



## Responding to protection risks during the COVID-19 pandemic A Protection Cluster Operational Footprint

### Purpose

COVID-19 is affecting communities worldwide, including in countries already impacted by armed conflict or disaster. Field Protection Clusters (FPCs) strive to continue delivering protection programs and services through alternative modalities, and address protection risks and rights violations that may affect the effectiveness of health response; protection issues triggered or exacerbated by COVID-19 and related measures; protection issues preceding the outbreak that persist and cannot be forgotten.

This “Operational Footprint” on COVID-19:

- Identifies a minimum package of critical activities to be implemented feasibly in all protection cluster operations<sup>1</sup>
- Aims to increase predictability and clarity for key stakeholders what can be expected from FPCs
- Intends to foster sharing learning and best practices across operations
- Provides a framework of key protection actions for the country chapters of the Global Humanitarian Response Plan (GHRP), and the revisions of country Humanitarian Response Plans and of National Peace and Development Plans

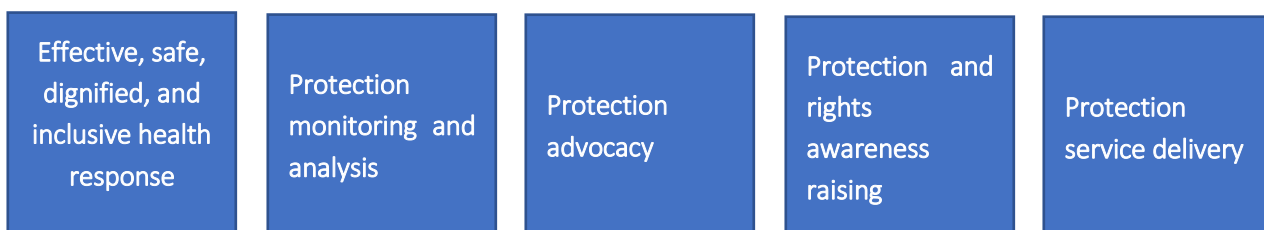
This Operational Footprint is complemented by a series of technical guidance developed by the Global Protection Cluster (GPC).

### Operational Footprint

To safely deliver on its “Operational footprint”, FPCs and operational partners will rely on key enablers:

1. Remote and community-driven approaches, including mobilisation of community volunteers and community-based organisations, for protection monitoring and for service delivery and assistance, particularly case management.
2. Risk communication and community engagement (RCCE), including responsive and customised Communication with communities (CWC) and support to local networks for rights awareness-raising and information sharing campaigns, taking into consideration people with special needs.
3. Working with other sector partners for protection monitoring and referrals to protection actors.

The Operational Footprint focuses on five key protection deliverables:



<sup>1</sup> This includes all 25 operations with active Protection Clusters/Sectors as well as 7 operations with current Protection Working Groups. See Annex 1 for detailed list of current operations supported by GPC.



## 1. Effective, safe, dignified, and inclusive health response

Protection actors will support health and other actors to ensure that COVID19 measures are safe, dignified, non-discriminatory, and to identify and minimize barriers to accessing services. This will include supporting service providers in adapting assistance modalities and medical protocols to be inclusive and adapted to the special needs of vulnerable and marginalized populations, across age, gender and diversity factors. For example, persons with disabilities and older people as well as women/minor/single-headed households – particularly when primary care-givers are isolated in accordance with health protocols.

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*Guidance and advocacy including on quarantine centres and shielding measures*

*Trainings*

*Operational support*

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## 2. Protection monitoring and protection analysis

Protection analysis will highlight dynamics and trends in protection risks and rights violations, including their interlinkages with COVID19 and operational impact. FPCs will share regular updates with intercluster, HC/RC, HCT, donors, authorities, and others to guide collective and sectoral decision-making.

Protection monitoring and assessment will use remote or community-based monitoring, (multi)sectoral assessments, and secondary data, including from National Human Rights Institutions (NHRIs).

