

Operationalizing Protection during COVID-19

Case Studies and Practices from the Field

27 March 2020

The restrictions on movement imposed as a result of the COVID-19 pandemic constitute one of the largest single global challenges that the humanitarian community has ever encountered. Maintaining continuity and quality in the delivery of essential assistance and services, including protection services, in the face of these restrictions requires operations to quickly innovate, leveraging fully the rich capacities and established networks within both communities of persons of concern, as well as host communities.

Many operations have already introduced such innovations and are now working fully by remote, while others are introducing measures allowing for remote work in a phased manner. A smaller number of operations in countries where restrictions have not yet been imposed are able to continue to be physically present and work directly with communities, agreeing on measures with communities that will allow work to continue should movement restrictions be applied.

This note and collection of case studies and practices aims to assist operations facing restrictions that partially or completely restrict direct access to persons of concern by sharing a range of practical “how to” tips on remote protection drawing from past and present field practice. This is meant to be a living document, which will be regularly updated as we identify new and innovative ways to collaborate with refugees, IDPs and other persons of concern to enhance their protection in this time of unprecedented challenge. While we hope that sharing this document with operations inspires ideas in teams and with partners, the document itself has some UNHCR-specific and potentially sensitive information, so it should not be shared externally.

Operations are invited to share with DIP their innovative practices for inclusion in future iterations of this document through Bureaux protection teams.

ACCOUNTABILITY TO AFFECTED PEOPLE: COMMUNICATION AND COMMUNITY ENGAGEMENT

TYPES OF OUTREACH



1. UNHCR guidance

- a. [RCCE Guidance – COVID-19](#)
- b. [Info on COVID-19](#) in the [CBP Community of Practice](#)
- c. [UNHCR’s Live Blog](#)
- d. [CWC Good practice checklist](#)
- e. [Resourcing and business processes required to set-up SMS](#)
- f. [Set-up a two-way SMS in 2 minutes](#)
- g. [How-To for recording Audio Messages](#)
- h. [Considerations for radio stations](#)
- i. [10 Tips to minimize sharing of fake news](#)
- j. Use of WhatsApp Trees (forthcoming)
- k. Communicating with persons with disabilities
 - i. Easy to read and understand Information on COVID-19 [in English](#) and in [14 other European languages](#). Uses pictograms and is helpful for persons with intellectual disabilities, persons with low literacy, and children.
 - ii. Information on COVID-19 in sign language is particularly beneficial for deaf persons who sign. Examples in [English ISL](#), [ASL](#), [French](#) and [LSF](#), and [Portuguese](#).
 - iii. COVID-19 [Information by and for people with disabilities](#)
 - iv. [Coronavirus en Pictograms en español](#)

2. Disseminate accurate information

- a. In the Americas, materials from WHO targeted for specific AGD groups are contextualized to the region and translated. Online repository of materials was created on Google Drive. Stakeholders coordinate and share access and materials.
- b. UNHCR Lebanon supports a PoC-managed Facebook group with hundreds of thousands of refugees. The network flags rumors and

- scams to UNHCR and raises awareness on COVID *fake news* in [Arabic](#) and [English](#).
- c. In Austria PoC can access current information on COVID-19 through an innovative app – [Uugot.it](#) – which translates TV content through sub-titles in different languages, allowing non-German speakers to follow Austrian TV free of charge.
 - d. UNHCR Italy and partners created [an online portal](#) where PoC can access information in 15 different languages on health advisories, regulations, movement restrictions, new administrative procedures and services available.
 - e. MTN Uganda is disseminating COVID-19 awareness messages translated into local dialects including, those spoken by the different refugee nationalities in the country. UNHCR has been assisting with some of the translations into languages spoken by refugees.
3. VenSit operations identified PoC preferred ways of communication (e.g. WhatsApp, Facebook, television) by re-viewing previously conducted assessments and found that 70% of respondents had access to a phone and 79% to the internet, but only 29% in transit have access to WiFi.
 4. Operations in the Americas engage with PoC through existing CBP mechanisms, for example by providing PoC outreach volunteers with internet data through online refills.
 5. UNHCR Lebanon communicates directly with 9,000 refugees and partner’s communication focal points through a WhatsApp communication tree, which reaches 100,000 families.
 6. UNHCR Syria has maintained contact with PoC, when not physically accessible due to the conflict, through SMS and Outreach Volunteers; a Facebook page was used for broad messaging. Hotlines were established and monitored 24/7.
 7. UNHCR Uganda established an interagency hotline and email, as well as bulk SMS messaging, flyers, community radios and sensitization meetings with refugee leaders, informing them on new developments on case management.

