



**PROTECTION RESPONSE
UNDER THE RESTRICTIONS
OF COVID-19**

List of Abbreviation

CP	Child Protection
EILC	Early Intervention and Learning Centres
GBV	Gender-Based Violence
ICC	Interim Care Centre
IDP	Internally Displaced Persons
IPC	Infections Prevention and Control
IPC-3	Integrated Phase Classification (food security)
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
MHPSS	Mental Health and Psychosocial Support
PPEs	Personal Protective Equipment
PSS	Psychosocial Support
S/GBV	Sexual and Gender Based Violence
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

COVID-19 pandemic has taken the entire world by surprise, creating the greatest global catastrophe since WWII, impacting all spheres of our societies, including health, economy, social protection, as well as security, and human rights. The virus affects people and communities indiscriminately in all parts of the world, with particularly strong impact on poorer communities, especially those already suffering from the humanitarian consequences caused by conflicts, social-economic problems or disasters.

As of 7 October 2020, over seven months since WHO declared the pandemic, over 35 million confirmed cases and over 1 million deaths have been reported globally¹. With the vaccine still under development, the pandemic is likely going to continue for the most part of 2021, affecting countries in different ways. The number of COVID-19 cases, and unfortunately the number of fatalities, will continue to rise. The pressure on existing health systems is also limiting access to essential health services including on non-communicable disease treatment, sexual and reproductive health, mental health, and routine immunisation services.

The full humanitarian impact of the pandemic has not yet been fully understood, although the drastic contraction of countries' economies, resulting in rising unemployment, and loss of livelihoods and income, millions of people, especially those depending on daily wages, are becoming more vulnerable. According to the World Bank, the poverty levels are unfortunately expected to deepen further due to the pandemic, with projections estimating that between 71 and 419 million people may fall beneath the poverty line². WFP estimates that, due to the pandemic, an additional 130 million people may face acute food insecurity (IPC-3 or worse), twice as many that are already in such a predicament³. UNHCR is concerned about people living in dense conditions in camps, as well as about the impact of the pandemic on access to asylum, protection and other services.⁴

PROTECTION CONCERNS AND COVID-19

INTER SOS is particularly worried about the pandemic impact on the harrowing humanitarian situation in most protracted humanitarian crises such as Afghanistan, Central African Republic, Somalia, Syria and Yemen. Millions of people living in such crises, in the majority of cases forcibly displaced by conflicts, poverty or lack of human rights, already suffering from violence, stigma, discrimination and unequal access to basic services continue to be exposed daily to a variety of severe protection hazards, and lack access to basic life-saving commodities, including food, water, shelter and clothing.

Globally, some of the observed protection impacts on the affected populations that are emerging as a result of COVID-19 restrictions include:

- **Restrictions of freedom of movement** due to ongoing conflicts and pandemic containment measures especially in and out of refugee camps, as well as restrictions with access to basic services and commodities, including health and food, are creating more vulnerability.
- Loss of employment and livelihoods results in increased **negative coping mechanisms**, including reduced food consumption, increasing debts, forced recruitments and/or forced labour, and early marriages.

¹ <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

² <https://www.worldbank.org/en/topic/poverty/brief/projected-poverty-impacts-of-COVID-19>

³ <https://www.wfp.org/news/COVID-19-will-double-number-people-facing-food-crises-unless-swift-action-taken>

⁴ <https://www.unhcr.org/news/press/2020/7/5f1569344/unhcr-stresses-urgent-need-states-end-unlawful-detention-refugees-asylum.html>