Key issues to monitor, analyse and report on include: violence, abuse, exploitation, coercion, and deliberate deprivation – including related to GBV and child protection, self-protection strategies, (negative) coping mechanisms, and social cohesion; access to public health information and medical services (prevention, testing, and treatment); access to other essential services (WASH, shelter, food security and livelihood); changes in laws and policies and their implementation particularly to identify abuse of power in the context of declaration of state of emergency, rights of people deprived of their liberty, or situations of discrimination and stigmatization of specific populations (e.g. displaced persons and other marginalized groups); arbitrary or discriminatory restrictions to freedom of movement, as well as forced displacement and forced returns.

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*Harmonised protection needs assessment and monitoring*

*Regular Situation Reports*

*Monthly Protection Briefs and Analysis*

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## 3. Protection advocacy

FPCs will ensure that the voices and priorities of affected people are heard. The GPC global advocacy will support field priorities and messaging.

Protection actors will engage with authorities to ensure COVID-19 measures are strictly necessary, proportionate, limited in time, and neither arbitrary nor discriminatory in nature or in their application – and to facilitate access and freedom of movement for timely protection service delivery subject to minimum health and safety requirements.

FPCs will sustain advocacy with parties to armed conflict on respect for IHL/IHRL, particularly to prevent and stop attacks on civilians and their assets, or violations hindering access to health and other essential services, and to protect humanitarian and medical personnel and assets, and critical services infrastructure. FPCs will also advocate with local authorities and service providers to ensure the protection and confidentiality of health information, and prevent and address stigmatization, abuse, exploitation, and discrimination in accessing health (prevention, testing, and treatment) and other essential services, particularly for vulnerable and marginalised populations.

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*Advocacy messages and campaigns*

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#### 4. Protection awareness raising activities and campaigns

Protection actors will strive to strengthen risk communication and community engagement (RCCE) channels and build responsive approaches to Communicating with Communities (CwC), information sharing and awareness raising with affected communities.

Approaches will engage national and community networks and be adapted to linguistic, cultural, age/gender and disability needs on: public health information; rights awareness regarding COVID-19 measures imposed by authorities; conditions and pathways to essential services; and information on what to do in case of abuse, exploitation, or discrimination.

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*Rights awareness and information dissemination culturally adapted and through appropriate channels*

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#### 5. Protection service delivery

Protection actors will provide *in situ* or remote case management, particularly for child protection, GBV survivors, older people, and persons with disabilities, and psychosocial support. Where appropriate, cash will be used as an assistance modality to the most vulnerable populations.

FPCs will use community-driven approaches, volunteers, and networks to prevent, mitigate, and address protection risks.

FPCs will also ensure that comprehensive referral pathways are adapted to support affected populations to access services through self-referral and community-based solutions – e.g. community focal points and volunteers; collaboration with non-protection actors for monitoring and identification of cases, particularly in locations where protection actors have no access.

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*Alternative modalities for case management*

*Adapted referral pathways*

*Community-driven protection*

*Individual Protection Assistance (IPA), including Cash for protection*

*MHPSS*

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#### Operations where the National Protection Cluster is not activated

The GPC will directly support the implementation of the operational footprint in all operations where Protection Clusters are activated. For other operations in the GHRP, the GPC recommends adherence to the same minimum operational footprint, and is ready to provide support – together with the Areas of Responsibility and other expert organisations – based on requests and build on existing coordination structures in accordance with the new IASC Scale-up Protocols. The support package of the GPC includes: (1) Introductory Training on Centrality of Protection & Protection Mainstreaming; (2) Training on protection coordination tools; (3) Support to develop COVID-19 contextualized Protection Strategies, (4) Support to set up COVID-19 Field Protection Working Groups; (5) Support in designing specific projects, programmes and response modalities; (6) Provide remote support through specialised staff – and deploy them whenever possible.

#### Overarching operational principles

These activities will be implemented in accordance with public health and staff safety measures and recommendations, and IASC policy and programmatic standards. Engagement between protection and health clusters will be guided by the (draft) Joint Operational Framework between the Global Health Cluster and the GPC.

Human rights-based approaches, participation and empowerment of affected populations, accountability to affected populations, survivor-based approach, respect for codes of conduct, Protection from Sexual Exploitation and Abuse (PSEA), and Child safeguarding will remain central to the protection response and implementation of this Operational Footprint



## Annex 1: Field Protection Clusters / Sectors / Working Groups Requirements

Country	Protection Requirements in HRP <sup>(1)</sup>		New Protection Requirements for COVID-19 Response <sup>(1)</sup>		Total Protection Requirements	
	US\$	% of country total	US\$	% of country total	US\$	% of country total
Afghanistan <sup>(2)</sup>	59.9 M	8%	6.1 M	9%	66 M	8%
Bahamas	No HRP		Not in GHRP		N.A.	
Burkina Faso	18.5 M	6%	5 M	8%	23.5 M	6%
Burundi	17.3 M	15%	Under revision		17.3 M	Pending
Cameroon	39.3 M	12%	13.4 M	Pending	52.7 M	Pending
Central African Republic <sup>(3)</sup>	32.5 M	8%	3.1 M	2%	35.6 M	6%
Chad	14.2 M	3%	3.0 M	4%	17.2 M	3%
Colombia	93.0 M	44%	5.2 M	2%	98.2 M	19%
Congo DR	133.6 M	7%	32.2 M	7%	165.8 M	7%
El Salvador	No HRP		Not in GHRP		N.A.	
Ethiopia <sup>(3)</sup>	34.7 M	4%	20.0 M	Pending	54.6 M	Pending
Guatemala	No HRP		Not in GHRP		N.A.	
Haiti	16.7 M	6%	7.8 M	5%	22.5 M	6%
Honduras	No HRP		Not in GHRP		N.A.	
Iraq <sup>(4)</sup>	151.1 M	29%	17.2 M	13%	168.4 M	26%
Libya <sup>(5)</sup>	35.1 M	31%	Under revision		35.1 M	Pending
Mali	34.4 M	10%	9.8 M	21%	44.2 M	11%
Mozambique	27.4 M	4%	2.0 M	2%	29.4 M	4%
Myanmar	34.6 M	16%	2.7 M	Pending	37.3 M	Pending
Niger	20.6 M	5%	Under revision		20.6 M	Pending
Nigeria	82.5 M	10%	20.4 M	9%	102.9 M	10%
Pacific	No HRP		Not in GHRP		N.A.	
Palestine	33.7 M	10%	1.0 M	2%	34.7 M	9%
Philippines	No HRP		5.0 M	6%	5.0 M	6%
Somalia	74.8 M	7%	10.6 M	1%	85.4 M	4%
South Sudan	86.0 M	6%	15.3 M	5%	101.3 M	6%
Sudan	70.7 M	5%	2.1 M	5%	72.8	5%
Syria <sup>(3)</sup>	377.0 M	11%	9.5 M	3%	386.5 M	10%
Ukraine <sup>(6)</sup>	51.0 M	32%	33.5 M	20%	84.5 M	26%
Venezuela	68.6 M	9%	Under revision		68.6 m	Pending
Yemen	150.8 M	5%	7.8 M	4%	158.6 M	5%
Zimbabwe	21.3 M	3%	7.2 M	Pending	28.5 M	Pending
<b>TOTAL <sup>(7)</sup></b>	<b>1.8 B</b>	<b>8%</b>	<b>239.8 M</b>	<b>5%</b>	<b>2.0 B</b>	<b>8%</b>

Sources: HRPs 2020; COVID-19 Plans and reports from Cluster Coordinators and Co-coordinators. All figures preliminary and subject to changes before GHRP Update publication.

(1) For operations that have conducted HRP revisions, correspond to revised figures of original HRPs in light of COVID-19. (2) A total of **3.2M** requirements for protection already costed in HRP are related to COVID-19 response. (3) Preliminary figures still under revision. (4) A total **37.5M** requirements for protection already costed in HRP are related to COVID-19 response. (5) A total **9.3M** requirements for protection already costed in HRP are prioritized for COVID-19 response from Apr-Jun. (6) Figures taken from COVID-19 Plan published in March, can be subject to updates for GHRP. (7) Percentages calculated only considering countries with complete data regarding total COVID-19 and non-COVID requirements.