PROTECTION

1. [Child Protection](#)
 - a. Gulf countries in MENA have established remote BID panels with colleagues convening over a voice or video call. It is important to maintain a minimum of 3 attending qualified panel members: 1

member to convene, 1 member to present cases, and 1 member to review cases.

- b. In refugee camps in Jordan, electricity supply has been extended to allow children to study through Ministry of Education remote learning at the allocated times.
- c. In Lebanon, the Child Protection Sub-Sector produced guidance on adapting case management and putting in place strict protocols around home visits. All cases are dealt with by phone except high-risk cases, where visits are conducted in areas where there have been confirmed COVID-19 cases only after the family has been cleared by a health actor.
- d. UN Mission for Ebola Emergency Response (UNMEER) supported a coordination model based on four pillars – case management, case finding and contact tracing, safe and dignified burials, and social mobilization. Instead of a separate child protection sub-cluster, child protection actors coordinated response efforts through all four pillars of the response.
- e. During the first phase of the emergency in Cox’s Bazaar, a potential outbreak of cholera was anticipated. Child protection partners worked with the health sector and the CWC working group to ensure funding for child friendly messaging was included in the funding appeals, and partners participated in Cholera Prevention Task Force meetings.

2. SGBV

- a. UNHCR Cameroon established remote-services provision, including SGBV case management, based on an existing network of 110 community focal points and trained social workers. A 24/7 Protection/SGBV Hotline is the main communication tool to link the community focal points with the social workers and to ensure safe disclosure and referral of the survivor to the social worker, who provide remote case management.
- b. Operations in Asia procured phones and laptops for caseworkers and issued phones to psychosocial counselors enabling case management to continue. Caseworkers provide updated information on referral pathways, including COVID-19 related referral pathways, and make referrals for over-the-phone legal and psychosocial support provided by partners. All interventions and referrals are documented in proGres. Weekly case management coordination meetings are conducted via the Teams platform.
- c. With increased reports of domestic violence during COVID-19 home confinement, [the French government set up an alert system in pharmacies](#), accessible to women survivors of domestic violence, which triggers the rapid intervention of police.

3. Age, Gender & Diversity (AGD)

- a. How to include [marginalized and vulnerable people](#) in risk communication and community engagement
- b. LGBTI Persons
 - i. [Stigma](#) can push people to hide illness to avoid discrimination; prevent people from seeking health care; discourage people from adopting healthy behaviors
 - ii. UNHCR Kenya has a long-standing focal point for LGBTI persons of concern who maintains regular phone/email contact with the group. The office also has a dedicated inbox for this group and closely monitors social media sites used by many of them. This allows the Kenya team to gauge on a daily basis the impact COVID-19 is having on individuals as well as the group as a whole, and also to identify and address directly false rumors circulating among them.
 - iii. UNHCR Malawi has a focal point who has established close contact with self-identified LGBTI persons of concern and closely monitors their circumstances during the pandemic.
- c. Persons living with HIV
 - i. Advocacy with national authorities to provide PLWH with [1-3 months of ARV medications](#) to reduce exposure to COVID-19 when retrieving their medicines.
 - ii. Map and share contacts of the National HIV Plan, organizations working on HIV/aids and networks of people living with HIV, with the communities
 - iii. [Community members are driving the AIDS response in northern Myanmar](#)
- d. Older Persons
 - i. Operations have provided information in multiple formats and local languages to address barriers older people often face related to literacy, language and disability.
 - ii. Some operations have established a home visit programme for isolated older persons at heightened risk.
- e. Persons with Disabilities
 - i. Operations have provided interpreters with transparent masks, so that facial expressions and lip movement is still visible.
 - ii. In some operations CBI may not be a good option for many people with disabilities as they may not be able to find items they need due to accessibility barriers.