- Isolation and inability to move around due to containment measures, fears and anxieties related to COVID-19, and loss of income and livelihoods has had a high impact on psychological trauma, stress, anxiety, sometimes resulting in suicides and self-harm. There is a growing need to address **mental health issues**.
- **Social exclusion, stigmatisation, discrimination, racism and xenophobia** are on the rise, especially for individuals and communities that are often marginalised, such as LGBTQI, as well as returnees to their places of origin, who are often regarded by host communities as suspected virus carriers.
- Lack of access to education due to lockdowns have caused an increase in **child abuse**, including sexual and other forms of physical and emotional violence. The loss of livelihoods is exacerbating risks for children, especially linked to early marriages, forced labour and commercial sexual exploitation.
- **Older people** are at particularly high infection and mortality risk from COVID-19. Yet evidence shows they are often subjected to discrimination in health care and triage decisions. They too suffer neglect and domestic abuse, negative physical and mental health impacts from isolation and have even more limited access to essential services.
- **Persons with disabilities** are facing a disproportionate impact of the pandemic, with their access to services further hampered.
- One particularly bad impact of the pandemic, closely linked to lockdowns and limitation of movements, concerns **Gender Based Violence**, especially on women with a range of abuses occurring, including marital rapes, physical and emotional violence, with many reporting sale or exchange of sex as a coping mechanism. The stress caused by lockdowns, financial and economic insecurity, health concerns, job losses are major compounding factors that are driving sexual and physical violence of the victims often stuck in confinement with their perpetrators. For example, a recently conducted survey by GBV sub-cluster in Iraq highlighted that 65% of service providers reported an increase in one or more types of GBV, with 94% reporting an increase in intimate partner or family member violence, including marital rape, within their own household⁵. Other groups of people are at risk of abuse – such as older people, children and people living with disabilities.

INTER SOS RESPONSE TO COVID-19

Just like the entire humanitarian community, INTER SOS found itself on the frontline of humanitarian responses in 19 countries, needing to rapidly adapt its activities and processes, in line with service continuity principles, safeguarding/staff protection measures, and social distancing recommendations from WHO, while shifting its operational modalities to alternative ways, including working on protection monitoring, case management, and similar activities.

Responding to the needs of the communities affected by COVID-19, INTER SOS focused its humanitarian assistance in remote communities, primarily in protection and Infections Prevention and Control (IPC).

Examples include the distribution of handwashing and hygiene kits in Ouahigouva in Burkina Faso, rehabilitation of water facilities and distribution of hygiene kits to internally displaced in Kabo and Sido IDP camps in Central African Republic, or door-to-door campaign on prevention of outbreak through the use of sanitary material, training in hand-washing and social distancing measures – in Borno State, Nigeria, as well as distribution of hygiene kits in Mount Lebanon, Lebanon.

⁵ <https://www.humanitarianresponse.info/en/operations/iraq/assessment/gbv-sub-cluster-rapid-assessment-impact-COVID-19-outbreak-gender-based>

In Somalia, INTERSOS continues to provide support to Jowhar hospital, including setting up a pre-triage area to help detect possible new cases, repositioning of PPEs, training and information on IPC, as well as support with hand washing facilities in all the operational areas. In Kandahar province of Afghanistan INTERSOS provides primary health assistance to the communities using 3 Mobile Health Teams, as well as treatment of malnutrition, and implements a range of WASH activities, including distribution of hygiene kits and training in hygiene practices and social distancing.

INTERSOS PROTECTION RESPONSE TO COVID-19

Protection assistance is central to INTERSOS humanitarian action. With its strong network of staff in 19 protracted humanitarian crises, INTERSOS is providing a range of protection assistance focused on:

- **Case management:** Individual and Comprehensive case management support for survivors of GBV, Child Protection, including psycho-social support, cash assistance for protection response, referral to health, legal or other relevant services, back to school support for children and support for people with specific needs.
- **Legal Assistance** addressing many legal problems arising from the chaos of sudden forced displacement of population, such as the loss/lack of documentation, the denial of rights or access to services, as well as the risk of being illegally detained or deported.
- **Awareness-raising** campaigns and training in prevention of S/GBV
- **Awareness raising** on child protection
- Providing support in cases of extreme exclusion
- **Protection monitoring** that systematically and regularly collects, verifies and analyses information to identify violations of rights and/or protection risks for populations of concern for the purpose of informing effective responses.

Protection assistance is all about being present within the affected communities impacted by crises. INTERSOS provides holistic response that incorporates restoring of dignity, enhancing well-being, as well as prevention and response of abuse, violence and exploitation. In line with this, prior to the pandemic, despite the myriad of operating challenges, including insecurity, access challenges, bureaucratic impediments, to mention a few - most of pre-COVID-19 protection work was conducted face-to-face, in specially created safe environments, respecting privacy of those we are assisting.

However, the need to ensure infectious prevention and control following the onset of COVID-19 put an abrupt limit to movements and access to communities and individuals that require humanitarian aid. Overnight, the access to individuals and communities, whether in refugee camps or living in private accommodation, became extremely limited in many places, thus providing major pressure on our ability to conduct individual case management, ensure provision of legal services, running Child Friendly Spaces and Women Friendly Spaces, as well as other crisis response services, potentially having a devastating impact on individuals who are recovering from trauma and abuse.

Therefore, INTERSOS had to quickly come up with alternative ways to continue its services. Despite that the direct human contact remains ideal when aiding traumatised women and children, due to considerable additional risks brought about by limitations imposed by lockdowns, the continuation of these services remains absolutely essential, albeit using remote approaches.

The remote support remained the only option and the transition from the pre-pandemic modality into this new reality was highly challenging, but at the same time, provided valuable learning experience and learning that will be relevant post-COVID-19. Reacting quickly to this new reality, INTERSOS developed new internal guidelines incorporating realistic, innovative and adapted activities, along with additional activities relevant to addressing the impact of the pandemic itself. The newly adapted approach ensured an alternative way of reaching our communities, thanks to already strong connections with the communities we serve. Each adapted activity was designed bearing in mind the perspective of the vulnerable people and considering their protection risks and needs.

Unfortunately, legal protection programmes were most affected in the lockdown and had to be put on hold, as courts and other legal institutions remained closed or opened with minimum capacities.

This report aims to highlight some successful adaptations and innovative approaches employed by INTERSOS in meeting the protection challenges imposed by the pandemic.

AFGHANISTAN: ADAPTING TO CHANGING TIMES - FROM FEARING THE VIRUS TO FIGHTING THE VIRUS

Women in Southern Afghanistan are viewed as invisible members of society with no voice, and as such they are highly vulnerable. Through its case management support, INTERSOS Afghanistan identifies the vulnerable women who are facing protection risks and who may require support to prevent it. The majority of women that fall in such a category are either GBV survivors, or parents/caregivers of child protection cases. Often they are single mothers, or female heads of households with no or insufficient economic means. INTERSOS supports them with livelihoods skills training in tailoring, to help them achieve stability and self-reliance.

Unfortunately, COVID-19 pandemic situation brought all training to a halt, given the risk of virus transmission in group settings. At the same time the decline in livelihoods activities and opportunities in the situation where economic opportunities are rapidly decreasing, posed a real risk for an increased vulnerability of women participating in the programme.



I participated in tailoring training provided by INTERSOS, where at the end of the training I received the complete tailoring kit that I could use at home. Now I sew and stitch masks that our communities need to protect themselves from COVID-19. I also make clothes for the villagers. With my earnings I am able to procure basic food and other items for my family, said Chinar Gula - a tailoring trainee in Zheray district of Kandahar - Afghanistan.

Despite their essential importance for curbing the spread of virus, there is a shortage of medical masks, especially in rural areas of Afghanistan. To help address this problem, INTERSOS adapted its approach and redesigned the tailoring training to include the making of face masks. The training methodology was adapted to incorporate safety measures aimed at minimising risk of transmission, as well as providing patterns for making masks. The training was conducted in smaller groups at the village level, observing social distancing and other clear instructions on COVID-19 preventive measures and rules.

As they were in high demand in Afghanistan, the masks produced by the trained women contributed towards the community access to a sustainable, low-cost source of personal protective equipment, combined with crucial awareness-raising of COVID-19 risks and prevention. Although recently the demand for face masks has reduced due to the perceived slowing down of the spread of the virus in South Afghanistan, the skills to produce them remain important in the event of the second wave of the pandemic.

