Community-based protection during COVID-19

People affected by crises are the experts on, and the first responders to, their own needs – including protection needs. Community-based protection (CBP) is about using international protection resources – funding, technical support, influence and networks – to enhance existing and support new community capacities and efforts to ensure their own protection, while holding duty bearers to account for their protection responsibilities.

The COVID-19 outbreak draws attention to the pivotal role communities play as humanitarians. It necessitates greater efforts from the formal humanitarian system to support them, as communities will inevitably be the ones overwhelmingly responsible for humanitarian responses during the pandemic.

The focus on communities' own responses to protection concerns during COVID-19 should not overshadow the primary responsibility of States and other duty bearers for protection. Thus, CBP responses should not undermine advocacy and proactive support to duty bearers in fulfilling their protection responsibilities. Indeed, communities' voices remain central to advocacy strategies at both global and local levels.

This document seeks to provide guidance on how to adapt CBP work during the COVID-19 pandemic. Although primarily aimed at field protection clusters, it may be useful to humanitarian protection actors more broadly. However, as its target audience is assumed to have protection expertise, this guidance does not cover overall CBP considerations. Rather, it features specific measures to tackle the challenges posed by COVID-19 that could be included in country-level strategies/response plans.

ANALYSIS

- o **Community inputs:** COVID-19 will make it more challenging to include communities' perspectives in protection analyses. Thus, seek communities' input as soon as possible, preferably before physical access is restricted. Otherwise, consider channelling information from communities remotely through focal points, while following the advice below on remote engagement and programming. Make active efforts to ensure communities' diversity is reflected in the data collected; this could include establishing contact with a larger and more diverse group of community members in addition to regular focal points.

- o **Community responses:** Consider COVID-19's impact on communities' existing and potential responses to protection concerns. Consider specifically whether spontaneous community groups are being created, new self-protection strategies being developed, and/or existing self-protection capacities/strategies being weakened or hampered by emergency measures.

- o **Official response measures:** Consider the impact of measures to control transmission of the virus on the protection situation. This includes restrictions of movement, sanctions and criminalization of those who violate such restrictions, as well as stronger controls by the police, military and non-state armed actors.

- o **Threats:** Consider threats that may be specific to the pandemic context, or exacerbated by COVID-19, such as the lack of/denial of access to specialized care; lack of access to livelihoods, markets, basic needs and services, including through humanitarian aid; and lack of access to essential information related to the pandemic, including preventive measures.

- o **Gender-based violence (GBV) and child protection:** Pay attention to GBV and child protection risks related to COVID-19. These could include an increase in GBV, including intimate partner violence, and child abuse during lockdowns; and an increase of early marriages and child neglect due to COVID-19's impact on livelihoods. Furthermore, lockdown measures in response to COVID-19 may hinder access to reporting channels or limit the opportunities for outside observers to identify GBV and child protection concerns. CBP actors are often first responders in their communities and should expect to have to respond to an increase in these types of incidents or to compensate for the challenges in reporting or identifying them.

o **Capacity:** Consider the existing capacity of duty bearers and service providers and how it is being, or may be, impacted by the pandemic, due to restrictions on physical access, stigmatization, reallocation of resources, etc.

REMOTE ENGAGEMENT AND PROGRAMMING

o **Communication:** If possible, before physical access is restricted, discuss and agree with regular interlocutors, including community networks and focal points, how to maintain remote communications.[1] This could include agreeing on the means and frequency of communicating remotely and ensuring that communities have the necessary resources to do so.

o **Safety:** Ensure the safety of communications with interlocutors, based on a risk analysis sensitive to the different implications of digital safety/access to different groups, depending on their gender, age and other factors. This could include agreeing on safe means of communication, as well as triggers that would interrupt remote communication.

o **Data protection:** Ensure that a data protection mechanism is in place and efficient, as sensitive protection information may now be exchanged through phone/digital means, rather than face-to-face. Agree on how to obtain safe and informed consent from remote correspondents and ensure the confidentiality of the information exchanged (as necessary).

o **Coordination and collaboration:** Coordinate with colleagues and other actors who may be setting up remote community engagement. Consider partnerships that could facilitate the technological aspect of remote programming.

o **Referral pathways:** Ensure that community members are able to contact service providers and safely access necessary services. For example, initial consultations may take place by phone, or prescriptions may be delivered by courier rather than in-person at a clinic. GBV survivors may not be able to get to safe houses or refuges without permission to travel, but cluster members may be able to negotiate passes with relevant authorities, for example.

RESPONSE

o **Protection from COVID-19:** Support the protection of communities, staff and partners from COVID-19 transmission. This could include putting in place safe alternatives to, or safety measures for, meetings, outreach visits and face-to-face interactions; establishing handwashing stations in places convenient for the community; and the provision of personal protective equipment.[2]

o **Technical support:** Provide technical support to communities in the development of community protection plans and contingency plans for COVID-19. This could include support to map health facilities and resources, establish communication trees, identify at-risk groups and put in place processes for community responses.

o **Social cohesion:** Support communities' isolation and solidarity strategies, as well as other collective efforts and self-protection mechanisms in response to COVID-19. Bear in mind the need to strengthen social cohesion, challenge stigmatization[3] and mitigate potential incidents of violence.

  ▪ **Support isolation strategies** to allow for the protection of the most vulnerable. This could include supporting communities and partners to establish and promote safe isolation spaces that could counter domestic/intimate partner violence or child or elder abuse.

