of the adapted referral pathways regarding the provision of remote psychosocial support for children and parents whose parents/caregivers or family members are admitted for COVID-19. This is especially fundamental in cases of family separation due to quarantine. Child Protection actors must develop contingency plans for continuity of case management. This should be on a case by case basis and context sensitive.

V. Provision of adequate MHPSS¹⁴

In any epidemic, it is common for individuals to feel stressed and worried. Services to protect or promote psychosocial well-being and/or prevent or treat mental health conditions are emphasized during any emergency. For many groups in Mozambique, the spread of an infectious disease outbreak would present an emergency upon an emergency and may trigger distress among the population. MHPSS responses must be

¹² The Alliance for Child Protection During Humanitarian Action (see above no. 8)

¹³ <https://www.almanaguesos.com/coronavirus-como-ensinar-criancas-a-lavar-as-maos-tutorial-divertido/>

¹⁴ "Mental Health and Psychosocial Support" (MHPSS) is used in the Inter Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings to describe 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition. [...] MHPSS underscores the need for diverse, complementary approaches in providing appropriate support.'" IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC: Geneva, 2007.



available and grounded in the context and take note of the pre-existing and ongoing issues within this community. These issues cannot be separated from the MHPSS response to COVID-19.¹⁵

Distress of children due to the death, illness, or separation of a loved one or fear of disease, leads to them requiring MHPSS support. Closure of schools also brings a disruption to the normal social life of children, thus collaboration with the Education sector is fundamental to ensure children receive adequate information before the closure of their schools.¹⁶

VI. Conclusion

For many, COVID-19 presents an emergency upon an emergency and the Protection Cluster, together with PSEA network, Child Protection and GBV Sub-Clusters remains committed to provide timely response to its persons of concern in Mozambique. Following the instructions of health care professionals is strongly advised to ensure that adequate prevention and control measures are followed.

The Protection Cluster will continue to monitor the situation and provide updated guidance and information when necessary.

¹⁵ IASC, "Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, Version 1.1" (accessible at: <https://drive.google.com/drive/folders/1N5SVpBTK7K9gg91aXuUgwn-qJMd50Caw>)

¹⁶ See further resources at: <https://drive.google.com/drive/folders/1PCrCo5vD5pLmNb4U0hrYgh91AylD4Kui>