Furthermore, the adapted programme in the light of this new disaster ensured a continued livelihood and stable income for the women supported by the project, in situations where many people are losing income. Also, the project provided major empowerment of the women, due to a recognition of their positive contribution to their own communities with the much sought after and valuable protective item. Simply put, women once considered vulnerable and invisible are now part of frontline efforts in fighting the spread of virus in their communities.

IRAQ: BEING AVAILABLE WHEN IT MATTERS - REMOTE PSYCHO-SOCIAL SUPPORT SERVICES DURING COVID-19 LOCKDOWN

Psychosocial support is recognised as an essential action in any crisis, aimed at assisting the impacted individuals to help them cope positively, build resilience and process traumatic or stressful experiences in a constructive way. The abrupt disruptions to daily life in Iraq caused by COVID-19 heavily impacted communities already exhausted by years of instability, exacerbating mental health concerns already prevalent within affected communities, and increased their stress and anxiety. At the same time, traditional psychosocial support services became unavailable due to restrictions on movement and stay at home orders.

Recognising this problem, INTERSOS psychosocial support team adapted their work by developing a new structured curriculum that could be delivered remotely over the phone, with specific focus on information about COVID-19 and its potential impact on people's mental health, in an effort to reduce fear and stress, as well as support communities to better manage the psychosocial impact of the pandemic.

The adapted PSS curriculum incorporated provision of quality and accurate information on COVID-19 and all associated stressors, and training of impacted individuals in stress management techniques to help them cope with the fear and lockdown at home.

A recently conducted survey that looked into protection services provided during COVID-19 restrictions (case management, legal assistance and MHPSS) found that the majority of respondents stated their satisfaction with the service provided over the telephone, with many recognising improvements in their mood and increased ability to cope with their personal situation during extreme isolation. Although the restrictions are easing, the PSS workers continue to use the modified curriculum, over the phone, in small groups and with face-to-face counselling for cases most in need.



Fuad, originally from Baiji district in Salah Al-Din Governorate, was displaced during the 2014 crisis to Kirkuk and returned to his city three years later to find his house destroyed and uninhabitable. Having nowhere to stay, he rented a house from a friend. Fuad was paying his rent and supporting his wife and child by working in a car repair shop before COVID-19. Due to the curfews to prevent the spread of the disease, Fuad's shop closed and he found himself with no means to support his family. Fuad's family was evicted from the home they were renting and were forced to move into an unfinished and partially destroyed house, as they had no other options. Fuad found himself stressed and noticed his psychological well-being deteriorating.

INTER SOS learned about Fuad's plight when conducting Protection Monitoring activities in the area, as others mentioned his family's troubles to the INTERSOS team. The team sought out Fuad,

talked to him about his problems, and referred him to INTERSOS MHPSS team to receive psychological support. In the months since he started receiving psychological support, Fuad reports feeling happier. He has been able to find a new job, receive a small cash grant from the government and is starting to rehabilitate his destroyed home.

Fuad speaks to INTERSOS Protection Monitoring staff about the challenges he is facing after returning to his destroyed home.

LEBANON: USING PROTECTION MONITORING TO UNDERSTAND IMPACT OF COVID-19 ON REFUGEES

INTER SOS Lebanon conducts protection monitoring which involves collecting, verifying and analysing information to identify rights violations and protection risks for the purpose of informing effective responses. It is mostly done through household monitoring visits and key informant interviews.

Already prior to the onset of COVID-19 pandemic, Lebanon's economy was heading for a crash, with rapidly rising inflation, skyrocketing commodity prices, limits on personal bank withdrawals, scarcity of foreign currency, and an unemployment rate at 25%. Estimates reveal that more than 55% of the country's population is now trapped in poverty and struggling for bare necessities, almost double from the last year's rate which was 28%. Extreme poverty has registered a threefold increase from 8% in 2019 to 23% in 2020².

⁶ <https://www.unescwa.org/news/Lebanon-poverty-2020#:~:text=Estimates%20reveal%20that%20more%20than,2019%20to%2023%25%20in%202020.>

COVID-19 pandemic is compounding the existing vulnerabilities, particularly for the migrants and Syrian refugees, as well as the most vulnerable Lebanese including youth, daily workers, female-headed households, older people, and people with specific needs.

The lockdown restrictions due to COVID-19 imposed a major challenge for collecting information, while at the same time, protection monitoring became even more important to better understand the protection risks in the lockdown that were likely increasing significantly, as well as to address the gap in understanding the evolving multi-sectoral humanitarian needs in such an extraordinary situation.

Overcoming the lockdown challenges, INTERSOS in Lebanon redesigned its approach to a remote monitoring modality and started using phone surveys to track and monitor the impact of the COVID-19 on Syrian Refugees in the areas of Tripoli, Akkar, Mount Lebanon, Beirut, Central and West Bekaa, Baalbeck and Hermel, targeting household level beneficiaries and key informants.

Furthermore, apart from identifying protection issues, and given that COVID-19 represented crisis upon crisis, the protection monitoring work used this channel as an excellent opportunity to promote awareness and collect information on multi-sectoral humanitarian impact of COVID-19 on the communities, that can help determine the evolving humanitarian needs. New questionnaire on COVID-19 impact was designed and drafted in collaboration with UNHCR, focusing on monitoring the protection trends, but also understanding the impact of restrictive measures imposed by local authorities on refugees, adapted coping mechanisms amongst the refugee community, and emerging impact of the disease on the daily lives of the refugees and their access to services. Furthermore, the COVID-19 adapted surveys are helping to identify hotspots and to refer people to the appropriate services.

While remote monitoring has its disadvantages due to a lack of personal presence and a potential for response fatigue, the adapted methodology has also led to increases in the engagement and identification of persons with disabilities and older people at risk, who often face challenges in accessing of static community centres and services, stigma and marginalisation, and insufficient institutional capacities to safely identify and refer these groups to required services.

According to INTERSOS monitoring reports, the key challenges reported by the respondents due to COVID-19 concerned the lack of access to food, soap and hygiene items and healthcare services, coupled with increased risks of evictions and eviction threats, highlighting the increased need for emergency cash assistance in order to help refugees cope with their negative economic situation and minimise risks of negative coping strategies. This is particularly relevant for women, who were more affected by the decreased access to food which corresponds to the attributed gender roles prioritizing women's role in food making and preparation, as well as persons with disabilities and with chronic illnesses who struggled with access to care and services due to the lack of financial means and access to transportation, lack of equipped facilities, lack of mobility and caretaking, as well as self-isolation and fear of contracting the virus.

The devastating impacts of the explosion in Beirut on 4 August 2020 made things worse and created additional humanitarian needs for the Lebanese, Syrians and individuals from other nationalities. INTERSOS has deployed its emergency response teams to provide assistance for the most vulnerable individuals in Geitawi, Karantina, Bourj Hammoud, Karm Al Zeitoun and Medouar/AI Marfaa, which included hygiene and dignity kits, multi-purpose and emergency cash assistance, GBV and CP case management support, shelter rehabilitation, psychosocial support services and legal assistance for retrieval of lost documentation. Priority assistance is being given to individuals at higher risk, including persons with disabilities, older people, persons injured by the blast and persons at specific protection risks.

SOMALIA: CHILDREN OF WAR FIGHT THE WAR AGAINST COVID-19

Forced detention and recruitment of children to war continues in Somalia, with children often forcibly separated from their families. This not only destroys their chances of having normal lives, but due to stigma attached to their involvement with the war, many of them are often not welcome in their communities following their rescue and repatriation. INTERSOS hosts 2 Interim Care Centres (ICC) and one vocational training centre in Somalia for children associated with armed forces and groups, providing them with safe and protected environments, where with professional assistance they are able to process the traumatic experiences of being associated with war, as part of the community reintegration efforts. During an average stay between 3 and 6 months, ICCs provide the children with education, vocational training, and help with family tracing and reunification. The vocational training includes training in the following areas: basics in plumbing, basics in electricity, carpentry, tailoring, tie and dye, as well as beauty salon courses.

Prior to the pandemic, children benefitting from ICC support would also regularly attend schools in their communities. COVID-19 restrictions and lockdown led to the schools being shut down with the ICCs remaining the only option for education and other activities. Given this situation, and to find the way to constructively engage them during the lockdown, ICCs trained the children to be part of the war against COVID-19 by teaching them to make home-made face masks as an important tool for effective combating of the spread of the virus for themselves and their families.



Children in the ICCs working on face masks



Children during a learning session at ICCs using face mask and observing the social distancing

Furthermore, the ICC children who are part of vocational training in carpentry and plumbing are engaged in design of mock-ups for innovative hand-washing stations that will support communities in preventing further virus transmission. As WASH activities are important for infectious control, the wash stations are used for handwashing preventative activities, and INTERSOS is promoting their use in households and important community centres.

The adapted approach that empowers children previously associated with wars to contribute to their own communities in their fight against COVID-19, provided an amazing motivation for them.

The mask-making and contribution to WASH capacities, has helped the children to feel that they are part of a bigger picture and that they too can contribute positively to the community in a time of crisis. This has contributed in a major way to reshaping their identity into “warriors” against COVID-19, giving them a positive chance of better reintegration into their communities.

YEMEN: DISABLED CHILDREN BENEFIT FROM REACTIVATED AND ADAPTED EARLY INTERVENTION AND LEARNING CENTRES

A tragedy is unfolding in Yemen, often referred to as the world’s worst humanitarian crisis, as humanitarian needs remain at staggering levels, while aid agencies are running out of funds for life-saving assistance. The ongoing war and economic collapse are causing widespread violence and deliberate attacks on civilians. With hardly any livelihoods opportunities, food insecurity is widespread with a third of the population requiring food assistance, resulting in 3.2 million requiring treatment for acute malnutrition. Over 11 million people have dire access to clean water, while the country suffers from multiple health problems, including recent major cholera outbreaks. With only about the half of all health facilities remaining operational, COVID-19 has been devastating, impacting both the population in great numbers, as well as already scarce health personnel, who have no access to personal protective equipment.



Protection needs are overwhelming, both for the vulnerable Yemenis, as well as for refugees and migrants. Vulnerable groups such as women, children, migrants and displaced people are more exposed to economic hardship, pushing them to find extreme ways to cope, with child recruitment and child marriage increasing. Movement restrictions that are in place means less aid for women. Harassment, intimidation and discrimination towards IDPs and migrants from the Horn of Africa is recurring regularly.

In such a difficult context, and with added challenges posed by the ongoing pandemic, INTERSOS had to rethink its assistance in Yemen, some of which is vital and irreplaceable, including prevention and response to GBV and CP, shelter and WASH interventions for IDPs, cash assistance and rental subsidies, psycho-social support, health and nutrition programmes, as well as protection monitoring.

Take for example activities of the INTERSOS Early Intervention and Learning Centres (EILC) targeting 252 Yemeni and refugee children with specific needs with disabilities run in Al-Basateen suburban neighbourhood of Aden and in Kharaz refugee camp in Lahj governorate. The project normally serves children aged between 3 and 18 years of age, with a variety of special needs disabilities (e.g. autism, Down syndrome, cerebral palsy, sensory issues, prematurity, various physical disabilities, and general diagnosed development delays), as well as provide outreach home visits services to children from birth to 3 years.

With the overall objective to enable access to regular education system and institutions following the successful completion of EILC programme, the services aim to improve individual children's conditions with speech therapy, occupational therapy, physical therapy, behaviour management and development evaluations. These activities are conducted through comprehensive group and individual early intervention actions, as well as through parent participation groups, pre-school programmes and individual sessions. Following the COVID-19 outbreak, and the need to observe prevention and containment measures and protect staff and EILC children from contracting the virus, the programme had to be adapted, while ensuring its continuation to the extent possible.

Therefore, in order to minimise the disruptions in providing education to children with special needs, INTERSOS implemented the following measures, while adhering to COVID-19 protective measures, including the use of personal protective equipment (PPE) and face masks, regular handwashing, the use of hand sanitizers, and social distancing:

- Early on at the onset of the pandemic, social workers from EILC conducted intensive training of parents and other caregivers on how to address their children's specific needs outside EILC, and how to recognise specific risks and dangers that children who are assessed at high protection risk could face, including health risks related to their pre-existing health conditions, or mental health risks caused by movement restrictions, social distancing and strict confinements, as well as increased risks of S/GBV. Support focused on providing guidance about available reporting mechanisms and services provided by INTERSOS – in case of emergency need, and information about hotlines and complaint numbers that are available 24/7. INTERSOS increased the number of its hotlines with case workers speaking the language of the refugee communities (Somali, Ethiopian, Oromo, and Arabic).
- At the onset of COVID 19, INTERSOS conducted a prioritisation of all critical individual management cases, especially GBV cases such as domestic violence, emotional abuse, and mental health cases, to ensure remote follow up and monitoring, in order to identify potential need for response assistance.
- Despite the suspension of regular EILC classes put in place as part of COVID-19 containment measures in April and May 2020, INTERSOS continued small group sessions and one-on-one sessions for individual children that needed continuous intensive support to avoid relapse and a loss of development progress made.
- As of June 2020, INTERSOS adapted all daily schedules of EILC's activities, by reducing the length of classes from 1 hour for 15-20 children, to 30-minute classes for reduced number of children per class, as a practical measure to minimise education disruptions.

INTERSOS-adapted approach in the extraordinary situation of COVID-19 pandemic and limitations it poses ensured that the disruption to rehabilitation and learning progress of disabled children is minimised. Furthermore, maintaining this essential service provided the much-needed positive psychosocial aspect in the context of movement restrictions and partial lockdown. The experience gained in such a constraining environment will contribute to inform the rights-based approaches to responding to humanitarian needs of persons with disabilities.

RECOMMENDATIONS

- Protection programming must be fully integrated into COVID-19 response efforts as a central component, linking it to other existing and emerging needs.
- Donors should continue supporting both the ongoing non-COVID related humanitarian response needs, as well as the pandemic-created additional needs, while recognising the importance of protection activities as central to humanitarian action.
- It is absolutely essential to continue collecting data directly from the affected population to better define the appropriate response to their actual needs. This is even more relevant in situations of limited movement of population and the potential to have less understanding of the situation. In this regard, protection monitoring using remote approaches serves as an invaluable tool to monitor both the protection trends and the evolving multi-sectoral humanitarian needs.
- All responders to the pandemic should prioritise providing quality and accurate information concerning the spread of virus, including combatting rumours and incorrect information, to help alleviate fear and panic, thus help reduce stress and anxiety in already challenging situations.
- It is important to continue adapting the existing capacities and activities, and add on specific actions that, although not immediately obvious, could help the fight against the virus. For example, data collection and monitoring activities on food security or protection, could collect information that may indicate virus outbreaks. The referral of such information could play a positive role in contact tracing and infectious control.
- The potential of technology should continue to be explored and adapted to each context, even post-pandemic, as a way of accessing greater number of people in need and understanding their needs. Remote case management should be considered alongside regular face-to-face case management in cases where access is difficult or when more discretion is required by the survivors. At the same time, it is important to ensure that the limitations and challenges of technology are well understood and that the survivors are comfortable with such modality and that their privacy is respected. Use of social media for awareness raising has been particularly helpful to reach a larger group of people.
- Adapting livelihoods activities to meet the demand for personal protective equipment is essential for any public health crisis that may affect the communities in case of future outbreaks. The resulting economic benefits are important both for the individuals and for the communities who may be facing outbreaks.

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