- iii. Some operations have established peer-support networks to facilitate support of people with disabilities in case of a future quarantine.
 - iv. [Inclusion of persons with disabilities](#) in the COVID19 response
- f. Youth
- i. [Congolese youth use digital technology to combat Ebola](#). The Congolese Ministry of Health organized a hackathon to link digital technology with the fight against the Ebola epidemic in 2018. The app facilitates real-time data exchange between community workers and the Ebola Response Coordination Team.
 - ii. See also how [youth triumphed after the Ebola](#) crisis.
- g. HRW report on the [Human Rights Dimensions of COVID-19 Response](#)
4. Communities of Practice
- a. [Global Protection Cluster](#)
 - b. [UNHCR Child Protection](#)
 - c. [UNHCR Community-Based Protection](#)

REMOTE PROTECTION MONITORING, NEEDS & PROTECTION ASSESSMENTS

1. West Africa region is finalizing consultation process with partners via email and has developed a tool to allow *distant monitoring* (info collected through phone calls, tablets, smart phones, outreach volunteers). Originally conceived to reach out to inaccessible conflict-affected areas, the Bureau has repurposed it for the current COVID-19 crisis.
2. UNHCR Kenya engaged community-based Red Cross volunteers, who led SGBV assessments during the drought, and continue to do health surveillance via mobile phones in inaccessible communities in Somalia.
3. UNHCR Zambia reviewed pre-crisis anonymous hotline call data in drought-affected counties and compared it to current trends. They found a significant increase in the number of individuals (particularly men) were reporting SGBV in crisis-affected communities after the onset of the drought.
4. Coordinators in sub-regional zones in Ethiopia set up a WhatsApp group with service providers to encourage information sharing about service gaps
Conduct key informant interviews – Check-in with Government social workers, women’s group leaders to assess ongoing needs.

REGISTRATION

1. UNHCR guidance on [adapting registration activities and assistance distribution in response to COVID-19](#)
2. Recording [Remote Reception and/or Registration](#) in proGres v4

REFUGEE STATUS DETERMINATION (RSD)

1. UNHCR RSD Procedural Standards - [Remote Participation of Interpreters in Interviews](#).
2. UNHCR RSD Procedural Standards – [Remote Participation of the Applicant in the RSD Interview](#).
3. Examples of [good practice from national systems and UNHCR Mandate operations](#) are on the RSD Practitioners Platform.

SERVICE PROVISION

1. Remote case management
 - a. During the Ebola response, UNHCR in DRC combined case management and health services by imbedding a caseworker at the health center to support women and girls who are both infected with Coronavirus and are SGBV survivors.
 - b. Some operations have provided additional sim card and/or mobile phone to caseworkers so they can continue to work remotely. Considerations include electricity sources; safety and confidentiality of making and receiving calls; and how data is collected and stored.
 - c. Supervision of case management may include remote individual supervision and peer-to-peer or group supervision through online platforms and/or phones. Case file review can be enabled for remote supervision through Primero/GBVIMS+
2. Food / NFI Distribution
 - a. In Iraq, distribution of critical assistance in camps has been changed to a tent-to-tent modality to avoid large gatherings, and amounts of food rations have been increased to reduce the frequency of the visits to the tents.
 - b. UNHCR Lebanon uses two-way SMS to families to validate their ATM cards and receive winter assistance.

3. Health

- a. [UPDATE 26.02.2020 - Guidance note on COVID-19 for UNHCR Operations](#)
- b. [Public Health Preparedness and Response to COVID-19 for UNHCR's Operations - PHS Webinar 4th March 2020](#)

4. Psychosocial support

- a. [IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#)
- b. [IASC Information Note on Updating Humanitarian and Country Response Plans to include COVID-19 mental health and psychosocial \(MHPSS\) activities](#)

COVID-19 Prevention, Protection and Self-Care

The following materials may be useful for staff, partners, and community outreach volunteers:

1. Preventing transmission and stigma
 - a. [WHO advice for the public](#) includes videos, graphics and posters to download.
 - b. A [guide to preventing and addressing social stigma](#) around COVID-19
2. Personal protective equipment (PPE)
 - a. [WHO recommendations for PPE](#) according to the setting, personnel, and type of activity
3. Self-care
 - a. [Self-care health interventions](#)
 - b. [Mental health and psychosocial considerations](#) during COVID-19

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