  ▪ **Support solidarity strategies** to allow community members to voice protection concerns. Solidarity strategies may include community groups assisting vulnerable households with communication systems that help them voice their needs. Although such systems will be context-specific, they should include discreet means to flag sensitive needs and concerns, so as to allow for victims of abuses to safely report their situation.

---

[1] See further guidance on **community engagement during COVID-19** below.
[2] See further guidance on protection from COVID-19 transmission below.
[3] See further guidance on preventing and addressing social stigma during COVID-19 below.

- **Understand self-protection mechanisms** to allow for the identification of positive and negative community strategies. By increasing the burden on communities to ensure their own protection, movement restrictions and other measures in response to COVID-19 will likely increase the burden on communities to ensure their own protection, and thus also contribute to a proliferation of negative coping strategies, especially in contexts marked by lack of access to services, resources and livelihoods.

o **Access to quality and reliable information:** Ensure community protection actors have safe access to quality information that may be essential to communities' survival and coping mechanisms, as well as to avoid the stigmatization and further marginalization of certain groups.

- **Information on the pandemic** itself, such as existing response measures and their implications for specific communities, or on the development of the outbreak or scientific discoveries about the virus.

- **Information on services** still available and how to access them safely.

- **Information on how to use certain technologies** essential to ensuring remote programming is inclusive of those not familiar with certain technologies or with limited literacy (which disproportionately affects women, elderly, disabled people and some minority groups).

- **Information on the whereabouts of – or facilitating direct contact with – relatives** undergoing treatment for COVID-19, which may reduce the psychological toll of such separation and, in cases where children are separated from their primary caregivers, ensure continuation of care to children. Information systems should be responsive to align with community engagement strategies and to support communities to check facts, track rumours and support skills in media consumption.

o **Access to adequate resources:** Ensure that communities have the necessary resources to ensure their own protection, including

- **Communication resources**, such as posters, portable radios, phones, phone credit, free Wi-Fi hotspots and even megaphones.

- **Resources necessary for the implementation of specific CBP activities**, including cash. This type of support could also include concerted action with other field clusters for the provision of resources to compensate for the **lack of access to livelihoods and basic needs**, exacerbated by COVID-19, in view of strengthening communities' overall resilience.

o **Raising voices:** Support communities in voicing and advocating for their own needs. During the COVID-19 pandemic, communities may be less able to raise their concerns directly with authorities. Therefore, offer them the possibility of your organization raising their needs on their behalf, through representations and coordination with local authorities, conflict actors and other duty bearers – or through public advocacy campaigns. Make an active effort to reach and amplify the voices of communities who may have not previously been supported by, or had contact with, humanitarian actors.

INCLUSION

The pandemic has further exposed the vulnerabilities of certain groups, based on gender, age, ethnicity, disability, and legal, social and economic status, among others. Thus, take measures to ensure that remote programming and support to community protection actors is accessible to and inclusive of all.[4]

o **Language:** As appropriate, ensure written materials are translated into local languages. Use simple language, communicating messages **through** alternative audio-visual means, including to obtain informed consent.

o **Technologies:** Ensure interlocutors have access to and are comfortable with remote means of communication, which may require providing communication resources.

---

[4] See further guidance on **including marginalised and vulnerable groups during COVID-19** below.

o **Gender inclusivity:** Take active measures to ensure women and girls are included, as care responsibilities during the outbreak may make it even more difficult for them to engage and participate in programme activities.

CAPACITY AND FUNDING

o **Pooled funding:** Include CBP as a modality in pooled funding reserve allocation strategies to ensure its continued place as a key component of any protection response during the COVID-19 pandemic. Partners are encouraged to incorporate the essential components of this guidance (i.e. analysis, remote engagement, response) in their proposal development.

o **Micro grants:** Be prepared to give immediate micro grants and equipment to community focal points or leaders before any movement restrictions or lockdowns are imposed in order to maintain contact.

o **Flexible funding:** Ensure that funds available have the flexibility needed to support a CBP approach.

o **Accessible funding:** Ensure that local actors, including community-based organizations, have equal access to all resources available for the protection response, and that CBP actors can apply for pooled funds.

CAPACITY BUILDING

Continue to provide technical support and capacity building, either in person (respecting social distancing and health guidance) or **through virtual modalities**, depending on the context.

o **Locally:** Work with existing community workers and local staff to build technical capacity pending access challenges, providing them with the necessary resources, including equipment, to carry out training independently.

o **Remotely:** Adapt existing, or develop new, training on CBP in remote modalities, including the advice in this concept note, to build the skills of protection actors. Adapt the modalities used as further guidance emerges.

Further Resources

On community engagement during COVID-19:

- Oxfam. (2020a). Community Engagement During Covid-19: A Guide for Community-Facing Staff. **https://www.oxfamwash.org/response-types/covid-19/Oxfam_Community%20Engagement%20During%20Covid-19_08042020.pdf**
- Oxfam. (2020b). Community Engagement During Covid-19: 13 Practical Tips. **https://www.oxfamwash.org/response-types/covid-19/Oxfam_Community%20Engagement%20During%20Covid-19_08042020.pdf**

On protection from COVID-19 transmission:

- Oxfam. (2020c). Protecting Community Facing Staff and Volunteers. **https://www.oxfamwash.org/response-types/covid-19/OXCTF_Protecting%20Community%20Facing%20Staff%20and%20Volunteers.pdf**

On preventing and addressing social stigma during COVID-19:

- IFRC, UNICEF and WHO. (2020). Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma. **https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf**

On including marginalised and vulnerable groups:

- RCCE. (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. **https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf**