



## **Protection Cluster South Sudan Recommendations/Observations on the Criticality of the Protection Cluster's Humanitarian Response Plan 2020 Activities in Relation to COVID-19**

*Disclaimer: the information provided below should be considered as general recommendations on the Humanitarian Response Plan (HRP) activities to prioritize and suggestions on how to implement them in the event COVID-19 affects South Sudan. 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.*

### **1. General information**

#### **1.1 Background**

Currently, there have been no reports of COVID-19 infections in South Sudan. However, the COVID-19 virus is highly infectious and it is our collective responsibility to ensure that all forcibly displaced persons, including IDPs, will have access to critical life-saving services in the event an outbreak in South Sudan and that they are able to access health facilities and services in the event they are directly affected.

The Protection Cluster has conducted an identification of minimum activities to be maintained in case of COVID-19 spread in South Sudan. While activities related to COVID-19 containment, prevention or response are being prioritized, the humanitarian leadership is expected to advocate with the government authorities in South Sudan that all identified minimum activities continue under current health protocols and government directives.

#### **1.2 General Principles**

General principles that should guide protection partners in conducting their activities include:

- Protection remains a life-saving activity and wherever feasible should continue;
- Specific response to COVID-19 should be calibrated across the operation depending on the risk level while maintaining the minimum preventive measures uniform across the operation;
- Large gatherings and meetings should be avoided. Group activities should be conducted only in line with WHO/ Health Cluster guidance on avoiding COVID-19 transmission. Other means of information dissemination in the villages shall be explored;
- Protection actors are advised to exercise preventive measures in all movements and activities to avoid optically appearing against COVID-19 guidance;
- Prevention and mitigation measures to protect staff and beneficiaries should be put in place, including by limiting the number of persons for each activity – both staff and beneficiaries;
- Ensure that preparedness and response mechanism for COVID - 19 must encompass and focus on all persons, especially those with heightened vulnerabilities such as older persons, those with chronic illness, persons with disabilities, unaccompanied and separated children, forcibly displaced persons, especially those living in camps, camp-like settings, congested family situations, and other vulnerable groups;
- Preparedness and response measures must ensure that protection and human rights imperatives are central to the response and promote safety and dignity of affected communities.

### **1.3 Communication with Communities**

All partners are encouraged to use the information materials produced by WHO in relation to the containment, prevention and response to COVID-19 when conducting any information-sharing or awareness-raising with affected communities. Partners who wish to engage in information dissemination on COVID-19 as part of other awareness-raising should request the technical guidance and support of the Health Cluster prior to conducting awareness-raising activities.

### **1.4 Coordination and Planning**

A joint mapping should be undertaken to identify areas most at risk. Coordination with the Health Cluster, COVID-19 Task Force and OCHA is critical to assess and plan the readiness and response operations in priority locations and should be aligned with existing protection coordination mechanisms already in place at national, local and site levels where possible. Coordination with and among State and deep field focal points is essential to ensure the development of readiness and response plans is holistic and accurate based on the capacity and available resources vs. the needs.

## **2. Prioritized HRP 2020 Activities**

### **2.1 General Protection**

Awareness-raising: Awareness raising activities on protection issues should continue within the limitations presented by the on-ground situation, which might include more emphasis on individual awareness-raising rather than group, small group community dialogue approaches or through mass media. Activities may also include information on the containment, prevention and response to COVID-19 if staff are trained by health actors and if information and disinfectant materials such as hand sanitizer or detergents should be made available. Awareness raising activities may also represent an opportunity to include joint-programmed messaging and an occasion for psycho-social support (PSS) actors to provide psychological first aid (PFA) to alleviate the stress and anxiety resulting from the situation, emphasizing on individual or small groups sessions.

Community-based protection: Community-based activities include community centres where some key activities are conducted. Community centres are an essential entry-point for access to information and services but modalities must be adjusted in line with relevant guidance on avoiding transmission of COVID-19. Group-based activities should only be conducted if they comply with government directives and relevant WHO/ Health Cluster guidance and prevention and mitigation measures are put in place. 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. Other community-based activities, such as community-outreach and activities conducted by community-based protection committees, might need to be deprioritized to avoid large gatherings, while community-based protection network members should be trained in an appropriate setting on preventative measures.

Community-level protection assessment: The assessment should be designed 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 government restrictions. Key protection issues should continue to be monitored, such as freedom of movement, physical safety, and access to services/assistance and psychological well-being of the affected

population. Methodology for the assessment may include observation, KIIs and possibly small FGDs if prevention and mitigation measures are in place. If not possible to conduct assessment in person because of lack of access or health/safety risks, KIIs should be conducted over the phone.

Protection monitoring: Protection monitoring is important as it enables the identification of protection issues related to COVID-19 and trends through information collection and situational analysis in order to inform appropriate action by relevant actors, including advocacy, strategic planning, and adaptive response. Protection monitoring should be conducted jointly with other protection services, including services referrals and case management. If systematic access to communities is limited or inadvisable given the circumstances, such as making focus group discussions risky due to bringing groups of people together, protection monitoring can be conducted via key informants through adapted methods, such as phone interviews. Protection monitoring may also be used to inform plans for information dissemination about the containment, prevention and response to COVID-19 by helping to identify at-risk communities and populations. Protection monitoring remains critical to understanding the fluid protection situation across South Sudan and must be maintained to a certain degree in order to continually identify community-level and population-level protection concerns that will arise despite COVID-19.

Service referrals: Referral to specialized services is essential for cases which are identified through protection programming, at community centres, or through other forms of outreach. It is also 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 and services mapping information are regularly updated at local level 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. Referral of suspected cases should be done with dignity, always be carried out in strict accordance with human rights standards and be strictly necessary and proportionate to the evaluated risk.

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. If case management 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. If access to beneficiaries and capacities of case management actors are further limited, protection high risk cases should be prioritized for case management follow up. If case management services are provided at community centres, 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-based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives 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 material are available.

Legal assistance: This is an essential activity that directly relates to the legal and physical safety of the concerned individuals, the fulfillment of their fundamental rights and their access to essential services. While access to public institutions, such as courts, and other administrative offices, may be fully or partially disrupted in most areas, legal assistance services should be maintained whenever possible.

Advocacy: Advocacy on ongoing protection issues and potential rights violations (e.g., freedom of movement, discrimination in access, or restricted access, to services, etc.) should continue.

Protection based support (NFIs and Cash for Protection): This is an important activity especially to the families and individuals who will be affected, and could be continued with a targeted and coordinated approach, including with other Clusters providing NFIs to PSNs, to avoid any duplication of activities. The protection cluster should avoid second hand NFIs that may put the beneficiaries at risk of contracting the disease and distributions should be sufficient to enable families to avoid sharing where this might increase transmission such as through kitchen items. While one-off cash support to individuals who have lost breadwinners as a result of coronavirus could be a potentially beneficial intervention, cash might not be suitable for all geographic areas, especially in the event of a market shutdown as the result of COVID. As a result, and in line with a do-no-harm approach, a detailed analysis must be done before determining whether cash is appropriate.

## **2.2 Gender-Based Violence**

Information sharing: GBV outreach workers will provide information on COVID-19 including location for services, especially in areas that may have increased GBV cases due to an outbreak, as those impacted by restrictions of freedom of movement. Other topic that will be included in information sharing will be GBV referral pathways and information about other humanitarian services.

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. If case management 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 including mobile approach where possible. If access to beneficiaries and capacities of case management actors are further limited, high risk cases only should be prioritized for case management follow up. If case management services are provided at community centres, prevention and mitigation measures should be put in place, including having sanitizing products available and information on COVID-19 prevention.

Psychosocial support (PSS): PSS should be limited to individual structured PSS as part of the case management support. Group-based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives and if 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, with further advice from the MHPP technical working group. PSS can alleviate the stress and anxiety produced by the outbreak and 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 are available.

Women friendly spaces: FGD, group counseling, life skills training at WFS, should be limited to 10 participants per group or as otherwise in line with WHO / Health Cluster guidance. It is important to prioritize activities which focus on individuals rather than group activities. The WFS should have hand washing facility, detergent, and sanitizer for women/girls visiting the facility. Incorporate sessions on the prevention of coronavirus amongst topics for discussion at the WFS and preventive control messaging shall be displayed on posters.

Dignity kits: The provision of dignity kits is essential to the physical and psychological well-being of women and girls and should therefore continue and perhaps even increased in quantity, especially hygiene materials such as soap. The provision of dignity-kits is done at the individual level and only for cases supported with case management services. Distribution modalities will be conducted to small groups of approximately 10 people per group or as otherwise in line with WHO / Health Cluster guidance. Vulnerable women and girls who are also quarantined or isolated shall be targeted with dignity kits. COVID-19 IEC materials should be also incorporated as components of the kits.

Service referrals: Referral to specialized services is essential for cases which are identified through protection monitoring, at community-centers or through other forms of outreach, if feasible. It is an integral part of case management and is therefore critical despite potential limited availability of services provided by humanitarian actors or public institutions. It is essential that referral pathways and services mapping information are regularly updated at local level to facilitate referrals and related activities. Referrals to specialized services might contribute to the containment, prevention and response to COVID-19, in particular with regards for medical services or PSS activities. CMR providers should be aware of the heightened risk of exposure to COVID-19 for survivors seeking medical care and precautionary measures should be taken. GBV actors should work to ensure that fear of COVID 19 does not depress medical service seeking among survivors. Given the fast changing nature of the crisis, there is a need to regularly revise/update and monitor GBV referral pathways to reflect any changes in service operation hours or access points or availability of staff.

Women economic support - Continue the development of targeted women's economic empowerment strategies to mitigate the impact of the COVID-19 pandemic and its containment measures including supporting them to recover economically. This will be crucial especially for women in the informal sector.

Realignment resources - Resources for suspended GBV activities shall not be diverted for other interventions but rather they are still used for GBV activities which are re-designed and prioritized to align to the COVID19 situation.

### **2.3 Child Protection**

Technical support and guidance: As part of preparedness and in collaboration with WHO, MoH and partners, provide technical support to the relevant partners to develop/update guidelines and training materials as necessary, and identify and remotely train partners on case management (including safe identification and referrals and appropriate, holistic care for children) and psychosocial support (PSS).

Awareness-raising: Awareness raising activities on child protection-related issues should continue and may also include information on the containment, prevention and response to COVID-19, if staff are properly trained by health actors and if information material are available. Awareness raising activities on child-protection are, in the current context, also an

opportunity for PSS actors to provide PFA to alleviate the increase stress and anxiety as well as minimize stigmatization resulting from the COVID-19 situation. To this end, the CP sub-cluster will disseminate specific CP and PSS messages including on prevention of separation and prevention of stigma in coordination with WASH, Health, Education and MHPSS actors as well as identify different modalities for delivery of activities to reach these populations, including underserved and vulnerable populations. Prevention and mitigation measures to protect staff and beneficiaries should be put in place when awareness raising activities are conducted.

Case management: Support for case management remains critical and should be maintained for existing caseload and also be provided to new cases, to the maximum extent of partners' abilities in the current situation. **Individual PSS can be integrated into the case management** support (including PFA and addressing potential stigmatization). This will consist of: (a) **Identification and referral** of child protection cases to enable access to specialized CP services considering the fact that the CP cases are expected to increase due to heightened protection risks related to COVID 19 situation; (b) **Provision of alternative care arrangement** for children who are separated from their parents or other primary care givers due to hospitalization, quarantined or death - fostering, kinship care, interim care (institutional care); (c) **Provision of individual case services** including cash assistance to vulnerable households as part of case management. If case management 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. If access to beneficiaries and capacities of case management actors are further limited, high risk cases only should be prioritized for case management follow up.

Psychosocial support: Provision of psychosocial support including Psychological First Aid to children, case workers, and their caregiver according to the context to helps individuals and communities to heal the psychological wounds and rebuild social structures. This will also entail addressing any potential stigmatization of populations related to COVID-19 and working with health and social workers at the national and sub-national level, remote PSS, identification and delivery protection services for children left without a care provider, due to the hospitalization or death of the parent or care provider. The case workers also need PSS through clinical supervision, and self-care to help them handle cases effectively and avoid burnout. Child Friendly spaces (CFSs) can be used to display prevention messages or equipped with adequate WASH facilities-hand washing station, soap, and hand sanitizer to avoid possible infection depending on the context, and activities should be conducted otherwise in line with WHO / Health Cluster guidance.

Coordination: Continue to support Child Protection partner coordination at the country and state level as well as participate in the inter-agency COVID-19 response coordination mechanisms. This will also include dissemination of staff guidance for personal Protection as part of the duty of care.

## **2.4 Housing, Land and Property**

Awareness-raising: Awareness raising activities on HLP-related issues should continue if feasible while maintaining adherence to WHO/ other guidance on avoiding transmission of COVID-19 and may also include information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available. Prevention and mitigation measures to protect staff and beneficiaries should be put

in place, including by limiting the number of persons for each activity and as otherwise provided in WHO/ Health Cluster guidance.

Legal assistance: This is an essential activity that directly relates to the fulfillment of some fundamental rights of affected individuals and their access to assistance. While access to public institutions such as courts and Land Committees as well as other administration offices may be fully or partially disrupted in most areas, legal assistance services should be maintained whenever possible.

Advocacy: Advocacy on ongoing HLP-related issues and potential rights violations should continue.

## **2.5 Mine Action**

Explosive ordnance risk education (EORE): This awareness-raising activity directly relates to the physical protection from the risks posed by mines and explosive remnants of war (ERW). EORE will be restricted due to the emergency situation and will respect the current health protocols and government directives. Risk management approaches should be used when planning for door-to-door sessions to avoid the propagation of the virus. Awareness raising activities may also include information on the containment, prevention and response to COVID if staff are properly trained by health actors and if information material is available and as otherwise in line with WHO / Health Cluster guidance.

Clearance and survey: This is an essential type of activity that directly relates to the physical protection from the risks posed by mines and explosive remnants of war (ERW), or other forms of explosive ordnance. While the operations of Mine Action Agencies / partners, may be fully or partially disrupted in most areas, clearance and survey operations should be maintained whenever possible.

## **3. Monitoring of the situation**

It is expected that the current COVID-19 situation will have either directly or indirectly a significant adverse impact on the protection situation of affected populations, including through increased restrictions on freedom of movement due to government restrictions, reduced assistance and services from humanitarian actors, increased levels of stress and anxiety amongst adults and children, disruption of public services and instructions, higher reliance on negative coping mechanisms aggravated by reduced economic opportunities, child protection risks including the possible separation of children from their primary caregiver, physical violence and neglect.

The Protection Cluster is committed to monitor the protection impact of the current situation in order to guide the humanitarian response and to inform advocacy efforts.

***Accordingly, the Protection Cluster encourages all partners to continue monitoring and reporting key protection issues, incidents and trends to the national and field levels Protection Clusters and CP and GBV sub clusters for their sharing of information with the Protection Cluster Coordinators.***

March 2020

## Reference Documents and Guidance

Preparedness and response mechanism for COVID - 19 must encompass and focus on all persons, especially those with heightened vulnerabilities such as women and girls, older persons, persons with disability, children and youth, forcibly displaced persons, especially those living in camps, camp-like settings, congested family situations, and other vulnerable groups. There are practical and specific guidance for each group which can be useful for preparedness and response:

Group	Reference Material
<p><b>Cross-cutting</b></p>	<p>The Regional Risk Communication and Community Engagement Working Group (Asia and the Pacific), <a href="#">COVID-19: how to include marginalized and vulnerable people in risk communication and community engagement</a></p> <p>IASC, <a href="#">Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak</a></p> <p>SPHERE, <a href="#">The Sphere standards and the Coronavirus response</a></p>
<p><b>Women and Girls</b></p>	<p>UNFPA, <a href="#">Covid-19: A Gender Lens. Technical Brief Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality.</a></p> <p>CARE, <a href="#">Gender Implications of COVID-19 Outbreaks</a></p> <p>Asia-Pacific Gender in Humanitarian Action Working Group, <a href="#">COVID-19 Outbreak and Gender</a></p> <p>GBV AoR, Webinar: Impacts of COVID-19 on Women &amp; Girls (<a href="#">English</a>, <a href="#">French</a>)</p> <p>Robyn Yaker and Dorcas Erskine, '<a href="#">GBV Case Management and the COVID-19 Pandemic</a>', GBV AoR Helpdesk</p> <p>Wenham et al., '<a href="#">COVID-19: the gendered impacts of the outbreak</a>', The Lancet, 6 March 2020</p> <p>Dr Erika Fraser, '<a href="#">Impact of COVID-19 Pandemic on Violence against Women and Girls</a>', UKAid, 16 March 2020</p> <p>Girls' Education Challenge, <a href="#">Safeguarding and COVID-19: Guidance Notes for Projects</a>, 19 March 2020</p>
<p><b>Persons with Disabilities</b></p>	<p>International Disability Alliance, <a href="#">Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance</a></p> <p>Inclusion Europe, <a href="#">Easy-to-read information about Coronavirus in many languages</a></p>



	<p>European Disability Forum, <a href="#">Open Letter to leaders at the EU and EU Countries: COVID-19 – Disability Inclusive Response</a></p>
<b>Children and Youth</b>	<p>Child Protection AoR, <a href="#">Child Protection Resource Menu for COVID-19</a></p> <p>The Alliance for Child Protection in Humanitarian Action, <a href="#">Technical Note: Protection of Children during the Coronavirus Pandemic (v.1)</a></p> <p>UNICEF, WHO and IFRC, Key Messages and Actions for COVID-19 Prevention and Control in Schools (<a href="#">English</a>, <a href="#">French</a>, <a href="#">Arabic</a>)</p> <p>WHO, <a href="#">Helping children cope with stress during the 2019-nCoV outbreak</a></p> <p>Inter-agency Network for Education in Emergencies, <a href="#">Coronavirus</a> (list of resources collected to support the provision of education in places affected by COVID-19, with particular focus on distance learning, alternative education, e-learning, and psychosocial support)</p> <p>UNICEF, <a href="#">How teenagers can protect their mental health during coronavirus (COVID-19)</a></p> <p>United Nations Major Group for Children and Youth, <a href="#">Statement on COVID-19</a></p>
<b>Older Persons</b>	<p>HelpAge <a href="#">COVID-19 Guidance and advice for older persons</a> <a href="#">Protecting older people during the COVID-19 pandemic</a></p>
<b>IDPs/Refugees/Migrants</b>	<p>IASC, jointly developed by IFRC, IOM, UNHCR and WHO, <a href="#">Scaling-Up Covid-19 Outbreak Readiness And Response Operations In Humanitarian Situations Including Camps And Camp-Like Settings</a></p>
<b>Detainees</b>	<p>Council of Europe, <a href="#">Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic</a></p>